

Children & Family Services Commissioning Strategy 2015-2019

August 2015

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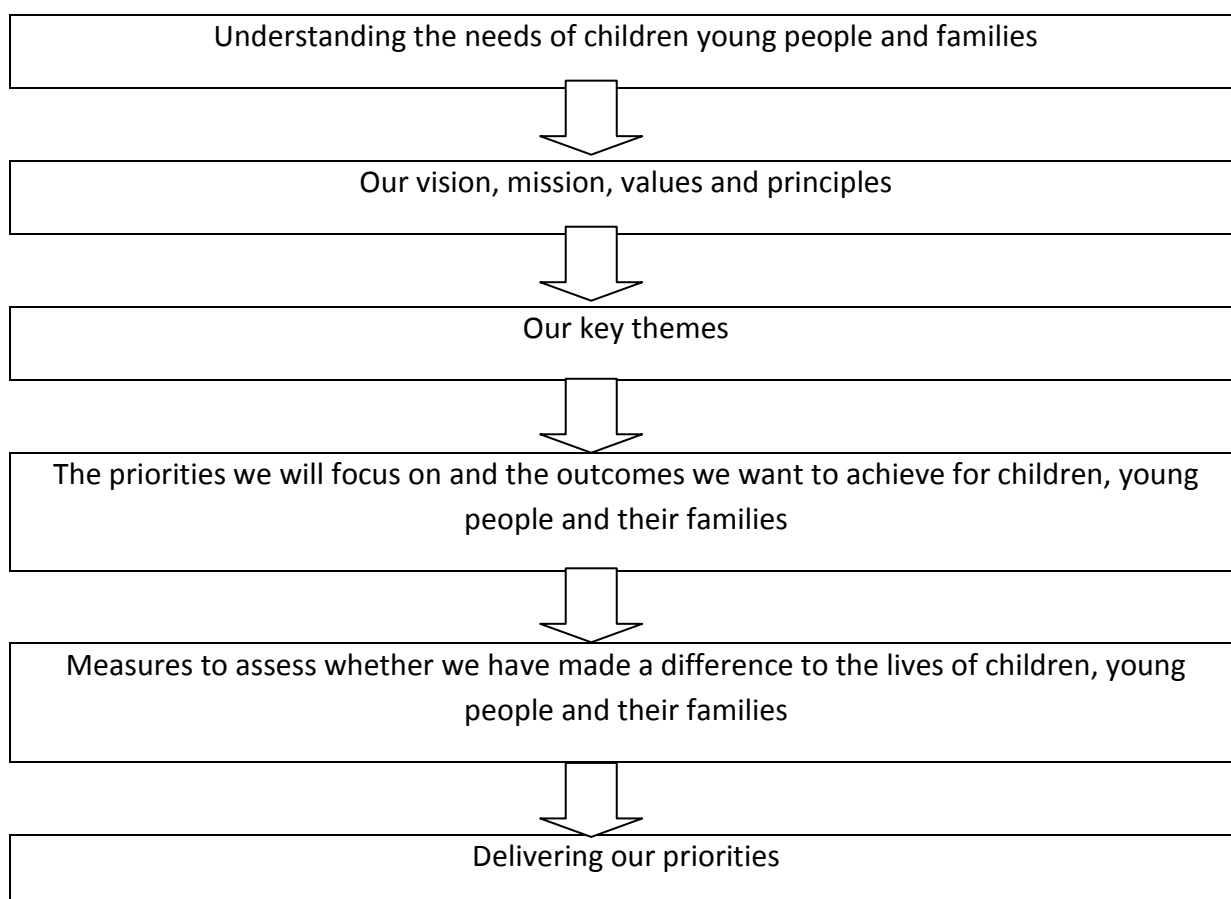
Introduction

The strategy is the high level strategic document that informs the commissioning decisions and work programme for Children & Family Services, setting out our intentions for improving the life chances of children, young people and families in Leicestershire over the next four years, from 2015 to 2019

The strategy has been developed using the following information sources:

- Understanding national and local drivers
- Needs assessment, including the latest Joint Strategic Needs Analysis and demographic data
- Consultation and engagement with children, young people and their families, staff, partner agencies and other key stakeholders
- Review of current performance in achieving key outcomes
- Recent inspection reports

The diagram below illustrates the approach to developing the CFS Commissioning Strategy:



Chapter 1 - National and local policy drivers

A new government was elected in May 2015 and the Children & Family Services departmental strategic planning will need to remain flexible and agile in order to respond to emerging national policy and strategic direction.

The Children Act 2004 amended the Children Act 1989, largely in consequence of the Victoria Climbié inquiry and brings all local government functions of children's welfare and education under the statutory authority of local Directors of Children's Services.

In addition to the Children Act 2004 the introduction of The Children and Young Person Act 2008 extended the existing framework of children in care in England and Wales to make sure the care they receive is well supported, of high quality and tailored to their needs.

The impact of the Academies Act 2010, the Education Act 2011 and the continuation of education reform will influence our relationship with schools and other education providers. We recognise the benefits of supporting a self-improving school system and welcome the engagement of education providers, particularly through the Leicestershire Educational Excellence Partnership (LEEP) in shaping and jointly commissioning universal and early intervention services.

The Children & Families Act 2014 and the Care Act 2015 provide key influences for our future work, in particular our responses to parent and young carers and to children and young people with Special Educational Needs and/or Disabilities.

The Children and Families Act has led to comprehensive review of the SEND Code of Practice and a much tighter definition of special educational needs. The Act, introduced requirements for Local Authorities and Health Services to commission education, health and social care services jointly and provide a more streamlined and co-ordinated assessment process.

