COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE

DRAFT

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Part: I

DOCUMENT CONTROL

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Name	Position	Date

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NAME

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1. EXECUTIVE SUMMARY

2. INTRODUCTION

2.1 Background – Strategic Challenge

Public Sector organisations across the country are facing unprecedented challenges and pressures due to rising demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities. Until recently the complexity and scale of our system-wide challenge has been difficult to understand and local organisations have, as a result, focussed mainly on meeting their own challenges. A lot of this work has been successful and this has delivered much that is good right across our system. However we know that this existing good practice will not be enough to meet the current challenge. This means a new imperative for joint and collaborative working across all the organisations that commission and deliver health and wellbeing in our area.

Recognising these challenges and within the context of a system's leadership approach Plymouth Health and Wellbeing Board has agreed a vision that by 2016 we will have developed an integrated whole system of health and care based around the following elements:

Integrated Commissioning: Building on co-location and existing joint commissioning arrangements the focus will be to establish a single commissioning function, the development of integrated commissioning strategies and pooling of budgets.

Integrated Health and Care Services: Focus on developing an integrated provider function stretching across health and social care providing the right care at the right time in the right place; and an emphasis on those who would benefit most from person centred care such as intensive users of services and those who cross organisational boundaries

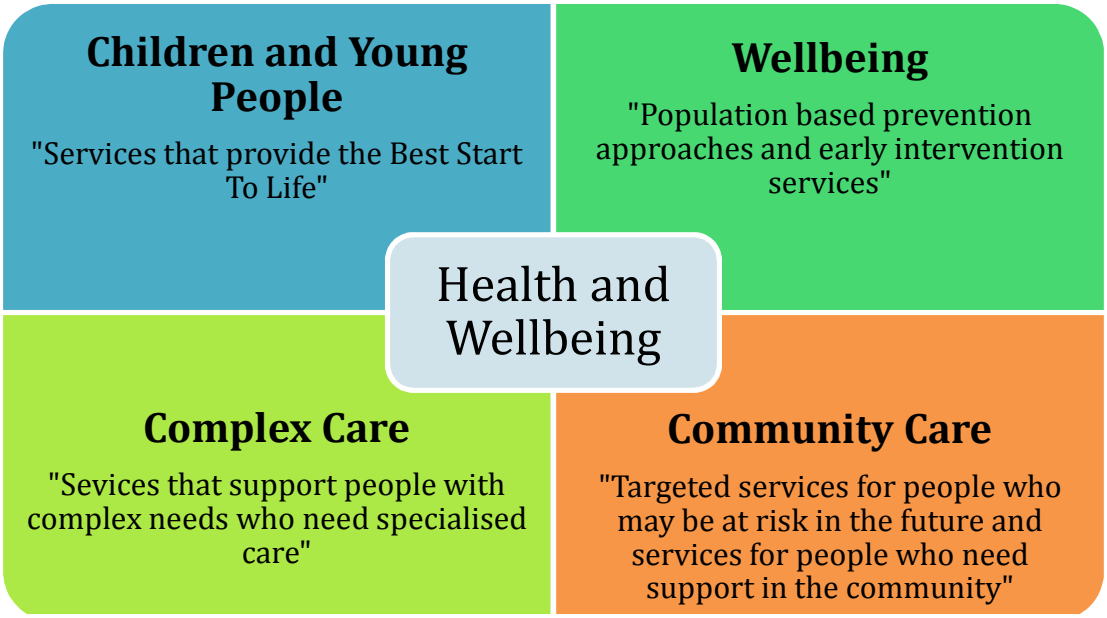
Integrated system of health and wellbeing: A focus on developing joined up population based, public health, preventative and early intervention strategies; and based on an asset based approach focusing on increasing the capacity and assets of people and place

2.2 An Integrated Commissioning Response

In order to meet the challenges facing Plymouth New Devon CCG and Plymouth City Council have agreed to develop a single commissioning function working towards jointly approved commissioning strategies and pooled budgets.

The primary driver of this is to streamline service delivery and provision with the aim of improving outcomes for individuals and value for money. Integrated commissioning must deliver integrated wellbeing.

To support this strategic aim 4 commissioning strategies have been developed that stretch across the spectrum of early years, health, social care, and wellbeing need in Plymouth.



These co-dependent Commissioning Strategies aim to move the balance of care towards prevention in order to improve life chances, manage demand and improve health outcomes. Specific aims of this system's approach includes;

- Provide and enable brilliant services that strive to exceed customer expectations
- People will receive the right care, at the right time in the right place.
- Improve pathways and transitions
- Help people take control of their lives and communities.
- Children, young people and adults are safe and confident in their communities.
- People are treated with dignity and respect.
- Prioritise prevention
- Sustainable Health and Wellbeing System
- Improve System Performance

2.3 Purpose of the Strategy

Each strategy describes the current and projected need in Plymouth, as well as the local and national strategic context that the future system will need to address / respond to. They also describe current provision how the existing system is performing.

This then builds into a vision of Plymouth's future system over a 5 year period, and details of how commissioners in Plymouth will achieve this through a series of annual implementation plans setting out and signalling to the market commissioning priorities, and how the impact of these will be measured across the system.

Plymouth wants to ensure that children, young people and families receive a quick response to their needs as and when they present, experiencing a positive journey through a system of services that supports them to build their resilience and enables them to meet their full potential.

This strategy sets out the scope of resources across the Council and NEW Devon CCG, current spend and sets clear commissioning intentions to achieve this ambition.

A core aim is to make the best use of resources to meet the need ensuring young people and families are at the heart of service delivery and experience a seamless journey through services.

In order to achieve this we need to build on what has worked and change what hasn't, ensuring we use models of best practice and demonstrate improved outcomes for children and people, thus preventing entrenched lifelong problems.

2.4 Implementation and Action

System Design Groups against each strategy will drive the implementation of the identified commissioning priorities within each strategy.

2.5 Finance

Table 1 provides an overview of how the current commissioning budgets in scope for integration are currently spread across the system.

Full detail on the existing resources allocated within each strategy area is provided in the 'current provision' section.

Table1

Strategy Area	Approximate total spend	% of spend in each Strategy area
Children and Young People	£27,150,102*	6.72%
Wellbeing	£60,752,235**	15.03%
Community Care	£119,742,637	29.62%
Complex Care	£196,616,072	48.64%
TOTAL	**£404,261,046**	

*Currently only reflects contracted spend.

**Includes approximately £40 million of prescribing spend

2.6 Definition and Scope

The opportunity that the Integrated Health and Wellbeing Commissioning agenda presents is to undertake a whole system review of a wide range of service provision in order to consider how and what changes are needed to meet the needs of children, young people and families and deliver outcomes.

In scope of this strategy therefore are the services currently commissioned for Plymouth Children and Young People by NEW Devon CCG and services commissioned and provided by Plymouth City Council for Children, Young People and Families.

There are a significant proportion of services for children and young people that this strategy does not encompass as part of the activity undertaken by the CCG and Council in the Commissioning Agenda. This includes:

Not in scope	Caveats and Interdependencies
The offer from nurseries, schools, colleges, training agencies, The Police, JobCentre Plus, Primary Care (Including GP' Services), non-commissioned voluntary and community support alongside families and communities themselves, plays a critical role in whole systems approach to meeting need.	However it is clear that a whole cannot be delivered for children, without shared vision across the partnerships. The on-going opportunities to develop services together are still a priority and can be achieved through the existing Strategic Partnerships, in particular The Children and young People's Partnership,

	Alongside this there is a continued need to look for opportunities for co-commissioning across partnerships.
Aspects of services that are commissioned by NEW Devon CCG and NHS England whose offer remains determined by other influences, (e.g GP's, Dental Services, Tier 4 Mental Health Services) or are determined by a national specified core offer, such as some aspects of Maternity Services.	Whilst there is limited ability to change the offer within these health services, the way in which they are delivered and how they integrate with other service offers through pathways of care, are in scope for this strategy.
Services paid for by the Dedicated Schools Grant (DSG), this is ring-fenced for schools and is allocated through a minimum funding guarantee for schools alongside local formulas agreed with the Schools Forum. This strategy does not, therefore, cover the majority of this funding, nor the functions of school improvement, allocation of school places, school transport, school catering and other school support services.	Some schools use their funding allocation to "buy back" services from the Council, such as Education Welfare and Education Psychology. Again this strategy does not seek to set the commissioning direction of the traded element of these services. However it does seek to review best use of the resource for these services that is funded through Council revenue funding, some of which is to fulfil local authority statutory duties, as part of the integrated design. Whilst the majority of services are commissioned using Dedicated Schools Grant are out of scope, there are times when children are excluded, for example, that this funding is used to commission the alternative education. The new funding system introduced in 2013 makes Councils responsible for commissioning and funding all additional high needs provision across early years, schools and post-16 education and training, Schools, academies, FE colleges and other providers from DSG funding. A formula is agreed with Schools Forum funds all special schools across the city, and provides top up funding for all high needs pupils. This has been included within this strategy in recognition of the market development and management involved in this commissioning and to review how we can better integrate the commissioning of education, health and care plans for these children and young people.
The Dedicated Schools Grant budget for other provision for funding for nursery placements for vulnerable 2 year olds.	Whilst the funding for the actual nursery placements for vulnerable two year olds has not been included in this strategy, the process to ensure families eligible for this funding have access to wider support from Early Years Services. Alongside this Plymouth City Council's Early Years Department who

	provider significant support and workforce and development to settings are in scope.
All age public health services, such as the health promotion team, are covered by the Wellness Strategy rather than the Children, Young People and Families Commissioning Strategy	There is a clear need to ensure these system are designed together with a whole system view in order to ensure universal strategies target children and young people, for examples Healthy Weight Strategy and Smoking cessation.
The statutory function of Children's Social Care for child protection and looked after children, as defined in the Local Authority Social Services Act 1970. The design of the future of this service will be held with the Council.	Whilst core statutory duties of social care are not included, there is still a focus on how we might better integrate services for children in and on the edge of care. There is a significant commissioning focus on children's placements and relevant multi-agency support. The interface with the functions of social care is therefore critical to the developments a systems approach to children and young people and will be managed in co-design and through the transformation agenda.
Acute care and elective health care for children and young people is also out of scope of this strategy.	Whilst acute and elective health care is out of scope, there is a need for the strategy to consider the impact of services on reducing the demand for hospital admissions. Alongside this elements of the Acute contract held by NEW Devon CCG are in scope as they deliver community services that would benefit from an integrated approach.

This strategy therefore does look to identify how we can support integration, collaborative working and capacity building so that the offer in the whole system for prevention, "Early Help" and statutory intervention is strengthened. There is a need to continue to work closely with partners to co-design our responses to need, and set out how our services interface with each other, and where possible to look to build on and develop co-commissioning approaches with commissioning partners such as the police and schools.

3.0 STRATEGIC CONTEXT

3.1 NATIONAL DRIVERS

Key national drivers include the following:

Children and Family Act 2014

The Children and Family Act 2014 sets out some key reforms legislation relating to:

- Eliminating the delay in Child Protection court proceedings
- Securing permanency for children in a timely fashion, linking to adoption reform
- Increasing the availability of Family Mediation instead of court proceedings in family dispute, where safe and appropriate
- Children with Special Educational Needs and Disabilities; for these children the Act aims to ensure that families receive support when they need it and have greater involvement in the decision making for education, health and social care plans.

The Care Act 2014

The Care Act represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. Under the Care Act, local authorities have taken on new functions. This is to make sure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
- Can get the information and advice they need to make good decisions about care and support
- Have a range of high-quality care providers to choose from.

The Act also says that when an assessment is carried out, information should be given about whether the young person, child's carer or young carer is likely to have eligible needs for care and support when they turn 18. The Care Act (and the special educational needs provisions in the Children and Families Act) requires that there is cooperation within and between local authorities to ensure that the necessary people cooperate, that the right information and advice are available and that assessments can be carried out jointly.

NHS England's Five Year Forward Plan 2014

This sets out an agenda to further modernise NHS Services, ensuring there is a focus on tackling the causes of ill health, such as obesity, smoking and alcohol use, alongside creating more diverse and locally shaped service models, designed to meet local need.

Within this is a clear agenda to work with ambitious local areas to define and champion a limited number of models of joint commissioning between the NHS and local government

Better Health outcomes for Children and Young People: Our Pledge 2013

This pledge was signed by key health organisations following the report of the Children and Young People's Health Outcomes Forum. The Pledge includes several shared ambitions and determinations, including that "Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority" and that "Services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life".

The Munro Review of Child Protection: Final Report - *A child-centred system* Professor Eileen Munro 2013

This review made clear recommendations for a strong system to support vulnerable families. The report highlights the need for a knowledgeable and skilled social care workforce who are able to use research evidence to help them reach the most appropriate decisions. Alongside is the need for the effective contributions of all local services, including health, education, police, probation and the justice system.

