



Shropshire Clinical Commissioning Group



## Health and Wellbeing Board 8th December 2016

### CHILDREN'S TRUST REPORT TO THE HEALTH AND WELLBEING BOARD

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#### 1. Summary

The Children's Trust report provides regular assurance to the Health and Wellbeing Board on the work of the Trust and highlights areas for closer consideration by the H&WBB.

#### 2. Recommendations

The H&WBB is recommended to:

- a) Note the information and actions in the report

#### REPORT

#### 3. Risk Assessment and Opportunities Appraisal

The Children's Trust through its associated health and wellbeing outcomes supports the reduction of inequalities across Shropshire

#### 4. Financial Implications

No financial decisions are explicitly required with this report, there may be associated resource implications to be considered for some actions.

#### 5. Background

The Shropshire Health and Wellbeing Board has delegated the responsibility to the Children's Trust for the delivery of Priority 3 – Improve the emotional wellbeing and mental health of children and young people, by focussing on prevention and early support.

This report provides the Health and Wellbeing Board with regular assurance from the Children's Trust.

#### 6. Update

The matters outlined below, including updates across the Children's Trust sub groups, have been considered at meetings of the Children's Trust since the report to the Health & Wellbeing Board in June 2016:

##### 6.1 Strengthening Families Through Early Help Partnership Sub Group (SFEH)

The Children's Trust were updated on performance regarding early help assessments. There were 982 early help assessments of need for children carried out (either using an Early Help Assessment, Initial Webstar or a combination of both). This saw a 4% (39) reduction on assessments completed 2014/2015 (1027).

The assessments carried out from April 2015 to March 2016 were broken down as:

- 562 Early Help Assessments completed (66% of these also had an initial Webstar)
- 791 Initial Webstars were completed for children (46% of these also had an EHAF)
- 253 Initial Webstars were completed for parents

The Webstar was specially introduced in 2014/2015 to support partners to complete early help needs assessment with a focus on the voice of the child. The use of E-CINS as a direct source of information will save time, reduce duplication and improve the quality of assessments.

ECINS is the web based case management system that is now being used by multi-agency professionals across the county. The system is being used by partners to communicate securely and provide access to information that previously was not readily available to them from across different organisation. School Nurses and Health Visitors are registered on and have received training on Ecins and work continues to embed the use of Ecins across their service. Early Help cases have migrated from Carefirst to ECINS and all Troubled Families cases will be managed through the ECINS process including monitoring and auditing of claims. A programme of development and implementation continues which includes training and support for partners on use of the system. There are now over 500 families who have agreed that their information can be shared across ECINS. This means that those families will not have to repeat their information to several different agencies that may be supporting them and will facilitate better integration of support and the measurement of outcomes.

Work is also ongoing on pilot projects:

- placing a family support worker in a cluster of schools
- working closely with housing on tenancy sustainment

During a targeted early help service intervention, an evaluation tool is completed for each family to identify their needs. At the end of the intervention, progress against each identified need is recorded in order to evaluate the impact of the intervention. From April 2015 to March 2016, this tool was completed for 346 families.

The greatest impact was made against the following needs (these were also the most common needs identified amongst families):

- Parent/child relationships: 81% improved (211 families).
- Self-esteem and well-being: 79% improved (230 families).
- Other relationships: 64% improved (147 families).
- Social connectedness: 62% improved (92 families)
- Domestic violence: 59% improved (48 families)
- Involvement in positive leisure activities: 59% improved (79 families)
- School attendance: 56% improved (65 families)

The case study below gives a real example of partnership working leading to positive outcomes for children, young people and their families.

