

Leeds Health & Wellbeing Board

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Report to: The Leeds Health and Wellbeing Board.

Date: 4 February 2015

Subject: Children and Young People's Plan (CYPP) 2015-19

Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	X No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	X No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	X No

Summary of main issues

The outcomes, priorities and key indicators in the CYPP for 2011-15 are set out later in the report. An initial list of Challenges for the new plan is set out later.

Recommendations

The Health and Wellbeing Board is asked to:

- Comment on the 3 consultation questions that are being used in consultation across the city:
 - a) Do the current outcomes, priorities and obsessions provide the right focus for improving outcomes for children, young people, families & communities?
 - b) Do the challenges capture all the key issues facing the city in its ambition to transform outcomes and build a child friendly city?
 - c) What are the best strategies and actions to help us tackle the challenges?

(Of particular relevance to the Health and Wellbeing Board (HWB) is that consultation already carried out with partners, highlights the need to give a greater emphasis to shared priorities for improving emotional and mental health outcomes children, young people and their families)

1 Purpose of this report

- 1.1 The HWB is a key partner in the delivery of the CYPP and there are a number of outcomes, priorities and strategies that are common to both the CYPP and the Joint Health and Wellbeing Strategy. Dialogue and joint working between the key partners involved in the two plans is one of the keys to improving a range of outcomes, and reducing inequalities in outcomes.

2 Background information

- 2.1 The CYPP is part of the Council's Budget and Policy Framework and requires approval by full Council. Consultation on the 2015-19 plan ends in mid-February and the target date for final approval is April/May 2015. Once the first round of discussions with partners is complete a draft version of the plan will be circulated.

3 Main issues

- 3.1 The Health and Wellbeing Board is asked to comment on the 3 consultation questions that are being used in consultation across the city:
- a) Do the current outcomes, priorities and obsessions provide the right focus for improving outcomes for children, young people, families & communities?
 - b) Do the challenges capture all the key issues facing the city in its ambition to transform outcomes and build a child friendly city?
 - c) What are the best strategies and actions to help us tackle the challenges?
- 3.2 Members of HWB may wish to note that consultation already carried out with partners highlights the need to give a greater emphasis to shared priorities for improving emotional and mental health outcomes children, young people and their families, including commissioning issues and consideration of the impact of parental behaviour on children and young people.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

- 4.1.1 An event for partners across the city was held in mid-December and discussions have taken place with groups of children and young people and elected members. The draft plan will be subject to further consultation ASAP.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 The purpose of all the strategic and operational activity covered by the CYPP is to help all children and young people achieve their full potential. Central to this is

making sure the needs of vulnerable children, young people and families who experience inequality of opportunity or outcomes are identified and responded to at the earliest possible opportunity. The Equality impact assessment will be finalised when the final proposals for the CYPP 2015-19 are known.

4.3 Resources and value for money

4.3.1 Whilst there are no financial and resource issues arising directly from this report, the financial challenges facing the Council and partner organisations over the coming years will necessitate a transformational re-design of services for children, young people and families.

4.3.2 Over recent financial years, the Council's prioritisation of resources to support vulnerable children and families has seen improvement in all of our CYPP priorities and our 3 strategic obsessions. The financial strategy must be based on sustaining these improvements and continuing to support the priorities whilst recognising the significant financial constraints and also the changing context and role of the local authority particularly around schools and education, and the need for partners to maximise and pool resources wherever possible.

4.3.3 Looking forward, a cornerstone of the financial strategy will be to protect investment to support services around child protection and safeguarding whilst at the same time continuing to invest in preventative and early intervention services, including implementing new models for improving child and family services building on the current locality and cluster arrangements, and the current partnership working between the range of children's services partners.

4.4 Legal Implications, Access to Information and Call In

4.4.1 There are no legal implications arising directly from this report. The report is not subject to Leeds City Council call in procedures because the CYPP is part of the Council's Budget and Policy Framework.

4.5 Risk Management

4.5.1 Risks will be updated when the final proposals for the CYPP 2015-19 are known. Key issues include maintaining effective partnership working in an increasingly challenging financial context; addressing persistent inequalities in outcomes for different groups across the city.

5 Conclusions

5.1 Historically, many initiatives, both in Leeds and other places have made a positive difference to families, but too often these are pockets of success that are not spread or sustained effectively, particularly in the communities that need them the

most. Gaps in the outcomes enjoyed by these communities and the average or best outcomes for the city remain significant.

5.2 Work to improve outcomes using our existing CYPP framework has led to significant improvements which are a testimony to the strength of our partnership working. However significant, complex and stubborn challenges remain, for example, those outlined on page 6 of this report. Enhanced joint working between the Health and Well Being Board and Children's Trust Board remains a central element in tackling these challenges.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Comment on the 3 consultation questions that are being used in consultation across the city:
 - a) Do the current outcomes, priorities and obsessions provide the right focus for improving outcomes for children, young people, families & communities?
 - b) Do the challenges capture all the key issues facing the city in its ambition to transform outcomes and build a child friendly city?
 - c) What are the best strategies and actions to help us tackle the challenges?