Munro established a number of principles that all work with children and young people should strive to include. These principles are:

- The system should be child-centred
- The family is usually the best place for bringing up children and young people, but difficult judgements are sometimes needed in balancing the right of a child to be with their birth family with their right to protection from abuse and neglect
- Helping children and families involves working with them and therefore the quality of the relationship between the children, family and professionals impacts on the effectiveness of help given

- Early help is better for children
- Children's needs and circumstances are varied so the system needs to offer equal variety in its response
- Good professional practice is informed by knowledge of the latest theory and research
- Uncertainty and risk are features of child protection work
- The measure of the success of child protection systems, both local and national, is whether children are receiving effective help

Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays

In her report, the CMO makes recommendations on how to improve the health of children and young people and why this is important to do. It highlighted that England has poor outcomes for children and young people with respect to mortality, morbidity and inequality. Recommendations included:

- Raising the profile of children and young people and encouraging the public sector and other institutions to work together more closely
- Early action matters: we need to move from reactive to proactive care
- We need to ensure that efforts to improve outcomes are underpinned by proportionate universalism: improving the lives of all, with more resources targeted at the more disadvantaged
- Developing further the evidence base for how to nurture resilience in young people and how this can assist in educational attainment
- Thinking about the family, not just the child or young person in front of you, should be a professional norm.

Health and Social Care Act 2012

The Health and Social Care Act 2012 sets out the legislative framework that provides the basis for better collaboration, partnership working and integration across local government and the National Health Service (NHS) at all levels. The act establishes the role of the Health and Wellbeing Boards, the transfer of Public Health responsibility to Local Authorities and establishes CCGs. The focus of this is to ensure the promotion of integration based on the knowledge of need, and the commissioning power to design new services that integrated care around the needs of the person.

Child Poverty Act 2010

The Child Poverty Act 2010 and The National Child Poverty Strategy in 2011 set out the ambition to eradicate child poverty by 2020 and ensure that as far as possible no child experiences socio-economic disadvantage. At the centre of the strategy is the strengthening of families, combating worklessness and educational failure, encouraging responsibility, guaranteeing fairness and providing support to the most vulnerable.

3.2 LOCAL DRIVERS

Key local drivers include:

Our Plan: The Brilliant Cooperative Council

The Strategy will support the achievement of the following Council objectives and outcomes:

- Pioneering Plymouth: A Council that uses its resources wisely
- Growing Plymouth: A top performing education system from early years to continuous learning opportunities
- Caring Plymouth: We will prioritise prevention.

- Caring Plymouth: Children, young people and adults are safe and confident in their communities.
- Confident Plymouth: Government and other agencies have confidence in the Council and partners: Plymouth's voice matters.

NEW Devon CCG 5-Year Strategic Plan Summary 2014-2019 and 5 pillars

This plan provides the basis for moving forward with a whole-system strategy for health and social care, setting out how we will work together as a system to tackle the challenges we face and move forward to deliver changes in the way we meet the needs of people who use our services. The vision has 5 key aims to improve a patient's experience of local health services.

1. Partnerships to deliver improved health outcomes
    - Informed users of healthcare through improved lifestyle advice, support and preventative services, to be healthy and reduce the need for treatment
    - Services designed & delivered in a targeted way to reduce health outcome inequalities
    - Organisations and businesses across local communities supporting schemes to improve health and wellbeing with greater local co-ordination

2. Personalisation and integration
    - Greater access to personal health and social care budgets supporting and empowering those in most need
    - Personalise community health and social care services
    - More services for individuals will be coordinated by a single agency
    - Improved services will see people stay safe, well and at home for longer

3. At scale general practice registered populations as the organising units of care
    - Improved access to wider primary care teams for longer hours over 7 days with a range of different locations to visit for urgent care
    - Registered GP lists ensure regular contact with the same professional for long-term care
    - Enhanced range of services delivered around a GP practice with more care organised by the wider practice team; more flexible access for minor conditions

4. A regulated system of elective care that delivers efficient and effective care for patients
    - More one-stop treatment will be the norm for elective services personalised for patients, some provided in bigger centres, but with less visits
    - More support to self-manage conditions and reduce the need for surgery or specialist care in the first instance
    - More care provided in the GP practice with support to find the right place when specialist input is required

5. A safe and efficient urgent care system
    - Supported to self-manage and stay safe, well and at home for longer
    - A single organisation to organise all care needs and respond to personal requests
    - A single number making it easy to seek advice, navigate urgent and emergency care and access the right local services the same day
    - Most specialist care available in the CCG with some further afield.

Children and Young People's Plan 2014

The Strategy sets out the key ambitions and ultimate outcomes for Plymouth children and young people:

- Raise Aspirations: Ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment
- Deliver Prevention and Early Help: Intervene early to meet the needs of children, young people and their families who are 'vulnerable' to poor life outcomes
- Deliver an Integrated Education, Health and Care Offer: Ensure the delivery of integrated assessment and care planning for our children
- Keep our Children and Young People Safe: Ensure effective safeguarding and provide excellent services for children in care

Plymouth's multi-agency transition pathway for young people with additional needs

The Strategy contributes towards the pathways vision that working in partnership with young people, their families and other interested parties; we will achieve a natural, person centred transition into adulthood for those young people with additional, complex and special educational needs.

Early Intervention and Prevention Strategy 2012-15

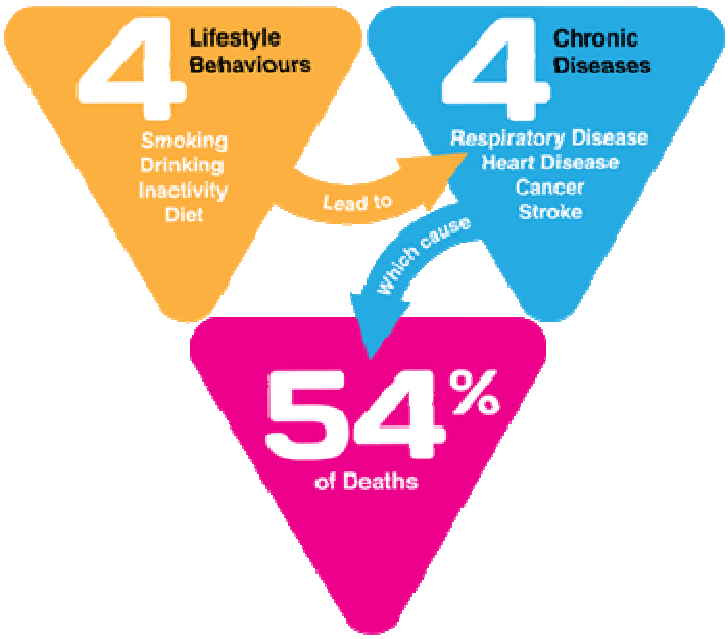
The Early Intervention and Prevention Strategy set out a clear ambition to ensure the system of support to children, young people and families can respond to need appropriately when it arises. The core aim was to prevent escalation to specialist services and ensure the system had capacity to support on-going change for children young people and families exiting specialist interventions.

The Early Intervention and Prevention Strategy outlined the shared processes that all services use to identify and meet need. It outlined the need to ensure there is a whole family approach and where multiple and complex need are identified with lead professionals holding onto the co-ordination of a plans designed to meet the needs of individual children and their wider family. This would enable a wrap-around response from services covered in the scope of this strategy, alongside the adult services and the offer from education and community providers.

Thrive Plymouth 2014

Plymouth's Public Health Strategy sets the key ambitions to improve health and wellbeing of everyone in the city, with a aim to close the life expectancy gap of 12.2 years between neighbourhoods in Plymouth. This is the city's 10 year plan to improve health that will involve working with partners and communities to support positive health-enabling choices.

The strategy focuses on things that cause us the most ill-health largely result from the choices we make - what we eat and drink, whether we smoke or how physically active we are.



4.0 OVERVIEW OF NEED AND PERFORMANCE

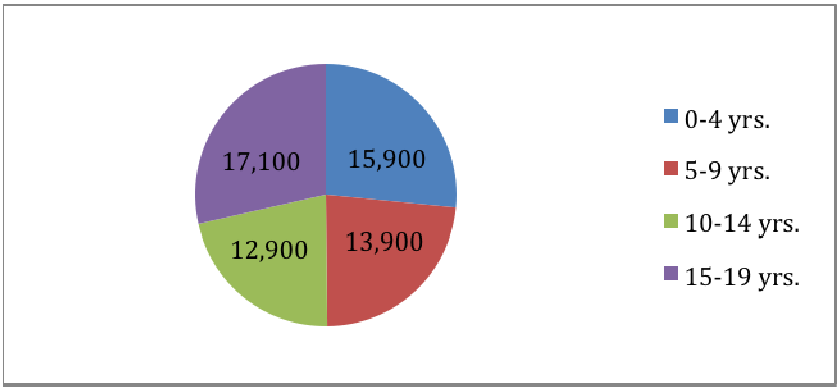
There has been a range of analysis that have recorded key areas of need for children, young people and families over the last few years, including needs data developed for The Early Intervention and Prevention Strategy 2012, The Child Poverty Needs Analysis 2012, The Looked after Children's Strategy 2014, The Fairness Commission 2014 and The Plymouth Plan 2014.

This section therefore highlights some the key messages and needs, focussing on the areas of pressure in the system in Plymouth. A more detailed needs analysis is being developed jointly between Plymouth City Council and CCG has been included as a working document in Appendix X.

4.1 Local Demography

The National Census 2011 tells us that of the 109,307 households in Plymouth, 26.4% (28,881) have dependent children. 8,496 of these households are lone parent households.

The ONS mid- year estimates 2013, demonstrates that the largest proportion of children are in the 0-4 and 15 – 19 age group, as below.



Up until the end of 2012 there had been a steady increase in the number of births in Plymouth with 31% more births in 2011/12 than 2001/02. Many of these have been in areas of social deprivation. Within this increase there has also been a steady increase of births to non UK born mothers, nearly doubling since 2001 (6.4% - 11.7%).

Nationally teenage conceptions are at the lowest level they have been since records began in 1969 at 27.9 (per 1,000 15-17 year olds), with the figure in Plymouth standing at 39.5% one of the higher rates seen in the Country. Whilst still high in Plymouth, the rate has been steadily reducing

2013 figures released in July 2014 interestingly show a decline in the number of live births for the first time in recent history and follow the trend seen nationally where live births have dropped to the lowest level seen in nearly 40 years.

4.2 Deprivation and Vulnerable Families

Deprivation in Plymouth is higher than average and about 22.4% (10,100) children live in poverty. Plymouth's Child Poverty Needs Analysis 2012, demonstrates that there is a greater concentration of families with multiple and/or complex needs living in the most deprived areas of the city. Multiple and complex needs may include lone parents, disability, health problems, parenting problems or social isolation amongst others.

A number of national reviews have provided an evidence base that demonstrate a strong correlation between exposure to parental poverty, mental ill health (including postnatal depression), addiction and violence in families with negative outcomes for young people and adults, including poor examination results, higher rates of teenage pregnancy, lower rates of employment, higher rates of depression and suicide and substance misuse.

Levels of reported domestic abuse are higher in neighbourhoods with higher levels of deprivation. For the last three years over 2000 incidents to which the police were called and a child was present, with 2332 incidents in 2013/14.

An initial analysis in 2012, identified over 800 families with two or more of the indicators under the Troubled Family Agenda; (family worklessness, school absenteeism and/or youth crime/family anti-social behavior). Analysis of the initial cohort identified highlighted

- There is a high correlation between absenteeism and worklessness with 72% of the cohort presenting with these criteria.
- Many of the families were concentrated in the same neighborhoods and lower super output areas. These neighborhoods correlate to those with high levels of child poverty highlighted in the child poverty needs analysis.

From a sample analysis some of the most vulnerable identified for the programme[1]

- 86% had presenting issues of family chaos, domestic abuse, parental mental illness, parental substance misuse alongside risk taking behaviour in children / young people.
- The remaining 14% the main presenting issues were adolescent mental illness, risk taking behaviour and perceived threat to younger siblings.