Working Together to Safeguard Children (2015) sets out the importance of early identification and response to issues of concern, particularly for vulnerable groups.

National child protection tragedies; government attention on adoption processes and outcomes and increased national awareness of Child Sexual Exploitation have all led to significant recent changes in the departments work and arrangements and will continue to be strong influences in the future. Additional resource has been made available to create an integrated, co-located team of CFS staff and police officers to prevent CSE, protect those subject to CSE and pursue perpetrators.

The international, national and local financial situation has led to a programme of austerity and deficit reduction and consequently we are operating within a context of significant funding reductions. The County Council's Medium Term Financial Strategy 2015-19 sets out the funding that will be available to Children & Family Services to purchase and deliver

services for children, young people and their families within Leicestershire. It is clear that the range of services directly delivered by the county council or externally procured will decrease and some previously delivered work will end.

The increased expectation of seeing more integration between Health and Social Care applies to children's services as it does to adult services. We will actively explore all opportunities to commission and deliver more joined up services with partners in Health. The Leicestershire Health & Well-being Strategy and the local Better Care Together strategy are both overseen by the Health & Wellbeing Board which provides a mechanism for driving forward this integration.

The Leicestershire County Council Strategic Plan 2014-18 provides the broader framework for the work of Children & Family Services. Other corporate strategies such as the council's Commissioning Strategy and the Community Strategy, with its focus on building on and growing community capacity will also influence the direction of our work.

There is a national and local focus on early intervention and prevention with a current review of services across the local authority which will inform a multi-agency Unified Prevention Strategy. We know that high quality interventions early on in life or at the emergence of a problem can lead to improved outcomes that are quicker and more cost effective. We will work with a range of partners in the voluntary and community sector, schools and other education providers, health commissioners and providers and District councils to shape a coordinated offer across the county.

The County Council is undergoing significant transformation and is redefining its role as a commissioning organisation. The Council's Transformation Plan and associated Target Operating Model will be reflected in the approach and organisation of Children & Family Services.

Chapter 2 - Our vision, mission, values and principles

VISION

Leicestershire is the best place for all children, young people and their families

This means that we will describe the outcomes we want to achieve for children, young people and their families and identify measures that can tell us how well we are achieving them in comparison with other English local authorities. We will aim to be the best performing local authority in the country against these measures, and where we are not yet there we will set stretching targets for annual improvement.

MISSION

Children and young people in Leicestershire are safe, and living in families where they can achieve their potential and have their health, wellbeing and life chances improved within thriving communities

Our values

- Being open, inclusive and accountable in our actions
- Valuing children and getting it right from early childhood and in adulthood
- Ensuring children, young people and families are central to decisions about them, and their voice and experiences are heard and responded to
- Planning and delivering the best services based on the voice of children, young people and their families and evidence of what works
- Creating a confident and effective workforce that improves outcomes for children, young people and families
- Supporting children, young people and families and their communities to be safe, independent and responsible for their own wellbeing
- Establishing meaningful, strong and effective partnership working to secure improved outcomes

The following **principles** are integral to the way we work

- a. Making commissioning choices that recognise and improve the journey of the child through services and life stages;
- b. Moving from control to influence and promoting independence (promoting, enabling and influencing more autonomous communities)
- c. Collaborating through partnerships;
- d. Maintaining commitment to early help services that divert need, providing the right support at the right time, and managing the demand to specialist services;
- e. Retaining what works locally and recognising where we need creative and new ways of working to improve outcomes;
- f. Integrating service planning and delivery to maximise impact;
- g. Listening and responding to the voice of the child and young person;
- h. Promote customer self-service by ensuring services are simplified, transparent and easily accessible.

Chapter 3 - Understanding the needs of children young people and families and demand modelling

The Commissioning Plans that sit beneath this strategy contain more specific needs analysis and identify current performance, trends and future targets. They are informed by a wide range of information, including both the 2012 and the 2015 Joint Strategic Needs Analysis (JSNA), demographic data, performance information and staff and service users' views. Anticipated future changes in demand for support are also considered.

Key findings

The vast majority of children and families in Leicestershire are safe and living in families where they can achieve their potential and have good health, wellbeing and improved life chances within thriving communities.

There are groups of more vulnerable children, young people and families for whom a range of outcomes are much poorer than the population as a whole. The work of the Children and Family Services department will focus on these groups.

Safe and living in families

The average looked after child rate in Leicestershire has continued to increase over the last four years but still remains significantly lower than those of our statistical neighbours.

Permanency for children in care has improved with significantly more children now being adopted, however, some outcomes for children who remain in local authority care are poorer than comparator authorities and placement instability is too high. Whilst changes in placement may be necessary and desirable in some cases there remain some groups, such as older children and those with complex behavioural needs where permanent placements are very hard to find.

Placement costs vary significantly within and between suppliers and our spend on externally commissioned placements has more than doubled since 2011.

Many of the most vulnerable children and young people have multiple risks of poorer outcomes. Of the statutory assessments to determine whether a child is in need that were completed in 2014, a quarter of children were deemed to require statutory social care services with the most common contributing factors being:

- Parents abusing alcohol or drugs
- Parental domestic abuse
- Parental mental health needs and/or
- Child mental health need, physical or learning disability.

Analysis of national and local research undertaken to better understand vulnerability and to guide our Early Help offer indicates that:

- Living in poverty has a pervasively negative influence on children's outcomes.
- Those caring for children with disabilities may need additional services.
- Having a depressed mother, having a father with limited literacy skills and being frequently disciplined are significant risk factors associated with lower KS1 scores.
- Teenage mothers are three times more likely to experience post natal depression and those who adopt children can also similarly suffer.
- Children who are carers very often fare less well than their peers (socially, academically and with their health).
- Domestic violence, abuse, and homelessness or coming into local authority care can impact significantly on the outcomes for older teenagers.

