CHILDREN'S SERVICES COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

Tuesday 6 October 2015

at 4.00 pm

**in the Council Chamber,
Civic Centre, Hartlepool**

MEMBERS: CHILDREN'S SERVICES COMMITTEE

Councillors Fleet, Griffin, Hall, Lauderdale, Lawton, Loynes and Simmons.

Co-opted Members: Julie Cordiner and Michael Lee

Six Young People's Representatives

Observer: Councillor Richardson, Chair of Adult Services Committee

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 Minutes of the meeting held on date 15 September, 2015 *(previously circulated and published).*

4. **BUDGET AND POLICY FRAMEWORK ITEMS**

   None.

5. **KEY DECISIONS**

5.1 CAMHS Transformation Locality Plan - *Director of Child and Adult Services*
5.2 School Admission Arrangements for 2017/18 - *Director of Child and Adult Services*
5.3 School Place Planning / Basic Need Funding - *Director of Child and Adult Services*

6. **OTHER ITEMS REQUIRING DECISION**

6.1 Commissioning of Emotional Wellbeing Support Service for Parents - *Director of Child and Adult Services*
6.2 Schools Formula 2016/17 – Item referred to Children's Services Committee by Schools Forum – *Assistant Director, Education, Learning and Skills 0-19*

7. **ITEMS FOR INFORMATION**

7.1 Pupil Achievement Summary 2015 (Provisional) - *Director of Child and Adult Services*

8. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

FOR INFORMATION

Date of next meeting – Tuesday 3 November, 2015 at 4.00 pm in the Civic Centre, Hartlepool.

CHILDREN'S SERVICES COMMITTEE

6th October 2015

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Child and Adult Services

Subject: CAMHS TRANSFORMATION LOCALITY PLAN

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision (test (ii)) Forward Plan Reference No. C&AS40/15

2. PURPOSE OF REPORT

2.1 To approve the Hartlepool CAMHS Transformation Locality Plan.

2.2 To grant delegated powers to amend the plan as needed following the assurance review process to ensure that funding is secured.

3. BACKGROUND

3.1 The Tees CAMHS Transformation Group was established in 2012/13, and involves representatives from each local authority area, the Clinical Commissioning Group, TEWV and the voluntary and community sector.

3.2 The key focus of the group was to develop a Tees CAMHS Transformation Strategy in response to the national 'No Health Without Mental Health' strategy. Over the last 12 months, each area in the Tees Valley has been working on the joint strategy and local plans to develop provision and support to improve the emotional wellbeing and mental health for children and young people in the area.

3.3 Earlier this year, a report was published by the Children and Young People's Mental Health Taskforce entitled 'Future in Mind'. This report identifies a number of proposals the government wishes to see in place by 2020 and establishes a clear direction with key principles about how to make it easier for children and young people to access high quality mental health care when they need it. The key drive is to establish a whole system approach focusing on prevention of mental ill health, early intervention and recovery.

3.4 Additional funding has been identified to support the aims set out in 'Future in Mind'. In order for CCGs and local areas to access these monies, localities are required to develop and submit their Transformation Plans to NHS England by 16th October 2015. Therefore, during the summer, Hartlepool has been working closely with the CCG and partners to build upon the Tees CAMHS Transformation Strategy and associated Transformation Locality Plan to ensure that all actions and targets are aligned with the requirements as set out in 'Future in Mind'. The plan will then go through the assurance process at a regional level before any funds are released.

4. PROPOSALS

4.1 It is vital that all key stakeholders who work with and support our children and young people have an opportunity to feed into and review the Hartlepool Transformation Plan. In order to achieve this ambition in the short time scale available, the plan will be taken to the following forums for discussion and information:

- Adults Mental Health Forum – 3rd September 2015
- Hartlepool Health and Wellbeing Board - 5th October 2015
- Children's Strategic Partnership – 17th November 2015

4.2 It is proposed that feedback and comments from the Adults Mental Health Forum and the Health and Wellbeing Board are reported to Children's Services Committee via a verbal update.

4.3 The Principal Educational Psychologist attended the Children and Young People's Council in July to discuss and gather their views about emotional wellbeing and mental health. This information has been threaded through the plan and further work will take place involving children and young people in the coming months to ensure that their opinions and viewpoint is shared with all stakeholders and feeds into the delivery model.

4.4 The plan has been developed to ensure full co-ordination with the Better Childhood Programme, Healthy Relationships Project and the Education Commission's recommendations. Key, overarching strands from each of the programmes have been clearly identified in the plan and existing resource will be directed to meet the planned outcomes. Where additional and new investment is required, this has been highlighted and costed as part of the submission.

4.5 Over the coming year, work is planned with schools, academies, colleges, children and young people and voluntary sector organisations to ensure that there is robust baseline information, identifying the current requirements and need in this area. This will then provide the local authority and partner organisations with a clear steer for future improvement and the opportunity to assess progress towards targets.

5. RISK IMPLICATIONS

5.1 It is essential that all key stakeholders and partners are involved in the further development and delivery of the action plan to ensure that the key projects and actions are fully adopted and achieved. The future success of improving the emotional wellbeing and mental health for Hartlepool children and young people relies on a co-ordinated and partnership approach.

6. FINANCIAL CONSIDERATIONS

6.1 The assurance process that must be undertaken by NHS England to approve locality plans is a rigorous and robust procedure. Every effort has been taken in the short time available to ensure that the Hartlepool plan meets all the requirements set out in the guidance and assurance checklist.

6.2 In the event that the plan fails to meet the key conditions as set out in the guidance, further funding will not be released until the plan is deemed satisfactory. This will require a review and revision of the plan to ensure all obligations are achieved.

7. LEGAL CONSIDERATIONS

7.1 There are no implications.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 There are no implications.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 The locality plan relates to every child and young person in Hartlepool regardless of background, faith or ethnicity. The focus is to ensure that the plan and associated actions improves the emotional wellbeing and mental health of any Hartlepool child or young person who is identified as requiring support and intervention.

9.2 The future development and delivery of the plan will take into consideration the views of parents/carers, children and young people to ensure that provision is meeting the needs of the individual child, young person and/or family.

10. STAFF CONSIDERATIONS

10.1 All staff in Child and Adult Services and identified teams from other departments will be involved in ensuring that the delivery of the action plan

and the adoption of the recommendations pervades all work streams and planning for future work with children and young people.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no implications.

12. RECOMMENDATIONS

12.1 It is recommended that Children's Services Committee:

- Endorse the Hartlepool CAMHS Transformation Locality Plan;
- Grant delegated authority to officers to amend the plan if it fails to meet the NHS England requirements to ensure that funding is released;
- Agree that the strategic governance for the implementation of the plan sits within the Children's Strategic Partnership and the Joint Commissioning Executive reporting to the Health and Wellbeing Board;
- Note that periodic updates will be brought to the Health and Wellbeing Board in line with the Health and Wellbeing Strategy.

13. REASONS FOR RECOMMENDATIONS

13.1 The recommendations in this report are to ensure that the Local Authority receives its share of the funding available to support in the delivery of the Hartlepool CAMHS Transformation Plan to improve the emotional wellbeing and mental health for children and young people in the town.

14. BACKGROUND PAPERS

- Hartlepool and Stockton-on-Tees Transformation Plan 2015-2020 – Appendix 1
- Future in Mind – NHS England

15. CONTACT OFFICER

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NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

WORKING DRAFT

Children & Young People's Mental Health and Wellbeing

Hartlepool and Stockton-on-Tees Transformation Plan 2015- 2020

Final copy to be signed off by the CCG Board on 30th September 2015. Final version of the plan will be available for the meeting of the Health & Wellbeing Board on 5th October 2015 and Children's Services Committee on 6th October 2015.

Version 1.5

10-Sept-15

Hartlepool and Stockton-on-Tees Transformation Plan

Contents

Foreword

WORKING DRAFT

Children & Young People's Mental Health and Wellbeing
Hartlepool and Stockton-on-Tees Transformation Plan

1. Introduction

1.1 This document sets out the Five-year Children and Young Peoples Mental Health and Wellbeing Plan for Hartlepool and Stockton-on-Tees, in line with the national ambition and principles set out in *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing*[1].

1.2 A requirement of *Future in Mind* is for areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people's mental health services are organised, commissioned and provided.

1.3 In response, the Hartlepool and Stockton-on-Tees Children and Young People's Mental Health and Wellbeing Transformation Plan 2015-20 has been developed; building on the foundations of the previous Tees wide CAMHS transformation work.

1.4 As this document incorporates Child and Adolescent Mental Health Services (CAMHS); it should be seen as the local 'CAMHS strategy'.

2. What is the Children and Young People's Mental Health and Wellbeing Transformation Plan?

2.1 The transformation plan provides a framework to improve the emotional wellbeing and mental health of all children and young people across Hartlepool and Stockton-on-Tees. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.

2.2 The plan sets out a shared vision, high level objectives, and an action plan which takes into consideration specific areas of focus for local authority areas.

2.3 Successful implementation of the plan will result in:

- An improvement in the emotional well-being and mental health of all children and young people.
- Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems.
- All children, young people and their families will have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

2.4 This plan has been developed by a multi-agency group and builds on the Tees-wide CAMHS work. Stakeholders involved in the development of the plan are listed in **appendix 1**.

[1] Department of Health NHS England (2015) *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

WORKING DRAFT

2.5 Action plans have been informed by health needs assessments within each local authority area.

3. National policy context

3.1 National policy over recent years has focused on improving outcomes for children and young people by encouraging services to work together to protect them from harm, ensure they are healthy and to help them achieve what they want in life.

3.2 In regard to improving outcomes for children and families, *No Health without Mental Health*[2] published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning needs to take a whole pathway approach, including prevention, health promotion and early intervention.

3.3 *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing*[3]), responds to the national concerns around provision and supply of system wide services and support for children and young people. It largely draws together direction of travel from preceding reports, engages directly with children young people and families to inform direction and the evidence base about what works.

3.4 The report introduction includes a statement from Simon Stevens CEO of NHS England, he stated 'Need is rising and investment and services haven't kept up. The treatment gap and the funding gap are of course linked'. The report emphasises the need for a whole system approach to ensure that the offer to children, young people and families is comprehensive, clear and utilises all available resources.

3.5 The joint report of the Department of Health and NHS England sets out the national ambitions that the Government wish to see realised by 2020. These are:

i. People thinking and feeling differently about mental health issues for children and young people, with less fear and discrimination.

ii. Services built around the needs of children, young people and their families so they get the right support from the right service at the right time. This would include better experience of moving from children's services to adult services.

iii. More use of therapies based on evidence of what works.

iv. Different ways of offering services to children and young people. With more funding, this would include 'one-stop-shops' and other services where lots of what young people need is there under one roof.

v. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example no young person under the age of 18 being detained in a police cell as a 'place of safety'.

vi. Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on.

[2] Ref NHwMH 2011
[3] Ref: Future in Mind (2015)

WORKING DRAFT

vii. A better kind of service for the most needy children and young people, including those who have been sexually abused and/or exploited making sure they get specialist mental health support if they need it.

viii. More openness and responsibility, making public numbers on waiting times, results and value for money.

ix. A national survey for children and young people's mental health and wellbeing that is repeated every five years.

x. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

2.6 *Future in Mind* identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. The themes are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

2.7 The report further sets out 49 recommendations that, if implemented, would facilitate greater access and standards for Children and Adolescent Mental Health Services (CAMHS), promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

2.8 Also of relevance to this plan is the *Crisis Care Concordat*[4] – an agreement between police, mental health trusts and paramedics to drive up standards of care for people, including children and young people experiencing crisis such as suicidal thoughts or significant anxiety.

4. Local policy context

4.1 This transformation plan contributes to the delivery of local priorities detailed within Joint Health and Wellbeing Strategies.

4.2 The Hartlepool Joint Health and Wellbeing Strategy aims to give every child the best start in life and children and young people the opportunity to maximise their capabilities to have control of their lives. This will be achieved by empowering children and young people to make positive choices about their lives and developing and delivering new approaches to children and young people with special educational needs and disabilities.

4.3 The Stockton-on Tees Joint Health and Wellbeing Strategy also aims to give every child the best start in life and children and young people the opportunity to maximise their capabilities to have control of their lives. There is specific acknowledgement to improve the mental health and wellbeing of children and young people.

WORKING DRAFT

[4] HM Government Mental Health Crisis Concordat: Improving outcomes for people experiencing mental health crisis https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

4.4 The Hartlepool and Stockton-on-Tees CCG Clear and Credible Plan Refresh 2014/15-2018/19 cites the development of a strategy to ensure that primary mental health services can meet the needs of children and young people with early stage mental health difficulties; through early intervention and quality longer term services for those children with more complex mental illness.

5 Children and young people's mental health: national profile of need

5.1 Mental health problems cause distress to individuals and all those who care for them[5]. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation.

5.2 Information in key policy documents suggests:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time
- Number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s
- Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999
- 72% of children in care have behavioural or emotional problems
- About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care
- 95% of imprisoned young offenders have a mental health disorder

5.3 Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others[6]. These include those children who have one or a number of risk factors:

- who are part of the Looked after system
- from low income households and where parents have low educational attainment
- with disabilities including learning disabilities
- from BME groups including GRT

[5] Ref: Future in Mind

[6] Better Mental Health Outcomes for Children and Young People A RESOURCE DIRECTORY FOR COMMISSIONERS
www.CHIMAT.ORG.UK/CAMHS/COMMISSIONING

WORKING DRAFT

- who identify as Lesbian, Gay, Bisexual or Transgender (LGBT)
- who experience homelessness
- who are engaged within the Criminal Justice System
- whose parent (s) may have a mental health problem
- who are young carers
- who misuse substances
- who are refugees and asylum seekers
- who have been abused, physical and/or emotionally

6 Children and young people's mental health: local profile of need

6.1 The following data is taken from the Child and Maternal Health Intelligence Network Service[7] (CHIMAT) Local Authority Service Snapshots - CAMHS reports (2014). The reports bring together key data and information to support understanding key local demand and risk factors to inform planning.

