

Informal Shadow Oxfordshire Health & Wellbeing Board 22 March 2012

Proposed Outcome Measures and Target Indicators for the Children and Young People's Board

The overall goal of the Children and Young People's Board is to improve outcomes for all children and young people living in Oxfordshire. This will be achieved through delivery of the four top priorities:

1. Keeping all children and young people safe
2. Raising achievement for all children and young people
3. Narrowing the gap for our most disadvantaged and vulnerable groups
4. Having a healthy start in life and staying healthy into adulthood

Priority 1: Keeping all children and young people safe

Safeguarding children is everyone's business. In order for children to achieve outcomes in any other areas they need to be safe and secure. Many different agencies are working together to make the child's journey from needing help to receiving help as quick and easy as possible; and improving the effectiveness of the help in promoting the child's safety and development. Practitioners in all agencies work to prevent, identify and protect children living in abusive and neglectful situations. There is excellent multi-agency work around domestic abuse and reducing the impact on children. In Oxfordshire the Safeguarding Children Board runs a multi-agency training programme to support the whole workforce working with children and young people. The Board also provides evidence-based guidance to help practitioners and the Board challenges the different agencies to deliver services to the highest standards.

We know that nationally more children are becoming subject of Child Protection Plans. The 0-4 year olds are the largest single age group subject to plans and in Oxfordshire we have the high rates of children subject to plans, compared to previous years. Despite this we have good performance in responding and assessing children's needs without delay, in line with national best practice. Work to address this priority must continue to focus on promoting good partnership working with families by well-trained and supported workers from a range of professions. The professionals must have the skills, capacity and resources to deliver effective and appropriate interventions to keep children safe. There needs to be public confidence that the system responds promptly and appropriately to all levels of concern. Managers and senior officers must have established methods of appraising the quality of the practice with children and families so that they can lead their organisations in continuous improvement.

There is strong evidence that positive attachment between mother and baby starts in pregnancy and promoting attachment from pregnancy onwards and intervening early where problems are identified, is a key multi-agency priority. Equally, for older children and teenagers, it is vital that they and their families are able to receive help at an early stage as difficulties are merging, so that they are protected from serious problems later on. Early intervention services such as the Children’s Centres, Early Intervention hubs and the Health Visiting service are key players in keeping children safe. This means commissioning and delivering services that are evidence based, affordable, timely and focused on early intervention.

Outcomes for Priority 1 ¹	Indicator definitions for Priority 1
<ul style="list-style-type: none"> • Decrease the proportion of child subject to repeat child protection plans • Be able to evidence that the majority of interventions are of an adequate, good or outstanding quality² 	<ul style="list-style-type: none"> • Percentage of child subject to repeat child protection plans • Quality assurance audit reports from agencies reported and reviewed in OSCB

Making a real difference in Oxfordshire

In accepting these priorities the Health and Wellbeing Board in 2012/13 should aim to achieve:

- **No more than 15% of children who become subject to a child protection plan have previously had a plan.**
- **A regular pattern of quality assurance audits undertaken in the following agencies and reviewed through the OSCB: children’s social care; children and adult health services; early intervention; police. Over 50% of interventions showing adequate, or above, overall impact in all agencies’ audit reports.**

Priority 2: Raising achievement for all children and young people

In Oxfordshire measures of achievement are often lower than expected and do not match statistical neighbours. In 2011 GCSE results were disappointing.

¹ These are currently *interim* outcomes and indicators until the national consultation on Safeguarding Indicators is completed.

² London Safeguarding Children Board multi-agency audit and grading toolkit

The overall picture is a slow pace of improvement, but there is inconsistency between Districts for certain groups and subjects. Early Years shows a better than national average improvement which could be built upon. We know that specific pupil groups in Oxfordshire do not do as well as their peers in comparator authorities. This includes children on free school meals, children from Black and Minority Ethnic Groups and those with special education needs. There is currently specific concern about reading standards at Key Stage 1 in some school.

The Health and Wellbeing Board will aspire to seeing every single child being successful and reaching their potential; thriving in an outstanding learning environment throughout their education wherever they live across the county. Every single school or setting will be judged to be at least good and be aspiring to constantly improve, to become and remain outstanding.

Outcomes for Priority 2	Indicator definitions for Priority 2
<ul style="list-style-type: none"> • Increase the number of young people achieving 5 GCSE A*-C (including English and Maths). • Increase attainment at Key Stage 2. • Increase attainment in literacy at Key Stage 1. • Increase the number of schools judged as “good” or “outstanding” 	<ul style="list-style-type: none"> • Percentage of young people achieving 5 GCSEs at A*-C, including in English and Maths. • Percentage of children attaining at least Level 4 in English and Maths at Key Stage 2 • Percentage of children attaining 2b or above in reading at Key Stage 1. • Ofsted inspection ratings for primary schools. • Ofsted inspection ratings for secondary schools.

Making a real difference in Oxfordshire

In accepting this priority the Health and Wellbeing Board, in 2012/13 should agree to:

- **63% (3900 young people) of young people achieve 5 GCSEs at A*-C including English and maths (currently 57.4%)**
- **80% (4880 young people) of children achieve Level 4 or above in English and maths at the end of Key Stage 2 (currently 74.8%)**

- **76% (5000 children) children achieve Level 2b or above in reading at the end of Key Stage 1 (currently 74.3%.)**
- **Reduce the number of young people not in education, employment or training to 5.5% (950 young people)**
- **88% (204) primary schools and 86% (28) secondary schools with be judged by Ofsted to be good or outstanding.**

Priority 3: Narrowing the gap for our most disadvantaged and vulnerable groups

Over the past three years there has been a real multi-agency focus on 'breaking the cycle of deprivation for families' and on 'narrowing the gap for vulnerable children', driven by national and local priorities. The Health and Wellbeing Board is in a good position to understand the picture in Oxfordshire through the Joint Strategic Needs Assessment (JSNA) and more recently through specific needs assessments e.g. Child Poverty Needs Assessment 2011 and the Director of Public Health's Annual Report 2012.

Through this work we know that:

- There are a relatively small number of wards with persistent deprivation
- 11.7% children live in poverty in Oxfordshire
- Almost 1 in 4 children in Oxford City are living in poverty
- In Oxfordshire 73% of children in poverty are in lone parent families.
- In 2011 only 22% children on Free School Meals achieved 5 or more A*-C GCSEs.

We know that being pregnant under 18 years of age will result in a number of poor outcomes for young women and indeed for their babies, therefore the drive to decrease the trend in conceptions year on year is crucial. More recently the national focus has been on working with 'Troubled Families' in order to reduce worklessness, reduce antisocial behaviour and crime, increase school attendance and reduce the cost of interventions in the longer term. In Oxfordshire it is estimated that there are 810 families who have multiple and complex issues and a Project Team is currently working to identify these. The DCLG³ have yet to publish the proposed framework for identification of success measures but addressing the needs of these families will be a multi-agency priority during 2012/13

Action to address this priority is cross cutting with both the Adult Health and Social Care Board and the Health Improvement Board. However, taken together it is proposed that addressing teenage conceptions and turning around the lives of troubled families are the two areas that will make a significant impact on this priority in the next year.

³ Department for Communities and Local Government who lead the national Troubled Families Programme.

Outcomes for Priority 3	Indicator definitions for Priority 3
<ul style="list-style-type: none"> • Reduce the number of teenage conceptions • Turning around the lives of 'Troubled Families'. 	<ul style="list-style-type: none"> • Teenage conceptions rates. • Awaiting confirmation from DCLG⁴

Making a real difference in Oxfordshire

In accepting this priority the Health and Wellbeing Board in 2012/13 should aim to achieve:

- **A sustainable decrease in the teenage conception rate⁵**
- **Targets as required in the new DCLG framework when published**

Priority 4: All children have a healthy start in life and stay healthy into adulthood.

The JSNA shows that overall Oxfordshire is one of the healthiest counties in the country to be born and grow up. Despite this, death rates in socially deprived wards are higher than in affluent areas. Young people being admitted to hospital for self-harm (including ingestions and poisoning) remain a cause for concern. Emergency admission rates to hospital are higher for young children living in wards with high levels of deprivation, especially for viral infections and gastroenteritis. Breastfeeding rates in Oxford and Banbury remain significantly lower than the rest of Oxfordshire. By Year 6, obesity levels in children living in Oxford City are significantly higher than the national average.

An increasing number of young people with longer term or life limiting conditions (such as Autistic Spectrum Conditions or neurological disease) will need to continue receiving care and support into adulthood. We know that the most common causes of emergency admission to hospital for young children (under 5) are respiratory tract infections, viral infections and gastroenteritis. The most common causes of emergency admission for young people (11-17 years old) remains ingestions and poisoning (both alcohol and drug related).

⁴ The indicators will be based on the national performance framework for Troubled Families.

⁵ Further work needed on understand how the HWB Board can measure progress when data is released with a 14 month delay.

In order to build on the healthy start, the Health and Wellbeing Board will aspire to see that all pregnant women will have access to high quality maternity services and a choice of place of delivery; home' birthing unit or hospital. All children will have access to the full Healthy Child Programme from birth to school entry. Parents will be able to access a wide range of integrated early intervention services. Children with additional needs (including long-term conditions, life limiting conditions and special educational needs) will experience seamless provision from diagnosis, treatment and care, therapy and schooling. There will be easy access to mental health support and where required, diagnosis and treatment (including for Autistic Spectrum Disorder). There will be targeted and specialist services available for the most vulnerable children e.g. Looked After Children. Sick children will be treated as close to home as possible and only be admitted to hospital when clinically needed.

Outcomes for Priority 4	Indicator definitions for Priority 4
<ul style="list-style-type: none"> • Reducing admission to hospital of young children with respiratory tract infections, viral infections and gastroenteritis. • Reducing number of young people who self-harm. • Effective transition services for young people with mental health problems 	<ul style="list-style-type: none"> • Rate of hospital admissions for young children (0-4 years) with infections and gastroenteritis. • Rate of hospital admission for young people who have self-harmed • New service specification agreed

Making a Real Difference in Oxfordshire

This is a key priority where join up with the work of the Health Improvement Board is essential. High rates of immunisation, continuation of breastfeeding at 6-8 weeks and reducing obesity levels in school children are all important indicators of a healthy start to life and are positive factors in reducing the likelihood of having poor health outcomes in the future.

In order to make a difference in Oxfordshire it is proposed that in 2012/13 the Health and Wellbeing Board should:⁶

- **Reduce the number of young people admitted to hospital for episodes of self-harm by 5% year on year. This means reducing by approximately 10 young people every year.**
- **Reduce the number of young children admitted to hospital with infections by 10% year on year. This means reducing emergency admissions from approximately 3100 to 2890 children.**
- **Review and redesign transition services for young people with mental health problems. This would mean there would be a new service in place from 1st April 2013.**

⁶ The targets are numbers for these targets are based on forecast outturn position from Q3 monitoring data and will need to be updated when year end activity is confirmed.