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Nottingham
City Council

Nottingham City Council Children's Partnership Board

Date: Tuesday, 29 March 2022

Time: 4.00 pm

Place: Remote - To be held remotely via Zoom -
<https://www.youtube.com/user/NottCityCouncil>

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

Director for Legal and Governance

Governance Officer: Emma Powley

Direct Dial: 0115 876 4891

Agenda	<u>Pages</u>
1 Apologies for Absence	
2 Declarations of Interest	
3 Minutes To approve the minutes of the meeting held on the 14 December 2021	3 - 10
4 Children's Commissioning - next steps Verbal update from Katy Ball and Gary Eves	11 - 18
5 Key themes and learning from the SEND LAR Verbal updated from Janine Walker and Sara-Jane Brighthouse	19 - 28
6 Partnership Update: Children's Health Transformation Programme Verbal update from Gary Eves	29 - 50
7 Child Friendly City Update Verbal update from Ekuah Ghansah	51 - 60
8 Key Messages and Items for Information	
9 Forward Plan and Suggestions for future agenda items	61 - 62

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



NOTTINGHAM CITY COUNCIL CHILDREN'S PARTNERSHIP BOARD

**MINUTES of the meeting held at remotely via Zoom and streamed
<https://www.youtube.com/user/NottCityCouncil> on 14 December 2021 from 4.00 pm -
5.36 pm**

✓	Cllr Cheryl Barnard (Chair)	Portfolio Holder for Children and Young People, NCC
	Cllr David Mellen	Portfolio Holder for Regeneration, Schools & Communications, NCC
	Catherine Underwood	Corporate Director for People, NCC
	Sue Fielding	Department for Work and Pensions
	Helen Watson	Interim Director of Children's Integrated Services, NCC
✓	Nick Lee	Director of Education, NCC
✓	Jon Rea	Engagement and Participation Lead Officer, NCC
	Charlotte Reading	NHS Nottingham Clinical Commissioning Group/ Chief Nurse
	Amanda Payne	Futures Group representative
	Mohammed Ramzan	Further Education representative (Nottingham College)
✓	Sophie Russell	Head of Children's Strategy and Improvement, NCC
	Maria Ward	Maintained Primary School Governor
	Julie Burton	National Probation Service Nottinghamshire representative
	Tracy Tyrell	Nottingham CityCare Partnership
✓	Sarah Fielding	Nottingham Schools Trust and Virtual School
	Supt. Kathryn Craner	Nottinghamshire Police
✓	Nicky Bridges	Primary Schools' representative (Robin Hood Primary)
	Helene Denness	Public Health, NCC
	Michelle Strong	Secondary Schools' representative (Bulwell Academy)
	Karla Capstick	Small Steps Big Changes representative (Director)
	Karla Banfield	Strategic Commissioning Manager, NCC
	Cheryl Steele	Special Schools' representative (Rosehill School)
	Stephen McLaren	Voluntary Sector
	Claire Perry	Voluntary Sector (Children & Young People's Provider Network)

✓ Indicates present at meeting

Colleagues, partners and others in attendance:

Mary-Anne Cosgrove - Head of Children in Care
Karon Foulkes - CCG
Lisa Lopez - Commissioning Manager, Children and Families
Julia Bramble - Service Manager, Early Help Services, Children and Families
Natalie Baker-Swift - Programme Manager - Violence Reduction and Early Intervention
Jules Sebelin - Community & Voluntary Services
Emma Powley - Governance Officer

56 APOLOGIES FOR ABSENCE

Gary Eves (CCG) substituted by Karon Foulkes
Wilf Fearon
Karla Banfield substituted by Lisa Lopez
Helen Woodiwiss (NHS)

57 DECLARATIONS OF INTEREST

None.

58 MINUTES

The minutes of the meeting held on the 28 September 2021 were agreed and signed by the Chair.

59 CORPORATE PARENTING INCLUDING RECRUITMENT OF FOSTER CARERS / SUPPORTED LODGINGS

Mary-Anne Cosgrove (Head of Children in Care) updated the Board and gave a presentation which included information about the current status of recruitment of Foster Carers / Supported Lodgings

Sophie Russell (Head of Children's Strategy and Improvement, Children's Integrated Services) elaborated on the presentation and explained that Supported Lodgings was one of the key projects in terms of meeting Council's Corporate Parenting responsibilities. The following information was highlighted:

- a) Unfortunately the newly recruited Co-Ordinator for Supported Lodgings did not take up the post. However Barnardos has provided support and this has meant that Supported Lodging Host recruitment and training has progressed.
- b) Nottingham City Council has continued to work with Banardos on the 'Place to call Home' project, which is a regional initiative to increase foster placements and supported lodgings for Unaccompanied and Separated Children (UASC), funded by the Department for Levelling Up, Housing and Communities.

- c) The operating model would take into account lessons learned from the experience as well as other regional projects in order to develop a bespoke solution for the East Midlands.
- d) To date, 4 individuals/couples have been approved at panel, 2 of which were through a 'Place to call Home'. These would provide a positive environment for children and UASC's and meetings were held on a regular basis between the Barnados lead and the Council's Placement Team.
- e) Work was being undertaken to increase the number of hosts and the number of good quality foster placements and to increase the amount of in-house carers by offering support and providing mentoring opportunities.
- f) Currently, there are 250 placements supported by the service and whilst there have been some de-registrations and resignations, the majority have been for positive reasons such as to offer more permanent homes and/or adoptions.
- g) There are 13 approved in-house carers this year since April (2021); 7 are currently in their assessment stage and 3 who are waiting their paperwork to start them in the assessment and the Council is currently meeting on a regular basis in supporting a number of carers groups.

The Chair thanked both the Head of Children in Care and the Head of Children's Strategy and Improvement, for their presentation and emphasised the importance of the role the Council had as Corporate Parents and stressed the ongoing commitment to achieve the best for children in care. There was a continued need for the Council to connect with all partners to try and raise the profile of fostering and supported lodging schemes in order to recruit additional foster carers so that children can live in the City and continue to attend their usual schools whilst living in a thriving, supportive setting.

In response to questions asked, the following information was noted:

- h) Work was being undertaken to recruit far and wide for foster carers as there remained some competition from independent fostering agencies and efforts were underway to ensure that the Council's offer is as competitive as possible, specifically across the East Midlands region with continued efforts to increase the profile of the City's fostering team.
- i) There were continued efforts made to increase the number of Black, Asian and minority ethnic (BAME) foster carers to assist with the provision of a diverse range of carers which included the involvement of Churches and Faith Groups.

60 SUPPORTING FAMILIES: FAMILY HUBS IN NOTTINGHAM CITY

Julia Bramble (Service Manager- Early Help Services) delivered a presentation to the Board and explained that in November 2021 the Autumn spending review – Government announced £82M to support family hubs with first £12M released for the Family Hub Transformation Fund to support 12 local authority areas, who do not currently have family hubs of which Nottingham City Council had submitted a bid. The following points were highlighted:

- a) The Government were committed to championing the introduction of Family Hubs and preferred approach would be to include hub buildings and virtual offers using a 'hub & spoke' delivery model that includes outreach in the community and support in the home.
- b) It is intended that the Family Hubs provide a single point of access to families, offering a 'one-stop shop' of family support services across their social care, education, mental health, physical health needs and other children and adult services. The focus will be on the use of Community venues to offer a blended approach that will not excluded those who are living with digital poverty so that all users can access services.
- c) There would be various key services that would be delivered and despite a reduction in budget, it was considered that the Hub approach would continue to offer much needed support and adjust how the Council delivers its services.
- d) Family Hubs would offer a multitude of services and would bridge any gaps that are currently evident. The services offered would include family counselling, youth work, early help, birth registration, youth mental health hubs which would meet all of the needs throughout the process, without the need to signpost people to other various places.
- e) There were 3 principles underpinning the family hub delivery which were:
 - 1) Access
 - 2) Connection
 - 3) Relationships
- f) In order to deliver the hubs well, it would be necessary for staff to be able to respond to every family and to link them to the appropriate services. There would be co-production with other agencies, not just Local Authorities, but also with the community and voluntary sector.
- g) A key to this success would be on families only needing to their story once. There would also be strength based approach to support resilience and to build on family relationships; this would more likely prevent abuse within families reduce the likelihood of situations escalating into domestic abuse.
- h) It was noted that the funding is for the change process only and not for service delivery. The Board were informed that the funding was to transform to a family hub model of service delivery and open hub(s) by March 2024
- i) The £1m grant would be partitioned with £833K Programme Expenditure to fund a local transition team, local consultation, workforce development, development of a digital strategy/data strategy, marketing and communication with families and a £167K Capital Expenditure which would financially contribute to adapting existing buildings; improving accessibility and to enable multi-agency working. This could include, for example, IT upgrades; new furniture to ensure suitability for older children; and new equipment such as sinks or specialist flooring for clinical use.

- j) The bid would need signing off by the Director Children & Adult Services, Director of Public Health and Health and the Well Being board and the Children's Partnership Board were being asked to agree and support and it was requested that the Board is built into the governance structure for the Family Hubs. They would be provided with updates on the transition and would receive updates and reports on progress, risk and challenges.

