

## **Appendix A**

### **Nottinghamshire Children's Trust**

#### **Children, Young People and Families Plan (2014-2016)**

#### **Delivery Plan for 2015-2016**

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##### **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 achieving 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.**
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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
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)
1.1.2	To have brought together the MASH and the Early Help Unit by December 2015.		NCC (Children's Social Care)
1.1.3	To have refined the information sharing and joint planning arrangements for children who move between services as their level of need changes by April 2016.		NCC (Children's Social Care)

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

Indicator	Current Value	Annual Target for 2015-16	Good is (+ or -)

The percentage of assessments leading to an on-going children's social care involvement	54.7%	Higher than 2014/15	+
Children subject to a Child Protection Plan rate per 10,000	38.8	In-line with statistical neighbours	-

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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
1.2.1	To have introduced the Nottinghamshire Assessment Toolkit to provide practitioners with online access to assessment tools by May 2015.	Case holding practitioners use a consistent assessment process and have access to good quality supporting tools.  Children and families receive a coherent service that is appropriate to their needs and supported by effective information sharing between services.	NCC (Children's Social Care)
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)

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

Indicator	Current Value	Annual Target for 2015-16	Good is (+ or -)
The percentage of assessments completed within timescale	81.0%	85.0%	+

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

**Outcome: Looked after children 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
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)

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

Indicator	Current Value	Annual Target for 2015-16	Good is (+ or -)
The percentage of those children remaining in long-term placements	74.7%	Better than the national average	+
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	-
Percentage of LAC achieving grades A-C* in English and Maths	14.8% (2013-2014)	Better than the national average	+
Average normal <b>S</b> trengths and <b>D</b> ifficulties <b>Q</b> uestionnaire scores for looked after children (emotional wellbeing measure)	45	Better than the national average	+

**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
1.4.1	To deliver the Nottinghamshire Safeguarding Children Board's (NSCB) Think Family work plan 2015-2016 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

**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
1.5.1	To continue to deliver the Child Sexual Exploitation Multi-Agency Work Plan 2015-16	Children and young people at risk of sexual exploitation are identified early and have access to effective support	Child Sexual Exploitation Cross Authority Group

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

Indicator
Successful delivery of the Child Sexual Exploitation Multi-Agency Work Plan 2015-16

## 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
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 Strategy (by March 2016)</p>	<ul style="list-style-type: none"> <li>• New service will be in place by 1<sup>st</sup> April 2016.</li> <li>• Mystery shopper programme completed and findings disseminated by 1<sup>st</sup> September 2015</li> <li>• Reduced teenage conception rates</li> </ul>	Public Health (Children's Integrated Commissioning Hub) / Public Health (Sexual Health Policy Leads)
2.1.2	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	<ul style="list-style-type: none"> <li>• New service will be in place by 1<sup>st</sup> April 2016</li> <li>• Reduced smoking prevalence in 15 year olds</li> </ul>	Public Health (Children's Integrated Commissioning Hub)
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"> <li>• New service will be in place by 1<sup>st</sup> October 2015</li> <li>• Reduced domestic violence incidents</li> </ul>	Public Health (Children's Integrated Commissioning Hub)
2.1.4	We will have reviewed the services in place to	<ul style="list-style-type: none"> <li>• Reduced harm caused as a result of alcohol use</li> </ul>	Public Health



	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"> <li>Reduced alcohol related admissions to hospital (under 18 year olds)</li> </ul>	(Children's Integrated Commissioning Hub)
2.1.5	We will achieve outcomes and targets relevant to children through delivery of Nottinghamshire's Obesity Strategy (by March 2016)	<ul style="list-style-type: none"> <li>Reduced levels of overweight and/or obese children</li> </ul>	Public Health (Children's Integrated Commissioning Hub)
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"> <li>Reduced tooth decay in 5 year olds</li> </ul>	Public Health (Children's Integrated Commissioning Hub)
2.1.7	We will lead on the performance and review of the <i>Reducing Avoidable Injuries in Children and Young People: A Strategy for Nottingham and Nottinghamshire 2014-2020</i> (by March 2016)	<ul style="list-style-type: none"> <li>Reduced accidents amongst children and young people</li> </ul>	Public Health (Children's Integrated Commissioning Hub)

