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TRAFFORD
COUNCIL

AGENDA PAPERS FOR CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE

Date: Tuesday, 15 January 2019

Time: 6.30 p.m.

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford
M32 0TH.**

A G E N D A	PART I	Pages
1. ATTENDANCES		
To note attendances, including Officers, and any apologies for absence.		
2. QUESTIONS FROM MEMBERS OF THE PUBLIC		
A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4 p.m. on the working day prior to the meeting. Questions must be relevant to items appearing on the agenda and will be submitted in the order in which they were received.		
3. DECLARATIONS OF INTEREST		
Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
4. MINUTES		
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 9 th October 2018.		1 - 8
5. CLOSING THE GAP: REDUCING EDUCATIONAL INEQUALITIES WITHIN THE BOROUGH OF TRAFFORD		
To consider a report of the Director of Education, Standards, Performance and Quality Assurance.		9 - 16

6. OUT OF BOROUGH PLACEMENTS FOR LOOKED AFTER CHILDREN

To consider a report and presentation of the Acting Director of Safeguarding. 17 - 32

7. COMMISSIONING INTENTIONS FOR CHILDREN

To consider a report of the Director of All Age Commissioning (Trafford Council) and Director of Commissioning (Trafford CCG). 33 - 40

8. OVERVIEW OF FAMILY INFORMATION SERVICE

To consider a report of the Early Years Manager. To Follow

9. URGENT BUSINESS (IF ANY)

Any other item or items which, by reason of special circumstances (to be specified), the Chair of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

JIM TAYLOR

Interim Chief Executive

Membership of the Committee

Councillors D. Western (Chair), Miss L. Blackburn (Vice-Chair), T. Carey, J. Coupe, J. Dillon, J. Holden, D. Jerrome, A. New, J.R. Reilly, G. Whitham, A.M. Whyte, D. Acton (ex-Officio), R. Chilton (ex-Officio), Goodstadt and Khan.

Further Information

For help, advice and information about this meeting please contact:

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Agenda Item 4

CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE

9 OCTOBER 2018

PRESENT

Councillors Miss L. Blackburn (Vice-Chair), J. Dillon, J. Holden, D. Jerrome, A. New, G. Whitham, A.M. Whyte, D. Acton (ex-Officio) and Councillor D. Western (in the Chair).

Mrs S. Khan (Co-opted Member)

In attendance

Cathy Rooney	Acting Corporate Director for Children and Families
Karen Samples	Director Education Standards, Quality and Performance
Glynis Williams	Acting Director of Safeguarding
Helen Gollins	Consultant in Public Health
Sara Barnes	Healthy Young Minds Directorate Manager
Prathiba Chitsabesan	Healthy Young Minds Clinical Director
Peter Forrester	Head of Governance
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from Councillors T. Carey, J. Coupe, J.R. Reilly, and R. Chilton. Apologies were also received from P. Goodstadt (Co-Opted Member).

7. MINUTES

RESOLVED: That the minutes of the meeting held 10 July 2018 be agreed as an accurate record and signed by the Chair.

8. DECLARATIONS OF INTEREST

No additional declarations of interest were made.

9. CHILD PROTECTION PLANS

The Acting Director of Safeguarding went through the presentation that had been circulated with the agenda. The first slide showed that Trafford had 250 (+/- 4%) Child Protection Plans (CPPs) on average. There had been a sharp increase in CPPs during August which had seen the number rise to 275, they had since returned to standard levels. The Committee were told that 6.5% of CPPs had been running for over 2 years which was higher than the national average and the Council's statistical neighbours.

The Acting Director then described the main aims of the service going forward. There was a focus upon increasing the number of early interventions and helping children to step down into lower level support as quickly as possible. She told the

Children and Young People's Scrutiny Committee
9 October 2018

Committee it was also important that the structure of the service enabled quick decision making to ensure at risk children were moved into care with minimal disruption. Finally, whilst the statutory services needed to be accessible to protect children this had to be balanced so they were only used when necessary.

The Acting Director of Safeguarding told the Committee of the Council's move towards a restorative approach to child protection. A number of improvements had already been made as part of the adoption of this approach. These included a change in the environment in which Child Protection Conferences were held which made them less intimidating for families. There had also been changes in the documentation used in child protection cases so that they were easier to understand and made the Council's expectations clearer.

Another change was the way Independent Reviewing Officers (IROs) looked at cases. Previously IROs had reviewed cases in isolation. Within the new approach they looked at the whole history of the child and their family. When there was recurrence the IRO would look at previous solutions and see whether that support had been removed. The team would then use this data to help monitor the efficacy of commissioned services. The team were also looking at Cheshire East Council's CPP processes as they had a 30% lower re-plan rate than Trafford.

A Member of the Committee welcomed the changes that had been made and the adoption of the restorative approach. The Member then asked why this approach had not been adopted earlier. The Acting Director of Safeguarding told the Committee that the Council had used aspects of this approach before but it had required a shift in perspective to enable the approach to be fully implemented. Previously the system had been the driver of the service whereas the restorative approach was more human centred.

The service now looked at the whole family and worked with them to build resilience through training and developing the family unit. This was in stark contrast to old system which had been paternalistic with officers trying to do as much as they could for vulnerable people rather than teaching them how to do things themselves. The Acting Corporate Director of Children's Services added that Trafford had a track record of being very over protective and the new approach was more appropriate given that the Council were only involved with the majority of families for a short period of time.

A Member asked how the performance data was collected and whether the Committee could see it. The Acting Director of Safeguarding responded that they could provide the data outside of the meeting or at a later meeting of the Committee. The Acting Corporate Director for Children's services said that it would be best to provide an update at the meeting in March in order to allow the changes to bed in.

RESOLVED:

- 1) That the report be noted by the Committee
- 2) That the Committee receive a further update March 2019.

10. HEALTHY YOUNG MINDS

The Healthy Young Minds Clinical Director went through the report which had been submitted to the Committee and highlighted the areas that had changed since the last update to the Health Scrutiny Committee in March 2018. A number of appointments had been made which had increased the team's capacity. The main difficulties for the team were the continued high level of demand and the need to make further appointments. There had been a delay in releasing some of the services annual funding. When a Member of the Committee asked why this funding had not been released they were told that the issue related to the provider who was to receive the funds. The Healthy Young Minds Directorate Manager added that releasing the funds was to be discussed at a meeting on the 15th October.

Another Committee Member enquired why the rate of accepted referrals had increased by 48%. The Healthy Young Minds Clinical Director explained that because the service now followed the Thrive model they had a lower threshold for referral acceptance as they signposted people to services which provided lower level support. This had negatively affected the services statistics as they were involved with a wider range of cases. The service had 10 pathways in total with the earliest point of each pathway being where voluntary services provided low level support. The Thrive model was also being adopted at a Greater Manchester level with funding and support being provided for the early stages of the pathways.

The Healthy Young Minds Directorate Manager noted that the Thrive model had a similar ethos to the restorative approach being used in the Child Protection Plan service. The service was moving towards a resilience building approach working with schools and other services in order to help children to cope with mental health issues. Healthy Young Minds would continue to provide support to children who were in crisis but would also increase the ability of the wider system to deal with children at lower levels to reduce the numbers of children in crisis. The service was also looking at the wider determinants of mental health such as the role a child's environment played in their wellbeing.

The Vice Chair asked what the staffing structure of the service was. The Healthy Young Minds Directorate Manager went through the structure of the team and explained that there was a focus on recruiting younger staff as they had an ageing workforce. The group then discussed issues relating to the retention of staff, the level of staff turnover, and the impact that this had upon children receiving support. It was hoped that these issues would be tackled, in part, through the reduction of peoples' dependence on the service so changes in staff would not have such a large impact.

The Committee asked how referrals were made and how suitable treatment was decided upon. The Healthy Young Minds Directorate Manager said that GPs were the main source of referrals into the service and the referrals received varied in the level of information provided. In order to decide upon treatment they looked at a child's level of need, their ability to function, their age, and their circumstances. Once the service understood a child's situation they implemented support which was best suited to meet that child's needs. The team often got 'push back' from

children's parents as they did not feel they were getting high enough level support or that the Council were not dealing with the child when, in actuality, they were but through a commissioned service. The Healthy Young Minds Clinical Director concluded by informing the Committee that the service had conducted GP direct training on referrals. Despite this they believed it would take a while before GPs understood the new structure of service and understood which was the right part of the service to send their referrals to.

RESOLVED: That the update be noted by the Committee.

11. SEN ATTAINMENT

The Director of Education Standards, Quality, and Performance went through the presentation that had been distributed in advance of the meeting. The Committee were informed that the data for key stage 4 was missing as it had not yet been received. They were assured that this was standard procedure as the data was received initially by schools and then sent to the Council. The key stage 2 data was yet to be verified but all information presented was accurate as it could be.

