

Report to:	Overview and Scrutiny Committee (Children's Services and Safeguarding)	Date of Meeting:	26 th January 2021
Subject:	Children and Young Peoples Plan Data Dashboard in depth narrative.		
Report of:	Executive Director of Children's Social Care and Education	Wards Affected:	All.
Cabinet Portfolio:	Children, Schools and Safeguarding		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This report is to present to the Overview and Scrutiny Committee an update on the data relating to the Children and Young Peoples Plan four priorities, presented to the previous Committee

Recommendation:

- (1) That the report be noted.
- (2) That the committee receives a further update on the progress of the plan in six months.

Reasons for the Recommendation(s):

The committee is asked to routinely receive and note updates to ensure compliance with required governance standards.

Alternative Options Considered and Rejected: (including any Risk Implications)

Not applicable.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional revenue costs identified within this report.

(B) Capital Costs

There are no additional capital costs identified within this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
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There are no additional resource implications
Legal Implications:
Equality Implications:

Contribution to the Council’s Core Purpose:

Protect the most vulnerable: The indicators reflect the impact of the Children and Young Peoples Plan which aims to ensure every child and young person in Sefton is Heard Happy, Healthy and Achieves their full potential
Facilitate confident and resilient communities: Ensuring Sefton children are Heard, Happy, healthy and Achieving will support them to make a positive contribution to their community and achieve their potential into adulthood. .
Commission, broker and provide core services: The indicators reflect the impact of the Children and Young Peoples Plan which states 4 priorities that will shape all activity in relation to Children and Young People in Sefton from 2020 – 2025 and influences the Joint Commissioning Strategy.
Place – leadership and influencer: The indicators reflect the impact of the Children and Young Peoples Plan which states 4 priorities that will shape all activity in relation to Children and Young People in Sefton from 2020 – 2025.
Drivers of change and reform: The indicators reflect the impact of the Children and Young Peoples Plan which states 4 priorities that will shape all activity in relation to Children and Young People in Sefton from 2020 – 2025.
Facilitate sustainable economic prosperity: Not applicable
Greater income for social investment: Not applicable
Cleaner Greener: Not applicable

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director Corporate Resources & Customer Services (FD.6268/21) and the Chief Legal & Democratic Officer (LD4469/21) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable.

Implementation Date for the Decision

Immediately following the committee meeting.

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Appendices:

1. The latest Children and Young Peoples Plan dashboard

Background Papers:

There are no background papers available for inspection.

1. Introduction

- 1.1 On the 10th November 2020 the Committee will recall that a report was presented detailing the final version of the Children and Young Peoples Plan, 2020 – 2025. Following the Committees review of the draft plan in November 2019. Setting out that the plan went on to gain cabinet approval in January and was adopted as Children and Young Peoples plan for Sefton with affect from the 1st March 2020. The report presented a delivery plan to accompany the document and an animation to support the communication of the plan's key priorities and an example copy of the data dashboard that forms part of the delivery plan.
- 1.2 The Committee will recall the data contained in the dashboard led to debate and an action was agreed to come back to the January meeting with the most up to date data available and a fuller narrative to the performance and statistics presented, in addition a workshop was held with committee members to look at the data in detail .
- 1.3 The data dashboard is intended to indicate progress about the ongoing delivery of the Children and Young Peoples plan across the whole partnership of Health, Social Care, Public Health, Early Help, and Education and the important role of the Community , Voluntary and Faith Sector. The intention is to help inform focus on areas of continuous improvement required and to understand the effect of delivery of a wide range of operational and strategic developments. All of which are supported through robust governance and scrutiny and over seen by the Children and Young Peoples Partnership Board. .

2. Updates on each Dash Board area:

Indicator 1 – Proportion of Children Classed as Overweight or Obese – Reception (%) and 2. Proportion of Children Classed as Overweight or Obese - Year 6 (%) (these are annual indicators)

The National Child Measurement programme was halted during 2020 due to COVID-19 which explains why the data for reception aged children is incomplete. The programme is due to recommence in January 2021. Despite the lack of available data for 2020/21 we anticipate further negative impact on overweight and obesity levels due to the pandemic.

Overweight and obesity levels in reception remain steady, however by the time children reach YR6, almost 39% are overweight or obese and boys fair worse than girls at the same age.

There continues to be a strong correlation between socio economic disadvantage and obesity and with inequalities widening as a result of COVID-19, we expect that poor nutrition and lack of opportunities to be physically active, will impact on people living in poverty the most.

