

**NOTTINGHAM CITY COUNCIL**  
**CHILDREN'S PARTNERSHIP BOARD**

**Date:** Wednesday 27 March 2013

**Time:** 4.00pm

**Place:** Committee Room, Ground Floor at Loxley House, Station Street

**Members of the Children's Partnership Board are requested to attend the above meeting on the date and at the time and place stated to transact the following business**

**Interim Corporate Director of Children and Families, Candida Brudenell**

**Constitutional Services Officer: Catherine Ziane-Pryor Direct dial - 0115 8764298**

**A G E N D A**

**1 APOLOGIES FOR ABSENCE**

**2 DECLARATIONS OF INTERESTS**

If you are unsure whether or not you should declare an interest in a particular matter, please contact the Constitutional Services Officer shown on this agenda, if possible before the day of the meeting, who will provide advice in the first instance.

**3 MINUTES**

Last meeting held on 19 December 2012 (for confirmation)

Attached

**4 CHILDREN AND YOUNG PEOPLE'S PLAN PERFORMANCE REVIEW QUARTER 3, 2012/13**

Report of Interim Corporate Director of Children and Families

Attached

**5 PUBLIC HEALTH NURSING FOR SCHOOL AGED CHILDREN AND YOUNG PEOPLE**

Report of Director of Public Health

Attached

**6 A POSITIVE START FOR EVERY FAMILY - TRANSFORMING HEALTH VISITING**

Report of Assistant Director Children, Young People Families & Health Improvement

Attached

**7 SIGNS OF SAFETY - A SOLUTION FOCUSED APPROACH**

Report of Director of Safeguarding

Attached

- |    |   |          |
|----|---|----------|
| 8  | <b>STRATEGIC COMMISSIONING INTENTIONS</b><br>Report of Interim Corporate Director of Children and Families  | Attached |
| 9  | <b>BIG LOTTERY: FULFILLING LIVES: A BETTER START</b><br>Report of Interim Corporate Director of Children and Families   | Attached |
| 10 | <b>OLYMPIC LEGACY:PHYSICAL ACTIVITY, SPORT AND PHYSICAL EDUCATION (PE) FOR YOUNG PEOPLE IN NOTTINGHAM: THE WORK OF SCHOOL SPORT NOTTINGHAM</b><br>Report of Interim Corporate Director of Children and Families | Attached |
| 11 | <b>KEY MESSAGES AND ITEMS FOR INFORMATION</b><br>Safeguarding Inspection  |          |
| 12 | <b>FORWARD PLAN</b><br>Report of Interim Corporate Director of Children and Families  | Attached |

**IF YOU ARE UNSURE WHETHER OR NOT YOU SHOULD DECLARE AN INTEREST IN A PARTICULAR MATTER, PLEASE CONTACT THE CONSTITUTIONAL SERVICES OFFICER SHOWN ON THIS AGENDA, IF POSSIBLE BEFORE THE DAY OF THE MEETING, WHO WILL PROVIDE ADVICE IN THE FIRST INSTANCE.**

**CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST FIFTEEN MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES**

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<http://open.nottinghamcity.gov.uk/comm/default.asp>

**NOTTINGHAM CITY COUNCIL****CHILDREN'S PARTNERSHIP BOARD****MINUTES**

of meeting held on **19 DECEMBER 2012** at

Loxley House from 4.02 pm to 5.51pm

✓ indicates present at meeting

✓	Councillor David Mellen	- Chair of the Board and Portfolio Holder for Children's Services	)	
	Carole Mills-Evans	- Acting Chief Executive	)	
	Councillor Jon Collins	- Leader	)	
	Ian Curryer	- Corporate Director for Children and Families	)	
✓	Katy Ball	- Head of Early Intervention and Market Development	)	Nottingham City Council
✓	Chris Wallbanks	- Programme Manager Early Intervention and Partnerships	)	
✓	Jon Rea	- Engagement and Participation Lead Officer	)	
	Candida Brudenell	- Director for Quality and Commissioning, Children and Families	)	
	Dawn Smith	- Chief Operating Officer	-	NHS Nottingham City Clinical Commissioning Group
	Angela Horsley	- Clinical Lead,	-	Nottingham Children's Hospital
	Phyllis Brackenbury	- Assistant Director Children, Young People, Families and Health Improvement	-	Nottingham CityCare Partnership
	Paula Webber	- Senior Advisor,	-	Young People's Learning Agency
	Simon Nickless	- Chief Superintendent	-	Nottinghamshire Police
(✓)	(Erica Doran substituting)			
✓	Wendy Smith	- Chair, CONGA (City of Nottingham Governors' Association)	)	
	Andy Sloan	- Head Teacher, Rosehill School (Special School representation)	)	Nottingham Schools
	Jill Robey	- Head Teacher, Nottingham Nursery School and Training Centre	)	

- |   |                  |  |   |
|---|------------------|--|---|
| ✓ | Karen Slack      | - Head Teacher, Rise Park Primary School   | )   |
|   | Gareth Owen      | - Head Teacher, Hadden Park High School    | )   |
| ✓ | Paul Burnett     | - Independent Chair of                     | - Local Safeguarding Children Board               |
|   | Anne Danvers     | - District Operations Manager              | - Job Centre Plus                                 |
| ✓ | Stephen McLaren  | - Urban Angel Project Manager              | - On behalf of the Community and Voluntary Sector |
|   | Mike Butler      | - Chief Executive, Djanogly Learning Trust | - Nottingham Academies                            |
| ✓ | Malcolm Cowgill  | - Principal, South Nottingham College      | - Further Education                               |
|   | Jean Pardoe      | - Chief Executive                          | - Nottingham and Nottinghamshire Futures          |
| ✓ | Nigel Hill       | - Director                                 | - Nottinghamshire Probation Trust                 |
| ✓ | Holly White      | )  | )   |
| ✓ | Uzair Hashmi     | ) Youth Cabinet                            | ) Youth Council                                   |
| ✓ | Natalie Robinson | )  | )   |
| ✓ | Darrell Redmond  | - Nottingham Equal                         | )   |

**Also in attendance**

- |                  |  |                               |
|------------------|--|-------------------------------|
| Peter Moyes      | - Director                                       | - Crime and Drugs Partnership |
| Teresa Cope      | - Director of Contracts, Performance and Quality | ) NHS Nottingham City         |
| Dr Caroline Hird | - Consultant in Public Health                    | )                             |
| Cath Ziane-Pryor | - Constitutional Services Officer                | )                             |
| Viv McCrossen    | - Head of Family Community Teams                 | ) Nottingham City Council     |
| Dot Veitch       | - Partnership Support Officer                    | )                             |

**21 APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

- o Ian Curryer, Corporate Director for Children and Families;
- o Anne Danvers, District Operations Manager, Job Centre Plus;
- o Gareth Owen, Head Teacher, Hadden Park High;
- o Mike Butler, Djanogly Academy;
- o Jill Robey, Head Teacher, The Nottingham Nursery and Training Centre;
- o Angela Horsley, Clinical Lead, Nottingham Children's Hospital;
- o Simon Nickless, Chief Superintendent, Nottinghamshire Police (represented by Erica Doran);
- o Jean Pardoe, Nottingham and Nottinghamshire Futures;
- o Phyllis Brackenbury, Assistant Director Children, Young People, families and Health Improvement, Nottingham CityCare Partnership.

## 22 DECLARATIONS OF INTERESTS

No declarations of interests were made.

## 23 MINUTES

### (a) Confirmation

**RESOLVED** that the minutes of the meeting held on 26 September, copies of which had been circulated, be confirmed and signed by the Chair.

### (b) Matters Arising

Wendy Smith, representing City of Nottingham Governors Association, commented that, in relation to minute 16, Reducing Substance Abuse, some schools were yet to engage with the Drug Aware programme.

**RESOLVED** that, as offered, Peter Moyes of the Crime and Drugs Partnership, write a letter for the Governors Newsletter, suggesting the possibility of Governors training workshops on the issue, and that Peter Usherwood, as Independent Chair of the Crime and Drugs Partnership, be involved.

## 24 CHILDREN AND YOUNG PEOPLE'S PLAN: HEALTHY LIVING PRIORITY

Dr Caroline Hird presented the report and delivered the presentation, copies of which had been circulated, summarising the overall performance for the Healthy Living Priority.

The following points were made in addition to the information in the report:

### Childhood Obesity

- since 2008, all schools measured children annually for obesity in Year groups 2 and 6;
- Nottingham results for obesity in year 2 were similar to the national average. However, obesity levels in Year 6 were slightly higher than the national average, but it was hoped that this would plateau and reduce;
- a link had been identified between obesity and deprivation;

### Smoking

- consistent information was not yet available, either for Nottingham or nationally, so it was difficult to consider this issue;
- it was estimated that approximately 10,000 children in Nottingham were effected by second hand smoke;
- there was concern regarding the slight rise of pregnant women smoking in Nottingham;

### Under 18 years of Age Conception

- the conception rate for young women under 18 years of age had been consistently reducing since 2007, but was still higher than the national average. However, the figures available were at least 14 months old due to the method of collection;
- the rate of pregnancy terminations had increased in Nottingham and nationally;
- the conception rate for under 16 year olds was not reducing at the same rate as under 18 year olds;
- there was a lot of work underway through a variety of routes including schools, GPs, contraception schemes, and outreach schemes, to break the cycle of disadvantage by working with parents to give them support and help young mothers get back into education.

With reference to the information provided, the Committee made the following points:

- while getting young mothers back into education was not a national priority, Graham Allen MP was working hard to promote its long term individual and social benefits;
- the last government had proposed a bill to make sexual and relationship education statutory for schools to deliver. With the change in government, the bill had been lost and there was no imperative from Ofsted for schools to provide this education;
- there was a mixture of attitudes nationally to teenage pregnancies, but it was to the benefit of the young people, and their children to prevent such pregnancies;
- nationally, 250,000 young people had voted for all schools to teach 'Curriculum for life' which included sexual and relationship education;
- there was a wholesale agreement across Nottingham City to reduce teenage pregnancies by one third, even though early intervention grant funding had been cut, head teachers of schools and school nurses were to be engaged to encourage promotion of this work under the healthy schools programme;
- keeping young people in education should be a key objective as it was not only for the long term benefit of the individual, but also their families and the broader society;
- there had been hot spots of teenage pregnancy in the City and programmes had been targeted in those areas. However, beyond the geographical pattern, other information was being considered which appeared to link closely with pregnancy rates, including school absence levels in the under 16 year olds;
- with regard to smoking, the Crime and Drugs Partnership was working with young people in schools and was happy to discuss with Public Health colleagues, how statistical information for Nottingham could be gathered to inform local statistics;
- the cost of not having national statistics and monitoring of smoking rates in young people, must be considered. The cost of identifying effective preventative campaigns and early intervention was far less than the long term costs of citizens smoking;

- the background to the drop in the number adult smokers in Nottingham should be considered. If it was as a result of the National campaign, the lessons learnt should be scrutinised and applied for success in other areas.

**RESOLVED**

- (1) that the report be noted;**
- (2) that the progress made in reducing teenage conception rates in Nottingham City be noted, and ongoing support for this work be provided by the Board;**
- (3) that the Board and Nottingham City Public Health support the Youth Cabinet's campaign to promote the teaching of sexual and relationship education in schools and academies, as part of 'Curriculum for Life';**
- (4) that, to promote a more co-ordinated approach, the Youth Cabinet be requested to liaise with the Crime and Drugs Partnership to ensure that the work of the Cabinet could inform partnership working and promote information collecting and sharing;**
- (5) that a representative of the Voluntary Sector be invited to attend any future Teenage Pregnancy Task and Finish Groups hosted by the Teenage Pregnancy Task Force;**
- (6) that the thanks of the Board to Dr Caroline Hird, for her report and attendance, be recorded.**

**25 NOTTINGHAM CITY SAFEGAURDING CHILDREN BOARD - ANNUAL REPORT 2011-12**

Consideration was given to the report of the, Independent Chair of the Local Safeguarding Board copies of which had been circulated.

Paul Burnett, Independent Chair of the Local Safeguarding Board, presented the Annual Report for 2011-12 which focused on the performance against the key priorities which had been set for the year in the business plan.

