Health and Wellbeing Board 29th October 2014

Title	e of paper:	Children's Partnership Board update.										
Dire	ctor(s)/	Alison Michalska, Corporate Director Wards affected:	All									
	porate Director(s):	Children & Adults										
	ort author(s) and	Chris Wallbanks, Programme Manger for Early Intervention a	ınd									
con	tact details:	Partnerships										
		Chris.wallbanks@nottinghamcity.gov.uk										
	er colleagues who	Please see contacts on page 8										
	e provided input:											
		th Portfolio Holder(s)										
(IT re	elevant)											
Dolo	evant Council Plan S	Stratogia Driarity										
	ing unemployment by											
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	ingham has a good m	ce to do business, invest and create jobs										
		range of leisure activities, parks and sporting events										
	port early intervention											
Deliv	ver effective, value to	r money services to our citizens	V									
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		venting alcohol misuse										
	grated care: Supporting	·										
	y Intervention: Improv											
		stems: Priority Families										
Cila	rigirig culture ariu sys	sterns. Friority i arrilles										
Sur	mary of issues (inc	luding benefits to citizens/service users):										
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This	report presents a sui	mmary of the work of the Children's Partnership Board includir	na progress									
		Young People's Plan (CYPP) priorities.	.9 9									
9												
Rec	ommendation(s):											
1	To note the activity v	within the Children's Partnership.										
2	To note progress ag	ainst the CYPP priorities.										
3	To support the deve	lopment of a new Children and Young People's Plan for 2015										

1. REASONS FOR RECOMMENDATIONS

The Health and Wellbeing Board is responsible for a wide approach to improving health and wellbeing in the city. The Children's Partnership responds to this through CYPP priorities relating specifically to children and young people.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

On 1 April 2009, Nottingham Children's Partnership formally took responsibility for overseeing services for children, young people and families in the City.

Following a change in government, although there are no longer strict statutory regulations or central guidance, there is still a requirement for a shared commitment to improve the lives of children, young people and families. Nottingham agreed that the Partnership would remain the key Children's Trust mechanism to support all partners to work together to deliver this joined up vision.

This local partnership brings together a variety of organisations which oversees the implementation of the Children and Young People's Plan (CYPP) setting out the collaborative work programme across all partners responsible for providing services to children, young people and families. All partners are accountable for the delivery of its priorities, objectives and specified targets. The Children's Partnership directs the required integrated working, joint planning, commissioning and resource allocation to achieve this.

Appendix 1 includes a list of partner organisations.

Major changes during the present CYPP have included: The Children and Families Act 2013, Munro reports, Working Together 2013, Nottingham becoming an Early Intervention Place, changes in the commissioning process and the Special Education Needs & Disability (SEND) reforms within the Children and Families Act which came into effect on 1 September 2014.

Delivery of the CYPP.

Overall performance of the Children's Partnership and delivery of the CYPP is reported on bi-annually and additionally each of the following priorities are covered periodically in depth:

- Stronger safeguarding
- Healthy living
- Reducing substance misuse
- · Raising educational attainment
- Improving school attendance

Stronger safeguarding.

The accountable officer for this priority is Helen Blackman, Director of Children's Social Care.

The increase in demand in areas such as child protection enquiries and the numbers of children in care has resulted in a pressure on capacity which was identified by Ofsted and is being addressed by the Council. This will also affect partner services.

Neglect remains the biggest registration category to Child Protection Plans with the largest group of children falling into the under 5 category.

A range of initiatives have developed in order to support safeguarding issues:

- Children and Families Direct. A single point of access for social care, was
 established on 25th November 2013 in response to requests from citizens and
 partners. It has a focus on early intervention, supports other key services and was
 viewed positively by Ofsted.
- The Domestic Abuse Referral Team (DART) which has operated for two years provides a specialised multi agency response to domestic abuse.
- A Concerns Network was established in 2014 which collates information for partner agencies to support safeguarding young people who are at risk of Child Sexual Exploitation.
- A Signs of safety approach has been adopted across the partnership supported by workforce development training. Minimising bullying in school and supporting the elimination of gang culture have also been developed.
- Regular CAF/Early Help Assessment reporting into the Children's Partnership Board has ensured that systems have been reviewed and the introduction of electronic caf systems is now in place.

Ofsted Safeguarding Inspection

After the recent three-week inspection of 'services for children in need of help and protection, children looked after and care leavers', Ofsted Inspectors concluded that Nottingham children remain safe. As The Council and Safeguarding Children Board received a judgement of 'Requires Improvement' an Improvement Action Plan is in place which will report activity, measure progress and report to the Children's Partnership Board every six months.

Healthy Living.

The accountable officer for this priority is Lynne McNiven, Consultant in Public Health.

Activity to support healthy living issues includes:

- The Oral Health Promotion Service. This is commissioned to undertake a range of activities to ensure regular tooth brushing, use of fluoride toothpaste, reducing sugary snacks and fizzy drinks and increasing dental access. The 'City Smiles' initiative is in place to support this and covers a wide range of actions. Surveys of the teeth of Nottingham City Children demonstrate a higher than national rate of dental decay and a wide variation in oral health across the city with links to obesity and deprivation. However, Nottingham has made some progress in reducing dental decay. Economic challenges reducing the household income could adversely affect dental health and obesity. Public Health support is needed to provide a targeted strategic an integrated approach. Re-commissioning of oral health services will take place in 2015.
- The School Nursing Service. This was reviewed, the findings completed in 2014 and an action plan is being implemented. Some inconsistencies exist in both school

nurse service provision and delivery across the city and there are challenges with recruitment, training and capacity. A needs led model of delivery for School Nursing is being implemented in the 2014/2015 academic year. This will ensure that young people with the greatest level of need are supported by the most qualified nurses and that nurses work collaboratively.