6.2 Tabled below is the 0 to 19 years population for both Hartlepool and Stockton-on-Tees.

	Male population aged 0-4 years (2014)	Male population aged 5-9 years (2014)	Male population aged 10-14 years (2014)	Male population aged 15-19 years (2014)
Hartlepool	2,904	2,892	2,706	2,940
Stockton-on-Tees	6,389	6,113	5,636	6,136

	Female population aged 0-4 years (2014)	Female population aged 5-9 years (2014)	Female population aged 10-14 years (2014)	Female population aged 15-19 years (2014)
Hartlepool	2,753	2,790	2,482	2,850
Stockton-on-Tees	6,060	6,049	5,229	5,601

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics.
CCG population estimates aggregated from GP registered populations (Oct 2014).

6.3 CHIMAT estimate that within Hartlepool there were 1,390 children and young people of school age who had a mental health condition during 2014; in Stockton-on-Tees this figure is 2,700. Table 1 shows estimated number of children with a mental health disorder by Group between ages of 5 and 10 year and 11 to 16 years old during 2014.

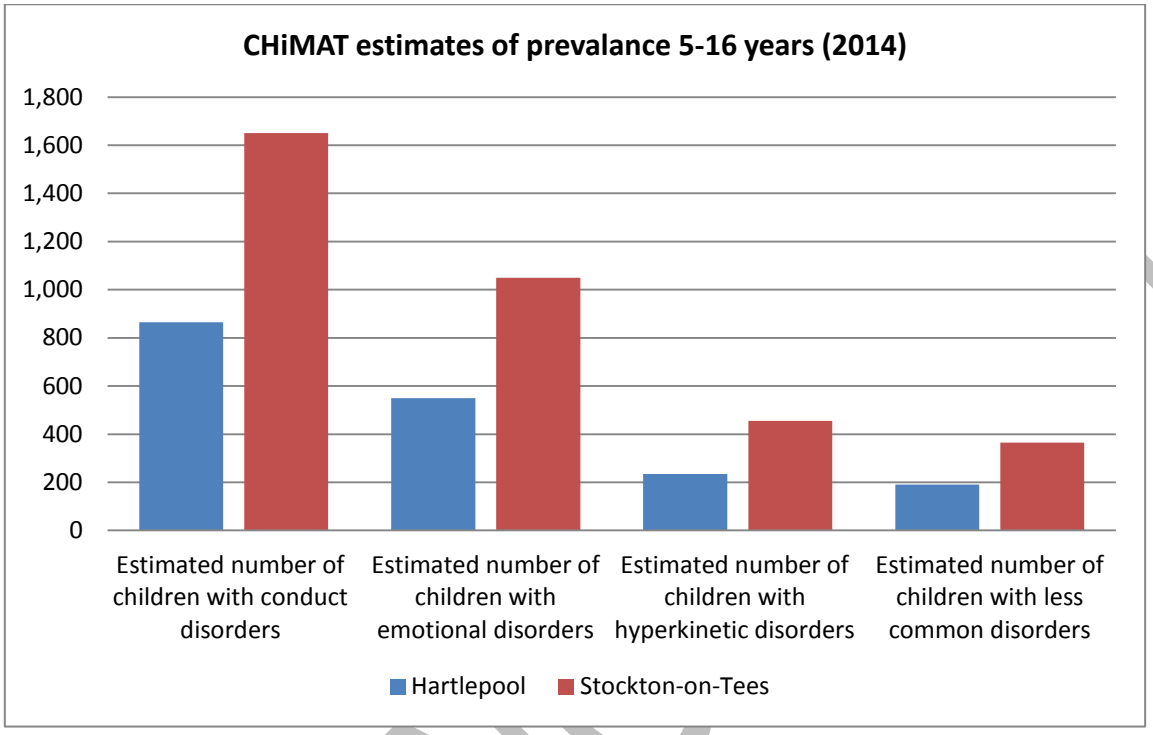
	Estimated number of children aged 5-10 years with mental health disorder	Estimated number of children aged 11-16 years with mental health disorder	Total
Hartlepool	575	815	1,390
Stockton-on-Tees	1,130	1,570	2,700

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics.
CCG population estimates aggregated from GP registered populations (Oct 2014).
Green, H. et al (2004).

[7] National Child and Maternal Health Intelligence Network (2015)

WORKING DRAFT

6.4 Estimated prevalence of children and young people with mental health disorders could include conduct, emotional, hyperkinetic and less common disorders[8]. The graph below shows the estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by locality. It should be noted that some children and young people may be diagnosed with more than one mental health disorder.



Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

6.5 The most common mental health disorders in children and young people in both localities are conduct disorders. Each of the areas have specific challenges that are not causal of mental health difficulty but can be described as increasing an individual's risk of mental or emotional health problems.

6.6 Many parts of Hartlepool and Stockton-on-Tees are affected by deprivation which has a direct impact on child poverty figures. The level of child poverty can vary from ward to ward within a local authority area. Mid-2012 estimates of the number of children in poverty show:

Hartlepool
- 32.6% in poverty
- 60.0% in Stranton
- 10.7% in Elwick

Stockton
- 25.6% in poverty
- 52.4% in Stockton Town Centre
- 7.0% in Northern Parishes

[8] National Child and Maternal Health Intelligence Network (2015)

6.7 In Teesside, about 2,000 young people aged 16-18 years are estimated to be not in education, employment or training (NEET). All Teesside local authorities have rates above the England average. Hartlepool is the only Teesside local authority with a rate below the North East average.

6.8 Key messages from the Hartlepool Children and Young Peoples Mental Health and Wellbeing Profile are:

- Young people hospital admissions for self-harm (rate per 100,000 aged 10-12) are above the England average.

6.9 Key messages from the Stockton-on-Tees Children and Young Peoples Mental Health and Wellbeing Profiles are:

- Young people hospital admissions for self-harm (rate per 100,000 aged 10-12) are above the England average.

7 What children and young people have told us

7.1 From the national engagement exercise, children and young people have told us how they want things to change. They want:

- to grow up to be confident and resilient, supported to fulfil their goals and ambitions;
- to know where to find help easily if they need it and when they do to be able to trust it;
- choice about where to get advice and support from a welcoming place. It might be somewhere familiar such as school or the local GP, it might be a drop-in centre or access to help on line. But wherever they go, the advice and support should be based on the best evidence about what works;
- as experts in their own care, to have the opportunity to shape the services they receive;
- to only tell their story once rather than have to repeat it to lots of different people. All the services in their area should work together to deliver the right support at the right time and in the right place;
- if in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn't be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it should be on a ward with people around their age and near to home. And while children and young people are in hospital, we should ensure they can keep up with their education as much as possible.

7.2 Feedback from young people in Hartlepool, about what they want to see:

- Raised awareness about mental health and wellbeing
- Better access – via community based, young people friendly buildings
- Anti-bullying campaign – to cover different types of bullying, what people think it is, ways of overcoming it

WORKING DRAFT

- The voice of children and young people heard and opinions valued.
- Support available at key transition points.
- Improvement in emotional and physical wellbeing of young people through a revised curriculum for life.

7.3 In Stockton-on-Tees young people (aged 9-19) told us:

- Help for children and young people should be more immediate and delivered in their own homes, if necessary
- More services should be community based to make them more accessible
- Once engaged, a young person should be provided with a resilient and consistent worker-young person relationship
- There should be more awareness amongst professionals around the social and cultural context of difficulties
- Some issues go undetected or undiagnosed – for example autism and drug and alcohol abuse
- Mental health problems should be de-stigmatised amongst children and young people in particular
- Overall, children and young people need to be less isolated from services, so that they do not turn to negative coping strategies like crime, drugs and alcohol

8 Commissioned services

8.1 Although not an exhaustive list, the table below details some of the services commissioned for children and young people with emotional and mental health difficulties. Services are divided into tiers, reflecting level of specialist intervention (low at tier 1 and highest at tier 4).

Universal (Tier 1)	➢ Midwifery ➢ Health Visiting ➢ Children's Services ➢ School Nursing ➢ Some Voluntary Services
Targeted (Tier 2)	➢ Targeted Mental Health in Schools (TaMHS)
Specialist – community (Tier 3)	➢ CAMHS and LD – Community Services ➢ CAMHS – Crisis and Liaison ➢ CAMHS – Community Forensics ➢ CAMHS – Community Eating Disorder Service ➢ CAMHS – Looked After Children ➢ Learning Disability Challenging Behaviour ➢ Intermediate Care/Respite ➢ Early Intervention in Psychosis (NB age range 14-35)

WORKING DRAFT

Special in-patient (Tier 4)	➢ Assessment and Treatment – Mental Health inpatient ➢ Assessment and Treatment – Learning Disability inpatient ➢ Eating disorders in-patient ➢ Psychiatric intensive care units ➢ Medium Secure ➢ Low Secure

9 Analysis of Need/Gaps and Issues

9.1 Hartlepool Public Health have identified the need to:

- Have a better co-ordination of all emotional health and wellbeing programmes
- Improve early intervention/prevention programmes which impact on children and young people's emotional health and wellbeing
- Improve the mental health of the following groups of children and young people:
    - Looked after Children
    - Children and young people with a learning disability
    - Young offenders
- Reduce the numbers of young people who self-harm

9.2 Public Health Stockton-on-Tees has undertaken a mental health needs assessment for children and young people living in Stockton–on-Tees. A separate report is available (dated May 2015). Key findings include:

- 1 in 10 children aged 1 to 15 have a mental health problem, the problems during childhood and adolescents costs between £11,030- £59,130 annually.
- There a several key protective factors such as breast feeding, education and positive relationships that can support children and young people to have good mental health. There are also a number of risk factors associated with poor mental health including but not limited to parents with mental health problems, deprivation and family breakdown.
- In Stockton-on-Tees, according to publically available data the numbers of children who are supported by protective factors are low and those affected by risk factors are on the increase. Also growing is the number of children who are at higher risk of poor mental health including those who are looked after and children with special educational needs.
- The rates of suicide and self-harm in Stockton-on-Tees and child admissions for mental health related conditions is also statistically higher than the national average. Services have described more incidents of poor mental health in children and young people and also described the increased complexity of the child's lifestyles. Data was not sufficient enough to demonstrate this however it was a theme described by services and service users alike.

WORKING DRAFT

- Nationally and locally there is a drive to take an early intervention approach to children and young people by aiming to give all children the best start in life. There are huge social and economic benefits to this as well as the positive outcomes for the individuals. The health needs assessment finds key areas of improvement and opportunities for early intervention and mental health promotion.

9.3 In regard to the 49 recommendations within *Future in Mind* the following areas have been identified as requiring further exploration:

- Early years provision
- Perinatal mental health
- Early intervention/enhanced training for schools
- Named contacts in schools/CAMHS
- Self-care / peer support for children and young people and parents
- Community Eating Disorder Service
- Integrated LAC pathway
- Emerging personality/ challenging behaviour – multi-agency pathway
- Transition care for vulnerable groups – e.g. Learning Disabilities

WORKING DRAFT

10 Our vision

10.1 The World Health Organisation definition of mental health is 'a state of well-being in which every individual realises his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'.

10.2 This definition supports our overarching vision:

'Children and young people across Hartlepool and Stockton-on-Tees will be supported to reach their potential and when faced with difficulties will have access to quality evidence based services'.

11 Shared values and principles

11.1 The plan is underpinned by the following set of principles which have been developed in partnership;

- Children, young people, their family/carers will be involved in future design of services.
- Building of capacity across the system to deliver evidence-based outcomes and focused pathways is needed.
- Resilience will be built across the whole system.
- Resources should to be re-focused towards prevention and earlier intervention (whilst including consideration of, and adequate provision for, children and young people with identified mental health problems that require access currently to specialist mental health services).
- Reducing unmet need and increasing choice of, and access to, services for targeted and high risk groups.
- High quality, cost effective services, based in community settings (except for highly specialist clinical provision) and offering flexible provision to a wide range of needs and to the broad diversity of the population.
- Clear service pathways between and within services will be developed in partnership and be communicated widely.
- Services will adopt holistic, family centred approaches including the active participation of children and young people in developing solutions to their own needs, and in decisions around service planning and development.
- Support for parents and carers from pre-birth onwards to better support their child's emotional development in the early years of life will be prioritised within family and adult services
- Vulnerable groups, such as Looked After Children, neuro-behavioural issues, learning disability or victims of abuse, will have access to the support they need.
- '*No door is the wrong door*'; and aspire towards '*one child, one assessment, one plan'*.

12 How are we going to achieve our vision?

12.1 The Hartlepool and Stockton-on-Tees Transformation Plan has been developed to bring about a clear coordinated change across the whole system pathway to enable better support for children and young people; realising the local vision.

12.2 A *whole system* approach to improvement has been adopted. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

12.3 Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Also through investing in prevention and intervening early in problems before they become harder and more costly to address.

WORKING DRAFT

12.4 The initial plan is based on local interpretation of the themes and principles within *Future in Mind*. Specific objectives are detailed below. Numbers in brackets refer to specific recommendations with the report.

Resilience, prevention and early intervention

Objective 1: Improved public awareness and understanding about mental health issues for children and young people and reduce stigma and discrimination.

This will include anti-stigma campaign which raises awareness and promotes improved attitudes to children and young people affected by mental health difficulties. This would build on the success of the existing Time to Change campaign (3).

Objective 2: Prevention of mental ill-health.

This links with the following recommendation:

- Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots (1).

Objective 3: Improving access to interventions which support attachment between parent and child, avoid early trauma, build resilience and improve behaviour.

This includes enhancing existing maternal, perinatal and early years health services and parenting programmes (4).

Objective 4: Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.

This covers the following recommendations:

- Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools (2).

- Self-care through increased availability of new quality assured apps and digital tools (5).

Effective care and support

Objective 5: Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together. This includes transition between children and adult services.

This covers a number of recommendations including:

- Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice (6).

WORKING DRAFT

- Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector (7).

- Improving communications and referrals, for example, local mental health commissioners and providers assigning a named point of contact in specialist children and young people's mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues (8).

- Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools (9).

