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Nottingham
City Council

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

Date: Wednesday, 28 March 2018

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

Corporate Director for Strategy and Resources

Constitutional Services Officer: Kate Morris **Direct Dial:** 0115 8764353

AGENDA

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| 5 | RELATIONSHIPS AND SEX EDUCATION (RSE) DAY - 28 JUNE 2018
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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

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

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

MINUTES of the meeting held at Loxley House, Nottingham on 13 December 2017 from 4.03 pm - 5.52 pm

✓	Cllr Mellen	Portfolio Holder for Early Intervention and Early Years NCC
✓	Cllr Webster	Portfolio Holder for Business, Education and Skills NCC
✓	Alison Michalska	Corporate Director for Children and Adults, NCC
	Helen Blackman	Director of Children's Integrated Services NCC
✓	John Dexter	Director of Education NCC
✓	Sophie Russell	Head of Children's Strategy and Improvement NCC
✓	Jon Rea	Engagement & Participation Lead Officer NCC
	Adil Malik Zartasha Zahied	Representatives for Young People (Youth Cabinet)
✓	Ted Antill	Superintendent, Nottinghamshire Police Authority
✓	Chris Wallbanks	Head of Commissioning NCC
✓	Sally Seeley	Director of Quality and Personalisation NHS Nottingham City Clinical Commissioning Group
	Phyllis Brackenbury	Nottingham CityCare Partnership, Director of Operations and Transformation
	Chris Cook	Independent Chair, Local Safeguarding Children Board
✓	Julie Burton	Senior Operational Support Manager, National Probation Service Nottinghamshire
✓	Kate Clifford (Southwold Primary School & Early Years Centre)	Primary Schools' representative
	Scott Mason (Snape Wood School)	Primary Schools' representative
✓	David Stewart (Oakfield School)	Special Schools' representative
✓	Derek Hobbs (Nottingham Emmanuel School)	Secondary Schools' representative
✓	John Yarham	Chief Executive of Futures Advice, Skills and Employment Ltd
	Gaynor Rossiter	Manager, DWP Job Centre Plus
✓	Stephen McLaren Maria Ward	Voluntary Sector Representatives
	Toni Price	Community Engagement representative, NCC
	Helene Denness	Public Health representative, NCC
	Zoe Butler	Further Education representative

✓ Indicates present at meeting

Colleagues, partners and others in attendance:

Patrick Fielding	- Joint CEO, Nottingham Schools Trust
Emily Humphreys	- Support Assistant, Children and Adults
Jennifer Hardy	- Project Manager, Education Improvement Board and Nottingham Schools Trust
Selina Thomas	- Nottingham CityCare
Natasha Tulley	- Apprentice Service Support Assistant
Janine Walker	- Head of Inclusion and Disability
Phil Wye	- Governance Officer

26 APOLOGIES

Phyllis Brackenbury
Chris Cook
Helene Denness
Toni Price
Maria Ward
Zartasha Zahied

27 DECLARATIONS OF INTEREST

None.

28 MINUTES

The minutes of the meeting held on 27 September 2017 were agreed as a correct record and signed by the Chair.

29 BOARD MEMBERSHIP UPDATE

RESOLVED to

(1) note the appointment of the following new members to the Board:

- **Kate Clifford, Head Teacher at Southwold Primary School & Early Years Centre – Primary Schools representative;**
- **Derek Hobbs, Principal at The Nottingham Emmanuel School – Secondary Schools representative;**
- **Toni Price, Head of Community Engagement, Nottingham City Council – Community Engagement representative;**
- **Helene Denness, Consultant in Public Health, Nottingham City Council – Public Health representative;**
- **Chris Wallbanks, Strategic Commissioning Manager, Nottingham City Council – Commissioning representative;**

(2) note that letters have been sent to partners who have recently left the Board (Sean Kelly, Jacqui Newton and Sally Pearce), to thank them for their contribution.

30 CYPP PRIORITY 2 UPDATE: SUPPORTING ACHIEVEMENT AND ACADEMIC ATTAINMENT

John Dexter, Education Director, introduced the report which presents the most recent set of data available outlining the key measures of attainment by children and young people attending early years settings and schools in Nottingham from the Early Years Foundation Stage (EYFS) to Key Stage 5. John highlighted the following:

- (a) at the EYFS 66.2% of pupils in Nottingham were assessed as having reached a good level of development, up from 63.5% in 2015/16. The gap has been closed on both national and statistical neighbour averages, but concern remains over the level of boys' literacy at the end of the EYFS;
- (b) at Key Stage 1, there a lower proportion of higher attainers in 2016/17 than there were in 2015/16, which is a concern. However, in phonics, since 2015/15 Nottingham has improved from the lowest performing local authority in England to 118th out of 150;
- (c) the proportion of pupils attaining the reading, writing and mathematics benchmark was 57% which is an increase of 7% on 2015/16. Only 2 city primary schools are below the government floor standard for reading, and none are for writing or mathematics;
- (d) national benchmarks for primary progress are not yet available, but estimates suggest that Nottingham progress in all three core elements at primary school will be in the top third of authorities nationally;
- (e) at Key Stage 4 the average Attainment 8 score per pupil has decreased 5.1 points to 39.5 in 2016/17, although this was reflected nationally. Nottingham is ranked 149th out of 151 local authorities. The average Progress 8 score in 2017 puts Nottingham 145th of 151 local authorities;
- (f) the percentage of pupils achieving 5 higher grades at English and Maths is no longer a national benchmark but is still significant. In 2017, 46.7% of pupils in Nottingham achieved this.

The following points were raised during the discussion that followed:

- (g) a lower proportion of higher attainers in 2016/17 achieved the higher standard than in 2015/16. This is an important area to focus on and Head Teachers across the city are working to improve work with higher attainers;
- (h) the secondary figures may not be a true representation of all pupils who live in the city as a fifth go to out of authority schools;

Janine Walker, Head of Inclusion and Disability, then gave a presentation to the Board on children and young people with Special Educational Needs and Disabilities (SEND) in Nottingham City, highlighting the following:

- (i) 14.4% of pupils in Nottingham City are identified as SEND, with 1.6% having Education Health and Care Plans (EHCPs). The percentage of pupils with EHCPs is lower than

average in Nottingham City but rising;

- (j) a 5 Year SEND Strategy is being developed for Nottingham City. There has been consultation with Head Teachers, SEND school staff, Early Years settings, parents and carers. The Strategy has been written and is due to be confirmed in April;
- (k) mainstream schools are keen to further develop their own SEND provision such as nurture provision, and more specialist resource units will be developed at secondary schools;
- (l) all Special Schools in Nottingham City are rated by Ofsted as good or outstanding;
- (m) a major focus of the Strategy is improved outcomes for young people with SEND, including employment and training;

The following points were raised during the discussion which followed:

- (n) Nottingham City has topped the league table for transitioning of Statements of Special Educational Needs to EHCPs;
- (o) the high level of permanent exclusions in the city has led to an overspend on alternative provision;
- (p) around 10% of children in Special Schools come from outside the city and this number is reducing as the schools prioritise city children;
- (q) Futures Advice, Skills and Employment have recently applied to the Big Lottery Life Choices Fund, for a focus on the SEND cohort and to improve connections with employers. NEET (Not in Education, Employment or Training) figures are high for children with SEND.

RESOLVED to note the attainment of children and young people and consider how partnership activities can support early years settings and schools to support the improved attainment of children and young people in Nottingham.

31 PARTNER UPDATE: SPECIAL SCHOOLS

David Stewart, Oak Field School, delivered a presentation on the work of Special Schools in the city, highlighting the following:

- (a) there is a lack of routes into the teaching of pupils with SEND, with minimal time spent on this on teaching courses leading to underprepared teaching staff;
- (b) EHCP Reviews are rarely multi-agency and often involve just the teacher and the parent, meaning that families' expectations are not met. EHCPs often do not include enough information, but this may be as they are not established yet;
- (c) Special Schools across the city are all full, and there is large demand from outside the city too. There are a growing number of pupils from abroad who have little or no previous education;

- (d) health support is fragmented with many agencies and changes, and a protocol is much needed in the city. Health needs override educational needs at most INSET training days for staff;
- (e) transport costs for visits and trips is extremely expensive for pupils with SEND and can require 4 minibuses for one class of 10 pupils, as well as the high cost of training volunteers to drive school minibuses;
- (f) a study was commissioned by the local authority on Special Needs and Pathway Post 19 (SNaPP) and found that transition planning should include longer-term goals which may take more than a year to achieve, for example travel training at an early stage to ensure that pupils are confident and safe in the use of public transport. It also found that greater consideration needs to be given to the sex education needs of young people during the transition period;
- (g) the city is still committed to supporting the provision of a summer school for families with SEND pupils, working closely with Social Care. There are, however, restrictions around when the building can be used due to Private Finance Initiative rules;
- (h) Oak Field School has been recognised by the Family Planning Association for delivering innovative sex and relationship education to young people, with the best examples to be showcased in a report to the government;
- (i) a former Special School pupil from Nottingham is now a member of the National Youth Dance Company, and pupils with SEND have been working with Matthew Bourne Dance Company and the Royal Shakespeare Company;
- (j) directorates at the Council have pledged support to engage pupils with SEND into employment. Some pupils have already been taken on as apprentices, and one is at the police.

Attendance of external agencies at ECHP Reviews, such as health partners, can be difficult due to capacity, but there have been discussions around using technology to simplify attendance.

RESOLVED to thank David for the presentation and information provided.

32 NOTTINGHAM SCHOOLS TRUST UPDATE

Patrick Fielding, Joint CEO, Nottingham Schools Trust, delivered a presentation on the Nottingham Schools Trust, highlighting the following:

- (a) The Trust was set up in response to the loss of schools and their assets from the Local Authority through academisations, and has as members 29 of the 34 maintained schools in Nottingham, promoting collaboration rather than competition between these schools whilst allowing them to retain their individuality;
- (b) the aim of the Trust is to represent, lead, challenge, support and work on behalf of Nottingham City schools, and to allow school leaders to play their part in realising the vision of collective moral purpose and a shared commitment to the achievement and

success of all children;

- (c) more schools have asked to join the Trust, some of which are outside Nottingham City, and there has been significant local and national interest;
- (d) the core team at the Trust consists of the joint CEOs, a Project Manager and admin support, working with School Improvement Advisors. A skills matrix has been drawn up which identifies all the skills of staff across all the schools who are willing to share these skills across the Trust free of charge;
- (e) the Trust is funded by a membership subscription, as well as Nottingham City Council grant funding. All schools receive the same amount of School Improvement support, on the basis that all schools are vulnerable;

Board members made a suggestion that members of staff who deal with SEND pupils in mainstream schools would benefit from shadowing teaching staff at special schools.

RESOLVED to thank Patrick for the information provided.

33 EDUCATION IMPROVEMENT BOARD UPDATE

Jennifer Hardy, Project Manager for the Education Improvement Board, delivered a presentation updating the Board on the work of the Education Improvement Board (EIB), highlighting the following:

- (a) the EIB is chaired by Sir David Greenaway, and has representatives from Nottingham City Council, Multi Academy Trusts, maintained schools, Nottingham High School, the University and Further Education providers. The full Board meets termly, but has sub-groups for business, outcomes, recruitment and retention, and vulnerable children;
- (b) the EIB's key areas of focus are retention and recruitment of teachers and school staff, provision of literacy, provision for mathematics, provision for science and transition between primary and secondary education. Recruitment and retention is being wound down as a priority;
- (c) there is a proposal for Head Teacher and Deputy Head Teacher groups to become part of the EIB structure when the Nottingham City Secondary Education Partnership (NCSEP) closes;
- (d) funding is available to continue the EIB for a further two academic years, and bids will be submitted for additional funding from sources such as the Strategic School Improvement Fund (SSIF) or the Teaching and Learning Innovation Fund (TLIF);

Board members commented that transition for pupils with SEND should be a particular area of focus. Councillor Webster, who is a member of the EIB, congratulated the EIB for good work that has been done, but felt that collaborative working could still be better between members.

34 YOUTH CABINET UPDATE

Jon Rea, Engagement and Participation Lead Officer, introduced the report which gives an update on the work of the Youth Cabinet and associated Children and Young People Participation in Governance programme groups and activities in Quarter 3 2017-18, and highlighted the following:

- (a) two Primary Parliament sessions in November focussed on earning and learning, where they worked through a programme of design thinking-based workshops to design, build and market a solar powered kit car;
- (b) a Youth Cabinet event was held at Take 1 Studios in Hyson Green on the theme of Earning and Learning, and looking at barriers to young people getting the jobs they want;
- (c) activities took place to mark Takeover Challenge Week 2017 from 6th -10th November, including a takeover of the Loxley House restaurant and young people working with the council's communications team.

RESOLVED to

- (1) acknowledge and support the achievements of children and young people engaging in participation and active citizenship work through the Participation in Governance programme and the work of the Youth Cabinet;**
- (2) consider how they can use the Children and Young People Participation in Governance programme to further participation in organisational strategies, plans and processes.**

35 INTRODUCTION OF GENERAL DATA PROTECTION REGULATION - MAY 2018

Emily Humphreys, Support Assistant, Children and Adults informed the Board that the City Council's Audit Committee has contacted all of the council's partnerships regarding the introduction of the General Data Protection Regulation (GDPR) from May 2018, as the Committee wants to ensure all of the Council's partnerships are aware of the GDPR before it is introduced.

The GDPR will supersede the Data Protection Act 1998 and will introduce tougher fines for non-compliance and data breaches, whilst enabling people to have more say over what companies can do with their data.

The Children's Partnership Board does not have a data sharing agreement as the information being shared is not personal data. However, partner organisations are expected to be responsible for making their own preparations including the provision of training and refresher training for the introduction of the GDPR.

A link to further information on the GDPR is included below:

<https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/>.

36 FORWARD PLAN

RESOLVED to note the contents of the forward plan.

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Title of paper:	Future in Mind: An update on children and young people's emotional health and wellbeing	
Report to:	Nottingham Children's Partnership Board	
Date:	28/03/2018	
Relevant Director:	Alison Challenger (Director of Public Health) Helen Blackman (Director of Children's Integrated Services)	Wards affected: All
Contact Officer(s) and contact details:	Helene Denness helene.denness@nottinghamcity.gov.uk	
Other officers who have provided input:	Lucy Peel lucy.peel@nottsc.gov.uk Anna Masding anna.masding@nottinghamcity.gov.uk Aileen Wilson aileen.wilson@nottinghamcity.gov.uk Helen Blackman helen.blackman@nottinghamcity.gov.uk	

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 checked="" type="checkbox"/>

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

Partners across Nottingham City continue to work together to improve children and young people's emotional health and wellbeing and improve timely access to a range of mental health services.

National estimates suggest that 1 in 10 children and young people, age 5-16 years, have a clinically diagnosable mental health problem with 7 in 10 not receiving appropriate, timely interventions (Office for National Statistics, 2004). It is challenging to accurately identify the number of children and young people with mental health problems in Nottingham as some children and young people may have a mental health problem and not access services. The public health outcomes framework estimates that 10.6% of children and young people aged 5-16 years in Nottingham have a mental health disorders based on the age, sex and socio-economic classification of children resident in the city. This estimate should be treated with caution as the survey used to derive the estimates was carried out in 2004 and no adjustment has been made

for possible change in prevalence over time. A new prevalence study has been conducted by NatGen and ONS, publication is expected in 2018.

In recognition of the importance of children and young people's mental health the Department of Health published "*Future in Mind*" in 2015, a national programme that sets out best practice and describes how mental health services for children and young people should transform. Every area has a local transformation plan to achieve the ambitions of "*Future in Mind*" which is supported by additional funds made available to Clinical Commissioning Groups (CCGs).

The *Future in Mind* plan local transformation plan is multi-agency and covers the spectrum of support for children's mental health from prevention through to community and inpatient care. In Nottingham, progress is monitored by the CAMHS Executive, which reports to Nottingham City CCG Governing Body. In addition, Nottingham Children's Partnership Board and the Health and Wellbeing Board receive regular reports.

Progress with the plan to date includes:

- More systematically involving young people in the design and delivery of mental health services
- Providing early support to children and young people
- Integrating targeted and specialist CAMHS
- Reduction in admissions to CAMHS beds

The local transformation plan is wide ranging and whilst improvements have already been made to local provision, there is a need to ensure a continued focus on increasing and improving access to timely support. Priorities for the next year include:

- Further embedding whole school approaches to Academic Resilience and independently evaluating the programmes in Nottingham.
- Developing an Emotional Health and Wellbeing charter for Nottingham City schools to work towards.
- Further developing joint working between Targeted and Specialist/Community CAMHS in Nottingham City, prioritising the joint workforce development, joint working in the SPA and developing care bundles and reducing waiting times.
- Increasing capacity within the Community Eating Disorder Service to ensure that the service can meet the access and waiting time standards.
- Mobilising the new CAMHS liaison function as part of the CAMHS Crisis model and evaluating the options for providing an overnight response in line with *Core 24* requirements.
- Rolling out a risk assessment tool developed by collaborators including NUH and the University of Nottingham for young people who are admitted to paediatric wards with mental health needs.
- Developing a more robust and timely pathway for young people who experience first episode psychosis whilst already receiving support from community CAMHS.
- Reviewing current emotional and mental health provision for looked after children and care leavers against the national recommendations published by SCIE in November 2017, and address the recommendations.
- Continuing to develop ways to support universal services in supporting children and young people's mental health, and knowing how and when to refer to CAMH Services and other local support services, with the aim of reducing waiting times.

Recommendations:

- | | |
|---|--|
| 1 | Nottingham Children's Partnership Board note the contents of this report and progress to improve the mental health and wellbeing of children and young people in Nottingham. |
|---|--|

2	Nottingham Children's Partnership Board note Nottingham City Targeted CAMHS Team offer to be a trailblazer, testing the new ways of working proposed in the green paper.
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Future in Mind: The Local Transformation Programme for Children and Young People's Mental Health

1. Background

- 1.1 Partners across Nottingham City continue to work together to improve children and young people's emotional health and wellbeing and improve timely access to a range of mental health services.
- 1.2 National estimates suggest that 1 in 10 children and young people, age 5-16 years, have a clinically diagnosable mental health problem with 7 in 10 not receiving appropriate, timely interventions (Office for National Statistics, 2004). In recognition of this the Department of Health published "*Future in Mind*" in 2015, a national programme that sets out best practice and describes how mental health services for children and young people should transform. Every area has a local transformation plan to achieve the ambitions of "*Future in Mind*" which is supported by additional funds made available to Clinical Commissioning Groups (CCGs).
- 1.3 The *Future in Mind* plan local transformation plan is multi-agency and covers the spectrum of support for children's mental health from prevention through to community and inpatient care. In Nottingham, progress is monitored by the CAMHS Executive, which reports to Nottingham City CCG Governing Body. In addition, Nottingham Children's Partnership Board and the Health and Wellbeing Board receive regular reports.
- 1.4 Children's mental health continues to be an area of significant scrutiny and interest. A joint Department of Health and Department for Education green paper has been out for consultation and closed on 2nd March 2018. This proposes access and waiting time standards for CAMHS of 4 weeks referral to treatment, and an increased focus on support provided to young people in schools and colleges. The green paper also highlights the proposal of having 'trailblazer' areas to 'test out' and robustly evaluate ways of working with universal services. Nottingham City's Targeted CAMHS is very keen to become one of these 'trailblazer' areas, having already developed services to work in this way and recognising the benefits from robust evaluation which could support further development and innovation.
- 1.5 The recently published NHS planning guidance includes an expectation that CCGs will further invest in children and young people's mental health to increase capacity within services to enable timely and increased access.

