CHILDREN AND YOUNG PEOPLE COMMISSIONING STRATEGY

DRAFT

Northern, Eastern and Western Devon
Clinical Commissioning Group

NHS

PLYMOUTH
CITY COUNCIL

INTRODUCTION

We know the foundations for virtually every aspect of human development - physical, intellectual and emotional - are laid down during childhood. It is well documented that there are particularly critical periods (for example, within early years and adolescence where the brain develops rapidly) that can have a profound influence over the rest of that individual's life. Within these periods, children can be highly vulnerable in terms of their own size, development and inexperience and also in their lack of voice and power. They are dependent on family, community and society to meet their needs and when these factors negatively impact upon a child's life, this can lead to poor lifelong outcomes.

This strategy is one of four integrated commissioning strategies it focuses on investing in health and wellbeing early, which can be a cost effective way of bringing benefits to the whole system of care and thus enhancing long-term outcomes.

Childhood, presents a significant opportunity for prevention and early intervention with the potential to dramatically improve long-term outcomes. However, there is a challenge in that the window of opportunity for identification, assessment and intervention to achieve optimal impact may be short and so effective systems of support are needed at the right time.

The core purpose of this strategy is, to ensure we provide the best start to life for all children and the right support at the right time for vulnerable children and young people.

It seeks to create a shared vision across a wide range of partners, including GPs, the police, schools and the voluntary and community sector, in order to create a whole system approach to strengthen the service offer to meet all levels of need. We want children, young people and their families to experience a positive journey through a system of services that builds their resilience and enables them to meet their full potential.

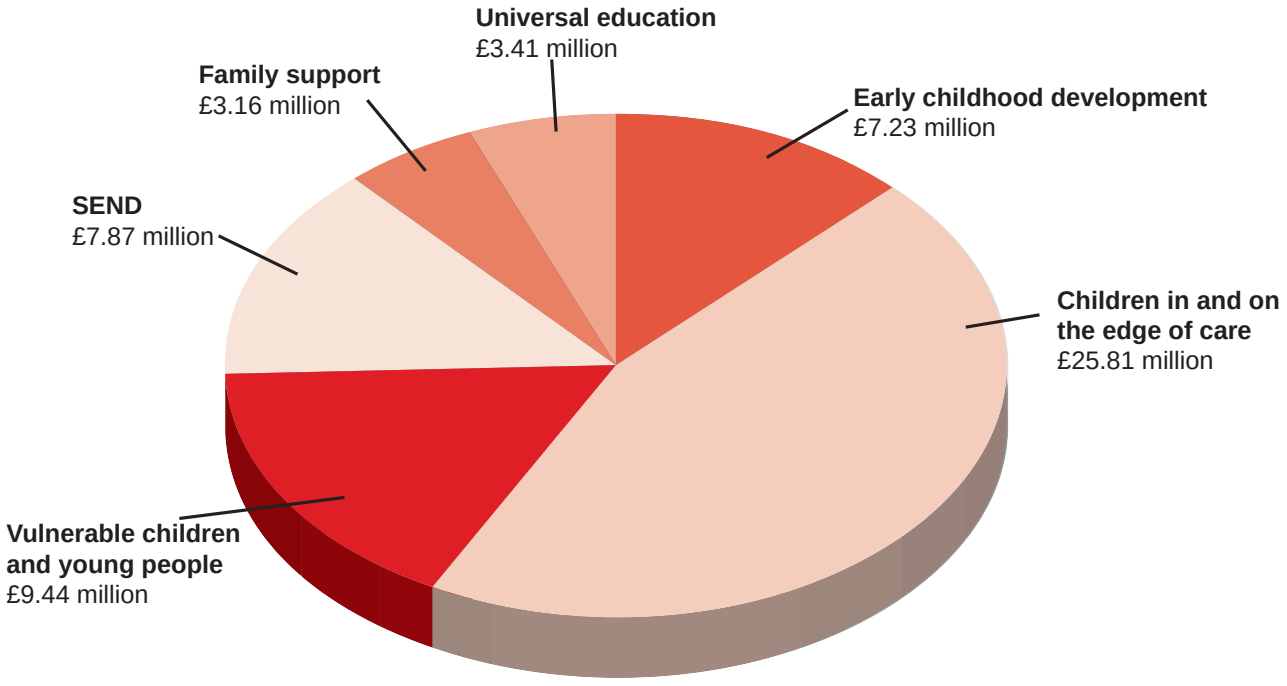
There are two key themes for delivery:

- The service offer to all families from conception to school age
- An integrated approach to early help and specialist support for children at risk of poor outcomes

Included in this are:

- Services to support Early Childhood Development from pregnancy to age five
- Services to meet the needs of those with Specific Health and Special Educational Needs and Disability (SEND), including those with continuing healthcare need
- Family Support Services
- Services that target school age children and young people vulnerable to poor outcomes
- Services for children in and on the edge of care

The identified spend of serices within the scope of Children and Young People £56.91m



In 2015/16 the identified spend on services within scope of the Children and Young People's Strategy is £56.91 million. This comprises the CCG and PCC's relevant spend within the Plymouth Integrated Fund and the CCG's relevant spend for South Hams and West Devon. The approximate breakdown of this is shown in the chart on page two.

Not all the healt -spend on the services covered by this strategy is currently reflected in the above budget. As the detailed commissioning plans outlined in this strategy are developed, health spend currently allocated to other strategies will be identified. These commissioning plans may also impact on the allocations described above.

The universal education offer is also a clear part of the system for children and young people, but this is not currently covered by the commissioning strategy as a large percentage of the budget is statutorily allocated to schools for them to spend on the education of the child. Where there is any flexibility in this funding, the intention is to develop co-commissioning with schools, presenting more opportunities for them to consider aligning spend to the offer.

Through co-designing the offer with partners there is a clear opportunity to undertake a review of a wide range of provision in order to consider how and what changes are needed to deliver improved outcomes. In order to make the best use of resources, we would seek to strengthen the ability of universal settings to complete early help and targeted work with children and families. This is central to achieving our ambition to ensure the ability to prevent problems and deliver a quick response to children, young people and families' needs as and when they present.

However, improving child outcomes is the responsibility of the whole system and not just those who are conventionally associated with delivery of services to children. Children are highly dependent on those who provide care to them (particularly parents and primary carers) being able to parent well. Effective interventions to support and achieve child outcomes may include to support and provide interventions to parents and carers. This will require acknowledgement within the other four strategies of child outcomes being integral to services commissioned for adults who are parents or primary carers for children.

