

**CHILDREN'S AND YOUNG PEOPLE'S TRUST BOARD**

**COMMITTEE ROOM 1, COUNTY HALL, SMEDLEY STREET, MATLOCK, DE4 3AG**

**Thursday 11<sup>th</sup> June 2015, 4.30pm – 6.30pm**

**AGENDA**

<b>1.</b>	<b>Apologies for Absence</b>	
<b>2.</b>	<b>Declarations of Interest</b>	
<b>3.</b>	<b>To confirm the minutes of the meeting held on 19<sup>th</sup> March 2015 and matters arising</b>	
<b>4.</b>	<b>To confirm the minutes of the Core Business Group meeting held on 23<sup>rd</sup> April 2015 and matters arising</b>	
<b>5.</b>	<b>Youth Council Manifesto</b>	Youth Councillors
<b>6.</b>	<b>Draft Children and Young People's Plan</b> The Board will be asked to consider and discuss the draft Children and Young People's Plan, including: <ul style="list-style-type: none"> <li>• Does the draft plan fully reflect the Board's vision and priorities?</li> <li>• Does it fully reflect the Youth Council's manifesto priorities?</li> <li>• Does it describe, clearly enough, a programme of action that will deliver the priorities?</li> <li>• What is missing or may need amending?</li> </ul>	Rosie Kightley
<b>7.</b>	<b>Locality Partnerships (main discussion item)</b> The Board will be asked to discuss and agree the future of the Locality Partnerships, including: <ul style="list-style-type: none"> <li>• How priorities are identified</li> <li>• Chairing arrangements</li> <li>• How to improve joint working/communication between the Locality Partnerships and Children's Trust Board</li> <li>• Whether the Partnerships should have some delegated budgets</li> </ul>	Ian Johnson
<b>8.</b>	<b>Safeguarding Board update</b>	Christine Cassell
<b>9.</b>	<b>Progress Update: Children and Young People's Emotional Wellbeing</b> Powerpoint presentation to be shown at the meeting. The Board will	Linda Dale

	also be asked to shape the programme for the Health and Wellbeing Board workshop on 20 July	
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**PAPERS FOR INFORMATION**

*(It is not planned to discuss any of the following papers at the meeting. If any Board member wishes to discuss a paper for information, please can they notify the Chair in advance)*

<b>12.</b>	JSNA Update	
<b>13.</b>	Performance Monitoring Report	
<b>14.</b>	Children's Centres Review Update	
<b>15.</b>	Children's Commissioning Arrangements	

**ACTIONS ARISING FROM MINUTES OF THE MEETING OF THE DERBYSHIRE CHILDREN'S TRUST BOARD ON 19 MARCH 2015**

<b>Minute No</b>	<b>Title</b>	<b>Action</b>	<b>Officer Responsible</b>
3.	SEND Reforms	Responses from the discussion groups to be considered and an update to be presented to the next meeting	L Dale: Discussion written up and circulated.
4.	Derbyshire E Safety Strategy	Board members to support the development of the action plan by identifying and sharing any existing examples of good practices within their organisations, and considering what more needed to be done to deliver the aims in the strategy.  Consideration of a questionnaire in conjunction with the Youth Council	All Board members  B Smith
5.	Children and Young People's Emotional Wellbeing	The results of the survey of young people to be shared with the Youth Council	A Pritchard: Survey yet to be undertaken
6.	Integrated Behaviour Partnership Report and Action Plan	A range of outcome measures to be developed as part of the action plan  An update to be provided to each	Ongoing  On the agenda

		<p>meeting from the Integrated Behaviour Partnership and this to be reported to the Health and Wellbeing Board</p> <p>The HealthWatch report on CAMHS to be shared with partner agencies once completed</p>	To be scheduled at a future meeting
7.	Derbyshire Safeguarding Children Board Update	More information would be required about the impact of the Child Sexual Exploitation Strategy and this would be reported to the Children's Trust Board	C Cassell

**MINUTES** of a meeting of the **DERBYSHIRE CHILDREN'S TRUST BOARD**  
held on 19 March 2015 at The Hub, South Normanton

**PRESENT**

Councillor D Greenhalgh (in the Chair)

S Ali	Derbyshire VCI Consortium
J Brooks	Derbyshire County Council
C Cassell	Derbyshire Safeguarding Children Board
L Dale	Derbyshire County Council
H Dhindsa	Office of the Police and Crime Commissioner
T Ephgrave	Derbyshire Youth Council
C Gilby	Derbyshire Healthcare NHS Foundation Trust
I Johnson	Derbyshire County Council
R Kightley	Derbyshire County Council
G Levick	Derbyshire Community Health Service FT
M Meggs	Derbyshire County Council
Dr A Mott	Southern Derbyshire CCG
T Nolan	HealthWatch Derbyshire
R Sidebottom	Derbyshire County Council
B Smith	North Derbyshire CCG
Councillor J S Street	Derbyshire County Council
J Vollar	Derbyshire County Council
N Whitworth	Derbyshire Youth Council

Also in Attendance – B Smith (Derbyshire Youth Offending Service)

Apologies for absence were submitted on behalf of Cllr C Bisknell, K Boulton, A Charles, G Collins, J Connolly, Councillor J A Coyle, Councillor K Gillott, P Hackett, K MacLeod, J Pierce, A Pritchard, A Staffron, and C White

		<b>ACTION</b>
1	<b>MINUTES</b> The minutes of the meeting held on 11 December 2014 were confirmed as a correct record	
2	<b>CORE BUSINESS GROUP</b> The minutes of the meetings of the Core Business Group held on 15 January and 12 February 2015 were received.	
3	<b>SPECIAL EDUCATIONAL NEEDS AND DISABILITY REFORMS</b> The Board was presented with the requirements for local authorities and their partners with regard to special educational needs and disabilities (SEND) services due to	

	<p>the Children and Families Act 2014. The progress so far was reported along with a draft ambition and vision for the next phase of the reforms. The governance arrangements for the reforms were presented, and it was noted that joint commissioning was required under the Children and Families Act.</p> <p>The draft structure proposed the inclusion of a new, integrated commissioning hub to agree support for children and young people with complex needs, with clearer commissioning responsibilities identified. It also proposed the creation of integrated locality SEND teams. In terms of involving wider stakeholders in the development of SEND services, it had been proposed to hold a series of engagement events throughout May for families, children and young people and for multi-agency stakeholders and interested parties. It was also the intention to hold individual services workshops.</p> <p>The Board broke into a number of discussion groups to consider the draft principles and structures, and in particular:-</p> <ul style="list-style-type: none"> <li>• What members were pleased to see</li> <li>• What concerns the draft structures and principles raised</li> <li>• What might be missing or need amending</li> </ul> <p>Each group indicated one key area that they were pleased to see in the reforms. Other responses would be considered and an update would be presented to the next meeting of the Board.</p>	
4	<p><b>E-SAFETY STRATEGY</b></p> <p>Bob Smith attended the meeting to inform the Board of the recent adoption of the e-Safety Strategy. This was a joint document with Derby City, and separate action plans for each Safeguarding Children Board were currently in the final stages of development.</p> <p>The strategy outlined the key risks to young people and demonstrated the Safeguarding Board's commitment to tackling the risks. The action plans would translate the strategy into a wide range of activities designed to help young people stay safe online.</p> <p>The Board committed to supporting the principles of the</p>	

	<p>strategy, as well as the implementation of the action plan. Board members were asked to support the development of the action plan by identifying and sharing any existing examples of good practices within their organisations, and considering what more needed to be done to deliver the aims in the strategy.</p> <p>The Derbyshire Youth Council was undertaking work around e-Safety, and it was felt that it would be useful to undertake a questionnaire with young people, promoted by the Youth Council. It would be important to engage with as many young people as possible, as this would help to identify any priorities. Lots of work was also happening in schools, and it was suggested that better links could be made.</p>	
5	<p><b>CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING</b></p> <p>The Board received a presentation from Tom Ephgrave, Derbyshire Youth Council, on Young People's Mental Health. This had been identified as a key issue through Make Your Mark, and was one of the top priorities for the Derbyshire Youth Council. It was felt that mental health services should be improved with the help of young people, and they should learn about common mental health issues at school.</p> <p>The Youth Council had considered how it could challenge stereotypes and how it could make resources for schools to use. One idea had been to create a series of films on YouTube, and this was presented to the Board. Other ideas had included a poster campaign, creating lesson plans and an e-petition.</p> <p>The Youth Council wanted to work with other organisations to look at the issues around mental health. Any support/advice was welcomed, and a number of suggestions were put forward. The Office of the Police and Crime Commissioner would be working with the Youth Offending Service around the Mental Health Concordat, and it was suggested that this could feed into the work of the Youth Council. It was also felt that links could be made with Locality Managers, and the presentation could be rolled out to sports clubs to raise awareness of the issues around mental health. Details were provided of plans for a survey of young people, and the results would be shared with the Youth Council.</p>	

6.	<p><b>INTEGRATED BEHAVIOUR PARTNERSHIP REPORT AND ACTION PLAN</b></p> <p>A progress update was presented on the work of the Integrated Behaviour Partnership, along with the group's vision for the future. A work programme for 2015-16 was also proposed, which would secure progress towards the vision.</p> <p>An innovative approach to improving emotional health and wellbeing and behaviour for children and young people had been developed, and the key outputs were detailed. Work was underway to develop an outcomes framework, improve data and develop evidence based pathways for children and young people with mental health problems, starting with self-harm and eating disorders. The Partnership had recently secured £40,000 from the Department of Health to deliver a pilot to develop a model and toolkit for schools to identify and manage emotional wellbeing and behaviour through early help.</p> <p>The vision of the Partnership was detailed, and a range of measures were required in order to achieve the vision. There would be less avoidable harm and injury, stigma and discrimination associated with mental ill health, and dependency on A&amp;E and out of area admissions for this with acute care needs.</p> <p>A range of outcome measures would be developed as part of the action plan, and these would reflect what young people had said was important to them, as well as a range of other service outcomes and clinical outcomes. Although this was still work in progress, it was anticipated that there would be a range of key success measures.</p> <p>The Integrated Behaviour Partnership would be responsible for delivering the vision and action plan. An update would be provided to each meeting of the Board, and this would report to the Health and Wellbeing Board.</p> <p>The report and action plan were welcomed by the Board. A number of comments were made, including the importance of training and support for the children's workforce. It was thought that this would be very important in improving children and young people's emotional wellbeing. It was noted that CAMHS was a priority for HealthWatch, and work was taking place around future commissioning for</p>	
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	care for adults with children suffering mental health issues. Once the HealthWatch report had been completed, it would be shared with partner agencies.	
7.	<p><b>DERBYSHIRE SAFEGUARDING CHILDREN BOARD UPDATE</b></p> <p>There had been one meeting of the Board, a development session and a meeting of the Chief Officer Group since the last meeting of the Children's Trust Board. The Annual Report of the Board had been presented to the Health and Wellbeing Board, and the Child Sexual Exploitation strategy had been agreed and was being updated as appropriate. More detailed information would be required on the impact of the strategy, and this would be reported to the Children's Trust Board.</p> <p>The integrated inspection would be implemented in areas from the Autumn, and the piece of work that was being carried out around this would continue.</p>	
8.	<p><b>DRAFT PROTOCOL IN SUPPORT OF THE RELATIONSHIP BETWEEN THE DERBYSHIRE HEALTH AND WELLBEING BOARD, THE DERBYSHIRE CHILDREN'S TRUST BOARD, THE DERBYSHIRE SAFEGUARDING CHILDREN BOARD AND THE DERBYSHIRE SAFEGUARDING ADULT BOARD</b></p> <p>The Board was presented with the protocol and approved the document. It was noted that the protocol had yet to be seen and approved by the other Boards.</p>	
9.	<p><b>INFORMATION SHARING AGREEMENT FOR SPECIAL EDUCATIONAL NEEDS AND DISABILITIES</b></p> <p>The Board was presented with the final version of the SEN and Disabilities – Derbyshire Local Data Sharing Agreement. Members approved the document.</p>	
10.	<p><b>PAPERS FOR INFORMATION</b></p> <p>The Board received, for information, the HealthWatch Children and Young People Report around Health and Social Care Services, Performance Monitoring, and an update on the Disabled Children's Charter Action Plan.</p>	