(Of particular relevance to the HWB is that consultation already carried out with partners, highlights the need to give a greater emphasis to shared priorities for improving emotional and mental health outcomes children, young people and their families)

OUR VISION, OBSESSIONS, OUTCOMES, PRIORITIES & INDICATORS

Our vision is for Leeds to be a child friendly city. As part of this vision we will minimise the effects of child poverty.

Our vision contributes to the wider vision for Leeds- By 2030 Leeds will be locally and nationally recognised as the best city in the UK.

5 outcomes	12 priorities (3 starting points highlighted in italics)	17 Key indicators (3 "obsessions" highlighted in italics)
CYP Are safe from harm	<i>1. Help children to live in safe and supportive families</i>	<i>1. Number of Children Looked After</i>
	2. Ensure that the most vulnerable are protected	2. Number of children and young people with child protection plans
CYP Do well at all levels of learning and have the skills for life	<i>3. Improve behaviour, attendance and achievement</i>	<i>3. School attendance Primary; Secondary</i>
	<i>4. Increase numbers in employment, education or training</i>	<i>4 % of Young people NEET</i>
	5. Support children to be ready for learning	5. % with good level of development in Early Years
	6. Improve support where there are additional health needs	6. % with good achievement at the end of primary school
		7. % gaining 5 good GCSEs including English and maths
		8. Level 3 qualifications at 19.
		9. The number of CYP 16-18 who start an apprenticeship*
		10. The number of disabled children accessing short breaks & levels of satisfaction*
CYP Choose healthy lifestyles	7. Encourage activity and healthy eating	11. Obesity levels at age 11
	8. Promote sexual health	12. Free school meal uptake-primary; secondary
	9. Minimise the misuse of drugs, alcohol & tobacco	13. Teenage pregnancy
		14. Rates of under 18s alcohol related hospital admissions
CYP Have fun growing up	10. Provide play, leisure, culture and sporting opportunities	15. % of CYP who agree with the statement "I enjoy my life"
CYP Are active citizens who feel they have voice & influence	11. Reduce crime and anti-social behaviour	16. Proportion of 10-17 year olds offending
	12. Increase participation, voice and influence	17. C&YP who report influence in a) school b) the community

CHALLENGES

<p>1. Improving overall levels of educational achievement across the city, particularly literacy and numeracy. Improving readiness for learning and ensuring a best start in life for pre school children across the city. Tackling significant pockets of unauthorised and persistent absence.</p>
<p>2. Narrowing the gaps in outcomes for those children and young people vulnerable to a range of poor outcomes. eg. educational, health & employment outcomes for those from poorer families, those with special educational needs or disability, some ethnic minority groups and those living in particular areas of the city.</p>
<p>3. Tackling the impact of parental behaviour on outcomes for children, young people and their families; particularly where domestic violence, substance misuse, poor mental health and learning disability are issues. Developing innovative solutions and intensive interventions where these issues impact on children and/or adults, including work with the perpetrators of domestic violence and greater use of family group conferencing.</p>
<p>4. Developing more agile and responsive commissioning systems that deliver the right interventions effectively and quickly.</p>
<p>5. Reducing the number of 0-4 year olds entering the social care system and reducing the occurrence of repeat removals where babies taken into care are removed from families who have already had at least one child removed.</p>
<p>6. Developing sufficient school places across all phases of education and making sure that offers of free early years education are taken up in areas where this is currently not the case.</p>
<p>7. Building a restorative city where an entitlement to a family group conference rather than statutory intervention underpins the system. We are using restorative approaches working-<i>with</i> families instead of doing things <i>to</i> them or <i>for</i> them- to change attitudes, language and behaviours, to enable positive and practical decision-making and put in place safe, appropriate arrangements to support vulnerable children. This work includes the commitment to a city-wide roll-out of <i>family group conferencing</i>, which has long been recognised for its benefits to families, but has never been implemented on an area wide scale.</p>
<p>8. Developing our locality working practices to better engage families and communities in improving outcomes, and to deliver the right mix of universal, specialist and targeted services.</p>
<p>9. Strategies to maintain and develop social and emotional health and well being. Social and emotional wellbeing creates the foundations for healthy behaviours and educational attainment. It also helps prevent behavioural problems (including substance misuse) and mental health problems.</p>
<p>10. Investing in early help and intervention approaches on an invest to save basis, and estimating the medium and long term savings arising from our interventions.</p>
<p>11. Sustaining investment in priorities by the partners whilst recognising the significant financial constraints. Protecting investment in child protection and safeguarding, and continuing to invest in preventative and early intervention services, including new models for locality working.</p>