

Appendix A - End of year review of the Children, Young People and Families Plan for 2015-2016

Our priorities

Our priorities identify how we will make best use of our collective resources to enable all children and young people to be safe, healthy and achieve their full potential.

The five priorities of the [Children, Young People and Families Plan \(2014-2016\)](#) are as follows:



- Work together to keep children and young people safe
- Improve children and young people's health outcomes through the integrated commissioning of services
- Close the gap in educational attainment between disadvantaged children and young people and their peers
- Provide children and young people with the early help support that they need
- Deliver integrated services for children and young people with complex needs or disabilities.

The delivery plan for 2015-2016 identifies the partnership's key actions for each of the above five priorities together with an overall outcome, a number of milestones (including timescales and a description of what success will look like) and the performance indicators identified which will be used to measure the improvement or otherwise of the priority or outcome.

Priority One - Work together to keep children and young people safe

1.1 Key action for 2015-16: we will further develop how effectively children's social care, early help services and universal services work together to identify children who need help or protection and to plan action to support them

Outcome: children and young people in need of help and protection are identified by professionals, and they receive timely and effective support that is proportionate to needs and/or concerns

ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
1.1.1	To have implemented a shared case management systems across NCC early help services and children's social care by November 2015.	Children young people and families will experience more streamlined services, with less duplication of information and more efficient transfers between services. Children's needs and risks will be identified quickly and the appropriate service provided.	NCC (Children's Social Care)	Practitioners in both Children's Social Care and the new Family Service have been recording case work on the same system (Frameworki) since November 2015.	
1.1.2	To have brought together the Multi-agency Safeguarding Hub (MASH) and the Early Help Unit by December 2015.		NCC (Children's Social Care)	Relocation scheduled for end May / early June.	

1.1 We are monitoring our progress in achieving this outcome through these measures

Indicator	Baseline	Annual Target for 2015-16	End of Year	Good is (+ or -)	National Average	Statistical Neighbours Average
The percentage of assessments leading to an on-going children's social care involvement	56.1%	Higher than 2014/15	54.8% (31.03.16)	+	66.5%	60.7%

Children subject to a Child Protection Plan rate per 10,000	38.8	In-line with statistical neighbours	43.2 (31.03.16)	-	42.1	40.0
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1.2 Key action for 2015-16: we will implement a consistent approach to assessment that results in effective support to families

Outcome: children and young people in need of help and protection are identified by professionals, and they receive timely and effective support that is proportionate to needs and/or concerns


ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
1.2.1	To have introduced the Nottinghamshire Assessment Toolkit to provide practitioners with online access to assessment tools by May 2015.	<p>Case holding practitioners use a consistent assessment process and have access to good quality supporting tools.</p> <p>A revised consistent assessment framework – compatible with the requirements of the new Family Service (including Troubled Families) and the Single Assessment – will be used by the new family Service from November 2015</p> <p>Children and families receive a coherent service that is appropriate to their needs and supported by effective information sharing between services.</p>	NCC (Children's Social Care)	The Nottinghamshire Assessment Toolkit was introduced in November 2015 to coincide with the establishment of the Family Service from that date. It was adopted by colleagues in Children's Social Care in February 2016 to coincide with the introduction of the single assessment process.	
1.2.2	To have introduced a consistent assessment framework across NCC early help and children's social care by November 2015.		NCC (Children's Social Care)		
1.2.3	To have implemented a single assessment process in Children's Social Care by November 2015.		NCC (Children's Social Care)	Child & Family Assessment introduced in March 2016.	

1.2 We are monitoring our progress in achieving this outcome through these measures

Indicator	Baseline	Annual Target for 2015-16	End of Year	Good is (+ or -)	National Average	Statistical Neighbours Average
The percentage of assessments completed within timescale	81.0%	85.0%	78.3% (31.03.16)	+	70.7%	70.3%

1.3 Key action for 2015-16: we will develop services for Looked After Children (LAC) including improved placement provision, and better health and education outcomes

Outcome: Looked After Children (LAC) will have improved health and higher educational attainment, and are placed in appropriate provision in a timely manner.

ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
1.3.1	To have reviewed and updated the Looked After Children and Care Leavers Strategy by September 2015	Key actions within the strategy will have been delivered, with improved education and health outcomes for looked after children.	NCC (Children's Social Care)	LAC and Care Leavers Strategy 2015-18 published in August 2015. Review completed and Annual Action Plan 2016-17 produced by LAC & Care Leavers Strategy Group. Annual review of the LAC Strategy by children & young people due to be completed end May 16.	


