

Transforming Children and Young People's Services in North Tyneside

North Tyneside Health and Wellbeing Board

7 January 2016



Introduction

 The CYP Plan for North Tyneside sets out our shared commitment for the borough

 The borough has a strong record of delivering some excellent outcomes for CYP and families

But challenges and gaps still exist...



So what have we been doing...

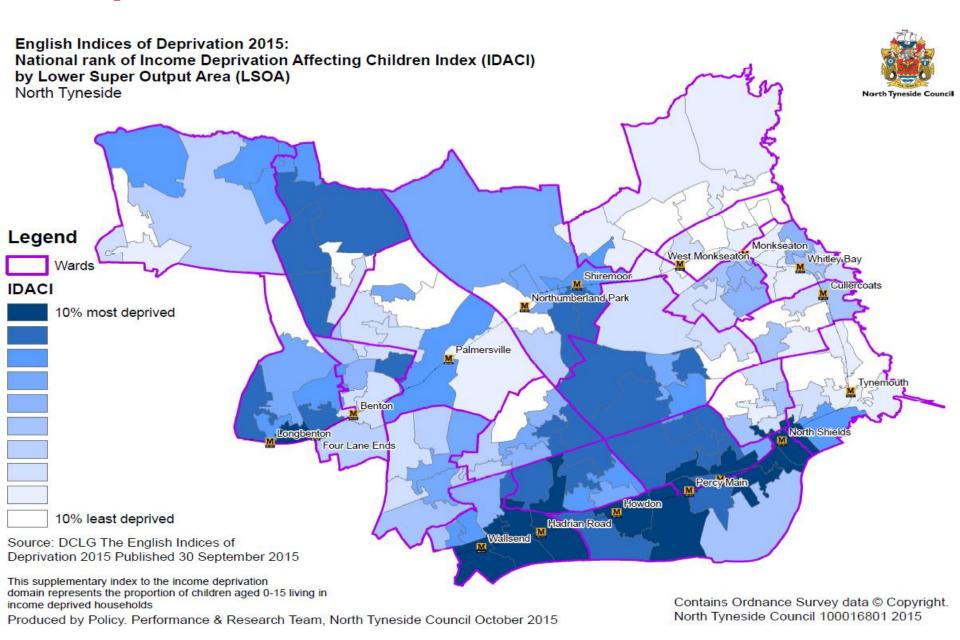
- Looking at levels of need
- Demand for services
- Costs of services
- Making some practical plans as part of the Council's budget setting
- Going back to basics:
 - What is it we are trying to achieve vision
 - How we want to operate principles



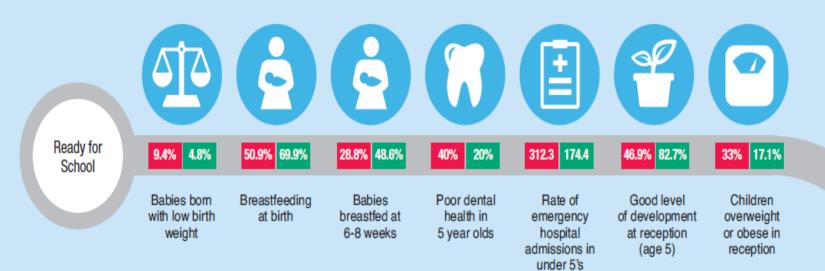
Our vision



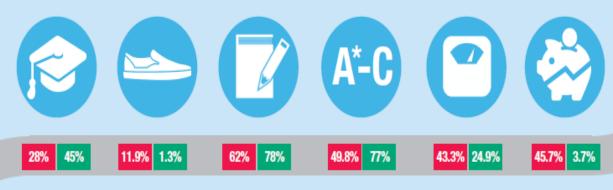
Deprivation



Health inequalities



Ready for Work and Life



Entering higher education

16-18 year olds not in education, employment or training Progress in English to Key Stage 4 Educational attainment (5 A*-C GCSE's)