In line with managing risk well, child protection services are effective, with fewer child protection plans and longer-term plans than comparator authorities.

Children who remain in care highlight the importance of their relationships with family and siblings. They also describe their relationships with their teachers, foster carers, social

workers and their initial involvement in discussions and decisions about them as being key to their wellbeing.

Tackling Child Sexual Exploitation (CSE); trafficked children; children who go missing or run away from home or care; cases of non-recent non-familial child sexual abuse (CSA) and complex and organised abuse have been given national and local prominence following the Saville Inquiry and events in Rochdale, Oxfordshire and Rotherham. A number of high profile national reports have been published. The government has elevated the issues to the level of a national threat and set up a national inquiry. Locally this has necessitated an accelerated response and an equally determined focus at strategic and operational levels.

Achieving potential

Pupil achievement has improved in 2014 in all key stages and is either broadly in line with or above national outcomes. However here is a significant attainment gap between all learners and vulnerable learners such as children and young people with Special Educational Needs and/or Disability, Children in Care, Pupils Missing Education, young people not in education, employment or training (NEET) and children eligible for Free School Meals who tend to have attainment levels that are lower than the England average.

Our focus must be to improve attainment and progress in all key stages and to narrow the gap between vulnerable children and their peers.

The proportion of children and young people with Special Educational Needs and/or Disability has increased over the last five years, and is forecast to continue to increase. In Early Years there is currently a gap in pre-school provision for children with Special Educational Needs and/or Disability.

The overall rate of 16-19 year olds who are Not in Education, Employment or Training is consistently low and places Leicestershire in the top 25 of 150 local authorities. The NEET rate for young people with Special Educational Needs and/or Disability aged 16-19 is very low but the rates for Children in Care and young people with Special Educational Needs and/or Disability aged 19-25 is much higher.

Attendance in Leicestershire is in line with the East Midlands Local Authorities and slightly above the national levels. The data analysis shows that outcomes for pupils with less than 90% attendance start to decline steeply. Attendance rates for children with Special Educational Needs and/or Disability and disadvantaged pupils are up to three times lower than 'all pupils' rates but are showing signs of improvement.

Permanent exclusions rates are low in Leicestershire, especially at secondary level and Fixed Term exclusion rates are similar to national and regional comparators. Once again, children with Special Educational Needs and/or Disability and disadvantaged pupils are over-represented in the figures.

Leicestershire has an increasing trend of good or outstanding child minder provision now above the national standards and the Private, Voluntary and Independent provision in Leicestershire is consistently above the national standards.

The percentage of schools, both primary and secondary, that are judged good or outstanding is above national standards and the percentage of pupils in good or outstanding schools is also above the national standards.

Health and wellbeing

Evidence shows that nationally the health, educational and social outcomes for children in care remain poor with a high rate of:

<ul style="list-style-type: none"> • Teenage pregnancies • Smoking • Substance misuse 	<ul style="list-style-type: none"> • Mental health problems • School dropout rates • Poor education attainment and • Criminality.
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The promotion of the health of children in care Leicestershire’s has seen some improvement in the completion of health and dental checks and a significant improvement in the number of children with up to date immunisations although this will remain subject to close attention. There remains a gap in the availability of a wider range of health data for children in care e.g. obesity rates, tooth decay, hours of exercise/activity.

Children with Special Educational Needs and/or Disability, Children in Care, pupils missing education, young people who are NEET or children eligible for Free School Meals have a higher prevalence of Social Emotional Mental Health needs.

Identification of Social Emotional Mental Health issues and subsequent support tends to be at later ages and responses between services are too often disjointed. Communication difficulties, often a precursor to autism or Social Emotional Mental Health, are not used sufficiently well to intervene earlier and prevent more complex issues for older children. Identification of children and young adults with autism and/or severe learning difficulties has also increased in the previous 5 years.

The needs of residents were explored across Leicestershire in the 2012 Joint Strategic Needs Assessment (JSNA). This latest JSNA found that:

- There is a trend for increasing numbers of children and young people with complex health needs

- The prevalence of mental health problems in children and young people is increasing nationally.
- The diagnosis of children with Autism Spectrum Disorder has increased ten-fold in the last 10 years. For Leicestershire, one educational consequence is a significant increase in specialist placements for children and young people with autism.
- The number of children with behavioural, emotional and social difficulties has also increased, many of whom are known to Children & Adolescent Mental Health Service (CAMHS). This has implications beyond education services. For example, many of the families struggle to manage with the children at home, and seek additional support to care for the children.
- Excess weight in Reception and in Year 6 is significantly lower than the England and East Midlands averages.

Thriving communities

The local Prevent Delivery Plan for Leicestershire and Leicester which sets out how the city will address the risks of extremism, based on the national Prevent Strategy. The Prevent Coordinator is now working with public bodies and local communities in Leicester to implement the Prevent Delivery Plan.

The Youth Justice Board (YJB) has introduced **reducing re-offending** nationally as a priority within their 3 year business plan. National statistics indicate that while the number of first time entrants is falling, the offending rate of those young people who enter the criminal justice system has been steadily rising since 2000. The YJB acknowledge that the demographic of the offending cohort has changed considerably during this period. The cohort is now comprised of offenders with more complex needs and whose characteristics mean that they are more likely to re-offend than those in the 2000 cohort. The national picture is also reflected in Leicestershire where the number of young people in the cohort has fallen.

