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Nottingham
City Council

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

Date: Wednesday, 30 March 2016

Time: 4.00 pm

Place: LB 31-32 - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors and Board Members are requested to attend the above meeting to transact the following business

A handwritten signature in black ink, appearing to be "P. Wye".

Corporate Director for Resilience

Constitutional Services Officer: Phil Wye Direct Dial: 0115 8764637

AGENDA

Pages

- | | | |
|----------|---|----------------|
| 1 | APOLOGIES FOR ABSENCE | |
| 2 | DECLARATIONS OF INTEREST | |
| 3 | MINUTES
Meeting held on 16 December 2015 (for confirmation) | 3 - 12 |
| 4 | CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP PRIORITY
PROMOTING THE HEALTH AND WELLBEING OF BABIES,
CHILDREN AND YOUNG PEOPLE | |
| a | Small Steps at Home Programme
Report of Director of Operations and Transformation, Nottingham
CityCare Partnership | 13 - 16 |
| b | Update on children's oral health in Nottingham City
Report of the Interim Director of Public Health and the Corporate
Director for Children and Adults | 17 - 26 |
| 5 | PRIORITY FAMILIES PROGRESS UPDATE
Report of the Director for Children's Integrated Services | 27 - 30 |

6	NOTTINGHAM CITY CHILDREN'S SAFEGUARDING BOARDS STRATEGIC BUSINESS PLAN 2016 – 2018 Report of the Corporate Director for Children and Adults	31 - 42
7	YOUTH CABINET UPDATE Report of the Corporate Director for Children and Adults and the Director of Children's Social Care	43 - 46
8	PARTNER UPDATE - FUTURES ADVICE, SKILLS AND EMPLOYMENT Presentation by Michelle Wright, Operations Director, Futures Advice Skills and Employment	
9	JOINT OFSTED/CQC INSPECTION OF LOCAL AREA SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) SERVICES Briefing note from Jonathan Allen, Senior Project Manager, Inclusion and Disability	47 - 50
10	FORWARD PLAN	51 - 52

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE CONSTITUTIONAL SERVICES OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

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NOTTINGHAM CITY COUNCIL CHILDREN'S PARTNERSHIP BOARD

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House,
Station Street, Nottingham, NG2 3NG on 16 December 2015 from 16.04 - 17.50**

✓	Cllr David Mellen (Joint Chair)	Portfolio Holder for Early Intervention and Early Years (NCC)
✓	Cllr Sam Webster (Joint Chair)	Portfolio Holder for Schools (NCC)
	Malcolm Cowgill (Vice Chair)	Principal of Central Nottingham College (Further Education Representative)
	Christine Oliver	Crime and Drugs Partnership, Head of Finance and Commissioning (NCC)
	John Yarham	Nottingham and Nottinghamshire Futures, Chief Executive
	Sally Seeley	NHS Clinical Commissioning Group, Director of Quality and Delivery
✓	Alison Michalska	Corporate Director for Children and Adults (NCC)
	Katy Ball	Director of Procurement & Children's Commissioning (NCC)
✓	Chris Wallbanks	Strategic Commissioning Manager for Children (NCC)
✓	Helen Blackman	Director of Children's Social Care (NCC)
	Candida Brudenell	Assistant Chief Executive (NCC)
✓	Pat Fielding Sarah Fielding	Joint Directors of Education (NCC)
✓	Jon Rea	Engagement and Participation Officer (NCC)
✓	Chloe Mullins (Youth Cabinet)	Young People's Representatives (NCC)
✓	James Strawbridge	City of Nottingham Governors' Association representative
	Jean Sharpe	DWP Job Centre Plus, Senior Customer Service Operations Manager
	Phyllis Brackenbury	Nottingham CityCare Partnership, Director of Operations & Transformation
	Michael Manley (Superintendent)	Nottinghamshire Police, Assistant Chief Constable
✓	Julie Burton (Deputy Head)	Nottinghamshire Probation Trust, Chief Executive
✓	Chris Cook	Nottingham City Safeguarding Children Board, Independent Chair
✓	Karen Slack	Head Teacher, Rise Park Primary School (Primary School Representative)
✓	Scott Mason	Head Teacher, Snape Wood (Primary School Representative)
✓	Sean Kelly	Head of Top Valley Academy (Secondary School Representative)
✓	David Stewart	Headteacher of Oakfield School

		(Special School Representative)
✓	Stephen McLaren	Voluntary Sector representative

✓ Indicates present at meeting

Colleagues, partners and others in attendance:

Clive Chambers - Head of Safeguarding and Quality
Dot Veitch - Partnership Support Officer (NCC)
Catherine Ziane-Pryor - Governance Officer

25 APOLOGIES FOR ABSENCE

Phyllis Brackenbury
Malcolm Cowgill
John Yarham
Jean Sharp
Sally Seeley

26 DECLARATIONS OF INTERESTS

None.

27 MINUTES

The minutes of the meeting held on 24 June 2015 were confirmed as true record and signed by the Chair.

28 CHILDREN AND YOUNG PEOPLE'S PARTICIPATION STRATEGY

John Rea, Engagement and Participation Lead, and Chloe Mullins, member of the Youth Cabinet, presented the report which informs members of the new updated participation strategy 2015-18 for children and young people and asked members of the Board for their feedback.

The Chair welcomed the strategy and any attempt to ensure that the language is accessible to children. Local authorities place a lot of resources with young people and yet their voice is not always heard. As the City Council has invested a lot of funds in the Young Citizen programme, it was suggested that the possibility of harnessing the Strategy to help expand the Young Citizen Programme could be considered.

John Rea responded that the strategy submitted to the Board was a formal version and that a more child friendly and accessible version will be released shortly. Young people are keen to be involved in the Board but that some systems within the local authority, such as paperwork authorisation and bureaucracy, are not flexible enough to enable this.

Better communications including with Neighbourhood Development Officers and simpler City Council processes will enable better involvement of young people who offer a valuable resource to the City.

RESOLVED

- (1) **to affirm the Board's commitment to the rights of children and young people to be involved in decisions which affect their lives;**
- (2) **for the Board to recognise that empowering the voice of the citizen is fundamental to good outcomes for children, young people and families;**
- (3) **to adopt the Participation Strategy and ask that all partners contribute to the successful delivery of the action plan;**
- (4) **to receive an annual update report on the Participation Strategy.**

29 CHILDREN AND YOUNG PEOPLE'S PLAN PRIORITY: SUPPORTING ACHIEVEMENT AND ACADEMIC ATTAINMENT; EARLY YEARS, ACADEMIC RESULTS AND S.E.N

Pat Fielding, Joint Director of Education, delivered a presentation to accompany the detailed report.

The report considered the academic attainment of children and young people within the City between the ages of four and 18 years old, including the performance of special educational needs (SEN) and children in care (CiC), updating the Board on the outcomes for children and young people during 2015 in the current priorities and actions to improve outcomes.

The following points were highlighted:

- (a) there has been an overall and continuing improvement in the achievement of children and young people within the city;
- (b) the attainment gap between advantaged and disadvantage pupils continues but is reducing in early years pupils, with the City Council ranking 136 out of 152 local authorities;
- (c) pupils often enter school with below the expected levels of communication but improve slowly as they progress through the school;
- (d) the attainment of disadvantaged pupils, gauged by those receiving free school meals, is better than the national average of disadvantaged pupils, with progress exceeding the national average in Key Stage 2;
- (e) the longer pupils remain within the same school the better their improvement;
- (f) the attainment of pupils aged 11 years old (Key Stage 4), ranks approximately 11% lower against other local authorities and educational partners;
- (g) some of the more vulnerable groups, including those with special educational needs, are progressing particularly well although secondary school age children in care are not progressing at the same rate;

- (h) it is known that a high proportion of high performing pupils moved out of the City to County secondary schools so the improvement of their attainment cannot be counted within City;
- (i) Nottingham remains the eighth most deprived educational area nationally.

Comments from Board members included:

- (j) despite tireless working to reverse the trend, the figures show desperation of the situation within the City;
- (k) it's a concern that there may be duplication of initiatives as many schools continue to convert to academies and do not maintain the same level of communication with the Local Authority;
- (l) the focus on attendance has been particularly successful during the past few years and is an ideal example of how combined efforts can work successfully;
- (m) working to celebrate children's achievement in maths and championing greatness of maths in schools while working to embed a positive culture around maths would help promote engagement and enthusiasm for the subject. The focus of the pupil improvement board on maths is welcomed;
- (n) recruitment of appropriate teaching staff is one of the biggest barriers for schools and academies within the City as the challenges which align with deprivation are not attractive;
- (o) the negative publicity of schools being placed in special measures by OFSTED hasn't helped recruiting, which is an issue nationally;
- (p) improving partnership working and co-ordination between academies and the local authority would be beneficial to retaining and recruiting appropriate teachers;
- (q) all options should be considered to ensure that the City can provide a good offer which will attract teachers into the City;
- (r) it is frustrating that whilst many children enter school further behind in basic skills than the national average, the work and resources focused on these children, who do improve, cannot be counted when pupils move to County schools. This means that secondary schools are not working with the full cohort of secondary school aged children;
- (s) there's been a huge investment in parenting within City but the beneficial effects of this will take time to become apparent.

RESOLVED to note the report.

30 PARTNER UPDATE: SEN REVIEW

David Stewart, Special Schools Representative and Headteacher of Oakfield School, delivered a presentation on the recent Special Educational Needs (SEN) review.