The Chair thanked everyone for their contributions to the presentation and stated that it was key that the Children's Partnership Board support the bid and noted that the governance of the family hubs would be paramount to the success of the hubs. The Chair left the meeting having thanked the Head of Children's Strategy and Improvement for her efforts during her employment, handed over to the Vice Chair.

In response to questions asked, the following information was given:

- k) If funding was approved a Communications and Marketing Officer would be recruited to ensure that the message was delivered about changes to the services; service users would be made aware and signposted correctly as would all partners to maximise cohesion.
- l) The location of the Hubs were not yet established and would have to go out for public consultation, but efforts would be made to make them as accessible as possible to those living in and around the city.
- m) Focus would be placed on the 0-19 year old age bracket rather than the 0-5 years that is currently offered. Work was underway with the Department for Work and Pensions (DWP) who had been tasked with establishing Youth Hubs both to learn from and to ensure that there was no duplication of work. SEND families would also be involved to add value and insight as part the consultation.

The Vice-Chair thanked everyone for their participation and their hard work and wished them every success in getting a successful bid.

61 PARTNERSHIP UPDATE: VIOLENCE REDUCTION UNIT

Natalie Baker-Swift (Programme Manager - Violence Reduction and Early Intervention) gave an update to the Board on the Violence Reduction Unit. The following information was highlighted:

- a) The Violence Reduction Unit was a Home Officer funded team, reporting to the Police and Crime Commissioner and were one of eighteen in England and Wales. The main focus of the unit was on prevention of violence with regards to offending and re-offending.
- b) Emphasis was placed on prevention and early intervention with focus on children and young people up to 25 years. Recent data showed that there had been a 22% reduction in violent crime in Nottingham but those figures were considered to be an anomaly and likely to be attributed to the pandemic and various lockdowns.
- c) There had been some qualitative research carried out establishing a number of key priorities; there was a need to improve the quality of ethnicity data, align resources

and data sets with partners to support SV Duty and research had been undertaken into how boys' beliefs and behaviours develop in relation to violence. This information would allow the Unit to identify where system-wide changes can reduce the causes of violence and exploitation of women and girls.

- d) Trauma-informed approaches, resilience and contextual safeguarding were identified as a further priority to develop and embed, trauma informed practice through a Trauma-Informed Care Strategy for Nottingham and Nottinghamshire and the development of learning tools for practitioners, managers, leaders in the voluntary and community, private and public sectors.
- e) The Youth Endowment Fund had been given £200 million over 10 years from the Home Office Serious Violence Fund to fund and evaluate 'what works' to reduce serious violence. Currently, the unit were bidding for £2m in collaboration with Children's Society to augment 'Next Gen' programme to offer whole family support as well as intensive interventions for at risk Children and Young People.
- f) A new Serious Violence Duty as part of the Police, Crime, Sentencing and Courts Bill 2021 is expected to come into effect in 2022 to 2023 which would provide a collaborative response to Serious Violence. Community and Voluntary Sectors would also be involved in collaborative work to prevent and reduce instances of serious violence and the wider impact that it has.

The Vice-Chair thanked the Programme Manager for her presentation and update.

62 PARTICIPATION UPDATE

Jon Rea (Engagement & Participation Lead Officer) gave a verbal update and gave a summary of the work progressing around the voice of Children and Young People through the participation strategy for the Children's Partnership. The following information was highlighted:

- a) A Partnership Steering Group had been held which had included colleagues from Play, Youth, Safeguarding, Education, Small Steps Big Changes (SSBC), Culture as well as colleagues from the Universities who had identified some of the challenges they wanted to take on as a Partnership Group.
- b) The Council had agreed to enter into a 3-year project with Small Steps Big Changes (SSBC) to achieve a Child Friendly City status for Nottingham. It was explained that this was a commitment to fulfilling the rights of the child where children's voices, needs and rights are integrated in laws, policies, regulations, programmes and budgets. The impact of this would allow children to have greater opportunities to have their voices heard and increase feelings of empowerment.
- c) Work was progressing with the Safeguarding Children's Board aligning more closely with the Children's Partnership Board to ensure shared principles of partners and using the same frame of reference with regards to the rights of the child, the voice of the child and empowering them to articulate their views and opinions.

- d) Nottingham City Council were currently chairing the East Midlands Regional Participation Leads Group working with colleagues from the regional improvement and innovation alliance around 2 work streams - SEND and CIC and Care Leavers to ensure the environment of language structure in the care environment is more organic; de-institutionalize language structures being applied on a regional footprint with ten other Local Authorities within the East Midlands.
- e) Throughout Covid, the work of the Youth Cabinet had continued and had provided and youth leadership forum and the Children in Care Council have been very impressive as a support group to the Council. In the past quarter the CiC Council have worked on key skills for independence developing skills to be able to go out into adult life where they are properly equipped.

Engagement & Participation Lead Officer thanked the Head of Children's Strategy and Improvement, Children's Integrated Services for all her work, stating that she had been instrumental in making sure the voices of children are heard.

The Vice-Chair thanked both the Engagement & Participation Lead Officer and the Head of Children's Strategy and Improvement, Children's Integrated Services for their work and emphasised the importance of the Children in Care Council and the Youth Cabinet and stated how pleased she was to hear young people speak so highly of the work of the Council.

63 KEY MESSAGES AND ITEMS FOR INFORMATION

There were no further items or key messages for this item

64 FORWARD PLAN AND SUGGESTIONS FOR FUTURE AGENDA ITEMS

The Vice Chair stated that if partners would like to add to the forward plan to contact Constitutional Service with their requests.

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Children & Young People's Collaborative Commissioning

Page 11

Katy Ball

Director of Commissioning & Procurement, Nottingham City Council

Gary Eves

Head of Mental Health, Learning Disability & Children's Commissioning,
Nottingham and Nottinghamshire CCG

National context

- Integration White Paper: ‘Health and social care integration: joining up care for people, places and populations’ (Department of Health and Social Care, February 2022)

*“Successful integration is the **planning, commissioning and delivery** of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole. Everyone should receive the right care, in the right place, at the right time.”*

What does this mean?

- Support around individuals, not organisations. *Designing shared outcomes which will place person-centred care, improving population health / outcomes, and reducing inequalities at the centre of plans for reform.*
- Co-production with people and providers, to re-imagine the system. *While strategic, at-scale planning is carried out at the Integrated Care System (ICS) level, places will be the engine for delivery and transformation.*
- Shift away from historical transactional relationships and move towards enabling place-based 'collaboratives' to create better solutions, and risk share.
- More creativity about pooling resources. *How we will make progress on the key enablers of integration and collaboration (workforce, digital and data, and financial pooling and alignment).*
- Effective leadership, accountability and oversight for delivery of shared outcomes.

Local context - system

- Developing ICS collaborative commissioning / planning:
 - Framework and policy for how we collaboratively plan and commission
 - Identify test areas for 'Learning Laboratories'
 - Agree collaborative commissioning plan
 - Pledges as anchor organisations e.g. local spend, environmental, social, economic
 - Reflecting on the commissioner relationship with communities and the VCS

Examples

- Current areas of collaborative planning and commissioning:
 - Sub-regional: *placements market to improve quality of homes for our children in care*
 - System: *residential support services for children and young people with complex health, therapeutic and care needs*
 - Place-based (Nottingham City): *short breaks for children and young people with complex disabilities and health needs*
 - Individual: *national pilot to test alternative approaches to organising individual care for children and young people with a range of complex education, health and care needs who fall through existing frameworks i.e. Continuing Care*

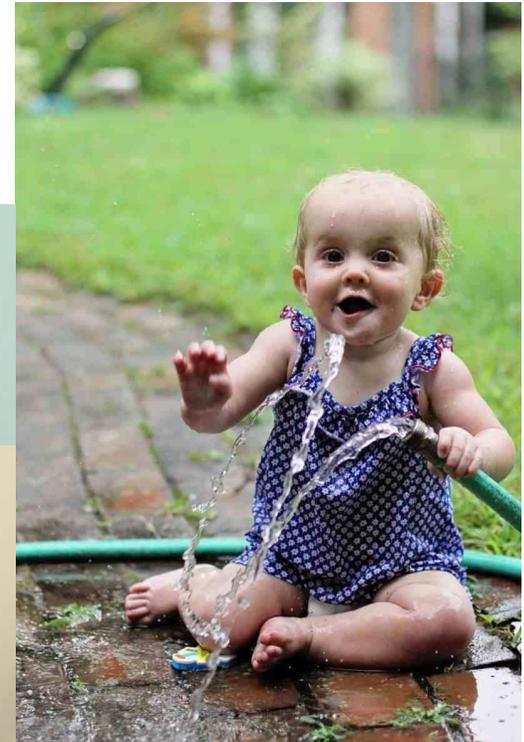
Nottingham and Nottingham Children and Young People Strategic Commissioning Review (20/21)

- Findings:
 - Some examples of effective collaborative planning and commissioning i.e. complex care, but ad hoc and based primarily on individual relationships
 - No group focusing on collaborative strategic planning and commissioning at a system level
- Recommendations:
 - Identify mechanism for collaborative strategic planning and a tool for collaborative strategic commissioning
- Outcomes:
 - Establish strategic and executive planning groups – spanning CCG, children’s services and public health leads
 - Develop a collaborative commissioning plan / strategy – in development

Bring back here...