1.3 We are monitoring our progress in achieving this outcome through these measures

Indicator	Baseline	Annual Target for 2015-16	End of Year	Good is (+ or -)	National Average	Statistical Neighbours Average
The percentage of those children remaining in long-term placements	74.7%	Better than the national average	73.8 (31.03.16)	+	68%	68%

Average time between a child entering care and moving in with its adoptive family, for those adopted children (days)	650	Better than the national average	554 (31.03.16)	-	593	594
Percentage of LAC achieving grades A-C* in English and Maths	14.8% (2013-2014)	Better than the national average	16.7%	+	15.9%	16.3%
Average normal Strengths and Difficulties Questionnaire scores for looked after children (emotional wellbeing measure)	14.9	Better than the national average	15.4 (2014-15)	+	14	14

1.4 Key action for 2015-16: we will continue to improve our partnership arrangements to identify and support children and young people who are affected by parental mental health issues and / or substance misuse

Outcome: Adult and Children Services work more effectively together to identify children and young people in need of help and protection

ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
1.4.1	To deliver the Nottinghamshire Safeguarding Children Board's (NSCB) Think Family work plan 2015-2016 ¹ Task and Finish Group	Children and young people affected by parental mental health issues and / or substance misuse are identified and effective referrals are made by adult services to the appropriate children's services	NSCB Think Family Task and Finish Group	Provider organisations of specialist substance misuse and mental health services have provided assurance to the Task and Finish Group that their processes identify services users who are parents or have regular contact with children and that appropriate assessment processes are in place to identify children who should be referred for support of child protection intervention. This and data on the	

¹ To be available from 1 July 2015

				<p>operation of the arrangements will be included in the 2015/16 NSCB Annual Report and subject thereafter of regular reporting as part of the NSCB performance framework. The Task and Finish Group is to meet in Autumn 2016 to quality assure these arrangements. Extension of an existing Bassetlaw Primary Care model for responding to parental substance misuse or mental ill health to the rest of Nottinghamshire is included in the action plan from the 2015 CQC inspection of NHS safeguarding arrangements and progress will also be reported to the NSCB.</p>
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1.4 We are monitoring our progress in achieving this outcome through these measures

Indicator

Successful delivery of the work plan for 2015-2016

1.5 Key action for 2015-16: we will ensure the delivery of the partnership's strategy to ensure that children and young people are protected from sexual exploitation

Outcome: preventative and early identification strategies' are strengthened to protect and support children at risk of sexual exploitation through working with partners



ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
1.5.1	To establish a concerns network meeting including Children's Social Care, the new Family Service, Nottinghamshire Police and Health by March 2016	Improved intelligence sharing by professionals with the Police.	Child Sexual Exploitation Cross Authority Group	This is now established as a group however there is still work to do with getting it embedded as numbers of notifications are relatively low. Straw polls at training events suggest that it is not widely known about despite efforts to promote it. Agencies need to promote it.	
1.5.2	To improve the co-ordination of the licencing of taxis by March 2016	Improved good practice, as well as improved identification of CSE and alerting agencies	Child Sexual Exploitation Cross Authority Group / District Councils	The district councils should have trained all taxi drivers by the end of 2016.	
1.5.3	To develop a specification for a specialist child sexual exploitation service by September 2015	An improved service available to children and young people who are at risk of child sexual exploitation, which will cover the following areas: the engagement with children and young people and key stakeholders such as schools; and the provision of specific health support.	NCC Children, Families & Cultural Services	The tendering process is in place for the specialist service to replace Bardardos and a new service should be in place for the 1 st July. Pintsize has finished touring in the County and reached 7564 children and 426 staff and 26 parent/carers. Separate to both this elements this work is ongoing to improve engagement	






				with schools but the Schools Forum funding had been denied by the DfE and thus other options are being investigated and are anticipated to be established.	
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1.5 We are monitoring our progress in achieving this outcome through these measures

Indicator	Baseline	Annual Target for 2015-16	End of Year	Good is (+ or -)	National Average	Statistical Neighbours Average
A repeat Nottinghamshire Safeguarding Children Board (NSCB) CSE audit identifies improved practice in individual cases	Not applicable	Not applicable		Not applicable	Not applicable	Not applicable
The successful delivery of the Child Sexual Exploitation Multi-Agency Work Plan 2015-16	Not applicable	Not applicable		Not applicable	Not applicable	Not applicable

Priority Two - Improve children and young people's health outcomes through the integrated commissioning of services

