

CREATING OPPORTUNITIES AND TACKLING INEQUALITIES SCRUTINY COMMITTEE	Agenda Item No. 5
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Report of the Executive Director of Children's Services

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CHILDREN'S TRUST UPDATE – BE HEALTHY

1. PURPOSE

- 1.1 To provide the Scrutiny Committee with an update with regard to the work of the Children's Trust in relation to Be Healthy.

2. RECOMMENDATIONS

- 2.1 To scrutinise and comment on the progress and impact that the Children's Trust has made on the provision of services to children and young people and make any necessary recommendations.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The Children's Trust Partnership Board is the partnership responsible for ensuring the delivery of outcomes for children and young people, with a particular focus upon those within the Sustainable Community Strategy. In partnership with the Greater Peterborough Partnership, the Children's Trust will be working to deliver against the priorities jointly agreed within the Single Delivery Plan which is to replace the Children and Young People Plan following the ending of statutory requirements to produce a Children and Young People Plan.

4. BACKGROUND

- 4.1 Statutory duties in the Children Act 2004 require every local authority and its statutory partners to co-operate, through Children's Trust arrangements, to devise and implement strategies to improve outcomes for children aged 0-19 years (25 for those with additional needs) across the five Every Child Matters outcomes: Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Wellbeing.
- 4.2 Until last year, statutory duties were placed on Children's Trusts to produce a Children and Young People Plan (CYPP). As of 30 October 2010, the Children's Trust is no longer required to produce a Children and Young People Plan (CYPP). Peterborough has decided that a more focused plan that will link in with the city-wide Single Delivery Plan being delivered by the Greater Peterborough Partnership would be more appropriate. The Children and Young People's section will be known as the Children's Single Delivery Plan, and will be shorter than the CYPP with fewer priorities. This will ensure we focus on really delivering the things that will really make a difference to children's lives. It is intended that the Single Delivery Plan will be produced by April 2011.

5. PROGRESS OF ACTIONS

- 5.1 A Be Healthy update was last brought to the Committee on 26 July 2010, whereby the following actions were agreed:
- To report back to the Committee in six months time on the progress of actions being taken to improve the Be Healthy outcome

- To report to the Committee at a future meeting on the impact of the implementation in schools at the Cashless Catering System
- To report back to the Committee at a future meeting on the impact of the Targeted Mental Health in Schools (TaMHS) Programme.

5.1 The following sections will provide an update on these items.

6. OUTCOME DELIVERY

6.1 The key areas of focus for Children's Trust delivery in 2010/11 are:

- Emotional wellbeing of children and young people (including child and adolescent mental health services)
- Reduction of teenage conceptions and Sexual Health
- Healthy weight
- Drug and alcohol misuse

6.2 In order to meet these key areas of focus, the following activity is being undertaken:

6.3 TARGETED MENTAL HEALTH IN SCHOOLS (TAMHS) PROGRAMME

6.3.1 The Targeted Mental Health in Schools (TaMHS) programme is a national one-year grant-funded programme (Department for Education) intended to improve the emotional health and wellbeing of children and young people aged 5-13 year olds.

6.3.2 Local partners (including the local authority, primary care trust, schools and third sector) are working together to develop a 'whole school approach' to mental health provision – targeting interventions at identified young people in schools who are experiencing difficulties and intervening quickly and early, in order to stop problems escalating.

6.3.3 The work involves withdrawing the targeted young people from mainstream classes to take part in the therapeutic interventions, with care taken to then meet the curriculum needs with the purpose of reintegration into school life. In addition, training is being undertaken with staff in schools to help them identify young people at risk of experiencing mental health problems and learn how to use local assessment tools. This will help young people experiencing difficulties to be identified early and so get the treatment they need more quickly.

6.3.4 The TaMHS programme involves working in partnership with local schools, with a focus on St. John Fisher secondary school - where an education therapy base has been set up and intensive day-to-day support takes place. The programme also includes an operational group of specialists who work in schools. The progress of the young people is carefully monitored, and areas of good practice are shared with local and regional colleagues.

6.3.5 This one year funding stream finishes at the end of March 2011 with staff seconded into the TaMHS team returning to their substantive post. Learning from the range of interventions experienced throughout this programme was presented at a conference co-ordinated by the TaMHS Team which took place on Wednesday 9 March 2011 at Orton Hall Hotel, Orton Longueville, Peterborough. This included information on working with complex families, attachment theory and the experience of setting up an education therapy base. In the longer term, the learning and evidence of effective interventions will be held within the city council's Educational Psychology service.

6.4 TEENAGE CONCEPTIONS

6.4.1 The innovative Young Men's Project which is a dedicated project commissioned by the Teenage Pregnancy Partnership is due to be evaluated in June 2011. A report is scheduled to be taken to the Scrutiny Committee for Health Issues following this evaluation.

