My Sefton
Happy, healthy, achieving, heard

The plan for all children, young people and their families living in Sefton
Plan 2020/25
Foreword and Introduction

This plan has been written for all children, young people and their families in Sefton. Any references to “child” or “children” should be taken to mean any young person aged 0-19, care leavers up to the age of 25 and young people who have special educational needs and disabilities up to the age of 25 for whom the local authority continues to provide support.

Sefton Council has led on a new and exciting vision for the Borough of Sefton called Imagine Sefton 2030. We worked closely with our community, including children and young people, to understand what was important to them. We have used information from our Joint Strategic Needs Assessment to inform the plan and will seek to ensure that children and young peoples needs are understood and met. This information together with what we already know about our area from previous work and conversations has informed the priorities in this document. This plan, therefore, has been written around the four themes of happy, healthy, achieving and heard. We have also set out clear actions for how we will address the priorities under each theme and how we will measure the progress of these actions. While it is important to measure progress we acknowledge there has to be a balance with how children and young people experience life and what is important to them. These priorities incorporate the seven principles for corporate parenting:

- To act in the best interests, and promote the physical and mental health and well-being, of those children and young people.
- To encourage children and young people to express their views, wishes and feelings.
- To consider the views, wishes and feelings of children and young people.
- To help children and young people gain access to and make the best use, of services provided by the local authority.
- To promote high aspirations, and seek to secure the best outcomes, for children and young people.
- For children and young people to be safe, and for stability in their home lives, relationships and education or work, and
- To prepare children and young people for adulthood and independent living.
We realise this plan cannot be achieved by a single organisation. Working together is important in times of challenge, austerity has seen significant cuts in the money going to public services so there is a need to work differently and achieve better with less. Organisations from the public sector, schools, voluntary, community and private sector have been working together to provide support to children and young people and their families as we understand that it is our collective responsibility to ensure we can create the right conditions for children and young people to thrive in Sefton. We recognise that each organisation is just one part of a whole system and that by working together we can make the best use of the resources available to provide support where it is most needed. These organisations are committed to maintaining, strengthening and maximising partnership working to best support the children and young people of Sefton. This plan will build upon the strength we have in Sefton around our partnership working and what we already do well.

Cabinet Member
Director of Children’s Services
What’s the story in Sefton?

Insert graphics showing info from JSNA as in page 11 of young and Yorkshire

The Sefton Children’s JSNA, complete in August 2018 highlights the following key points for us:

<table>
<thead>
<tr>
<th>In 2017 95% benefited from funded early education (24% more than the English average). 98% of 3 and 4 year olds also benefited. Pupils in these early year phase development attainment was in line with national averages.</th>
<th>In Key Stage 2 pupils attainment in Reading, writing and Maths were all above national averages.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Key Stage 4 the % of Pupils attaining Grade 9 to 5 or 9 to 4 in English and Maths was below the national average at 37% and 60% (English averages were 43% and 64% in 2016/17). 94% went on to education or training after this stage.</td>
<td>Our LA’s Overall Absence has decreased by 0.16% from 4.94% in 2017/18 to 4.78% in 2018/19, which is 0.24% higher than the National average of 4.54% and equivalent to 21,128 more missed sessions in your LA than the National cohort, with pupils at our LA missing an average of 12.3 sessions (this is 1.7 more than the National cohort).</td>
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<tr>
<td></td>
<td>Our LA’s average for the last 3 academic years is 4.88% and we have been consistently higher than the National average in the last 3 academic years for Overall Absence.</td>
</tr>
</tbody>
</table>
In Sefton in 2017 2.4% of Pupils had a Statement of Special Educational Needs or EHC Plan, compared to a national average of 2.8%

In 2016/17 the rate of Family Homelessness was at 0.3 per 1000, nationally this was 1.9. This equates to a count of 31 households. For Young people aged 16 -24 this rate was 0.16 per 100,000 in 2016/17 (19 individuals) below national average.

In 2017 3.6% of our pupils had a Learning Disability (this figure has consistently been around 4% since 2013).

In 2017 15.5 per 1000 Children with Autism were known to schools, this has risen from 14.4 in 2015. Rates are continually higher than England and the North West.

