



West Cheshire  
Children's Trust

# **Children and Young People's Plan 2012 – 2015 – starting well**

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## **1. Introduction and foreword**

Stephen Moore, West Cheshire Children's Trust Independent Chair

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## **2. Background to the Plan and key achievements and progress made in 2011-2012**

### **What is a Children and Young People's Plan?**

West Cheshire Children's Trust Plan explains what partners aim to do to improve outcomes for children and young people and their families. It sets out what we think are the most important things to deliver together from November 2012 to March 2015. The best way that services can do this is by jointly planning what to achieve and how they are going to it.

### **Who are West Cheshire Children's Trust?**

West Cheshire Children's Trust is a partnership which is made up of organisations from the public, voluntary, community and faith sectors that commission or provide services for children and young people and their families in Cheshire West and Chester. This includes Cheshire West and Chester Council, schools and colleges, voluntary sector services, health services, Police, Probation Service, Youth Offending Service, Job Centre Plus, the Local Safeguarding Children's Board, Fire Service and many more. The Children's Trust also has involvement from children and young people and families through its Participation Group.

West Cheshire Children's Trust is committed to ensuring that the safeguarding of children and young people lies at the heart of everything that we do. Safeguarding and promoting the welfare of children and protecting them from significant harm is everyone's business and therefore is dependent on effective joint working between agencies and professionals to ensure that this happens at all times. The Local Safeguarding Children's Board and Children's Trust work together to ensure that children and young people in Cheshire West and Chester are protected.

The Children and Young People's Plan covers all services for all children and young people aged 0-19, and for young people aged 20 and over who have left care and young people up to the age of 25 with disabilities or learning difficulties.

### **Key achievements and progress made against the priorities set in the Children and Young people's Plan 2011-12:**

#### **Priority: Prevention, early help, family support and better health**

- Establish a Family Nurse Partnership – resources identified and programme commissioned in partnership with Vale Royal and West Cheshire Clinical Commissioning Groups (CCG)
- Injury Minimisation Programme (IMP) – Number of parents supported through St John Ambulance Programme via Babysafe courses and young life saver programme. Achievement – held 23 Babysafe courses teaching 2,145 adults essential paediatric lifesaving skills and 2,377 young people have received young lifesaver training.

- Breastfeeding Social Marketing Campaign in Ellesmere Port – in 2012 insight work was carried out with expectant mums under 25 in the Ellesmere Port area. This has resulted in some key targeted messages and images around breastfeeding to be used in a campaign to be rolled out in 2012/13. The aim of which is to normalise breastfeeding and encourage young mums to feel supported to breastfeed.
- Number of children and young people accessing MEND and number of parents accessing HENRY (healthy lifestyle programmes for families with children under 5). To train early years practitioners who work with families in HENRY core training enabling them to support mums on a 1:1 basis. Achievement – 76 practitioners have received HENRY Core training and review of child weight management commissioning intentions carried out.

**Priority: Children in Care and Care Leavers**

- Number of Adoptions – In 2011/12 19 children adopted, compared to 8 in the previous year, against a statistical neighbour and England target of 12.

**Priority: Children with Disabilities and SEN**

- Children subject to School Action, School Action Plus and with Statements. Achievement – For School Action there was a 14.7% reduction, School Action Plus 8.8% reduction and with SEN Statements 9.7% reduction.

**Priority: Safeguarding and Commissioning Plan**

- Child Protection Planning – number of Core Groups carried out within 10 working days of Child Protection Conference. Achievement – 90.9% or 30 out of 33 Core Groups held between July to the end of November 2011 within 10 days or less.

### **3. Purpose and Vision of the Trust**

#### **Vision Statement**

In West Cheshire we will work together to support families to keep children happy, healthy and safe.

#### **Key Outcomes**

All children are safe within their families and communities.

All children are healthy

All children are eager to learn and achieve their potential

All families are confident in caring for their children.

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#### **4. Delivery Priorities for 2012-15 are:**

The Needs Analysis looking at such areas as education, health, safety and wellbeing of children and young people within Cheshire West and Chester together with views of children, young people and their families has helped inform our understanding of what it like to grow up in the borough and what the partners in the Children's Trust can do to help every child to achieve their potential.

The Children's Trust will be the vehicle for the delivery of the priorities under the Starting Well theme of the Altogether Better Programme and based on evidence in our Strategic Needs Assessment :

- Early Support – Developing new approaches and scaling up existing models of early support for children aged – 9 months to 19 years and their families.
- Families Together – help families with complex needs or 'Troubled Families' who depend on public services by providing an integrated package of support.
- Improved health and well being outcomes for children and young people in the borough
- Narrowing the Gap for children who live in more disadvantaged areas in terms of educational/vocational achievement
- Improved outcomes for Children in Care (primarily around emotional health and well being, learning and achievement and transition into adulthood)
- Improved outcomes for children and young people who experience domestic abuse

## **5. Commissioning Intentions**

West Cheshire Children's Trust describes its vision as 'wanting West Cheshire to work together to support families to keep children happy, healthy and safe'.

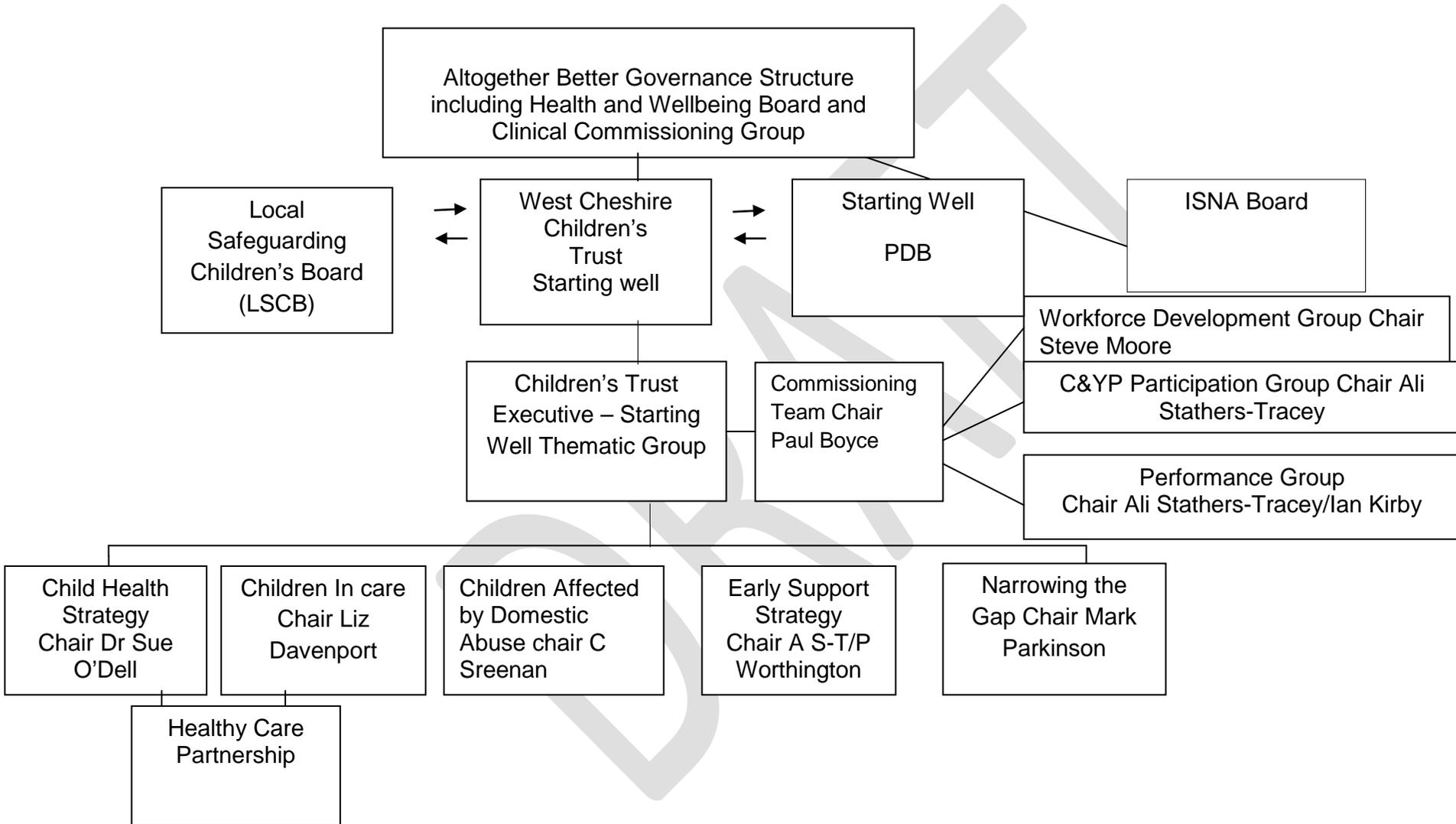
As part of the delivery of this vision, agreement has been reached between Cheshire West and Chester Council, NHS Western Cheshire and West Cheshire Clinical Commissioning group to work together to develop an integrated investment unit for children and young people. This unit will work in close partnership with Vale Royal Clinical Commissioning Group. The Unit will be based in Cheshire West and Chester Council and will bring together key health and local authority staff working on children's commissioning into one place. The plan is to have one team, working together, primarily in one place, working against one set of priorities, contained in one plan which describes our priorities against the continuum of need.