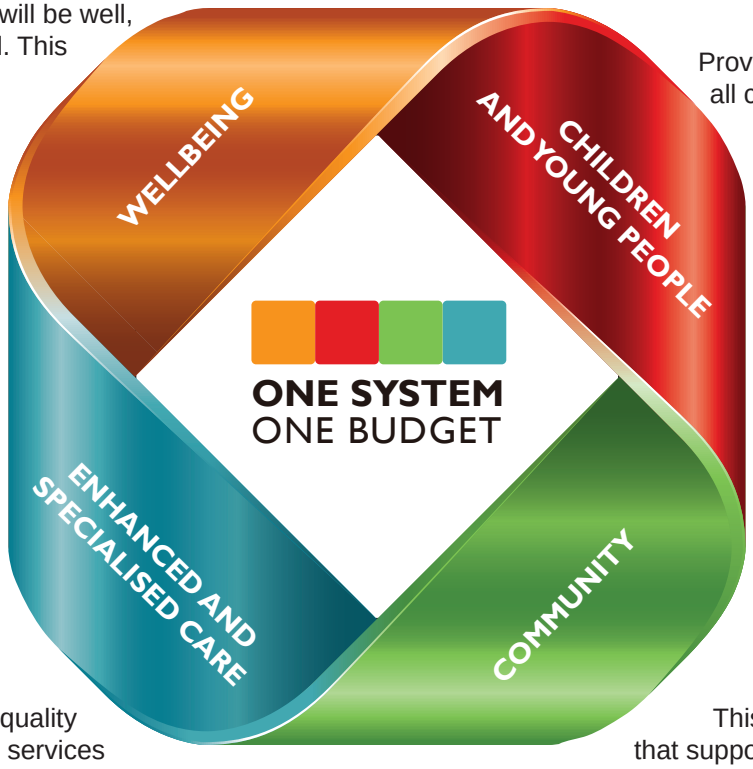
ONE SYSTEM...
FOUR COMMISSIONING STRATEGIES

WELLBEING

People and communities will be well, stay well and recover well. This strategy supports healthy and happy communities by putting health and wellbeing at the heart of everything we do.

CHILDREN AND YOUNG PEOPLE

Provide the best start to life for all children from pregnancy to school age, and the right support at the right time for vulnerable children and young people.



ENHANCED AND SPECIALISED CARE

A system that consists of quality specialist health and care services that promotes choice, independence, dignity and respect.

COMMUNITY

This strategy targets services that support people to maintain their independence in their own home within their own community.

Commissioning an Integrated System for Population Health and Wellbeing Overall strategic direction and response to national strategy

- Overall strategic direction and response to national strategy
- Integrated Commissioning – now and future
- Needs assessment

- Planned care for children with physical health conditions
- Universal Information and Advice
- Universal Health Promotion
- Parental Domestic Abuse and the impact on children

- Urgent care for children with physical health conditions
- Joint planning for transition of young people to adult services
- Parents with drug and alcohol, mental health and homelessness problems

- Hospital-based care for children with physical health conditions

DEFINITION OF CHILDREN AND YOUNG PEOPLE'S SERVICES

This Strategy is focusing on the provision of services specifically targeted to meeting the needs of children, young people and their families from pregnancy to age 18. In line with The Children and Families Act, this extends to age 21 for children in care and age 25 for Children with Special Educational Needs or Disability.

This purpose of this strategy is to ensure we provide the best start to life for all children and the right support at the right time for vulnerable children and young people. There are two key themes:

- The service offer to all families from conception to school age

There is a significant evidence base that highlights the importance of the period of a child's development from conception to age 5. In light of this evidence, this strategy seeks to maximise the use of universal and targeted resources across this age range to ensure the best start to life.

- An integrated approach to early help and specialist support for children at risk of poor outcomes

Long-standing research indicates there are a range of risk and protective factors that can influence the lifelong outcomes of a child. Whilst differing research is themed against particular issues, such as mental health or alcohol problems, and highlight slightly different factors, there is enough commonality to enable us to identify when children and young people will have poor life outcomes. These factors lie in three core domains: a child's individual development and health factors, their parents' capacity, and their environmental factors, such as poverty.

The ambition of the children's system is to ensure that we base interventions on a good understanding of risk and protective factors so that we develop the most appropriate offer that maximizes the development of resilience and wellbeing throughout childhood, and targets resources to children, young people and families who need them most.

This requires focusing on ensuring a whole system of support from early help to specialist services, ensuring smooth transitions to adulthood for our most vulnerable young people.

Early Help Offer

This strategy sets a clear vision to support collaborative working and capacity building with partners to promote a whole system of support for children and young people. In an environment of reduced budget and increasing demand on resources, it is critical to support and maximise the ability to:

- Provide early identification of risk factors in order to deliver prevention and appropriate 'early help' and targeted support that develop resilience
- Identify complex need presentation and be supported to access the most appropriate service to meet the need

This requires co-design and co-commissioning of the offer with GP practices, early years settings and schools, maximising the ability to deliver prevention and early help in these settings.

A clear ambition within this is to enable whole population services, specifically schools and school pastoral systems, and primary care services to meet the child and family's need.

Targeted Support Offer

Where family need is multiple and complex, this may require a response from a "targeted" service offer. Targeted support is characterised as a more intensive, sometimes longer-term support offer, often implementing evidence-based interventions that can require specific skills and training. The range of interventions needed by a family may increase so a more time-intensive co-ordination role of the multi-agency plan is also a characteristic of targeted support.

Targeted support has a clear aim to reduce the immediate demand on specialist services, preventing escalation and supporting exit from specialist services. Targeted support should, therefore, be delivered to both those who are being care-planned in "early help" and those who receive specialist and statutory support.

Importantly, as children and families move in and out of specialist services, those offering support as part of an "early help" system should remain part of the child, young person and families plan, providing continuity for and supporting them to maintain changes made through specialist interventions.

Integrated Assessment and Care Planning in the Specialist Offer

When a child, young person or family's need is complex, requiring statutory safeguarding services, specialist healthcare or education placements, there is a clear need to ensure integration minimizes multiple referral, assessment and care planning processes. This requires commissioning models of care that enable professionals from differing disciplines to work together to meet the holistic needs of the child, seeing themselves as part of the system rather than delivering services to meet particular need in isolation.

Transition

When a young person turns 18 they are legally an adult under the SEND agenda and Leaving Care Agenda, but children's services retain the responsibility to ensure the right package of care is provided for young people up until age 25 and 21 respectively.

The differences between thresholds for support and models of care between adult and children's services can often cause tension. Some vulnerable young people whose development has had significant disruption can struggle under an adult services response, and equally there are some 16 year olds whose needs could be met by adult services. Ideally the young person's need should determine which service they are supported by. If transition planning begins early at the age of 15 /16, it can mitigate some of the tensions through the identification and promotion of additional life skills and independence skills and early planning in adult services of how to help children and their families adjust.

Under the Care Act 2014, it is stated that transition assessments should take place at the right time for the young person or carer, and at a point when the local authority can be reasonably confident about what the young person's or carer's needs for care or support will look like after the young person in question turns 18. There is no set age when young people reach this point; every young person and their family are different and, as such, transition assessments should take place when it is most appropriate to them. The same philosophy must be reflected in health care provision, with effective transition planning when the need for continued input from specialist health services into adulthood is identified.

For this reason, it is important to consider building in flexibility across the commissioning strategies to support transition planning and enable young people to access the services that are best placed to meet their needs. This requires some review of how we commission services across the whole age range.

AIMS OF THE CHILDREN AND YOUNG PEOPLE STRATEGY

We will:

Aim One

- Raise aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment

I will have the right support in the early years to make sure my child is ready for school

I will get help before problems reach crisis point

Aim Two

- 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

Aim Three

- Deliver an integrated education, health and care offer: ensure the delivery of integrated assessment and care planning for our children

I will have more support to understand and manage my child's difficulties

I will know how to help my teenager avoid putting themselves at risk

Aim Four

- Keep our children and young people safe: ensure effective safeguarding and provide excellent services for children in care

WHO WILL BENEFIT FROM THIS STRATEGY?