Hospital Admissions for Mental Health Conditions are higher than national averages at 97.5 per 100,000 in 2016/17 down from 146.6 in the previous year. 1 in 10 Children are affected by Mental Health Problems. Self-Harm has increased and is higher than national averages.

The rate of NEET for 16 -24 years olds was at 4.5 % in 2017. This figure has improved between 2013 and 2017 but still remains higher than national averages.

Children in Need per 10,000 in 2017 was 348.8 (national rate 330.4) we continue see a rise in this figure.

Children looked after rate per 10,00 was 85 in 2017, compared to 61.7 nationally again this continues to rise.
<table>
<thead>
<tr>
<th>Child Protection Plan Rate per 10,000 in 2017 was 44.0, nationally this was 43.3</th>
<th>Child Sexual Exploitation referrals fluctuate with the highest count being 97 in Quarter 4 of 2015/16 and the lowest 43 in Q3 of 2016/17.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First time entrants to the Youth Justice System aged 10 – 17 was at 220.2 in 2016 this had fallen since 2012 when it was at 578.7. The rates are below national averages</td>
<td>The of Children living in poverty in 2017/18 in Bootle was 28% before housing costs and 31% after housing costs, for Sefton Central this is recorded as 15 % and 19% and for Southport 21 % and 30%.</td>
</tr>
</tbody>
</table>
About the plan

We have looked at the last plan and what is still important to our children, young people and their families. This plan has been shaped by the analysis of our performance and progress to date, alongside the trends identified in the Joint Strategic Needs Assessment (JSNA) which allows us to establish trends across a wide range of data. This document builds on the previous plan which ran from 2015 to 2020, which was reviewed in 2018 to reflect the updated Joint Strategic Needs Assessment, it’s been regularly reported to the Health and Well Being Board in each one of the thematic areas and performance issues raised.

More importantly we have also listened and what children, young people and families tell us has led us to identify a number of priorities for action over the course of this Plan.

Through Consultation with a wide range of Youth Groups, Schools and Key Stakeholders and Professionals.

We want every child and young person in Sefton to be healthier, happy and able to take advantage of opportunities that will help them reach their full potential and have, therefore, themed our priorities around the following headings:

- Happy
- Healthy
- Achieving
- Heard

Child health and wellbeing are dependent on supportive and safe homes; studies repeatedly show the importance of having at least one supportive caring adult to establishing childhood resilience. And this is critical so that children are able to bounce back when difficulty threatens that happiness. Through access to play, leisure, sport, cultural activities and positive interaction in families that spend time together, there are opportunities for happy memories to be made and resilient capacities to be built, all of which greatly enhance the foundation for happiness and lifelong wellbeing.

Our ambition is to improve outcomes for all children as we want to break the link between a person’s background and where they get to in life. We will be child focussed, children and young people are our primary concern, we will listen and respond to children and young people and we will focus on strengths and building resilience. We will support our children, young people and their families to lead healthy lifestyles and have good emotional wellbeing and mental health. We will do this through the actions in 12 priority areas under each of the headings happy, healthy, achieving and heard. These are based on what the evidence in the JSNA and our consultation tells us we need to get better at.

We have identified a short set of indicators where we want to see real positive change. There is a detailed action plan being developed in draft which describes the actions in terms of steps of delivery and impact. Some of these we are able to deliver
through the services we directly provide, and others require us to a combined effort to influence wider changes. Importantly, we will always look at the story behind the data through the eyes and voice of children, young people and families.
Insert updated plan on a page (this is the last one and will be updated but gives a bit of an idea of what the visual look will be)
Happy
This is what happy is:

Every child has the right to relax, play and take part in a wide range of cultural and artistic activities. 
*United Nations Convention on the rights of a child, Article 31*

These are our priorities.

**Priority 1. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.**

We will create and promote children and young people’s emotional health and wellbeing by supporting them and their families to make positive choices. We will have strength informed approaches to ensure engagement and strengthening of families including promoting healthy relationships.

We will improve access to the right support from the right service at the right time and build on the strength of families and their inclusive networks.