Highlighted points included:

- there had been a good attendance at Board meetings and uptake to membership of sub-groups;
- a positive relationship had been established with this Board;
- a lot of work had been undertaken to address the issues identified in the Ofsted report, all recommendations had been fulfilled in regard to safeguarding, including feedback from subsequent inspections;
- the time taken to produce child protection plans had reduced and the target of reviewing plans had been met 100%;

- Child Sexual Exploitation (CSE) was one of the most important challenges so partnership working between the City and County Safeguarding Boards, and multi-agency contributors had been agreed;
- the Domestic Abuse Referral Team (DART) was to act as a pilot for the Multi-Agency Safeguarding Hub;
- the impact of allegation management training could be seen in the performance data;
- risks remained in regard to agencies not fully embedding the Common Assessment Frameworks (CAFs) within their processes to replace other procedures;
- partners often only provided quantitative reporting and not solid evidence that CAFs prevented children be taken into care;
- there was a joint City and County task and finish group meeting in regard to CSE which had identified a base line of known cases. Hot spots of CSE had not been identified in the City or County and, in comparison to similar regions, identified cases were below average. The greatest risk was believed to be Nottingham children in care residing in other parts of the country. An Action Plan had been produced to assist in the raising the awareness and identification of CSE.

New College Nottingham was happy if the Safeguarding Children Board wished to be signposted to its student bodies for representation. This offer was keenly accepted, subject to further discussion.

Tribute was paid to Margaret McGlade, former Chair of the Safeguarding Board, who passed away in the Autumn of 2011 Margaret had a major input and influence to the performance reported on by Paul Burnett.

## **RESOLVED**

- (1) that the key developments over the last twelve months in relation to inspections, national legislative and policy developments, serious case reviews, and changes to safeguarding governance arrangements be noted;**
- (2) that areas of future work and the means by which continued dialogue between the Children's Partnership Board and the Children's Safeguarding Board might be secured to ensure appropriate alignment of activity and continued scrutiny and challenge between the two boards, be noted;**
- (3) that the risk to safeguarding performance posed by the significant change taking place in agencies across the partnership, and the steps required to ensure that action was taken to manage and mitigate that risk, both individually and collectively, be noted;**
- (4) that, as proposed by Paul Burnett, Youth Cabinet members be invited by the Nottingham City Safeguarding Children Board, to attend the Safeguarding Business Planning meeting in January 2013;**
- (5) that further information be provided to a future meeting regarding the impact of Common Assessment Frameworks (CAFs).**



**26 BIG LOTTERY: FULFILLING LIVES: A BETTER START**

Consideration was given to the report of the Corporate Director for Children and Families, copies of which had been circulated.

Katy Ball, Head of Early Intervention and Market Development, presented the report which informed the Board that 'Big Lottery' funding was available to support preventative approaches to improving the life chances of children aged 0-3 years, from 2014.

At this stage, Local Authorities which could provide evidence of deprivation and high levels of need were able to express an interest in the funding. Ultimately, grants would be allocated to voluntary and community sector-led partnerships which demonstrated that Local Authorities and other relevant partners were closely involved.

Over 18 months from April 2013, there was to be a detailed review of all early intervention services to identify which services should be retained following the predicted and substantial cuts to early intervention budgets.

Nottingham City Council, One Nottingham and Nottingham Community and Voluntary Service were hosting a discussion event in late January, which aimed to bring all interested parties and partners together.

**RESOLVED**

- (1) that the report and the Big Lottery funding opportunity be noted;**
- (2) that the Children's Partnership Board support the development opportunity.**

**27 DISABLED CHILDREN'S THEMATIC INSPECTION**

Viv McCrossen, Head of Family Community Teams, delivered the presentation of the report of the Corporate Director for Children and Families, copies of which had been circulated, updating the Board on the Protecting Disabled Children Thematic Review.

Nottingham City's main strengths were identified as:

- o early support pathway for disabled children;
- o multi-agency working;
- o the Disabled Children Team had a good structure and acted as a focal point for agencies;
- o use of localised support and services for disabled children was considered safer.

Overall weaknesses were identified as:

- o lack of robust Common Assessment Frameworks, Children In Need and Child Protection written plans;
- o lack of robust recording.

The Chair commented on how the feedback from the review had been generally positive but there were a few issues raised which needed improvement.

**RESOLVED that the presentation be noted and the thanks of the Board be recorded to Viv McCrossen for her attendance.**

## **28 YOUTH CABINET REPORT**

Consideration was given to the report of the Corporate Director for Children and Families, copies of which had been circulated, summarising the work carried out by the Youth Cabinet in 2012, and their priority areas and draft work programme for 2013.

Jon Rea, Engagement and Participation Lead, presented the report and introduced Uzair Hashmi, Natalie Robinson, and Holly White, members of the Youth Cabinet, and Young People representatives of the Board, who jointly delivered a presentation, a copy of which was uploaded to the online agenda following the meeting.

In addition to identifying strengths, weaknesses, opportunities and threats, the presentation outlined what the Youth Cabinet had achieved in 2012, in relation to young people, on the following themes:

- community safety and positive neighbourhoods;
- health and wellbeing;
- education, work and training.

Each topic was to be further considered at participation forums during the next three terms.

The following points were made:

- it would be useful if the Youth Council and Safeguarding Board could link, share views and ensure that engagement for both organisations was improved. This would also be a good opportunity to ensure that feedback was provided on how information received from young people had, or had not, influenced decisions, actions or policies;
- where not yet signed up, the Youth Cabinet wanted schools and academies to reconsider the how they could present Curriculum for Life lessons. This was supported by the Board and Peter Moyes, Chair of the Crime and Drugs Partnership offered to include this in his letter to the School Governors Newsletter;
- members of the Youth Cabinet assured the Board that their involvement with the Cabinet did not have a negative impact on their schooling as their exams took priority, but the Cabinet provided valuable experiences which, no doubt, could be used in future and referred to on CVs;
- the Youth Council had relatively few members and was eager to recruit young people aged between 16 and 19 years old who were willing and interested in volunteering their time to make a difference, ensure that the views of young people were recognised, and have fun. There was a full calendar of activities. Other opportunities were available if younger people wanted to be involved.

The Board commended the Youth Cabinet representatives for their work and dedication.

## **RESOLVED**

- (1) that the achievements of the Youth Cabinet in 2012 be noted;**

- (2) that the Board continue to consider how the Youth Cabinets work in 2013 could inform decision making across the Children's Partnership;
- (3) that the Board continue to provide resource support to the Youth Cabinet and its associated children and young people's participation forums;
- (4) that, as offered, Paul Burnett, Independent Chair of the Local Safeguarding Children Board, invite representatives of the Youth Cabinet to be involved in the Safeguarding Business Planning in January;
- (5) that, as offered, Peter Moyes, Chair of the Crime and Drugs Partnership, include in his letter for the School Governors Newsletter, his support for the Youth Cabinet's proposal that schools and academies to include 'Curriculum for Life' lessons, and suggest that Governors encourage Head Teachers/Principals to make pupils aware of their opportunity to become involved with the Youth Council;
- (6) that the thanks of the Board be recorded to Youth Cabinet members Uzair Hashmi, Natalie Robinson, and Holly White for their presentation, attendance and contribution to the meeting.

## 29 FORWARD PLAN

**RESOLVED** that the following be considered for inclusion at future meetings:

- Remaining Children and Young Person Plan: Improving attendance;
- Performance report for the year;
- School Nursing;
- Big Lottery update: Fulfilling Lives: A Better Start;
- Vanguard Plus;
- Priority Families;
- Trilogy of Risk;
- Strategic Commissioning Review 0-5 years;
- Safety (ie. 20mph zones, keeping children safe in schools);
- Family Community Teams;
- Nottingham Learning Trust/ Secondary Head Teachers Partnership;
- Oral Health;
- Common Assessment Framework - quality and impact;
- Promoting provision of feedback to young people as to how their views had made a difference;
- Childhood obesity and smoking.





<b>Title of paper:</b>	CYPP Performance Review (2012/13)	
<b>Report to:</b>	Children's Partnership Board	
<b>Date:</b>	27 <sup>th</sup> March 2013	
<b>Relevant Director:</b>	Candida Brudenell	<b>Wards affected:</b> All
<b>Contact Officer(s) and contact details:</b>	Colin Monckton (Head of Service – Commissioning & Insight) t. 0115 (87) 64832	
<b>Other officers who have provided input:</b>	Andy Shone (Performance Review Officer – Commissioning & Insight) t. 0115 (87) 64843	
<b>Relevant Children and Young People's Plan (CYPP) objectives(s):</b>		
<b>Stronger safeguarding</b> – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.		Yes
<b>Healthy living</b> – With a key focus on increasing the proportion of children and young people who have a healthy weight.		Yes
<b>Reducing substance misuse</b> – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.		Yes
<b>Raising attainment</b> – Raising the attainment levels and increasing engagement in employment, education and training.		Yes
<b>Improving attendance</b> – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.		Yes
<b>Summary of issues (including benefits to customers/service users):</b>		
The review identifies key headlines, challenges and an overview of all performance measures linked to the CYPP strategic and operational objectives up to and including 31 <sup>st</sup> December 2012 (Q3).		
<b>Recommendations:</b>		
1	Children's Partnership Board to note performance	
2		
3		

## **1. BACKGROUND AND PROPOSALS**

The review provides an update of the CYPP performance framework.

## **2. RISKS**

None

## **3. FINANCIAL IMPLICATIONS**

None

## **4. LEGAL IMPLICATIONS**

None

## **5. CLIENT GROUP**

All relevant CYP within the City

## **6. IMPACT ON EQUALITIES ISSUES**

N/A

## **7. OUTCOMES AND PRIORITIES AFFECTED**

All

## **8. CONTACT DETAILS**

Andy Shone  
Performance Review Officer  
Quality & Commissioning  
Commissioning & Insight  
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0115 87 64843



**Report Reference: CPB0312**

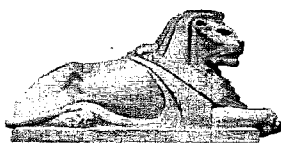
# **Children's Partnership Board Q3 2012/13 Performance Report**

**Report Produced for: CPB**

**Period Reported to: 31st December 2012**

**Report Produced by: Commissioning & Insight**

**Author: Andy Shone (ext. 64843)**



**Safer, cleaner, ambitious  
Nottingham**  
A city we're all proud of

## Guide to the report

The report is ordered by each CYPP Strategic Objective (1 to 5) then each Operational Objective (1 to 15). We continue to identify new and meaningful indicators to report.

Within each Objective, performance indicators are ordered by reference number and identifies who the responsible officer/agency is.

Where applicable, the report shows data against performance indicators starting with the 2011/12 outturn figure through to the current 2012/13 Q3 Year To Date figure.

Data shown details the last quarter of the current year and the previous two year's outturn figures.