The following points were highlighted:

- (a) the review was commissioned by the Leader of the City Council and is based on interviews and evidence from 60 individuals, schools and organisations. A total of 80 recommendations have been made;
- (b) to date the review has not been publicly released but has been made available to head teachers;
- (c) some of the main areas considered within the review included:
 - (i) current lack of an overall vision and strategy for SEN;
 - (ii) challenging the notion of 'Early Intervention City';
 - (iii) the need for champions of SEN;
 - (iv) traded services;
 - (v) inter-departmental working;
 - (vi) community educational psychology service;
 - (vii) inclusive education service;
 - (viii) special schools;
- (d) although since the completion of the review progress has been made in some areas, further progress is required:
- (e) early assessments were not always available and so sometimes inappropriate assessments are made of children;
- (f) traded services need to improve the information sharing and the Psychology Service needs to be refreshed to become a substantive service;
- (g) retrieving information from special schools had been a difficult challenge and had uncovered some areas of concerns regarding governing bodies;
- (h) the destination of young people needs to be better monitored and analysed to enable tracking of young people's progress between the ages 16 to 19 years old, as nearly 50% are not in education employment or training (NEET);
- (i) large amounts of money are spent on educating young people with SEN but it is not clear what the outcomes are for these young people;
- (j) by law a dedicated Health Officer is to be named but this was not the case. A medical officer has since been allocated for one day per week;

- (k) engagement between partners and families of young people needs to be strengthened and broadened to ensure that young people and their families have more of a voice when dealing with Adult Services;
- (l) 80 recommendations have been made which are grouped into six headings. A focus group will consider and address recommendations within each heading.

The Chair and partners thanked David for a very honest and comprehensive report which will help direct future work to benefit the education of children of Nottingham City.

Alison Michalska, Corporate Director for Children and Adults, informed the Board that work is underway to model an 'all age' approach to disability to help a natural transition of services for young people entering adulthood.

RESOLVED to note the report and record the thanks of the Board to David Stewart for his in-depth review.

31 NOTTINGHAM CITY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014/15

Chris Cook, Independent Chair of the Nottingham City Safeguarding Children's Board (NCSCB), presented the annual report for 2014/15.

It is noted that this week the Government has announced a review of Safeguarding Boards and although the nature of the review is not clear, it may be as a result of a recent Serious Case Review.

The key purpose of the Board is to secure the effective safeguarding arrangements for the children of Nottingham and to ensure effective co-ordination between all agencies responsible for safeguarding.

The annual report provides an assessment of how the work of the Safeguarding Board has impacted on the service quality and effectiveness and therefore influenced outcomes for children and young people.

The report identifies the strengths of NCSCB and also key areas for development and improvement, including the safeguarding performance throughout children's journey through childhood.

The Children's Partnership Board considered the annual report and did not propose any additions or amendments to it. No specific issues arising from the annual report were highlighted to be built into strategic commissioning.

RESOLVED to agree the NCSCB annual report.

32 CHILDREN AND YOUNG PEOPLE'S PLAN: SIX MONTH ACTION PLAN REVIEW

Alison Michalska, Corporate Director of Children and Adults, presented the report which updated the board on the performance of the partnership in addressing the four priorities of the Children and Young People's Plan (CYPP), which are:

- safeguarding and supporting children and families;
- promoting the health and well-being of babies, children and young people;
- supporting achievement and academic attainment;
- empowering families to be strong and achieve economic well-being.

The report identified the performance measures against the outcomes within each priority and the key actions suggested to meet the objectives also included was a statistical chart which provides a comparison with the previous year, the statistical neighbour average, and the national average outturn.

In addition the presentation was delivered summarising the actions undertaken to date by members of the Children's Partnership Board to progress meeting the priorities, and the performance outcomes. These included:

Safeguarding and Supporting Children and Families

- (a) Nottingham City Safeguarding Children Board (NCSCB) Annual Report and Business Plan has been issued;
- (b) targets have been met regarding a reduction in the number of contacts, assessments made within 45 days;
- (c) the number of Common Assessment Frameworks (CAFs) initiated has increased so far this year;
- (d) the number of Child Protection Plans issued is slightly above the target figure but the number of Child protection cases has slightly decreased;
- (e) the number of Children in Care has slightly increased but remains low against those of other similar Authorities;
- (f) the proportion of care leavers in education, employment or training (EET) has improved due to an ongoing focus, although increased engagement by more partners would be welcomed;
- (g) an integrated inspection regime is potentially planned for the future;
- (h) the 'Safe Families for Children' pilot continues to progress well with 16 referrals to date and extra support provided to 7 families;
- (i) a Lifeline A & E pathway is in place to identify at an early stage where alcohol, drugs and substance abuse is affecting children and young people. A detailed workforce plan will be developed for 2016/17;
- (j) a Child Sexual Exploitation Co-ordinator is now in place;
- (k) the new Domestic and Sexual Violence Abuse (DSVA) Strategy has been completed;

- (l) the Clinical Commissioning Group (CCG), Nottingham University Hospitals (NUH) and Primary Care partners are gathering information on the most frequent reasons for children's hospital admissions and attendances;
- (m) Paediatric emergency pathways specialist led training will be implemented from early 2016;
- (n) by June 2015 there was a 7% reduction in avoidable emergency admissions against the 2012/13 baseline;
- (o) the Home Safety Pilot Scheme has now been launched and will be evaluated in February;

Promoting the Health and Well-Being of Babies, Children and Young People

- (p) there will be a review of NUH Maternity Specialist Services;
- (q) there has been a 1% drop in take up of immunisations for Dtap/IPV/hiB, which is below the national target but partners are working together to improve take up rates;
- (r) the percentage of infants being breast fed at 6 to 8 weeks has dropped with less than 25% take up in some areas of the City;
- (s) there will be a review of 'Healthy Lifestyles' Services;
- (t) there are new CCG commissioned services, including counselling for young people which is also available online;
- (u) Self-Harm Awareness and Resource Project (SHARP) is developing further preventative work following the outcome of a Serious Case Review. This work will include highlighting that self-harm in younger children can mask child abuse;
- (v) a further reduction in Teenage Pregnancy (TP) rates is expected as the TP Taskforce continues to drive TP Plan actions, including starting to address the issue within emerging communities in addition to the comprehensive sex and relationship education (SRE) being promoted in schools;

Young People Not in Education, Employment or Training (NEET)

- (w) 5.4% (506) of 16 – 18 year olds are not in education, employment or training (6.4% March 2015) which is lower than some statistical neighbouring authorities;
- (x) 17.1% (17) of children in care are not in education, employment or training (22.6% March 2015);
- (y) 2.1% (199) of 16 – 18 year olds destination is not known (2% March 2015);
- (z) the destination of 3.4 % (4) of children in care is not known (4% March 2015) but often when young people leave care, they want to be independent and don't want to continue contact;

Supporting Achievement and Academic Attainment

- (aa) Early Years Foundation Stage (EYFS) improvement in pupils obtaining a Good Level of Development has increased from 46% to 58%;
- (bb) Key Stage 2 of Nottingham FSM6 pupils (pupils who have claimed Free School Meals at any point during the past 6 years) are close to national ability levels;
- (cc) the gap between SEN and non-SEN pupils is reducing;
- (dd) GCSE attainment is improving although the proportion of disadvantaged pupils is high and increasing;
- (ee) the percentage of Nottingham Children in Care achieving the expected achievement level has risen from 48% to 54%. It is noted that generally, the longer a child remains in care, the better their educational achievement;
- (ff) on average 30% of high performing pupils chose to transfer out of the City for Secondary School provision;
- (gg) Dolly Parton's 'Imagination Library' programme has been successfully launched;
- (hh) the Special Educational Needs and Disability review has been completed;

Empowering Families to be Strong and Achieve Economic Well-Being.

- (ii) the Domestic Abuse Referral Team (DART) is now fully integrated as part of the 'Front Door' into Children's Services';
- (jj) the Domestic and Sexual Violence and Abuse Strategy (DSVA) re-launch will co-ordinate specialist and statutory sector actions;
- (kk) Child and Adult Mental Health Services (CAMHS) are reviewing current policy and procedures;
- (ll) from 2013 victims of domestic abuse have been identified from age 16, rather than 18;
- (mm) 'Stride', a pilot project to increase colleague confidence in helping to address domestic abuse, is being run in St Ann's and will be evaluated by Nottingham University;
- (nn) a review of 'Safe from Harm' will be undertaken;
- (oo) Public Health are funding the Encompass Project which will be delivered by the DART in schools;
- (pp) the Crime and Drugs Partnership (CDP) is currently commissioning several programmes to support children, including within the school setting;
- (qq) Children in workless households are 3 times more likely to live a life on benefits;

- (rr) unemployment can lead to emotional and mental health issues resulting in risk taking behaviour;
- (ss) Department for Work and Pensions (DWP), Priority Families and Family Intervention Project are training Family Support Workers and Accredited Practitioners;
- (tt) the total number of Priority Families worked with across the partnership remained low at Quarter 2 but is improving;
- (uu) future Troubled Families/Priority Families work is scheduled.

RESOLVED to note the activity against the CYPP action plan.