- Childhood obesity. This has become one of the most important public health issues
 of the 21st century. There is an above proportion of CYP with an unhealthy weight
 in Nottingham and children with longstanding obesity have potentially an increased
 of a range of chronic diseases and low self esteem. Initiatives supporting
 Nottingham's life course approach to improved quality and quantity of food and
 increased physical activity have been:
 - Breast feeding peer support service
 - Support to parents on introducing solid food
 - Healthy weight facilitators for the 'whole school community' creating a positive school food environment
 - School food project for 40 schools across the city
 - Supporting Free School Meals for Key Stage 1
 - o Working along side the School Food Plan.
- Teenage Pregnancy. Reducing unplanned Teenage Pregnancy has been a priority for the CYPP, Nottingham Plan and a key manifesto pledge. This priority has been driven by the Teenage Pregnancy Taskforce and supported by a wide network of partner organisations.

Activity has included:

- o The development of a new Teenage Pregnancy Plan with the TP Network and Alison Hadley Director of the Teenage Pregnancy Knowledge Exchange.
- o The appointment of a Teenage Pregnancy and Early Intervention Specialist.
- The development of Nottingham City school health profiles which include information on health indicators for each school group in the city and are made available for commissioners and for planning service delivery.
- The delivery of 35 courses covering sexual health, teenage pregnancy and sexual exploitation to 408 people.
- Support from the Family Nurse Partnership for up to 200 pregnant teenagers, teenage parents and their children.
- o A full package of support on PSHE and SRE available for schools.

Although progress has been strong there are still challenges for this priority area.

Steps to increase future progress include:

- Completion of a termination of pregnancy pathway review, a teenage pregnancy pathway review and an online directory.
- An SRE review across schools to identify good practice and an optimum model
- Increase the number of young people using contraception and receiving sexual health advice
- Teenage pregnancy plan launch and implementation.

Reducing substance misuse.

The accountable officer for this priority is Peter Moyes, Director of Crime & Drugs Partnership.

Actions to reduce substance misuse have included:

- Review of the young people's substance misuse system.
- Targeting of resources and services.
- Clearer signposting pathway developed.
- DrugAware programme

The prevalence of drug use amongst 11 -15 year olds is at its lowest since 2001 and the frequency of drug use is decreasing. Young people drinking alcohol continues to show a downward trend since 2013.

The types and numbers of interventions as a proportion of clients in treatment have increased and reflect a more holistic family centred approach.

Next steps include the use of feedback from young people and the implementation of the review.

Raising educational attainment.

The accountable officer for this priority is Nicholas Lee, Head of Access & Learning.

Actions to improve attendance have included:

- Support for Early Learning
- Expansion of the 15 hours quality free nursery provision for eligible 2 year olds
- Nottingham Schools Challenge Board established.
- City wide inclusion strategy.

The outcomes at primary school level remain positive and demonstrate that the focus and investment Nottingham has put into supporting early learning will continue to show improvement and narrow the gap with the national average.

At the secondary level there has been another, unbroken, year of improvement in terms of GCSE results against a small overall national drop, however, the year has been marked by the challenge faced in responding to the series of Ofsted inspections of secondary schools and academies. This saw 6 of the city's 14 secondary settings being judged "inadequate".

The expansion of the 15 hours quality free nursery provision for eligible 2 year olds is being carried forward into 2014/2015.

Further development will take place of the Nottingham Schools Challenge Board; a genuine partnership of key stakeholders with the remit of driving up educational outcomes for all children and young people in the city.

Improving school attendance

The accountable officer for this priority is Mark Andrews, Head of Early Help Services

Actions to improve attendance have included:

- Schools working together to fund or share resources and to address the priorities for their family of schools
- The City's School's Common Attendance Protocol.
- Colleague 'check and challenge' practice guide to ensure consistent challenge to parents in all settings
- Priority Families programme with a key focus on attendance to support families better
- New School holiday format.

The improvement in overall absence equates to almost extra 2 days being attended by every pupil the improvement in Persistent Absence means we had over a thousand fewer Persistently Absent pupils.

However Nottingham still has a significant attendance issue. In response there has been a refresh of the city action plans, which now also includes a new campaign.

There are four strands of a campaign to run from June to December, mixing carrot and stick messages across primary and secondary schools: get in school, get the skills, get inspired and get the gig.

Performance.

More detailed performance against the priorities is recorded in appendix 2 and 3.

Wider Partnership activity

Wider Partnership activity has included:

- Avoidable Injuries: A home safety equipment and education scheme covering 60% of homes within the five highest ward areas for Accident and Emergency has been set up to prevent avoidable injuries in the home.
- Priority Families: An innovative partnership approach to help some of the most challenging families and has recently won a national award for the Best Employment and Equality Initiative at the Association for Public Service Excellence (APSE) Awards held in Nottingham on 11 September.
- Children & Families Direct: the easy 'one stop shop' way to access family support & safeguarding services within Nottingham City
- The Family Support Strategy (FSS) outlines Nottingham's vision and the key priorities and responsibilities of the Children's Partnership in the provision and delivery of services to children and families.
- The Family Support Pathway (FSP) for 2014 15 has a refreshed version which has been launched recently. The FSP is a practitioner focused document that sets out how agencies should work together to meet the needs of Nottingham's families. It has been refreshed to take account of national legislative changes and local developments
- The Early Help Assessment or Common Assessment Framework (CAF) is the
 process to identify children who have additional needs, assess needs and strengths
 and to provide them with a co-ordinated, multi agency support plan to meet those
 needs.
- The Teenage Pregnancy Network driven by the Teenage Pregnancy Taskforce has developed the 2014/2015 plan due to be launched shortly. TP rates are continuing to fall ahead of the 2020 target.
- An Early Intervention visioning day shaped the framework for the next five years and laid the groundwork for Nottingham work as one of only 20 National Early

- Intervention Places and this work continues with the support of the Early Intervention Foundation.
- Nottingham achieved Big Lottery Bid success and the partnership continues to support the development of the Small Steps Big Changes Programme.
- Workforce development: The Workforce Strategy Action Plan 2013/2014 was refreshed. The regular Every Colleague Matters event is held annually and is a series of Awareness Raising and Skills Development sessions open to everyone who works within the Children's and Vulnerable Adults Workforce in the City of Nottingham.
- Youth Cabinet activity such as involvement in the Right Support, Right Time (Child Development) strategic commissioning review, National Citizenship Service, UK Youth Parliament Curriculum 4 Life campaign, a Youth Ambassadors' Social Inclusion research project and the North of England Education Conference.