The Unit will be fully operational from April 2013. The development of the integrated investment unit is a key part of the programme of reform taking place through the Altogether Better Smarter Services programme. In addition it is being informed by the approaches being developed by the Cabinet Office Commissioning Academy and a recent review of commissioning carried out by Halton Borough Council.

The Unit will support the Children's Trust in agreeing its priorities and its work will be driven by the Children and Young People's Plan. The Unit will support the development of the Clinical Commissioning Groups Strategic Plans including supporting the delivery of relevant NHS targets and plans. The short to medium term vision will be to develop the unit as the joint commissioning arm of West Cheshire Children's Trust with a view to developing its remit to wider strategic commissioning for children and young people across a wider number of agencies. The medium term vision is to develop the Unit in conjunction with adult services to look towards the formation of a Cheshire West and Chester Integrated Commissioning Unit.

A Sub group of the Children's Trust will be developed to enable clear accountability and progress reporting of shared commissioning programmes and service improvements to the Children's Trust as part of a regular forward plan.

## 6. West Cheshire Children's Trust Structure Governance Arrangements



## 7. Children's Trust Structure

### Governance

West Cheshire Children's Trust is accountable to West Cheshire Altogether Better Governance Structure and specifically the Health and Well Being Board which will oversee partnership working at a strategic level. The following key partnerships commission and oversee service delivery in line with the needs of communities within the borough and beyond:-

- **Altogether Better Programme** Altogether Better is one of four national whole place Community Budget pilot areas that will test new, radical and local approaches to delivering public services
- **Health and Wellbeing Board** This Board brings together elected representatives, local HealthWatch (who will represent people who use services) and health and social care commissioners, such as GPs and the Director of Public Health, to plan the right services for West Cheshire. The first Health and Wellbeing Strategy has been produced jointly by our Local Strategic Partnership – West Cheshire Together – as part of its refresh of the Sustainable Community Strategy “Together We Can Aim High” and by the new shadow Health and Wellbeing Board.
- **Children's Trust.** This Board is responsible for holding all partners to account for the provision of high quality integrated services for children and young people. The Children's Trust is accountable to the Local Safeguarding Children's Board in terms of safeguarding children and to the Altogether Better Governance structure and Health and Wellbeing Board for the delivery of public services for children, young people and their families.
- **The Local Safeguarding Children's Board** The Board is crucial to the success of West Cheshire's Children's Trust due to its firm commitment to safeguarding and promoting the welfare of all children and young people – The LSCB challenges the impact of commissioning against the CYP priorities and monitors improvement outcomes for children and families.

### West Cheshire Children's Trust Sub Groups

Sub-groups of the Children's Trust will be established to develop work programmes to improve outcomes under the priorities. Resulting actions required will be submitted to the Integrated Commissioning Function for appropriate services to be commissioned. A

performance sub-group will be in place to monitor progress and to quality assure commissioned services. Any services highlight as under achieving will be referred back to the sub-groups to re-evaluate the actions required to address improved outcomes for children and young people under the priority.

- Early Support Strategy Group
- Child Health Strategy Group
- Children in Care
- Children affected by Domestic Abuse
- Narrowing the Gap
- Children and Young People Participation Group
- Workforce Development
- Performance Group

## 8. Understanding the communities of Cheshire West and Chester

The area known as Cheshire West and Chester is defined by its position as a unitary authority in the North West of England. It has a population of 327,500 people, making it the fourth largest council in the North West of England. The area includes the historic city of Chester, the industrial and market towns of Ellesmere Port, Northwich and Winsford together with Neston, Frodsham, Helsby and Malpas. In total 32% of the local population live in rural wards.

### Key headline information from borough wide Needs Analysis

In order to understand what life is like for children and young people in Cheshire West and Chester a number of sets of data have been brought together looking at such areas as education, health, safety and wellbeing.

- Cheshire West and Chester had a population of 98,100 children and young people (aged under 24) in 2008. Almost a third of Cheshire West and Chester's population is under the age of 25.
- Cheshire West and Chester has a relatively small Black and Minority Ethnic population at around 6%.
- The largest concentrations of children and young people are in the areas of Chester, Northwich and Ellesmere Port.
- More children in care are aged 5-11 and 12 to 19 than 0-4.
- In 2011 there were 3,918 incidents of anti-social behaviour, 406 of which were alcohol related.
- In 2011 there were 2,019 children and young people identified as offenders and 96% of those were aged 11-19. The figures shown refer to the number of offenders as opposed to the number of crimes (there may be more than 1 offender involved in a specific crime).
- In 2011 there were 1,512 children and young people that were victims of crime with 91% of these aged 11-19. The figures shown refer to the number of victims as opposed to the number of crimes (i.e. there may be more than one victim involved in a specific crime).
- In 2011 there were 883 missing from home incidents involving children and young people mainly aged 11-19 with Chester and Ellesmere Port Neighbourhood Policing Units recording the highest numbers. The figures refer to the number of incidents as opposed to individuals (there may be multiple incidents to 1 individual).
- Around 4,700 5-16 year olds will have a mental health disorder and around 73% of those in residential care will have a clinical mental health disorder.