2.1 Key action for 2015-16: We will champion the issues for children and young people across all relevant public health life course areas					
Outcome: Public health outcomes for children and young people will improve					
ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
2.1.1	<p>We will commission sexual health and contraception services that are young people friendly (by March 2016)</p> <p>We will achieve the sexual health outcomes for children and young people detailed within Nottinghamshire's Sexual Health Framework for Action (by March 2016)</p>	<ul style="list-style-type: none"> New service will be in place by 1st April 2016. Mystery shopper programme completed and findings disseminated by 1st September 2015 Reduced teenage conception rates 	Public Health (Children's Integrated Commissioning Hub) / Public Health (Sexual Health Policy Leads)	<p>A new sexual health service has been commissioned from three providers, covering the whole of Nottinghamshire, in place from 1 April 2016.</p> <p>Mystery shopper findings have been shared with the HWB and disseminated.</p> <p>Teenage pregnancy rates across Nottinghamshire continue to fall overall, although there continue to be hot spots, where rates are falling more slowly.</p>	
2.1.2	<p>We will commission tobacco control and smoking prevention services (by March 2016), with interventions focusing on children and young people, including an evidence based programme to prevent young people smoking</p>	<ul style="list-style-type: none"> New service will be in place by 1st April 2016 Reduced smoking prevalence in 15 year olds 	Public Health (Children's Integrated Commissioning Hub)	<p>A new smoking cessation and prevention service has been commissioned from <i>Solutions for Health</i>. This is being mobilised currently, commencing 1 April 2016.</p>	

				The ASSIST programme, to prevent young people from starting to smoke is on track and schools have been recruited to participate. Report due to be presented to CTB Summer 2016.	
2.1.3	We will commission services to support young people and adults with affected by domestic violence (by March 2016)	<ul style="list-style-type: none"> New service will be in place by 1st October 2015 Reduced domestic violence incidents 	Public Health (Children's Integrated Commissioning Hub)	Newly commissioned service in place to support those affected by domestic violence and abuse.	
2.1.4	We will have reviewed the services in place to reduce the harm cause by alcohol use by young people, with a view to developing a co-ordinated strategic approach	<ul style="list-style-type: none"> Reduced harm caused as a result of alcohol use Reduced alcohol related admissions to hospital (under 18 year olds) 	Public Health (Children's Integrated Commissioning Hub)	<p>Substance misuse services for young people now commissioned by public health and include alcohol misuse.</p> <p>Development of young people's health on-line resource under development, to provide advice and information.</p>	
2.1.5	We will achieve outcomes and targets relevant to children through delivery of Nottinghamshire's Framework for Action to Tackle Excess Weight 2013 – 2018 (by March 2016)	<ul style="list-style-type: none"> Reduced levels of overweight and/or obese children 	Public Health (Children's Integrated Commissioning Hub)	Work is ongoing work to implement Nottinghamshire's Framework for Action to Tackle Excess Weight 2013 – 2018	
2.1.6	We will review the oral health promotion service and commission an effective oral health intervention for children, young people and families (by March 2016)	<ul style="list-style-type: none"> Reduced tooth decay in 5 year olds 	Public Health (Children's Integrated Commissioning Hub)	New oral health promotion service commissioned and commenced 1 April 2016.	
2.1.7	We will lead on the performance and review of the Reducing Avoidable Injuries in Children and Young	<ul style="list-style-type: none"> Reduced accidents amongst children and young people 	Public Health (Children's Integrated)	Joint steering group continuing work to implement the strategy, in place until 2020.	

People: A Strategy for Nottingham and Nottinghamshire 2014-2020 (by March 2016)	Commissioning Hub	
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2.1 We are monitoring our progress in achieving this outcome through these measures