ional Children nent overweight or CSE's) obese in Year 6

hildren Children weight or 0-15 living in bese in poverty

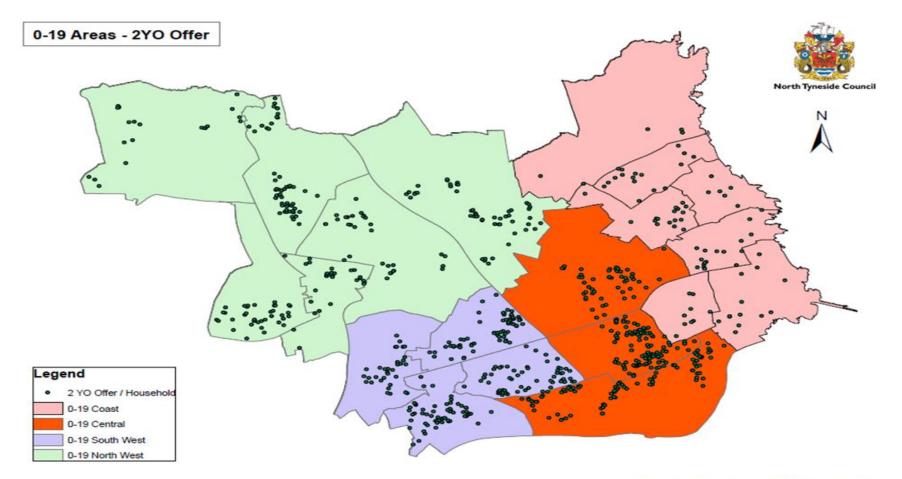
0-19 population compared with level of demand in each locality

Locality	0-4	5-19	Total	Population	Demand
				%	%
South East	2,394	6,182	8,576	19	33
North East/Coast	3,166	10,169	13,335	30	12
North West	3,848	10,022	13,870	32	29
South West	2,343	6,483	8,826	19	26

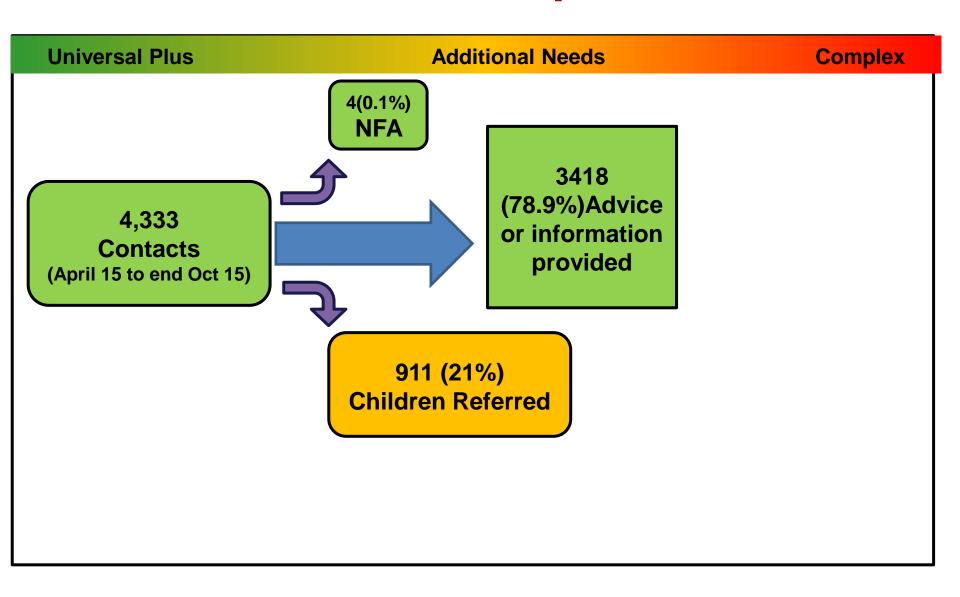


What does this mean for our locality areas?

