



**HILLINGDON'S
CHILDREN AND FAMILIES TRUST PLAN**

2011-14

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Foreword

The biggest motivating factor driving the work of the Children and Families Trust Board is the desire to improve outcomes for the children and young people of Hillingdon. Since the formation of the Partnership Board in 2006 a great deal has been achieved and outcomes have improved in a number of key areas. These include reducing teenage pregnancy and infant mortality, raising attainment at Key Stage 2, GCSEs and A Levels and reducing numbers of young people not in education, employment or training. This is set against a backdrop of worsening financial positions both nationally and locally.

We recognise, particularly in the difficult economic climate in which we find ourselves, that difficult decisions have to be made and we know that the future presents us with a number of new challenges in a local and national context, in delivering services for children and young people. The size of the overall budget deficit means tough decisions have to be made. It is predicted that local authority funding will reduce by about 28% over the life of the current parliament. Work has now started on the range of projects aimed at transforming the way children's services in all agencies work and this is reflected in this plan.

We need to further develop the impact we can make as leaders of change across all aspects of services for children and young people in Hillingdon. We have already made a wide variety of changes to structure and processes. We have commissioned new evidence based services and reshaped others. To make the most of these changes and to ensure that all this work has the best impact on outcomes for children, young people and families and is 'value added' means further change in how we work and the cultures within which we work. This direction of travel requires clearer and more ambitious leadership, with everyone working in the partnership being clear how they contribute to our collective goals.

We submit this, the third Children and Families Trust Plan as our framework to deliver change for Hillingdon.

Hillingdon Children and Families Trust Board

Corporate Director, Social Care, Health and Housing and Statutory Director of Children's Services - London Borough of Hillingdon
Education Services - London Borough of Hillingdon
Children's Social Care - London Borough of Hillingdon
Youth Offending Service - London Borough of Hillingdon
Joint Director of Public Health - London Borough of Hillingdon/Primary Care Trust
Chief Inspector, Partnership Office - Hillingdon Metropolitan Police
Non-Acute Commissioning - Hillingdon Primary Care Trust
Independent Chairman - Local Safeguarding Children's Board
Children and Families Lead - Hillingdon Association of Voluntary Sector
Consultant Paediatrician - Hillingdon Hospital
Director of Patient Experience & Nursing - Hillingdon Hospital
Managing Director - Hillingdon Community Health, CNWL
Director - CAMHS
Representative - Secondary School
Representative - Special School
Representative - Primary School
Principal - Uxbridge College
Child Poverty/Partnership Manager - Job Centre Plus

1. Hillingdon - Context

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11571 hectares), over half of which is a mosaic of countryside including canals, rivers, parks and woodland. As the home of Heathrow Airport, Hillingdon is London's foremost gateway to the world, and is also home to the largest RAF airport at RAF Northolt. Hillingdon shares its borders with Hertfordshire, Buckinghamshire, Hounslow, Ealing, and Harrow.

The London Borough of Hillingdon has been in existence since 1965. In its current form, it is made up of 22 wards. The north of the borough is semi-rural with a large proportion protected by green belt regulation, and Ruislip is the major centre of population. The south of Hillingdon is more densely populated, urban in character and contains administrative centre of Uxbridge and towns of Hayes and West Drayton.

Heathrow airport is situated in the south of the borough, and is the largest employer offering a range of relatively well-paid skilled and unskilled manual positions. There are a number of major manufacturing and retail organisations with headquarters and sites in Hillingdon. Stockley Park, to the north of Heathrow, is one of Europe's largest business parks. Hillingdon council, RAF Northolt, Brunel University, Harefield and Hillingdon hospitals are major public sector employers within the area.

1.1 Population

The Office of National Statistics (ONS) estimated (2008 MYE based) Hillingdon population for 2010 at 263,527. Hillingdon has a significantly larger proportion of people in younger age groups (5-19) when compared with England and London. ONS mid 2008 projections indicate 65,156 children and young people aged 0 to 19 live in Hillingdon, which represents nearly 25% of the total population of the borough. In January 2009, 48.8% of the school population was classified as belonging to an ethnic group other than White British. 33% of pupils speak English as an additional language, with this figure now 37% in the primary sector. Punjabi, Somali and Urdu are the most commonly spoken community languages in the borough. 6.4% of pupils are of Black African background, over half of which are Somali. This group is growing; 7.2% of pupils in primary schools are Black African compared to 5.4% in secondary schools.

44,033 pupils attend 91 schools in Hillingdon, an increase of 1,600 pupils since 2002. There are 65 primary schools, 18 secondary schools, 6 special schools, 1 nursery school and 1 pupil referral units. Around 7% of pupils attending schools in Hillingdon are resident in other local authorities.

1.2 Gender

Of the total of young people population under 19 there were marginally more males (52%) than females (48%).

1.3 Ethnicity

Hillingdon is expected to become more diverse, with greater diversity in the 0-25 age group where the ethnic minorities in this age group are expected to increase to 50% by 2016 (GLA 2007 Ethnic population projections). Population of ethnic elderly is expected to grow especially in the south of the borough.

Ethnicity is closely linked to health status, outcomes and inequalities. Black and minority ethnic (BME) groups generally have worse health than the overall population, although some BME groups fare much worse than others, and patterns vary from one health condition to the next. Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities.