**DERBYSHIRE CHILDREN'S TRUST BOARD CORE BUSINESS GROUP  
MINUTES OF MEETING HELD ON 23 APRIL 2015**

**Present:** S Ali, L Dale, R Kightley, Dr A Mott, and A Pritchard

**Apologies:** J Brooks and M Stafford-Wood

		<b>ACTION</b>
1	<p><b>Report from Bolsover and North East Derbyshire Locality Partnership</b></p> <ul style="list-style-type: none"> <li>• Brenda Towse and Jason Swan attended the meeting to give an update on the progress of the Bolsover and North East Derbyshire Locality Partnership.</li> <li>• A summary of the local priorities was provided. In terms of anti-social behaviour, the Be-safe Steering Group had continued to co-ordinate the be-safe patrols on key dates. For worklessness/anti-poverty, there were links into other groups and feedback was provided to the Partnership.</li> <li>• A big success had been the multi-agency training programme led by the safeguarding sub-group, and this had addressed CSE and current trends in drug use. The training events had also provided a good networking opportunity for frontline staff, and more dates were to be arranged.</li> <li>• With regard to healthy lifestyles, the group had been successful in obtaining a grant from public health to look at various ways of delivering a package of support to young people to encourage them to engage in healthy lifestyles. Pilot programmes had been developed in consultation with young people and feedback was being gathered. The Healthy Weight Project had now been completed and the final evaluation report was due at the end of April. A toolkit had been developed which recommended how to run groups to address weight issues, and youth workers from Dronfield and Pinxton would be continuing to deliver groups or setting up new ones.</li> <li>• In terms of attainment, attendance and exclusion, there had been a drop in attendance at a small group of primary schools, and further checks would be taken around the data. Work had also been undertaken around a consistent message on authorising absence, and the Ready for School programme.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Audits of case records had shown that there was more evidence of seeking and listening to the wishes, views and feelings of children and young people and that these were being taken into consideration. The redesign of the audit tool had also ensured that the voice of the child was more robustly questioned. Participation of children in looked after reviews also continued to rise.</li> <li>• The rolling out of the stronger family, safer children model of practice, alongside the systemic practice training, had promoted more effective engagement with families.</li> <li>• The engagement of Children's Trust partners fluctuated, but this could be linked to the ongoing restructuring of organisations. It was suggested that it would be useful to produce a mailing list for the partnership so that information could be disseminated.</li> </ul>	
2	<p><b>Locality Partnerships – Revised Terms of Reference</b></p> <ul style="list-style-type: none"> <li>• The draft Terms of Reference were presented. The word 'Commissioning' had been felt to be confusing, so was being removed from the title of the Partnerships</li> <li>• It was felt that groups were working quite well, but clarity was needed around the priorities and some sub-groups.</li> <li>• There had been a meeting of the Locality Managers, and it had been noted that attendance at the groups had reduced and a clear direction was required.</li> <li>• The general view was that if the Partnerships were to continue, they should be re-launched with a clear message. A commitment would be required from partners to attend, and it was suggested that the Chair should be rotated. It was also suggested that any issues raised at meetings of the Children's Trust Board should be shared with the Partnerships where necessary.</li> <li>• It was noted that each Partnership would have a small amount of funding.</li> <li>• There needed to be more consistency across structures, and this would be used to develop greater consistency across the Children's Trust priorities so that they were more action focussed.</li> <li>• It was agreed that the revised Terms of Reference sat well alongside the Children and Young People's Plan. Consideration needed to be given to Trust Board</li> </ul>	

	<p>members attending Locality Partnerships, and it would also be necessary for the Derbyshire Safeguarding Children Board to consider the Terms of Reference. Linda Dale would discuss the Terms of Reference with Amanda Clarke. It would be necessary to ensure that the countywide strategy was fed through to each Partnership.</p> <ul style="list-style-type: none"> <li>Youth participation was felt to be important, and maximising the role of the Youth Council. It would be helpful to capture the Youth Forum plans and see how these fed into the Children and Young People's Plan.</li> <li>There would be an opportunity at the next Children's Trust Board to discuss the Locality Partnerships and how to develop them. It was suggested that the Locality Chairs should be invited to attend the meeting</li> </ul>	<p><b>L Dale</b></p> <p><b>L Dale</b></p>
3	<p><b>Draft Children and Young People's Plan</b></p> <ul style="list-style-type: none"> <li>The Group was presented with the draft Children and Young People's Plan. This had been developed from the existing plan, and included targets from the CAYA Service Plan.</li> <li>The priorities had been agreed at a workshop that had been held, and it was agreed that this needed to be an active document.</li> <li>There were a number of indicators that related to mental health, and it was agreed that A Pritchard would circulate the comments that had been received around these.</li> <li>It was the intention to present the document for information at the next Children's Trust Board in June. Members were asked to let Linda Dale have any comments on the Plan within the next two weeks.</li> <li>Saira Ali reported that funding had ceased for the VCI Consortium, and therefore the future impact of the Consortium could be affected. A plan was in place to continue with the aims that had been agreed, as it was felt that there could be significant implications if the Consortium was not involved. There were a number of other challenges, and these needed to be factored in.</li> </ul>	<p><b>A Pritchard</b></p> <p><b>All</b></p>
4	<p><b>Preparing for Adulthood and the Future of the Transition Programme Board</b></p> <ul style="list-style-type: none"> <li>A discussion had taken place around the future of the Transition Programme Board, and the current thinking was for it not to continue and for the work to be managed through other groups.</li> <li>A meeting was due to take place shortly between</li> </ul>	

	CAYA and Adult Care, and a final decision would then be made around the future of the Board. This would then need to be reported to the Children's Trust Board.	
5	<b>Agenda for Children's Trust Board – June</b> <ul style="list-style-type: none"> <li>Proposed items for the next meeting:- <ul style="list-style-type: none"> <li>Children and Young People's Plan and Locality Partnerships</li> <li>Safeguarding Board Update</li> <li>Emotional Wellbeing and Mental Health/Future in Mind</li> <li>JSNA Update</li> <li>Integrated Commissioning Arrangements (to note)</li> <li>Children's Centres and Family Support Review (to note)</li> <li>Joint Commissioning Arrangements (for information)</li> </ul> </li> </ul>	
6	<b>Agenda for the next Core Business Group – 14 May</b> <ul style="list-style-type: none"> <li>Locality Report</li> <li>Domestic Violence Strategy – Sally Goodwin to be asked to attend</li> <li>Early Intervention and Prevention Strategy/ Development of School Readiness Strategy</li> <li>Edge of Care Developments</li> </ul>	<b>L Dale</b>
7	<b>Minutes from Core Business Group</b> <ul style="list-style-type: none"> <li>The minutes from the meeting held on 12 February 2015 were noted.</li> </ul>	
8	<b>Minutes from Derbyshire Children's Trust Board</b> <ul style="list-style-type: none"> <li>The minutes from the meeting held on 19 March 2015 were noted.</li> </ul>	
9	<b>Children's Emotional Health and Wellbeing and Integrated Care – Draft Programme</b> <ul style="list-style-type: none"> <li>The Group was informed of the Health and Wellbeing Board workshop around emotional health and wellbeing. There was a requirement to hold the workshop, and the focus would be around self-harm and suicide prevention. The workshop would be held on 23 July 2015 in the afternoon, and the draft programme was presented. The Children's Trust Board would need to take ownership of the workshop, and this would be discussed further at the next meeting.</li> </ul>	



## Children and Young People's Plan 2015-16 to 2017-18

**DRAFT April 2015**

## Introduction

This plan sets out the priorities for Derbyshire's Children's and Young People's Trust, and what it will do to make a difference to the lives of children, young people and their families living in Derbyshire.

The Children's and Young People's Trust is a partnership of a number of agencies and organisations who provide services and support to children and young people. The Board is working **to improve the wellbeing of all children and young people** who live in or receive services in Derbyshire whilst redressing inequalities between the most disadvantaged children and their peers.

### **THE CHILDREN'S AND YOUNG PEOPLE'S TRUST VISION:**

Working together to support and inspire children, young people and their families to be the best they can be; safe, healthy, happy, learning and working

### **OUR AIM:**

Our aim is to ensure that everyone working with children and young people and their families will do their best to deliver the vision.

### **OUR BELIEFS:**

- All children and young people aged 0-19 and their families should benefit from improved services.
- Children, young people and their families and carers will be at the centre of all arrangements in

Derbyshire to improve outcomes and their participation is essential.

- Services should be available and accessible.
- Staff in all children's services should, as far as possible, work and be trained together and share a common understanding.
- Staff from all agencies should work together wherever this is likely to improve services

## Overarching priorities of the Children's Trust Board

The Children's Trust Board has three key priorities -

### 1. Keeping children and young people safe

- Promoting positive emotional health and wellbeing for children and young people
- Reducing the risk of child sexual exploitation
- Reducing the prevalence of domestic abuse and ensure early identification and support for children and young people affected by domestic abuse

### 2. Ensuring children and young people are healthy and ready to learn

- Supporting parents and carers to give their children the best possible start in life, and to make healthy choices for their child



- Improving children's readiness for school
- Closing the gap in outcomes for the most vulnerable children

### **3. Ensuring young people and their families are ready for work**

- Raising the aspirations of young people and their families
- Making sure that young people have the opportunity to undertake real work experience
- Ensuring that young people have the skills they need for life and work

## **Links to Health and Wellbeing Board**

The Children's and Young People's Trust Board is a sub group of the Health and Wellbeing Board. The vision of Derbyshire's Health and Wellbeing Strategy is to **improve the health and wellbeing of everyone in the county** with a particular emphasis on those who are most vulnerable and those who have the poorest health. This vision clearly links with the key priorities of the Children's and Young People's Trust.

The Health and Wellbeing Board has four key priorities, one of which is to improve children's mental health and emotional wellbeing.

## **Links to Derbyshire Safeguarding Children Board**

The Children's and Young People's Trust works closely with the Derbyshire Safeguarding Children Board. The priorities of the Safeguarding Board are:

### **Headline Priority:**

to ensure the effectiveness of the Board is outstanding, to safeguard the children and young people of Derbyshire

### **Priority areas:**

- CSE and E safety
- Children and young people affected by parental substance misuse
- Children and young people misusing substances (including legal highs)
- Emotional wellbeing of children and young people (including self-harm and suicide)
- Children and young people affected by domestic violence

The priorities of the Health and Wellbeing Board, Safeguarding Children Board and Children's and Young People's Trust are therefore closely aligned. A protocol is in place which governs the relationships between the Boards.