Indicator	Baseline	Annual Target for 2015-16	End of Year	Good is (+ or -)	National Average	East Midlands Average
Excess weight in 4-5 year olds (PHOF 206i)	20.4%	Reduction (no specific target set)	20.7 (2014-15)	-	21.9% (2014-15)	21.7% (2014-15)
Excess weight in 10-11 year olds (PHOF 206ii)	31%	Reduction (no specific target set)	31% (2014-15)	-	33.2% (2014-15)	32.4% (2014-15)
Smoking prevalence aged 15 years – regular smokers (PHOF 2.09ii)	5.3% (2014/15)	Reduction (no specific target set)	5.3% (2014-15)	-	5.5% (2014-15)	5.3% (2014-15)
Smoking prevalence aged 15 years – occasional smokers (PHOF 2.09iii)	2.1% (2014/15)	Reduction (no specific target set)	2.1% (2014-15)	-	2.7% (2014-15)	2.3% (2014-15)
Reduction in teenage conception rates per 1,000 females aged 15-17 (PHOF 2.04)	24.2 (2013 baseline)	Reduction (no specific target set)	21.1 (2014)	-	22.8 (2014)	21.6 (2014)
Reduced Hospital Admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 10,000 resident population (PHOF 20.7i)	107.2 (2012/13)	Reduction (no specific target set)	111.4 (2014-15)	-	137.5 (2014-15)	112.8 (2014-15)
Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 per 10,000 resident population (PHOF 2.07ii)	120.4 (2012/13)	Reduction (no specific target set)	128.2 (2014-15)	-	131.7 (2014-15)	124.2 (2014-15)
Mean severity of tooth decay in children aged 5 years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted (PHOF 4.02)	0.64 (2011/12 baseline)	Reduction (no specific target set)	0.64 (2011-12)	-	0.94 (2011-12)	0.92 (2011-12)

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Key: PHOF (Public Health Outcomes Framework) <http://www.phoutcomes.info/> End of year data taken from PHOF website.

2.2 Key action for 2015-16: We will commission the Healthy Child Programme 0-19 years

Outcome: Healthy Child Programme is successfully re-commissioned

ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
2.2.1	We will work with NHS England to enable the safe transfer of commissioning responsibility for Health Visiting and Family Nurse Partnership (FNP) from NHS England to the Local Authority (by October 2015)	<ul style="list-style-type: none"> Seamless transfer of commissioning responsibility that does not destabilise delivery of Health Visiting and FNP services. 	Public Health (Children's Integrated Commissioning Hub)	Commissioning responsibility transferred on 1st October 2015. A task and finish group was established and provided assurance of the safe transfer.	
2.2.2	We will develop a new 0-19 Healthy Child Programme and public health nursing service model and begin a procurement exercise to have a new service in place for October 2016 (model ready and procurement underway by March 2016)	<ul style="list-style-type: none"> Development of a co-produced integrated service model that enables effective delivery of the 0-19 Healthy Child Programme within available resources. 	Public Health (Children's Integrated Commissioning Hub)	The integrated model will be presented to Public Health Committee in May 2016 for agreement to tender.	

2.2 We are monitoring our progress in achieving this outcome through these measures



Indicator	Annual Target for 2015-16
Transfer of commissioning of Health Visiting (Nottinghamshire, excluding Bassetlaw) and FNP from NHS England (North Midlands) to Nottinghamshire County Council and establishment of associate contracting arrangements by October 2015	Transfer completed by October 2015


Transfer of commissioning of Health Visiting (Bassetlaw) from NHS England (Yorkshire and the Humber) and novation of current contract by October 2015	Transfer and novation of current contract	
Approval of service model and procurement plan for 0-19 Healthy Child Programme and public health nursing service by October 2015	N/A	Service models and procurement plans agreed

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2.3 Key action for 2015-16: We will implement the findings of the Nottinghamshire Child and Adolescent Mental Health Service (CAMHS) review

Outcome: Improved mental health and wellbeing outcomes for children and young people


ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
2.3.1	We will integrate tier 2 and tier 3 CAMHS services (by October 2015).	<ul style="list-style-type: none"> Delivery of a service built on the needs of service users that enables easy access to the right support from the right service at the right time. 	Public Health (Children's Integrated Commissioning Hub)	Tier 2 and 3 have now been integrated into One CAMHS, supported by a single point of access. A number of posts that have been established are in the process of being recruited to, thus the RAG rating of Amber. Additional communication material about the new arrangements is in development and will be circulated this quarter (Q1 2016/17).	
2.3.2	We will establish a CAMHS Crisis and Extended Treatment Service (by December 2015).	<ul style="list-style-type: none"> Improved care for children and young presenting in crisis so they are treated in the right place, at the right time, and as close to home as possible. 	Public Health (Children's Integrated Commissioning Hub)	The crisis team commenced operation in January 2016. The team is operating as a pilot and will be evaluated in the first half of 2016/17 to inform future commissioning intentions.	