6.5 HEALTHY WEIGHT - CARNEGIE WEIGHT MANAGEMENT PROGRAMME

- 6.5.1 Through the national child measurement programme, all children's heights and weights are measured in reception class and in year 6 to identify the prevalence of childhood obesity. This information is sent back to parents/carers via letters, along with further information and access to a Health Trainer to provide extra advice and support if required. 2008/09 data showed that over 12% of reception age children and over 19% of year 6 children were recorded as obese, significantly higher than the national average.
- 6.5.2 In Peterborough, over 90% of children in each year group are measured. The most recent data (2009/10) shows a very slight increase in Reception year obesity, albeit within the context of an overall reduction since measuring began in 2007/08. Obesity rates in Year 6 dropped slightly from 2008/09, although remain higher than national average. In 2010/11, over 4507 children have been measured.
- 6.5.3 Reducing Obesity was identified as a key local priority in Peterborough's Local Area Agreement. In Spring 2009, a Childhood Obesity Solution Centre was held, through which our Healthy Weight Peterborough Strategy was refreshed. The Solution Centre made a number of recommendations aimed at specific areas – including disadvantaged geographical areas and high risk groups. A range of initiatives was introduced, including the targeted Carnegie Weight Management Clubs, which were commissioned and piloted for children who are obese.
- 6.5.4 Carnegie Clubs involve nutrition, physical activity and behaviour change sessions for both children and their parents/carers. A total of seven 12-week programmes are being delivered, with the final three programmes being run between January and March 2011 at Honeyhill Children's Centre and Stanground College.
- 6.5.6 Significant work has been undertaken to encourage engagement and marketing of the clubs, although attendance and retention is a challenge. Work is being carried out to explore barriers and possible support mechanisms to encourage continued engagement with the programme. All participants receive a 6 month and 12 months follow up to ensure they are on track and explore further needs. The first of these took place in February with 9 families attending and signposted to the Movers and Shakers programme. This is a six week subsidised activity programme jointly offered between NHS Peterborough and Vivacity, utilising facilities at local Vivacity gyms / swimming pools.
- 6.5.7 Following the encouraging results from the clubs, Carnegie Weight and Management Clubs will be commissioned for a further year.

6.6 HEALTHY WEIGHT - CASHLESS CATERING SYSTEMS

- 6.6.1 At a previous Scrutiny Panel meeting held on 3 August 2010, Members discussed the take up of free school meals and the introduction Cashless Catering System's at schools. These systems mean that there is no differentiation between paying students and those entitled to free school meals. Members asked for further information about these systems.
- 6.6.2 Orton Longueville School, Hampton College, Thomas Deacon Academy, The Voyager School and Stanground College have all implemented cashless catering systems. Feedback from the schools shows that:
- Some have basic cashless systems, others have fingertip cashless systems which can be more effective but also more expensive – both eliminate the need for use of cash. Some have the link to parents who can monitor what is bought.
 - On the negative side, if not using fingertip system, cards do go missing and there is an inconvenient queuing system when cards need topping up. The fingertip system can alleviate some of these issues.
 - Hampton College has a points system for selection of healthier options and these points

can be accumulated and translated into rewards.

- The most positive outcome of operating this kind of system is that it eliminates the stigma attached to free school meals, therefore increasing uptake by this group of students which can only be a good thing.
- The schools that responded attributed any increase in general school meal uptake to the food provision rather than to the cashless system, and where catering is 'in house' this provision is proving much more popular.
- However, schools did report increases in free school meal uptake – due perhaps to a combination of increased advertising and provision of information, as well as to the new cashless catering system.
- Thomas Deacon Academy note: “our free school meals uptake has gone up by leaps and bounds (currently up 13.4% on last year) and our general uptake has increased by 25.7%”.

6.6.3 Benefits to cashless catering systems include:

- It speeds up the service process as schools do not need to deal with cash. It also makes cashing up a lot easier
- There is no stigma attached to the children who are on free school meals, as no other students would know
- Schools can run reports for each individual child of their eating habits, if required by a parent
- Schools can identify children with special dietary needs
- Schools can identify which children are eating and who is not
- There is a reduced risk of bullying (i.e. taking dinner money)
- Parents know children are spending money on school dinners (rather, for example, at shops)

6.7 DRUG AND ALCOHOL MISUSE

6.7.1 There is a mixed picture of substance misuse in Peterborough. Self-report studies show that Peterborough's children and young people are less likely to drink alcohol or use drugs than national averages. In addition, Peterborough has a lower rate of under 18s admitted to hospital with alcohol specific conditions than the rest of the East of England. However, Peterborough also has the highest rate of referrals into substance misuse services from children and family services in the East of England. The majority of Peterborough's young people in treatment have Alcohol (66%) or Cannabis (31%) as their primary substance use. In response to this need, Peterborough has a range of services in place to tackle drug and alcohol misuse.

