



WEST CHESHIRE CHILDREN'S TRUST CHILDREN AND YOUNG PEOPLE'S PLAN
REFRESH 2017-2018
Mid-Year Review – September 2017

All priorities to be informed by the borough's Joint Strategic Needs Assessment (JSNA)

Strategic Outcome 1

Emotional Health and Wellbeing (EHWB) – Promote and improve the emotional health and wellbeing of children, young people and their families

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| Overarching Outcome - Improve emotional health and wellbeing in children and young people in the Borough | | |
| Joint Strategic Needs Assessment (JSNA) to be completed focussing on EHWB needs of CWAC children and young people | Key messages from the JSNA to be considered via the EHWB sub-groups | The JSNA informs the focus of the local transformation plans. Commissioning activities for children in crisis, including vulnerable groups, conduct disorder/anti-social behaviour, and local Autism Spectrum Disorder (ASD) pathway currently ongoing. |
| | The EHWB Group has 4 work streams that focus on improving access to services | The 4 sub-groups have continued to meet on a quarterly basis, attendance has declined in some groups, one has had to be rescheduled 2x and 1 has not met since the beginning of the year. The EHWB Partnership, meeting on 27/11/17 will be reviewing these subgroups and in line with the Local Transformation Plan (LTP) Action Plan Refresh will refocus the EHWB agenda and designate specific tasks and actions to be completed by each Sub-group. There has been a significant decline in the governance process to-date due to vacancies in sub-group membership, unfilled gaps for members on long-term sickness and an unclear and unapproved action plan. |
| | Developing provision through mental health transformation plans by improving access and removing the tier system. | Ongoing focus of the LTP continues to look at broadening access to mental health support and emotional health and |

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| | | resilience building strategies. Workforce development plans including training staff in mental health (MH) awareness/MH First Aid/ Emotional Literacy Training is ensuring more staff can respond to CYPs needs earlier. |
| | Enhancing workforce skills and knowledge including consultation and liaison teams helping staff working with those with highly complex needs, including mental health difficulties | Current providers are working collaboratively and across agencies to ensure emotional health and wellbeing and mental health training needs are met throughout the workforce. |
| | Targeting vulnerable groups through specialist services to provide advice and consultation on concerns about mental health. | The EHWP Partnership Panel and CAMHS Consultation services directly address this population. |
| Promote resilience, prevention and early intervention. | Findings from the Online Emotional Health and Wellbeing questionnaire will be fed back to schools. Reducing Stigma Campaign to be launched April 2017 to run for 4 weeks. Social media campaigning will promote the key messages and the campaign website. A drama group commissioned to tour around secondary schools with a production about mental health. | A report containing the results of the questionnaire was sent to schools. The 'You Are Not Alone' reducing stigma campaign was launched in April 2017. The campaign included a website, campaign materials (pens, highlighters and stress balls) and a drama production. The production was delivered in 12 secondary schools across Cheshire West and Chester. Feedback received was very positive: 'The 'You Are Not Alone' campaign was absolutely fantastic. I can honestly say it was one of the best productions we have had at the school and we have a few this year.''the theatre group were very engaging and students participated well.' |

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| | <p>Brazelton New Born Observations (NBO) Training for Health Visitors - Health Visitors working on their portfolio (competencies) to ensure they're prepared to implement Brazelton by Jan 2018.</p> | <ul style="list-style-type: none"> • Number of attendees for Newborn Behavioural Observation (NBO) = 80 staff (although it has been reported that a number of staff have left the workforce so this number is not exact). • Neonatal Behavioural Assessment Scale (NBAS) Practitioners = 3. This is a more intensive programme and NBAS Practitioners will support NBO implementation across the workforce. |
| | <p>Continue to monitor access and referrals into CAMHS on a Quarterly basis through the creation of a Performance dash board</p> | <p>Current CAMHS Dashboard is live and drawing from the CWP dataset. We are in the process of identifying accuracy of the information.</p> |
| <p>Improve access to effective support and review the tiers system.</p> | <p>Review access data and monitor the use of pathways developed to improve access to provision. iTHRIVE service user consultation workshops to be undertaken and on-going review of referrals and waiting times into CAMHS</p> | <ul style="list-style-type: none"> • West Cheshire CCG and Vale Royal CCG are currently reviewing the CAMHS data dashboards to ensure continuity of data flow from CWP. Information received to date appears to suggest improved access to MH services. • iTHRIVE service user consultation meetings arranged in WC with CYPs was not attended by CYPs despite promoting the meeting through CAMHS provider. • Parent and Carer consultation meeting identified gaps in accessing MH support in schools or when CAMHS thresholds are not |

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| | | <p>met, or when not receiving a service if CYPs do not or are not able to engage, e.g. challenging behaviour. Parents and Carers also identified the use of digital media, a 24 hour crisis service, online chat forums and signposting to advice/information or resources as being important.</p> <ul style="list-style-type: none"> • Parents and Carers identified more MH education is needed for workforce working with CYPs and parents and families, including MH training for parents. |
| <p>Ensure emotional health and wellbeing support is available and easily accessible to our most vulnerable children and young people.</p> | <p>Currently developing a single point of access service through the Access sub-group through exploring options for increasing digital/on-line web based resources. Develop strategies for encouraging sign posting to alternative services.</p> | <ul style="list-style-type: none"> • Single Point of Access discussions have commenced. This is an identified area of focus for further development. • MH and EHWP digital media including apps and websites have been identified and are currently being explored in PPGs with young people to identify further resources for CYPs. • CAMHS provider currently distributes list of online resources to service users who are waiting to receive service. Need to undertake an audit on how this is impacting upon parents/carers/CYPs is required. |
| <p>Improve accountability and transparency and ensure all partners are working</p> | <p>Regular scheduled EHWP Partnership and Sub-group meetings.</p> | <p>Risks have been identified in relation to these groups and will be addressed in the</p> |

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| towards the same outcomes in an integrated way. | | next EHWP Partnership meeting on 27/11/17. |
| Develop the workforce and equip them with the skills to support children and young people with emotional health and wellbeing issues | Full training programme to finish May 2017 and evaluated and reviewed June 2017. | MHFA training to schools with 123 staff trained in 118 schools. Remaining 42 schools will be offered training in the next 3 months. |
| | During 2017 the Teaching Schools will deliver 123 Magic Training with a commitment to offer the training to parents of their own school and accept referrals from other schools for a minimum of 2 courses each year for 2 years | On going |
| | Evaluate 2 Early Bird + training, courses in partnership with Hinderton School using the NAS evaluation format and follow up form. Undertake further training from September 2017 | On going |
| | The workforce development subgroup task is to map all services to understand what skills are currently available across the footprint. The subgroup will work on identifying the critical skills of staff in each discipline in line with the iTHRIVE. | Ongoing. Identification of multitude of training courses across providers has been achieved. Wider workforce is receiving training in evidence-based Next Step Cards Tool. |
| | Ongoing evaluation will be an integral element of the Youth Connect 5 train the trainer programme. The majority of this will be done on line and will include, monitoring the course output activity, tracking of all professional participants to ensure that they have cascaded delivery, a robust monitoring system to record all end users and undertake evaluations with | Feedback has been collected from participants of the Train the Trainer Programme. This has been used to inform the evaluation specification for the formal evaluation. |

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| | <p>them including focus groups.</p> <p>A formal evaluation of the programme will be conducted by a Higher Education Institute</p> | <p>The formal evaluation of Youth Connect 5 is currently being undertaken by Liverpool John Moores University.</p> |

Strategic Outcome 2

Support our Children in Care and Care Leavers to enable them to achieve their full potential.