The strategy looks to benefit all children living locally as it covers from conception to adolescence and health, wellbeing and education, including the needs of families, with a particular focus on those who require help. There are five core categories of services to inform future commissioning and create an offer of integrated service provision.

The five categories are as follows:

Early childhood development

To achieve the best start to life by maximising effective prevention and early help support to children and families from pre-birth to school age, reducing health and education inequalities.

This category is designed to ensure we make the most of our resources in key health and wellbeing services. This includes the support offered to childcare and early education settings to ensure the provision of the best start to life, with a core aim of maximising our opportunity to reduce lifelong health, education and social inequalities.

A core element of this is a universal health offer to all families, delivered by maternity services and health visiting services.

Children and young people with specific health and special educational needs and disabilities (SEND)

To ensure children and young people with ill-health, developmental delay, learning difficulties, and physical and learning disabilities have an integrated response to their health, educational and social needs, in order to improve health outcomes, support parenting and care needs and improve the ability to learn.

The core focus for this category are those with children and young people whose health needs have a significant impact on day-to-day life, including the ability of parents to manage and parent these needs and the ability of the young person to engage in education.

This includes those categories of Special Educational Needs and Disabilities as defined by the SEND Code of Practice (DoH, DofE 2014), and covers children with complex health and/or continuing healthcare needs (including mental health), palliative care, medical conditions, genetic disorders, developmental delay, moderate to severe learning disability (including autism spectrum condition) and physical disability or sensory impairment.

Parent and family support

To ensure timely and accessible parenting support and deliver holistic whole family intervention for families with multiple and complex needs.

This category is designed to develop family responses to needs and to create a systematic workforce development approach across the wider system for parenting support, it will also ensure the provision of targeted family support and interventions for vulnerable families most in need.

In many ways, Parent and Family Support is a central tenet 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. Critical to the delivery of positive outcomes in the category is the support offered by adult services, largely within the community offer, where there are risk factors such domestic abuse, parental substance misuse, family poverty, and parental physical and mental health problems.

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

Vulnerable children and young people (school age)

To prevent poor emotional wellbeing, mental health problems and risk-taking behaviours and provide a rapid response to these needs when they arise, including targeting support to vulnerable cohorts.

This category includes a range of statutory and non-statutory support, such as education welfare, youth services, mental health services and youth offending services. Critically, this agenda requires a collaborative approach with schools, the police and the Voluntary Community Secotr to create a whole system response, reducing duplication and addressing gaps.

We know that, whilst a family approach to this need is crucial, we still need an offer of support focused on children and young people as individuals to promote wellbeing and address the needs of those at risk, or presenting with risk-taking behaviour or emotional, social and mental health problems, including:

- aggression and violence
- sexually harmful behaviour
- drug and alcohol misuse
- mental health problems, including eating disorders
- offending and anti-social behaviour

- risk exploitation, including sexual exploitation, exploitation through the internet and risk of radicalisation
- victims/perpetrators of domestic abuse
- missing from school and education
- homelessness
- young parents
- difficulty engaging in education, employment or training
- caring for an adult or sibling (young carers)

There is a range of risk factors and protective factors that are similar predecessors for children and young people developing these difficulties. There are also similarities in 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 have at least one of the other needs listed and consequently require a holistic response that takes this into account.

Children in and on the edge of care

To ensure the ability to provide a high quality response to those at the threshold of statutory intervention and/or those in care, including the provision of high quality placements and an enhanced/targeted offer from services to meet need.

This category is designed to ensure a specific focus on families who are struggling to protect their children from harm or are not able to cope with their needs (including mental health issues), where a more focused statutory response is needed. Working Together to Safeguard Children 2013 is clear about the duty on all services to respond to the needs of these families. If the decision is made that a child cannot remain safe at home or their needs are better safeguarded through separation from the birth family, the child becomes "looked-after" and as corporate parents, we have a wide range of duties to ensure their ongoing welfare.

When children, young people and families are presenting at this level of need, a well care-planned multi-agency response to meet multiple needs is required. Whilst Children's Social Care is the lead for care planning for this cohort, all services play an essential role in ensuring we meet the needs of children identified as "Children in Need", those under a child protection plan and those looked-after. This category also encompasses a clear statutory duty to secure the permanent living arrangement of children, whether that is in their family home, with relatives, in foster care, residential or adoption. This category, therefore, encompasses:

- Workforce development of universal and early help system (Safeguarding Children's Training)
- Bespoke responses from those responding to the needs of "vulnerable children and young people's" category and "Family Support" category
- Specific and bespoke assessments and enhanced interventions to assess and address the needs of the most complex children, young people and families in cohort, including specialist assessments to support decision making in the court process
- Placements for those not able to live in the family home, including "in house" foster care, independent fostering, residential placements and specialist health placements such as Tier 4 mental health units or rehabilitation centres
- Appropriate accommodation for those both coming into care at 16/17 years old, and those who have been in the care system prior to their 16th birthday, (which extends up until their 21st birthday or until they leave full time education after their 21st birthday).

WHY DO WE NEED TO CHANGE?

In 2014 Ofsted undertook its inspection of services for children in need of help and protection, children looked-after and care leavers in Plymouth.

The inspection recognised that Plymouth had:

- A strong partnership between the local authority and NEW Devon CCG
- Some good examples of support services developed to meet identified need that could be seen to be positively impacting on outcomes
- A skilled, committed and passionate workforce
- A strong representation of the "voice of the child" in service delivery and planning

There were some key areas for improvement, including:

- Improved co-ordination of early help across the whole partnership to meet need when it arises and prevent the demand on specialist services
- Improved quality of assessments and multi-agency outcome focused planning across health, education and social care services, both in early help and social care
- High levels of demand on social care impacting on caseload and practice

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, with an increase in families where English is an additional language. We know that 22.4% (10,100) children live in poverty and our child poverty needs analysis shows that there is a greater concentration of families with multiple and complex needs in areas of social deprivation.

Academically, children in Plymouth have been achieving increasingly well and compare with the England average. However, vulnerable groups such as looked-after children, those of free school meals and children with special educational needs, still struggle to achieve as well as their peers.

Early childhood development

There is a considerable body of evidence that has highlighted the enormous influence that the earliest experiences can have on later life chances. Research suggests that the nine months of pregnancy and what we experience in the environment of the womb are the most consequential period of our lives, permanently influencing the wiring of the brain and the function of organs like the heart, liver and pancreas. Research also suggests that the conditions we encounter in-utero shape our susceptibility to disease, our appetite and metabolism, and our intelligence and temperament. Access to high quality maternity care, advice and guidance to help prepare for parenthood, and early support and intervention during pregnancy can all contribute significantly to long-term outcomes. This represents the starting point for pathways of care to support the health of children and their families.

The Maternity Strategy (NEW Devon CCG 2014) highlights the need for better communication and the joining up of the system of support in early years, with the need for clear pathways between maternity services and health visiting to ensure continuity of healthcare.

There is also a significant evidence base that identifies that the first few years of a child's life are, likewise, 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, leading to poor examination results, higher rates of teenage pregnancy, lower rates of employment, higher rates of depression, suicide and substance misuse.