2.3.3	We will develop multi-agency plans to promote resilience, prevention and early intervention (by December 2015).	<ul style="list-style-type: none"> • Children, young people and families adopt and maintain behaviours that support good mental health. • Preventing mental health problems from arising, by taking early actions with children, young people and parents who may be at greater risk. • Early identification of need, so that children, young people and families are supported as soon as problems arise to prevent more serious problems developing wherever possible. 	Public Health (Children's Integrated Commissioning Hub)	The Future in Mind transformation plan was agreed in November 2015. This included a section on resilience, prevention and early intervention. This incorporates actions in relation to developing academic resilience in schools and commissioning online counselling. Whilst work is underway to deliver these actions, there has been slippage against the original timescales in the plan.	
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
2.3 We are monitoring our progress in achieving this outcome through these measures

Indicator	Annual Target for 2015-16
Develop and agree 'One CAMHS' service specification by October 2015	Service specification agreed
Develop and agree performance and outcome framework by October 2015	Performance and outcome framework agreed
CAMHS Crisis and Extended Treatment Service to be established and operational by December 2015	CAMHS Crisis and Extended Treatment Service implemented
Approval of multiagency resilience, prevention and early intervention plan by December 2015	Multiagency resilience, prevention and early intervention plan agreed

Priority Three - Close the gap in educational attainment between disadvantaged children and young people and their peers


3. Key action for 2015-16: Continue implementing the Closing the Gap Strategy					
Outcome: educational attainment gaps will continue to narrow in comparison with national gaps at Key Stages 2, 4 and 5					
ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
3.1	To expand the work of the Closing the Gap Strategy across the County, and especially in the localities of Worksop, Gedling and Mansfield with a focus on vulnerable pupils	<ul style="list-style-type: none"> The gap at key stage 2 between <u>Free School Meals</u> (FSM) 6 and non FSM pupils reduces by 1.4% to be in line with national The gap at key stage 4 between FSM 6 and non FSM pupils in relation to 5 A*-C including English and mathematics reduces by 2.9% to be in line with national The gap between <u>Special Educational Needs and Disabilities</u> (SEND) and non-SEND pupils at key stage 2 reduces by 1.5 % to be in line with national The gap between SEND and non-SEND pupils at key stage 4 continues to narrow to move towards being 4.0% lower than national. 	Closing the Gap Performance Board / NCC Group Manager for Support for Schools / NCC Group Manager for SEND Policy & Provision	<p>At Key Stage 2, final data shows that the gap between FSM6 pupils and Non FSM6 pupils achieving level 4 or above in combined reading, writing and mathematics has narrowed for the fourth year running. The gap reduced by 1.4 percentage points in line with the target set.</p> <p>Although the FSM6 gap in Nottinghamshire continues to reduce, the national gap is reducing at a faster rate so that Nottinghamshire's gap is still wider than national (16.8 Notts v 14 national).</p> <p>At Key Stage 4, the FSM6 gap for Nottinghamshire schools is 30.2 percentage points which represents a widening of the gap (1.3 percentage points). Therefore the target for this measure was not met. It should be noted that a similar widening of the</p>	

				<p>gap was witnessed nationally with the national gap now standing at 27 percentage points (an increase of 1 percentage point from 2014).</p> <p>At Key Stage 2 the SEN gap for the LA is 55.8 percentage points which represents a widening of the gap compared to 53.5 percentage points reported in 2014. The national SEN gap for 2015 is 51 percentage points.</p> <p>At Key Stage 4 The SEN gap for the LA is 46.4 percentage points which represents a widening of the gap compared to 41.8 percentage points reported in 2014. Nationally the gap stands at 44.6 points.</p> <p>Activity programmes to close FSM gaps have been fully delivered and resulted in significant improvements at KS2. Secondary schools are mostly academies and as a result we seen a reduction in the opportunities to engage in partnership working on this agenda. Changes in assessment and testing at KS4 have increased the challenge for schools to ensure that they improve the outcomes for disadvantaged groups. During this period this gap has widened. Secondary schools recognise this challenge and are beginning to re-engage as a result of the East Midlands Challenge. We are actively supporting this work.</p>	
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				The SEN gap has been broadly in line with national for several years. The Local Authority has been a pathfinder authority for the new code of practice. In this first year gaps appear to have widened but further investigation is needed to determine the reasons behind this. This work will be carried out in the course of 2016 – 17 in partnership with schools.	
3.2	To focus on developing governance within schools so governors are able to hold head teachers to account for the outcomes of vulnerable pupils and the use of the pupil premium	<ul style="list-style-type: none"> Ofsted judges the use of the pupil premium to be at least 'good' in all schools FSM 6, SEND and <u>Looked After Children</u> (LAC) pupils' attainment and progress is increasing and the gap with national is narrowing 	Closing the Gap Performance Board / NCC Group Manager for Support for Schools	Governing bodies who purchase the LA clerking service are encouraged to head teachers about the outcomes of vulnerable pupils through including this as an agenda item on their full governing body meeting agenda and including this as a section in the head teacher's report template. Minutes of meetings indicate that governing bodies regularly challenge head teachers about the outcomes for vulnerable pupils and pupil premium. This has become a "standard" item on the agenda for governing bodies.	
3.3	To improve the effectiveness of the Virtual School to intervene where appropriate in schools failing to meet the needs of Looked After Children (LAC)	<ul style="list-style-type: none"> Increased proportion of pupils at each key stage making expected progress so that this is at least in line with LAC progress made nationally in each of reading, writing and maths at key stage 2 and in English and maths at key stage 4 No permanent exclusions of children who are LAC and a reduction of fixed term exclusions to be in line with national 	Closing the Gap Performance Board / NCC Group Manager for Support for Schools	<u>Key Stage 2</u> <ul style="list-style-type: none"> NB 2014 LAC Y6 903 Cohort based on 34 pupils, 2015 based on 37 pupils. 	