2. Children and young people's mental health in Nottingham

- 2.1 It is challenging to accurately identify the number of children and young people with mental health problems in Nottingham as some children and young people may have a mental health problem and not access services. The public health outcomes framework estimates that 10.6% of children and young people aged 5-16 years in Nottingham have a mental health disorders based on the age, sex and socio-economic classification of children resident in the city. This estimate should be treated with caution as the survey used to derive the estimates was carried out in 2004 and no adjustment has been made for possible change in prevalence over time. A new prevalence study has been conducted by NatGen and ONS, publication is expected in 2018.

2.2 In 2015/16, the most recently available national data, 380 young people in Nottingham aged 10-24 years were admitted to hospital for self-harm. As figure 1, shows this is not statistically significantly different to the England average.

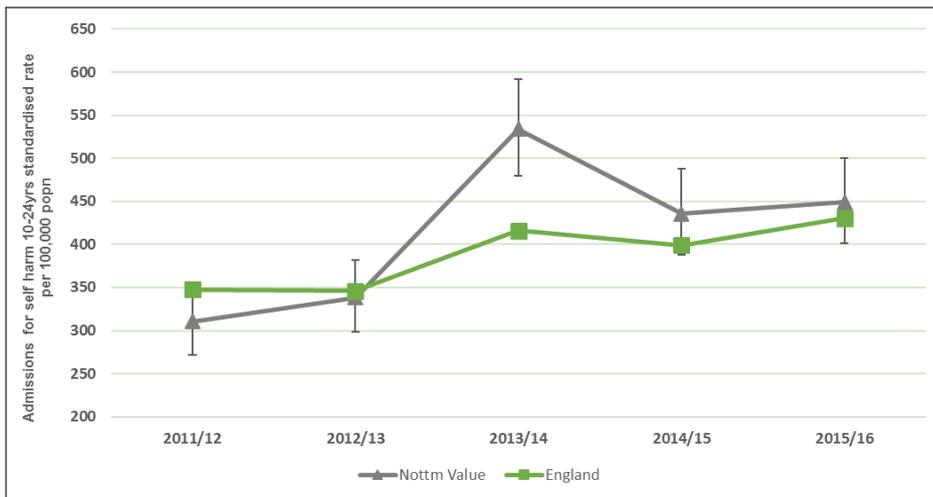


Figure 1: Hospital admissions for self-harm

3. Progress in implementing the plan to date

3.1 Involving young people

3.1.1 A key priority within the last year has been to actively involve young people in service design. One of the key areas of focus for Nottinghamshire Healthcare NHS Foundation Trust has been involving young people in the development of the new *Hopewood Centre*, which will be a newly built centre supporting children and young people requiring 'community' (more specialist services) and/or inpatient mental health care. This centre is due to open in April 2018.

3.1.2 Within Targeted CAMHS¹, the Service User's Group (SUG)¹ has been meeting regularly since September 2016 and has been involved with the following projects and initiatives:

- An art/photography project with the University of Nottingham called *What is Recovery?*
- Input into the design of the young people's mental health passport currently being trialled in Nottingham City;
- Input into the Targeted CAMHS collaboration with NSPCC Childline project called *Next Steps* designed to provide telephone support to young people ending their CAMHS partnership but who need some further support to achieve their 'next steps' to recovery and wellbeing.
- Shaping the design of a research project being carried out by the University of Nottingham into the connection between regular exercise and mental health.
- Influencing plans for future CAMHS group interventions by giving a young person's perspective on what works well/less well in group work.
- Supporting each other with their recovery and sharing experiences of being supported by Targeted CAMHS.

¹ Formally known as tier 2 CAMHS

- Following feedback from young people an additional two Targeted CAMHS groups have been developed this year. An anxiety group and an exercise group which supports young people to participate in exercise to improve their emotional and mental health.

3.1.3 Nottingham City is also part of the MH:2K project, working in partnership with Involve and Leaders Unlocked. Through the project around 30 local young people representing the diversity within Nottingham and Nottinghamshire will train as citizen researchers, delivering a number of engagement events to engage over 500 of their peers across the city and county, and to set their own priorities for improving young people's mental health. The project will culminate in a roadshow in May 2018, which will in turn inform our ongoing work through this plan, to improve children and young people's mental health.

3.2 Providing early support to children and young people through universal services

3.2.1 One of the areas of focus in the last year has been the implementation of whole school approaches to emotional health and wellbeing. **Zippy** and **Apple's Friends** and **Academic Resilience** programmes are being rolled out in 8 primary schools, whilst a further 8 schools have attended Train the Trainer for the **Character Curriculum/Academic Resilience** programme being rolled out by the Nottingham City Council's Personal, Social and Health Education Team. A task and finish group has been established to coordinate the approach to supporting schools around emotional health, and a charter is being developed as a means to further embedding whole school approaches to emotional health. Unfortunately, due to unprecedented pressures on Nottingham City Council's budget, the council is no longer able to fund the Healthy Schools/Personal, Social and Health Education Team. Partners are working together to ensure Academic Resilience work continues.

3.2.2 Targeted CAMHS have developed a Universal Services CAMHS Practitioner role who works directly with schools and universal services around children and young people who need support, but do not need a CAMHS intervention. The role offers support and training to staff in schools/services, to help them to gain confidence in working with emotional and mental health needs, and prevents them referring to CAMHS when this is not required.

3.2.3 Targeted CAMHS support children and young people with their emotional/mental health support in schools. Such as an initiative called **Time4Me**, where young people can access direct monthly support in their school from a consistent CAMHS professional, and monthly **self-harm clinics** in schools from our preventative self-harm team called SHARP (Self harm awareness and resource project). These clinics have demonstrated that 89% of young people seen in the clinic, remained within Universal Services with clear recommendations of support. There is also the development of a project, for primary schools called **'Amazing Me': Early Intervention to promote emotional wellbeing in primary schools**.

3.2.4 The CityCare Behavioural and Emotional Health (BEH) team underwent a service redesign at the end of 2016 in response to feedback from an independent review that, commissioned by the CCG. Consequently, the service now has an emphasis on 1:1 specialist support and the ability to offer bespoke packages of care to children and young people with persistent behavioural challenges. There is a greater emphasis on early support including evidence based parenting programmes undertaken by universal services as well as continual upskilling of universal services by parenting practitioners to ensure knowledge is embedded and universal staff feel confident and well supported.

3.2.5 The City has a well embedded cross-agency approach to delivering the evidence based **New Forest Parenting Programme**. This is an 8 week home-based, or 6 week group-based, parenting programme aimed at children and young people whose symptoms and behaviours are associated with ADHD. This work is supervised monthly by the accredited lead to ensure

the programme is outcome focussed, and is delivered within the fidelity of the evidenced based model.

3.2.6 The SHARP team also continue to offer self-harm awareness training as part of a training programme around self-harm and mental health, and trained over 1500 front-line professionals in the city in 2017.

3.3 Support for vulnerable groups

3.3.1 Targeted CAMHS continue to deliver a weekly community group called **TRANS4ME** where 15-20 young people and young adults who identify as transgender/gender dysphoria, come together weekly to support each other to overcome the challenges that they face, but also to celebrate who they are. This is however fragile to continuation, as only has a small amount of funding (£1500) a year from the diversity community grant.

3.3.1 Targeted CAMHS have co-developed a **CAMHS Syrian Refugee Practitioner** post in partnership and funded by the re-settlement team. This post is unique nationally and is researching and developing the most effective ways of working with, and directly supporting this vulnerable group, who have often experienced very traumatic life events and have little or no family support in the UK.

3.4 Targeted CAMHS

3.4.1 In 2017, Targeted CAMHS introduced an assessment team, with its existing staff, to better manage caseloads and wait times. Since the development of this team, and the recruitment to the vacant posts, the current waits have reduced, and shown in figure 2.

(*Choice is a full CAMHS assessment, and Partnership is a full therapeutic intervention)

Today's Date:	Thursday 15 March 2018	Target Wait Times (Weeks):	Actual Wait Times (Weeks)	Date of:	Surplus/Deficit Wait Time:
Next available Choice:		6	2.86	04 April 2018	3.14
Next available Choice if all waiting were booked into next available slots:		6	3.71	10 April 2018	2.29
Next Available Joint BEH/CAMHS Choice		6		BEHT Unavailable*	
Next Available Joint community CAMHS/CAMHS assessment:		6	4.57	16 April 2018	1.43
Next available Consultation:		6	2.86	04 April 2018	3.14
Next Available Partnership		8	8.86	16 May 2018	-0.86

Figure 2: Waiting times for Targeted CAMHS

3.4.2 The above data is reported weekly by the service in order to ensure they are continuing to bring wait times down. The service is working hard to continue to reduce partnership waits by developing better ways to support universal services, with the aim to try to reduce the referral numbers into SPA.

3.5 Targeted CAMHS Staff development

3.5.1 Targeted CAMHS are currently supporting staff to access the national IAPT (Increased Access to Psychological Therapies) training programmes. Last year 7 staff successfully completed a number of trainings to become qualified therapists in various evidenced based modalities of treatment. This year 5 staff are in training. There are challenges to this, as the service needs to get back-fill for those out on training. However, as this is a NHS England initiative and is health funded for a limited time, the service has taken advantage of this opportunity in order to be able to offer more evidenced based therapies to children and young people in the city.

3.6 Integrating targeted and specialist CAMHS

- 3.6.1 Over the last year, there has been a strong focus in Nottingham City on simplifying access into services, and promoting joint working between targeted and specialist/community² CAMHS.
- 3.6.2 There is a well-established single point of access (SPA) that unlike other areas nationally, is located in the local authority, alongside children and families direct and social care access point (Multi Agency Safeguarding Hub). The teams work closely together, and regularly signpost children and young people for other support where CAMHS isn't required, but early emotional health or family support is. This includes Base 51 and Kooth counselling services.
- 3.6.3 The SPA model is quite unique nationally and offers benefits, especially around strengthening partnership in early intervention and prevention. This model has ensured that over the last 4 years 95% of cases referred through SPA remain at a Targeted CAMHS or universal level, only escalating to specialist community CAMHS when absolutely essential. Over the past few months a specialist practitioner from specialist community CAMHS has been co-located with the SPA with the aim to improve access into specialist community CAMHS and, in addition, is able to support practitioners with more complex and higher risk cases.
- 3.6.4 Further development of SPA is planned with a new multiagency working group lead by Targeted CAMHS looking at increasing and strengthening how children and young people/families can self-refer, and get access to help, including access to guided high quality self-help- as a first line of treatment, or whilst they are waiting for their CAMHS appointment.
- 3.6.5 There is a joint-protocol in place to ensure Targeted CAMHS respond jointly, with social care, within 48 hours when there are serious concerns about a child/young people's self-harm or suicidal behaviours.
- 3.6.6 A referral criteria has been developed to enable better signposting within SPA by facilitating greater understanding regarding specific service areas. The aim was also to better inform other services of the different criteria, how to refer, and what support there is available in the city for emotional and mental health.
- 3.6.7 There is always a member of the Behaviour and Emotional Health (BEH) team present in the SPA to facilitate integration and a channel of communication. Despite the challenges in relation to accessing different data systems, which the different organisations have, an information sharing agreement in place with Citycare who employ the BEH team, to facilitate a model of integration that allows the Service Advisors in SPA from the different organisations to gather information to ensure that robust assessments can be undertaken, which will underpin the programme of care for the child/young person moving forwards. There is ongoing work to ensure that same agreements are in place with community CAMHS who use the NHS data system.

3.7 Specialist/Community Services

- 3.7.1 In terms of Specialist/Community CAMHS, the average waiting time for assessment reported to the CCG on the 2nd February 2018 was 6.4 weeks, whilst average waiting time for treatment was 15.5 weeks. The service is working hard to improve waiting times by putting in place measures to improve recruitment and retention. 741 children and young people had been accepted into specialist CAMHS as at end of February (year to date).
- 3.7.2 In terms of specialist teams, the Crisis Resolution and Home Treatment team providing assessment and intensive support to young people in mental health crisis in the community has now been in place for two years. This has shown a positive impact on outcomes, with fewer City and County young people admitted to in-patient mental health beds between 2015/16 and 2016/17 (95 to 74). A CAMHS Liaison function was piloted as part of the Crisis

² Formally known as Tier 3 CAMHS

Team in May 2017 at King's Mill Hospital. This service ensures that young people who attend hospital emergency department in psychological or psychiatric distress can receive timely assessment within an hour of arrival and has recently been identified by CQC as an area of outstanding practice. Funding has been agreed to roll out a similar function at Queen's Medical Centre and this will mobilise in March 2018.

3.7.3 The CAMHS Eating Disorder Service is another area that was positively highlighted in the recent CQC report, although there is currently insufficient capacity within the service for it to meet the new national access and waiting time standards for eating disorders. Whilst referral numbers to this service are small (hence having a significant impact on percentage compliance), eating disorder cases are more likely to be complex and long term, requiring intensive treatment. The CCG is currently determining future resource allocation to support this service.

3.7.4 The third specialist area within CAMHS, which has seen service development, is the *Head 2 Head* team which provides outreach mental health support to young offenders, those with first episode psychosis, those with comorbid substance misuse needs and those who sexually harm. Two successful bids have been made to NHS England Health and Justice to pilot additional Speech and Language Therapy and Clinical Psychology capacity within the team. The intention is to improve the response to young people who have experienced trauma and attachment difficulties, and to address the communication needs of this vulnerable group of young people and thus enable them to better engage in therapeutic intervention.

3.7.5 Finally, the Trust will move to the new Hopewood Centre in Spring 2018, which will mean that more city children and young people will be able to be supported both in the community and as inpatients, closer to home. The site also includes inpatient provision for perinatal mental health.

4. Priorities for 2018

4.1 The local transformation plan is wide ranging and whilst improvements have already been made to local provision, there is a need to ensure a continued focus on increasing and improving access to timely support. Priorities for the next year include:

- Further embedding whole school approaches to Academic Resilience and independently evaluating the programmes in Nottingham.
- Developing an Emotional Health and Wellbeing charter for Nottingham City schools to work towards.
- Further developing joint working between Targeted and Specialist/Community CAMHS in Nottingham City, prioritising the joint workforce development, joint working in the SPA and developing care bundles and reducing waiting times.
- Increasing capacity within the Community Eating Disorder Service to ensure that the service can meet the access and waiting time standards.
- Mobilising the new CAMHS liaison function as part of the CAMHS Crisis model and evaluating the options for providing an overnight response in line with *Core 24* requirements.
- Rolling out a risk assessment tool developed by collaborators including NUH and the University of Nottingham for young people who are admitted to paediatric wards with mental health needs.
- Developing a more robust and timely pathway for young people who experience first episode psychosis whilst already receiving support from community CAMHS.
- Reviewing current emotional and mental health provision for looked after children and care leavers against the national recommendations published by SCIE in November 2017, and address the recommendations.

- Continuing to develop ways to support universal services in supporting children and young people's mental health, and knowing how and when to refer to CAMH Services and other local support services, with the aim of reducing waiting times.

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NOTTINGHAM CITY TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING 2015-2020

Our vision is to develop and implement a simplified, responsive and efficient pathway that supports and improves the emotional wellbeing and mental health of children and young people in Nottingham

What we want to achieve:

- Children and young will have timely access to programmes to support mental resilience and prevent mental health problems
- Problems will be identified earlier and effective interventions will be in place
- Outcomes will be measured and improved through effective treatment and relapse prevention
- Support will be in place for children and young people with mental health problems; this support will be easily accessible
- The wellbeing, and physical health, of children and young people with mental health problems will be improved

Our priorities:

- Promoting Resilience, Prevention and Early Intervention
 - Provide better information for children and families about how to help themselves and when to seek support
 - Increase the numbers of children and young people able to take part in programmes to build resilience in schools
- Improving Access to Effective Support
 - Increase the consultation, advice and guidance available to schools and health service providers to enable them to better support children and young people with emotional health needs
 - Improve the access to CAMHS so that children in need of support get prompt access to the right service
 - Ensure that different organisations providing mental health services to children and young people work together effectively and that children are effectively supported
 - Set up a crisis team to respond quickly to young people who have a mental health crisis
- Care for the most vulnerable
 - Review services for children and young people with learning disabilities and neurodevelopmental disorders
 - Review access to services for children and young people from minority backgrounds
- Accountability and transparency
 - Make sure that we get the most out of the money that is spent on children's mental health and wellbeing, and that services are making a difference to children and young people's lives
- Developing the workforce
 - Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties.

Our Values:

- We will actively involve children, young people, parents and carers, community groups, clinicians, and partners in everything that we do
- We will understand and respond fairly to the changing needs of our diverse population and will promote equality and address health inequalities
- We will continually improve the quality of services through collaborative, innovative and clinically-led commissioning
- We will support and encourage the education, training and development of the local workforce
- We will secure high quality, cost-effective and integrated services within available resources

Update January 2017

- Plan now combined with County plan in line with STP footprint.
- Planning to roll out Mental Health First Aid training across the City partnership.
- Academic resilience programmes starting in City schools.
- Work underway to strengthen the Single Point of Access.
- Behavioural and Emotional Health Team refocussed to provide more 1:1 interventions to children and families.
- Working with partnership to increase children and young people's involvement in the programme.

For more information:
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Update: September 2016

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Title of paper:	An update on children and young people's health and wellbeing in the context of Nottingham City's Children and Young People Plan 2016-20	
Report to:	Nottingham Children's Partnership Board	
Date:	05/03/2018	
Relevant Director:	Alison Challenger (Director of Public Health)	Wards affected: All
Contact Officer(s) and contact details:	Helene Denness (helene.denness@nottinghamcity.gov.uk)	
Other officers who have provided input:	Uzmah Bhatti uzmah.bhatti@nottinghamcity.gov.uk David Johns david.johns@nottinghamcity.gov.uk	
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>This report highlights partnership activity that promotes the health of babies, children and young people. Whilst all outcomes in Nottingham Children and Young People's Plan will be referenced this report specifically focuses on efforts to reduce the:</p> <ul style="list-style-type: none"> • Proportion of women smoking in pregnancy. • Number of babies that die in the first year of life. • Percentage of children aged 5 years with tooth decay. • Proportion of year 6 children who are obese. • <p>In 2016/17, 17.6% of mothers in Nottingham City were smokers at the time of delivery, which is significantly higher than the England average of 10.7% and the third highest rate of our statistical neighbours. However, the majority of women engaging with stop smoking services during pregnancy are likely to quit. Due to unprecedented budget pressures, local stop smoking services (New Leaf), funded by Nottingham City Council, have been decommissioned. New, innovative ways of supporting women to stop smoking during pregnancy are being discussed with maternity colleagues.</p> <p>Children in Nottingham City have a significantly higher average number of teeth affected by dental decay than East Midlands and England for both 3 and 5 year olds. On average, Nottingham City children have 3.05 teeth and 3.4 teeth affected respectively for 3 and 5 year olds (children have 20 'baby' teeth). Dental surveys don't take place every year and no new data has</p>		

been released since the last update. Data collection on the oral health of 5-year olds has been completed and is due to be reported later this year. A survey of adult oral health is currently underway.

26% of reception age children in Nottingham City are **obese or overweight**. This is lower than the statistical neighbour average. The percentage overweight or obese increases to 39.7% in Year 6 which is slightly lower than the statistical neighbour average but significantly higher than the England average. The proportion of children overweight and obese in Nottingham City has plateaued.

Infant mortality (deaths in children under 1 year) is higher in Nottingham (5.9 deaths per 1000 live births) than England (3.9 deaths per 1000 live births) and the third highest of our statistical neighbours. There has been so statistically significant reduction in the rate of deaths between 2010-12 and 2014-16. As the number of deaths in children under 1 year is small, any variation in the rate of deaths should be interpreted with caution as the variation may be due to random fluctuation

In 2016/17, 26% of reception age children in Nottingham City were **obese or overweight**. This percentage increases to 39.7% by Year 6 which is slightly lower than our statistical neighbours' average but significantly higher than the England average.

An update on children and young people's mental health is reported separately.