- Collaborative Commissioning Plan for Children and Young People
- 0-5s Best Start Strategy for Nottingham
- Child Friendly City work with Unicef

Page 17



Q. What does the Partnership think the opportunities might be to make a real difference to children's lives through commissioning differently?



Nottingham City's Local Area Inspection

How effective is the local area in identifying, assessing and meeting needs and improving outcomes for children and young people with special educational needs and/or disabilities (SEND) 0-25

Page 19

Children's Partnership Board
Tuesday 29th March 2022

Nick Lee, Director of Education
Janine Walker, Head of SEND & Vulnerable Pupils
Sara-Jane Brighthouse, Project Manager Children's & SEND
Gary Eves, Head of Mental Health, Learning Disability & Children's Commissioning



Agenda Item 5

SEND Local Area Inspection Framework

Joint Ofsted and Care Quality Commission inspection

The inspection took place between Monday 8th November and Friday 12th November 2021.

The team comprised: 2 Ofsted HMIs, 1 CQC inspector and 2 QA inspectors

The inspectors determined their schedule which included:

- meeting with children and young people
- meeting with parents and carers including Rainbow Parent & Carer Forum
- a focus group with a range of early years providers
- a meeting with the Designated Clinical Officer & Designated Medical Officer
- visits to seven nominated education settings - 2 Primary academies; 2 secondary academies; 2 special schools (1 academy / 1 local authority) and Nottingham College
- visits to a range of health providers
- 18 focus groups with officers from early years, education, health, social care, Futures, and community providers

Inspection outcome

- The SEND local area inspection does not create a graded judgement.
- It leads to a published report letter that gives a narrative judgement about how well the local area has implemented the SEND Reforms for children and young people with SEND and their families. The report identifies strengths and areas for development.
- However if significant weaknesses are identified during an inspection a Written Statement of Action is issued. This is a formal requirement for improvement with Ofsted and CQC oversight.
- The inspection did not identify any significant weaknesses in Nottingham City's local area SEND provision that would require them to issue a Written Statement of Action.

How does Nottingham compare?

- The poorest areas of England are “most likely” to have “significant weaknesses” in their special educational needs and disabilities provision (Ofsted).
- Following inspection, two thirds of areas in the “most deprived quintile” were required to produce and submit a written statement of action (WSoA), compared to half of areas in the “least deprived quintile”.
- 80% of local areas inspections during 2021 received a written statement of action.
- 50% of Nottingham’s statistical neighbours received a written statement of action.
- Of the 8 English core cities, 62% received a written statement of action.

Strengths

“Area leaders were quick to respond to the SEND reforms. They undertook significant and timely actions when the reforms were introduced. Education, health and social care leaders and professionals share a common ambition for Nottingham to be a truly inclusive place to live.”

“Leaders demonstrate their commitment to inclusion through prioritising funding to meet children and young people’s needs at the earliest possible stage and in their own community.”

“Leaders understand the current strengths and areas to improve in Nottingham’s SEND arrangements. There is an appropriate strategy in place to improve outcomes for children and young people with SEND.”

“Professionals work together effectively across services to identify the needs of children and young people with SEND. This effective work continues during the pandemic.”

“Children and young people with complex needs benefit from early identification of their needs.”

“Ahead of guidance from the government, the Designated Clinical Officer team worked with Nottingham City’s and Nottinghamshire’s public health and education teams, to assess and agree interim steps to allow the safe reintroduction of children requiring aerosol generating procedure back to school during the pandemic.”

“Early years provision for children with SEND is strong. The ‘Small Steps, Big Changes’ team supports families and helps children with SEND to develop their communication skills and understand their emotions and behaviour.”

“Children and young people with SEND have access to a variety of health services, including the school nurse ‘Text Health’ text service for 11- to 19- year-olds.”

Strengths

“The introduction of the ‘Routes to Inclusion’ initiative and the work of the Intensive Support Team is having a positive impact on supporting schools and colleges to reduce the use of exclusions.”

“Good partnership working with schools and early years.”

“The virtual school carefully oversees children and young people with SEND who are also in the care of the local authority.”

“Highly effective partnership working through ‘Futures’ supports young people to prepare for adulthood. ‘Futures’ provides a range of services for young people with SEND.”

“A well-planned personal budget process provides clear information to parents about what is available to them and how budgets can be spent.”

“There is wide-ranging support for children and young people’s social and emotional well-being and mental health needs, as well as for parents and professionals working with the family.”

“Settings, schools and colleges, in partnership with area leaders, support children and young people with SEND to make progress. Those with complex needs make strong progress.”

Areas for development

“An external review has made recommendations to improve commissioning arrangements. Leaders have responded to these recommendations by establishing structures to strengthen joint commissioning arrangements. Appropriate plans are in place to develop a joint commissioning strategy in the near future. The current absence of an overall joint commissioning strategy limits the area’s ability to use commissioning as a tool for improvement.”

“Leaders have developed a coherent plan to support children and young people with SEND to prepare for adulthood. The plan identifies what should happen at each stage of a child or young person’s school life. The pandemic delayed implementation of this new consistent approach.”

“Educational outcomes for children and young people with SEND in Nottingham are improving but are still too low. Leaders are driving necessary improvements, including training for staff. Some actions have been delayed by the pandemic.”

Areas for development

“Area leaders have not communicated their strategy for identifying, assessing and meeting the needs of children and young people with SEND clearly enough. A large proportion of parents do not understand or appreciate the strategy. Many do not know where to find information and guidance to improve outcomes for their children.”

“The online local offer for children and young people with SEND is not well publicised. It does not capture all the services and activities. There is no effective oversight of the local offer website to ensure that it is well maintained and accessible to all parents and carers.”

“The neurodevelopmental pathway is not communicated well enough to parents. As a result, some parents have unrealistic expectations of what support their children will receive once diagnosis has been confirmed.”

“There are limited social and recreational opportunities in the community that children and young people with SEND can access.”

“The short-break offer does not currently meet the range of diverse needs and disabilities of children and young people and their families. Some parents find it difficult to access the short breaks and respite provision they want. Leaders are working to address the gaps in provision for short breaks.”

Next steps

Align the findings of the inspection report in future SEND plans, the refresh of the joint strategic needs assessment SEND Chapter to update the current self-evaluation framework and action plan.

Review SEND governance and strategic oversight arrangement

Review and refresh the current SEND strategy & priorities via co-production with all stakeholders including children with SEND and their families

Develop a local area communication strategy to improve co-production and engagement and ensure children, young people with SEND and their families have access to clear, up to date and relevant information (consideration of EAL and digital poverty)

Develop a joint commissioning strategy and alignment of local area priorities (ICS)

Improve the data and analysis infrastructure and resources to measure the impact of interventions on outcomes for children; target resources in the areas of highest need and strategically plan for the longer term.

Implement a collaborative Quality Assurance process of EHC plans including quality of social care and health reports

Children and young people in education settings told the inspectors that they feel safe and well supported in schools and are proud of living in Nottingham.

They also told inspectors about their aspirations for the future. At the final feedback session the inspection team described our young people “as a credit to Nottingham City”.

Link to the Nottingham City Joint Ofsted & CQC SEND Local Area Inspection Report Letter

<https://reports.ofsted.gov.uk/provider/44/8053>

3



Nottingham & Nottinghamshire ICS Children & Young People's Transformation Programme

Nottingham City Children's Partnership Board
29 March 2022

The Children and Young People's National Transformation Programme

The Children and Young People's National Transformation Programme was established to oversee the delivery of the children and young people's commitments in the Long Term Plan. National and regional programme boards have been created.

Their vision is that every child and young person in England will have equitable access to high quality health and care services which are tailored to their needs and available when they need them. These services will be joined up across health and social care settings to ensure the best outcomes are achieved, enabling every child and young person to achieve their goals and life potential.



Integrate

- We will **integrate services for children and young people** by working with local health system to develop and test integrated models of care. We will then scale proven models of care across the country. We will work across health and social care to ensure we are keeping children well and proactively support them to live as healthily as possible.



Improve

- We will **improve quality of care** for CYP with long term conditions like asthma, epilepsy, diabetes and obesity.
- Develop a system to detect the deteriorating child



Include

- We will **include children and young people in national policy and programme** development to ensure that services are designed to meet the needs of CYP.
- Youth Champions and the Stakeholder Council will be central to testing policy development and delivery plans with CYP.

N&N ICS report to the Midlands CYP Transformation Programme Board

- MOU agreed to deliver outcomes as an ICS
- Limited funding - £85K promised for infrastructure to 2024. Reduced to £81K this year with expectation to use across development areas
- Regular updates required on progress

Background – A Case for Change

Obesity

- In 2016, 23% of 4-5 year olds and 34% of 10-11 year olds were overweight or obese and 4% of 10-11 year olds had severe obesity
- **2.5 million children in England are overweight or obese – with 1.22 million significantly obese** and eligible for treatment according to NICE guidance

Asthma

- The UK has one of the **highest prevalence, emergency admission and death rates for childhood asthma** in Europe, despite a slight fall in unplanned admission rates for asthma from 256 to 185 per 100,000 population between 2006/7 and 2016/17 in England

Hospital / ED admissions

- In England, children and young people make up **26% of all emergency department attendances** and are the most likely age-group to attend emergency inappropriately. We know around 30-50% of ED attendances **could be managed in integrated care services** linking primary and community care with paediatric expertise.