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| Keeping families supported to avoid children going into care. | The Edge of Care Team to be scaled up. Intervention Workers recruited to the new posts and up-scaled team to go live May 2017. | This is complete and the team is up-scaled; working with children accommodated under S20 (voluntary care) and all 9-15 year olds. The team continues to meet its targets with a 3 year reduction in 9-15 year old entrants into care. |
| All Children in Care have equitable access to appropriate health interventions. | Strengthen the process for escalating cases whereby children in care placed out of area do not have their health needs met in a timely and equitable way. Further work is needed with health colleagues to ensure children placed out of borough are prioritised alongside those who already live there. | <ul style="list-style-type: none"> • Report being developed to support the statutory returns and monitoring of Health measures throughout the year. • Standing item at Senior Management Team bi-monthly performance meetings to monitor health performance • Escalation process proving effective in driving up in the timeliness of reviews • This will be picked up by the new Lead for Looked after Children |
| | Strengthen engagement with children and young people to seek their views by working with focus groups – this work will be led by Public Health | <ul style="list-style-type: none"> • Donald Read, Public Health attended Children in Care Council (CiCC) in November 2016 – discussed health protection / prevention and NHS Health Care • CiCC approached in February 2017 for interest in Emotional Health Task Group and Healthy Eating Task Group |

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| | Develop the feedback questionnaire as an online facility so that it captures wider engagement. Further work around the use of technology being considered. | <ul style="list-style-type: none"> • CiCC consulted in April 2017 in EFags and Vaping • 2017 Annual Survey was made available on line • Report of results to be created by graphics and shared with all teams including partner agencies and children & young people. This will also be made available on the CiCC website. |
| | Work with the CiCC to review the health section of the CiCC annual survey. The 2017 annual survey will be disseminated during June 2017 and data from completed surveys will be collated and ready for analysis by mid-August 2017. | <ul style="list-style-type: none"> • In accordance with suggestions made by Health colleagues, the CiCC Survey 2017 was amended. Suggested amendments were also approved by both CiCC's. • The time frame for this piece of work has been delayed however; the data and report will be ready for dissemination by end of Nov 2017. • Completed returned surveys include 42 for Children in Care (CiC) and 11 for Care Leavers (CL) • Of those completed, 40 out of 42 CiC said they felt healthy (2 didn't answer) 10 out 11 CL said they felt healthy (1 did not answer) This is a slight improvement from last year's survey results with an 9% increase of young people reporting they feel healthy taking the figure up to 95%. • Areas for improvement include further promotion of the Caring 2 |

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| | | <p>Care Service. Of those completed, only 11 of the 42 CiC had heard of the service this is slight drop of 3% since last year's survey.</p> |
| | <p>Continue to work with Designated Nurse, Public Health and data team (Insight and Intelligence Service) to develop children in care and care leaver's data set which provides greater understanding of the health needs and health outcomes of children in care/care leavers. Strength and Difficulties Questionnaire (SDQ) also completed on a child's entry into care as well as their subsequent Health Reviews. This will enhance the ability to measure the impact of the intervention.</p> | <ul style="list-style-type: none"> • Senior children's social care managers and Dedicated Nurse scrutinise data on a monthly basis and report to the Children in Care and Care Leavers Strategy Group and Practice Improvement Meeting. • Dental checks still logged manually – aim to have incorporated into Liquid Logic. • SDQs should now be completed on entry into care. Performance generally re SDQs is improving although further work is needed |
| | <p>Transition Strategic Group overseen by both Safeguarding Boards reviewing pathway for children in care</p> | <p>This group is progressing, chaired by the chair of the Local Safeguarding Adults Board (LSAB).</p> |
| | <p>Develop and embed a process whereby young people preparing to leave care are supported to access their own and their family medical history</p> | <ul style="list-style-type: none"> • Care leavers over the age of 18 offered the opportunity to complete a health Passport – partnership working with CIC Nurses and Leaving Care Team underway to complete this piece of work • Working with Children in Care Council on health issues • All care leavers asked by Personal Advisers and via letter currently low uptake. To be regularly discussed with care leavers through future pathway plans. |

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| Improved children and young people's experience of adoption services. | Ensure that the outstanding work undertaken by the Adoption Team is embedded in the new Regional Adoption Agency. Go live September 2017. | The new agency - Together for Adoption- went live in September 2017 as planned. Central Hub is in Warrington and all managers are now in place, following internal recruitment. Systems and processes are continuing to embed but the new service is dealing with the change well and the focus remains firmly on families and children. The Partnership Board, chaired by CWAC Cabinet Member for Children, is due to take place later in November, which will be the Forum for overseeing performance and practice of TfA and assuring all stakeholders that practice remains strong. |
| The emotional health and wellbeing needs of our Children in Care are met | Continue to monitor waiting times and evaluate outcomes for children and young people/carers who have used the service | <p>Referrals are agreed by the panel and allocated to a worker at the next team meeting within a week, followed by an assessment with the social worker. There isn't a waiting list.</p> <ul style="list-style-type: none"> - Q3 – 2017- 65% of referrals were accepted at panel in this quarter. The remaining 35% of referrals to panel were signposted on to alternative services; - 85% of children closed had their outcomes met with the remaining 25% closed as part of a planned closure. - 100% of children closed in this quarter had engaged with the service throughout the intervention. - 96% of children worked with this |