- For Early Years, National Indicator 72 (percentage of children achieving at least 78 points across the Early Years Foundation Stage) for 2012 the indicator has increased from the previous year by 7.6%. Although boy's attainment has improved across all areas of EYFSP there remains a significant gap between boys and girls in the attainment of Communication, Language and Literacy and in particular writing. Children in receipt of Free School Meals are twice as likely to be represented in the lowest 20% of children.
- For Key Stage 1 statutory assessment of children, 2012 outcomes have remained static or shown slight increases, the greatest of which was at Level 3+ in maths by +3ppts.
- For Key Stage 2 statutory assessment of children 2012 saw improvements in all indicators. Whilst girls still outperform boys, greater increase by boys means that the gender gap in these areas has all narrowed. The Free Schools Meals (FSM) gap at L4+ has decreased significantly in all aspects but children on FSM still achieve almost 20% less than children not on FSM at L4+ in both English and Maths.
- For Key Stage 4, GCSE results, both 5+ A\*-C and 5+A\*-C including English and Maths have seen a 3 year rising trend – although there is still room for improvement when compared to statistical neighbours. There still appears to be significant FSM and gender gap in achievement at Key Stage 4.
- In December 2011 there were 448 young people (4.9%) who were not in education, training or employment.
- Cheshire Domestic Abuse Partnership say that in Cheshire, 22% of school pupils have seen adults hurt one another at home and that 900 mothers are supported by its services a year.
- There are high hospital admission rates in the under 5s, particularly for injuries and in areas of deprivation.
- Alcohol is the leading substance misuse problem in young people accessing substance misuse services locally.
- Between 1 April 2011 and 31 March 2012, 42 individual young people engaged with structured substance misuse treatment services in West Cheshire. 20 accessed the service in Ellesmere Port and 22 in Chester.
- Alcohol (43%), cannabis (26%) and amphetamines (21%) were the most common substances young people sought help with.
- It is estimated that for Cheshire West and Chester as a whole there are between 689 and 5306 disabled children and young people aged 0-19 years old\*.

- The Child and Maternal Observatory published Child Health Profiles for every local authority, including Cheshire West and Chester at the end of March 2012:

Findings:

There are a number of areas where we are performing Significantly worse than the England average:

Chlamydia diagnosis rate (age 15-24 years)

Children achieving a good rate of development aged 5 (with respect to the Early Years foundation Stage Profile)

Teenage mothers (age under 18 years)

Hospital admissions due to alcohol specific conditions

Hospital admissions due to substance misuse

Breastfeeding initiation

Hospital admissions due to injury

Hospital admissions due to self harm

There are two areas where we are performing worse than the England average and would merit some attention:

Obese children (aged 10-11) (see Action plan at Appendix A)

Children killed or seriously injured in road traffic accidents (See Action Plan at Appendix A)

There are some indicators where we are performing significantly better than the England average:

MMR Immunisation

Children in care immunisation

NEET figures (Not in employment, education or training)

First time entrants to Youth Justice

Children in poverty

Rate of family homelessness

Children in Care

Participation in sport/PE

## **If Cheshire West and Chester was a village of 100 children and young people**

In order to gain a more holistic view the graphic overleaf illustrates what the composition of Cheshire West and Chester would be like if it was a village of 100 children based on the information we have gathered through various data sets.

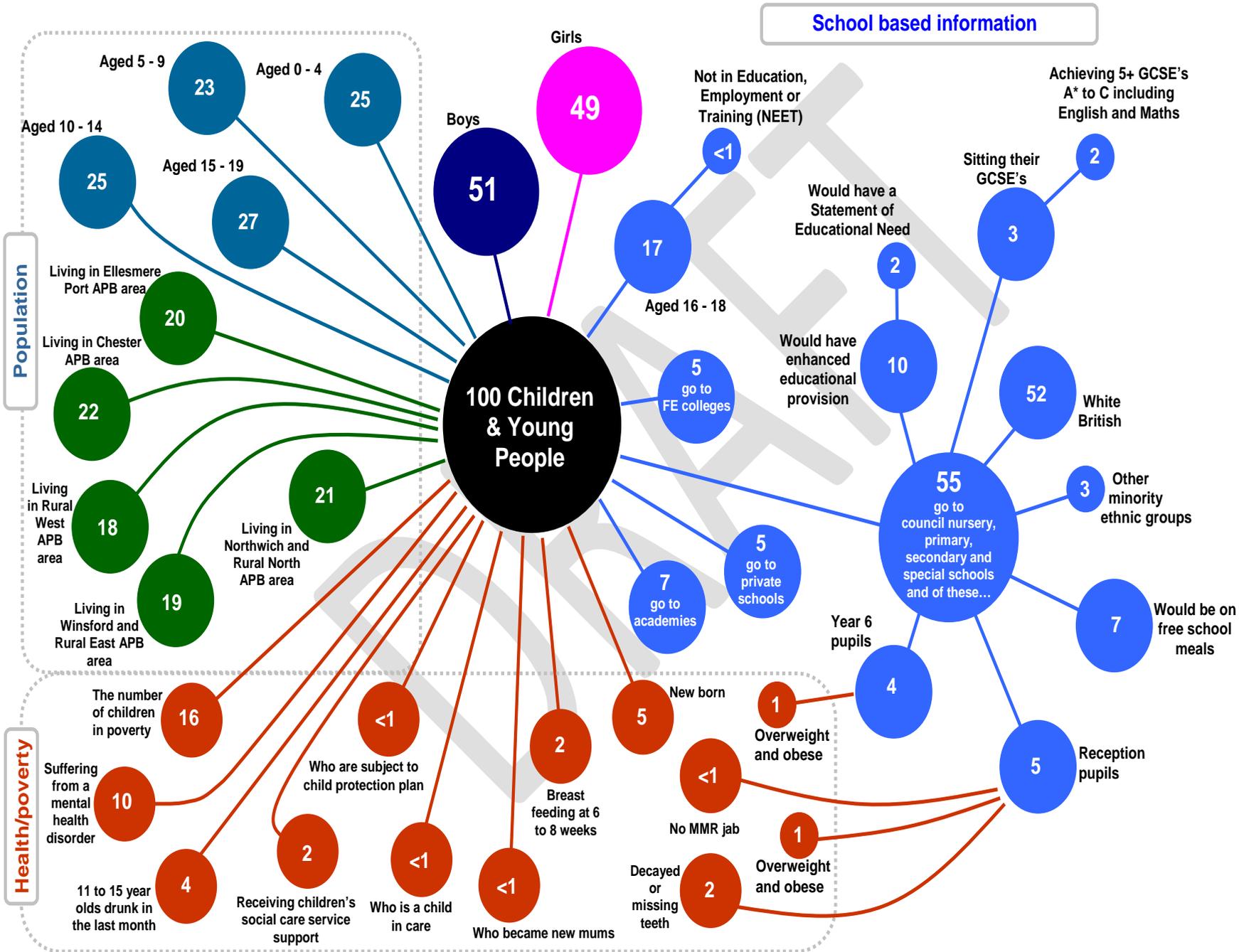
### **Area Partnership Board areas**

Information has also been profiled to establish what we know about children and young people who live in our Area Partnership Board areas and these are included as Appendix A to this Plan. The five Area Partnership Areas are:

- Ellesmere Port
- Chester
- Northwich and Rural North
- Rural West
- Winford and Rural East

\*(To determine the number of disabled children locally, figures have been based on a percentage of the 2007 0-19 child and young person population forecasts. The forecasts cover 2007 - 2022 and have been disaggregated to give a figure for total population for 2010. The number of disabled young people have then been calculated based upon recognised levels of disability as follows: 1% (most complex disabled young people) = 689 7.7% (all disability/impairments) = 5306. The definitions above have come from the 'Commission Support Programme - Commissioning for Outcomes and Efficiency' document (November 2010)

# If Cheshire West and Chester was a village of 100 Children and Young People...



## 9. What children and young people say

The Participation of children and young people, mothers, fathers and carers is central to the Children's Trust. West Cheshire Children's Trust is committed to engaging all children and young people in participation, ultimately to assist in the shape, and design of services that they use. Every Child Matters recognised that improved outcomes required radical change in the whole system of children's services, including listening to children, young people and their families when assessing and planning service provision as well as in face-to-face delivery. Part of the role of the Strategic Director of Children and Young People's Services and the Lead Member for Children's Services is to listen to and involve children in determining their needs and championing their interests.