		<ul style="list-style-type: none"> • Most LAC have an allocated school place in a good or outstanding school • LAC unable to access a mainstream curriculum, remain on the roll of a school which will be responsible for delivering or mediating an appropriate package and monitoring effectiveness of that package on progress and attainment 		<ul style="list-style-type: none"> • From 2014 to 2015 broadly similar percentage of LAC pupils achieved expected progress in reading (83% 2014 v 81% 2015) this compares favourably to a national figure of 82% in 2015. In terms of writing Notts cohort witnessed an improvement on 2014 figures (from 80% to 84%), which now puts LAC outcomes in-line with the national percentage in writing. It is in the area of expected progress in maths however that Notts LAC outcomes dropped from 83% in 2014 to 70% in 2015. The Notts outcome in maths expected progress in 2015 is 7% points below the national outcome whereas in 2014, Notts LAC were 8% points above the national outcome for LAC. <p><u>Key Stage 4</u></p> <ul style="list-style-type: none"> • NB In terms of interpreting the KS4 performance measures it is important to note that recent changes have been significant and make trend data difficult to determine. The expansion 	
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				<p>of 'First entry' policy has particularly increased the challenge in maths and English in 2015.</p> <ul style="list-style-type: none"> • NB 2014 LAC Y11 903 Cohort based on 61 pupils, 2015 based on 66 pupils. • In terms of expected progress in English this target has been well met with a 10% point increase in the percentage of Notts LAC pupils making expected progress (from 29% in 2014 to 39% in 2015). When compared to national the Notts outcome is now 2% points above compared to being 6% points below national in 2014. • In terms of expected progress in maths, the target has not been achieved due to a fall of 5% points from the 2014 figure (29% achieved expected progress in 2014 v 24% in 2015) When compared to national the Notts outcome is now 5% points below compared to being 3% points above national in 2014. 	
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				<ul style="list-style-type: none"> No LAC have been permanently excluded. The table below shows the percentage drop in fixed term exclusions for LAC since 2010 compared with national. <p>Fixed Term Exclusions</p> <table border="1"> <thead> <tr> <th>National</th> <th>LA</th> </tr> </thead> <tbody> <tr> <td>-2.37%</td> <td>-3.97%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> However, based on the latest published data (2014), Nottinghamshire has seen an increase of 2% and the gap with national has increased by 1%. This is not significant (6 pupils/600). 80% of LAC are currently placed in a setting that is graded as good or better. <p>There are currently 8 pupils who are not accessing mainstream education and each of these is closely monitored and tracked by their allocated Achievement Officer and by members of the Local Authorities EOTAS team.</p>	National	LA	-2.37%	-3.97%	
National	LA								
-2.37%	-3.97%								
3.4	To develop the Children Missing Education (CME) Strategy to ensure all children and young people	<ul style="list-style-type: none"> Every child is accessing their entitlement to full time education Further decrease in the time taken to secure a school place through the Fair Access policy 	Closing the Gap Performance Board / NCC Group Manager for Support for Schools	The Fair Access Team continues to mediate if children do not secure school places through the 'In Year'					





	are able to access a full and appropriate educational entitlement and have a place on a school roll			admissions process. The number of days that children who qualify as 'fair access' remain without a school place has continued to reduce with the average number of days lost to learning in the Autumn Term 2015 being 16. This is now within government guidelines. There have been 188 cases raised with the Fair Access Team since September 2015. 146 of those cases have now been resolved, 11 of those cases required the support of interim Higher Level Needs funding to support their transition back into learning. 15 cases were not ready to be placed in mainstream learning and have required an alternative provision pathway which will be monitored through our new Education Other than at School (EOTAS) arrangements, whilst the remaining 27 are current cases.	
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3. We are monitoring our progress in achieving this outcome through these measures