It is a period where complex health needs that are often a consequence of congenital, hereditary or trauma in new born/early years are identified. These factors can affect development of those children. The effect of these long-term conditions can create challenges to family life, including parenting and adapting home environment, working patterns and finances to the care needs of the child.

Successful service models across the country build on this universal health offer to ensure it acts as the engagement point for all families and enables the early identification of additional or complex needs that can then be managed through a range of interventions. Some are specialist medical or health-based and some from the rest of the Integrated Early Years offer, including the childcare and early education services. At the core of this delivery is an integrated response from maternity services, 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.

As an Early Intervention Pioneering place, Plymouth contributed to the Early Intervention Foundations report "Getting It Right for Families: A Review of Integrated Systems and Promising Practice in The Early Years", published in November 2014. This reviews a number of models of integration, best approaches and the evidence base of impact, and recommends:

- Establishing joint outcomes frameworks for all early years' services
- Integrating the educational and health two year old development check
- Developing an Integrated Pathway Approach – including a pathway for universal and early intervention services from conception to five years that is populated with evidence-based programmes to support key outcomes
- A workforce competency framework and develop opportunities for joint training
- Sharing information and joint management of family needs

Children and young people with specific health and special educational needs and disabilities (SEND)

The Children and Families Act 2014 placed a clear duty on education, health and social care to ensure join-up in the system for children with a range of health and learning needs and disability, with a clear requirement for integrated education, health and care plans. The National Framework for Continuing Care Needs of Children and Young People sets out a clear ambition for those with complex continuing health needs to have access to individualised care packages to meet identified needs.

The 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; creating mechanisms for those on Educational, Health and Care Plan to have the option to request a Personal Budget

In Plymouth, within this cohort we are seeing increasing trends in children identified with special education needs, in particular a rise in the number of children with behaviour, emotional and social difficulties (BESD), speech, language and communication needs (SLCN) and autistic spectrum conditions (ASC). A significant percentage of our children who are not in education, employment and training at aged 16 and 17 are children with additional needs.

Within this, there is a clear driver to build capacity in the system for "early help" to meet the need of those with a wide range of educational and health needs that do not require a statutory or specialist service response, or where a specialist response can be avoided.

Alongside the rest of England, the trend for presentations at the emergency department in acute hospitals is increasing. However, data shows that there are a significant number of children and young people who present to emergency departments who require no procedure and whose stay is classed as 'zero length'. This indicates that a change is needed to divert children from our busy emergency settings. Initial analysis in Plymouth echoes the analysis developed in Gloucester which highlighted the most common conditions presenting for urgent care being bronchiolitis/croup, fever, gastroenteritis, head injury, asthma and abdominal pain. Whilst the Community Strategy will lead on strategies to address this within the urgent care pathways, ensuring the right care in the community for those with continuing healthcare needs can avoid unnecessary hospital admissions, as can ensuring a community health response that makes every contact count so that parents are educated to manage the conditions that most regularly present at hospital (the Big 6) and ensure optimal medicines management.

Parent and family support

Our needs analysis shows that too many families are still experiencing significant problems such as domestic abuse, poor physical and mental health, and poverty. Many struggle with multiple and complex need that has significant impact on the welfare of the children in the household. This is resulting in a picture of increased demand on specialist services, including an increased number of referrals to social care and number of child protection plans for families. In particular, the rates of re-referral to social care indicate that families are not enabled to sustain the change required to adequately parent the children.

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.

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 are 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.

Alongside this, there is a strong evidence base for whole population parenting support approaches that de-stigmatise difficulties in parenting, developing an asset-based whole community parenting support approach. The evidence base behind this shows this can have an area wide impact on reducing hospital admissions and referrals to social care for children, as well as improving health (particularly mental health) and wellbeing outcomes for parents.

Vulnerable children and young people (school age)

As already highlighted in the section of specific health and special education needs, we have a growing number of children identified with behaviour, emotional and social difficulties. Feedback from stakeholders during the review of mental health services across Plymouth in 2013 highlighted a difficulty in securing support for children with a range of complex difficulties, with little access to support for these needs under the threshold of specialist care.

In response to this feedback, Plymouth's Cabinet committed to completing an overarching and comprehensive commissioning plan to address this need. More recently, the Department of Health has set out the need for areas to produce a comprehensive transformation plan for improving our children and young people's mental health and wellbeing as part of the Five Year Forward Plan, as set out in "Future in Mind" March 2015.

Referrals to Child and Adolescent Mental Health Services have increased significantly in the last two years, as have referrals to social care, and we have worse than England average rates of admission for alcohol specific conditions, injuries and self-harm. Alongside this there is an increase in referrals for youth support, ongoing concern about children at risk of exploitation, and an increase in the number of children who are victims and perpetrators of crime.

This increased demand on targeted and specialist services indicates an inability of our system to intervene early enough to prevent escalation of need. Hence, there is a clear driver to build capacity within this system for "early help" to ensure we can manage demand and need.

At present, many services in this category are designed to start at adolescence. There is strong evidence base for this as this is a critical period of child development where significant physical, hormonal and brain development takes place. For all children (and parents) this can be a difficult time, but for those with historic abuse, neglect or trauma, this can trigger significant reaction with an increase in negative emotional and behavioural responses. However, this also represents an optimal time to support the development of lifelong resilience and coping mechanisms.

Whilst adolescence is a critical focus of the support in this category, it is important not to lose any opportunities to create pathways of care from childhood to adolescence, identifying support early for younger children to enable an earlier approach to resilience. Ensuring children and young people develop aspiration early and that early presentations of difficulties are addressed can prevent and minimise difficulties later in the child's life. Many services need to cover the whole age range to have optimum effect.

Research undertaken by Research In Practice (Dartington) into adolescent support highlights some factors that improve responses to an adolescent. These include:

- Supporting relationships between young people, their family and peers
- A holistic approach to risk
- Developing an asset-based approach, building on the skills, talents and resilience of our children and young people
- 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:

- Sharing responsibility, decision-making, planning of services and intervention
- Partnerships between professionals that rely on trust, respect and valuing contributions in pursuing common goals
- Interdependency, with each professional able to rely on the others' contribution and expertise to achieve improvement in family outcomes
- Sharing power with all those in partnership, including the young person and, where applicable, the family.

Children in and on the edge of care

Plymouth is seeing increasing referrals to children's social care (16.7% between 14/15), and increasing numbers of children with a child protection plan (a 9.1% increase from March 2014 to March 2015).

As of March 2015, the main problems facing families with children subject to a child protection plan are domestic abuse (24.8%), unsafe parenting (39.4%), parental drug misuse (6.9%), parental alcohol misuse (7.2%), parental mental health problems (9.8%) and at sexual risk from an adult (6.7%).

Since September 2013, we have seen an increase in numbers of children in care from a steady position of approximately 380, and then through 2014 there were several periods of significant rise to a peak in the September of 2014 of 425, and ending 2015 at 392 (an increase of 3.1%). Our needs analysis highlights that we have a growing number of children, young people and families within this category who have a range of complex needs, including high levels of risk-taking behaviour such as crime and substance misuse, mental health problems, and risk of harm to others, (including sexual harm and risk of sexual exploitation) which caused an increase in the use of high-cost placements.