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| | | quarter have maintained placement stability with the remaining 4% moving as part of a planned move prior to contact with Core Assets |
| | Obtain yearly feedback from social workers and panel members of the effectiveness of the panel. | This isn't available at this stage. Further work is needed when the lead commissioner returns to work. |
| Raise the educational attainment of Children in Care and close the gap between them and their peers. | Virtual School to continue to use the data provided by schools to provide targeted interventions through the Pupil Premium Plus funding. | <ul style="list-style-type: none"> • Termly visits to schools to review targets and ensure SMART and review evidence on impact of Pupil Premium Plus • 23% of children in care achieved Grade 9-4 including Maths and English in 2017, 10percentage points increase on 2016 |
| All care leavers are ready for Adulthood and employment | Ensure that care leavers have access to the appropriate further education, training and support needed to meet their individual needs. | Virtual School EET Adviser contributes here, working with the team and identifying individuals. |
| | Establish a clear framework/scheme for care leavers to access apprenticeships, via an agreed apprenticeship strategy/scheme. | <ul style="list-style-type: none"> • Children in Care Sub Group working with Children in Care Council on what offer should be • CWAC and LA associated businesses have agreed to give priority to Care leavers for apprenticeship schemes |
| | Ensure care leavers can secure appropriate accommodation to ease their transition to adulthood. | <ul style="list-style-type: none"> • Housing Protocol in place • Regular monitoring meetings take place to ensure the protocol is being adhered to • Joint assessments take place • Additional units of accommodation owned by Registered Housing |

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| | | <p>provider but managed by Children's Services have been made available to ensure B&Bs not used.</p> |
| | <p>Ensure care leavers receive the necessary independence preparation work and professional support, benefits and financial support they are entitled to, introducing new schemes wherever appropriate.</p> | <p>Training programmes have been developed to help prepare care leavers for apprenticeships. PAs continue to support them to apply and claim the benefits they are entitled to. The Council also approved them to be exempt from Council Tax and our Care Leaver Offer is currently being devised.</p> |

Strategic Outcome 3

Special Educational Needs and Disabilities (SEND)

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| <p>Improve the quality of provision for learners with SEND</p> | <p>Embed the Early Year's Pathway on the Local Offer</p> | <p>Pathway embedded. On-going awareness raising with Health colleagues</p> |
| | <p>Further develop the Child Development Service</p> | <ul style="list-style-type: none"> • Service user questionnaire completed April 2017 • Report to SEND Strategy Group 20 June 2017 following approval via both CCGs outlining findings and next steps • Strategic Group and 2 Task and Finish Groups set up |
| | <p>Improve inclusion in mainstream schools in partnership with the Cheshire West Education Improvement Board (CWEIB) including activities to support Special Educational Needs Co-ordinators (SENCOs), sharing of good practice and wider workforce development</p> | <ul style="list-style-type: none"> • SENCo Support – training sessions 4/5 sessions completed, evaluations are good/outstanding • SENCo Networks – termly secondary SENCo networks in place • CWEIB Inclusion Plan in place for September 2017. • Meeting with CWEIB in September to review 2017 SEN support census data and actions going forward with schools. • SEN Advisory Officers meet with schools where data indicates unusually high or low numbers of pupils identified with SEN to support schools to address any emerging issues – meetings taken place in Spring Term by sample |

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| | | <ul style="list-style-type: none"> • Workforce training to support learners with Autism – a full range of courses offered. Course directory for 2017-18 available to schools. Teaching Assistants Network established with dates circulated for 2017-18 as part of the Autism Service Training Directory • Workforce training to support learners with hearing or vision needs – British Sign Language training provided for staff in mainstream primary and special schools – 8 staff achieving BSL Level 1 accredited qualification (June 2017). Hearing Impairment/Visual Impairment Teaching Assistant Networks training agenda and dates for 2017-18 in place. • Mental Health – By April 2018, all bar 8 CWaC Schools will have one member of staff trained in Mental Health First Aid (MHFA): Youth. A medium term evaluation was completed in April 2017 with good impact reported. • In addition, 13 High and Special Schools will be offered the one day MHFA: Schools training for up to 16 of their pastoral staff to support their mental health first aider between November 2017 and April 2018. |

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| | | <ul style="list-style-type: none"> • Behaviour Pathway Resource Pack has been revised with health colleagues • Public Health Nursing support to every school – 479 young people accessed drop in sessions for Emotional Health and Wellbeing Jan-July 2017. Public Health Nurses referrals to CAMHS 44 Jan-July 2017 (was 23 for same period in 2016). |
| | Review of Disabled Children and Young People’s Services within Cheshire West and Chester Council | <ul style="list-style-type: none"> • Implementation of a new model of delivery for disabled children and young people’s services focussing on early intervention and personalisation – Integrated case management team mobilised June 2017. • Mobilisation of full model including all staff in post – soft launch June-September 2017. • Newly commissioned short breaks services live from July 2017 • New model for overnight short breaks at Pinewood live September 2017 |
| | Further develop the SEND Joint Commissioning Strategy and implement actions | <ul style="list-style-type: none"> • SEND Joint Commissioning Strategy approved by all partners and signed off May 2017. • Monthly meetings instigated – 2 Parent/Carer Members joined the Group. • SEND Performance Data |

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| | | <p>Dashboard to be used to identify trends requiring further analysis and predict future demand – developing as Data dashboard improves.</p> |
| | <p>Renew joint commissioning with health of speech and language support</p> | <ul style="list-style-type: none"> • Meetings taken place to agree Speech and Language Commissioning Plan. • SALT Commissioning Strategy being developed with a view to agree joint commissioning arrangements by March 2018, |
| | <p>Work with the specialist sector to strengthen lead role in developing SEND improvements</p> | <p>Regular meetings with Teaching School Alliance (TSA) and local authority to enable effective support to schools – TSA supporting training and conference for schools.</p> |
| | <p>Improve information management systems to inform impact of services and outcomes of children and young people.</p> | <ul style="list-style-type: none"> • Reporting – improved reporting • Social care system – procurement exercise to be undertaken in the next 12 months |
| <p>Ensure early identification of SEN and high quality intervention to meet those needs</p> | <p>Work across Education, Health and Social Care to support early identification of special educational needs so that co-ordinated effective interventions are put into place</p> | <ul style="list-style-type: none"> • Additional support in place to enable all eligible 2, 3 and 4 year olds to access the free childcare entitlement - A revised process for assessment of children’s needs and allocation of funding to provide additional support has been fully implemented. • Early Years transition to school with statutory plan – submissions from providers to the Early Years SEN panel for children with |

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| | | <p>complex needs who were likely to need an EHC Plan for entry into a Reception class in 2017 were made early in the school year 2016-17 resulting in plans being written and agreed before school entry.</p> <ul style="list-style-type: none"> • Early Years settings, schools and local college providers to have SEND Information Reports published detailing how they identify learners with SEN – Review of reports undertaken by parents and results sent to schools individually September 2017. New college providers to be followed up September 2017. Early Years settings to be followed up. • EHC Plans to be issued within 20 weeks to include agreed health and social care provision and outcomes – 2016 compliance increased to 75%, in 2017 Q1 was 100%. • Every school to have at least one trained Emotional Literacy Support Assistant (ELSA) to support vulnerable children and young people – there are currently 147 ELSAs accessing training and supervision from 121 CWaC schools, 91 Primary, 19 High Schools and 10 Special Schools and a Nursery School. In addition, we have trained and supervised an |