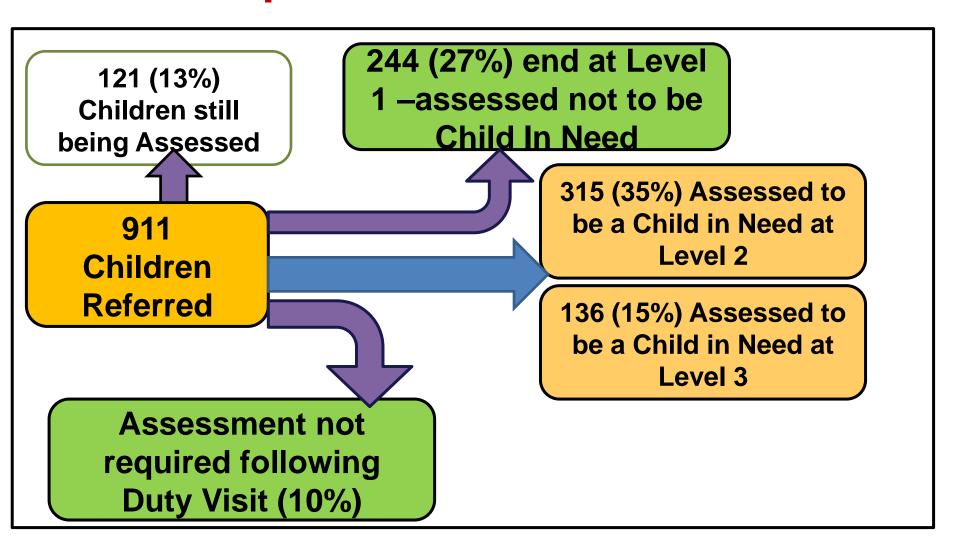
Our analysis suggests that we may need to review our locality areas to reflect demand, as indicated below:



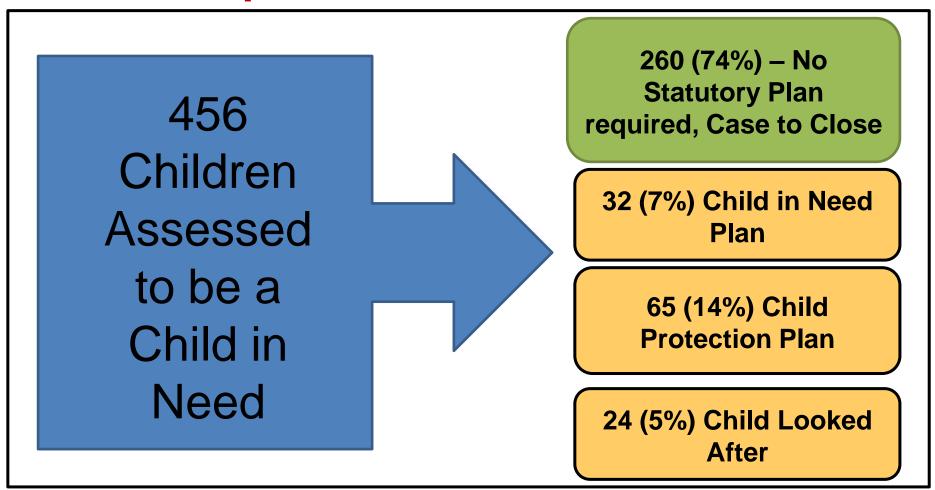
Front Door demand, April to Oct 2015



Demand volumes: Outcome of Children referred April to October 2015



Demand volumes: Outcome of Children referred April to October 2015



55% of assessments did not result in a Child in Need, Child Protection, or Looked After plan. This is the highest proportion in England, and more than double the England average (23%).

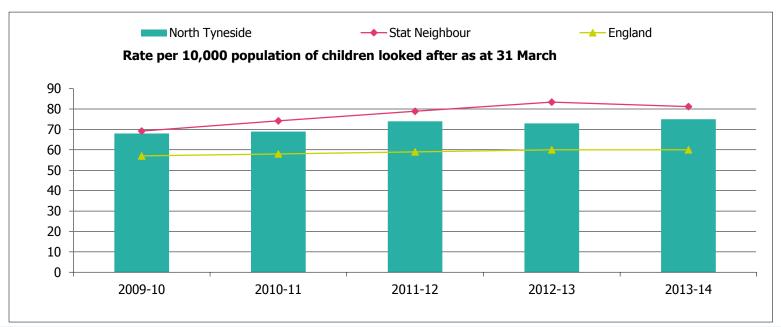
Early help

- Confused pathways for early intervention for partners, resulting in demand inappropriately being routed through a social care assessment process
- Early Help Assessment being used as a 'ticket' rather than an assessment
- Early intervention being seen as a Council activity / social care activity
- Prevention seen as the realm of the NHS