This analysis, alongside our Ofsted inspection 2014, highlighted that we are facing some critical challenges including:

- Caseloads of social workers are high, resulting in limited time to reflect on plans
- Care planning can suffer from time lags in response from other agencies to assess or engage with the children and young people
- There needs to be a better focus on permanency planning to ensure the right placement match is secured for long-term stability
- There is a core cohort of children for whom placement stability is hard to achieve, due to the complexity of their need and the lack of carers appropriately skilled or supported to manage challenging behaviour
- In 2014/15 there was a significant increase in the number of young people needing residential care or secure placements, including placement out of area
- There is a need to improve timely transition planning so that young people have the skills to live in independent accommodation and transition to employment

Information from Ofsted Inspections highlights that Local Authorities that are 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. Critical to this is the evidence to ensure the court can make timely decisions in respect to separation from birth families alongside clear permanency plans in securing the right long-term placement, with the right support in place, including ensuring timely planning for those who can move to adoption.

An increase in adoption placements, alongside high quality placement matching and a sufficient high quality provider market of appropriate placements that can meet the wide range of needs in this cohort, is core to being able to deliver stability for these children and young people.

The placement itself however may not provide all the support needed and enable future stability and permanency. The right care plan and 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, to meeting the needs of this cohort is ensuring a multi-agency response to their needs, where all professionals plan a response together especially to meet the needs of high risk and vulnerable young people. There is a range of developing integrated and evidence base models that support this approach, elements of which need to inform future service planning.

WHAT HAPPENS NOW?

The current system reflects the national picture of a complex array of and interplay between organisations, units and teams. Services have developed organically and in response to national or local initiatives built around particular needs or service demands, particularly those with funding attached. At its worst, this can create a silo approach to delivering services each with their own access criteria or thresholds, outcomes and targets.

For this reason, a key challenge set out in the range of national reviews and policy drivers is how to break down this culture to ensure a holistic and collaborative approach to service delivery in order to best achieve outcomes.

Plymouth's Children and Young Peoples Partnership has acted to drive forward better ways of working, creating systems leadership, joining up services by setting clear local priorities within the Children and Young People's Plans, creating networks, and developing greater partnership working and pathway approaches to delivery. This significant work has been undertaken to improve and promote multi-agency responses, with specific activity under the Early Intervention and Prevention Strategy to increase targeting of support to those who need it most and promote collaborative working, with some co-location with school-funded support services.
However, whilst there has been considerable work done to align the design of services 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 our Child and Adolescent Mental Health Service.

The provider market

The council continues to be a significant service provider for the integrated special educational needs and disability service, youth services, family support 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. The voluntary and community sectors is key delivery partners, holding contracts for the delivery of these services, as well as independently funding and delivering key service provision in the community, developed in response to national drivers or local need.

In health, some community services are provided under the NEW Devon CCG contract with Plymouth Community Healthcare, others by Virgin Care Ltd.

Plymouth City Council also commissions some services through the Public Health agenda, for example, school nursing and health visiting. Under the Plymouth Community Healthcare structure these services sit in a locality area-based and city-wide design that integrates their management and governance with adult services.

Plymouth Hospitals NHS Trust are also contracted to deliver acute healthcare for children and young people, both planned and unplanned, including maternity services. They also provide a significant number of other community services, community paediatrics, community children's nursing team and community midwifery services. Primary healthcare services provided by GP's are currently commissioned by NHS England.

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

Schools and education settings are also key providers (and commissioners) of essential health and wellbeing pastoral support, as well as critical education services. Special schools commission a range of support for children with special educational needs and disabilities. These are designed to ensure children's holistic needs are met so that they can engage fully in learning. Primary schools in Plymouth also have a strong history of collectively purchasing services to ensure a wide range of support for children, including school counselling, learning mentors and targeted support. To co-ordinate service planning some of these are now being created across the whole school sector under the Plymouth Learning Partnership.

The police also co-fund some critical services with Plymouth City Council such as the Youth Offending Service and the Reducing Exploitation and Absence from Care and Home (REACH) Service as well as contributing resource along with JobCentre Plus, to the delivery of the Families with a Future agenda.

Finally, the voluntary and community sectors play a key role in meeting need through their development of service delivered with charitable and independent funding. Some examples include Barnardos Abused through Sexual Exploitation (BASE) service and the NSPCC's sexually harmful behaviour interventions.

In order to develop a whole systems approach, it is important to recognise the contribution and role of a wide range of partners alongside GPs, and the role

communities and families themselves play in meeting needs of children and young people.

Early childhood development

A new model for children's centre provision, presented to Cabinet in 2013, 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. Consultation with parents also gave us some clear messages about choice, access to information and advice, and early help. As a result, since 2013 we have 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 the 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 October 2015, Plymouth will have 90 qualified health visitors, an increase from 46 in 2012.

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.

The refocus of support and investment in health visiting has not yet impacted significantly on some of our key outcomes. 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 described above are creating an opportunity to build on an already good history of partnership working. This will enable development of a clear and integrated response to the needs of a clear and integrated response to the needs of children and families through the co-design of pathways of support to most agreed priority areas.

Children and young people with specific health and special educational needs and disabilities (SEND)

This category covers a wide range of services, including community paediatric services, community children's nursing services, children's continuing healthcare, short break provision, speech and language provision, mental health services, specialist education provision, support to education settings and disability social workers. For those with significant complex need - for example, continuing care needs - it includes the ability to provide bespoke packages of care with a market that can respond to direct payments and personal budgets (as per the National Framework for Children and Young People's Continuing Care (DoH 2010).

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 response to the SEND Code of Practice 0 to 25 years, Plymouth has been undertaking a whole system review of services for children and young people with SEND in order to adapt from the changes brought about by the Children and Families Act 2014, including:

- Converting Statements of Special Educational Needs and Learning Disability Assessments (LDAs) with Education, Health and Care Plans, including extending these to cover those aged 0-25 years
- Developing a 'Local Offer' on the Plymouth Online Directory, publishing information about education, health and care provision available for children and young people from 0 to 25 years who have special educational needs and disabilities
- Completing a full education review to identify future need for support centres / hubs in the city that enable the best education for children whose needs cannot adequately be met in mainstream education provision
- Plymouth's model to deliver integrated "wrap-around" care for children with severe and profound learning disabilities which has prevented high-cost out of area placements

Although there have been significant pathway developments to deliver integrated education, health and care (EHC) assessment and care planning from early help to specialist EHC plans, the current model for support shows disparity between these three main sectors. Of particular difficulty is the fact that the specialist pathways are managed by three different service responses from differing agencies: Community Paediatrics, Community Healthcare (CAMHS/ Speech and Language), and the Education and Social Care Integrated Disability Service. Feedback from a range of stakeholders reports that this results in:

- Education services co-ordinating care plans that are reliant on a wide range of referral points and multiple service responses, with difficulties in ensuring clear communication as to action from referrals and interventions
- Children and young people being passed between services, being subject to more than one waiting list and sometimes receiving an unsatisfactory holistic care plan
- Assessment and diagnosis being difficult to achieve, especially where there are co-morbid mental health concerns as different agencies undertake different assessment processes
- Delays and duplication of assessment and care planning processes with diagnosis delivered by a different organisation than the treatment/support required following diagnosis
- Changes in response to targets and pressures in one organisation having significant impact on the ability of the others to deliver to meet need
- Missed opportunities to plan and provide potential early intervention response or to review the skill mix needed across the workforce to meet the needs of this cohort, due to the lack of ability to analyse demand and plan a response with resources from across the whole system

Parent and family support

A review of the family support offer in the Council has been undertaken to streamline the range of service offers. Family Support Services in the Council had grown organically to meet slightly different needs, with their own criteria, thresholds and targets. This review highlighted that the system faced challenges, including:

- Consistent and meaningful assessment and recording of family need to ensure the right families receive targeted support
- 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
- A targeted family support service was created in early 2015 with an initial priority focus to ensure sustained support for those exiting from children's social care

In Plymouth

- Our Family Intervention Project model has been evaluated by Plymouth University in successive years and demonstrated a positive impact on families, including positive impact on health outcomes
- 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
- Family Group Conferencing is offered to families in social care and those on early help plans, this evidence-based model focuses on the wider family network, making safe plans for children and thus enabling many to stay within their family network as an alternative to going into care

Vulnerable children and young people (school age)

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.