The Committee were told that the early years' assessments were carried out by teachers and all were reporting a good level of attainment. Early years assessments were measured in a number of areas and if a child did not achieve a good level of attainment they were listed as emerging. In Trafford whilst the attainment of children with Special Educational Needs and Disabilities (SEND) was lower than the national average, the current year had seen a marked improvement compared to the previous cohort. The phonics results showed that by the age they took those assessments SEND children had closed the gap on the national average but they were still not at the same level of attainment as mainstream children.

A member of the Committee asked why Trafford had fallen behind in SEND pupil attainment given that the rest of Trafford Children performed better than the national average. The Director of Education Standards, Quality, and Performance responded that it was difficult to say why SEND children were underperforming at this level as they were being assessed by teachers. Trafford offered mediation training to schools in an attempt to increase consistency in assessment across the borough. Trafford also offered support to schools in helping SEND children to develop and thrive. A deep dive exercise to look into the performance was planned for later on in the year, after the results had been confirmed.

The team were also looking at other local authorities which had better records of SEND attainment to see if there was anything that could be learned from them. The Director of Education Standards, Quality, and Performance stated that whilst educational underperformance was an indicator of an issue SEND children were also lagging behind health and social areas. In light of this, Trafford had decided to take a holistic approach to improve all outcomes for SEND children instead of focusing only upon education.

A Member of the Committee requested that the report following the deep dive exercise be brought to the Committee once completed. The Director of Education

Children and Young People's Scrutiny Committee
9 October 2018

Standards, Quality, and Performance agreed to bring the report to a later meeting of the Committee.

The Chair asked whether children turned up under prepared for the start of the school year. The Director of Education Standards, Quality, and Performance responded that the service was looking at trends of school preparedness across areas so that they could focus support where it was needed.

The Vice Chair asked how many children had not been included within the stats as they had been dissatisfied. The Director of Education Standards, Quality, and Performance did not have the figures to hand but said that she would send through the figures to the Committee outside of the meeting.

The Key stage one statistics were broken down by reading, writing, maths and a combination of those three scores. The data showed a varied picture for SEND pupils with them out performing the national average in some areas and falling below the national average in others. The Committee were told that following the Rochford review the way the way that the P scales were measured was to change (The P Scale was the measurement of performance for children who are below standard level of attainments).

A Committee Member asked whether the reason for the improvement in attainment compared with previous years was known. The Director of Education Standards, Quality, and Performance stated that, whilst it could not be known for certain, it was believed that the improvements were due to teachers and schools getting used to the new curriculum and tests. The Council had also been focused upon improving the development of SEND pupils.

The Chair asked whether teachers were identifying children with SEND sooner. The Director of Education Standards, Quality, and Performance did feel that teachers were becoming better at identifying SEND children at an earlier age, which was in part due to the increased focus upon early identification of SEND children within the Borough. The Council had put a lot of resources to integrate with schools through SENCO officers and the quality of assessment of children had improved greatly over time.

By Key stage 2, SEND children were performing above the national average in all areas apart from statemented children for reading. The Director of Education Standards, Quality, and Performance commented that it was presumed this underperformance was due to the format of the assessment. This was because the reading assessment was a long test, especially with extended time for SEND children, which could be tiring for children. The Committee were told that children were also evaluated upon their level of progress and all SEND children in Trafford were making better progress than the national average across the board.

RESOLVED:

- 1) That the update be noted.
- 2) That a report on the underperformance of SEND children during early years be brought to the committee once completed.

- 3) That the Committee be supplied with details of the number of children dissatisfied from the statistics outside of the meeting.

12. ACTIVITY AND FACILITIES WITHIN TRAFFORD

The Consultant in Public Health went through the presentation that had been distributed with the agenda. The presentation contained statistics of key demographics of children and young people within Trafford. The statistics predicted that Trafford would have a large increase in the number of teenagers by 2031 which would present a number of challenges as that was an age group which required a larger amount of help and support.

The Consultant in Public Health showed a list of all the indicators for comparing Trafford's health to other areas nationally. The majority of the indicators were green or amber which showed that Trafford was either in line with or better than the National average. The Committee were warned that whilst Trafford may be performing well against the national average as a whole there were large inequalities in the area which masked some very poor health outcomes for residents. For example children in the most deprived areas of the borough were twice as likely to be obese as children in the most affluent areas. The Consultant in Public Health added that performing at national levels for some indicators was not very positive as the UK had some of the worst outcomes in Europe.

The main areas of concern for Trafford were the number of children in care, mental health among young men, and alcohol abuse. Hospital admissions for babies and early years were above the national average and continuing to rise. The Consultant in Public health told the Committee that they were unaware of why these admissions were increasing. There were also early year issues around dental health and tooth decay. There had been a slight increase in the number of child deaths in 2013 which had a large impact on the data and made it look as though this had increased a lot.

School aged children and young people in the borough had low levels of physical activity and the Trafford Sports and Physical activity partnership were attempting to tackle this issue through a range of initiatives. There were a number of activities available within Trafford through leisure trusts and volunteer organisations all of which were listed upon the Trafford Family Information service website.

Following the presentation the Committee were given the opportunity to ask questions. A Co-Opted Member asked what the regulations were surrounding Shisha bars in the area. The Consultant in Public Health responded that she was not aware of the regulations but that they would contact regulatory services and pass on their response.

The Committee then asked several other questions covering a number areas including; the cost of activities, best practice in increasing activity, dental issues, social prescribing, and walking to school initiatives. The Consultant in Public Health provided the Committee with detailed responses to their questions and the Committee were satisfied by the answers received.

Children and Young People's Scrutiny Committee
9 October 2018

RESOLVED:

- 1) That the update be noted by the Committee.
- 2) That the Consultant in Public Health is to provide the Committee with information relating to Shisha Bar regulation in Trafford.

13. COMMITTEE WORK PROGRAMME

The Chair updated the Committee on the progress of the SEND task and finish group. Two meetings had been held and the group had requested and received information from the Acting Corporate Director for Children and Families and the Director of Education Standards, Quality, and Performance. The second meeting had been held on the 2 October and there were a number of actions outstanding for both Members and Officers. The Group planned to arrange their third meeting prior to the next meeting of the Committee.

The Chair then reminded the Committee that a follow up was required on the recommendations of the Closing the Gap report conducted by the Scrutiny Committee in 2016/17. The Chair requested that this be added as the Education item for the next meeting in January 2019. A Member of the Committee requested that early years and school readiness be added to the work programme. Another Member of the Committee requested that an update focused around childhood obesity be added to the work programme; as childhood obesity was an issue within the borough and the Member was aware of good examples across the country which the Council could look to replicate.

The Acting Corporate Director for Children and Families suggested that the Social Care item at the next meeting be out of borough placements as there had been a lot of interest expressed in this area and it represented a significant area of spend for the Council. They also suggested that the health item for the next meeting could be to look at the Joint Commissioning Units Commissioning Intentions for Children. Finally the Acting Corporate Director for Children and Families suggested that the partnership item be the Family Information Service as they enabled residents to access all services within the borough and had contact with all providers in the area.

Following discussions about the items suggested the Committee agreed that all the suggestions be added to the work programme for the year.

RESOLVED: That all the topics put forward by Committee Members and Officers be added to the 2018/19 Work Programme.

The meeting commenced at 6.30 pm and finished at 8.12 pm

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TRAFFORD COUNCIL

Report to: Children and Young People's Scrutiny Committee
Date: January 2019
Report for: Information
Report of: Director of Education, Standards, Performance and Quality Assurance

Report Title

Closing the Gap: Reducing Educational Inequalities within the Borough of Trafford

Purpose

Following a meeting with the Chairman and Vice-Chairman of the Scrutiny Committee in July 2015, the Acting Corporate Director, Children, Families and Wellbeing produced a report outlining the proposed education topics for Scrutiny Members to investigate. This report was brought to the Scrutiny Committee on 1 October 2015, and as a result it was agreed that a Task and Finish Group be formed to investigate educational inequalities within Trafford, and how these could be reduced.

The review's aim was to determine where and why these educational inequalities exist and which strategies can be implemented to improve this, and in turn, 'Close the Gap'.

Further to the Children and Young People's Scrutiny Committee Work Plan, a Closing the Gap follow-up report has been requested.

1. Background

Trafford Council, as Champion for the Learner, is committed to giving all of the children and young people in our schools and settings the best possible start in life, especially those most vulnerable and disadvantaged. Our vision in Education is want every child and young person to attend a good or outstanding school or setting, achieve well—whatever their starting point or circumstance and go on to positive destinations as young adults.

This paper identifies all the actions being taken across Children and Young People's services, in partnership with early years settings and schools, to improve outcomes for vulnerable learners. These are the children and young people who are vulnerable to poorer outcomes because of the barriers presented by disadvantage, poverty, learning difficulties and the social and emotional difficulties they have faced in their childhood and adolescence. Our education and children's services have a responsibility to ensure they achieve more success and experience the positive outcomes we want for all children and young people, irrespective of background.