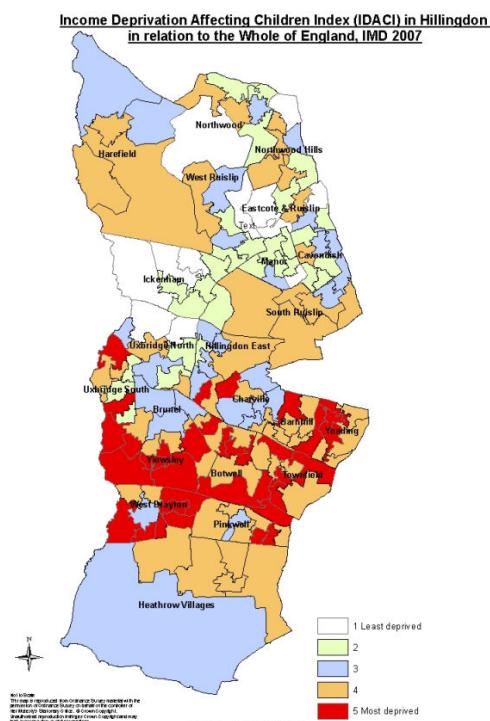
1.4 Changing Demography

In Hillingdon, numbers of births have risen for several consecutive years with record highs in 2006, 2007 and 2008. Births in 2008 were exceptionally high at 4,126 children and several hundred more than the previous record high. Demographic professionals at the GLA indicate a prolonged period of births at around the high 2008 level, which seems consistent with the local annual births data. Additionally, this demographic pressure is currently exacerbated by unusual family movements to Hillingdon believed to be caused by the recession and housing market crises. The geographical distribution of births in 2008 show that the increase is predominantly in the south of the borough (i.e. south of the A40). This translates into additional demand for services across education, health and social care in these areas. The current additional recession led pressure across the borough is expected to recede by 2012 (leaving mainly pressure from births and local housing developments).

The projected population for 0-19 years olds is expected to increase from 67,608 in 2010 to 75,494 in 2020 to 81,201 in 2030.

1.5 Deprivation

Hillingdon is ranked 157 out of 354 in the English index of multiple deprivation (IMD 2007) where the most deprived is ranked 1. Social segmentation of Hillingdon's neighbourhoods by dominant acorn types also shows that a large proportion of Hillingdon's population is stable, home owning and 'fairly comfortable'. There are however major differences in deprivation between wards in the north and south of Hillingdon with small areas in the south the borough falling in the 20% most deprived quartile nationally.



The supplementary indices provided for estimating deprivation among children (0-15 year) IDACI shows that a significant proportion of areas in the South of the Borough have children living in poverty (defined as 60% of median national income before housing costs). An additional index on children's wellbeing ranked Hillingdon 231 out of 354, where the best child wellbeing is ranked 1.

The Super Output Area (SOA) in Hillingdon which has the highest IDACI deprivation ranking is situated in Yeading, where 55% of the children aged under 16 in that area are affected by income deprivation. The least deprived SOA is situated in Ickenham, Eastcote and East Ruislip where only 2% of children aged under 16 are affected. Income deprivation tends to affect children living across much of the south of the borough, in particular Botwell, Yiewsley and Townfield with some extreme pockets of deprivation in West Drayton, Pinkwell, Yeading, Barnhill and Uxbridge South.

2. Vision & Values

The Hillingdon Children & Families Trust Plan is our key strategic plan for all partners delivering services to children, young people and their families within Hillingdon.

2.1 Our **vision** is to:

"Improve the outcomes for children, young people and their families in need or at risk through co-ordinated evidence based services."

2.2 Our **principles** on which this plan is formed ensure that the Trust is:

- delivering evidence based services and using limited resources effectively
- focused on the education and wellbeing of children, young people and their families
- taking account of what children, young people and families are telling us
- promoting equalities/addressing inequalities
- addressing issues where there is sustained poor performance in relation to our priorities
- taking the opportunity to intervene early
- cross-cutting across the partnership
- based on a willingness of partners to commit resources and do things differently
- responding effectively to the challenge of reduced resources

2.3 Our **purpose** as a partnership is:

- to ensure that children, young people and their families in Hillingdon experience better outcomes through improved services; and
- to support practitioners working in their constituent agencies to see themselves (and also act) as part of a community of Hillingdon children's workers, interconnected with others, and able to see their role in the wide range of provision and services.

2.4 We, the HCFT Board have agreed to focus on six key **priorities**:

Priority 1. Keeping all children and young people safe

Priority 2. Ensuring all children have the best start in life

Priority 3. Improving the health and well-being of young people, focusing on those groups undertaking risky behaviours¹

Priority 4. Improving the outcomes of Looked After Children

Priority 5. Improving the outcomes of Disabled Children

Priority 6. Strengthen multi-professional integrated working

See section 5 for further details.

By identifying these priorities we will be able to focus our resources, ensuring that those most vulnerable receive the support they need, while ensuring that those potentially 'at risk' do not fall into acute statutory provisions.

2.5 Transformational

We recognise that effective joint work has taken place over the last five years and this work is now embedded in service delivery. This Plan goes further and highlights the transformational agenda across the partnership in Hillingdon and how it will be achieved.

¹ The risky behaviours we refer to include: 1. Unprotected sex leading to STI's and under 18 conceptions; 2. Substance misuse (including alcohol); 3. Emotional health and wellbeing; 4. Young people not in education, employment or training (NEET); and 5. First time entrance into the criminal justice system

The partnership is focused on continuing to improve services and outcomes. However, we realise given the current economic climate that we must change the way we work and target those most vulnerable within the community. We recognise that difficult decisions will have to be made over the next 3 years. As a partnership we need to be innovative and transformational in our service design and delivery to ensure those most vulnerable will receive the services they need.

2.6 Value for Money (VfM)

We are operating in challenging financial times but by working together we are better placed to meet these challenges. Any decision to commission or de-commission services will be based on evidence, transparency, fairness, equality and will ensure we provide value for money for local people. The ultimate decision-making process will lie with the commissioning partner and be rigorous and consulted upon as required by the partner agency procurement procedures. VfM can be measured in terms of:

1. Quality and suitability of the service for the individual
2. Long-term implications or whole-of-life costs
3. Wider outcomes for society and the state.

2.7 Safeguarding

Underpinning the Plan and all our services must be the strongest possible commitment to safeguarding our children & young people.