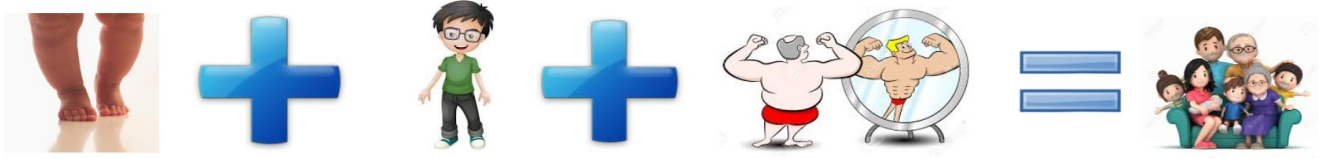
The family comprise Mum, Dad, a 7 year old and a baby. Mum also has a daughter (by a different father) who was removed from her care and adopted out of the family. For a period of time, the 7 year old was cared for through a family arrangement but has been legally and physically reunited with his birth parents. The family moved to Shropshire from part of the United Kingdom which has different legal, court and child protection arrangements .

**Risks at point of referral:**

- A very young baby
- Both children were subject to a child protection plan
- There were on-going court procedures
- Mum was out of work
- Dad was working long hours for low pay in a retail environment
- Home conditions were barely 'good enough'
- Mum's relationship with the baby was in question after having had both her other children removed from her care
- Dad is obese.

**What's going well:**

- Baby has reached the milestone of 1 year
- He has attended his one year review with the Health Visitor and all is well
- The 7 year old is legally the parental responsibility of his birth parents with all court procedures having been followed
- Mum has started work
- Dad has taken over the primary care responsibilities for the baby
- Dad gave up his job in retail and has started doing evening work
- Dad and the younger child are well bonded
- Mum is also well bonded with the baby
- The family home always shows evidence of appropriate toys and a safe area for the children to play and explore
- Dad is losing weight using the Help2Slim model



**What is happening to support the family?**

Children's Centre Support Worker has Lead Professional role, following the de-escalation from the Child Protection Plan  
 Scheduled weekly visits from Children's Centre Support Worker, liaising with the Health Visitor and Employment Advisor  
 Early Help Partnership meetings taking place and plan developed  
 School are completing 'wishes and feelings' work with eldest child

**Impact:**

The home conditions continued to improve slowly (TF3)  
 The family have recently moved to a new property

**What's still an issue:**

Dad needs to continue to lose weight.  
 Home conditions need to be maintained.

**Potential Savings:**

Two children safely reunited with their birth parents (TF3)  
 Health inequalities addressed (TF6)  
 Both parents in employment (TF4)

When early help support ends, the lead professional provides a judgement on the effectiveness of the early help intervention in the Early Help Closure Summary form. From April 2015 to March 2016 there were **627** closure summaries completed for children who had been supported by an early help intervention.

**84%** of early help interventions (529 out of 627) were either fully effective or partially effective (sufficiently effective to close targeted early help support)

The Strengthening Families Through Early Help outcomes shown below have been included within the development plan for the Children's Trust:

- Outcomes for children, parents and families are improved through the implementation and measurable evidence of the principles of the SF programme:
  - ✓ Consent from the family to share information is in place as appropriate
  - ✓ Early Help Assessments take account of the needs of the whole family
  - ✓ An action plan involving the family takes account of relevant family members
  - ✓ The lead professional role is in place and recognised by the family and professionals involved.
  - ✓ Objectives for outcome improvement in the family action plan are aligned to the local area Strengthening Families Outcomes.
- Families receive the right support at the right time for the right duration
- Through the offer of advice, support and assistance the families and communities of Shropshire are enabled to help themselves

The Children's Trust looks forward to further updates on progress and the monitoring of outcomes within the quarterly briefings it receives.

## **6.2 0 – 25 Special Educational Needs and Disabilities (SEND) Strategic Board**

Work is being undertaken to embed the principles of a person centred approach across all professionals who work with children and young people with SEND and their families. The principles state that:

- the views, wishes and feelings of children and young people must be taken into account
- their parents/carers views must be taken into account
- the children, young people and their parents/carers must be able to participate as fully as possible in decision making, and be provided with the necessary information and support to achieve that decision
- the children and young people and their parents/carers must be supported to help the children and young people to effectively prepare for adulthood

The Strategic Board is also developing a suite of data to improve the performance dashboard across Education, Early Help, Social Care and Health. This will support greater understanding and highlight areas for improvement across partnership agencies.

