

Plan for Commissioning Services for Children and Young People in Calderdale 2014 - 2016

Revised Edition

**Calderdale Children and Young People's
Partnership Executive**

Approved June 2014



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Foreword

Our Vision: All Children in Calderdale are Happy – Safe - Successful

The Children and Young People's Partnership Executive (CYPPE) are delighted to be introducing this revised edition of the Plan for Commissioning Services for Children and Young People in Calderdale. Across our District we have an excellent history of partnership working and joint commissioning and this document will enable us to continue this work over the next two years.

The Health and Wellbeing Board oversees the work of the Calderdale Children and Young People's Partnership Executive (CYPPE) and drives service improvement through our Joint Wellbeing Strategy (2013). This has identified six priority outcomes so that Calderdale can become a place:

- Where people have good health
- With a balanced and dynamic local economy
- Where children and young people are ready for learning and ready for life
- Where fewer children under the age of 5 live in, and are born into, poverty
- Where older people live fulfilling and independent lives
- Where everyone has a sense of pride and belonging based on mutual respect

In line with this core focus on the wellbeing of children and young people, the Health and Wellbeing Board have signed the pledge for Better Health Outcomes for Children and Young People which the CYPPE report against. This Plan sets out the vision for commissioning services for Children and Young People so that we can achieve these outcomes alongside the Strategic Planning Framework outcomes, with a specific focus on ensuring that children and young people are ready for learning and ready for life. The Board has also affirmed its commitment to disabled children and young people by signing the Disabled Children and Young People's Charter.

We face significant challenges. These include a reduction to Council and public sector funding and the introduction of the Localism Act which provides certain groups with a right to challenge to run Council services and an increase in demand for services. In the face of such change this Plan is unable to provide all the answers about how we are going to answer all these challenges and achieve our Vision. However, it is clear that we need to embark on this challenge together and that we can only make a real difference to children and young people's lives by working together in partnership.

Stuart Smith

Chair of Children and Young People's Partnership Executive

1 Introduction

In Calderdale we are committed to ensuring the way we commission services makes a real difference to children and young people's lives. Our agreed partnership vision is that we want all children and young people in Calderdale to be 'happy, safe and successful'.

We continue to promote a clear and consistent way forward for the commissioning of children and young people's services so that endeavouring to meet the challenges which face all public sector organisations and continue to drive improvements in outcomes for our children and young people. We can only do this in partnership with service users, carers, providers and other key stakeholders.

This plan highlights our progress since the first plan was completed in 2012. It sets out how our strategic priorities, our 'golden thread', will ensure that we continue this journey together, with all our partners and outlines our priorities for action.

2 Strategic Environment

2.1 Context

This plan is being implemented in the context of significant strategic, legal and financial change, including:

- significant reductions in funding allocations to Local Authorities as outlined in the last Comprehensive Spending Review and the removal of 'ring fenced' funding allocations;
- the Area Strategic Health Review, which is playing a pivotal role in bringing together the seven partners organisations (Greater Huddersfield CCG, Calderdale CCG, Calderdale and Huddersfield Foundation Trust, SWYPFT, Kirklees Local Authority, Calderdale Local Authority and Locala CIC) to develop proposals to enable transformational change in the health and social care economy of Calderdale and Greater Huddersfield;
- changes in funding to schools, the development of more independent models of school provision and the emergence of schools as significant local commissioners;
- the implementation of the Health and Social Care Act 2012 resulting in changes in the organisations responsible for commissioning health care and the landscape for commissioning children's health care generally;
- the move of public health commissioning responsibilities to the local authority and the opportunities this creates for new ways of integrated working;

- the Localism Act 2011, including the right given to voluntary and community groups and local authority employees to express an interest in running local authority services;
- proposals for significant changes to the provision of support for children and young people with special educational needs and disabilities outlined in the Children and Families Act;
- the introduction of Police and Crime Commissioners who are responsible for commissioning services for some of our most vulnerable young people;
- Local challenges due to the continuation of the direction notice for children's social care services from the Department for Education;
- Publication of both the Public Health Outcomes Framework and NHS Outcomes Framework;
- Publication of the Ofsted Framework and Evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers (2013).