Research into the top 10 most prolific reoffenders in Leicestershire in both the 2013 and 2014 reoffending cohorts highlighted a number of common themes. Notably a significant percentage of the young people were or had been Looked After Children, had ongoing relationship problems with their family, had statements of special educational needs, were

NEET, and were actively misusing substances. Most of these themes reflected national issues and as a result of their complexity, the YOS is developing a series of responses to reoffending with both internal and external partners.

Over the last 2 years 42% of all victims have participated in the **restorative justice** process, which is well above the national average of 25% in relation to young people related crime.

Research undertaken by Leicestershire YOS in 2014 indicated that around 15% of the young people being worked with by the service were exhibiting behavior linked to child on parent violence. The relationship between family members and young people referred to the YOS often being an important element in reducing risk of reoffending and harm to others.

During 2014/15 there were significant developments in the delivery arrangements around YOS parenting provision. The YOS began the process of integrating its high end parenting provision with Supporting Leicestershire Families.

Chapter 4 - Our key themes, priorities and outcomes – delivering priorities

Our **key themes** are:

1. Children and young People are **safe** and living in families
2. Children and young people **achieve** their potential
3. Children and young people have their **health, wellbeing** and life chances improved
4. Children and young people and their families live within **thriving communities**

We want to improve outcomes for all children, young people and families and we will target our resources on reducing the identified gaps in outcomes for vulnerable groups. The **LCC priorities for children and young people**, drawn from the LCC Strategic Plan are listed below.

The Children & Family Services department is the lead agency for some of these and acts as an active partner or supportive ally when other agencies or multi-agency groups have the lead responsibility for strategic planning and reporting on progress.

Safe	Achieve	Health & Well-being	Thriving
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			Communities
<p>Children and Young People are protected from harm – strong safeguarding practices and performance. (CFS lead)</p> <p>Effective Placement and Adoption approach (CFS lead)</p> <p>Good social care for Children in Care (CFS lead)</p> <p>Ensure vulnerable families, children and young people have access to effective early help to ensure problems do not escalate (CFS lead)</p>	<p>Ensure Good Supply of High Quality School Places (CFS lead)</p> <p>Promote high standards of achievement in early years settings, primary and secondary education. (CFS lead)</p> <p>Good Early Years Provision – childcare (CFS lead)</p> <p>Increase Employability Skills and minimise NEET. (CFS lead)</p> <p>Good attainment and high quality education provision for Care Leavers (CFS lead)</p> <p>Improved educational outcomes for vulnerable children and those missing education. (CFS lead)</p>	<p>Integrated Care and Support for Children with Special Educational Needs and Disabilities. (CFS lead)</p> <p>Help to Children with Long Term Conditions and Disabilities.(CFS lead)</p> <p>Healthy Children in Care. (CFS lead)</p> <p>Child Healthy Weight and Good Diet (CFS support with a Public Health lead)</p> <p>Breastfeeding and Maternity Support (CFS support with a Public Health lead)</p> <p>Reduce the Harm of Substance Misuse – Drugs and Alcohol (CFS support with a Public Health lead)</p> <p>Improved Sexual Health and reduced teenage pregnancy (CFS support with a Public Health lead)</p> <p>Earlier Detection/ Treatment of mental health problems in</p>	<p>The needs of families identified as most troubled are addressed and outcomes improved. (CFS lead)</p> <p>Support people into employment (CFS lead)</p> <p>Reduce first time entrants to the youth justice system (CFS lead)</p> <p>Crime Minimisation (CFS support as part of Youth Justice Plan)</p> <p>Reduce youth reoffending (CFS support as part of Youth Justice Plan)</p> <p>Minimise use of custodial sentences for young people (CFS support as part of Youth Justice Plan)</p> <p>Reduce antisocial behaviour (CFS support as part of Community Safety plan)</p> <p>Domestic abuse – prevention and recovery (CFS support as part of</p>

		<p>children (CFS support an Emotional Health & Wellbeing multi-agency plan)</p> <p>Active Young People (CFS support with a Public Health lead)</p> <p>Increase life expectancy (CFS support with a Public Health lead)</p> <p>Tobacco control & smoking cessation (CFS support with a Public Health lead)</p>	<p>Community Safety plan)</p> <p>Community Cohesion and Hate Incident Reduction (CFS support as part of Community Safety plan)</p> <p>Support people into employment (CFS lead)</p>
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The **outcomes** we want to achieve for children, young people and their families and the **measures** we will regularly monitor at department and/or service level are more fully described in Appendix 1. We identify in more detail the outcomes we are working to achieve under our key themes. We will clarify the specific and cross-departmental reporting and accountability routes for all outcomes and measures relating to children and families.

The **children and young people considered most vulnerable** are those:

- Who are looked after
- Who are Children in Need (Section 17 of the Children’s Act)
- Who have Child Protection Plans (Section 47 of the Children’s Act)
- Eligible for the Pupil Premium / Eligible for Free School Meals
- Have Special Educational Needs and/or a Disability
- Excluded or at risk of exclusion from school
- From Gypsy, Roma and Traveller backgrounds
- Missing out on education
- Who have ill health, (including hospitalisation, affecting attendance and behaviour at school)
- Whose lives have been affected by domestic violence, drug or alcohol abuse
- Who are school age parents
- Who are young carers

- Who are offending or at risk of offending
- Lesbian, gay, bisexual and transgender pupils

Delivering our priorities

Sitting beneath this departmental Commissioning Strategy are three Commissioning Plans which outline our more specific commissioning intentions and required outcomes – Children’s Social Care; Early Help for children, young people and families and Education, Learning & Skills. These are supplemented by specific plans for internal delivery and external procurement agreed upon the principles of ‘outcomes based commissioning’ with options appraisals of whether to procure or deliver services.