**Priority 2. Protect those at risk of harm**

We want all children and young people to be safe and to feel safe. We will help children live in safe and supportive families and ensure the most vulnerable are protected by tackling those factors which risk harming their life chances. We will reduce the impact on children living in households which experience neglect, domestic abuse or parental substance use by the provision of a range of support and services. We will prevent and safeguard all children from exploitation and safeguard individual children who are identified as at risk.

We will work to address the concerns expressed to us through the consultation on Gangs and Knife Crime in our communities.

**Priority 3. Encourage fun, happiness and enjoyment of life**

We want children and young people to live in a good environment that they can enjoy. Sefton is a great place to live and grow up. We have a wealth of resources and assets in the community such as the coast and green spaces that can be used for pleasure, sport and other leisure opportunities.

We will encourage and provide or commission a diverse range of culture, exercise and socially connective activities in our borough ensuring a One Council approach with Green Sefton and Localities.
Young people say: Being near the river and coast makes me feel happy and well
The actions we will take:

- Promote partnership working, joint commissioning and investing in children and young people’s futures – Joint commissioning and service delivery will enable partners to provide services which deliver improved Children and Young outcome.
- We will establish and deliver a Joint Children’s commissioning plan as part of the Integrated Commissioning group being clear on collective spend, collective demand, collective unmet need, and the services we want to jointly invest in. With an ambition to meet the needs of our Children and Young People in the most effective way.
- Have a Family Approach – Utilising Early Intervention and Prevention services to help build resilience and strengthen protective factors in the lives of children and young people and their families
- Focus on prevention and timely support for children and young people’s mental health
- Work with the voluntary and community sector to develop vibrant communities that take responsibility for the aspirations, opportunities and achievements of their children and young people.
- Improve information and advice on access to play, leisure, sport and cultural opportunities for children and young people
- Reduce the impact on children and young people of living in households experiencing neglect by the provision of a range of support and services
- Improve access to emotional health and wellbeing support through the development of the THRIVE model, including self-referral and implementation and impact management of the Emotional Health and Wellbeing Strategy.
- Develop a confident and competent workforce – ensure all professionals working with children and young people have appropriate awareness and training and ongoing support to provide a graduated response to emotional health and wellbeing
- Use the Health and Wellbeing Board to monitor the impact of the area to ensure we are supporting an environment that encourages positive social connections, relationships and encourage resilience and confidence.
- Continue the roll out of the ACEs working, reducing the impact of adverse Childhood experiences on future life chances. Working with families to increase the proportion of children experiencing a positive home life.
The measures that will tell us if we are making a difference

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td>The number of Child in Need</td>
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<tr>
<td>The number of looked after children</td>
<td></td>
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<tr>
<td>The number of children subject to a child protection plan</td>
<td></td>
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<tr>
<td>Number of staff trained around Emotional Health and Wellbeing.</td>
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<tr>
<td>Rate of Open Early Help Assessments per 10k pop</td>
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<tr>
<td>CLA Pledge Survey - feel safe and cared for aged 5-9 (%)</td>
<td></td>
</tr>
<tr>
<td>CLA Pledge Survey - feel safe and cared for aged 10+ (%)</td>
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</table>
Healthy
This is what healthy is:

Every child has the right to the best possible health, (United Nations Convention on the rights of a child, Article 24)

These are our priorities:

**Priority 4. To enable positive mental health and Wellbeing through prevention where ever possible and to provide timely support and access to services when needed.**

We will do all we can to identify problems early as we know the vast majority of mental health problems experienced in adult life emerge before young people reach adulthood. We will ensure high quality specialist services for those who need them.

We will strengthen the protective factors of mental health and wellbeing by enabling children and young people to develop skills around building friendship, self-esteem and resilience.

**Priority 5. To Enable children’s health and development.**

We will promote positive health choices by parents, especially during pregnancy. We will encourage care that keeps children healthy and safe and promote children’s health and development.

Where problems are identified in health and development they can get support as early as possible. Focusing efforts on the 1st 1000 days and school readiness.

We will encourage children and young people to achieve and maintain a healthy weight through education, support and commissioned services.

**Priority 6. Reduce health inequalities so children and young people can achieve good health.**

We will endeavour to offer the right infrastructure to promote good health behaviours and reduce lifestyle factors that lead to early illness such as smoking and poor diet that will affect young people into adulthood.