Description	Good Performance	Outturn 2010/11	Outturn 2011/12	Q1 YTD 2012/13	Q2 YTD 2012/13	Q3 YTD 2012/13	Target	Statistical Neighbour	England	Better than Previous Year	Target Met / On Target	
<b>1. Strategic Objective - Safeguarding and Early Intervention</b>												
<b>Young people and families will benefit from early and effective support and protection to empower them to overcome difficulties</b>												
<b>1. Operational Objective - Stronger Safeguarding</b>												
<b>Improving safeguarding across all agencies, to keep children and young people safe from physical, emotional and sexual abuse, neglect, and accidental injury</b>												
NI 032 Repeat incidents of domestic violence (MARAC) (Crime & Drugs Partnership)	Lower percentages	17.0%	18.3%	20.8%	15.2%	13.3%	-	-	-	Yes	-	
CSS161 Initial assessments for children's social care carried out within 10 working days of referral (Collin Pennington)	Higher percentages	77.2%	95.8%	91.6%	91.8%	91.6%	80.0%	78.4%	-	No	Yes	
NI 060 % of Core Assessments in Timescale (Collin Pennington)	Higher percentages	79.8%	96.0%	96.5%	96.0%	94.8%	80.0%	74.9%	-	No	Yes	
NI 064 Child protection plans lasting 2 years or more (Dorne Collinson)	Lower percentages	11.7%	7.7%	5.2%	5.2%	5.4%	6.0%	6.3%	-	Yes	Yes	
NI 065 Children becoming subject of a Child Protection Plan for a second or subsequent time (Dorne Collinson)	Lower percentages	16.6%	18.3%	21.6%	21.6%	23.0%	15.0%	12.8%	-	No	-	
NI 067 Child protection cases which were reviewed within required timescales (Dorne Collinson)	Higher percentages	97.8%	100%	100%	100%	99.7%	100%	94.8%	-	Same	Same	
NI 068 Referrals to children's social care going on to initial assessment (Collin Pennington)	Ideally the percentage should not be too low or too high. It should fall within the median percentage band of all authorities	78.1%	65.6%	72.7%	74.7%	78.0%	80.0%	67.0%	-	Yes	No	
CSS47 Number of Section 47 Enquiries (per 10,000 per annum) (Collin Pennington)	Lower numbers	847 (152)	806 (129)	241 (154)	504 (180)	747 (159)	(140)	1053 (128)	-	-	No	No
CSS102 Number of children subject to a Child Protection Plan (per 10,000) (Dorne Collinson)	Lower numbers YTD (Per 10,000)	431 (77)	296 (47)	334 (60)	381 (68)	448 (72)	380 (61)	414 (50)	-	-	No	No
CSS01 Number of Referrals (per 10,000) (Collin Pennington)	Lower numbers YTD (Per 10,000)	6294 (1126)	5318 (851)	1229 (787)	2197 (786)	3277 (699)	(900)	6347 (774)	-	-	Yes	Yes
CSS02a Number of re-referrals (Collin Pennington)	Lower numbers YTD	1624	1483	408	717	1088	-	1983	-	-	-	
CSS02b Rate of re-referrals (Collin Pennington)	Lower percentages	25.8%	27.9%	33.0%	33.0%	33.0%	25.0%	31.2%	-	No	No	
All current Child Protection Activities - (No. of offenders where a child who is living with/has contact with the offender is subject to a Child Protection Plan) (Probation)	Higher numbers	154	136	153	145	TBC	-	-	-	No	-	
All current Risk to Children Activities - (No. of offenders who present a current risk to children.) (Probation)	Higher numbers	471	482	465	443	TBC	-	-	-	No	-	
Number of Families with Children in Temporary Accommodation (Housing)	Lower numbers	60	53	57	71	54	-	-	-	No	-	
Number of Children in Temporary Accommodation (Housing)	Lower numbers	105	107	92	113	80	-	-	-	Yes	-	
<b>2. Operational Objective - Shifting resources to early intervention and prevention</b>												
<b>Achieving a growing shift of mainstream resources towards early intervention and prevention to ensure that families in challenging circumstances are identified early</b>												
Number of CAFs Initiated (per 10,000) (Viv McCrossen)	Higher numbers	511 (91)	1071 (192)	192 (34)	373 (67)	586 (105)	Year on year increases	-	-	No	No	
<b>3. Operational Objective - Reducing infant mortality</b>												
NI 053 a Percentage of Infants being breastfed at 6-8 weeks (breastfeeding prevalence) (Health - Deborah Hooton)	Higher percentages	45.9%	46.2%	46.3%	46.0%	46.0%	-	35.1% (2004/05)	44.5% (2004/05)	Same	-	
NI 053 b Percentage of Infants for whom breastfeeding status is recorded (breastfeeding coverage) (Health - Deborah Hooton)	Higher percentages	99.8%	99.4%	99.3%	99.3%	99.3%	-	-	-	Same	-	
NI 126 Early access for women to maternity services (Health - Deborah Hooton)	Higher percentages	87.5%	88.5%	87.6%	89.4%	89.4%	-	-	-	Yes	-	
Infant mortality per 1000 live births (Health - Caroline Hird)	Lower numbers (3 year average)	6.2 (07-09)	5.6 (08-10)	6.2 (09-11)	6.2 (09-11)	6.2 (09-11)	-	4.7 (08-10) East Midlands	4.6 (08-10)	No	-	
Low birth weight (< 2500 grams) (Health - Caroline Hird)	Lower percentages	8.5% (2009)	9.1% (2010)	9.0% (2011)	9.0% (2011)	9.0% (2011)	-	7.7% (2009) East Midlands	7.5% (2009)	Same	-	
Percentage of children immunised against Diphtheria, Tetanus, Pertussis, Polio & Hib by 1st birthday (Health - Carrie Jordan)	Higher percentages	91.1%	92.4%	93.7%	94.6%	-	-	-	94.7% (2011/12)	Yes	-	

Description	Good Performance	Outturn 2010/11	Outturn 2011/12	Q1 YTD 2012/13	Q2 YTD 2012/13	Q3 YTD 2012/13	Target	Statistical Neighbour	England	Better than Previous Year	Target Met / On Target
Percentage of children vaccinated against MMR by their 2nd birthday (Health - Carrie Jordan)	Higher percentages	84.0%	88.8%	90.9%	88.6%	-	-	-	91.2% (2011/12)	Same	-
Percentage of children vaccinated against MMR by their 5th birthday (Health - Carrie Jordan)	Higher percentages	87.8%	82.5%	91.5%	91.0%	-	-	-	92.9% (2011/12)	Yes	-
Percentage of children who have had their MMR booster by their 5th birthday (Health - Carrie Jordan)	Higher percentages	81.3%	82.5%	85.6%	83.2%	-	-	-	86.0% (2011/12)	Yes	-
<b>2. Strategic Objective - Strong families</b> <i>Young people and families will benefit from early and effective support and protection to empower them to overcome difficulties</i>											
<b>4. Operational Objective - Improving parenting support</b> <i>Improving support for parents and carers, particularly younger ones</i>											
<b>5. Operational Objective - Supporting children with learning difficulties and disabilities</b> <i>Providing better co-ordinated care for children and young people with learning difficulties and disabilities, emotional and behavioural difficulties</i>											
NI 103 a Special Educational Needs – statements issued within 26 weeks: Percentage of final statements of special education need issued within 26 weeks <b>excluding exception cases</b> as a proportion of all such statements issued in the year (Mirih Parker)	Higher percentages	100%	100%	100%	100%	100%	94.0%	92.0% (2008/09)	91.0% (2008/09)	Same	Yes
NI 103 b Special Educational Needs – statements issued within 26 weeks: Percentage of final statements of special education need issued within 26 weeks as a proportion of all such statements issued in the year (Mirih Parker)	Higher percentages	100%	100%	100%	100%	100%	77.0%	78.0% (2008/09)	83.0% (2008/09)	Same	Yes
CS141 a The percentage of Key Stage 4 pupils who have access to full time alternative education provision (Yr 10 =24 Hrs+; Yr 11 = 25 Hrs+) (Mirih Parker)	Higher percentages	99.0%	98.0%	86.0%	97.0%	93.0%	100%	-	-	No	No
CS141 b The percentage of Key Stage 3 pupils who have access to full time alternative education provision (KS3 = 24 Hrs+) (Mirih Parker)	Higher percentages	100%	100%	100%	100%	100%	100%	-	-	Same	Yes
CS141 c The percentage of Key Stage 2 pupils who have access to full time alternative education provision (KS2 =23.5 Hrs+) (Mirih Parker)	Higher percentages	100%	100%	100%	100%	100%	100%	-	-	Same	Yes
Number of Direct Payments (Disabled Children) (Viv McCrossen)	Higher numbers (cumulative totals)	94	144	135	149	155	171 (annual target)	-	-	Yes	Yes
Initial Assessments to Disabled Children's teams (Viv McCrossen)	Higher percentages Figures shown reflect performance in closest given month to the quarter end	78.5%	94.1%	75.9%	81.9%	81.9%	80.0%	-	-	No	Yes
Core Assessments to Disabled Children's teams (Viv McCrossen)	Higher percentages As above	72.6%	96.1%	76.9%	80.0%	77.2%	80.0%	-	-	No	No
Number of Referrals to MALT CAMHS (Viv McCrossen)	Higher numbers (cumulative totals)	1254	1372	337	649	1036	To better the previous year's outturn	-	-	Yes	Yes
<b>6. Operational Objective - Improving corporate parenting</b> <i>Improving the quality of life and outcomes for children living in care and preparing for independent living</i>											
NI 058 Emotional and behavioural health of children in care (Viv McCrossen)	Lower numbers	16.5	15.2	-	-	-	-	14.3 (2008/09)	13.8 (2008/09)	Yes	-
NI 051 Timeliness of placements of LAC for adoption following an agency decision that the child should be placed for adoption (Paulette Thompson-Omenka)	Higher percentages	93.3%	62.1%	33.0%	71.4%	48.0%	68.5%	68.5%	-	No	No
NI 052 Stability of placements of LAC: number of moves (Rolling 12 months) (Joy Chambers)	Lower percentages	10.0%	11.5%	9.8%	10.1%	10.9%	12.0%	11.2%	-	Yes	Yes
NI 053 Stability of placements of LAC: length of placement (Joy Chambers)	Higher percentages	62.3%	73.1%	74.4%	71.6%	69.2%	67.0%	65.4%	-	No	Yes
NI 066 LAC cases which were reviewed within required timescales (Dorne Collinson)	Higher percentages	85.0%	94.6%	98.3%	97.4%	95.3%	97.0%	86.0%	-	Yes	No
NI 099 Children in care reaching level 4 in English at KS2 (Mirih Parker)	Higher percentages	50.0%	36.0%	-	-	55.0%	61.5%	57.3% (2011/12 - LAIT)	60.0% (2011/12 - SFR)	Yes	No
NI 100 Children in care reaching level 4 in Maths at KS2 (Mirih Parker)	Higher percentages	40.0%	50.0%	-	-	45.0%	54.0%	55.3% (2011/12 - LAIT)	56.0% (2011/12 - SFR)	No	No
NI 101 Children in care achieving 5 A*-C GCSEs (or equivalent) at KS4 (including English and Maths) (Mirih Parker)	Higher percentages	6.4%	7.1%	-	-	0.0%	21.2%	18.4% (2011/12 - LAIT)	14.6% (2011/12 - SFR)	No	No

Description	Good Performance	Outturn 2010/11	Outturn 2011/12	Q1 YTD 2012/13	Q2 YTD 2012/13	Q3 YTD 2012/13	Target	Statistical Neighbour	England	Better than Previous Year	Target Met / On Target
NI 147 Care leavers in suitable accommodation (Paulette Thompson-Omenka)	Higher percentages	82.0%	80.4%	100%	95.2%	95.2%	95.0%	88.8%	-	Yes	Yes
NI 148 Care leavers in employment, education or training (Paulette Thompson-Omenka)	Higher percentages	54.1%	60.7%	77.8%	52.4%	45.2%	60.0%	58.0%	-	No	No
CSS101 Number of looked after children (per 10,000) (Paulette Thompson-Omenka)	Lower numbers	519	541	553	553	547	524	743	-	-	-
	(Per 10,000)	(93)	(87)	(99)	(99)	(88)	(84)	(91)	-	Same	No
CSS153 Percentage of Looked After Children with a completed Personal Education Plan (Paulette Thompson-Omenka)	Higher percentages	91.0%	98.0%	92.0%	94.0%	91.0%	98.0%	-	-	No	No
CSS158 Percentage of Children looked after for 3 months or more with an up to date health assessment (Colin Pennington)	Higher percentages	84.0%	77.6%	74.8%	78.7%	74.5%	80.0%	-	-	No	No
CSS159 Percentage of Children Looked After for 3 months or more with an up to date dental check (Colin Pennington)	Higher percentages	87.0%	82.7%	80.3%	84.3%	78.7%	80.0%	-	-	No	No
Percentage of LAC NEET (Michelle Wright)	Lower percentages	-	25.3%	25.4%	22.7%	21.3%	-	-	-	Yes	-
Percentage of LAC Not Known (Michelle Wright)	Lower percentages	-	7.2%	9.9%	12.6%	3.9%	-	-	-	Yes	-
Percentage of Care Leavers NEET (Michelle Wright)	Lower percentages	-	27.8%	32.3%	43.0%	35.8%	-	-	-	No	-
Percentage of Care Leavers Not Known (Michelle Wright)	Lower percentages	-	10.6%	19.1%	16.2%	9.0%	-	-	-	Yes	-
<b>3. Strategic Objective - Healthy and positive children and young people</b> <i>Children and young people will be healthier, fitter, more emotionally resilient and better able to make mature decisions</i>											
<b>7. Operational Objective - Promoting healthy living</b> <i>Tackling childhood obesity, improving diets, improving oral health, cutting smoking rates</i>											
NI 055 a Obesity among primary school age children in Reception Year (% of children with height and weight recorded who are obese) (Health - Sarah Diggle)	Lower percentages	11.3%	10.9%	-	10.9%	-	12.0%	11.1% (2011/12)	9.5% (2011/12)	Same	Yes
NI 055 b Obesity among primary school age children in Reception Year (% of children with height and weight recorded) (Health - Sarah Diggle)	Higher percentages	92.0%	90.9%	-	90.0%	-	87.0%	-	94.2% (2011/12)	Same	Yes
NI 056 a Obesity among primary school age children in Year 6 (% of children with height and weight recorded who are obese) (Health - Sarah Diggle)	Lower percentages	21.9%	22.0%	-	22.9%	-	19.8%	20.5% (2011/12)	19.2% (2011/12)	No	No
NI 056 b Obesity among primary school age children in Year 6 (% of children with height and weight recorded) (Health - Sarah Diggle)	Higher percentages	92.0%	92.7%	-	91.7%	-	87.0%	-	92.4% (2011/12)	No	Yes
CS23b Percentage of schools achieving the Healthy Schools Status (Chris Wallbanks)	Higher percentages	84.0%	84.0%	-	85.0%	84.0%	85.0%	-	-	Yes	No
CS23c Percentage of schools engaged in the Healthy Schools 'Health & Wellbeing Improvement' model (Chris Wallbanks)	Higher percentages	-	41.3%	-	48.0%	52.0%	-	-	-	Yes	-
<b>8. Operational Objective - Reducing teenage conceptions</b> <i>Reducing the rate of teenage conceptions</i>											
NI 112 Under 18 conception rate (per 1,000) (Chris Wallbanks)	Lower numbers	61.6	54.3	57.9	54.4	50.4	55.2	47.8	32.0	Yes	Yes
NI 113 a Percentage of the resident population aged 15-24 accepting a test/screen for Chlamydia (Health - Deborah Hooton)	Higher percentages	36.2%	31.7%	8.0%	13.6%	35.0%	-	22.1% (East Midlands SHA)	20.5%	Yes	-
NI 113 b Prevalence of Chlamydia in under 25 year olds (Health - Deborah Hooton)	Lower percentages	5.5%	7.8%	8.5%	9.3%	-	-	7.0% (East Midlands SHA)	7.3%	Yes	-
<b>9. Operational Objective - Reducing substance misuse</b> <i>Reducing substance misuse and its impact on children and young people</i>											
Drugs offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	250	142	45	81	105	-	-	-	Yes	-
Number of new presentations to young people's specialist drug and alcohol treatment (Samantha Ireland)	Higher numbers (cumulative totals)	209	211	-	94	-	-	-	14311	No	-