All external procurement will be subject to the council’s required Contract Management arrangements. Where it is decided that services will be delivered by the Children & Family Services department then individual services will produce Delivery Plans with clear outcomes and specific targets monitored by Service managers.

The needs analysis work undertaken by the department, combined with the national evidence base suggests council resources should be focused on whole family support with an emphasis on key stages of the life cycle where early intervention can be most effective.

We will focus on those stages of early childhood and adolescence that are crucial to healthy development.

The departments Commissioning plans will aim to align our practices and commissioning activity across the Department in line with the significant ‘**ages and stages**’ milestones in a child and family’s life and will focus on the outcomes secured for children and young people. In this context the concept of ‘readiness’ is used to mean being ready and able to manage adversity, and to adapt and cope with challenges or difficulties in life.

We describe these key milestones as:

- Ready for school;

Children begin school as confident, capable and curious individuals, ready to learn and ready for school.

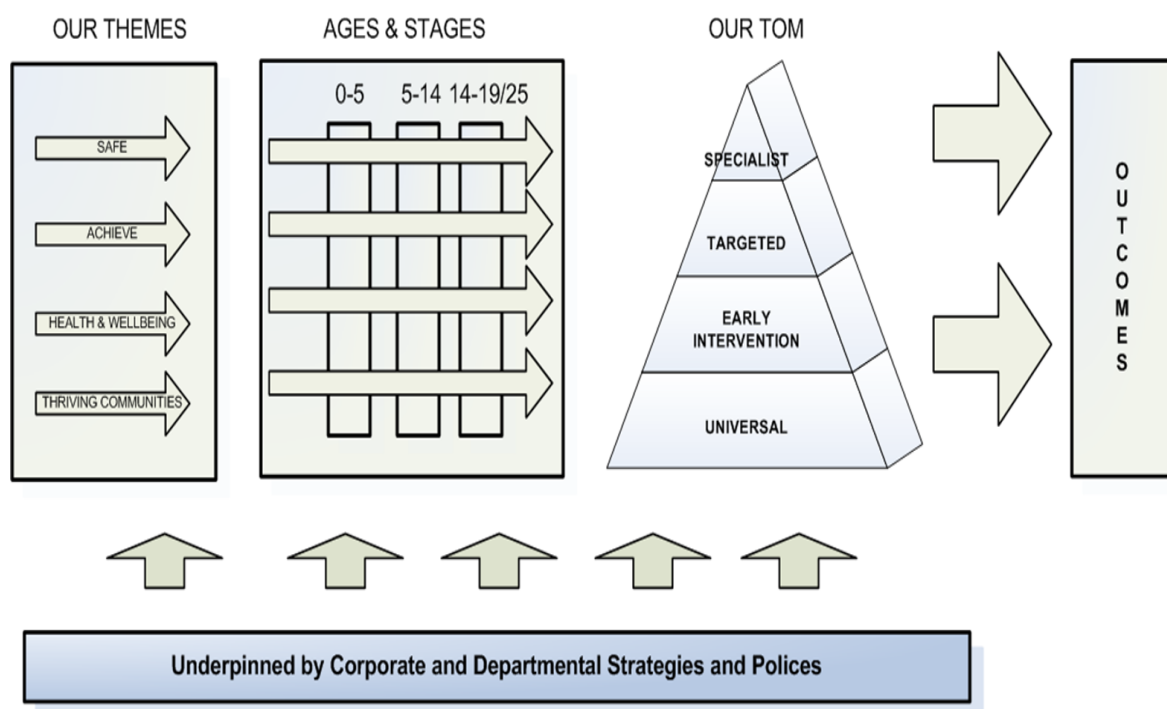
- Ready to choose

Children and young people enjoy engaging, relevant and memorable learning experiences which equip them with skills, knowledge, opportunities and attitudes to make a successful transition to adulthood.

- Ready for Adulthood

Young people reach the end of formal education as confident, aspirant and appropriately qualified individuals, ready for adulthood and ready for employment.

The council’s target operating model is reflected in the departments planning with a clear intention to focus resources on prevention and early intervention as well as meeting our statutory duties.



The underpinning corporate and departmental strategies include: the County Council’s Strategic Plan,; the Joint Health & Well Being Strategy; the council’s Community Strategy; ‘In the Right Place’ – our strategy for sufficient school and other educational places; ‘Choices for Children & Young People’ – the county’s placement and sufficiency strategy; Community Safety Policy; Youth Justice Plan; SEND joint commissioning strategy; LCC Early Help Offer.

Alongside the departments focus on early intervention with vulnerable groups there are a range of **universal services** that will continue to be offered. These include:

- The council will ensure the promotion of diversity, parental choice, and high quality educational standards, to ensure fair access to educational opportunity, and to help fulfil every child’s educational potential.

- The council will ensure that the right number of places is available to meet pupil needs, at the time they are required, in the right schools/educational settings, and it will develop a capital programme to fund the changes necessary.
- The council will secure sufficient childcare so far as is reasonably practicable, for working parents, or parents who are studying or training for employment, for children aged 0-14 (or up to 18 for disabled children).

Chapter 5 Ways of working

The department operates on the principles agreed by the County Council's Cabinet in its stated role as an organisation committed to outcomes based commissioning.

http://www.leics.gov.uk/n0735_community_strategy_consultation_consultation_v3_weba_w_101214.pdf

Whilst the County Council will always have a role with the most vulnerable families there needs to be deliberate policy and practice which ensures that, for the majority of families, they can resolve their issues without our involvement.