## How are Derbyshire children doing compared with all children in England?

The following table illustrates the health and wellbeing outcomes for children and young people in Derbyshire compare with England overall-

Better than England Average	Close to England Average	Worse than England Average
Teenage conceptions	Child Protection Plans	Smoking in pregnancy
Childhood obesity	Achievement at Early Years Foundation Stage	Breastfeeding
Number of children in poverty	GCSE Attainment	17 & 18 year olds in learning
Number of children in need	16-18 NEETs	Emotional health of children in care
Number of children in care	Hospital admissions due to substance misuse	Permanent and fixed term exclusions
Child Protection Plans lasting 2+ years		GCSE attainment of pupils on Free School Meals
Adoptions from care		Hospital admissions due to self-harm
Achievement at Key Stage 2		% of pupils in good or better schools
Participation of care leavers in education or employment		

## Delivering our priorities

### *Working together to achieve more*

Partners are working towards the priorities set out by the Children's and Young People's Trust Board and Health and Wellbeing Board through planning and commissioning services with **the vision** of ensuring the best possible outcomes for children and young people in Derbyshire. We will work on **delivering our priorities** through close links with partner multi-agency boards and partnership planning and commissioning groups including-

- Health and Wellbeing Board
- Derbyshire Safeguarding Children Board
- The six Locality Partnerships
- The 21<sup>st</sup> century and Star Boards (in the north and south NHS 'units of planning')

We will involve **children and young people** in a variety of ways including-

- Youth Council and Youth Forums
- Children in Care council
- Children's rights and advocacy service

**Voluntary, community and independent organisations** working for children and their families will play an important part in delivering our priorities through the community interest company.

## What we will do

### *Priority 1: Keeping children and young people safe*

<i>Priority</i>	<i>What we will do</i>	<i>What difference this will make</i>
<b>Promote positive emotional health and wellbeing for children and young people</b>	<p>Tackle the stigma associated with mental health problems</p> <p>Develop and implement an emotional wellbeing strategy to improve prevention and early intervention across the County</p> <p>Improve access to child and adolescent mental health services, including support at times of crisis</p> <p>Implement suicide prevention and self-harm strategy locally with actions developed to meet local need.</p>	<p>Children and young people will feel more positive about their emotional health and wellbeing</p> <p>Children and young people will feel that their school and other local services are helping them to be resilient and to cope with life situations</p> <p>Children and young people will know how to access help if they need it</p> <p>Children, young people and their families will feel that they are</p>

	<p>Schools are supported in refreshing anti-bullying policies to address bullying through social media.</p> <p>Develop a parental self-assessment tool to support parents and adult workers in the identification of additional parenting needs.</p> <p>Adult services are represented and contribute to the Locality Partnerships, to embed a 'Think Family' approach.</p>	<p>listened to and involved in decisions about their care</p> <p>Fewer children and young people will be admitted to hospital or placed in specialist, in-patient units</p> <p>Reduction in suicides and self-harm incidents.</p> <p>Fewer children and young people will be excluded from school</p>
<b>Reduce the risk of child sexual exploitation (CSE)</b>	<p>Actively support the Derbyshire Safeguarding Children Board to implement the CSE strategy and action plan, including:</p> <p>Enhancing young people's awareness of CSE</p> <p>Working across agencies to remove and</p>	<p>The numbers of children identified as being at risk of or experiencing sexual exploitation increases and each receives a timely intervention.</p> <p>The risk of CSE is identified at an early stage and young people are more effectively helped and protected.</p>

	<p>reduce risks of CSE</p> <p>Protecting young people who may be at risk of CSE through a multi-agency plan</p> <p>Improving staff awareness and support to professionals across all agencies, through training and use of the CSE toolkit and risk indicators</p> <p>Promoting corporate and community understanding of, and responsibility for CSE</p> <p>Commission services informed by an understanding of needs and current gaps in service.</p> <p>Implement the E-Safety strategy</p>	<p>Young people experiencing CSE are provided with services which protect them from further harm.</p> <p>Action is taken against those who would harm young people through CSE.</p> <p>Children are made safer and the overall incidence of sexual exploitation decreases.</p> <p>Fewer young people run away from home or care</p>
<b>Reduce the prevalence of domestic abuse</b>	Continue to improve early identification and intervention	More children living safely with their families

<p><b>and ensure early identification and support for children and young people affected by domestic abuse</b></p>	<p>Improve integration across adult and children's services through a 'Think Family' approach</p> <p>Jointly re-commission Domestic Abuse services</p> <p>Develop a parental self-assessment tool to support parents and adult workers in the identification of additional parenting needs.</p> <p>Adult services are represented and contribute to the Locality Partnerships</p>	<p>Lower levels of domestic violence and family conflict</p> <p>Fewer children in care or on child protection plans</p>
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## How we will measure the success of keeping children and young people safe?

<b>Measure</b>	<b>Current Performance</b>	<b>Target 2015/16</b>	<b>Target 2016/17</b>	<b>Target 2017/18</b>
Children in care per 10,000 population	40 (622)	37 (580)	36 (550)	34 (530)



Number of children subject to a child protection plan per 10,000 pop	42 (653)	40 (630)	40 (630)	40 (630)
Children who have run away from home/care overnight	329	310	290	270
<i>Number of domestic violence incidents involving children</i>	<i>?</i>	<i>?</i>	<i>?</i>	<i>?</i>
<i>Number of children in need</i>	<i>?</i>	<i>?</i>	<i>?</i>	<i>?</i>
Hospital admissions as a result of self-harm (10-24 year olds) per 100,000 pop	378	350	300	250
Number of children and young people identified as being at risk of CSE	No target set – would expect to see initial upward trend, followed by a decrease over time			
% of referrals to social care where CSE was flagged as a potential issue that had a decision made within 1 working day	93.4%	98%	99%	100%
% of single assessments completed with CSE flagged as a 'presenting issue' that were	82.5%	98%	100%	100%

completed within 45 working days				
<i>Emotional health and wellbeing measures?</i>	<i>Measures developed based on survey?</i>			

## **Priority 2: Ensuring children are healthy and ready to learn**

<b>Priority</b>	<b>What we will do</b>	<b>What difference this will make</b>
<b>Supporting parents and carers to give their children the best possible start in life, and to make healthy choices for their child</b>	<p>Continue the roll out of the Health Visitor Implementation Plan and Family Nurse Partnership</p> <p>Strengthen the delivery of evidence-based healthy lifestyle programmes in early years settings</p>	<p>More mothers breastfeeding their babies for longer</p> <p>Fewer women smoking during pregnancy</p> <p>Lower levels of childhood obesity</p>
<b>Improving children's readiness for school</b>	Develop and implement a comprehensive strategy for improving school readiness including the strengthening of strategic governance	<p>Increased competence of speech, language and communication of pre-school children</p> <p>Improved early years attainment by</p>

	Promote effective joint working and integrated delivery of services across localities.	all children
<b>Closing the gap in outcomes for the most vulnerable children</b>	<p>Implement the Derbyshire County Council Anti-Poverty Strategy</p> <p>Develop and implement a strategic plan to improve take up of the 2 year old early education offer</p> <p>Promote integration of services and evidence-based support to children identified as at risk of not achieving a good level of attainment at the age of three</p>	<p>Improved self-worth, social and emotional confidence of vulnerable children and children in care</p> <p>Fewer children living in workless households</p>

## How we will measure the success of ensuring that children are healthy and ready to learn?

<i>Measure</i>	<i>Current Performance</i>	<i>Target 2015/16</i>	<i>Target 2016/17</i>	<i>Target 2017/18</i>
Breast feeding initiation	72.6%	75%	75%	75%
Breast feeding at 6 to 8 weeks %	38%	41.5%	42%	42.5%
Obesity in reception year	8.6%	8.6%	8.6%	8.6%
Percentage of children achieving at least a Good Level of Development in Early Years Foundation Stage	62%	72%	74%	76%
EYFS Profile Inequality Gap across all the Early Learning Goals	-32	-30	-28	-26
% of children achieving at least a Good Level of Development - FSM- Non-FSM Performance Gap	-21	-18	-15	-12
% of children achieving at least a Good Level of Development - CIC - Non-CIC Performance Gap	-18	-15	-12	-9
% of children achieving at least a Good Level of	-20.5	-18	-15	-12

Development - Disadvantaged - Other pupils Performance Gap				
% of children achieving at least a Good Level of Development – All SEN - No SEN Performance Gap	-46	-43	-40	-37
% of children achieving at least a Good Level of Development - Gender Gap	-17	-15	-13	-12
% of 3 and 4 Year Olds Benefitting from Free Early Years Education	99%	100%	100%	100%
% of 2 Year Olds Benefitting from Free Early Years Education	18.2%	22%	26%	30%
<i>Children in poverty</i>	?	?	?	?

### ***Priority 3: Ensuring young people and their families are ready to work***

<b><i>Priority</i></b>	<b><i>What we will do</i></b>	<b><i>What difference this will make</i></b>
<b>Raising the aspirations of young people</b>	Re-design services to target the most vulnerable groups and those communities with the greatest need	Improved self-worth, social and emotional confidence of vulnerable children and children in care

<p><b>and their families</b></p>	<p>Increase capacity within VCI sector to support young people</p> <p>Provision of good quality information, advice and guidance for all students within schools</p> <p>Review our approach to addressing attendance with a greater emphasis on vulnerable groups</p> <p>Further develop and implement the Pupil Premium strategy to support schools in accelerating the progress and improve the attainment of children eligible for pupil premium.</p> <p>Further embed the Virtual School. Accelerate the progress and attainment of children in care through robust PEPs, 1:1 tuition, and other evidence based approaches.</p>	<p>Improved attainment by all young people</p> <p>Fewer children offending, less children absent from school or excluded</p> <p>More young people in education at 17 and 18 years</p> <p>More young people from low income families progressing to higher education and apprenticeships</p> <p>Reduction in teenage conception rates</p>
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	<p>Investigate and address the white working class attainment issue within Derbyshire. Develop a coordinated strategy.</p> <p>Improve family learning in priority areas</p>	
<p><b>Making sure that young people have the opportunity to undertake real work experience</b></p>	<p>??</p>	<p>??</p>
<p><b>Ensuring that young people have the skills they need for life and work</b></p>	<p>Review and revise journey to excellence strategy for teaching and learning</p> <p>Produce a revised school improvement framework that ensures the highest quality leadership in schools.</p> <p>Provide and strengthen support, challenge and intervention</p>	<p>Improved attainment by all young people</p> <p>Narrowing of attainment gaps for vulnerable groups</p> <p>More disabled young people in purposeful (long term) education, employment and training.</p>

	<p>Improve education, employment and training opportunities for disabled young people, particularly through the development of Supported Internships</p> <p><i>Volunteering? Participation?</i></p>	<p>More care leavers in employment, education and training</p> <p>Increase in the number of young people employed as apprentices by Derbyshire County Council</p> <p>Reduction in the numbers of young people not in education, employment or training and increased participation in learning including vulnerable groups</p>
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How we will measure the success of ensuring that young people and their families are ready for work?