Within this complex and changing environment our continuing priority is to ensure that the most vulnerable children, young people and families are supported to achieve their potential and have access to value for money services which are able to intervene early and to safeguard and meet their needs. Our approach to achieving this is outlined within the Children and Young People's Strategic Planning Framework at Appendix 1.

2.2 Strategic Planning Framework

The vision of the Strategic Planning Framework is that by working together we will ensure that children and young people in Calderdale:

Start healthy and stay healthy

We will

- Improve the health and wellbeing of the most vulnerable and deprived
- Reduce teenage conceptions and the harm caused by alcohol
- Reduce the number of children between the ages of 5 and 10 who are obese
- Reduce the number of children and young people who die

Are safe at home, in school and in the community

We will

- Increase the number of children and young people who feel safe at school and in the community
- Increase the support we provide for children and young people within their families

- Reduce the harm caused to children and young people through domestic violence, parental alcohol abuse and mental health

Enjoy learning and achieve their best

We will

- Raise attainment to narrow the gap in the early years and amongst specific groups
- Increase the number of good and outstanding schools
- Develop and embed collaborative practice across all phases of education

Make friends and take part in activities

We will

- Support children and young people to make informed decisions about their lives and relationships
- Involve children and young people in the design, delivery and improvement of our services
- Increase the number of vulnerable young people engaged in local activities

Stay in education and get a job

We will

- Increase the number of young people staying on in education and training
- Increase the number of apprenticeship places available
- Raise attainment to narrow the gap at age 19 for young people from low income families

These priorities provide the strategic direction and mandate for our combined commissioning activity based on clearly identified need. All strategies, such as the Early Intervention Strategy, Emotional Health and Wellbeing Strategy, Disabled Children's Strategy, and the Early Years and Childcare Strategy make clear the coherence with and contribution to this overall Framework. There is also clear alignment with the Health and Wellbeing Strategy. In addition all service delivery plans within the council's Children and Young People's Service (CYPS) have been developed to demonstrate the contribution they make to these priorities.

The CYPPE will need to identify gaps in services/activity it will need to commission to achieve its strategic priorities and outcomes. To support this work the Calderdale Clinical Commissioning Group with the support of the Commissioning Support Unit, Public Health and CYPS commissioners have undertaken a mapping exercise against these priorities and outcomes.

3 Strategic Commissioning

There are many definitions of commissioning, for the purposes of this plan we are using the definition outlined by the Commissioning Support Programme (2010), this describes commissioning as:

the process for deciding how to use the total resource available for children, young people, and parents and carers in order to improve outcomes in the most efficient, effective, equitable and sustainable way (Commissioning Support Programme, 2010, p7).

This does not see commissioning as a separate, discrete activity carried out only by those with 'commissioning' in their job title, but includes all those who work within the children's services system and actively contribute to the commissioning process. They might be in a strategic role, helping to develop a local commissioning framework, in a procurement role as a local resource holder, such as a cluster manager for a group of schools, or in a role shaping the strategy for the children's workforce or a locality.

The important thing is that there are lots of resources across the partnership that contribute to services for children and young people in Calderdale (including Children and Young People's Services, Public Health, children's health and public health services, schools and colleges), which need to be deployed in the best way possible to improve outcomes.

As such commissioning is a strategic process which must embrace all those who are involved in commissioning services for children and young people.

The policy context outlined above makes it even more important that we are able to do this in a careful and considered way. We know that we are going to have to make cuts, however if we do this without understanding the system then we risk cutting value rather than waste. We also know that, as we make savings, we need to do so in a way which will continue to improve outcomes for children and young people and within the context of the commissioning landscape becoming more complex it is crucial that partnership working is effective to ensure clear pathways are in place.

3.1 Children and Young People in Calderdale

Children and young people under 20 years comprise a quarter (24.5%) of the Calderdale population, with an estimated 48,101, 0 to 18 year olds and 64,100 0 to 25 year olds in 2012. Just over a fifth (21.3%) of school children are from minority ethnic groups. The recent JSNA updates, several years of local school health

(eHNA) surveys together with national benchmarked datasets¹²³ indicate some marked improvements for the health of children and young people in Calderdale as well as some persistent challenges.