The council wide strategic approach to communities work outlined in the Community Strategy signals the Council's commitment to working with residents to create increased autonomy and independence. Children and Family Services will work with partners to ensure that an asset based approach is undertaken in developing communities and services. Appropriate, accurate information and advice will be available to parents and carers through simplified systems and processes. We will build on what works and seek co-production with individuals and local communities.

The department's Growing Safety strategy will guide the use of tools and approaches that staff will use to better engage, assess and plan with children and families.

Children and families will have access to different levels of county council support and service provision based on the severity and complexity of their needs. This is illustrated in the diagram below.



The Children & Family Services department will prioritise support for certain vulnerable groups of children who we know are more susceptible to a range of poor outcomes. The departments Early Help offer to families provides different levels of prevention– moving across levels of need in order to improve outcomes for families.

Systems leadership

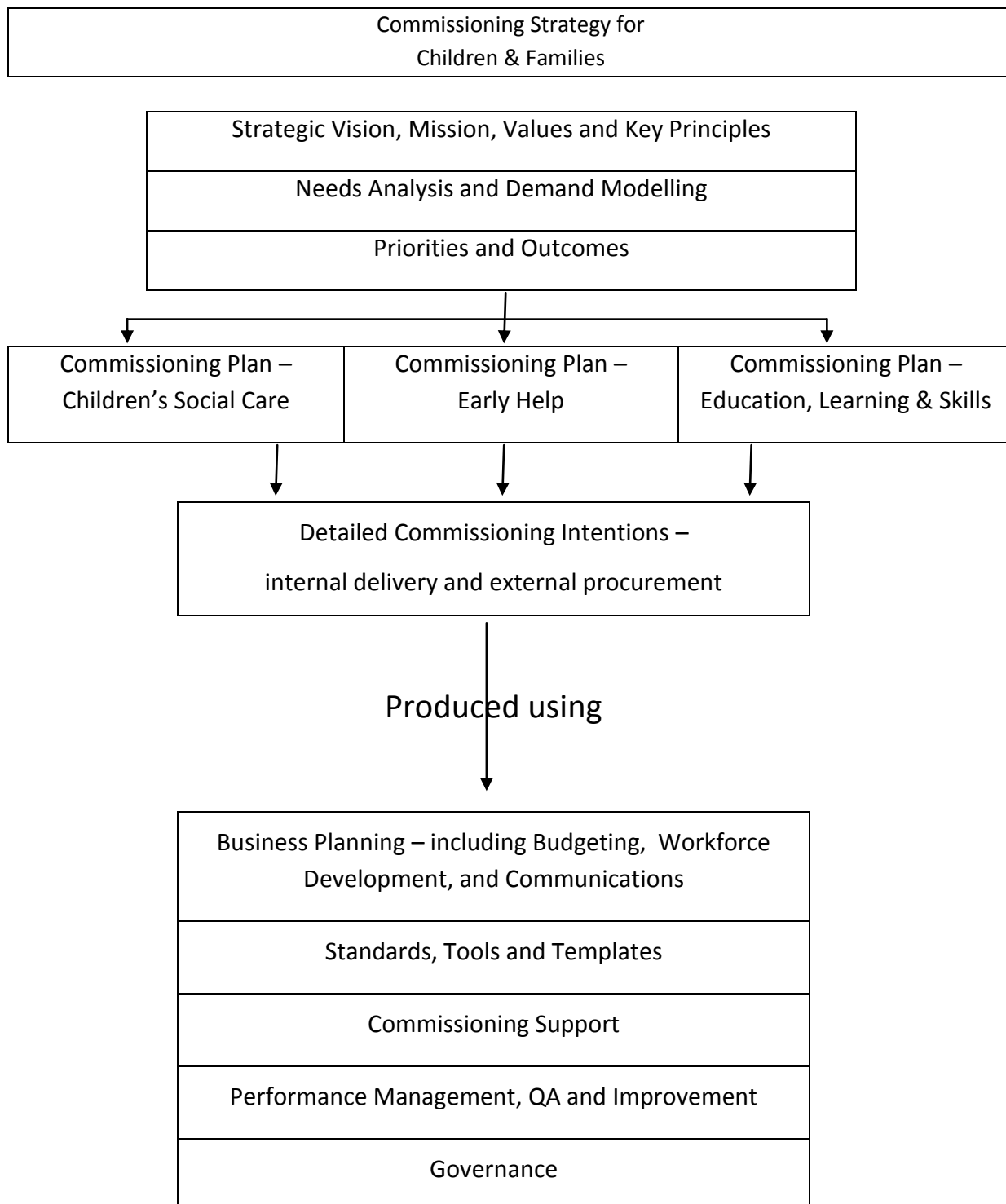
We know that improved outcomes for children young people and families cannot be secured by the County Council alone. We are part of a wider network on interlinked partner agencies and we will use our influence to provide leadership across the whole system to build on strengths and drive improvement in outcomes. We see good progress in this approach within education and will seek to use our learning from this in other areas of work.