Indicator	Baseline	Annual Target for 2015-16	End of Year	Good is (+ or -)	National Average
Achievement gap for those with a good level of development in the Early Years Foundation Stage Profile between pupils eligible for free school meals and the rest	27.1% (2013-14)	23.0%	27.6% (31.03.16)	-	19%

Attainment gap at age 11 for L4+ in reading, writing and mathematics between pupils for whom pupil premium (pp) provides support and the rest (pupils eligible for free school meals at any point in the past 6 years)	17.4% (2013-14)	16.0%	16.8% (31.03.16)	-	16%
Attainment gap at age 16 for 5 A*-C (including English and maths) between pupils for whom the pupil premium (pp) provides support and the rest (pupils eligible for free school meals at any point in the past 6 years)	28.9% (2013-14)	26.0%	30.2% (31.03.16)	-	26%

Priority Four - Provide children and young people with the early help support that they need


4.1 Key action for 2015-16: to establish a locality based family service to ensure children and families receive the early help support they need					
Outcome: Commence new family service					
ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
4.1.1	Agree final operational model by 1 May 2015	Publication of operational guidance and intervention menus	NCC (Group Manager, Early Help Services)	Operational guidance and intervention menus are published and fully operational.	
4.1.2	Enable staff into future roles in the family service by 1 May 2015	Structure agreed by committee and enabling and competitive processes complete	NCC (Group Manager, Early Help Services)	Staffing structure is in place.	
4.1.3	Skills and infrastructure for family service delivery in place by 1 May 2015	Staff trained, IT in place, business support processes agreed, case transition plan in place, communications understood	NCC (Group Manager, Early Help Services)	Staff and services are in place. Alternative found to ICT system due to delays in MOSAIC implantation.	
4.1.4	Commence delivery of new family service by 1 November 2015	Service and partners ready and confident to deliver against new model	NCC (Group Manager, Early Help Services)	The new model is fully operational. Partner briefings have been completed and regular communication continues.	

4.1 We are monitoring our progress in achieving this outcome through these measures

Indicator	Baseline	Annual Target for 2015-16	End of Year	Good is (+ or -)	National Average
The percentage of children who had their needs fully resolved at closure to an early help service intervention	65%	70%	Indicator suspended due to the introduction of the Family Service and associated recording issues.	+	N/A

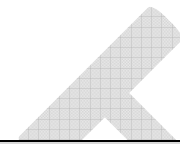
4.2 Key action for 2015-16: Re-commission the provision of supported accommodation for homeless 16/17 year olds and Care Leavers



Outcome: Effective provision in place for homeless young people and care leavers


ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
4.2.1	Mobilisation of new contracts by 31 December 2015	Completion of tender exercise, successful award of all four contracts	NCC (Group Manager, Early Help Services)	All new contracts are in place and operational.	

4.2 We are monitoring our progress in achieving this outcome through these measures

Indicator	Annual Target for 2015-16
New contracts in place for supported accommodation	Contracts successfully awarded



4.3 Key action for 2015-16: Plan to ensure ongoing service quality and sufficiency of Early Years provision					
Outcome: The delivery of high quality early childhood provision at the required sufficiency levels.					
ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
4.3.1	Complete Project Plan to outline the work needed for 'Clustering' Children's centres including an updated Equality Impact Assessment and continue to monitor the contracts with Nottinghamshire Children and Families Partnership (NCFP) by March 2016	Agreement on how clustering can be taken forward whilst maintaining performance on service priorities	NCC (Group Manager Childhood and Early Help Locality Services)	Project plan is completed and the work has saved £3,010,000 from the early childhood services budget (2016/17).	
4.3.2	Review, develop and maintain sufficient childcare places for 2,3 & 4 year olds following annual update of Childcare Sufficiency Audit/Complete roll out for 2 year old Early Education Entitlement and complete Capital Works project plan by March 2016	Sufficient child care places for the 2,3 and 4 year offer	NCC (Group Manager Childhood and Early Help Locality Services)	All actions have been completed but there are challenges to ensure sufficient childcare in some areas. The 2016 Childcare Sufficiency Assessment is nearly completed and will be published at the end of the Summer term. There are some areas that require investment to ensure places are available. However all capital funding has now been depleted (due to the completion of the capital	

				works project) so we will struggle to create more places.	
4.3.3	Implement the new support service offer to the early years' sector through the establishment of the new team by March 2016	Delivery of support offer	NCC (Group Manager Childhood and Early Help Locality Services)	The team has been reviewed and new Early Years advisors are now in place to support the Early Years Quality and Improvement Team. However a new review is due to take place which is linked to increased budget reductions.	