North Tyneside LAC population

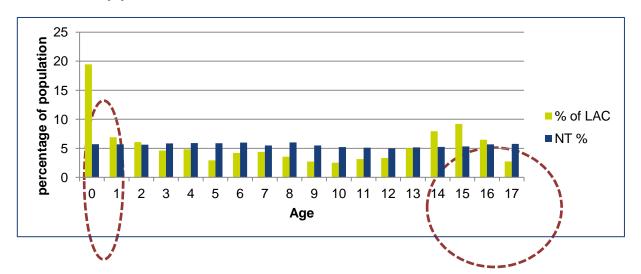
- A total of 478 children and young people became looked after (BLA) in North Tyneside between17th April 2012 and 19th June 2015. Current number of LAC 322 (5.10.15)
- In the financial year 2012-13 there was a total LAC population of 295 at a rate of 73 per 10000. This increased to 305 at a rate of 75 per 10000 for 2013-14.



North Tyneside *LAC population is significantly higher than the England average* and whilst it is lower than statistical neighbours they have seen rises in LAC numbers over the past three years with an increased rate of LAC entry in the first half of 2015

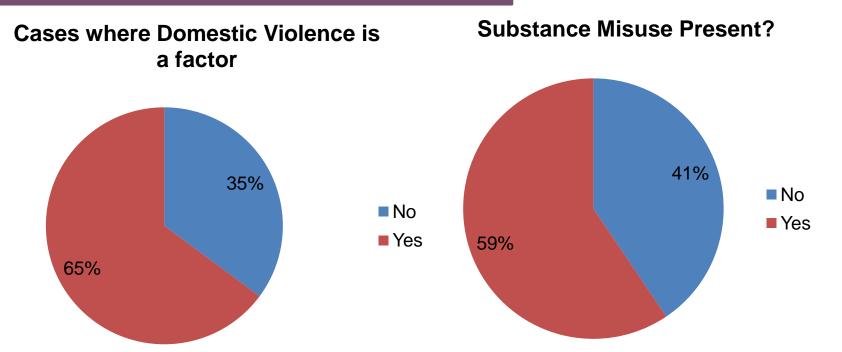
Demand for LAC

- Whilst LAC rates are lower than statistical neighbours, they are much higher than the national rate and entry rates appear to be increasing in 2015
- However currently the balance of placement provision appears good, with the majority of children placed in less expensive internal fostering provision
- The majority of LAC within North Tyneside come from three areas Riverside, Howdon and Wallsend.
- The data suggests that there are two clear cohorts that drive care entry those aged 0-1 and adolescents
- It would appear both these cohorts need further review and targeting which could support future demand reductions



Age of LAC population compared to Population of North Tyneside

Domestic Violence and substance misuse appear the prevalent factors driving future LAC in most cases



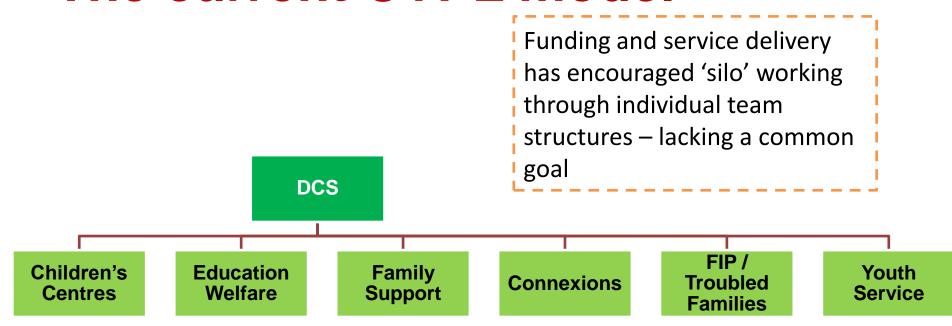
- Domestic violence was a key factor in children becoming LAC in 65% of the cases that were reviewed. Substance misuse was also a big factor playing a role in 59% of cases.
- Amongst 0-1s, the prevalence of DV as a factor increases to 75% of cases, and substance misuse to 60% of cases.
- Amongst over 15s however, just 28% of cases involve domestic violence or

How are services configured to break the cycle of DV and substance misuse across the borough?