We recognise that the circumstances of a child's birth and the family's social and economic conditions determine more than ever a child's success in the education system and beyond. The school system and our other services cannot solve this lack of social mobility on their own, but they can contribute to improving the life chances for vulnerable children and young

people.

A key national policy has been the introduction of the Pupil Premium funding, with the expectation that this will be used to raise the attainment of pupils eligible for free school meals and thereby close the achievement gaps between these pupils and their peers.

Role of the School / Setting

Every individual child has unique and different needs and in order to fulfil their potential it is the role of the school to be ambitious for all their children and to ensure that all children have the opportunity to enjoy, achieve and live independently. To do this, it is sometimes necessary to actively remove barriers to learning and achieving so that children make accelerated progress to achieve their real potential, not just keep up with their peers.

Role of the Local Authority

The Local Authority has a role to champion all learners by supporting and challenging schools by holding them to account for improving outcomes for all learners and closing the gap between the outcomes for disadvantaged learners and their peers. The local authority's role in holding schools to account in terms of the quality of provision has changed and we must therefore evolve and adapt to meet the needs of a more autonomous education system, whilst still ensuring that the needs of all children and young people are met.

This paper sets out what we have achieved to date and the priorities going forward. It also identifies examples of good practice and the most effective strategies that are having some impact in narrowing the achievement gaps and promoting greater social mobility.

2. Outcomes for Trafford disadvantaged pupils

A. Early Years Performance

All Pupils		(& YoY* vs Self)					
Estab. Name	Indicator	2014	2015	2016	2017	2018	Trend
Emerging National	Good Level of Development ²	60.4%	66.3%	69.3%	70.7%	71.5%	
	Average Total Point Score	33.8	34.3	34.4	34.5	34.6	
Trafford	Good Level of Development ²	68.60%	73.50%	73.80%	73.00%	75.30%	
	Average Total Point Score	36.9	37.4	37.1	36.9	37.0	

Trend data for Trafford demonstrates continued high performance in the overall outcomes at the end of EYFS with attainment at its highest ever in 2018 and above the national percentage.

This places Trafford above national and top in the North West.

2018 EYFS %	Boys	Girls	FSM	SEND	EAL	PP
Trafford	69 (+3pp)	82 (+2pp)	50 (+2pp)	18	73 (+5pp)	50 (+2pp)
England	65	78	57	24	66	56
North West	62	76	54	21	61	54

There has been an improvement in outcomes for all groups in 2018, most significantly for EAL children.

However, the performance of FSM pupils remains below both the National and North West data for these groups.

Trafford Early Years Priorities

Priority	Impact	Next steps
<p>Improve outcomes by ensuring systems are more effective and integrated with a needs led approach</p>	<ul style="list-style-type: none"> • Starting Strong Pathway is live based on a universal plus/partnership plus offer • Autism and Social Communication pathway re-designed with training offer • Phased implementation of SLT pathway • Schools and settings have access to a system to enable them to carry out their own eligibility checks for EYPP • 86% of children achieved the ELG for C&L 	<ul style="list-style-type: none"> • Health visiting review underway to include the establishment of Early Help delivery and links with the wider offer. • Specific place-based action plans to target localities where need is greatest (Partington and North Localities) based on integrated working • Teaching School commissioned to develop a transition programme between settings and schools • PP network launched for schools aimed at targeted support for RAG rated settings and network for sharing good practice • Parenting offer to be mapped out to support earlier identification of mental health needs
<p>Secure sufficient, good quality early education and childcare places to meet families' needs</p>	<ul style="list-style-type: none"> • High percentage of good and outstanding settings • Increase in the number of graduate leaders • Comprehensive workforce development programme accessed by over 500 practitioners 	<ul style="list-style-type: none"> • Continued review of training programme to support systemic change

Improve outcomes for SEND children	<ul style="list-style-type: none"> Trafford Autism and Social Communication pathway re-designed to formalise links with early help provision Speech and Language pathway reviewed 35% of PVI settings trained in Wellcomm with vast majority within the North Locality 90 practitioners accessed Social and Emotional Learning and Development offer 	<ul style="list-style-type: none"> EP Service co-delivering SENCO training with SENAS on developing person-centred approaches. Early Years SEND Graduated Approach Workshop for all stakeholders to influence and shape the approach based on findings from previous work streams and views of partners
Ensure children meet their milestones for Physical Development		<ul style="list-style-type: none"> EYFS consultant commissioned to attend GM PD pathway task and finish group

B. Key Stage 2 Performance

ALL PUPILS	Indicator	Cohort Values (& YoY* vs Self)				Trend
		2018	2016	2017	2018	
NCER National	Reading ≥ Exp. Std.	613,133	65.7%	71.5% +5.8% pts	75.3% +3.8% pts	
	Writing TA ≥ EXS	613,279	74.0%	76.3% +2.3% pts	78.3% +2.0% pts	
	Maths ≥ Exp. Std.	613,013	69.7%	74.9% +5.1% pts	75.6% +0.7% pts	
	RWM ≥ Exp. Std.	612,499	53.2%	61.1% +7.9% pts	64.4% +3.3% pts	
Trafford	Reading ≥ Exp. Std.	2,934	76.3%	80.3% +4.0% pts	83.9% +3.7% pts	
	Writing TA ≥ EXS	2,934	78.2%	81.4% +3.3% pts	85.0% +3.6% pts	
	Maths ≥ Exp. Std.	2,934	80.7%	82.6% +1.9% pts	82.9% +0.2% pts	
	RWM ≥ Exp. Std.	2,934	63.4%	69.8% +6.4% pts	75.3% +5.5% pts	

2018 KS2 %	Boys	Girls	FSM	SEND	EAL	PP
Reading EXS	81	87	68	45	85	71
Writing EXS	80	90	68	40	88	72
Maths EXS	82	84	67	42	86	70

RWM EXS	72	79	54	25	80	59
Standards for all groups remain above national expectation.						
Reading GD	31	43	19	10	34	22
Writing GD	18	33	9	3	28	12
Maths GD	36	35	15	7	44	16
RWM GD	12	20	3	1	18	5
Again, standards for all groups remain above national expectations at greater depth except FSM for RWM combined.						

KS1 to 2 Progress

	READING				WRITING				MATHS			
	Cover %	% Prog. Score ≥ 0	Avg. Prog. Score	Conf. Int.	Cover %	% Prog. Score ≥ 0	Avg. Prog. Score	Conf. Int.	Cover %	% Prog. Score ≥ 0	Avg. Prog. Score	Conf. Int.
NCER National (all schools)	92.4%	51.7%	+0.0	± 0.0	93.0%	53.4%	+0.0	± 0.0	92.3%	50.7%	+0.0	± 0.0
DfE Region - North West	93.6%	53.5%	+0.3	± 0.0	94.2%	54.0%	+0.1	± 0.0	93.6%	53.2%	+0.4	± 0.0
LA (state-funded schools)	94.8%	60.1%	+1.1	± 0.2	95.0%	57.0%	+0.6	± 0.2	94.7%	61.5%	+1.3	± 0.2

The progress of pupils in Trafford has improved this year and remains well above both the National and North West data.

C. Key Stage 4 Performance

	Average Progress 8 score per pupil	Average Attainment 8 score per pupil	% of pupils achieving G5+ English & Maths
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	2016	2017	2018*		2016	2017	2018*		2016	2017	2018*	
National	-0.03	0	0		50	44.6	44.3	↓		39.6	39.9	↑
Trafford	0.05	0.16	0.22	↑	56.7	55.6	56.6	↑		62.7	63.5	↑
Disadvantaged	-0.45	-0.55	-0.23		43.5	39.8	42.5			32.1	33.5	
Other	0.18	0.35	0.33		59.8	59.6	59.8			70.5	70.4	
Female	0.17	0.36	0.40		58.7	58.3	58.5			66.0	64.9	
Male	-0.07	-0.04	0.06		54.8	52.9	54.8			59.5	62.2	
Low	-0.3	-0.32	-0.23		26.5	20.6	22.0			2.5	2.8	
Middle	0	0.01	0.14		49.8	41.8	43.1			26.8	30.1	
High	0.16	0.3	0.33		63.5	66.3	67.1			81.3	87.3	
SEN support	-0.19	-0.32	-0.21		44.1	39.3	41.2			31.3	35.1	
EHC/Stmt	-1.11	-1.22	-0.86		18.5	17.1	17.8			7.0	7.4	
No SEN	0.14	0.3	0.33		60.1	59.7	60.3			69.5	69.6	
EAL	0.43	0.42	0.66		57.6	55.8	57.2			60.1	61.7	
WBR	0.01	0.09	0.12		56.1	54.6	55.4			61.3	61.8	

The 2018 data shows that all groups achieve at or in most cases above the National equivalent group (meaning the gap to the National comparator group is less than the National gap). Trafford has seen a significant improvement in the outcomes for disadvantaged pupils this year with the gap to National other now significantly below the National gap.