The Children's Trust arrangements include a variety of methods to ensure the contribution of children, young people and their families to improve outcomes and includes:

### **Youth Parliament priorities**

The Youth Parliament has highlighted four main priorities important to children and young people growing up in borough, as follows:

- Health
- Transport
- Increasing young people's involvement and participation
- Environmental Issues

The UK Youth Parliament team for Cheshire West and Chester is designed around a model that means we have two full Members (MYP) and four Deputy Members (DMYP).

Cheshire West and Chester Council has subsequently co-opted each Member to sit on an existing Scrutiny Committee and in addition we have a dedicated young person with specific experience of the health care system who supports current review and consultation developments on behalf of the Health and Well Being board.

As part of the election process for UY youth Parliament members we run a survey to test current issues that are important to young people in our schools. Every young person voting can pick up to three issues from a long list, identifying them as priorities. Around 9,000 young people vote on average, which gives upwards of 20,000 issue choices made. These choices describe the priorities here in the plan.

The UKYP survey this ballot as a mandate which allows them to champion work on these issues. This can be locally, regionally or even nationally.

In Cheshire West the transport issue is based on cost and availability for young people, especially in rural areas, they report that they sometimes feel isolated and that access to services for them are limited.

UKYP members have direct meetings with relevant Elected Members and Council Officers to discuss transport and whilst solutions are difficult to find the young people felt their views had been heard and they had a better understanding of the complexities involved.

Health (and Wellbeing) issues focus on fitness and the feeling that young people would like more accessible sports facilities for them. There is also concern about drug and alcohol use amongst young people.

UKYP Members also contribute to reviews of Childrens Trust delivery and ways of working. They sit directly on interview panels for selecting key members of staff, notably the Childrens Trust Manager and Independent Chair of the Trust.

### **Children in Care Council**

The Children in Care Council and West Cheshire and Chester Council have agreed a pledge that will link into all decision making structures affecting children that are being looked after in care. The aim is for all children and young people in the borough to receive the best parenting possible. The Pledge is:

- i. We will actively involve you in the decisions that affect your lives and give you opportunities to be involved.
- ii. We will keep you safe
- iii. We will help you achieve what you are capable of, at school and at college, and give extra support if you need it.
- iv. We will respect you as individuals, with differing wants and needs – and tailor the service you get, to fit you.
- v. We will help you stay in touch with people who are important to you.
- vi. We will make sure you have named workers, who will stay with you whilst you grow up, whenever possible.
- vii. We will support you to have different experiences, so you have the chance to develop your talents, hobbies and interests.
- viii. We will help you keep healthy and well.
- ix. We will help and support you to sort out any problems or worries you have.
- x. We will help you move on to adult life.

The Children's Trust has a Participation Group that has developed a Strategy and Standards for the Participation and Involvement of Children and Young People. In addition children in care council and corporate parenting board will review and scrutinise outcomes against the ambition set out within the pledge

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## 10. National and local context of policies

This Plan is adhering to the local and national policy context focusing on the key policy issues that link the Trust together as a partnership.

### Community Budgets

Altogether Better – A Community Budget for West Cheshire is one of four national whole place Community Budget pilot areas that will test new, radical and local approaches to delivering public services. This programme is about real and lasting change. It will involve reviewing local public services alongside our partner organisations in the public, private, voluntary and community sector. Together we aim to tackle the root causes of longstanding problems, promoting early intervention and deploying resources in the most effective way.

Altogether Better will look at a number of ways to make services better for everyone. To do this, the Programme focuses on the life cycle of a person and the different services they may use at the various points in their life. These key points in life have created the following themes;

- Starting well
- Living well
- Working well
- Ageing well
- Smarter Services

The first four themes of the Programme reflect the lifecycle of a resident and the services that they may need at various stages. These four themes are supported by a fifth category of *Smarter Services* that addresses the cross-cutting issues that underpin public service reforms.

### **The Marmot Review ( Fair Society, Healthy Lives): two years on February 2012**

The Marmot Review, published in February 2010, confirmed that an individual's health is influenced by wider social determinants such as income, employment, education and environment quality. Two years on, the UCL Institute for Healthy Equity (formerly known as the Marmot Review Team) has published data for upper tier local authorities in England on a set of indicators to help monitor progress to reduce health inequalities.

The review set out six policy recommendations:

- i. Give every child the best start in life

- ii. Enable all children young people and adults to maximise their capabilities and have control over their lives
- iii. Create fair employment and good work for all
- iv. Ensure a healthy standard of living for all
- v. Create and develop healthy and sustainable places and communities
- vi. Strengthen the role and impact of ill health prevention

The two year review uses five indicators to monitor health inequalities and progress on tackling the social determinants of health. These indicators are:

- Life expectancy at birth
- Disability free life expectancy
- Children reaching a good level of development at age five
- Young people not in employment, education or training (NEET)
- Percentage of people in households receiving means tested benefits

The data has been collated by the London Health Observatory and the local data for Cheshire West and Chester has been incorporated into the Needs Analysis. Nationally the results highlight how far England still has to go to halt the increase in health inequalities, let alone reduce it. The two year review makes visible the link between health and social and economic influences. What happens in early childhood affects school careers, then whether the individual becomes a school leaver with no job and no aspirations, or goes on to get good qualifications, a good job, a reasonable income, and hence the conditions that lead to good health in adulthood.

### **Graham Allen Reports on Early Intervention**

Graham Allen, MP produced two reports on behalf of HMG on Early Intervention: Smart Investment, Massive Savings. The first report Early Intervention: the next steps was published in January 2011, it underlined that many of the costly and damaging social problems for individuals can be eliminated or reduced by giving children and parents the right type of evidence programmes 0-18 and especially in their earliest years.

The second report sets out how the programmes can be paid for within existing resources and by attracting new non government money.

## **SEN Green Paper**

The Green paper published at the beginning of 2011 aims to improve radically the entire special educational needs (SEN) system and will cover issues including school choice, early identification and assessment, funding and family support. In May 2012 the Government published Support and Aspiration: A new approach to special educational needs and disability – Progress and Next Steps. The intention is to introduce legislation to implement the changes to the law required in the Green Paper reforms from 2014. A draft Bill will be published in late 2012.

## **Health and social Care Act 2012**

The Act give major changes to the way the NHS is organised in England, including:

- Giving groups of GP practices and other professionals – Clinical Commissioning Group – ‘real’ budgets to buy care on behalf of their local communities;
- Shifting many of the responsibilities historically located in the Department of Health to a new, politically independent NHS Commissioning board;
- The creation of a health specific economic regulator with a mandate to guard against ‘anti-competitive practices’;
- Moving all NHS trusts to foundation trust status;
- Creating a new role for Local Authorities in Public Health – Public Health England (PHE) will be the national public health service with local authorities given responsibility for health improvement currently carried out by Primary Care Trusts;
- Health and Wellbeing Boards (HWBs) will be statutory in every upper tier local authority and will be required to bring together GP Consortia, DsPH children’s Services, Adult social Care and others
- Health Watch England will be established as the national voice of patients and the public.

## **The Transfer of Public Health to Local Authorities in 2013**

The transfer of the public health function is accompanied by the introduction of Health and Wellbeing Boards. There will be a need to recognise that existing council services have an impact on health inequalities such as education, housing, employment and community safety. Using evidence better is one area where local authorities may be able to improve their public health decision making.

## **The Localism Act**

The aim of the Act is to shift power from central government back into the hands of individuals, communities and councils. The aim is to push power downwards and outwards to the lowest possible level, including individuals, neighbourhoods, professionals and communities as well as local councils and other local institutions.

For services which are used individually, this means putting power in the hands of individuals themselves, where services are enjoyed collectively they should be delivered by accountable community groups and where the scale is too large or

those using a service are too dispersed, they should be delivered by local institutions, subject to democratic checks and balances, enabled by full transparency.

