

Appendix A 275-2013

Status	Definition
Red	Below target
Amber	On track to deliver
Green	Delivered

Priority	Goals	Plans (Key Actions)	Outcome Measures	Responsible person	Links to...	Timescale	Progress	RAG rating	
Key priorities outlined in the Joint Health and Wellbeing Strategy 2013-16									
<u>Vulnerable Families</u> Some families experience problems due to financial, health or relationship difficulties. Some children are growing up in families which are unable to support them adequately either practically or emotionally	a. To identify and target vulnerable families	Robust screening arrangements to determine how they should be supported: <ul style="list-style-type: none"> Step down to early help Progress to Social Care Assessment & Support 	The no. of families where we have prevented escalation	Colin Pennington (Head of Vulnerable Children, Rutland County Council)	Social Care Team, Rutland County Council (RCC)		SUSD implemented and working well. 20% increase in referrals to CAF as a result of SUSD.		
		Multiagency Support Panel (MASP)					To date 13 families have been presented to MASP since April 13. 1 family has escalated.		
		Monthly meetings between social care and GPs to share information; look at tracking the outcomes of those families discussed.					Recently implemented.		
	b. To improve support for families with multiple problems	Utilise the Richter Scale to measure outcomes	The no. of troubled families engaged with the Changing Lives programme	Jackie Difolco (Head of Stronger Communities, Rutland County Council - RCC)	Families First Subgroup of the Children's Trust and the Stronger Communities Team at RCC			All staff within early intervention are trained in the use of Richter Scale. Social care are in the process of being trained. Richter Scale audit in the process of being completed.	
		Changing Lives Programme						15 families engaged with 8 claims made for payment by results.	
		Delivery of the Families First Strategy						Families First Board are in the process of reviewing its purpose. Planned review of FF strategy in 2014-15	
		Create a better interface between early intervention and social care						Monthly meeting in place between relevant Heads of Service with standardisation of processes.	
		Monitor the Families First Step up Step Down approach to ensure families get an appropriate level of support						On-going, review needs to take on place.	
	c. To focus resources on those families most in need		Common Assessment Framework (CAF) stats						
d. To reduce child poverty		Keep the proportion of children living in Rutland in	Jackie Difolco (Head of Stronger	Housing Team and Benefits Team at RCC, Citizen's Advice Bureau					

		Understand the impacts of the welfare reform: Identify how many families access the food bank and look into the reasons for accessing the food banks.	relative poverty below 10%	Communities, Rutland County Council - RCC)	Families First Subgroup of the Children's Trust and the Stronger Communities Team at RCC		Food bank launched on the 23 rd Sept. Welfare Reform group in place.	
		Children's Trust partners to sign an organisational pledge demonstrating commitment to reducing child poverty					Partners have provided pledges final document being drafted for approval and publication.	
		Target wards where child poverty is above 10%					Work will take place once the pledges have been approved.	
		Support parents in employment					Process in place with "Working Links" to make referrals. 30% of "Changing Lives" families have successfully accessed employment.	
<u>Vulnerable Teenagers</u>	Provide a holistic offer of recreational and learning opportunities that enhance young people's social, emotional, health and personal development outside of the school curriculum.	Expand the work of the Families First Board to target adolescence	Maintain low numbers of young people not in education, employment or training	Jackie Difolco (Head of Stronger Communities, Rutland County Council - RCC)	Families First Subgroup of the Children's Trust, Heads Forum, 11-19 Partnership, Youth Council and the Stronger Communities Team at RCC		Terms of reference updated to reflect this.	
Ensure a smooth transition into adulthood.		Develop the work based learning element of the Adult Learning Service within Rutland County College					Currently at 1% - Target is 2%.	
The teenage years are a critical period of growth and change. They are an important time for making significant life choices and decisions.		Develop a learning strategy					In progress	In progress
		Continue the work of the teenage pregnancy and sexual health multi agency group					Ongoing and working well.	
		16/17 protocol to deliver packages of support for those young people at risk of becoming homeless					Reduction of youth homelessness	A proposal for a youth housing project is being drafted for consideration.

