haringey strategic partnership
for children & young people

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NOTICE OF MEETING

HARINGEY CHILDREN AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP BOARD

MONDAY, 12TH JUNE, 2006 at 18:30 HRS
CIVIC CENTRE, HIGH ROAD, WOOD GREEN, LONDON, N22.

MEMBERS: Please see attached table for list of members

AGENDA

1. APOLOGIES FOR ABSENCE:

2. URGENT BUSINESS:

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at Item 13 below).

3. DECLARATIONS OF INTEREST:

A member with a personal interest in a matter who attends a meeting of the Authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest.

4. MINUTES: (PAGES 1 - 6)

To approve the minutes of the Haringey Children & Young People's Strategic Partnership Board meeting held on 13 March 2006 (attached).

5. LOCAL AREA AGREEMENTS AND THE COMMUNITY STRATEGY:

Report of the Haringey Chief Executive's Policy, Partnership and Consultation Team (to follow).

6. THE CHILDREN'S SERVICE PROPOSALS:

Report of the Director of Children, Young People and Families Services, Haringey TPCT (to follow).

7. PROPOSAL FOR THE PERFORMANCE MONITORING OF CHANGING LIVES: (PAGES 7 - 48)

Report of the Director of Children's Service (attached).

8. PROPOSAL FOR JOINT COMMISSIONING: (PAGES 49 - 60)

Report of the Director of Children's Service (attached).

9. FURTHER DEVELOPMENT OF THE CHILDREN'S NETWORKS: (PAGES 61 - 68)

Report of the Director of Children's Service (attached).

10. INFORMATION SHARING: (PAGES 69 - 84)

Report of the Director of Children's Service (attached).

11. ANY OTHER BUSINESS:

12. PROPOSED DATES OF NEXT MEETING:

- 11 September 2006 at 6:30pm
- 20 November 2006 at 6:30pm
- 22 January 2007 at 6:30pm
- 12 March 2007 at 6:30pm
- A sixth date tbc.

13. ITEMS OF URGENT BUSINESS:

To consider any new items admitted under Item 2 above.

14. FUTURE AGENDA ITEMS:

Partners should submit proposed agenda items for the next meeting to Nicolas Mattis no later than 15 August 2006.

Yuniea Semambo
Head of Member Services
River Park House
225 High Road
Wood Green
LONDON N22 8HQ

NICOLAS MATTIS
Principal Support Officer (Council)
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2 June 2006

CHILDREN & YOUNG PEOPLE'S STRATEGIC PARTNERSHIP BOARD MEMBERSHIP

NOTE: The representation of the CYPSPB respect of the number of seats each organisation has is indicated in this list in the first column by the number of times each agency is listed for that particular agency.
NOTE: Please inform the Committee Clerk if the name and/or contact details of a representative changes for any reason.

AGENCY	REPRESENTATIVE
CORE/KEY AGENCIES	
Haringey Council	**Cllr. George Meehan** Chair of the Children and Young People's Strategic Partnership Board AND Leader of the Council
Haringey Council	**Cllr. Nilgun Canver** Executive Member for Crime and Community Safety
Haringey Council	**Cllr Liz Santry** Executive Member for Children and Young People
Haringey Council	**Dr. Ita O'Donovan** Chief Executive, Haringey Council
Haringey Council	**Sharon Shoesmith** Director of The Children's Service
Haringey Teaching Primary Care Trust	**Sue Baker** Non-Executive Director
Haringey Teaching Primary Care Trust	**Pam Constantinides** Non-Executive Director
Haringey Teaching Primary Care Trust	**Dr. Vivienne Manheim** General Practitioner
Haringey Teaching Primary Care Trust	**Helen Brown** Director for Strategy, Performance and Children's Services
Voluntary Sector	**Jim Shepley** Chair of the Haringey Association of Voluntary and Community Organisations (HAVCO)
Voluntary Sector	**Stanley Hui** Director of the Haringey Association of Voluntary and Community Organisations (HAVCO)
Metropolitan Police	**Simon O'Brien** Borough Commander

College of North East London (CoNEL)	**Paul Head** Principal, CoNEL
Haringey Community Empowerment Network (HarCEN)	**???** Chief Executive, HarCEN
Haringey Probation Service	**Sean Walker** Head of Service Delivery, Haringey
North Middlesex Hospital	**Claire Panniker** Chair of Trust and Chief Executive
Mental Health Trust/CAMHS	**Jane Lithgow** Director of CAMHS
Whittington Hospital Trust	**David Sloman** Chief Executive
Connexions	**Lenny Kinnear** Chief Executive
Middlesex University	**Dr. David Shemmings** Principal Lecturer & Chair of Social Work
Learning & Skills Council (London North)	**Mary Vine-Morris** Chief Executive
Great Ormond Street Hospital	**Maria Collins** Director of Partnership Development
Primary Schools	**Andrew Wickham** Head Teacher, Weston Park Primary School
Secondary School	**Andy Kilpatrick** Head Teacher, Northumberland Park Community School
Special Schools	**Margaret Sumner** Head Teacher, William C Harvey School
Youth Offending Service	**Jean Croot** Head of Community Safety

Agenda Item 4

MINUTES OF HARINGEY CHILDREN & YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

Monday, 13 March 2006 at 18.30 Hrs.

