Children and Young People’s Partnership Board

Core Strategic Priorities 2018/19

Updated: November 2018
Review: April 2019
INTRODUCTION

In Wakefield, our services meet the needs of the majority of our children, young people and families that need them, but for some, this is not always the case. This plan aspires to further improve our services and to address these different outcomes so that all children and young people enjoy their childhood and are able to achieve their full potential and thrive in all aspects of their lives as they grow.

We are committed to improving outcomes for Wakefield’s children and young people, their families and their communities. It is our ambition to create a district, where children and young people’s rights are respected and their voices are heard. We recognise that the delivery of these outcomes will require excellent universal services that build resilience and provide important protective factors. We also recognise the need to deliver high quality child protection services for our most vulnerable children. We understand that this will require a strong commitment for all partners to work together effectively to secure the delivery of efficient, high quality and best value services.

To help deliver these outcomes, the newly relaunched Children and Young People’s Partnership Board (CYPPB) needs a clear focus for what we want to achieve and the improvements we need to make to ensure the positive outcomes are realised. Most importantly, we need to make sure that our strategies, plans, and resources all integrate around one direction of travel which reflects the needs and the views of children, young people, families and all agencies involved.

Therefore, this document sets out a number of focussed priorities that the board can drive forward over the next 12 months. These have been shaped by a number of key drivers both locally and nationally and have each been subject to engagement and consultation activity across partners and with children, young people and families.

At the same time we will also actively develop a full Children and Young People’s Plan, underpinned by rigorous consultation and engagement with children, young people, their families and partners to ensure that it clearly defines the priorities for the Board over the longer term.

OUR PRIORITIES

Our strategic priorities for 2018/19 are;

1. Giving every child the best start in life, Lead Anna Hartley, Director of Public Health
2. Early Help / Intervention, Lead Stephen Crofts, Interim Service Director Strategy and Innovation
3. Improve emotional wellbeing and mental health of children and young people, Lead Sean Rayner, Director of Provider Development, South West Yorkshire Partnership NHS Foundation Trust
4. Reduce the impact of child poverty, Lead Helen Brailsford, Performance & Intelligence Manager, Intelligence & Technology
Further detail on each of the priorities above have been included within this document. For each priority, we have included information on why this a priority, where we are now, and what we are going to do. The CYPPB will monitor and ensure progress is made against the action plans identified for each priority over the next 12 months.

These priorities will be part of the core business of the Board. However, it is important to note that these will not be the only topics exclusively progressed through the Board, there are a wider range of partnership matters relating to Children and Young People that the Board will also direct and discuss as required. Some of these will see the Board taking direct action on progress against the strategic objectives, whilst others will be notes within other areas of work where the Board retains an interest but acknowledges that there is already substantial work ongoing to tackle these issues.

Each of the priorities have a strategic theme lead, as specified above. The Lead is responsible for driving this forward and will work with others in ensuring comprehensive updates are provided to the Board.

To ensure the Board focuses equally on the identified core priorities over the next 12 months, each meeting takes on a specific focus as per the forward plan presented at Appendix 1. However, it is likely that all four priorities will feature as part of discussions at every Board meeting – the specific topics or nature of the discussions will be decided on an as needed basis, by the Chair of the Board and with the thematic leads.

**GOVERNANCE WITHIN THE PARTNERSHIP LANDSCAPE**

The Wakefield Together Executive (formally the Local Services Board) is the forum which brings together public sector Leaders across the district to provide a vision for, and oversight and challenge to partnership boards and other forums in Wakefield, including the Health and Wellbeing Board, the Children and Young People’s Partnership and the Community Safety Partnership. The CYPPB works closely with the Wakefield Together Executive to ensure our plans and strategic objectives work as part of their overall vision for the future of the Wakefield District, and the way in which they expect partners to work together to achieve it.