The future.

Challenges for the Children's Partnership Board will include:

- a high demand for social care and safeguarding services
- high numbers of Children in Care
- timeliness of Children in Care being placed for adoption
- the new inspection framework
- an above average proportion of Children and Young People with an unhealthy weight
- School absence figures and the Local Authority's reduced relationship with schools
- NEET levels
- economic pressures on families and public financial restraints

Planned immediate work includes:

- the development of an Early Intervention Foundation demonstration project to explore the impact of an asset based approach used by our workforce
- the CYPP rewrite which will take into account the Right Support, Right Time (Child Development) Review and other relevant changes
- implementation of the Safeguarding Action Plan
- the development and implementation of Small Steps Big Changes Big Lottery programme and
- the launch and implementation of the Teenage Pregnancy Plan.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

N/A

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

None

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

Risk is managed through the annual Children's Partnership health check.

6.	EQUALITY IMPACT ASSESSMENT	
	Has the equality impact been assessed?	
	Not needed (report does not contain proposals or financial decisions) \square	
	No	
	Yes – Equality Impact Assessment attached	
	Due regard should be given to the equality implications identified in the EIA.	ı
7.	LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WOTHOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION	ORKS OR
8.	PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPOR	<u>RT</u>
Non	е	
Con	tacts:	
Stro Hea Red Rais	dren's Partnership: Dot Veitch, dot.veitch@nottinghamcity.gov.uk nger safeguarding: Helen Blackman, helen.blackman@nottinghamcity.gov.uk lthy living: Lynne McNiven: lynne.mcniven@nottinghamcity.gov.uk ucing substance misuse: Peter Moyes, peter.moyes@nottinghamcity.gov.uk sing educational attainment: Nick Lee. nicholas.lee@nottinghamcity.gov.uk roving school attendance: Mark Andrews, mark.andrews@nottinghamcity.gov	

Children's Partnership Board - membership details

Portfolio Holder for Children's Services	Cllr David Mellen (Chair)
Executive Assistant for Children's Services	Cllr Sam Webster
Chief Executive of Nottingham City Council	Ian Curryer
Director of the Crime and Drugs Partnership	Peter Moyes
Chief Executive at Nottingham and Nottinghamshire	John Yarham
Futures	
Chief Officer, NHS Nottingham City Clinical	Dawn Smith
Commissioning Group	
Assistant Director of Joint Commissioning, NHS	Sally Seeley (Director of Quality and Delivery, NHS Nottingham
Nottingham City Clinical Commissioning Group	City Clinical Commissioning Group)
Head of Early Intervention and Market Development	Katy Ball
Programme Manager Early Intervention &	Chris Wallbanks
Partnerships	
Corporate Director of Children and Families,	Alison Michalska
Nottingham City Council	
Strategic Director of Early Intervention, Nottingham	Candida Brudenell
City Council	
Assistant Director of Children, Young People, Families	Phyllis Brackenbury
and Health Improvement, Nottingham CityCare, NHS	
Assistant Chief Constable, Nottinghamshire Police	Paul Burrows (Temporary Chief Superintendent, Nottinghamshire
Authority	Police, City Division)
Chief Executive, Nottinghamshire Probation Trust	Nigel Hill (Director, Nottinghamshire Probation Trust)
	Sue Smith
District Manager, Job Centre Plus	Jean Sharpe, Senior Customer Service Operations Manager
Independent Chair, Local Safeguarding Children	Paul Burnett
Board	

Representative for the Voluntary Sector	Stephen McLaren (representing the Voluntary Sector)
Representative of the City of Nottingham Governors' Association (CONGA)	James Strawbridge
Nursery and Early Years' representative	Jill Robey (Head Teacher, The Nottingham Nursery and Training Centre)
Primary Schools' representative	Karen Slack (Head Teacher, Rise Park Primary School)
Special Schools' representative	Andy Sloan (Head Teacher, Rosehill School)
Secondary Schools' representative (NCSEP)	Anna White (Fernwood)
Further Education representative	Malcom Cowgill (Principal Central Nottingham College)
Engagement & Participation Officer	Jon Rea
Representatives for Young People	Uzair Hashmi
	Rob Ghahremani
	Charlotte Croft

Appendix 2. CYPP Priorities activity: This year in numbers.