Members:

Haringey Council	*Cllr Charles Adje (Chair) *Cllr George Meehan Cllr Nilgun Canver Max Caller, Chief Executive, Haringey Council *Sharon Shoesmith (Director of the Children's Service, Haringey Council)
Haringey TPCT	*Sue Baker *Pam Constantinides *Helen Brown *Cllr Dr Viv Manheim
CONEL	*Paul Head
Connexions	*Lenny Kinnear
Great Ormond Street Hospital	Jane Collins
Haringey Police	Commander Simon O'Brien
Haringey Probation	Sean Walker
Learning & Skills Council	*Philippa Langton
Mental Health Trust/CAMHS	Jane Lithgow
Middlesex University	Dr David Shemmings
North Middlesex Hospital	Clare Panniker
Voluntary Sector HAVCO	*Jim Shepley *Stanley Hui
Whittington Hospital	*Cllr Narendra Makanji David Sloman

*** Members Present**

In attendance:

Claire Wright (Haringey TPCT), Maria Collins (Great Ormond Street Hospital) David Holmes, Jean Croot, Jan Doust, Patricia Walker and Rosie Dei-Boateng (LB Haringey).

1. APOLOGIES FOR ABSENCE AND COMMUNICATIONS:

Apologies for absence were received on behalf of Cllr Nilgun Canver and Commander Simon O'Brien.

2. URGENT BUSINESS

There were no items of urgent business.

3. DECLARATIONS OF INTEREST:

There were no declarations of interest.

4. MINUTES OF THE MEETING HELD ON 23 JANUARY 2006

MINUTES OF HARINGEY CHILDREN & YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

The Minutes of the meeting held on 23 January 2006 were confirmed and signed as a correct record.

5. MATTERS ARISING

It was enquired whether the letter to the Metropolitan Police Authority had been sent.

Cllr Adje informed the Board that the letter was still in draft form and had not yet been sent.

6. PLAY STRATEGY:

A presentation was made to the Board regarding the development of a Play Strategy . Members were informed that the Children's Act mentions play as an issue that should be dealt with in local authorities' Children's Plans. The GLA had also issued guidelines for local authorities' play strategies.

Members were informed that consultation had taken place with schools and with other partners. Children themselves had also been consulted. The Chair indicated a wish to see a list of the partners consulted.

Gaps in provision could be identified by a baseline audit, which members were advised had already commenced. Certain parts of the borough, mainly in the west, had notably more play space than the east of the borough.

Concern was expressed by councillors about cost implications of the play strategy recommendations. Cllr Meehan stated that Big Lottery Fund awards were likely to only cover capital expenditure rather than on-going costs.

Representatives from the TPCT mentioned that there was a need to deal with the play needs of children in hospital. The TPCT and hospitals had not been consulted on this.

AGREED:

That the report be noted.

7. CHILDREN & YOUNG PEOPLE'S PLAN 2006-09

The Director of the Children's Service presented the final draft of the 2006-09 Children and Young People's Plan. She informed attendees the Council were under a statutory duty to introduce a three-year plan.

The TPCT commented that the plan had been a good example of joint working, as Council and TPCT staff had worked together on issues within it.

AGREED:

That the report be noted.

MINUTES OF HARINGEY CHILDREN & YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

8. THE FUTURE PROVISION OF CHILDREN'S HEALTH SERVICES IN HARINGEY:

It was agreed that this report be taken after Agenda Item 11.

A discussion paper was presented by the TPCT on the options for future provision of health services to children and young people in the borough. The options were:

1. Developing a separate primary care organisation to employ services (PMS or AMS)
2. Retaining the PCT has the employer of staff carrying out community health services for children.
3. Care to be managed and delivered through formal integrated arrangements with the London Borough of Haringey
4. Children's primary care services to be transferred to the North London Children's Partnership for Health and Great Ormond Street Hospital.

The TCT informed members that following consultation with staff, employees said the preferred option for them was Option 4.

Members at the Board meeting expressed the view that Option 4 would be the option they would suggest as it would enable use to be made of the skills and specialities of Great Ormond Street Hospital.

The Board was informed that, having received feedback and considered the matter, the TPCT would be making a decision on the issue at its May board meeting.

9. JOINT AREA REVIEW

The Director of Children's Service informed those present that a Joint Area Review was taking place. Inspectors would be looking at a variety of the services provided to children in Haringey. The final review would be published on 9th October.

The Director advised partners that contributions were needed from them as well. She asked that they consider the Joint Area Review at their own meetings.