Description	Good Performance	Outturn 2010/11	Outturn 2011/12	Q1 YTD 2012/13	Q2 YTD 2012/13	Q3 YTD 2012/13	Target	Statistical Neighbour	England	Better than Previous Year	Target Met / On Target
Percentage of new alcohol presentations to young people's specialist drug and alcohol treatment (Samantha Ireland)	Higher percentages	16.0%	17.2%	-	13.7%	-	-	-	28.6%	No	-
Percentage of referrals from Children & Family Services (Samantha Ireland)	Higher percentages	44.0%	43.0%	-	15.2%	-	-	-	36.0%	No	-
CSS162 Percentage of young people leaving treatment in an agreed and planned way (Samantha Ireland)	Higher percentages	66.0%	75.0%	-	86.4%	-	-	-	77.0%	Yes	-
<b>10. Operational Objective - Strengthening positive behaviour</b> <i>Diverting children and young people from anti-social and offending behaviour (including homophobic and other forms of bullying) and promoting socially responsible behaviour</i>											
Former NI 019 Rate of proven re-offending by young offenders (Ken Beaumont)	Lower numbers (Comparable frequency of re-offending over 12 months in previous years)	1.09	1.00	1.04	1.08	1.08	-	1.20 (2010 PNC data)	1.02 (2010 PNC data)	No	-
Former NI 043 Proportion per 1,000 of the 10-17 population who are sentenced to custody (Ken Beaumont)	Lower numbers	2.36	2.27	0.53	0.98	1.04	5.0	2.00 (Q3 2011-12)	0.74 (Q3 2011-12)	Yes	Yes
Former NI 045 Increase the number of young people supervised by YOT in full-time education, training or employment (Ken Beaumont)	Higher percentages	70.3%	71.5%	72.6%	71.7%	69.5%	85.0%	67.9% (Q3 2011/12)	72.2% (Q3 2011/12)	No	No
Percentage of School Age young people supervised by the YOT in full-time ETE (relates to NI 045) (Ken Beaumont)	Higher percentages	80.8%	86.0%	80.0%	79.6%	88.6%	-	72.3% (Q2 2011-12)	69.7% (Q2 2011/12)	Yes	-
Percentage of Above School Age young people supervised by the YOT in full-time ETE (relates to NI 045) (Ken Beaumont)	Higher percentages	63.0%	59.5%	61.7%	65.2%	58.3%	-	61.1% (Q2 2011-12)	58.4% (Q2 2011/12)	No	-
NI 111 PROXY (YOT Data) Number of first time entrants to the Youth Justice System aged 10 - 17 (per 100,000 = PNC data) (Ken Beaumont)	Lower numbers (Running total quarter on quarter)	440 (1957)	394 (1753)	75 (334)	139 (618)	184 (760)	430	Apr-Sept 2012 (1160)	Apr-Sept 2012 (712)	Yes	Yes
Burglary offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	265	224	27	44	49	-	-	-	Yes	-
Criminal Damage offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	197	228	59	129	195	-	-	-	No	-
Fraud & Forgery offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	16	7	4	4	8	-	-	-	Yes	-
Other offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	60	38	4	13	22	-	-	-	Yes	-
Robbery offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	151	101	16	36	46	-	-	-	Yes	-
Sexual offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	10	24	0	3	8	-	-	-	Yes	-
Theft offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	617	689	109	233	329	-	-	-	Yes	-
Violence offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	462	512	132	302	467	-	-	-	No	-
<b>4. Strategic Objective - Achievement</b> <i>All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for work or further learning</i>											
<b>11. Operational Objective - Engaging learners better</b> <i>Improving school attendance and improving engagement and progression from age 16 in education, employment and training</i>											
NI 117 16-18 years old City resident young people who are NEET (Michelle Wright)	Lower percentages	-	5.2%	5.7%	6.7%	5.8%	-	-	-	No	-
	Lower numbers	-	387	384	576	465	-	-	-	-	-
Percentage/Number of NEET - Not Knowns (Michelle Wright)	Lower percentages	-	6.6%	6.4%	7.7%	5.1%	-	-	-	Yes	-
	Lower numbers	-	532	461	714	438	-	-	-	-	-
NI 087 State Funded Secondary School Persistent Absence rates (Including Academies) - 20% Threshold (Mark Andrews)	Lower percentages	7.0%	6.7%	11.1% (Autumn 2011)	10.3% (Autumn & Spring 2012)	9.7% (Full Year)	TBC	-	-	Yes	-
CS 024 State Funded Secondary School Overall Absence rates (Including Academies) (Mark Andrews)	Lower percentages	8.1%	8.0%	6.9% (Autumn 2011)	6.97% (Spring 2012)	6.9% (Full Year)	7.8%	-	-	Yes	Yes
CS 025 Primary school persistent absence rate - 20% Threshold (Mark Andrews)	Lower percentages	3.0%	4.5%	7.0% (Autumn 2011)	5.3% (Autumn & Spring 2012)	4.9% (Full Year)	4.75%	-	-	Yes	No
CS 026 Primary school overall absence rate (Mark Andrews)	Lower percentages	6.4%	6.4%	5.1% (Autumn 2011)	5.07% (Spring 2012)	5.02% (Full Year)	6.3%	-	-	Yes	Yes
<b>12. Operational Objective - Improving attainment</b> <i>Improving educational attainment and skills</i>											

Description	Good Performance	Outturn 2010/11	Outturn 2011/12	Q1 YTD 2012/13	Q2 YTD 2012/13	Q3 YTD 2012/13	Target	Statistical Neighbour	England	Better than Previous Year	Target Met / On Target
NI 072 Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy (Kathryn Bouchlaghem)	Higher percentages	54.1%	57.0%	-	58.0%	-	58.0%	-	64.0%	Yes	Yes
NI 073 Achievement at level 4 or above in both English and Maths at KS2 (GIII Eills)	Higher percentages	67.0%	71.0%	-	75.0%	-	72.0%	-	80.0%	Yes	Yes
NI 075 Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (GIII Eills)	Higher percentages	44.2%	46.7%	-	49.6%	-	51.0%	-	58.6%	Yes	No
NI 089 Number of schools judged as requiring special measures (GIII Eills)	Lower numbers	1	3	-	-	2	0	3 (2008/09)	1 (2008/09)	Yes	No
NI 092 Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest (Kathryn Bouchlaghem)	Lower percentages	33.7%	34.8%	-	32.7%	-	31.4%	-	30.1%	Yes	No
NI 093 Progression by 2 levels in English between KS1 and KS2 (GIII Eills)	Higher percentages	80.0%	85.0%	-	88.0%	-	86.0%	-	89.0%	Yes	Yes
NI 094 Progression by 2 levels in Maths between KS1 and KS2 (GIII Eills)	Higher percentages	81.0%	84.0%	-	86.0%	-	84.0%	-	87.0%	Yes	Yes
NI 114 Rate of permanent exclusions from school (per 100 pupils) (Andrew Paulson)	Lower percentages	0.02%	0.02%	0.04% (Summer term 2012)	-	0.04% (Autumn term 2012)	-	0.13% (2008/09)	0.09% (2008/09)	No	-
CS 015 % of eligible pupils in LA maintained schools who attain at least one qualification at GCSE or equivalent (GIII Eills)	Higher percentages	97.4%	98.2%	-	98.7%	-	98.0%	-	99.2%	Yes	Yes
Educational settings inspected by Ofsted based on latest inspection reports (GIII Eills)	Percentage 'Good or Better'	66.4%	68.0%	-	63.0%	70.0%	-	-	69.0%	Yes	-
	Percentage 'Requiring Improvement'	33.0%	27.0%	-	30.0%	26.0%	-	-	28.0%	Yes	-
	Percentage 'Inadequate'	1.3%	4.0%	-	2.0%	4.0%	-	-	3.0%	Same	-

### 13. Operational Objective - Closing the gap

*Closing the gap in attainment and skills between disadvantaged groups and their peers*

NI 102 a Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at KS2 (GIII Eills)	Lower percentages	17.0%	12.0%	-	-	13.0%	7.0%	16.9% (2010/11 - LAIT)	17.0%	No	No
NI 102 b Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at KS4 (GIII Eills)	Lower percentages	25.0%	26.0%	-	-	27.4%	18.0%	23.6% (2010/11 - LAIT)	26.4%	No	No
NI 104 The Special Educational Needs (SEN)/non-SEN gap - achieving KS2 English and Maths threshold (Mirth Parker)	Lower percentages	48.6%	42.0%	-	-	45.0%	-	50.0% (2011/12 - East Mids)	49.0% (2011/12 - SFR)	No	-
NI 105 The Special Educational Needs (SEN)/non-SEN gap - achieving 5 A*-C GCSE Inc. English and Maths (Mirth Parker)	Lower percentages	46.7%	46.6%	-	-	47.0%	-	48.0% (2011/12 - East Mids)	47.0% (2011/12 - SFR)	No	-

### 14. Operational Objective - 14-19 reform

*Preparing for significant changes for this age group, with a new 14-19 strategy and the raising of school leaving age*

NI 079 Achievement of a Level 2 qualification by the age of 19 (John Yarham)	Higher percentages	68.4%	70.9%	-	-	Due late March	70.5% (academic year 2010/11)	-	83.8% (2010/11)	-	-
NI 080 Achievement of a Level 3 qualification by the age of 19 (John Yarham)	Higher percentages	39.7%	43.0%	-	-	Due late March	41.9% (academic year 2009/10)	-	56.7% (2010/11)	-	-
NI 081 Inequality gap in the achievement of a Level 3 qualification by the age of 19 (Attainment figure shown) (John Yarham)	Lower percentages	22.0%	21.0%	-	-	Due late March	-	-	25.0% (2010/11)	-	-
NI 082 - Inequality gap in the achievement of a Level 2 qualification by the age of 19 (Attainment figure shown) (John Yarham)	Higher percentages (This actually measures the % achieving who were on FSM)	53.0%	57.0%	-	-	Due late March	-	-	65.0% (2010/11)	-	-

### 5. Strategic Objective - Economic well-being

*Child poverty will be significantly reduced*

### 15. Operational Objective - Tackling child poverty

*Tackling worklessness and supporting adults to gain Level 2 skills or higher so they are able to progress in work and earn more*

NI 151 Overall employment rate (working age) (John Yarham)	Higher percentages	54.3%	56.8%	-	-	61.3%	-	-	70.7%	Yes	-
NI 152 Working age people on out of work benefits (John Yarham)	Lower percentages	16.9%	15.8%	17.7%	17.3%	17.3%	-	-	11.6%	No	-