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| | | <p>ELSA from the Bridge and from 2 schools out of our borough so they might better support children in our care. In a 2016 evaluation, 91% ELSAs stated that their intervention had facilitated improved outcomes for CYP. The SharePoint site up and running to support practice.</p> |
| | <p>Review and refresh decision making process for requests for Education, Health and Care (EHC) needs assessments and resource allocation so it is based on clear consistent criteria and efficient referral mechanisms and pathways.</p> | <ul style="list-style-type: none"> • SEN Panel – all decision making panels to have clear protocols – refreshed and shared at panels • EHCPs are quality assured – SEN Managers attended regional training and regional QA meetings. First stakeholder QA meeting • SEN Panel Observers – system leaders from educational providers observe panel and support messages to schools and colleges to increase efficient referrals – SEN Panel Observers in place. Chair of CWAPH has observed panel and fed back to Primary Heads Executive and School Forum. School funding matrices completed detailing what schools are expected to provide from resources. |
| | <p>Integrated Early Support (IES) staff support children with SEND through multi-agency working with a range of professionals. The Service to undertake holistic Team Around the Family (TAF) assessments with all families that have</p> | <ul style="list-style-type: none"> • IES practice leads audit TAFs monthly and report to IES Manager and Senior Locality Manager • Lunch and Learn events have been held across the three localities to increase confidence of IES staff |

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| | multiple and complex needs. | <p>through SEND training sessions to better understand their role in Action for Inclusion meetings and EHC Plans.</p> <ul style="list-style-type: none"> • To ensure children access the correct support at the correct time through a triage group co-delivered by SALT team and early years workers – A SALT support pyramid has been created and shared through Early Years Consultants with settings • Makaton to be used by Early Years Workers in all areas of delivery to support inclusive practice – Makaton signs and symbols have been added to the environment by newly trained staff (evidenced through Accessibility Audit). All staff have observations booked to ensure the appropriate use of Makaton. • All children under 5 in families who are receiving support from a Family Case Worker are screened using the Cheshire Child A Talker (CCAT) and home questionnaire to support early identification of delay – 40 CCAT have been completed in Q1 – 53% of completed screens in Q1 resulted in recommendation to Early Years Worker referral. |
| Further develop the effective transition between education phases including | Improve the personal transition experience to adulthood for young people | <ul style="list-style-type: none"> • Second SEND themed Audit on Transition completed. Learning |

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| preparing for adulthood pathways. | with SEND and their families by further developing clear guidance around pathways and options and person centre planning from Year 9 reviews onwards. | <p>shared at SEND Strategy Group September 2017.</p> <ul style="list-style-type: none"> • Preparing for Adulthood (PfA) Annual Review leaflet from Year 9 onwards completed and on Local Offer – shared with parents as part of transition. • Setting type for next age phase to be identified in Year 10 and named in Year 11 by 31st March • Ensure that young people are given the opportunity to attend their review and that their voice and aspirations are at the centre of discussions – data to be collated from reviews moving to Borough wide from September 2017. • Young People’s Service participation worker will work with young person from Year 9 and update their action plan as a minimum annually – on track • Health practitioners develop flowcharts to support transitions – health practitioners have or are assessing their arrangements against NICE guidelines on transition – February 2017 – to be shared and become part of LASB Task and Finish Group on transition • Clear outcomes to be shared with child, young person and parent/carer – For SALT these are |

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| | | shared as part of the risk matrix (Pilot Autumn Tern 2017). |
| | Complete the process of transferring statements to EHCPs | Transfer plan is maintained and published on Local Offer – data reported monthly to DfE. On track. |
| | Ensure clear information and guidance is available to parents, carers and families to support the transition from primary to secondary schools. | <ul style="list-style-type: none"> • Information booklet for families is produced and shared for transfers from September 2017 • Schools notified of timing of all Year 5 reviews to ensure LA can cross match views of provision with parental preference – process established and letters for 2018 transfers issued. |
| | As part of the targeted intervention the Early Years Workers liaise with settings and other professionals to establish the child's starting points. The learning summary and next steps are then shared back with the relevant professionals to support future plans. | <ul style="list-style-type: none"> • Pathways have been developed to ensure Early Years Consultants are aware of children being supported through Early Years Workers intervention – to be fully embedded • Termly meetings set up with Early Years Consultants to ensure all information is shared. |
| | Continue with the programme to develop high quality post 16 provision for learners with SEND in borough to improve their transitions to adulthood. | <ul style="list-style-type: none"> • Commission provision within FE sector for young people with complex learning and health needs – development of facility at West Cheshire College on track following college merger. New facility to cater for 8 learners working at E1/2 with complex needs will be available from October 2017. • Action learning set has been identified to ensure that we can |

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| | | <p>fully understand the young person's journey into NEET and lessons learnt. Termly meetings have been identified with SEN Team to support Quality Assurance relating to action plans and outcomes from EHC Plans – audit of action plans across the Borough is good.</p> <ul style="list-style-type: none"> • Passport to transition is being developed collaboratively to support a robust and sustained transition. • All SEN young people who have an EHC Plan have an action plan and if resident in CWAC are supported by Young People's Service. • Attendance - Schools encouraged to hold a TAF on all SEND students and to work in collaboration with SEN / Education Welfare Service / Young People's Service and wider IES to support attendance and track the young person's journey through education and identifying barriers to engaging in education. The TAF will also identify a need to inform SEN earlier if there is a potential breakdown of placement. • Preparing for Adulthood (PfA) Demonstrator site - Local Offer page for PfA page easy to use and visually exciting – Image produced currently does not link to sources of |

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| | | <p>support, will be improved via self-navigation tool.</p> <ul style="list-style-type: none"> Local Offer information on employment – template developed and uploaded onto LO to offer increased choice and information for young people. Regular local area meetings arranged with West Cheshire College (lead for SEND within the Cheshire College Federation) to ensure the SEND Strategy and Action Plan are aligned as the federation develops. Audits in place for external independent providers Post 16. |
| | Youth Provision Development | <ul style="list-style-type: none"> Development of SEND youth provision to provide personal, social and emotional development - 3 youth groups delivered and promoted on CWAC website and Local Offer. Youth Work Officers attending SEND schools to promote provision. Refreshed referral pathway and risk assessment completed Communication strategy being developed. Programmes being delivered at provisions to improve outcomes. |
| Ensure engagement and co-production with children, young people, parents and carers | Renew and refresh the guidance on SEN support so that there is clarity about the level of support expected to be given by | Booklet published |