- Strengthening links between children's mental health and learning disabilities services for children and young people with special educational needs and disabilities (SEND) (10).

- Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how (11).

- Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour (14).

- Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age (15).

Objective 6: Crisis support to be available whatever the time of day or night and be in a safe place suitable to a child or young person needs and as close to home as possible.

This supports a number of recommendations including:

- Support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented (12).

- Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care (13).

- No young person under the age of 18 being detained in a police cell as a place of safety (19).

Care for the most vulnerable

Objective 7: Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.

Examples of recommendations covered include:

- Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not

WORKING DRAFT

attending should be actively followed up and they should be offered further support to help them to engage (20).

- Ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to appropriate evidence-based services (24).

- Specialist services for children and young people mental health services should be represented at Multi-agency Safeguarding Hubs (25).

Accountability and transparency

Objective 8: Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.

This supports a number of recommendations including having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services, supported by a strong Joint Strategic Needs Assessment (30).

Objective 9: Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.

This specifically aligns to:

- Development of a robust set of metrics covering access, waiting times and outcomes to allow benchmarking of local services at national level (36).

- Ensure clearer information about the levels of investment made by those who commission children and young people's mental health services (38).

Developing the workforce

Objective 10: Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.

This will include targeting and training of health and social care professionals (40) and continued investment in commissioning capability and development (41).

13 Engagement and partnership working

13.1 A communication and engagement strategy will be developed to support the implementation of this plan, which will include children and young people.

13.2 A *whole system* approach will be needed to achieve the best outcomes in an efficient and sustainable way. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

WORKING DRAFT

14 National Evidence of Effective Interventions

14.1 There is evidence for the benefits of improving mental health and wellbeing for children, young people and their families and the cost effectiveness of interventions which can:

- promote wellbeing and resilience with resulting improvements in physical health, life expectancy, educational outcomes, economic productivity, social functioning, and healthier lifestyles

- prevent mental illness, health risk behaviours and associated physical illness, inequalities, discrimination and stigma, violence and abuse, and prevent suicide
- deliver improved outcomes for people with mental illness as a result of early intervention and evidence based mental health care and recovery approaches.

14.2 The Hartlepool and Stockton-on-Tees Children and Young People Mental Health and Wellbeing Transformation Plan will embed evidence based practice and 'best value' interventions to ensure the outcomes for our children, young people and families.

15 Towards a Model of Transformation

15.1 In line with the principles within Future in Mind, the Hartlepool and Stockton-on-Tees Children and Young Peoples Mental Health and Wellbeing Transformation Plan support the principle of developing a system to work for children, young people and their families. This means placing the children and their family 'at the centre' of what we do; regardless of the current tiered service model. The Thrive model may offer an alternative service model.

15.2 Re-design will be co-produced with children, young people and families as well a stakeholders. We will also build on previous partnership working between the statutory and voluntary sector and mental health services to support the transformation process.

16 Investment

16.1 The level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015 is shown below.

Partner organisation	Description	2014/15 Spend (£)	Additional information
NHS England	Specialist in-patient care for children and young people		Unable to disaggregate regional budget; as proxy, bed days for CCG used (191 in total)
NHS Hartlepool and Stockton-on-Tees CCG	CAMHS		These ***estimate*** costs are based on work undertaken by Mental Health Trust to disaggregate the total contract value (CYP, Adults, Older People) by service line for CYP MH & LD for 2014/15; all recurrent
	CAMHS – LD		

WORKING DRAFT

Partner organisation	Description	2014/15 Spend (£)	Additional information
Hartlepool Borough Council			Note: There are a number of services commissioned that will contribute to children and young people's emotional wellbeing, however, it is not possible to disaggregate
Stockton-on-Tees Education		Not available	Individual settings invest where children identified for SEND ; additional services commissioned by individual settings e.g. counselling unknown
Criminal Justice			
Police & Crime Commissioner			

16.2 New investment is being made available to support implementation of this plan. The CCG funding allocation in 2015-16 is shown below.

Total weighted populations with SMR<75 adjustment and uplifted by ONS population growth to 2015	Shares of weighted populations	Initial allocation of funding for eating disorders and planning in 2015/16	Additional funding available for 2015/16 when Transformation Plan is assured	Minimum recurrent uplift for 2016/17 and beyond if plans are assured
326,125	0.57%	£170,847	£427,648	£598,496

17 Our priorities over the next 12 months

17.1 A phased approach to implementation of this plan will be adopted.

17.2 Priorities within the first year include:
:

- **Building capacity and capability across the system** so that we can work towards closing the health and wellbeing gap and make sustainable improvements in children and young people's mental health outcomes by 2020.

  Locally we want to:

  - Develop and implement a coordinated, evidence based mental health and wellbeing resilience project in schools.

  - Develop and pilot a model of primary prevention in schools/community capacity building. This model would equip school nursing teams, family support workers, and school staff to have the skills and confidence to work with young people on mental health issues and reduce the number of unnecessary CAMHS referrals made. This could link with the resilience project above.

  - Pilot and evaluate a CAMHS Crisis and Liaison Service (CCG commissioning intention 2015/16).

WORKING DRAFT

  - ➢ Build in Primary Care and other service settings via development and implementation of a targeted training programme.
- Continuing to support the **Children and Young People's Improving Access to Psychological Therapies** programmes (CYP IAPT), so that CAMHS deliver a choice of evidence based interventions, adopt routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people.

- Enhancing evidence based **community Eating Disorder services** for children and young.

- Improving **perinatal care**, as there is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one year cohort of births in the UK – nearly three quarters of this cost relates to adverse impacts on the child rather than the mother.

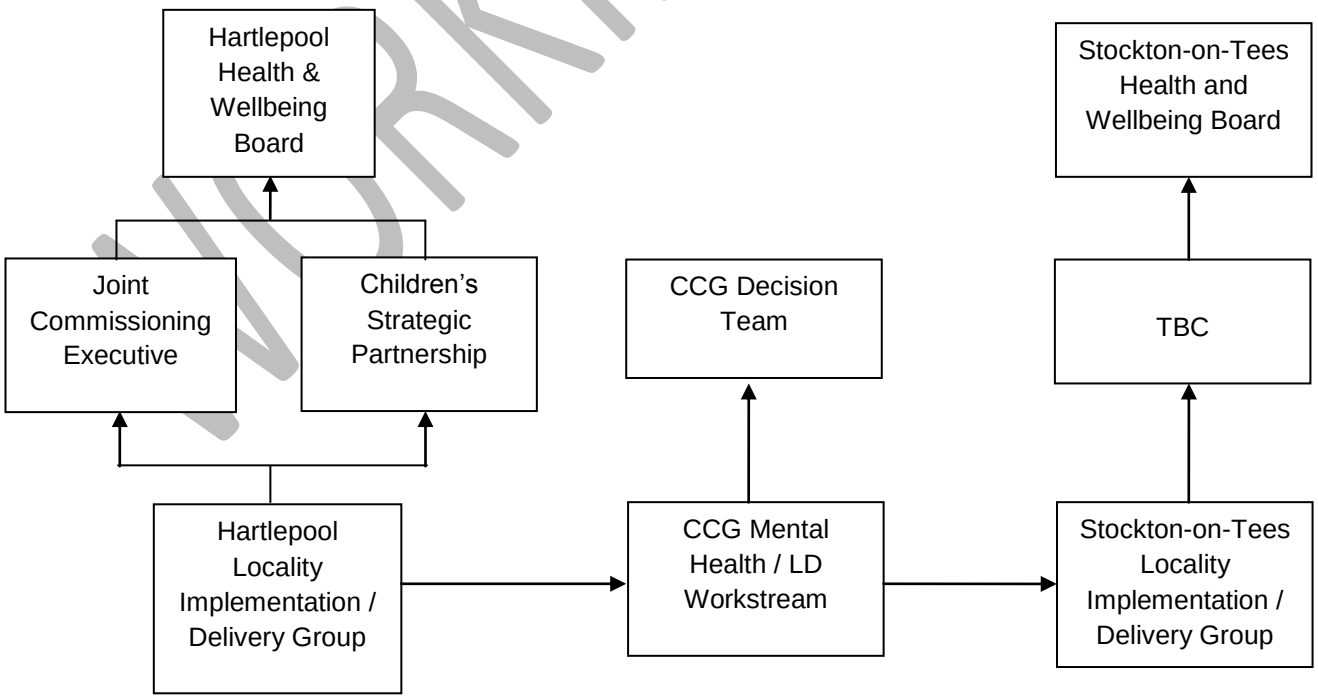
18 Collaborative commissioning approach

18.1 It is the aspiration, over the duration of this plan, to develop a collaborative commissioning model for children and young people's mental health and wellbeing. This will support local joining up services between the CCG, local authorities and other partners, enabling all areas to accelerate service transformation.

19 Governance (including monitoring of progress and risks)

19.1 Accountability for delivery of locality integrated action plans lie with the respective multi-agency Health and Wellbeing Board.

19.2 A governance framework is provided below.



WORKING DRAFT

20 Performance

20.1 A performance framework will be developed to support implementation of this transformation plan.

20.2 Measurable key performance indicators will be agreed to enable monitoring of progress and demonstrate improved outcomes. This will form part of the assurance process required by NHS England.

20.3 Feedback from children and your people and their families on experience of services will be crucial.

21 Equality and Health inequalities

21.1 Promoting equality and addressing health inequalities is central to this transformation plan.

22 Action plan

22.1 Locality specific action plans are detailed in **appendix 2 and 3**. These will be refreshed on an annual basis. The health element is consistent within both plans.

WORKING DRAFT

Appendix 1 Stakeholders involved in the development of this plan

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group	
NHS England	
Hartlepool Borough Council	
Public Health – Hartlepool	
Education – Hartlepool	
Healthwatch – Hartlepool	
Hartlepool Children and Young People's Council	
Stockton-on-Tees Borough Council	
Public Health – Stockton-on-Tees	
Education – Stockton-on-Tees	
Healthwatch – Stockton-on-Tees	
CYP group/ forum	
Tees, Esk & Wear Valleys NHS Foundation Trust	
North Tees and Hartlepool NHS Foundation Trust	
Youth Justice	
Voluntary sector	

WORKING DRAFT

Appendix 2 HARTLEPOOL LOCALITY ACTION PLAN (Version 10-Sept-15 v 1.3)

Resilience, prevention and early intervention

Objective 1:
Improve public awareness and understanding about mental health issues for children and young people and reduce stigma and discrimination.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
1.1	Raising awareness about mental health and reducing stigma and discrimination by involving Hartlepool Children and Young People's Council	Existing and new investment	Implementation of a programme of awareness raising through schools via PSHE programmes to reduce stigma and discrimination around mental health difficulties. Support national, regional, local campaigns that challenge mental health stigma and discrimination e.g. World Mental Health Day 10 Oct 2015; Healthwatch – Mental Health Celebration June 2016.	2	Children and young people feel more able to discuss and share their feelings and mental health issues more openly	More children will have a greater understanding of mental health issues and how to support themselves and others More children and young people will access services without fear of stigma or discrimination	The Multi Agency Implementation Group (MAIG)	CCG LA TEWV Schools VCS Service users CYP North Tees & Hartlepool Foundation Trust GPs with special interest Multi Agency Partners (MAP)	Develop baseline and engage partners in Year-1, implement Year-2

WORKING DRAFT

Objective 2: ***Prevention of mental ill-health***									
No.	**Description of project**	**Planned investment**	**What is action/project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
2.1	Building resilience in schools and colleges	New investment	Engage schools and colleges in developing and implementing programmes to increase resilience and wellbeing at the universal level	2	Increased confidence and competence of school staff in delivering resilience building programmes	Increased off of targeted interventions in schools and colleges and reduced referral to specialist services	MAIG	MAP	Engage and develop Year-1, implement in Year-2

Objective 3: ***Improve access to interventions which support attachment between parent and child, avoid early trauma, build resilience and improve behaviour.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
3.1	Development of a community perinatal service model to enable improvement in perinatal mental health, in line with published guidance	Funded 2015/16 as CCG CI	To improve mental health pathway for perinatal care in light of new NICE guidance to improve patient experience and ensure access is improved to services through reviewing existing commissioned services.				CCG		

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Objective 3: ***Improve access to interventions which support attachment between parent and child, avoid early trauma, build resilience and improve behaviour.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
			~ Increased identification of patients requiring support ~ Increased accuracy of coding in primary care re diagnosis and outcomes. ~ Review impact of perinatal maternal mental health pathways on primary care and specialist services to establish potential need for a community perinatal mental health service ~ *Develop commissioning intention* NR funding to support development of a community perinatal mental health service in 2015/16.						
3.2	Delivery of Early Intervention Strategy to provide integrated family support and early intervention programmes	Existing	Universal Plus Pathway including parenting programmes to ensure an integrated family support and early intervention programme to stimulate early child development.	1,2,3,6	Improved child's emotional wellbeing through improved parenting and improved parental mental health	Fewer parents accessing mental health services	MAIG	MAP	Develop baseline data in Year-1, monitor and review in Year-2

Objective 4: ***Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.***									
No.	**Description of project**	**Planned investment**	**What is action/project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
4.1	Development and coordination of emotional health and wellbeing local offer(s)	New and existing investment	Provide a clear and robust 'offer' to children and young people and their family, schools and other stakeholders Communication re support available for mental health and wellbeing – including referral pathways, to be published alongside Special Education Needs and Disability Local Offer(s) Local promotion of Youth Wellbeing Directory website Update the Beautiful Minds directory Digital technology (including apps) in supporting self-care	1,2,6	Graduated service offer to users who know where and how to access those services Service providers know where to signpost clients	Improved access to information and guidance	MAIG	MAP	Engage and develop Year-1, implement in Year-2
4.2	Early identification in schools; improving the interface with schools and CAMHS	Existing resource	Establish named points of contact between schools and commissioned mental health services (PMHWs) to improve communication Develop schools ability to identify children and young people at risk of mental ill-health requiring intervention					LA Education CCG	