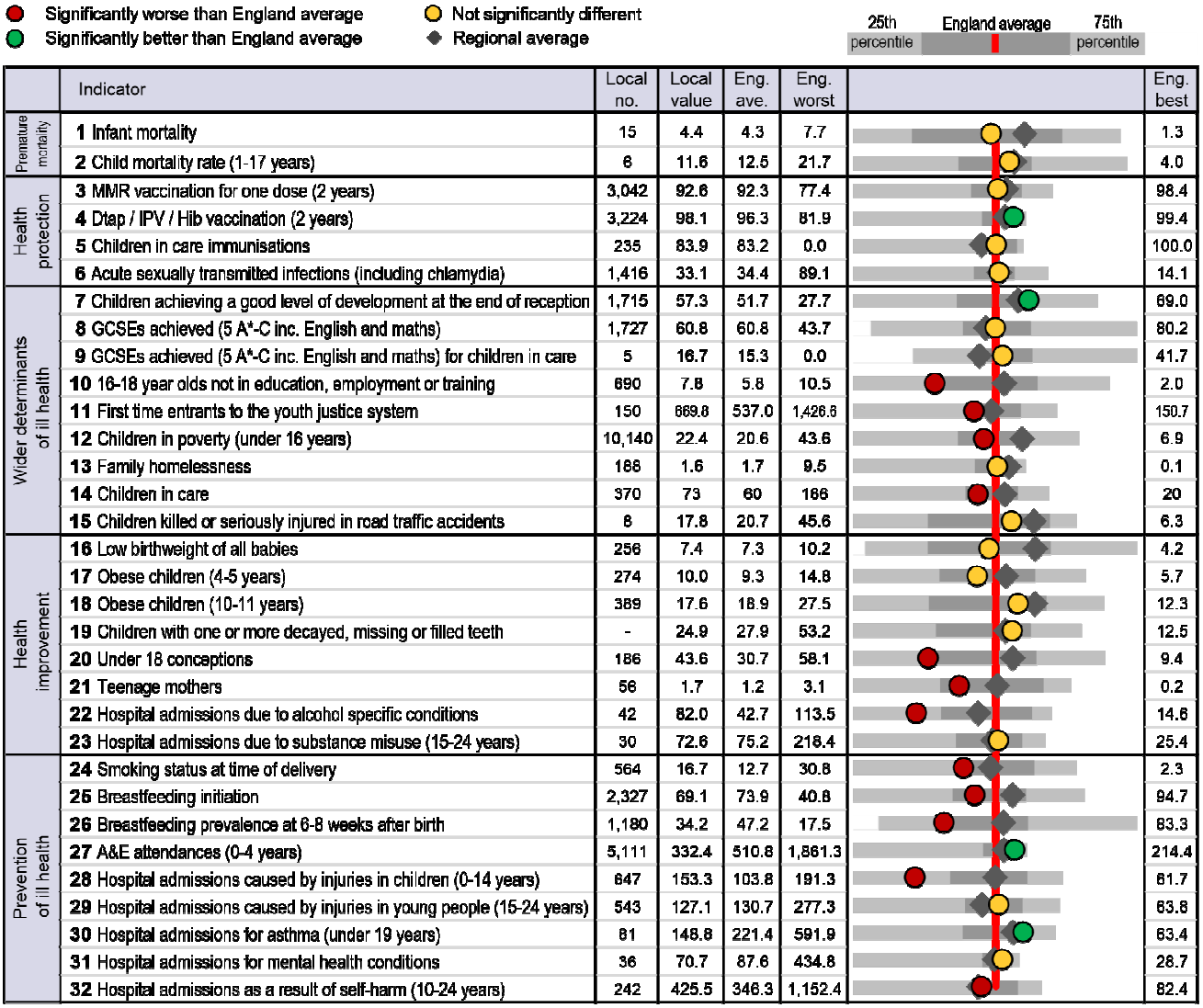
4.3 Public Health Outcomes

The health and wellbeing of children in Plymouth is mixed compared with the England average. Infant and child mortality rates are similar to the England average.

Whilst there are some clear successes, such as uptake of immunisations and vaccinations and good levels of development in the Early Years, Plymouth compares negatively to national figures in relation to key public health outcomes, such as breastfeeding, hospital admissions for self-harm and unintentional injuries, youth unemployment and youth crime. (see Child Health Profile 2014 below).

[1] case notes were taken from 35 of the 60 families who met all three FWAF criteria and had enough information about presenting need on social care and family information project records.

The health outcomes gap between those living in the most deprived areas and those in more affluent areas remains significant, with life expectancy 9.5 years lower for men and 4.0 years lower for women in the most deprived areas of Plymouth than in the least deprived areas.



	Indicator	Local no.	Local value	Eng. ave.	Eng. worst	Eng. best
Premature mortality	1 Infant mortality	15	4.4	4.3	7.7	1.3
	2 Child mortality rate (1-17 years)	8	11.6	12.5	21.7	4.0
Health protection	3 MMR vaccination for one dose (2 years)	3,042	92.6	92.3	77.4	98.4
	4 Dtap / IPV / Hib vaccination (2 years)	3,224	98.1	96.3	81.9	99.4
	5 Children in care immunisations	235	83.9	83.2	0.0	100.0
	6 Acute sexually transmitted infections (including chlamydia)	1,416	33.1	34.4	89.1	14.1
Wider determinants of ill health	7 Children achieving a good level of development at the end of reception	1,715	57.3	51.7	27.7	69.0
	8 GCSEs achieved (5 A*-C inc. English and maths)	1,727	60.8	60.8	43.7	80.2
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	5	16.7	15.3	0.0	41.7
	10 16-18 year olds not in education, employment or training	690	7.8	5.8	10.5	2.0
	11 First time entrants to the youth justice system	150	669.8	537.0	1,426.8	150.7
	12 Children in poverty (under 16 years)	10,140	22.4	20.6	43.6	6.9
	13 Family homelessness	188	1.6	1.7	9.5	0.1
	14 Children in care	370	73	60	166	20
	15 Children killed or seriously injured in road traffic accidents	8	17.8	20.7	45.6	6.3
Health improvement	16 Low birthweight of all babies	256	7.4	7.3	10.2	4.2
	17 Obese children (4-5 years)	274	10.0	9.3	14.8	5.7
	18 Obese children (10-11 years)	389	17.6	18.9	27.5	12.3
	19 Children with one or more decayed, missing or filled teeth	-	24.9	27.9	53.2	12.5
	20 Under 18 conceptions	186	43.6	30.7	58.1	9.4
	21 Teenage mothers	56	1.7	1.2	3.1	0.2
	22 Hospital admissions due to alcohol specific conditions	42	82.0	42.7	113.5	14.6
	23 Hospital admissions due to substance misuse (15-24 years)	30	72.6	75.2	218.4	25.4
Prevention of ill health	24 Smoking status at time of delivery	564	16.7	12.7	30.8	2.3
	25 Breastfeeding initiation	2,327	69.1	73.9	40.8	94.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	1,180	34.2	47.2	17.5	83.3
	27 A&E attendances (0-4 years)	5,111	332.4	510.8	1,861.3	214.4
	28 Hospital admissions caused by injuries in children (0-14 years)	647	153.3	103.8	191.3	61.7
	29 Hospital admissions caused by injuries in young people (15-24 years)	543	127.1	130.7	277.3	63.8
	30 Hospital admissions for asthma (under 19 years)	81	148.8	221.4	591.9	63.4
	31 Hospital admissions for mental health conditions	36	70.7	87.6	434.8	28.7
	32 Hospital admissions as a result of self-harm (10-24 years)	242	425.5	346.3	1,152.4	82.4

4.4 Academic Achievement

Plymouth has seen a year on year improvement in attainment at GCSE, including an increase in achievement for Children in Care (8% in 2011, 12.5% in 2013)

% achieving 5+ A*-C GCSEs (or equivalent) including English and Maths GCSEs				
2009	2010	2011	2012	2013
49.1%	54.2%	56.8%	57.5%	60.6%

Whilst we have seen an ongoing improvement in achievement in all stages in Plymouth, there is still a significant gap between the achievement of vulnerable children and their peers. - Including young offenders, children in care, children with special education needs, those receiving free school meals and those in the Alternative Complementary Education (ACE) service.

4.4.1 Exclusions and Absenteeism

In Plymouth, in 2013, the total absence rate remained the same as the previous year while it slightly increased nationally and in the stat. neighbours. However, Plymouth total absence rate is still higher than the national average but slightly better than the stat. neighbours.

Plymouth is performing significantly well to manage the unauthorised absence rate which is lower than both the national average and the stat. neighbours.

Persistent absence is also on a decline throughout the country for last couple of years. In 2013, Plymouth is better performing against its stat. neighbours but slightly underperforming against the national average.

Overall Permanent and Fixed Term Exclusions (in all type of schools) is significantly lower than the national average and the stat. neighbours. Fixed term exclusion shows a consistent decreasing trend in Plymouth, nationally and in the stat. neighbours, however there has been a slight increasing trend in fixed term exclusions in primary schools.

4.5 Children with Special Educational Needs or Disability (SEND)

In 2013 Plymouth identified 20.3% of pupils as having a special educational need or disability, compared with a national average of 18.7%. In total 3.6% of pupils had a Statement of SEN, compared to 2.8% nationally.

Within SEND is a clear category for children with Medical Conditions/Syndromes, including those with Epilepsy, Asthma, Diabetes, Anaphylaxis, Downs and other syndromes, complex medical needs including continuing health care needs and Mental Health Issues.

The largest groupings of this need are with those who have in Behavior, Emotional and Social Difficulties (BESD), Autistic Spectrum Conditions (ASC) and Speech, Language and Communication Needs (SLCN). There has been a steady year on year increase in the number of children identified with those needs.

There are currently about 1500 CYP on the ASC school aged caseload, and 20% of them have been highlighted to the Disability Service as having challenging needs Within the cohort of CYP, professionals are reporting increased anxiety or lack of social understanding, which can results in

- self-harm or suicidal thoughts,
- outbursts of rage and anger which involve harm to others (often parents) and the police / social care becoming involved,
- depression
- withdrawal from usual activities and attending school.

In 2013/14 the increasing number of pupils with BESD in primary schools contributed to the rise in a rise in exclusions.

4.6 Increased in Demand on Specialist Services

Plymouth has seen a steady increase in the number of referrals to specialist services.

In 2013/14 there were 4776 referrals to Children's Social Care in, 71% (3391) of these proceeded to assessment. This represents an 18.9% increase in referrals from the previous year. Children's Social Care has received 1832 referals for this financial year to date, this represents a 25.1% increase when compared with referrals in the same period in 2013/14. There were 380 Children with a child protection plan by the end of March 2014, representing a 21.4% increase since the end of the previous financial year. In July this figure was 404.

As at March 2014 the main problems facing families with children subject to a Child Protection Plan are Domestic Abuse (29.5%), Unsafe Parenting (32.78%), Drug Misuse (7.4%), Alcohol Misuse (8.8%), Parental Mental Health Problems (12.9%) and at Sexual Risk from an Adult (6.1%)

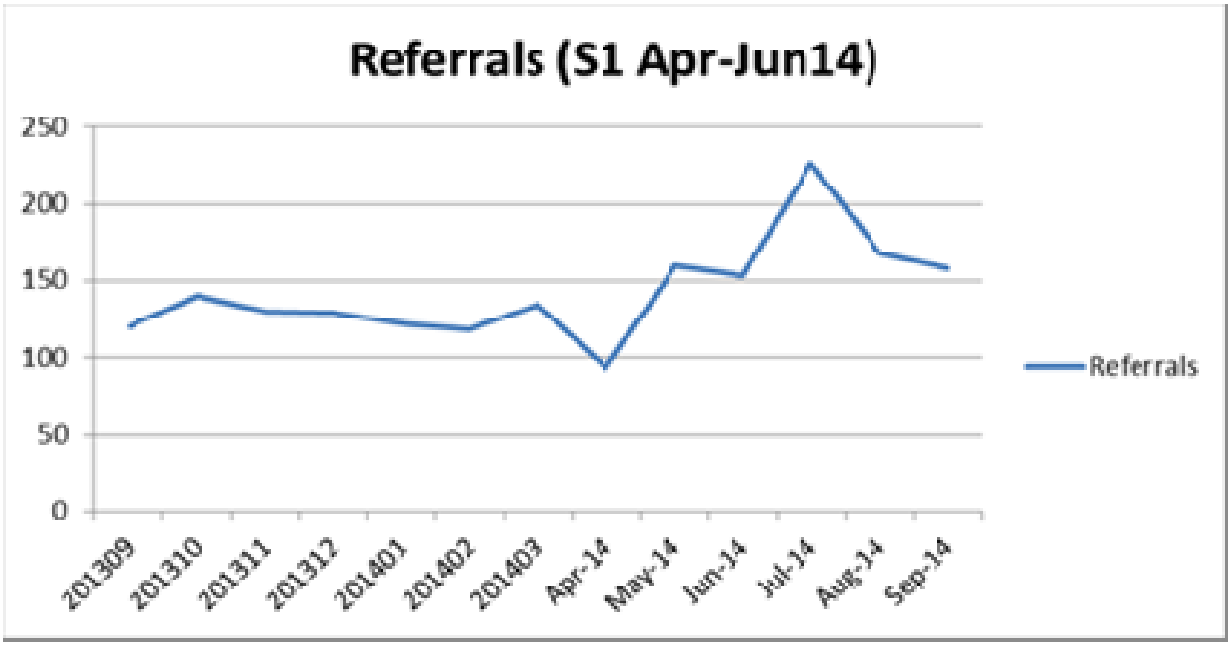
Since September 2013 we have seen an increase in numbers of children in care from a steady position of approximately 380 to 414, as of the 18th August. 253 (61%) of these were aged 11-18.

The complexity of the presenting needs has also meant that for the first time in some years we have seen an increase the use of high cost placements. Until 2013 approximately 20 children were placed in residential placements at any one time, with limited use of welfare secure, however complexity of need has meant a significant increase, with a peak use of 32 in residential and 5 secure unit placements in May 2014. The presenting issues in this cohort have been, high levels of risk taking behaviour, such as crime and substance misuse, mental health problems, risk of harm to others, including sexual harm and risk of sexual exploitation.

Similarly there has been an increase in referrals to CAMHS (from 93 in April 2014, peaking at 227 in July 2014 and dropping slightly to 158 in September); this has impacted on the waiting times as all of the referrals have required an assessment due to the high levels of risk. This is consistent with the increased levels of need we are seeing elsewhere in the system and the service reports they are mainly due to self harm and children with neurodevelopmental issues who present with comorbid mental health need.

The diagram below demonstrates the increase in referrals that the service has experienced during the twelve month period from September 2013-September 2014.

CAMHS REFERALS (ACCEPTED)



The Hospitals Trust have also experience increased demand on the emergency department, with significant number of attendances for teenagers. Just over 50% of children attendances in the Emergency Department were discharges "not requiring any follow up treatment".

There has also been an increase in inpatient admissions, over 50% of whom are aged 0-4. A significant proportion of these are in relation to respiratory problems.