The Hillingdon's Local Safeguarding Children Board (LSCB) is a multi-agency Board of key decision makers where safeguarding policies, procedures and practice are developed, monitored and reviewed. There are a number of shared aims and responsibilities across all agencies and communities to keep children and young people safe from harm. To achieve this, the Board makes a strong commitment to partnership between agencies. This includes integration, accountability and participation at all levels.

Further information on Hillingdon's LSCB see www.hillingdon.gov.uk/lscb

2.8 Prevention and Early Intervention

We will ensure that effective and appropriate early intervention/preventive services are in place across the 'continuum of need'. In particular; when targeted and multi-agency intervention is required the risk of poor outcomes for children and young people will be reduced. Services across the partnership will be targeted to focus on those 'at risk' and vulnerable ensuring their outcomes improve and support them back to universal provisions.

High quality early intervention, preventing poor outcomes for children and young people has huge long term benefits for the child, family and society but also adds value in preventing local expenditure through savings on high cost acute services. Early intervention and prevention is at the heart of our overall strategy to improve the outcomes of those children, young people and their families requiring high cost acute services.

2.9 Equality and Diversity

As with all public bodies, we are bound by the three general duties to promote disability, ethnicity and gender equality. This applies across all policies and functions. We strive to provide a range of experiences, cultures, traditions and histories that surround Hillingdon's residents, enabling them to access a diversity of opportunities while at the same time catering for individual need. Our aim is to mainstream equality and diversity, rather than considering it as a separate issue to be addressed.

3. National and Local Context

3.1 National Context

The size of the overall budget deficit means tough decisions have to be made. It is predicted for instance that local authority funding will reduce by approximately 28% over the life of this Plan.

The Coalition Government have given their commitment to transforming and reforming education and children's services so that all children, regardless of their background, thrive and prosper. The governments proposals will provide teachers with the powers that they need to instil good behaviour; Health professionals are to commission Health services to meet the needs of their local communities, social workers will be free to do their day jobs without excessive bureaucracy and there will be a reform of early years education and Sure Start so that all children and families receive the support they need, particularly the most vulnerable.

3.1.1 White Paper, Equity and excellence: liberating the NHS: Department of Health²

It provides details of how government will:

- put patients at the heart of everything the NHS does
- focus on continuously improving those things that really matter to patients - the outcome of their healthcare
- empower and liberate clinicians to innovate, with the freedom to focus on improving health services

Further detail see appendix A.

3.1.2 White Paper, Healthy Lives, Healthy People: Department of Health³

It provides details of how government will:

- Make Public Health a higher priority locally placing it within the responsibilities of Local Authority to improve people's health and tackle health inequalities and the wider determinants of health in every community with a Director of Public Health as the strategic leader.
- Establish health and wellbeing boards in every top tier local authority.
- Protect the population from health threats – led by central government, with a strong system to the frontline
- Empower local leadership and encourage wide responsibility across society to improve everyone's health and wellbeing, and tackle the wider factors that influence it
- Strengthen self esteem, confidence and personal responsibility; positively promote behaviours and lifestyles; adapting the environment to make healthier choices easier

3.1.3 White Paper, The Importance of Teaching: Department of Education⁴

It provides details of how government will:

- free teachers from constraint and improve their professional status and authority
- raise the standards set by our curriculum and qualifications to match the best in the world
- hold schools effectively to account for the results they achieve
- ensure that school funding is fair, with more money for the most disadvantaged
- support teachers to learn from one another and from proven best practice

Further detail see appendix A.

² www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

³ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941

⁴ www.education.gov.uk/b0068570/the-importance-of-teaching/

3.1.4 Munro review of Child Protection⁵

The areas for reform include:

- the importance of a management and inspection process
- developing social work expertise
- giving other professionals easier access to social work advice when they have concerns
- revising and reducing the statutory guidance Working Together to Safeguard Children
- considering having a national system of trained reviewers of serious case reviews (SCRs)

Further detail see appendix A.

3.2 Local Context

Work has now started on the range of projects aimed at transforming the way the local authority works. The transformation programme known as Business Improvement Delivery (BID) will review every part of the Local Authority, with the aim of helping to deliver the council's children's services savings targets of more than £10.8 million over the next four years.

Hillingdon Primary Care Trust (PCT) is under going transition arrangements under the Health reforms and has merged with Hounslow and Ealing PCTs to ensure any adverse impact on clients is reduced and economies of scale can be achieved. Hillingdon Community Health (HCH) the local NHS Provider of community health services, formally joined Central and North West London NHS Foundation Trust (CNWL) from February 2011. CNWL is part of the NHS and provides community services in nine boroughs in Greater London.

Work is already underway in Hillingdon to implement government proposals where commissioning for children and young people's health will be split three ways between health and wellbeing board, the National Commissioning Board and GP consortia. A shadow Board has been formed with nine elected GPs and 12 non-voting members.

We can see clear benefits to children and young people from the development of a localised system of GP consortia, commissioning NHS services and being held to account for them. The role of the local authority led Health and Wellbeing Board will be crucial here, in providing the necessary constructive challenge on commissioning decisions made by GP consortia and also providing a route by which the views of children, young people and their parents and carers can be expressed.

Challenges of the GP consortia include managing the transition from the present to the future governance arrangement, this poses particular challenges that will need to be addressed regarding the demise of PCTs and the creation of new consortia. The potential for conflicts of interest and while much is promised by the reforms in terms of improving patient choice, the extent to which these will benefit patients is unclear, given that one of the overall primary objectives is to cut costs. Lastly, localism in policy decision-making may make it difficult for some patients to receive necessary care; i.e., there are likely to be significant variations between consortia regarding the availability of certain types of care.

Several Hillingdon secondary schools have made the decision to become Academies in 2011/12 and others will determine their status over the forthcoming years.