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

Indicator	Current Value	Annual Target for 2015-16	Good is (+ or -)
Excess weight in 4-5 year olds (PHOF 206i)	20.4%	Reduction (no specific target set)	-
Excess weight in 10-11 year olds (PHOF 206ii)	31%	Reduction (no specific target set)	-
Smoking prevalence aged 15 years – regular smokers (PHOF 2.09ii)	Waiting for local data, England data = 8%	Reduction (no specific target set)	-
Smoking prevalence aged 15 years – occasional smokers	Waiting for local	Reduction (no specific target set)	-

(PHOF 2.09iii)	data, England data = <b>10%</b>		
Reduction in teenage conception rates per 1,000 females aged 15-17 (PHOF 2.04)	<b>24.2</b> (2013 baseline)	Reduction (no specific target set)	-
Reduced Hospital Admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 10,000 resident population (PHOF 20.7i)	<b>107.2</b> (2012/13)	Reduction (no specific target set)	-
Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 per 10,000 resident population (PHOF 2.07ii)	<b>120.4</b> (2012/13)	Reduction (no specific target set)	-
Reduction in the rate of domestic abuse incidents reported to the police per 1,000 population (PHOF 1.11)	<b>24.3</b> (2012/13 baseline)	Reduction (no specific target set)	-
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)	<b>0.64</b> (2011/12 baseline)	Reduction (no specific target set)	-

**Key: PHOF (Public Health Outcomes Framework)**

## 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
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"> <li>Seamless transfer of commissioning responsibility that does not destabilise delivery of Health Visiting and FNP services.</li> </ul>	Public Health (Children's Integrated Commissioning Hub)
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"> <li>Development of a co-produced integrated service model that enables effective delivery of the 0-19 Healthy Child Programme within available resources.</li> </ul>	Public Health (Children's Integrated Commissioning Hub)

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

Indicator	Current Value	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	N/A	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	N/A	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 CAMHS review**

**The outcome for this key action is: Improved mental health and wellbeing outcomes for children and young people**

ID	Milestones(including time-scale)	What will success look like?	Lead
2.3.1	We will integrate tier 2 and tier 3 CAMHS services (by October 2015).	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	Public Health (Children's Integrated Commissioning Hub)
2.3.2	We will establish a CAMHS Crisis and Extended Treatment Service (by December 2015).	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	Public Health (Children's Integrated Commissioning Hub)
2.3.3	We will develop multiagency plans to promote resilience, prevention and early intervention (by December 2015).	<ul style="list-style-type: none"> <li>• Children, young people and families adopt and maintain behaviours that support good mental health.</li> <li>• Preventing mental health problems from arising, by taking early actions with children, young people and parents who may be at greater risk.</li> <li>• 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.</li> </ul>	Public Health (Children's Integrated Commissioning Hub)

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

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

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

<b>3. Key action for 2015-16: Continue implementing the Closing the Gap Strategy</b>			
<b>Outcome: educational attainment gaps will continue to narrow in comparison with national gaps at Key Stages 2, 4 and 5</b>			
<b>ID</b>	<b>Milestones(including time-scale)</b>	<b>What will success look like?</b>	<b>Lead</b>
<b>3.1</b>	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	<p>The gap at key stage 2 between FSM 6 and non FSM pupils reduces by 1.4% to be in line with national</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• The gap between SEND and non-SEND pupils at key stage 2 reduces by 1.5 % to be in line with national</li> <li>• The gap between SEND and non-SEND pupils at key stage 4 continues to narrow to move towards being 4.0% lower than national.</li> </ul>	Closing the Gap Performance Board / NCC Group Manager for Support for Schools / NCC Group Manager for SEND Policy & Provision
<b>3.2</b>	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"> <li>• Ofsted judges the use of the pupil premium to be at least 'good' in all schools</li> <li>• FSM 6, SEND and LAC pupils' attainment and progress is increasing and the gap with national is narrowing</li> </ul>	Closing the Gap Performance Board / NCC Group Manager for Support for Schools