Objective 4: ***Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.***									
No.	**Description of project**	**Planned investment**	**What is action/project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
4.3	Scoping exercise re Voluntary Community Services (VCS) contribution to pathways across the 'emotional health and wellbeing offer'	New investment	Development of Voluntary Community Services (VCS) capacity to improve pathways across the emotional health and wellbeing offer; provision of early intervention support; marketing plans; having a more co-ordinated and 'joined-up' approach	7,8	Increased and more co-ordinated wellbeing offer	Increased number of young people accessing intervention through the VCS	MAIG	MAP	Engage and develop Year-1, implement in Year-2
4.4	Through Curriculum for Life promote healthier lifestyle choices in children and young people with mental health problems	New investment	Improve emotional and physical wellbeing of children and young people	2, 6, 25	Children and young people feel more able to discuss and share their feelings and mental health issues more openly	Fewer children and young people accessing mental health services	MAIG	MAP	Engage and develop Year-1, implement in Year-2

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Effective care and support

Objective 5: ***Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
5.1	Following engagement with children, young people and families on mental health services, recommendations will be implemented.						CCG		
5.2	Explore alternative service model e.g. Thrive								
5.3	Enable single point of access								
5.4	Reinforce named point of contact in CAMHS for schools and Practices								
5.5	Ongoing development of Specialist Education Need and Disability (SEND) Local Offer(s) and implementation of Education and Health Care Plans (EHCPs)	Existing resource	Offer to enable access to services which increase mental health, emotional wellbeing and resilience CYP, families and professionals are actively involved in development EHCPs						Ongoing
5.6	Enhanced Community Eating	Investment	*Develop commissioning intention*				CCG	South	Mar-16

WORKING DRAFT

Objective 5: ***Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Disorder Service to be commissioned according to national evidence-based guidance (Tees-wide)	required	Gap analysis against Access and Waiting Time standard Service specification to be developed; informed by NHS England specialist eating disorder needs assessment; building capacity and resilience within existing service Enhanced service to include open access, increased medical support (Psy & Paed); flexible hours to improve access times					Tees CCG	
5.7	Continued implementation and monitoring of programme to ensure children and young people in need of specialist in-patient care are able to access services timely and near to home as possible	Existing resource	Standardise process & information flows regarding referral, admission & discharge to and from inpatient services				NHSE		
5.8	Regional Assertive Outreach Pilot					Reduced LOS Reduced inappropriate admissions	NHSE		Ongoing
5.9	Improve integrated response		Link to condition specific pathway						

WORKING DRAFT

Objective 5: ***Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	to co- and multi-morbidity mental health and physical problems including long term conditions		reviews; IAPT; Parity of Esteem' plans						
5.10	Ensuring children, young people and families has access to effective care and support for those with dual needs including mental health issues, substance misuse and learning difficulties								
5.11	Implement best practice in regard to transition from children's mental health services to adult mental health services		Ensure services are based on the needs of the child, young person and family including flexibility around service age boundaries. Improved coordination between services supported by transition protocol/pathway and SEND processes Improved transition between CAMHS and Adult Mental Health Services for vulnerable groups including young people with Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder and care leavers						

WORKING DRAFT

Objective 5: ***Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
5.12	Peer support networks for young people	New investment	Extend the use of peer support networks for young people, particularly for vulnerable groups Promote long term recovery and empowerment of the individual.	2, 11			MAIG	MAP	

Objective 6: ***Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.***									
No.	**Description of project**	**Planned investment**	**What is action/project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
6.1	Children and young people crisis and liaison service based on local need	Existing resource 2-year Non-Recurrent Funding 2015/16-2016/17	Service specification for CYP Crisis and Liaison Service; commissioned across Tees Pilot evaluation				CCG	HAST CCG	Jun-15

WORKING DRAFT

Objective 6: ***Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.***									
No.	**Description of project**	**Planned investment**	**What is action/project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
6.2	Implement the Mental Health Crisis Care Concordat	Existing resource	Develop of a multi-agency crisis care pathway Multi-agency information sharing protocol at an operational level, and clarify staff's understanding of when it is appropriate to share information. Produce a mental health – health needs assessment to inform commissioning intentions Review/update local mental health early intervention/crisis care protocols related to mental health crisis presenting with intoxication from substance misuse Implement Care Quality Commission (CQC) Report 'A Safer Place To Be'						
6.3	Ensure a safe place to accept people in crisis, so as not to detain in police cells -zero s136 detention in the short-term.		Implement through Mental Health Crisis Care Concordat implementation group						
6.4	Improve knowledge within local communities and services around how and where to access immediate support		Review existing services which offer a 'front door to immediate advice' and establish multi-skilled service who responds holistically to children, young people and families.						

WORKING DRAFT

Objective 6: ***Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.***									
No.	**Description of project**	**Planned investment**	**What is action/project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
			CAMHS practitioners, where appropriate, to align with multi-agency teams to support presenting needs; offer to include advise, consultation supervision and joint case working						
6.5	Implementation of Tees-wide self-harm protocol	Existing resource	Roll out of self-harm protocol, through Tees-wide Safeguarding Strategy Group						Mar-16
6.6	Implementation of Tees-wide Diversion and Liaison Service	Existing resource	Work together to address the health and social needs of vulnerable people in contract with the Criminal Justice System						

WORKING DRAFT

Care of the most vulnerable

Objective 7: ***Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
7.1	Mental health needs assessment to include priority groups								
7.2	Pro-active follow-up CYP who 'do not attend' appointments (DNAs)	Existing resource	Potential for using CQIUN as incentive for NHS providers; consider all providers at some point in future			Reduced DNA rate	CCG		
7.3	Multi-agency Children's Hub (MACH)	Existing resource	Include mental health professionals in the development and delivery of the Multi-agency Children's Hub (MACH) to ensure a single point of access to relevant services.	6,7,8,20,21, 22,23,24,25, 26	Better integration of services towards one assessment, one plan	Reduced levels of inappropriate demand for specialist services	MAIG	MAP	April 2016
7.4	Implement best practice in regard to transition from children's mental health services to adult mental health services		Ensure services are based on the needs of the child, young person and family including flexibility around service age boundaries. Improved coordination between services supported by transition protocol/pathway and SEND processes Improved transition between CAMHS and Adult Mental Health Services for vulnerable groups including young people with Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder and care leavers						

WORKING DRAFT

Objective 7: ***Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
7.5	Ongoing development of Specialist Education Need and Disability (SEND) Local Offer(s) and implementation of Education and Health Care Plans (EHCPs)	Existing resource	Offer to enable access to services which increase mental health, emotional wellbeing and resilience CYP, families and professionals are actively involved in development EHCPs						Ongoing
7.6	Improving pathways for vulnerable young people, including those with learning disability and challenging behaviour	New investment	Strengthen the links between Children's Mental Health Services, Learning Disability Services and SEND Services through joint planning at the Learning Disability and Difficulties Steering Group Ensure mental health needs are being met	6, 8, 10, 26, 21	Better integration of services towards one assessment, one plan	Increased access for vulnerable young people to specialist services	MAIG	MAP	Engage and develop Year 1, implement in Year2
7.7	Improving access/capacity in specialist care and support for Looked After Children (LAC), including those with complex behavioural and mental health needs		Ensure there are high quality specialist services for vulnerable children and young people. Review to include : Service provision; gap analysis Commissioning arrangements Transition of care leavers post 18 Out of Area (OOA) placements Development of a commissioning plan for Looked After Children (LAC)	21, 22, 23	Reduced number of placement breakdowns	Reduced number of OOA placements Reduced number of placements	MAIG	MAP	Sept-16

WORKING DRAFT

Objective 7: ***Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
7.8	Learning Disability Transformation Programme – Fast track		Understand local impact of the LD Transformation Programme; ensure services are responsive to individual needs and are able to 'wrap around' those young people with complex needs – LD, ASD, to prevent placement breakdown ? NH has draft regional plan.				CCG	NHSE LAs	

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Accountability and Transparency

Objective 8: ***Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.***									
No.	**Agreed action/project**	**Planned investment**	**What is action/project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
8.1	Develop clear leadership and accountability arrangements for children's mental health across agencies		Re-affirm partnership and governance and reporting arrangements; strategic alignment with respective Health & Wellbeing Boards Establish a local CYP Mental Health and Wellbeing Transformation Group; agree Terms of Reference						
8.2	Develop and agree collaborative commissioning model								
8.3	? Develop a multi-agency integrated mental health, emotional wellbeing and resilience model		Model to include underlying principles of CYP IAPT						
8.4	Ensure co-production of transformation plan and programmes with children, young people, families, services and commissioners		Develop a model of co-production with children and young people parents/carers and other stakeholders to inform future plans throughout implementation						

WORKING DRAFT

Objective 8: ***Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.***									
No.	**Agreed action/project**	**Planned investment**	**What is action/project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
			Engagement with Hartlepool Children and Young people's Council						
8.5	Ensure the Joint Strategic Needs Assessment (JSNA) for includes outcomes on children and young people mental health and wellbeing		Shared understanding of local need, to inform commissioning decisions.						
8.6	Develop consultation and engagement plan, to include vulnerable groups		Ensure consultation with vulnerable groups of children and young people as needed e.g. children and young people with SEN to improve services, particularly at points of transition						
8.7	Ensure alignment other plans, areas of transformation e.g. CYP plans, learning disabilities transformation programme, local strategies e.g. Mental Health Strategy; ASD Strategy								

WORKING DRAFT

Objective 9: ***Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.***									
No.	**Description of project**	**Planned investment**	**What is action/project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
9.1	Continuous understanding and monitoring of statutory investment into transformation plan to enable economies of scale and joint investment		Statutory signatories agree to share financial information on investment in children and young people Mental Health and Wellbeing Services through the joint commissioning transformation group.						
9.2	? Contracting and performance monitoring		Partners to agree contracting, using 'Delivery with and delivering well' values and standards Develop a performance dashboard of service activity data and routine outcome measures to include CYP IAPT Ensure Provider IT systems are fit for purpose and contractually expected to provide information in accordance with Mental Health Service Data Set (MHSDS)						

WORKING DRAFT

Developing the workforce

Objective 10: ***Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.***									
No.	**Description of the project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
10.1	Development of accredited, standardised training programme across children's workforce	Existing resource	Build capacity in services through training and professional development to ensure a shared and thorough understanding of emotional health and resilience	9, 40	Increased confidence and competence of staff in managing emotional wellbeing and mental health	Greater number of staff receiving accreditation	MAIG	MAP	Rolling programme
10.2	Eating disorder – transformation linked to Children and Young People's IAPT		Build capacity within community mental health services to deliver evidence based eating disorder treatment Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic family therapy, linked to Children and Young People IAPT				TEWV		2017
10.3	Robust training plan		Local implementation of CYP IAPT transformation programme Quarterly updates from CYP IAPT including: Cognitive Behavioural Therapy (CBT), interpersonal psychotherapy, parenting and systemic family therapy.				TEWV		

WORKING

Objective 10: ***Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.***									
No.	**Description of the project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
			Review of training priorities and target workforce - training opportunities for under 5's and LD and Autism will be made available from 2017 and workforce intelligence will inform targeting						
10.4	Build capacity within Primary Care to identify and support CYP and families in need of support						CCG		
10.5	Workforce recruitment and retention strategy								

WORKING DRAFT

Appendix 3 STOCKTON -ON-TEES LOCALITY ACTION PLAN

Resilience, prevention and early intervention

Objective 1:
Improve public awareness and understanding about mental health issues for children and young people and reduce stigma and discrimination.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Support national, regional campaigns that challenge mental health stigma and discrimination	Existing resource							Sept-16
	Support local public health strategies, designed and delivered by young people to challenge stigma and discrimination	Existing resource							Sept-16

Objective 2:
Prevention of mental ill-health through targeted interventions for groups at high risk.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Tees-wide self-harm protocol	Existing resource	Roll out of self-harm protocol, through Tees-wide Safeguarding Strategy Group						Mar-16
	Tees-wide Diversion and Liaison Service	Existing resource	Work together to address health and social needs of vulnerable people in contract with the Criminal Justice System; robust care pathways						

WORKING DRAFT

Objective 3: ***Improve access to interventions which support attachment between parent and child, avoid early trauma, build resilience and improve behaviour.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	? Development of a community perinatal service model to enable improvement in perinatal mental health		Improve identification and support to reduce maternal depression and improve perinatal mental health Work with partners to identify need, current provision and gaps in services regarding maternal mental health Use contractual levers with providers to incorporate routine assessment of maternal mental health and referral / signposting to services according to need Use data to focus efforts on the most vulnerable families Improve access to specialist perinatal mental health services						
	Parenting programmes as part of early intervention offer		Develop and coordinate parenting support Agreed approach to parenting programmes as part of early intervention offer, in-line with Fairer Start work and with clear pathways with Early Help programmes Explore benefit / feasibility of commissioning parenting programmes across more than one LA area						

Objective 2: ***Prevention of mental ill-health through targeted interventions for groups at high risk.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Improve proportion of children who are school ready improving attachment, bonding and attunement, particularly in the most vulnerable families		Roll out Fairer Start work, focusing on 9 months to 2 yrs Roll out 2 yr old offer Explore need for enhanced training with early years providers re: attachment / bonding / attunement						
	Establish a clear link locally between services to improve and protect mental health; and those for physical health		Feed into Scrutiny review regarding link between arts, leisure and culture, and mental health and wellbeing Account for link between mental and physical health in commissioning services; and vary into existing contracts where needed Develop clear and effective referral pathways between key services, particularly for C&YP with a disability or long term condition						

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Objective 4: ***Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Offer to children and young people and their family, schools and other stakeholders	Existing resource	Produce a clear 'offer' to children and young people and their family, schools and other stakeholders				SBC	CCG	
	Local promotion of Youth Wellbeing Directory website	Existing resource							
	Digital technology (including apps) in supporting self-care	Investment required	Improved access to information and guidance						
	Early identification in schools; improving the interface with schools and CAMHS	Existing resource	Establish named points of contact between schools and commissioned mental health services to improve communication Develop schools ability to identify children and young people at risk of mental ill-health requiring intervention					LA Education CCG	
	Develop VCS capacity to provide early intervention support		Develop VCS capacity through A Fairer Start and mental health commissioning framework as described in X and Y above						
	Guidance to support VCS organisations		Work with Catalyst to produce guidance to support VCS organisations re: capacity-building to bid for the framework contract; and to specify areas of the framework the VCS could bid for and expertise required				SBC		