Description	Good Performance	Outturn 2010/11	Outturn 2011/12	Q1 YTD 2012/13	Q2 YTD 2012/13	Q3 YTD 2012/13	Target	Statistical Neighbour	England	Better than Previous Year	Target Met / On Target
NI 163 Working age population qualified to Level 2 or higher (John Yarham)	Higher percentages	61.1%	61.4%	-	-	66.7%	-	-	69.5%	Yes	-
NI 164 Working age population qualified to Level 3 or higher (John Yarham)	Higher percentages	47.5%	47.0%	-	-	49.7%	-	-	52.4%	Yes	-
NI 165 Working age population qualified to Level 4 or higher (John Yarham)	Higher percentages	23.0%	25.4%	-	-	29.1%	-	-	32.7%	Yes	-
18 to 24 year old JSA claimants (Job Centre Plus)	Lower numbers	3795	4550	4230	4055	3690	-	-	-	Yes	-
Lone Parent Income Support claimants (Job Centre Plus)	Lower numbers	5690	5215	5120	-	-	-	-	-	Yes	-
All JSA claimants (Job Centre Plus)	Lower numbers	12647	14677	14088	13769	13468	-	-	-	Yes	-
Number of job vacancies advertised (Job Centre Plus)	Higher numbers	1912	2398	4361	4183	3668	-	-	-	Yes	-

# Children's Partnership Board Performance Review (as at Q3 2012/13)

Candida Brudenell  
Corporate Director, Children and Families



## Q3 2012/13

1. Safeguarding services continued to show good performance
2. Family Support Strategy and Pathway continued to be implemented
3. Teenage Pregnancy rates continued to fall and ahead of 2020 target
4. Notable reductions in youth related crime
5. Educational attainment continued to rise across all key stages
6. NEET levels comparable with previous years and continued to buck national trends



# Q3 2012/13 Challenges

1. High demand for Social Care and Safeguarding services / High numbers of Children in Care / Timeliness of CiC being placed for adoption
2. Above average proportion of CYP with unhealthy weight
3. Partnership buy-in to CAF
4. School absence figures for primary and secondary ranked amongst the worst in the country
5. The Local Authority's ability to influence schools under the current educational system much diminished



## Q3 Headlines

### Achievement

Improved performance in Early Years, KS2 and KS4 attainment. Improved school attendance; however, Primary absence levels amongst worst in country.

### Safeguarding & EI

High levels of CiC and demand for social care services – the number of CPPs rose sharply. Numbers of CAFs initiated decreased compared to 2011/12. All Early Intervention work-streams on target to meet desired progress and within timescales. Priority Families project initiated.

### Strong families

Sustained improvement in the number of CiC cases reviewed within timescale. All SEN statements carried out to timescale. Improved levels of Care Leavers in suitable accommodation but those in ETE significantly reduced. Poor CiC KS4 attainment.

### Healthy & positive young people

One of the strongest reductions in first time entrants to youth justice system in the country due, in part, to restorative justice intervention. Slight increase in re-offending rates but still ahead of national trends. Teenage Pregnancy rates continued to fall and were ahead of targets. An extensive action plan was introduced to tackle Child Obesity with high levels of deprivation being a major factor.

### Economic well being

NEET rates showed encouraging signs of stability compared to the previous year. Overall employment rates in the City increased with more people qualified to Level 2 or higher.





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**NOTTINGHAM  
CHILDREN'S  
PARTNERSHIP**

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE

<b>Title of paper:</b>	Public Health Nursing for School Aged Children and Young People	
<b>Report to:</b>	CYPP	
<b>Date:</b>	27 <sup>TH</sup> MARCH 2013	
<b>Relevant Director:</b>	Dr Chris Kenny, Director of Public Health	<b>Wards affected:</b> All City Wards
<b>Contact Officer(s) and contact details:</b>	Lynne McNiven Loxley House: <a href="mailto:lynne.mcniven@nottinghamcity.nhs.uk">lynne.mcniven@nottinghamcity.nhs.uk</a> 01158765429	
<b>Other officers who have provided input:</b>	Sarah Diggle	

<b>Relevant Children and Young People's Plan (CYPP) objectives(s):</b>		
<b>Stronger safeguarding</b> – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.		X
<b>Healthy living</b> – With a key focus on increasing the proportion of children and young people who have a healthy weight.		X
<b>Reducing substance misuse</b> – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.		X
<b>Raising attainment</b> – Raising the attainment levels and increasing engagement in employment, education and training.		X
<b>Improving attendance</b> – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.		X

**Summary of issues (including benefits to customers/service users):**

The School Nursing service in Nottingham City is delivered by CityCare Partnership. They aim to provide a needs led, equitable and consistent School Nursing service across the City, for all children from school entry age to 19 years.

School nurses are key professionals in supporting children and young people in their developing years between school entry age and 19 to have the best possible health and education outcomes. The government recognised the importance of school nursing in the public health strategy 'Healthy Lives, Healthy People' (DH 2010) and committed to developing a new vision for those services reflecting the nursing role in public health in the school community. In March 2012, the Department of Health published 'Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and Call to Action'. This guidance gives a new vision and model for the profession.

The commissioning responsibilities for the Public Health School Nursing Service will be undertaken by the Public Health Department of Nottingham City Council from the 1<sup>st</sup> April 2013. As part of the transition process a full review of the service is underway. The aim of the review is to develop a school nursing service model for Nottingham based on local need and in accordance with 'Call to Action' to ensure children, young people and families are offered a core programme of evidence based preventative health care with additional care and support for those who need it. This process has 4 key elements:

- Analysis of School Cluster health data to identify areas of greatest need and determine health priorities for the school health team.
- Collation of stakeholder views on the current service and proposed areas for development: Teachers, Parents / Carers, Children and Young People, School Nursing Teams and others that work with children and young people.
- Mapping of current service provision to assess how far current activity corresponds with Call to Action

and identify gaps in terms of service delivery and need.

- Mapping of current team structures

Initial results will be reported by summer 2013, with a new service model developed by March 2014.

### Recommendations:

1	Note the evidence base and the resultant gold standard service function of the Public Health School Nursing Service
2	Consider the implications of the review and future commissioning of Public Health School Nursing Service on partner services and service users
3	Consider the interdependencies involved in particular, Health Visiting Services, which will be commissioned by the NHS Commissioning Board until April 2015 when the responsibilities will become those of the Public Health Department of Nottingham City Council.

## BACKGROUND AND PROPOSALS

The School Nursing service in Nottingham City is currently delivered by CityCare Partnership. They aim to provide a needs led, equitable and consistent School Nursing service across the City, for all children from school entry age to 19 years. School nurses are key professionals in supporting children and young people in their developing years between school entry age and 19 to have the best possible health and education outcomes. The government recognised the importance of school nursing in the public health strategy 'Healthy Lives, Healthy People' (DH 2010) and committed to developing a new vision for those services reflecting the nursing role in public health in the school community. The governments vision and call to action document '**Getting it right for children, young people and families' (2012)** sets out a framework and service model to secure effective services for school aged children and young people, which fits local circumstances and meets local health needs. The framework is based on:

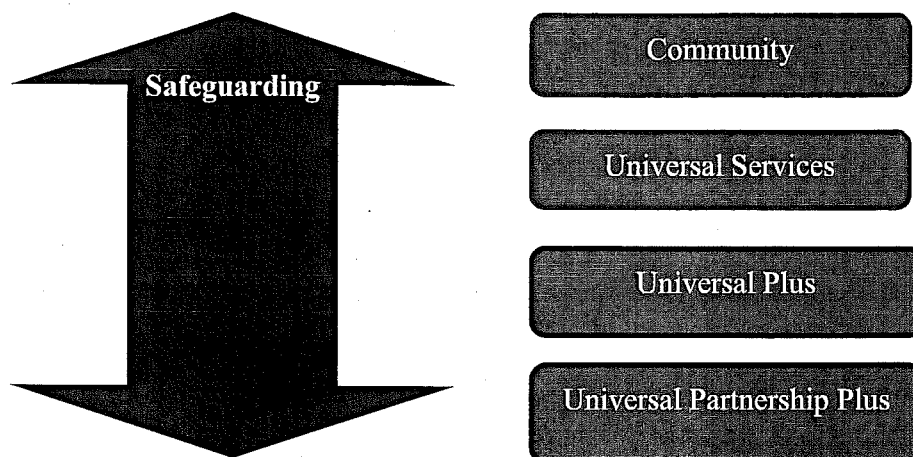
- The Healthy Child Programme 5-19
- Public Health Outcomes Framework
- You're Welcome Standards

The School Health Service also underpins professional pathways which include:

- supporting the transition from health visiting to school nursing services
- delivering public health to young people in the youth justice system
- supporting children with complex needs in school settings
- safeguarding
- emotional health and wellbeing

The service model (Figure 1) is set within the context of the Healthy Child Programme 5-19 which is based on the best evidence to promote and protect the health of children in the developing years and aligns with the service model for health visiting thus promoting continuity of service and a smooth transition from 0-19 years.

Figure 1 Service Model for School Health Nursing Service



### Description of the Service Model for School Health Nursing Service Elements

School Nurse teams within Nottingham City provide a high quality family centred public health service working with individual children, young people, families, schools and communities to improve health and tackle inequality. Table 1 below shows that the total population for Nottingham City Schools is approx 27,000. Through a unified and consistent approach they will plan and deliver services which promote the health of children, young people, their families, the school and the whole community. They will work with other statutory, voluntary and professional groups to provide services to target local need. School Nursing teams deliver services based on the four levels model as described in **'Getting it right for children, young people and families' (2012)**:

**Community:** School Nurses have an important public health leadership role in the school and wider community for example contributing to health needs assessment, designing services to reach young people wherever they are, providing services in community environments and working with young people and school staff to promote health and well-being within the school setting. In particular School Nurses work with others to increase community participation in promoting and protecting health thus building local capacity to improve health outcomes.

**Universal Services:** School Nurses will lead, coordinate and provide services to deliver the Healthy Child Programme from 5-19 years old (see pathways below). They will provide universal services for all children and young people as set out in the Healthy Child Programme working with their own team and others including health visitors, general practitioners and schools.

**Universal Plus:** School Nurses are a key part of ensuring children, young people and families get extra help and support when they need it. They will offer 'early help' (for example through care packages for children with additional health needs, for emotional and mental health problems and sexual health advice) through providing care and/or referral or signposting to other services. Early help can prevent problems developing or worsening.

**Universal Partnership Plus:** School Nurses will be part of teams providing on-going additional services for vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantage, disability, mental health or substance misuse and risk-taking behaviours. School nurses will also form part of the high intensity multi-agency services for children, young people and families where there are child protection or safeguarding concerns.

**Safeguarding** is a core part of each level right through from universal services education about protective behaviours, to providing high intensity services where these are needed. School Nurses will work effectively with multi-agency partners to achieve the best outcomes for children and young people (see LCHS policy for safeguarding children and young people).

**Table 1 Nottingham City Schools Population Figures**

	Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	TOTALS
<b>Primary School Population</b>	1488	1415	2903	1249	1223	2809	2807	<b>13894</b>
	Year 7	Year 8	Year 9	Year 10	Year 11	-----	-----	-----
<b>Secondary School Population</b>	2646	2651	2697	2574	2532	-----	-----	<b>13100</b>
<b>Total School Population</b>	-----	-----	-----	-----	-----	-----	-----	<b>26994</b>

Nottingham City Schools / Numbers on Roll: July 2011

### Evidence of Need

The Joint Strategic Needs Assessment identified a number of key issues in Nottingham including:

#### Accidental injury:

- Despite improvements, avoidable injuries are still the biggest cause of death in children aged between 1 and 14<sup>1</sup> and as such are a major public health issue in the East Midlands. Nottingham's high level of avoidable injury is related to its high level of deprivation.
- The major causes of hospital admissions in children aged under 15<sup>2</sup> were falls (45%), exposure to inanimate mechanical forces (18%), road traffic accidents (11%) and poisoning (6%).

#### Child obesity:

- Published results from the National Child Measurement Programme undertaken during the 2010/11 academic year suggest that:
  - In Reception (aged 4-5 years), 27.5% of boys and 22.9% of girls were overweight or obese;
  - In Year 6 (aged 10-11 years) 35.7% of boys and 37.2% of girls were overweight or obese.
  - Nottingham's children have a significantly higher prevalence of obesity compared to the England average at age 4 to 5 years (10.9% compared to 9.4%) and at age 10 to 11 years (22.2% compared to 19.0%)

#### Children and young people mental health:

- The exact prevalence of mental and emotional disorder in children and young people in Nottinghamshire is not known. By using national data and assuming the national average rate, the approximate local prevalence of diagnosable child mental illness in Nottingham would affect 3,010 children and young people. It is reasonable to predict this figure to be higher when considering local risk factors and levels of need.