Epilepsy

- Epilepsy is the **most common significant neurological disorder** in children under the age of 19: more than one in 220 have epilepsy (approximately 63,400).
- The total costs of admissions attributable to paediatric epilepsy in 2016-17 was £18.4m.

Diabetes

- **31,500 children and young people under the age of 19 have diabetes** in the UK, with 95% having Type 1 diabetes.
- **Rise in obesity may result in more Type 2 diabetes** in the long term

Infant mortality

- **60% of child deaths occur during the first year of life**, and 70% of those are in the neonatal period (within the first month of life). **Without action, UK infant mortality rates could be 140% higher** than other comparable countries by 2030

Background – A Case for Change

Obesity *

Nationally

9.9% children 4-5 years were obese.
1 in 5 children 10-11 years were obese

Nottingham City

12 % children 4-5 years were obese
1 in 4 children 10-11 years were obese

Nottinghamshire County

9 % children 4-5 years were obese
1 in 5 children 10-11 years were obese

Asthma *

Nationally

158.3 emergency admissions for asthma per 100000 children aged 0-19

Nottingham and Nottinghamshire

better than 99.8% of other areas in England with a rate of 96 emergency admissions for asthma per 100000 children 0-19 (number =85)

Hospital / ED admissions “

Nationally

655 ED attendances per 100000 children under 4 years

Nottingham City

717 ED attendances per 100000 children under 4 years (number =14900)

Nottinghamshire County

553.2 ED attendances per 100000 children under 4 years (number =24830)

Epilepsy *

Nationally

77.2 emergency admissions for epilepsy per 100000 children aged 0-19

Nottingham and Nottinghamshire

better than 95% of other areas in England with a rate of 55.5 emergency admissions for epilepsy per 100000 children 0-19 (number =130)

Diabetes*

Nationally

51.1 admissions for diabetes per 100000 children aged 0-19

Nottingham and Nottinghamshire

better than 95% of other areas in England with a rate of 38.4 admissions for diabetes per 100000 children 0-19 (number =90)

Infant Mortality **

Nationally

3.9 deaths per 1000 live births for babies under 1 year

Nottingham City

5.6 deaths per 1000 live births for babies under 1 year (number =22)

Nottinghamshire County

3.8 deaths per 1000 live births for babies under 1 year (number = 31)

* 2019-20 ** 2017-19

Asthma Care Bundle – ICS deliverables

- **Organisation of care:**

- System asthma lead
- System paediatric asthma network
- Develop and maintain clear pathways, ensuring responsibilities between primary, secondary and tertiary care

- **Environmental Impacts:**

- Air quality
- Asthma Friendly schools
- Housing quality
- Parental smoking

- **Early and Accurate Diagnosis:**

- Primary care diagnostic hubs
- Health education strategies

- **Effective Preventative Medicines:**

- Prescribing standards
- Personalised asthma care plans
- Reviews
- Self-management

- **Management of Exacerbations:**

- Emergency and urgent care assessment, treatment and referral standards
- Discharge planning standards

- **Severe Asthma:**

- Access to severe asthma service
- Severe Asthma National Network

- **Data and Digital:**

- CYP asthma dashboard

- **Capabilities, Training and Education Needs:**

- CYP Asthma Core Capabilities Framework

ICS CYP Clinical & Community Services Strategy (December 2019)

- Priorities for change:

- **Prevention – a healthy start in life:** *Obesity | School readiness | Vaccinations | Early learning | Whole family approaches*
- **Improving the health of the whole child:** *Transitions*
- **Out of hospital services for children:** *Minor physical ailments | Emotional and behavioural diagnosis and support services | Severe disability and complex needs*

- Transformation proposals:

- **Prevention – a family approach to wellbeing and healthy start in life is adopted across the ICS:**
 - *Joined up early help assessment and support | Open access Children’s Centres | Emotional wellbeing, resilience and behaviour change | Systemwide awareness of ACEs and trauma informed care | Vaccination uptake | Oral health | Teenage pregnancy | Sex and Relationships Education in schools*
- **Improving the health of the whole child (1) – an integrated model of care will be adopted to meet the mental health and emotional wellbeing of children and families across the ICS**
 - *Early support for mental distress | Suitably resourced and responsive emotional and mental health support | Mental health crisis services available 7/7 | Resilience charter*
- **Improving the health of the whole child (2) – developmentally appropriate healthcare in both paediatric and adult services will be provided across the ICS**
 - *Tapered transition experience to the age of 25 years based on development needs | Transition from paediatrics to primary care / Seamless pathways between children’s and adult services*
- **Out of hospital services for children (1): Our young people are at the centre of well planned, integrated and supported transition**
 - *Stratified approach and service provision to support urgent/crisis care in order to avoid unnecessary attendance or admission| Crisis services available 7/7 / Prevention of escalation and crisis presentations in acute providers / Call for care or first response type services*
- **Out of hospital services for children (2): Disabled children and young people receive child-centred multiagency coordinated services**
 - *Sufficiency of skilled care workers to enable hospital discharge | Whole population, whole system pathways for people with Long Term Conditions and/or complex care | Investment and support for carers*

Linked system strategic, improvement and transformation programmes

- **Safeguarding Children Partnerships (Nottingham City and Nottinghamshire)**
- **Place and local authority CYP programmes:**
 - Place Based Partnerships (PBPs) CYP priorities (Nottingham City / Mid Nottinghamshire / South Nottinghamshire)
 - Special Educational Needs & Disabilities (Nottingham City and Nottinghamshire)
 - Looked After Children (Nottingham City and Nottinghamshire)
 - Youth Justice (Nottingham City and Nottinghamshire)
 - Children's Social Care improvement programmes (Nottingham City and Nottinghamshire)
 - Early Help (Nottingham City and Nottinghamshire)
 - Public Health programmes (Nottingham City and Nottinghamshire)
 - Best Start (Nottingham City and Nottinghamshire)
 - Small Step Big Changes (Nottingham City)
 - Nottingham City Children's Partnership Plan (Nottingham City)
 - Child Friendly City Initiative (Nottingham City)
- **ICS-wide transformation improvement programmes:**
 - Mental health transformation programme
 - Learning disability / autism transformation programme
 - Local Maternity and Neonatal System (LMNS)
 - Planned care and cancer
 - Urgent and emergency care, proactive care and self-management
 - Primary care
 - Community care
 - Estates
 - Personalisation
 - Medicines optimisation and pharmacy
 - Prevention, inequalities and wider determinants of health
- **Regional programmes:**
 - South Yorkshire ICS Children's Transformation Programme (Bassetlaw-specific)

What does this all mean for the CYP transformation programme?

- How do we describe the **scope** and **interdependencies** of our CYP transformation programme which reflects:
 - NHS England transformation programme 'must-dos'
 - Broader ICS vision, aims and priorities
 - ICS CYP Clinical and Community Services Strategy
 - Wider system improvement and transformation priorities, *including adult-focused programmes?*
- What are our **big ambitions** for the CYP transformation programme? And how adult-focused programmes help to identify these to support **prevention and early intervention** aims?
- What is our **vision** for CYP across the ICS?
- What **values and behaviours** are required to deliver the programme across all partners?
- How do we ensure this is **co-produced** with children, young people and families and **co-created** with system partners?

West Yorkshire Children, Young People & Families Programme

Ambition: To close the gap in health and wellbeing outcomes for all children and young people across West Yorkshire and Harrogate, no matter where they were born, live and go to school.

Vision: All children and young people will have the best start in life and the support and healthcare needed to enable them to be safe from harm and to enjoy healthy lifestyles, to do well in learning and have skills for life.

Page 37



Voice of the child and young person at the heart of everything we do asking one question...

“What is it like being a child growing up in West Yorkshire and Harrogate and how do we make it better?”

Children, Young People & Families big ambitions...

1 Best Start: All babies will have the best start in life growing into healthy children who are safe from harm, enjoy healthy lifestyles, do well in learning and have skills for life with well supported families.

2 Healthy Weight, Nutrition & Food Resilience: Communities supported to be a healthy weight, be active & have access to nutritious food along with trauma informed support to manage their weight no matter their age, background, circumstance or where they live. This includes **halting the trend in childhood obesity by 2024 & halving it by 2030 through a life course approach prioritising reducing the gap between children from most & least deprived communities.**

3 Family Resilience & Early Help: Families who have challenges get the care and support they need to ensure that their children are safe and well. This will include developing a **common outcomes framework** to evidence the impact of early help and a **practice approach to online/remote delivery of parenting support and training.**

4 Children's Healthcare in the Community: Families will get the right care in the right place at the right time for their acutely ill children. They will be supported to be **happy, healthy and at home with the best care as close to home as possible.**

5 Adversity, Trauma & Resilience: West Yorkshire & Harrogate will be a **trauma informed and responsive system by 2030** working with people with lived experience and across all sectors.