The CYPPB is directly accountable to the Health and Wellbeing Board (HWB) for ensuring the health and wellbeing of children and young people in the district. The CYPPB is responsible for the elements of the Health and Wellbeing Plan which specifically relate to Children and Young People and will report to the HWB on a regular basis. Therefore this plan is strategically aligned to the work of the HWB and its own Plan.

Whilst the CYPPB is mandated to lead on all of these priorities on behalf of the HWB, it has been agreed that there will be some key focuses that serve to help us ensure we are giving every child the best start. These will include, but not be limited to;

- First 1000 days
- Healthy eating and physical activity in children
- Smoke free pregnancies, families and communities
- Mental health, emotional wellbeing and suicide prevention in young people
- Child and family poverty

A primary focus for the board, over the next 12 months, will be on the ‘First 1000 days’ given its far reaching impacts on the lives of children as they grow, however, as stated the board will also ensure that the other health related priorities are a standing item either as standalone agenda points or as part of the other focussed priorities, i.e. mental health and poverty where there are clear synergies.

Although already largely set out in the terms of reference for the Board we will in brief seek to achieve the following aims in delivering against our priorities;

- Promote the needs, aspirations and concerns of children and young people and their families across all member organisations
- Plan strategically, taking a whole system approach for the health and well-being of children, young people and families
- Align resources, knowledge and expertise across organisational boundaries
- Improve the evidence base and timeliness of decision making across the partnership by removing barriers to innovation and joint working
- Collectively challenge and support children’s services, across the partnership, providing strategic drive via robust performance management

The Board will also provide strategic leadership through;

- Setting the strategic commissioning objectives for the partnership, including priorities and outcomes to support the health and well-being of children with a focus on Early Intervention.
- Devising a programme of work based on the identified strategic priorities and collective commissioning intentions of its membership, and will regularly report on these activities.
- Overseeing arrangements for effective sharing of information, resources and decision making across the partner agencies
- Ensuring that mechanisms are established for the engagement and involvement of stakeholders (children and young people, parents, carers, schools and service providers).
**PRIORITY 1**

**GIVING EVERY CHILD THE BEST START IN LIFE**

Why is this a priority?

The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing. (Marmot, 2010)

The first 1,000 days of a child’s life, from conception to age 2, are increasingly recognised as a critical window where huge amounts of brain development take place. A child’s brain develops from 25% of its adult size at birth to 75% by age 2, and between birth and eighteen months new connections are made at the rate of around a million per second.

By age 3 inequalities in children’s physical, cognitive and social development are already apparent. One study has estimated that children from more disadvantaged backgrounds have heard 30 million less words by the time they enter school – the ‘word gap’. Many children who are overweight when entering reception have already accumulated the excess weight by age 3.

There is a growing body of evidence that adverse childhood experiences have a far-reaching impact on the physical and mental health of adults, especially if children suffer multiple adverse experiences (such as domestic violence, substance misuse by a parent, neglect or abuse, bereavement). One of the best protective factors is a relationship with a trusted adult. Parenting and family support in the early years will support children’s development into happy and secure adults.

The right support in pregnancy and even pre-conception can make a big difference to physical and mental health far into adulthood. Smoking in pregnancy is a risk factor for low birthweight, prematurity and even neonatal death. The transition to parenthood is an emotionally challenging time, and good support and preparation increases the chances that parents will undertake it with confidence.

**Where are we now?**

- In 2016-17, only 67.7% of children in Wakefield reached an overall ‘good level of development’ at the end of reception, compared to 70.7% nationally. In the more disadvantaged areas of the District this proportion is much lower.
- Early data from the ‘Ages and Stages’ questionnaire tells us that 1 in 14 children in Wakefield are not meeting the expected level of communication and language skills at the 2 year old check. This is in contrast to the other four domains of the check, where most children meet the expected threshold.
- In 2017-18, nearly a quarter of children entering reception classes in Wakefield (23.9%) were already overweight or obese.
- In 2017-18, 17.7% of mothers in Wakefield smoked during pregnancy.
• Wakefield typically has one of the lowest breastfeeding rates in the Yorkshire region, and is also below the national average despite increases in the number of women initiating breastfeeding.
• The uptake of early education for two year olds is relatively low in Wakefield, with only 74% of eligible two year olds accessing a place against a national target of 80%
• A recent scoping exercise showed very limited provision of free antenatal education in the District that covers preparation for parenthood.