4.7 Feedback from Stakeholder Engagement

There has been a range of stakeholder engagement over the last year or so, including engagement with children and young people and parent and carers, including consultation for the following:

- Participation projects with young people in respect to their requirements of professionals and in particular areas of need, such as domestic abuse and alcohol misuse.
- The reshaping of Children's Centres,

- Consultation for the implementation of new Special Educational Needs and Disability (SEND) requirements,
- Stakeholder engagement in respect to the Pledge 90 Mental Health Service review,

These have impacted upon and influenced the direction of this Commissioning Strategy. More details about key messages can be found in Appendix 3.

4.7.1 Children and Young People's 10 Wishes[2]

Consultation undertaken in 2013 with children and young people about their experiences of services have produced an agreed "wish list" of what children and young people need from professionals.

- **Wish 1:** We will make sure that all adults have a telephone number and an online way of being contacted, such as email, social media or text.
- **Wish 2**: We will make sure that all adults try their best to keep agreed appointments and not be late. If they are delayed or staff are sick we will contact you, as soon as possible, to say sorry and find a good time to meet again.
- **Wish 3**: We will make sure that adults that work with children and young people are properly trained to meet national standards. We will involve children and young people in this training as much as we can.
- **Wish 4**: We will ask you if you understand what is happening. We will ask how we can help you.
- **Wish 5**: We will listen to you all of the time, tell you what we are going to do, and make sure that you are safe.
- **Wish 6**: Safeguarding means "keeping you safe". We will talk with you and ask if any words we use are not clear.
- **Wish 7**: We will always tell you what we are going to do, when it will start and how long it should take. If anything changes, we will tell you as soon as possible.
- **Wish 8**: When it is safe to do so, we will give children and young people the chance to talk about themselves on their own.
- **Wish 9**: We will make sure that all adults ask you, "Do you feel safe?"
- **Wish 10**: We will ask all adults to show you respect by meeting all of your ten wishes, and treating you fairly at all times.

4.8 Evidence based / good practice

This strategy will incorporate good practice and build on an evidence base to improve the health and social care outcomes of people in Plymouth. The following good practice resources, research and data can be accessed by health and social care professionals and commissioners:

- Social Care Institute for Excellence (SCIE) – http://www.hscic.gov.uk/
- National Institute for Health and Care Excellence (NICE) - http://www.nice.org.uk/
- The Health and Social Care Information Centre (HSCIC) - http://www.hscic.gov.uk/
- NHS Improving Quality (NHS IQ) - http://www.nhsiq.nhs.uk/
- Ofsted (Office for Standards in Education, Children's Services and Skills) - http://www.ofsted.gov.uk/

[2]http://www.plymouth.gov.uk/homepage/socialcareandhealth/childrenssocialcare/localsafeguardingchildrenboard/pscbchildrenandyoungpeople/pscbtenwishes.htm

- Care Quality Commission (CQC) - http://www.cqc.org.uk/
- Health & Care Professions Council (HCPC) - http://www.hpc-uk.org/
- Health & Safety Executive (HSE) - http://www.hse.gov.uk/index.htm
- Healthy Child Quality Mark - http://www.plymouth.gov.uk/srnewsitem?newsid=280245

5.0 CURRENT PROVISION

5.1 Strategic overview

In Plymouth the existing pattern of services for children has been designed and developed around specific service responses to specific need or built around pathway developments, in reference to the priorities set within the Children and Young People's Strategies. This has created a pattern of services with their own access criteria or thresholds, outcomes and targets.

Whilst there has been considerable work done to align the design of services between Health and Council both operationally and through commissioning and pathway development, integrated commissioning still only applies to a few services, such as the Community Equipment Fund, Domiciliary Care and CAMHS.

There has also been significant work undertaken to improve and promote multi-agency responses, and develop an increase in the targeting of support to those who need it most driven through Plymouth's Early Intervention and Prevention Strategy. This strategy has also promoted collaborative working and some co-location with school funded support services.

The Council continues to be a significant service provider with services, such as Disability Services, Youth Services and Children's Social Care. In these services there is some operational integration of provision. The Council also commissions a range of providers to deliver services for children and young people such as Children's Centres, Fostering and Residential Accommodation, Information, Advice and Guidance, Young Carers and Drug and Alcohol Services.

In health the majority of community services for children and young people are provided under the NEW Devon CCG contract with Plymouth Community Healthcare. Some of the health offer is also commissioned by Plymouth City Council from this service under the Public Health agenda. Under the Plymouth Community Healthcare structure these services sit in a locality area based design that integrates their management and governance with adult services.

Plymouth Hospitals Trust are also contracted to delivers two other significant services identified in this strategy these are the Community Development Centre and Maternity Services.

Finally there is a range of bespoke funding for individuals across health, social care and allocation of specialist education, some of which is done through framework contracts. Whilst a joint funding panel looks to ensure some co-ordination of this, the separation of budgets, processes and functions of this allocation can cause delay in establishing a wrap-around package for young people/families requiring a service, and confusion for those referring in with regards to oversight responsibility of these services/provisions.

5.2 Existing service provision

Service	Current commissioner	Provider
Social Care Family Support	n/a	Plymouth City Council Provided – Social Care

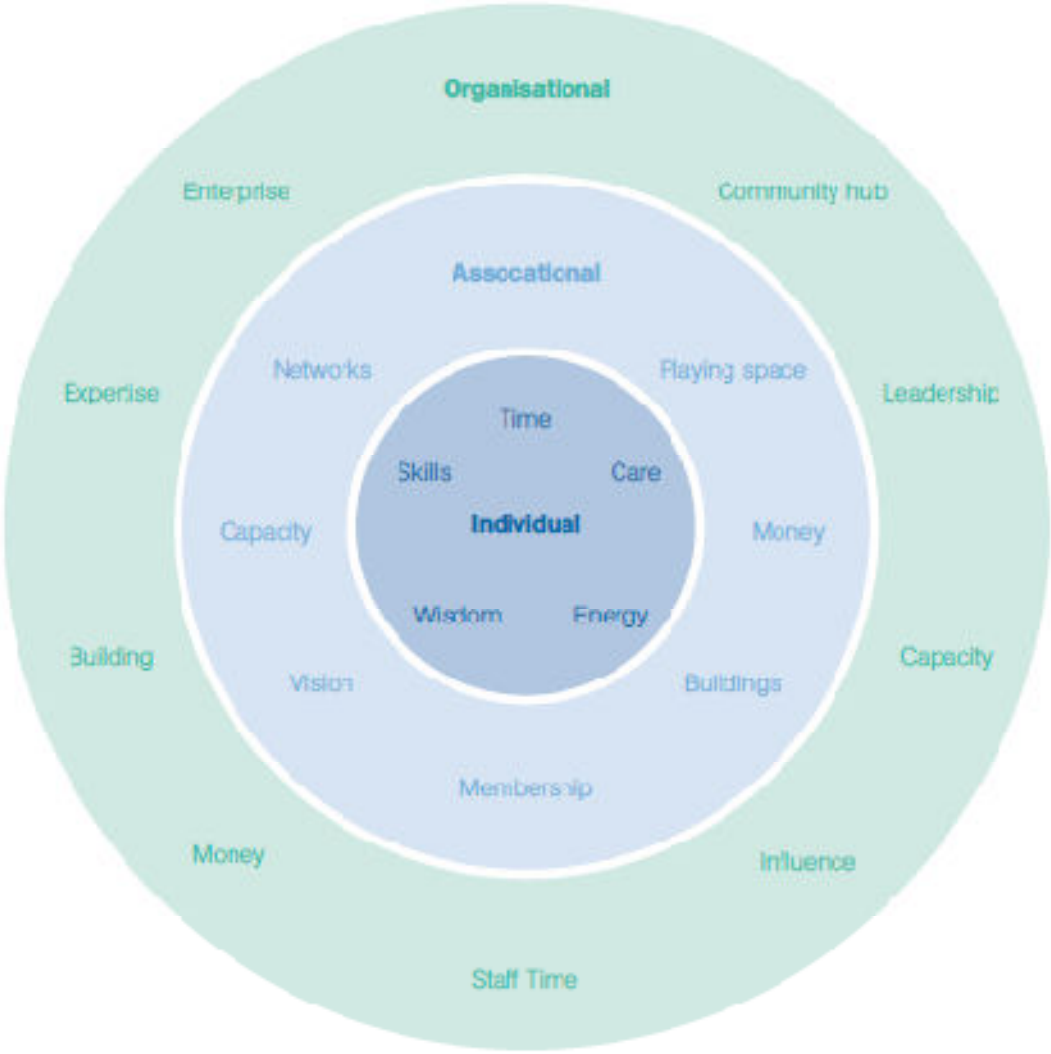
Parent Partnership	n/a	Plymouth City Council Provided – ELAFS
"Families with a Future"	n/a	Plymouth City Council Provided – Homes and Communities and Various
Family Intervention Service	n/a	Plymouth City Council Provided – Homes and Communities
Family Group Conferencing	n/a	Plymouth City Council Provided – Social Care
Maternity Services	New Devon CCG	Plymouth Hospital Trust
Children's Centres	Plymouth City Council	Voluntary and Community Sector (VCS)
Health Visiting	NHS England (coming to PCC 2015)	Plymouth Community Healthcare
Family Nurse Partnership	NHS England (coming to PCC 2015)	Plymouth Community Healthcare
Early Years Advisors	N/A	Plymouth City Council Provided
Community Paediatric Services – Children's Community Nursing – Community Paediatricians – Children's Development Centre – Occupational Therapy	New Devon CCG	Plymouth Hospital Trust
Education Psychology	n/a	Plymouth City Council Provided
Short Breaks	Plymouth City Council	Various VCS and Education Providers
Education placements, including 16+ (high needs block)	DSG - schools funding formula agreed with Schools Forum	Education Providers (various)
Personalised health budget	New Devon CCG	Various
Social care budget for individual support	Plymouth City Council	Various
Children's Integrated Disability Services - Early Years Inclusion Service (0-5) - Advisory team for sensory support - Communication Interaction Team - Children's Occupational Therapy - Social Care	n/a	Plymouth City Council Provided
Speech and Language	New Devon CCG	Plymouth Community Healthcare
Community Equipment (in with Adult CES)	Plymouth City Council and NEW Devon CCG	
CAMHS	Plymouth City Council and New Devon CCG	Plymouth Community Health Care
Education Welfare	Plymouth City Council and	Plymouth City Council- ELAFS

	schools	
Early Intervention Psychosis 16-25 (joint delivery CAMHS and The Zone)	New Devon CCG (adults)	VCS
Early Intervention Personality Disorder 16-25	New Devon CCG (adults)	VCS
Integrated Youth Service (Community, Youth Offending, Care Leavers and Targeted Services)	Youth Offending Service jointly funded by Plymouth City Council	Plymouth City Council – Homes and Communities
YP Substance Misuse Service	Plymouth City Council	Harbour Drug and Alcohol Services
School Nursing	Plymouth City Council – Public Health	Plymouth Community Healthcare
Alternative Complementary Education	DSG funded placements	Plymouth City Council
Information advice and guidance	Plymouth City Council	Careers South West
Young Carers and Affected Others	Plymouth City Council	VCS
Small contracts - Family Therapy and Relate	NEW Devon CCG	VCS
Placements (foster, residential and secure)	Plymouth City Council	Plymouth City Council – and Independent FA Residential Care
Bespoke individual commissioning and court ordered assessments, secure transport etc)	Plymouth City Council	Various
Adoption Support	Plymouth City Council	Plymouth City Council social care
Advocacy and Independent Visiting	Plymouth City Council	VCS
Children and Young People's Participation	Plymouth City Council	VCS
Dedicated Nurse for Looked after Children	NEW Devon CCG	Plymouth Community Healthcare
Looked after children Virtual School Service	n/a	Plymouth City Council – ELAFS

5.3 Community asset mapping

Asset mapping will be utilised to determine existing informal provision, assets and resources that people have access to in the community. A co-production approach will improve the understanding of local needs and assets and will be part of the wider needs assessment work carried out across the four strategies. The asset maps would then support the formally procured services as part of the long-term commissioning strategies (Adapted from *Commissioning for Outcomes and Co-production: A practical Guide for Local Authorities, NEF 2014*). An example of the wide range of assets that could be included in the mapping exercise is presented in figure 1 below.

Figure 1 Asset Mapping



Source: Commissioning for Outcomes and Co-production: A practical Guide for Local Authorities, NEF 2014). Adapted from Foot, J. and Hopkins T. (2012). The Collaborative. (n.d.) Our Vision. The Collaborative: London. Retrieved from http://lembethcollaborative.org.uk/about/our-vision.

Consultation with parents in 2013 in respect to the future of children's centres highlighted a strong message that any parent could have periods where they feel vulnerable, both because of their own needs, or lack of knowledge around parenting and child development. However most families have strong resilience, due to protective factors such as strong parent child relationships, affection, consistent parenting, good communication skills and good support networks.

In order to develop a whole systems approach it is important to recognise the role that nurseries, schools, police, JobCentre Plus, primary care, communities and families themselves play in meeting needs of children and young people

Even when children, young people and families experience crisis, such as job loss, financial crisis, separation or bereavement, children with strong protective factors and a lack of other risk factors, (such as domestic abuse or hostile and rejecting family relationships), will be able to have their needs met through the wider service offer.