Objective 4: ***Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Build capacity within NHS and local authority services (commissioned services and directly provided services) to deliver targeted interventions		Identify key frontline services requiring additional training, in-line with Early Help Strategy and HNA Continue roll-out of training for schools staff through TAMHS contract Scope roll-out of mental health first aid training (including dementia) across SBC employees Develop evidence-based learning programme for frontline staff, building on / maximising existing training available in settings e.g. through TAMHS and CAMHS. To include on understanding and identifying mental health problems, resilience and information on available services						
	Develop, clarify and refine pathways, to provide a clear, cohesive, accessible offer for mental health and wellbeing support		Clarify referral criteria and pathway between TaMHS and CAMHS service and communicate to stakeholders Develop most effective focus for targeted CAMHS service in Stockton Borough, accounting for TAMHS provision and outcomes of HNA Work with schools to encourage sign-up to TAMHS contract and to understand their provision for children and young people						

Objective 4: ***Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
			Ensure close links and pathways with suicide prevention work through Tees Suicide Prevention Task Force Develop and communicate holistic pathway for support for children and young people, across tiers and organisations; and sensitive to local service provision and need and based on outcomes of HNA Link to Tees work on single assessment process						
	Support education setting to make available high quality universal support and targeted interventions, including greater access to consultation from specialist CAMHS		Commission new school nursing service, to ensure delivery of support (universal and targeted) as part of the Healthy Child Programme						
	Improve access to information, advice and guidance on children and young people's mental health and wellbeing; and clarity on how to access all services which contribute to mental health and wellbeing		Produce a clear offer as described in 1.1 with a clear link to the SEND local offer Develop communications plan for disseminating the offer including use of digital tools						
	?Lead Professional role		Clear joint working arrangements including agreement of the Lead Professional role who will navigate and co-ordinate support and services needed						

Effective care and support

Objective 5: ***Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Pro-active follow-up CYP who 'do not attend' appointments (DNAs)	Existing resource	Potential for using CQIUN as incentive for NHS providers; consider all providers at some point in future			Reduced DNA rate	CCG		
	Enhanced Community Eating Disorder Service to be commissioned according to national evidence-based guidance	Investment required	Service specification to be developed; informed by NHS England specialist eating disorder needs assessment; building capacity and resilience within existing service				CCG		Mar-16
	Standardise process and information flows regarding referral, admission and discharge to and from inpatient services	Existing resource	Continued implementation and monitoring of programme to ensure children and young people in need of specialist in-patient care are able to access services timely and near to home as possible				NHSE		Ongoing
	Intensive home based treatment pathway to prevent in-patient admission and promote early discharge	Investment required	Review inpatient admissions and costs, with a view to developing a business case for a home-based intensive treatment solutions			Reduced LOS Reduced inappropriate admissions			TBC
	Promote healthier lifestyle choices in children and young people with mental health problems		Improvement in physical health Links with LD health checks						

WORKING DRAFT

Objective 5: ***Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Integrated response to co- and multi-morbidity mental health and physical problems including long term conditions		Link to condition specific pathway reviews; IAPT; Parity of Esteem' plans						
	Ensuring children, young people and families has access to effective care and support for those with dual needs including mental health issues, substance misuse and learning difficulties								
	Peer support networks for young people		Extend the use of peer support networks for young people, particularly for vulnerable groups Promote long term recovery and empowerment of the individual.						

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Objective 6: ***Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Children and young people crisis and liaison service	Existing resource 2-year non-recurrent funding 2015/16-2016/17	Service specification for CYP Crisis and Liaison Service; commissioned across Tees Pilot evaluation				CCG	S Tees CCG	Jun-15
	Implement the Mental Health Crisis Care Concordat		Develop of a multi-agency crisis care pathway Multi-agency information sharing protocol at an operational level, and clarify staff's understanding of when it is appropriate to share information. Produce a mental health – health needs assessment to inform commissioning intentions Review/update local mental health early intervention/crisis care protocols related to mental health crisis presenting with intoxication from substance misuse Implement Care Quality Commission (CQC) Report 'A Safer Place To Be'						
	Ensure safe place to accept young people in crisis, so they are not detained in police cells - zero s136 detention in the short-term.		Implement through Mental Health Crisis Care Concordat implementation group						

WORKING DRAFT

Objective 6: ***Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Improve knowledge within local communities and services around how and where to access immediate support		Review existing services which offer a 'front door to immediate advice' and establish multi-skilled service who responds holistically to children, young people and families. CAMHS practitioners, where appropriate, to align with multi-agency teams to support presenting needs; offer to include advise, consultation supervision and joint case working						

WORKING DRAFT

Care of the most vulnerable

Objective 7: ***Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Undertake a health needs assessment for mental health and wellbeing of children and young people, taking into consideration priority groups						SBC		
	Increase mental health delivery for LAC and CiN where there are complex behavioural / mental health needs, in order to reduce placements including Out of Area, and reduce placement breakdown		Review needs and current provision for LAC placed out of area Analyse delivery of the LA enhanced offer to LAC and CIN, including refined referral pathways where needed Contribute to developing Tees-wide commissioning plan for LAC mental health Implement Early Help Strategy implementation plan to reduce escalation of cases to greater levels of need						
	Implement best practice in regard to transition from children's mental health services to adult mental health services		Ensure services are based on the needs of the child, young person and family including flexibility around service age boundaries. Improved coordination between services supported by transition protocol/pathway and SEND processes						

Objective 7: ***Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
			Improved transition between CAMHS and Adult Mental Health Services for vulnerable groups including young people with Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder and care leavers						
	Improve support to children and young people in transitions years, particularly between services for pre- and post-16yr olds, Primary-secondary, Secondary- +16, CAMHS-AMHS, Care leavers		Undertake CHIMAT transitions tool with CAMHS service and with social care (children's and adults' services) Use outcomes of tool to develop clear pathway of support between services for children and young people and those for adults Understand whether work is needed to improve pathways between pre-school years and school Further actions TBC based on outcomes of HNA						
	Ensure appropriate, accessible targeted support is provided for vulnerable groups e.g. Young offenders, Looked After Children (LAC), Children in Need (CIN), Special Educational Needs (SEN), Learning disabilities		Develop clear offer for C&YP with SEN, building into Education, Health and Care Plan Understand whether specific work is needed to improve pathways between services for children and young people and those for adults, for people with learning disabilities						

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Objective 7: ***Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
			Analyse current support to LAC and CIN (both assessment and treatment) and define optimum support model, ensuring mental health support is part of an integrated service to LAC and CIN Further actions TBC based on outcomes of HNA						
	Ongoing development of Specialist Education Need and Disability (SEND) Local Offer(s) and implementation of Education and Health Care Plans (EHCPs)	Existing resource	Offer to enable access to services which increase mental health, emotional wellbeing and resilience CYP, families and professionals are actively involved in development EHCPs				LAs		Ongoing
	Improving access/capacity in specialist care and support for Looked After Children (LAC) and Child in Need, including those with complex behavioural and mental health needs		Review of Out of Area (OOA) placements, to gain understanding of mental health need, gaps in service provision Development of a commissioning plan for Looked After Children (LAC)		Reduced number of placement breakdowns	Reduced number of OOA placements Reduced number of placements		LAs CCG	Sept-16

WORKING

Objective 7: ***Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Reduce the risk of hate crime / vulnerability to crime for children and young people with mental health issues; or those who have family with mental health issues		Include in the roll out of training in schools described in 1.3 and 6.1 Look at options to reduce actual risk of harm to C&YP themselves or their parents (who have mental health problems), balancing risk and vulnerability vs. independence						
	Learning Disability 'Fast Track' Transformation Programme		Understand local impact of the LD Transformation Programme; ensure services are responsive to individual needs and are able to 'wrap around' those young people with complex needs – LD, ASD, to prevent placement breakdown				CCG	NHSE LAs	
	? Offender Health Collaborative								

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Accountability and Transparency

Objective 8: ***Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.***									
No.	**Agreed action/project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Develop clear leadership and accountability arrangements for children's mental health across agencies		Re-affirm partnership and governance and reporting arrangements; strategic alignment with respective Health & Wellbeing Boards Establish a local CYP Mental Health and Wellbeing Transformation Group; agree Terms of Reference						
	Develop and agree collaborative commissioning model								
	? Develop a multi-agency integrated mental health, emotional wellbeing and resilience model		Model to include underlying principles of CYP IAPT.						
	Ensure co-production of transformation plan and programmes with children, young people, families, services and commissioners		Develop a model of co-production with CYP, parents/carers and other stakeholders to inform future plans throughout implementation				CCG	LA	

WORKING DRAFT

Objective 8: ***Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.***									
No.	**Agreed action/project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Joint Strategic Needs Assessment (JSNA) includes outcomes on children and young people mental health and wellbeing		Shared understanding of local need, to inform commissioning decisions.				LA	CCG	
	Communication and engagement		Consider communication and engagement requirements: • Effective communication and promotion protocols to stakeholders and the community. • Appropriate and on-going engagement with patients, parents and carers etc. • Consultation with staff, service providers, local authorities, adult services and the wider community. Organise consultation opportunities						

Objective 8: ***Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.***									
No.	**Agreed action/project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Consultation and engagement events		Conduct consultation and engagement events Review and release findings to incorporate in to plan as a working document						
	Develop consultation and engagement plan, to include vulnerable groups		Ensure consultation with vulnerable groups of children and young people as needed e.g. children and young people with SEN to improve services, particularly at points of transition						
	Ensure alignment other plans, areas of transformation e.g. CYP plans, learning disabilities transformation programme, local strategies e.g. Mental Health Strategy; ASD Strategy								
	Market engagement		Work with providers to encourage diversity of provision and reduce duplication of services offered				SBC		

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Objective 8: ***Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.***									
No.	**Agreed action/project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Increase engagement of children, young people, parents, carers and families in evaluating service experience and identifying improvement requirements		Implement actions from Investing in Children participation work including consideration of peer support networks Undertake further consultation with vulnerable groups of children and young people as needed e.g. young people with eating disorders; and feed this into service development and commissioning Monitor and explore concerns expressed by service users regarding difficulty accessing CAMHS service Feed into Healthwatch work programme where relevant Explore potential to establish standard service feedback for all mental health and wellbeing service providers						

Objective 9: ***Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Continuous understanding and monitoring of statutory investment into transformation plan to enable economies of scale and joint investment	N/A	Statutory signatories agree to share financial information on investment in children and young people Mental Health and Wellbeing Services through the joint commissioning transformation group						
	Joint commission children and young people mental health, emotional wellbeing and resilience services		Develop a model of joint investment and commissioning across statutory organisations Partners to agree contracting, using 'Delivery with and delivering well' values and standards Develop a performance dashboard of service activity data and routine outcome measures to include CYP IAPT Ensure Provider IT systems are fit for purpose and contractually expected to provide information in accordance with Mental Health Service Data Set (MHSDS)						
			Work with providers (both commissioned and SBC-provided services) to ensure data is routinely collected, analysed and reported, to enable effective contract monitoring, service development and commissioning including national wait times				SBC		

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Objective 9: ***Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.***									
No.	**Description of project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Project management resources and arrangements for the ongoing development and implementation of the Transformation Plan		Identify key individuals from various, relevant stakeholder to establish plan going forward. The inclusion of relevant local authority, service user and carer representation on the group should also be considered. Establish a reporting procedure This should include the identification of a senior officer with responsibility to regularly monitor and assess the progress of the task and finish group. Senior officer should have responsibility for: • Maintaining an on-going responsibility to regularly assess project progress, as measured against the project/ implementation plan • Ensuring that the task and finish group is appropriately resourced. Identify required resources, staff time, resources etc.						

Developing the workforce

Objective 10: ***Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.***									
No.	**Description of the project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Programme of awareness-raising and education across settings and organisations		Develop and roll out training as described in X above Increase awareness and understanding of mental health and wellbeing through PSHE programmes in schools Develop two local campaigns designed and delivered by young people Support major national awareness days / weeks through awareness-raising events, press releases, etc.						
	Eating disorder – transformation linked to Children and Young People's IAPT		Build capacity within community mental health services to deliver evidence based eating disorder treatment Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic family therapy, linked to Children and Young People IAPT				TEWV		2017

WORKING DRAFT

Objective 10: ***Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.***									
No.	**Description of the project**	**Planned investment**	**What is project expected to deliver?**	**Alignment with Future in Mind rec's***	**Expected Quality Outcomes**	**Expected Quantitative Outcomes**	**Lead**	**Partners**	**Timescale**
	Robust training plan		Local implementation of CYP IAPT transformation programme Quarterly updates from CYP IAPT including: Cognitive Behavioural Therapy (CBT), interpersonal psychotherapy, parenting and systemic family therapy Review of training priorities and target workforce - training opportunities for under 5's and LD and Autism will be made available from 2017 and workforce intelligence will inform targeting				TEWV		
	Build capacity within Primary Care to identify and support children and young people and families in need of support						CCG		
	Workforce recruitment and retention strategy								

WORKING DRAFT

CHILDREN'S SERVICES COMMITTEE

6 October 2015

Report of: Director of Child & Adult Services

Subject: SCHOOL ADMISSION ARRANGEMENTS FOR 2017/18

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision test (ii) applies. Forward Plan Reference Number: CAS41/15

2. PURPOSE OF REPORT

2.1 To consider and agree the proposed admission arrangements for Community and Voluntary Controlled Schools in Hartlepool for 2017/18 academic year.

3. BACKGROUND

3.1 It is a mandatory requirement of the national School Admissions Code that all schools must have admission arrangements that clearly set out how children will be admitted to schools, including the criteria that will be applied if there are more applications than places at the school (oversubscription). Admission arrangements are determined by admission authorities. The Local Authority (LA) is the admission authority for Community and Voluntary Controlled Schools, while the Governing Body is the admission authority for Voluntary Aided and Foundation Schools and the relevant Trust for an Academy or Free School.