Recommendations:

1	Nottingham Children's Partnership Board is requested to note the contents of this report and progress on health and wellbeing outcomes in the Nottingham City Children and Young People's Plan.
2	Nottingham Children's Partnership Board partners continue to support activity to improve health and wellbeing of children and young people in Nottingham.

1 BACKGROUND AND PROPOSALS

1a. Good maternal health and healthy babies

i) Smoking in pregnancy: Percentage of women smoking at the time of delivery

The proportion of women smoking in pregnancy is recorded by smoking at the time of delivery (SATOD). Whilst this is the agreed national measure, it doesn't capture those women who are smoking at their 'booking appointment' with their midwife and quit before birth. Local intelligence suggests that the proportion of women smoking at their first midwifery appointment is considerably higher than SATOD. Nottingham's Smoking In Pregnancy Strategy Group, a sub-group of the City/County Local Maternity Transformation System group, are leading work to improve data collection and collation.

As figure 1 shows, in 2016/17, 17.6% of mothers in Nottingham City were smokers at delivery which is significantly higher than the England average of 10.7% and the third highest rate of our statistical neighbours. Whilst this is a reduction on the previous rolling quarter, this reduction is not statistically significant.

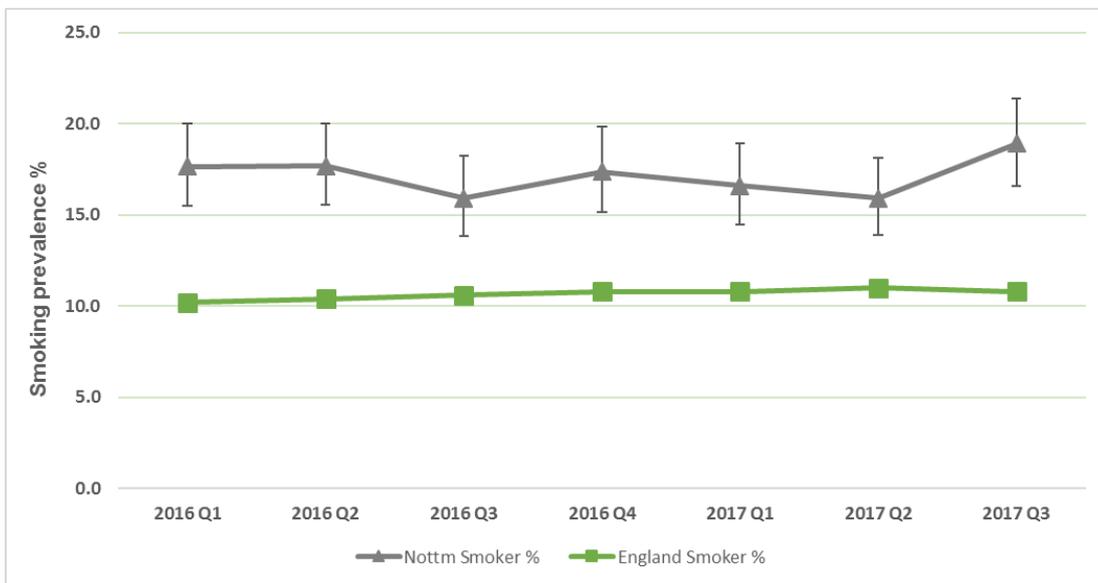


Figure 1: Smoking status at the time of delivery in Nottingham and England

Women who smoke in pregnancy are more likely to have a stillbirth, have a baby born at a low birth weight and/or a baby born with a cleft palate. Babies living in a household with smokers are more likely to die from Sudden Infant Death Syndrome (SIDS).

Through the publication of Better Births, the national maternity transformation plan, there is a renewed focus on reducing the proportion of pregnant women smoking. Historically, in Nottingham, we have had 'opt-out' referral to a community stop smoking service for pregnant women. Data from our stop smoking service tells us that if we can engage women, the majority are able to stop smoking in 4 weeks (70%).

Due to unprecedented budget pressures, local stop smoking services (New Leaf), funded by Nottingham City Council, have been decommissioned. New, innovative ways of supporting women to stop smoking during pregnancy are being discussed with maternity colleagues. Furthermore, this year we have created resources to help midwives initiate healthy conversations about smoking and will be running a campaign in 2018 to promote the benefits of stopping smoking for both mother and child based on the *Love Your Bump* campaign by Erewash CCG <https://lovebump.org.uk/>.

ii) Improving mental health for new mums and mums-to-be

Work to improve the mental health of new mums and mum-to-be is driven by the perinatal mental health group, a sub-group of the Local Maternity System Transformation group. Current work is focused on developing more robust pathways for women with a range of mental health needs including those who enter pregnancy with existing mental health conditions, those who would benefit from talking therapies (IAPT)¹ and those who develop a serious mental health problem during pregnancy or after birth.

The current indicator in the CYP plan is a proxy for the number/proportion of women with low mood and/or a mental health problem that are identified in a timely way, and offered appropriate support. This indicator may be updated as a more robust national method of capturing new mums and mum-to-be mental health is developed.

iii) Breastfeeding: Percentage of mothers who breastfeed their babies at 6-8 weeks

Over 72% of mothers in Nottingham City breast-feed at birth, lower than the national average of 74%. However, breastfeeding rates at 6 weeks are better than the national average; 48.6%

¹ Increasing access to psychological therapies

in Nottingham compared to national average of 43.8%. Nottingham has the best initiation and 6 week breastfeeding rate of all its statistical neighbours.

Whilst increasing breastfeeding rates is best achieved by the joint efforts of all services working with pregnant women and new parents, local intelligence suggests that Nottingham's relatively high breast-feeding rates are due, in part, to our long-established breastfeeding peer support service which works with mothers under the age of 25 to support them to breastfeed as long as they can. This Nottingham City Council commissioned breastfeeding support service, financed through the public health grant, works alongside both the maternity and health visiting service to target all mothers to be under the age of 25 to support initiation and continuation of breastfeeding. Breastfeeding support has been incorporated into the 0-19 service provided by CityCare and will be mobilized from April 2018.

iv) Infant Mortality: Rate of infant mortality per 1000 live births

Perinatal mortality (stillbirths and deaths within 28 days of birth)

The Secretary of State announced a national ambition to halve rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 2030, with a 20% reduction seen by 2020.

In 2017, Nottingham City Public Health Team produced, with the support of Nottingham City CCG and NUH, a review of perinatal deaths, including stillbirths, to identify any unexpected themes. The patterns observed were similar to those seen nationally; however, higher levels of deprivation in the city mean risk factors, such as smoking in pregnancy, are often more prevalent. NUH has worked with partners, including Nottingham City Public Health team, to improve learning from stillbirths. This work is ongoing and links to work to reduce the proportion of women smoking in pregnancy, which is the most important, preventable cause of stillbirth.

Infant mortality

Infant mortality (deaths in children under 1 year) is higher in Nottingham (5.9 deaths per 1000 live births) than England (3.9 deaths per 1000 live births) and the third highest of the statistical neighbour average. As the number of deaths in children under 1 year is small, any variation in the rate of deaths should be interpreted with caution as the variation may be due to random fluctuation.

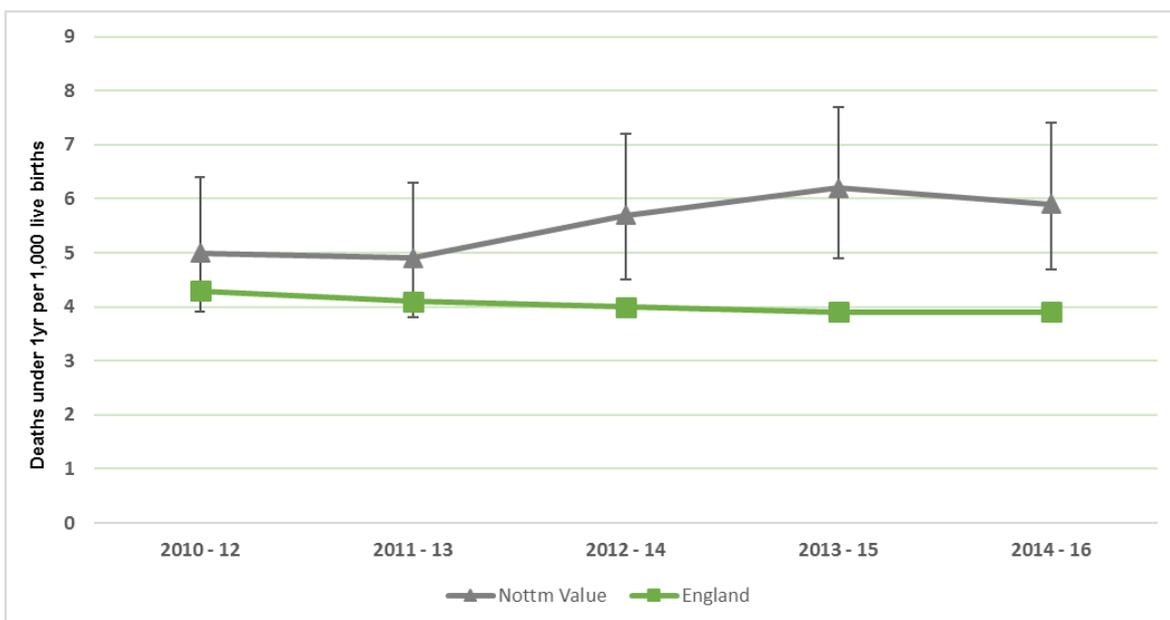


Figure 2

All child deaths in Nottingham are reviewed by multi agency Child Death Overview Panels (CDOPs) as per *Working Together to Safeguard Children 2015* guidance. Learning from CDOP is fed back into the governance structures within NUH. A detailed database of all childhood deaths is managed by the child death review team based at NUH. All deaths are discussed with the local Coroner prior to completing death certification.

In 2017, there were 17 deaths of children under 1 year of age. The majority of these deaths were classified as a perinatal/neonatal event; a category which includes babies who are born extremely prematurely.

Other infant deaths in 2017, as in previous years, are associated with unsafe sleeping. The importance of safe sleeping continues to be highlighted to parents and a Safe Sleeping group is in place to mobilise an action plan across health, social care and other partners. A local training session has been developed.

v) Immunisations: Percentage of eligible children who have received 3 doses of Dtap/IPV/Hib vaccine by their first birthday

The percentage of eligible children who received three doses of Dtap/IPV/Hib vaccine by their first birthday in Nottingham in 2016-17 was 91.4%, lower than England at 93.4% and the lowest of our statistical neighbours. The national target is 95%. The proportion who receive three doses remained low at 94.2% at age 2 years is 94.2% compare to an England average of 95.1%.

Vaccination services are commissioned by NHS England with the Dtap/IPV/Hib vaccine being administered in General Practice. Promotion of Immunisations and Vaccinations is integrated 0-19 years' service specification as part of *Making Every Contact Count* as well as a consistent approach to information provided to families. This service will be mobilised from April 2018. Some development work with primary care requires action to implement a 'Call and Recall Programme' so that parents are aware of when children are required to have their vaccination. This work will be implemented in partnership with NHS England and Public Health England. Work to explore the opportunity to increase vaccination cover through opportunistic contact with primary care will be implemented in partnership with NHS England and Public Health England.

1b) Children and young people adopt healthy lifestyles

i) Childhood Obesity

There is national concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Childhood Obesity: a brief update offers succinct information on the core population-level issues within this topic area with a focus on Nottingham City.



Childhood Obesity:
A brief update

Nottingham City Council commissions a range of services that support families and children to eat healthily and maintain a healthy weight, details of which can be found in the appendices.

Through the public health grant, Nottingham City Council commissions a small Public Health Nutrition service within the 0-19 Children by CityCare delivered band a highly successful level 2 weight management intervention.

Outcome measures

In 2016/17, 26% of reception age children in Nottingham City were obese or overweight. This percentage increases to 39.7% by Year 6 that is slightly lower than our statistical neighbours' average but significantly higher than the England average.

The prevalence of obesity in Year 6 children between 2011 and 2017 are shown in Figure 3 and suggest an upward trend following a period of relative consistency.

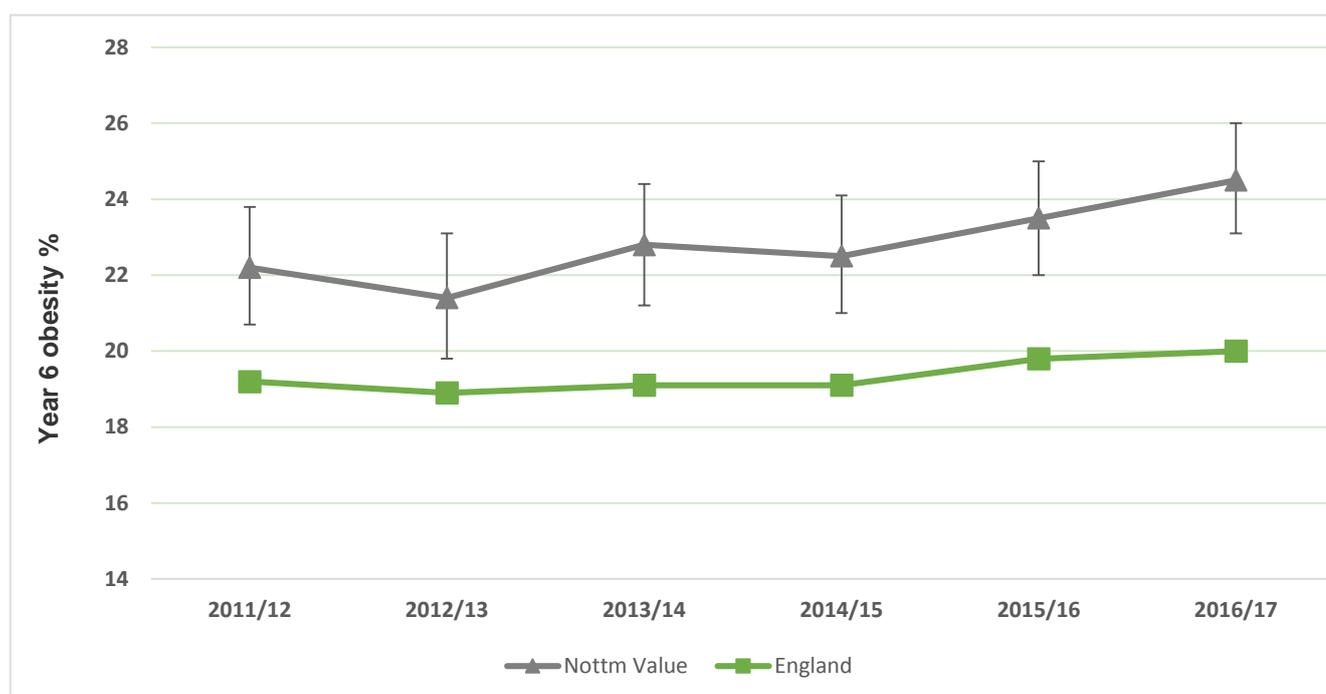


Figure 3: Percentage of Year 6 children who are classified as obese

What was the impact of the financial challenge?

In the 2018/19 Nottingham City Council Budget, there have been reductions in the resource allocation for 0-19 children's services; however, within this contract, the Public Health Nutrition element and weight management of the Public Health Nursing (5-19) service remain. The integrated Tier 2 & 3 weight management service for those aged over 16 years has been de-commissioned as part of the 2018/19 Nottingham City Council Budget planning. This has impacted on weight management support for pregnant women and those transitioning into adult services.

What happens next?

We will ensure pregnant women and teenagers transitioning into adult services are considered in any re-design of weight management pathways for adults.

Since the last update, the UK Government's Childhood Obesity Plan has been published with the aim of 'significantly reducing England's rate of childhood obesity within the next ten years'. However, the actions outlined are unlikely to be sufficient with action required across multiple areas of the lived environment at a local and national level (see [Childhood Obesity: a brief update](#)).

ii) Oral Health: Percentage of children aged 5 with tooth decay

Poor oral health can affect Children and Young People's ability to sleep, eat, speak, play and socialise with other children. The impacts can be seen educationally with children missing

school and in addition can affect parents/carers who would need to take time off work. Nationally, tooth decay remains the most common reason for hospital admissions in children aged five to nine years old (2014-2015). Furthermore, it is a sign of neglect and significant decay, which, if it remains untreated, may be considered a safeguarding concern for Children and Young People.

A re-cap of last year's update

The oral health supervised tooth brushing service was active in 25 schools (nurseries and reception classes) across Nottingham City. CYP Partnership were informed that the service was currently in place until March 2018.

Activity this year

The oral health promotion service has continued to work with 25 schools across Nottingham City. It has linked to national campaigns to promote oral health and provided resources for health visitors to give to new mums.

In addition, there has been local work on safeguarding pathways for schools in relation to oral health status and regional work on a new Dental Caries Risk Assessment Tool has begun to support Health Visitors.

Nottingham City Council has published a new Joint Strategic Needs Assessment chapter ([here](#)). Nottingham City Council is working with Public Health England (PHE) and NHS England to produce an Oral Health Needs Assessment.

Outcome measures

No new data has been released since the last update. Data collection on the oral health of 5-year olds has been completed and is due to be reported later this year. A survey of adult oral health is currently underway.

Children in Nottingham City have a significantly higher average number of teeth affected by dental decay than the East Midlands and England for both 3 and 5 year olds. On average, Nottingham City children have 3.05 teeth and 3.4 teeth affected respectively for 3 and 5 year olds (children have 20 'baby' teeth).

The data below shows the latest data on the oral health of 3 and 5 year old children (Table 1 & 2)

Table 1: Oral Health of Three Year Old Children 2012/13

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

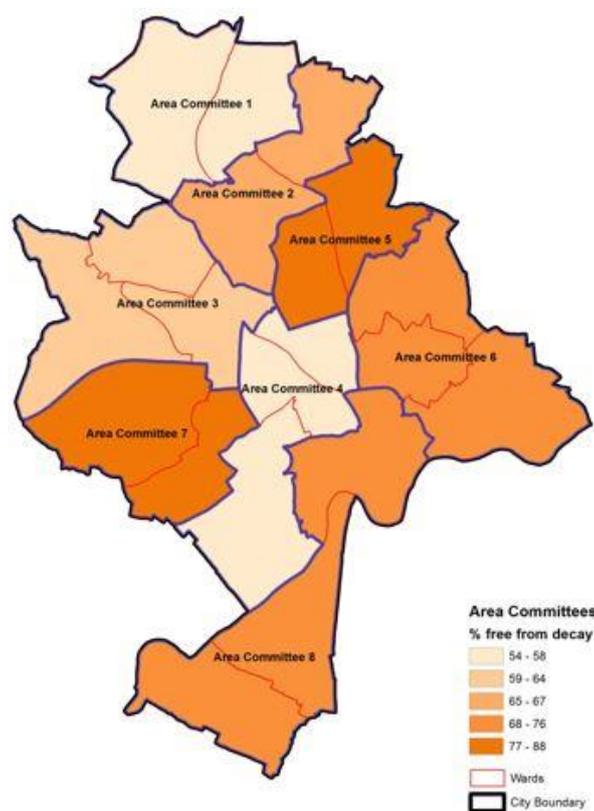
Source: PHE, 2014

Table 2: Oral Health of Five Year Old Children 2014/15

	Nottingham City	Nottinghamshire County	East Midlands	England
Percentage with decay experience	35.6%	21%	27.5%	24.7%
Percentage with active decay	33.4%	18.6%	24.3%	21.5%
Percentage with one or more fillings	13.8%	11.3%	11.9%	12.0%

Source: PHE, 2016

There is considerable variation in the prevalence of tooth decay at the area committee/ward levels in the City (Figure 4). The number of decayed missing or filled teeth is also linked to deprivation within the City. Six out of the eight local area committees had decay prevalence higher than the England average. Local Area Committee 3 comprising Aspley, Bilborough and Leen Valley has the worse prevalence of tooth decay among 5-year olds in the City.



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Figure 4: Percentage of 5-year olds free from tooth decay in Nottingham by Area Committees.