To ensure a more holistic population-based system, 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.

Some good practice examples are:

- Primary schools collaborate to fund early help services such as learning mentors and school-based counselling
- Emotional Literacy Support Assistant (ELSA) training delivered by CAMHS to school support workers provides them with tools to manage emotional distress
- Commissioning of a joint homeless pathway across The Zone, Youth Services Intensive Support Team (IST), housing and social care for young people has managed the number of 16/17 year olds presenting as homeless, entering the statutory care system
- A Missing, Intervention and Support Team (MIST), jointly funded by the police and council, supports those missing from home and at risk of child sexual exploitation

In order to promote better inter-agency working for children with multiple and complex need, the Common Assessment Framework (CAF) is implemented to achieve a team around the child. However, the delivery of these multi-agency plans is often hampered by services continuing to plan in isolation without sharing information, individual service referral pathways and thresholds, targets and outcome requirements. The response to the child or young person can be overly determined by the originating presenting need or indeed the service they originally present with, rather than a system response to the holistic need.

There is a requirement 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. This would be achieved through focusing on relationships between providers and all other forms of support collaborating to achieve a set of shared outcomes.

Children in and on the edge of care

The Looked-After Children Strategy 2014-15 demonstrated some key achievements for our looked-after children population, including good performance in placing children to adoptive parents and improvement in academic achievement. Similarly, the 2014 Ofsted Inspection found strengths of a dedicated and skilled workforce and the voice of the child being clear in care planning.

There are some good examples of how we are addressing the need of this cohort:

- 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 and, 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 are located quickly, a review of placement is undertaken and ongoing support is provided
- We have developed residential placements within Plymouth to prevent children with complex needs being placed outside of the city boundaries
- We have a Peninsula approach to developing residential and independent foster placement market

Some services have a specifically commissioned an enhanced service offer for this cohort, in a similar way as described in the vulnerable children's category. Multi-agency care planning is often hampered by the fact the system response has grown organically to meet need, with individual services thresholds, targets and outcome requirements. This can result in significant time spent trying to secure a response from a range of services, rather than an integrated response that "wraps" the care around the child.

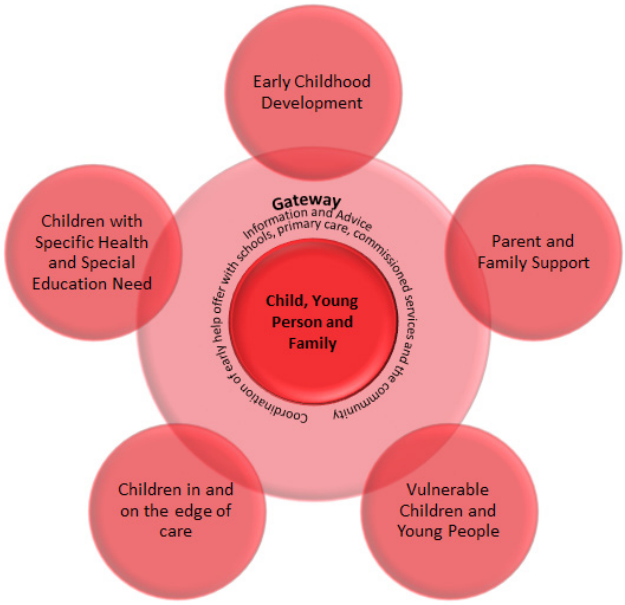
The national drive to improve the number of children moving to adoption has resulted in a number of local authorities within the Peninsula creating joint working arrangements to promote and support new adoptive placements. Initial work has also started on development plans to respond to a requirement of bespoke funded packages for adoption support.

WHAT DOES THE FUTURE LOOK LIKE?

An essential element to ensuring a positive future for children and young people, as laid out in Plymouth City Council's Corporate Plan 2013/14 to 2016/17, is to ensure "a top-performing education system from early years to continuous learning opportunities". The Plymouth Plan re-iterates this ambition as a welcoming city to ensure good access to early learning opportunities and schools, as well as ensuring young people can access skills for future employment.

A core ambition, is therefore to deliver this for children and young people and continue to work with early year's settings, primary schools, secondary schools, colleges and all education settings towards ensuring a collective vision for the future.

For most children, young people and families, this good quality education system alongside access to high quality primary health services will ensure they grow and aspire. However, for those who require additional support, this strategy aims to create an integrated service provision around the five core categories of:



Whilst each category of service helps us create and plan our service offer, a whole system of support will not necessarily be delivered within a single category that will meet whole family need as family need is complex. Hence, we need support to co-ordinate planning within the system.

Consultation undertaken through the Early Intervention and Prevention Strategy has set out the need to improve co-ordination of assessment and care planning in early help and make better use of the resources of a wide variety of commissioned and non-commissioned services. The 2014 Ofsted inspection clearly highlighted the need to improve the understanding of impact of this offer.

A Gateway is thus under development and will consolidate a number of access points for both families and professionals that currently exist, 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.

The function of the Gateway will be to:

- Ensure good quality information and advice is available and can be delivered by community and whole population-based services, or accessed by parents through web-based information, through the Plymouth Online Directory (POD)
- Support school and community based services in their delivery of early help plans, through supporting assessment and care planning processes; ensuring 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 and identify if additional resource is required
- Track the impact of the Early Help Offer and quality assured early help planning

To achieve this in the context of the Wellbeing Strategy review of Information, Advice and Guidance Service Offer, we will:

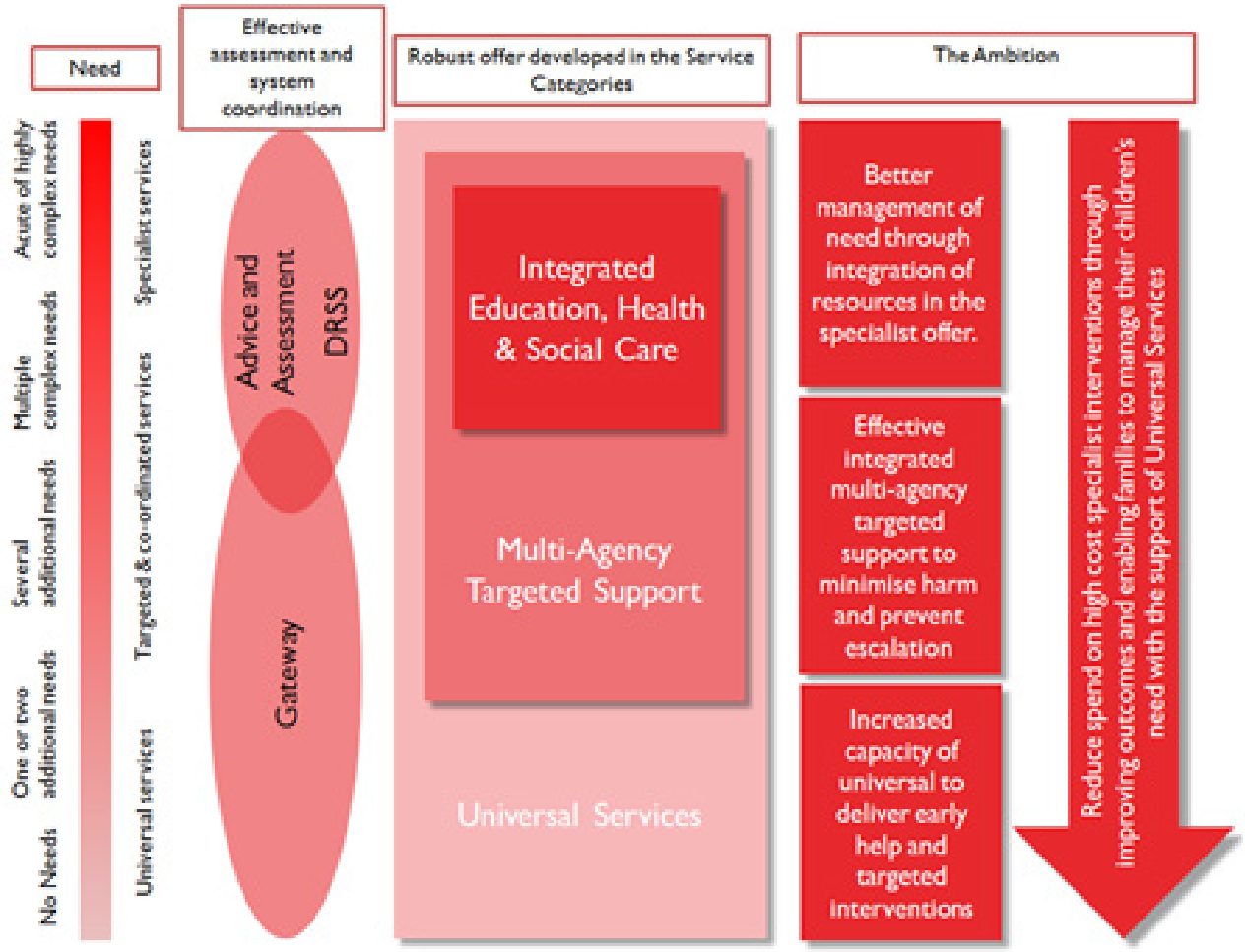
- Reconfigure in-house early help co-ordination, support and service entry points into one hub, ensuring a clear relationship with DRSS and Safeguarding Advice and Assessment
- Review the commissioned offer of information, advice and consultation to create join up with the Gateway
- Ensure that commissioned services contribute to the Local Offer of Information, Advice and Service information available on the Plymouth Online Directory
- Develop an Early Help outcomes framework to support the evidence impact of the early help offer and to enable payment by results in line with the requirements of the DCLG's "Troubled Families" agenda

Consequently, the offers within the five categories need to be seen as building blocks that sit alongside each other and are accessed according to the most appropriate response to the child and family.

They are predicated on a response to groupings of children and families who may require a similar type of service response or whose risk factors to achieving

positive outcomes are similar. Using these categories we can appropriately review the effectiveness of our responses.

Within each category there are design principles which cover the need for assessment of risk and protective factors, early help, targeted support, integrated specialist support and transition support described in the definition section of this strategy and illustrated in the diagram below:



Early childhood development

It is important that pregnant mothers have access to foetal screening for health conditions and are supported enough to understand the risks and benefits of any medication taken during pregnancy, as well as any risks to the child's health from lifestyle choices such as diet, smoking, drinking and substance misuse. Services in contact with vulnerable families that do not readily access healthcare all play a part in ensuring engagement with maternity services. This represents the beginning of potential pathways of care, and ensuring there are clear handover points from this service to health visiting, who continue this offer through regular screening of development in the early years of the child's life, is critical to successful health and development outcomes.

In October 2015 the commissioning of the health visiting service will transfer to Plymouth City Council from NHS England. This presents significant opportunities to further integrate the Early Years Offer, with clear pathways of care between maternity services, health visiting and children centres, joint planning processes to maximise the best use of staff and resource, and co-location to promote joint delivery. Through this we will:

- Develop greater access to information and advice, including building on the Great Expectations to ensure a wider approach to ante-natal education to reach more families, utilising Plymouth Online Directory and other information and advice access points
- Increase access to the Universal Health Offer, ensuring uptake of the universal screening and assessment offer, and the implementation of the emotional and social development screening module of "ages and stages"
- Develop an integrated two- year- old development check between health visiting and early years childcare setting
- Develop clear pathways that enable an appropriate response to priority needs including:
  - Pre-natal identification and intervention for vulnerable families with multiple need

(including strategies to reduce repeat referrals to social care and enable 'step down' from specialist interventions)

  - Breast feeding and nutrition, in line with the Thrive Strategy
  - Early identification and intervention for those identified with additional needs through developmental screening

- Develop 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 depression pathway
  - Parenting programmes and increasing parental capacity
  - Speech, language and communication
  - Emotional development and behaviour problems
  - Specialist health services
- Develop integrated children centre and health visitor plans for building community capacity in response to need identified in the locality
- Fully review the success of the integrated offer during September 2016, including gaining feedback from families, in order to inform future service model and commissioning post Sept 2017

Children and young people with specific health and special educational needs and disabilities (SEND)

Integrating SEND provision is an opportunity to resolve some of the difficulties experienced by children, young people and families and at the same time to increase the quality of service by allowing different professionals to work together. Integrated provision is intended to reduce duplication in services and make the best use of limited resources to meet the growing need, including establishing a joint eligibility criteria, a single assessment procedure and a systematic pathway of care for client groups who have complex health and social care needs.

The ambition within this is also to bring the community healthcare offer together in order to create a greater opportunity to plan the response to earlier intervention and avoidance of presentations at the emergency department and hospital admissions.

We will:

- Ensure every contact counts to support reduction in hospital admissions and medicine optimisation
- Develop greater join-up of the Short Break Offer
- Develop greater choice and quality for post-16 Education Placements for Children with SEND
- Ensure specialist education provision for education matches need
- Fully integrate specialist education support services, health services and Social Care Service to create a core offer for children with SEND, and provide a core component of delivery for a collaborative model of support for vulnerable children
- Develop specification for Autistic Spectrum Condition Pathway, including transition arrangements, to commission as part of the future integrated service model
- Develop greater access to Personal Budgets for those on EHC plans

Parent and family support

Plymouth will develop a whole system response to family need, with access to a targeted support offer for those that need it most by:

- Deploying family support staff into the Gateway to ensure a "Think Family" approach, improving the ability to identify family risk factors and enable whole family care planning in 'early help' plans
- Developing a co-commissioning approach to support the implementation of a whole population evidence-based parenting support model
- Developing a range of brief interventions and more intensive evidence-based interventions to meet unmet need in early help plans
- Creating a single set of criteria for targeted intervention, based on focusing resources to families with multiple risk factors that prevent positive outcomes for children and young people
- Ensuring that targeted intervention for vulnerable families supports the engagement of these families in primary and community healthcare, with staff able to support medicines optimisation

Vulnerable children and young people (school age)

The key to getting the right response is the opportunity to co-commission support services with schools to ensure holistic pathways of support for school age children, increase opportunities for early intervention, reduce duplication and make the best use of tight resources across the system.