The context of the secondary school sector within Trafford is significant to outcomes data as reflected below

Grammar Schools	Cohort	%	Average Progress 8 score per pupil	Average Attainment 8 score per pupil	% of pupils achieving G5+ English & Maths
All	1131	39.7	0.67	73.4	97.0
Disadvantaged	60	5.3	0.68	72.3	95.0
Other	1071	94.7	0.67	73.4	97.1
High Schools	Cohort	%	Average Progress 8 score per pupil	Average Attainment 8 score per pupil	% of pupils achieving G5+ English & Maths
All	1653	58.0	0.03	47.3	43.2
Disadvantaged	446	27.0	-0.21	41.0	27.4
Other	1207	73.0	0.11	49.6	49.0
Special Schools	Cohort	%	Average Progress 8 score per pupil	Average Attainment 8 score per pupil	% of pupils achieving G5+ English & Maths
All	61	2.1	-1.92	1.0	0
Disadvantaged	25	41.0	-2.27	1.7	0
Other	36	59.0	-1.66	0.6	0

This shows the uneven distribution of the disadvantage cohort across the schools and that when disadvantaged pupils are able to access the grammar schools their outcomes are in line with their 'other' peers.

The distribution of the disadvantaged pupils across the schools along with the addition of the single sex schools means the issues are very different in each establishment. The focus in each school has been the careful identification of the targeted cohort and in many cases this varies through the school years.

Priority	Impact	Next Steps
Improve outcomes for disadvantaged pupils at all key stages through: <ul style="list-style-type: none"> ➤ RAG rating of schools according to outcomes for disadvantaged pupils ➤ Focused discussion at annual QA meetings with focus on impact of PP spending ➤ Focused project work for identified secondary schools ➤ Support accessed through teaching schools 	<ul style="list-style-type: none"> • Standards for Pupil Premium children have risen at all key stages from 2017 and the gap against national has reduced to 11.6pp by the end of KS2, narrower than the national gap and to 7.8pp at KS4. • The 5 targeted secondary schools received PP Reviewer training and informal reviews took place. • Tighter plans and accountability evident in all schools • Focus on metacognition at KS3/4 contributed to improved outcomes. 	<ul style="list-style-type: none"> • Pupil Premium Network launch event which showcased work from both primary and secondary schools. • Targeted PP reviews for underperforming schools by LA officers • Network for sharing good practice facilitated by LA • Establish links between high and lower performing schools to monitor impact of PP spending. • Use of Governors' forum to ensure effective challenge
Targeted school improvement support for vulnerable schools to ensure swift and prompt intervention and rapid improvement in standards <ul style="list-style-type: none"> ➤ Brokered support through teaching schools ➤ School reviews led by NLEs and LA officers 	<ul style="list-style-type: none"> • All schools judged less than good show improvement in standards in all measures • Vulnerable schools attend monitoring meetings with LA officers to report school improvement with regular data checks 	<ul style="list-style-type: none"> • Early intervention provided by schools judged as vulnerable to securing good at the next inspection • Comprehensive CPD programme in place as provided by Trafford Teaching School Alliance

3. Bringing Schools Together to Share Good Practice

When it comes to closing the attainment gap, there is evidence of good practice happening within the Borough and work has taken place to create the circumstances where this good practice can be shared:

- A Trafford Pupil Premium Network Launch for all schools took place in October with the regional Ofsted HMI presenting as a keynote speaker. Trafford outcomes were shared and King's Road Primary and Stretford High School shared examples of effective practice which had improved outcomes for their disadvantaged pupils. This launch will be followed up at school senior leadership conferences in the new year, to maintain the focus on improving outcomes.

- Five of our secondary schools continued to work in partnership on a Metacognition Project. Metacognition and self-regulation approaches aim to help pupils think about their own learning more explicitly, often by teaching them specific strategies for planning, monitoring and evaluating their learning. These approaches have consistently high levels of impact, with pupils making an average of seven months additional progress. The work has also been shared at GM meetings amongst other local authorities.
- Two of our secondary schools are part of The Greater Manchester Education and Employability Board's pilot project named 'Reaching out to all learners'. This is an initiative to raise attainment amongst disadvantaged students through establishing trios of schools to support efforts to improve attainment amongst their disadvantaged students through a peer review. This will lead to action research and joint practice development aimed at finding more effective ways of working and schools will be asked to plan and lead initiatives for widening the impact of the initiative amongst schools across the city region.

TRAFFORD COUNCIL

Report to: Children and Young People's Scrutiny Committee
Date: 15th January 2019
Report author: Glynis Williams – Acting Director of Safeguarding

Report Title

Out of Borough Placements for Looked After Children: the costs associated with these, and work undertaken to place these children in internal Trafford provision.

Purpose of Report

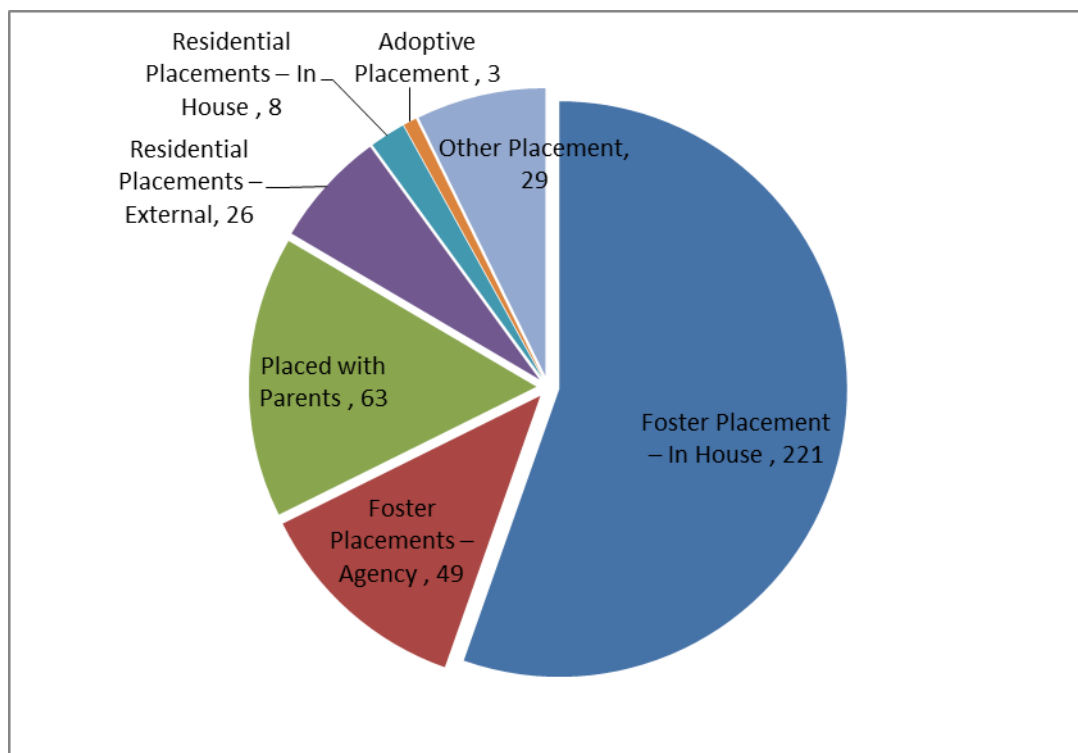
To provide updated information on the strategy to manage current placement sufficiency and spending on external residential and foster care placements. This includes the work undertaken to track these placements and increase in house capacity.

1. Introduction

At the end of September 2018 there were 399 Looked After Children in the care of Trafford Council. This updated report focuses on those children who are placed in external provision with independent agency foster carers or in external residential provision.

2. Profile of Provision

2.1 The following graph illustrates the range of placement provision for Looked After Children at the end of September 2018. The children included in adoptive placements are still looked after as the adoption order had not yet been granted.



2.2 Our aim is to place children in local, family based care to enable them to maintain links with friends and family and achieve continuity of educational provision, community engagement and a sense of identity. Of the 221 children in Trafford foster care placements there were 121 children with general foster carers and 100 with Connected Person Foster Carers. We are approaching our target of having 124 children placed with in house foster carers by the end of 18/19. Our target was to reduce the number of children with Connected Person Foster Carers to 71 by the end of 2018/9 through the increased use of Special Guardianship Orders. Although there has been a significant increase in the number of SGO's made, we have been unable to reduce admissions to care which accounts for the high numbers with Connected Person carers, however some of these cases are still in court proceedings with a final permanence plan of an SGO and we now have a robust and systematic process of reviewing all cases at an SGO panel to drive conversions.