Where do we want to be in the next 12 months?

By September 2019 we will have established a joint strategy group that supports professional relationships across agencies and the sharing of good practice.

We will have delivered joint pieces of work that enhance the health, wellbeing and development of very young children in Wakefield, as detailed in the First 1,000 days action plan

What are we going to do to achieve this?

• Our ‘First 1,000 days’ strategy group will be a defined workstream of the Early Help strategy, reflecting the importance of providing universal support as early in life as possible, as well as early in the life of a problem.
• The group will use three key early years’ themes to guide its work: nutrition and physical activity; language and communication; emotional and social development (including parenting support).
• The strategy group will provide a forum for commissioners and providers of universal early year’s services to share good practice and develop joint pieces of work.
• Develop our antenatal offer so that all expectant parents have access to online or face to face education covering the transition to parenthood.
• Encourage the take up of early education places, particularly for our most disadvantaged two year olds.
• Link up health, financial and parenting support (for example, by providing benefits advice in community midwifery clinics).
• Ensure that a clear and persuasive set of key messages is delivered to parents and professionals about early brain development and attachment.
• Develop and support initiatives to improve early literacy skills and close the ‘word gap’ - for example through Bookstart, the Imagination Library or the ‘Words Count’ initiative (if bid is successful).
• Support and encourage physical activity for very young children in families and in early years settings – for example by developing an ‘early years charter’ accreditation for nurseries and childminders.
PRIORITY 2

EARLY HELP / INTERVENTION

Why is this a priority?

Providing early help is more effective in promoting the welfare of children than reacting later when problems have become entrenched early help means providing support as soon as a concern emerges, at any point in a child’s life, from birth to adulthood.

All partners across Wakefield want to improve the long term outcomes for children, young people and families and early intervention is central to delivering this. We want to ensure that children receive timely and effective support when they need it, enabling them to flourish and preventing costly, long-term damaging outcomes. The partnership is committed to making early help a priority. We recognise that change is required, together with a shift to the causes rather than the symptoms of problems, to gain the benefits that are measurably improving outcomes for children and young people.

Our early help offer takes into account a number of reports and reviews with regards to the impact of growing up in poverty on child outcomes, use of evidence based approaches and programmes, and the important focus on the early years given the increasing body of evidence around early attachment and baby brain development.

Where are we now?

Our recently published Early Help Strategy sets out how our early help offer. Our overarching aims are to enable children, young people and families to access the right support at the right time and we want to include partner agencies in the decision making around this.

Early help refers both to;

- Help in the early years of a child’s life, this is when the important building blocks of a child’s future development are laid
- Help throughout a child, young person and family’s life; this will enable action to be taken as soon as possible when concerns arise

As can be seen there are distinct linkages to the early years agenda and effective early help and intervention will also impact upon the priorities covering mental health and poverty.

Where do we want to be in the next 12 months?

By September 2019 our we would like to see all agencies play a role in providing early help and preventative support to children, young people and families to prevent concerns escalating. In order to do this, our aim is for all partner agencies to have embedded whole family, early help ways of working outlined by the strategy.
A clear, accessible, assessment and referral process will be in place with partner agencies and families involved in conversations locally to determine the most appropriate Early Help support is offered. We aim to develop clarity around the services that can be provided by partners across the district and ensure all partners are aware of these so can support families to access them.

The Early Help Partnership Board will continue to meet over the next 12 months to support future developments and ensure that all partner agencies are effectively communicated with and supported in embedding Early Help.