ID	Milestones(including time-scale)	What will success look like?	Lead
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	<ul style="list-style-type: none"> <li>• 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</li> <li>• No permanent exclusions of children who are LAC and a reduction of fixed term exclusions to be in line with national</li> <li>• Most LAC have an allocated school place in a good or outstanding school</li> <li>• 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</li> </ul>	Closing the Gap Performance Board / NCC Group Manager for Support for Schools
3.4	To develop the Children Missing Education (CME) Strategy to ensure all children and young people are able to access a full and appropriate educational entitlement and have a place on a school roll	<ul style="list-style-type: none"> <li>• Every child is accessing their entitlement to full time education</li> <li>• Further decrease in the time taken to secure a school place through the Fair Access policy</li> </ul>	Closing the Gap Performance Board / NCC Group Manager for Support for Schools

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

Indicator	Current Value	Annual Target for 2015-16
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%	23.0%



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%	16.0%
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%	26.0%

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

<b>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</b>
<b>Outcome: Commence new family service</b>

ID	Milestones(including time-scale)	What will success look like?	Lead
4.1.1	Agree final operational model by 1 May 2015	Publication of operational guidance and intervention menus	NCC (Group Manager, Early Help Services)
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)
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)
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)

<b>We are monitoring our progress in achieving this outcome through these measures:</b>		
Indicator	Current Value	Annual Target for 2015-16
The percentage of children who had their needs fully resolved at closure to an early help service intervention	65%	70%

**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
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)

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

Indicator	Current Value	Annual Target for 2015-16
New contracts in place for supported accommodation	N/A	Contracts successful 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.**

<b>ID</b>	<b>Milestones(including time-scale)</b>	<b>What will success look like?</b>	<b>Lead</b>
<b>4.3.1</b>	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 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)
<b>4.3.2</b>	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)
<b>4.3.3</b>	Implementation of the Early Help Development Plan by March 2016	Delivery of the items in the revised development plan.	NCC (Group Manager Childhood and Early Help Locality Services)
<b>4.3.4</b>	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)

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

<b>Indicator</b>	<b>Current Value</b>	<b>Annual Target for 2015-16</b>
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The percentage of children aged 0-4 living in low income areas seen at children's centres	58%	65%
The percentage of eligible two year olds taking up early education places	62%	85%

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## 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
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"> <li>Services across the NCC and NHS are jointly commissioned wherever possible</li> <li>The strategic objectives described in the Integrated Commissioning Strategy for Special Educational Needs and Disabilities (SEND) are delivered</li> </ul>	Improving outcomes for disabled CYP Steering Group
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"> <li>Community health services for children and young people are re-designed and re-commissioned including improving the pathways to accessing the services</li> </ul>	ICCYPH Steering Group
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"> <li>The service will provide a comprehensive, accurate and comprehensive service which can be easily accessed by service users and their families</li> </ul>	Improving outcomes for disabled CYP Steering Group

ID	Milestones(including time-scale)	What will success look like?	Lead
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"> <li>Services for SEND will be appropriately managed between schools and the Local Authority with schools gradually taking greater ownership and responsibility.</li> <li>Services are more responsive to the needs of schools and pupils leading to improved outcomes for pupils with SEND</li> </ul>	Group Manager (SEND Policy and Provision)

We are monitoring our progress in achieving this outcome through these measures:		
Indicator	Current Value	Annual Target for 2015-16
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
<p>The following strategic objectives in the Commissioning Strategy for SEND are delivered by March 2016</p> <ul style="list-style-type: none"> <li>All specialist panels and pathways are reviewed and integrated where possible</li> <li>All existing statements and, where appropriate, LD assessments are transferred to EHC Plans within the statutory timeframe</li> <li>A graduated pathway to provision for SEND to include the development of a SEND Support Plan is delivered</li> <li>A strategy for preparing for adulthood is developed</li> </ul>	N/A	Strategic objectives successfully delivered
Satisfaction rate of service users of the new Information Advice and Support Service	New service	80%
Attainment gap at age 11 for Level 4+ in reading, writing and maths for pupils with SEND and the rest.	53.5 points	52 points (in line with the national average)