		<p>Deliver a recreational and learning programme in school holidays.</p> <p>Providing bespoke service for vulnerable young people such as mentoring and counselling.</p> <p>Targeted Youth Support Offer in place for our most vulnerable groups:</p> <ul style="list-style-type: none"> • Young Carers • Young People with disabilities • Teenage Parents • Looked After Children (LAC) and Care Leavers <p>Health screening and assessments for Looked After Children care leavers</p> <p>Track children in need in social care</p> <p>Care Leavers Pledge</p> <p>Child Sexual Exploitation: Multiagency Protocol and risk assessment tool</p>	<p>Number of young people achieving a recorded an accredited outcome</p> <p>Teenage parents / Young Offenders and Care Leavers in education, employment or training</p> <p>LAC and care leavers have the best opportunities they can have in life</p>	<p>Colin Pennington (Head of Vulnerable Children)</p> <p>Paul Burnett, Local Children Safeguarding Board</p>		<p>Programme in place, 196 individuals have taken part so far. Target is 200.</p> <p>Teenage Parents – 50% Young Offenders – 100% LAC – 25%</p> <p>Please note thee are small numbers therefore % can differ greatly</p> <p>Targeted Youth Support Offer in place with dedicated provision for vulnerable young people. Work to be undertaken to measure impact.</p> <p>Still to be completed, this will be discussed on 10-10-2013</p> <p>Still to be completed, this will be discussed on 10-10-2013</p> <p>Still to be completed, this will be discussed on 10-10-2013</p> <p>Still to be completed, this will be discussed on 10-10-2013</p>	<p>Green</p> <p>Yellow</p> <p>Yellow</p> <p>White</p> <p>White</p> <p>White</p> <p>White</p>	
<p><u>Emotional health and wellbeing</u> of children, young people and their families Support all children, young people and families to address their emotional health and wellbeing.</p>	<p>Ensure Access to universal provision to support emotional health and wellbeing</p>	<p>Universal provision</p> <ul style="list-style-type: none"> • Ensure families have access to GP and dental provision • Ensure delivery of Healthy Child Programme (HCP) through school nurses and Health Visitors 	<p>All children young people and their families will be able to be registered with an NHS Dentist and GP.</p> <p>All children and young people will have access to set measures within the HCP.</p>	<p>David Giffard – NHS England lead – Health visitor Implementation Plan:- A Call to action 2011-2015.</p>	<p>Mark Roberts (Leicestershire Partnership Trust)</p> <p>Rob Howard and Jane Roberts – Public health</p>	<p>Call to action and HCP targets to be delivered by health visitors by end of March 2015</p>	<p>Good progress being made with regard to increase of health visitor numbers, with trajectory currently above plan and good level of recruitment to training places</p> <p>Further work is required on the delivery of the HCP with greater focus on health visitor contacts rather than skill mix as the number of health visitors increase in line with the agreed trajectory –</p>	<p>Yellow</p>

<p>Identify and target those families with specific emotional health and wellbeing needs through early intervention.</p>		<ul style="list-style-type: none"> Ensure delivery of target interventions from school nursing and health visiting teams in relation to call to Action plans. 	<p>Children and young people with an identified need will have programmes of care delivered in line with A call to Action.</p>		<p>– Leicestershire and Rutland. Public health outcomes targets.</p>		<p>national service specification should be in place from 1 April 2014 to support this process with percentage targets increased by 1 April 2015</p>	
<p>Improve support for families with complex health problems.</p>	<p>Ensure access to maternity provision to support emotional health and wellbeing</p>	<p>Maternity Provision</p> <ul style="list-style-type: none"> Ensure awareness of targets in relation to early access to maternity services, breastfeeding and screening All women will have access to midwifery services and be offered choice around birth. 	<p>National delivery targets will be met.</p> <p>Women's and their babies will have a positive experience in relation to maternity services</p>	<p>Sam Little – Children's (East Leicestershire & Rutland Clinical Commissioning Group, ELRCCG)</p>	<p>Elaine Broughton – Acting head of midwifery – UHL</p> <p>Rob Howard and Jane Roberts – Public health – Leicestershire and Rutland. Public health outcomes targets.</p>		<p>Targets for 12 week access to Maternity services are monitored monthly, at M7 they are green.</p> <p>Breast feeding targets are currently green at initiation but further work is being carried to be completed around the 6-8 continuation rates.</p> <p>All Women who are pregnant or have delivered their baby are currently being surveyed through the friends and family test results will be being collated for quarter 3 and can be feedback at the next meeting.</p>	
		<p>CAHMS Provision</p> <ul style="list-style-type: none"> Train practitioners on how to make an appropriate referral to CAMHs. Improve the transition process for young people going from CAMHs into adult mental health services. Ensure primary care and 	<p>Delivery of Multi agency child mental health training.</p> <p>Review care pathway related to transition and mental health.</p> <p>Delivery of communication and practitioner advice</p>	<p>Leon Charikar- CAHMS Commissioning Manager</p>	<p>Neil Hemstock – Clinical Director for CAHMS.</p>	<p>On-going work throughout the year</p>	<p>Multi-agency training in child mental health is available at no charge for Rutland County Council staff. Additional training on using CBT approaches will also be offered.</p> <p>Practitioner Advice Telephone line is now operating 35 hours per week and will pilot being a single</p>	