**What are we going to do to achieve this?**

- Early help partnership engagement events which will include a launch of the revised strategy
- Engagement with our Partner in Practice North Lincolnshire Council to share good practice and to help us to develop robust processes with regard to Early Help
- Early Help Strategy and four point plan agreed – working towards sign off by the Children and Young People Partnership Board on November 5th
- Public Health First 1000 days integrated into Early Help Strategy
- Refreshed continuum of need agreed - working towards sign off by the Children and Young People Partnership Board on November 5th
- Early help district wide offer collated to reduce gaps or duplication in delivery of services
- Arrangements for involving and empowering children, young people and families identified – the Strategy, continuum of need and four point plan are being shared with children and young people to ensure their voices are captured during the process
- Outcome Based Accountability (OBA) Framework adopted for performance reporting and quality assurance – an OBA workshop is scheduled to take place in October to decide the outcomes which will feature in the Early help Strategy
- Co-production of a marketing and communication strategy - to ensure information is, and continues to be, clearly communicated
- Agree and implement a development programme for front line employees and partners where applicable

The focus for the Children First Hubs and the Children’s Centres over the next 12 months are to:

- Develop an Early Help Assessment which is accessible and can be used by all partner agencies
- Revise the referral pathway for Early Help Support to include local partner discussions
- Further develop the role of Early Help Practitioners within the MASH to ensure referrals are allocated to the appropriate agency.
- Embed the role of the Universal Early Help Practitioners to assist universal services to assess the needs of children, young people and families and access appropriate support
• Develop a Core Offer for Children First Hubs to provide clarity on support that can be accessed through Targeted Early Help
• Work closely with local partners to establish effective partnership working and prevent duplication
• Strengthen the universal offer for Children’s Centres and linked sites
• Strengthen the collection of data and the use of appropriate data sets to establish impact of Early Help interventions
• Revise the Practice Standards for practitioners within the Children First Hubs
PRIORITY 3

IMPROVE EMOTIONAL WELLBEING & MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE

Why is this a priority?

Our aim is for all children and young people to be emotionally healthy and resilient and that they, and their parents/carers, have access to information, guidance and advice to maintain good emotional wellbeing – ensuring that where they need help with mental health issues they are supported to manage their conditions.

Rising levels of mental health concerns and poor emotional wellbeing in young people are a nationally recognised issue, as is decreased access to specialist support and particularly to CAMHS.

While specific data is often limited, anecdotally we know that support for mental health and emotional wellbeing issues is frequently cited as an area where schools, universal services and parents feel themselves desperately in need of support.

Where are we now?

In Wakefield, the number of admissions to hospital for self-harm in 10-24 year olds is similar to the national figure, at 398 per 100,000 population.

Sadly, the child death overview panel has been notified of a small number of cases over the past two years where young people have apparently taken their own lives. While this remains a very small number, each death is a potentially preventable tragedy with major repercussions for the young person’s family, friends and community.

We need to continue to work on the multi-agency pathway and resources for suicide prevention, which will be launched in autumn 2018. It is also important to recognise that for many young people, an act of self-harm or suicide may be an impulsive act where a number of stressors build up and one incident provides the ‘final straw’. A key aspect of suicide prevention for young people is thus to provide extensive support and promote resilience through difficult times for all our young people, not just to target work at those who appear obviously at risk.

Where do we want to be in the next 12 months?

As a partnership and with our children and young people we are committed to improving access to our emotional wellbeing and mental health services, we will do this together and our partners have signed up to be accountable for delivering meaningful and lasting change through a joined up approach of Mental Health services for children and young people with mental health and emotional well-being needs.

The key areas we will drive improvement in are:
• How our children and young people who are looked after are provided with timely quality support
• How we are responsive and flexible for our children and young people in mental health crisis
• How we continue to ensure that as partners we are delivering early interventions for emotional wellbeing
• Our relationship with schools, including our special schools, as a critical partner in the early identification and early support for our children and young people

What are we going to do to achieve this?