6.7.1 Drug and alcohol services are delivered as two separate services. These services are provided to:

- Children and young people under 18 years old who are resident in Peterborough and who have been identified with drug and alcohol misuse problems.
- Parents and carers who require advice and support around drug and alcohol use issues in relation to their children.

6.7.2 The services offered include:

- Provision of information for young people, parents and carers about the risks of substance

- use, and how to get help.
- Outreach engagement targeted at vulnerable young people to try and prevent drug and alcohol misuse.
- A named drug and alcohol misuse worker provides a service for all Youth Offending Service clients' aged 10 – 17.
- Provision of a child-centred specialist service with and for children and young people (0-18) who have or are experiencing the impact of their parent's/carer's drug or alcohol misuse and who are involved with Social Care.

6.7.3 Young people and parents are able to access services by phone, face to face or through referral. Both drug and alcohol services have an office based in Peterborough that young people can access. Early intervention and prevention work is delivered in a range of settings, including young people's hostels, children's homes, Peterborough Regional College and the Pupil Referral Unit.

6.7.5 Currently, all young people requiring substance misuse treatment are seen within 15 days (the expected standard). Similarly, all young people have a care place within 2 weeks of treatment.

6.7.4 CASE STUDY – COSMIC work directly with children aged 7–17 who are affected by parental substance misuse. Work takes place in groups and individually, and supports children in understanding their position in relation to their parent's substance use.

The Cosmic Project has been involved with Amy* since April 2009. Amy is 9 years old and has recently moved back into individual therapeutic sessions from group work.

On a recent therapeutic session Amy revealed that Mum (Carla*) said "her 16yr old son (James*) had returned home. James had been dropped off by Dad saying he was mentally unwell and she had to look after him."

James had previously been deemed a threat to his younger siblings because of his mental health issues, drug use and anger problems. He had been living in a young people's housing project and was finding it difficult to cope. James was feeling afraid and unable to leave his room. Alongside his mental health issues he is smoking large amounts of cannabis.

Amy reported lots of arguments and aggression between Mum and brother and that she was feeling afraid. The counsellor told Amy that Mum could access social services, however, Amy said Mum, wanted COSMIC to help to do that. When the session ended the therapist reassured Amy. The counsellor reported the concerns to the school headteacher and then immediately to her line Manager.

A case discussion was held between the Peterborough Drug Services (PDS), Children's Services and COSMIC. COSMIC contacted Carla to find out what help was required and agreed to meet her. Carla is an adult service user in PDS. A member of the young person's team rang the housing project to check if James still had a room there and if there were any problems. His room was still available however, they were aware he was struggling and was staying with Mum for a few days.

Carla arrived with her Father who were both very distressed and met with the COSMIC coordinator and the Children and Families worker who works with Mum and knows her well. Carla and Grandad were concerned for James but also for Amy, as he was very aggressive towards her making threats to harm her. Grandad also reported being very concerned for Carla's mental health as she was very fragile.

COSMIC arranged for a consultant psychiatrist to see the son (James). The psychiatrist agreed to an appointment and Carla was contacted as a way of managing the current crisis. James attended and he spent time being assessed by the psychiatrist who suggested medication. They discussed his aggression and that he could not live with Mum because of the child

protection issue around Amy. He agreed to return to his accommodation. Carla reported he was a lot calmer and was happy for him to go home with her that day. Medication was arranged through his GP as a matter of urgency.

Carla has recently attended an appointment with COSMIC's Children and Families worker and has shared that her son is still living at home as he is a lot calmer and the medication is helping. She also feels that she has benefited hugely from her CBT sessions and has been able to be more assertive, set boundaries and be able to mix socially without feeling different or isolated. She also reports her drug use is manageable.

The school decided to make a referral to Children's Services and COSMIC has liaised with them. Children's Services have assessed the current situation and are happy with the amount of help and support that the family are getting from PDS.

** The names have been changed to protect the identity of our clients.*

7. IMPLICATIONS

7.1 None

8. CONSULTATION

8.1 None

9. EXPECTED OUTCOMES

9.1 Creating Opportunities and Tackling Inequalities Scrutiny Committee to scrutinise and comment on the progress and impact that the Children's Trust has made on the provision of services to children and young people.

10. NEXT STEPS

10.1 It is recommended that the Creating Opportunities and Tackling Inequalities Scrutiny Committee continue to receive regular reports relating to the work of the Children's Trust.

11. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

11.1 N/A

12. APPENDICES

12.1 N/A