The 0 – 25 SEND Strategic Board worked together to develop the 0 – 25 SEND Strategy, this was ratified by the Children's Trust and is included here for your information. (Appendix A). Following the work on the Strategy the membership of the 0 – 25 SEND Strategic Board has been refreshed and now includes a representative from housing and has invited representation from the voluntary sector and the Department for Work and Pensions.



The digital presence of the Local Offer on the Shropshire Council website continues to improve and we would encourage partners to promote the use of the website not only to families and young people who could benefit from finding services or information, but also to other professionals to support improved knowledge of systems and processes for SEND in Shropshire.

Areas to progress identified as part of the recent Children's Trust 'Deep Dive' exercise into the work of the sub group includes:

- The development of a graduated pathway that will support more consistent identification of SEND and provide a clear approach to developing appropriate and jointly commissioned provision for children with high incidence, low need. The success of this will be evidenced through improved outcomes for children with SEND including improved attendance and a reduction in the number of days lost through exclusion as well as improved academic attainment/progress.
- A focus on improving joint commissioning (informed by the JSNA) with health for the 19 to 25 age group.
- Identifying and establishing how CHC (Continuing Health Care) and EHC (Education Health & Care Plan) can be combined
- Engagement with local further education providers, employers, housing services and voluntary sector services to support young people with SEND in preparing for adulthood.
- Identifying and addressing barriers in the take up of personal budgets for (eligible) young people and their families.

Ongoing concerns were raised regarding CCG funding capacity and decisions regarding children with SEN and specialist care needs. There are a range of issues that are unresolved that may be placing some services and children without the necessary support they need.

### **6.3 0 – 25 Emotional Health and Wellbeing Partnership Group**

The Chair of the sub group; Anna Hammond (Deputy Executive for Commissioning and Planning (Integrated Care) Telford and Wrekin CCG) provided an update to the Children's Trust on progress with the 0 – 25 Emotional Health and Wellbeing Service.

The teams across Shropshire, Telford and Wrekin have been progressing 6 workstreams in line with the CAMHS transformation Plan. A brief summary on progress against each is provided below:

#### **Programme 1: Emotional health and wellbeing service**

The official procurement for a new 0-25 year emotional health and wellbeing service began on 8<sup>th</sup> August. The closing date for applications was the 10<sup>th</sup> October. The panel for evaluation includes a range of professionals, young people and parents from across Shropshire, Telford and Wrekin. The new service will go live from May 2017

#### **Programme 2: Redesign of neurodevelopmental pathways**

The incumbent provider has made some progress in reducing waiting times for assessment of potential ASD. This has been funded by commissioners using CAMHS transformation monies. In Shropshire, the waiting times for specialist assessment have reduced. Further work will be undertaken on initial assessments before the end of the year. The scope of the new 0-25 service was widened following consultation and neurodevelopmental related pathways will now be included

#### **Programme 3: Development programmes for workers in universal services**

- STORM training has been delivered. (12 per session) – 48 professionals and volunteers trained to date (since April 16) – 24 more confirmed with dates being set to reach an additional 48
- MHFA Youth (16 per session) – 128 professionals and volunteers trained to date (since April 16) – 38 more confirmed with dates been set to meet demand for 80 more.

As a direct impact from the focus around developing universal workforce and in addition to the training above:

- training delivery to social workers and foster carers specifically around emotional health of CYP and self harm as a lead in to STORM & MHFA youth
- 114 FE teaching and support staff attended emotional health training
- school setting specific training being delivered reached in excess of 102 staff
- Over 42 staff at non education settings have also benefited from training around emotional health and self harm.