PH is committed to adopting a Whole Systems Approach to obesity across the life course and this is a key workstream for the Integrated Commissioning agenda in Sefton. Consultation was carried out in late 2019, early 2020 with key stakeholders to determine key priorities. Food poverty was indicated a priority at that point. Since September work has recommenced through an integrated commissioning framework. Acknowledging the impact of COVID-19 on people and families, it is proposed that a piece of behavioural insight work takes place to develop better understanding of local people's perception of overweight and obesity, importance of affordable and accessible nutrition and opportunity to be active.

Active Sefton provide prevention and early intervention programmes in school and community settings to address overweight and obesity, poor nutrition and inactivity. During COVID-19, activities have continued to be delivered online and support for schools has been made available. It is proposed that the school offer be reviewed considering the current data, with activities targeted in hot spot areas. This will require commitment across the partnership to prioritise this agenda.

0-19 Healthy Child Programme provide support for new mother to breastfeed and wean their children, a key contributor to healthy weight going forward, which includes provision of peer support. NBWH are undertaking a review of infant feeding provision to better meet the needs of families locally. Sefton has agreed to contribute to a research project on infant feeding which will help to build capacity and expertise in this area.

Indicator 3. Proportion of Mothers Smoking at Time of Delivery (SATOD) (%) (this is a quarterly indicator)

Smoking in pregnancy is a common cause of pregnancy and post-natal complications associated with low birth weight. Passive smoking in infancy is a leading risk factor in sudden infant deaths.

Smoking in pregnancy shows a strong association with younger age and socio-economic disadvantage. Risk also increases with second or subsequent pregnancy, white ethnicity, and for women with complex social needs.

The social gradient for women who are identified as continuing to smoke at the end of their pregnancy is less steep, compared to early pregnancy. This shows that Maternity and Stop smoking services are delivering effective support for women who experience multiple challenges. But it also underlines the importance of building in wider psycho-

social support to improve mental wellbeing and lower risk of relapse or continuation of smoking.

Key points:

- The Public Health Outcomes Framework now includes an indicator for the proportion of women identified as smoking in early pregnancy. In 2018/19 17.7% of women were identified as smoking in early pregnancy (vs 12.8% nationally), and Sefton ranks sixth highest in the North West.
- In 2019/20 255 (10.8%) of pregnant women in Sefton were identified as continuing to smoke at time of delivery. This compares to 12.8% in the North West and 10.4% in England. (This period covers the year to 31st March, so a small effect on clinical practice and detection of smoking may be present.)
- Sefton's rate is falling significantly faster than the national rate, but is not currently on track to achieve the national target of 6% in 2022 across all parts of Sefton
- The clear improving trend over the last three years compares favourably to other CCG areas in Cheshire and Merseyside
- The 2019/20 figure in Southport and Formby area is 8.7% (77 women), almost 2% points lower than the previous year.
- The 5.9% to 14.0% 20/21 quarter 1 vs 19/20 quarter 1 comparison in the performance framework is within expected variation given the small numbers involved but is likely to be distorted by suspension of carbon monoxide monitoring. This is also the case for quarterly comparison in South Sefton
- In South Sefton, the 2019/20 rate is higher, but falling at a similar pace (12.8%, 178 women).

Action, progress and covid-19 update:

- Southport and Ormskirk Maternity Unit have a dedicated midwife who provides targeted support to pregnant women throughout their antenatal period, however. It is worth noting that some of these women give birth at Liverpool Women's Hospital and so there is also positive impact on SATOD data for South Sefton, similarly, some women who give birth in Southport and Ormskirk Hospital, have received their antenatal care, from another team, who may not provide the same level of support for pregnant women.
- Due to COVID-19 there has been changes in practice and improvements in practice
- No Carbon Monoxide monitoring was carried out due to COVID-19 restrictions. CO monitoring is due to recommence, following publication of new guidance. This ensures an objective measure of women's smoking status, rather than self-report.
- Home visits for more intensive support from the specialist midwife and the pregnancy advisor in the stop smoking service have been suspended during

COVID but specialist follow-up and advice continue at scan appointments and particularly where woman do not remain engaged with the stop smoking service

- Women now have to wait for a supply of Nicotine Replacement Therapy (NRT) from the stop smoking services, instead of using a voucher to collect NRT from the pharmacy on the same day.
- COVID-19 has delayed the roll-out of evidence-based BabyClear training, but revised maternity staff training was rolled out during in the summer
- Weekly meetings introduced between maternity service and the specialist stop to discuss referrals and actions.