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| | providers Develop the Local Offer (LO) so that there is a full range of advice, support and services that can be accessed by children, young people, parents, carers, providers and professionals. Develop and review feedback mechanism to support the development and co-production of the Offer. | Annual Report presented at SEND Strategy Group September 2017. |
| | Further develop the implementation of personal budgets | On-going |
| | Enable parents and carers to explore flexible alternative travel arrangements | <ul style="list-style-type: none"> • Guidance to parents about Home to Educational Establishment Travel Assistance Policy documentation reviewed • Parental surveys developed to gauge feedback from families regarding the Personal Travel Budget (PTB) scheme – results 100% satisfaction • Currently 109 families in receipt of PTB (35 new PTBs and 74 renewals). • Independent Travel Training is progressing with 10 young people having completed training, 6 in progress and 15 programmed to start – individual case studies identified, in liaison with CWAC communications team produce promotional material e.g. video |
| | Review provision for disagreement resolution and mediation service and refresh information so that all | <ul style="list-style-type: none"> • Disagreement and mediation advice provider information on |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | stakeholders are clear on most appropriate routes to resolve disagreements | <p>Local Offer.</p> <ul style="list-style-type: none"> • Performance data uploaded onto SEND Performance Data Dashboard following each quarterly review. • Direct feedback via survey monkey as well as feedback forms are collated and discussed as part of quarterly reviews involving all partners. |
| | Work with all parties to seek continuous improvement of services through regular consultation, engagement and feedback. | <ul style="list-style-type: none"> • Survey sent to families with final plans – outcomes summarised termly and reported via Education Report. • Termly multi-agency audits of SEND – Audits 1 and 2 completed and discussed at SEND Strategy Group. |
| | A co-ordinated and holistic approach to support traditionally excluded or marginalised families such as Gypsy, Roma, Traveller children and young parents and supports early identification of need. | <ul style="list-style-type: none"> • Gypsy, Roma, Traveller Pathway rolled out to all areas of the authority • Spreadsheet developed to capture visits where families have not given consent for registration – rolled out to use across the authority. |

Strategic Outcome 4

Prevention

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| <p>A clear understanding and application of the continuum is demonstrated by all practitioners across the children's workforce</p> | <p>The refreshed Continuum heavily promotes the use of Team around the Family assessments with any family with two or more unmet needs and TAF advisers are supporting the workforce to embed this holistic approach to assessments and always take account of health needs</p> <p>The independent safeguarding team to undertake an annual audit to analyse the application of the Continuum and report to the CT</p> <p>All agencies ensure that their workforce have a sound understanding and test out the application of this</p> <p>All agencies and commissioners commit to the consistent use of TAF as the single holistic assessment for all families with two or more unmet needs across the borough and include KPI's in relation to this.</p> | <p>New Continuum has been incorporated into LSCB and wider training opportunities – this includes application through case study activities.</p> <p>Less than 35% of contacts into the front door are converting to referrals this indicates that the threshold for CSC is NOT understood by the children's workforce. The DCS for CWAC has escalated this to the LSCB</p> <p>TAF initiation is declining with only 2 TAFs initiated by partners in September 2018</p> |
| <p>All stakeholders embed the consistent and explicit use of the LSCB toolkit by their workforce as part of the assessment of need process with all families across the borough. This includes: CADA DASH RIC, Safe Lives previously known as Co-ordinated Action Against Domestic Abuse - CAADA, Domestic Abuse Stalking and Harassment Risk Identification Checklist –</p> | <p>Request that all partners submit quarterly data about the use of these tools</p> <p>Continue to monitor the percentage of contacts and referrals into iART that are supported by one or more of these tools and report this quarterly to the Trust and LSCB</p> <p>Liaise with the LSCB to establish what</p> | <p>There continues to be a lack of contacts into the front door with accompanied Tools however the Joint Targeted Area Inspection (JTAI) inspection did identify that tools are often held on file across the partnership</p> <p>LSCB Safeguarding Induction booklet</p> |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| DASH, Home Conditions Check List, and Graded Care Profile). | <p>mechanisms can be put in place to induct all new staff on the use of these assessment tools</p> <p>Commitment from all partners to ensure that any training on their use is embedded into organisations induction processes</p> <p>Request that all commissioners include this within their specification</p> <p>Further feedback from LSCB on use of referral tools following Section 11 Audits</p> | <p>now accessible and in use across services.</p> <p>Assessment Toolkit and Voice of the Child Guidance is accessible from the LSCB website and is actively promoted through all LSCB and TAF training opportunities.</p> <p>Multi-Agency Assessment Toolkit events continue to be held at least twice a year with 100+ delegates each event.</p> |
| All stakeholders to promote and actively encourage the use of TAF assessments for families experiencing difficulties at partnership plus on the continuum of need (pending agreement from LSCB to amend the continuum of need). | Retain the current level of TAF advisors across the borough and seek to explore funding sources to increase this resource in the short term | £456k Invest to Save funding secured to introduce 3 TAF Advisors to support increased involvement in the model by schools over 2 years and 3 Senior Practice Leads. |
| | Challenge is in place with organisations where TAF is not being applied | Challenge continues with regular reporting to LSCB |
| | Continue to report quarterly on TAF initiation across agencies and challenge where appropriate | As above |
| Look at alternative solutions to Tevolution so that there is improved access to eTAF for all non PSN users | A Citrix Workspace Cloud Based System Access Solution to enable multi agency access to social care and early help electronic case management systems hosted by Cheshire West and Chester Council is currently being explored allowing log on for users from any compliant computer without any need to plug in extra equipment or devices. Includes user guidance and training. | |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | Pilot a multi- agency TAF audit process with partners for TAFs outside of IES | The District TAF Advisors now routinely (monthly) complete 2 joint audits with partner agencies. |
| Ensure all families with complex needs within partnership plus are referred to IES through iART | Continue to deliver basic and advanced TAF training | Training has continued to be delivered throughout the year – 5 Basic and 2 Advanced in 2017/18 training year to date. Advanced training has been refreshed and redeveloped in the last quarter, with the development of new training resources. The new programme of learning will have the title; Enhanced TAF Training. |
| | The Trust and LSCB must explore how training will be funded going forward as the IES pooled budget will not be available after 2017/18 | Budget available from IES pooled budget underspend for this financial year |
| A clear understanding of the needs and demands across the Borough. | The Trust to consider a development session to look at needs of children and families across the borough in order for all organisations to be clear on the challenges and the services available to address needs and where there are gaps | Reference to the use of JSNA data is included in the CT proposal paper |
| Improved outcomes and life chances through further reforms to front line delivery to achieve a more holistic approach to the health and wellbeing of children and their families. | Continue to strengthen a more integrated approach such as other agencies having access to Liquid Logic | Police ASB and CSO Teams currently being granted access to eTaf Liquid Logic. |
| | Support workforce to push forward multi-agency decision making | |
| Reduction in Hospital Admissions 0-5 due to unintentional injuries | Dashboard will enable the Task and Finish Group to gain a clearer understanding of the reasons for both A&E attendance and hospital admissions for unintentional injuries in the under-fives and enable the group to develop subsequent actions in response | In response to the poisoning admissions highlighted through the dashboard, the multi-agency Unintentional Injuries Group promoted safe storage of medicines and detergents during Child Safety Week in June 2017. The work of the group is outlined below: |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | <p><u>CWP</u> A Best Practice alert was issued to all health visiting teams, focusing on toxic temptations in domestic settings. A 0-5 hazards sheet was circulated, which was distributed to practitioners for use in the home with families.</p> <p><u>Early Years</u> Display boards were created for use in the Children's Centres and the display template sent to relevant partner organisations. A wide range of families received Home Safety Assessments from Cheshire Fire and Rescue Service, which were considered valuable. Cupboard door locks were distributed to families, along with the Childhood Accident Prevention Trust (CAPT) leaflet, 'What might poison your child'.</p> <p><u>COCH</u> Information from the CAPT safety pack was put together for children on the wards, featuring wallcharts and colouring sheets.</p> <p><u>NHS West Cheshire CCG</u> An article and infographic was featured in the weekly bulletin which goes to all GPs in West Cheshire, asking that child safety information be disseminated amongst relevant contacts.</p> <p><u>Cheshire West and Chester's Insight and Intelligence Team</u> The team produced an infographic on hospital admissions in the under 5's,</p> |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | <p>including poisonings, which was shared widely amongst partners, including on social media.</p> <p><u>Cheshire West and Chester Workforce Development Team</u></p> <p>Safe storage of medicines and detergents is now included within neglect training. As part of LSCB training, an e-learning package is under development around self-care and has some focus on early years, with provision of information and signposting to other resources.</p> <p>Partners will continue to promote and embed home safety messages within both practice and workforce training and development.</p> |
| <p>Consistent approach to Prevention across the Children's Workforce</p> | <p>To establish a Task and Finish Group of training/HR reps from across the organisations to undertake an audit of current training offer for the children's workforce.</p> <p>Report findings to the Children's Trust to agree a core training offer linked to Early Help and Prevention for all staff and consider how this is taken forward, embedded and reviewed</p> | <p>Whole system approach on identification and development of shared training and learning opportunities being developed following discussions at CT and LSCB. A model for the future working of the Children's Trust Executive to review and move forward future children's partnership practice is being considered at the Children's Trust Executive meeting on 20 November 2017.</p> |
| <p>Support for parents to enable them to become resilient, confident and independent</p> | <p>A parenting offer for the borough to be produced detailing the offer available from each partner agency</p> <p>Commitment to adhere to the offer from all partners</p> <p>Roll out of training and support to embed the agreed approach</p> | <p>Parenting workers have received necessary training in order to be able to roll out the new parenting offer at Partnership Plus.</p> <p>The new parenting programme has begun to be delivered across all district areas.</p> <p>The Parenting Team has begun mapping the wider parenting offer within the area.</p> |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | The Parenting Team is contributing to the development of “Positive Parenting” inter parental relationships practitioner toolkit and workforce development offer. |