What was the impact of the financial challenge?

Due to unprecedented budget pressure, the oral health promotion services contract was not renewed and the service will end on 31st March 2018. An exit plan has been created to support schools who, before 31st March, want support in building a sustainable approach and schools

have been encouraged to engage local dental practices to establish their own oral health partnerships.

What happens next?

No resource is specifically assigned to Oral Health in the 2018/19 Nottingham City Council Budget; however, the commissioning of the 0-19y children's services will mean public health nursing and health visitors continue to play a key role in the delivery of oral health messages to children.

It is no secret that, as a result of the financial challenge faced by local councils, we are more reliant on the actions of a range of external stakeholders (e.g. PHE, NHSE, Local dental network, Schools) than ever before to help us make a difference to the oral health of the population.

We will continue to engage partners and work across the system to promote the benefits of prevention. Furthermore, we have begun exploration into what other opportunities there may be for Nottingham City Council to have an impact on the oral health of our citizens.

iii) Children and young people's mental health

The number of hospital admissions for self-harm in 10-24s

A report on children and young people's mental health is presented in a separate paper. This report references work to reduce the number of hospital admissions for self-harm and mental health conditions.

iv) Teenage Pregnancy

An update on teenage pregnancy will be provided at the next Children's Partnership Board when new conception data is available.

2 RISKS

Children and young people who do not receive the right support at the right time in childhood are more likely to experience health problems in adulthood. Budget pressures across the statutory and voluntary sectors could reduce the support available to children, young people and families.

3 FINANCIAL IMPLICATIONS

None

4 LEGAL IMPLICATIONS

None

5 CLIENT GROUP

All children and young people, and their parents/carers and families, especially those with physical and/or mental health problems

6 IMPACT ON EQUALITIES ISSUES

Children and young people who identify as LGBT are more likely to experience mental health problems than other young people.

7 OUTCOMES AND PRIORITIES AFFECTED

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.

Appendix

Table 3: Services related to childhood nutrition and obesity in Nottingham

Age Group	Services in relation to need
Pregnant women	Currently no service available
2 - 4 years	<p>Healthy Child Programme (Level 1)</p> <ul style="list-style-type: none"> - Families of overweight children receive brief intervention and intensive support including signposting to local healthy living opportunities by Health Visitors, Family Nurse Practitioners, GPs and Practice Nurses. - There is capacity for all eligible families. - There is no specific intervention provided for level 2- 4 year olds who are identified as obese other than support offered through the Healthy Child Programme by health visiting.
5 - 16 years	<p>Brief Intervention (Level 1)</p> <ul style="list-style-type: none"> - Overweight children/families receive brief intervention and intensive support including signposting to local health living opportunities by school nurses, GPs and practice nurses. - There is capacity for all eligible families through the Public Health Nursing Service (Healthy Child Programme, 5-19 years).
5-16 years	<p>Healthy Weight Support Programme</p> <ul style="list-style-type: none"> - Nottingham's Healthy Weight Support Programme is an evidenced based targeted weight management service provided by Nottingham CityCare Public Health Nursing service which encourages children and families to establish and maintain healthy lifestyles by promoting skills and knowledge around nutrition, physical activity and behaviour change. The service consists of an individually tailored package of support including home visits/assessment and 3 follow up sessions with school nursing. This service launched in September 2014. - There is capacity for 80 children/families to have a 3-month package of support per year.

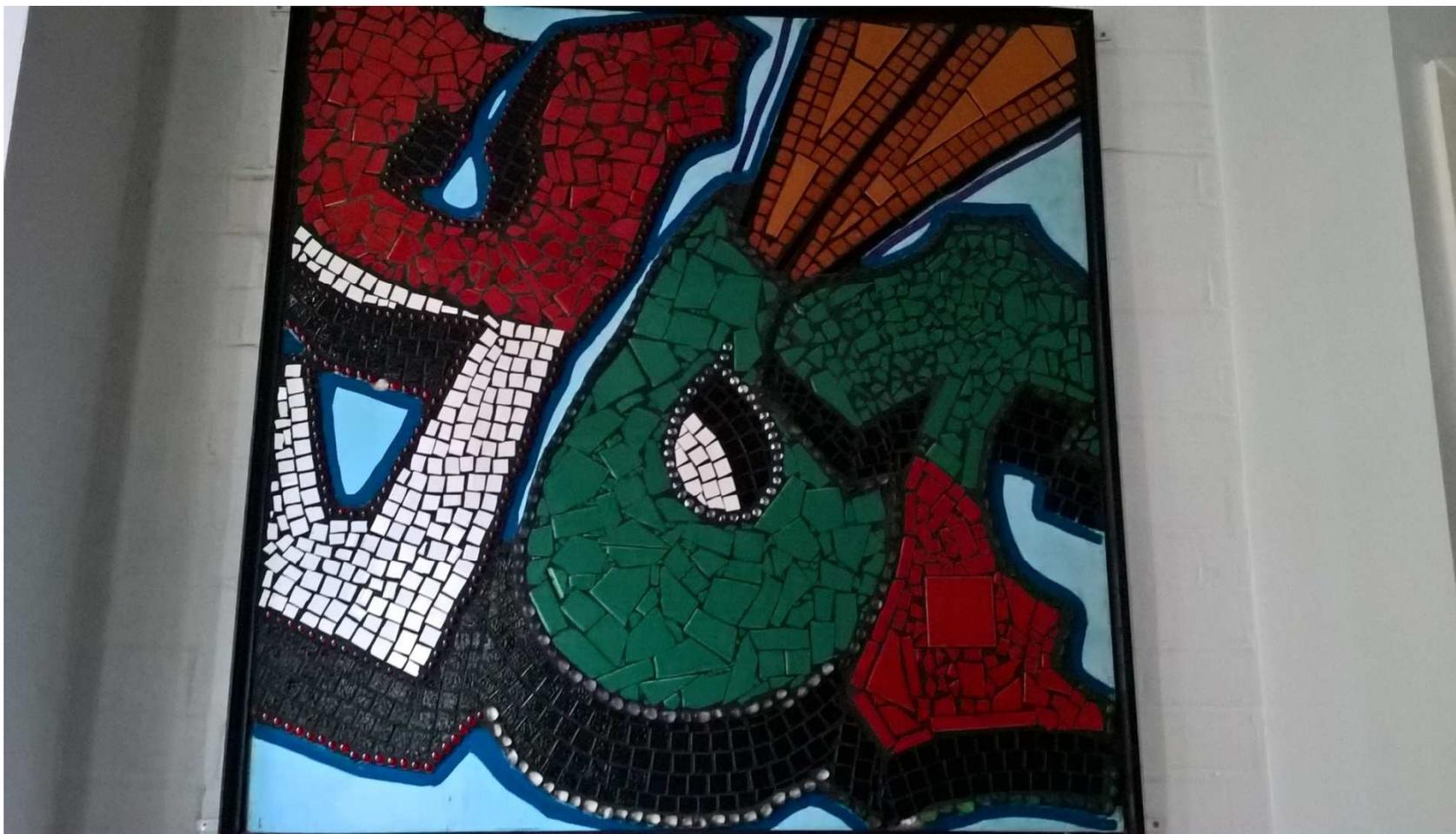
Table 4: Targeted Interventions for those most at risk of overweight and obesity

<p>Healthy Child Programme embedded in the integrated 0-19 service provided by CityCare</p>	<p>The HCP seeks to reduce health inequalities and meet the needs of the most at-risk children, young people and families through a progressive universal model. Parents of overweight and obese children receive appropriate information and signposting to further sources of advice/support and referral to appropriate weight management services.</p>
<p>Breastfeeding peer support</p>	<p>CityCare Partnership has provided a breastfeeding peer support programme since September 2012. This service offers targeted one-to-one support for mothers aged under 25 years by paid peer supporters. Midwives, health visitors and peer supporters distribute breastfeeding materials to young mothers.</p>
<p>Healthy Start - Free vouchers for fruit and vegetables</p>	<p>Healthy Start is open to pregnant women and families with children under 4 years. Vouchers are provided to exchange for fresh fruit and vegetables as well as milk and infant formula milk.</p>
<p>Healthy Weaning Programme CityCare</p>	<p>Healthy weaning education targeting those living in deprived areas of the City.</p>
<p>Cook and Eat sessions – practical cooking skills CityCare</p>	<p>Practical cook and eat sessions for parents to increase cooking skills and promote healthy eating incorporating behaviour change techniques targeting those living in deprived areas of the City e.g. Eatwell for life</p>



Nottingham City Youth Offending Team

Youth Justice Plan 2017-20



Artwork by young people from the YOT

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Dear Alison,

As chair of [a West Midlands YOT] Youth Justice Board I'd like to offer our thanks for the cooperation that your Head of Service and Youth Justice staff have offered in the recent transfer of a complex and vulnerable young person from [our YOT] to Nottingham City.

As a service we are always looking to improve and we recognise that there are aspects in this case that warrant a reflective review to inform improvements in local processes.

On behalf of the Board could you pass on our thanks to the management and staff of your Youth Justice Service.

Best wishes, Chair (a West Midlands YOT Board)

6. Other Priorities for 2017-20 (p. 26)

- 6.1. Children in Care**
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1. INTRODUCTION

This plan reflects on current activity to address the YOT's core purpose of reducing offending by young people and aims to build on the achievements of 2015-17. It has been prepared to meet the needs of Nottingham City Council (NCC) the multi-agency Youth Offending Team partnership and the Youth Justice Board (YJB).

Nottingham YOT aims to deliver high quality services to prevent and reduce offending by, and improve outcomes for, children and young people and thereby create safer communities. Having been awarded the Restorative Justice Council's *Restorative Services Quality Mark* in February 2016 and been assessed as a 'high-performing YOT' in June 2016 by Her Majesty's Inspectorate of Probation in an SQS Inspection, Nottingham has strengthened its performance and reputation despite the 23% overall reduction in funding over the past two years.

Based on performance information and the 'local picture', the YOT Management Board has agreed the key priorities for this plan. YOT colleagues have contributed to a range of partnership need assessments, including Public Health, Community Safety, OPCC, NCC's Children's Directorate and are engaged in a range of strategic and operational activities to develop further our strong working partnerships in addressing the key challenges for Nottingham. These will be described in the body of the plan.

Just to thank you for all your support, effort and determination and commitment working with [my son]. Your work and others in the YOT is much appreciated by myself.

From a mother

The Taylor Review and Government response strongly emphasise the need for YOTs to demonstrate how early and targeted intervention prevents offending and diverts children from the Criminal Justice system by improving outcomes. A key component of Nottingham's plan is to work with partners to develop structures and pathways that embody interventions which are tailored to the divergent risks and needs associated with children and young people, particularly those at risk of becoming involved in weapon-enabled crime. The 2015-17 plan was 'refreshed' for 2016-17 and its agreed priorities and action planning, based on the HMIP and RJC reports, have been discussed and monitored by the local Partnership Board.

Nottingham: a brief needs analysis

The 0-17 year old population of Nottingham is 67,126, of which **26,242** are aged 10-17. In the past 2 years, the number of 10-17 year olds has increased by roughly 1000 and, with the current population growth seen in younger age groups, there could be a further increase of 3000 by the year 2022. Some of the population growth seen has been made up of young people from newer and emerging communities, which has required a different focus and level of understanding in terms of their needs and offending behaviour.

Between 2011 and 2015, Nottingham fell from 20th to 8th most deprived of the 326 districts in England with 58% of its citizens living in the 20% most deprived neighbourhoods in England and its younger citizens being most affected (68% of 0-17 year olds). In addition, 29200 (43.5%) city children live in poverty, locally defined as those who live in households dependent on out-of-work benefits.

The following groupings of YOTs are referred to in this plan for comparative purposes:

- **Core Cities:** Birmingham, Bristol, Leeds, Liverpool, Manchester, Sheffield, Newcastle upon Tyne, Cardiff
- **YOT Family:** Manchester, Newcastle upon Tyne, Leicester, Bristol, Plymouth, Greenwich, Liverpool, Lewisham, Cardiff
- **Statistical Neighbours:** Southampton, Kingston upon Hull, Manchester, Bristol, Coventry, Salford, Derby, Birmingham, Sandwell, Wolverhampton



2. STRUCTURE AND GOVERNANCE

During the past year the Youth Offending Team, including Targeted Youth Support, has continued to strengthen its links and working relationships within Children's Integrated Services Directorate, which sits within the Children and Adults Department of Nottingham City Council. The Strategic Lead, also responsible for the operational delivery of Nottingham's Troubled (Priority) Families Programme, continues to work closely with Heads of Service in relation to Early Help, Targeted Services, Children in Need/Protection, Children in Care and Safeguarding to ensure the needs of young people who offend are considered in all aspects of strategic and operational service delivery.

One of the five key objectives of the Council Plan which runs until 2019 is to 'cut the number of victims of crime by a fifth and continue to reduce anti-social behaviour'. The YOT manager reports to the Corporate Director and Portfolio Holder quarterly in terms of YOT performance, a process which enables the YOT to influence cross-cutting themes with other services – for example the focus on undiagnosed SEND with young offenders and the further decriminalisation of children in care.

YOT managers worked with colleagues across the Directorate in January 2016 to respond to the pilot OFSTED Inspection and quality assurance of cases and cohorts identified was undertaken to strengthen working practices for young offenders known to Early Help and Social Care services. The strength and local reputation of the YOT's QA processes and practice has led to YOT colleagues being instrumental in driving and developing QA across the Directorate and in the coming year the Strategic Lead will become chair of a new 'cross-Directorate' audit and monitoring panel.

Developments for this year will consolidate not just the YOT's influence/integration within Children's Services but also create stronger links with the Community Safety/Protection Directorate, with its remit of addressing Serious Organised Crime, tackling the Prevent agenda, reducing incidences of ASB and improving experiences for existing and emerging communities.

The YOT Management Board continues to be well-attended across partnerships, with representation from the OPCC joining in 2016 and the Director of Community Protection joining the Board this year. The Corporate Director of Children and Adults continues to chair the Board and, as she is President of ADCS this year, this gives the Board a unique insight and influence into cross-cutting issues relating to young people at risk of offending. Strong links continue between the Strategic Lead and the Head of Children in Care, who is vice-chair of the Board – an example of ensuring practice is progressed with looked after young offenders is the development of a panel to secure and maintain appropriate and high quality placements for this cohort.

Nottingham YOT has adopted the new CSPPI arrangements and a recent (non-mandatory) Public Protection CLR was praised by the YJB. The YOT Operational manager regularly attends the Local Safeguarding Board Standing Panel, where presentation of this report was discussed and commended by senior leaders and partners. YOT senior managers also attend a range of other senior Partnership Boards and Panels to strengthen our contribution to public protection and safeguarding. These include the Crime and Drugs and Partnership, Serious Organised Crime Board, Multi Agency Sexual Exploitation Panel, Prevent Steering Group, the Multi-Agency Risk Assessment Conference and the County-wide Out of Court Disposal Scrutiny Panel. Activity and collaborative working within these areas will be further described in the body of the plan.

As the Strategic Lead also oversees the operational delivery of Nottingham's Troubled (Priority) Families Programme the opportunity to develop the 'whole family' approach across the YOT and criminal justice partner agencies continues to be a priority. The Priority Families YOT Accredited Practitioner role has been extended for this financial year to support better outcomes for the wider family, where young people are at risk or convicted of offending

The Accredited Practitioner will support YOT colleagues to ensure families are appropriately identified and consent to being worked with as Priority Families, in order that the resources of the Programme can be used to improve outcomes for the whole family.

As part of the City Council's Strategic Asset Management review, the YOT will be moving out of Isabella Street to new premises. This opportunity has allowed the YOT to review its current spending for premises and to look at an opportunity to rehouse to premises suited to its current service delivery. The YOT will be moving the main part of its operation to NGY, (see section on JAC for commentary regarding NGY). The YOT management team are also in advanced discussions with the lease holders at Castle Gate House, which is opposite to NGY, to provide accommodation for practitioners and managers. Castle Gate House will be shared with partners from the Police, NPS, and CRC. This will afford greater opportunities for coordinated work around transitions and integrated offender management.

After a recent review of services at the Nottingham Justice Centre, a decision was taken to relocate the Youth Court from the dedicated Family and Youth Court block to an area within the Magistrates block. From May 2017, all youth services, apart from some trials, have been moved to court 15 within the Magistrates court. The long term plan, once all the arrangements have been made, is for all youth justice to be delivered from this dedicated site within the Magistrates block. Despite the challenge of the change, the YOT continues to have a strong relationship with senior court/HMCT colleagues.

3. RESOURCES AND VALUE FOR MONEY

All statutory partners continue to make financial contributions to the YOT's costs and second staff in accordance with their responsibilities. The National Probation Service's reduction reflects the national agreement in contribution to YOTs. The YOT is fully compliant with statutory staffing requirements, including qualified social workers, probation officers, police officers and support staff, health workers and Futures personal advisors. Appropriate Adult services are delivered by an external provider (TAAS) through a joint contract between the City and County Youth Justice services. Following a rise in use in 2014/15, and following a meeting between the YOT, TAAS and Notts Police, a number of measures were put in place to reduce call out times, and identify those young people who should have been accompanied by their own parent/ carer (including young people in care). This has had a positive impact, with both a fall in numbers over the past two years and an annual reduction in cost of nearly £9,000.

2017/18 saw a reduction in Nottingham City Council funding of £100,000 and savings have been achieved this year by consolidating 2.5 'YOT team assistant roles' into one 'Youth Justice Officer' post with a clear direction to ensure reparation interventions are both responsive and restorative. The victim liaison officer role has been deleted and negotiations are taking place to ensure full advantage is taken of the OPCC grant for victim services which has been contracted locally to Victim Care (Catch 22). A vacant Targeted Youth Support post has also not been filled but the YOT is consolidating additional PCSO resource to strengthen the early intervention/diversion focus.

Nottingham is compliant with YJB requirements to meet the grant conditions, including successful completion of the National Standards audit.

Partner Contributions

Table 1 shows the full financial contributions of YOT partners as of 1st April 2017.

Table 1	14/15	15/16	16/17	17/18
Notts Police	62,470	53,100	53,100	53,100
Nottm CCG	64,450	64,450	64,450	64,450
National Probation	67,880	67,880	43,940	10,000
Youth Justice Board	1,004,360	830,000	750,702	753,703
Nottm City Council	1,326,389	1,137,957	1,037,957	937,957
Recoup from Notts CC	3,950	3,950	3,950	3,950
Junior AC		80,420	80,420	80,743
TOTAL	2,529,499	2,237,757	2,034,519	1,903,903

Nottingham YOT: Structure May 2017

Strategic Lead for Youth Justice and Family Intervention Services
Shelley Nicholls

Operational Manager
Wilf Fearon

Compliance Specialist
Gemma Lewis

Practice Specialists
Nathaniel Duncan
Thomas Cullen

Junior Attendance Centre Officer In Charge
Chris Gilzeane (temp)

Youth Justice Worker
James Goodwin

Citywide/Court Case Managers
Chris Gilzeane
Jenny Millhouse
Marie Jordan
Ged Mayer

Team Manager North Locality
Angeline Harrison

Case Managers
Dave Chambers
Donna Brinklow
Kevin Hatherley
Rosie Lawson
James Roberts
Natalie Pink (0.6)
Nick Peake (Probation Officer)
Lisa-Marie Raymond
Danielle Davis

Restorative Justice Coordinator
Hugh Shiel

Priority Families Accredited Practitioner
Wendy Parr

Team Manager South Locality
Natasha Gayle

Case Managers
Adam Gilbert
Clair Marshall
Grace Farrow
Janine Turgott (0.6)
Colin Parr
Dave Barringham
Natalie Morrison
Zoe Francis
Simone Amey
Anne-Marie Butler (Probation Officer)

Head 2 Head
Phil Machin
Gwen Morgan

Health
Zoë Bell-Boule
Fabienne Winfield
CGL
Chris Eyre
Alyssa Dalby

Performance & Early Intervention Manager
Nick Orders

Practice Specialist
Sonia Burton

Targeted Youth Support Workers
Monica Johnson
Norris Stuart
Saira Nisar
Steven Thorpe
Sherzan Banaras
Natasha Wilkinson (temp)
Alivia Francis (temp)

Futures PAs
Deana Goode
Paul Roberts

Police
PC Matt Dainty
PC Iain Bullock
PCSO Emma Dean
PCSO Leanne Michie
PCSO John Bolton
Police Administration
Doug Cumming

Principal Analyst
Boyd Livingstone



4. RISKS TO FUTURE DELIVERY AGAINST THE YOUTH JUSTICE OUTCOME MEASURES

4.1 Rate of proven reoffending by young people who offend

Table 3: Re-offending after 12 months (MoJ data from PNC)

Table 3	Year	Average number of re-offences	Average number of re-offences per reoffender	Percentage of cohort reoffending
Nottingham (reported last year)	Jul 13 – Jun 14	1.15	3.09	37.3
Nottingham (latest data)	Jul 14 – Jun 15	1.10	2.96	37.2
Latest YOT family Average	Jul 14 – Jun 15	1.36	3.28	41.4
Latest Core City Average	Jul 14 – Jun 15	1.31	3.37	38.9
Latest SN Average	Jul 14 – Jun 15	1.22	3.20	38.0
Latest national average	Jul 14 – Jun 15	1.26	3.34	37.7

Table 3 shows the latest verified data from the Ministry of Justice (MoJ) for the cohort of offenders who had a disposal in the 12 months up to June 2015, and measures their reoffending in the following 12 months up to June 2016. As can be seen from the table, all three measures of reoffending are better than last year's performance as well as all comparator groups, including the national average.