Indicator 4. Proportion of Children with Up-to-date Immunisations for DTAP/IPV/HIB at 1 year old (%)
(this is an annual update)

These immunisations are under taken in General Practice and although promoted through the 0 – 19 service they are managed through NHS England.

Indicator 5. Infant Mortality Rate (Rate per 1,000)
(this is an annual update)

This indicator relates to the performance of indicators 1 - 4 as well as wider determinants of health and wellbeing, the delivery of the 2020 – 2025 health and wellbeing strategy highlights this and gives us a system direction to work collectively on this area, this indicator will only be affected by long term efforts in this area and the ultimate ambition of the Startegy is that we will make a impact as a system by 2025.

Indicator 6. Self-harm Hospital Admissions - 10-24 yr olds (Rate per 100,000)

Between 2017/18 and 2018/19 one of Sefton's main acute providers (Southport & Ormskirk) enacted a change in their emergency pathway process to increase the number of same day emergency care (SDEC) beds. This resulted in an increase in A&E attendances converting into an admission, mostly less than a day's length of stay. This was not a trend noted across the county as conversion rates nationally rose by 1% whereas Southport & Ormskirk Trust increased close to 10%.

This change resulted in increased numbers of Self Harm short stay admissions but not a corresponding increase in Self Harm A&E attendances / patients. A period of observation is recommended with the Self Harm NICE guidance. The increase for Self-Harm admissions is noted not only in Sefton but also in West Lancashire (the other main CCG user of S&O Trust).

Indicator 7 Hospital admissions caused by unintentional and deliberate injuries in children – aged 0-14 (Rate per 10,000)
(this is an annual update)

Indicator 8. Hospital admissions caused by unintentional and deliberate injuries in children - aged 15-24 (Rate per 10,000)

For indicators 7 and 8 as with the narrative and performance for Self-Harm admissions the pathway change within Southport & Ormskirk Trust across emergency care resulted in increased same day emergency care admissions. The implementation of this pathway change was Trust wide and as such conversion rates from A&E attendances to emergency admissions increased above levels seen nationally.

Indicator 9. Proportion of Pupils with Social / Emotional / Mental Health Needs (%)

Although performance against national and north west comparators is better in Sefton, the actual numbers have risen nationally. The council leads a multi-disciplinary Emotional Health and Wellbeing Group which has just completed a new strategy on this that will be presented to the committee for comment before final adoption later this year. A significant amount of work to support this area has been completed with an emotional mental health tool kit for school and additional mental health support teams working with our schools. 2020 also saw the joint recommission and expansion of 'Kooth' an online platform to offer emotional and mental health support and access to trained counsellors.

Indicator 10. Proportion of Children and Young People (aged 0-18) with a Diagnosable Mental Health Condition who are Receiving Treatment from NHS Funded Community Services. (this is a quarterly indicator)

Overall in the rolling 12 months ending June 2020, of the 4,998 children with diagnosable mental health conditions 35.9% received treatment during the year. This exceeds the national target for 2020/21 (35%). Projections for the remainder of 2020/21 are that the access will rise to around 40%.

Indicator 11. Average Wait for Completed Pathway in Month - Speech & Language Therapy (this is a quarterly indicator)

All therapy services have been impacted on as a result of the COVID-19 pandemic. In line with NHSE guidance for community services, all but clinically urgent services were cancelled to support the acute response during the first lockdown in 2020. As we moved into Phase 3 of the pandemic response, the focus of activity was service restoration, specifically the increase in face to face activity both in clinic and education settings. At the end of November all therapy waiting times were below the SEND performance monitoring target and within the agreed commissioned waiting time standard

Indicator 12: Average Wait for Completed Pathway in Month – Physio

All therapy services have been impacted on as a result of the COVID pandemic. In line with NHSE guidance for community services, all but clinically urgent services were cancelled to support the acute response during the first lockdown in 2020. As we moved into Phase 3 of the pandemic response, the focus of activity was service restoration, specifically the increase in face to face activity both in clinic and education settings. At the end of November all therapy waiting times were below the SEND performance monitoring target and within the agreed commissioned waiting time standard

Indicator 13. Average Wait for Completed Pathway in Month - Occupational Therapy

All therapy services have been impacted on as a result of the COVID pandemic. In line with NHSE guidance for community services, all but clinically urgent services were cancelled to support the acute response during the first lockdown in 2020. As we moved into Phase 3 of the pandemic response, the focus of activity was service restoration, specifically the increase in face to face activity both in clinic and education settings. At the end of November all therapy waiting times were below the SEND performance monitoring target and within the agreed commissioned waiting time standard