3.0 Placement Sufficiency

3.1 To ensure Trafford has appropriate accommodation that meets the needs of children in care in family based care, it is vital that we limit the number of placement moves a young person experiences. Identifying the right placement in the right place at the right time, is essential for improving stability and better outcomes. Good matching of children to placements depends on having good placement choice.

3.2 To increase fostering in-house provision we have:

- Increased Trafford fostering allowances in line with regional rates
- Introduced a flexible and responsive Fostering Plus scheme to provide short breaks for our foster carers and for children on the edge of care
- Developed a plan to introduce a Specialist Fostering scheme with a high support therapeutic approach to caring for children with complex emotional presentations who may otherwise be placed in residential care
- Refreshed our fostering recruitment materials and further developed our social media presence
- Extended our Refer a Friend scheme to reward all employees as well as foster carers for recommending a friend to foster
- Sought Fostering Friendly Status for the Council to encourage employees to combine work and fostering
- Targeted support to increase foster carer resilience and placement stability
- Enhanced the network of support available to carers by continuing to develop our mentoring support and dedicating a Family Focus resource for foster carers
- Implemented our new procedure for providing financial support to experienced foster carers to extend their accommodation to increase their capacity to provide placements

3.3 The following actions have been taken to re-fresh our placement sufficiency strategy:

- Placement Panel has become more effective in reviewing and tracking all children who are in external provision. A separate Panel is now in place to review all 16 plus provision. This panel scrutinises the purpose of the external provision through discussion with the social worker for the child and the exit plan where possible to step down to family based care and in house provision where appropriate.
- There are monthly placement savings with service managers and the children's finance team to review high cost placements to drive plans to move the children to in house provision which is closer to home and where we can monitor the arrangements more effectively .
- We have a monthly Placement Sufficiency Board with key stakeholders chaired by the Acting Director of Safeguarding. We strategically review all performance data across our provision. This is the first time we have been able to review all the data in each type of provision in one place. We ensure we are maximising usage and anticipating where we see shortfall. It is critical that drift and delay is avoided at all costs in transition planning for children and young people.

- The refreshed SGO policy is now re-issued and offers comparable support for carers. In particular the support plan has been commended by the Courts.
- We have also published our new procedure on providing financial support to allow existing foster carers to extend their property.

3.4 Trafford is continuing to develop and implement a recruitment strategy in order to increase the amount of carers we have. We are also working across the 10 GM Local authority footprint and now have in place an agreement whereby we can buy and sell children's homes beds. This can mean less reliance on the external private market. This is in its early days and Trafford are yet to purchase or sell any beds.

3.5 A GM Commissioning Group has recently been established, setting 5 priority areas for the region:

- Returning fostering services to growth
- Improving the effectiveness and value for money of placement finding / brokerage systems.
- Securing residential capacity which is financially sustainable and meets needs
- Achieve a reduction in the use of high cost placements which do not effectively meet needs (Trafford is leading this priority)
- Addressing the impact of high numbers of inward placements.

3.6 Noteworthy successes to date are the findings of a GM benchmarking exercise to compare weekly residential fees. The data demonstrated that Trafford was paying the indicative cost as per the new contract or below that figure on all but one occasion. We have since discussed the cost with the provider and confirmed that the level of service offered to our young person does represent value for money and our young person is progressing well.

3.7 Trafford recently hosted a 'Complex Placements Forum' on behalf of GM, whereby referrals for complex young people were sent to IFAs and if they had a potential match, they were invited in to meet with key social care professionals & current support staff for the young person. Trafford received an offer and following an extremely positive meeting, the young people (2 siblings) are due to move in with the carers in early January 19.

4.0 Savings achieved and forecasted

The table below outlines the savings achieved and forecast for 2018/19. This is a difficult area to forecast as the expected savings depend on the ongoing stability of the step down placements. Careful assessments are undertaken before any child moves placement and children stepping down from residential care have particularly intensive support plans to maintain stability. Every move presents risks particularly with regards to supporting children with attachment difficulties who are likely to find moves and changes of carer particularly complex and challenging.

There are some contingencies built into our financial planning but there is a risk that expected savings will not be achieved if we need to place a child in a high cost external placement due to their level of assessed need.

Description	Total savings to be achieved 2018/19 £	Savings achieved to date £	Savings still to be achieved £	Total Forecast to be achieved £
Continuation of 17/18 Programme	900,000	1,067,747	0	1,067,747

5.0 Further development work for 2019/20

5.1 Trafford has secured DfE innovation funding alongside other Local Authorities in Greater Manchester. The project is called No Wrong Door. The project is focused on improving outcomes for vulnerable adolescents on the edge of care. It will also provide better support for placement stability including in family based settings.

As part of the project we will re-align and strengthen some of our existing services; Family Focus team, our small team of Fostering Plus carers, and existing Childrens Home provision.

Elements of the No Wrong Door approach:

- No child is 'unfosterable'
- Creating capacity in the system to manage a crisis and reduce an 'incident driven' response that often leads to long term placement consequences for a young person.

This is a major piece of organisational change and a culture shift for staff. We will also benefit from support from GM colleagues who will be implementing this at the same time.

5.2 We are also widening our 'in house offer' for young people in need of accommodation over 16. This will allow young people to be closer to home and we will be able to monitor the arrangements closer. The 5 bed supported accommodation commission will be in place for April 2019. We are also underway in building an additional 5th flat to Forest Court.



TRAFFORD
COUNCIL



Page 21

Out of Borough Placements for Looked After Children



Current Profile of Placements

At the end of September 2018 we had 399 Looked After Children.

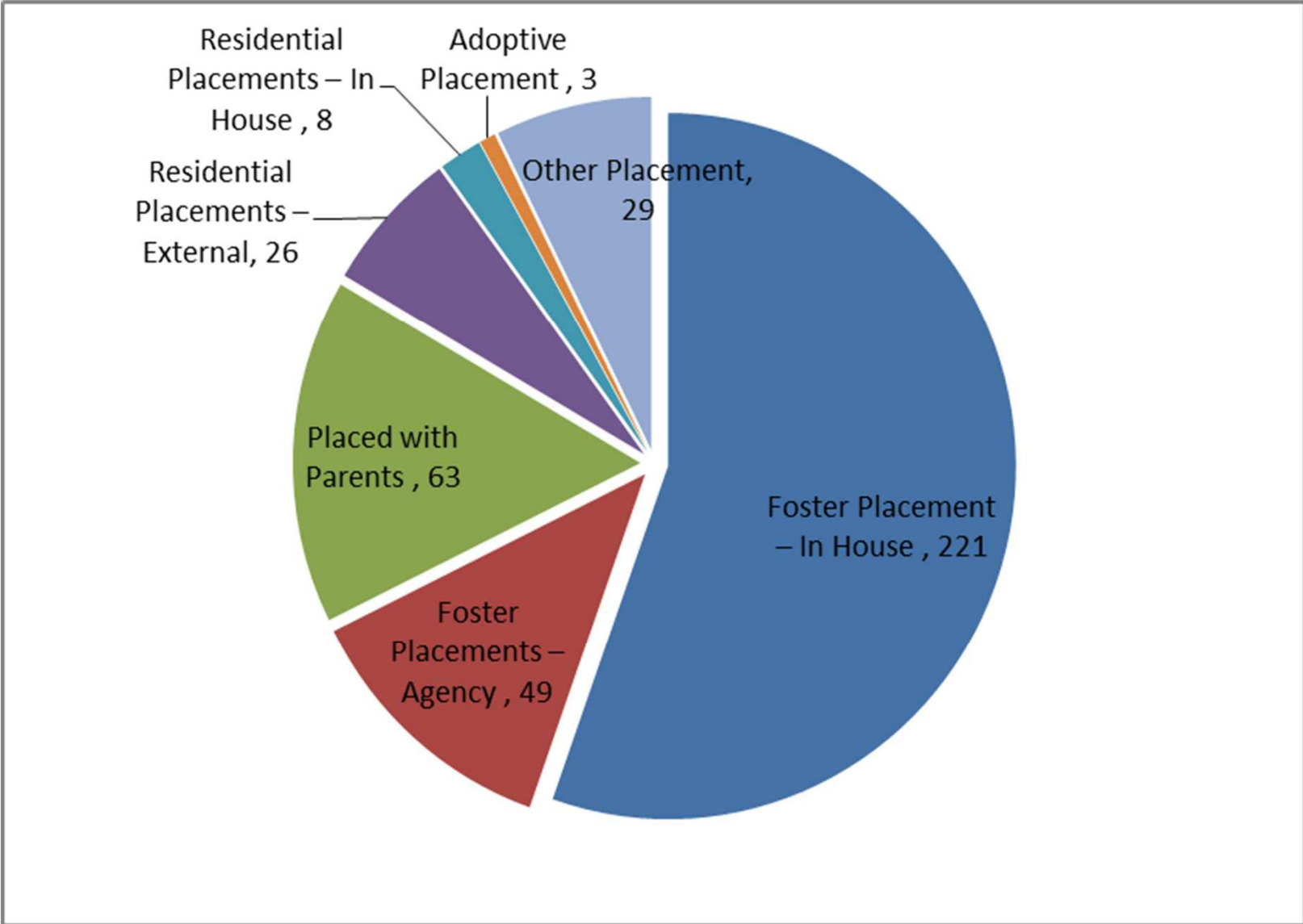
The majority of these children are with in-house foster carers or Placed with Parents under a Court Order.