The YOT employs various activities to manage reoffending. Alongside the YJB reoffending tracker tool, the YOT's Principal Analyst has developed a suite of reports to support the work of

The YOT has been a positive help to me and made me realise that there's a lot better things to do in life than re offending

case managers, specialists, team managers and partners. The reports help to identify reoffenders, understand offending patterns, measure engagement in ETE, target services and look at available resources.

The YOT also provides a range of interventions and group-work activities that have been developed to meet identified needs and risk. There is also an expectation that all young people attending the YOT engage in Restorative Justice, healthy relationship and the knife crime awareness groups or one to one sessions. Other activities and engagement are based on their assessed need and risk.

4.2 Young people receiving a conviction in court who are sentenced to custody

Table 4: Quarterly data 2012/16 (YOT)

Use of Custody	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
Quarter	0	7	6	3	2	6	11	5	7	4	5	8
Year	16				24				24			

Table 4 shows that in the last quarter there were 8 custodial sentences imposed on young people from Nottingham, equating to 24 cases in the last year, the same number as in 2015/16. In line with YOT practice, all 8 cases were individually examined and all were found to be sufficiently serious or persistently non-compliant to warrant a custodial outcome.

Table 5: Comparative data 2011-15 (PNC)

Rate per 1000 of 10-17 population	2011 - 12	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17
Nottingham	1.97	1.37	1.02	0.63	0.85	0.93
Family	1.80	1.05	1.04	0.88	0.85	0.82
Core Cities	1.66	1.24	0.93	0.86	0.81	0.70
Stat. Neighbours	1.87	1.35	0.96	0.88	0.82	0.72
National	0.80	0.63	0.52	0.44	0.41	0.37
Actual number	51	35	26	16	22	24

You're an angel, thank you so much for everything, miss our train trips you're a star.

From a mother the CM accompanied to DTO reviews

Table 5 shows a slight increase in the rate of custody per 1000 of the 10-17 population, and this figure remains higher than those of the average for each of the comparator groups and twice the national average.

In 2016, the YJB reduced the funding that was available to YOTs through the regional resettlement consortium. The effect of this meant that the work that was being developed and delivered as a regional body was negatively impacted on and the work of the consortium ceased. For 2016-17 there was a small regional consortium grant made available to the YOT. Switch Up, a local voluntary sector provider working with challenging youths, is currently working alongside YOT case managers to provide mentoring support to young people in custody and those being resettled back into the community, to support the young people in the acquisition of appropriate education, training, access to accommodation and constructive leisure activities.

Plans and Priorities

- Monitor and review the effectiveness of the work delivered by Switch Up to support the reintegration of young people from the secure estate to the community
- Identify further avenues to support the reintegration of young people from the secure estate to the community

Remands

Table 6

Remand Type	2013/14	2014/15	2015/16	2016/17
Bail Supervision and Support	19	10	17	6
Intensive Surveillance and Support	8	14	2	8
Remand in Care	9	16	9	4
Youth Detention Accommodation	38	18	19	21
All remand/intensive bail	74	58	47	39

Table 6 shows the number of remands and intensive bail packages for Nottingham young people over the past 4 years. It shows that remands to Youth Detention Accommodation (Young Offenders Institutions, Secure Training Centres and Secure Units) have been around 20 per year for the past three years. This is against a fall in the number of Bail Supervision and Support and remand to Care outcomes and a sharp rise in the use of Intensive surveillance and support. The budget devolved to the Local Authority for remand costs is held by the Head of Service for Children in Care within DCIS. This colleague is the vice-chair of the YOT Management Board and there is close liaison between the services to ensure remand episodes are monitored and reviewed.

Plans and Priorities

- Consolidate the work currently underway with Children’s Integrated Services to continue the downward trend of young people being remanded into the care of the Local Authority
- Ensure the actions identified in National Standards 3 *Bail and Remand Management*, are being addressed and embedded by YOT Court officers and case managers
- The Strategic Lead chairs a new ‘task and finish ‘ group’ with colleagues from across the Directorate and including the CIC police officer to consider and effect greater collaboration to both secure and maintain complex young offenders in high quality placements

4.3 First-time entrants to the youth justice system aged 10-17

Table 7: First-time entrants performance by quarters (YOT data)

Table 7 indicates that the number of first time entrants coming into the system in Nottingham has fallen a considerable amount in the previous year, and now has less than a third the number of entrants than there were in 2010/11.

	Q1	Q2	Q3	Q4	Total
2010/11	159	122	116	114	511
2011/12	112	107	91	101	411
2012/13	83	69	49	56	257
2013/14	86	62	56	47	251
2014/15	50	54	66	76	246
2015/16	50	57	63	52	222
2016/17	39	44	49	34	166

Table 8: First time entrants per 100,000 of 10-17 population (PNC data)

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	Jan 2016 - Dec 2016
Nottingham	2100	1809	920	780	824	702	609
Family	1230	1180	900	750	690	504	445
Core Cities	1040	1190	870	840	790	490	462
SNs	1000	1240	940	850	780	504	456
National	852	696	533	436	402	357	327

Using PNC data supplied by the YJB, table 8 shows that in terms of the first time entrant rate per 100,000 of the youth population, the number in Nottingham has fallen to 609, but this still means that we are fifth lowest of the 138 English YOTs. Actions in relation to this area are discussed in the next section, under Key Priorities for 2017-20.

5. KEY PRIORITIES FOR 2017-20

5.1 EARLY INTERVENTION

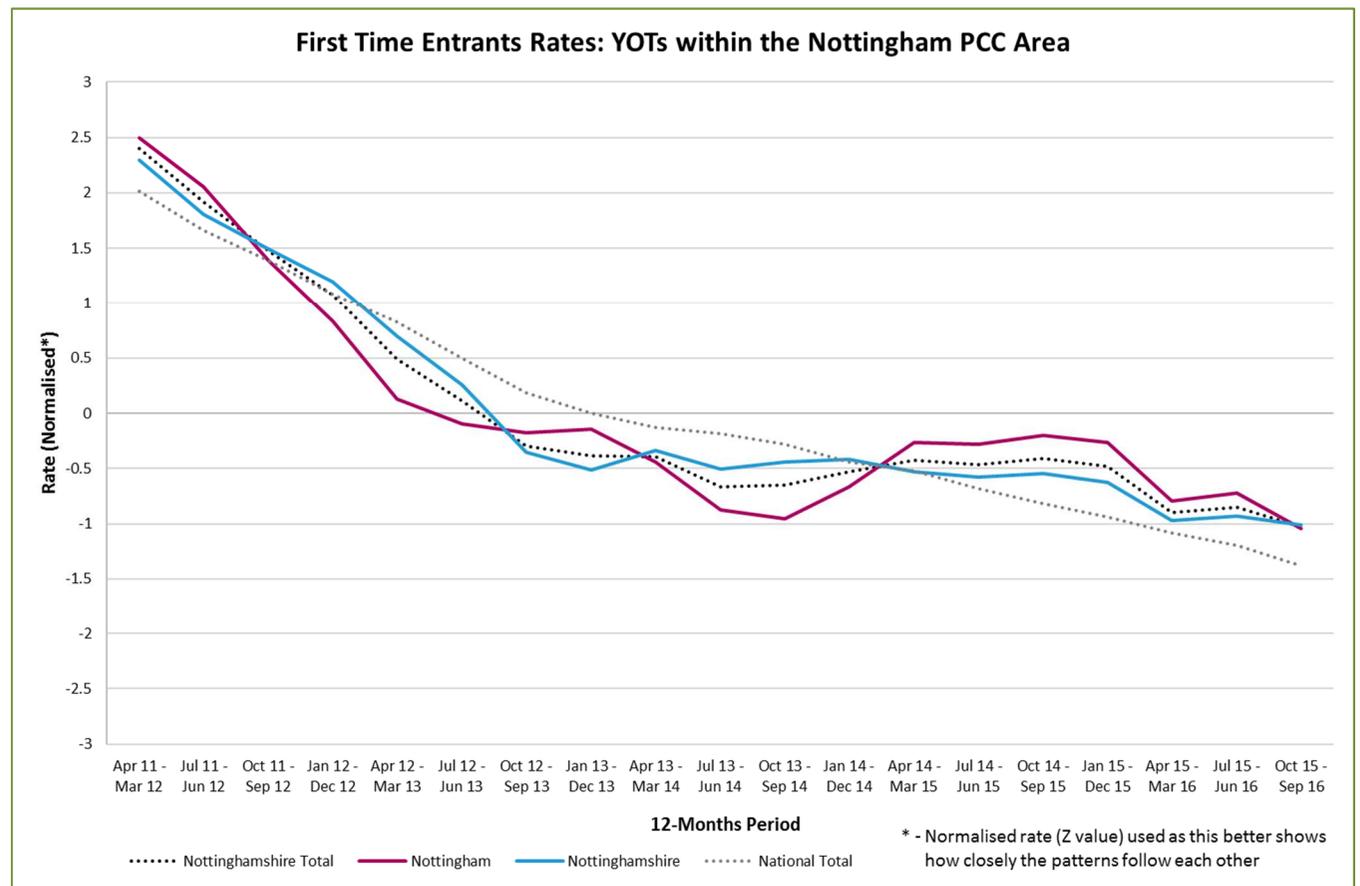
5.1.1 First time entrants

There has been considerable work done to examine why Nottingham's performance in relation to this measure, despite significantly improving over the past few years, remains poor in relation to other areas. This includes:

1: An examination of referrals to the Young People's Panels and allocation to the YOT's Targeted Youth Support Team. It is clear that the TYS team should be focusing on those young people at most risk of anti-social or criminal behaviour but inevitably those with broader needs are often referred and sometimes prioritised.

2: Work with colleagues from Nottinghamshire and across the East Midlands to look at a more detailed breakdown of the young people that make up the first time entrant cohort and the disposals they receive.

3: Work with a criminology post graduate student from Nottingham Trent University who has chosen to focus on Nottingham's first time entrants for her masters' dissertation. At this stage it is



planned to look at the make-up of structural factors that affect this measure together with elements of informal social control. Colleagues in both the East Midlands and Core Cities' YOTs have agreed to share their data to support this study.

4: Comparison between the historic rates of first time entrants in Nottingham and Nottinghamshire show that factors outside of the YOT's control could primarily affect this measure (including changes in national legislation and local police practice). The chart above shows that changes to the rates of both the City and County mirror one another from quarter to quarter.

Plans and Priorities

- Collate all learning from the work described above (both ongoing and planned) and share with local partners and wider youth justice colleagues

5.1.2 Young People's Panels and the Targeted Youth Support Team

In March 2016 the Nottingham Crime and Drugs Partnership approved a new approach to Young People's Panels across the city. YPPs are multi-agency panel arrangements for discussing young people who are on the cusp of becoming involved in the criminal justice system or who are engaged in anti-social behaviour and causing harm in their community. The panels are arranged on a geographical basis and are chaired by a manager from Early Help. They agree appropriate interventions to tackle the highlighted concerns.

The primary focus of the Targeted Youth Support (TYS) Team is to reduce the number of young people entering the criminal justice system for the first time. Where risks of involvement in crime, anti-social behaviour or gang-related activities are identified by partner agencies and local communities, the YYS worker is able to co-ordinate quick and effective responses to challenge behaviours and support change. This can also include

- Group work in schools with young people displaying challenging behaviour and at risk of permanent exclusion
- Supporting young people subject to police bail for weapon/group (gang) related offences
- School presentations on the consequences of knife crime and organised fights

[My son] has now become a totally different person and his outlook is more positive. Over the months he has learned to control his temper and is now much more approachable. We are now able to hold a conversation and he seems to have more understanding. He still has his moments but not as often as before.

- Sharing resources with youth services and voluntary sector so that consistent message is provided

There are currently six TYS workers, all based at the YOT. Each has been employed because of their excellent engagements skills and they use the YJB's Assetplus assessment framework to plan for the best outcome for each young person. A team member attends all YPPs and is ideally placed to identify the most appropriate young people in need of support and, importantly, how that support should be offered. Since July 2016, the team of 6 workers has worked with 73 young people identified through the YPPs as at risk of crime or anti-social behaviour and 29 young people who have been identified as being at risk of knife crime, as either a perpetrator or victim. The team is also working with NET, Nottingham's Tram operator, to help tackle issues of anti-social and risky behaviour on and around the City's tram network.

Plans and Priorities

- Work alongside colleagues in Early Help, Targeted Family Support, Social Care and Children in Care to ensure that the most appropriate at risk young people are identified and referred for TYS interventions.
- Ensure that the recording/monitoring processes for YPPs are robust and accurately reflects the incoming work.

5.1.3 Youth Conditional Cautions

Thanks for all your work with [my son]. He's doing amazing! You really made a difference

In November 2016, the YOT refreshed its approach to Youth Conditional Cautions. The YOT's restorative justice coordinator became the chair of the weekly out of court disposal panel and membership includes the Early Intervention Manager, the practice specialist for the Targeted Youth Support team, a seconded Police Officer, a court team representative and the YOT's Priority Families Accredited Practitioner. Prior to discussion, a TYS worker conducts an early screening which then steers the panel towards the most appropriate outcome. If it is decided that a YCC is the most appropriate disposal, a full Assetplus is completed. The majority of young people receiving YCCs are referred to a dedicated 8 week programme held at the Junior Attendance Centre although bespoke interventions are delivered when appropriate.

Between 1st November 2016 and 30th May 2017, the panel had deliberated on 69 outcomes, details of which are shown in table 9 below:

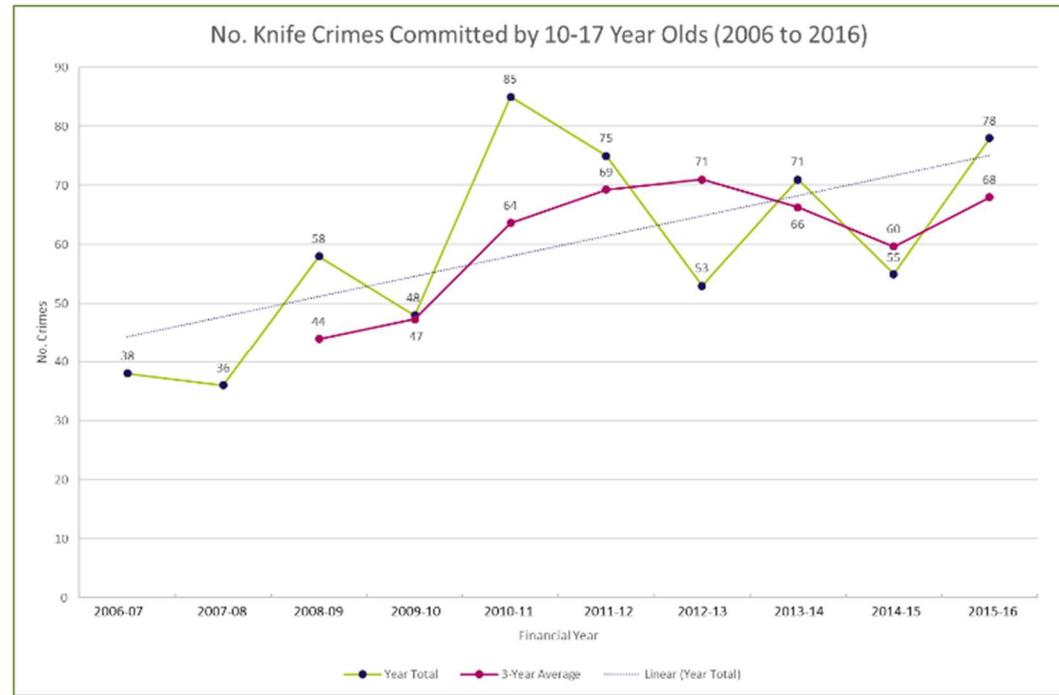
Decision	Female	Male	Total
Community resolution	9	22	31
Youth Caution	1	0	1
Youth Conditional Caution	3	19	22
Returned to Court/OIC	2	7	9

Plans and Priorities

- To review the screening and assessment process to ensure that it is proportionate to the level of intervention
- To review the YOT's Terms of Reference for the Out of Court Disposal Panel

5.2 KNIFE CRIME

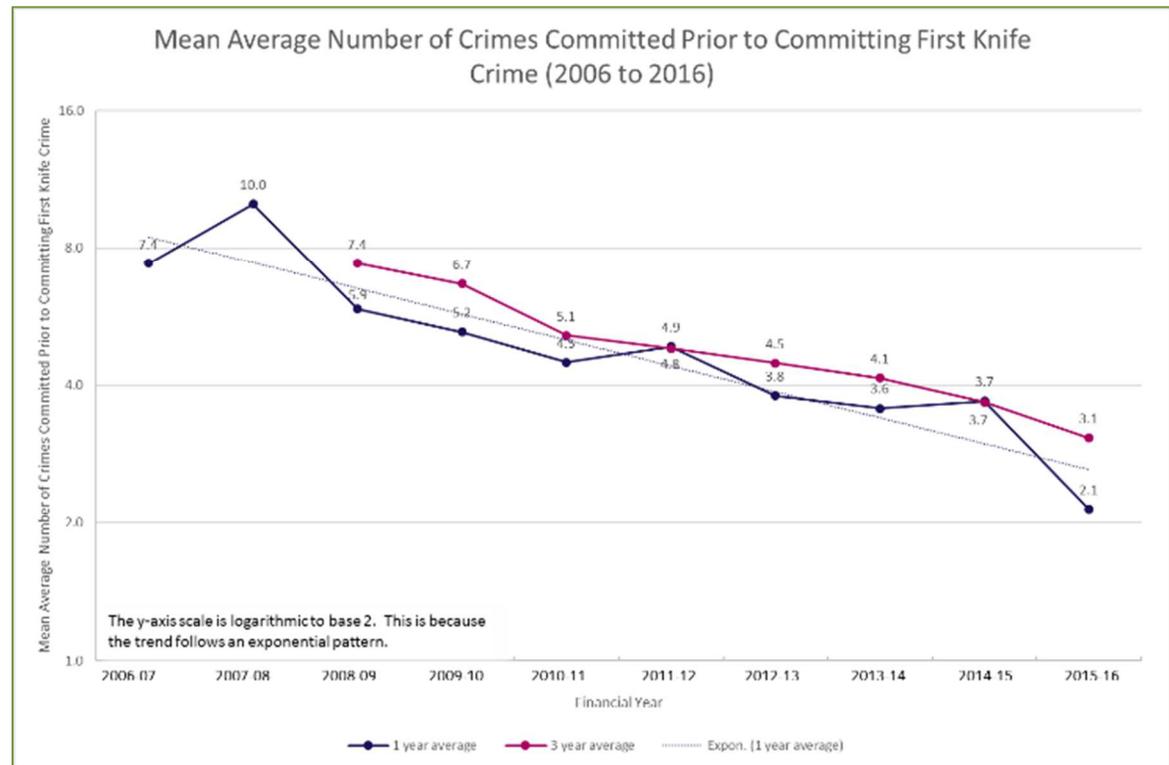
As with many other areas of the country, the problem of young people carrying and using knives has gained an increased level of attention and scrutiny over the past few years. A significant amount of work has been done by the YOT to understand the data around this but overall conclusions are difficult. Firstly, in terms of possession, this clearly only comes to light if someone is identified as carrying a bladed weapon. Any changes to numbers identified/prosecuted may be as a result of increased surveillance and focus in this area, rather than anything actual change. Secondly, in terms of actual assaults or threats with a bladed weapon, this is likely to be an area of under-reporting as victims and witnesses are often unwilling to report the crime for fear of further retribution.