6 Complex Needs and SEND: Children & young people with additional needs will have a comprehensive offer to support them to have great outcomes in early years, school life and as they move into adulthood. This will include a **consistent offer** and understanding and **responding to the impact of the Covid-19 pandemic.**

7 Long Term Conditions (Asthma): Children & young people with asthma will have access to high quality care & receive **consistent advice and information** to enable them to reach their full potential. We will work with families ensuring that their voice is heard and at the centre of what we do. We will work to **achieve a seamless transition of care** between children and adult services.

8 Long Term Conditions (Diabetes): Every child & young person with diabetes will **have access to the same level of diabetes care**, education and clinically approved **technology** for effective self-management. **Families' voices will be championed** and represented in diabetes services.

9 Long Term Conditions (Epilepsy): Children & young people will receive a consistent offer with **improved access to Psychology Support and Transition Services** using learning from the Epilepsy 12 Audit and the national Epilepsy Quality Improvement Programme.

10 Palliative & End of Life Care: Children & young people who have a life limiting condition will get the **right care in the right place at the right time** with support for their families through the life course and at end of life.

What does this all mean for the CYP transformation programme and the Partnership?

- Where do Partners fit within this programme?
- What are the opportunities?
- How does this impact the Partnership's strategic developments i.e. Best Start, Family Hubs?
- Who needs to be involved strategically and operationally?
- Are there existing young people groups that can support the development?

Nottingham & Nottinghamshire ICS Context

(for information)

Nottingham and Nottinghamshire ICS

Overview

Our health and care partners across Nottingham and Nottinghamshire came together in 2016 in a Sustainability and Transformation Partnership (STP) with the collective goal of improving the quality and sustainability of health and care services.

This collaboration subsequently evolved into an Integrated Care System (ICS) in 2018 focussed on becoming a fully population health focused health and care system – a system where all partners are focused on the entire spectrum of interventions, from prevention and promotion to health protection, diagnosis, treatment and care; and integrates and balances action between them.



ICS members include:

- Nottingham City Council
- Nottinghamshire County Council
- City Care
- Nottingham and Nottinghamshire CCG
- Nottingham University Hospitals NHS Trust
- Sherwood Forest NHS Foundation Trust
- Nottingham Healthcare NHS Foundation Trust

The ICS covers a diverse population of over 1 million people living in the City of Nottingham (332,000) and Nottinghamshire County (764,700), however this does not include the residents of Bassetlaw as they are part of the South Yorkshire and Bassetlaw health care system

Challenges to be addressed

The key challenges faced and therefore to be addressed by the Nottingham and Nottinghamshire Integrated Care System can be grouped into three categories, that have a reinforcing effect on each other: the health and wellbeing of the population, the provision of services and the effective utilisation of health and care system resources.

Health and Wellbeing

- More people are living longer in ill health
- Deprived communities and certain groups of people have greatest exposure to factors that impact adversely on health
- COVID-19 has had a disproportionate impact which has widened the health inequalities gap

Service Provision

- Current health & care services have been set up to help sick people get well, often in a hospital setting
- Do not routinely and systematically identify and support people with ongoing needs
- Inequity of access to services (including digital and virtual services) has widened the health inequalities gap

Resource Utilisation

- Increasing vacancies in health and care workforce
- Ageing estate with high level of backlog maintenance
- Significant financial deficit forecast over next 5yrs, underpinned by recurrent deficit, non-delivery of savings plans and increasing activity/demand
- Resource allocation does not reflect population health need

Overview of the ICS footprint

The Nottingham and Nottinghamshire ICS covers a diverse population of over 1 million people living in the City of Nottingham (332,000) and Nottinghamshire County (764,700), however this does not include the residents of Bassetlaw as this is part of the South Yorkshire and Bassetlaw healthcare system.

City of Nottingham

- There is a rich cultural mix across Nottingham City - 35% of population are from black and minority ethnic (BME) groups
- Nottingham City is the 8th most deprived district in the country. 61 of the 182 City Lower Super Output Areas fall amongst 10% most deprived in the country and 110 fall in the 20% most deprived
- Life expectancy for males is 77 and females 82 years old, which is below the England average
- 12% of the population are aged over 65, the England average is 18%, 30% of the population are aged 18-29 (full time university students comprise 1 in 8 of population)
- In the short to medium term, Nottingham City is unlikely to follow the national trend of large increases in the number of people over retirement age, although the number aged 85+ is projected to increase
- Despite its young age structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability
- 13th highest unemployment rate in the country, 12.7% of people are claiming out of work benefits
- Over 2 in 5 households do not have access to a car, this is the highest level of bus use per head outside of London

Nottinghamshire

- Across Nottinghamshire 4% of the population is from black and minority ethnic groups
- Deprivation levels as a whole are comparable with England, however there are some communities with the highest levels of deprivation in the country and some in the lowest levels – 25 Lower Super Output Areas are in the 10% most deprived areas in England that are concentrated in the districts of Ashfield (9), Mansfield (6) and Newark and Sherwood (3)
- Life expectancy for males is 80 and females 83, which is similar to the England average.
- 20% of the population are aged 65+, compared to the England average of 18%. The population is predicted to continue to age over the next 5 year, with the population aged 65+ expected to increase by c.7% and the population over 85 by c. 8%
- Older people are more likely to experience disability and limiting long-term illness . More older people are anticipated to live alone, increasing by 41% between 2015 and 2030
- Job Seekers Allowance claimant rate (May 18) is 1.1%, same as national figure



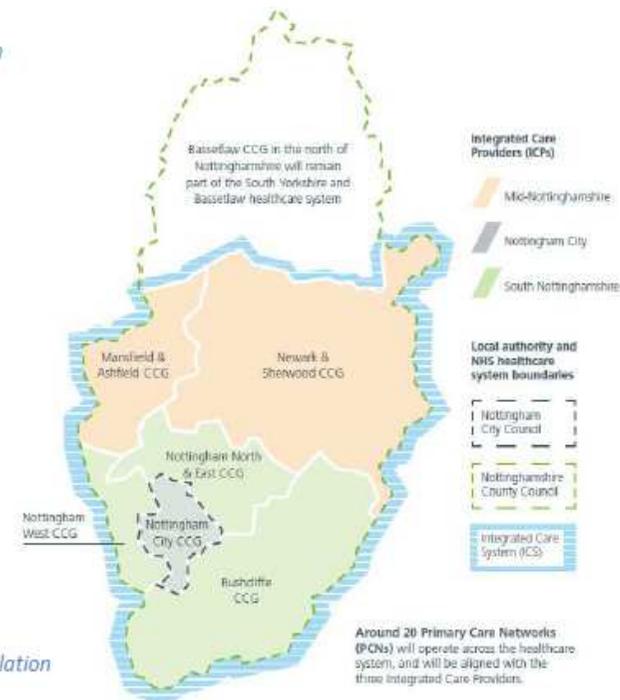
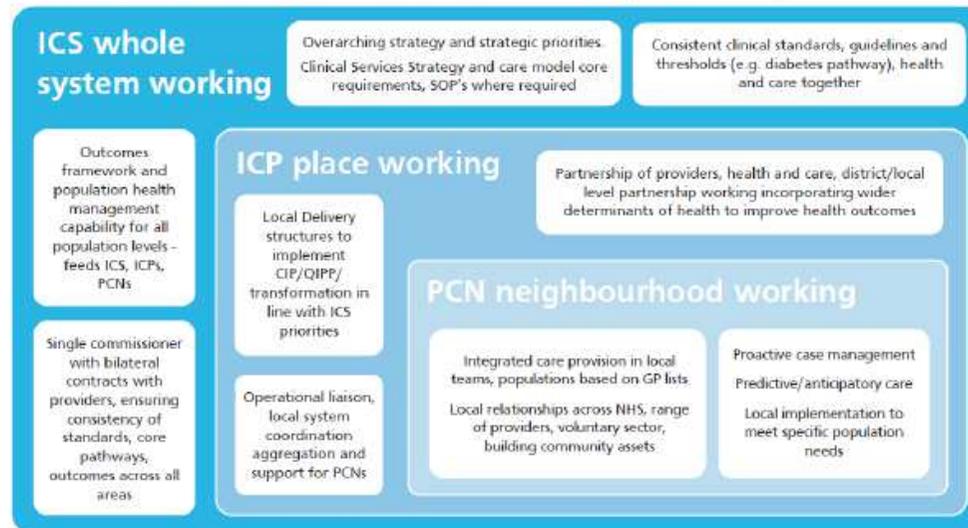
Our ICS must be flexible to meet the diverse needs of our population to tackle local health inequalities and unwarranted variation

System architecture - current

Our current Clinical Commissioning Groups will evolve into a Strategic Commissioner that will have the responsibility to create the best environment for delivery of optimum care. In addressing the population health needs and improving outcomes the Strategic Commissioner will support establishing a system architecture for delivery which enables providers to deliver care at the earliest opportunity and in the most local setting that is appropriate. The strategic Commissioning will operate at a system level and care delivery will operate at a place (ICP) and neighbourhood (PCN) level. The places and neighbourhoods will operate increasingly through co-location, collaboration and integration across all providers and will include both statutory organisations as well as the voluntary sector. As part of the move to the new system architecture, Nottingham and Nottinghamshire have established three Integrated Care Partnerships (ICPs) and 20 Primary Care Networks (PCNs).