This strategy therefore sets a clear function to support collaborative working and capacity building with partners so that the offer in the whole system for prevention and "Early Help" is strengthened, by ensuring we empower parents to make the right decisions for their families, without the need to access services unless necessary.

6.0 THE FUTURE SYSTEM OF SERVICE PROVISION – KEY DESIGN PRINCIPLES

6.1 Overarching Outcomes

The Local Government Association's agenda for Rewiring Public Services that set an ambition for an overarching framework for children to be:

- All children and young people should feel that they are cared for and that they are safe and secure
- All are healthy, happy and free from poverty
- All get a good education that allows them to fulfil their potential and achieve their ambitions
- All are well-prepared for adulthood and the world of work, making a positive contribution as active citizens.

6.2 The "Early Help" agenda.

In order to achieve this clear consideration needs to be given to appropriate interventions across the spectrum of need. In an environment of reduced budget and increasing demand on resources, it is critical that we are able to target support to families who need them most. It is therefore important to revisit some key principles in ensuring the use of our resources to meet the varying levels of need, in line with the Early Intervention and Prevention Strategy.

6.2.1 Early Help Single Point of Contact (Gateway)

Under the work of the EIP Strategy and in response to the requirement for improved "Early Help" has come the emerging ambition to create a point of contact for families and professionals who are struggling to meet need.

This new contact point will consolidate a number of early help access points that currently exisit whilst establishing a clear inter-relationship with access points to specialist services, including multi-agency Advice and Assessment for Safeguarding and the Devon Referral Support Service for Medical and Clinical need.

- Provide good quality information and advice that can be delivered by community-based services, or accessed by parents through web-based information, through Plymouth Online Directory (POD).

- Support school and community based services in their delivery of early help plans, through supporting assessment and care planning processes, ensure consistent professional consultation and brokering access to the right support from the wider offer.

- Create a repository of information from services to enable a single view of families with multiple needs, in order to quality assure plans, track outcomes and identify if additional resource required.

- Enable access to the targeted support offer.

6.2.2 Early Help and Workforce Development

Whilst this strategy seeks to develop some earlier and better interventions to respond to need within the service offer, a critical way forward is also to build the capacity of the whole workforce,

including the workforce in schools, settings and adult services in order to ensure they are provided with the tools and skills to identify need early, and appropriately support and empower parents.

Our needs analysis highlights critical areas where we need to better manage the needs of children whose current trajectories display a pattern of escalation, creating demand on high end and expensive service provision. This includes

- Assessment, including clear understanding of child development and risk and protective factors.
- Skills and tools to respond to children with behavioural, emotional or mental health and social difficulties.
- Skills and tools to respond to Speech, Language and Communication Needs
- Skills and tools to respond to children with Autistic Spectrum Conditions and risk taking behaviours
- Skills to support the disclosure of Domestic Abuse, assess risk to children, intervene appropriately or help families access appropriate support
- Ability to assess the impact of parental mental health, learning difficulties, and substance misuse on parenting capacity and intervene appropriately or help family's access appropriate support.
- Ability to support family aspiration and promote financial inclusion.
- Consistent and evidenced based approach to support parenting skills, especially for parents with children with behaviour problems and learning difficulties.

6.2.3 Early Help and the Targeted Offer

Long standing research evidence indicates a range of risk factors that a child or young person will have poor life outcomes. Whilst differing research highlights slightly different factors there is enough commonality to indicate that if certain risk factors are present in a family and there are few corresponding protective factors, that a high percentage of these children will have poor life outcomes, such as poor health, offending, drug taking or other risk taking behaviour, mental health problems or will be at risk of repeat abuse or neglect.

It is important to remember that these are only predictive indicators: we do not fully understand why some children 'escape' these poor outcomes. However a good understanding of these factors can help us ensure we target our offer of support to children, young people and families who need them most.

These are usually grouped into three domains:

- Individual risk factors: e.g. learning disability, communication needs, low self-esteem, early bonding and attachment, ill health
- Risk factors in the family: e.g. domestic abuse, inconsistent boundaries, hostile or rejecting relationships, parental mental health problems or substance misuse issues
- Risk factors in the school or community: e.g. socio-economic disadvantage and parental unemployment, discrimination or bullying, absenteeism from school

Interventions to develop protective factors in these three domains have been shown to alleviate some of the predicted negative outcomes for children by building resilience, such as

- For the individual: problem-solving skills, the ability to reflect
- In the family: at least one good parent/carer - child relationship, affection, clear, firm and consistent parenting

- In the community: engagement in education, financial inclusion

Critical to the early identification of these factors are some of the universal services commissioned within the health offer, such as Maternity and Health Visiting, who have a clear mandated universal role for screening and assessment, alongside with wider offer within Primary Care, Schools and the Community. The Early Help Gateway should enable better quality of referrals to the commissioned support offer.

Targeted services are characterised as those that are more intensive, often implementing evidence based interventions that can require specific skills and training. Within this there may be a range of "brief interventions" or consultancy that more specialist services can offer to enable the Early Help Plan meet need, without taking on the care coordination (or lead professional) role for the whole care package.

However, where family need is multiple and complex this may require a more intensive care plan coordination by one of the commissioned services. Importantly, as children and families move in and out of specialist services, these roles remain should in contact with the child, young person and family, providing continuity for and supporting them to maintain changes made through specialist interventions.

With clear increase on demand of services this targeted and intensive support is critical at this stage to de-escalate need.

Diagram 1: Key aspects of the commissioned service offer in scope

<table>
<tr><td colspan="3">Improve outcomes and empower families so that they can manage their own need with the support of Universal Services
  </td></tr>
<tr><td colspan="2"></td><td>Specialist /Statutory Service Interventions</td></tr>
<tr><td>Early Help - Support to the whole system to meet need
• Early Help Single Point of Contract
• Universal Health Offer and Health Promotion offer</td><td>Early Help – Brief Intervention
• Additional support to existing early help plans for families presenting with multiple risk factors
• Evidence based targeted interventions</td><td>Targeted Support and Intervention
• To meet multiple and complex need in children, young people and families.
• Preventing escalation to specialist provision (including repeat referrals)
• Enabling exit from specialist interventions and ongoing support to implement change or recovery</td></tr>
<tr><td colspan="3">Consolidation of Workforce Development Offer</td></tr>
</table>

6.3 Transition

When a young person turns 18, although legally an adult, ideally their needs should determine which service they are supported by. In the SEND agenda and Leaving Care agenda, Children's Service retains responsibility for young people up until 25 and 21 respectively. Alongside some vulnerable

young people may not be ready for an adult service. Equally some 16 year olds may be ready to receive support from an adult commissioned service. It is therefore important to consider building in flexibility across the four strategies to enable young people to access the service that best placed to meet their needs. This could involve some review of how we commission services across the age range.

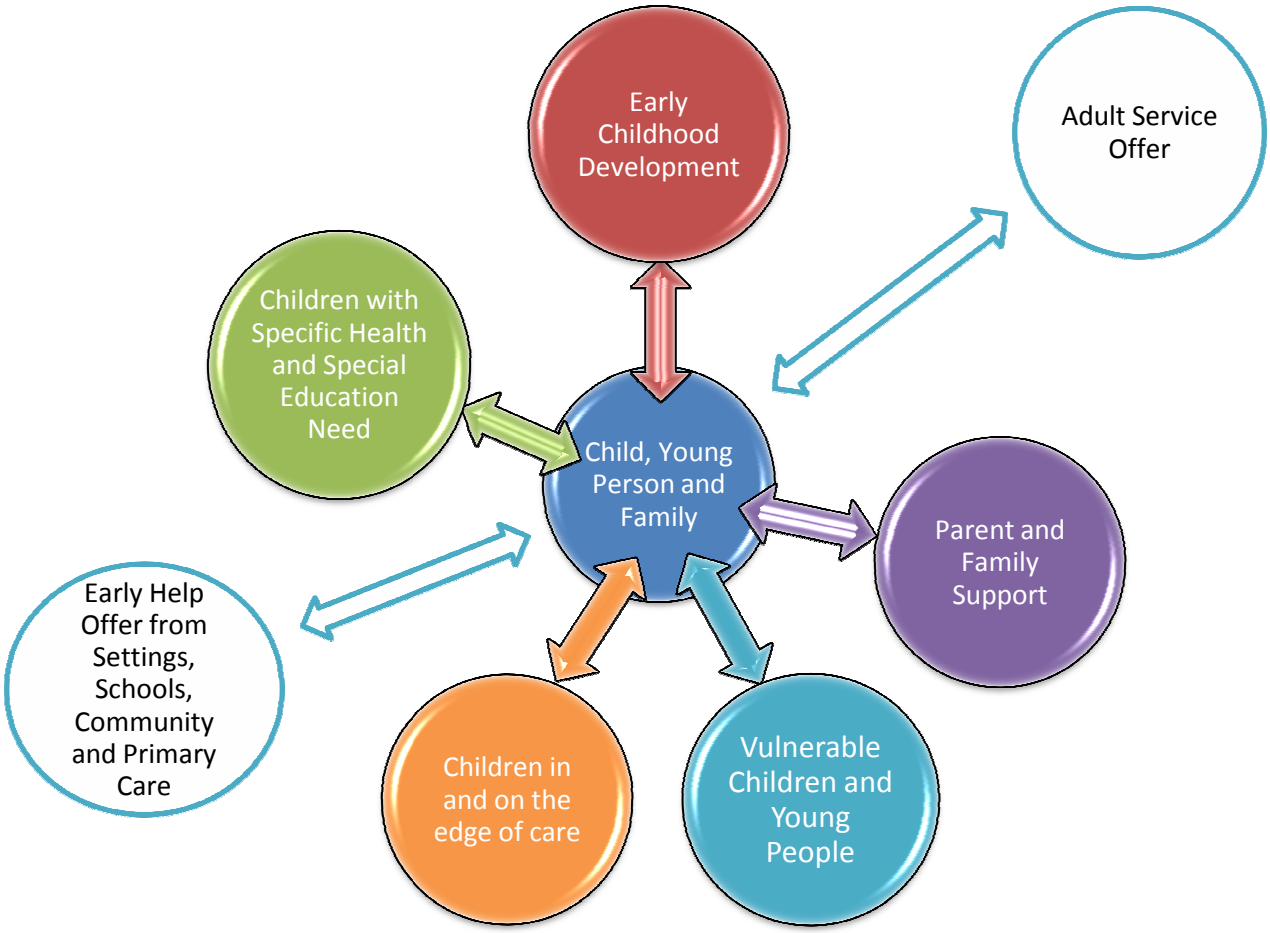
7.0 VISION FOR THE FUTURE SYSTEM OF SERVICES

The future design of children's services needs to be able to describe a clear offer for children, young people and families based on need that cannot be met through the wider system of services within schools and the community. In order to start to describe this offer, it is helpful to create some categories under which a service response sits.

The purpose of services categories is to move children's service provision away from individual service response to narrowly defined groups of children, or single need presentation and outcomes expectations. They are therefore predicated on a response to groupings of children and families who may require a similar type of service response or whose risk factors to positive outcomes are similar.

However, whatever presenting issues are chosen to determine these categories, we will not necessarily create whole system of support within a single category that will meet whole family need, as family need is complex. The offer within these categories therefore needs to be seen building blocks that sit alongside each other and are accessed according to the most appropriate response to the child and family.

This strategy sets out five core categories of services to inform future commissioning to form an offer of integrated service provision to meet presenting need. Using these categories we can appropriately review the effectiveness of our responses to particular need and facilitate an appropriate review for opportunities for integration.



7.1 Parent and Family Support

There is a strong evidence base, which demonstrates the need to ensure a holistic response to whole family need that understands the impact of adult need on children and the interdependency between intervention for both children and adults.

In many ways Parent and Family Support is central tenant to an offer in all children's services and is delivered as a part of a range of service offers, including the offer in early years and from schools.

This category is not therefore designed to encompass the whole offer of family support, but rather the focus on developing systematic workforce development approach to families and the provision of relevant family support and interventions for those who need them most.

Where are we now?

Currently there are several family support offers across a number of Council delivered services. They have all been developed to meet slightly different needs, and have their own criteria, thresholds and targets.

Despite the impact of individual services, our needs analysis highlights a picture of increased demand on specialist services, including an increase number of child protection cases for families with multiple needs.

A review of the current Family Support offer in Council undertaken by the transformation team, highlights that whilst there was some really good examples of positive impact on families, there are some clear challenges in respect to the system of support as a whole:

- Consistent and meaningful recording of family need, making it unclear that the right families are targeted.

- Too many different referral points and separate service offers, making it difficult to negotiate thresholds and access support.
- Lack of ability to identify duplication of support and track families through the offer.
- Lack of consistency in measuring the impact of intervention on the whole family

What works?

National evidence in relation to domestic abuse, neglect, improving outcomes for "troubled families" and children at the edge of care, presents a case for a strong offer of a whole family approach, underpinned with evidence based practice.

There is little documented hard evidence for one type of family support model providing a footprint for a Family Support Service. However "Working with Troubled Families: A guide to the evidence and good practice" reviews the work of family intervention projects (FIP's) and identifies five "family intervention factors" that families report making a difference.