One of the main challenges to Uxbridge College and other full time education and training providers for 16-18s will be the reduced amount of funding available, following the abolition of the EMA, to support the participation of young people from low income households. The reduction in support may impact on the initial recruitment of 16-18 learners, and potentially also the ability or willingness of these learners to stay the course.

⁵ www.education.gov.uk/munroreview/downloads/TheMunroReviewofChildProtection-Part%20one.pdf

3.3 Shaping Policy

As a partnership we need to ensure that we shape and influence policy on a national and regional level to ensure local needs are understood. To enable this the Cabinet Member for Education and Children's Services in Hillingdon is Vice Chairman of the London Councils Children and Young People's Board, Vice Chairman of the National Employer's Organisation for Schoolteachers, Peer Member at Local Government Improvement and Development Agency and an advisory board member of the National Foundation for Education Research.

4 Needs Assessment

This section was informed by the Joint Strategic Needs Assessment⁶ (JSNA) which is relevant across all partners and all age groups within Hillingdon.

Outcomes from the needs assessments form an important part of commissioning, de-commissioning and service development, as well as informing priorities for our HCFT Plan.

The needs assessment uses intelligence gathered from partners, children, young people and their families via the HCFT Plan consultation process. Much of this information was drawn together in the form of a detailed needs assessment in the summer of 2010.

The full children's needs assessment⁷ comprises of (1) engaging with priority groups of children and young people and an (2) desktop analysis which draws upon information from the field study, needs assessments across the partnership and other data sources.

4.1. Engaging with Children and Young People

Only by listening to our children and young people can we ensure that they receive the most effective types of support in the best ways for them and at the most appropriate times. We routinely consult children and young people to see how responsive services are to their needs and to ask what they think could be done to further improve their lives.

Hillingdon has an active Youth Council. There are School Councils in all Hillingdon's schools, and these are linked to the Youth Council. Both the Schools and Youth Councils participate in a number of initiatives, activities and consultations, regularly giving their views to inform strategies and projects on issues such as anti-bullying, safeguarding and youth services. These views are then used to inform service development and we give feedback on how they have been incorporated into plans for the borough. We have also developed a Children in Care Council.

This Children and Families Trust Plan has been informed by the views of children and young people gathered via a consultation process run by the NSPCC⁸, information gathered from the Tellus4 survey and the Youth Council.

4.2 Desktop analysis and other data sources

The desktop analysis pulls together data and information on:

- Demographics
- Improving the Health and Well-Being of Children and Young People
 - Community Health Activity
 - Substance Misuse
 - Sexual Health
 - Mental Health
 - Safeguarding
 - Looked after children

⁶ Hillingdon JSNA - www.hillingdon.gov.uk/index.jsp?articleid=21833

⁷ Hillingdon Children's Needs Assessment - www.hillingdon.gov.uk/index.jsp?articleid=14756

⁸ Hillingdon Children's Plan Consultation NSPCC report - www.hillingdon.gov.uk/index.jsp?articleid=17206

- Disabled children
- Raising aspiration and achievement of children and young people
 - Early Years (0-4yrs)
 - School years (5-16yrs)
 - Post 16 (16-19yrs)
 - Young people's involvement in offending and disorder
 - Looked after children
 - Disabled children

5 Strategic Priorities

We have been through a rigorous review of our needs assessment in developing the new strategic priorities. As a consequence we have reduced the number of priorities from 13 to 6. By reducing the number of priorities we will be able to focus our resources to ensure that those most vulnerable receive the support they need.

Priority 1: Keep all children and young people safe

Why is this so important?

Safeguarding children and young people remains a key priority within Hillingdon. Since 2006, Hillingdon has received a 'Good or better' rating from Ofsted on the provisions to keep children and young people safe. However, as the demographics of Hillingdon and the external environment i.e. technology change so does the challenge to ensure all children are kept safe. Therefore the partners across Hillingdon will continue to work together to identify and safeguard vulnerable children and young people.

Overseeing this priority is the responsibility of the Local Safeguarding Children Board (LSCB). Through its sub groups, the LSCB drives improvement, monitors and oversees multi agency practice, and advises on the development of priorities for the Children and Families Plan

What will we do?

- The LSCB will focus its work on ensuring that all agencies are working together as effectively and efficiently as possible to safeguard children, and will make recommendations as to the most effective interventions and those target groups who are most in need of services in order to ensure that children are effectively protected and safeguarded.
- The LSCB will develop better ways of measuring impact on outcomes for children, and by incorporating more user views in its work.
- Funding for preventative services, though cost effective in the long term, will inevitably be reduced in the short to medium term so the LSCB, through the independent chairman, will continue to challenge the Children's Trust to ensure that those resources are being effectively targeted towards services most likely to impact on the safeguarding and protecting of children.
- The LSCB will also monitor each of its constituent agencies in terms of the impact of their funding decisions, and work with universal services to inform their work in safeguarding children, thus ensuring that specialist services are able to focus on those at high risk of harm
- Work with partner agencies to reduce the impact on children and young people's life chances of domestic violence, adult mental illness and bullying, particularly bullying online and by mobile phone.

Priority 2: Ensuring all children have the best start in life

Why is this so important?

Studies have shown that early Intervention to promote social and emotional development can significantly improve mental and physical health, educational attainment and employment

opportunities later in life. Studies have shown that early intervention programmes in the pre-school years can help to prevent criminal behaviour (especially violent behaviour), drug and alcohol abuse and teenage pregnancy.

We believe by building on the strong network of Children Centres, Midwives, Health Visitors and other early year providers in Hillingdon we can give all parents with newborns and young children the information and support needed to give their babies and children the best possible start in life. The Hillingdon Play Pledge will offer an excellent facilitator of broader social outcomes including community cohesion, inclusion, health and education.