The Localism Act includes five key measures that underpin the Government's approach to decentralisation:

- Community rights
- Neighbourhood planning
- Housing
- General power of competence
- Empowering cities and other local areas

### **Open Public Services White Paper**

The aim of the white paper is to set out the Government's Programme for public services over the next few years. The White Paper sets out five principles for modernising public services:

Choice – to be increased wherever possible

Decentralisation – public services should be decentralised to the 'lowest appropriate level'

Diversity of provision – public services should be open to a range of providers

Fairness – ensuring fair access to public services

Accountability – public services should be accountable to users and taxpayers, with an emphasis on local democratic accountability.

### **Positive for Youth: A new approach to cross-government policy for young people aged 13 to 19 (December 2011).**

Government has announced a new approach to cross-Government policy for young people aged 13-19 in England. It brings together all of the Government's policies for this age group, presenting a single vision across the interests of at least nine departments including Department for Education, the Department of Health, the Home Office and the Department for Communities and Local Government.

Positive for Youth sets out a shared vision for a society which will enable all young people to succeed and how all parts of society, including councils, schools, charities and businesses can work together in partnership to support families and improve the lives of young people, particularly those who are most disadvantaged or vulnerable.

The Government believes that young people must be at the forefront to inform decisions, shape provision and inspect quality. The Government is providing funding of £850,000 to the British Youth Council in 2011-2013 to ensure that young people

have a voice in decision making including advising councils and others on how to involve young people in decision making and auditing services and to sustain the UK Youth Parliament. Each local authority area will also have a new organisation called Health Watch to make sure that young people will have a voice in shaping local health services.

### **Munro Review**

The Munro review sets out a number of recommendations to help reform the Child Protection System from being over-bureaucratized and concerned with compliance to one that keeps a focus on children checking whether they are being effectively helped and adapting when problems are identified.

The Review is recommending that the Government revise statutory, multi-agency guidance to remove unnecessary or unhelpful prescription and focus only on essential rules for effective multi-agency working and on the principles that underpin good practice. Inspection is a key influence on priorities in frontline practice so needs to support the change from compliance to a learning culture.

### **The Local Safeguarding Children Board (LSCB)**

The Safeguarding Board works alongside the Children's Trust to promote co-operation between partners to improve the wellbeing of children in the local area. The LSCB have produced a Business Plan 2012-2014 that reflects the core functions of the LSCB and the agreed strategic priority areas for the period 2012-2014. The LSCB have developed two strategic priorities:

- i. Reduce risk and meet the needs of children subject to Child Protection Plans, through effective recognition, assessment and planning for:
  - a. Emotional abuse
  - b. Sexual abuse
  - c. Neglect
  - d. Physical abuse
- ii. Improve safeguarding and welfare of children through improved parenting and reducing the impact of negative parental factors:
  - a. Domestic abuse
  - b. Learning disability/difficulty
  - c. Mental health
  - d. Substance misuse

## 11. How to Deliver?

### How we will deliver the priorities in the plan

#### Coordination and Review – Governance and scrutiny

There will be a delivery sub group responsible for each priority area of the plan. The Childrens Trust Board will review each priority and deliverable outcomes on a quarterly basis. These reviews will be led by the Independent Chair and will involve the voice of children and young people to inform improvements, changes in action if proposals are not working and will hold agencies to account for their investment and operational delivery to date.

Equally the CWaC Scrutiny panel for Children and Young People will also review the effectiveness of the Plan as part of their work programme annually.

#### Commissioning and joint investment – pooling resources



By April 2013, agreement has been reached between Cheshire West and Chester Council, NHS Western Cheshire and West Cheshire Clinical Commissioning Group that an integrated investment unit for children and young people will be in operation. This unit will work in close partnership with Vale Royal Clinical Commissioning Group.

The Unit will be based in Cheshire West and Chester Council and will bring together key health and local authority staff working on children's commissioning into one place. The plan is to have one team, working together, primarily in one place, working against one set of priorities, contained in one plan which describes our priorities against the continuum of need. The work of the unit will primarily be driven by the Children and Young People's Plan.

The Investment Unit will use the Altogether Better Commissioning framework as shown above [http://www.altogetherbetterwestcheshire.org.uk/?page\\_id=697](http://www.altogetherbetterwestcheshire.org.uk/?page_id=697)

The short to medium term vision will be to develop the unit as the joint commissioning arm of West Cheshire Children's Trust with a view to developing its remit for strategic commissioning for children and young people across a wider number of agencies. This acknowledges the reality that the Local Authority only directly controls 8% of public expenditure in the Borough.

The medium term vision is to develop the Unit in conjunction with adult services to look towards the formation of a Cheshire West and Chester Integrated Commissioning Unit. This is set within the context of the local Authority developing its role from being a provider of public services to that of enabler and commissioner. It recognises that citizens have a much more significant contribution to make than they have had in the past and that the total public purse has to be managed systemically through partnerships and not separately by different organisations.

### **Children and Young people Plan - Action plan see Appendix A**

The Action Plan at Appendix A gives details of actions, milestones and required outcomes together with timescales under each priority set by the Children's Trust. This will enable clear monitoring and scrutiny of performance against the priorities set. A performance Sub-group of the Children's Trust will be responsible for ensuring actions and outcomes are achieved

It is therefore imperative that all public sector organisations align their strategies and their resources to tackle the intractable problems identified by the Trust as priorities in this Plan – The Plan is the commissioning strategy for the Trust and this is why we are concentrating on early support. The Childrens Trust Early Support Strategy describes how services will be reconfigured to improve outcomes for families at the earliest point possible in their lives.

## 12. Delivery to date

We have aligned all the resources in Childrens Services Directorate that will be used to create a better-defined level 2/3 service model. Partner agencies are also aligning their operational resources to work on a locality basis to enable integration of local services for children. Our early support model will establish the following.

1. Single front door into early support (linked with Contact and Referral Team (CART))
2. Single family assessment called Team Around the Family (TAF)
3. A lead practitioner for families who need a better co-ordinated response and a case work service
4. An operational link into schools to enable children to be better supported in universal settings and greater impact from the out of school support services
5. A number of integrated teams working with defined populations of families (families together and troubled families) which will be managed by a lead agency and multi disciplinary in membership
6. A range of evidenced programmes will be delivered through these teams and practitioners will be supported in developing new approaches which will be evaluated locally to ensure a continued development of practice
7. A planned re-launch of Family information service directory and access system for parents, young people and carers describing all service availability across the Borough
8. A multi-agency training programme delivered through the Childrens Trust and LSCB ensuring that workers are brought together to learn how to work best to involve families in planning services that meet their needs
9. Set up a Leaving Care Service for young people.
10. West Cheshire Health Strategy Group has been meeting since January 2011 and has taken forward a range of actions primarily aimed at improving the experience of children and young people in receipt of health services.

### **13. How to Review**

The Children's Trust Board has set the Strategic priorities. The performance framework for monitoring progress against the priorities is:

The setting of an Annual Work Programme

Action delivery plans at Appendix A will be tracked at each sub group responsible for delivery on a thematic basis

A monthly performance report and detailed quarterly reports on the priorities will be submitted to the Children's Trust Executive and reviewed across agencies by the wider Partnership.

Differential Performance further monitored as part of the Altogether Better Starting Well Children and Young People Integrated Strategic Needs Assessment

New structure of Board will see wider Partnership reviewing each priority during 12 month delivery of Plan

Children's Trust Board and Clinical Commissioning Groups to receive six monthly review and annual monitoring of progress against the priorities set by the Trust.