This will be achieved by asking providers of Mental Health services to work together in delivery of a new model of care. By April 2019 providers of Mental Health services will work together to implement the vision and direction for integrated mental health care and achieve closer collaborative working between the mental health providers and stakeholders. The Mental Health Provider Alliance will:

• Provide leadership, direction and commitment to the establishment of the Mental Health Provider Alliance
• Support innovation and the necessary change in culture/behaviour change between all parties
• Test the concept of closer partnership working in order to achieve greater standardisation and integration of pathways, resulting in improved outcomes
• Facilitate transparency about services in scope of the Alliance including performance and financial positions
• Develop, through co-production, a vision for the Mental Health Provider Alliance and articulate a compelling case for change
• Develop a realistic work plan for the Alliance that delivers the Mental Health Five Year Forward View ambitions
• Develop a shared understanding of the mental health assets and resources available and identify ways to maximise the use of those resources
• Develop and maintain a relationship with wider stakeholders
• Ensure delivery of the Mental Health work programme
• Develop a communications and engagement plan to raise awareness of the range of Mental Health support for children and young people that is available across the District
• Develop a new model of care for Children Looked After
• Review our support for Young Carers and ensure that a project is developed that supports Young Carers to reduce Mental Health crisis
• Review our Future in Mind Programme
• Test a model of care for Special Schools and understand how this informs our Future in Mind Programme

A Mental Health action plan, co-produced with young people is available, which outlines the key actions that will be taken forward.
PRIORITY 4

REDUCE THE IMPACT OF CHILD POVERTY

Why is this a priority?

Poverty is a broad term that covers a variety of individuals, families and communities in different circumstances - often with multiple causes. There is no single agreed definition of poverty but it is generally understood that a person/household that does not have sufficient income to meet their needs, typically someone receiving less than 60% of UK average household income is likely to be living in poverty.

We recognise the scale and impact of poverty on children, young people and their families in all aspects of their lives. Poverty has a profound impact on many priorities and we must work across the partnership to minimise its negative effects on those most vulnerable within our communities.

Relative and absolute poverty is an underpinning determinant of many of the population health priorities described above. It is harder for families to eat well, be physically active, and take up opportunities in the early years if they are struggling with poverty. Similarly, the stress of difficult material circumstances places strain on adult and family relationships, increasing the likelihood of stressful and adverse childhood experiences.

Poor, insecure housing has a direct impact on health, as does living in more disadvantaged areas (for example where air pollution is high or where opportunities for safe outdoor play are limited). There is increasing evidence that access to green space has a direct impact on mental health for both adults and children.

Addressing poverty is a significant long-term challenge for partners and despite relative economic success over recent years, both individuals and communities continue to be affected by poverty.

Where are we now?

There are many sources of information providing an indication as to the extent of poverty both nationally and locally. The Government publishes child poverty data at local authority level, defined as children living in households with an income of less than 60 per cent of the national equivalent median income. At its most severe this is also referred to as destitution, meaning someone who cannot even afford the most basic of essentials.

Latest available data tells us that as a whole Wakefield is the 65th most deprived district in England and 81st most income deprived. It is believed that around 47,400 Wakefield residents live in neighbourhoods within the top 10% most deprived in England.

Work has already been ongoing to gain a clearer picture on what the Council is doing to tackle poverty both directly and indirectly. A workshop involving Service Directors and managers has been undertaken and a table drawn up showing targeted and
universal provision. Where possible this list also provides an indication of numbers helped as a result of that activity.

Additionally an independent research project has commenced to get direct feedback from residents and front line workers who are seeing and working with families vulnerable to the impact of poverty.

All of this work will inform a cross directorate working group who will review and make recommendations for next steps whilst also considering the other pieces of work underway, all of which are focused on achieving a greater understanding of poverty and its impact.

There is a lack of robust data at local authority level on poverty and it is accepted that given the large number of influencing factors that one prescribed methodology would likely be insufficient. That being said, in using national prevalence figures some analysis is possible. Latest data specifically for Wakefield (Aug-15 snapshot) show broadly similar figures to the national prevalence rates: 18.5% (11,485 children) under 16; and 18.0% (13,010 children) under 20. Wakefield’s rate is better than average (i.e. lower) compared to other Metropolitan areas.