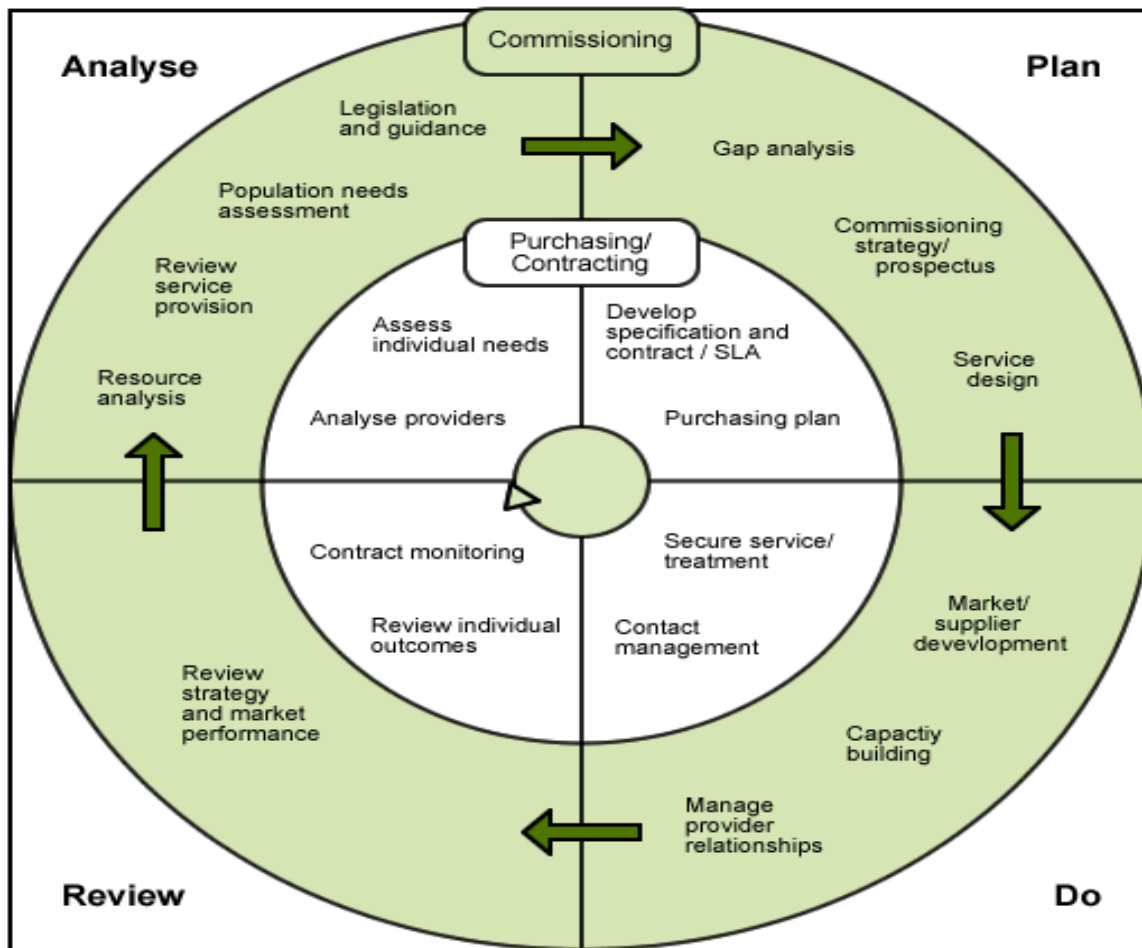
Closer working with health partners, including the development of ‘co-commissioning’ are led through the Better Care Together programme and reported to the Health & well Being Board

The commissioning framework and commissioning cycle diagrams below illustrates how the department undertakes outcomes based commissioning:

Families, staff and partners should be clear that commissioning does not necessarily mean outsourcing all services. We will continue to commission some services to be provided by in-house teams and others will continue to be provided by external bodies.

We will make sound decisions based on the principles of outcomes based commissioning to determine where we spend our resources. This will include options appraisals of different delivery models that take into account factors including: effectiveness in achieving outcomes, quality of service delivery, safeguarding risk, financial risk, reputational risk, value for money and sustainability.





Our approach

The Children and Family Services department has a number of roles. It;

- **Provides** key services
- Takes a lead in the **commissioning** and delivery of services, and
- It is a **partner** working collaboratively and cooperatively within a system of services from the statutory, voluntary and community sector, and
- It is also a **facilitator** - helping to strengthen the Children and Family Partnership and build capacity across other partnerships.

We will make clear when we are working either as:

- **Direct deliverers** – using council resources to directly provide or externally procure services. Decisions about delivering internally or procuring externally will be based on corporate tools for options appraisals that consider, amongst other things, safeguarding assurance, quality, effectiveness in delivering outcomes and value for money.

- **Joint commissioners** - In our role as Children's Champion we will work in partnerships to jointly commission services when this is in the best interest of families and specifically we will develop a joint commissioning strategy through the Better Care Together agenda to improve health outcomes.
- **Influencers** – where we are not a direct provider of services and where there are responsibilities or opportunities for others to provide we will use our influence with partners, including local communities, to ensure the best possible outcomes.

We will adopt a **whole life approach** when planning services. For example the emerging County Council Whole Life Disability agenda will specifically look to ensure that early help is an offer to children, young people and families that promotes independence, recognises and builds on strengths, has a personalised approach, not a one size fits all and develops systems that can deliver personal budgets for those people that are eligible for services.

Practitioner across the department will increasingly use the approaches described in Growing Safety and Appreciative Inquiry. We will adopt a whole family approach that builds on the capacity of families and communities and we will use the best evidence practice whenever possible.

Business Planning,

The department will apply a consistent approach to Business Planning. Directly delivered Services will produce annual Delivery Plans that describe their actions to deliver agreed outcomes and highlight improvement areas. These plans will be subject to regular monitoring and review.

Performance Management

Our Performance Framework supports our aspirations by adopting a model that scrutinises performance along the whole 'golden thread', from staff performance up to impacting on the lives of children and families. Our performance reporting and monitoring arrangements allow us to quickly see where we could be doing better at both a population level and across themes.