- A mapping exercise embedded communication pathways and support which reaches beyond education e.g. to children's trust, domestic violence Countywide forum
- All training dates are fully booked, with 72% attendees settings other than education, with positive feedback for those who have already attended
- Development of lead professionals training
- Development of Shropshire's mental health curriculum
- Additional youth worker support for YHC to support peer mentoring around mental health

#### **Programme 4: Eating Disorders Service**

- The new eating disorder service continues to be delivered by South Staffordshire and Shropshire Healthcare Trust in collaboration with Shropshire Community Trust. All key performance indicators, including waiting time targets, are being met. From 2017 this service will be included in the service described in Programme 1.

#### **Programme 5: All age psychiatric liaison service**

- Recruitment of a children and young people's crisis team has begun and it is hoped the full team will be in place by Christmas 2016

#### **Programme 6: Improve perinatal support**

(A bid for national funding has been made to develop a community perinatal service in collaboration with the Mental Health Trust)

- All Health Visitors have undertaken a 3-day training module to assist them to effectively assess, identify and offer appropriate interventions and/or referral to specialist services in relation to perinatal mental health.
- A leaflet re perinatal mental health for parents is in development.
- Antenatal Solihull training has been delivered to a cohort of midwives, health visitors and children's centre support workers and parent courses will be rolled out from September 2016. These will replace the current parentcraft classes. Online antenatal and postnatal courses are also available until the End of March 2017 as part of a pilot project being delivered by Solihull.
- No Worries courses for parents are being piloted in Children's Centres to look at reducing anxiety levels in parents.

The Children's Trust were encouraged to see the progress that is being made across all areas of the programme. However, we are keen to receive assurance that the service will ensure that specific consideration is given to identifying and meeting the needs of children and young people at higher risk of vulnerability including those living with or suffering as a result of domestic abuse.

### **6.4 Healthy Child Programme Partnership Sub Group**

The Healthy Child Programme Partnership Board raised the matter of adverse childhood experiences (ACE) with the Children's Trust and posed the question how we might embed the approach across partner organisations.

There is now a large and growing body of evidence that adverse childhood experiences (A.C.E.'s) are causally and proportionately linked to poor physical, emotional and mental health and also have a significant impact on social and educational outcomes. There is also strong evidence to suggest that enquiring routinely may reduce the burden on health and social care services with fewer GP and A&E visits and lower the need for specialist social care services (Becker, 2015).

Routine Enquiry is the process by which we **routinely ask individuals about traumatic/adverse experiences during the assessment process** with the intent to respond appropriately and plan interventions which in the longer term reduce the impact of the experiences on later health and wellbeing.

By identifying individuals who have experienced multiple childhood traumas and putting support in much earlier, services will be better placed to support individuals to break the negative cycle of intergenerational issues.