- **Stronger safeguarding** focusing on high standards of safeguarding across all agencies and taking a pro-active approach to the elimination of domestic violence.
 - 5.007 The number of referrals to Children's Social Care
 - 479 The number of children subject to a Child Protection Plan
 - 90.1% The percentage of referrals to Children's Social Care going onto Initial Assessment
 - 5,465 The number of referrals to the DART, of which 13.2% and 42.5% were assessed as high and medium risk
 - 1 in 10 children The number of children affected by domestic abuse in the City
- **Healthy living** focusing on increasing the proportion of children and young people who have a healthy weight.
 - 22.6% The percentage of Year 6 primary age children classed as obese
 - 86.0% The percentage of schools achieving the Healthy Schools Status
 - 54.0% The percentage of schools engaged in the Healthy Schools 'Health & Wellbeing Improvement' model
- **Reducing substance misuse** lessening the impact on children of parental drug and alcohol misuse and reducing drug and alcohol misuse amongst children and young people.
 - 206 The number of new presentations to young people's specialist drug and alcohol treatment
 - 15.0% The percentage of new alcohol presentations to young people's specialist drug and alcohol treatment
 - 104 The number of drugs offences committed by under 18s
- Raising educational attainment raising the attainment levels and increasing engagement in employment, education and training.
 - 72.0% Achievement at level 4+ in all of Reading, Writing and Maths at KS2
 - 87.0% The percentage of pupils making the expected progress in Reading from KS1 to KS2
 - 91.0% The percentage of pupils making the expected progress in Writing from KS1 to KS2
 - 88.0% The percentage of pupils progressing by 2 levels in Maths between KS1 and KS2
 - 50.3% Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths
 - 6.5% (683) The percentage of 16-18 years old young people who are NEET
 - 2.2% (177) The percentage of 16-18 years old young people whose NEET status is not known
- **Improving school attendance** improving rates of attendance at both primary and secondary levels as a key foundation of improving outcomes.
 - 4.8% Primary school overall absence rates
 - 4.7% Primary school persistent absence rates
 - 6.7% State funded Secondary school overall absence rates (inc. Academies)
 - 7.2% State funded secondary school persistent absence rates (inc. Academies)



Report Reference: CPB0314

Children's Partnership Board 2013/14 Performance Report

Report Produced for: CPB

Period Reported to: 31st March 2014

Report Produced by: Commissioning & Insight

Author: Andy Shone (ext. 64843)



Guide to the report

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

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

Where applicable, the report shows data against performance indicators starting with the 2011/12 outturn figure through to Q4 2013/14.

The latest available data are shown together with the previous two year's outturn figures.

	No. Pls	No. Better Than / Equal to Previous Available Year	Percentage Better/Equal to Previous Available Year	No. With Targets	No. Target Met	Percentage Target Met
Safeguarding and Early Intervention Young people and families will benefit from early and effective support and protection to empower them to overcome difficulties	24	4	16.7%	12	5	41.7%
Stronger Safeguarding Improving safeguarding across all agencies, to keep children and young people safe from physical, emotional and sexual abuse, neglect, and accidental injury	18	2	11.1%	9	3	33.3%
Shifting resources to early intervention and prevention Achieving a growing shift of mainstream resources towards early intervention and prevention to ensure that families in challenging circumstances are identified early	1	1	100%	1	1	100%
3. Reducing infant mortality	5	1	20.0%	2	1	50.0%
Strong families Young people and families will benefit from early and effective support and protection to empower them to overcome difficulties	25	16	64.0%	15	7	46.7%
Improving parenting support Improving support for parents and carers, particularly younger ones	0	0	N/A	0	0	N/A
Supporting children with learning difficulties and disabilities Providing better co-ordinated care for children and young people with learning difficulties and disabilities, emotional and behavioural difficulties	9	9	100%	6	5	83.3%
Improving corporate parenting Improving the quality of life and outcomes for children living in care and preparing for independent living	16	7	43.8%	9	2	22.2%
3. Healthy and positive children and young people Children and young people will be healthier, fitter, more emotionally resilient and better able to make mature decisions	30	24	80.0%	11	8	72.7%
Promoting healthy living Tackling childhood obesity, improving diets, improving oral health, cutting smoking rates	6	3	50.0%	3	2	66.7%
Reducing teenage conceptions Reducing the rate of teenage conceptions	4	3	75.0%	3	3	100%
Reducing substance misuse Reducing substance misuse and its impact on children and young people	5	5	100%	0	0	N/A
Strengthening positive behaviour Diverting children and young people from anti-social and offending behaviour (including homophobic and other forms of bullying) and promoting socially responsible behaviour)	15	13	86.7%	5	3	60.0%
4. Achievement All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for work or further learning	27	14	51.9%	7	2	28.6%
Engaging learners better Improving school attendance and improving engagement and progression from age 16 in education, emplyoment and training	8	5	62.5%	4	1	25.0%
12. Improving attainment Improving educational attainment and skills	11	3	27.3%	3	1	33.3%
Closing the gap Closing the gap in attainment and skills between disadvantaged groups and their peers	4	3	75.0%	0	0	N/A
14. 14-19 reform Preparing for significant changes for this age group, with a new 14-19 strategy and the raising of school leaving age	4	3	75.0%	0	0	N/A
5. Economic well-being Child poverty will be significantly reduced	5	4	80.0%	2	1	50.0%
15. Tackling child poverty Tackling worklessness and supporting adults to gain Level 2 skills or higher so they are able to progress in work and earn more	5	4	80.0%	2	1	50.0%
Overall	111	62	55.9%	47	23	48.9%