Some children live in our own Children's Homes, Adoption Placements etc.

There were 26 children living in external Residential Units.

There are 49 children living with Independent Foster Carers (Private Fostering Agencies).

These figures are slightly higher than when we last reported 15 months ago, which fits with the national trend.



Current Costs and Budget for Placements

The overall budget for placements 2018/19 is £8,222,434.

The average unit costs per child per week are as follows:-

Description	Average Unit Cost per child per week 2017/18 £	Average Unit Cost per child per week 2018/19 £
Welfare Secure (Children in Secure Units)	6,179	6,370
External Children's Homes	3,342	3,618
Long Term residential placements for children with Complex/Additional Needs	3,025	3,404
Independent Fostering Agency (IFA)	823	852
In-house Foster Care	255	339

Monitoring Arrangements

We monitor all placements carefully with particular attention on the Out of Borough (OOB) Residential and Independent Fostering Agency (IFA) Placements:

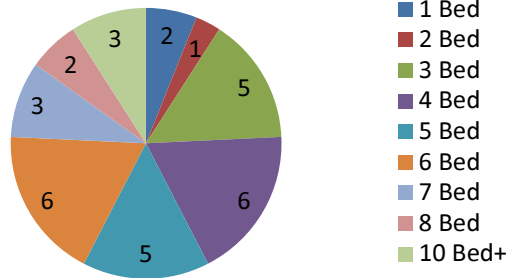
We have a weekly Placement Panel to review and track all children who are in external provision.

We have monthly Placement meetings with service managers and the children's finance team to review high cost placements and, where appropriate, support planning to move children closer to home, to in-house provision.

We have a Placement Sufficiency Board that meets monthly where we strategically managing use of provision, maximising usage.

The key strategy to give us alternatives to Residential and IFA Placements is to increase our in-house foster care provision – particularly foster carers willing to take adolescents who have challenges and risks.

Accommodation Size



External Residential Nov 18

There are currently 33 young people in residential accommodation. 9 of these are in Children with Additional Needs (CAN) residential homes. 8 are in Residential Education placements with Special Educational Needs (SEN) funding .

There are currently no young people currently in Secure.

The ages of these young people range from 10 to 17.

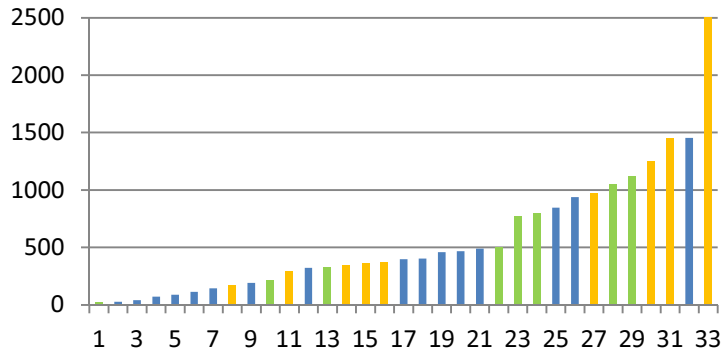
The unit sizes range from 1 bed to over 10 bed. However, provisions registered as 16 bed and 12 bed accommodation are understood to be further subdivided into smaller accommodation.

The placement lengths range from 19 days to 2513 days (6 years and 10 months)

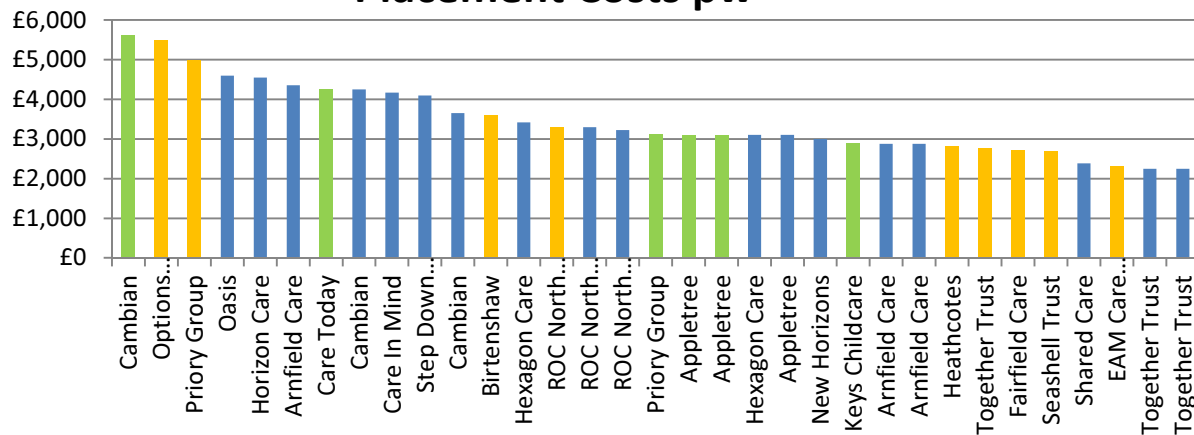
The costs range from £2,250 to £5,604, averaging £3,460
CAN costs specifically range from £2,310 to £5,500, averaging £3,409

There are 6 young people with dates to step down in provision in 18/19 - 3 of these are due to turning 18.

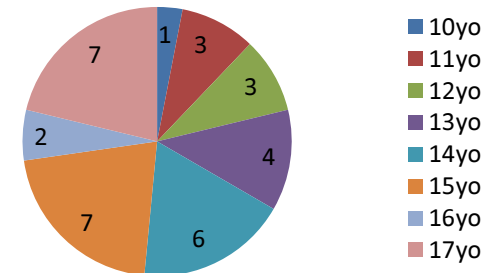
Placement Length



Placement Costs pw



Ages



Orange = CAN; Green = Education



Increasing In-House Foster Care Provision

To increase in-house provision we have:

Increased Trafford fostering allowances in line with regional rates

Introduced a flexible and responsive Fostering Plus scheme to provide short breaks for our foster carers and for children on the edge of care

Developed a plan to introduce a Specialist Fostering scheme with a high support therapeutic approach to caring for children with complex emotional presentations who may otherwise be placed in residential care

Refreshed our fostering recruitment materials and further developed our social media presence

Extended our Refer a Friend scheme to reward all employees as well as foster carers for recommending a friend to foster

Sought Fostering Friendly Status for the Council to encourage employees to combine work and fostering

Targeted support to increase foster carer resilience and placement stability

Enhanced the network of support available to carers by continuing to develop our mentoring support and dedicating a Family Focus resource for foster carers

Implemented our new procedure for providing financial support to experienced foster carers to extend their accommodation to increase their capacity to provide placements

GM Innovation Project –No Wrong Door

Trafford has secured innovation funding alongside other Local Authorities in GM. The grant is focused on innovations that improve outcomes for vulnerable adolescents on the edge of care and provide better support for placement stability and within family based settings.

We will re-align and strengthen some existing services. Family Focus team, Fostering Plus carers, and existing Childrens Home provision.

Elements of the No Wrong Door approach:

- No child is 'unfosterable'

- Creating capacity in the system to manage a crisis and not be incident driven that result in long term decision making.

Other Work Being Done To Reduce External Placements

As part of our Transformation Programme we have employed a short-term Review and Improvement Team who are reviewing every external placement and ensuring we use Family based placements wherever we can.

We have a small provision of in-house foster carers specially trained and supported to take emergency placements and children on short breaks to prevent family breakdown.

Our Family Focus Service works with children in the edge of care to prevent care episodes. They also support Foster Carers with challenging placements on the verge of breakdown and will support placements where the child is being stepped down to family based provision.

A separate panel reviews all 16+ provisions to scrutinise the purpose of the provision, adherence to contracts and timely exit plans.