## Adverse Childhood Experiences

### Five Direct ACE

Sexual abuse by parent / caregiver

Emotional abuse by parent / caregiver

Physical abuse by parent / caregiver

Emotional neglect by parent / caregiver

Physical neglect by parent / caregiver

### Five Indirect ACE

Parent / Caregiver addicted to alcohol / other drugs

Witnessed abuse in the household

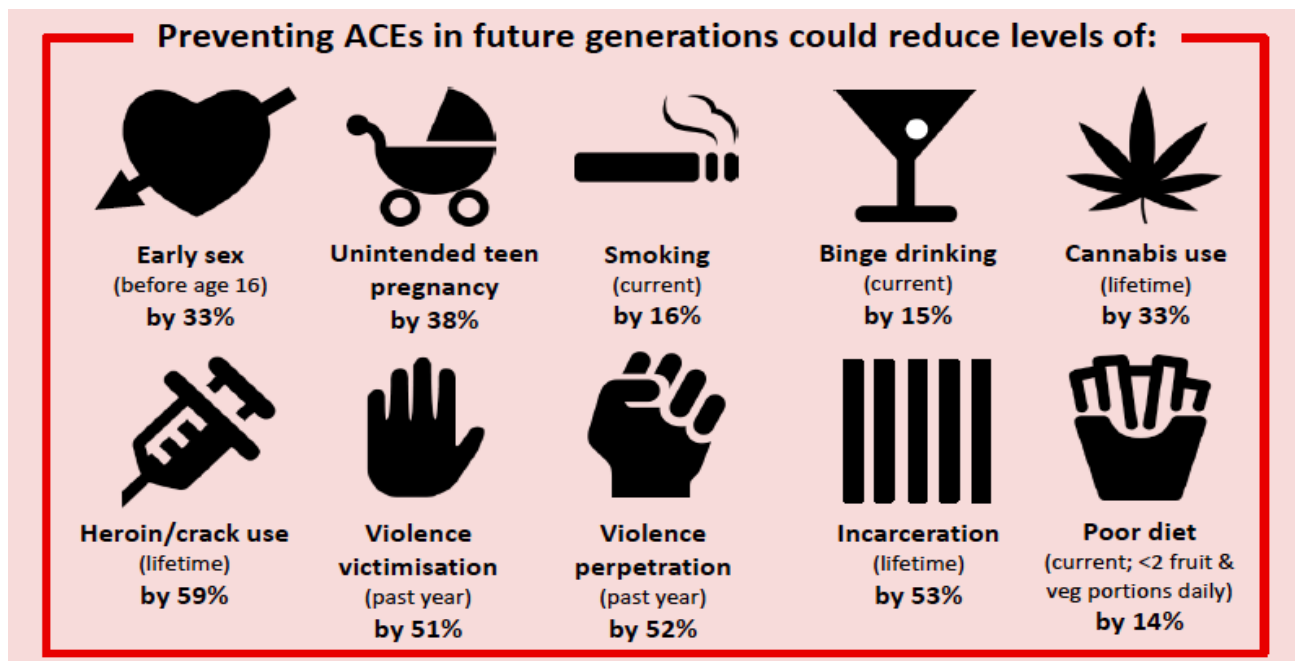
Family member in prison

Family member with a mental illness

Parent / Caregiver disappeared through abandoning family / divorce

Adverse Public Health Outcomes where there are Adverse Childhood Experiences (ACE's)  
(Independent of poverty)

- 2 x more likely to **binge drink**
- 3 x more likely to be **current smoker**
- 5 x more likely to have had **sex under 16 years**
- 7 x more likely to be involved in **recent violence**
- 11 x more likely to have **used heroin or crack**
- 11 x more likely to have been **incarcerated**



*Bellis et al, BMC Medicine, 2014*

In order to understand better and examine how we might embed an 'ACE' approach into the everyday practice of services, we plan to host a multi agency learning event early in 2017.

## 6.5 Educational Achievement

The Joint Strategic Needs Assessment (JSNA) confirms that overall Shropshire is a fairly affluent county with relatively low levels of childhood poverty. Children in Shropshire, in general, are more likely to achieve good attainment at school, be healthy and less likely to be in care than in many other areas in England. However, inequalities do still exist and those children living in the most deprived areas of Shropshire and other vulnerable groups of children such as looked after children (LAC) and those with special educational needs and disabilities (SEND) are less likely to be healthy and less likely to achieve well at school than other children in Shropshire.

In order to contribute to ongoing work to narrow the achievement gap, the Children's Trust agreed that an annual report on educational achievement, highlighting gaps in progress and attainment between disadvantaged pupils and their peers, and identifying priorities for improvement will be

presented to the Children's Trust. The Children's Trust will agree the area of focus for a Task and Finish group based on the information in the report. The first report is scheduled for January 2017. Recognising that educational achievement affects long term health outcomes the Children's Trust will work in partnership to promote higher levels of achievement, and contribute to the closing of the gaps in progress and attainment between disadvantaged pupils and their peers.

**7. Additional Information**

The Children Young People and Families Plan has now been finalised and is attached as Appendix B. The Plan also now includes a 'Plan on a Page' to facilitate sharing across agencies and monitoring of outcomes across the Children's Trust.

**8. Conclusions**

The Children's Trust continues to work closely as a partnership and raise challenges across partner agencies.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b>
<b>Local Member</b>
<b>Appendices</b> Appendix A 0 – 25 SEND Strategy Appendix B Children, Young People & Families Plan 2016