3.2 All admission authorities must set admission arrangements annually. Where changes are proposed to admission arrangements, the admission authority must first consult on those arrangements. If there are no changes proposed they only need to be consulted on at least every 7 years. Consultation must be for a minimum of 6 weeks and must take place between 1 October and 31 January of the school year before those arrangements are to apply. The consultation period allows parents, other schools, religious authorities and the local community to raise any concerns about proposed admission arrangements.

4. PROPOSALS - CONSULTATION FOR ADMISSIONS FOR SEPTEMBER 2017/18 ACADEMIC YEAR

4.1 There are no changes proposed to the current admission arrangements for Community and Voluntary Controlled schools that require public consultation.

4.2 The published admission number for each Community and Voluntary Controlled School is detailed in **Appendix 1** to this report which Committee are asked to approve. The admission numbers for Voluntary Aided, Foundation Schools, Academies and free schools are included for information.

4.3 The admission arrangements including the over-subscription criteria in respect of Community and Voluntary Controlled schools, for which no changes are proposed, are included in **Appendix 2**.

4.4 The co-ordinated Admission Schemes for Primary Schools and Secondary Schools for 2017/18 will be formulated and published on the Authority's website by 1 January 2016, in accordance with the Schools Admissions Code.

5. 2015/16 ADMISSIONS ROUND - UPDATE

5.1 The LA received a high volume of applications for entry into reception in September 2015. To reduce the amount of children receiving none of their preferences, and in accordance with the LA's Early Years & Schools Infrastructure Plan, the LA considered whether there was any possibility of offering further places for the reception class in September 2015. The headteachers and governing bodies of four schools agreed to take an extra five children in the hope this would alleviate some of the demand for places within the north of the town.

5.2 These 'bulge' classes are a temporary measure only and the places were offered in accordance with the published admissions policy.

5.3 Following the primary National Offer Day (16 April 2015) there were a number of parents dissatisfied that they did not receive one of their school preferences. The LA subsequently received a petition seeking a review of the admissions policy on the allocation of primary school places to include attendance at nursery as part of the admissions criteria. The petition was brought to the attention of Children's Services Committee on 16 June 2015.

5.4 Committee resolved that headteachers should be made aware of the terms of the petition. Headteachers have been informed and governing bodies will also be made aware of the petition in the autumn term. A report will be brought to a future Children's Services Committee which will outline the responses received. Should Members decide to formally consult on the

terms of the petition, because of the statutory consultation timescales, recommendations will be considered for the 2018/19 Admissions Arrangements.

5.5 In view of the pressure for primary places in the north, it is proposed to permanently increase capacity at two schools. However, to enable the buildings to be extended will require Children's Services Committee to approve funding allocations. It is proposed to present a separate report to Children's Services Committee on 6 October 2015.

5.6 Should funding be agreed to enable the schools to increase capacity, the LA will consult with the governing body of the relevant school(s).

6. STATUTORY REQUIREMENTS AND FUTURE IMPLICATIONS

6.1 It is a statutory requirement of all admission authorities that admission arrangements for 2017/2018 are determined by 28 February 2016 and these must be published on their website for the whole offer year. The LA must receive a copy of the admission arrangements of other admission authorities, including Academies, before 15 March in the determination year and provide details on its website of where these can be viewed. Information on how to refer objections to the Schools' Adjudicator (which must be made by 15 May 2016) will also be available on the website.

6.2 The LA must publish online, with hard copies available for those who do not have access to the internet, a composite prospectus for parents by 12 September 2016, which contains the admission arrangements for each of the state-funded schools in the LA area to which parents can apply.

7. RISK IMPLICATIONS

7.1 There will be a breach of statutory duty imposed on the LA if admission arrangements are not determined by 28 February 2016 and published on the Council's website by 15 March 2016.

8. FINANCIAL CONSIDERATIONS

8.1 There are no implications to consider.

9. LEGAL CONSIDERATIONS

9.1 There are no implications to consider.

10. CHILD AND FAMILY POVERTY CONSIDERATIONS

10.1 There are no implications to consider.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

11.1 The admission arrangements relate to every child and young person in Hartlepool regardless of background, faith or ethnicity. The purpose of the arrangements is to ensure a fair and transparent process in the allocation of school places.

12. STAFF CONSIDERATIONS

12.1 There are no implications.

13. ASSET MANAGEMENT CONSIDERATIONS

13.1 There are no implications.

14. RECOMMENDATIONS

14.1 Members are recommended to agree the following recommendations in respect of Community and Voluntary Controlled schools, when determining the admission arrangements for 2017/18.

- That the admission numbers as recommended in **Appendix 1** be approved.
- That the current admission arrangements, detailed in **Appendix 2**, be approved.

15. CONTACT OFFICER

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HARTLEPOOL
BOROUGH COUNCIL

Appendix 1

PROPOSED ADMISSION LIMITS 2017/18

Community and Voluntary Controlled School	2017/18
Barnard Grove Primary School	45
Brougham Primary School	45
Clavering Primary School	55
Fens Primary School	60
Golden Flatts Primary School	30
Grange Primary School	50
Greatham C of E Primary School	15
Hart Primary School	15
Jesmond Gardens Primary School	45
Kingsley Primary School	60
Lynnfield Primary School	55
Rift House Primary School	30
Rossmere Primary School	55
St. Helen's Primary School	45
Throston Primary School	60

Voluntary Aided, Foundation, Academy or Free School*	2017/18
Eldon Grove Academy	60
Eskdale Academy	30
Holy Trinity CE Primary School	30
Sacred Heart R.C. Primary School	60
St. Aidan's C.E. Memorial Primary School	50
St. Bega's R.C. Primary School	25
St. Cuthbert's R.C. Primary School	40
St. John Vianney R.C. Primary School	30
St. Joseph's R.C. Primary School	24
St. Peter's Elwick C of E Primary School	15
St. Teresa's R.C. Primary School	45
Stranton Primary School	50
Ward Jackson Church of England VA Primary School	25
West Park Primary School	45
West View Primary School	55
Dyke House Sports & Technology College	210
English Martyrs R.C. School & Sixth Form College	240
High Tunstall College of Science	220
Manor Community Academy	250
St. Hild's CE VA Secondary School	180

* Please note that proposed admission numbers for these schools are for guidance only.

Hartlepool Borough Council

School Admissions Arrangements 2017/18

CURRENT ADMISSION ARRANGEMENTS FOR COMMUNITY AND VOLUNTARY CONTROLLED SCHOOLS APPROVED ADMISSIONS POLICY FOR 2017/18

The admissions policy for entry to community and voluntary controlled primary schools, effective from 2017/18 admissions round, is as follows:

Parents/carers are invited to express preferences for up to 3 primary schools in priority order and give reasons for their preferences.

- In the first instance, places will be awarded to those pupils with a Statement of Special Educational Needs or Education, Health and Care (ONE) Plan where the school is named as the most appropriate educational setting for the child.

- The remaining places will be awarded in the following priority order:

    1) those children who are looked after children and previously looked after children *(previously looked after children are children who were looked after, but ceased to be so because they were adopted or became subject to a child arrangements order or special guardianship order);*

    2) those children who have brothers or sisters who will be attending the school in September 2017;

    3) those children who live in the school's admission zone;

    4) those children who are distinguished from the great majority of other applicants whether on medical grounds or by other exceptional circumstances and who would suffer significant hardship if they were unable to attend the school;

    5) those children who live closest to the school as determined by a 'straight line' distance measurement; from the (ordnance survey) address point for the child's home to the (ordnance survey) address point of the school, using the Local Authority's computerised measuring system.

Tiebreaker:
If more children qualify under a particular criterion than there are places available, priority will be given to those children who live closest to the school (as described under criteria 5).

Definitions:

Looked After Child - A 'looked after child' is a child who is in the care of a local authority or being provided with accommodation by a local authority in the exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989) at the time of making an application to a school.

Sibling - Sibling refers to brother or sister, half brother or sister, adopted brother or sister, step brother or sister, or the child of the parent/carer's partner and, in every case, the child should be living in the same family unit at the same address. In all cases the responsible parent will hold the child benefit for those children permanently living at that address. A brother or sister living at the same address must be attending the preferred school at the same time as the child who is applying. Please note - this criteria only applies to siblings who are of compulsory school age, not younger siblings who attend a nursery setting attached to a school

Twins or multiple birth children - If you have more than one child who are twins or part of a multiple birth going through the application process this year, you must make a separate application for each child and indicate on each online or paper form that your child has a sibling also going through the process. For community and voluntary controlled schools, we will offer a place to the other child(ren) if one of your twins/multiple birth children is offered the last place available and you have applied to the same school for the other child(ren).

Distance - Distance will be measured by a straight line distance measurement from the (ordnance survey) address point of the child's home address to the (ordnance survey) address point of the school, using the Local Authority's computerised measuring system, with those living closer to the school receiving the higher priority.

Medical Grounds/Exceptional Circumstances – A panel of specialist officers will determine whether the evidence provided is sufficiently compelling to meet the requirements for this criterion. If you think your child has a particular medical or social need to go to a certain school, you must provide supporting evidence from a doctor, psychologist or other professional involved with your child. The supporting evidence must relate specifically to the school you are claiming medical grounds/exceptional circumstances for, and clearly demonstrate why it is only that school that can meet your child's needs in a way that no other school can. If you are applying on-line for a place under this criterion, please send your supporting evidence to the Admissions Team by the closing date, which should include your child's name and date of birth.

NB: Exceptional social reasons do not, in the view of the Authority, include domestic inconvenience arising from parents' work patterns, child-minding problems, separation from particular nursery/primary school friends. Problems of this kind are widespread and cannot be classed as exceptional. Medical reasons do not include temporary conditions. They are permanent medical conditions which require special treatment available at the preferred school only. Medical evidence must be provided and the Authority's officers must be satisfied that the child would suffer to a significant degree if he/she went to any other school.

NOTES:

Criteria 1 Applications

- Applications from children who are looked after must be accompanied by a letter from the Social Worker confirming the legal status of the child and the reasons for the school preferences. Any change of legal status and/or placement arrangements must be notified to the Admissions Team.
- Applications for previously looked after children must be accompanied by a copy of any Special Guardianship Order, Adoption Order or Child Arrangements Order.

Criteria 2 Applications

To obtain a school place under the sibling criteria the sibling must still attend the school at the time when the child for whom the place is sought joins the school. This criterion only applies to siblings who are of compulsory school age, not younger siblings who attend a nursery setting attached to a school.

Criteria 4 Applications

A panel of officers will determine whether the evidence provided is sufficiently compelling to meet the requirements for this rule. The evidence must relate specifically to the school applied for under Criteria 4 and must clearly demonstrate why it is the only school that can meet the child's needs. Criteria 4 applications will only be considered at the time of the initial application, unless there has been a significant and exceptional change of circumstances within the family since the initial application was submitted.

All schools in Hartlepool have experience in dealing with children with diverse social and medical needs. However in a few very exceptional cases, there are reasons why a child has to go to one specific school.

Few applications under Criteria 4 are agreed. All applications are considered individually but a successful application should include the following:

- specific professional evidence that justifies why only one school can meet a child's individual needs, and/or
- professional evidence that outlines exceptional family circumstances making clear why only one school can meet the child's needs
- if the requested school is not the nearest school to the child's home address clear reasons why the nearest school is not appropriate
- medical cases – a clear explanation of why the child's severity of illness or disability makes attendance at only one specific school essential.

Evidence should make clear why only one school is appropriate.

Examples of cases which have been accepted under Criteria 4

- A child with limited mobility who is only able to walk to their nearest school, as their admission zone school is further away.
- A child for whom only one school is suitable due to child protection issues.

Examples of cases which have not been accepted under Criteria 4

- Case made for continuity of child minding arrangements, such as using a childminder that children are already familiar with who caters for children attending certain schools, or childminding by family members living close to a specific school. These cases were not upheld because they are not exceptional. Many families rely on complex childminding arrangements.
- Cases made for children with specific learning and/or behavioural needs where the professional evidence submitted is not school specific. All schools are able to support children with a wide variety of individual needs. If a child's individual needs warrant a Statement of Special Educational Needs or ONE Plan the Statement or ONE Plan will name the appropriate school.
- Medical cases where even though there is a severe illness, more than one school could deal with the child's needs.

How to apply under Criteria 4

- Parents/guardians should submit all relevant information including professional evidence, with their application. If applying online, written information should be received before the closing date for applications and include the child's name and date of birth. Information provided after the closing date will only be considered when there are significant changes of circumstances.
- Applications under Criteria 4 will only be considered when supported by a letter from a professional involved with the child or family, for example, a doctor, psychologist or police officer. Supporting evidence should demonstrate why only one named school can meet the social/medical needs of the child or family.

Admission Zones

Admissions Zones are used in Criteria 3 for community and voluntary controlled schools. Some of the secondary schools (foundation and voluntary aided) have also adopted the council's criteria and will also use primary admission zones to prioritise applications. A child is not guaranteed a place at an admission zone school.

CHILDREN'S SERVICES COMMITTEE

6 October 2015

Report of: Director of Child & Adult Services

Subject: SCHOOL PLACE PLANNING / BASIC NEED FUNDING

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision test (i) applies. Forward Plan Reference Number: CAS 39/15

2. PURPOSE OF REPORT

2.1 To seek approval to spend the 2015/16, 2016/17 and part of the 2017/18 Basic Need capital funding allocations.

3. BACKGROUND

3.1 In previous years, Hartlepool's primary schools have had surplus capacity across the town and the need for additional places was not considered to be an issue. In 2012 the town was split into three geographical planning areas for funding purposes; North West, Central & East and South West. This helped secure Basic Need funding from the Department for Education.

3.2 In February 2015, the Council's Early Years and School Infrastructure Plan was approved by Children's Services Committee. This plan provides a strategy for future education developments and the need to access funding from all available sources to ensure that the Council has sufficient school places across the town.

3.3 Basic Need funding allocations are made to local authorities (LA's) to support the capital requirement for providing new pupil places by expanding existing maintained schools, free schools or academies, and by establishing new schools.