Description	Good Performance	Outturn 2011/12	Outturn 2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	Target 2013/14	Better than / Equal to Previous Year	Target Met
1. Strategic Objectiv										
Young people and fovercome difficultie		tit from ea	arly and e	effective	support	and prot	ection to	empow	er them to	
1. Operational Objectiv		arding								
Improving safeguardin neglect, and accidenta	g across all agenci	•	children a	and young	people s	afe from p	hysical, e	motional a	and sexual a	buse,
NI 032 - Repeat incidents of domestic violence (MARAC) Crime & Drugs Partnership)	Lower percentages	18.3%	13.2%	16.1%	17.3%	11.9%	21.6%	~	×	~
CIN-8 - Initial assessments for children's social care carried out vithin 10 working days of referral Tracey Nurse)	Higher percentages	95.9%	91.0%	85.4%	84.0%	76.7%	70.3%	80.0%	×	x
CIN-11 - % of Core Assessments n Timescale (35 days) Tracy Nurse)	Higher percentages	~	94.0%	90.5%	89.2%	87.6%	85.0%	To monitor and review	×	~
CP-8 - Child protection plans asting 2 years or more Helen Blackman)	Lower percentages	7.7%	4.9%	5.4%	4.9%	3.4%	2.8%	6.5%	✓	✓
CP-7 - The percentage of children becoming the subject of Child Protection Plan for a second or subsequent time within two years of the previous plans ending Helen Blackman)	Lower percentages	~	~	6.5%	8.8%	7.5%	7.8%	8.0%	~	✓
CP-10 - Child protection cases which were reviewed within equired timescales Helen Blackman)	Higher percentages	100%	99.4%	99.4%	98.8%	98.0%	96.0%	97.0%	×	×
	Not too high or low percentages	65.6%	77.4%	81.1%	86.9%	90.1%	91.4%	To monitor and review	✓	~
CIN-13 - Number of Section 47 Enquiries	~	806	988	258	417	695	1119	850	~	~
per 10,000 per annum) Tracey Nurse)	Lower numbers	(129)	(158)	(164)	(132)	(165)	(178)	(135)	×	×
CP-4 - Number of children subject to a Child Protection Plan	Lower numbers	296	440	428	398	456	479	400	~	~
nor 10 000)	(Per 10,000)	(47)	(70)	(68)	(63)	(72)	(76)	(64)	×	×
CIN-2 - Number of Referrals	Lower numbers								×	✓
per 10,000)	(Per 10,000)	5318 (851)	4261 (682)	1072 (681)	2291 (727)	3577 (757)	5007 (795)	4729 (750)	×	×
CIN-4 - The percentage of Referrals that are made within 12 nonths of a child previously being ischarged from Children's Social Care Fracey Nurse)		~	~	11.3%	16.1%	17.8%	19.1%	15.0%	~	×
All current Child Protection Activities - No. of offenders where a child who is living with/has contact with the offender is subject to a Child Protection Plan) Probation)	Higher numbers	136	131	144	109	113	117	~	×	~
All current Risk to Children Activities - No. of offenders who present a current risk to children.) Probation)	Higher numbers	482	439	406	359	376	348	~	×	~
Number of Families with Children n Temporary Accommodation Housing)	Lower numbers	53	60	52	56	62	66	~	×	~
lumber of Children in Temporary accommodation Housing)	Lower numbers	107	85	83	96	89	109	~	×	~
2. Operational Objective Achieving a growing secircumstances are idea	hift of mainstream r			•		l preventio	on to ensi	ıre that faı	milies in cha	llenging
Number of CAFs initiated per 10,000)	Higher numbers (cumulative totals)	1071	801	222	392	626	987	To better the previous	✓	✓
Viv McCrossen)	(per 10,000)	(192)	(127)	(35)	(62)	(99)	(157)	year's outturn	~	~

Description	Good Performance	Outturn 2011/12	Outturn 2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	Target 2013/14	Better than / Equal to Previous Year	Target Met / On Target			
. Operational Objective - Reducing infant mortality													
NI 053a - Percentage of infants being breastfed at 6-8 weeks (breastfeeding prevalence) (Health - Deborah Hooton)	Higher percentages	46.2%	45.5%	~	?	~	~	43.0%	×	✓			
NI 053b - Percentage of infants for whom breastfeeding status is recorded (breastfeeding coverage) (Health - Deborah Hooton)	Higher percentages	99.4%	~	~	,	,	~	~	۲	~			
NI 126 - Early access for women to maternity services (Health - Deborah Hooton)	Higher percentages	88.5%	~	88.0%	89.4%	~	~	90.0%	✓	×			
Infant mortality per 1000 live births (Health)	Lower numbers (3 year average)	5.6 (08-10)	~	~	Available May 2014	~	~	~	~	~			
Low birth weight (< 2500 grams) (Health)	Lower percentages	9.1% (2010)	~	~	Available May 2015	1	~	~	~	~			

2. Strategic Objective - Strong families

Young people and families will benefit from early and effective support and protection to empower them to overcome difficulties

4. Operational Objective - Improving parenting support Improving support for parents and carers, particularly younger ones

5. Operational Objective - Supporting children with learning difficulties and disabilities Providing better co-ordinated care for children and young people with learning difficulties and disabilities, emotional and behavioural difficulties

NI 103a - Special Educational Needs – statements issued within 26 weeks: Percentage of final statements of special education need issued within 26 weeks excluding exception cases as a proportion of all such statements issued in the year (Mirth Parker)	Higher percentages	100%	100%	100%	100%	100%	100%	94.0%	✓	✓
NI 103b - Special Educational Needs – statements issued within 26 weeks: Percentage of final statements of special education need issued within 26 weeks as a proportion of all such statements issued in the year (Mirth Parker)	Higher percentages	100%	100%	100%	100%	100%	100%	77.0%	✓	√
CS141a - The percentage of Key Stage 4 pupils who have access to full time alternative education provision (Yr 10 =24 Hrs+; Yr 11 = 25 Hrs+) (Mirth Parker)	Higher percentages	98.0%	87.0%	80.0%	88.0%	95.0%	93.0%	100%	√	×
CS141b - The percentage of Key Stage 3 pupils who have access to full time alternative education provision (KS3 = 24 Hrs+) (Mirth Parker)	Higher percentages	100%	100%	100%	100%	100%	100%	100%	<	✓
CS141c - The percentage of Key Stage 2 pupils who have access to full time alternative education provision (KS2 =23.5 Hrs+) (Mirth Parker)	Higher percentages	100%	100%	100%	100%	100%	100%	100%	✓	√
Number of Direct Payments (Disabled Children) (Viv McCrossen)	Higher numbers (cumulative totals)	144	163	156	172	188	199	~	✓	~
Initial Assessments to Disabled Children's teams (Viv McCrossen)	Higher percentages	94.1%	80.7%	76.0%	80.6%	81.4%	82.5%	~	√	~
Core Assessments to Disabled Children's teams (Viv McCrossen)	Higher percentages	96.1%	81.9%	85.2%	91.3%	94.4%	93.4%	~	✓	~
Number of Referrals to MALT CAMHS (Viv McCrossen)	Higher numbers (cumulative totals)	1372	1361	408	783	1133	1540	Higher than previous year	✓	✓