**Where do we want to be in the next 12 months?**

In the next 12 months, the Children and Young People’s Partnership aims to have a clear understanding of the broad programmes and projects being carried out by all partners which are having an impact on the levels of child / family poverty.

**What are we going to do to achieve this?**

Rather than monitoring the delivery of a specific programme of work, the Children and Young People’s Partnership will provide challenge and direction to both strategic and practical work relating to the reduction of poverty across all partners represented on the Children and Young People’s Partnership Board. This is in recognition of the long term, complex nature of poverty. Realistically, poverty needs to be addressed across multiple economic, social and geographical dimensions.

The Board aims to ensure that as part of wider strategic poverty work, the needs of children and young people are considered as part of wider strategic and operational work being carried out by partners.

The Children and Young People’s Partnership will also lead on a project which aims to ‘poverty proof the school day’. The pilot project is being delivered on behalf of the West Yorkshire Combined Authority, as part of its Inclusive Growth Programme.

The project is an initiative to end discrimination in schools due, in part to rising costs of education. The aim of the programme is to remove barriers to learning which exist because of the impacts of living in poverty. A detailed audit toolkit exists to establish the position in schools and seeks the views of all students, provides engagement opportunities for parents/carers and includes an online survey for staff and governors.
To follow on from these strategic priorities for 2018/19, the CYPPB will develop a comprehensive Children and Young People’s Plan (CYPP) for 2019-22.

We recognise that every child has a right to have their voices heard and be listened to when decisions are being made about them, therefore it is essential that we fully engage and seek the views of children and young people and their families/carers in the creation of the plan. This will underpin the work of both the Board and all services working with children and young people as a whole and as such it needs to be reflective of real need.

We believe that the best way to create our plan will be through co-production as this emphasises doing things ‘with children’ as opposed to doing things ‘to children’ or ‘for children’. It is a strengths-based approach, which recognises that all children, young people and their families have their own sets of skills, knowledge and experiences which they can bring to the fore.

Furthermore, we will continue to ensure our plans and strategies including this one are subject to rigorous consultation with partners across Social Care, Health, Education, Police, Housing and Voluntary Sector to create a common goal in achieving better outcomes for all children and young people.

A comprehensive project plan will be developed in early 2019 to facilitate the drafting of the CYPP and decisions will be made over how best to engage and consult with children and partners.

This will include utilising existing user groups, consultation exercises that have already picked up intelligence from children and young people, face-to-face engagement sessions, group sessions and online surveys. We will ensure diversity, reflective of the children and young people who live or access services within the Wakefield District, in the groups and individuals we talk to about sharing their views on the vision, ambitions and final 'look and feel' of the Plan.

We will also visit a range of settings across the district to speak to children, young people and families, this will include discussion groups in children’s centres, primary schools, secondary schools, Colleges, the Children in Care council, as well as parent’s forums, for example, parents and carers of children with special educational needs and disabilities.

The Children and Young People's Plan will launch in September 2019.
APPENDIX 1 – Forward Plan FOR CYPPB

Items for a primary focus for the board are set out below -

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<th>Date of Board</th>
<th>Primary Focus</th>
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<td>5th November 2018</td>
<td>Draft One Year Priorities for the Board</td>
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<td>Impact of Child Poverty</td>
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<td>7th January 2019</td>
<td>Giving Every Child the Best Start in Life (priorities mandated by the HWB)</td>
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<td>4th March 2019</td>
<td>Emotional Well-being &amp; Mental Health</td>
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<td>Early Help</td>
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<td>1st July 2019</td>
<td>Impact of child Poverty</td>
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<td>2nd September 2019</td>
<td>Launch of CYPP Strategic Plan 2019-22</td>
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<td>Priority focus to be agreed</td>
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<td>4th November 2019</td>
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