Where services are procured externally there will be clearly defined outcomes required of a contract and a consistent system of contract management. We will expect to see increasing similarity in the way internal and external service providers are held accountable for outcomes.

Quality Assurance and Improvement Framework (QAIF)

Our Quality Assurance and Improvement Framework is overseen by an Improvement Board that makes sure we are securing continuous improvements across our services. We use a range of methods to check that the services we deliver and commission are having the right impact and identify where improvements can be made if this is not the case.

Service Improvement Framework



Chapter 6 – Resources

The total **revenue budget** for the department in 2015-16 is £55,235,090. Our current departmental savings targets are outlined in the Medium Term Financial Strategy (MTFS) are:

2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000
-7,520	-11,360	-12,220	-13,380

In light of the MTFS the department will need to make difficult decisions about ceasing some services previously delivered, finding alternative ways to provide support and carefully targeting resources to create most impact on outcomes.

Given the national financial situation and the financial pressure on local government it is likely that additional savings will be needed.

We have a **workforce** of approximately 1,228 excluding casual staff & schools. The departmental Workforce Strategy and action plan describe the steps we are taking to develop the knowledge and skills of our staff to meet the challenges of new ways of working. In particular we are training staff across all parts of the department to apply the principles and tools of Growing Safety. Our reshaped Children’s Social Care and Early Help teams enable us to provide more consistent and integrated support across the various tiers of intervention.

Our options appraisals on modes of service delivery and any subsequent external procurement need to be based on a good understanding of the local markets of providers. The departments own staff together with the corporate teams for Commissioning Support and Data and Business Intelligence will work together to improve our understanding and explore opportunities for **developing new or expanded markets**.

A key resource for providing prevention and early intervention at the lower tiers need will be local communities. The department will work closely with Public Health and Chief Executives departments in building on **community strengths and capacity** when shaping and supporting the council’s Prevention offer and the Community Strategy. This will include exploring how to make best use of county council buildings to enable delivery of services by community groups.

Chapter 7 – Governance

The Children & Family Services department reports regularly to elected members through the Cabinet, the Children & Families Scrutiny Committee and the Social Care Panel. In addition the Lead Member for Children & Families has a statutory, nationally defined role and meets regularly with children and young people, the Director and senior officers.

The measures we have identified to demonstrate progress in achieving outcomes are monitored regularly by elected members, senior officers across the Council and the departments senior managers. A core set of key measures are monitored quarterly by the Children and Families Overview and Scrutiny Committee, the Corporate Management Team and the Department Management Team. Additional measures are monitored at a service and Assistant Director level and are reported to the Department Management Team if and when exceptions arise.

The County Council has a range of statutory duties in relation to safeguarding and social care. These interventions are at the top end of the triangle shown in the council's target operating model. Our performance against these duties is frequently monitored and reported to elected members. We also report to the Local Safeguarding Children's Board and are subject to external inspection by OFSTED.

The local authority responsibilities for the education, health and care of children in care are overseen by the Corporate Parenting Board which has a membership comprised of young people, elected members, council officers and partner agencies.

The Council's **partnership work** is focussed on the eight priority partnerships listed below, the first four of which are statutory:

The partnerships that are statutory are the Health and Wellbeing Board, the Local Enterprise Partnership, the Safeguarding Children Board and the Safeguarding Adults Board and have the following function:

The **Health and Well Being Board (HWBB)** and its associated sub-groups have an essential role to play in overseeing the integration of Health and Social Care Services in line with the Better Care Plan.

The **Leicester and Leicestershire Enterprise Partnership (LLEP)** works with the private sector to secure millions of pounds of national and European funding to support increasing employment and economic growth.

The **Local Safeguarding Children Board (LSCB)** has a specific responsibility to ensure effective working across agencies. It is externally regulated by Ofsted and has a number of

sub-groups. It is a Leicestershire and Rutland partnership but has aligned a number of groups with the Leicester City LSCB.

From April 2015 multi-agency **Safeguarding Adults Boards (SABs)** will become statutory, as outlined in the Care Act. The current Leicestershire SAB is closely aligned to the Safeguarding Children Board, and also has a number of shared sub-groups both for the county and for Leicester, Leicestershire and Rutland.

The non-statutory partnerships have functions as follows:

The Children & Family Partnership: Since the removal of the statutory requirement for a Children's Trust, discussion has taken place with partners to identify the most appropriate structure(s) to oversee strategic arrangements for Children and Families.

Most of the strategic oversight previously carried out by the Children and Young People's Commissioning Board is now subsumed into other priority partnerships. There is, however, a commitment from partners to continue to work together to achieve a whole view of service planning and provision for children, young people and families. This will take place through a series of 'summit' events throughout the year, open to all partners and focused on active engagement and actions. This approach will inform the work of the LSCB, the LLEP and Health and Wellbeing Board, and will be informed by the work of the Leicestershire Educational Excellence Partnership.

The **Leicestershire Safer Communities Strategy Board** oversees the statutory Community Safety Agreement and has an important role in setting strategic direction and supporting collaboration in Safer Communities work across the County.

Leicester-Shire and Rutland Sport aims to make Leicestershire, Leicester and Rutland the most sporting and physically active place in England by 2025.

The **Leicestershire Rural Partnership** co-ordinates and helps deliver the LLEP's ambitions in rural Leicestershire and maintains a focus on the needs of rural communities.

Leicestershire Youth Offending Service (YOS) is located within Leicestershire County Council's Children and Family Services Department and is overseen by a multi-agency Management Board.