The Role Of Commissioning In Supporting Sufficiency

Improving Outcomes

Working in partnership with Performance to explore if we can we do more to hold providers to account on their offers of support

Introducing a programme of quality assurance visits to 16+ providers to help improve standards and outcomes for young people

Increasing Capacity

Tendered for a new 5 bed care leaver provision, to be awarded in January 2019

5th bedroom to be added to Forest Court; the existing commissioned care leaver provision

Managing the Market

Ongoing meetings with providers to build relationships, securing priority for local foster carers and residential placements

Facilitating provider events to secure step down placements from residential, offering a different way of working with providers

Benchmarking Costs

Costs are being collated and compared across a GM and regional footprint

By comparison to other LAs, Trafford's negotiation skills are securing the most competitive costs

The role of commissioning in supporting sufficiency

GM Priorities

A collective approach driving five priority areas;

Returning fostering services to growth

Improving the effectiveness and value for money of placement finding / brokerage systems.

Securing residential capacity which is financially sustainable and meets needs

Achieve a reduction in the use of high cost placements which do not effectively meet needs

Addressing the impact of high numbers of inward placements

Placements North West Priorities

Reviewing , renewing and ongoing governance of purchasing frameworks for fostering; residential and care leaver provision

A regional approach to the quality assurance of external placements.

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TRAFFORD COUNCIL

Report to: Children and Young People's Overview and Scrutiny Committee / Executive
Date: 15/01/2019
Report of: Director of All Age Commissioning (Trafford Council) – Karen Ahmed and the Director of Commissioning (Trafford CCG) – Naomi Ledwith

Report Title

Commissioning Intentions for Children

Summary

This paper provides an overview of Children's Community Health Services, with a particular focus on mental health services. Community services comprise of a wide variety of services supporting children's mental health, health visiting, school nursing and speech & language therapy. Commissioning colleagues continue to work in partnership with our current community provider Pennine Care ahead of the transfer of services to a new provider in 2019. The paper outlines commissioning intentions for these services.

Recommendation

The scrutiny committee is asked to note the contents of this report and to direct/instruct on any actions required.

Contact person for access to background papers and further information:

Name: Claire Ball
Extension: 4089

Background Papers:

Trafford's Local Transformation Plan for Children and Young People's Mental Health & Wellbeing

Background

This report outlines Trafford's commissioning intentions for its children's community health services. The following areas and services are covered:

1. Children's Mental Health – Wider Projects and Services
 - Local Transformation Plan
 - National & Greater Manchester Mental Health Targets
 - All Age RAID
 - Transforming Care – Care, Education & Treatment Reviews
 - Training
 - Autism & Social Communication Pathway
 - Attention Deficit Hyperactivity Disorder Pathways
 - Early Help Services

2. Children's Mental Health – Healthy Young Minds (CAMHS)
 - Greater Manchester CAMHS Specification
 - Eating Disorders
 - Perinatal/Parent & Infant Mental Health

3. Children's Community Health Services
 - Children's Community Nursing
 - Community Paediatrics
 - Speech & Language Therapy
 - Children's Learning Disability Nursing Team and Trafford Early Development Service
 - Community Nutrition & Dietetics
 - Children's Weight Management Service
 - Health Visiting and School Nursing

Introduction

Children's community health services are commissioned by the Council on behalf of Trafford Clinical Commissioning Group (CCG) under a section 75 agreement. This agreement, clarity on the services to which it applies and associated governance structures will be reviewed as part of the merging of the Council and the CCG.

The overwhelming majority of children's community health services are provided by Pennine Care Foundation Trust. Pennine Care has recently taken the decision to hand back the contract and a procurement process is currently ongoing to find a new provider. Due to the scope and timescales involved, the entire contract will be handed over in full to a preferred provider in 2019. A process of due diligence will be applied in the transfer of services to the new provider, as a result many of the commissioning intentions highlighted below will be unable to be implemented straight away. As well as this, commissioning intentions in 19/20 may be further informed by feedback from the new provider about the various services that come under the contract.

Report

1. Children's Mental Health – Wider Projects & Services

1.1. Local Transformation Plan

The CAMHS Local Transformation Plan is the largest individual piece of work within the children's commissioning portfolio. The Plan details our ambitions for the mental health and wellbeing of our children and young people. The Plan sets out our intentions until 2021 and reports on the transformational changes achieved. It is overseen by the Transformation Implementation Group and commissioners will continue to monitor the implementation plan and associated national targets. In 19/20, Trafford will have to produce the third re-refresh of its Local Transformation Plan in accordance with NHS England's Key Lines of Enquiry and negotiation of annual allocation with Trafford CCG.

1.2. National and Greater Manchester Access & Waiting Time Targets

A national target has been set up by NHS England designed to increase the number of children and young people receiving treatment from community mental health services. By the end of March 2019, localities have been given the target to have at least 32% of children and young people estimated to have a mental health condition accessing treatment. By 2021 this target shifts to 35%. Currently, Trafford is forecast to hit 28.8% for 2018/19. As well as the access targets, there are also two waiting times targets in place for Healthy Young Minds:

- The proportion of children and young people waiting 12 weeks or less from referral to appointment (95% target).
- The proportion of children and young people waiting 18 weeks from referral to NICE concordant treatment (98% target).

As of the end of October 2018, the former target stood at 87.3% and the latter stood at 93.7%. These figures are driven by large numbers of vacancies in the service. The service has been working to rectify these vacancies and has recently recruited to a number of posts, including a Psychology Assistant, Education Lead and Transition Lead.

1.3. All Age Rapid Assessment Interface Discharge (RAID)

RAID supports people who present in A&E with a mental health crisis. As part of the Greater Manchester Crisis Care pathway, Trafford will be moving from a RAID service for those aged 16+ to one that supports those of any age. Trafford are partnered with Manchester for this project, recognising that Trafford Children and Young People present at A&E in Manchester hospitals as well as the Urgent Care Centre at Trafford General. Young people facing crisis will have access to mental health care 7 days a week, 24 hours a day in the same way that they would be able to get access to urgent physical health care.

Commissioners have recently met with the All Age RAID service leads to discuss the implementation plan and receive assurance on recruitment and timescales for delivery which is expected to be late January/early February for Manchester North, South and Trafford. Commissioners will be closely monitoring the implementation and on-going delivery of the service.

1.4. Transforming Care (Care, Education & Treatment Reviews)

As part of national legislation, Trafford has started to carry out Care, Education and Treatment Reviews for young people with Learning Disabilities or Autism identified as potentially being admitted to a specialist learning disability or mental health inpatient setting. A Dynamic Risk Register has been set up in order to identify those who may be at risk. Work will continue to embed protocols with social care colleagues.

1.5. Training

As part of Trafford's 2018/19 workforce plan, a variety of training has recently taken place, including sessions on anxiety, self-harm, and depression. The response to this training has been incredibly positive, with almost full attendance and attendees rating the training an average of 4.5 out of 5. When asked what they would do following the sessions, most responded that they would be able to actively use their new skills and knowledge in their day to day role. The purpose of the training was to ensure that staff felt comfortable supporting young people presenting with low level mental health needs. Further training has been set up for the New Year on bereavement and solution focussed techniques.

Greater Manchester has been selected as an accelerator site for 'Transforming Care for Children and Young People', funding was allocated from NHS England to support implementation of the Transforming Care model. As a result, training has been made available for Trafford professionals around embedding a risk support model for children and young people with Learning Disabilities and autism. The training has now been organised with the provider (Cheshire Wirral Partnership) and will take place in March 2019.

1.6. Autism and Social Communication Pathway

Trafford's Autism and Social Communication pathway has recently launched. The pathway encourages schools to identify children with suspected autism or social communications issues, address any learning & training needs, and put the appropriate behaviour strategies in place based on the child's needs and without waiting for a formal diagnosis. Three training sessions have been held with school SENCOs, which were delivered by Educational Psychology with support by other clinicians involved in the delivery of the pathway. GPs have been sent an information document on the changes and pathway leads will attend the January GP Learning Forum. Information sessions have been held with other community services, a Plain English version of the pathway has been sent out via the schools' bulletin and further communication will occur over the next few months.

Commissioners have arranged to meet with the pathway leads to understand the current waiting times and any resource implications required in order to address the waiting list for this pathway.

1.7. Attention Deficit Hyperactivity Disorder Pathway

In September 2017 Trafford launched a new Attention Deficit Hyperactivity Disorder pathway for children and young people. The new pathway encourages schools to identify children with behaviour difficulties, address any learning & training needs, and put the appropriate behaviour strategies in place based on the child's needs and without waiting for a formal diagnosis. Commissioners will continue to review and monitor implementation of the pathway in accordance with progress against Greater Manchester standards and stakeholder feedback.

1.8. Early Help Services: 42nd Street, Kooth & Trafford Sunrise

42nd Street provides mental health support for young people aged 13-25. The support includes group and 1-1 sessions and also sits alongside specific 1-1 therapeutic support for those with high functioning Autism. In 2016/17 provision was doubled in 42nd Street in order to support those whose need is not best met by Healthy Young Minds. This doubling of provision has continued every year since 2016/17. Waiting times have recently increased for the service, which is partly driven by young people presenting with an increasing complexity of issues. Commissioners will continue to monitor the service and actions taken to rectify waiting times.