#### Children's oral health:

- The current rate of decayed, missing and filled teeth (dmft) in Nottingham City is three times that of Nottinghamshire and only one local authority in England has a worst record.<sup>3</sup>

#### Immunisation:

<sup>1</sup> EMPHO Profile of Avoidable Injury in the East Midlands: children aged 0-14 years

<sup>2</sup> EMPHO HES extracts 2005-06

<sup>3</sup> British Association for the Study of Community Dentistry

- Using MMR as a tracer condition, NHS Nottingham City's performance is significantly below the performance of other East Midlands PCTs and poor in comparison with statistical neighbours. There is also a link with inequalities, which shows lower uptake in the most deprived GP quintiles.

### **Teenage pregnancy:**

The teenage conception rates in Nottingham have been steadily falling but remain higher than most Local Authorities. The rolling quarterly rate for Q4 2011 was 49.5 per 1000 girls aged 15-17. Nottingham City has been consistently above both the England and East Midlands rates for the last 10 years.

### **Smoking:**

- The 2009 Nottingham City Citizens Survey showed that 41% of 16 and 17 year olds are current smokers – a similar prevalence to adults in the city. Nottingham has the third highest smoking prevalence in England.
- NICE guidance on school-based interventions for preventing uptake of smoking among children and young people recommends that School Nurses work with others to develop whole-school approaches to tobacco control, peer-led interventions and provide a coordinated approach.

### **Evidence Base**

Department of Health (2009) Healthy Child Programme: From 5 – 19 year olds

Department of Health (2012) Getting it right for children, young people and families: Maximising the contribution of the school nursing team: vision and call to action

Children and Young People's Health Outcomes Strategy: Report of the children and young people's health outcomes forum (2012)

Department of Health (2010) Healthy Lives, Healthy People: Our strategy for public health in England

Department of Health (2012) Improving outcomes and supporting transparency: A public health outcomes framework for England, 2013-2016

Department of Health (2012) Supporting implementation of the new service offer: School Nursing Service and Youth Justice Interface

Department of Health (2012) Supporting implementation of the new service offer: Safeguarding children and young people: enhancing professional practice – working with children and families

Munro (2011) The Munro review of Child Protection Final Report: A child-centred system

Nottingham City Public Health JSNA

Marmot Review (2010) Fair Society, Healthy Lives

MECC: [www.nhs.uk/makeeverycontactcount](http://www.nhs.uk/makeeverycontactcount)

### **Future Commissioning Responsibilities**

The commissioning responsibilities for the Public Health School Nursing Service will be undertaken by the Public Health Department of Nottingham City Council from the 1<sup>st</sup> April 2013. As part of the transition process a full review of the service is underway. This process has 4 key elements:

- Analysis of School Cluster health data to identify areas of greatest need and determine health priorities for the school health team.
- Collation of stakeholder views on the current service and proposed areas for development: Teachers, Parents / Carers, Children and Young People, School Nursing Teams and others that work with children and young people.

- Mapping of current service provision to assess how far current activity corresponds with Call to Action and identify gaps in terms of service delivery and need.
- Mapping of current team structures

Initial results will be reported by summer 2013, with a new service model developed by March 2014..

## 1. RISKS

CYPP should be informed of the future commissioning intentions for the Public Health School Nursing Service in Nottingham City.

## 2. FINANCIAL IMPLICATIONS

None

## 3. LEGAL IMPLICATIONS

None

## 4. CLIENT GROUP

Children and Young People aged 5 to 19 years of age.

## 5. IMPACT ON EQUALITIES ISSUES

An equality impact assessment will be completed during the process of reviewing the Public Health School Nursing Service in Nottingham City.

## 6. OUTCOMES AND PRIORITIES AFFECTED

The commissioning review and improved service outcomes for Public Health School Nursing in Nottingham City will affect the following CYPP priorities:

**Stronger safeguarding** – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.

**Healthy living** – With a key focus on increasing the proportion of children and young people who have a healthy weight.

**Reducing substance misuse** – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.

**Raising attainment** – Raising the attainment levels and increasing engagement in employment, education and training.

**Improving attendance** – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.

## 7. CONTACT DETAILS

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# A Positive Start for Every Family

## Transforming Health Visiting

Phyllis Brackenbury  
Assistant Director Children, Young People Families & Health Improvement



### Policy Background – 'Big Society' and 'the family'

- In 2010 the Government set its vision for the future of Health Visiting in England – to expand and modernise by March 2015
- Big Society
- Family and Parenting
- Cross Government Reviews:
  - Frank Field MP (Poverty and Life Chances)
  - Graham Allen MP (Early Intervention)
  - Claire Tickell ( Early Years Foundation Stage )
  - Eileen Munroe ( Safeguarding/Child Protection)



## Research and Evidence-Base

### New and Latest Evidence:

- Family Nurse Partnership
- Impact of early brain development on whole life outcomes
- Impact of early years on adult health
- Impact of parenting in early years on life chances
- Early intervention = long term investment

### Key messages

- Importance of prevention
- Importance of early help and early intervention
- Healthy Child Programme 0-5years



## Healthy Child Programme & Four Tier Family Offer

1. Universal – All Families: a service to all families with Health Visitors offering help and interventions as part of the Healthy Child Programme
2. Universal Plus: a rapid response from the Health Visiting team when families need specific expert help, e.g. problems with weaning, sleeping, maternal mental health, attachment concerns
3. Universal Partnership Plus: working with other organisations, partners and professionals to deal with complex issues over time, and make sure that the right services, groups and networks are available to families locally, e.g. children with complex needs, safeguarding, CAF.
4. Community – Public Health: Health visitors will help to develop a range of services in the community, and make sure families know about them.



## What does this mean locally?

- Local expansion target:
  - Nottingham City to expand numbers of Health Visitors by 123% - additional resources targeted in areas of greatest need
- Current position:
  - Long term national shortages and local vacancies
  - Health Visitors see 96% of the under 5's population in Nottingham City
  - High caseloads – approximately 396 per Health Visitor
  - Complex safeguarding caseloads
- Local delivery plans:
  - Commissioning
  - Engagement and Communication
  - Workforce
  - Health Visiting Practice & Building Community Capacity



## Strategic Objectives 'What We Do'

- **Safeguarding and Early Intervention Children**
  - **Objectives:** stronger safeguarding / shifting resources to early intervention and prevention / reducing infant mortality
  - **How:** increased Health Visiting resource targeted in priority areas / targeted immunisation programmes for hard to reach groups / increased support for vulnerable young people e.g. priority families, travellers, homeless
- **Strong families**
  - **Objectives:** improving parenting support / supporting children with learning difficulties and disabilities / improving corporate parenting
  - **How:** improving attachment between parents and their babies and children / increased awareness and uptake of community services for children and families including primary care and Children's Centre services / improving access to parenting support programmes
- **Healthy and positive children and young people**
  - **Objectives:** promoting healthy living / reducing teenage conceptions / reducing substance misuse / strengthening positive behaviour
  - **How:** improved maternal and infant mental health provision / increased support for children with complex needs and behaviours e.g. conduct disorder / improved nutrition advice and guidance e.g. infant feeding to ensure they maintain a healthy weight as they grow and develop



# Questions?



Contact.

## Phyllis Brackenbury

Assistant Director Children, Young People Families & Health Improvement

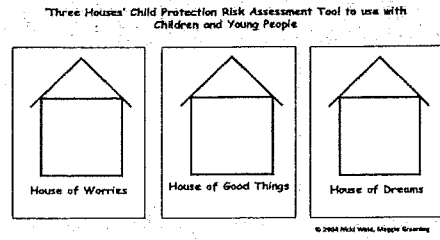
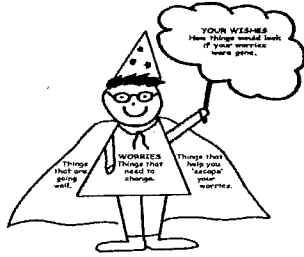
Nottingham CityCare Partnership

Tel:- 0115 8839607

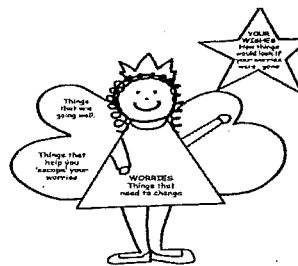
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# Signs of Safety – A Solution Focused Approach




Mandy Goodenough: Systemic Social Work Lead



## Background

- Action from Supervision review
- Strength-based solution focused approach
- Maintains a focus on child's safety
- Recognizes that all families have signs of safety

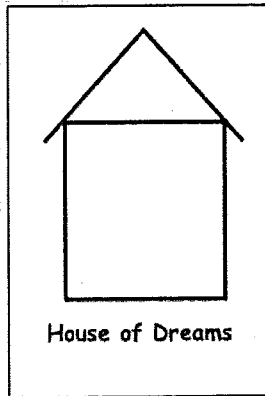
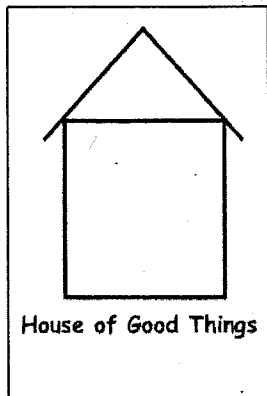
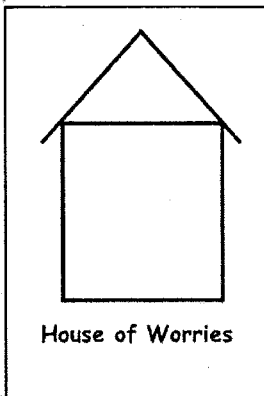


When we think about the situation facing this family:		
<p><b>What are we Worried About?</b></p>	<p><b>What's Working Well?</b></p>	<p><b>What Needs to Happen?</b></p>
<p>On a scale of 0 to 10 where 10 means everyone knows the children are safe enough for the case to close the case and zero means things are so bad for the children they can't live at home, where do we rate this situation? (If different judgments place different people's number on the continuum).</p>		
<p>0  10</p>		

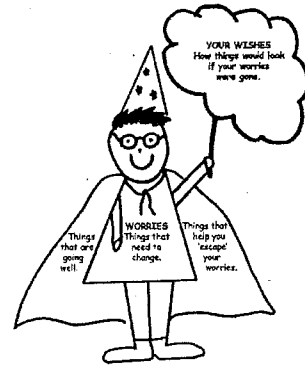
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## Tools for working with children

**'Three Houses' Child Protection Risk Assessment Tool to use with Children and Young People**



© 2004 Nicki Weld, Maggie Greening



**NOTTINGHAM  
CHILDREN'S  
PARTNERSHIP**

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE

## What's Happening

- Extensive Training Programme
- Review and revision of processes & systems
- Launch in June



## Impact

- Improved quality of work delivered to families
- Improved engagement of families
- Improved risk management of vulnerable children as a result of rigorous assessment and safety planning



## Contact.

### **Mandy Goodenough**

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**NOTTINGHAM  
CHILDREN'S  
PARTNERSHIP**

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE

8

<b>Title of paper:</b>	Strategic Commissioning Intentions	
<b>Report to:</b>	Children's Partnership Board	
<b>Date:</b>	27 <sup>th</sup> March 2013	
<b>Relevant Director:</b>	Candida Brudenell, Interim Corporate Director of Children and Families.	<b>Wards affected:</b> All
<b>Contact Officer(s) and contact details:</b>	Colin Monckton Head of Commissioning and Insight Tel: 0115 8764832 colin.monckton@nottinghamcity.gov.uk	
<b>Other officers who have provided input:</b>	Antony Dixon – Strategic Commissioning Manager Tel: 0115 8763491 antony.dixon@nottinghamcity.gov.uk	
<b>Relevant Children and Young People's Plan (CYPP) objectives(s):</b>		
<b>Stronger safeguarding</b> – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.		√
<b>Healthy living</b> – With a key focus on increasing the proportion of children and young people who have a healthy weight.		√
<b>Reducing substance misuse</b> – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.		√
<b>Raising attainment</b> – Raising the attainment levels and increasing engagement in employment, education and training.		√
<b>Improving attendance</b> – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.		√
<b>Summary of issues (including benefits to customers/service users):</b>		
<p>This report outlines a set of Strategic Commissioning Intentions (SCIs) for 2013/14 which establish a commissioning plan for the Council and Public Health and which will provide an important catalyst for:</p> <ul style="list-style-type: none"> <li>• improving outcomes and choice for citizens in key areas;</li> <li>• reducing costs;</li> <li>• increasing focus on early intervention and prevention;</li> </ul> <p>Delivery of these benefits will enable the Council and its partners to take a more strategic, outcome focussed approach to undertaking commissioning through application of the city's approved Corporate Commissioning Framework.</p> <p>The set of Strategic Commissioning Reviews proposed will also have the advantage of delivering key priorities contained within the Health and Well-being Strategy, Public Health, Adult Social Care and Children's Big ticket programmes.</p>		
<b>Recommendations:</b>		
<b>1</b>	Board members to note the content of the report with particular reference to Strategic Commissioning Reviews relating to Children and Young People	
<b>2</b>	Board members to support the Reviews and engage in the process where appropriate	

## 1 BACKGROUND AND PROPOSALS

The Corporate Commissioning Framework was approved in 2009 to provide a clear and consistent approach to commissioning, improve outcomes for citizens and make the most effective use of the city's resources.