The LSCB will provide challenge on outcomes against priorities on an annual basis

Health and Wellbeing Board will receive an annual report

### Priorities and Milestones

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				
Action	Milestone	Start Date	Review Date	Named Person
<b>Produce the Early Support Strategy</b>	Draft Strategy is consulted upon	June 2012	September 2012	Ali Stathers-Tracey
	Establish work programme for the Early Support Strategy Group	May 2012	October 2012	Ali Stathers-Tracey
	Launch Team around the Family Assessment Tool	June 2012	June 2012	Ali Stathers-Tracey
	Roll out TAF implementation Workshops	June/July 2012	October 2012	Ali Stathers-Tracey
	<b>Evaluate and test early intervention models that make a difference</b>	Review existing provision of parenting programmes across the borough C	August 2012	January 2013
	Establish national and international best practice models for parenting Part of below	June 2012	January 2013	Paula Worthington
<b>Commission new model of early</b>	Design service specification	February 2013	April 2013	Head of Integrated

<b>intervention with families</b>	around what works			Investment Unit
	Review effectiveness of new service	April 2013	September 2013	Head of Integrated Investment Unit
	Undertake options appraisal for new team models including costing location review and models of operation	December 2012	April 2013	Head of Integrated Investment Unit
<b>Review potential models for co-located integrated teams based on children's centres</b>	Undertake a review of existing children's services operating preventative models of service including current location, team structures and financial commitment	June 2012	December 2012	Paul Boyce
	Undertake options appraisal for new team models including costing location review and models of operation	December 2012	April 2013	Sarah Clein
<b>Refresh all the early support actions and new forward plan produced</b>	Early Support Group to review and refresh the action plan	March 2013	March 2014	Ali Stathers-Tracey

**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**

<b>Action</b>	<b>Milestone</b>	<b>Start Date</b>	<b>Review Date</b>	<b>Responsible Person</b>
<b>Closer liaison between CiC Council and Children's Trust</b>	Children's Trust adopts and commits to deliver on the CiC pledges – Corporate Parenting Board is also reviewing the delivery of the Pledge	October 2012	November 2013	Ali Stathers-Tracey
	Children's Participation Team moves under line management of Children's Trust	July 2012	April 2013	Ali Stathers-Tracey
	Direct engagement of CiC council in CT planning events	June 2012	April 2013	Ali Stathers-Tracey
<b>Review of the effectiveness and quality of leaving care service</b>	Consult with young care leavers about plans to establish the leaving care service.	July 2012	December 2012	Jeff Hayes
	Review leaving care service	January 2013	March 2013	Liz Davenport
	Recommendations fed back to CTB and LSCB with	July 2013	July 2014	Sandra Campbell

	improvements reviewed within 12 months			
<b>Review of effective adoption service in line with national policy review</b>	Analysis of national green/white paper and required improvements reported to the Board - consultation	September 2012	November 2012	Isabel Noonan/Sarah Blaylock
	Adoption summit held and Scrutiny report produced by elected member	July 2012	January 2013	Cllr. Stocks/Sandra Campbell
	Review effectiveness of Fostering and Adoption Service to be undertaken once actions and recommendations implemented	January 2013	September 2013	Jean Miller
<b>Review of Stability of Placements for looked after children in light of on-going review and improvements</b>	Undertake task to establish baseline and report to CT	July 2012	September 2012	Ian Kirby
	To develop a plan to improve placement	September 2012	December 2012	Liz Davenport

	Undertake survey with young people to test that service improvement had impact on them including reduction in placement moves	January 2013	January 2014	Catriona Sreenan
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**Improved outcomes for children and young people who experience domestic abuse so that children will be safer and the Trust will know which interventions are most effective in safeguarding children**

<b>Action</b>	<b>Milestone</b>	<b>Start Date</b>	<b>Review Date</b>	<b>Responsible Person</b>
<b>Undertake a review of existing operational services supporting children</b>	Undertake borough wide review across agencies to establish effectiveness of current interventions	September 2012	April 2013	Tbc chair of DA Sub
	Present what effective models and tools for supporting children affected by DA are available {first}	September 2012	April 2013	Chair of DA Sub
	Present the national policy position of DA and the impact for CWaC children	September 2012	October 2012	Isabel Noonan/Sarah Blaylock
<b>Present analysis of local MARAC cases in the context of</b>	To undertake the analysis and impact known to the system	November 2012	February 2013	Ian Kirby

<b>child's experience to the CTB</b>				
<b>Commission refreshed intervention model of preventative service plus model for intensive intervention for children links with Living Well</b>	Cross reference with early intervention parenting service specification	Same as below		Chair of DA
	Identify resources for work with children and young people in schools/universal settings to explore the issue of abusive relationships	Date in early support		Chair of DA
<b>Voice of the child in DA</b>	Experience survey to be undertaken and results analysed to inform future commissioning rounds	November 2012	March 2013	Participation Group

**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**

<b>Action</b>	<b>Milestone</b>	<b>Start Date</b>	<b>Review Date</b>	<b>Responsible Person</b>
<b>Narrow the attainment gap for children in care</b>	Improve the outcomes of looked after children at all key stages through: increasing the % of	April 2012	September 2013	Barbara Pickford/Liz Davenport

	quality PEPS with SMART targets and through coherent working through education (LA and schools) and social care.			
	Multi agency care planning meetings demonstrate evidence of impact in terms of outcomes for looked after children.	April 2012	December 2012	Barbara Pickford/Liz Davenport
	Governors, foster carers, designated teacher/practitioners/ social workers access high quality training and support	July 2012	December 2012	Barbara Pickford
	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.	September 2012	March 2013	Barbara Pickford
<b>Narrow the attainment</b>	Schools and settings	September 2012	November 2012	Janet Beckett/Sarah

<b>gap for children on free school meals</b>	where attainment of free school meal (FSM) children is lower than attainment for non FSM children have been identified and shared with individual schools, headteachers and governors			Lister
	Schools identify and implement Intervention and support which improves the progress of children on FSM	September 2012	September 2013	Janet Beckett/Sarah Lister
	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	December 2012	March 2013	Sarah Lister/Christine Ridley-Thomas
	Work with schools to improve approaches to analysing the data on children on FSMs,	September 2012	March 2013	Sarah Lister/Christine Ridley-Thomas

	identifying targets for accelerated progress and effective monitoring and tracking.			
<b>Narrow the attainment gap for boys</b>	Schools and settings where attainment of boys is lower than girls have been identified and shared with individual schools, headteachers and governors	September 2012	November 2012	Janet Beckett/Sarah Lister
	Schools identify and implement Intervention and support which improves the progress of boys	September 2012	September 2013	Janet Beckett/Sarah Lister
	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	December 2012	March 2013	Sarah Lister/Christine Ridley-Thomas

**Improved health and well being outcomes for children and young people in the borough, so that more children are breastfed, including in areas/families where breastfeeding is less likely and the rise in obesity amongst children is reduced**

<b>Action</b>	<b>Milestone</b>	<b>Start Date</b>	<b>Review Date</b>	<b>Responsible Person</b>
<b>Increasing breastfeeding rates at 6-8 weeks</b>	Deliver 2 peer support programmes producing 20 new Bosom Buddies to support existing team	TBC (provisional date Sept/Oct 2012)	December 2012	Katie Tierney
	Peer support delivered in Community Hospital settings	ongoing	Dec 2012	Katie Tierney
	Audit of Breastfeeding Support Groups	December 2012	March 2013	Katie Tierney
	Ensure providers have sustainability plans to achieve/maintain BFI commitments	ongoing	March 2014	Katie Tierney
<b>Increase childhood healthy weight</b>	Delivery of HENRY Core Training programme to Health Practitioners and Early Years Practitioners across CWaC. 2 courses leading to a maximum of 32 practitioners trained	Nov 2012	March 2013	Katie Tierney