There is an emerging evidence base that combining this intervention approach with workforce development that ensures all workers are trained in an evidence based parenting intervention can be effective in improving family resilience

In Plymouth

- Our Family Intervention Project has been evaluated by Plymouth University in successive years and demonstrated positive impact on families.
- We deliver a range of evidence based parenting interventions. Whilst drop out between referral to uptake of these is significant, families who do attend report positive outcomes.
- Plymouth also implements an alternative to a family intervention model in Family Group Conferencing, this evidence based model which is focussed on the wider family making safe plans for children, enabling many to stay within their family network as an alternative to going into care.

Future Service Delivery

Plymouth will develop a single response through a Targeted Family Support Offer, through:

- Developing the role of the "Single Point of Contract" to identify family risk factors and enable whole family care planning where in Early Help plans for children are not able to deliver outcomes because of family need.
- Creating a single set of criteria for intervention to the targeted intervention, based on focussing resources to families with multiple risk factors that prevent positive outcomes for children and young people.
- Delivering a range of brief interventions and more intensive evidence based interventions to meet need.
- Ensuring consistent workforce development across the service and implementing a family intervention model combined with an evidence based parenting support model, with an offer of training to the wider family support workforce.

Ultimate Outcome Expectations:

a) Ensuring children and young people are able to remain safe and healthy with families, where appropriate

b) Increase in aspiration across the whole family

c) Prevent intergenerational poor outcomes, ensuring positive transition to adulthood

<table>
<tr><td colspan="3">Improve outcomes and empower families so that they can manage their own need with the support of Universal Services
  </td></tr>
<tr><td colspan="2"></td><td>Specialist /Statutory Service Interventions
Complex birth deliveries
Access to specialist medical services (midwifery)</td></tr>
<tr><td>Early Help - Support to the whole system to meet need
• Single Point of Contract
• Support to Early Help Plans for families with multiple needs to ensure whole family view and identification of family risk factors
• Tracking outcomes for families (including implementation of FWAF cost benefit tracking requirements)</td><td>Early Help – Brief Intervention
• Additional support to existing early help plans for families presenting with multiple risk factors
• Evidence based targeted interventions</td><td>Targeted / Intensive Support and Intervention
• To meet multiple and complex need in children, young people and families.
• Preventing escalation to specialist provision (including repeat referrals)
• Enabling “step down” from specialist interventions.
• Centrally managed but deployed across the system where necessary
• Retaining specialisms with ability to transfer knowledge to wider workforce
• Crisis response</td></tr>
<tr><td colspan="3">Workforce development to implement a family intervention model combined with an evidence based parenting support model, with an offer of training to the wider family support workforce.</td></tr>
</table>

Commissioning Approach

Internally remodel services into a single service to meet this need, with some resource identification to transfer to the Early Help single point of contract.

Due to the significant pressure in children’s social care, this service will remain Council provided at this time. This will allow an ability to forge clear links with social care and ensure families are appropriately “stepped down” from child protection plans and children are diverted from care.

Remodelling to be complete January 2015. As a part of this remodelling the service will have a detailed service specification and new performance framework.

A full review will be undertaken after 2 years of the demand on this service and performance and outsourcing through tender will be re-considered at this point in time.

7.2 Early Childhood Development

There is a significant evidence base that identifies that the first few years of a child's life are pivotal in securing life opportunities. This is a critical period in the child's cognitive, language, health, social and emotional development, where the brain develops most rapidly. Negative impact from parental poverty, chaotic lifestyles and poor parenting in these years can affect the lifelong outcomes including poor examination results, higher rates of teenage pregnancy, lower rates of employment, higher rates of depression and suicide and substance misuse.

This category is therefore designed to ensure we make the most of our resources in key health, and wellbeing services we commission to provide the best start to life for children, with a core aim of maximising our opportunity to reduce lifelong inequalities

Where are we now?

The business case presented to Cabinet in Oct 2013 highlighting the new model for Children's Centre provision set out a clear vision for an Integrated Early Childhood Offer. This was based on an evidence for a clear national review of best practice. Our consultation with parents also gave us some clear messages about choice, access to information and advice and early help.

Since 2013 we have therefore been developing the infrastructure to enable easier planning between services, including:

- Clustering children's centres from 17 individual centres to 6 clusters to enable easier contact and planning between services
- Ensuring ICT in children's centres to enable health visiting, midwifery and council employees to access their case notes and files
- Developing co-location of delivery in children's centres

Over the course of the last three years there has been significant investment in Health Visiting service for families with 0-5 year olds. This has involved a focus on training new recruits alongside increased expectations in the delivery of a universal health advice and assessment offer to ensure children are developing well in their first few years. By March 2015 Plymouth will have 90 qualified health visitors, from a position of 46 in 2012. In October 2015 the responsibility to commission this service comes into the Local Authority.

Alongside this core to the expectations of both the Health Visiting and Children's Centre Contracts since 2014 has been the expectation to implement an asset based approach to building the capacity of the community to support each-other in early childhood. Aside from peer support in breastfeeding, this offer is still in its infancy.

However the refocus of support and investment in health visiting has not yet impacted significantly on some of our key outcomes. As the needs analysis reflects that, despite some good practice and some improvement, we are still struggling to meet core public health outcomes, such as breastfeeding and reduction of smoking in pregnancy. We also have an on-going increase in the number of families being referred to social care and on child protection plans.

The changes made over the last year, and the conclusion of the training of health visitors is genuinely significant opportunity to build on our history of partnership working to develop a clear integrated response to need through the co-design of critical pathways of support to meet our priority needs.

Some examples of good practice are

- Our Great Expectations ante-natal course, which is a delivered as a collaboration between Midwifery, Health Visitors and children centre staff is currently nominated for a national good practice award. Evidence suggests positive impact on combating social isolation and improving breastfeeding rates.

- Our Early Years Panel helps the allocation of additional resource for children with additional needs.
- We provide a good range of workforce development opportunities to staff from nursery and pre-school settings to help them support additional needs.

What works?

A core element of the Early Years offer is a universal health offer, in maternity some of this sits in a payment by results framework. Key to successful service models across the country, is how this universal health offer enables the early identification of additional needs that can then be managed through a range of interventions, some medical or health based and some from the rest of the Integrated Early Years offer. At the core of this delivery is an integrated response from health visiting and children centres that utilises the skills within these services to best effect.

There are several ways of delivering this, from full integration, with management in children's centres (Brighton), to the development of integrated pathways to meet need, with clear requirements for differing services cascaded into contracts with services.

Work done by the Early Intervention Foundation has been researching a number of best practice options for integration, including:

- Identifying outcomes frameworks for all early years' services. .
- A toolkit for Integrated Pathway Approach – including a pathway for universal and early intervention services from conception to five that is populated with evidence based programmes to support key outcomes
- A workforce competency framework
- Information sharing and joint management of family need

Ultimate Outcome Requirements

a) Improve child development & school readiness (reducing inequalities)
b) Improve parenting to ensure children are safe
c) Improve child and family health and life chances (reducing inequalities)

Future Service Delivery

<table>
<tr><td colspan="3">Improve outcomes and empower families so that they can manage their own need with the support of Universal Services
  </td></tr>
<tr><td colspan="2"></td><td>Specialist /Statutory Service Interventions</td></tr>
<tr><td>Early Help - Support to the whole system to meet need
• Early Help Gateway
• Development of more information and advice, including a more broad approach to ante-natal education, available through Plymouth Online Directory
• Universal Health Offer – an increase in the universal screening and assessment</td><td>Early Help – Brief Intervention
• Coordination of Early Help plans for families presenting with multiple risk factors
• A range of evidence based targeted and group interventions to meet known need including
○ Breastfeeding and nutrition
○ Early help for low mood as part of the post natal</td><td>Targeted Support and Intervention
• To meet multiple and complex need in children, young people and families.
• Preventing escalation to specialist provision (including repeat referrals)
• Enabling "step down"</td></tr>
</table>

offer, including an integrated two year old development check and the implementation of the emotional and social development screening module of "ages and stages" • Universal Healthy Child Programme • Access for Vulnerable children to nursery provision • Building Community Capacity - including volunteering and peer support.	depression pathway ○ Parenting programmes and increasing parental capacity ○ Speech language and communication ○ Emotional development and behavior problems	from specialist interventions.
Clear pathway that enables an appropriate response to priority needs including: • Pre-natal identification and intervention for vulnerable families (including those with parental substance misuse, previous children taken into care, domestic abuse) • Breast feeding and nutrition • Identification of additional needs through the implementation of the social and emotional screening tool		
Review of workforce development offer to ensure building capacity to meet emotional wellbeing and behaviour problems, child development, working with vulnerable families and speech language and communication		

7.3 Children with Specific Health and Special Educational Need or Disabilities

The Children and Families Act 2014, outlines a clear new approach to ensuring that children with special educational needs and disabilities receive coherent education, health and care plans to enable them to achieve the best outcomes they can.

The core focus for this are those with moderate to severe learning disability (including where the young person also has an autism spectrum condition), a physical disability or sensory impairment where there is a significant impact on day to day life, complex health needs where there is a significant impact on day to day life. However within this agenda is also a clear drive to capacity build "Early Help" to meet need of those with broader educational needs, as soon as they are identified.

Within SEND there is a clear category for children with Medical Conditions/Syndromes, including those with Epilepsy, Asthma, Diabetes, Anaphylaxis, Downs and other syndromes, complex medical needs including continuing health care needs and Mental Health Issues. This agenda therefore covers a significant aspect of community paediatric care, with a focus on how this integrates with education and social care support systems.

SEND Code of Practice: 0 to 25 years: Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities sets out core ambitions for joint commissioning to ensure the best use of resources to achieve:

- personalised, integrated support that delivers positive outcomes for children and young people,
- bringing together support across education, health and social care from early childhood through to adult life,
- improved planning for transition points such as between early years, school and colleges, between children's and adult social care services, or between paediatric and adult health services

Where are we now?

Plymouth has been undertaking a whole system review of services for children and young people with SEND in order on from the changes brought about by Children and Families Act 2014, including changes that encompass

- Existing Statements of special educational needs and Learning Disability Assessments (LDAs) will be replaced by Education, Health and Care Plans
- Age eligibility for Education, Health and Care Plans extends from 0-25 years
- 'Local Offer': Local Authorities must publish, in one place, information about Education, Health and Care provision they expect to be available in their area for children and young people from 0 to 25 years who have special educational needs and disabilities (SEND).
- Joint Commissioning arrangements to be in place.
- All children and young people with an Educational, Health and Care Plan will have the option to request a Personal Budget.

The full service education review will be completed by the end of January 2015 and will inform decisions regarding future requirements for a commissioning business case.

However there is also a need to fully review the health system, particularly to meet children with medical needs, clearly defining the extent of gaps that are currently being reported, such as the continuing healthcare offer, interventions for children with ASC. A full review of the paediatric service offer is therefore needed.

Some examples of good practice are:

- Plymouth Local Offer developments have re-shaped the Plymouth Online directory and initial feedback from stakeholders, including parents has been very positive
- Plymouth's model to deliver integrated "wrap around" care for children with severe and profound Learning Disabilities has prevented high cost out of area placements
- Plymouth's Short Break Offer has developed a wide choice for families from holiday play schemes to overnight care that help build resilience and independence for children and support the family in delivering care and support for their disabled children.

What works?

The SEND reforms are an area of work that demand a significant shift to integrated commissioning in order to enable the delivery of services that provide holistic care for children and young people.

In 2013 the DfE established SEND pathfinder projects to test new arrangements for the commissioning and delivery of services. Under these pathfinders a number of good practice examples have been implemented, including:

- The development of coordinated assessment and planning processes for Edcuation,. Health and Care Plans
- Establishing joint commissioning teams across health to drive forward integration of delivery.
- Establishing pooled budgets for children with complex needs, including those with Continuing Health Care.

Ultimate Outcome Expectations:

a) Children and young people are able to remain safe and healthy with their families, where appropriate

b) Children and young people have good health outcomes, including mental health, behavioural and emotional need

c) Children and young people are engaged in education to achieve their full academic potential

d) Young People are successful prepared for adulthood, including independent living and employment

Future Service Delivery

Improve outcomes and empower families so that they can manage their own need with the support of Universal Services

Specialist /Statutory Service Interventions

Early Help - Support to the whole system to meet need	Early Help - Brief Intervention	Targeted / Intensive Support and Intervention
The expectation is that the majority of SEN support will be the responsibility of the school or provider where the student attends. • Resource into the Single Point of Contract to support early help system co-ordination and tracking of Early Help plans • Keep Local Offer up to date • Information and advice available through the Plymouth Online Directory/Single Point of Contract for parents and professionals. • Training and consultation to schools and the wider workforce.	Provide training and consultation model that promotes toolkits to into the wider service offer to mainstream the ability to manage BESD, SLCN, ASC and complex behavior problems, including up skilling workforce delivering: • Family Support • Vulnerable CYP • Early Childhood Development • School Pastoral Support Continue to develop brief interventions to meet specific need, including health promotion interventions.	Commission an Integrated Health and Social Care Service that has the ability to respond flexibly and appropriately to wrap care around the needs of the child. Ensure framework contracts in place for a range of support, such as • Domiciliary Care • Short Breaks • Residential School Placements

7.4 Vulnerable Children and Young People

We know that whilst a family approach to this need is crucial, we still need an offer of support focussed on children and young people as individuals to promote wellbeing and address the needs of

for those at risk of, or presenting with risk-taking behaviour, emotional, social and mental health problems, including:

- aggression and violence;
- sexually harmful behaviour;
- drug and alcohol misuse;
- mental health problems;
- offending and anti-social behaviour
- BESD or other learning needs;
- risk of sexual exploitation;
- missing from school and education
- difficulty engaging in education, employment or training
- caring for an adult or sibling (young carers)

The rational for this individual support being seen as a system is that there are a range of risk factors and protective factors that are similar predecessors for children and young people developing these difficulties. There is also a similarity the interventions to address these needs at a prevention, early help and targeted level that promote resilience. Even some more specialist interventions for these differing presentations have their roots in a similar theoretical framework. Alongside this many children and young people who present with one of these issues, often present with at least one of the other needs listed, and therefore require a holistic response that takes this into account.