The Just Psychology service, Trafford Sunrise, offers group and 1:1 therapeutic support for 5-12 year olds. There is a mixed model of 1:1 support and group sessions where children can practice their coping skills and make new friends. Trafford Sunrise has been in place for a little over 12 months, and the service has seen large waiting times since its inception. Prior to Trafford Sunrise, there was no therapeutic offer for younger children in Trafford and the larger waiting times seem to stem from the unmet demand in this area. Work will continue around managing the waiting times and ensuring the most appropriate support is available. The contract has an option for a further one year extension, and progress against targets will be reviewed as part of this decision.

Kooth provides online counselling for those aged 11 to 18. They provide access to counsellors until 10pm each night, every day of the year, as well as peer support via fully moderated forums. As with Trafford Sunrise the contract runs until August 2019, with the option to extend for a further year. Commissioners will continue to review the contract and report back to the Transformation Implementation Group.

2. Children's Mental Health – Healthy Young Minds (CAMHS)

Healthy Young Minds provides a service for the children and young people in Trafford who are at risk of developing or have developed a significant mental health problem. It is a multi-disciplinary team that support around a variety of issues, including attachment disorders, psychotic symptoms, anxiety disorders, eating disorders, depression and self-harm.

2.1. Greater Manchester CAMHS Service Specification

The Greater Manchester service specification has recently been refreshed for 2019-2021, this sets out a minimum core standard offer across Greater Manchester. The specification also enables placed based commissioning to agree additional requirements above and beyond the Greater Manchester offer that focus on the needs of the local population, known as 'section 11'. Commissioners are working the Healthy Young Minds service around the development of this section.

The specification includes a variety of targets for the Healthy Young Minds service that Trafford is not yet meeting. These include a need to operate Monday to Friday 8am to 8pm by 2021 and a workforce target of 45.9 Whole Time Equivalent. The Children's commissioner has worked with the service to undertake a demand and capacity exercise across children's mental health. This work identified a gap of 5.8 Whole Time Equivalent. This supports the gap presented within the new Greater Manchester CAMHS specification which uses the Royal

College of Psychiatry ratios to specify the Whole Time Equivalent required per 100k population. Additional investment in posts to address waiting times and the workforce target has been agreed in principle by the CCG and are awaiting final sign-off. The posts include a Psychiatrist, Cognitive Behavioural Therapist, and Mental Health Practitioners.

2.2. Eating Disorders

Trafford commission a Community Eating Disorders Service on a cluster basis with Stockport, Tameside and Glossop CCGs. The service provides specialist support, assessment, consultation and treatment to children and young people with an eating disorder.

The service is fully compliant against the routine and urgent Access & Waiting Time Standards. For routine cases, the proportion of children and young people with an eating disorder that have waited 4 weeks or less from referral to the start of NICE approved treatment stands at 100% against a target of 90%. For urgent cases, the proportion of children and young people with an eating disorder that wait 1 week or less from referral to start of NICE approved treatment is also 100% against a target of 90%.

2.3. Perinatal/Parent & Infant Mental Health

Commissioning have commenced mapping of the existing community perinatal offer as we move towards the development of an integrated Parent and Infant Mental Health pathway aligned with the THRIVE model. This is needed in order to strengthen Trafford's ability to develop an Early Attachment Service. Fundamental to the development of an Early Attachment Service is the creation of a number of key perinatal posts. These are included within the scope of the workforce expansion planned for the Healthy Young Minds service.

Home-Start has been commissioned jointly by Trafford and Salford CCGs (match funded by Trafford Housing Trust) to deliver a 2 year Parent and Infant Mental Health (PIMH) project known as 'Baby Bond' for pregnant women and families with an infant under the age of 2 in Trafford and Salford. The trainers have now completed their PIMHS training and will commence training of the Trafford volunteers in February in preparation for them to deliver the project with local families.

3. Children's Community Health Services

3.1. Children's Community Nursing

The Children's Community Nursing Team provides home nursing services for children and young people aged 0-16. The aim of the service is to deliver care closer to home for children who have mild acute illness, long term chronic health needs, or complex care requirements. The Children's Community Nursing will be reviewed in line with Greater Manchester developments in long term condition pathways (Asthma, diabetes and Epilepsy). Special School Nursing provision also sits within Children's Community Nursing and needs to be added to a revamped service specification. Further changes to the service include aligning equipment purchasing with Continuing Healthcare and the One Stop Resource Centre.

3.2. Community Paediatrics

Community Paediatrics is made up of specialist children's doctors with training and expertise focusing on the care of vulnerable children and families, children with long-term conditions and child public health. This includes children with developmental disorders, complex health needs, Autism, and ADHD. The service specification for Community Paediatrics will be

updated and consideration will be given to the transfer of initial Looked After Children medicals to the Looked After Children nursing function.

Following recommendations from a 2017 joint Ofsted and Care Quality Commission inspection, a Designated Medical Officer was appointed after it was felt that the previous arrangement of the functions being undertaken across Community Paediatrics and officers within the CCG was unstable. The post sits within Community Paediatrics, because a third of the function was already undertaken by the Paediatric Consultant with a special interest in Special Educational Needs & Disabilities. Feedback from the service is that Designated Medical Officer is struggling for capacity to carry out the requirements of the post, and this will therefore be reviewed.

3.3. Speech & Language Therapy

The Speech and Language Therapy service supports children and young people with swallowing/ feeding difficulties and/ or speech, language and communication needs. They do this in a variety of locations, including children's centres, clinics and schools. An updated service specification has been written and needs to be signed off. Implementation of the new pathways associated with the service will be reviewed and monitored.

3.4. Children's Learning Disability Nursing Team and Trafford Early Development Service

The Children's Learning Disability Nursing Service provides support services for Children and Young People up to the age of 18 who have significant learning disabilities with additional and complex needs such as challenging behaviour or complex health needs. Trafford's Early Development Service is known as TEDS and supports families through developmental play sessions at home, in Early Years settings or in targeted group sessions. They support pre-school children who have a significant developmental delay in 2 or more areas of their development.

Unlike the wider children's Community Service offer, which has been provided by Pennine Care Foundation Trust, both Children's Learning Disability Nursing Team and Trafford Early Development Service are provided by Manchester Foundation Trust. These services will be reviewed and redesigned. The Children's Intensive Behavioural Support Service is provided by Pennine Care, but sits within the Children's Learning Disability Nursing Team so there will be a review to see how these services can be brought together. This will be linked to a wider review of Trafford's behaviour offer.

3.5. Community Nutrition & Dietetics

Trafford's Community Nutrition & Dietetics service is an all age service that supports people who have dietetic needs. A number of potential changes have been discussed in relation to creating a more sustainable model:

- Reviewing the spend on consumable equipment.
- Exploring the link with Health Visiting service re weaning/allergy classes.
- Alleviating pressure on the Learning Disabilities pathway by commissioning a dietician to sit in the multi-disciplinary Community Learning Disability Nursing Team
- Reducing the amount of contacts in some pathways (e.g. Irritable Bowel Syndrome, nutrition support pathway).

- Upskilling residential staff on early identification of adults at risk of malnutrition
- Moving the service to enteral feeding only. Associated risk to be clarified by service.

As with all the Pennine contracts, this is subject to feedback from the new community provider.

3.6. Children's Weight Management Service

The Children's Weight Management Service forms part of Trafford's Healthy Weight pathway and supports those whose weight is at the 98th centile or above. The service currently supports children to maintain or reduce their BMI through a series of 1:1 clinic appointments with their parent/carer.

A review of commissioned weight management services for both children and adults took place in 2017. The children's review concluded that the current delivery model should move towards group provision to facilitate the inclusion of physical activity within the session, facilitate peer support and bring the service in line with NICE guidelines. Commissioning are unable to change the delivery of the service or its specification at this stage but intend to implement the changes as recommended in the review as soon as possible in line with the transfer of services to a new provider.

3.7. Health Visiting and School Nursing

The Health Visiting Service delivers the 0-5 programme, beginning in pregnancy and continuing until the child begins school and is transferred to the care of the School Nursing service. Health Visitors advise on feeding, safety, physical and emotional development and other aspects of health and childcare. The School Nursing Service leads and delivers the 5-19 model of the Healthy Child Programme. They promote the health of school-aged children via information, advice and support.

Reviews have recently been carried out for both services to determine the effectiveness of the current models in meeting the needs of 0-5 and 5-19 year olds. The cost effectiveness of the models and ability to improve outcomes and reduce inequalities have all been examined. Once the review reports have been finalised, recommendations will be set out around the future service offer and delivery to meet the changing needs of Trafford's children, young people and their families, whilst ensuring best use of resources. The aim will be to design an overarching 0-19 Children and Young People community Public Health specification and update service specifications for the Health Visiting and School Nursing service as part of this.