33 FORWARD PLAN

RESOLVED to note:

- (a) the forward plan of proposed items for future agenda;
- (b) that members of the Partnership Board should forward any suggestions or requests for any specific issues or topics for the Board to consider, to Dot Veitch at dot.veitch@nottinghamcity.gov.uk

Title of paper:	Small Steps at Home Programme	
Report to:	Children's Partnership Board	
Date:	30.03.2016	
Relevant Director:	Phyllis Brackenbury	Wards affected: All
Contact Officer(s) and contact details:	Michelle Battlemuch	
Other officers who have provided input:	Luke Murray	
Relevant Children and Young People's Plan (CYPP) priority:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.	<input type="checkbox"/>	
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.	<input checked="" type="checkbox"/>	
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.	<input type="checkbox"/>	
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.	<input type="checkbox"/>	
Summary of issues (including benefits to customers/service users):		
<p>The 'Small Steps at home' programme is designed to be aligned with the Healthy Child Programme, in recognition of the impact of this critical time in a child's development. It is a programme based on primary prevention principles, designed to be implemented universally with all new maternities and births, focussing on routine issues and challenges that every parent faces which if left unsupported or resolved could result in poor outcomes for the child.</p> <p>Small Steps at Home is age and stage appropriate, with the content of each visit focussed on one or more of the 3 key child development outcomes of Communication & Language, Social & Emotional Development, and Nutrition. These most closely align to the CYPP outcomes and measures around 'good maternal health and healthy babies', 'healthy lifestyles', and 'ready for school'.</p> <p>The programme values an understanding of parents' strengths and aims to build adult capacity to give their child the best start in life. The huge value of all local services supporting pregnant mothers and children is promoted throughout, with such things as the local antenatal classes 'Bump, Birth and Baby' promoted on the antenatal visits and the early years 2 year offer being promoted at the appropriate time. This is already showing an early positive impact on parents attending those antenatal classes.</p> <p>Parents are guided to think about how they can best support their child to develop to their potential and remain safe. This is through a range of carefully selected activities, tip sheets. Best practice Public Health messages are aligned and amplified by the programme, testing the hypothesis that parents are more likely to act on repeated messages which do not conflict. These</p>		

messages range from promoting sensitive nurturing parenting, to maintaining a safe home environment, and ensuring healthy family foods. There is also a focus on play activities to help support improved outcomes for children, encouraging fun and developmentally stimulating play.

The Small Steps at Home Programme is being delivered by Family Mentors, a new workforce, of paid peer supporters. Currently they are live and delivering in Aspley and Bulwell wards, with the tender for delivery in Arboretum and St. Ann's being live with delivery scheduled to begin in September 2016. The offer of the Small Steps at Home Programme is being made to all new births and maternities in Aspley & Bulwell wards from September 2015, to align with future academic intakes, uptake of the programme in the first three months of delivery has been encouraging.

Evaluation of the programme will be both quantitative and qualitative. All visits and activities are recorded on the national patient record system, enabling levels of delivery to be linked to outcomes such as breastfeeding, maternal mental health, as well as longer term child development outcomes such as obesity and school attainment.

The programme has been co-produced with parents, professionals and a range of experts in the relevant fields. The programme will continue to be developed, tested and refined over the coming years.

Recommendations:

1	To note the report.
2	To support the Small Steps at Home Programme.

1 BACKGROUND AND PROPOSALS

1.1 See above summary and presentation delivered at Board.

2 RISKS

2.1 None.

3 FINANCIAL IMPLICATIONS

3.1 None. Programme funded by A Better Start grant.

4 LEGAL IMPLICATIONS

4.1 None.

5 CLIENT GROUP

5.1 All pregnancies and new births in Aspley, Bulwell, Arboretum and St. Ann's.

6 IMPACT ON EQUALITIES ISSUES

6.1 The Small Steps at Home Programme is universal and will be offered to all new maternities and births in the wards. There is a higher proportion of BME and non-English speaking communities in Arboretum and St. Ann's than there are in Aspley and Bulwell.

7 OUTCOMES AND PRIORITIES AFFECTED

7.1 In the immediate term 'Promoting the health and wellbeing of babies, children and young people'. However the programme is designed to improve early outcomes for children in order to impact on their longer term outcomes and future life chances, and so should impact on multiple CYPP outcomes and priorities.

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Title of paper:	Update on children's oral health in Nottingham City	
Report to:	Nottingham Children's Partnership Board	
Date:	30 th March 2016	
Relevant Director:	Alison Challenger: Interim Director of Public Health Alison Michalska: Corporate Director for Children and Adults	Wards affected: All
Contact Officer(s) and contact details:	Sandra Whiston, Consultant in Dental Public Health, Public Health England – Sandra.whiston@phe.gov.uk Lynne McNiven, Consultant in Public Health – lynne.mcniven@nottinghamcity.gov.uk Helene Denness, Consultant in Public Health - Helene.Denness@nottinghamcity.gov.uk Sarah Quilty Insight Specialist – Public Health sarah.quilty@nottinghamcity.gov.uk	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) priority:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input checked="" type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
<p>Oral health has implications for general health, educational attainment and the wider economy. Dental caries is the commonest dental disease of childhood but is largely preventable and its prevalence is correlated with deprivation.</p> <p>Nottingham City Council has statutory responsibilities for monitoring and improving the oral health of the population,</p> <p>17% of 3 year old and 38.5% of 5 year old children in Nottingham have experience of dental decay (the commonest dental condition affecting children). Both these figures are higher than the average for England and are the 2nd highest among the local authorities in the East Midlands.</p> <p>Prevention of dental disease should have a focus on; increased use of fluoride, reducing the frequency of sugar consumption, effective daily oral hygiene, seeking regular dental care,</p>		

smoking cessation, and oral cancer awareness campaigns.
 In 2015 the oral health promotion service in Nottingham was re-commissioned to an evidence based specification with a focus on prevention of disease in children.

There is good access to NHS dental care across the city. The most recent access survey undertaken by NHS England North Midlands shows that of the 38 practices in the city with NHS contracts, 32 (84%) were taking on new patients. Uptake of services by children is showing signs of improvement.

Recommendations:

1	The Board is asked to note the local authority’s responsibilities in terms of oral health and the issues highlighted regarding the oral health of children living in Nottingham including the potential wider health, educational and economic impacts.
2	The Board is asked to support the revision of the oral health pages of the JSNA
3	The Board is requested to support the development and implementation of an Oral Health Improvement strategy for the residents of Nottingham city which will inform future commissioning strategies and collaborative working with partners.
4	Board members are invited to actively support current oral health promotion activity and encourage increasing numbers of children and young people to access dental services across the city.

1 BACKGROUND AND PROPOSALS

- 1 Oral health is an important part of general health and wellbeing. Whilst there have been welcome improvements in the oral health of children in England, significant inequalities remain. Oral health was defined by the Department of Health in 1994 as the ‘standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being’.
- 2 Oral health is integral to general health and should not be considered in isolation. Oral disease has detrimental effects on an individual’s physical and psychological well-being and reduces quality of life. A range of conditions are classified as oral diseases. The commonest disease is dental caries (or tooth decay). Other important conditions are periodontal (gum) disease and oral cancers. As well as causing pain or infection, poor oral health is associated with low weight and failure to thrive in infancy.
- 3 Many general health conditions and oral diseases share common risk factors such as smoking, alcohol misuse and poor diet (Watt & Sheiham, 2012). Oral diseases are largely preventable; and there is a need to develop interventions to achieve sustained and long-term improvements in oral health and reduce inequalities.
- 4 Poor oral health impacts children and families’ health and wellbeing. Children who have toothache or who need treatment may have to be absent from school. Parents may also have to take time off work to take their children to the dentist. Oral health is an integral part of overall health; when children are not healthy, this affects their ability to learn, thrive and develop. Good oral health can contribute to school readiness.
- 5 While oral health in England has improved significantly across the population as a whole over recent decades, marked inequalities persist. People living in deprived communities

consistently have poorer oral health than those living in richer communities. Some vulnerable groups also have worse oral health, including those with physical or mental disabilities, older people, those who are or have been in care, homeless, prisoners and people from some black and minority ethnic groups, for example people of South Asian origin and the travelling community.

- 6 Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. When children have toothache or need treatment, this can affect their ability to learn and result in repeated absence from school.
- 7 While children's oral health has improved over the last 20 years, one in 8 three year olds and more than a quarter of five year olds still had experience of tooth decay in their primary dentition (PHE, 2013 & 2014), and almost half of 15 year olds had experienced decay in their permanent teeth (ONS, 2015).
- 8 Tooth decay was the most common reason for hospital admissions in children aged five to nine years old in 2012-13 (PHE, 2015). Dental treatment under general anaesthesia (GA), often the only way to treat very young children, presents a small but real risk of life-threatening complications for children.
- 9 Dental disease also places a significant cost on the NHS, with estimated spending of £3.4 billion per year on dental care (in addition to an estimated £2.3 billion on private dental care) NHS England, 2014).

Roles and responsibilities

- 10 The Health and Social Care Act (2012) conferred the responsibility for health improvement, including oral health improvement, to local authorities. Local authorities are now required to:
 - Provide or commission oral health promotion programmes to improve the health of the local population to an extent that they consider appropriate in their areas.
 - Commission oral health surveys as part of the Public Health England (PHE) Dental Public Health Intelligence Programme (DPHIP) <http://www.nwph.net/dentalhealth/>, formerly known as the NHS Dental Epidemiology Programme. These surveys are undertaken to a national protocol by trained and calibrated examiners.

The same Act also conferred powers to local authorities to make proposals regarding water fluoridation schemes. Primary legislation is the Water Industry Act 1991, as amended (the 1991 Act) and the process for making proposals is set out in The Water Fluoridation (Proposals and Consultation) (England) Regulations 2013.)

- 11 There is one oral health indicator in the Public Health Outcomes Framework, which is 'caries prevalence in 5 year olds' and this is informed by the biennially collected 5 year old data from the DPHIP. NHS England has also recently introduced an indicator for the number of children having a general anaesthetic for removal of decayed teeth.
- 12 NHS England is responsible for commissioning all clinical dental services, both primary and secondary care. Health Education England (HEE) is responsible for developing the workforce and PHE supports the whole system with expertise, evidence and intelligence. Collaborative working between all these partners will be required to achieve improvement in oral health.
- 13 National Institute for Health and Care Excellence (NICE) guidance recommend that oral health should be a core component of joint strategic needs assessments (JSNA) and health and wellbeing strategies (NICE, PH 55, 2014), and that an oral health needs assessment and oral health improvement strategy should be developed for the local population. Both this document and the PHE toolkit 'Commissioning Better Oral Health for Children and Young People (PHE, 2014) provide guidance to local authority commissioners on commissioning

evidence based oral health promotion services appropriate to the needs of their local population.