At the system level PHM techniques can inform strategic planning or large scale prevention of tertiary services

At the place level PHM techniques should inform integrated care design



At the neighbourhood level care pathways and interventions can be considered, this is the engine room of our population health management approach. Primary Care Networks will identify groups in their local population that without intervention will go on to become unwell, and work with those patients and local services and teams to intervene as early as possible. In particular there can be a focus on health inequalities and about those patients who are known to be heading for early chronic illness and death. This approach will be driven by intelligence from GP (and wider integrated) data sets to identify at risk groups and then proactively intervene, including inviting them to wider health and care community based programmes, including those run by the voluntary sector, and longer GP consultations.

ICS 5 Year Plan (2019/20 – 2023/24)

(1) The challenges we face

The health and care challenges we face, and our plans for addressing them, are rooted in the particular needs of our Integrated Care System (ICS):

- Fundamentally, we know that across Nottingham and Nottinghamshire people are living longer in ill health and significant inequalities exist.
- We know we need more action on and improvements in upstream prevention of avoidable illness and its exacerbations to better manage current care demands
- We have made good progress with beginning to ‘join up care’ however there remain many opportunities to provide more proactive and integrate care
- There are significant improvements we need to make to the way we deliver urgent & emergency care and mental health
- We do not make best use of our resources; we have medical and nursing vacancies and short supply and do not optimise the use of our estate
- Together these factors have led to poor performance in a number of areas and a forecast financial deficit in health of £430m

(3) Our system priorities

Five priorities form the core of our transformation plans to deliver our system sustainability model and address the challenges we face:

- **Prevention, inequalities and the wider determinants of health:** More action and improvements in the upstream prevention of avoidable illness and addressing inequalities, will improve healthy life expectancy and reduce resource utilisation.
- **Proactive care, self-management and personalisation:** We will accelerate the pace and scale of the work we started to ‘join-up’ care through our Vanguard to improve support to people at risk of and living with long term conditions and disabilities, thereby giving them more control, reducing exacerbations and the need for care.
- **Urgent and emergency care:** Redesigning our urgent and emergency care system provides our single greatest opportunity to address fragmentation and unwarranted variation – central to this is ensuring the right capacity exists in the right part of the system to ensure care is provided in the most appropriate setting.
- **Mental health:** We will renew our commitment to invest in and transform mental health service to improve the quality of our service and the care they provide, and address the inequalities in mental health
- **Value, resilience and sustainability:** We will deliver increased value, resilience and sustainability across the system (including estates) through the implementation of our system sustainability model

(2) Our vision, aims and ICS sustainability model

In light of the challenges we face we have set an ambitious vision, adopted the triple aim framework and embraced a Population Health Management (PHM) approach. To translate achievement and monitor our performance against these we have developed an ICS Sustainability Model This is comprised of three interconnected components:

- A System Outcomes Framework – to provide a clear view of our success as an integrated Care System in improving the health, wellbeing and independence of our residents and transforming the way the health and care system operates
- A Key Performance Indicator Framework – to provide transparency on the key metrics and trajectories we will use to assess our systems performance
- A Resource Sustainability Model – to set out the high impact levers that will change the level of resource (finance, workforce and capacity) used by the system back in line with availability.

Together these form the shared ethos and goals of our Integrated Care System and therefore all its constituent organisations.

(4) Impact & Implications

Finance

- The system has calculated the annual efficiency requirements to deliver the System Strategic Financial Plan (20-21 4% and 21-24 2% p.a.)
- The sustainability model does not yet meet the efficiency requirements in 2020/21 with a remaining gap of £43 million. ICS partners continue to work together to identify further actions to address this.

Capital

- The system is targeting the local sources of capital funding (indicative capital budget) at addressing critical infrastructure risks and service continuity pressures.
- As a deficit financial system local capital funding is limited. External funding is required to address remaining critical infrastructure / service continuity pressures and to deliver the transformational requirements of the LTP c£1 billion

Activity

- Five year do nothing system projections agreed. Sustainability model levers targeted at non elective, A&E, outpatients and length of stay (based on national/local evidence)

Workforce

- Workforce system projections produced on same basis as finance and activity (review and triangulation underway).
- To mitigate workforce pressures we will take targeted actions (system and organisational) to address supply issues and retention.

Population health management (PHM)

Our Vision
Across Nottinghamshire, we seek to both increase the duration of people's lives and to improve those additional years, allowing people to live longer, happier, healthier and more independently into their old age

Our Triple Aim
To help us address the challenges we face and optimise the performance of our health and care system, we have adopted the triple aim framework - the guiding principles for a truly integrated health and care system:

- Improving the health and wellbeing of our population
- Improving the overall quality of care and life our service users and carers are able to have and receive
- Improving the effective utilisation of our resources

This means that as we develop and redesign our health and care system we will simultaneously pursue all three of these dimensions.

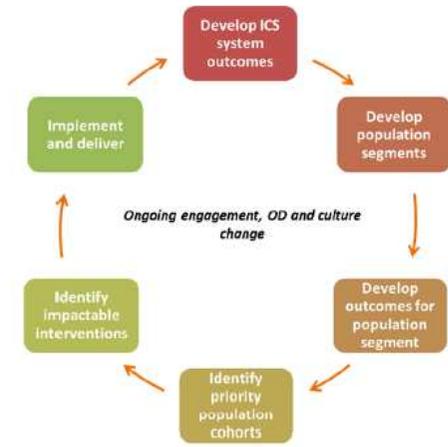
Our Approach to Population Health Management (PHM)

To underpin the delivery of our Vision and Triple Aim and address the key challenges we face, we have embraced a Population Health Management (PHM) approach across our ICS. PHM looks to improve population health by **data driven planning** and **delivery of proactive care** to achieve maximum impact. It includes **segmentation, stratification and impactability modelling** to identify local 'at risk' cohorts – and in turn, design and target interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reduce unwarranted variations in outcomes.

This approach is different from those we have taken before:

- It has a **system wide outcome** focus driven by need and not by existing services – key outcomes are focused on for identified groups, often these groups share more specific common characteristics, not just a disease diagnosis.
- It equips us to take a **systematic risk-stratification approach** – addressing inequalities in care and intervening more actively to promote wellbeing and mitigate further upward risk, complexity and ill health-drawing on different levels of skills and expertise
- It helps us address value when resourcing care. It allows us to **choose the most efficient intervention** and identify who would benefit most across the care pathway, while also enabling us to compare entire pathways.
- It focuses resource planning on **wider or social determinants of health**, and requires us to look at the healthy population, where in the past we may have focused more on the sick or those that already consume health care resources

Overview of our PHM Approach focused on outcomes



Risk Stratification Triangle for Population Segments/Cohorts

	Description	Aim
Very Complex	Patients with very complex ongoing care needs or with limited life expectancy/end of life	Support patients to have a positive experience and reduce impact of high cost resources e.g. increase patients dying at home
Complex	Patients with long-term and complex conditions including cancer – will benefit from additional level of support to prevent escalation and advancement of condition	Support people to manage conditions – through case management – and avoid unnecessary higher acuity and higher cost services
Emerging Need	People presenting with risk factors as a result of lifestyle, condition or circumstance	Enable people to self manage conditions to prevent escalation of disease as well as higher acuity services
Healthy	People with minor or no condition and low risk factors. Where a condition exists it is easily managed	Keep patients healthy and informed about alternative mechanisms. Increase early intervention

Underpinned by linked health and care data sets and analytical methods

ICS Outcomes Framework

The purpose of the framework is to provide a clear view of our success as an ICS in improving the health, wellbeing and independence of our residents and transforming the way the health and care system operates

Health and Wellbeing

Ambition	System Level Outcome
Our people live longer, healthier lives	<ul style="list-style-type: none"> Increase in life expectancy Increase in healthy life expectancy Increase in life expectancy at birth in lower deprivation quintiles
Our children have a good start in life	<ul style="list-style-type: none"> Reduction in infant mortality Increase in school readiness Reduction in smoking prevalence at time of delivery
Our people and families are resilient and have good health and wellbeing	<ul style="list-style-type: none"> Reduction in illness and disease prevalence Narrow the gap in the onset of multiple morbidities between the poorest and wealthiest sections of the population Increase the number of people who have the support to self-care and self-manage and improve their health and wellbeing
Our people will enjoy healthy and independent ageing at home or in their communities for longer	<ul style="list-style-type: none"> Reduction in premature mortality Reduction in potential years of life lost Increase in early identification and early diagnosis