<i>Measure</i>	<i>Current Performance</i>	<i>Target 2015/16</i>	<i>Target 2016/17</i>	<i>Target 2017/18</i>
% of pupils in good or better primary schools	78%	83%	88%	90%



% of pupils in good or better secondary schools	42%	64%	85%	88%
% achieving 5 or more A*-C grades at GCSE or equivalent including English and Maths	53.7%	57%	60%	63%
Closing the gap: % of children in care for 12 months or more achieving 5 or more A*-C grades at GCSE or equivalent including English and Maths	11.6%	16%	21%	26%
Closing the gap: % of Disadvantaged Pupils achieving 5 or more A*-C grades at GCSE or equivalent including English and Maths	31.6%	34%	37%	40%
Closing the gap: % of children with Special Educational Need (without a statement) achieving 5 or more A*-C grades at GCSE or equivalent including English and Maths	23.2%	25%	27%	29%
Rate of permanent exclusions from school	0.09%	0.06%	0.04%	0.02%
Rate of fixed term exclusions from school	3.8%	3.4%	2.8%	2.4%
16 – 18 year olds not in education, employment or training	4.8%	3.5%	3.3%	3.2%

Percentage of 17 year olds participating in learning	87.1%	94%	100%	100%
Percentage of 18 year olds participating in learning	68.3%	85%	95%	100%
Care leavers in education, employment or training (at age 19,20, 21)	48%	70%	75%	80%
% of 16-17 year olds with learning disabilities in employment, education or training	83.7%	86%	90%	91%
% attendance at school	Primary 95.5% Secondary 94.2%	Primary 96.2% Secondary 94.8%	Primary 96.2% Secondary 95.0%	Primary 96.2% Secondary 95.0%
Secondary school persistent absence	6.2%	5.8%	5.4%	5.0%
% of children missing from education	Baseline to be set			

## Working in partnership across localities to deliver our priorities

The **Children's and Young People's Trust Board** and **Safeguarding Children Board** have established Locality Partnerships in six areas:

**Amber Valley**

**Erewash**

**Bolsover and North East Derbyshire**

**High Peak and North Dales**

**Chesterfield**

**South Derbyshire and South Dales**

These partnerships are working hard to deliver the key priorities of the Children's Trust Board. In 2015-16, the Board has asked all Partnerships to prioritise local partnership work to:

How will priorities for LPs be agreed? Will they be directed to work on the same key priorities, or enabled to choose from the full range of DSCB and CTB priorities?

The priorities for each LP are:

### Locality priority action areas for 2015/16 and 2016/17

**Amber Valley**

- tbc

### ***Bolsover***

- tbc

### ***Chesterfield***

- tbc

### ***Erewash***

- tbc

### ***High Peak and North Dales***

- tbc

### ***South Derbyshire and South Dales***

- tbc

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## **TERMS OF REFERENCE: CHILDREN AND YOUNG PEOPLE'S LOCALITY PARTNERSHIPS**

### ***Background and context***

***(NB This section can be removed from the final agreed terms of reference)***

*This document proposes some draft terms of reference for the Locality Partnerships (formerly known as Locality Planning and Commissioning Partnerships).*

*This follows a multi-agency review of the role and function of the Partnerships in 2013/14, at the request of the Children and Young People's Trust and the Local Safeguarding Children Board. The review found that:*

- At that time, the Partnerships were well-established and, by and large, working well;*
- Their role and function with regard to commissioning needed clarification;*
- Clearer (and fewer) priorities should be agreed, with increased direction from the Children's and Young People's Trust and Safeguarding Boards;*
- Accountability to both Boards needed to be strengthened;*
- Better analytical support was needed to help the Partnerships to properly understand local needs and their achievements over time, and also to enable effective scrutiny by the Children's and Young People's Trust and Safeguarding Boards.*

*These proposed terms of reference aim to clarify the role and function of the Locality Partnerships, and their accountability to the Children's and Young People's Trust and Safeguarding Boards. To maximise the impact of the Locality Partnerships, it will be important that they also have a clear steer about priorities from the Boards and improved analytical support.*

### **Role and function of the Locality Partnerships**

Each locality in Derbyshire will have a Locality Partnership Group whose role and function will be:

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- To implement the strategic intentions of the Children's Trust Board and Safeguarding Children Board and ensure children and young people remain safe and achieve their aspirations
- To identify local needs and priorities and draw up a locality action plan to improve outcomes, where it has been identified that local co-ordination of activity will add value, beyond what can be achieved through individual agencies' plans and processes.
- To implement the locality action plan with progress monitored at each meeting of the Locality Partnership and reported regularly to the Children's Trust Board (via the Core Business Group) and Safeguarding Children Board
- To promote effective, integrated multi-agency working, which puts the child and family at the centre and embeds the use of 'person-centred approaches'.
- To ensure that the Safeguarding Board and Children's and Young People's Trust Board priorities are well understood across the local children's workforce.
- To involve children, young people and their parents/carers in all aspects of the Partnership's work – including the development of local priorities. The Partnership will develop strong relationships with the local Youth Council Forum and put in place robust arrangements for young people's voices to be heard in all aspects of the Partnership's work

### ***Safeguarding:***

- To ensure local practitioners and managers have a clear understanding of safeguarding children procedures, policies and requirements
- To ensure that locality arrangements for safeguarding and promoting the welfare of children are effective, and to identify multi-agency action where there are local concerns with regard to safeguarding children issues
- To ensure that lessons from Serious Case Reviews and Learning Reviews are disseminated locally, and to undertake other work as requested on behalf of the Safeguarding Children Board
- To undertake audits of safeguarding issues as required by the Safeguarding Children Board.

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- To co-operate with other Locality Partnerships and neighbouring local authorities to provide a consistent and effective safeguarding response to meeting the needs of children and young people.
- To promote opportunities for sharing learning and development across the locality –“Learning from Practice”. Case studies of good practice or near misses, where the outcomes for a child or family are not satisfactory, will be presented regularly to the Locality Partnership for identification of action plans to improve practice.
- To promote information and awareness on safeguarding practice, procedures, policies and thresholds for intervention within the integrated workforce and local community.

### ***Service improvement:***

- To identify and promote innovative ways to deliver services locally that will increase improve outcomes for children, young people and their families and/or increase efficiency.
- To identify and report to the Children’s and Young People’s Trust Board and Safeguarding Board examples of good practice which have improved outcomes, and which could be adopted Countywide.
- To assist with the identification of training needs and requirements across the children’s workforce in its locality.
- To encourage the development of local practitioner forums that will support the implementation of evidence based programmes and/or practice

### ***Identification and Escalation of Emerging Issues:***

- To identify emerging needs, issues or gaps which require a County-wide solution, and to escalate appropriately i.e:
  - Service delivery issues to be raised with the relevant agency first and if no solution reached with the appropriate service Commissioner(s).
  - Emerging needs/gaps in services and issues with multi-agency working to be escalated to the Children’s and Young People’s Trust Board;
  - Concerns in relation to safeguarding to be escalated to the Safeguarding Children Board;

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## **Membership of Locality Partnership Groups:**

Members of the group must be able to:

- have the ability to make decisions for their service area/organisation
- influence service delivery and outcomes for children and their families
- hold their own organisation to account for implementation
- disseminate information relating to their Locality Partnership across their organisation
- have capacity to undertake work on behalf of the Locality Partnership outside of the meeting structure of the group,
- identify a deputy who will attend in their absence.

Agencies will need to ensure that nominated representatives have sufficient time to fulfil their role within the Partnership and where necessary, undertake work on behalf of the Partnership outside of the meeting structure of the group.

**Chairing arrangements:** Members of the Partnership will elect a Chair and a Vice Chair, who may be drawn from any agency or local organisation within the Partnership.

It will be the responsibility of each Partnership to identify the relevant representatives for their locality. Membership should reflect the agreed priorities in the Locality Action Plan, as well as the need for integrated service delivery. Membership is likely to be drawn from:

- CAYA: Locality Manager
- Locality Manager – Health Visiting and School Nursing
- Police: Safer Neighbourhood team
- Named Nurse Safeguarding
- Named Nurse Looked After Children
- Midwifery
- Clinical commissioning groups
- CAMHS
- Adult services
- Youth Offending Services Service Manager
- Disability services
- Voluntary sector organisations
- School Improvement partner
- Primary school head
- Secondary school head
- District Council
- Probation
- Public Health
- College/FE provider



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- Performance and Information Officer

Task and finish groups can be established as part of the Locality Partnership to take forward specific developments. The Partnership is not required to create standing sub-groups.

## **Administration of Locality Partnership Groups:**

Minutes of Partnership meetings will be taken and distributed to all members of the group.

Draft Locality Action Plans will be sent to Linda Dale, Head of Commissioning & Partnerships and Amanda Clarke, Safeguarding Board Manager, in [...month...?] each year for agreement with the Children's Trust Board and Safeguarding Children Board.

## **Locality Action Planning and reporting arrangements:**

Each Partnership will agree no more than [x] key priorities to be the focus of the Locality Action Plan each year. These will be [x] of the key priorities identified by the Children's and Young People's Trust and Safeguarding Boards. [x] of the chosen priorities will be identified by the Children's Trust Board and [x] will reflect the Partnership's assessment of where it most needs to improve performance within the locality and where a multi-agency partnership approach is necessary to drive forward progress.

It is inevitable that individual members of the Partnership will be accountable for other priorities e.g. those set out in the CAYA service plan, CCG plans, Public Health plans (and so on) but these do not need to be set out in the Locality Action Plan.

The chair of each Locality Partnership will also be a member of the Children's and Young People's Trust Board.

The chair and vice chair of each Locality Partnership will attend both the Safeguarding Children Board and Children and Young People's Board Core Business Group at least once a year to discuss the implementation of the plan and specific issues within their locality.

**Derbyshire Health and Wellbeing Board**

**WORKSHOP PLANNING – CHILDREN’S EMOTIONAL HEALTH AND WELLBEING AND INTEGRATED CARE**

**DRAFT PROGRAMME**

**20 July 2015 9:30pm - 12:30pm**

**Venue tbc – Cromford Mill is preferable**

**Emotional Health and Wellbeing**

**Background**

Work is currently being undertaken across a number of organisations to address issues such as self-harm, suicide and the emotional wellbeing of individuals, which can adversely affect the health and wellbeing of children and young people in the county. As part of the strategy refresh, HWB partners are committed to developing emotional health and wellbeing as one of four priorities for action over the next two years. This workshop will focus on self-harm and suicide and consider where HWB partners can add value to the work currently being undertaken by the Integrated Behaviour Pathway Steering Group.

**Aim of the workshop**

To develop and agree the focus for the Health and Wellbeing priority on emotional health and wellbeing for children and young people, identifying appropriate actions and outcomes in relation to the prevention of self-harm and suicide.

**Objectives – by the end of the workshop participants will:**

- Have an understanding of the current position within the county of tackling issues relating to the emotional health and wellbeing of children and younger adults.
- Understand the current approaches to tackling the issue of self-harm and suicide and understand where HWB partners can add value by working together.
- Agree SMART actions for the next 12 months, identifying where HWB partners can further develop and help deliver outcomes which will improve the outcomes for young people at risk of self-harm and suicide.
- Identify longer-term opportunities for developing future delivery models and strengthening joint working for this priority area.

**High-level outcomes** I've kept this quite broad for the time being but if the Children's Trust want to focus on a specific element we can revise the wording

- Agree actions (and associated measures) which can be progressed by the Health and Wellbeing Board and can be included in the emerging Health and Wellbeing Strategy.

### **Who's it for?**

- Health and Wellbeing Board Members
- Strategic leads from partner organisations who are supporting Emotional Health and Wellbeing for children agenda (from Children's Trust Board)
- Representatives from Derbyshire Safeguarding Children's Board

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## **Proposed Programme**

- 9:30 Housekeeping and overview of format of the session
- 9:35 Welcome and Introduction by Councillor Dave Allen, Chair of the Health and Wellbeing Board (intro to cover both sessions)
- 9:40 Emotional Health and Wellbeing Introduction and Overview
- What work has been undertaken to date on this priority?
  - What are the key priorities for Derbyshire?
  - Preventing self-harm and suicide in Derbyshire

**These are suggested areas to cover in the presentation. Who will this be delivered by?**

- 10:10 Workshop Session 1: What can the Health and Wellbeing Board do to help prevent self-harm and suicide amongst young people in the next two years?