14 The current oral health elements of the JSNA were written in 2009. PHE have developed an updated Oral Health Needs assessment which can be used to inform the revision of the JSNA and inform the development of an oral health improvement strategy.

Oral health of children in Nottingham

15 The dental epidemiology survey of five year olds (2011/12):

- 229 five year old children were examined in Nottingham.
- The mean number of teeth affected by dental decay amongst the children examined was 1.32 teeth. This is greater than the mean for the East Midlands and England (0.92 and 0.94 respectively).
- 38.5% of the children examined in Nottingham City were found to have experience of dental decay with an average of 3.44 affected teeth.
- Nottingham has the second highest experience of dental decay in the East Midlands (Leicester city highest in England).
- Experience of dental decay correlates with deprivation

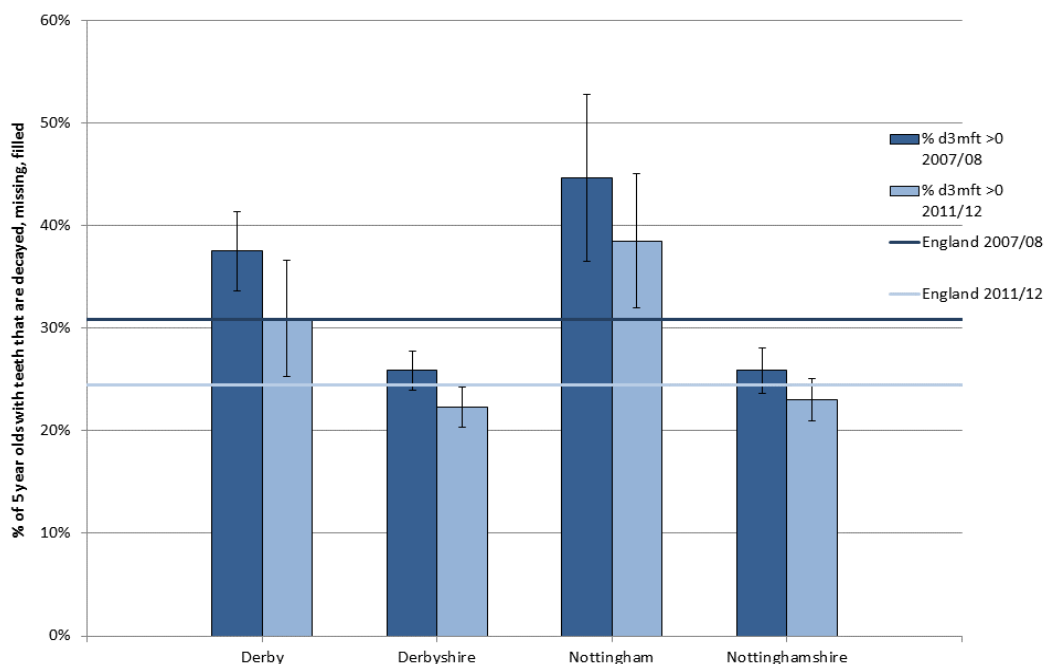
Table 1: Oral health of five year old children 2011/12

	Nottingham City	Nottinghamshire County	East Midlands	England
Decay experience	38.5%	23%	29.8%	27.9%
Active decay	36.5%	20.4%	27.3%	24.5%
One or more fillings	10.6%	11.3%	9.9%	11.2%

Source: PHE, 2013

16 Figure 1 illustrates that the oral health of 5 year olds has improved when compared to the previous survey. Examination of trends over a longer period is not currently possible due to changes in methodology, particularly the adoption of positive consent for participation. As these surveys were undertaken using the minimum sample required by the programme it is also not possible to make comparisons within areas of the city. For the 2014/15 survey an enhanced sample was commissioned which should permit analysis to Area Committee level. The results of this survey are expected to be published in May 2016.

Figure 1: Proportion of five year olds with decay experience by Local Authority, 2007/08 and 2011/12



17 Results from the PHE DPHIP oral health survey of 3 year olds in England 2012/13:

- 255 three year old children were examined in Nottingham.
- The mean number of teeth affected by dental decay amongst the children examined was 0.5 teeth. This is greater than the mean for the East Midlands and England (0.43 and 0.36 respectively).
- 16.5% of the children examined in Nottingham City were found to have experience of dental decay with an average of 3.05 affected teeth (Figure 2).
- 4.2% of the children examined had experience of early childhood caries (aggressive form of decay affecting the upper baby incisor teeth).
- Relationship to deprivation not as strong as that seen in five year olds

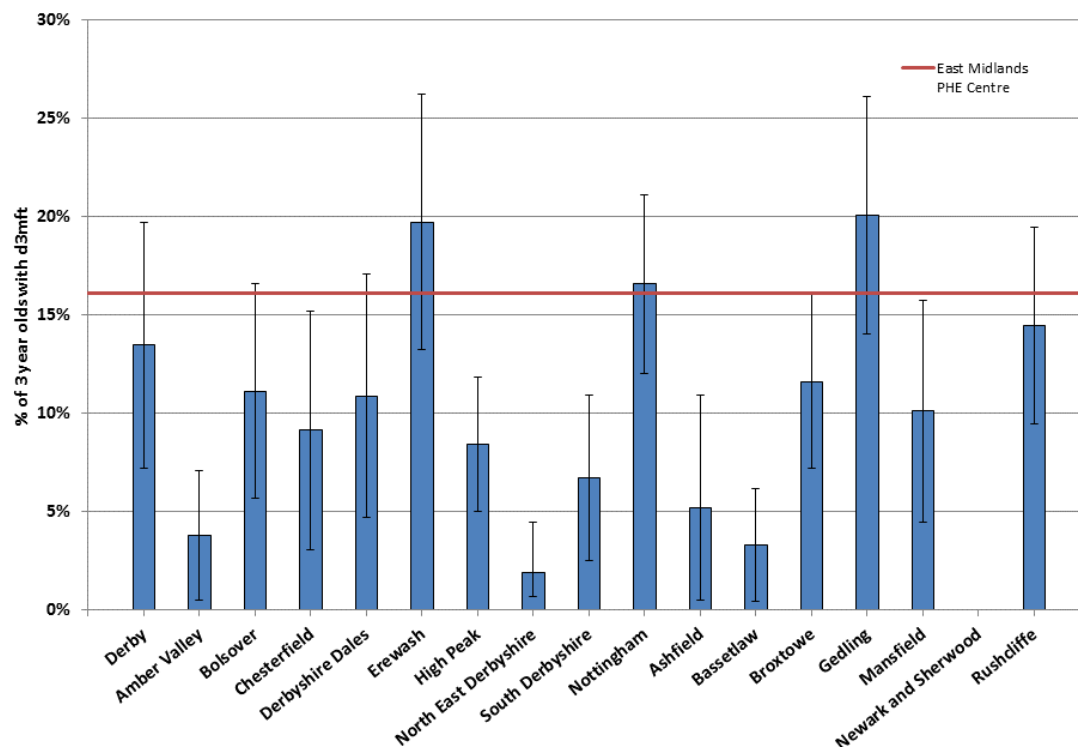
This was the first time that a survey of this age group has been undertaken and indicates the importance of ensuring that prevention is embedded from the earliest stage possible in a child's life.

Table 2: Oral health of three year old children 2012/13

	Nottingham City	Nottinghamshire County	East Midlands	England
% with decay experience	16.6%	11.1%	15.3%	11.7%
Active decay	16.1%	9.5%	14.7%	11%
% with Early Childhood Caries	4.2%	2%	3.7%	3.9%

Source: PHE, 2014

Figure2: Proportion of three year olds with decay experience by Local Authority, 2013



- 18 The last NHS Dental Epidemiology Programme survey of 12 year olds was undertaken in 2008/09. In Nottingham 35.2% of 12 year olds examined had experience of dental decay, which was higher than the average for both England (33.4%) and the East Midlands (28%), with an average of 2.29 decayed, missing or filled teeth (DMFT), which was also higher than the England average (2.21) and average for East Midlands (2.04). The average number of decayed, missing or filled teeth in the whole sample was 0.81, which again was higher than the average for England (0.74) and the East Midlands (0.57).
- 19 In 2014, the PHE DPHIP carried out a survey of 5 and 12 year olds who attend special support schools in England. This is the first time a survey of this group has been undertaken using the same criteria and methodology used for the 5 and 12 year old surveys of children attending mainstream schools.
- 20 The survey demonstrates that the dental health of five year old children attending special schools in the East Midlands is better than that for England, with 15% of 5 year olds having experience of dental decay (England 22%), with an average 0.48 teeth affected by decay (England 0.88 teeth). Of those children with decay the average number of teeth affected in the East Midlands is 3.19 teeth (England 3.9 teeth). Oral cleanliness amongst the 5 year old children examined in the East Midlands was similar to the national picture with substantial amounts of plaque being recorded for 4.7% of 5 year olds in the East Midlands compared with 4.3% in England. However, caution is urged when interpreting these findings as the sample size is based on relatively small number of children in some of the participating local authorities, and insufficient 5 year old children were examined in Nottingham special support schools to be able to provide a valid estimate.
- 21 Amongst 12 year olds in special support schools in the East Midlands the prevalence of decay was 34% which is higher than the mean for England (29.2%). Similarly the average number of teeth affected by decay in 12 year olds which is also higher in the East Midlands (0.9 teeth), compared with the England average of 0.69. In those children with dental decay the average number of teeth affected is also higher in the East Midlands (2.63) compared with England (2.37). Oral cleanliness amongst the 12 year old children examined in

Nottinghamshire was similar to that for 5 year olds with 4% having substantial amounts of plaque. This compares favourably with the regional and national picture of 19% and 19.5% in the East Midlands and England respectively. Again caution is urged when interpreting these findings as the sample size is based on relatively small number of children in some of the participating local authorities, and insufficient 12 year old children were examined in Nottingham special support schools to be able to provide a valid estimate.