Indicator 15. CAMHS - % Referral to Choice Within 6 Weeks In line with NHSE requirements

A 24/7 CAMHS Crisis Service was implemented in April 2020. CAMHS staff were redeployed to as part of the initial staffing which reduced capacity within the service. As we moved into Phase 3 CAMHS staff began to return to the core service restoring capacity. Referral to choice waiting time has seen a small reduction in compliance with the agreed 6 week completed pathways standard (92%). This is due to an increase in urgent referrals, seen since COVID (who require an appointment within 2 weeks) and therefore some children waiting for routine appointments have waited longer than 6 weeks. There is additional capacity in the service from January 2021 and it is expected that this position will improve from this point via National Lottery and CCG funding. In addition, CCG has provided similar funding to Venus and Parenting2000.

Indicator 16: CAMHS - % Referral to Partnership Within 18 Weeks

In line with NHSE requirements 24/7 CAMHS Crisis Service was implemented in April 2020. CAMHS staff were redeployed to as part of the initial staffing which reduced capacity within the service. As we moved into Phase 3 CAMHS staff began to return to the core service restoring capacity. Referral to partnership waiting times has deteriorated in November. The overall waiting list for first partnership has only increased by 9 in the month of November, however the service is experiencing additional demand for urgent choice and partnership appointments (as a result of COVID) and there are a number of complex and high risk young people requiring significant support from the Sefton CAMHS team. There is additional capacity in the service from January 2021 and it is expected that this position will improve from this point via National Lottery and CCG funding. In addition, CCG has provided similar funding to Venus and Parenting2000

Indicator 18. Rate of Children Looked After (CLA) per 10,000 Population

Over the last couple of years, Sefton's rate of Looked After Children has increased and is now above the Northwest and national average. However, the trend of increasing numbers can be seen across the north west and England and has been further impacted upon due to covid 19. It is reported that within the past decade, the number of children in care across the country has increased by 28% which has placed pressure on all Local Authority's.

In sefton, prior to a child coming into care, careful consideration is given to that child's care plan and agreement is given through consultation with the council's legal department and a service manager. We also oversee and ensure our children exit care if it is safe to do so, this will ensure that children do not continue to be a Looked after unnecessarily. A CSC annual and bi annual report is regularly provided to Overview and scrutiny which provides further information and detail about the services provided by CSC and children who are Looked After.

Indicator 19: Rate of Child Protection Plans (CPP) per 10,000 Population (this is a quarterly indicator) indicator 22. Proportion of Children Subject to a Child Protection Plan for a Second or Subsequent Time (%).

Sefton's rate of Child Protection is slightly below the Northwest average but above the national average. Child protection numbers have remained static, however increased incrementally since 2016. Neglect is more widely recognised by the partnership and children are identified as requiring a child protection plans based on their level of need and are reviewed on a regular basis by a multi-agency group. In 2020, we strengthened our child in need oversight with the introduction of a Child In need (CIN) Independent reviewing officer who oversees complex CIN cases. We expect over time, with this strengthened Child In need process, that this may decrease the number of children subject to Child Protection plans as well as those who are subject to a plan for a second or subsequent time A CSC annual and bi annual report is regularly provided to Overview and scrutiny which provides further information and detail about the services provided by CSC and children who are subject to child protection plans.

Indicator 20. Rate of Children in Need (CiN) per 10,000 Population (this is a bi annual indicator)

This indicator provides information on the overall number of children open to children's Social Care. The rate of Children in Need in Sefton has steadily increased over the last few years, and Sefton is currently experiencing a higher rate above both the regional and England averages. There is ongoing work with early help to ensure children receive an appropriate service at the right time and children will receive the support from a social worker if this is required. A Children's Social Care annual and bi annual report is regularly provided to Overview and scrutiny which provides further information and detail about the services provided by CSC and children who receive a service from a social worker,

Indicator 21. Proportion of Children Meeting 'Good' for Work Being Child Centred (%) (this is a bi annual indicator)

This indicator identifies those children who have been subject to a case file audit, where practice demonstrates that the work undertaken was child centred and the voice of the child was present and informing their plan. This is a small sample of the number of children who are open to CSC and therefore the performance within this indicator fluctuates. Case file audits demonstrate that evidence of direct work with children is strong in some cases, most notably for children who are Looked after. In order to improve the voice of the child further and ensure this is captured, training is being delivered to social workers and we are revising documentation in our Liquid Logic system to make it more accessible to children and young people. Voice of the child is also a key area of focus for the principal social worker.