Focusing on areas the HWB can add value: For example:

- Shared data
- Agreed multi-agency reporting procedures
- Training and sharing good practice
- Rapid response or crisis intervention

**Who will lead session? Do you need facilitators on each table or can you resource this from attendees?**

What are the actions and associated measures which the HWB can focus on?

- 10:50 Feedback, next steps and session close

**Who will do this?**

- 11:00 Coffee Break (delegates who do not need to attend Session 1 leave and additional attendees for Session 2 arrive)

- 11:15 Session 2: Independent Living and Integrated Care....*workshop continue to next session (information not detailed in this draft).*

- 12:30 *Workshop to close*



## **DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD**

**JUNE 11<sup>th</sup> 2015**

### **Joint Strategic Needs Assessment Update**

#### **Purpose of the Report**

This report offers a progress update on the work of the Derbyshire Joint Strategic Needs Assessment Board and outlines relevant aspects of the work programme for 2015-16.

#### **Information and Analysis**

The full JSNA work programme can be found in the JSNA Board report for March 2015. Key highlights are below:

#### **Derbyshire Observatory**

The re-designed Derbyshire Observatory website went live in March 2015: <http://observatory.derbyshire.gov.uk/IAS/Custom/Pages/Health/Healthandwellbeing.aspx>. The new site is still evolving and comments are welcome – please send any feedback to: [publichealthintelligence@derbyshire.gov.uk](mailto:publichealthintelligence@derbyshire.gov.uk)

The Derbyshire Observatory includes all finished reports and updates relating to the JSNA work plan for 2014/15, and as new reports from the 2015/16 work plan become available they will also be accessible on the site.

#### **Comparisons on a Page**

In response to requests for intelligence to compare across localities and CCGs in Derbyshire, 'Comparison on a Page Quilts' have been developed for the Public Health Outcomes Framework and the NHS Outcomes Framework. These are available on the Derbyshire Observatory website.

### **Health Impact Assessment of Children's Centres**

The Health Impact Assessment of Derbyshire's Children's Centres was completed in February 2015 and is available on the Derbyshire Observatory site.

### **The State of Mental Health in Derbyshire**

This report will cover all ages and will be finalised over the summer, following discussion with key stakeholders. It will include a range of children's mental health and wellbeing indicators, including deprivation, crime, education, employment, self-harm, suicide, looked after children, teenage pregnancy, family life and relationships, young carers, prevalence of mental health problems, disability, and service usage. It is planned that the final report will be launched at a Derbyshire Mental Health event in September.

### **Schools Health Profiles**

Profiles will be developed for each secondary school and its cluster and local community. The profiles will contain all the key public health indicators, local demographic needs, and the findings of the school health reviews undertaken by school nurses. The profiles will be used to inform and enable the school to respond to specific health priorities and contribute to achieving the Healthy School Community status. Clarity about school health and associated needs will allow the school to respond to health needs and respond to the new Ofsted framework for school inspection for Personal Health and Wellbeing.

### **Child sexual exploitation needs assessment**

Plans for undertaking a child sexual exploitation needs assessment are currently in the early stages of development.

### **Background Papers**

Joint Strategic Needs Assessment (JSNA) Board Update 31st March 2015

### **Officer Recommendation**

That the Board notes the work underway as part of the Joint Strategic Needs Assessment.

**Alison Pritchard**  
**June 2015**

# Joint Strategic Needs Assessment (JSNA) Board Update

## 31<sup>st</sup> March 2015 at 9.30am in Committee Room 1, County Hall

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### **Purpose**

The purpose of the JSNA was reviewed in 2014/15 and was redesigned in consultation with the H&WBB, Directors/Senior Teams in DCC and Chief Officers/Senior Teams within CCGs. The new purpose of the JSNA is:-

To inform the strategic direction of the Health & Wellbeing Board, and associated Strategy, in setting priorities whilst informing and responding to the commissioning intentions/decisions of Derbyshire County Council and Clinical Commissioning Groups.

### **Joint Strategic Needs Assessment Board**

In order to meet the redesigned purpose of the JSNA, the JSNA Steering Group was reviewed which led to a redesign of both the responsibilities and membership. The JSNA Steering Group was replaced by a JSNA Board with membership from all departments in DCC and CCGs at either Assistant Director or Director level membership. Membership of the JSNA Board can be found in *Appendix 1*. Strategic leadership of the JSNA across Derbyshire is provided by a senior member of staff within public health; and the JSNA Board is now chaired by the Director of Public Health. The JSNA Board meets on a quarterly basis and is now aligned with the dates of H&WBB.

The first redesigned Board met in November 2014. The JSNA Board agreed that all requests for inclusion into the JSNA Work Plan will have been approved by the appropriate strategic commissioning group responsible for the topic and stakeholders would be involved in the development of a scoping document to ensure that this meets the needs of all which will ensure that recommendations will inform the future commissioning intentions/decisions. The membership of JSNA Board collectively agreed a joint deadline of November of each year for work included in the JSNA Work Plan to inform the commissioning intentions of all partners for the following year/s.

### **Responsibilities**

The responsibilities of the JSNA Board are:-

1. Undertake the statutory function of producing a JSNA for Derbyshire. The JSNA will take the form of a body of knowledge and intelligence, derived from data and information that has been systematically gathered. The data and analysis will be accessible to all stakeholders.
2. Advise the Health and Well-Being Board on the priorities based on the intelligence function of the JSNA and to also inform development of the Health and Well-Being Strategy.
3. Provide the overall guidance and direction on the development of the JSNA.
4. To support and oversee prioritisation of topics within the JSNA based on the agreed datasets and local health and social care intelligence.
5. Coordinate JSNA Work Programme within the participating organisations and ensure that the resulting work are embedded in the commissioning processes of each organisation.
6. Prioritise and coordinate the development of intelligence within the JSNA.
7. Assess the impact of the JSNA in terms of usefulness in supporting commissioning decisions.
8. To have strategic membership representing key agencies with sufficient skills and capacity to lead the approach on behalf of their organisation.
9. To agree a prioritisation process and annual work programme for needs assessments.
10. To set quality standards for items within work programme and implement a process for agreeing their sign off.

## **Governance Arrangements**

1. The Board is a sub group of the Health and Well-being Board.
2. The Board will report progress to the Health and Well-being Board and the Clinical Commissioning Groups.

## **The State of Health and Social Care in Derbyshire**

The 'State of Health and Social Care in Derbyshire' report provides a baseline view of the position of Derbyshire County in regard to the three Outcomes Frameworks available for health and social care:-

- Public Health Outcome Framework
- CCGs Outcomes Framework
- Adult Social Care Outcomes Framework

This report highlights where performance is significantly poorer than for England as a whole. Where data is available, significant variation within the county is also highlighted. This report also seeks to collate information on what is being done to address these issues. Data from all the Outcomes Frameworks indicators is available on [Derbyshire Observatory](#).

## **Development of a Children's Outcomes Framework**

Whilst there are indicators associated to children and young people in the PH and NHS Outcome Frameworks; there is not an official Outcomes Framework for Children and Young People. Therefore, in Derbyshire a need was identified to develop a local Outcome Framework for Children and Young People. Therefore, a supplementary baseline report was produced from the National Child and Maternal Health Intelligence Network and is available on [Derbyshire Observatory](#). There is now a national children and young people's health outcome forum who also, like Derbyshire, highlight 'The glaring omission is the lack of a Children and Young People's Social Care Outcomes Framework.' Key areas they highlight for the development of new indicators include:

- Time to diagnosis
- Children and young people's experience
- Transition to adult services
- Confident to manage own care
- Experience of mental health services
- Age appropriate settings
- Integration

They also recommend key areas for action and research, deriving from the review of health outcomes and regional variations:-

- Reducing mortality from non-communicable diseases; and
- Reducing geographical variation, and health inequalities among socioeconomic groups – special needs, disability, demographics, etc.

Additionally, they are promoting the need to see a nationally based independent and comprehensive database and review process of all deaths in children and young people, currently being developed by NHS England, fully funded and implemented. The full report is available on:-

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/410560/Theme\\_Group\\_report\\_Health\\_Outcomes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410560/Theme_Group_report_Health_Outcomes.pdf)



## **Comparisons on a Page**

In response to requests for intelligence to compare across localities and CCGs in Derbyshire, 'Comparison on a Page Quilts' have been developed for the Public Health Outcomes Framework, the NHS Outcomes Framework and the baseline Outcome Framework for Children and Young People. These are available on:-

<http://observatory.derbyshire.gov.uk/IAS/Custom/Pages/Health/Healthandwellbeing.aspx>.

Unfortunately, it is not possible to produce these for the Adult Care Outcomes Framework, as data is only available at a Derbyshire level.

## **Joint Strategic Needs Assessment Work Plan 2014/15**

In 2014/15, the following items of work have been completed and are available on Derbyshire Observatory:-

- Profile: The State of Health and Social Care in Derbyshire, including 'Comparison on a Page Quilts'.
- Profile: Accidents & Killed and Seriously Injured
- Profile: Prevalence of Disease and Multi-Morbidities of Patients Resident in Care Homes
- Health Equity Audit: IAPT/Psychological Services
- Health Impact Assessment: Children's Centres
- Health Impact Assessment: HS2
- Health Needs Assessment: Domestic Violence and Sexual Assault
- Health Needs Assessment: Glossopdale Substance Misuse Needs Assessment
- Health Needs Assessment: Glossopdale Community Health Needs Assessment
- Health Needs Assessment: Pharmaceutical Needs Assessment (statutory requirement every 3 years)
- Health Needs Assessment: Sensory Impairment
- Knowledge Review: Community Resilience – what does this mean and what contributes to it?
- Communication: Development of new Derbyshire Observatory website

These reports provide insight into additional in-depth work required for the JSNA work programme in 2015/16 including systematic reviews, modelling the impact of evidence-based interventions, health needs assessments, health equity audits, etc.

## **Developments for Joint Strategic Needs Assessment Work Plan for 2015/16**

To date, this includes:-

- Assets: Develop an Asset Based Approach to JSNA i.e. where is this most appropriate e.g. community needs assessments, etc.
- Profile: The State of Mental Health in Derbyshire (throughout the life course)
- Profile: The State of Housing and Health in Derbyshire
- Profile: The State of Cancer in Derbyshire

These Profiles will provide insight into additional in-depth work required for the JSNA work programme including tackling variation, systematic reviews of evidence, modelling the impact/ROI of evidence-based interventions, health needs assessments, health equity audits, etc.

- Health Equity Audit: HNS Health Checks
- Health Equity Audit: Falls

These HEAs will provide insight into variation across the County to support targeted work and also development of social marketing approaches to increase access associated to particular characteristics of patients/residents, etc.

Additional work includes:-

- Health Needs Assessment: Substance Misuse
- Health Impact Assessment: Domestic Violence and Sexual Abuse

For all new topics, template scoping reports will be developed; highlighting membership and strategic sponsorship. It is anticipated that all Scopes for 2015/16 will be added to the newly redesigned Derbyshire Observatory site to keep all partners/stakeholders informed, which will then be removed once work has been completed.

All major pieces of work will be completed by November 2015 to ensure that these inform commissioning intentions for 2016/17.

All completed JSNA work will be added to Derbyshire Observatory.