Prevention of dental disease

- 22 Dental caries is a preventable disease, and its prevalence is strongly associated with deprivation. In socially excluded groups, such as the homeless and prisoners, dental decay rates are much higher than the general population.
- 23 There are two aspects to the control of caries; the control of dietary sugar consumption to reduce the severity of the acid attack on teeth and the use of fluoride to increase the tooth's resistance to this attack.
- 24 Good dietary practice for dental health is consistent with that for general health and should be an integral part of general health promotion campaigns. Reduction of quantity and frequency of sugar consumption in the diet is the key message, with high sugar content diets also contributing to the burden of obesity. It is also important to encourage provision of supportive environments to give all members of the population the opportunity to have a healthy diet.
- 25 Fluoride is the only factor that has been shown beyond doubt to increase the resistance of teeth to decay. There is a considerable body of evidence for the safety and efficacy of fluoride delivered by various vehicles in the prevention of dental caries. The use of fluoridated toothpaste is a fundamental building block in the prevention of caries (PHE, 2014).
- 26 Water fluoridation at a community level the most effective way of reducing the impact of decay is to adjust the level of fluoride in the public water supply to the optimum concentration of 1 part per million.
- 27 Commissioning better oral health (PHE, 2014) also provides evidence based guidance on other community based methods of providing fluoride including supervised tooth brushing and fluoride varnish programmes and Delivering better oral health (PHE, 2014) provides dental practitioners with evidence based guidance on providing preventive care for their patients..
- 28 Good oral hygiene is the proven method of preventing the development and progression of periodontal (gum) disease. Tooth brushing is also essential for the delivery of fluoride toothpaste. Good practice is best established in childhood and advice should be available for all ages, including those with disabilities and their carers.
- 29 Training for health and social care and education professionals about the key oral health messages should enable them to deliver consistent and up to date health messages with links to the Personal, Social and Health Education (PSHE) curriculum.
- 30 Encouraging regular visits to a dentist from an early age and before problems occur is also a cornerstone of the consistent advice offered to all. Regular attendance permits individually tailored preventive advice and the use professionally applied preventive interventions such as fluoride varnish.
- 31 Many general health conditions and oral diseases share common risk factors such as smoking, alcohol misuse and poor diet. Oral diseases are largely preventable; and there is a

need to develop interventions to achieve sustained and long-term improvements in oral health and reduce inequalities. To do so, requires partnership action to address the wider determinants of health, ranging from economic and social policy change (creating healthier environments), to the adoption of healthier behaviours by individuals in the population. It is also fundamentally important to focus also on upstream factors that create inequalities and that cause both poor general and oral health.

Oral Health Promotion in Nottingham

32. The OHP service was re-commissioned last year with the new service commencing in April 2015. The aim of the new service is to deliver an evidence based oral health promotion service based on the recommendations from the PHE document 'Local authorities improving oral health: commissioning better oral health for children and young people.' The oral health promotion programmes will aim to encourage identified individuals, groups and communities for example children and young people and vulnerable groups, to maintain and improve their oral health by:

- increased use of fluoride
- reducing the frequency of sugar consumption
- effective daily oral hygiene
- seeking regular dental care
- smoking cessation awareness campaigns
- oral cancer awareness campaigns

33. The four objectives of the service are:

- To deliver a supervised tooth brushing programme within early years settings, targeting the most deprived wards within Nottingham City.
- To train key health, social care and education professionals in order for them to deliver oral health brief advice to the citizens of Nottingham City.
- To distribute oral health resources (tooth brushes and tooth paste) based on evidence of need and to work with key stakeholders, working in Nottingham City.
- To participate in national oral health awareness campaigns and related national and local health awareness campaigns.

Dental service provision in Nottingham

34. NHS dental services, both primary care and secondary care, are commissioned by NHS England. NHS England North Midlands commission services for Nottingham. There is good access to NHS dental care across the city with 38 dental practices in Nottingham commissioned to provide NHS dentistry. The most recent local access survey (February 2016) indicates that 32 (84%) of practices taking on new NHS patients. Nottingham residents also have access to a range of other dental services, including treatment under general anaesthetic, orthodontics, special care dentistry, domiciliary care and minor oral surgery. Significant additional investment has also been made by NHS England recently to ensure there is sufficient out-of-hours dental provision for the population.

35. The most recent data (July 2014 to March 2015) indicates that 60.6% of Nottingham residents (aged 18 and above) tried to get an NHS appointment in the previous two years and 95.6% successfully obtained one (England – 60.7% & 95% respectively). 83% of residents reported a 'very good' or 'fairly good' experience of NHS dental services in the same time period (England 84.6%) (NHS Outcomes Framework: Indicators 4.4ii & 4a.iii).

36. Dental access data obtained from the NHS Business Services Authority (BSA) for the years 2011 to 2015 shows that for all patients' access has been slowly increasing in Nottingham, mirroring the national trend, but remaining lower than the rate for England. Access rates for children are consistently higher than those for the adult population and for the first time in the

five reference years child access in Nottingham in 2015 was higher than the national rate (66.2% and 65.1% respectively).

37. Delivering Better Oral Health, 3rd ed. (PHE, 2014) provides dental teams with evidence based guidance for delivery of preventive care and methods of helping patients improve their self-care. This builds on the guidance of the earlier editions which has initiated a reorientation of dental care towards prevention of disease rather than treatment of existing disease, a principle that also underpins the current Dental Contract Reform Programme.
38. Encouraging the attendance of young children at a dental practice should be viewed primarily as an opportunity to provide preventive advice and reinforce the development of good oral health habits from an early age and should complement home / community based interventions.

Recommendations

- i. The Board is asked to note the local authority's responsibilities in terms of oral health and the issues highlighted regarding the oral health of children living in Nottingham.
- ii. The Board is asked to support the revision of the oral health section of the JSNA to reflect current data and published guidance.
- iii. The Board is requested to support the development and implementation of an Oral Health Improvement strategy for the residents of Nottingham city which will inform future commissioning strategies and collaborative working with partners.
- iv. Board members are invited to actively support current oral health promotion activity and encourage increasing numbers of children and young people to access dental services across the city.

2 RISKS

- 2.1 An oral health improvement strategy would facilitate greater targeting of resources to groups and communities that would gain greatest benefit from oral health improvement programmes.

3 FINANCIAL IMPLICATIONS

- 3.1 These recommendations will need to be delivered within existing resources. No additional budget has been identified.

4 LEGAL IMPLICATIONS

- 4.1 Nottingham City Council has a statutory responsibility to provide or commission oral health promotion programmes to improve the oral health of the local population. National guidance recommend that oral health should be a core component of joint strategic needs assessments (JSNA) and health and wellbeing strategies (NICE, PH 55, 2014), and that an oral health needs assessment and oral health improvement strategy should be developed for the local population.

5 CLIENT GROUP

- 5.1 These recommendations have the potential to benefit all children and young people in the city, but those at increased risk of dental disease (living in deprived communities and vulnerable groups) have the greatest potential to benefit.

6 IMPACT ON EQUALITIES ISSUES

- 6.1 Minority groups, including travellers and refugee families are included in the groups considered to be at high risk of dental disease and are targeted as part of the recently commissioned oral health promotion programme. Consideration of these groups and other emerging communities would form part of the development of an oral health improvement strategy. Strategy development would need to include the local dental community, NHS England, Health Education England together with wider engagement from the voluntary sector, local communities, and patients (Children and young people, parent and carers).

7 OUTCOMES AND PRIORITIES AFFECTED

- 7.1 The CYPP priorities that this will contribute to are:

- Develop a framework of sub-partnerships under Nottingham Children's Partnership;
- Enable integrated planning, processes and front line delivery of services to take place effectively;
- Enable cost effective aligning of resources across agencies.

Title of paper:	Priority Families Progress Update	
Report to:	Children's Partnership Board	
Date:	30 th March 2016	
Relevant Director:	Helen Blackman, Director for Children's Integrated Services	Wards affected: All
Contact Officer(s) and contact details:	Sophie Russell, Head of Children's Strategy and Improvement. Email: sophie.russell@nottinghamcity.gov.uk Tel: 0115 8763423	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) priority:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input checked="" type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input checked="" type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input checked="" type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
This report aims to provide a high-level update on the Priority Families programme and our progress to date with Phase 2 targets. It also updates Children's Partnership Board members of recent changes to the governance of the Priority Families programme.		
Recommendations:		
1	That the Board note the progress being made within Phase 2 of the programme and changes to programme governance.	
2	That the Board consider future reporting requirements for the Priority Families programme.	