In addition, the Health Inequalities Working Group reviewed the effect that overcrowding has on educational attainment and children's development in the Borough. The Working Group believe that failure to tackle overcrowding will have a significant impact on many families and therefore further work needs to be undertaken to put mechanisms in place to identify instances where poor attainment at school is linked to overcrowding.

What will we do?

- We will implement evidence-based early years programmes such as, Play and Learning to Socialise (PALS), Attention Hillingdon and Every Child a Talker (ECAT) that are proven to improve the communication and social and emotional development of young children across early years and Children's Centre provision.
- We will implement the Childcare Sufficiency Assessment action plan, target outreach and information strategies to maximise the impact of lifting children out of poverty, piloting transformational delivery models of provision for vulnerable 2 year olds particularly for the most disadvantaged
- Transforming Children's Centres to provide more integrated preventative and early intervention services for families through the Team around the Child (TAC), mental health, early intervention and roll out of maternity care projects in order to improve health, educational and material outcomes for children under five and their families..
- Redesign parenting and family support for children in the early years through the early intervention and early years BID projects to provide more joined up, effective and efficient services
- Roll out a comprehensive programme to identify children as early as possible with communication issues and provide support to their parents/carers and settings so that co-ordinated action can be delivered.
- Further investigations be made into the development of breakfast clubs in primary/secondary schools, libraries and children's centres.
- Regular housing / overcrowding drop-in sessions be held in Children's Centres within the Wards that have the highest levels of overcrowding together with housing / overcrowding information leaflets being made available at all Children's Centres in the Borough.

Priority 3: Improving the health and well-being of young people, focusing on those group undertaking in risky behaviours

Why is this so important?

Some risky behaviour is a normal and positive part of growing up. It can also support the development of resilience and enable young people to grow and aspire to make positive decisions about their lives and the world they live in.

However some risky behaviour can be harmful. It can reduce aspirations, increase vulnerability, cause physical and social problems, reduce opportunities and may promote criminal and anti social behaviour.

Some young people are involved in multiple risky behaviours and may be receiving interventions from different agencies at the same time. This can appear confusing and at times contradictory to the needs of the young person. There are efficiencies to be made by co-ordinating these interventions better thus ensuring that some young people aren't being

overwhelmed by services whilst others are having difficulty accessing any. Co-ordinated services will assist in actively improving young peoples life outcomes rather than simply maintaining their status quo. Therefore these young people are often accessing fragmented services and costing significant amount of resources to both the local authority and PCT who are simply reducing the behaviour from escalating rather than impacting and improving their life outcomes.

What will we do?

- We will develop an integrated service that will intervene early to promote positive outcomes for children, young people and their families or with a population most at risk of developing problems.
- We seek to ensure that effective and appropriate early intervention and prevention processes are in place across the 'continuum of need'. This will mean that targeted and multi-agency responses may be made when required so that the risk of poor outcomes for children and young people may be reduced.
- Processes will build on existing good practice, both locally and nationally. Processes and associated services will be shaped by available resources and the needs of the children, young people and their families to ensure that early intervention and prevention activity is managed and delivered in a manner that eliminates duplication and ensures resources are focussed on front-line service delivery.

Priority 4: Improving the outcomes of Looked after Children

Why is this so important?

A significant amount of work has been put in place to improve the outcomes of LAC over the life of the previous HCFT Plan. These include the introduction of the Virtual Head, targeted health services work with young people in residential homes, including sexual health and relationships education, and drug awareness and the development of the Children in Care Council. We believe that much more work needs to be done across the health, well being and education outcomes to narrow the gap between LAC and their peers. Therefore to confirm the importance for these children we have rolled forward this priority from the previous plan.

The Corporate Parenting Board remains the driver to ensure that this priority is delivered and will report to the HCFT Board on a quarterly basis on progress against performance and actions.

What will we do?

- Transformation of the commissioning of placements for LAC and Care Leavers that increases the number of in-of-borough placements, ensuring services provided to children looked after are within or close to Hillingdon
- Ensure the stability and choice of placements to children and young people in care
- Increase in-house foster care provision including carers who can deliver intervention programmes for young people with more challenging behaviours by developing a provision of wrap around support package to foster carers
- Broaden the range placements available for children/young people with more complex needs.
- Retain more young people within the local community where there are well established referral pathways, protocols and service level agreements with partner agencies who share responsibility for meeting the needs of these children and promoting positive outcomes.
- Further developing the Virtual Headteacher role to narrow the gap in achievement of LAC and their peers

Priority 5: Improving the outcomes of Disabled Children

Why is this so important?

It is clear that progress has been made against the Disabled Children's Strategy and the use of the Aiming High grant, which includes the establishment of a parent forum, development of short break provisions and Easter, summer and out-of-school activities.

In some instances service provision is rarely based on the priorities and needs of individual families. What is provided is often too little and too late to make the best possible improvement to their everyday lives. For example, families may miss out on their full entitlements to benefits because services don't pass on key information at the right time. The Local Authority and the PCT jointly have an important role to play in commissioning services for children and young people with disabilities, complex and palliative care needs, ensuring an integrated approach which improves outcomes. It is for this reason we have rolled forward this priority from the previous plan to ensure improving the outcomes of disabled children remain high.

In addition, we will be working towards the final recommendations of the Green Paper 'Support and aspiration: A new approach to special educational needs and disability' which proposes a new approach to identifying SEN through a single Early Years setting-based category and school-based category of SEN; a new single assessment process and Education, Health and Care Plan by 2014; gives the option of a personal budget by 2014 for all families with children with a statement of SEN or a new Education, Health and Care Plan; and gives parents a real choice of school, either a mainstream or special school.

What will we do?