Indicator 23. Rate of Open Early Help Episodes per 10,000 Population Rate of Open Early Help Episodes per 10,000 Population

It is likely that the increase in Early Help Episodes, coincides with the impact of COVID. A rise in Early Help cases was seen right at the start in March followed by another peak in October likely to coincide with children returning to schools. Family wellbeing Centres lead on 78% of these cases.

Indicator 24. Proportion of Early Help Episodes Ended as 'Could Not Engage' (%)

This has been an area of focus and possibly reflects the impact of the new engagement toolkit. The reduction could also be attributed to the fact that families are in greater need and are more willing to accept support.

Indicator 25. Proportion of Children Subject to an Early Help Plan for a Second or Subsequent Time %

It could be suggested that the decline in repeat referrals reflects an improvement in case work which is also reflected with Troubled Family claims. Analysis would also need to be considered alongside the proportion of children who stepped up to CSC in order to gain a full view.

Indicator 26. Early Years Foundation Stage (ALL): % Achieving a Good Level of Development

(this is an annual indicator)

Sefton have remained broadly in line with regional averages though have showed a slight decline compared to the National Averages. Focused work with school readiness hubs is in place to address this.

Indicator 27. Early Years Foundation Stage (SEN = S&E): % Achieving a Good Level of Development

Indicator 28. Key Stage 2 (ALL): % Achieving Expected Standard (Test RWM)

Indicator 29. Key Stage 2 (SEN = S&E): % Achieving Expected Standard (Test RWM)

Indicator 30. Key Stage 4 (ALL): Progress 8 Score

Indicator 31. Key Stage 4 (SEN = S&E): Progress 8 Score

For indicators 27 to 31 the data presented is for 2018-2019. Due to covid a decision was made by the government not to publish any data for 2019-2020 given the disruption to children's education. There will not be any data published for 2020-2021 as exams and tests will not be taking place. To ensure that we are aware of any issues we are working closely with schools through meetings and monitoring of websites to ensure the provision of remote learning focuses on pupils' learning and progress.

Indicator 32. Proportion ALL Primary Pupils Absent more than 10% of the School Year (%)

Indicator 33. Proportion ALL Secondary Pupils Absent more than 10% of the School Year (%)

Indicator 34. Proportion ALL Special Schools Pupils Absent more than 10% of the School Year (%)

For indicators 32 to 35. There is a full report being presented to overview and scrutiny committee today highlighting attendance during covid. However, Sefton was above national average for attendance in the autumn term of 2020 and above average for the attendance of vulnerable children and those with Education, Health and Care Plans.

Indicator 35. Proportion of Places/Learners in State Funded Schools Rated 'Good' or 'Outstanding' in their Ofsted Inspection (%)

There have not been any full inspections since March 2020 due to covid. Several schools have had an Ofsted visit in the autumn term which was fact finding and no judgement made, all the visits were positive. Spring term 2021 Ofsted will be visiting inadequate schools, and some requires improvement schools however no judgement will be given. As of February 2020, 94% of primary aged children attend good or better schools; 56% of secondary aged children attend good or better schools; 100% of children in special schools are in good or better and 100% of nursery children in nursery schools are in good or better.

Indicator 36. Pupils with Special Educational Needs (SEN) Support as Percentage of all School

This indicator reflects the rate only and not performance or need for improvement

Indicator 37. Proportion of New EHC Plans Issued within 20 Weeks (excluding exception cases) (%)

This is greatly improved under the SEND continuous improvement work stream and is managed through this route, a report on SEND is available for committee today.

Indicator 38 Missing Children Numbers

The rate of missing children has remained static over the last 6 months following a drop in the first half of the year that coincided with the first National Covid lockdown. Quality audits are showing us that there is no single specific factor in children and young people going missing. There remains a high refusal rate in agreeing to an independent Return Interview which quality audits tells us again there is no specific reason for. This is an area of close scrutiny and is reported regularly to the Child Exploitation sub group of the Local Safeguarding Children's Board. In addition there are strong links with the Children Missing Education to ensure that information is shared to support this group of young people.

3. Conclusion

The report provides the detail around each indicator with the intention of measuring performance around the four priorities in the Children and Young People's Plan. The indicators are intended to be a proxy measure around progress of the plan, they are

reported in regularly to the Children and Young People's Partnership Board and where indicated further reporting or a deep dive into a specific issue may be requested.