Independence, Care and Quality

Ambition	System Level Outcome
Our people will have equitable access to the right care at the right time in the right place	<ul style="list-style-type: none"> Reduction in avoidable and unplanned admissions to hospital and care homes Increase in appropriate access to primary and community based health and care services Increase in the number of people being cared for in appropriate care settings
Our services meet the needs of our people in a positive way	<ul style="list-style-type: none"> Increase in the proportion of people reporting high satisfaction with the service they receive Increase in the proportion of people reporting their needs are met Increase in the number of people that report having choice, control and dignity over their care and support
Our people with care and support needs and their carers have a good quality of life	<ul style="list-style-type: none"> Increase in quality of life for people with care needs Increase in appropriate and effective care for people who are coming to the end of their lives

Indicator measures for each outcome are included in the supporting information document

Effective Resource Utilisation

Ambition	System Level Outcome
Our system is in financial balance	<ul style="list-style-type: none"> Financial control total achieved Transformation target delivered
Our system has a sustainable infrastructure	<ul style="list-style-type: none"> Increase in the total use and appropriate utilisation of our estate Alignment of capital spending for new and pre-existing estate proposals with clinical and service improvement objectives Increase in collaborative data and information systems
Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population	<ul style="list-style-type: none"> Sustainable teams with skill mix designed around our population and mechanisms to deploy them flexibly to respond to care & support needs Increase in skills, knowledge and confidence to take every opportunity to support people to self-care and take a flexible, holistic approach to people's needs with a strong focus on prevention and personalised care Increase in the number of people reporting a positive and rewarding experience working and training in the Nottinghamshire health and care system

Cross-cutting themes and enablers

- Population Health Management

- Using data to understand the needs of the population, enabling focus and resources to be tailored to areas where the impact can have maximum impact
- Helps us to understand our current, and predict our future, health and care needs so we can take action in tailoring better care and support with individuals, design more joined up and sustainable health and care services, and make better use of public resources
- Partnership across the NHS and other public services including councils, schools, fire service, voluntary sector, housing associations – *recognises that as little as 10% of a population's health and wellbeing is linked to access to health care.*

- ICS System Levels Outcomes Framework April 2019

- **Health and wellbeing:** Our people live longer, healthier lives | Our children have a good start in life | Our people and families are resilient and have good health and wellbeing | Our people will enjoy health and independent aging at home or in their communities
- **Independence, care and quality:** Our people have equitable access to the right care at the right time in the right place | Our services meet the needs of our people in a positive way | Our people with care and support needs and their carers have a good quality of life
- **Effective resource utilisation:** Our system is in financial balance and achieves maximum benefit against investment | Our system has a sustainable infrastructure | Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population

- Health Inequalities Strategy 2020-2024

- Increase understanding around health inequalities and our local population
- Promote ways of working across ICS partners, key stakeholders and communities most likely to reduce health inequalities
- Provide system outcomes which are key to reducing inequalities in health and wellbeing

Cross-cutting themes and enablers (cont.)

- People and Culture Strategy 2019-2029

- Planning, attracting and recruiting people to work in our health and care system
- Retaining staff and trainees, promoting career pathways and talent management
- Role redesign and embedding new roles
- Developing and preparing people to work in new ways, including digital skills development
- Enabling cultural change and leadership development to maximise system effectiveness

- Public-Facing Digital Services Strategy 2021-2024

- Technology Enabled Care – *providing support for self-management and self-care, remote consultations and checking, telecare services, and using smart and connected home technology.*
- Digital and Social Inclusion – *support people to get online and become more confident and capable of using digital tools that support their health, care and wellbeing.*
- Personalisation and Empowerment – *enabling people to use their knowledge, skills and expertise to manage their own health and make informed decisions and their care and treatment.*
- Co-Production and Design – *working together to design and produce solutions, using the power of shared data and knowledge to spark great new ideas.*

Focus on children and young people (CYP)

Children and Young People

Initiatives to support Children & Young People cut across our Service Priorities and Must Dos. The table below sets out the key initiatives within our system that are directly focussed on this area

System Priority / Must Do	Initiatives targeted at Children & Young People
Prevention	<ul style="list-style-type: none"> • Focus on children aged 1 year and over incl. being a test site for enhanced Tier 3 services for severe obesity. Establish ICS framework for healthy weight initiative • Develop and implement plans to improve school readiness – aligning NHS and LA plans • Targeted work on immunisations and vaccinations
Personalisation	<ul style="list-style-type: none"> • Build on existing work (as a demonstrator site since 2018) including a focus on personalised care for looked after children
Mental Health	<ul style="list-style-type: none"> • Prevention: CYP support into schools expanded to develop mentally resilient schools • Access: Increased access to support via NHS funded MH services and school/college based MH Support Teams • Eating disorders: Service access and waiting times delivered and maintained (95% access standard) • Crisis: 100% coverage across ICS of 24/7 mental health crisis provision that combines crisis assessment, brief response and intensive home treatment functions • 0-25: A comprehensive offer in place that reaches across CYP and adults
Cancer	<ul style="list-style-type: none"> • Primary HPV testing implemented since June 2018. • New HPV vaccine for boys (aged 12 and 13) will be introduced across England as part of the school-aged immunisation programme from September 2019

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Child Friendly City Nottingham

Page 51



Nottingham
City Council

Children and
Families at
the Heart

Agenda Item 7

What is a Child Friendly City?

- ▶ Child Friendly City (CFC) is a UNICEF initiative.
- ▶ A Child Friend City is a city which is committed to improving the lives of children and young people within their jurisdiction by realising their rights as articulated in the [UN Convention on the Rights of the Child](#).
- ▶ In practice, a city in which the voices, needs, priorities and rights of children and young people are an integral part of public policies, programmes and decisions.
- ▶ It is a network that brings together government and other stakeholders such as businesses, organisations, the private sector, academia, media and, importantly, children and young people themselves who wish to make their city and communities more child-friendly.



Nottingham
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Children and
Families at
the Heart

Partnership



Nottingham's journey with UNICEF UK has begun

- CFC is a 3-4 year project with agreed funding through SSBC.
- We are currently in the 'Discovery Phase' of the programme.
- The Council, the community and children and young people come together to understand our baseline and to agree our priorities (Badges).

Nottingham's Child Friendly City Engagement Plan

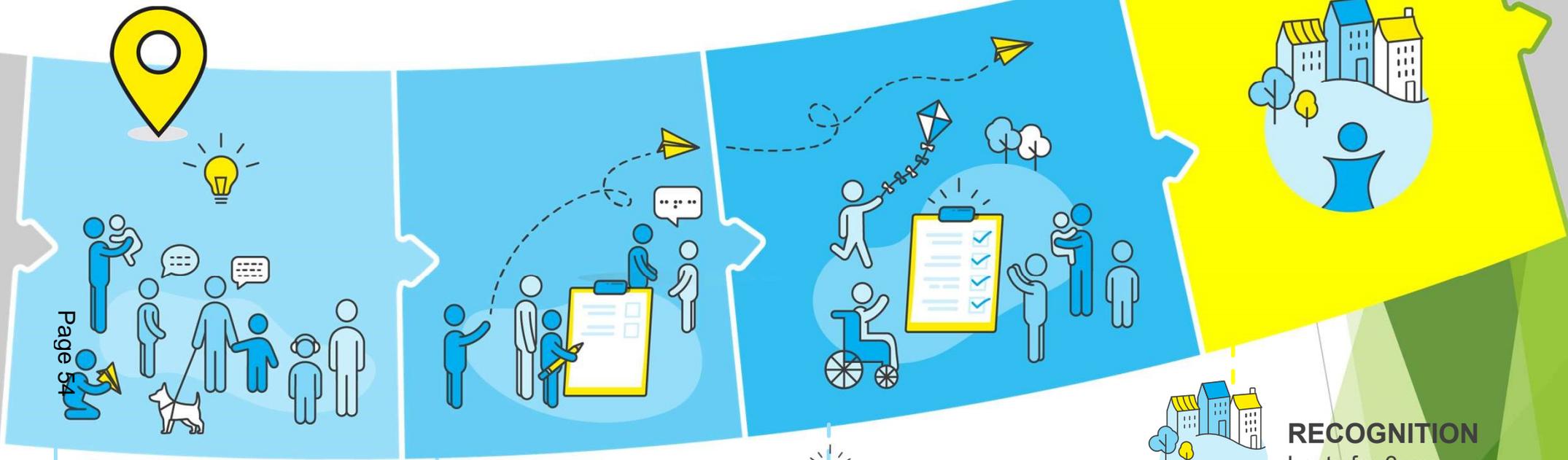
- Working in partnership with children and young people and their providers.
- Conducting simple surveys, using traditional and digital formats to capture the views of children and young people about their priorities and understanding.
- Focused small group conversations based around Child Friendly Nottingham themes. For larger groups - hands-on learning, sharing and ideas sessions with children and young people.
- Using creative activities to gather views and feedback on the work of the project.