We will reduce a range of risk taking behaviours including, alcohol and other drug use and unhealthy Sexual Activity.

We will take a preventative approach to manage rising demand across education, health, social care and SEND from the earliest point in a child’s life through focused operational improvement in this area and ensuring the system works together, for example linking economic growth Agenda, Living Well Sefton and Active Sefton to contribute to the environment we need to achieve this priority.
Young people say: “I play rugby”; e.g. being fit and healthy (Sefton Imagine 2030), more youth friendly things for people to do. These are our priorities. The 2019 Health and Wellbeing Strategy Consultation identified the top issue under “Start Well, Grow Well” to be help Children and Young People with Mental Health Problems including problems with drink drugs and self harm.
The actions we will take:

- Clearly measure and demonstrate Improved relevant Child Health Profile Indicators from the baseline PHE Child Health Profile for Sefton
- 0-19 Public Health Nursing Service with contracted visits, namely, antenatal, birth, 6-8 weeks and developmental checks, to seek to demonstrate continuous improvement and a joined up service.
- Review and monitor relevant Child Profile Indicators to show we are impacting on these through focusing on our priorities
- Quarterly 0-19 HCP monitoring will provide case studies
- Reflect impact of continuous improvement of delivery of the Integrated Young People and Families Substance Use Service
- Reflect impact of continuous improvement of delivery of Sexual Health Services.
- Use campaigns to increase awareness of the issues around alcohol such as Challenge 25 and Responsible Drinking campaigns
- Reduce hospital admissions for children and young people around alcohol by continuing to integrate and commission a model of drug and alcohol services that works across the system including early intervention and prevention.
- Undertake Licensing Reviews
- BFI Accreditation and Implementation
- Monitor the Active Sefton 0-19 delivery programme
- Deliver the North Mersey Prevention Programme
- NCMP – Screening and Identification of child who are outside range for healthy weight
- Develop locality profiles to understand what the current risks to young people are in terms of location, activity and people to ensure young people know about healthy relationships and issues relating to consent.
- Use the outcomes of the Sefton Emotional Health and Wellbeing Survey to deliver outcomes and improve the results.
- Provide quality provision targeted to local needs and inequalities.
- Delivery of a Clean Air Strategy for Sefton.
- Mental Health Service review and widescale integrated recommissioning plan
- Ensure the transitions work stream includes transitions from Primary to Secondary school and improve outcomes for this, as well as considering other transitions such as starting school, Further education and worklife.
- Review and co-ordinate healthy eating initiatives to ensure we have a borough wide offer that’s supports education about healthy eating and accessing to.
• Ensure inclusivity of universal services by reviewing cooperate approach to equality and diversity for all services.
The measures that will tell us if we are making a difference

| Increase in the number of Looked After Children who have had all their immunisations from the starting point |
| Decrease in the number of children admitted to hospital with dental caries from the starting point |
| Increase in the number of babies breastfed from the starting point |
| Decrease in the number of women smoking during pregnancy from the starting point |
| Children and young people achieve and maintain a healthy weight |
| Reduce the alcohol related admissions for children and young people |
| % with good level of development in Early Years |
| % of Children and Young people diagnosed with a Mental Health condition, accessing NHS Funded Support |
| Decrease in access times for Child and Adolescent Mental Health Services (CAMHS) |
Achieving
This is what achieving is:

*Every child has the right to an education. Education must develop every child's personality, talents and abilities to the full.*
*United Nations Convention on the rights of a child, Articles 28 and 29*

These are our priorities:

<table>
<thead>
<tr>
<th>Priority 7. Children are ready for school</th>
<th>Priority 8. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.</th>
<th>Priority 9. Children and young people with Special Educational Needs and/or disabilities achieve their full potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great start will shape children’s lifelong health and wellbeing. We will ensure that all children are ready for school with good social and emotional development. We will secure and sustain better all-round outcomes for babies and children which narrows the gap between vulnerable children and others. We will take a preventative approach from the earliest point in a child’s life in order that we can identify problems in children’s health and development so they can get help with their problems as early as possible.</td>
<td>We will have a clear understanding of the aspirations of our young people and what they have told us is important to them. We will respect and encourage the hopes and dreams of the children and young people we work with. We know high quality education is the greatest liberator so want all pupils to make at least “good” progress in every year of their education. We will ensure that all children attend good or better educational settings in Sefton and barriers to participation and progress are addressed. There will be a broad and balanced curriculum equipping them with the life skills they need to be independent and successful as an adult. These skills and opportunities to achieve will also value the contribution of sport, cultural, social and health education in preparing</td>
<td>We want children with complex individual needs to have the best life chances. We will enhance joint commissioning of support between education, health and care services for children with special educational needs and disabilities. To ensure services work together. We will ensure that all parts of the Sefton Send Local offer work together to meet the needs of children and young people with SEND and that they achieve their full potential and that people know the range of services available to them. We will ensure all children have access to an educational setting that is appropriate to their needs, including those with SEND and social, emotional and behavioural difficulties. We will from the earliest point in a child’s life encourage independence, where appropriate, and ensure families</td>
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</tbody>
</table>
young people for their future. When preparing for adulthood we will have pathways to employment that ensure they are moving towards good quality sustainable work. We will focus on ensuring our children leave school with the right skills such as financial management, how to deal with bullying and citizenship. have timely access to support so their experience improves and the needs of their children are identified early and met. We will encourage equalities of access to universal services so all Children and Young People with SEND and/or Autism can gain maximum benefit from what Sefton has to offer.

The actions we will take:

- Children exceed the expected level against each of the early learning goals.
- Disadvantaged children attain in line with all other children
- EYFS data is utilised to influence outcomes for social and emotional development
- Pupils develop strong phonics, reading and writing skills in early primary years.
- Pupils make good levels of progress by the end of school.
- All pupils attend a school which is good or outstanding (as defined by Ofsted).
- Young people leave school with the skills and qualifications to access training, apprenticeships and employment.
- Young people achieve the highest grades in further education to access additional learning opportunities.
- Young people have flexible skills to access jobs in future growth areas.
- Work will take place with local colleges to improve access to learning opportunities
- Leadership and governance inspection judgements are good or outstanding (as defined by Ofsted
- The Local Offer will be kept up to date and refreshed regularly to ensure we are providing good information, advice and guidance to young people and their families. We will promote its use.
- Continue to provide universal services with a focus on specific groups and communities and equality of access for all
- We will work to a SEND Improvement Plan and a SEND Joint Commissioning Plan and ensure deliver against our ambitions for an improved service in this area.
• Work with Skills and Employment resources to offer meaningful opportunities for training, apprenticeships and employment.
The measures that will tell us if we are making a difference

<table>
<thead>
<tr>
<th>Measures</th>
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</thead>
<tbody>
<tr>
<td>% with good achievement at the end of primary school</td>
</tr>
<tr>
<td>% gaining 5 good GCSEs including English and Maths</td>
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<tr>
<td>Level 3 qualifications at 19</td>
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<tr>
<td>Achievement gaps at 5, 11, 16, and 19 years</td>
</tr>
<tr>
<td>Primary and secondary school attendance</td>
</tr>
<tr>
<td>% of Young People NEET/not known</td>
</tr>
<tr>
<td>% of new school places in “Good” and “Outstanding” schools</td>
</tr>
<tr>
<td>Destinations of CYP and SEND</td>
</tr>
<tr>
<td>Number of exclusions from school</td>
</tr>
<tr>
<td>Reduction in waiting times for Speech and Language Therapy</td>
</tr>
<tr>
<td>Reduction in the length of time to move along the Autism Pathway.</td>
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</tbody>
</table>
Heard
This is what heard is:

*Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.*
*United Nations Convention on the rights of a child. Article 12*

These are our priorities:

<table>
<thead>
<tr>
<th>Priority 10. Ensure children’s voices are heard.</th>
<th>Priority 11. Engage with a wide range of youth networks and groups that support young people</th>
<th>Priority 12. Place children and young people at the core of decisions we make about them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will give children and young people opportunities to be engaged in decision making processes and give them as much influence as possible. Children and young people will be treated respectfully as we recognise that children, young people, parents and carers are experts by experience. We will take time to listen, it is a two-way conversation. We will do what we say we are going to do and recognise that involvement is a continuous process and not just a one off exercise.</td>
<td>We will work with children and young people to understand what works for them in terms of involvement and will we also accept that children and young people are not always going to tell us what we want to hear – in the way we want to hear it. We will be respectful of difference and celebrate diversity. Based on our localities model and primary care networks we will continue to provide universal services that are accessible to everyone in the borough.</td>
<td>We will ensure that children and young people will always be central to decisions we make about them and their journeys will be shaped by their voice and experience. Children will be supported by professionals they trust who listen to them, made to feel their opinion is valued and take actions to meet their needs and tackle concerns they raise.</td>
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</tbody>
</table>

Young people say: Everyone wants to feel safe (Imagine Sefton 2030). Sefton value, we listen value and respect each others views. Look at info from youth groups e.g. Symbol, Chameleons.
The actions we will take:

- We will ensure that children’s voices are represented on all Boards
- The support families receive helps to reduce concerns escalating
- We will help build tolerant communities that value all children and young people as members and ensure positive opportunities for them to contribute
- Listen to Children and Young People - Give children and young people opportunities to be engaged in decision making processes and give them as much influence as possible.
- Ensure that barriers to participation and progress are addressed
- Look at multiple techniques and methods to ensure we can hear the voice of the child
- We will challenge poor practice and accept challenge constructively
- We will be joined up and inclusive and encourage equality of access to universal services.
- Coproduce the SEND Joint Commissioning to ensure Parent Carers are a key part of quality assurance of progress against improvement plans.
- Recommissioning of the advocacy service
- Improve communication of ‘you said we did’ for example the establishment of a SEND Newsletter
- Work closely with the Young Peoples advisors at Sefton CVS and Key Youth Groups in the Borough to ask questions, clarify understanding and shape the landscape going forward.
The measures that will tell us if we are making a difference

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people express satisfaction with services (health, social care and offending)</td>
<td></td>
</tr>
<tr>
<td>Sampling of Board papers show the voice of the child had been considered</td>
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<tr>
<td>Complaints reduce for the right reasons</td>
<td></td>
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<tr>
<td>Audits to clearly show the voice of the child</td>
<td></td>
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<tr>
<td>Track Inspection views on co production improvements</td>
<td></td>
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<tr>
<td>Annual reviews on your said we did as part of the Children Services Annual report and the Annual reviews of the Health and Wellbeing Strategy.</td>
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</tbody>
</table>
Delivering our Visions

We have an overarching aim of ensuring as many of our children as possible are happy health, achieving and heard, the Children and Young Peoples plan is delivered thorough the work of the Children’s Improvement Board and operational service improvement plans and through the development of a robust Integrated Commissioning plan. The Commissioning plan will be clear of our demand, supply and unmet need and our intentions to work with the market, and how we manage the complex range of services across the Council, Health and wider partners to meet the needs of our Children within the challenging budget envelope, working on a regional basis where the benefits are clear and ensure seamless delivery of services whether the need is health or Social Care in the most effective way.

Commissioning when undertaken at a strategic level and in conjunction with partners, rather than being limited to procuring or purchasing or just solely Council services can make real changes to the service we can offer our Children and Young People. Commissioning should be concerned with configuring services to meet the overall needs of a given population. It is a cycle rather than a “one-off” activity, including a sequence of specifying, securing, and monitoring services. We are committed to work in partnership with health and wider partners to deliver effective commissioning, co-ordination, integration and delivery of services to Children and Young People, in order to support them to achieve the best possible outcomes in life.

The Health and Wellbeing Board (incorporating our Children’s Trust) gives overarching vision through the Health and Wellbeing Strategy and oversees the delivery of the Children and Young Peoples Plan. Its gives overarching Governance and Accountability with membership from across Health, Social Care, the third sector and plans to include Police and Housing. The Integrated Commissioning Group is a sub group of the board and is responsible for holding the system of Health and Care to account and driving forward the delivery of the Health and Well Being Strategy and the system wide delivery of Health and Care services for Sefton. It is responsible for the delivery of a current integrated budget of £48 million and has identified integrated Commissioning of Children’s services as a key area of its work, this will include continuing Care process. Mental Health and SEND Service, as well as work to reduce demand, the need over time to reprofile services to better support prevention and Early help and to deliver our services in as part of an aligned whole pathway across Health and Children’s Services.