- Child poverty levels are similar to the England average with a fifth (20.9%) of under-16 year olds living in poverty in 2011. Rates of family homelessness are better than the England average.
- Less than half (45.2%) of children achieved a good level of development by the end of reception in 2013 (school readiness) which was worse than England average.
- GCSE achievement was better than the England average in 2012/13, with two-thirds (65.7%) gaining at least five GCSEs at A* to C grade including English and Maths.
- The proportion (5.9%) of 16 to 18 year olds who were not in education, employment or training was similar to the England average in 2012.
- In 2013, the majority (96%) of young people in Years 7/10 report their health as 'good' or 'OK'. Just over a quarter (26.2%) reported having one or more common illnesses, with asthma the most common (12.9%). During 2010/11, 5.1% of total emergency admissions for under 19's in Calderdale were related to diabetes, epilepsy or asthma.
- Prevalence of smoking, drinking and drug taking in Years 7/10 has been reducing in recent years: by 2013, 6% were regular smokers and 17% regular drinkers. Alcohol-related and substance-misuse-related hospital admissions are worse than the England average but the former has reduced.
- Levels of obesity were similar to the England average in 2012/13 (8.3% of 4 to 5 year olds and 17.6% of 10-11 year olds are obese in Calderdale) but there has been some improvement in the proportion of older children overweight and physical activity levels have increased.
- Breastfeeding initiation in 2012/13 was better than the England average but by 6-8 weeks of age; it had deteriorated to below average.
- Dental health of children in Calderdale is significantly worse than the England average: in 2011/12, two-fifths (39.2%) of Calderdale children aged 5 years had one or more decayed, missing or filled teeth.
- Teenage conception rates have reduced and by 2012 were similar to the England average, although the proportion of deliveries in 2012/13 where the mother is under 18 years (1.7%) is worse than England average.
- Nearly half (46%) of young people have experienced bullying but the proportion bullying others (14%) has reduced.

¹ ChiMat (2014) Child Health Profile for Calderdale, March 2014

² ChiMat (2014) Child and Young People's Health Benchmarking Tool, January 2014

³ Atlas of Variation in the Health of Children and Young People, 2013

- Prevalence of self-harm has been rising: by 2013, 20% of Years 7/10 have ever self-harmed with rates highest in Year 10 girls (32%). In 2012/13, hospital admissions as a result of self-harm (10-24 years) were worse than the England average although mental health admissions (0-17 years) were better.
- Infant and child mortality rates were similar to the England average for the period 2010-12 however the rate of 0-15 year olds killed or seriously injured in road traffic accidents was significantly worse than the England average in 2010-12 as were hospital admission rates caused by injuries for children (0-14 years) and young people (15-24 years) in 2012/13.
- 1278 of the Years 7/10 surveyed in 2013 identified themselves as young carers and 237 young carers 8-15 years old were known to Young Carers Services.
- Numbers of looked after children (LAC) in Calderdale have been reducing in recent years; by February 2014, there were 327 LAC and overall indices such as immunisation rates and attainment, as well as the proportion receiving annual health assessment and dental check, are better than the England average.
- In December 2013, 1453 children and young people aged 0 to 19 years resident in Calderdale were accessing services for disabled children within Calderdale, which would equate to 2.9% of the Calderdale population aged 0 to 19 years.

A further 'deep dive' of data is taking place in 2014 to benchmark Calderdale against statistical neighbours and to indicate any further areas of focus for improving outcomes through commissioning.

4 Commissioning Update

4.1 Strategic Commissioning Group

The Strategic Commissioning Group has overseen the development of improvements in commissioning processes through the establishment of gateway processes for all procurements undertaken by the local authority and the launch of the CYPS Commissioning Handbook. Thorough processes such as these have led to CYPS leading a procurement process for the Calderdale Clinical Commissioning Group for the Tier 2 Child and Adolescent Mental Health Service (CAMHS) service. A Performance and Quality sub group undertakes a process of peer challenge amongst a range of commissioners to ensure we have the right processes in place to know that commissioned services are making a difference.

The Strategic Commissioning Group has reviewed its membership as well as ensuring NHS England and Schools are invited to attend to ensure that commissioners of the whole pathway from 0 to 18 years are represented on the group and to mitigate against possible fragmentation following NHS reforms. With support from the Commissioning Support Unit joint commissioning opportunities are being identified through a mapping exercise.