	Procurement of child weight management service for school age children and young people	July 2012	March 2013	Rachel Raw
	Review effectiveness of newly procured service in line with service specification outcome	April 2013	March 2014	Rachel Raw
<b>Develop a common illness self care programme for parents/carers in order to reduce hospital admissions in the under 5's</b>	Develop a discussion paper for key meetings Secure agreement for funding Commission programme Implement programme Monitor and Review	November 2012	March 2013	Sarah Clein
<b>Develop an Integrated Children's Investment Team</b>	Integrated Investment and Outcome vision paper developed and agreed by key partners	31 august 2012	March 2013	Head of Integrated Investment Unit
	Integrated Investment and Outcome Delivery Plan developed	1 January 2013	April 2013	Head of Integrated Investment Unit
	Operational frameworks agreed, staffing agreed	1 January 2013	31 March 2013	Paul Boyce
<b>Develop an Integrated</b>	Scoping phase with key	30 September 2012	31 March 2013	Sarah Clein/Emma

<b>assessment and decision making process for children with disabilities, complex needs and additional health care needs linked to the Access to Resources Team (ART)</b>	partners			Meakin
	Development of an integrated discussion and decision making process	31 October 2012	31 March 2013	Sarah Clein/Emma Meakin
	Implementation of an agreed integrated discussion and decision making process	31 December 2012	31 March 2013	Sarah Clein/Emma Meakin
<b>Develop an integrated commissioning approach to services for children with disabilities, including community</b>	Children with disabilities health issues multi agency workshop	30 September 2012	30 September 2013	

<b>equipment</b>				
	Delivery Plan developed	30 November 2012		
	Delivery Plan implemented	31 March 2014		
<b>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</b>	Deliver a comprehensive Tobacco control action plan in order to reduce smoking rates among 15 year olds to 12% or less by end of 2015	April 2012	March 2014	
<b>Develop a toolkit for young carers re: death, dying and loss</b>	Carry out 2 x focus groups with young carers to identify their needs	October 2012	November 2012	Lydia Orford
	Resource development sub group of Cheshire Living Well Dying Well Partnership to support development of a toolkit in response to need	December 2012		Lydia Orford
	Toolkit to be endorsed by Cheshire Living Well Dying	January 2013		Lydia Orford

	Well Partnership			
	Toolkit to be piloted with group of young carers	February 2013	March 2013	Lydia Orford
<b>Reduce hospital admissions for alcohol, substance misuse</b>	YP Providers forum reinstated	September 2012	March 2013	Lorraine Guy
	Review and refresh pathways for young people available with a focus on universal and lower threshold interventions	December 2012	March 2013	Lorraine Guy
	Ensure universal staff can screen and refer young people for lower threshold support	April 2013	October 2013	Lorraine Guy
	Ensure training on brief advice-information available for universal services	Ongoing	Ongoing	Lorraine Guy
	Provide/design marketing materials with local schools, prevention	February 2013	Ongoing	Lorraine Guy
	Redesign and commission of integrated lower threshold and treatment services	January 2013	March 2014	Lorraine Guy

	Review ASB process and interface with YOS and drug/alcohol agencies	December 2012	March 2013	Lorraine Guy
	Ensure pathway with MST programme have robust linkages with drug and alcohol services	December 2012	March 2013	Lorraine Guy
<b>Reduce hospital admissions for injury and self harm</b>	Develop a comprehensive needs assessment to highlight key issues and gaps	April 2012	November 2013	Kristina Poole
	Action plan developed	Jan 2013	March 2013	TBC
	Action Plan Implemented	April 2013	March 2014	TBC
<b>Reduce road traffic accidents ion young people</b>				Road Safety
<b>Reduce teenage pregnancy</b>	Focus on pathways for risky sexual behaviour and ensure interface with lower threshold drug and alcohol services	April 2013	October 2013	Lorraine Guy
	Communications programme of action developed to promote the new young people's services	October 2012	December 2012	Jayne Fortune

	Implementation of young People Friendly initiative	October 2012	Reviewed monthly in the short term	Jayne Fortune
	Condom Distribution scheme	October 2012	February 2013	Jayne Fortune
	Implementation of young people's sexual health outreach project	October 2012	February 2013	Jayne Fortune
<b>Reduce Chlamydia in 16-24 year olds</b>	Implementation of young people's sexual health outreach project	October 2012	February 2013	Jayne Fortune
<b>Reduce alcohol use in young people</b>	Targeted social marketing campaigns	December 2012	Ongoing	Lorraine Guy
	Focus group with young people to understand alcohol trends/misuse	September 2012	December 2013	Lorraine Guy
	Link with key agencies to address intergenerational transfer of addiction risks	Ongoing	Ongoing	Lorraine Guy
	Ensure school training programmes covers risk for alcohol misuse and cross use with drugs; legal highs, cannabis, steroids	February 2013	September 2013	Lorraine Guy

	Scope training offered to schools by statutory agencies; Police, Fire, Health and commissioned providers	March 2013	August 2013	Lorraine Guy
	Monitor and review performance of commissioned providers. Focus on TOPs and exits	Ongoing	Ongoing	Lorraine Guy
<b>Safeguarding protocol in place between Children's Social Care and Drug and Alcohol Services</b>	Produce drug and alcohol safeguarding protocol for agreement by local safeguarding boards	September 2012	March 2013	Lorraine Guy
	Launch of safeguarding protocol	October 2012		Lorraine Guy

<b>Families Together</b>				
<b>Action</b>	<b>Milestone</b>	<b>Start Date</b>	<b>Review Date</b>	<b>Responsible Person</b>
<b>Child's attendance at School</b>	Child in family has had fewer than 3 fixed exclusions and less than 15% of unauthorised			

	absences in the last 3 school terms			
<b>Reduction in anti-social behaviour across the family</b>	A 60% reduction in anti-social behaviour across the family in the last 6 months			
<b>Reduction of Youth Offending in the family</b>	Offending rate by all minors in the family reduced by at least 33% in the last 3 months			
<b>Improved opportunities for members of the family to enter work</b>	One adult in the family has either volunteered for the programme or attached to the ESF provision in the last 6 months			
	At least on 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)			

**Area Partnership Board area profiles**

Information has also profiled to establish what we know about children and young people who live in our Area Partnership Board areas. The five Area Partnership Areas are:

- Ellesmere Port
- Chester
- Northwich and Rural North
- Rural West
- Winford and Rural East

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## Equality and Diversity Equality Analysis

Title – West Cheshire Children’s Trust Children and Young People’s Plan 2012-2015 – Starting Well (including Early Support Strategy)

**Evidence based equality analysis** – can include documents, quotes, and web links for photos and videos

**Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:**

The West Cheshire Children’s Trust Plan explains what partners aim to do to improve the outcomes for children and young people and their families. It sets out what are the most important things to deliver together from November 2012 to March 2015. The best way that services can do this is by jointly planning what to achieve and how they are going to do it.

**Lead officer: Ali Stathers-Tracey**

**Stakeholders:** West Cheshire Children’s Trust is a partnership which is made up of organisations from the public, voluntary, community and faith sectors that commission or provide services for children, young people and their families in Cheshire West and Chester (includes schools and colleges, voluntary sector services, health services, Police, probation Service, Youth Offending Service, Job Centre Plus, The Local safeguarding Children’s Board and Fire service), Children, young people and their families.

**Equality analysis is a valuable tool to help embed equality into everything we do**

While process is important, equality analysis is essentially about **outcomes**.

**Lack of evidence of discrimination is not evidence of a lack of discrimination.**

**It is not acceptable to say that a policy is applied uniformly to all groups and is therefore fair and equal.** Applying a policy or procedure consistently may result in differential outcomes for different groups.