Where are we now?

In response to the Emotional Wellbeing and Mental Health Strategy 2009 – 2014 and the Early Intervention and Prevention Strategy, there have been a number of developments to better target the services in this system. This includes a range of brief interventions into schools, and some targeted service response to need.

The Healthy Child Quality mark has also been developed to improve the schools offer in respect to emotional wellbeing and mental health education, sex and relationship education and healthy lifestyles.

In order to promote better interagency working for children with multiple and complex need, the CAF is implemented to achieve a team around the child. However the delivery of these multi-agency plans is often hampered by individual services thresholds, targets and outcome requirements. The response to the child or young person can be overly determined by the originating difficulty or indeed the service they originally present with, rather than a system response to the holistic need. The feedback from stakeholders is that is can still be difficult to secure the right support for the child.

The increased demand on specialist services, such as social care, mental health, emergency department and inpatient paediatrics also indicated an inability of service to intervene early to prevent escalation of need.

We also need to try and secure service planning that moves from a risk/ deficit model of intervention to an asset based approach, building on the skills, talents and resilience of our children and young people.

Some good practice examples are:

- An Intensive Support Team (IST) for young people has reduced the number of 16/17 year olds entering care
- A Missing, Intervention and Support Team (MIST), supports those missing from home and at risk of child sexual exploitation

- Emotional Literacy Support Assistant training to school support workers, providing them with tools to manage emotional distress

What works?

Learning from best practice, research and local services evidenced that where co-ordination of response is built into the design of services responses are more effective. Reviews of integrated systems successful joint working relies on four key principles: 1. sharing responsibility, decision-making, planning of services and intervention. 2. Partnerships between professionals that rely on trust and respect and valuing contributions in pursuing common goals, 3. Interdependency, with each professional able to rely on the others' contribution and expertise to achieve improvement in family outcomes. 4. Sharing power with all those in partnership, including the young person and, where applicable, the family.

There is a need to further explore service models that truly allow service collaboration, stripping away the barriers and processes which can prevent young people getting the right support at the right time. This could be done through commissioning an increasingly integrated system based upon a 'value chain' whereby the work done by one provider or source of support is built upon and amplified by another – achieved through focusing on relationships between providers and all other forms of support collaborating to achieve a set of shared outcomes.

Ultimate Outcome Expectations:

e) Children and young people are able to remain safe and healthy with families, where appropriate

f) Improve health outcomes, including mental health, behavioural and emotional need

g) Engagement in education to their full academic potential and have confidence and ambition to successfully transition to further education, training or employment

h) Positive transition to adulthood

Future Service Delivery

<table>
<tr><td colspan="3">Improve outcomes and empower families so that they can manage their own need with the support of Universal Services
  </td></tr>
<tr><td colspan="2"></td><td>Specialist /Statutory Service Interventions
Drug and alcohol treatment
Dual Diagnosis
Mental Health Treatment</td></tr>
<tr><td>Early Help - Support to the whole system to meet need
Health Child Quality Mark
Creation of a core and traded offer to education providers from all services in respect to</td><td>Early Help – Brief Intervention
• Early help brief interventions on arrange of issues to meet need.</td><td>Targeted / Intensive Support and Intervention
One threshold, wrap around support and joint ownership of outcomes for those with multiple and complex need.</td></tr>
</table>

• Sexual health and healthy relationships • Drug and alcohol education • Emotional Wellbeing		
An collaborative service model delivering to a shared set of outcomes across a range of health, education and community based services. Creative solutions to address these needs with our young people and focus on "strengths" based, rather than "deficit" based model. Confident, competent and collaborative workforce able to undertake joint assessments and share risk management.		

7.5 Children in and on the edge of care

When families are struggling to protect their children from harm or are not able to cope with their needs, more focussed and intensive support is needed. Working Together to Safeguard Children 2013 is clear of the duty on all services to respond to the needs of these families. All services in the other categories play a key role in delivering intensive support to families under a child protection plan.

This category is therefore designed to cover the more bespoke assessments and enhanced interventions needed to address the complex need of this cohort. If a child is taken into care there is a range of other additional provision is then needed to enable the creation of stable and permanent alternatives to family homes.

Where are we now?

The Looked after Children Strategy 2014-15 highlights some key achievement for our looked after children population, including good performance in placing children to adoptive parents and improvement in academic achievement.

However there are some critical challenges, as highlighted in the overview of need and performance, including

- An increase in numbers subject to a plan
- An increase in numbers of children in care
- A core cohort of complex children for whom placement stability is hard to achieve
- An increase in the number of young people needing residential care or secure placements, including placement out of area.

What works?

Information from Ofsted Inspections highlight Local Authorities achieving better outcomes children and young people in and on the edge of care, have a focus on permanency planning for the children and young people in care, including ensuring timely planning for those who can move to adoption.

Critical to this are good processes in respect to placement matching and a sufficient and high quality provider market of appropriate placements that can meet the wide range of needs in this cohort.

However the placement itself may not provide all the support needed and to enable future stability and permanency. The right multi-agency support needs to be in place to enable children and young people to overcome trauma and build resilience. This applies equally to those needing to remain in care, those moving to adoption and those who have the potential to return home.

Critical, then, to meeting the needs of this cohort is ensuring a multi-agency response to their needs, where all professionals planning a response together, especially to meet the needs of high risk and vulnerable young people.

There are a range of developing integrated and evidence base models that support this approach, elements of which need to inform future service planning.

In Plymouth there are some good examples of how we are addressing some of this need:

- We have established an independent parent and child assessment team to enable robust assessments of attachments and parental capacity to inform court decisions for young children. This has been successful in maintaining attachments at the same time as safeguarding young children whilst assessments are undertaken in a timely manner, informing clear permanency decisions can be made.
- We have developed a missing person's service, with Police, Youth Workers and Social Workers working together to ensure looked after children missing from their placements children are located quickly, a review of placement is undertaken and on-going support is provided.
- We have developed residential placements within Plymouth to prevent children with complex needs being placed outside of the city boundaries.

Ultimate Outcome Expectations:

a) Permanent arrangements for children who cannot live with their families, which will meet their needs through to adulthood.

b) Children who present with complex needs and high-risk behaviour to remain safe and stable, with increased resilience.

c) Looked after children participate in education, reach their full academic potential and have confidence and ambition to successfully transition to further education, training or employment

d) Improve health outcomes, including mental health, behavioural and emotional need

Future Service Delivery

	<u>Specialist /Statutory Service Interventions</u> Sufficient high quality placements with pooled budget for education, health and social care funding where necessary. Further development of Adoption Support Offer Joint Local Authority

			arrangements for adoption placing
Early Help - Support to the whole system to meet need	Early Help	Targeted / Intensive Support and Intervention	
Commissioning of links between services and Early Help and Multi-Agency Advice and Assessment	Personal Education Plan from the education setting.		Clear integrated health, social care and education response with one common threshold and a flexible service offer to meet the needs of children in and on the edge of care. Multi-agency "wrap around" response to ensure permanency for children and young people, with clear focus on those at risk of residential care or placement instability.
Workforce development offer to ensure create a confident, competent and collaborative workforce that is able to assess and appropriately manage and de-escalate risk.			

7.6 Available Resources

The current approximate commissioning budget against each service element is described in the table below. This does not reflect the total investment in the system and much of the provision is out of scope of this strategy or delivered through 'in house' services.

Table

System element	Approximate current budget
Children with specific health, special educational needs or disability	£6,865,572
Early childhood development	£8,931,663
Parent and family support	£324,511
Vulnerable children and young people	£2,186,655
Children in and on the edge of care	£8,841,701
Total	£27,150,102

7.8 Measuring Future System Performance

The following outcome performance indicators have been identified as key to measuring how this strategy contributes to improvements across the whole health, wellbeing and social care system in Plymouth. These will form part of a comprehensive performance dashboard that will be used to monitor an overview of the system.

Indicator	National	Plymouth	Impact on system – why is this a measure	Trajectory
PHOF 1.01i Children in Poverty	18.6	20.2	Improvement in these indicators will impact positively on the life chances of life chances of children reducing potential future pressure on the wider health, wellbeing and social care	
PHOF 1.05 16-18 year olds not in education, employment or training	5.3	7.7		
PHOF 2.08 Emotional wellbeing of looked after children	13.9	16.6		
PHOF 2.02i Breastfeeding initiation	73.9	71.5	Children will lead healthier lives which sustain into adulthood and prevent / delay need for care and support service in the 'community' and 'complex' strategies	
PHOF 2.06i Excess weight in children	23.5	25		
Number of Children in Care	TBC	TBC	These are indicators of how well our system in managing and de-escalating need, with the clear aim to enable as many children as possible to live at home or in a family environment as in order to secure more positive outcomes.	
Number of Children in Residential, Tier 4 Mental Health or Secure Placements	TBC	TBC		

8.0 COMMISSIONING INTENTIONS

In order to deliver this service model the following commissioning activities will need to be undertaken.

Create a system for Early Help Coordination			
Commissioning Intention	Milestones 2015/16	Milestones 16/17	Milestones 17/18
Implement agreed Early Help operating model	Partnership review and shaping of Operating Model and Gateway	Clear inter-relationship between Gateway, DRSS, Multi-Agency Advice and Assessment (Safeguarding), Schools Early Help Offer and Early Years Offer in place and understood by partners.	
	Review the Information, Advice, Guidance, Consultancy / Mediation offer in commissioned services to scope what might go into Gateway	All appropriate resources are available for the Information, Advice, Guidance, Consultancy and Mediation Offer are directly accessible from the Gateway (as part of an actual and/or virtual integrated team)	
	Review and integrate the current systems for referral to targeted services.	Gateway has become the referral point for the targeted offer	
	Agree outcome monitoring framework (including Families with A Future Payment by Results Framework and tracking)	Payment by Result Claims for agreed target of families generating income for future service delivery.	Payment by Result Claims for agreed target of families generating income for the Council
Ensure Gateway is fully able to facilitate support in line with requirements of the SEND agenda, including an up to date and refreshed Local Offer	Integration of SEND single Point of Contact and migration of functions and processes into the Gateway		

Further develop the use of the Plymouth Online Directory	Review of resource needed for Plymouth Online Directory (POD), ensuring on-going refresh of the Local Offer.	Further develop the Information and Advice capability of the POD.	
Family Support			
Commissioning Intention	Milestones 2015/16	Milestones 16/17	Milestones 17/18
Implementation of model of one Targeted Family Support Service	Development and Agreement of new service model for operations (including Service Specification and Outcome Monitoring)	Ensure appropriate interface of targeted family support offer with the rest of the Family Support offer within Early Help System. Review sufficiency of specialist leads within the service.	Full review of demand on and impact of new model with due consideration of future commissioning options.
Create sufficiency of evidence based Parenting Support Programmes designed to improve parenting capacity to manage behaviour issues.	Develop business case and implementation of findings of Parenting Support Programme review - including agreeing partnership approach with schools as part of co-commissioning for vulnerable children and young people.	Sufficient availability of parenting courses and reduced disengagement	
Integrated Early Childhood Services			
Commissioning Intention	Milestones 2015/16	Milestones 16/17	Milestones 17/18
Implement shared outcome framework for Early Years Contracts	Negotiate and implement shared outcomes and KPI's for contracts with Maternity, Health Visiting in line with Children Centres/ 2013 parent consultation and CCG Maternity Commissioning Strategy.	Review of delivery of Joint KPI's, to drive improvements to integrated offer.	Review of delivery of Joint KPI's, to inform improvements to integrated offer.