Analysis of YOT data in October 2016 showed that the overall trend for both the number of 10-17 year olds committing knife crimes and the number of knife crimes they have been committing has been increasing over the past 10 years, with the number of knife crimes in 2015-16 more than double the number in 2006-07 (see chart on page 17).

However, the 3-year average shows this levelling off over recent years and that the spike in the last financial year is lower than when knife crime peaked 5 years ago.

Furthermore, the percentage of knife crimes committed by First Time Entrants compared with reoffenders has been steadily increasing so that it is now more than double what it was 10 years ago. This will be in part due to significant media and political interest and changes to both legislation and policy with regard what is considered a knife crime and how soon to intervene but what it seems to suggest is that young people are turning to knife crime earlier in their pattern of criminal activity. However, this is not to say that offenders are getting younger: overall, the mean average age of young knife crime offenders varies only slightly over time with no pattern which suggests evidence of them getting any younger. This is also true when the offence is the first knife crime by the offender (see chart).



In part as a result of these findings, but also on account of a number of local priorities, the YOT, primarily through the work of the TYS team, has been developing a range of approaches aimed at preventing first time knife crime, both in terms of possession and use. Working alongside police colleagues and secondary schools across the city, and supplemented by the work of seconded PCSOs to the YOT, a six tier delivery plan is in operation:

Tier 1. Called Positive Citizenship, this is delivered by teaching staff on enrichment days and is aimed at supporting pupils to keep themselves and each other safe and to be proud of their community. In addition schools are considering looking at identifying peer mentors for each year group so that pupils can seek them out if they have any concerns in the first instance.

Tier 2. Year group assemblies: These have been developed by a senior schools' representative and delivered to year groups by PCSOs and groups from the voluntary sector.

Tier 3. This involves groups for those young people identified as needing more than the assembly message and involves six 30 minute sessions developed by the YOT/TYS specialist and police. This is delivered by neighbourhood policing.

Tier 4. For those at risk of offending: a referral is made to the local Young People's Panel and, if appropriate an intervention is offered, coordinated by the TYS team based at the YOT. This is often supplemented by work offered via the network of voluntary sector organisations.

Tier 5. For young people who are subject to statutory orders attendance is required at the 2 week knife programme to raise awareness of the risks of knife carrying including information on the law and the impact on health, safety and wellbeing.

Tier 6. For young people who have been convicted of a knife related offence or deemed to be at risk, attendance is required at a 6 week programme which includes 2 sessions with the Street Doctors (who engage the group by highlighting the death and significant injury associated with violent crime and equipping young people with skills needed to save lives). In addition, all young people and parents/carers receive a letter offering information on the changes in law and the consequences of being convicted of a knife offence.

Plans and Priorities

- To ensure that all elements of the 6 tier delivery plan are coordinated such that wherever possible risk, at all levels, is identified and a response is delivered

5.3 SERIOUS AND ORGANISED CRIME (SOC)

Nottingham's approach and structure to reducing the impact and prevalence of serious and organised crime has recently been reviewed. 'Vanguard plus' was established in 2011 as part of the Ending Gang and Youth Violence Strategy to tackle urban street gangs and comprised Police, NPS, YOT, DWP and ASB colleagues from across the city. In addition voluntary sector agencies were commissioned to provide additional support to divert young people and adults out of offending.

In January 2017 the Police reconfigured the case management element of the team into Integrated Offender Management (IOM). Given that the YOT's structures and working arrangements are broadly founded on IOM principles the PCSO resource held in that team to support diversion of young people was moved to the YOT. The challenge is to ensure they support a coherent and connected approach across the Partnership to SOC Prevention.

They helped me open my eyes and realise is what I'm doing really worth my life. And just that eye opener made me know I've got to grow up and never get myself in these situations again

The learning developed by the two YOT secondees to Vanguard Plus was brought back 'in-house' to ensure close management oversight by the YOT. The expertise of those colleagues ensures that young people can continue to access EGYV resources from the voluntary sector and police intelligence.

The YOT's Restorative Justice coordinator is supporting strong links with the voluntary sector by delivering accredited RJ training with third sector partners within the Ending Gang and Youth Violence Forum.

The Strategic Lead and other colleagues are proactively involved in discussions at a senior and partnership level about future deployment of EGYV funding, development of a 'triage' model to identify and appropriately intervene with those at risk of becoming involved in serious crime and use of YOT data and performance information to support remodelling of service delivery. As the remit of SOC prevention has broadened from the narrow definition of 'urban street gangs' to include young people with a range of risks and needs who are vulnerable to criminal exploitation, the breadth of partnerships being involved in the planning of 2017/18 is extensive .

Plans and Priorities

- Engage with partners and colleagues in citywide tasking processes to ensure effective use of data/intelligence and direct appropriate response. Identify and drive evidence-based graded interventions with relevant partners

- Coordinate activity of PCSOs, TYS and other statutory and commissioned services to best meet the risks and needs of the young people, responding to changing needs and concerns in local communities
- Engage and work with the voluntary sector to secure an effective relationship with statutory agencies, developing new links to address gaps in provision

5.4 EDUCATION TRAINING AND EMPLOYMENT

Table 10 below shows performance in relation to the number of young people in education, training and employment (ETE). It shows those in full-time ETE (the former YJB measure), those in part-time and a combined value for both. The school age split relates to those in year 11 and below and those above that. Data from the YOT is verified weekly with the Local Authority's Education Management System (EMS), with case managers notified when there have been any changes in provision and/or support. Since September 2016, our seconded Futures colleagues are cross-checking and amending CareWorks entries from their own Insight system.

Table 10: Performance over time

Percentage in ETE	Level of Engagement	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
All cases	Full Time	60.8	70.2	71.1	55.3	68.6	62.0	62.3	80.0
	Part Time	5.9	3.5	2.2	10.6	9.8	10.0	8.2	2.2
	Total	66.7	73.7	73.3	66.0	78.4	72.0	70.5	82.2
School Age	Full Time	66.7	78.6	82.4	61.5	78.3	87.5	85.7	94.7
	Part Time	9.5	7.1	0.0	7.7	13.0	0.0	0.0	5.3
	Total	76.2	85.7	82.4	69.2	91.3	87.5	85.7	100.0
Over School age	Full Time	56.7	67.4	64.3	52.9	60.7	57.1	55.3	69.2
	Part Time	3.3	4.7	3.6	11.8	7.1	11.9	10.6	0.0
	Total	60.0	72.1	67.9	64.7	67.9	69.0	66.0	69.2

Table 10 shows that performance in relation to both full time and part time ETE attendance has improved considerably in the last quarter, with 80.0% of all young people in full time provision (36 of 45).

This favourable position is in no small part due to the efforts of our partnership with Nottingham and Nottinghamshire Futures, who recently received an “outstanding” Ofsted rating for the delivery of the National Careers Service in the East Midlands. Nottingham YOT is fortunate to have two Futures staff (1.5 full-time equivalent) seconded to the team and their work helps support case managers secure better ETE options for our young people.

Case Study: *A person with ADHD had been excluded from school in year 10 and had been out of education for nearly two years. After becoming involved with the YOT, the Futures worker was able to access appropriate health support that allowed for a planned return to school. At first this was through the offer of in-house provision at the YOT based around the ASDAN qualification. Eventually, the young person began to feel more in control and understand the expectations required of them.*

A placement was found and this began as three days a week: two days academic work with one day practical. This started well, but the young person struggled to cope with three whole days. Consequently, a time table of three half-days was agreed which better suited the young person’s abilities and they have recently passed their entry level 3 (pre GCSE) qualifications in both maths and English. Previously there would have been little prospect of this young person sitting in a classroom, never mind sitting and passing exams. By demonstrating flexibility and taking into account the young person’s personal requirements, these small steps have changed his attitude towards learning and raised the level of aspirations for the future.

5.4.1 Exclusions

A local study recently found that 474 children and young people were permanently excluded from primary and secondary schools between 2012/13 and 2016/17 and a report to the local schools forum in June 2017 has showed that the number is twice the national rate and that the trend is accelerating. In order to help address this, the Youth Offending Team has been invited to join a working group, including schools, police and CAMHS colleagues. YOT data for May 2017 shows that, of the 197 open cases, 129 (65%) had been subject to a fixed-term exclusion.

Plans and Priorities

- The YOT to be involved in citywide focus action group on exclusions

5.4.2 SEND

Nottingham YOT recognises the critical impact of effective communication responsive to the individual needs of young people at risk of offending. We use Assetplus to ensure all young people are screened in relation to SEN during their initial assessment but have identified a gap in ensuring appropriate diagnoses and services follow.

We therefore welcomed the opportunity to take the regional lead in the collaborative DFE funded project between the Association of YOT managers and Achievement for All in hosting a seminar to launch the ‘SEND Bubble’ and engage relevant colleagues across the partnership. Nottingham engaged with the initial information finding survey and YOT colleagues worked with partners from education and health to set some key priorities

- The specific inclusion of young offenders in the SEN Framework/Specification
- Secure potential CCG funding for Speech and Language consultation for YOT colleagues
- Training of YOT practitioners in identification of SEN, making best use of recently purchased resources
- Greater involvement of YOT practitioners with Education Health Care Planning (EHCP) panel

Based on our YOT’s engagement with the project during 2016/7, the project team invited Nottingham to be one of the five “SEND Pioneer YOTs” for the next phase. We have therefore undertaken a self-assessment as a Local Authority which has highlighted key activity to work towards an SEN quality mark by March 2018. The YOT will benefit from support from the Project Lead and Manchester Met University to deliver the following:

Plans and Priorities

- explore available data sources on young offenders before, during and after they enter the youth justice system (including information on outcomes).
- report on what data is used locally and nationally in the form of a gap analysis of data to show what else is needed.
- Interview key informants identifying opportunities and constraints for developing better coordinated services to support early intervention
- Involve young offenders in developing models for better coordinated local services
- Produce models of early intervention based on the improved outcomes measures in the 5 pilot areas

6 OTHER PRIORITIES FOR 2017-20

6.1 Children in Care

Despite competing funding challenges, the YOT continues to recognise the value of having a YOT lead for Children in Care (CiC), and work is ongoing with the CiC Police Officer to reduce offending and safeguard all children in care. This model has been recognised as good practice by repeat Ofsted inspections. The aim is that by developing and promoting earlier identification and intervention, and improved data analysis, we will be better able to divert from prosecution, target resources and improve outcomes for children in care. Over the last 18 months there has been a further reduction of offending behaviour within the CiC population. The YOT lead has recently contributed to the CiC JSNA aimed at improving health and well-being of children in care.

In the last Youth Justice Plan, it was shown that offending rates for children in care had fallen from nearly 20% in 2006 to 6% in 2015. This strong position has been maintained with a 2016 rate of 5.4%.

Plan and Priorities

- The multi-agency protocol in Nottingham city, led by Nottinghamshire police, and designed to reduce the criminalisation of CiC, has very recently been signed off by the YOT Management Board. Its purpose is to reduce the criminalisation of CiC, and embed restorative justice and early intervention across the city division. It provides accountability to carers and young people, and should improve the confidence in reflective practice and decision-making.
- Continuation of the Arrest Screening Programme for CiC, whereby the YOT lead puts the Officer in Charge in contact with the team around the child, to consider opportunities for diversion where possible. Where prosecution is appropriate, the Crown Prosecution Service's 10 point checklist is embedded in court practice.
- Network meetings, chaired by the CiC police and YOT leads, to continue with providers of residential care. They are a preventative approach to identify concerns or themes about offending in both local authority and private accommodation and advise as appropriate.
- The YOT RJ co-ordinator will continue to provide consultation and direct work with young people and carers to resolve conflict informally.

6.2 Child Sexual Exploitation (CSE)

Building on the priorities set out in the 2015-17 plan, the YOT has continued to recognise the importance of identifying signs of CSE in both boys and girls and to screen all young people to detect areas of concern. YOT colleagues undertook training to deliver basic and intermediate CSE awareness training to frontline practitioners and the YOT continues to have a frontline presence at the Concerns Network which ensures intelligence is shared across partnerships.

Following the significant national concerns about the prevalence and complexity of CSE, partnership activity in Nottingham has been driven by the Director of Childrens' Integrated Services, alongside senior colleagues in the Police, and the former YOT specialist who drove this agenda was appointed as CSE coordinator. Processes and guidance for identifying CSE concerns was formalised into a flowchart for colleagues across the City. This provides clarity, practice guidance and appropriate governance.

YOT senior managers attend the Multi Agency Sexual Exploitation Panel, a multi-agency monthly forum, to provide advice and guidance in relation to individual young people, where there is a concern that existing plans in relation to CSE may not meet their needs and the risks are not decreasing. The MASE Panel works alongside the Child Sexual Exploitation Cross Authority Group (CSECAG), a strategic sub-group of the Nottingham City Safeguarding Children's Board which the Strategic Lead attends. The panel shares intelligence and information relating to CSE activity, informs mapping and analysis of the profile of CSE in the City, generates intelligence for investigations and identifies any trends or problem locations and ensures they are dealt with.

I'd like to make a point of thanking [CM] for her work with the young person at the end of the strategy meeting today, as well as commenting specifically on the brilliant quality of her CSE toolkit

Nottingham City IRO

Plans and Priorities

- to embed the training and ensure that any areas of concern raised by the practitioner, and overseen by the Practice Specialist, is appropriately screened and raised within MASE by the Strategic Lead to improve the safety of young people known to the YOT at risk of CSE.

6.3 Domestic Violence and Abuse, and young perpetrators

The YOT continues to be a key partner in the identification and management of domestic violence and abuse. It contributes to the citywide MARAC (Multi-Agency Risk Assessment Conference). All listed cases are researched to identify any links with current

YOT cases, and relevant information shared with the meeting and YOT practitioners. This provides both a safeguarding and risk management function, and can provide historic information on previous cases that may not otherwise be available. All YOT practitioners are trained in the understanding and identification of domestic violence and abuse, and all young people subject to statutory orders engage in the YOT's *Healthy Relationships* programme.

In July 2017 Nottinghamshire will be relaunching its approach to Integrated Offender Management (IOM). Strategic Lead is part of the IOM Strategic Governance Group, involving Directors of NPS, CRC, the Chief Executive of the OPCC and other senior colleagues in the criminal justice arena. As IOM now encompasses what was EGYV (and will be relaunched as Ending Gang and Violent Exploitation), a key focus for the coming year will be to ensure effective intelligence sharing and deployment of the police officer based in the YOT who holds all youth IOM cases. As DV perpetrators are also included in this cohort the YOT's support of the MARAC process will be strengthened, particularly around cases that have transitioned to young adulthood.

Plans and Priorities

- The YOT continues to further its partnership with Equation, Nottingham's leading charity that provides resources, training and best practice guidance for practitioners who come into contact with those experiencing domestic abuse. We are shortly to trial a pilot programme with partners to address domestic violence and abuse within teenage intimate relationships
- The YOT has been a key partner in the multi-agency development of a referral pathway to address Adolescent to Parent Violence. This pathway should be rolled out to all city partnerships later in 2017.
- The YOT contributes to two key groups within Nottingham, the *MARAC steering group*, and the *Children and Domestic Violence Group*, which plan the city's approach to managing DV, initiate new approaches, and address risks.

6.4 Harmful Sexual Behaviour

The YOT continues to work with partners to ensure that children and young people whose sexual behaviour is abusive or aggressive are responded to in a way that meets their needs as well as taking account of the risks posed by them and to others.

With Social Care, Health, Police and third sector victim services Nottingham YOT holds monthly ASHA Panels (Assessment of Sexual Harm Arrangements) to ensure all children arrested or referred into the DCIS who exhibit sexually abusive/offending behaviour are consistently assessed and interventions planned in a multi-agency context. This model mirrors (and informed) the

framework being rolled out by the NSPCC and also reflects current understanding of the correlation between those young people who have been sexually exploited and go on to show harmful sexual behaviour. Hence there is cross reference between the ASHA panel and MASE (see CSE section of plan)

A broader range of colleagues have recently been trained both in the AIM2 assessment but also in AIM interventions (Good lives) and the cross Directorate ownership of ASHA agreed for 2017 will strengthen practice. ASHA reports to the Local Safeguarding Board. Links and a referral pathway have also been agreed with the 'Circles' Project driven by HMP Whatton which has been extended to support and manage the risk of young people who sexually offend.

6.5 YOT Health Pathway

The YOT believes that children and young people who are healthy and safe are more likely to stay away from crime and anti-social behaviour. The YOT health pathway aims to co-ordinate services in order to support and deliver an effective health and well-being service to all children and young people open to the YOT and Targeted Youth Support to improve outcomes and reduce the risk of re-offending. Commissioned services include 2 Nurses and 1 Clinical support worker, the CAMHS Head to Head team commissioned specifically for the YOT who have specialist practitioners are able to work with a range of different needs and 2 dedicated workers from CGL Journey (formerly Lifeline Journey) who are based at the YOT. A recent CQC inspection of the YOT Nurses highlighted that 'care was holistic, morale was good and staff were very passionate and caring'.

A seconded YOT nurse has continued to support a young person regarding sexual health voluntarily even though her statutory order came to an end 2 months previously. She has supported the case manager and social care in securing her engagement and compliance as well as safeguarding.

The person they referred me to (for substance misuse) has helped me a lot in a short time already by giving me techniques on cutting down and I find them very useful.

A whole family approach is used by services where support is offered to siblings and parents when required. A joined up approach is also used in order to ensure effective sharing of information and to avoid duplication. As well as playing an integral role at the YOT, health services provide support across the directorate and work closely with other teams when required.

All services engage young people and, where appropriate, their families in making choices about their assessment and intervention.

Plans and priorities:

- Head to Head to extend their service to the Targeted Youth Support Team in order to reduce the waiting time for allocation.
- All services to meet on a monthly basis to discuss open cases to avoid duplication and ensure a joint approach.
- Nurses to liaise and make links with sexual health nurses at our new accommodation (NGY) in order to ensure a joined up service.
- Head to Head to provide introductory sessions to all young people on statutory orders.
- CGL Journey will ensure that relevant information regarding risks and concerns identified at Drug Monitoring and Reducing Harm meetings are shared across the directorate.

6.6 Junior Attendance Centres

The Nottingham Junior Attendance Centre (JAC) is compliant with the YJB's operating model and focuses on interventions to support desistance from offending, including restorative approaches. The JAC is currently entering into its third year under the management of the YOT. During that period the JAC has moved premises and is now based in the city centre at *NGY myplace*, a dedicated youth facility and resource centre which presents numerous engagement opportunities for young people whilst attending the JAC and outside of their JAC appointments.