4.3 We are monitoring our progress in achieving this outcome through these measures



Indicator	Baseline	Annual Target for 2015-16	End of Year	Good is (+ or -)	National Average
The percentage of children aged 0-4 living in low income areas seen at children's centres	57%	65%	67% (31.03.16)	+	N/A
The percentage of eligible two year olds taking up early education places	62%	75%	66% (31.03.16)	+	N/A

Priority Five - Deliver integrated services for children and young people with complex needs or disabilities

5. Key action for 2015-16: To implement an integrated delivery model for services to children and young people with complex needs or disabilities

Outcome: An integrated service offer is available in Nottinghamshire for services to children and young people with complex needs or disabilities

ID	Milestones(including time-scale)	What will success look like?	Lead	Progress to date including the impact made and / or any blocks or barriers identified	RAG Rating
5.1	We will develop a new operating model for children and young people with complex needs or disabilities and identify where we can deliver more integrated service provision across children's social care, education support and health commissioning by March 2016.	<ul style="list-style-type: none"> Services across the NCC and NHS are jointly commissioned wherever possible The strategic objectives described in the Integrated Commissioning Strategy for Special Educational Needs and Disabilities (SEND) are delivered 	Improving outcomes for disabled CYP Steering Group	Integrated Children's Disability Service structure in place and full implementation by September 2016.	
5.2	We will implement the recommendations of phase one of the Integrated Children and Young People's Community Healthcare Programme (ICCYPH) by March 2016	<ul style="list-style-type: none"> Community health services for children and young people are re-designed and re-commissioned including improving the pathways to accessing the services 	ICCYPH Steering Group	The ICCYPH service has been commissioned and a new service, provided by Nottinghamshire Healthcare Trust, commenced on 1 April 2016. Further transformation of the service will be required during 2016-17.	






5.3	We will establish an impartial and integrated Information, Advice and Support Service for children and young people with Special Educational Needs and Disabilities (SEND) by September 2015	<ul style="list-style-type: none"> The service will provide a comprehensive, accurate and comprehensive service which can be easily accessed by service users and their families 	Improving outcomes for disabled CYP Steering Group	Service implemented but adjustments required to meet full SEND Code of Practice Standards.	
5.4	We will complete a review how SEND support services are provided to schools by the County Council by August 2016	<ul style="list-style-type: none"> Services for SEND will be appropriately managed between schools and the Local Authority with schools gradually taking greater ownership and responsibility. Services are more responsive to the needs of schools and pupils leading to improved outcomes for pupils with SEND 	Group Manager (SEND Policy and Provision)	<ul style="list-style-type: none"> Options and models of provision to be developed - January to March 2016. Strategy and action plan drafted and approved between April to August 2016. Strategy implemented and commission appropriate provision & services - September 2016. 	

5. We are monitoring our progress in achieving this outcome through these measures:

Indicator	Baseline	Annual Target for 2015-16	End of Year	Good is (+ or -)	National Average
Integrated Children and Young People's Community Healthcare Programme (ICCYPH) – the integrated service in commissioned and in place by March 2016	N/A	New service in place by 1 April 2016		N/A	N/A
<p>The following strategic objectives in the Integrated Commissioning Strategy for SEND are delivered by March 2016</p> <ul style="list-style-type: none"> All specialist panels and pathways are reviewed and integrated where possible All existing statements and, where appropriate, LD assessments are transferred to Education, Health and Care (EHC) Plans within the statutory 	N/A	Strategic objectives successfully delivered		N/A	N/A

timeframe <ul style="list-style-type: none"> • A graduated pathway to provision for SEND to include the development of a SEND Support Plan is delivered • A strategy for preparing for adulthood is developed 					
Attainment gap at age 11 for Level 4+ in reading, writing and maths for pupils with SEND and the rest.	53.5 points (2013-14 academic year gap)	In line with the national average	55.8 points (2014-15 academic year gap)	–	51 points (2014-15 academic year gap)

Key to RAG status

	Completed – work has been successfully completed to deadline
	On schedule – work has started and is meeting milestones
	Happening but behind schedule – work has started, activity is not meeting milestones, but is expected to by the deadline if adjustments are made
	Behind or not happening – work has not started when scheduled or has started but activity is not meeting or unlikely to meet its milestones
	No information received