Strategic Outcome 5

Closing the Gap (Early Years)

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| <p>The Education gap between disadvantaged and non-disadvantaged children is closed so that all children are able to achieve their goals and aspirations and become eager to learn and confident to achieve their potential.</p> | <p>Children identified as not working within their chronological stage of development are referred to the appropriate professional by some settings.</p> | <p>Children identified as not working within their chronological stage of development are being referred to the appropriate professional by some settings. The Early Years Team is completing observation visits to settings where children are not working within their chronological stage of development. Priority group audits completed termly by Early Years Team have ensured that 80% of settings have plans in place to support children who are not in their chronological stage of development</p> |
| | <p>The Early Years Closing the Gap work stream is targeting settings and schools in the 30% Index of Multiple Deprivation (IMD) where the Free School Meal (FSM) gaps are wider than CWaC and where there are a large number of 2 year funded Early Years Pupil Premium (EYPP) or Pupil Premium (PP) children.</p> | <p>The percentage of CWaC children eligible for free school meals who attained EYFSP GLD in 2017 has increased by 7% to 57%. The gap between children eligible for FSM and non-FSM children has closed by 8% to 16% (2016 24% 2015 21%)</p> |
| | <p>The Early Years Team will work with early years providers to raise the profile of TAF, working closely with TAF advisors.</p> | <p>2016-17 The proportion of contacts at Partnership Plus (contact outcome level), where a current TAF is in place has increased from 13.3% in June to 18.9% in September. TAF workshop was delivered at Strategy launch events. April 2017-30 September 2017 – Current TAF in Place: 7.7%</p> |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | <p>Previous TAF: 8.8%</p> <p>Action from Early Years Strategy Group meeting on 18 October is to look at how many under 5 children referred into Case Management have a TAF in place</p> |
| | <p>For Children in Care (CiC) the cohort fluctuates each year – our ambition is to increase the percentage of children achieving a Good Level of Development (GLD) and achieve a reduction in the gap. Yearly cohort will be identified and progress tracked by Virtual School and EYFS Team.</p> | <p>Increase in performance by 27% from 2016</p> <p>Closed the gap by 27% between CiC and their peers from 2016</p> <p>There is only a 1% gap between CiC and FSM.</p> <p>March to March cohort for 2017 has been identified and progress is being tracked by Virtual School and EYFS Team</p> |
| <p>Under performance in the Early Years phase is eradicated</p> | <p>Children identified as not working within their chronological stage of development are being referred to the appropriate professional by some settings</p> | <p>See above</p> |
| | <p>The Early Years Team targets settings and schools in the 30% IMD where the FSM gaps are wider than CWaC and where there are a large number of 2 year funded EYPP or PP children.</p> | <p>See above</p> |
| | <p>The Early Years Team works with early years providers to raise the profile of TAF, working closely with TAF advisors</p> | <p>See above</p> |
| | <p>Schools with onsite settings receive joint visits to support with tracking progress and accuracy of judgements, and also to support transition and school readiness.</p> | <p>School Readiness data (2017) has identified that some providers assessments are not accurate. Providers are not as confident with Specific Areas of Learning.</p> <p>Schools with settings on site are being targeted to ensure secure transition and moderation of assessment processes are</p> |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | in place and to further develop consistency with relation to school readiness |
| | Targeted Early Years Providers and schools receive termly monitoring visits to ensure accurate assessment and tracking | Joint moderation between schools and settings completed. Moderation visits have been completed with providers where data has raised concerns. School starters data has been shared at Leaders, Managers and Owners meetings to raise the profile of completing data, strengths and areas for development. |
| | The Early Years Team targets schools with Early Years Foundation Stage Profile (EYFSP) data lower than CWaC | As a result of school readiness data 2017, the Early Years Team is targeting maintained nurseries at least termly in 2017/18 to monitor, challenge and QA EYFS practice and will continue to target private providers to ensure accuracy and consistency. |
| | The Early Years Team targets early year's providers and schools that have been judged as RI/inadequate | The percentage of CWaC providers currently judged by Ofsted as good/outstanding is 95%. The % of providers judged good/outstanding by Ofsted nationally is currently 93%. We are currently 2% above the national average. Settings that are RI or Inadequate are receiving targeted monitoring visits to ensure Ofsted actions are being completed. Provider Causing Concern (PCC) process is in place for all RI/inadequate settings. Meetings are held monthly with the provider to monitor progress with actions, and actions plans are in place. Early |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | <p>Years Funding/2 year funding has been removed in those settings that have actions from Ofsted linked to the quality of teaching and progress children make. Funding will be established if the provider can evidence improvement and clear systems to support tracking children's progress.</p> |
| Improved levels of school readiness | School Readiness data better populated. | <p>98 providers did not send School Readiness data (2016) Targeted Early Years Providers and schools are receiving termly monitoring visits to ensure accurate assessment and tracking.</p> |
| | Increased rate of accurate assessments. | <p>School Readiness data (2017) has identified that some providers assessments are not accurate. Response actions: Liaise with Edsential about providing further training with a focus on specific areas of learning Further training from Edsential on observation and assessment Collation of school readiness data 2017 – Analysis to be completed by the Early years Team and a comparison to be made with 2016 data to measure impact of strategies that have been implemented.</p> |
| | Continue to support early year's providers with referrals to appropriate agencies, as some are not referring quickly enough. | <p>Children identified as not working within their chronological stage of development are being referred to the appropriate professional by some settings. Some early years providers are not referring children quickly enough to the</p> |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | <p>School Readiness leaflet links to the Early Years workers Quality Assurance Framework</p> | <p>appropriate agencies due to poor practice. Continued support is being offered to early years providers with referrals.</p> <p>Early Years Strategy events have been arranged: School readiness 1 year on. These are booked for January 2018. School readiness data and good practice will be shared and table top workshops delivered by education, Health, IES and commissioners. Good practice examples are currently being collated with regards to how early years providers and schools are best using the school readiness leaflet.</p> |