3.4 Basic Need is based principally on data collected from School Capacity Surveys (SCAP) and the LA has the responsibility for determining how this funding should be invested in schools across our area.

4. PROPOSALS

4.1 There has been pressure on primary school places in the north of the town for the 2015/16 academic year and it is expected that the pressure for places will also be an issue for the 2016/17 academic year. This is a combination of significant planned developments in the North of the town and increasing popularity of schools in that area**.**

4.2 The LA has identified two schools in the north of the town where capacity can be increased without deviating from the principles set out in the Child & Adult Services Department, Early Years and Schools Infrastructure Plan. The plan outlines the principle that no primary school will be larger than a 2 form of entry i.e. a Published Admission Number (PAN) above 60 which is 420 places and a secondary school no bigger than 1250 pupil places which is 250 per year group.

4.3 The identified schools are Clavering and Hart. The intention is to increase the published admission numbers for these two schools. This will initially provide an additional 5 places at Clavering and 3 places at Hart in the Reception year and eventually a total of 35 and 21 pupil places respectively will be created across all year groups. However, works will be required to be carried out to accommodate the extra places in advance of the expected funding payments.

4.4 The proposal is to commence works at Clavering - Phase 1 (Key Stage 1 area) and Hart in February/March 2016. Children's Services Committee to note that a phase 2 scheme will also be required at Clavering in 2017, to accommodate those additional pupils in Key Stage 1. A feasibility study for Key Stage 2 building works has yet to be carried out.

4.5 Building Design & Construction have provided estimated costs for works at Clavering and Hart Primary Schools. Initial discussions with the headteachers of both schools have taken place and both have agreed to a 10% contribution. **This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, information relating to the financial or business affairs of any particular person (including the authority holding that information).** The estimated costs for each school are detailed in **confidential Appendix 1**.

5. RISK IMPLICATIONS

5.1 The primary admissions round for 2015 highlighted that there were insufficient places available in the north of the town to meet the demand for places due to parental preference. Additional pupil places, 'bulge classes', for Reception in September 2015 have been agreed with Clavering, Barnard Grove, West View and St Helen's, a total of 20 places. These 'bulge classes' are a temporary measure only and the places were offered in accordance with the published admissions policy.

5.2 Over the next two years the pupil projections indicate that there will be 2,862 pupils requiring places at schools located in the North of the town, with places available for 2,947 pupils, a surplus of 85 for all year groups. However, the projections do not take into account parental preference or the change made to the admissions criteria regarding sibling links which was introduced in 2013. As highlighted by the primary admissions round this year, these two factors had a significant impact on the places available in Reception classes in the north of the town.

5.3 Pupil projections are currently carried out by Tees Valley Unlimited (TVU). In the past the figures produced by TVU have been within 0.2% - 1.0% accurate, however, future projections may not be as reliable as parental preference and sibling links do not form part of the calculations.

5.4 The risk of reputational damage to the Council is significant following the primary admissions round this year. There may be further negative publicity in future years if the situation in the north of the town is not addressed.

6. FINANCIAL CONSIDERATIONS

6.1 The Council's Basic Need funding allocations are set out in the table below.

2015-16 £000	2016-17 £000	2017-18 £000
130	137	2,127

6.2 As the schemes identified in **confidential Appendix 1** need to be completed by September 2016, there will be temporary shortfall of funding owing to the profile of grant income. This can be temporarily funded from Children's Services Demand Management Reserve which will be repaid the following year once the 2017/18 grant allocation is received.

7. LEGAL CONSIDERATIONS

7.1 There are no implications to consider.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 There are no implications to consider.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 The admission arrangements relate to every child and young person in Hartlepool regardless of background, faith or ethnicity. The purpose of the

arrangements is to ensure a fair and transparent process in the allocation of school places.

10. STAFF CONSIDERATIONS

10.1 During the 2015 primary admissions round, the admissions team dealt with an extremely high volume of queries from parents and Members. The pressure for places in the north of the town meant that some parents were refused places. The Admissions Code states that when an admissions authority informs a parent of a decision to refuse a place, it must give the right to appeal. There were a high number of appeals lodged against the LA's decisions. This resulted in additional workload for the admissions team and also for legal and democratic services colleagues.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 This report is concerned with the expansion and development of Council estate i.e. school buildings. The proposed schemes have been compiled on the basis of pressure for places in the north of the town.

12 BACKGROUND PAPERS

Report to the Children's Services Committee – 31 March 2014

13. RECOMMENDATIONS

- Children's Services Committee to approve the spend of Basic Need funding on schemes to increase capacity at Clavering and Hart Primary schools, as detailed in **confidential Appendix 1**.
- Children's Services Committee to note that if capacity is permanently increased at Clavering, further works will also be required to the Key Stage 2 area.

14. CONTACT OFFICER

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CHILDREN'S SERVICES COMMITTEE

6 October 2015

Report of: Director of Child and Adult Services

Subject: COMMISSIONING OF EMOTIONAL WELLBEING SUPPORT SERVICE FOR PARENTS

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision

2. PURPOSE OF REPORT

2.1 To request approval from Children's Services Committee to implement a procurement exercise through tender submissions for the provision of an emotional wellbeing service for parents.

3. BACKGROUND

3.1 Many families in Hartlepool have multiple, intergenerational and complex issues that often leave parents lacking the motivation or the capacity to overcome their problems.

3.2 In 2014, Hartlepool Borough Council commissioned a provider to deliver an emotional wellbeing service for parents involved with the Think Family, Think Communities (TFTC) programme, who were affected by the issues stated above. Due to the success of this service, Hartlepool Borough Council would like to mainstream this approach, by offering emotional wellbeing support to all parents involved with children's services.

3.3 Evidence from the initial pilot shows that parents have welcomed this support and it has enabled them to improve their own emotional wellbeing in order to meet their children's needs.

4. PROPOSAL

4.1 It is intended to procure a service that:

- Will work with parents to understand the issues that need to be addressed in terms of their emotional wellbeing.
- Support parents to develop effective coping mechanisms and problem solving strategies.
- Provide one to one sessions with parents to address presenting issues that have been diagnosed through assessment.
- Provide a responsive and flexible service to meet the needs of parents in need of support, including home visits and after hours.
- Training and support will be provided to key workers to help them to understand the emotional needs of parents and how best to support them.

4.2 It is proposed that the service is commissioned in line with the council's contract procedure rules. The service will be advertised for two years with an extension for a further two twelve months, based on demand, satisfactory performance and funding being available. The total value of the initial 2 year contract is proposed to be £45,000 per annum (£90,000 for the initial two years contract period).

5. FINANCIAL CONSIDERATIONS

5.1 This has been budgeted within the current budget. There is a risk that in future year's further savings will need to be realised. If this is the case the contract would need to be reviewed within a whole budget review and varied accordingly. It is expected that this service will support improved outcomes for children and therefore the need for specialist services should reduce.

6. LEGAL CONSIDERATIONS

6.1 Discussions have taken place with the existing service provider and they are aware that notice will be served on the current contract in line with Council Procedures.

7. IMPACT OF CHILD/FAMILY POVERTY

7.1 A large proportion of the families that were supported in the first phase of the Think Family, Think Communities programme were not in employment and had issues with money management and debt. It was evident in a number of these families that anxiety and stress were contributing significantly to their ability to access support to improve their financial inclusion. It is hoped that as these parents start to access support for their emotional wellbeing they will also access the support available to improve their economic wellbeing.

8. RECOMMENDATION

8.1 For Children's Services Committee to approve the procurement of a mentoring service for children and young people.

9. REASONS FOR RECOMMENDATIONS

9.1 The current contract comes to an end in December 2015 therefore a decision needs to be made to prevent a gap in services for parents.

10. CONTACT OFFICERS

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Report to Schools Forum 8th September 2015
From Mark Patton (Assistant Director – Education)

Item 7: Schools Formula 2016/17

1. Introduction

1.1 To provide an update on the EFAs published Schools Revenue Funding for 2016/17and the implications for School budget setting.

2. Background

2.1 On the 16th July 2015 the DFE published the ministerial statement confirming the pupil funding rates for 2016/17. This confirmed the extra £390 million fairer funding uplift from 2015 to 2016 in budgets for 2016 to 2017 and beyond. This does not affect Hartlepool. The statement also confirmed the protection of the per-pupil funding in each authority from 2015 to 2016.

2.3 The publication of the EFAs operational guide allows local authorities to start the process of consulting with Schools Forums on how the funding should be distributed.

2.4 The forthcoming spending review will set out the government's plans for the delivery and funding of public services for this Parliament. It will set out further detail on key delivery priorities for schools and local authorities and confirm funding levels for other grants and programmes. In light of the spending review and any consequent changes to the School Finance Regulations (which would of course be consulted on), the operational guide may have to be updated and local authorities may have to review the planning and modelling they have undertaken.

2.5 Final funding allocations to each authority will be made in December, in line with the latest pupil data.

2.6 The DfE stated that base lining the 2015 to 2016 minimum funding levels in 2016 to 2017 is an important step towards making funding fairer. However it remains the case that a school in one part of the country can receive over 50% more funding than an identical school in another part of the country. The DfE have advised that proposals to address this issue will be published in due course.

3. Schools Block

3.1 The funding allocation from the EFA remains unchanged, below are the key details:

- Schools block Per pupil funding is unchanged @ £4695.39 per pupil c.£61m

- The Minimum Funding Guarantee (MFG) also remains in place at 98.5%. No school budget can fall below this level, subject to changes in pupil data.

- The maximum level of lumpsum has been confirmed at £175,000

4. Early Years

4.1 The block will continue to be funded based upon participation and will be confirmed later this month following the spending review. As yet there is no further detail on the administration and roll out of the additional 15hrs of free child care.

5. High Needs Block

5.1 The EFA have advised LAs to assume the level of funding will be at 15/16 levels and that any place reviews should be cost neutral. i.e. no additional funding. Further information will be provided as part of the spending review.

5.2 There are emerging pressures within the High Needs Block which are addressed in Agenda item (5).

5.3 For the purposes of this report all figures provided assume that the £0.550m contribution to Schools Block from High Needs Block will continue.

6. 2016/17 Schools Formula

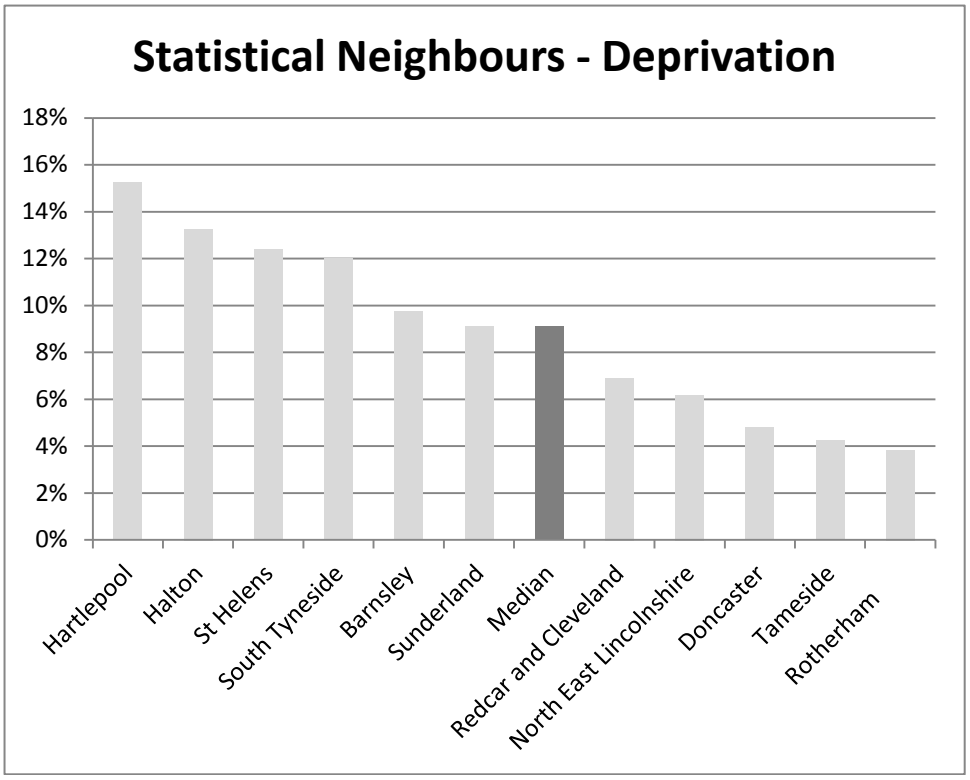
6.1 For the purposes of modelling we have used the 2015/16 agreed levels for de-delegated services and centrally retained funding. Any changes to these will impact on the funding allocation. The proportion of funding allocated by sector may also be adjusted to reflect demand.

6.2 There is also an inflationary pressure relating to Capita SIMS license costs of £5k within De-delegation. Costs have increased however, funding has remained at 12/13 levels. This is no longer manageable within existing resources.

6.3 As part of the annual consultation a number of scenarios are provided for discussion. The timeline for decisions is tight. Therefore, to allow sufficient time to consider the options a formula based upon the "status quo" scenario.ie lump sum remaining at £175k per school and deprivation at 15 % is provided at **Appendix A**.

6.5 Schools requiring MFG has reduced to 2 with the level of capping gradually reducing to 0.59% from 1.3%. 4 schools would be subject to capping totalling £64k.

6.6 Deprivation continues to be an issue which has been debated at length during previous consultation periods. The average rate of funding allocated via deprivation factors by our statistical neighbours is 9%. The graph overleaf shows the details. The percentage rates vary significantly. Rotherham being the lowest at 3.84% and Hartlepool being the highest at 15%. The North East average deprivation rate is 11.3%. Where an authority has a lower level of deprivation then the AWPU rate per pupil is set at a higher rate to ensure the pupil led funding percentage meets the national requirement of 80%.



6.7 Given the large differential between the average rate of 9% and Hartlepool's 15%, Appendix B demonstrates the change to the formula if the deprivation factor was reduced to the midpoint (between 9%-15%) to 12%.