The YOT oversight of the JAC has ensured that the programme of activities and interventions are closely aligned to identified needs and risks of young people open to the YOT and suitable for a wide ranging group of service users, including those on the cusp of offending.

The JAC is also playing an integral role in the YOT's strategy to tackle knife enabled offending, by delivering six weekly knife crime workshops and a two week introduction to knife crime issues.

Plans and Priorities

- Recruit a permanent Officer in Charge
- Increase the pool of experienced instructors
- Review and consolidate the knife crime programme

6.7 Mappa

The YOT have built on strong links established with the Mappa unit over many years - previously chairing Level 2 meetings and providing regular representation at Level 3 meetings, with the YOT manager being a core panel member. In the past year a case was accepted at Level 3 to provide high level support to secure accommodation for young person no one in the country would accommodate. The YOT single point of contact has also been involved in the 4 Pillars training, the model for MAPPA meetings now adopted by Notts, and supports the unit with the quality assurance of Level 2 meetings as well as disseminating relevant information and ensuring that YOT staff are kept up to date with training. The Strategic lead is also a member of the MAPPA Strategic Management Board (SMB) and ensures that issues impacting on young MAPPA offenders are considered as well as using the opportunity to inform senior partners about developments in Youth Justice.

The YOT hold few Mappa cases compared to the adult arena but these are subject to management oversight and scrutiny and regular reports are submitted to the MAPPA unit. Level 2 and 3 cases are routinely audited by the Mappa unit but this is not the case for Level 1 cases.

.Plans and priorities:

- As part of the YOT quality assurance process, audits to routinely take place on cases with Mappa level 1 status to ensure a consistent approach in the management of high risk cases.

6.8 National Standards

As noted in the YOT's YJ Plan 2015-17, in March 2015, as a consequence of the advances in our own accountability, thorough scrutiny through our quality assurance framework and the investment in the practice and compliance specialist roles, the YOT Management Board decided to implement National Standards 2013.

I wanted to share some positive feedback relating to [CM's] performance. The case was particularly complex and brand new to the panel. I asked [CM] to present the case history and it was evident that his knowledge relating to the case was excellent. In addition to his knowledge, his structured and concise presentation of the case ensured that we were able to develop quality multi-agency discussion and agreement around the risk management plan. Please can his manager be made aware of this as I feel it is important to recognise this type of performance where possible.

Police Inspector, MAPPA

Over the past three years we have completed the YJB's three-year thematic rolling programme of National Standard's self-assessment. The focus for this year was reducing custody, with particular emphasis on *NS3: Bail and Remand Management*, *NS5: Reports for Courts*, *NS6: Work in Courts*, *NS7: Work with Victims of Crime* and *NS10: Long-term Custodial Sentences*.

The outcome of the review showed 4 of the 5 National Standards were met with recommendations for improvement. NS7 showed the standard met.

Plans and Priorities

- Implement the National Standards improvement plan
- Ensure all the Practice Specialists and Compliance Specialist are addressing the need for adherence to National Standards

6.9 PACE

It is well documented that children and young people who are held in police custody may be vulnerable for a variety of reasons, particularly those least able to represent their own best interests control their behaviour and communicate their needs. In response to these concerns, the YOT developed its PACE protocol to clarify its duties and responsibilities, alongside the police, DCIS and Clayfields, Nottingham's local secure children's home.

The aim of the protocol is to ensure all parties work together to safeguard the well-being and safety of children and young people and where it is practicable avoid their detention overnight in police cells. The protocol also aims to reduce their risk of harm and support their well-being by recognising that where detention is unavoidable it is only for as short a period as possible.

Plans and Priorities

- Ensure all DCIS staff are making use of the protocol and are familiar with the process
- Monitor overnight arrests to ensure all relevant parties are adhering to the protocol and making use of PACE beds when necessary.
- Ensure the protocol is being used alongside national guidance for overnight arrest and the use of PACE beds.
-

6.10 Participation

Nottingham City YOT has developed a Participation Action Plan, which links to the broader council policy, and references the YJB's first Participation Strategy, published in November 2016. This includes ensuring HMIP/Viewpoint Service Quality questionnaires are completed, the feedback evaluated, and action taken where appropriate. The participation aim is to enable young people to make a positive contribution, promote citizenship, and build confidence and skills.

Table 11: Views of young people 2016/17

	2016/17			2015/16 (91 in cohort)	2014/15 (30 in cohort)
	Yes	Total	%age	%age	%age
Was the service received by the YOT good or very good?	75	76	98.7	93	97
Were you treated fairly by the YOT all or most of the time?	73	76	96.1	91	91
Did the YOT take my views seriously all or most of the time?	73	76	96.1	90	96
I am less likely to offend	66	76	86.8	84	84

Table 11 above shows that the views of young people attending the YOT remain extremely positive and in relation to all four of areas highlighted, have improved since last 2015/16.

Plans and Priorities

- The YOT will regularly consult with young people, to demonstrate that it is responsive to their views, and can improve their experience of our service.
- Young people have been consulted on their views about the proposed re-location of YOT, and their views shared with the leadership team. These are being factored into final decision-making.

- The Officer in Charge at the Junior Attendance Centre to gather young people's views on a range of relevant topics eg knife carrying, hate-crime, domestic abuse, and their experiences of the YOT, to feedback into YOT planning.
- Links to continue between the YOT's Children in Care Lead and the local authority's Children in Care Council, to share developments and seek views on proposals affecting accommodated children.

6.11 Prevent/Channel

The YOT plays a key role in the Prevent agenda and since 2015 has taken on responsibility for chairing the Channel panel. The YOT also plays an integral part in the delivery of the Prevent agenda both within the Directorate and across partnerships, which ensures that as a Local Authority we are compliant with the statutory duty. The YOT also contributes and provides representation at the Prevent Steering Group. All YOT practitioners have received training in Prevent/Channel awareness and as part of the Prevent delivery across the authority all front line staff and managers are in the process of completing Home Office training. We have recently acquired attendance of a senior manager to represent Children's social care at the panel.

Can you please thank [CM] for all the support she has offered in relation to [young person], she has been extremely helpful and professional throughout!

Team Manager (a London YOT)

Plans and Priorities:

- Improved links and consistent representation at the Channel panel to be sought from Nottinghamshire County and Nottingham City social care teams
- Improved links, information and consistent representation at the Channel panel to be sought from Health
- Liaison to take place with the LA Community Prevent co-ordinator and Co-ordinator for counter extremism to ensure that he panel are kept informed of what is happening in the community and to learn of any appropriate resources.

6.12 Quality Assurance and Management Oversight

Since the YOT's introduction of Asset Plus in December 2015, the YOT has had to review its Quality Assurance progress. The sign off of assessments by the Compliance and Practice Specialists has meant that there is a much greater emphasis on management oversight of the quality of case work, which compliments and enhances the YOT's Quality Assurance process. HMIP noted in the YOT's SQS report, "we found an innovative approach to management oversight". The Compliance and Practice Specialists also

utilise a reflective model of supervision, coaching and mentoring to develop the workforce to improve outcomes for children and young people.

Currently work is underway to develop an audit tool appropriate for AssetPlus and one that is able to adapt to thematic audits. We also recognise that as part of the Children's Integrated Services Directorate, we need to ensure our audit process is aligned to the wider Directorate's auditing policy and procedure.

Plans and Priorities

- Work with the City Council's IT department to ensure the development of an Audit tool that is fit for purpose
- Work with the wider Children's Integrated Services to ensure the amalgamation of an audit tool and performance framework for the YOT and wider directorate

6.13 Restorative Justice and Victims

In February 2016, the YOT was awarded the RSQM (Restorative Services Quality Mark) from the Restorative Justice Council. The RSQM is the badge of quality that guarantees that a service provides safe, high quality restorative practice. We have since continued to develop RJ across both the YOT and the local authority, embedding the practice within residential and foster placements, for example. The YOT continues to dedicate a full-time case manager to the role of RJ Co-ordinator, who oversees restorative work within the YOT, and has developed a good local reputation as both a trainer and practitioner of restorative approaches. The RJ Coordinator has delivered training sessions to a number of local colleagues and partners, including staff from local care homes and Nottinghamshire police. Considerable support has also been offered to Restorative Solutions, the organisation commissioned by Victim Care to deliver the OPCC's victim services. The YOT has been working alongside police colleagues and the OPCC in a study of the relationship between young people in the city who both offend and are themselves victims of crime. Further work and analysis on this is planned for 2017-18 with the hope that the findings will be published.

I would like to thank you on behalf of the team for providing Restorative Justice Training to our Children's Home. This training has already proved to show improvements within the way that the home functions and manages any issues that arise. When looking at the overall statistics of incidents within the home including significant events and notifications it is evident that there has been a reduction.

Home Manager, Children's Residential

Plans and Priorities

- The post of Victim Liaison Officer was deleted as part of a recent financial-saving restructure at the YOT. This has led the YOT to seek out new arrangements with partners, and we are in the process of negotiating an information sharing agreement with the Nottinghamshire Victim Care Unit.
- The RJ co-ordinator continues to deliver RJ training, including commissioned work, and increasingly facilitates restorative meetings. This includes within children's residential units where the young people and staff both benefit from working within a restorative environment.
- Work with the OPCC on the ongoing study of young offenders as victims of crime

6.14 Transitions: Youth to Adult

Good partnership arrangements are key to effective transitions between the YOT and the National Probation Service and the Community Rehabilitation Company. Over the last 2 years, the YOT has developed positive links with the CRC. Both agencies and the YOT have a Single Point of Contact manager and they liaise regularly to address case and practice issues. Increasingly, young people who transition have greater and more complex needs, and as the point of transfer is a critical time for them. The focus therefore remains on joint working to ensure the welfare of the young person is not adversely affected, and that risks to the public are minimised.

Plans and Priorities

- The YOT's Strategic Lead for Youth Justice is now the Transitions link for the Association of YOT Managers in the Midlands region, and will be pivotal in sharing information, best practice, and generating new ideas.
- The YOT's Principal Analyst shares monthly data on those young people approaching their 18th birthday, and who will be eligible for transfer to NPS/CRC. This information is shared with NPS and CRC each month, and enables them to plan for the number of likely case transfers. Transition meetings continue with YOT, NPS, CRC on a quarterly basis to discuss any practice needs or issues.
- To meet the requirements of the E3 (Effectiveness, Efficiency, and Excellence) agenda, introduced by NPS, the YOT has recently redesigned its service delivery for older and higher risk/need young people. Probation colleagues seconded to the YOT will be integral to this and will hold relevant cases that meet the E3 criteria, with predominant focus on leading with young people transitioning to NPS/CRC.
- There are plans for some YOT colleagues to be re-located to a building occupied by some NPS colleagues, and including their Integrated Offender Management team. This co-location should further improve service delivery and coordination.

7: PRIORITY ACTIONS FOR 2017-20
AND COSTED BUSINESS PLAN FOR THE USE OF THE
YJB EFFECTIVE PRACTICE GRANT

Area	Actions	Indicative cost
Local Priority: Safeguarding and Health		
Prevent/Channel	<ul style="list-style-type: none"> Improved links and consistent representation at the Channel panel to be sought from Nottinghamshire County and Nottingham City social care teams Improved links, information and consistent representation at the Channel panel to be sought from Health Liaison to take place with the LA Community Prevent co-ordinator and Co-ordinator for counter extremism to ensure that the panel are kept informed of what is happening in the community and to learn of any appropriate resources. 	£20,000 Team Manager Case manager BST
DV	<ul style="list-style-type: none"> The YOT continues to further its partnership with Equation, Nottingham's leading charity that provides resources, training and best practice guidance for practitioners who come into contact with those experiencing domestic abuse. We are shortly to trial a pilot programme with partners to address domestic violence and abuse within teenage intimate relationships The YOT has been a key partner in the multi-agency development of a referral pathway to address Adolescent to Parent Violence. This pathway should be rolled out to all city partnerships later in 2017. The YOT contributes to two key groups within Nottingham, the <i>MARAC steering group</i>, and the <i>Children and Domestic Violence Group</i>, which plan the city's approach to managing DV, initiate new approaches, and address risks. 	£45,000 Equation training MARAC manager Group delivery Case manager time and training
Health pathway	<ul style="list-style-type: none"> Head to Head to extend their service to the Targeted Youth Support Team in order to reduce the waiting time for allocation. All services to meet on a monthly basis to discuss open cases to avoid duplication and ensure a joint approach. Nurses to liaise and make links with sexual health nurses at our new accommodation (NGY) in order to ensure a joined up service. Head to Head to provide introductory sessions to all young people on statutory orders. CGL Journey will ensure that relevant information regarding risks and concerns identified at Drug Monitoring and Reducing Harm meetings are shared across the directorate. 	£20,000 Team Manager oversight Meeting times Requisitions
CSE	<ul style="list-style-type: none"> to embed the training and ensure that any areas of concern raised by the practitioner, and overseen by the Practice Specialist, is appropriately screened and raised within MASE by the Strategic Lead to improve the safety of young people known to the YOT at risk of CSE. 	£45,000 Team Manager Case manager BST

KPI: Reducing the need for Custody		
Resettlement	<ul style="list-style-type: none"> Monitor and review the effectiveness of the work delivered by Switch Up to support the reintegration of young people from the secure estate to the community Identify other avenues to support the reintegration of young people from the secure estate to the community 	£25,000 Practice Specialist oversight YJ Officer Travel costs
Remands	<ul style="list-style-type: none"> Consolidate the work currently underway with Children's Integrated Services to continue the downward trend of young people being remanded into the care of the Local Authority Ensure the actions identified in <i>National Standards 3: Bail and Remand Management</i>, are being addressed and embedded by Court officers and case managers The YOT manager chairs a new 'task and finish' group with colleagues from across the Directorate and including the CIC police officer to consider and effect greater collaboration to both secure and maintain complex young offenders in high quality placements 	£38,000 Court staff On call manager Saturday/BH cover
SOC	<ul style="list-style-type: none"> Engage with partners and colleagues in citywide tasking processes to ensure effective use of data/intelligence and direct appropriate response. Identify and drive evidence-based graded interventions with relevant partners Coordinate activity of PCSOs, TYS and other statutory and commissioned services to best meet the risks and needs of the young people, responding to changing needs and concerns in local communities Engage and work with the voluntary sector to secure an effective relationship with statutory agencies, developing new links to address gaps in provision 	£30,000 Strategic Lead EI Manager Analysis BST
PACE	<ul style="list-style-type: none"> Ensure all DCIS staff are making use of the protocol and are familiar with the process Monitor overnight arrests to ensure all relevant parties are adhering to the protocol and making use of PACE beds when necessary. Ensure the protocol is being used alongside national guidance for overnight arrest and the use of PACE beds. 	£5,000 Operational Manager Court staff
KPI: Early intervention/First time entrants		
FTEs	<ul style="list-style-type: none"> Collate all learning from the work described above (both ongoing and planned) and share with local partners and wider youth justice colleagues 	£20,000 Strategic lead YCP manager TYS resource
YPPs and TYS	<ul style="list-style-type: none"> Work alongside colleagues in Early Help, Targeted Family Support, Social Care and Children in Care to ensure that the most appropriate at risk young people are identified and referred for TYS interventions. Ensure that the recording/monitoring processes for YPPs are robust and accurately reflects the incoming work. 	£35,000 EI manager YCP manager TYS G post

YCCs	<ul style="list-style-type: none"> To review the screening and assessment process to ensure that it is proportionate to the level of intervention To review the YOT's Terms of Reference for the Out of Court Disposal Panel 	£10,000 EI/YCP Manager RJ Coordinator
Knife Crime	<ul style="list-style-type: none"> To ensure that all elements of the 6 tier delivery plan are coordinated such that wherever possible risk, at all levels, is identified and a response developed 	£77,000 YCP manager TYS worker Case manager delivery costs
Local Priority: Education, Training and Employment		
SEND	<ul style="list-style-type: none"> explore available data sources on young offenders before, during and after they enter the youth justice system (including information on outcomes). report on what data is used locally and nationally in the form of a gap analysis of data to show what else is needed. Interview key informants identifying opportunities and constraints for developing better coordinated services to support early intervention Involve young offenders in developing models for better coordinated local services Produce models of early intervention based on the improved outcomes measures in the 5 pilot areas 	£25,000 Strategic lead Practice specialist YJ Officer
Exclusions	<ul style="list-style-type: none"> The YOT to be involved in a Departmental-wide focus group on exclusions 	£8,000 Strategic lead EI Manager Performance analysis
KPI: Reoffending		
MAPPA	<ul style="list-style-type: none"> As part of the YOT quality assurance process, audits to routinely take place on cases with Mappa level 1 status to ensure a consistent approach in the management of high risk cases. 	£20,000 Strategic Lead Manager Case manager
Participation	<ul style="list-style-type: none"> The YOT will regularly consult with young people, to demonstrate that it is responsive to their views, and can improve their experience of our service. Young people have been consulted on their views about the proposed re-location of YOT, and their views shared with the leadership team. These are being factored into final decision-making. The Officer in Charge at the Junior Attendance Centre to gather young people's views on a range of relevant topics eg knife carrying, hate-crime, domestic abuse, and their experiences of the YOT, to feedback into YOT planning. Links to continue between the YOT's Children in Care Lead and the local authority's Children in Care Council, to share developments and seek views on proposals affecting accommodated children. 	£20,000 Team Manager YJ Officer

National Standards	<ul style="list-style-type: none"> • Implement the National Standards improvement plan • Ensure all the Practice Specialists and Compliance Specialist are addressing the need for adherence to National Standards 	£180,000 Operational Manager Team Managers Practice Specialists Case Managers BST
Quality assurance and Management Oversight	<ul style="list-style-type: none"> • Work with the City Council's IT department to ensure the development of an Audit tool that is fit for purpose • Work with the wider Children's Integrated Services to ensure the amalgamation of an audit tool and performance framework for the YOT and wider directorate 	£55,000 Strategic Lead Operational Manager Practice Specialist Data analysis
Children in Care	<ul style="list-style-type: none"> • The multi-agency protocol in Nottingham city, led by Nottinghamshire police, and designed to reduce the criminalisation of CiC, has very recently been signed off by the YOT Management Board. Its purpose is to reduce the criminalisation of CiC, and embed restorative justice and early intervention across the city division. It provides accountability to carers and young people, and should improve the confidence in reflective practice and decision-making. • Continuation of the Arrest Screening Programme for CiC, whereby the YOT lead puts the Officer in Charge in contact with the team around the child, to consider opportunities for diversion where possible. Where prosecution is appropriate, the Crown Prosecution Service's 10 point checklist is embedded in court practice. • Network meetings, chaired by the CIC police and YOT leads, to continue with providers of residential care. They are a preventative approach to identify concerns or themes about offending in both local authority and private accommodation and advise as appropriate. • The YOT RJ co-ordinator will continue to provide consultation and direct work with young people and carers to resolve conflict informally. 	£50,000 Manager Specialist Case manager
Transitions	<ul style="list-style-type: none"> • The YOT's Strategic Lead for Youth Justice is now the Transitions link for the Association of YOT Managers in the Midlands region, and will be pivotal in sharing information, best practice, and generating new ideas. • The YOT's Principle Analyst shares monthly data on those young people approaching their 18th birthday, and who will be eligible for transfer to NPS/CRC. This information is shared with NPS and CRC each month, and enables them to plan for the numbers of likely transfers. Transition meetings continue with YOT, NPS, CRC on a quarterly basis to discuss any practice needs or issues. • To meet the requirements of the E3 (Effectiveness, Efficiency, and Excellence) agenda, introduced by NPS, the YOT has recently redesigned its service delivery for older and higher risk/need young people. Probation colleagues seconded to the YOT will be integral to this and will be hold relevant cases that meet the E3 criteria, with predominant focus on leading with young people transitioning to NPS/CRC. • There are plans for some YOT colleagues to be re-located to a building occupied by some NPS colleagues, and including their Integrated Offender Management team. This co-location should further improve service delivery and coordination. 	£6,000 Team Manager Practice Specialists BST Removal costs

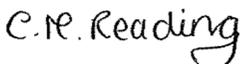
RJ and Victims	<ul style="list-style-type: none"> • The post of Victim Liaison Officer was deleted as part of a recent financial-saving restructure at the YOT. This has led the YOT to seek out new arrangements with partners, and we are in the process of negotiating an information sharing agreement with the Nottinghamshire Victim Care Unit. • The RJ co-ordinator continues to deliver RJ training, including commissioned work, and increasingly facilitates restorative meetings. This includes with children's residential units where the young people and staff both benefit from working within a restorative environment. • Work with the OPCC on the ongoing study of young offenders as victims of crime • Maintain a focus on <i>National Standards 7: Work with Victims of Crime</i> 	£93,000 Team manager RJ Coordinator BST
Junior Attendance Centre		
JAC	<ul style="list-style-type: none"> • Recruit a permanent Officer in Charge • Increase the pool of experienced instructors • Review and consolidate the knife crime programme 	£95,000 Operational Manager Officer in Charge Staffing Activities Accommodation

8 APPROVAL AND SIGN OFF

I can confirm that this plan has been approved by the YOT Management Board

A handwritten signature in black ink, appearing to read "Alison Michalska". The signature is written in a cursive, slightly slanted style.