| <p>Increase the access to 2 year old funded provision</p> | <p>New funding allocation received by DfE, consultation on allocation carried out with childcare providers, new EYSFF approved and forecasted amounts shared with all providers. Continue with regular communication, information events training and support to the sector.</p> | <p>The funding rate increased from £4.85 to £5.15 supporting providers in continuing to offer this type of placement following the introduction of 30 hours placements in September. Provider events have been held giving information and advice on different models of delivery which protect funded places for eligible 2 year olds. Placements are monitored; current take up is 100% of eligible families from DfE list access a place. Capital projects to provide 30 hours places have also involved securing continued numbers of 2 year old funded places either as part of the capital project or in a nearby provider who would be unable to offer 30 hour places without this affecting their 2 year old funded places. Eligibility checker on new provider hub</p> |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | <p>makes it easier for families to secure a placement with a provider as the provider can confirm their eligibility instantly. Local criteria have been adopted for families experiencing domestic abuse and for families of serving military personnel. Continuing work with health, benefits team and partner agencies on raising parent awareness of this entitlement.</p> |
| | <p>Continue to encourage providers to buy into the Finance and Business Compliance (FBC) Tool to ensure providers are using a robust model of business planning to ensure supply of 2 year old places are maintained and expanded where demand is required.</p> | <p>4 business support provider events held. 206 providers attended. Web based business tool workshops delivered – 22 providers. Red kite business support training delivered to 44 providers. Family and Childcare Trust business tools disseminated. No further funding available for web based tool, providers will have to buy model. Peer support with setting already using system will reduce cost.</p> |
| | <p>Ensure there are Good and Outstanding places to respond to demand for childcare places</p> | <p>The percentage of CWaC providers currently judged by Ofsted as good/outstanding is 95%. The % of providers judged good/outstanding by Ofsted nationally is currently 93%. We are currently 2% above the national average.</p> |
| | <p>Review, improve and vary approaches to encourage families to access their free entitlement</p> | <p>132% take up taking into account that only 40% of 2 year olds are eligible for a funded place and that because this is targeted to low income families most of these will be living in areas of deprivation.</p> |
| <p>Maintain and improve take-up to 3 and 4</p> | <p>Review the capacity of the childcare</p> | <p>Consultations/survey carried out with</p> |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| year old funded places | market in relation to the new 30 hour offer and monitor impact on current take up figures. | providers and parents to assess supply and demand. Development of Hubs will secure take up across communities. |
| | Work with childcare sector to develop places to meet increased demand. | Refresh of 2016 Childcare Sufficiency Assessment was carried out in October 2017 with a specific focus on supply and demand relating to the 30 hours extended childcare offer. Additional 210 place to be created as part of DfE capital fund. 25 schools have or are in the process of developing EYs places. |
| Greater engagement with TAF process across the Partnership | Continue to support early years providers with referrals | April 2017-30September 2017: So far within the TAF year 18% of TAFs initiated have been for under 5s (22.8% for whole of 2016-17). Tvolution has caused barriers to usage and is no longer being used due to issues. Further joint work with TAF advisors and ETCs to support childcare settings in TAF process. Address training package to ensure it is fit for purpose for all professionals |
| Joined up 2 year development checks | Continue to monitor progress in pilot areas until pilot finishes in April 2017 and report findings thereafter | Completed and implemented Outcomes from the pilot have been collated. |
| | Ensure all providers and health are sharing assessments to inform next steps with children. | 2 year progress checks and integrated review is being monitored as part of EYC targeted visits to ensure good practice is embedded. Health attended a Leaders/Managers/owners meeting in May 2017 to share the integrated review |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | pathway with all providers to ensure consistent roll out. |
| | All settings will know who their Health Visitor is | Some providers have not been contacted by their link/base link Health Visitor |
| Improved Oral Health and reduction in hospital admissions for teeth extraction | Programme of workforce development on oral health for Early Year's staff | Programme of workforce development on oral health for all Early year's staff to start Q1 2018 |
| | Happy Smiles toothbrush packs to be included in service specification for 0-19 service in 2017/18, once pilot complete. | <p>The Starting Well service specification will embed the Happy Smiles oral health programme within service delivery from April 2018. Delivering the 'Happy Smiles' toothbrush packs to all 0 – 2 year olds within targeted cohorts in Cheshire West and Chester as defined by the Starting Well Service. This may include (but is not exclusive to): gypsy / roma, traveller groups, Black Minority Ethnic (BME) groups, Family Nurse Partnership and families identified through the 'Troubled Families' agenda. The most deprived wards in Cheshire West have been identified to assist the Service to select potential areas for delivery (as highlighted in the JSNA).</p> <p>The Service will be expected to:</p> <ul style="list-style-type: none"> • Fund the toothbrush packs and deliver / distribute twice per year to children within the 0-2yrs cohort; • Promote PHE Sugar Smart Campaign; • Actively target babies and children aged between 0-2 years should be actively as they reach the following milestones: |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 2 years Starting Well will also be developing a 'Making Every Contact Count (MECC) framework for workforce development which will ensure staff have a consistent approach to offering brief interventions and support on a range of health issues including oral health. |