4.2 Commissioning activity and intentions

New commissioning activity or developments since the first commissioning plan was completed include:

4.2.1 Special Educational Need and Disability Reforms (SEND)

Going forward the SEND reforms require arrangements for joint commissioning to be in place and we are pleased that already there are good arrangements in place in respect of services for disabled children. Through the engagement with the Area Health Strategic Review we are looking at opportunities to support initiatives designed to increase and maintain resilience, improve care closer to home and roll out the single care plan. The commissioning of short breaks will begin in 2014 to ensure a range of provision is available and to ensure we can support the move to personalisation.

4.2.2 Children at risk of sexual exploitation

A new specialist service for children at risk of sexual exploitation was commissioned by CYPS in partnership with NHS Calderdale in 2012. This work supports our Strategic Priorities by:

- raising the awareness of child sexual exploitation (CSE) by developing and implementing preventative strategies with children, young people, parents / carers and professional groups;
- providing appropriate support for young people and their families affected by CSE with the main aim being successful exit from abuse;
- being the Calderdale 'expert' on the issue of CSE and co-ordinate multi agency work to prevent, protect, prosecute and exit.

The service has developed an enhanced over to schools providing group work for pupils to raise awareness of CSE. Further work on coordination of the work around children who go missing has been supported by this service. The Calderdale Safeguarding Children Board (CSCB) is also working closely with the service and partners to ensure a coordinated strategic response to CSE.

4.2.3 Information Advice and Guidance (IAG)

CYPS has contracted to deliver a comprehensive information, advice and guidance (IAG) service for young people across Calderdale. The provision continues to meet both the schools and the Local Authority's statutory responsibilities including new duties regarding the Raising Participation legislation and the extension of duty on schools to provide an independent IAG service down to Year 8 and up to year 13. The duty is also extended to include Further Education Colleges.

Calderdale schools (via the Calderdale Association of Secondary Heads (CASH)) and Calderdale Colleges confirmed that, in order to continue to provide a coherent service, both pre and post 16, they wished to continue with a joint approach to re-commissioning the service from 2014 lead by the Local Authority.

Revised specifications for both the universal and targeted services were prepared and agreed following a comprehensive consultation with schools, colleges, families and young people. These reflect the required changes to improve services and meet new legislation including new duties regarding the SEN reforms and Looked After Children. A delivery plan is in place and the extension to the contract has been issued for an initial period of 24 months with an option to extend the contract, at the expiry of the twenty four months, by a term of up to twelve months. New monitoring arrangements have been agreed with CASH.

4.2.4 Voluntary Sector Infrastructure Services

CYPS has been involved in a cross-directorate commissioning exercise to secure voluntary sector infrastructure services from 2013 onwards, bringing funding from CYPS, Adults Health & Social Care and Communities into a single contract.

The aim of the service is to support a vibrant, diverse civil society in Calderdale by:

- Improving sustainability in Calderdale's civil society.
- Providing organisational development for civil society organisations.
- Promoting and improving volunteering, including enabling individuals to access volunteering opportunities.
- Supporting voice and representation from civil society organisations into wider decision making.
- Ensuring safeguarding requirements are met within civil society organisations.
- Supporting partnership working between organisations.

The contract was awarded to an organisation successfully delivering services elsewhere in the region, and has been running since April 2013. Moving forward we will work closely with the CSCB to ensure the future service specification for this

service reflects the priorities of the CSCB to reflect the importance of the VCS role in safeguarding and protecting children and young people.

4.2.5 Mental Health and Emotional Wellbeing

Over the past two years great strides have been made in transforming child and adolescent mental health services through joint commissioning arrangements. This has been part of an emerging strategy which has now been crystallised into the Calderdale Children's Emotional Wellbeing Strategy 2014-15 which sets out the vision locally. A number of commissioning activities will support the delivery of the strategy.

A commissioning process in 2012 resulted in a new 'Tier 3' specialist child and adolescent mental health service (CAMHS) across Calderdale and Kirklees. The service is commissioned on behalf of the Clinical Commissioning Groups in Calderdale and North Kirklees and Greater Huddersfield in partnership with both Calderdale and Kirklees Councils.

The contract commenced on 1 April 2013 and the service aims to:

- ensure all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies;
- support services across all agencies to work effectively in partnership improve the mental health of all children and young people, provide early intervention and also meet the needs of children and young people with established or complex problems.