6.8 The change in deprivation factor would result in 10 schools requiring MFG and 11 schools would be capped to cover the reduction totalling £112k.

6.9 As part of the consultation process Forum need to agree the formula factors to be used for setting the local formula. The table below shows the current agreed formula factors. 80% of funding delegated to schools must be allocated via pupil led factors. The values per factor are dependent upon changes to pupil numbers.

Factor	Comments	15/16 Value per eligible pupil*	
		Primary	**Secondary**
Basic Entitlement - Compulsory	AWPU must be at least		
	Primary £2000, Secondary £3000	£2,717.65	£4,117.24
Deprivation - Compulsory	Option to use FSM6 or IDACI	1427.46	2141.19
	FSM6 - used @ 15%		
Factor	**Comments**	**15/16 Value per eligible pupil***	
Prior Attainment	Proxy indicator for Low Level, high incidence special educational needs	453.83	336.58
LAC	Per pupil value, March SSDA903 return and January census check	777	777
English as an additional language	Pupils attract funding up to 3yrs after they enter statutory school system, option 1,2 or 3 years	518	518
Pupil Mobility	Pupils who entered a school during the past 3 years but did not start in August or September	641.84	641.84
Other Factors			
Lumpsum	Maximum £175k , sectors can have different lump sums	175,000	175,000
Rates	funded at estimated cost with retrospective adjustments in the following year	variable	variable
Sparsity	Optional factor, a test is carried out each yr when the latest information is received to check for eligibility	n/a	n/a
Split Sites	Optional - Not applicable for HBC	n/a	n/a
PFI	Optional - Not applicable for HBC	n/a	n/a
London Fringe	Optional - Not applicable for HBC	n/a	n/a
Post - 16	Optional - Not applicable for HBC	n/a	n/a
Exceptional Premises costs	Optional, costs must be in excess of 1% of schools budget and effects less than 5% of the estate - approval required from EFA	n/a	n/a

7. <u>For Consideration</u>

- Note the contents of the report
- Agree the formula factors as noted in Para 6.9
- Agree what modelling is required for further consultation

"Status Quo" - 15/16 Budget Rolled Forward

	2015/16 Budget Post MFG/Capping £ 3.15%	2016/17 Budget Post MFG/Capping £ 0.59%	Change in Allocation £	MFG / (CAPPING) £
1	£820,497	£820,141	(355)	0
2	£904,161	£893,249	(10,912)	61,621
3	£490,981	£490,981	0	0
4	£1,345,390	£1,350,978	5,588	0
5	£407,130	£407,665	534	0
6	£1,568,484	£1,568,484	0	0
7	£1,051,466	£1,056,533	5,067	(5,613)
8	£1,477,817	£1,477,817	0	0
9	£695,277	£687,501	(7,776)	2,326
10	£1,526,826	£1,526,826	0	0
11	£1,225,847	£1,225,318	(529)	0
12	£1,371,603	£1,371,603	0	0
13	£1,332,416	£1,331,186	(1,230)	0
14	£1,237,828	£1,237,828	0	0
15	£861,694	£865,749	4,055	(49,966)
16	£1,452,471	£1,452,471	0	0
17	£844,816	£844,816	0	0
18	£1,512,042	£1,512,042	0	0
19	£1,004,381	£1,004,381	0	0
20	£1,469,471	£1,469,471	0	0
21	£1,487,320	£1,487,320	0	0
22	£800,449	£800,397	(52)	0
23	£1,186,549	£1,186,549	0	0
24	£1,447,319	£1,447,319	0	0
25	£426,819	£426,819	0	0
26	£1,296,382	£1,296,382	0	0
27	£1,218,300	£1,218,300	0	0
28	£1,252,358	£1,252,358	0	0
29	£700,563	£703,665	3,103	(1,653)
30	£595,778	£598,263	2,485	(6,576)
	£33,012,434	**£33,012,413**	**(21)**	**139**
			0	
31	£6,118,355	£6,118,355	0	0
32	£6,151,561	£6,151,561	0	0
33	£3,897,605	£3,897,605	0	0
34	£6,025,171	£6,025,171	0	0
35	£4,803,112	£4,803,112	0	0
	£26,995,804	**£26,995,804**	**0**	**0**
	£60,008,238	**£60,008,217**	**(21)**	**139***

16/17 Budget – Deprivation 12%

	2015/16 Budget Post MFG/Capping £ 3.15%	2016/17 Budget Post MFG/Capping £ 1.40%	Change in Allocation	MFG / (CAPPING)
1	£820,497	£810,972	(9,524)	2,153
2	£904,161	£893,249	(10,912)	48,835
3	£490,981	£494,437	3,457	0
4	£1,345,390	£1,337,816	(7,574)	0
5	£407,130	£410,237	3,107	(5,209)
6	£1,568,484	£1,572,477	3,993	0
7	£1,051,466	£1,063,449	11,983	(29,088)
8	£1,477,817	£1,458,815	(19,002)	10,277
9	£695,277	£687,501	(7,776)	1,816
10	£1,526,826	£1,538,165	11,339	0
11	£1,225,847	£1,210,448	(15,399)	9,661
12	£1,371,603	£1,356,541	(15,062)	0
13	£1,332,416	£1,315,126	(17,290)	7,675
14	£1,237,828	£1,230,631	(7,198)	0
15	£861,694	£871,284	9,591	(33,297)
16	£1,452,471	£1,433,605	(18,866)	7,633
17	£844,816	£834,804	(10,012)	7,361
18	£1,512,042	£1,492,065	(19,977)	15,237
19	£1,004,381	£1,010,801	6,420	0
20	£1,469,471	£1,487,279	17,808	(6,120)
21	£1,487,320	£1,505,327	18,007	(727)
22	£800,449	£809,185	8,735	(9,458)
23	£1,186,549	£1,200,676	14,127	(700)
24	£1,447,319	£1,465,084	17,765	(15,302)
25	£426,819	£430,324	3,505	(5,340)
26	£1,296,382	£1,289,359	(7,023)	0
27	£1,218,300	£1,202,882	(15,418)	436
28	£1,252,358	£1,267,174	14,816	(6,000)
29	£700,563	£703,887	3,324	0
30	£595,778	£595,311	(467)	0
	£33,012,434	**£32,978,910**	**(33,524)**	**(156)**
			0	
31	£6,118,355	£6,059,318	(59,036)	0
32	£6,151,561	£6,234,677	83,116	(910)
33	£3,897,605	£3,872,231	(25,374)	0
34	£6,025,171	£6,010,599	(14,572)	0
35	£4,803,112	£4,851,210	48,099	0
	£26,995,804	**£27,028,037**	**32,233**	**(910)**
	£60,008,238	**£60,006,947**	**(1,291)**	**(1066)***

*Sum due to roundings

CHILDREN'S SERVICES COMMITTEE

6th October 2015

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Child & Adult Services

Subject: PUPIL ACHIEVEMENT SUMMARY 2015 (PROVISIONAL)

1. TYPE OF DECISION/APPLICABLE CATEGORY

This report is for information.

2. PURPOSE OF REPORT

2.1 To provide summary of pupil achievement outcomes from public examinations 2014-15, and to indicate any significant trends.

3. BACKGROUND

3.1 Children and young people in Hartlepool undertake formal assessments of their attainment and progress throughout each academic year. These assessments are a mixture of teacher assessments, which are moderated and standardised, and tests or examinations that are set nationally. Formal national testing and examinations usually happen in the summer term each year, although some 'early entry' public examinations are taken by Year 10 and Year 11 students at other times throughout Key Stage 4.

3.2 There are nationally benchmarked outcomes for children and young people at the end of:

- **Reception** – children are now (from the summer of 2013) expected to reach a 'good level of development' (GLD);
- **Year 1** – children undergo a Phonics Screening Check and either achieve the required standard or not;
- **Year 2** – on average, children are expected to attain Level 2 in reading, writing and mathematics at this age;
- **Year 6** – on average, children are expected to attain Level 4 in reading, writing and mathematics at this age, and to have made two Levels of

progress between Key Stage 1 and Key Stage 2. There are national Floor Standards of attainment and progress for maintained schools to reach at the end of Key Stage 2 (Year 6).

- **Year 11** – young people are expected to make 3 Levels of progress from Key Stage 2 to Key Stage 4. The key measure of attainment for young people at the end of Key Stage 4 continues to be 5 GCSE passes at grades A*-C, including English and mathematics. There are national Floor standards of attainment and progress for maintained schools to reach at the end of Key Stage 4 (Year 11).
- **Post 16** – there are national minimum standards for the attainment of 16- to 18-year-olds in academic and vocational qualifications.

3.3 National figures presented in this report are very early figures, taken from a (large) sub-set of all schools, and should be considered as indicative only at this stage. Firmer figures will be published by the Department for Education in late October/early November. For some measures there is no early national figure at all at the time of writing. Where this is the case, the confirmed national baseline for 2014 has been used as a comparison.

4. OUTCOMES SUMMARY

4.1 **Early Years Foundation Stage**

This summer marked the third year that the new Foundation Stage Profile was assessed. Girls outperformed boys in every area of learning of the Profile again this year. A good level of development (GLD) was achieved by 75% of girls, but only 62% of boys achieved this standard. The overall figure for the achievement of GLD in Hartlepool this year was 68% compared with 61% last year. The indicative national average for 2015 is 66%.

4.2 **Key Stage 1**

Children in Year 1 complete the national Phonics Screening Check. In 2015, 81% achieved the required standard. This is an increase from 80% in 2014. The indicative national benchmark in 2015 is 77%. Girls outperformed boys again in 2015 and the gender gap increased from 4% in 2014 to 8% in 2015. Those children entitled to free school meals (FSM) did not perform as well as their non-FSM peers. This gap narrowed in 2015 from a gap of 12% points in 2014 to 11% points in 2015.

4.3 Children in Year 2 who did not achieve the required standard in the Phonics Screening Check in Year 1 have the opportunity to do so again. In 2015, 64% of those eligible to take the Screening Check again achieved the required standard compared with an indicative national average of 66%. Children that had not achieved the standard by the end of Year 2 were not tested again in Year 3.

4.4 Standards at Level 2+ in reading, writing and mathematics were similar in 2015 compared to 2014. Provisional national data indicate that Hartlepool children are just below national benchmarks by 1% point in reading, 0.3% points in writing and 1% point in mathematics in this measure. Girls

outperformed boys once again this year, with the gender gaps being 5% points in reading, 7% points in writing and 3% in mathematics. These gaps widened slightly for writing but narrowed slightly for reading and maths in 2015. FSM children continue to underachieve relative to their non-FSM peers in Hartlepool: in reading this gap is 11%; in writing it is 13%; and in mathematics it is 8%.

4.5 Overall standards in the more challenging Level 3+ indicator for reading, writing and mathematics increased in 2015 compared to 2014. The largest increase of 5% points was in mathematics. No national benchmarks for 2015 are available yet for this more challenging standard.

4.6 **Key Stage 2 (2015 national figures are very early, indicative ones)** Standards at Level 4+ all remain above national benchmarks. Reading fell slightly by 0.6% points to 90% in 2015 which is above the national average of 89%. Standards in writing increased by 4% this year to 89% against a national figure of 87%. Mathematics rose slightly by 1% point to 89% in 2015 compared with at national average of 87%. Girls outperformed boys once again this year: in reading by 2% points and in writing by 4% points. In mathematics boys outperformed girls by 2% points. FSM children continue to underachieve relative to their non-FSM peers in this key measure.

4.7 Standards in the more challenging Level 5+ indicator for reading fell by 5% points to 44% this year (national average 48%), whilst writing improved by 1% point to 34% (national average 36%). In mathematics standards remained the same at 41% (national average 42%). Boys outperformed girls in reading by 3% points (nationally girls out performed by 9% points), and in mathematics by 10% points (national gap 8% points). In writing girls outperformed boys by 11% points (national gap 15% points).

4.8 Children took an examination in Spelling, Punctuation and Grammar (SPaG). In Hartlepool, 83% attained at Level 4+, an increase of 4% points on 2014, (indicative national average 2015 is 80%), whilst 56% attained at the more challenging Level 5+, an increase of 1% point on 2014 (indicative national average 2015 is 56%). Girls performed better than boys in this examination by 5% points (national gap 8% points), and FSM performed less well than their non-FSM peers.

4.9 The proportion of children making the expected progress in reading from Key Stage 1 to Key Stage 2 decreased slightly to 91%, the same as this year's national average. For writing, the proportion of children making expected progress remained at 96%, above the national average of 94%. The proportion of children making the expected progress in mathematics reduced slightly to 92%, above the national average of 90%.

4.10 The proportion of children making more than the expected progress from Key Stage 1 to Key Stage 2 decreased slightly in 2015 in reading to 37%. However, the proportions in writing rose to 43% and rose to 40% in mathematics. These compare favourably with last year's national averages.

4.11 Early indications are that no Hartlepool primary schools will fall below the Floor Standard.

4.12 **Key Stage 4 and Key Stage 5**
At the time of writing this report there is still a great deal of uncertainly nationally and in Hartlepool about final outcomes for individual students as a result of many appeals across a wide range of GCSE subject areas. In addition, there were some errors in the first national data release. This means that summative indicators for individual schools are still changing almost on a weekly basis, and that national benchmarks are still not secure. A further report will be presented to Committee following the release of the updated data sets.

5. RISK IMPLICATIONS

5.1 There are no risk implications.

6. FINANCIAL CONSIDERATIONS

6.1 There are no financial considerations.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 Closing the achievement gaps between boys and girls, and between disadvantaged children and their peers, in primary schools continues to be a key challenge. This is also a regional and a national issue. 'Closing The Gap' is a high priority recommendation in the Education Commission report that was brought before this Committee in September 2015.

10. STAFF CONSIDERATIONS

10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no asset management considerations.

12. RECOMMENDATIONS

12.1 Committee to note the contents of this report.

13. REASONS FOR RECOMMENDATIONS.

13.1 There are no decisions required from this report.

14. BACKGROUND PAPERS

14.1 There are no background papers to this report.

15. CONTACT OFFICER

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