| | Dental decay is associated with deprivation. Our Children's Oral Health Strategy is to target children and families in most need with toothbrushes and fluoride toothpaste, supported by training in oral health promotion for staff working with these families. | Dental extraction in hospital in children in CWAC has remains at a stable level 2012-2014/15 – e.g. in 2014/15 0-4yrs 0.1% of population (n6), 5-9yrs – 0.2% population (n34). This is significantly below the rates for England as a whole (0.3% for 0-4yrs and 0.8% for 5-9yrs.) See above for Starting Well Service specification from April 2018. |
| Reduction in Hospital Admissions 0-5 due to unintentional injuries | Dashboard will enable the Task and Finish Group to gain a clearer understanding of the reasons for both A&E attendance and hospital admissions for unintentional injuries in the under-fives and enable the group to develop subsequent actions in response | A borough wide Unintentional Injuries Hospital Admissions dashboard has been created. This has enabled members of the Unintentional Injuries Group to better understand the reasons behind unintentional hospital admissions for the under 5's The Unintentional Injuries Group will review the content of JSNA's from other areas at the next meeting of the group in November 2017 and use this information to develop a Joint Strategic Needs Assessment for Cheshire West and Chester. |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | The Multi-agency Unintentional Injuries Group promoted safe storage of medicines and detergents during Child Safety Week in June 2017 |
| Improved breastfeeding rates. | Infant Feeding Strategy Group established under Eats Well Be Active Framework to take forward initiatives to improve breastfeeding rates | The infant feeding strategy group have been meeting regularly (rotating Chair) and have progressed a significant number of the actions on the Eats Well Be Active action plan, including... <ul style="list-style-type: none"> • Mapping exercise re-refresh to understand the full operational delivery across CWaC • Infant Feeding Strategy report was produced • Continual training of volunteer breastfeeding support workers • Exploration of introduction to solid foods section within Baby Buddy app |
| | Review latest breastfeeding data when report published in May 2017 | Quarter 1 data reports rate for breastfeeding at 6-8 weeks is 40.2%. (In 2015/16, 34.0% of babies in CWaC were either fully or partially breastfed at their 6 to 8 week check with an England average of 43.2%) |
| Improved smoking cessation rates for mums-to-be. | WCCCG currently commission providers to record smoking status of women and their partners at time of initial booking and smoking status of women at time of delivery (SATOD). As part of Starting Well dashboard, SATOD is reported to Starting Well Partnership meeting | In Qs1-4 16/17 there is a variable trend in West Cheshire CCG for SATOD: 8.3-10.9% averaging 9.3% (228/2449) compared to around 10.7% in England overall. This is a slight increase on the previous year. 70% of maternities reside in West Cheshire CCG area. 30% maternities reside in Vale Royal CCG area. For Q1-4 in Vale Royal there is a rising trend from 12.2% to 21.1%, averaging 16.9% (181/1073), an increase |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | <p>on the previous year. The Cheshire West and Chester stop smoking service Quit 51 recently took over from Healthbox which had been delivering a service on the Vale side.</p> <p>There is a smoking cessation referral pathway in place in all GP practices via the Cheshire Change Hub, although some GP practices have not been using the Hub referral pathway effectively.</p> <p>Quit 51 Provider has raised that not every midwife has access to a CO monitor or has received brief intervention training for smoking cessation in pregnancy</p> <p>The points raised above feature in the action plan that has been developed.</p> |
| | <p>‘Babyclear’ programme focusses on altering perception of risk and maximising uptake of opt out referral and a combination of this and more targeted support from services on the ground has been agreed to help women develop mental resilience and stick to quit</p> | <p>An action plan based on NICE guidance, BabyClear, current gaps in service and locally promising innovation has been developed at the Countess (acute and 1:1) and a group convened.</p> <p>Representatives have also been invited to attend the Smokefree Collaborative at the Countess of Chester site. With renewed focus on the prevention Commissioning for Quality and Innovation (CQUIN) for acute and mental health trusts this is a good time to co-ordinate change across services.</p> |
| <p>Direct resources effectively at locality level based on locality data.</p> | <p>Continue to develop and strengthen community, health and early education childcare partnerships.</p> | <p>Continuing to develop community, health and early education / childcare partnerships.</p> <p>Continue to analyse and review CC reach and registration rates through CSC/IES</p> |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | <p>Continue to analyse and review CC reach and registration rates through CSC/IES joint management meetings to challenge and secure engagement from families involved with CSC/MARAC due to difficult and complex circumstances</p> | <p>joint management meeting. The new Starting Well commission will support Reach data and there will be reduced duplication.</p> <p>At year end 2016-17- Reach amongst under 5s living in the Top 30% SOA has now increased to 68.2%. Although this is below target there has been an increase in 21.9% and it is above the Ofsted 'good' target.</p> <p>Live birth data has now started to be shared with the Children's Centres.</p> <p>A change to 2 year funding criteria will affect increase in reach for families living in top SOAs who may have previously not been eligible.</p> <p>Challenges remain around securing engagement from families involved with CSC / MARAC due to difficult and complex circumstances.</p> |
| <p>Reduction in health inequalities and improved access and service for deprived areas.</p> | <p>The Starting Well Service will be procured in 2017 to commence in January 2018. The Service Specification brings together three separate services that will merge and function as a single service. This will result in upskilling the workforce and embedding the ethos of early identification and prevention</p> | <p>The contract was signed in July meaning that the mobilisation could commence. This is a joint partnership approach between CWP and the LA to ensure a smooth transition between the 5 current services in to a single service.</p> <p>Task and Finish Groups meet weekly to progress with each action plan and the groups are arranged by theme. The pace of this project is both fast and challenging but progress is commendable to all involved to date.</p> <p>The biggest challenges to the project are</p> |

| Key Outcomes for the Partnership | What we will do to achieve this | Progress to Date |
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| | | data migration and preparing the recording and reporting systems to be viable for January 2018. |