6. Operational Objective - Improving corporate parenting Improving the quality of life and outcomes for children living in care and preparing for independent living

CC-8 - Stability of placements of LAC: number of moves (Rolling 12 months) (Joy Chambers)	Higher percentages	11.5%	11.2%	12.8%	14.7%	12.8%	12.9%	10.0%	✓	✓
CC-9 - Stability of placements of LAC: length of placement (Joy Chambers)	Higher percentages	73.1%	68.0%	65.3%	62.8%	65.5%	63.2%	66.0%	×	×
CC-10 - The percentage of CiC reviewed within the appropriate timescale (Helen Blackman)	Higher percentages	~	~	97.9%	98.1%	97.4%	97.6%	97.0%	~	✓

Description	Good Performance	Outturn 2011/12	Outturn 2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	Target 2013/14	Better than / Equal to Previous Year	Target Met / On Target
NI 100 - Children in care reaching level 4 in Maths at KS2 (Mirth Parker)	Higher percentages	50.0%	45.0%	~	~	58.0%	~	~	✓	~
NI 101 - Children in care achieving 5 A*-C GCSEs (or equivalent) at KS4 (including English and Maths) (Mirth Parker)	Higher percentages	7.1%	0.0%	~	~	15.6%	~	~	✓	~
CL-1 - The percentage of care leavers in suitable accommodation at 19 years (Helen Blackman)	Higher percentages	~	~	66.7%	66.7%	86.0%	89.6%	90.0%	٧	×
CL-4 - The percentage of care leavers in employment, education or training at 19 years (Helen Blackman)	Higher percentages	~	~	25.0%	25.0%	35.1%	45.5%	55.0%	~	×
	Lower numbers	541	561	587	578	580	584	524	~	~
(per 10,000) (Helen Blackman)	(Per 10,000)	(87)	(89)	(93)	(92)	(92)	(93)	(83)	×	×
CC-25 - Percentage of Looked After Children with a completed Personal Education Plan (Helen Blackman)	Higher percentages	98.0%	92.0%	95.0%	95.0%	89.0%	93.0%	95.0%	✓	×
CC-12 - The percentage of CiC with an up-to-date health assessment (Helen Blackman)	Higher percentages	77.6%	79.6%	71.5%	71.0%	67.3%	71.8%	91.0%	×	×
CC-13 - The percentage of CiC with up-to-date dental checks (Helen Blackman)	Higher percentages	82.7%	82.7%	81.7%	73.1%	70.7%	82.5%	90.0%	×	×
Percentage of LAC NEET (Michelle Wright)	Lower percentages	25.3%	11.7%	18.5%	22.2%	24.7%	23.5%	~	×	~
Percentage of LAC Not Known (Michelle Wright)	Lower percentages	7.2%	4.6%	1.8%	6.5%	2.1%	1.1%	~	✓	~
Percentage of Care Leavers NEET (Michelle Wright)	Lower percentages	27.8%	43.8%	50.9%	43.4%	41.5%	42.4%	ł	✓	~
Percentage of Care Leavers Not Known (Michelle Wright)	Lower percentages	10.6%	8.1%	3.0%	6.7%	4.3%	1.0%	~	✓	~

3. Strategic Objective - Healthy and positive children and young people Children and young people will be healthier, fitter, more emotionally resilient and better able to make mature decisions

7. Operational Objective - Promoting healthy living Tackling childhood obesity, improving diets, improving oral health, cutting smoking rates

Lower percentages	10.9%	10.9%	~	~	~	~	11.8%	~	~
Higher percentages	90.9%	90.0%	4	~	~	~	88.0%	~	~
Lower percentages	22.0%	22.9%	~	22.6%	~	~	19.5%	√	×
Higher percentages	92.7%	91.70%	~	~	~	~	88.0%	~	~
Higher percentages	84.0%	85.0%	85.0%	86.0%	86.0%	86.0%	85.0%	✓	√
Higher percentages	41.3%	52.0%	~	54.0%	54.0%	54.0%	52.0%	√	√
	Higher percentages Lower percentages Higher percentages Higher percentages	Higher percentages 90.9% Lower percentages 22.0% Higher percentages 92.7% Higher percentages 84.0%	Higher percentages 90.9% 90.0% Lower percentages 22.0% 22.9% Higher percentages 92.7% 91.70% Higher percentages 84.0% 85.0%	Higher percentages 90.9% 90.0% ~ Lower percentages 22.0% 22.9% ~ Higher percentages 92.7% 91.70% ~ Higher percentages 84.0% 85.0% 85.0%	Higher percentages 90.9% 90.0% ~ ~ ~ 22.6% Lower percentages 22.0% 22.9% ~ 22.6% Higher percentages 92.7% 91.70% ~ ~ ~	Higher percentages 90.9% 90.0% ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Higher percentages 90.9% 90.0% ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Higher percentages 90.9% 90.0% ~ ~ ~ ~ ~ 88.0% Lower percentages 22.0% 22.9% ~ 22.6% ~ ~ 19.5% Higher percentages 92.7% 91.70% ~ ~ ~ ~ 88.0% Higher percentages 84.0% 85.0% 85.0% 86.0% 86.0% 86.0% 86.0%	Higher percentages 90.9% 90.0% ~ ~ ~ ~ ~ 88.0% ~ ~ Lower percentages 22.0% 22.9% ~ 22.6% ~ ~ ~ 19.5% ✓ Higher percentages 92.7% 91.70% ~ ~ ~ ~ ~ 88.0% ~ ~ Higher percentages 84.0% 85.0% 85.0% 86.0% 86.0% 86.0% 86.0% 85.0%