### **Health and Wellbeing Strategy 2015-18**

The Health & Wellbeing Strategy priorities were agreed by the Health & Wellbeing Board in February 2015; therefore work is required to identify additional work required to be included in the JSNA work programme for 2015/16. The four priorities for the Health and Wellbeing Strategy are:-

1. Develop sustainable multi-agency approaches to keep people healthy and living independently in their own home (Joint Lead: Mary McElvaney/Andy Gregory)
2. Develop a collective approach to building resilience and social capital in people and communities (Lead: Steve Trenchard)
3. Adopt a healthy places approach in localities (Lead: Elaine Michel and District Councils)
4. Mental health and wellbeing in children and young people (Lead: Ian Johnson)

*Shirley Devine*  
*Senior Public Health Manager/Strategic Lead: JSNA*  
*March 2015*

### **Appendix 1: Membership of the JSNA Board**

Name	Role/Function	Department/Organisation
Elaine Michel (Chair)	Director of Public Health	Public Health, Derbyshire County Council
Shirley Devine	Strategic Lead for JSNA	Public Health, Derbyshire County Council
Julie Voller	Assistant Director (Strategy & Commissioning)	Derbyshire County Council: Adult Care
Liam Flynn	Service Need and Evaluation Manager	Derbyshire County Council: Adult Care
Rosie Kightley	Acting Assistant Director (Performance & Quality)	Derbyshire County Council: CAYA
James Ilott	Senior Policy Officer	Derbyshire County Council: Chief Executives
Mel Turvey	Research & Information Manager	Derbyshire County Council: Chief Executives
Sally Goodwin	Head of Community Safety (inc, Emergency Planning)	Derbyshire County Council: Community Safety,
Helen Hart	Intelligence & Insight Co-ordinator	Healthwatch Derbyshire
Gino DiStefano	Deputy Director, Commissioning and Programme Delivery	NHS Erewash CCG
Gareth Harry	Chief Commissioning Officer	NHS Hardwick CCG
Beverley Smith	Chief Transformation Officer	NHS North Derbyshire CCG
Mick Burrows	Head of Joint Commissioning	NHS Southern Derbyshire CCG
	TBC by James Ilott	Voluntary Sector representative x 2
	TBC by Shirley Devine	District/Borough representation x 2
	TBC by Richard Lovell	Safer Derbyshire

Additional members to be co-opted onto the Board, as appropriate



## **DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD**

**11<sup>th</sup> JUNE 2015**

### **Purpose of the Report**

1. To provide an update on the Children's Trust Board key indicator set.

### **Information and Analysis**

2. Updates have been included for the following indicators:
  - Number of children in care per 10,000 population
  - Number of children subject to a child protection plan
  - Children who have run away from home/care overnight
  - Number of children in need per 10,000 population
  - 16-18 year old NEETs
  - 17 and 18 year olds participating in learning
  - Care leavers in employment, education and training
3. The following indicators have moved in the right direction since they were last updated:

- Children in care  
The trend continues to be downwards, from 610 at the end of January to a provisional 2013-14 year end figure of 600.
- Participation of 16-18 year olds  
The provisional year end figure is that 4% of 16-18 year olds were not in education, employment or training (NEET), compared with 3.9% in January and 4.4% in October 2014. Participation of 17 and 18 year olds in learning has increased, although the targets have not been met.

4. Children's Trust partners will want to note and consider the following:

- Children subject to a child protection plan  
The provisional end-year outcome is 644. This is the same number of children that were subject to plans at the end of October 2014; down slightly from the higher number of 668 that was reported to the Board at the end of January. The numbers tend to fluctuate on a month-by-month basis.
- Children in need  
The number of children in need is 4,660; compared with 4,558 at the end of January. However, there has been no change in the rate per 10,000 population.
- Children who have run away from home/care overnight:  
This indicator has changed to a 12 month rolling average. In October the 12 month figure was 299, in January it rose to 337 and the provisional end year outcome is 322.

5. The following indicator gives cause for concern:

- Participation of care leavers  
The provisional end year figure is that 61.1% of care leavers participated in education, employment and training. This represents a slight improvement since January, but this indicator has been on a downward trend for the past 2-3 years.

### **Officer Recommendation**

6. It is recommended that Children's Trust Board members-

- Note the performance data provided
- Identify any further information or analysis that may be required to understand the reasons for these changes
- Consider what actions can be taken to improve performance

Linda Dale  
June 2015

*Key Performance Indicators-Update May 2015. All end of year outcomes are provisional.*

Indicator	Latest actual number	Current Performance	Performance against target	Direction of travel compared with last update	Comparator average	Comparator best
1.Children in care per 10,000 population  (Updated monthly)	600  (Provisional end of year outcome)	39 per 10K pop	Achieved	Better	Not Available	Not Available
2. Adoptions from care (% leaving care who are adopted). 3 year average figures.  (Updated annually – no update – last update 2011-	215	25%		Better	14% (Nat) 16% (SN Ave)	25% (Derbyshire)

14).						
3. No of children subject to a child protection plan per 10,000 pop  (Updated monthly)	644  (Provisional end of year outcome)	42 per 10K pop	Not Met	Better	Not Available	Not Available
4. EHA's instigated by organisation	<i>Reports in process of being developed</i>					
5. Children who have run away from home/care overnight  (Updated monthly)	322  (Provisional end of year outcome)	N/A	Achieved	Better	Not Available	Not Available
6. Children in need per 10,000 population  (Updated monthly)	4660  (Provisional end of year outcome)	294 per 10K pop		Same	Not Available	Not Available
7. Hospital admissions of children and young people due to self-harm (10-24)	495	377.5 per 100K			346.3 per 100K (Nat)	82.4 per 100K

per 100,000 pop  (Updated annually – no update – last update 2012/13)						
8. % achieving a good level of development in the Early Years Foundation Stage  (Updated annually – no updates)	5125	61.6%	Not Met	Better	60% (Nat) 62.1% (SN)	69% (Kent)
9. Breast feeding initiation rates  (Updated annually – no update – last update 2013/14)	5379	72.6%	Not Met	Better	73.9% (Nat) 71.9% (Regional)	73.9%
10. Obese children in reception year (aged 4-5)  (Updated annually – no update – last update 2013-14)	681	8.6%	Achieved	Worse	9.5% (Nat) 9.0% (SN)	7.8% (Nottinghamshire)
11. Obese children in year 6 (aged 10-11)  (Updated annually – no update – last update 2013-	1259	17.1%	Achieved	Better	19.1% (Nat) 18.0% (SN)	16.7% (Northamptonshire)



14)						
12. Smoking in pregnancy (Updated annually – no update – last update 2013-14)	1224	16.3%	Not Met	Worse	12.0% (Nat) 15.1% (Regional)	10.7% (Leicestershire)
14.English and Maths of children benefitting from Pupil Premium	<i>To be developed</i>					
15. Children living in poverty (under 16) (Updated annually – no update – last update 2012)	21860	16.3%		Better	19.2% (Nat) 18.2% (EM)	11.5% (Leicestershire)
16.16-18 year old NEET (Updated monthly. Annual outcome is a 3-month average of Nov, Dec, Jan).	1040 (Provisional end of year outcome)	4.0%	Achieved	Better	4.7% (Nat) 4.2% (SN) 4.4% (EM)	1.9% (Nottinghamshire)
17.Percentage of 17 year olds in learning (academic age) (Updated monthly)	7714 (March 2015)	88.5%	Not Met	Better	Not Available	Not Available

18.Participation of 18 year olds in learning (academic age)  (Updated monthly)	6163  (March 2015)	72.6%	Not Met	Better	Not Available	Not Available
19.Care leavers in employment, education and training  (Updated monthly)	58  (Provisional end of year outcome)	61.1%	Not Met	Better	Not Available	Not Available
20. Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths  (Updated annually – no update - last update 2014)	4393	53.7%	Not Met	Not comparable due to changes to KS4 performance measures.	53.4% (Nat) 56.4% (SN) 54% (Regionally)	62.9% (Worcestershire)
21. Under 18 conception rates (per 1000 girls aged 15-17)  (Updated quarterly – no updates – last update full-year 2013).	270  (2013 full-year)	19.4 per 1000	Achieved	Improving	24.3 per 1000 (Nat) 24.4 per 1000 (SN) 24.6 per 1000 (regional)	19.4 per 1000

<p>22. Under 18 years alcohol related admissions to hospital (specific) &lt;18 years per 100,000 pop. Pooled over 3 years</p> <p>(Updated annually – no update – last update 2010-11 to 2012-13).</p>	68	43.2 per 100K		Improving	42.7 per 100K (Nat)	42.7 per 100K
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## **Derbyshire Children's Centres Briefing- April 2015**

### **Issue**

This briefing note informs partners of changes to Derbyshire's Children's Centres, which were approved by the Council's Cabinet on 3<sup>rd</sup> March. The changes will come into effect from 31<sup>st</sup> May and will affect 4 Children's Centres:

- Ashbourne
- Duffield
- Castle Gresley
- Langwith

Partners are asked to cascade this information to staff working within the relevant areas, to ensure that consistent messages and information is provided to families in those areas.

### **Background**

Derbyshire currently have 54 Children's Centres, organised in groups, which work together to deliver services from a range of venues. The services include early education, health services and parenting and family support, and are delivered to support the needs of the local communities they serve.

In May 2014 Cabinet agreed to consult with residents, service users, interested organisations and other key partners to seek their views on:

- Options for reducing the Children's Centre budget and
- Criteria that would be applied to identify Children's Centres for more in-depth impact assessment work

This was followed by a phase 1 public consultation and equality analysis. Consideration of the public consultation feedback was submitted to Cabinet on 30<sup>th</sup> September 2014 to seek approval to apply the following to the 54 Children's Centres;

- I. Relatively low level of need/deprivation
- II. Relatively low engagement of the 0-5 population
- III. Relatively high level of Centre running costs

The proposed criteria and application to the 54 centres formed the basis of the phase 2 consultation exercise which generated 470 responses between October 2014 and January 2015. In addition to this 66 focus groups were held at the centres that would be affected by the proposals. The proposals were

- I. The closure of Ashbourne and Duffield Children's Centres and associated services
- II. The closure of Castle Gresley and Langwith Children's Centres where buildings were not fit for purpose and transfer of services to another site
- III. The transfer of Gamesely Children's Centre Services to another site to promote more engagement of service users in a high area of need
- IV. The reduction of opening hours and associated services of ten phase three centres (Bakewell, Chapel en le Frith, Arkwright, Killamarsh, Tupton, Crich, Sandiacre, West Hallam, Wirksworth, Coton in the Elms)

In addition to this consultation a Health Impact Assessment was carried out by Public Health which involved focus groups with 221 Children's Centre users and 1,048 individual comments were received

Responses to the feedback, equality and health assessments, representations and letters from members of the public and other professionals, formed the recommendations of four of the Centres which were submitted to Cabinet on 3<sup>rd</sup> March 2015.

Cabinet approved the full closure of Ashbourne and Duffield Children's Centres, reducing the number of centres in Derbyshire to 52. Cabinet also approved the transfer of services from Castle Gresley and Langwith to other local venues. The implementation of these changes would make annual savings of £225,444.

A team are currently working through an action plan with a view to close the centres on 31<sup>st</sup> May 2015. The team are ensuring key partners are aware of the mitigations which need to be in place to support service users and families when the centres close.

Individual letters are being sent to service users who are registered with the centres containing information on local groups for families, health information and details of other Children's Centres with relevant travel information.

Families who are currently receiving one to one support in their homes by children's centre workers are being contacted to inform them if there will be a change in their support worker.

Information will be shared with partners in health, education, day care and to the general public in libraries, GP surgeries and schools. We would like the support of key partners in communicating the information on the closures to their staff and to have a consistent message of contact details for signposting and advice to families in the affected locations.

#### Ashbourne

From June 1<sup>st</sup> 2015, the nearest Children's Centre will be Wirksworth Children's Centre, Wirksworth Memorial Hall, 39 St Johns Street, DE4 4DS. Tel: 01629 531240.

#### Duffield

From June 1<sup>st</sup> 2015, the nearest Children's Centre will be Belper Children's Centre, Community Centre, Alder Road, Belper DE56 1LP. Tel: 01773 826651

#### Langwith

For information on services contact Shirebrook Children's Centre, 2 Park Road, Shirebrook, Mansfield, Nottinghamshire NG20 8JQ Tel: 01629 537398

## Castle Gresley

For information on services contact Woodville Children's Centre, Blacksmith's Lane, Woodville, Swadlincote, Derbyshire DE11 7EF Tel: 01283 224795

The next stage of the review will be to submit a report to Cabinet in the summer making recommendations on the ten phase three centres based on the analysis of the responses to the phase 2 consultation.

<b>Health and Wellbeing Information – useful web links:</b>	
<b>Breastfeeding Family Online</b> – Breastfeeding support and advice.	<a href="http://www.dchs.nhs.uk/breastfeeding">http://www.dchs.nhs.uk/breastfeeding</a>
<b>Citizens Advice Bureaux in Derbyshire</b> – Provides free, confidential, impartial and independent advice and information on a wide range of subjects.	<a href="http://www.derbyshirecab.org.uk/">http://www.derbyshirecab.org.uk/</a>
<b>Community Directory Derbyshire</b> – An up to date list of all the voluntary and community groups active across Derbyshire.	<a href="http://www.communitydirectoryderbyshire.org.uk/">http://www.communitydirectoryderbyshire.org.uk/</a>
<b>Derbyshire Directory</b> - The Derbyshire Directory is an online list of more than 3,000 community groups, sports clubs, charities and voluntary organisations.	<a href="https://www.derbyshire.gov.uk/community/derbyshire_directory/default.asp">https://www.derbyshire.gov.uk/community/derbyshire_directory/default.asp</a>
<b>Food Banks/Schemes in the Local Area</b> - Use the search tool to find the details and contacts for your nearest food bank.	<a href="http://www.advisederbyshire.org/foodbanks.asp">http://www.advisederbyshire.org/foodbanks.asp</a>
<b>Health Visitors (HVs)</b> - Offer families information and support through a child's early years, from pregnancy and birth to primary school. HV teams work closely with midwifery services, GP's, Children's Centres and other agencies to provide a range of services.	<p>Website <a href="http://www.dchs.nhs.uk/healthvisiting">www.dchs.nhs.uk/healthvisiting</a> Facebook <a href="https://www.facebook.com/DerbyshireHVS">www.facebook.com/DerbyshireHVS</a></p> <p><b>Belper Health Visiting Team</b> Babington Hospital Belper Clinic Derby Road DE56 1WH <b>Team Contact Number</b> 01773 820093</p> <p><b>Child Health Clinic Information:</b> <b>Belper Clinic, Babington:</b> Weekly Tuesday 9.30 - 11.30 a.m. <b>Little Eaton - Village hall:</b> 1st Tuesday each month 1.30 - 3.00 p.m. <b>Riversdale Surgery Belper:</b> Weekly Wednesday 1.30 - 3.30 p.m. <b>Crich Health Centre Glebe:</b> 1st &amp; 3rd Monday each month 1.00pm - 3.00pm. Website <a href="http://www.dchs.nhs.uk/healthvisiting">www.dchs.nhs.uk/healthvisiting</a> Facebook <a href="https://www.facebook.com/DerbyshireHVS">www.facebook.com/DerbyshireHVS</a></p> <p><b>Ashbourne Health Visiting Team</b> St Oswald's Hospital</p>

	<p>Clifton Road ASHBOURNE Derbyshire DE6 1DR <b>Team Contact Number</b> 01335 230000 Option 5</p> <p><b>Child Health Clinic Information</b> Clinic for Ashbourne is every Tuesday 1.30 - 3pm at St Oswald's Hospital, Clifton Road, ASHBOURNE, Derbyshire DE6 1DR. It is drop in and self-weigh.</p>
<b>Healthwatch Derbyshire</b> - Hears what children, young people and adults have to say about health and social care services, whether that be praise, criticism or ideas for improvement.	<a href="http://www.healthwatchderbyshire.co.uk/">http://www.healthwatchderbyshire.co.uk/</a>
<p><b>Healthy Eating:</b> <b>Heart of Derbyshire</b> - Heart of Derbyshire aims to give customers a healthier choice when eating out or purchasing takeaways. Heart of Derbyshire can help you find places which have pledged to make healthy eating options available. <b>Change4Life</b> - Change4Life has loads of healthy eating tips and recipes, and fun ways to exercise. Change4Life is here to help you and your kids eat well and move more.</p>	<p><a href="http://www.derbyshire.gov.uk/heartofderbyshire">www.derbyshire.gov.uk/heartofderbyshire</a></p> <p><a href="http://www.nhs.uk/Change4Life">www.nhs.uk/Change4Life</a></p>
<p><b>Healthy Start</b> - With Healthy Start, you get free vouchers every week to spend on milk, plain fresh and frozen fruit and vegetables, and infant formula milk. You can also get free vitamins.</p> <p>If you are pregnant or have children under the age of 4, you could qualify if you're on benefits, or if you're pregnant and under 18.</p>	<a href="http://www.healthystart.nhs.uk/">http://www.healthystart.nhs.uk/</a>
<b>Health Zones</b> - Visit the Health and Wellbeing Zones to find information on health and wellbeing, in the form of books, leaflets and web based information.	<p><a href="http://www.derbyshire.gov.uk/leisure/libraries/services/health_zones/default.asp">http://www.derbyshire.gov.uk/leisure/libraries/services/health_zones/default.asp</a> or call: Ask Library Information Line: 01629 533444</p>
<b>Jobcentre Plus Derbyshire</b> - There are multiple offices for Jobcentre Plus Derbyshire. Each Jobcentre Plus office is listed in alphabetical order.	<a href="http://www.government-online.net/jobcentre-plus-derbyshire/">http://www.government-online.net/jobcentre-plus-derbyshire/</a>
<p><b>Mental Health:</b> <b>MIND</b> - Provide advice and support to empower anyone experiencing a mental health problem. <b>Derbyshire MIND.</b> <b>Psychological Therapies (IAPT) Services.</b> <b>Southern Derbyshire Voluntary Sector Mental Health Forum</b> - links to voluntary organisations.</p>	<p><a href="http://www.mind.org.uk/">http://www.mind.org.uk/</a></p> <p><a href="http://www.derbyshiremind.org.uk/">http://www.derbyshiremind.org.uk/</a> <a href="http://www.erewashccg.nhs.uk/mental-health/">http://www.erewashccg.nhs.uk/mental-health/</a> <a href="http://www.sdvsmhf.org.uk/">http://www.sdvsmhf.org.uk/</a></p>
<b>NHS Choices</b> - Information from the National Health	<a href="http://www.nhs.uk/Pages/HomePage.aspx">http://www.nhs.uk/Pages/HomePage.aspx</a>

Service on conditions, treatments, local services and healthy living.	
<b>Physical activity:</b> <b>Active Derbyshire</b> - Helps you and your family find the clubs, classes, sessions, events and activities that you are interested in your local area and across Derbyshire.	<a href="http://www.activederbyshire.co.uk/">http://www.activederbyshire.co.uk/</a>
<b>Safeguarding Children</b> - Website for parents and carers, including anyone with parental responsibility, children's relatives, friends and neighbours who need information or advice, if you are suspicious or have any concerns that a child is suffering or is likely to suffer significant harm, including any form of mistreatment or abuse,	<a href="http://www.derbyshirescb.org.uk/parents.html">http://www.derbyshirescb.org.uk/parents.html</a> or call: Call Derbyshire (open Monday – Friday from 8am-8pm and Saturday 9.30am-4pm) <b>01629 533190</b>
<b>Sexual Health:</b> <b>Your Sexual Health Matters</b> - Here you will find everything you need to know about your sexual health services across Derby and Derbyshire. You will be able to check out everything you need to know about sex, sexuality and relationships.	<a href="http://www.yoursexualhealthmatters.org.uk/">http://www.yoursexualhealthmatters.org.uk/</a>
<b>Stop Smoking</b> – Can help you "kick" the habit for good. You are four times more likely to quit with our help, compared to going it alone.	<a href="http://www.dchs.nhs.uk/stop_smoking1">http://www.dchs.nhs.uk/stop_smoking1</a>



# Joint Strategic Needs Assessment (JSNA) Board Update

## 31<sup>st</sup> March 2015 at 9.30am in Committee Room 1, County Hall

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### **Purpose**

The purpose of the JSNA was reviewed in 2014/15 and was redesigned in consultation with the H&WBB, Directors/Senior Teams in DCC and Chief Officers/Senior Teams within CCGs. The new purpose of the JSNA is:-

To inform the strategic direction of the Health & Wellbeing Board, and associated Strategy, in setting priorities whilst informing and responding to the commissioning intentions/decisions of Derbyshire County Council and Clinical Commissioning Groups.

### **Joint Strategic Needs Assessment Board**

In order to meet the redesigned purpose of the JSNA, the JSNA Steering Group was reviewed which led to a redesign of both the responsibilities and membership. The JSNA Steering Group was replaced by a JSNA Board with membership from all departments in DCC and CCGs at either Assistant Director or Director level membership. Membership of the JSNA Board can be found in *Appendix 1*. Strategic leadership of the JSNA across Derbyshire is provided by a senior member of staff within public health; and the JSNA Board is now chaired by the Director of Public Health. The JSNA Board meets on a quarterly basis and is now aligned with the dates of H&WBB.

The first redesigned Board met in November 2014. The JSNA Board agreed that all requests for inclusion into the JSNA Work Plan will have been approved by the appropriate strategic commissioning group responsible for the topic and stakeholders would be involved in the development of a scoping document to ensure that this meets the needs of all which will ensure that recommendations will inform the future commissioning intentions/decisions. The membership of JSNA Board collectively agreed a joint deadline of November of each year for work included in the JSNA Work Plan to inform the commissioning intentions of all partners for the following year/s.

### **Responsibilities**

The responsibilities of the JSNA Board are:-

1. Undertake the statutory function of producing a JSNA for Derbyshire. The JSNA will take the form of a body of knowledge and intelligence, derived from data and information that has been systematically gathered. The data and analysis will be accessible to all stakeholders.
2. Advise the Health and Well-Being Board on the priorities based on the intelligence function of the JSNA and to also inform development of the Health and Well-Being Strategy.
3. Provide the overall guidance and direction on the development of the JSNA.
4. To support and oversee prioritisation of topics within the JSNA based on the agreed datasets and local health and social care intelligence.
5. Coordinate JSNA Work Programme within the participating organisations and ensure that the resulting work are embedded in the commissioning processes of each organisation.
6. Prioritise and coordinate the development of intelligence within the JSNA.
7. Assess the impact of the JSNA in terms of usefulness in supporting commissioning decisions.
8. To have strategic membership representing key agencies with sufficient skills and capacity to lead the approach on behalf of their organisation.
9. To agree a prioritisation process and annual work programme for needs assessments.
10. To set quality standards for items within work programme and implement a process for agreeing their sign off.

## **Governance Arrangements**

1. The Board is a sub group of the Health and Well-being Board.
2. The Board will report progress to the Health and Well-being Board and the Clinical Commissioning Groups.

## **The State of Health and Social Care in Derbyshire**

The 'State of Health and Social Care in Derbyshire' report provides a baseline view of the position of Derbyshire County in regard to the three Outcomes Frameworks available for health and social care:-

- Public Health Outcome Framework
- CCGs Outcomes Framework
- Adult Social Care Outcomes Framework

This report highlights where performance is significantly poorer than for England as a whole. Where data is available, significant variation within the county is also highlighted. This report also seeks to collate information on what is being done to address these issues. Data from all the Outcomes Frameworks indicators is available on [Derbyshire Observatory](#).

## **Development of a Children's Outcomes Framework**

Whilst there are indicators associated to children and young people in the PH and NHS Outcome Frameworks; there is not an official Outcomes Framework for Children and Young People. Therefore, in Derbyshire a need was identified to develop a local Outcome Framework for Children and Young People. Therefore, a supplementary baseline report was produced from the National Child and Maternal Health Intelligence Network and is available on [Derbyshire Observatory](#). There is now a national children and young people's health outcome forum who also, like Derbyshire, highlight 'The glaring omission is the lack of a Children and Young People's Social Care Outcomes Framework.' Key areas they highlight for the development of new indicators include:

- Time to diagnosis
- Children and young people's experience
- Transition to adult services
- Confident to manage own care
- Experience of mental health services
- Age appropriate settings
- Integration

They also recommend key areas for action and research, deriving from the review of health outcomes and regional variations:-

- Reducing mortality from non-communicable diseases; and
- Reducing geographical variation, and health inequalities among socioeconomic groups – special needs, disability, demographics, etc.

Additionally, they are promoting the need to see a nationally based independent and comprehensive database and review process of all deaths in children and young people, currently being developed by NHS England, fully funded and implemented. The full report is available on:-

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/410560/Theme\\_Group\\_report\\_Health\\_Outcomes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410560/Theme_Group_report_Health_Outcomes.pdf)

## **Comparisons on a Page**

In response to requests for intelligence to compare across localities and CCGs in Derbyshire, 'Comparison on a Page Quilts' have been developed for the Public Health Outcomes Framework, the NHS Outcomes Framework and the baseline Outcome Framework for Children and Young People. These are available on:-

<http://observatory.derbyshire.gov.uk/IAS/Custom/Pages/Health/Healthandwellbeing.aspx>.

Unfortunately, it is not possible to produce these for the Adult Care Outcomes Framework, as data is only available at a Derbyshire level.

## **Joint Strategic Needs Assessment Work Plan 2014/15**

In 2014/15, the following items of work have been completed and are available on Derbyshire Observatory:-

- Profile: The State of Health and Social Care in Derbyshire, including 'Comparison on a Page Quilts'.
- Profile: Accidents & Killed and Seriously Injured
- Profile: Prevalence of Disease and Multi-Morbidities of Patients Resident in Care Homes
- Health Equity Audit: IAPT/Psychological Services
- Health Impact Assessment: Children's Centres
- Health Impact Assessment: HS2
- Health Needs Assessment: Domestic Violence and Sexual Assault
- Health Needs Assessment: Glossopdale Substance Misuse Needs Assessment
- Health Needs Assessment: Glossopdale Community Health Needs Assessment
- Health Needs Assessment: Pharmaceutical Needs Assessment (statutory requirement every 3 years)
- Health Needs Assessment: Sensory Impairment
- Knowledge Review: Community Resilience – what does this mean and what contributes to it?
- Communication: Development of new Derbyshire Observatory website

These reports provide insight into additional in-depth work required for the JSNA work programme in 2015/16 including systematic reviews, modelling the impact of evidence-based interventions, health needs assessments, health equity audits, etc.

## **Developments for Joint Strategic Needs Assessment Work Plan for 2015/16**

To date, this includes:-

- Assets: Develop an Asset Based Approach to JSNA i.e. where is this most appropriate e.g. community needs assessments, etc.
- Profile: The State of Mental Health in Derbyshire (throughout the life course)
- Profile: The State of Housing and Health in Derbyshire
- Profile: The State of Cancer in Derbyshire

These Profiles will provide insight into additional in-depth work required for the JSNA work programme including tackling variation, systematic reviews of evidence, modelling the impact/ROI of evidence-based interventions, health needs assessments, health equity audits, etc.

- Health Equity Audit: HNS Health Checks
- Health Equity Audit: Falls

These HEAs will provide insight into variation across the County to support targeted work and also development of social marketing approaches to increase access associated to particular characteristics of patients/residents, etc.

Additional work includes:-

- Health Needs Assessment: Substance Misuse
- Health Impact Assessment: Domestic Violence and Sexual Abuse

For all new topics, template scoping reports will be developed; highlighting membership and strategic sponsorship. It is anticipated that all Scopes for 2015/16 will be added to the newly redesigned Derbyshire Observatory site to keep all partners/stakeholders informed, which will then be removed once work has been completed.

All major pieces of work will be completed by November 2015 to ensure that these inform commissioning intentions for 2016/17.

All completed JSNA work will be added to Derbyshire Observatory.

### **Health and Wellbeing Strategy 2015-18**

The Health & Wellbeing Strategy priorities were agreed by the Health & Wellbeing Board in February 2015; therefore work is required to identify additional work required to be included in the JSNA work programme for 2015/16. The four priorities for the Health and Wellbeing Strategy are:-

1. Develop sustainable multi-agency approaches to keep people healthy and living independently in their own home (Joint Lead: Mary McElvaney/Andy Gregory)
2. Develop a collective approach to building resilience and social capital in people and communities (Lead: Steve Trenchard)
3. Adopt a healthy places approach in localities (Lead: Elaine Michel and District Councils)
4. Mental health and wellbeing in children and young people (Lead: Ian Johnson)

*Shirley Devine*  
*Senior Public Health Manager/Strategic Lead: JSNA*  
*March 2015*

### **Appendix 1: Membership of the JSNA Board**

Name	Role/Function	Department/Organisation
Elaine Michel (Chair)	Director of Public Health	Public Health, Derbyshire County Council
Shirley Devine	Strategic Lead for JSNA	Public Health, Derbyshire County Council
Julie Voller	Assistant Director (Strategy & Commissioning)	Derbyshire County Council: Adult Care
Liam Flynn	Service Need and Evaluation Manager	Derbyshire County Council: Adult Care
Rosie Kightley	Acting Assistant Director (Performance & Quality)	Derbyshire County Council: CAYA
James Ilott	Senior Policy Officer	Derbyshire County Council: Chief Executives
Mel Turvey	Research & Information Manager	Derbyshire County Council: Chief Executives
Sally Goodwin	Head of Community Safety (inc, Emergency Planning)	Derbyshire County Council: Community Safety,
Helen Hart	Intelligence & Insight Co-ordinator	Healthwatch Derbyshire
Gino DiStefano	Deputy Director, Commissioning and Programme Delivery	NHS Erewash CCG
Gareth Harry	Chief Commissioning Officer	NHS Hardwick CCG
Beverley Smith	Chief Transformation Officer	NHS North Derbyshire CCG
Mick Burrows	Head of Joint Commissioning	NHS Southern Derbyshire CCG
	TBC by James Ilott	Voluntary Sector representative x 2
	TBC by Shirley Devine	District/Borough representation x 2
	TBC by Richard Lovell	Safer Derbyshire

Additional members to be co-opted onto the Board, as appropriate

*Key Performance Indicators-Update May 2015. All end of year outcomes are provisional.*

Indicator	Latest actual number	Current Performance	Performance against target	Direction of travel compared with last update	Comparator average	Comparator best
1.Children in care per 10,000 population  (Updated monthly)	600  (Provisional end of year outcome)	39 per 10K pop	Achieved	Better	Not Available	Not Available
2. Adoptions from care (% leaving care who are adopted). 3 year average figures.  (Updated annually – no update – last update 2011-	215	25%		Better	14% (Nat) 16% (SN Ave)	25% (Derbyshire)

14).						
3. No of children subject to a child protection plan per 10,000 pop  (Updated monthly)	644  (Provisional end of year outcome)	42 per 10K pop	Not Met	Better	Not Available	Not Available
4. EHA's instigated by organisation	<i>Reports in process of being developed</i>					
5. Children who have run away from home/care overnight  (Updated monthly)	322  (Provisional end of year outcome)	N/A	Achieved	Better	Not Available	Not Available
6. Children in need per 10,000 population  (Updated monthly)	4660  (Provisional end of year outcome)	294 per 10K pop		Same	Not Available	Not Available
7. Hospital admissions of children and young people due to self-harm (10-24)	495	377.5 per 100K			346.3 per 100K (Nat)	82.4 per 100K

per 100,000 pop  (Updated annually – no update – last update 2012/13)						
8. % achieving a good level of development in the Early Years Foundation Stage  (Updated annually – no updates)	5125	61.6%	<b>Not Met</b>	<b>Better</b>	60% (Nat) 62.1% (SN)	69% (Kent)
9. Breast feeding initiation rates  (Updated annually – no update – last update 2013/14)	5379	72.6%	<b>Not Met</b>	<b>Better</b>	73.9% (Nat) 71.9% (Regional)	73.9%
10. Obese children in reception year (aged 4-5)  (Updated annually – no update – last update 2013-14)	681	8.6%	<b>Achieved</b>	<b>Worse</b>	9.5% (Nat) 9.0% (SN)	7.8% (Nottinghamshire)
11. Obese children in year 6 (aged 10-11)  (Updated annually – no update – last update 2013-	1259	17.1%	<b>Achieved</b>	<b>Better</b>	19.1% (Nat) 18.0% (SN)	16.7% (Northamptonshire)



14)						
12. Smoking in pregnancy (Updated annually – no update – last update 2013-14)	1224	16.3%	Not Met	Worse	12.0% (Nat) 15.1% (Regional)	10.7% (Leicestershire)
14.English and Maths of children benefitting from Pupil Premium	<i>To be developed</i>					
15. Children living in poverty (under 16) (Updated annually – no update – last update 2012)	21860	16.3%		Better	19.2% (Nat) 18.2% (EM)	11.5% (Leicestershire)
16.16-18 year old NEET (Updated monthly. Annual outcome is a 3-month average of Nov, Dec, Jan).	1040 (Provisional end of year outcome)	4.0%	Achieved	Better	4.7% (Nat) 4.2% (SN) 4.4% (EM)	1.9% (Nottinghamshire)
17.Percentage of 17 year olds in learning (academic age) (Updated monthly)	7714 (March 2015)	88.5%	Not Met	Better	Not Available	Not Available

18.Participation of 18 year olds in learning (academic age)  (Updated monthly)	6163  (March 2015)	72.6%	Not Met	Better	Not Available	Not Available
19.Care leavers in employment, education and training  (Updated monthly)	58  (Provisional end of year outcome)	61.1%	Not Met	Better	Not Available	Not Available
20. Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths  (Updated annually – no update - last update 2014)	4393	53.7%	Not Met	Not comparable due to changes to KS4 performance measures.	53.4% (Nat) 56.4% (SN) 54% (Regionally)	62.9% (Worcestershire)
21. Under 18 conception rates (per 1000 girls aged 15-17)  (Updated quarterly – no updates – last update full-year 2013).	270  (2013 full-year)	19.4 per 1000	Achieved	Improving	24.3 per 1000 (Nat) 24.4 per 1000 (SN) 24.6 per 1000 (regional)	19.4 per 1000

<p>22. Under 18 years alcohol related admissions to hospital (specific) &lt;18 years per 100,000 pop. Pooled over 3 years</p> <p>(Updated annually – no update – last update 2010-11 to 2012-13).</p>	68	43.2 per 100K		Improving	42.7 per 100K (Nat)	42.7 per 100K
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