Ensure successful transition of commissioning of Health Visiting Service, with greater operational integration with Children Centres	Implementation of new Service Specification agreed with NHS England and provider (March 2015) Contract in place with Local Authority (October 2015)		
	Development of joint operating models, including opportunities for joint funding/ resourcing of activities, in line with agreed pathways.	Review progress and developments under the Building Community Capacity strand of the Health Visiting and Children Centre Contracts, including progress in developing volunteering.	
Development of and accessible Early Years Community Based Offer	Co-location and joint delivery plan in place for Health Visiting and Midwifery in Children's Centres, making the best use of accessible community buildings.	Full co-location of Health Visiting	
Develop and deliver new pathways across maternity, health visiting and children centres in response to priority need	Develop and implement priority pathways and interventions for: • Vulnerable parents and families • Breastfeeding nutrition and exercise • Children with developmental or additional needs Implement early help brief interventions to prevent parental low mood and improve attachment Review need and agree next set of priority pathways.	Integrated Early Years Review (Autumn 2016). • Joint pathways are developed and embedded, with clear improvement in integrated working (stakeholder review) • Families tell us their experience of the service has improved (since the 2013 consultation) • Interventions we have identified as gaps are implemented. • Impact on KPI's Agree future commissioning approach as a result of the review options for future delivery.	Implement agreed option for future delivery through either: • Tender for new service • Take up option to extend existing contracts • Take up option to extend contracts with agreed variation contracts Variation to Maternity Services Contract if necessary

Integrated Health, Education and Disability Services for children and young people with SEND			
Commissioning Intention	Milestones 2015/16	Milestones 16/17	Milestones 17/18
Develop greater join up in the Short Break Offer	Develop Commissioning Plan for Short Breaks	Business case for tender short specialist short break and brokerage services with clear rational for any potential outsourcing of existing PCC resource.	New offer implemented
	Reshape the targeted and specialist services (including in house)		
	Pool Short break funding with health	Strengthen a single pathway for all short breaks	
Develop greater choice, and quality in16+ Education Placements for Children with SEND	Market Development - including review of quality and sufficiency and referral processes	Business Case and tender for Framework contracts for 16+ education placements	Implementation
Improve the Autistic Spectrum Condition Pathway, including transition arrangements.	Establish a joint transition pathway with health, education and adult social care.	Business case for capital investment to develop short break provision for children with ASC and/ or complex behavior problems (supporting prevention from care agenda)	Short breaks for ASC vulnerable children implemented
Full Integration of Education, Health and Social Care Services	Implement initial agreed changes to specifications developed in light of new SEND requirements. Functional analysis and scoping of PCC delivered SEND offer. Full review of CCG contracts relevant to SEND, including the Paediatric service offer. Develop initial changes to ensure co-delivery for 16/17.	Implement initial co-delivery models. Develop business case for Full Integration, including • Scope • Full options appraisal in respect to delivery body and commissioning processes.	Implementation of new model
Develop greater access to Personal Budgets	Health and social care budgets up and running	Education personal budgets available	

Ensure specialist provision for education matches need	SEN review regarding special school and specialist provision completed and considered at schools forum	Re-commissioning of provision commences	Implementation of SEND place planning continues
Commissioning pathways of care for vulnerable children			
Commissioning Intention	Milestones 2015/16	Milestones 16/17	Milestones 17/18
Develop a Co-Commissioning Plan with schools for a mental health and behaviour pathway across tiers 1 – 4.	Partnership co-design of an integrated pathway from prevention to intervention, to meet known gaps in provision including • Complex and risk taking behavior • Children with ASC and complex behavior • Self-Harm Develop joint funding / resourcing approaches with schools, for contribution to business case for collaborative services - see below	Appropriate procurement activity – see below	
	Develop the market in respect to opportunities for the purchase of support to the Healthy Child Programme in relation to: • Sexual health and healthy relationships • Drug and alcohol education • Emotional Wellbeing • Healthy lifestyle (incorporating public health TRIVE)	Develop the market in respect to their options to offer bespoke services to schools and social care. (see also services for children in and on the edge of care). Develop options appraisal for the commissioning and quality assurance of the bespoke offer (see also children in care).	

Develop outcome focussed and flexible service response to meet the needs of vulnerable children (in conjunction with schools)	Create a business case for alliance or collaboration of provision to meet key needs in respect to mental health, risk taking behaviour and educational/ social exclusion. To include: Scoping of services best placed in an alliance approach, with review of: • In house/ outsourcing decisions re: Plymouth City Council based services • Current offer in health preferred provider.	Tender for an alliance or collaboration including the delivery of • Evidence based brief interventions • Intensive support for most at risk • Diversionary activities, (maximising access to the assets of leisure, business and community services) • Building community capacity (including the use of volunteers)	Implement new service model.
Children in and on the Edge of Care			
Commissioning Intention	Milestones 15/16	Milestones 16/17	Milestones 17/18
Shape the residential market through a pilot of a block contract with a provider to secure appropriate bed spaces in 20 mile radius of city	Agree model on business case, implement procurement. Establish clear implementation plan and referral processes.	Review the model with a view to whether to: • Continue to commission a block contract • Integrate into the expectations within the Peninsula Tender Process	
Develop integrated "wrap-around" support service response to the needs of adolescents	Pilot approach with small number of high risk young people, through the creation of bespoke packages of care.	Agree commissioning and quality assurance model for bespoke and personalised commissioning. (see also vulnerable children)	

(and their families) at the edge of care (and able to live at home), at risk of placement instability, in or at risk of need high cost or out of area placement.	Implement project to scope and manage the transformation of services to meet known need in this cohort of adolescents.	Agree final business case for a wrap-around approach including scoping and options to: • Commissioning as part of the vulnerable as a part of a collaboration/alliance tender • Developing an in-house integrated multi-disciplinary service for this cohort	Implement and review
Shape the sufficiency and quality of the foster and residential market.	Complete residential cost and quality benchmarking process. Develop quality assurance and service modeling for the residential market. Create business case for the future Peninsula Framework	Tender Peninsula Framework Contracts Re-tender foster care cost and volume contract	Implement new contracts

ANNUAL COMMISSIONING PLAN 2015/16 - Children and Young People's Services

System Element	Commissioning Activity	Key Outcomes	Lead Commissioner	Timeframe
Early Help	Agree outcome monitoring framework (including Families with A Future Payment by Results Framework and tracking)	Outcome Monitoring Framework in place to track effectiveness of Early Help	Joint	April 2015
	Review the Information, Advice, Guidance, Consultancy / Mediation offer in commissioned services to vary contracts to ensure Single Point of Contact for Early Help	Integration of information and advice functions into Gateway.	Joint	September 2015
Family Support	Service Specification and Performance Monitoring in place for Targeted Family Support Service (in house)	Performance Monitoring Framework Agreed Demonstrable impact on improving outcomes for children and young people at the edge of care	Plymouth City Council	April 2015 September 2015
	Business case to improve sufficiency of evidence based Parenting Support Programmes - including agreeing partnership approach with schools and partners.	Improved sufficiency of evidence based Parenting Support Programmes to improve parenting capacity to manage behaviour issues – including agreement of co-commissioning with schools.	Plymouth City Council	September 2015
Integrated Early Childhood Services	Shared Outcome Framework across 1. Maternity, 2. Health Visiting and Children's Centres	Agreed KPI's in contracts	1. New Devon CCG 2. Plymouth City Council	October 2015
	Successful transition of commissioning responsibility for Health Visiting Contract from NHS England to Plymouth City Council – with agreed specification that	Contract in place	Plymouth City Council	October 2015

	reflects local need.			
	Develop and implement priority pathways and interventions for: 1. Vulnerable parents and families 2. Breastfeeding nutrition and exercise 3. Children with developmental or additional needs	Pathways in place	Joint	1. July 2015, 2. October 2015 3. December 2015
Children with Specific Health and Special Educational Needs and Disability	Develop plan / business case for tender to achieve greater join up in the Short Break Offer	Clear coherent offer planned	Plymouth City Council	December 2015
	Establish a joint transition pathway with health, education and adult social care.	Transition Pathway Agreed	Joint	Sept 2015
	Develop business case for full Integration of Specialist Services, including • Scope • Full options appraisal in respect to delivery body and commissioning processes.	Future model to integrate service agreed, for implementation for April 2017	Joint	March 2016
	Personal budgets for 1. Health and 2. Social Care up and running	Access to personal budgets available	1. NEW Devon CCG 2. Plymouth City Council	December 2015
	Market development for greater choice, and quality in 16+ Education Placements for Children with SEND	Broader offer of appropriate placements	Plymouth City Council	August 2015
	Partnership co-design of an integrated pathway from prevention to intervention, to	More coherent and seamless offer of services in place	NEW Devon CCG	December 2015

	meet known gaps in provision including 1. Complex and risk taking behaviour 2. Children with ASC and complex behavior 3. Self-Harm	Clear understanding of future commissioning requirements to meet gaps. Reduction of demand of CAMHS and Social Care Development of joint funding / resourcing approaches with schools, for contribution to business case for collaborative services		
Vulnerable Children and Young People	Create a business case for alliance or collaboration of provision to meet key needs in respect to mental health, risk taking behaviour and educational/ social exclusion. To include: Scoping of services best placed in an alliance approach, with review of: • In house/ outsourcing decisions re: Plymouth City Council based services • Current offer in health preferred provider.	Future model of service agreed, for tender for service to begin April 2017	Joint	March 2016
Children in and on the Edge of Care	Develop Wrap Around Support Model of Care:	New Service model/ way of working in place and delivering improved outcomes for high risk children, including	Plymouth City Council	

	1. Pilot approach with small number of high risk young people, through the creation of bespoke packages of care. 2. Create business case to scope and manage the transformation of services to meet known need in this cohort of adolescents. 3. Implement new way of working	• Diversion of children from care • Reduction in use of high cost placements		1. April – September 2015 2. September 2015 3. March 2016
	Develop a pilot for a block contract with a provider to secure appropriate bed spaces in 20 mile radius of city (in conjunction with Cornwall)	Development of more bespoke models of care Keeping children within 20 miles of Plymouth Continuity of care	Plymouth City Council	Implementation October 2015
	Begin the development of the Peninsula business case for the future Peninsula Framework for placements	Business case for tender for services April 2017 onwards, including • Development of more bespoke models of care • Keeping children within 20 miles of Plymouth • Continuity of care • Value for Money	Local Authority Peninsula Commissioning Board	March 2016,

APPENDIX 3 KEY MESSAGES FROM STAKEHOLDER ENGAGEMENT

Emotional Wellbeing, Mental Health and Behaviour Difficulties – Key Messages

The need for an improved response to mental health needs is a common theme within consultation. This includes:

- A desire for greater early help so that people can access support prior to need escalating
- Improving access to services and reduction of waiting lists
- Clearer understanding of thresholds

From stakeholder feedback, this also appears to be linked to the rise in Behaviour, Emotional and Social Difficulties (BESD) and Autistic Spectrum Conditions (ASC), and a challenge the separation of the "mental health" system from challenges of the wider behaviour and social difficulties children experience. This is particularly acute in children presenting with complex behaviour problems to disability services and social care.

For children with co-morbid presentations of potential ASC and mental health conditions there is an interagency protocol between community paediatrics and CAMHS to manage referrals. However the pathway is managed from with two different service responses and feedback from families suggests children and young people can continue to be passed between services, with an unsatisfactory holistic care plan.

Young People's Feedback

In 2013/14 a number of participation projects were commissioned to review the offer around particular vulnerabilities for young people, including alcohol and substance misuse, domestic abuse, and key work with vulnerable young people. Some key messages from young people engaged in this work were:

- Young People want and need quality information about all aspects of domestic abuse and violence. They report knowing and being taught very little about it in school, or in any other part of their lives.
- Young People were not aware of characteristic warning signs in a relationship that might signal or lead into an abusive relationship.
- Young People feel that in general, the school curriculum focuses too much on Sex Education and on contraception, and not enough on relationships.
- Single sex work should be promoted within current commissioned and provided services to ensure that women and young girls have the best opportunity to consider the issues from their perspective – this should also be considered with the school curriculum.
- PHSE should be supported by specialist or independent professionals from outside of the school staff. It is important for young people to feel that they can trust viewpoints as being authentic and well informed.
- The skill level and commitment of staff are paramount to successful outcomes being achieved.
- The establishing of a meaningful and trusting relationship with a young person and their family takes time and the workers needs to be afforded adequate time to enable this relationship to develop.

Key messages from professionals

There are a number of key messages that have arisen in consultation respect to how the system of services responds quickly to emerging need, this includes:

- The need to better equip parents to support behaviour difficulties and children with ASC

- Better join-up/integration of services – including whole family approaches;
- Improvement in information sharing between services
- Increase awareness across stakeholders of what support/services are available
- Improve the capacity of the workforce who have contact with families and parents to deliver Identification and Brief Advice (IBA) interventions should be built – consideration of how parents role model drinking should be explored within this approach.
- There should be more training and support for the staff in areas such as communication with children with SEND
- Need to deliver flexible "wrap around" support to children in care and vulnerable children, which meets their individual needs and helps to sustain their home or placement
- Need to streamline and coordinate the planning, assessment and evaluation tools used by workers as this may enable an effective measurement of impact.

Early Years – Key Messages

In 2013 an extensive consultation was taken with parents and stakeholders, which produced some key messages:

- Parents overwhelming wanted the ability to choose the most appropriate children's centre services for their family, regardless of postcode boundaries**.**
- Parents highlighted gaps in the provision provided by Early Years Services, these included;
    - Practical demonstrations: how to make up a bottle feed, bathing a baby, coping with twins.
    - Support with early parenting: children's eating and sleeping routines.
    - Increased support: when a parent leaves hospital especially in the first few days and with breastfeeding.
    - Mental Health: Many parents shared their experiences of suffering with low mood and/or Post Natal Depression. Many of these women suffered in silence, until they hit crisis point.
- Parents over whelming embraced the idea of parents becoming trained volunteers. They also wanted to play an active part in fund raising, paying donations for services and/or helping to fund raise in order to help the sustainability of services into the future.

More recent consultation with stakeholders has highlighted some other key pressures, including:

- Access to interpreting and translating services to manage the increase in families with EAL
- Supporting parents with children with behaviour problems, reflecting the increase in ASC and BESD
- Understanding the importance of creating effective home learning environments;
- The importance of engaging fathers, who are often not well engaged with Early Years Services.

SEND - Key Messages

The changes to support for children and young people with special educational needs and/or disabilities (SEND) started from 1 September 2014 and have involved consultation and joint planning with all stakeholders including schools, providers Health services and Commissioners and parents and young people.