- Ensure, wherever possible, the services and support will provide progression as well as care for disabled children and young people. This therefore improves their life outcomes as adults, for example, through their involvement in sports and leisure, youth and play
- Provide more flexible and tailored support for disabled children with more complex needs, placing less reliance on traditionally inflexible and costly packages of care, for example, less use of out-of-borough and full-time residential provision and more emphasis of "shared care" arrangements involving statutory agencies working with families
- Ensure that through more effective assessments, joint commissioning and joint-working across agencies disabled children and their families receive better co-ordinated support which tackles health, education and social needs
- Help disabled children and their families choose and access the services and support which they want and need, through the further rollout of personalised budgets and direct payments
- Create a seamless journey for disabled children as they progress through services which support their transition to adulthood, through more effective joint-planning of services across Children's and Adult Social Care, Health and Education
- Narrow the gap in achievement of disabled children and their peers, for example, by tracking and improving their educational attainment both through individual schools' Self Evaluation Form (SEF) and Annual School Review (ASR) processes and monitoring performance over time at a borough-wide level

Priority 6: Strengthen multi-professional integrated working

Why is this so important?

We value the resources and knowledge base that front line staff offers the partnership in identifying and assessing the needs of children, young people and their families. We believe that integrated working makes a real difference to the lives of children and young people. We are committed to integrated working and where everyone supporting children and young people work together effectively to put the child at the centre of all services to improve their lives.

Only by working together, across statutory, voluntary and community sectors sharing information and resources effectively, can we maximise the difference we make for children and young people. Effective integrated working is also becoming increasingly important in the current economic climate as a way to increase impact and deliver value for money with a limited budget.

Integrated working is achieved through collaboration and co-ordination at all levels and across all services to identify needs early, deliver a co-ordinated package of support for the child/young person and their family and help to secure better outcomes.

What will we do?

- Establish a Team Around the Child model and identification of a Lead Professional for every child requiring multi-agency support
- Provide services that deliver good value for money by working together across the children's partnership as efficiently as possible.
- Maintain multi-professional communication and best practice whilst agencies progress through structural change
- Offer skills development in areas identified by the Board as a priority

6 Framework for Delivery

This plan has been developed alongside the 'Sustainable Community Strategy' which sets out the priorities of the Local Strategic Partnership (LSP) and is aligned with the recommendations of the Joint Strategic Needs Assessment 2011.

6.1 Governance arrangements

Hillingdon Children & Families Trust Board is the Children's Theme group of the LSP and are accountable to the LSP Board. As the Board has senior representatives from agencies across Hillingdon this will ensure delivery of the priorities by the sub groups. We oversee the multi-agency working that is required to improve outcomes for children, young people and families in Hillingdon. This governance arrangement will be continually reviewed to reflect national and local policy and to remove duplication across other LSP theme groups.

Hillingdon has had strong partnership arrangements in place since the inception of the Children and Young People's Strategic Partnership Board in 2006. The Partnership developed formally into the Children and Families Trust in 2008.

The partnership can include any agency working with children and young people. In Hillingdon both statutory and non-statutory agencies are key partners. these include:

- Central and North West London Mental Health Trust (CNWL)
- Hillingdon Association of Voluntary Services (HAVs)
- Hillingdon Hospital Trust (HHT)
- Hillingdon Primary Care Trust (PCT)
- Hillingdon Metropolitan Police
- JobCentre +
- London Borough of Hillingdon
- Youth Offending Service
- Local Schools
- Local Safeguarding Partnership Board
- Uxbridge College

HCFT Board will meet every quarter with a special AGM in order to consider progress against the plan, review recommendations and to sign off the annual report.

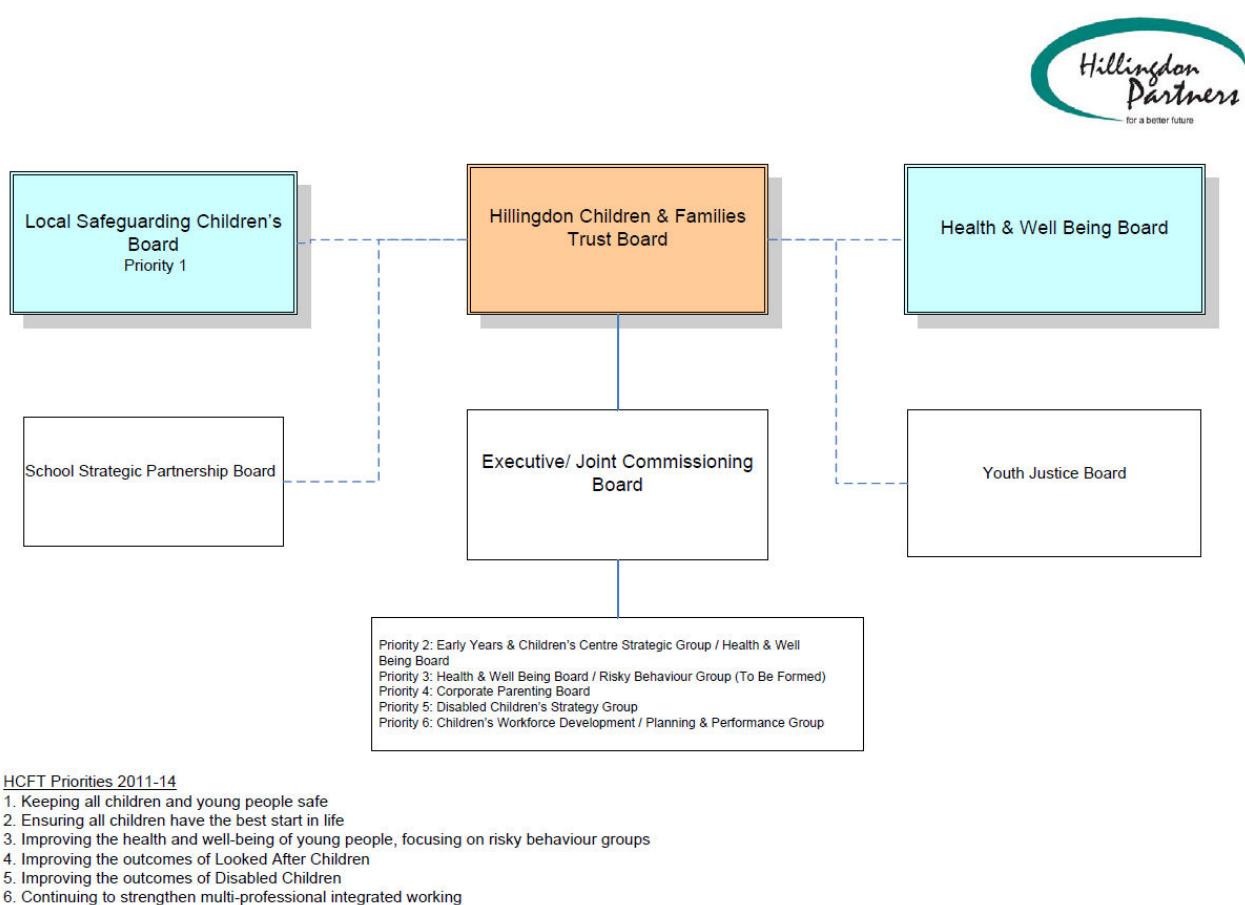
HCFT Executive/Joint Commissioning Board (JCB)