In order to create greater opportunity for early intervention, this category needs to consider children and young people who are at primary age, as well as secondary school age, in order to support the identification and intervention of risk factors and early indicators of risky behaviour before they escalate during adolescence.

So as to deliver an integrated response to these needs, a more collaborative service model must be

developed, with a shared set of outcomes across a range of health, education and community-based services. This needs to develop better opportunities for 'creative solutions' to address the needs of these children and young people to focus on "strengths" based, rather than "deficit" based models.

We will:

- Develop the market in respect to opportunities for the purchase of support to the Healthy Child Quality Mark in relation to:
  - Sexual health and healthy relationships
  - Drug and alcohol education
  - Emotional wellbeing
  - Healthy lifestyle (incorporating TRIVE)
- Develop a co-commissioning plan with schools for a mental health and behaviour pathway across tiers 1 to 4, in line with "Future in Mind (DOH 2015), including a response to:
  - Complex and risk-taking behaviour
  - Children with ASC and complex behaviour
  - Self-harm
  - Eating disorders
- Commission collaborative or alliance service model/s, ensuring outcome-focused and flexible service response to deliver a holistic response to early help and targeted intervention for vulnerable children and young people, including:
  - Building community capacity (including the use of volunteers)
  - Diversionary activities, (maximizing access to the assets of leisure, business and community services)
  - Evidence-based brief interventions
  - Intensive support for most at risk (for example young carers, those missing from home or education, or at risk of sexual exploitation)
  - Specialist interventions (for example drug and alcohol treatment, mental health treatment, interventions for those exhibiting sexually harmful behaviour, perpetrators of domestic abuse)

Children in and on the edge of care

It is clear that many of the challenges involved in securing the right care at the right time for this cohort are the same issues within the vulnerable cohort, as many of the same services are involved. There is a clear need to ensure that these children and young people, who are some of the most vulnerable in our city, have access to a targeted and rapid response bespoke to their needs. There are clear links with how we deliver a system of support from early help through to when a child reachs the statutory threshold for intervention to secure continuity of support and the ability to, where necessary, de-escalate the service response.

Therefore, there is a requirement to move to a holistic and outcome-focused response to need that allows agencies to deliver clear integrated assessment and planning processes, rather than a range of individual referral, assessment and support systems. In order to achieve this, we require a clearly defined service response from core agencies critical to meeting the needs of this cohort, including the Youth Service, CAMHS, Virtual School, Drug and Alcohol Services, Child Sexual Exploitation Services Family Support and other services critical to managing high levels of vulnerability.

Alongside this is the need to ensure placement providers are robust and skilled to manage the often complex needs of a child or young person, driving up quality of placement matching and planning to prevent placement breakdown.

For those presenting in crisis, there is a need to ensure effective assessment in a safe environment and, where hospitalisation is not required, to improve access to relevant community-based provision that can manage complex need.

We will:

- Develop clear functions and processes between services and Early Help and Multi-Agency Advice and Assessment
- Define and commission an integrated health, social care and education response to enable a "wrap around" multi-agency response that supports permanency in the family home, foster care or other placement for children and young people, with clear focus on those with placement instability and at risk of high-cost placement
- Ensure sufficient high quality placements with pooled budget for education, health and social care funding where necessary, through re-defining the model of care for Peninsula framework contracts post 2017
- Develop joint local authority arrangements across the Peninsula to maximise adoption recruitment and placing
- Review the response to those presenting at hospital with complex self-harm and ensure the continuation of a "place of safety" to assess crisis mental health presentations.
- Further develop the market to enable the ability to deliver Adoption Support
- Develop better approaches to ensuring placements for 16 + year olds and foster care 'staying put' placements that support transition to adulthood for care leavers

Workforce development

Within all the above categories, the strategy seeks to develop some earlier and better interventions to respond to need within the service offer. Critical to the success of services described in this strategy is confident, competent and collaborative workforces who are able to undertake joint assessments, deliver outcome-based plans and share risk management.

In order to strengthen the service offer, there is a need to build the capacity of the whole workforce, including the workforce in schools, NHS settings and adult services, to meet the needs of children and young people so that they are provided with the tools and skills to identify a need early and to appropriately support and empower parents.

Our needs analysis highlights critical areas where we need to better manage the needs of those 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 evidence-based approach to support parenting skills, especially for parents of children with behaviour problems and learning difficulties
- Ability to develop outcome-focused multi-agency care plans that enable the tracking of impact of interventions
- Children at risk of exploitation, including child sexual exploitation

HOW DO WE KNOW IT'S WORKING?

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. These will form part of a comprehensive performance dashboard that will be used to monitor an overview of the system.

System Element	Key Outcome / Indicator	Indicator / Source type
Overview	Child Mortality (1-17)	Public Health Outcome Framework
	Children in Poverty	Public Health Outcome Framework
Early Childhood Development	Infant Mortality	Public Health Outcome Framework
	% of mothers who breastfeed (6-8 weeks)	Public Health Outcome Framework
	% of children making good progress at the 2 year old development check	Health Visiting
	% of children achieving good progress in the Early Years Foundation Stage (EYFS)	Public Health Outcome Framework
	Excess weight in children (4-5 years old)	Public Health Outcome Framework
	A and E attendances (0-4 years)	Public Health Outcome Framework

System Element	Key Outcome / Indicator	Indicator / Source type
Children and young people with specific health and special educational needs and disabilities	The number of 16-18 year old NEET young people with SEN needs	Careers South West
	The number of children and young people with an Integrated Education, Health and Care Plan	Local - PCC
	The number of children with SEND in care	Local - PCC
	The number of children with SEND in out of area residential/ education placements	Local - PCC
Parent and family support	Reduction in repeat referrals to Children's Social Care	Local - PCC
	Reduction in the number of children with a "Child in Need" Status	Local - PCC
	Success in achieving the outcomes in the "Families with a Future" (Troubled Families) outcome framework	Local - PCC
Vulnerable Children and Young People (school age)	School attendance and exclusions	Local - PCC
	First time entrants to the criminal justice system	Public Health Outcome Framework
	Hospital admissions as a result of self-harm	Public Health Outcome Framework
	Hospital admissions as a result of alcohol	Public Health Outcome Framework
	Hospital admissions as a result of substance misuse	Public Health Outcome Framework
	Hospital admission for mental health conditions	Public Health Outcome Framework
	The number of 16-18 year old NEET young people	Public Health Outcome Framework
Children in and on the edge of care	Number of Children subject to CP plan	Local - PCC
	Number of Children in Care - Overall	Local - PCC
	Number of children in residential care	Local - PCC
	Emotional wellbeing of looked-after children	Public Health Outcome Framework

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