The Children’s Commissioning workstream of the Integrated Commissioning Group made up of key Commissioners across, Health and Education will need to deliver a clear programme managed response to the delivery of a Commissioning plan for Sefton.
We have a wealth of information on what our needs are now is the time to be clear on how we review and redesign our offer to maximise our combined ability to meet them

**Outcome Measures:**

we propose that we deliver a robust set of performance matrix to ensure the vision affects and is felt by our residents especially the most vulnerable. This will be based on the following:
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
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<tbody>
<tr>
<td>1.1 EYFS (ALL): % Achieving a Good Level of Development</td>
<td></td>
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<tr>
<td>1.2 EYFS (SEN = S&amp;E): % Achieving a Good Level of Development</td>
<td></td>
</tr>
<tr>
<td>1.3 KS2 (ALL): % Achieving Expected Standard (Test RWM)</td>
<td></td>
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<tr>
<td>1.4 KS2 (SEN = S&amp;E): % Achieving Expected Standard (Test RWM)</td>
<td></td>
</tr>
<tr>
<td>1.5 KS4 (ALL): Progress 8</td>
<td></td>
</tr>
<tr>
<td>1.6 KS4 (SEN = S&amp;E): Progress 8</td>
<td></td>
</tr>
<tr>
<td>1.7 Proportion ALL Primary Pupils Absent more than 10%</td>
<td></td>
</tr>
<tr>
<td>1.8 Proportion ALL Secondary Pupils Absent more than 10%</td>
<td></td>
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<tr>
<td>1.9 Proportion ALL Special Schools Pupils Absent more than 10%</td>
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<tr>
<td>2.0 Proportion of Mothers Smoking at Time of Delivery (SATOD) - %</td>
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<td>2.1 Breastfeeding at 6-8 weeks</td>
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<td>2.2 Obesity - BMI - Reception</td>
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<td>2.3 Obesity - BMI - Year 6</td>
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<tr>
<td>2.4 Immunisations - DTAP/IPV/HIB at 1 year old (%)</td>
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<tr>
<td>2.5 Immunisations - Hib/MenC booster at 2 years old (%)</td>
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<tr>
<td>2.6 Proportion of Mothers Smoking at Time of Delivery (SATOD) - %</td>
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<tr>
<td>2.7 Hospital admissions - injuries in children aged 0-14 (rate per 10,000 pop)</td>
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<tr>
<td>2.8 Admission episodes for alcohol-specific conditions - Under 18s</td>
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<tr>
<td>2.9 Teenage Conception Rate per 1000</td>
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<tr>
<td>2.10 Immunisation - MMR for 2 doses at 5 years old (%)</td>
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</tbody>
</table>
3.1 Rate of Children Looked After (CLA) per 10k pop

3.2 Rate of CPP per 10k pop

3.3 Rate of Open Early Help Episodes per 10k pop

3.4 % of LAC pupils with at least one fixed term exclusion

3.5 Proportion of CLA with Dental Checks

3.6 % of CLA Achieving a Expected Standard in Reading, Writing & Maths at KS2

3.7 % of CLA Achieving a Expected Standard in English and Maths at KS4

3.8 % Care Leavers (19-21) NEET

3.9 CLA Pledge Survey - Get enough support at School aged 5-9

4.0 Proportion of pupils with social/emotional/mental health needs

4.1 Percentage of children in Low Income Families

4.2 Percentage of 2 year old children benefitting from funded early education

4.3 % CYP with a diagnosable mental health condition receiving treatment from NHS funded community services

4.4 Proportion of pupils with social/emotional/mental health needs

4.5 Self-harm hospital admission (10-24 yr olds) - rate per 100,000 pop

4.6 Percentage of 10-17 Year Olds Offending

4.7 Youth Qualifier Antisocial Behaviour per 1k pop

4.8 CLA Pledge Survey - feel safe and cared for aged 5-9

4.9 CLA Pledge Survey - feel safe and cared for aged 10+

4.10 CLA Pledge Survey - Get enough support at School Aged 10+