In 2010, the Council brought together its previously separate Adults and Children's commissioning functions into one Directorate in order to drive forward improved commissioning in the Council and the City through the application and embedding of the Corporate Commissioning Framework. The Strategic Commissioning Intentions (SCI's) outlined in this report represent a continuation of this improvement journey and will be the main focus of work for the Quality & Commissioning Directorate during 2013/14.

Delivery of the SCI's has been the mechanism by which one of the strategic risks facing the Council i.e. *"The failure to deliver improved outcomes through the implementation and embedding of the Commissioning Framework within the directorate, the Council and with partners"* has been mitigated. As a result of implementation of the Commissioning Framework and the Strategic Commissioning Review process this risk has now been significantly reduced in the strategic risk register.

There is increasing demand in the city for a range of services for children and adults. These demand implications are set out in the Children and Young People Plan (CYPP) and the Vulnerable Adults Plan (VAP). The requirement to drive efficiencies in costs whilst meeting this demand necessitates a different more transformational approach to commissioning, namely:

- taking a radically changed approach - underpinned by greater investment in prevention and early intervention, particularly where needs and costs are already increasing significantly;
- focusing on building community capacity, personalisation and citizen choice;
- joint working to drive collaboration, integration and efficiencies between providers, citizens and partners.

The background of successful partnership working will be built on and developed further through the way the reviews are led and delivered. More involvement of all stakeholders (Councillors, partners, citizens, providers and service users) will be sought as appropriate.

A detailed "Commissioning Pathway" has been developed to translate the Corporate Commissioning Framework into a timed, step-by-step programme approach which will underpin each strategic review. The commissioning pathway is currently under-review to ensure that appropriate timeframes are accorded to each stage of the cycle in order to facilitate rigorous analysis, co-productive activity and evaluation.

## REASONS FOR RECOMMENDATIONS (INCLUDING OUTCOMES OF CONSULTATION)

### Method for defining the SCIs

Priorities within key partnership strategic and commissioning agendas have been assessed. These include the:

- Children and Young People's Plan,
- Vulnerable Adults Plan,
- draft Health and Well-being Strategy,
- Labour Manifesto (now Council Policy)
- Public Health Commissioning
- Adult Social Care Big Ticket
- Children's Big Ticket

These priorities were collated, grouped into primary and sub-outcomes and assessed against a number of metrics. These metrics were:

- financial or other demand pressures;
- degree of link to Council and wider city priorities;
- quality of outcomes for citizens currently achieved;
- areas yet to be subject of a strategic commissioning review programme

The recommendation from this assessment is that the following areas are agreed as Strategic Commissioning Intentions for 2013/14 to be progressed through application of the commissioning pathway.

Priority Strategic Commissioning Intention	Main Areas of Activity	Reasons for assessment as a year 13/14 priority	Lead Partner
<b>0-5 Early Help</b>	<ul style="list-style-type: none"> <li>• Best Start in Life</li> <li>• Parenting Support</li> <li>• NHS Commissioning Board Maternity Pathway</li> <li>• CCG Health Visiting Expansion</li> <li>• Early Intervention and Scaling Up</li> <li>• Evidence Based Programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Key CYPP priority</li> <li>• Risk factors for children</li> <li>• Area of high organisational activity</li> <li>• Cost efficiencies</li> <li>• Link to Children's Big ticket Programme</li> <li>• Early Intervention opportunity</li> </ul>	Nottingham City Council Quality & Commissioning
<b>6-18 Child Well-being - Developing Well</b>	<ul style="list-style-type: none"> <li>• Public Health 5-19 Commissioning</li> <li>• Revised Operating Model for Social Care</li> <li>• Family Support in Schools</li> <li>• More Effective Support for Children With Disabilities</li> <li>• Strategic</li> </ul>	<ul style="list-style-type: none"> <li>• Key CYPP priority</li> <li>• Risk factors for vulnerable</li> <li>• Area of high organisational activity</li> <li>• Early Intervention opportunity</li> <li>• Link to Children's Big Ticket Programme</li> </ul>	Nottingham City Council Quality & Commissioning

	<p>Commissioning Approach to Placements</p> <ul style="list-style-type: none"> <li>• School Nursing</li> <li>• Young Persons Substance Misuse</li> </ul>		
<b>Health Improvement</b>	<ul style="list-style-type: none"> <li>• Physical health Improvement and lifestyle factors</li> <li>• Sexual Health</li> <li>• Early Intervention for poor mental health</li> <li>• Prison substance-misuse</li> <li>• Adults Substance Misuse</li> </ul>	<ul style="list-style-type: none"> <li>• Key Health and Well-being and Public Health priority</li> <li>• Cost efficiencies</li> <li>• Early Intervention opportunity</li> </ul>	Public Health
<b>Integrated Care</b>	<ul style="list-style-type: none"> <li>• Co-ordinated care Model</li> <li>• Independence Pathway</li> <li>• Assistive Technology</li> <li>• Single Front Door</li> </ul>	<ul style="list-style-type: none"> <li>• Key national policy objective</li> <li>• Cost efficiencies</li> <li>• Early Intervention opportunity</li> <li>• Link to Adults Big Ticket Programme</li> </ul>	Nottingham City Clinical Commissioning Group

<b>Major Work Programmes</b>	<b>Reason for Priority</b>
<b>Community Capacity Review and Commissioning</b>	Key priority contained within Vulnerable Adults Plan
<b>Safe from Harm Review</b>	Continuation of delayed 12/13 priority
<b>Review of Respite Provision</b>	Manifesto commitment and need for better targeting
<b>Review of Dementia Provision</b>	Commissioning Executive Group priority, demographic pressures
<b>Communities of Interest Funding</b>	Phase 2 of ongoing review of VS grant funding
<b>Priority Families</b>	Continuation of 12/13 priority

The Health & Well-being Board Commissioning Executive Group (CEG) have been consulted re the proposed commissioning priorities and agree that it aligns with the work-programme of the CEG

Regular reports will be provided to the Board as and when appropriate during the year in relation to progress against these key priorities.

### **OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

Include only externally provided services to be within scope of the strategic commissioning reviews, with all internal provision to be excluded from the commissioning intentions:

This was rejected because the benefits from a stronger commissioning approach are undermined by excluding internal provision. Driving efficiencies will be maximised by incorporating internal provision into the scope of this work.

Take a predominantly service led approach to commissioning intentions rather than an outcome led approach:

Undertaking a number of service reviews based on the existing services and the way in which they are provided was rejected as this has only limited ability to deliver more sustainable reduction in the required funding for meeting the needs of citizens. This is because it assumes a service delivery model that will continue in a similar shape to today (this approach may be appropriate in certain discreet areas). The Strategic plans highlight a requirement for more radical action and different ways of working to enable choice for citizens. This, when coupled with the significant financial pressures faced, means that this alternative approach would not be suitable.

## **2. RISKS**

The priorities have been generated using a range of input from partners via the consultation and planning work that has been previously undertaken through the creation of the CYPP and through consultation preceding the draft VAP. However at this stage, there has not been widespread engagement with partners over these priorities. Engagement in the Strategic Reviews by key partners is inherent in the commissioning pathway and without partner engagement we will fail to impact on service provision and on improved outcomes for children and young people

## **3. FINANCIAL IMPLICATIONS**

Further analysis of spend contained within each proposed Strategic Commissioning Review and major Work programme area will be undertaken and, where appropriate financial efficiency targets will be proposed and agreed at a future committee meeting.

#### **4. LEGAL IMPLICATIONS**

There are no legal implications to be considered

#### **5. CLIENT GROUP**

All children and young people aged 0-18yrs

#### **6. IMPACT ON EQUALITIES ISSUES**

Equality Impact Assessments will be undertaken as per the Nottingham City Council's Policy.

#### **7. OUTCOMES AND PRIORITIES AFFECTED**

All CYPP priorities will be affected

#### **8. CONTACT DETAILS**

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<b>Title of paper:</b>	<b>Big Lottery: Fulfilling Lives: A Better Start</b>	
<b>Report to:</b>	Children's Partnership Board	
<b>Date:</b>	27.03.12	
<b>Relevant Director:</b>	Candida Brudenell, Interim Corporate Director of Children and Families.	<b>Wards affected:</b> All
<b>Contact Officer(s) and contact details:</b>	Katy Ball, Head of Early Intervention and Market Development, NCC Katy.ball@nottinghamcity.gov.uk	
<b>Other officers who have provided input:</b>		
<b>Relevant Children and Young People's Plan (CYPP) objectives(s):</b>		
<b>Stronger safeguarding</b> – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.		X
<b>Healthy living</b> – With a key focus on increasing the proportion of children and young people who have a healthy weight.		X
<b>Reducing substance misuse</b> – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.		X
<b>Raising attainment</b> – Raising the attainment levels and increasing engagement in employment, education and training.		X
<b>Improving attendance</b> – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.		
<b>Summary of issues (including benefits to customers/service users):</b>		
<p>This is an update on the progress to secure Big Lottery funding of between £30m and £50m to support the use of preventative approaches to improve the life chances of children aged nought to three over a ten year period.</p> <p>A partnership working group from local agencies, including Nottingham City Council, local health agencies and voluntary organisations met during January and February to develop the expression of interest. This included identification that: the areas of St Ann's, Aspley, Arboretum and Bulwell best met the required criteria for need. Nottingham CityCare Partnership would be the Lead Organisation for further stages of the bid.</p> <p>This is a great opportunity for Nottingham as an Early Intervention City to build on the strong foundations and partnership already in place.</p> <p>The result of this first stage will be decided at the end of March.</p>		
<b>Recommendations:</b>		
1	The Children's Partnership Board to note the progress, as the sponsor.	

## 1. BACKGROUND AND PROPOSALS

A new £165m Fulfilling Lives: A Better Start initiative aims to deliver a step change in the use of preventative approaches to improve the life chances of children aged nought - three. Awards to three to five areas of between £30m and £50m lasting for up to ten years will be available in 2014. This is a great opportunity for Nottingham as an Early Intervention City to build on the strong foundations and partnership already in place.

### Programme Features:

The aim of the award is to deliver a step change in the use of preventative approaches for babies and children from pregnancy to three years of age. Selected areas will need to demonstrate a new way to design and deliver effective preventative services that:

- ◆ progressively target the entire population through ante- and post-natal assessment, so that the greatest support is given to the neediest 20-30 per cent of families
- ◆ run a variety of programmes and initiatives to aid the key areas that will affect a child's life and prevent harm, specifically: social and emotional development; language development; diet and nutrition
- ◆ ensure primary prevention is at the heart of service delivery
- ◆ use a 'whole-family' approach is taken to 'get it right first time'
- ◆ ensure systems are responsive to changing needs and maximise uptake from those that need it most.

Partnerships will need to select an area with a population of approximately 50,000 people where there is evidence of deprivation and high levels of need amongst children using a range of health, education and social indicators and work with expectant parents, as well as with parents and carers of very young children.

### Progress so far.

A working group of public and voluntary sector organisations met throughout January and February. This group of statutory and voluntary organisations, operating in the nought to three age range, gathered a range of information in order to support the application.

Part of the application process involved using data to identify areas of need specific to the requirements of the Big Lottery . After research and analysis the final geographical areas selected were the wards of Aspley, Bulwell, St Ann's and the Arboretum.

Nottingham CityCare Partnership, which is a Community Interest Company, presented information and was chosen as the Lead Organisation to take the partnership forward.