8. Operational Objective - Reducing teenage conceptions Reducing the rate of teenage conceptions

								<u> </u>		
NI 112 - Under 18 conception rate (per 1,000) (Chris Wallbanks)	Lower numbers	54.3	49.7	45.5	42.6	42.6	37.6	52.6	✓	✓
Chlamydia diagnosis rate per 100,000 population aged 15-24 years (measured through the Public Health Outcomes Framework) (Ellyn Dryden)	Lower numbers	~	2,813	3,254	2,169	~	~	2,300	✓	√

Description	Good Performance	Outturn 2011/12	Outturn 2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	Target 2013/14	Better than / Equal to Previous Year	Target Met / On Target
Percentage of 15-24 year olds testing positive for Chlamydia (Ellyn Dryden)	Lower percentages	7.8%	8.5%	9.7%	9.1%	~	~	~	×	~
Percentage of Nottingham City residents aged 15-24 in contact with Nottingham University Hospitals Contraception & Sexual Health (CASH) services who take up the offer of a Chlamydia screen (Ellyn Dryden)	Higher percentages	~	34.3%	33.9%	33.8%	39.2%	44.0%	44.0%	✓	✓
9. Operational Objective Reducing substance n				ung peop	le					
Drugs offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	142	129	25	52	76	104	~	✓	~
Number of new presentations to young people's specialist drug and alcohol treatment (CDP)	Higher numbers (cumulative totals)	211	~	~	206	~	~	~	✓	~
Percentage of new alcohol presentations to young people's specialist drug and alcohol treatment (CDP)	Higher percentages	17.2%	13.0%	15.0%	~	~	~	~	√	~
(CDP)	Higher percentages	43.0%	14.0%	19.0%	~	~	~	~	✓	~
CSS162 - Percentage of young people leaving treatment in an agreed and planned way (CDP)	Higher percentages	75.0%	76.0%	~	~	~	~	~	✓	~
10. Operational Object Diverting children and and promoting socially	young people from	anti-social		ding beha	aviour (inc	luding ho	mophobio	and othe	r forms of b	ullying)
Rate of proven re-offending by young offenders (Ken Beaumont)	Lower numbers (Comparable frequency of re- offending over 12 months in previous years)	1.00	1.00	0.91	0.88	0.88	0.96	To reduce	✓	✓
Percentage of 10-17 year olds who are sentenced to custody (Ken Beaumont)	Lower percentages	~	8.9%	6.1%	9.6%	6.3%	7.5%	5.0%	✓	×
Increase the number of young people supervised by YOT in full-time education, training or employment (Ken Beaumont)	Higher percentages	71.5%	68.8%	68.6%	63.1%	58.9%	69.5%	90.0%	√	×
Percentage of <u>School Age</u> young people supervised by the YOT in full-time ETE (relates to NI 045) (Ken Beaumont)	Higher percentages	86.0%	85.7%	81.8%	73.5%	75.0%	77.0%	~	×	~
Percentage of Above School Age young people supervised by the YOT in full-time ETE (relates to NI 045) (Ken Beaumont)	Higher percentages	59.5%	58.6%	58.6%	51.6%	52.5%	65.0%	~	✓	~
NI 111 First time entrants to the Youth Justice System	Lower numbers (Running total quarter on	394	240	82	140	193	238	420	✓	✓
(per 100,000 10-17 year olds) (Ken Beaumont)	quarter)	(1753)	(941)	(321)	(549)	(757)	(929)	(1647)	✓	\checkmark
Burglary offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	224	66	9	24	42	45	~	✓	~
Criminal Damage offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	228	262	42	84	123	163	~	✓	~
Fraud & Forgery offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	7	11	0	0	0	0	~	✓	~
Other offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	38	26	35	68	99	135	~	×	~
Robbery offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	101	59	9	28	40	55	~	✓	~
Sexual offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	24	11	3	7	7	8	~	✓	~
Theft offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	689	451	96	206	306	392	~	✓	~
Violence offences committed by under 18's (Police)	Lower numbers (12 month rolling total)	512	630	78	168	265	354	~	✓	~

4. Strategic Objective - Achievement
All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for work or further learning