Alison Michalska,
Corporate Director, Children's and Adults, Nottingham City Council
Chair, Nottingham Youth Offending Team Management Board

Name	Designation	Signature (electronic)	Date
Alison Michalska	Corporate Director, Children's and Adults, Nottingham City Council		25/7/17
Amanda Payne	Operation Manager, Young People's Service, Futures Advice, Skills and Employment		25/7/17
Gillian Young	Legal Team Manager, Her Majesty's Courts and Tribunals Service		25/7/17
Kevin Dennis	Chief Executive, Nottinghamshire Police and Crime Commissioner's Office		25/7/17
Nigel Hill	Head of Nottinghamshire National Probation Service		25/7/17
Charlotte Reading	Head of Commissioning and Learning Disabilities, NHS Nottingham		25/7/17
Steve Comb	Head of Service, Children in Care, Nottingham City Council		25/7/17
Ted Antill	Superintendent, Nottinghamshire Police		25/7/17
Tim Spink	Head of Service, Nottingham Crime and Drugs Partnership		25/7/17

9 GLOSSARY OF TERMS

ADCS	Association of Directors of Children's Services	JSNA	Joint Strategic Needs Assessment
ASHA	Assessment of Sexual Harm Arrangements	MARAC	Multi-Agency Risk Assessment Conference
BST	Business Support Team	MASE	Multi Agency Sexual Exploitation Panel
CAMHS	Child and Adolescent Mental Health Service	MOJ	Ministry of Justice
CCG	Clinical Commissioning Group	MOMO	Mind of My Own
CDP	Crime and Drugs Partnership	NCC	Nottingham City Council
CGL	Change Grow Live	NPS	National Probation Service
CIC	Children in Care	NTU	Nottingham Trent University
CLR	Critical Learning Review	OFSTED	Office for Standards in Education
CPS	Crown Prosecution Service	OCCD	Out of Court Disposal
CQC	Care Quality Commission	OPCC	Office of Police and Crime Commissioner
CRC	Community Rehabilitation Company	PACE	Police and Criminal Evidence Act
CSE	Child Sexual Exploitation	PCSO	Police Community Safety Officer
CSECAG	Child Sexual Exploitation Cross Authority Group	QA	Quality Assurance
CSPPI	Community Safeguarding & Public Protection Incidents	RJ	Restorative Justice
DCIS	Directorate of Children's Integrated Services	RJC	Restorative Justice Council
DFE	Department for Education	RSQM	Restorative Service Quality Mark
DWP	Department of Works and Pensions	SEND	Special Educational Needs and Disability
EGYV	Ending Gang and Youth Violence	SOC	Serious Organised Crime
EHCP	Education Health Care Planning	SQS	Short Quality Screening
EMS	Education Management System	TAAS	The Appropriate Adult Service
ETE	Education, Training and Employment	TYS	Targeted Youth Support
FTE	First time entrants	YDA	Youth Detention Accommodation
HMCT	Her Majesty's Courts and Tribunals Service	YCC	Youth Conditional Caution
HMIP	Her Majesty's Inspectorate of Probation	YOT	Youth Offending Team
IOM	Integrated Offender Management	YPP	Young People's Panel
JAC	Junior Attendance Centre		

I wanted to express our formal thanks for both your individual and your services support over the past 24 hours or so with the case transfer.

This case is an incredibly complex, risky and vulnerable case with a host of needs and both you and your service have been an absolute pleasure to work with. [Practice Specialist] has echoed your response in being proactive, positive and solution focused in a very time pressured and far from ideal situation.

Your service has made a stressful and difficult situation significantly more manageable and my staff, I and the Chair of our board are all incredibly grateful.

To that end please pass our thanks on to your colleagues who have supported this work.

Group Manager (a West Midlands YOT)



**Youth
Offending
Team**



Nottingham Youth Offending Team

2 Isabella St

Nottingham

NG1 6AT

0115 9159400



Youth
Offending
Team

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Nottingham City Youth Offending Team Youth Justice Plan 2017-20



NOTTINGHAM
CHILDREN'S
PARTNERSHIP

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE



Nottingham
City Council

Context

- The YOT is a statutory partnership comprising the Local Authority, Nottinghamshire Police, National Probation Service and Health
- Its core purpose under 1998 Crime and Disorder Act is to reduce and prevent offending by young people
- Nottingham YOT engages a wide range of statutory and voluntary partners to achieve this aim
- It was awarded the Restorative Justice Council's Quality Mark in 2016
- In 2016, Nottingham YOT was assessed by Her Majesty's Inspectorate of Probation in as a "high performing YOT"

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NOTTINGHAM
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Nottingham Youth Justice Plan 2017/20

YOT Budget: Contributions of Partner agencies

	2014/15	2015/16	2016/17	2017/18
Notts Police	62,470	53,100	53,100	53,100
Nottm CCG	64,450	64,450	64,450	64,450
National Probation	67,880	67,880	43,940	10,000
Youth Justice Board	1,004,360	830,000	750,702	753,703
Nottm City Council	1,326,389	1,137,957	1,037,957	937,957
Recoup from Notts CC	3,950	3,950	3,950	3,950
Junior AC		80,420	80,420	80,743
TOTAL	2,529,499	2,237,757	2,034,519	1,903,903



**NOTTINGHAM
CHILDREN'S
PARTNERSHIP**

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE



**Nottingham
City Council**

Performance against the 3 KPIs

Measure	2016/17	National Average	Comment
Percentage Reoffending	37.2%	37.7%	Effective interventions
First time entrants	609/ 100,000	327/ 100,000	High rates of young people entering the system
Use of Custody	0.93/ 1000	0.24/ 1000	High rates of young people being sent to secure detention



Key Priorities for 2017-20

- Early Intervention
 - First Time Entrants
 - Young People's Panels
 - Targeted Youth Support
 - Out of Court Disposals
- Knife Crime – 6 tiered approach
- Serious and Organised Crime
- Education, Training and Employment
 - Exclusions
 - SEND



Other priorities 2017/20

- **Children in Care**
- **Child Sexual Exploitation**
- **Domestic Violence and Abuse and young perpetrators**
- **Harmful Sexual Behaviour**
- **YOT Health pathway**
- **Junior Attendance Centres**
- **Mappa**
- **National Standards**
- **PACE**
- **Participation**
- **Prevent/Channel**
- **Quality Assurance and Management Oversight**
- **Restorative Justice and Victims**
- **Transitions: Youth to Adult**





NOTTINGHAM
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City Council

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Title of paper:	Nottingham's Autism Strategy: An update for Children's Partnership Board	
Report to:	Nottingham Children's Partnership Board	
Date:	28/03/2018	
Relevant Director:	Alison Challenger (Director of Public Health)	Wards affected: All
Contact Officer(s) and contact details:	Helene Denness (helene.denness@nottinghamcity.gov.uk)	
Other officers who have provided input:	Nick Romilly (nick.romilly@nottinghamcity.gov.uk) Fiona Gray (fiona.gray@nottinghamcity.gov.uk) Janine Walker (janine.walker@nottinghamcity.gov.uk)	
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.		X <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.		X <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.		X <input type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
<p>A requirement of the <i>Autism Act (2009)</i> is that councils in England should have a strategy for autistic adults led by a named Autism Lead. In line with Nottingham's move to an all-age approach to disability, the new strategy will encompass priorities for children, young people, adults, families, parents and carers.</p> <p>The strategy group has identified five interconnecting areas of focus in the new strategy:</p> <ol style="list-style-type: none"> 1. Understanding autism 2. Health and being well 3. Housing and home 4. Education, training and employment 5. Access and autism friendly <p>The group also recognises that there are additional crosscutting links, which will underpin more than one of the strategy themes, including:</p> <ul style="list-style-type: none"> • Promoting social inclusion by increasing access and making more places autism friendly • Challenging stigma including through increasing understanding of autism and making places more autism friendly. • Developing the role of Autism Champion and establishing Autism Champions across 		

Nottingham.

- Improving identification of autism and timely diagnosis.
- Transition; a broad term encompassing the many transitions in autistic people's lives.
- Increasing early interventions and interventions at the right time including care and support.

Recommendations:

1	Nottingham Children's Partnership Board is requested to note the contents of this report and support the development of an all-age autism strategy for Nottingham
2	Continue to prioritise autism awareness training for colleagues
3	Identify Autism Champions within their organisation

The development of an all-age autism strategy for Nottingham

1. Context

- 1.1 A requirement of the *Autism Act (2009)* is that councils in England should have a strategy for autistic adults led by a named Autism Lead. The Government published new statutory guidance in March 2015, which, in addition to the requirements of the Act, states that local authorities and the NHS:
- Should provide autism awareness training for all staff
 - Must provide specialist autism training for key staff, such as GPs and community care assessors
 - Cannot refuse a community care assessment for adults with autism based solely on IQ
 - Have to develop a clear pathway to diagnosis and assessment for adults with autism
 - Need to commission services based on adequate population data.
- 1.2 Nottingham's strategy, *One Size Fits One: Ensuring People with Autism Live Fulfilling and Rewarding Lives*, is being refreshed led by the Autism Strategy Group which reports to the Health and Wellbeing Board. This group is chaired by Helene Denness, Autism Lead, and replaces the autism co-production group. In line with Nottingham's move to an all-age approach to disability, the new strategy will encompass priorities for children, young people, adults, families, parents and carers.
- 1.3 The Autism Strategy Group has representatives from education to ensure a close link with SEND reforms and to ensure no duplication of effort. For example, work to increase the proportion of people with autism in employment is a shared priority.

2. Autism in Nottingham

- 2.1 National data suggests that 1 in 100 people are autistic¹ although not all these people will have received a diagnosis of autism. Current data collection and collation makes it challenging to state accurately the number of children and young people with autism in Nottingham. Children and young people with high-level needs are more easily

¹ The NHS Information Centre, Community and Mental Health Team, Brugha, T. et al (2012). [Estimating the prevalence of autism spectrum conditions in adults: extending the 2007 Adult Psychiatric Morbidity Survey](#). Leeds: NHS Information Centre for Health and Social Care

identified. 340 children/young people have an education and health care plan (EHCP) for autism accounting for 40% of all EHCPs.

- 2.2 Nottingham City Council's Autism Team are working with roughly 970 CYP who are on the autism spectrum across city schools and supporting 86 year 6 pupils with transition to secondary school in September 2018. To increase the skills of teaching and support staff the Autism Team run training by the Autism Education Trust (AET). Since September 2016 the following training has taken place:
- Making Sense of Autism (basic awareness) attended by 1403 staff
 - Good Autism Practice; a whole day training attended by 160 staff
 - Leading good autism practice attended by 16 staff
- 2.3 There are now 96 schools in Nottingham using AET resources such as standards, competencies and/or progression framework. These schools include the hospital school and Denewood.
- 2.4 Educational Psychologists (EPs) provide early intervention support for pupils with autism through 'traded work' in schools. The number of pupils supported has increased from 42 in academic year 15/16 to 56 pupils in academic year 17/18 (up until Jan 2018). In addition, EPs support autistic children, young people and families through education and health care assessment.
- 2.5 Supporting transition is particularly important for autistic pupils whether that is from early years settings to primary schools or secondary schools to college. In 2016/17, Nottingham City Council's Autism Team supported 68 children transitioning from an Early Years setting into school and 84 pupils with transition from primary to secondary school in September 2018. At present, the team are also supporting 6 year 11 students with transition to college
- 2.6 Local intelligence, from school census, suggests that the number of children and young people with autism requiring high-level needs funding is increasing year-on-year. For example, the average cohort of autistic pupils per year group in primary (years 1- 6) supported with high level needs (HLN) top-up was 19 in 2014 but has risen to 30 in 2017, an increase of 57%. This increase in numbers requires careful planning to ensure that there are sufficient, suitable secondary school places.
- 2.7 Supporting more autistic people in to work requires a partnership approach including work with schools and colleges. There are approximately 227,108 adults of working age in Nottingham, 2271 of whom are on the autistic spectrum (assuming 1 in 100 citizens are autistic). The National Autistic Society state that 16% of autistic people are in full-time work². Applying this research would suggest that in Nottingham:
- 363 autistic people are in full-time work
 - 727 autistic people are in some paid work
 - 1544 autistic people are unemployed.
- 2.8 Work is underway with DWP to more accurately identify the number of autistic people claiming out of work benefits so they can be better supported into employment.
- 2.9 In recognition of the limitations of our current data collection and collation on autism in Nottingham, Public Health will lead a health needs assessment to increase

² The National Autistic Society <http://www.autism.org.uk/get-involved/media-centre/news/2016-10-27-employment-gap.aspx>

understanding of autistic children, young people and adults across the autistic spectrum.

3. An Autism Strategy for Nottingham: 2018-2020

3.1 The new autism strategy will recognise the differing needs of people with autism, their families and carers, specifically, the broad spectrum of autism and how needs differ across the life course. Figure 1 is a visualisation of the needs of people with autism and how they can be supported to fulfil their potential. It is recognised that this visualisation has limitations in describing the broad range of needs of people on the autistic spectrum.

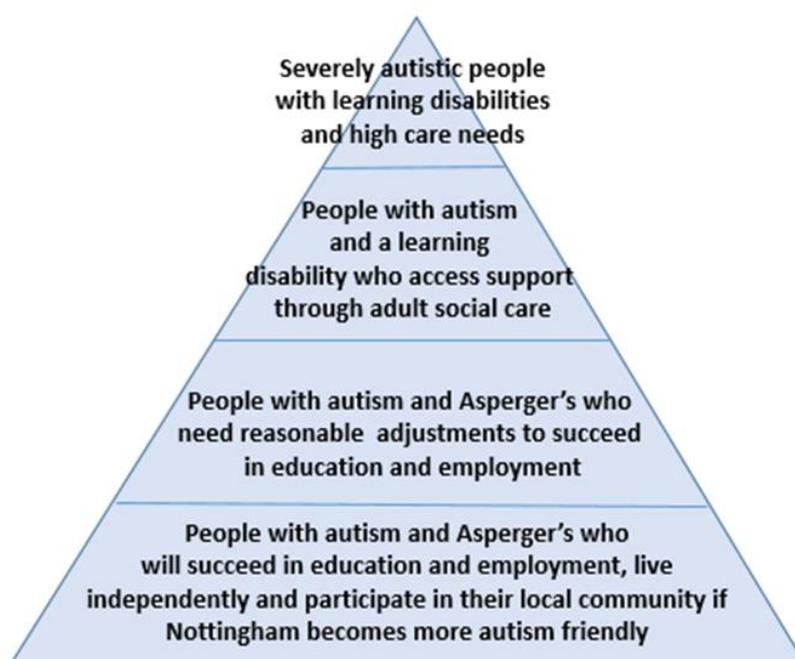


Figure 1

3.2 The strategy group has created a visual, figure 2, to describe the interconnecting areas of focus in the new strategy:

- Understanding autism
- Health and being well
- Housing and home
- Education, training and employment
- Access and autism friendly

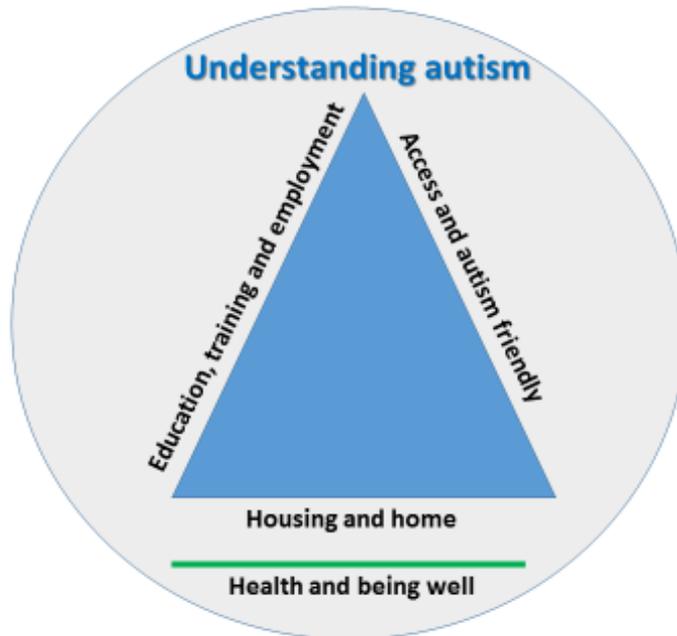


Figure 2

- 3.3 The group also recognises that there are additional crosscutting links, which will underpin more than one themes of the strategy, including:
- Promoting social inclusion by increasing access and making more places autism friendly.
 - Challenging stigma including through increasing understanding of autism and making places more autism friendly.
 - Developing the role of Autism Champion and establishing Autism Champions across Nottingham.
 - Improving identification of autism and timely diagnosis.
 - Transition; a broad term encompassing the many transitions in autistic people's lives.
 - Increasing early interventions and interventions at the right time including care and support.

4. Autism Champions

- 4.1 Nottingham is at an early stage of developing the role of Autism Champion; a role which is not nationally defined. Engagement to date suggests that Autism Champions should:
- Have knowledge and/or experience of autism including attending NCC commissioned, or other, training.
 - Promote autism awareness training to colleagues and reputable sources of further information.
 - Feel able to influence provision in their area of work including steps to make environments more autism friendly.
 - Feel confident to challenge stigma and support people with autism in their work area.
 - Advise on reasonable adjustments including where to seek more formal advice when needed.
- 4.2 The first drop-in session for Autism Champions will be held during Autism Week on the 29th of March at Loxley House.

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Children's Partnership Board Forward Plan

27th June 2018

CYPP Priority: Safeguarding and Supporting Children and Families
CYPP End of Year Action Plan Update
Terms of Reference Update, and Nominations for Vice Chair
Youth Cabinet Update
Foster Carer Recruitment
Update on Children's Homes
Partner Update: CityCare

26th September 2018

CYPP Priority: Empowering Families to be Strong and Achieve Economic Wellbeing
Independent Chair's Annual Safeguarding Report and Business Plan
Update on Disabilities and Transitions
Annual Report from Teenage Pregnancy Task Force
Partner Update: Voluntary Sector

19th December 2018

CYPP Priority: Supporting Achievement and Academic Attainment
Update on Home Education, Alternative Provision and Exclusions
School Places: where we are and what the need is / secondary pressures / special school work
Youth Cabinet Update
Partner Update: Voluntary Sector

Please contact Emily Humphreys if you have any suggestions for future items for the forward plan: emily.humphreys@nottinghamcity.gov.uk

Updated 01/03/2018

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