Looked After Children Placements – Average Costs - Summary

	Average Cost of Placement		Cost Placemen	Average Weekly cost 14/15
External Residential Home	179,348	286,832	109,688	2,810
Internal Residential Home	123,278	N/A	N/A	2,218
External Fostering Placement	38,413	51,100	35,456	911
Internal Fostering Placement	17,806	36,307	12,211	338

The current CYPL model





Summary of issues / findings

Early help and prevention

Confusion over pathways drives demand

There is quite a lot of 'unnecessary' activity

A good proportion of demand is avoidable

There appear 'core' demand drivers

The current system isn't focused on these issues

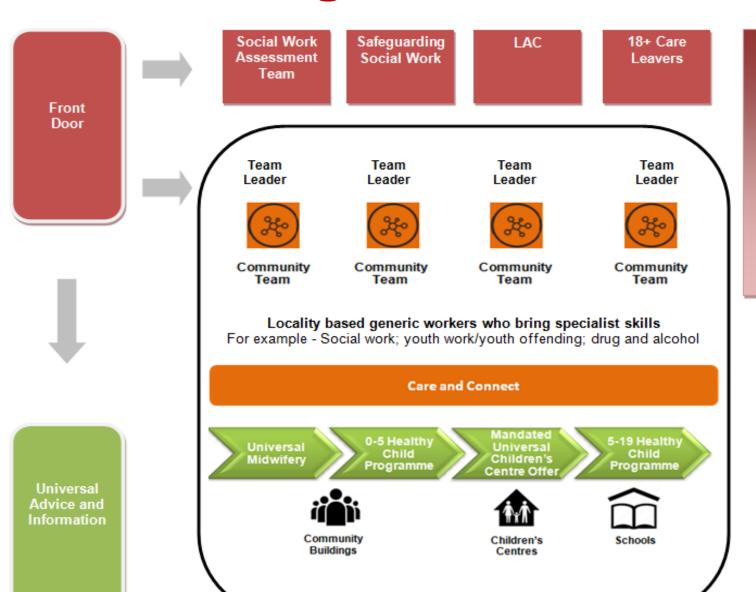
- Confused pathways for early intervention for partners
- ⇒ Early help assessment used as a ticket rather than assessment
- ⇒ Early intervention seen as Council activity and prevention NHS activity
- → A lack of understanding of how to access early help provision and lack of confidence so that it leads to unnecessary referrals to social care
- → Partners think referring to social care is the best way to access early help
- → There are high levels of social care assessment which don't lead to social care intervention
- → High proportion of social care assessments are closed without social care support
- → We have reviewed 25% of LAC cases which has shown that 47% could definitely or possibly have been avoided
- → DV & Substance Misuse are core drivers for future specialist services
- → This is particularly prevalent in younger children making the case for deeper integration with partners (particularly health)
- → There are 2 cohorts that drive care entry (0 1 and 15+)
- → Whilst there are lots of services involved with families, they are very rarely seeking to tackle & prevent these core issues (DV & SM)
- The prevalence means the whole system needs to focus on these more

We are proposing a new model

- Promote the social, emotional and mental wellbeing that enables our children, young people aged 0-19 years and their families to be <u>resilient</u>, healthy and live at home together.
- Provide a <u>universal offer</u> to maintain good health and wellbeing, enabling all children to become positive citizens; ready for school and ready for work and life
- Provide a <u>targeted offer</u> for children, young people and families who have further challenges and complex lives which result in poor health and wellbeing outcomes.



What it might look like



Tier 3 – Complex 5%

Whole Life Disability Team

> Tier 2 – Targeted 15%

Tier 1 – Universal 80%

Timeline for implementation

Review current services in scope	Oct/Nov2015
Initial consultation with staff/stakeholders	Nov/Dec 2015
Report to SMT, SLT and then to Cabinet	Nov/Dec 2015
Redesign of early intervention pathways	Nov/Dec 2015
Develop detailed and costed service model	December 2015
Communications agreed	December 2015
Produce service specifications	December 2015
Budgets confirmed	December 2015
Implementation	April 2016
Review & refresh of Prevention & Early Intervention Strategy	April 2016