Description	Good Performance	Outturn 2011/12	Outturn 2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	Target 2013/14	Better than / Equal to Previous Year	Target Met / On Target
11. Operational Object Improving school atter			ment and _l	progressio	on from aç	ge 16 in ed	lucation, e	emplyome	ent and train	ing
NI 117 - 16-18 years old City resident young people who are NEET	Lower percentages	5.2%	6.2%	6.8%	5.2%	5.9%	6.5%	~	×	~
(Michelle Wright)	Lower numbers	387	622	697	494	594	683	~	×	~
Percentage/Number of NEET - Not Knowns	Lower percentages	6.6%	5.4%	4.3%	2.5%	2.3%	2.2%	~	✓	~
(Michelle Wright)	Lower numbers	532	615	289	239	200	177	?	✓	~
NI 087 - State Funded Secondary School Persistent Absence rates (including Academies) - 20% Threshold (Mark Andrews) CS 024 - State Funded Secondary School Overall	Lower percentages	6.7%	9.9% (Full Year 11/12)	6.42% (Autumn & Spring 12/13) 7.15%	6.42% (Autumn & Spring 12/13)	9.5% (Full Year 12/13)	7.17% 6.7%	8.3%	✓	×
Absence rates (including Academies) (Mark Andrews)	Lower percentages	8.0%	6.91% (Full Year 11/12)	(3 terms to Autumn 2012)	(3 terms to Spring 2013)	6.8% (Full year 12/13)	(3 terms to Autumn 2012)	6.2%	√	*
CS 025 - Primary school persistent absence rate - 20% Threshold (Mark Andrews)	Lower percentages	4.5%	5.27% (Full Year 11/12)	5.92% (Autumn & Spring 12/13)	5.92% (Autumn & Spring 12/13)	5.2% (Full year 12/13)	4.7%	4.0%	×	×
CS 026 - Primary school overall absence rate (Mark Andrews)	Lower percentages	6.4%	5.0% (Full Year 11/12)	5.34% (3 terms to Autumn 2012)	5.36% (3 terms to Spring 2013)	5.3% (Full year 12/13)	4.8% (3 terms to Autumn 2013)	4.75%	✓	✓
12. Operational Object Improving educational										
Achievement at level 4+ in all of Reading, Writing and Maths at KS2 (Nick Lee)	Higher percentages	~	~	~	72.0%	~	~	~	~	~
NI 075 - Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Nick Lee)	Higher percentages	46.7%	49.6%	~	~	50.3%	~	53.0%	✓	×
NI 089 - Number of schools judged as requiring special measures (Nick Lee)	Lower numbers	3	1	1	1	8	9	0	×	×
Pupils making expected progress in Reading from KS1 to KS2 (Nick Lee)	Higher percentages	~	~	~	87.0%	~	~	~	~	~
Pupils making expected progress in Writing from KS1 to KS2 (Nick Lee)	Higher percentages	?	~	~	91.0%	~	~	~	~	~
NI 094 - Progression by 2 levels in Maths between KS1 and KS2 (Nick Lee)	Higher percentages	84.0%	85.0%	~	88.0%	~	~	~	✓	~
NI 114 - Rate of permanent exclusions from school (per 100 pupils) (Mirth Parker)	Lower percentages	0.02%	0.04% (Autumn term 2012)	0.02% (Spring term 2013)	0.04% (Provisional - (Summer term 2013)	0.06%	0.11%	~	×	~
CS 015 - % of eligible pupils in LA maintained schools who attain at least one qualification at GCSE or equivalent (Nick Lee)		98.2%	98.7%	~	~	98.5%	~	98.0%	×	✓
Educational settings inspected by	Percentage 'Good or Better'	68.0%	69.0%	70.0%	69.4%	67.7%	69.8%	~	✓	~
Ofsted based on latest inspection reports (Nick Lee)	Percentage 'Requiring Improvement'	27.0%	25.0%	25.0%	23.6%	18.2%	17.7%	~	×	~
13. Operational Object Closing the gap in atta			6.0%	d groups	6.9%	11.1%	12.5%	~	X	~
NI 102a - Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at KS2 (Nick Lee)	Lower percentages	12.0%	13.0%	a groups	13.2%	~	~	~	×	~
NI 102b - Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at KS4 (Nick Lee)	Lower percentages	26.0%	27.4%	~	21.6%	~	~	~	✓	~
NI 104 - The Special Educational Needs (SEN)/non-SEN gap – achieving KS2 English and Maths threshold (Mirth Parker)	Lower percentages	42.0%	45.0%	~	44.9%	~	~	~	✓	~

Description	Good Performance	Outturn 2011/12	Outturn 2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	Target 2013/14	Better than / Equal to Previous Year	Target Met / On Target
NI 105 - The Special Educational Needs (SEN)/non-SEN gap – achieving 5 A*-C GCSE inc. English and Maths (Mirth Parker)	Lower percentages	46.6%	47.0%	~	38.9%	~	~	~	✓	~
14. Operational Objection Preparing for significations and the second of	nt changes for this a	age group,	with a ne	w 14-19 st	rategy and	d the raisi	ng of scho	ool leavinç	g age	
NI 079 - Achievement of a Level 2 qualification by the age of 19 (Development)	Higher percentages	71.7%	74.3%	~	~	75.4%	~	~	✓	~
NI 080 - Achievement of a Level 3 qualification by the age of 19 (Development)	Higher percentages	43.2%	43.3%	~	~	45.8%	~	~	✓	~
NI 081 - Inequality gap in the achievement of a Level 3 qualification by the age of 19 (Attainment figure shown) (Development)	Lower percentages	24.0%	25.0%	~	~	27.0%	~	~	×	~

62.0%

5. Strategic Objective - Economic well-being Child poverty will be significantly reduced

Higher percentages

were on FSM)

(This measures the % who

57.0%

NI 082 - Inequality gap in the

achievement of a Level 2 qualification by the age of 19

(Attainment figure shown)

(Development)

15. Operational Objective - Tackling child poverty Tackling worklessness and supporting adults to gain Level 2 skills or higher so they are able to progress in work and earn more

58.0%

NI 151 - Overall employment rate (working age) (Development)	Higher percentages	56.8%	61.3%	59.7%	59.1%	57.8%	58.4%	62.0%	×	×
NI 163 - Working age population qualified to Level 2 or higher (Development)	Higher percentages	61.4%	66.7%	71.6%	~	~	70.7%	72.0%	✓	√
18 to 24 year old JSA claimants (Job Centre Plus)	Lower numbers $Q4 = Apr 2014$	4550	3960	~	3405	~	2915	~	✓	~
Lone Parent Income Support claimants (Job Centre Plus)	Lower numbers Q4 = Nov 2013	5215	4970	~	4535	~	4460	~	✓	~
All JSA claimants (Job Centre Plus)	Lower numbers $Q4 = Apr 2014$	14677	14331	~	12152	~	11308	~	✓	~