The HCFT Board devolves responsibility for a range of functions to the Executive/ JCB. The Executive/ JCB will be the 'engine room' for the joint decision-making, joint priority setting and managing the performance across the partnership.

Strategic Delivery Groups

Diagram 2 below gives an indication of the strategic delivery sub groups that currently exist. The sub groups are not set in stone but are set up and dissolved in accordance with national requirements and / or the priorities of the HCFT as detailed in this Plan. The purpose of the sub groups is to act with input from a wide range of relevant partners to assess local needs and scrutinise priorities. They act as a reference point for development of new strategies and the delivery of the plans and priorities. They are accountable to the HCFT Board; however they are overseen by the Executive/JCB.

Diagram 2 – Hillingdon Children and Families Trust Governance



The multi-agency sub groups highlighted in diagram 2 will be expected to turn the HCFT priorities into operational work plans. These work plans will be signed off by the HCFT Board at the annual planning day and monitored and reviewed on a quarterly basis. The work plans will be part of the single agency plans and part of the responsible officer's individual tasks to deliver.

6.1 Involving children, young people and their families

We recognise and value children, young people and their families right to be actively involved in matters that concern them and acknowledge the unique role they play in a progressive and healthy society. We also recognise and value the contribution that genuine consultation and active involvement users can make to service development, service improvement and improved outcomes. Active involvement is the key element in safeguarding children's well-being and ensuring that all children and young people, particularly those who may be more vulnerable or at risk, are included and their needs are being met.

6.2 Commissioning arrangements

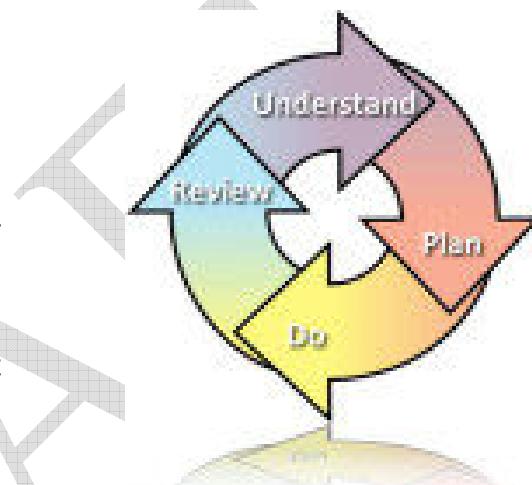
Commissioning is about achieving best outcomes and this is most effective when partners across sectors work to a common set of standards.

Commissioning is a continuous cycle of needs analysis, prioritisation, design, performance management and service review, to ensure that services are focused on improving outcomes for children, young people and their families. As our population changes, the services needed by our children and young people also change and we must be responsive to this.

In Hillingdon, we aim to ensure services are commissioned based on a thorough assessment of needs and aspirations, including the experiences of users, partners and other stakeholders.

There are many different models and approaches to commissioning, but they generally all explore some combination of a four stage cycle of activity involving:

- Understand - understanding the needs of a particular population and what services exist and how they operate in the market
- Plan - being clear about a plan for changes required in services to better meet need and match best practice
- Do - driving change in services to deliver improvements and better meet desired outcomes
- Review - monitoring and reviewing the impact of plans and services to ensure that improvements continue.



The HCFT Plan acts as the main commissioning framework for children's services in Hillingdon, within the context of the budget provision agreed by partners.

We will only accept the highest standards of service delivery and will monitor contracts robustly; working with service providers to improve standards. Where necessary we will redesign and /or re-commission services to meet new needs or ensure quality requirements are met.

For further information on joint commissioning arrangements in Hillingdon see <http://www.hillingdon.gov.uk/index.jsp?articleid=15344>

6.3 Performance framework

It is increasingly clear that services should be outcome focussed, evidence based and be able to demonstrate, with a balanced mix of quantitative and qualitative data, that they are working and that they are making the required difference to their intended target populations.

The framework recognises the importance of outcome focussed (quality of life) measures alongside other data/information (including process measures).

Managing performance is integral to each step of the commissioning cycle, and the framework has been developed to structure performance management around the four stages of the commissioning cycle outlined above.

Those responsible for strategic commissioning and for performance need to work closely together in the planning and commissioning services and reporting the performance at each

stage to ensure accurate, properly analysed data is available to inform review and to measure success.

An Equality Impact Assessment and risk assessment, including action plans to alleviate risk, will also be prepared by each of the strategic delivery groups and each quarter report progress to the Executive to see how we're progressing towards the objectives outlined in this plan before this is fed up to the HCFT Board.