		<p>universal service awareness of mental health issues within children and young people.</p> <ul style="list-style-type: none"> • Improve engagement a with CAMHs service. • Improving access and support to specialist CAHMS service 	<p>service.</p> <p>CAHMS managers and clinicians will be engaged will all relevant meetings in Rutland.</p> <p>All children and young people will have access to an assessment within 13 week of referral.</p>				<p>point of access to CAMHS</p> <p>Regular quarterly meetings have been established between Rutland CC Senior Manager for Health, Wellbeing and Commissioning and the CAMHS Commissioner and Clinical Director for CAMHS</p> <p>New CAMHS community team for East Leics and Rutland is working to meet 13 week referral to assessment target.</p>	
		<p>Children's Specialist Provision</p> <ul style="list-style-type: none"> • Ensure delivery of new children's and young people's community pilot model in relation to nursing and respiratory therapy. • Implement SEND reforms through integrated working 	<p>Deliver Care closer to home for identified children</p> <p>A clear process will be developed to ensure implementation of the SEND reforms. Process for health personal budgets is agreed.</p>	<p>Sam Little – Children's (East Leicestershire & Rutland Clinical Commissioning Group, ELRCCG)</p>	<p>Maria Smith – Children's Complex care manager</p>		<p>The children's Community Pilot has commenced and the first outcomes will be being realised from January.</p> <p>Health's are engaged in all the work streams and personal budget work in relation to implementation of the SEND reforms. Maria Smith is working to ensure a process is in place for offering personal budgets by April 2014.</p>	
		<p>Commissioning targeted services for our vulnerable families MIMS – Mums in Mins (mental health)</p>		<p>Sarah Marsh (Homestart Scheme Manager)</p>	<p>Colin Pennington (Head of Vulnerable Children)</p>		<p>The service has run termly, targeted MIMs programmes for mothers diagnosed with Post Natal Illness. Each course is run for 8 sessions, now extended to 9 sessions. 11 families have been supported by this service since April 2013.</p>	

		Dedicated worker in SEN Team – BESD						
				Vicky Todd (Head of Inclusion)				

In response to item 7.1 – No.14 on Action plan – can you add from Health:LPT :

The Speech and Language Therapy Service has an Early Years Pathway involving the Health Visitors team – referrals of children 2;00-2;11 with late talking are seen via this pathway rather than by the service.

In Rutland we have delivered this via the Community Nursery Nurse Nicky Mawer.

She is supported by therapist – Stephanie Shuttlewood

In April-Sept 2013 – 11 families in Rutland with children of 2;00-2;11 years received approx. 2 visits each at home.

– Nicky delivered messages from the 'Let's Get Talking' groups package (these children were not taken onto caseload).

Plan for future – Let's get Talking groups from 22nd Nov. – 4 weeks - Nicky Mawer & Naomi Collins (Children's Centre Teacher) – supported by Speech and Language Therapist Stephanie Shuttlewood

Children's Trust Action Plan 2013-16

Further groups planned for Feb. 2014. Will pass on figures from these groups.

Can this information be fed into the FF Quarterly Performance Report. I will report further at Jan. FF meeting.