The new Tier 2 CAMHS service is the result of learning from our successes with the Targeted Mental Health in Schools Programme and consultation with young people. Calderdale CYPS Commissioning Team led the procurement process on behalf of the local authority and Calderdale CCG and a new service commenced January 2014. Both providers at Tier 2 and 3 are working closely to develop a single point of access and to build improved access across both tiers, improving the service user experience.

With support from the Calderdale CCG, CYPS is leading a piece of work to improve emotional health and wellbeing of young people that responds to the findings of the JSNA and eHNA survey particularly on self-harm. This will support schools to develop action plans for supporting emotional health and wellbeing and to increase the integration of mental health support services for children and young people.

4.2.6 Children's Centres

Calderdale has completed the procurement process for the delivery of its 21 children's centres which until 30 June 2014 are provided by a combination of voluntary sector providers and CYPS. A new contract commences on 1st July 2014 for three years, with the 21 centres being provided by two local voluntary sector providers who have been awarded the contracts. Children's centres are central to the improvements in the delivery of a range of services including the 0-5 Healthy Child programme, early help strategy, bringing 'care closer to home' and community based consultations for CAMHS.

4.2.7 Public health commissioning programmes for children and young people

The Healthy Child Programme (HCP) is the universal preventive programme outlined by the Department of Health that begins in pregnancy and continues through childhood. It is an evidence based programme of developmental reviews, screening, immunisations, health promotion and parenting support.

As of 1 April 2013 responsibility for commissioning the HCP 0-5 years and Family Nurse Partnership (FNP) as well as screening and immunisation programmes, and child health information systems moved to NHS England whereas commissioning of the HCP 5-19 years, sexual health services, health improvement services and substance misuse services (SMS) moved to the local authority as part of the transfer of NHS Public Health responsibilities.

For a number of the local authority commissioned public health programmes, contracts are due to end in 2015. During 2014/15, therefore, Public Health commissioners will be seeking to commission a range of services for children and young people aged 5 to 19 years to improve public health outcomes in a way that responds to national direction and delivers high quality, accessible services that meet local need and cover primary prevention, targeted work and specialist interventions for areas such as: tobacco, alcohol and drugs, sexual health and teenage pregnancy; nutrition, physical activity and obesity; oral health; and, improved management of long-term conditions.

The re-procurement of Adult SMS by Public health commissioners during 2014 also provides an opportunity for strengthening the protection and health improvement of children within these potentially vulnerable families.

Furthermore, during 2014 and 2015, local authorities will be preparing to take over the commissioning of the HCP 0-5 years and FNP when responsibility is transferred from NHS England in October 2015. This is likely to provide opportunities for

integrating and supporting links between services for early years and with primary care.

4.2.8 White Rose Framework Agreement

CYPS has worked with colleagues across West and South Yorkshire Councils to develop a regional approach to procuring external placements for looked after children. The framework agreements are now in place through successful tendering processes for both independent fostering agencies and residential children's homes. The White Rose Strategic Commissioners are developing a framework for 16+ supported accommodation which will be operational from 1 September 2014. These framework agreements have significantly improved our purchasing arrangements for identifying placements which deliver improved outcomes for children and ensuring best value

4.3 Policy Changes

4.3.1 Raising Participation

The Education and Skills Act 2008 increases the minimum age at which young people in England can leave learning; requiring them to continue in education or training until the end of the academic year in which they turn 17 from 2013 and until their 18th birthday from 2015.

CYPS is working, as the strategic commissioner, with learning providers to jointly commission services so that sufficient suitable learning provision is secured for young people who are over compulsory school leaving age but under 19, or are aged 19 to 25 and subject to a learning difficulty assessment.

Raising the participation age (RPA) does not mean young people must stay in school; they will be able to choose one of the following options:

- full-time education, such as school, college or home education;
- work-based learning, such as an Apprenticeship;
- part-time education or training if they are employed, self-employed or volunteering for more than 20 hours a week.

A revised strategy has been developed with partners to ensure we support this policy change.

4.3.2 Public Health

The implementation of the Health and Social Care Act 2012 has seen NHS responsibilities for Public Health transferred to a new national body, Public Health England, and Local Authorities.

The delivery of the new public health responsibilities of Local Authorities has been supported through a ring-fenced allocation to local authorities. The Director of Public Health is responsible for significant aspects of commissioning for children and young people, including sexual health, the Healthy Child programme, obesity, breastfeeding and substance misuse. Public health commissioning responsibilities are reflected in the CYPPE Strategic Priorities.

Delivery of better health outcomes for children and young people has been further supported by a number of landmark publications during 2012 and 2013: the reports of the Children and Young People's Health Outcomes Forum in July 2012, and the Chief Medical Officer's report 'Our Children Deserve Better: Prevention Pays' in October 2013. In response, the Calderdale Health and Wellbeing Board has signed up to the Better Health Outcomes for Children and Young People Pledge.

4.3.3 Health Commissioning

The Health and Social Care Act 2012 has resulted in significant changes to the commissioning of health services. Local Authorities are responsible for promoting integration and partnership, health improvement and for supporting the development of Health and Well Being Boards.

Since April 2013 the Calderdale Clinical Commissioning Group (CCG) is responsible for commissioning health services for children and young people and for maternity services alongside the NHS Commissioning Board and with support from the 'Commissioning Support Unit'. Arrangements for joint commissioning between Calderdale CCG and the Local Authority are developed well in some areas of children's health such as CAMHS and opportunities for further joint commissioning are being identified through the mapping work being undertaken by a range of commissioners.

In line with the JSNA, the prevention of avoidable ill health and the reduction of health inequalities are priorities for health commissioning. A key priority is to develop services which ensure that children have the best start in life through early intervention and prevention with an increased focus on vulnerable children.

4.3.4 Special Educational Needs and Disabled Children

Commissioners from NHS Calderdale and CYPS have led on the development of a Disabled Children's Strategy and developed the work as a Special Educational Needs and Disability Pathfinder. The work has been extremely well received locally, regionally and nationally. We are rightly proud of the strategic involvement of children, young people, and their parents and carers. Work is ongoing to integrate the person centred approach adopted within the Pathfinder into wider systems and processes, and to meet the existing and forthcoming legislative requirements outlined in the Children and Families Act.

A full strategic plan has been co-produced to address key areas for development including a comprehensive local offer, single assessment and individual budgets, streamlining support for families (including the short breaks agenda), preparing young people for adulthood, improving learning and achieving, and improving health and well-being. The plan also identifies the need for robust data and performance management. This plan is contingent on identifying additional project capacity within the system to drive innovation forward.

4.3.5 Police and Crime Commissioner

Police and Crime Commissioners have significant responsibilities for crime, justice and community safety and for cutting crime and improving outcomes for people in Calderdale. This includes responsibilities for jointly commissioning young people's substance misuse and youth justice services. The Strategic Commissioning Group is making links with the West Yorkshire Police and Crime Commissioner to identify how through the Calderdale Community Safety Forum services are being commissioned in relation to children and young people.

5 Governance and Delivery

The Strategic Planning Framework sets out the governance and decision making process across the partnership.

Having agreed the priorities the CYPPE will ensure that services and activities are commissioned to achieve key outcomes and have appointed strategic leads to drive the achievement of these outcomes through the development of clear performance indicators. These indicators are currently being incorporated within the Making a Difference (MaD) performance management system. This will enable the CYPPE to monitor and review performance with support from the Children and Young People's Strategic Commissioning Group which is responsible for overseeing the commissioning cycle on behalf of the CYPPE.

The executive links with both the Calderdale Safeguarding Children Board and the Calderdale Health and Well Being Board with which a common approach to reporting has been agreed. This is based upon an 'Outcomes Based Accountability' approach which forms the basis of a common standard for reporting at all levels and groups, using the MaD system, and clearly outlining progress needed to 'turn the curve' and evidence of this being achieved. OBA scorecards for 'turning the curve' developed to date include those for reducing obesity, infant mortality and teenage conceptions.

The voluntary and community sector (VCS) is a key partner in ensuring delivery of the priorities. As a result of a constructive and supportive dialogue the VCS has mapped their activity against the strategic priorities. This has enabled a better understanding of the contribution of the VCS towards meeting the Strategic Priorities and their potential contribution to meeting the identified needs of children and young people in Calderdale.

6 Future Planning

Recent changes in commissioning have led to an increase in the number of organisations responsible for commissioning services for children and young people with a potential risk of fragmentation in responsibility for commissioning these services. To mitigate this risk the CYPPE has representation from the key commissioning organisations, e.g. Public Health, Calderdale Clinical Commissioning Group, Schools, CYPS and NHS England also attend the Strategic Commissioning Group.

These changes have created many opportunities to jointly commission services as we take a systems approach to ensure good outcomes for children and young people.

A number of key issues need to be addressed going forward by the Strategic Commissioning Group; these include:

- Supporting the CSCB to achieving its strategic priorities by ensuring that the CSCB is assured that all commissioned services are able to demonstrate how they prioritise the safeguarding of children and young people, are able to contribute to and are compliant with joint working arrangements and are able to demonstrate that they are able to quality assure and improve their safeguarding arrangements in conjunction with the CSCB Annual Section 11 self-assessment process.
- Review of the strategic outcomes in light of the JSNA when it is published later in 2014.
- Ensuring that commissioning is undertaken in a systematic way which is based upon evidence regarding need and reflects the commissioning cycle.

- Ensuring that commissioning arrangements with Calderdale MBC and the CCG and the NHS England are in place particularly in relation to health visiting.
- Working arrangements with the Police and Crime Commissioner.
- Alignment with adults commissioning and transition processes.
- Voluntary and community sector engagement.
- The capacity needed for a commissioning function across Calderdale for children and young people and agreeing functions and responsibilities.
- Market development – stimulating a more open market within which a wider range of providers are able to offer and deliver their services.
- Commissioning both for and with schools.
- Ensuring that participation by children, young people and their families is central to the commissioning process.
- The opportunities arising from the collaboration and joint working outside Calderdale, e.g. across the local health economy or with neighbouring local authorities.

Children and Young People's Partnership Strategic Planning Framework 2011-2015

Our Vision

All Children in Calderdale are Happy ■ Safe ■ Successful

We will achieve our vision by:

- Using resources jointly for those in greatest need
- Delivering services early and locally
- Involving people in decision making
- Encouraging collaboration
- Developing innovative and creative ways of working
- Celebrating excellence.

Our Strategic Aims

Working together we will ensure that children and young people in Calderdale:

- Start healthy and stay healthy
- Are safe at home, in school and in the community
- Enjoy learning and achieve their best
- Make friends and take part in activities
- Stay in education and get a job.

Our Values

We share these values as the basis for our work:

- **Respect** value, regard and reliability
- **Inclusion** belonging and involvement
- **Integrity** honesty, trust and fairness
- **Commitment** tenacity and courage.

Our arrangements for implementation, review and evaluation

Key performance and quality measures:

- Ensure there is no provision in an OFSTED category of concern
- Achieve 'good' or 'outstanding' assessment for all our services
- Demonstrate and promote excellence which is nationally recognised
- Demonstrate a sense of pride in Calderdale amongst our workforce.

Our Strategic Planning Framework will be implemented through a range of partnerships and organisational strategies and plans with clear actions relating to each priority.



Children and Young People's Partnership Strategic Planning Framework 2011-2015

Our Strategic Priorities

We will achieve our aims by focusing on the following priorities and specific objectives, so that children and young people in Calderdale:

Start healthy and stay healthy

Improve the health and wellbeing of the most vulnerable and deprived

Reduce teenage conceptions and the harm caused by alcohol

Reduce the number of children aged 5-10 who are obese

Reduce the number of children and young people who die

Key Performance outcomes and measures:

Improve children and young people's health to better than national average. Indicators identified for 2013-14:

- Herd 2.1.2 Looked After Children - Number of children on a child in need plan or child protection plan who have been screened in relation to their emotional wellbeing
- Reduce teenage conceptions and the harm caused by alcohol CYPPE 1dii Gap between Calderdale and national average under 18 conception rates
- CYPPE 1diii Number of teenage conceptions (15-17 years) per quarter
- Reduce the number of children aged 5-10 who are obese - (NI 055) Percentage of Reception children that are obese
- (NI056) Percentage of Year 6 children that are obese
- Reduce the number of children and young people who die - Infant mortality rates

Are safe at home, in school and in the community

Increase the number of children and young people who feel safe at school

Increase the number of children and young people who feel safe in the community

Increase the support we provide for children and young people within their families

Reduce the harm caused to children and young people through domestic violence parental alcohol abuse and mental health

Key Performance outcomes and measures:

Increase the support we provide for children and young people within their families. Indicators identified for 2013-14:

- Herd 1.1.3 CAF - number of CAFs per 10,000 under 18 population
- 2.1.1 Looked after children - number of children looked after per 10,000 of population
- 2.1.3 Looked after children - stability of placements: percentage of children looked after with 3 or more placements during the year
- CSC 17 Percentage of children becoming the subject of a CPP for 2nd or subsequent time
- PI CYP5 5502 Number of children and young people on the LAC system
- PS SA 1.1a Average time between a child entering care and moving in with an adoptive family for children who have been adopted (days)
- CIB 2.1.1 looked after children - number of children looked after per 10,000 under 18 population



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Enjoy learning and achieving their best

Raise attainment to narrow the gap in the early years and amongst specific groups

Increase the number of schools judged as good and outstanding

Develop and embed collaborative practice across all phases of education

Key Performance outcomes and measures:

Raise attainment to narrow the attainment gap for children and young people and amongst specific groups. Indicators identified for 2013-14:

- CYPPE 3a NTG between lowest achieving 20% in the EY Foundation stage profile and the rest
- CYPPE 3e % 5+ A* - C (or equivalent) at GCSE including English and Maths
- CYPPE 3f FSM gap for 5+ A* - C (or equivalent) at GCSE incl. GCSE Eng and Maths
- SIS LS SA 3.1q % Ethnicity gap for 5+ A* - C (or equivalent) at Key stage 4 (including English and Maths)
- VS SA 3.1b Looked after children achieving 5 A* - C GCSEs (or equivalent) at KS 4 (including English and Maths)
- SIS LS SA 3.1r Increase the number of schools currently judged as good and outstanding

Make friends and take part in activities

Support children and young people to make informed decisions about their lives and relationships

Involve children and young people in the design, delivery and improvement of our services

Increase the number of vulnerable young people engaged in local activities

Key Performance outcomes and measures:

Support children and young people to make informed decisions about their lives and relationships. Indicators identified for 2013-14:

- SEN SA 4.1 Percentage of young people whose voice is formally represented at annual reviews (years 1, 5 and 9)
- VS SA 4.1 Percentage of LAC young people who were either present or were consulted in their PEPs

Stay in education and get a job

Increase the number of young people staying on in education and training

Increase the number of apprenticeship places available

Raise attainment to narrow the gap at age 19 for young people from low income families

Key Performance outcomes and measures:

- Increase the number of young people staying on in education and training
- Increase the number of apprenticeships available
- Indicators identified for 2013/14:
- CYPPE 5c of young people 16 - 18 not in education, employment or training
- CYPPE 5e Apprenticeship starts
- CYPPE 5f % of CMBC apprentices are Looked after Children
- CYPPE 5g Inequality gap in Level 2 qualification achievement rate by age 19



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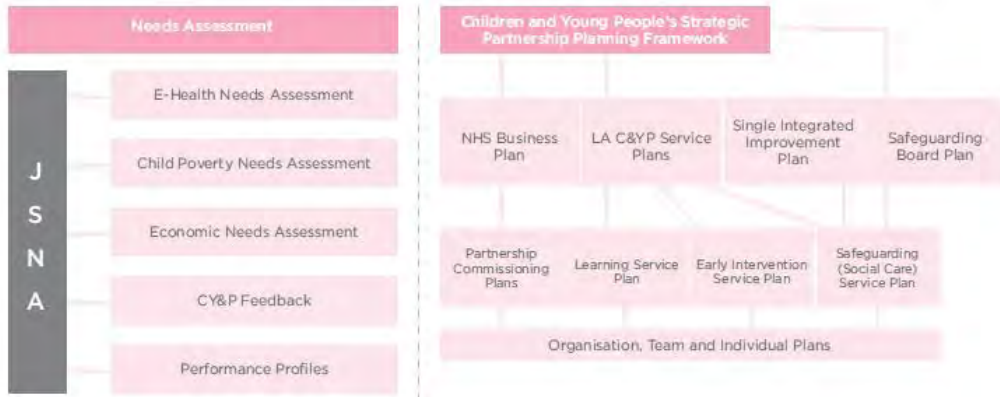
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Our strategies and plans to achieve success

To ensure coherence and drive success, this Strategic Planning Framework will be informed by a range of assessment information, including the Joint Strategic Needs Assessment and determine the priorities for action in partnership and single service plans.



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