6.4 Joint Working

In Hillingdon there are some very successful examples of joint multi-agency working including the integrated targeted youth support service, which brings together multiple agencies to support vulnerable young people with a personalised package of support and Children's Centres which co-ordinate services for parents with young children from health visitors, JobCentre plus and Adult Education.

The Common Assessment Framework is also being used to coordinate the support for children identified as requiring interventions from more than one agency. This is helping us to identify and support children earlier, thereby reducing the likelihood of them requiring higher level interventions at a later stage.

We believe that further developing our partnership arrangements particularly across the voluntary and community sector will be key to securing value for money and improved outcomes for children and young people.

6.5 Developing our Workforce

The continued reform of our children's workforce is integral to the delivery of this plan - it's about thinking through and changing the ways in which services are delivered in order to ensure better outcomes for children and young people. Over the coming months the Children's Workforce Strategy will be refreshed in line with the new priorities set out in this Plan and will set out our ongoing partnership approach for developing a world-class children and young people's workforce through a diverse range of learning and development initiatives open to the entire workforce.

Our multi-agency Workforce Strategy Group has continued to lead the development of the skills and knowledge of our workforce through a diverse range of collaborative learning and development initiatives and a focus on common and practical recruitment approaches.

Our focus going forward is further developing the leadership skills across the partnership, equipping strategic leaders and managers with the relevant skills and knowledge to help them effectively lead and manage our integrated working approaches and embed joint service delivery.

Appendix 1: National Context

Equity and excellence: liberating the NHS: Department of Health⁹

The areas for reform include:

Structure of NHS: NHS funding will be handed to GPs to buy care for patients in their area, with primary care trusts and strategic health authorities to be abolished by 2013.

Foundation Trust hospitals will be allowed greater freedoms to treat more private patients and more patients with long-term conditions will be given their own health budgets to buy their care.

Patient records: The patient is to be put at the centre of the health service, under a Government motto of "no decision about me, without me" and will have greater control over their medical records and will decide who gets to see them. The aim is to make it easier for patients to download their records to share with healthcare organisations of their choice. Doctors and patients will also be able to communicate via email for greater efficiency and convenience.

Public health: The Department of Health will focus more on improving public health and less on the day-to-day running of the NHS. Regions with unhealthy inhabitants will be given extra cash to reduce inequalities. A national consultation has been issued regarding Public health responsibilities and associated budgets.

Information revolution: In a move away from waiting time targets, hospitals and doctors will be judged on the clinical effectiveness of their work. Hospitals and doctors' teams performance will be scrutinised in greater detail with data published on infections, deaths, readmission rates and accidents.

Patients feedback: The patient will be asked if they thought their treatment was effective and lived up to their expectations and this will be published so others can use the information to choose where to be treated.

The Importance of Teaching: Department of Education¹⁰

The areas for reform include:

Schools to work together with voluntary, business and statutory agencies to create an environment where every child can learn, where they can experience new and challenging opportunities through extended services and build stronger communities.

Dramatically extend the Academies programme so that all schools can take on the autonomy Academy status offers, using it to raise standards and narrow the attainment gap. Those attaining poorly and in an Ofsted category or not improving, are considered for conversion to become Academies to effect educational transformation.

Ensuring that local authorities play a critical new role – as strengthened champions of choice, securing a wide range of education options for parents and families, ensuring there are sufficient high-quality school places, coordinating fair admissions, promoting social justice by supporting vulnerable children and challenging schools which fail to improve.

Ensuring Local authorities are ultimately responsible for making sure the needs of some of our most vulnerable pupils, who attract significant additional funding, are met – such as those with highly complex Special Educational Needs and those being educated outside mainstream education.

⁹ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

¹⁰ <http://www.education.gov.uk/b0068570/the-importance-of-teaching/>

Munro review of Child Protection¹¹

Professor Munro recommends that local areas should have more freedom to develop their own effective CP services, rather than focusing on meeting central government targets. Her wide ranging review concludes that a 1 size-fits-all approach is preventing local areas from focusing on the child.

Professor Munro says that the Govt and LAs should operate in an open culture, continually learn from what has happened in the past, trust professionals and give them the best possible training.

Her recommendations signal a radical shift from previous reforms that, while well-intentioned resulted in a tick-box culture and a loss of focus on the needs of the child. Currently local areas are judged on how well they have carried out certain processes and procedures rather than what the end result has been for children themselves.

Professor Munro's recommendations are:

- Remove specific statutory requirement on LAs to complete assessments within often artificial set timescales, so professionals can give equal weight to helping children, young people, and families, as well as assessing their problems.
- Local services to be:
 - o freed from unhelpful targets, national IT systems and nationally prescribed ways of working.
 - o free to re-design services, that are informed by research and feedback, and that pay more attention to the impact on A change of approach to SCRs, learning from sectors such as aviation and healthcare, with a stronger focus on understanding underlying issues that made professionals behave the way they did and what prevented them from being able properly to help and protect children. The current system is too focused on what happened, not why.
- A duty on local services to coordinate an early offer of help to families who do not meet the criteria for social care, to address problems before they escalate to CP issues.
- Ofsted inspections of children's services to add more weight to feedback from children and families, directly observe social workers' interaction with children and families, as they do when inspecting schools, and pay more attention to whether children benefit from the help given.
- Experienced social workers to be kept on the frontline even when they become managers so their experience and skills are not lost. The expertise and status of the profession to be improved with continual professional development that focuses on the skills needed in CP.
- Each LA to designate a Principal Child and Family Social Worker to report views and experiences of front line to all levels of management. Nationally, a Chief Social Worker would be established to advise the Government on social work practice.

¹¹ <http://www.education.gov.uk/inthenews/inthenews/a0077182/independent-review-into-child-protection-says-free-professionals-from-central-government-control-to-let-them-do-their-jobsproperly>
<http://www.education.gov.uk/munroreview/>
http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf