

SECTION FIVE:

Action plans and performance indicators

The purpose of this section of the Children and Young People's Plan is to provide a clear picture of what the partners of the Children and Young People's Trust Board are doing to make an impact on the lives of children and young people across the borough. The intention is not to repeat the planning and monitoring work that already exists, but to draw it together to form a coherent picture of what we deliver and how effective it is.

We will continue to structure our activity and analysis using the Every Child Matters outcomes and, to ensure that we are organised effectively to deliver these outcomes, we will also strive for excellent, integrated children's services.

For each of the six outcomes:

- We will provide technical information about the key performance indicators that are used to measure if our work is having an impact on **outcomes** for children and young people;
- We will identify our **aspirations** for each area of work;
- We will identify the existing plans and strategies that are in place and show important **delivery milestones**;
- We will identify additional partnership activity that we will undertake, particularly for the areas of focus where existing planning may not be sufficiently robust;
- We will show where our activity is linked to the four big things (by showing the relevant symbols) or an area of focus (all actions linked to an area of focus are shaded-in); we will use this process to ensure we focus our resources effectively.

In the light of reduced public spending, the financial resources we have available over the life of this plan will change. This means that we have to continuously review our priorities across the partnership and this CYPP. Each of the actions identified to deliver our priorities and aspirations will also be periodically reviewed for relevance, progress and our ability to continue the service delivery that we originally identified.

Monitoring performance










Each quarter the Children and Young People's Board receives a performance management report with an indication of the direction of travel for each indicator. Where the direction of travel is not positive Performance Clinics are used to identify issues and solutions. The action plans identified here will be an integral part of the Performance Clinic process, for example, we will identify if the relevant delivery milestones have been achieved. We will re-examine our planning and activity and re-focus it where necessary; we will report findings back to the Children and Young People's Board.

Our aspirations











(Aspirations linked to an area of focus are marked with an *)


<p>Be Healthy (BH)</p>	<ol style="list-style-type: none"> 1. Babies have a healthy start.* 2. Fewer children and young people are overweight or obese.* 3. Fewer children and young people are harmed by alcohol and substance misuse.* 4. Schools and early years settings promote health and well-being.* 5. Health inequalities are reduced; children with learning difficulties and disabilities, Looked After Children*, BME children, young carers and children living in poverty are supported.
<p>Stay Safe (SS)</p>	<ol style="list-style-type: none"> 1. Children and young people are safe in their community; problems are prevented or tackled early. 2. Children and young people in need receive timely assessments and appropriate support. 3. Children and young people affected by domestic abuse are supported and protected.* 4. Children and young people who are newly arrived in Rotherham are kept safe from harm.* 5. Looked After Children live in places that are safe, stable and meet their needs.*
<p>Enjoy and achieve (EA)</p>	<ol style="list-style-type: none"> 1. Children and young people will have well-developed reading and writing skills and will enjoy literacy.* 2. All Rotherham schools will perform well or, at least above government floor targets. 3. We will tackle the problem of persistent absence. 4. The most vulnerable learners and groups of learners will achieve, progress well and develop high aspirations in all schools, settings and other providers. 5. We will deliver a curriculum that meets the needs of all learners, including the most vulnerable. 6. We will provide enough opportunities for children to play and have fun.
<p>Make a positive contribution (PC)</p>	<ol style="list-style-type: none"> 1. Children and young people have opportunities to express their views and have an impact on service delivery. 2. Parents have an opportunity to express their views and have an impact on service delivery, and are supported to have a positive influence on their children. 3. A range of positive activities are widely available to children and young people and they take part in them. 4. Fewer children and young people enter the youth justice system and vulnerable groups including Looked After Children* and BME young people are not over-represented. 5. The rate of teenage pregnancy in Rotherham is reduced. 6. The sexual health of young people improves.
<p>Achieve economic well-being (EWB)</p>	<ol style="list-style-type: none"> 1. The curriculum offered by Rotherham providers prepares young people to be successful adults.* 2. Rotherham is ready to deliver full participation in learning up to age 17 in 2013.* 3. Employers are engaged with further education providers, schools and teachers. 4. The numbers of young people who are not in education, employment and training will fall, (vulnerable groups including Looked After Children, learners with learning difficulties and disabilities and Young Carers will not be over-represented in this category).* 5. Ensure that young people are supported in their transition to adulthood.
<p>Excellent integrated children's services (ICS)</p>	<ol style="list-style-type: none"> 1. Multi-agency learning communities are established to deliver integrated services to children, young people and families across Rotherham. 2. The children and young people's workforce is adequately staffed and efficiently structured. 3. The children and young people's workforce has the skills to keep children and young people safe and deliver the aspirations and improvements identified in the Children and Young People's Plan. 4. The partners in the Children and Young People's Board make effective strategic use of resources available, including pooled and aligned budgets and effective use of data. 5. Children and Young People's Board and their partners have the right governance structures in place to deliver identified improvements for children, young people and families.










Being healthy







ASPIRATION (BH1): Babies have a healthy start				
Existing plans and strategies		Delivery milestones 2010/11	Delivery milestones 2011/12	Strategic Lead
 	Maternity Action Plan	<ul style="list-style-type: none"> Refresh the Maternity Action Plan Improve access to maternity services by 12 weeks to improve health outcomes for mother & baby Promote & improve service user involvement through widening access to Maternity Service Liaison Committees Improve maternity service support to vulnerable groups (including those with learning difficulties) 	Milestones to be informed by 2010/11 outcome data.	Strategic Lead: Sarah Whittle Lead Officer: Joanne Martin
 	Smoking in Pregnancy Action Plan	<ul style="list-style-type: none"> Implement, monitor & review the Smoking in Pregnancy care pathway Smoking at delivery reduced to 25% by 31st March 2011. 		Strategic Lead: Sarah Whittle Lead Officer: Alison Iliff
 	Infant Mortality Action Plan	<ul style="list-style-type: none"> Establish a working group to implement the plan and monitor progress Use local data to allocate service provision / interventions to tackle the key health drivers that impact on infant death (early access to maternity services, breastfeeding, smoking in pregnancy, teenage pregnancy) by targeting the most vulnerable areas (areas with highest incidence of Infant Mortality) and reducing health inequalities. Increase access and uptake of Healthy Start scheme including maternal and children's vitamins. 	<ul style="list-style-type: none"> Milestones to be informed by 2010/11 implementation & progress. 	Strategic Lead: Sarah Whittle Lead Officer: Anna Jones
	Local Safeguarding Children Board Business Plan	Disseminate lessons learned from Child Death Overview Panel to prevent child deaths.		LSCB Communications & Publicity Sub Group
Additional partnership actions		Delivery milestones 2010/11	Delivery milestones 2011/12	
 	Rotherham (NHS Rotherham, Rotherham Community Health Services, Rotherham Foundation Trust Maternity Unit & RMBC) to achieve Unicef UK Baby Friendly initiative	<ul style="list-style-type: none"> Implement Rotherham's Breastfeeding Policy Implement Rotherham's Breastfeeding Strategy Achieve 80% Hospital & Community Unicef Baby Friendly Initiative Audits to improve the quality of care pregnant women & breastfeeding mothers receive To ensure the delivery & uptake of the package of breastfeeding training available to all health professionals & workers to come into contact with pregnant women and breastfeeding mothers Increase access to Rotherham Breast Buddies Peer support service through roll-out to all Children's Centres Support all women who choose to breastfeed by promoting the Rotherham Breastfeeding Friendly Award (enhancing community facilities) Evaluate the Rotherham 'Be a Star' campaign to establish the campaign effectiveness. 	<ul style="list-style-type: none"> Achieve Stage 2 of the Unicef Friendly Initiative (January 2012) 	Strategic Lead: Sarah Whittle Lead Officer: Anna Jones







**ASPIRATION (BH2):
Fewer children and young people are overweight or obese**





Existing plans and strategies		Delivery milestones 2010/11	Delivery milestones 2011/12	Strategic Lead
	NHS Rotherham Obesity Model	<ul style="list-style-type: none"> Carnegie Clubs set up cross the borough with children and families accessing them. In particular targeting families from deprived communities. Rotherham Institute for Obesity set up and accepting referrals from across the borough, particularly focussing on deprived communities. Tier one services not exclusive to but including social marketing, school nursing and school meals to positively engage with the healthy weight commissioning framework. 	<ul style="list-style-type: none"> March 2012, children to have accessed all weight management services (numbers agreed as per service specifications) and have at least achieved weight maintenance. This includes Carnegie Club, Carnegie Residential Camp and Rotherham Institute for Obesity Social marketing campaign evaluated and results used to inform future planning. 	<p>Strategic Lead: Sarah Whittle</p> <p>Lead Officer: Gill Harrison</p>
 	Rotherham School Meals Action Plan	<ul style="list-style-type: none"> Meet identified key actions of School Meals Action Plan by March 2011. To include; maximising health impact school meals can have for young people Utilise school catering staff and councils to increase uptake Improve school meal process and promote service Adopt a targeted marketing approach 	<p>Meet identified key actions of School Meals Action Plan by March 2012. To include:</p> <p>Increase numbers of children accessing free school meals</p> <p>Promote and ensure dining environment is conducive to eating a school meal</p>	<p>Strategic Lead: Graham Sinclair</p> <p>Lead Officer: Ron Parry</p>
	Parenting Strategy	<p>Deliver support groups providing practical parenting advice to the parents of children who attend the Carnegie Camp (2 courses run and evaluated for parents in Summer 2010).</p> <p>Parent Support Advisers deliver practical advice and support including healthy eating classes.</p>		<p>Strategic Lead: Sarah Whittle</p> <p>Lead Officer: Catherine Blakemore</p> <p>Strategic Lead: Dorothy Smith</p> <p>Lead Officer: Catherine Ratcliffe</p>
	Extended Services Core Offer	Ensure that each school's Extended Services Core Offer includes measures to promote physical activity and healthy eating universally.		<p>Strategic Lead: Dorothy Smith</p> <p>Lead Officer: Sue Shelley</p>
 	Rotherham Sustainable Schools Travel Strategy	Identify joint work alongside Healthy Schools and NHS Rotherham to encourage school communities to get some exercise on the way to and from school (Achieve a 200% increase in cycling to schools based on 2001 baseline (by December 2011)		<p>Strategic Lead:</p> <p>Lead Officer: Vince Boulter</p>
Additional partnership actions		Delivery milestones 2010/11	Delivery milestones 2011/12	
 	Refresh and roll out the Food in Schools Policy	All schools to have received copies of the Refreshed Food in Schools Policy by September 2010 and details of how to implement / refresh policy.	All schools to have implemented or refreshed existing School Food Policy by March 2012.	<p>Strategic Lead: Dorothy Smith</p> <p>Lead Officers: Catherine Blakemore & Healthy Schools Team</p>
	Encourage schools to implement a healthy	25% Primary schools to begin	50% of schools to implement policy by	Strategic Lead:







	packed lunch policy	implementation of packed lunch policy by March 2011	March 2012	Dorothy Smith Lead Officers: Ian Thompson and Catherine Blakemore
---	---------------------	---	------------	---