1 **BACKGROUND AND PROPOSALS**

- 1.1 Nottingham's Priority Families Programme (nationally known as the Troubled Families Programme) is a partnership programme designed to:
- transform public sector service delivery to improve outcomes for families,
 - develop the workforce to promote more integrated and coordinated ways of working across agencies and;
 - deliver efficiencies through avoiding duplication and encouraging shared resourcing.
- 1.2 Nottingham is currently implementing Phase Two of our Priority Families programme (nationally known as the Troubled Families programme) Phase Two runs from Jan 2015 to March 2020. Nottingham's target over the five years of the programme is to work with 3,754 families.
- 1.3 To be eligible families must match at least 2 key criteria across two different family members as a minimum. The criteria are:
- ✓ Parents and children involved in crime or antisocial behaviour.
 - ✓ Children who have not been attending school regularly (or have been excluded).
 - ✓ Children who need help.
 - ✓ Adults out of work or at risk of financial exclusion and young people at risk of worklessness.
 - ✓ Families affected by domestic violence and abuse.
 - ✓ Parents and children with a range of health problems.
- 1.4 These criteria are supported by 39 national indicators (of risk). Further details can be accessed via the Priority Families website www.nottinghamcity.gov.uk/ics/priorityfamilies.
- 1.5 The programme receives £1000 'attachment fee' at the start of the financial year. If the 'worked with' targets are not reached by the end of the financial year an element of this funding can be clawed back. In addition to this we can also claim £800 'payment by results' for each family for whom we can show significant and sustained progress (with no regression) against all the needs identified within that family.
- 1.6 To make a successful claim, in addition to the significant and sustained progress, we also have to demonstrate that we have met the five essentials and four principles of Priority Families working. They are:

'Five Essentials' launched by Government in July 2015 require that the Partnership has:

1. Prioritised the families with multiple problems who are of most concern and highest reactive costs
2. Appointed a key worker/lead worker for each family who manages the family and their problems
3. Worked towards agreed goals for every family for each of the headline problems which are shared and jointly owned across local partners
4. Been transparent about outcomes, benefits and costs
5. Engaged in ongoing service reform according to evidence of effectiveness and savings

'Four Principles' must be demonstrated through audit to successfully make a Payment by Results claim. They are:

1. There will have been an assessment that takes into account the needs of the whole family;
2. There is an action plan that takes account of all (relevant) family members;
3. There is a lead worker for the family that is recognised by the family and other professionals involved with the family; and
4. The objectives in the family action plan are aligned to those in the area's Troubled Families Outcomes Plan.

- 1.7 Given the expanded criteria for Phase Two families eligible for support through the programme will span the entire Family Support Pathway. Given this, to ensure that children and families receive proportionate support from professionals who are best able to meet their needs, we have introduced a tiered approach within the programme. This ensures that professionals are clear about the level of need they are able to meet and how to escalate cases where they identify more serious concerns. This tiered approach has also enabled us to differentiate the assessment tools to reduce the burden on colleagues across the partnership where an in-depth assessment is not required to meet a family's needs. The training offer has also been reviewed in light of the new tiered approach.
- 1.8 Year One targets (Jan 2015 – March 2016) set by the national Troubled Families Unit (DCLG) were for the programme to have worked with 852 families. As at 01/03/16 we have worked with 835 families so we are very close to target.
- 1.9 With regards to Payment by Results we have submitted 26 successful claims in the January 2016 claims window. This appears low and is behind initial targets but this is in line with regional and core cities comparators. This low number is partly due to the fact that DCLG introduced the 'Four Principles' mid-year and so this has meant that there is now a harder test to be able to claim payment by results.
- 1.10 Implementation of the programme is supported by 17 Accredited Practitioners deployed across the partnership, a small Programme Team and operational leads from within the Family Intervention Project.
- 1.11 In December 2015 the Crime and Drugs Partnership Board agreed that the overall governance for the Priority Families programme would report through them, rather than the Health and Wellbeing Board. This was ratified by the Health and Wellbeing Board in January 2016. The programme has a Leadership Group, which is chaired by the Portfolio Holder for Early Intervention and Early Years. There is also a quarterly Partnership Programme Board.

2 RISKS

- 2.1 Currently over 85% of all open cases are being worked within Nottingham City Council. The Council's services are nearly at capacity. To mitigate this risk we are working with partners to develop phased and tailored roll out plans for each agency so that over the next four years more cases can be held by colleagues outside the Council.

3 FINANCIAL IMPLICATIONS

- 3.1 None

4 LEGAL IMPLICATIONS

- 4.1 None

5 CLIENT GROUP

- 5.1 All children and families who meet the eligibility criteria.

6 IMPACT ON EQUALITIES ISSUES

- 6.1 The programme will engage with any family who meet the eligibility criteria.

7 OUTCOMES AND PRIORITIES AFFECTED

7.1 All CYPP outcomes are affected by the programme as it seeks to drive system change to embed more holistic, whole family approaches to meet the needs of all children and families who meet the eligibility criteria.



Title of paper:	Nottingham City Children's Safeguarding Boards Strategic Business plan 2016 – 2018	
Report to:	Children's Partnership Board	
Date:	30 th March 2016	
Relevant Director:	Alison Michalska, Corporate Director for Children and Adults	Wards affected: all
Contact Officer(s) and contact details:	John Matravers, Service Manager, Childcare Duty and Screening	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) priority:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input checked="" type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
The NCSCB business plan is a key document in identifying strategic priorities and the actions agreed to respond to these locally. Our priorities are based on national drivers, e.g. the development of Joint Targeted Area Inspections and the National Review of Local Safeguarding Children Boards (LSCBs) and incorporate the learning from national and local Serious Case Reviews and other learning processes.		
Recommendations:		
1	The Business plan is agreed by the Board.	

1 BACKGROUND AND PROPOSALS

- 1.1 Our business plan helps shape the focus of our work to coordinate the activity of local agencies to continually improve outcomes for children, young people and their families.

In developing this business plan we recognise that public sector provision is changing rapidly as a consequence of the increased involvement of third sector provision and the impact of austerity. Given this we have agreed that there will be a three year strategic plan. The priorities for the three years will remain the same. Each year will have a particular focus in terms of driving forward the work of the Board. This three year action plan will be supported by an annual action plan that will be regularly reviewed. . This will allow us to build on existing strengths and maximise the benefits from current opportunities and challenges, e.g. the separation of the Children and Adult's Safeguarding Boards and the impact of reductions in public sector finances.

2 RISKS

- 2.1 There is no option other than for the NCSCB to have a Business plan for the reasons described above.

3 FINANCIAL IMPLICATIONS

- 3.1 Board contributions are agreed for the 2016/17 financial year. These contributions, supported by use of the Board financial reserve are sufficient to meet mainstream expenditure.

4 LEGAL IMPLICATIONS

- 4.1 We have a responsibility to produce a business plan.

5 CLIENT GROUP

- 5.1 Children and young people of Nottingham City.

6 IMPACT ON EQUALITIES ISSUES

- 6.1 We will Revise the Engagement strategy to ensure there is clarity about;

Engagement with children and young people
Engagement with parent's carers
Connectivity with other partnership arrangements
On-line presence
City population/ demographic

7 OUTCOMES AND PRIORITIES AFFECTED

- 7.1 Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.



Nottingham City Children's Safeguarding Boards Strategic Business plan 2016 – 2018

The NCSCB business plan is a key document in identifying strategic priorities and the actions agreed to respond to these locally. Our priorities are based on national drivers, e.g. the development of Joint Targeted Area Inspections and the National Review of LSCBs and incorporate the learning from national and local Serious Case Reviews and other learning processes.

Our business plan helps shape the focus of our work to coordinate the activity of local agencies to continually improve outcomes for children, young people and their families.

In developing this business plan we recognise that public sector provision is changing rapidly as a consequence of the increased involvement of third sector provision and the impact of austerity. Given this we have agreed that there will be a three year strategic plan. The priorities for the three years will remain the same. Each year will have a particular focus in terms of driving forward the work of the Board. This three year action plan will be supported by an annual action plan that will be regularly reviewed. . This will allow us to build on existing strengths and maximise the benefits from current opportunities and challenges, e.g. the separation of the Children and Adult's Safeguarding Boards and the impact of reductions in public sector finances.

- Year one – Reviewing and Revising. The detailed action plan for year one is appended to this report. The action plan will be reviewed formally in the Business Management Group, with exception reports being provided to the full Board

During the course of year two and three we will continue to build on the work undertaken in year one to further strengthen the functioning of the Board. A detailed action plan will be developed for each year to capture this activity and ensure that we address emerging issues.

- Year two – Developing.
- Year three – Embedding



Board Strategic Priorities for 2016 – 2018

- Promote, monitor, coordinate and evaluate multi-agency effectiveness in safeguarding children and young people across the child's journey
- Strengthen and support a competent and equipped workforce that is committed to learning and developing safeguarding practice with assurance that safeguarding is everyone's responsibility.
- To evidence the impact of NCSCB

DRAFT



Year 1 – Reviewing and Revising

No	What do we want to achieve?	Where are we now	What are we going to do, by when	Who will lead?	Timescale	RAG rating
1.	<p>Self-harm practice guidance will be fully implemented across agencies and practice will lead to a reduction in the frequency of self-harm. The practice guidance will identify how agencies will work together to support young people of all ages, including those who have complex medical needs and young people under the age of 8.</p> <p>The practice guidance will help practitioners think about other explanations for self-harm, including the possibility of abuse.</p>	<p>There is practice guidance in place which is multi-agency/cross-authority guidance. We have not as yet evaluated the impact of this but we know from the results of a recent survey that awareness and practice guidance is limited across all agencies.</p> <p>The current practice guidance cross-references with NICE guidance. It does not consider the needs of children and young people under 8 or pay sufficient attention to alternative explanations for apparent self-harming behaviour.</p>	Establish a task and finish group	BMG		
			Review and revise the practice guidance, in consultation with County Colleagues	Task and finish group	To be agreed with County colleagues	
			Finalise and implement (this will include promoting awareness)	Task and finish group	To be agreed with County colleagues	



2.	The NCSCB has clear strategies and comprehensive approaches to specific safeguarding issues that keep children and young people safe and promote effective intervention with those who are at risk	The NCSCB has a clear and thorough understanding of issues relating to Child Sexual Exploitation and Missing children in Nottingham City. This is informed by Police Profiles, Missing data, Section 11 audit and information gathered from the Multi-Agency Sexual Exploitation (MASE) Group and Missing Children subgroup. Recommendations are implemented as part of the Child Sexual Exploitation & Missing Action Plan.	Build on work already undertaken to further strengthen the problem profile for CSE in the City	CSECAG	To be agreed with County colleagues	
			Ensure that information from return interviews contributes to the ongoing refinement of the problem profile	Missing Children sub-group	June	
			Develop the arrangements for strategy meetings to enable young people to participate in these unless there is a good reason this cannot happen	Principle IRO	June	
3.	The response to physical abuse will be effective and there will be shared standards and understanding about what good quality assessments of physical	There has been guidance in the inter-agency safeguarding children procedures regarding the response to physical abuse for some time. Learning from national	Establish a task and finish group	BMG	April 2016	
			Review and revise the procedures, in	Task and finish group	To be agreed with	



	abuse look like	developments and local experience indicates that this could be strengthened by promoting greater connectivity with NICE guidance	consultation with County Colleagues		County colleagues	
			Finalise and implement (this will include promoting awareness)	Task and finish group	To be agreed with County colleagues	
4.	There will be a clear shared view about the financial requirements of the Board to deliver its statutory duties.	Board contributions are agreed for the 2016/17 financial year. These contributions, supported by use of the Board financial reserve are sufficient to meet mainstream expenditure.	Meet to agree actions necessary to deliver an in-year balanced budget for 2016/17 and agree Board contributions beyond this	Independent Chair Partnership Service Manager	May 2016	
			Identify any implications for Board activity and develop an options appraisal document to respond to these	Partnership CSM	May 2016	
			Agree actions	Full Board	June 2016	
5.	Ensure that the Board operating model is fit for purpose to enable it to respond to national and local strategic priorities and drivers	The Board operating model has been revised. The primary driver for this was to provide greater distinction between the Children and Adult Safeguarding Boards. Much of the Board operating model	Undertake a review of the Board sub-structure and propose amendments to	Head of Service: safeguarding and Quality Assurance report to full Board	April 2016	



		needs to be revised as a consequence.	this			
		These revisions also need to factor in the outcome of the National review of LSCBs that is due to be completed in March 2016.	Prepare a report setting out the local implications of the national review of LSCBs and agree any actions arising from this	Partnership Service Manager with Paper to BMG	Report to BMG in May 2016 (dependent on outcome of national LSCB review)	
			Review and revise key Board documentation, e.g. constitution	Partnership CSM/Adult Safeguarding Board Officer	Report to BMG in June 2016 (dependent on outcome of national LSCB review)	
6.	We will revise our performance framework to ensure we are clear about the impact of Board related activity	The NCSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of safeguarding of children and young people in Nottingham. The framework supports and promotes effective challenge by the NCSCB to bring about improved outcomes for children and young	Agree a Performance Management Framework	Head of Service: safeguarding and Quality Assurance report to BMG then full-board	May 2016 June 2016	
			Agree and implement a programme of multi-agency audit which is directly linked to the	Safeguarding Children Board Officer	April 2016	



		people	findings of local SCR and SILPs			
			Ensure the revised Engagement Strategy sets out how children, young people, families and staff can share views about the impact of Board activity.	Comms and engagement sub-group		
7.	We want to ensure that our engagement strategy maximises the opportunities for promoting important messages about how to keep children and young people safe and ensures feedback informs the work of the Board	We have an engagement strategy that was developed for the Joint Board arrangements. This has many positive aspects but needs to be reviewed in response to the new arrangements	Recruit new Lay members to the Board	Partnership Service Manager	April 2016	
			Revise the Engagement strategy to ensure there is clarity about <ul style="list-style-type: none"> • Awareness raising activities • Engagement with children and young people • Engagement with parent's carers 	Comms and engagement sub-group	Sept 2016	



			<ul style="list-style-type: none"> • Connectivity with other partnership arrangements • On-line presence • City population/ demographic 			
8.	The NCSCB has clear strategies and comprehensive approaches to ensuring young people are supported to be safe on-line. That emerging issues are identified in a timely manner and appropriate safeguarding measures are in place.	The NCSCB and Nottinghamshire Safeguarding Children Board have E-Safety Practice Guidance. But despite this young people have told us that this is something that they are really very worried about. The current practice guidance does not reflect recent national initiatives	Establish a task and finish group	Head of Service: safeguarding and Quality Assurance	May 2016	
			Review and revise the procedures, in consultation with County Colleagues	Task and finish group reporting back to BMG	To be agreed with County	
			Finalise and implement (this will include promoting awareness)	Task and finish group reporting back to BMG	To be agreed with County	

RAG Rating key



Clear	Work is underway and, in the judgement of the lead individual/subgroup, is expected to be completed within the agreed timescale
Red	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> • The deadline will be missed by more than 3 months and/or • The impact of missing this deadline is likely to be significant
Amber	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> • The deadline will be missed by less than 3 months and • The impact of missing this deadline is unlikely to be significant
Green	Action completed
Blue	Impact of the action has been evaluated and found to have addressed the issue identified

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Title of paper:	Youth Cabinet Q4 update	
Report to:	Children's Partnership Board	
Date:	30.3.16	
Relevant Director:	Alison Michalska, Corporate Director, Children and Adults; Helen Blackman, Director of Children's Social Care	Wards affected: ALL
Contact Officer(s) and contact details:	Jon Rea, Engagement and Participation Lead Jon.rea@nottinghamcity.gov.uk Tel. +447957202333	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) priority:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input checked="" type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input checked="" type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input checked="" type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
<p>It has been a busy start to the new year for children and young people engaged in our participation programme. Groups and activities continue to be well attended and supported and there is strong demand from partners to engage with and work with children and young people across a variety of themes and areas of interest. In the last quarter of 2015-16 the focus of the Youth Cabinet leadership group and its associated forums has been on the Council budget, science and technology learning and growth, and issues around staying safe and being positive in the community. The highlights of this period are detailed in the report.</p>		
Recommendations:		
1	Board members take note of the active involvement of children and young people through Youth Cabinet and its associated participation forums.	
2	Board members acknowledge and applaud the efforts made by children and young people involved in participation activities on behalf of their schools and communities; and recognise the benefit this activity brings to the city	

1 BACKGROUND AND PROPOSALS

1.1 Children and Young People's Participation in Governance programme

The Partnership's now established Children and Young People's (hereafter CYP) engagement programme includes a number of formal and semi-formal participation groups and standing events managed through the Council including: Youth Cabinet, Youth Council, Primary Parliament and the Children in Care Council. The programme also includes participation groups managed through a commissioned partner, including the SEND-focused Special People Group (managed by Barnardo's) and Action for Young Carers (managed by Carers' Federation).

Not counting Action for Young Carers meetings, which cover three different age ranges and take place weekly throughout the year, in 2015-16 the CYP Participation in Governance programme directly engaged 919 CYP through 59 different events and meetings.

Primary Parliament

41 schools and over 160 children took part in two Primary Parliament events in March, exploring the theme of 'Safe Lives, Positive Neighbourhoods' using drama, words and pictures. Working with colleagues from the Councils' Marketing and Communications team the children created a toolkit of positive language and images for use by a range of partners. The first parliament event was also the setting for the formal launch of the Council's 'Opportunity Notts' framework for CYP self-guided enrichment, learning and personal development.

Youth Council

The next Youth Council event is currently being planned by young people from Central Locality. The theme is 'Safe Lives, Positive Neighbourhoods'. The participation activity workshop exploring this theme have been suggested and developed by the young people with support from area Play and Youth workers and the Engagement and participation Lead. The event takes place on April 13th 9.30am – 3pm at Forest Fields Play Centre and Children's Partnership Board members are very welcome to attend.

Special Peoples' Group

New commissioning arrangements being introduced to support SEND CYP participation mean that the Special People Group won't operate in its current form beyond March 2016. An alternative platform for SEND participation will be in place from April 2016. A good practice report is being produced by the group to mark its conclusion. Over the years young people from the group have contributed to a wide range of projects and decision making exercises, ensuring that the voice of children and young people with SEND is regularly and clearly heard. The Engagement and Participation lead would like to record his thanks to all the young people, volunteers and workers who have supported the group over the years.

Nb The Participation in Governance programme is currently being refreshed for 2016-17 and details of his will be reported to the next Board meeting.

1.2 Draft budget consultation 2016

At the regular monthly meeting of the Youth Cabinet in January, Cllr Mellen gave a presentation on the background to and intended impact of the proposed Council budget 2016/17. Members of the Youth Cabinet group then discussed the proposals with Cllr Mellen and asked questions about various matters. Particular issues raised included:

- Reductions in Children's Services spending
- Children's Transformation Programme
- Proposals around under-utilised Play and Youth sites
- The proposed reduction or dimming of street lighting
- The future of Pupil Referral Units

These concerns and the conversation around them were included in the summary of budget consultation event presented to the Council's Executive Board in February.

1.3 Debate Science! Youth Parliament

As part of the second Festival of Science and Curiosity organised by our Stemcity science engagement partnership, 60 young people from city schools and colleges including Trinity and Bluecoat schools plus Central, NCN and Bilborough colleges (and county school Joseph Whitaker) took part in Debate Science!, an event exploring young people's perspectives on the Future of the Human Being. The two days event featured expert witnesses from science faculties at Nottingham Trent University and University of Nottingham and challenged the young people to develop and present evidence-based positions on the following subjects:

- The Human Brain
- Health Eating
- In Vitro Fertilisation
- Synthetic Biology
- Human Augmentation

The event was part of a funded European Science Parliaments programme supported by German private sector company foundations at Bayer and Robert Bosch Stiftung. Six students from Trinity, Bluecoat and Central were subsequently chosen to go on and represent the Nottingham City positions at the European Final in Manchester in July. Over 90 young people from 15 countries are expected to attend

Debate Science! was part of the second Festival of Science and Technology which featured contributions from eight city primary schools. These schools had previously attended Primary Parliament in November where they first developed their ideas. They then held their own special STEM day activities as part of the festival launch celebrations on February 12th.

Members of the Youth Cabinet were part of the steering group and delivery team for Debate Science! and also contributed to planning the wider festival programme

2 RISKS

2.1 None

3 FINANCIAL IMPLICATIONS

3.1 The Engagement and Participation Lead has a budget of £15,000 per annum to support the Participation in Governance programme and associated engagement work

4 LEGAL IMPLICATIONS

4.1 None

5 CLIENT GROUP

5.1 All children and young people

6 IMPACT ON EQUALITIES ISSUES

6.1 The Participation in Governance programme includes a wide variety of opportunities for CYP from diverse grounds to be engaged and participate in decision making.

7 OUTCOMES AND PRIORITIES AFFECTED

7.1 CYP engagement and participation in decision making is a cross-cutting theme of the CYPP



Briefing Note to the Children's Partnership Board

Title:	Joint OfSTED / CQC inspection of local area special educational needs and disability (SEND) services
Date of meeting:	30/3/16
Contact Officer(s) and contact details:	Jonathan Allen Senior Project Manager – SEND reforms jonathan.allen@nottinghamcity.gov.uk T: 0115 8763507 Janine Walker Service Manager - SEN janine.walker@nottinghamcity.gov.uk T: 0115 8764698
Summary (including background, proposals and benefits to customers/service users):	
<p>This report provides;</p> <ul style="list-style-type: none"> • The background and overarching themes of the SEND reforms. • A definition of the inspection's focus on 'local area' responsibility. • A summary of what is currently known about the OfSTED and Care Quality Commission (CQC) joint local area inspection process scheduled to begin May 2016. 	
Recommendations:	
1	Note the inspection's focus on local accountability for education, health and social care services to meet the requirements of the SEND reforms (Section 2).
2	Note the local area inspection process (Section 3).
3	Partners to note expectations around their role in the inspection. (Section 3.11).

REPORT

1. BACKGROUND

1.1 The SEND reforms (Part 3, Children and Families Act 2014) came into force on 1 Sept 2014 and outlined the biggest transformation to special educational needs and disabilities support for 30 years. They included the following local area expectations and responsibilities in developing SEND services:

- New legislation covering all those **0-25 years of age** with SEND;
- **Co-production** with children, young people and their families / carers;
- **Integration and joint commissioning** of services between the local authority and Clinical Commissioning Groups;

- The offer of a **personal budget across education, health and / or social care** (for those that meet the criteria);
- Clear improvements to the individual's life and education based on **outcomes**;
- Replacement of Statements of SEN and Learning Difficulty Assessments with **Education, Health and Care (EHC) plans**;
- **Over 16's having the right to make decisions** about their support (unless they lack the capacity to do so);
- The publishing of a '**local offer**' (information about all SEND support within the area);
- **SEN Support classification** replacing School Action and School Action Plus.

2. LOCAL ACCOUNTABILITY

2.1 The DfE have made it clear that the responsibility for ensuring the SEND reforms are implemented does not solely lie with the local authority but that the local area is accountable across education, health and social care services.

2.2 The following extract from the attached **DfE SEND reforms Accountability Framework document** (March 2015) states that:

The majority of statutory duties in relation to SEND rest at a local area level, predominantly with local authorities but now also with Clinical Commissioning Groups (CCGs). It will be the performance of local partners and settings which will underpin the successful delivery of the reforms set out in Part 3 of The Children and Families Act 2014. The Act strengthens local authorities' key duties in respect of children and young people with SEND across the 0-25 age range, regardless of where they are educated. It places duties on health and education settings to use their best endeavours to meet the needs of children and young people with SEND, and requires local authorities and other listed bodies to have regard to the statutory guidance set out in the SEND Code of Practice: 0-25 years.

3.0 LOCAL AREA SEND REFORMS INSPECTION

3.1 From May 2016, OfSTED and the CQC will inspect and assess how effectively local areas fulfil their responsibilities towards children and young people aged 0-25 who have special educational needs and disabilities.

3.2 Inspectors will assess how SEND services are being delivered through the wide range of partners in the local area, including nurseries, schools, further education colleges, and through health and care services.

3.3 The final process is yet to be announced but it has been suggested from DfE publications and recent regional meetings and events that the inspection will focus on:

- How effectively the local area identifies children and young people who are disabled and/or have special educational needs;
- How effectively the local area meet the needs and improve the outcomes of children and young people who are disabled and/or have special educational needs;
- The involvement of CYP, their families and support groups (including feedback mechanisms to include their voice not only in decisions about their support, but also in strategic decision making to improve services and delivery);

- The performance of the local area since the implementation of the reforms in September 2014 (although case files will be viewed from the when the child or young person had a SEND need identified);
- The local areas' offer for the full age range from birth to age 25, as outlined in the Code of Practice;
- How local areas' commissioning arrangements have developed, and their effectiveness;
- Demand and needs gap analysis processes and data on cohort (JSNA etc.);
- How local areas identify issues / trends and learn from each other;
- Visiting select groups of parents/carers;
- Meet with 10-12 schools, colleges and other education providers as well as health and social care providers, including Child Development Centres, CAMHS, Allied Health professionals, Early Years settings and placements out of area (drawn from pre-inspection analysis and information provided by local areas);
- Communication across education, health and social care practitioners (the sharing of information on the needs of children and young people);
- Early intervention support;
- National and local area self-assessment data and intelligence measuring progress and success.

3.4 Most importantly, local areas must:

- Know whether their provision is improving outcomes for children young people or not;
- Agree aspirational yet realistic targets for young people and monitor their progress towards achieving them;
- Must involve children and young people and their parents and carers when setting and reviewing goals or targets.

3.5 The inspection will also:

- Have an inspection team made up of;
 - 1 x OfSTED inspector
 - 1 x CQC inspector
 - 1 x Local Authority representative
- Take place over five days during term time only and include daily 'continuous professional discussions' based on findings;
- Provide five days notice prior to the inspection team's arrival;
- Key lines of enquiry will be identified prior to the inspection taking place;
- Have a five year interval between inspections with first inspections anticipated to begin May 2016;
- Complete eight local areas inspections by the end of the Summer Term 2016 (no indication has been given about what this first tranche of local areas sites will be).

3.6 The final inspection handbook will be published in mid-April although further information can be found in the attached DfE SEND reforms Accountability Framework guide (March 2015) or by following the link below:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416347/Accountability_Publication.pdf

Additional information can also be found in the joint OfSTED / CQC summary report of SEND reforms inspection consultation that was published w/c 14/3/16:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/506530/LA_SEND_consultation_report_FINAL.pdf

- 3.7 Mechanisms for measuring success currently suggested within the Accountability Framework include:
- SEN appeals and outcomes;
 - Education, Health and Care Plans (EHCPs) completed on time;
 - Local authority and parent survey data;
 - Children and young people's Personal Outcomes Evaluation Tool (POET) pilot;
 - Feedback from Independent Supporters;
 - Progress and attainment data;
 - Outcomes for looked after children;
 - Destinations after Key Stage 4 & Key Stage 5;
 - School absence and exclusion rates;
 - Employment status for adults with learning difficulties and disabilities (LDD);
 - Accommodation status for adults with LDD.
- 3.8 Inspection Preparation meetings involving education, health and social care colleagues have been taking place monthly since Autumn 2015. The first draft of our Self Evaluation Form (SEF) is almost complete and will be shared with wider stakeholders for comment.
- 3.9 The SEF is based around a number of chapters following the key themes of the reforms, supported by an evidence library and case studies. An inspection plan, suggested schedule of activity for the inspectors to consider and an inspection support team will be finalised within the next few weeks.
- 3.10 A range of briefings will also be circulated to stakeholders and partners prior to the inspection.
- 3.11 We would request that partners ensure their preparations for this inspections are on track by; reviewing how data is captured and shared with the local authority, reviewing how outcomes are monitored and considering how associated services can report on the impact of the reforms and outcomes linked to this cohort. As a local area we will need to be able to demonstrate this for inspection purposes.

For further information, please contact;

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18/3/16



Children's Partnership Board Forward Plan 2016

June

Terms of reference: Nominations for Joint Chair and Vice Chair positions
CYPP Priority: Safeguarding & Supporting Children & Families.
Child Development Review
SRE Charter
NHS Commissioning Strategy
Quarterly report from the Youth Cabinet.
Six month CYPP action plan report
Partners' update: Voluntary Sector

September

CYPP Priority: Empowering Families to be Strong and Achieve Economic Wellbeing
Quarterly report from the Youth Cabinet
Independent Chairs' Safeguarding report
Partners update: Further Education

January 2017

CYPP Priority: Supporting achievement and academic attainment: Early Years, academic results and SEN
Quarterly report of the Youth Cabinet

March 2017

CYPP priority: Promoting the Health & Wellbeing of Babies, Children and Young People.
Quarterly report of the Youth Cabinet

Please contact Dot Veitch if you have any suggestions for future items for the forward plan
dot.veitch@nottinghamcity.gov.uk

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