For each of the areas overleaf, an assessment needs to be made on whether the policy has a **positive, negative or neutral impact**, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a **high, medium or low assessment**. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

**High impact** – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

**Medium impact** – some potential impact exists, some mitigating measures are in place, poor evidence

**Low impact** – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	Neutral	Positive	Negative
Target group / area			
<b>Race and Ethnicity</b> <i>(including Gypsies and Travellers; migrant workers, asylum seekers etc.)</i>		Narrowing the Gap Priority and early support strategy identifies ethnicity, not having English as a first language and culturally isolated community factors that make children more vulnerable and needing improved culturally sensitive services that meet their specific needs and reduce stigma that effects their access to support. This will have a more positive impact to support children who could previously have experienced discrimination or barriers to accessing services due to their culture or ethnicity.	
<b>Disability</b> <i>(as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)</i>		In 2011-12 children subject to School Action, School Action Plus and with Statements. Achievement – For School Action there was a 14.7% reduction, School Action Plus 8.8% reduction and with SEN Statements 9.7% reduction	
<b>Gender/Gender Reassignment</b>		Domestic Abuse as it effects children	High Impact

		and young people - implementation of services targeted for children who experience or perpetrate Domestic abuse will result in fewer victims – predominantly female	<u>Narrow the attainment gap for boys</u> Considerable challenge to work with schools to narrow the attainment gap
<b>Religion and Belief</b>	Early support strategy is designed to provide early help and support for families and children when they need it. This will involve local delivery teams working with local faith organisations to ensure that services and plans for whole families factor in their belief and faith needs. CT needs to engage better with faith sector across the Borough to bring in support for families		
<b>Sexual Orientation</b> (including heterosexual, lesbian, gay, bisexual)		Early support strategy is designed to identify and offer support to parents, carers, children and young people depending on their sexual orientation  Participation service encourage the voice and wishes of all Children and Young People, particularly giving space for debate and discussion around the needs of LGB&T young people	
<b>Age</b> (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older older people 81+. The age categories are for illustration only as overriding consideration should be given to needs).		Early Support – the Trust is developing new approaches and scaling up existing models of early support for children aged minus 9 months to 19 years and their families (Early Support Strategy in evidence below)	
<b>Rural communities</b>		Early Support model will ensure that	

		there is dedicated resource to meet the need of rural communities	
<b>Areas of deprivation</b>			High Impact <u>Narrowing the gap for children who live in more disadvantaged areas in terms of educational/vocational achievement</u>
<b>Human Rights</b>			
<b>Health and Wellbeing</b> <i>(consider both the wider determinants of health such as education, housing, employment, environment, crime and transport, as well as the possible impacts on lifestyles and the effect there may be on health and care services)</i>		<p>In 2011-12 the Family Nurse Partnership was established – resources identified and a programme commissioned in partnership with Vale Royal and West Cheshire Clinical Commissioning Groups</p> <p>Injury Minimisation Programme (IMP) – number of parents supported through St John’s Ambulance Programme via Babysafe courses (23 courses teaching 2,145 adults essential paediatric lifesaving skills) and young life saver programme (2,377 young people received training).</p> <p>Breastfeeding Social Marketing Campaign in Ellesmere Port – in 2012 insight work was carried out with expectant mums under 25 in the Ellesmere Port area. This has resulted</p>	High Impact <u>Improved health and well being outcomes for children and young people in the Borough</u>

		<p>in some key targeted messages and images around breastfeeding to be used in a campaign to be rolled out in 2012/13. The aim of which is to normalise breastfeeding and encourage young mums to feel supported to breastfeed.</p> <p>Number of children and young people accessing MEND (MEND 7-13 is a healthy lifestyle programme for 7 to 13 year olds who are above a healthy weight. It involves two x 1- or 2-hour sessions every week for ten weeks) and number of parents accessing HENRY (healthy lifestyle programmes for families with children under 5). To train early years practitioners who work with families in HENRY core training enabling them to support mums on a 1:1 basis. Achievement – 76 practitioners have received HENRY Core training and review of child weight management commissioning intentions carried out</p>	
<p><b>Procurement/Partnership</b> <i>(if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)</i></p>		<p>To enable West Cheshire Children’s Trust commission services to achieve outcomes against its priorities an agreement between Cheshire West and Chester Council, NHS Western</p>	

		<p>Cheshire and West Cheshire Clinical Commissioning Group to work together to develop an integrated investment unit for children and young people. The unit will work in close partnership with Vale Royal Clinical Commissioning Group (operational by April 2013)</p> <p>There will be a delivery sub group of the trust responsible for each priority in the Children and Young People's Plan. The Children's Trust Board will review each priority and deliverable outcomes on a quarterly basis. These reviews will be led by an Independent Chair.</p>	
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**Evidence** (see guidance note for details of what to include here):

- **West Cheshire Children's Trust Children and Young People's Plan 2012-2015**
- **Commissioning Strategy**
- **Early Support Strategy**

**Action plan:**

<b>Actions required</b>	<b>Key activity</b>	<b>Priority</b>	<b>Outcomes required</b>	<b>Officer responsible</b>	<b>Review date</b>
Early Support Strategy	Evaluate and test early intervention models that make a difference	<b>High</b>	Operationalise early intervention models	Ali Stathers-Tracey	January 2013
Early Support Strategy	Commission new model of early intervention with families	<b>High</b>	Families are receiving appropriate early intervention	Ali Stathers-Tracey	April 2013
Narrow the attainment gap for boys	Identify schools/settings where boy's attainment is lower than girls and intervene and support to improve pupil progress.	<b>High</b>	Improved attainment levels for boys	Mark Parkinson	March 2013
Narrowing the gap for children who live in more disadvantaged areas in terms of educational/vocational achievement	Identify schools/settings where attainment of free school meal children is lower than attainment for non FSM children. Intervene and support to improve pupil progress agreed and implemented	<b>High</b>	Improved attainment levels for FSM children	Mark Parkinson	March 2013
Health and Wellbeing	Increased breast feeding rates at 6-8 weeks	<b>High</b>	Normalising of breastfeeding leading to an increase in breastfeeding continuation at 6-8 weeks.. In target area with target groups	Katie Tierney	December 2012
	Childhood healthy weight	<b>High</b>	Practitioners provided with the skills to address obesity and healthy lifestyles with families (HENRY & MEND)	Katie Tierney	March 2013
	Reduce smoking amongst young people	<b>High</b>	Regular smoking rates amongst 15 year olds	Sarah Clein	March 2013

			reduced to 12% or less by end 2015		
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<b>Sign off</b>	
Lead Officer:	
Approved by Head of Service:	
<b>Moderation and/or Scrutiny</b>	
Date:	
<b>Date analysis to be reviewed based on rating</b> (high impact – review in 1 year, medium impact - review in 2 years, low impact in 3 years)	

**Please forward the completed Equality Analysis to the Equality and Diversity Managers for publishing on the Council’s website**

**Risk Register**

- Borough wide indicators e.g. narrowing the gap for Achievement and Children in Care, Domestic Abuse and engagement with children
- Glossary

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**Timeline for completion of Plan – To expand with details of wider consultation**

<b>Activity</b>	<b>Timeline</b>
Format and emerging priorities presented to Children's Trust Executive	27 April 2012
Draft Plan considered by Children's Trust Board	25 May 2012
Endorsed/amended Plan out to consultation with LSCB, Area Partnership Board, PDB, C&YP Directorate DMT, partner agency staff, the Voluntary Sector Hub, Children and Young People's Participation Group, parent groups	June 2012
Online Consultation on plan launched	September 2012
Children and Young People's Plan submitted to CWaC Executive for information	November 2012
Sign-off and Publication of Children and Young People's Plan 2012-15	October 2012