ASPIRATION (BH3): Fewer children and young people are harmed by alcohol and substance misuse				
Existing plans and strategies		Delivery milestones 2010/11	Delivery milestones 2011/12	Strategic Lead
 	Rotherham Alcohol Harm Reduction Strategy	To be identified by Alcohol Harm Reduction Strategy Group Full Action plan updates will be provided via Safer Rotherham Partnership. Consultation on new year of strategy will take place	Full Partnership action plan will be delivered and updated at quarterly intervals.	
	Local Safeguarding Children Board Business Plan	Develop a protocol for gathering and analysing intelligence on Licensed premises and Licencees in the Rotherham area. Provide licensed premises with a best practice framework for activity where children and young people may be present. Ensure that any Licencee not adhering to conditions or placing children and young people at risk are held to account and have their licence reviewed.		Strategic Lead:
Additional partnership actions		Delivery milestones 2010/11	Delivery milestones 2011/12	
 	Develop a single clear message about the safe use of alcohol for use across the partnership including health professionals, police officers, firefighters, teachers, the Youth Service and parents	Leaflet aimed at young people giving clear messages to be distributed across partnership. Clear message (to be agreed by key partners) delivered to all Partners based on Sir Liam Donaldson's CMO report. To include local details on safe drinking, police interventions and what agencies can be utilised for continuing support of young person and/or parent. Deliver 8 Operation Coverage activities 50 pieces of curriculum delivery on alcohol and other substance misuse	Update 'clear message' to reflect current status	Strategic Lead Simon Perry Lead officer- Paul Theaker
 	Identify gaps in the provision of alcohol advice, for example, with 16-18 year olds or with pregnant women, and provide support to put in place appropriate pathways.	Conduct a partnership feedback survey across Rotherham using Early Interventions teams, colleges and other key agencies to gauge where current gaps are felt to be. Care Pathway information to be disseminated widely Provide update on numbers of midwives trained in alcohol awareness and brief interventions.	Act upon survey results to address gaps Update and disseminate Care pathway information as required	Strategic Lead Simon Perry Lead officer- Paul Theaker
 	Increase our understanding of the extent of alcohol use and its impact on children, young people and in families, by ensuring that the screening tool is used across services.	Ensure that all contacts with social services are screened using the full AUDIT screening tool and that this score is noted and acted upon. Develop and consult upon a screening tool to be utilised in tier 1 Services as guide for referral/interventions. Develop and consult upon a screening tool to be utilised by tier 2 services as a guide for referral/interventions.	If agreed and dependant on any cost implications consider roll out of screening tool as best practice across all relevant agencies. Consult and report upon a mechanism to collate the information of all screening opportunities locally.	Strategic Lead Simon Perry Lead Officer- Paul Theaker

 	Increase understanding of safe alcohol use and the impact of the problems caused by alcohol by integrating training into staff training programmes across the children and young people's partnership.	Ensuring alcohol e learning package is seen as a mandatory training at minimum across all partnership agencies. Develop a rolling training programme for staff working with young people to include more advanced alcohol awareness and brief intervention training. This action may be dependent on resources.	Identify and disseminate any updated and advanced e learning available Continue to develop and run training programme –dependant on resources	Strategic Lead Simon Perry Lead Officer- Paul Theaker
 	Develop a single clear message about the safe use of alcohol for use across the partnership including health professionals, police officers, firefighters, teachers, the Youth Service and parents	Leaflet aimed at young people giving clear messages to be distributed across partnership. Clear message (to be agreed by key partners) delivered to all Partners based on Sir Liam Donaldsons CMO report. To include local details on safe drinking, police interventions and what agencies can be utilised for continuing support of young person and/or parent. Deliver 8 Operation Coverage activities 50 pieces of curriculum delivery on alcohol and other substance misuse	Update 'clear message' to reflect current status	Strategic Lead Simon Perry Lead officer- Paul Theaker
 	Ensure Level 1 intervention is available to young people in all learning communities via Early Intervention Teams.			Strategic Lead: Simon Perry Lead Officer: Chris Brodhurst Brown

ASPIRATION (BH4): Schools and Early Years and Youth Service settings promote health and well-being				
Existing plans and strategies		Delivery milestones 2010/11	Delivery milestones 2011/12	Strategic Lead
 	Healthy Schools Action Plan	To support non accredited schools to achieve NHStatus (7) Schools to use local data to assist in identifying local priorities. To support targeted schools to engage with the Healthy Schools Enhancement Model.		Strategic Lead: Karen Borthwick Lead Officers: Healthy Schools Team
 	Rotherham Sustainable Schools Travel Strategy	School Travel Plans (STP) encourage walking and cycling (and bus use) to and from school. (200% increase in cycling to schools based on 2001 baseline).		Strategic Lead: Lead Officer: Vince Boulter
Additional partnership actions		Delivery milestones 2010/11	Delivery milestones 2011/12	
	Increase access to counselling through provision of drop-in sessions without appointment (Youth Start Project)	5% increase in young people accessing support (baseline: 4088 in 2009/10)		Strategic Lead: Simon Perry Lead Officer: Chris Brodhurst Brown
	Support Early Years settings to achieve Healthy Foundations accreditation	10 settings accredited in 2010	Achieve Stage 2 by Jan 2012 (Full accreditation by Jan 2013)	Strategic Lead: Sarah Whittle

				Lead Officer: Anna Jones
 	Children and Young People are discouraged from smoking and supported to give up smoking	50 pieces of curriculum delivery on smoking cessation.		Strategic Lead: Simon Perry Lead Officer: Chris Brodhurst Brown
	Increase easy access to mental health and emotional well-being services and interventions for children and young people in school.	Active TAMHS projects in 20 schools by December 2010 Sustain delivery of 1:1 mental health support and counselling by Mind in Rotherham schools. Baseline: 457 children and young people April 09 – March 10		Strategic Lead: Dorothy Smith Lead Officer: Simon Priest Lead Officer: Sara Graham – Rotherham MIND

ASPIRATION (BH5):				
Health inequalities are reduced; children with learning difficulties and disabilities, Looked After Children, BME children, Young Carers and children living in poverty are supported				
Existing plans and strategies		Delivery milestones 2010/11	Delivery milestones 2011/12	Strategic Lead
	Prevention & Early Intervention Strategy	Ensure that Early Support is delivered to disabled children (0-5) by putting concepts (including integrated assessments & team around the child) into practice through a multi-agency approach.		Strategic Lead: Simon Perry Lead Officer: Peter Rennie
	Joint Carers Strategy	Undertake a needs assessment for Young Carers and commission appropriate support. (Contract in place April 2011)		Strategic Lead: Simon Perry Lead Officer: Peter Rennie
Additional partnership actions		Delivery milestones 2010/11	Delivery milestones 2011/12	
	Put in place reciprocal arrangements to meet the health needs of children and young people placed in other authorities.	NHSR to engage all Yorkshire and Humber Primary Care Trusts with regard to developing shared care arrangements and no cross charging.	Arrangements fully in place by 2012.	Strategic Lead: Andy Buck Lead Officer: Sarah Whittle
	Develop the mental health services that need to be in place to support LAC and commission these accordingly.			Strategic Lead: Gani Martins Lead Officer: Anne Marie Banks
	Deliver Standard 8 of the National Service Framework to ensure the needs of disabled children are met through multi-agency practice.	To be monitored through NI 54		Strategic Lead: Simon Perry Lead Officer: Peter Rennie
	Ensure that health inequalities are featured in the RMBC Child Poverty Strategy.	A strategy is developed to coordinates a partnership response to Child Poverty.		Strategic Lead: Joyce Thacker

		Delivery milestones available for 2011/12		Lead Officer: Kate Taylor
--	--	---	--	------------------------------

Performance indicators – technical information

										Latest Comparative Data					
No.	Ref	Definition	Good Perf	08/09 Actual	09/10 Target	09/10 Perf	On Target	DOT (Yr on Yr)	Year to Date	Stat. Neigh.	Perf against Stat. Neigh.	National	Perf against National	10/11 Target	11/12 Target
BEING HEALTHY															
1	NI 50	Emotional health of children	HIGH	68.30%	N/A	56.4%	N/A	↓	N/A	58.60%	▲	56%	●	-	-
2	NI 51	Effectiveness of child and adolescent mental health (CAMHs) services	HIGH	13	12	14	✓	↑	★	14	●	14.7	▲	16	-
3	NI 52	Take up of school lunches													
a	a	Primary	HIGH	40.5%	40.5%	43.9%	✓	↑	★	48.10%	▲	39.30%	★	41.9%	42.3%
b	b	Secondary	HIGH	34.2%	34.2%	35.0%	✓	↑	●	44.80%	▲	35.10%	▲	34.2%	34.5%
4	NI 53	Prevalence of breastfeeding at 6–8 weeks from birth													
a	a	Prevalence	HIGH	24.0%	28.0%	28.9%	✓	↑	●	25.80%	★	-	N/A	32%	-
b	b	Coverage	HIGH	77.0%	90.0%	94.2%	✓	↑	★	92.90%	●	-	N/A	95%	-
5	NI 54	Services for disabled children	HIGH	No Data	N/A	60%	N/A	N/A	N/A	61.40%	▲	61%	▲	-	-
6	NI 55	Obesity among primary school age children in Reception													
a	a	Prevalence	LOW	12.0%	10.0%	10.0%	✓	↑	●	10.50%	●	9.60%	▲	10%	-
b	b	Coverage	HIGH	88.1%	86.0%	94.0%	✓	↑	★	-	N/A	-	N/A	90%	-
7	NI 56	Obesity among primary school age children in Year 6													
a	a	Prevalence	LOW	22.0%	18.0%	19.0%	✘	↑	▲	19.80%	●	18.30%	▲	18%	-
b	b	Coverage	HIGH	88.0%	86.0%	91.0%	✓	↑	★	-	N/A	-	N/A	87%	-

NHSR Data to Support Childrens Services											
NI	Measure	Performance Type	Programme Manager/ Operational Lead	Periodicity	Latest Update	Actual/ Predicted	Performance to Date	Plan to Date	Cumulative Variance	Status	Direction
51	CAHMS: Full range of CAHMS services for young people with learning disabilities (rate 1 to 4)	Bigger is Better	Sarah Whittle	Quarterly	Mar-10	A	4	3	1	★	?
51	CAMHS: 16 and 17 years old access to appropriate mental health service and accomodation	Bigger is Better	Sarah Whittle	Quarterly	Mar-10	A	4	3	1	★	?
51	CAHMS: Arrangements in place for 24 hour cover to meet urgent mental health needs	Bigger is Better	Sarah Whittle	Quarterly	Mar-10	A	3	3	0	★	?
51	CAHMS: Full range of early intervention support services	Bigger is Better	Sarah Whittle	Quarterly	Mar-10	A	3	3	0	★	?
53	Infants breastfed at 6-8 weeks-prevalence (%)	Bigger is Better	Anna Jones	Quarterly	Mar-10	A	28.9	28	0.9	★	↘
53	Infants for whom breastfeeding status is recorded at 6-8 weeks-coverage (%)	Bigger is Better	Anna Jones	Quarterly	Mar-10	A	94.2	90	4.2	★	↘
55	Childhood obesity in reception year (% with height and weight recorded who are obese)	Smaller is Better	Gill Harrison	Annual	Mar-09	A	9.96	10	-0.04	★	↗
55	Childhood obesity in reception year (% with height and weight recorded)	Bigger is Better	Gill Harrison	Annual	Mar-09	A	94.1	86	8.1	★	↗
	Childhood obesity in year 6 (% with height and weight recorded)	Bigger is Better	Gill Harrison	Annual	Mar-09	A	90.8	86	4.8	★	↗
	Childhood obesity in year 6 (% with height and weight recorded who are obese)	Smaller is Better	Gill Harrison	Annual	Mar-09	A	19	18	1	●	↗
112	Teenage conception among girls aged under 18 (Rate per 1000 females)	Smaller is Better	Mel Simmonds	Annual	Dec-08	A	55.8	34.8	21	▲	↘

113	Population aged 15-24 accepting a test/screen for chlamydia (%)	Bigger is Better	Melanie Simmonds	Monthly	Apr-10	A	3.07	2.42	0.65		
126	12 week access to maternity services (% mothers assessed by a midwife within 12 weeks)	Bigger is Better	Joanne Martin	Quarterly	Sep-09	A	83.07	85	-1.93		
	Mortality (Rate per 1000 live births for the under ones)	Smaller is Better	Sarah Whittle	3 year rolling average	Dec-07	A	6.1	4.8	1.3		
	Woman known to be smokers at time of delivery (%)	Smaller is Better	Alison Iliff	Quarterly	Mar-10	A	26.54	16.82	9.72		