Nottingham
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Children and
Families at
the Heart

THE CFC JOURNEY



Page 54



DISCOVERY

6 months

The council, community and children and young people come together to agree their priorities, known as 'badges'



DEVELOPMENT

2–3 months

An action plan is drafted and approved showing how the council will achieve progress in those badges



DELIVERY

2–4 years

The council works with the local community and children and young people to carry out the action plan



RECOGNITION

Lasts for 3 years

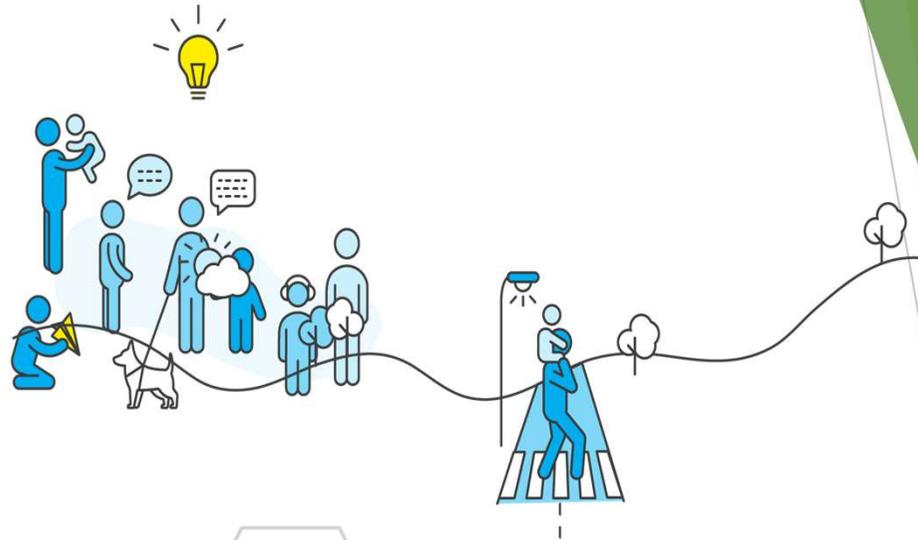
An independent panel of experts assesses the council's progress and decides whether to recognise the city/community as a UNICEF UK Child Friendly City or Community

DISCOVERY

6 months

Activities can be carried out in **any order**, as long as they are all completed by the end of the Discovery Phase

MOU in place



Safeguarding

Robust and clear **safeguarding** arrangements are in place:

- Review CFC's safeguarding guidance and share with relevant staff
- Complete and return the CFC safeguarding checklist
- Nominate Designated Safeguarding Persons (DSPs)
- Host a UNICEF UK-facilitated briefing for DSPs



Baseline Study

A **baseline study** is completed against which impact will be monitored and evaluated, by, for example:

- Disseminating a survey to children, young people and professionals
- Speaking to children and young people at workshops or focus groups
- Looking at existing data



Communications

The partnership with UNICEF UK has been announced and a **communications** plan is in place to increase local knowledge of the programme:

- Include CFC in the council's annual communications plan
- Draft and submit a standalone CFC communications plan
- Publicly launch the programme
- Offer opportunities for communications staff to join UNICEF UK training sessions

DISCOVERY

continued



Consensus on
six badges



Participation

Page 56

Local **participation and engagement** teams understand the programme and opportunities are in place for children and young people to influence its development:

- Host UNICEF UK training sessions for participation and engagement teams
- Map existing local participation structures and explore alternative models of youth participation
- Support a group/structure/network of children and young people to influence decision-making



Governance

A committed and informed **governance structure** is in place, including Child Friendly City or Community Champions:

- Review the governance and coordination structure submitted at the Expression of Interest stage
- Ensure governance groups receive UNICEF UK child rights training
- Provide regular briefings for CFC Champions

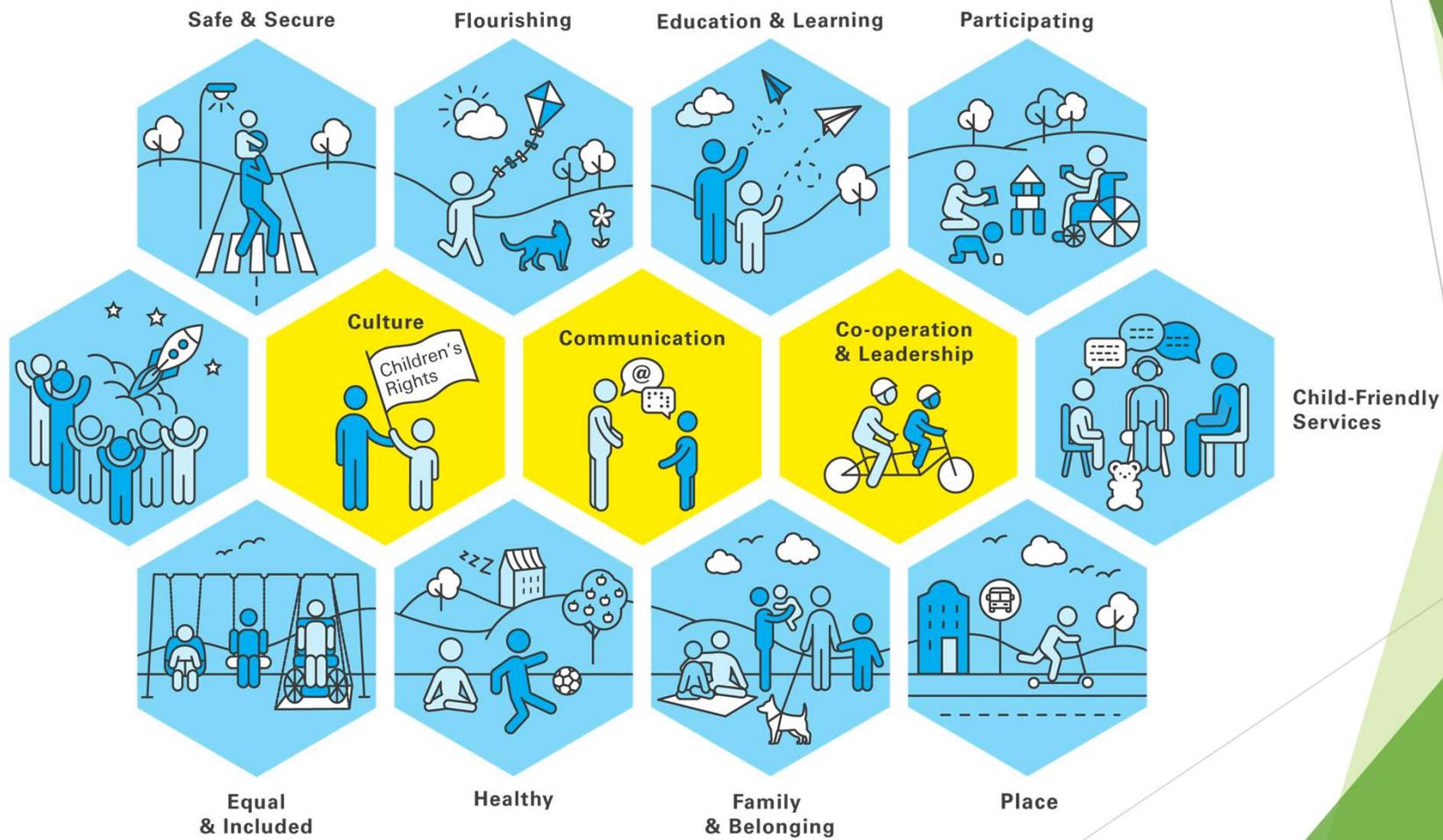


Badges

There is a clear, evidence-based understanding of the existing situation for children and their priorities, and agreement on which three thematic **badges** to focus on during the programme:

- Review existing local data
- Host UNICEF UK-facilitated Youth and Community Discovery Days
- Consult more widely to close any gaps
- Draft and submit a badge summary

Badges - Children and Young People's Priorities



Child Friendly Nottingham

The Benefits of CFC: What this will mean for Nottingham

- ▶ Being a Child Friendly City will make Nottingham a better place to grow up in.
- ▶ This will be good for children and young people, and good for Nottingham's future.
- ▶ CFC will create the commitment and drive to improve our city by listening to children's voices, respecting their views and experiences and by making an impact on decisions in our city.
- ▶ Improve children and young people's partnerships.
- ▶ Create stronger communities for children and young people.
- ▶ CFC will enable better understanding of children's rights and how they are supported through services, partnerships, policies and planning.

Next Steps for Nottingham

- ▶ Consultation - ‘What makes a Child Friendly City’.
- ▶ Baseline Studies - children and young people’s as well as professionals and partners.
- ▶ Building Partnerships.
- ▶ Building more Ambassadors / Champions and partners across organisations of the city.
- ▶ Setting up the Governance Group.
- ▶ Child Friendly Branding.
- ▶ Badge rationale.
- ▶ Plan for a launch day and activity days for children and young people across the city.

Child Friendly Nottingham: Support

- ▶ The role of Board and support for Child Friendly Nottingham
- ▶ Training Opportunity - Child Right's In Practice: An Induction

Page 60

Questions

- ▶ What does Nottingham's Child Friendly City look like for you?
- ▶ Over to you: Questions from the Children's Partnership Board



Children's Partnership Board Forward Plan 2022

June 2022

- Education Focus to include Attendance & Exclusions (Nick Lee / schools reps)
- Disproportionality in services for children and young people.
- Financial inclusion and resilience (DWP / Supporting Families)

September 2022

- Child and Parental Substance Misuse (TBC)

Please contact Debbie Hemsley if you have any suggestions for future items for the forward plan:
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