### What next?

Key dates in the process are:

- |              |   |
|--------------|---|
| March 2013;  | between 30 and 50 selected areas will be asked to complete a stage one application  |
| Summer 2013; | a further short-list of between 10 and 15 areas will be offered development grants and support to prepare for making changes locally. |
| March 2014;  | the final selection of three to five areas, will be awarded between £30-£50 million each.   |

More information is available at <http://www.biglotteryfund.org.uk/betterstart>

Key contacts are:

Phyllis Brackenbury, Lead Organisation, Nottingham CityCare Partnership:

[phyllis.brackenbury@nottinghamcity.nhs.uk](mailto:phyllis.brackenbury@nottinghamcity.nhs.uk)

Dot Veitch, Nottingham City Council's Early Intervention Team : [dot.veitch@nottinghamcity.gov.uk](mailto:dot.veitch@nottinghamcity.gov.uk)



## **2.RISKS**

A strong, well co-ordinated partnership approach will be required to successfully progress this opportunity. Any breakdown in partnership communications or a failure to produce an active programme of development will adversely affect the process.

## **3.FINANCIAL IMPLICATIONS**

A successful outcome will secure funding of between £30-£50 for the City of Nottingham

## **4.LEGAL IMPLICATIONS**

Not apparent at this stage

## **5.CLIENT GROUP**

All groups of children, young people or carers who will be covered by the opportunity.

## **6.IMPACT ON EQUALITIES ISSUES**

The extensive partnership approach required in this opportunity will require and ensure engagement and consideration of equality issues from a wide range of communities.

## **7.OUTCOMES AND PRIORITIES AFFECTED**

The main CYPP objectives and priorities which are likely to be affected are:

Stronger safeguarding – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.

Healthy living – With a key focus on increasing the proportion of children and young people who have a healthy weight.

## **8.CONTACT DETAILS**

Katy Ball, Head of Early Intervention & Market Development, NCC

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Tel: 0115 8764814





**NOTTINGHAM  
CHILDREN'S  
PARTNERSHIP**

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE

<b>Title of paper:</b>	Olympic Legacy: Physical Activity, Sport and Physical Education (PE) for young people in Nottingham: The work of School Sport Nottingham.	
<b>Report to:</b>	Children's Partnership Board – For Information	
<b>Date:</b>	27th March 2013	
<b>Relevant Director:</b>	Candida Brundenell	<b>Wards affected:</b> All
<b>Contact Officer(s) and contact details:</b>	Martin Smith	
<b>Other officers who have provided input:</b>	Nick Robb, Lyndon Roberts	
<b>Relevant Children and Young People's Plan (CYPP) objectives(s):</b>		
<b>Stronger safeguarding</b> – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.		
<b>Healthy living</b> – With a key focus on increasing the proportion of children and young people who have a healthy weight.		Yes
<b>Reducing substance misuse</b> – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.		
<b>Raising attainment</b> – Raising the attainment levels and increasing engagement in employment, education and training.		Yes
<b>Improving attendance</b> – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.		Yes
<b>Summary of issues (including benefits to customers/service users):</b>		
<p>Withdrawal of Government funding for Physical Education and School Sport in 2011 required an innovative solution.</p> <p>Nottingham City Council's Curriculum Service developed a partnership approach to delivering high quality physical activity, sport and physical education across Nottingham.</p> <p>From this School Sport Nottingham was created forming a single sports partnership which is overseen by the Physical Activity, Sport and PE Strategy group. This group is aligned with the broader strategic needs of the city and requires a direct reporting line to the Children's Partnership Board.</p>		
<b>Recommendations:</b>		
1	The report is noted	
2	That the CPB receive reports and provide feedback and comment to help direct the work of the Strategy Group overseeing the work of School Sport Nottingham.	

## 1. BACKGROUND AND PROPOSALS

In 2012 Curriculum Service re-aligned the PE and School Sport provision for City schools by creating a single Sports Partnership across Nottingham.

Combining two previous School Sports Partnerships and taking an innovative partnership approach to joint working and funding; with Nottingham City NHS, Nottingham Trent University and the Youth Sports Trust; the Service created **School Sport Nottingham**.

This new body now delivers a high quality and comprehensive programme of competitions, physical activity initiatives, coaching, continuing professional development (CPD) for teachers and a strong Youth Sports Leadership programme for schools throughout the City.

If Curriculum Services had not intervened this co-ordinated provision would have been lost to the City.

Guiding this work is the Physical Activity, Sport and PE Strategy Group, which oversees the work of School Sport Nottingham and ensures that the needs of partners and community stakeholders are met.

In order that the work of School Sport Nottingham is aligned with the broader strategic needs of the City it is important that there is a direct line of reporting to and feedback from the Children's Partnership Board.

The programme is reliant on external funding, project and initiative funding.

This has the potential to place the programme at risk if schools do not buy back the service as it would seriously harm Nottingham's ability to respond to future funding from central government.

A summary of last years work programme and planned work for this year is given below:

### School Sport Nottingham 2012 / 13.

- School Sport Coaching in over 40 schools delivering coaching in a range of sports.
- Nottingham Trent University students delivering a programme of teaching and coaching in 20 primary schools including - Change 4 Life Clubs and Energy Clubs.
- 23 Schools have received training to deliver Positive Play activities at lunch times.
- 20 schools will be hosting Healthy Lifestyle Clubs during the summer term.
- Over 80% of City Schools registered for the national School Games programme.
- School Games competitions delivered in 26 sports to over 5000 pupils, receiving a regional award for its work at the National School Sports Awards.
- School Olympic torch relay and Sports Days organized.

### School Sport Nottingham 2013 / 14

- Launching the "Get Active Get Smart" membership programme providing schools with high quality coaching, Change 4 Life Clubs, staff CPD, sports activity days and priority access to new programmes.
- Developing a further 24 Change for Life Clubs.
- Support for the delivery of healthy lifestyle coaches in 12 Primary Schools.
- Development of Fundamental Movement Skills programmes for Early Years settings to complement the new PE curriculum.

- Extension of the Nottingham Trent University coaching programme.
- Selected to deliver Sport England's Club Links Makers programme.
- Extended provision and support to schools following the Government's imminent announcement of £100m investment into school sport.

## **Change4Life Clubs**

We have been extremely successful in establishing our Change4Life clubs across the City and this momentum will be maintained following a successful bid for additional resources to establish a further 24 Clubs, with support from NHS Nottingham City, this programme is being rolled out from January 2013 through a partnership with Nottingham Trent University and the Sport Coaching degree students.

**Change4Life Sports Clubs is an exciting programme aiming to harness the inspiration of the Olympic and Paralympic Games. It encourages less-active\* primary and secondary aged school children to do more physical activity and engage in sport.**

Children deemed less-active do not undertake the recommended daily minimum of 60 minutes of moderate to vigorous intensity physical activity, often because they face barriers ranging from social to physical. While these are national recommendations you can identify the less-active children in your school and help them to overcome these barriers and become part of a Change4Life Sports Club. After all, it's important to make physical activity a habit if we're to reduce the likelihood of chronic disease in later life.

Change4Life Sport Clubs take the principles and specific skills from a range of Olympic and Paralympic sports and place them in a fun, vibrant and exciting activity club.

**Primary clubs.** Primary clubs capture the essence of the sport without directly delivering sport-specific content, and are grouped under three multi-sport themes:

Adventure: canoeing, cycling, orienteering, rowing, sailing

Creative: cheerleading, dance, diving, gymnastics, skipping, swimming, trampolining

Target: archery, boccia, bowls, fencing, goalball, golf

## **Playgrounds Activity Managers**

22 staff from City Primary Schools attended our Playgrounds Activity Managers training that supports and trains them to develop children's physical activity at lunch times. This programme has also linked with Healthy Schools who are directly supporting nine schools and will be monitoring progress and impact of the work.

## **Healthy Lifestyle Coaches**

We have been invited by the Youth Sport Trust to be a lead area for their Healthy Lifestyle Coaches programme that is funded by the People Health Trust. This will draw in funding of £9000 and involve working with 12 primary schools to inspire children who are less active to choose and enjoy sport and physical activities. We are looking to link this with work in the Bilborough area and with Nottingham University Samworth Academy who have been selected as the lead Health & Well Being School for Nottinghamshire.

The Healthy Lifestyle Coaches Project is designed to support schools in health deprivation areas, to increase the number of young people participating in physical activity and to help schools maximise their involvement in health-focused initiatives such as Change4Life Sports Clubs and other Change4Life campaigns.

The Youth Sport Trust, working in partnership with the People's Health Trust, wishes to recruit healthy lifestyle coaches to support schools to inspire less active children and young people to choose and enjoy new sporting activities and to deliver key health education outcomes through activity sessions.

Participating in these school sport programmes can support the Change4Life key messages of 60 active minutes per day several times a day, together with wider health education outcomes and healthy lifestyle messaging.

### **Paralympic Sports Coaching**

We delivered a very successful Paralympic Sports Coaching programme to 16 primary schools highlighting disability sports and developing young people's perceptions and understanding of disability sport.

### **Family FUNS programme**

We have been liaising with Create Development with a view to piloting and rolling out their Family FUNs programme in Nottingham.

### **What is 'Family FUNS'?**

'Family FUNS' is essentially a flexible programme generally delivered within a 'Family Learning Club'. It is aimed at accelerating the development of the Fundamental Movement Skills of children, actively involving a parent or carer to work alongside their child, under the support and guidance of a trained deliverer.

Over regular sessions it aims to empower parents and give them the confidence to use the 'Family FUNS' games and activities outside the structured sessions, so that activity can be continued in the home setting, where children are now often at their most inactive.

Alongside physical improvement, the programmes also provide the family with an opportunity to develop self-esteem, build determination and resilience, improve their ability to cooperate and work well with others.

The programmes are flexible and personalised to fit the experience and needs of the target group / families, for example:

'Family FUNS' for Early Years

'Family FUNS' for young people with disabilities.

We are currently developing our "**Get Active, Get Smart**" activity and membership programme that will be offered to City Primary Schools for the 2013 / 14 academic year. These discussions have also involved Notts County Football In The Community as a potential delivery partner.

## **Club Link Makers – Club Links Satellite Clubs**

School Sport Nottingham has been selected to support the delivery of the Sport England 'Club Link Makers' Initiative to encourage stronger links between secondary schools and local clubs and encourage more young people to participate in sport outside of school. An outline of the programme is given, below:

1. An established sports club sets up an extension of its club in a local area; we call this a satellite.
2. The club works with local organisations such as community groups and schools to identify what local young people want; we call this the local partnership.
3. Together, the partnership finds a venue. Ideally this is a place where young people already meet, for example a youth club or school.
4. The partnership promotes the satellite to local young people.
5. The club provides a coach and any equipment needed so that they can run this satellite from that venue one day a week.

### **2. RISKS**

There is a risk to the programme and consequently the outlined CYPP priorities if schools do not buy back the service as it would seriously harm Nottingham's ability to respond to future funding from central government.

### **3. FINANCIAL IMPLICATIONS**

Two posts and associated work streams are dependent on continued funding from Youth Sports Trust (School Games Organisers Funding and Club Link Makers funding) and Nottingham City NHS. Plans are being developed to provide direct funding from schools for a School Sport and PE support package, in order to sustain the programme.

### **4. LEGAL IMPLICATIONS**

None

### **5. CLIENT GROUP**

All young people in school settings.

### **6. IMPACT ON EQUALITIES ISSUES**

This is a universal provision, with some targeting in relation to physical and health needs. However, a range of inclusive sporting and physical activity programmes are delivered in support of our Paralympic Sports programme.

### **7. OUTCOMES AND PRIORITIES AFFECTED**

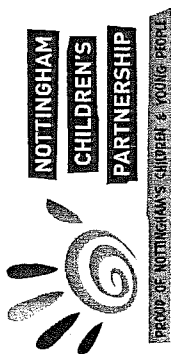
School Sport Nottingham contributes to developing healthy outcomes for children and young people by working with and through schools and local sports clubs to broaden participation rates in both schools sport and physical activity.

By providing support for schools to deliver high quality PE and schools sport contribute towards improving attendance and engagement in learning.

## 8. CONTACT DETAILS

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## Children's Partnership Board Forward Plan

### To be scheduled

Safeguarding Inspection  
Big Lottery: Fulfilling Lives: A Better Start  
CAF  
CYPP priority: Attendance  
Priority Families  
Strategic Commissioning Reviews  
Early Intervention; the next five years

Please contact Dot Veitch if you have any suggestions for future items for the forward plan  
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