She informed attendees that the wards that she expected the inspectors to focus on were Noel Park, Bruce Grove and Seven Sisters. She asked partners to suggest examples of where there is good practice and areas they would like the inspectors to see. It was mentioned that an example of good practice was speech and language therapy.

Inspectors would be examining case files to see joint working in the cases of looked-after children and of other cases handled by children's social services.

Officers informed the Board that they had spoken to colleagues in Enfield and Hounslow who had already gone through the inspection process.

AGREED:

That the report be noted.

MINUTES OF HARINGEY CHILDREN & YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

10. INFORMATION SHARING PROTOCOL

The Deputy Director for Delivery and Performance introduced the draft information sharing protocol. He mentioned that there was already a general protocol on information-sharing, but that one needed to be developed for Children's Services in particular.

He advised members that the protocol needed examination by all partners to see that it met their needs. Information would be shared, under the protocol, on a 'need to know' basis.

AGREED:

That the report be noted and that partners inform the Deputy Director of their views on the draft protocol.

11. WORKING TOWARDS A CHILDREN'S TRUST

The Director of the Children's Service made a presentation on the progress towards a Children's Trust. Engaging with front-line staff was mentioned as a priority for the Service.

She mentioned that work was being done on moving towards joint commissioning where appropriate. There was to be a half-day seminar on the topic, with local authority and TPCT representatives. Other partners were invited to attend if they had commissioning issues that they felt linked into the commissioning currently being undertaken by those two organisations.

HAVCO expressed concern that some voluntary sector organisations were not feeling that they were being consulted by the Council on issues of interest to them. The Chair stated that he hoped that, through HAVCO, voluntary sector organisations could be informed of issues being discussed by the Council and partners and feedback their opinions.

The Director mentioned the need for joint monitoring and reporting of performance. A paper would be presented to a future meeting of the Board on this topic.

AGREED:

That the contents of the presentation be noted.

12. ANY OTHER BUSINESS

The Director of the Children's Service mentioned that there would be a press announcement on the launch of the Children & Young People's Plan on 22nd March at 10am.

MINUTES OF HARINGEY CHILDREN & YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

Thanks were conveyed to David Holmes for his contribution to the Board and he was congratulated on his new job at the BAAF (British Association for Adoption and Fostering).

It was agreed that the new Chief Executive (Dr Ita O'Donovan) replace Max Caller as a representative on the Board.

Thanks were conveyed to Cllr Adje for his work as Chair of the Board this municipal year.

PROPOSED DATE OF NEXT MEETING

19 June 2006 at 18:30hrs

The meeting ended at 20:15hrs

Councillor Charles Adje
Chair

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Haringey NHS
Teaching Primary Care NHS Trust

CHILDREN'S SERVICES SUMMARY OF RESPONSES TO DISCUSSION PAPER AND NEXT STEPS

1. Introduction

This paper sets out revised proposals for making financial savings following publication of the discussion paper on Children's Services and a period of consultation with stakeholders and staff.

2. Outcome of Consultation

There were 19 written responses and some additional verbal responses, all of which are presented in the attached document.

In general, services provided to children by the TPCT were very highly regarded and it was made clear that any decrease in services to children, especially those with disabilities, would be very difficult to accept.

There were a variety of views regarding the proposed model of service delivery for the Specialist Child Health Service & Child Development Team in Option 1, with general support for the principle of better integrated working with paediatrics at NMH, and staff in Children's Centres and schools, and also support for a collocated Child Development Team. A range of practical issues were also highlighted, the most significant being the ability to secure appropriate space both at NMH and within the community for the SCHS/CDT within such a short time scale.

The proposed loss of School Nursing, Health Visiting and Therapy posts within both Options 1 and 2 was either not addressed by respondents or was deemed an unacceptable reduction in services to vulnerable children.

The responses demonstrated some confusion between what is provided in terms of therapy & dietetic services by the TPCT's Schools Service, in particular to the Special Schools, and what the Specialist Child Health Service provides. Whilst there is inevitably some overlap between the two services, it is worth noting here that they are separately managed and separately provided.

3. Revised Proposals to Meet Savings Target

The TPCT believes that the model outlined in Option 1 of the discussion paper is generally the right direction of travel for the Specialist Child Health Service and Child Development Team (CDT). However, because of logistical difficulties in, for example, securing appropriate accommodation for both medical staff and other members of the Child Development Team and the subsequent financial implications, we propose to maintain a collocated multi-disciplinary Child Development Team at the CDC, St Ann's Hospital, moving towards the development of a multi-agency team for children with additional needs. We also recognise that the proposed changes need to be undertaken over a longer period of time and planned in partnership with parents and

LBH Children's Services. During this interim period, there will be ongoing work with the Specialist Child Health Service/CDT to review the team's structure and function and locations for service delivery.

Maintaining a collocated CDT means that some of the savings identified in Option 1 cannot be realised. This will result in a greater impact on other clinical services provided to children as described in the second part of Options 1 & Option 2, which would be unacceptable.

As a result, the savings target for Children's Services has been reduced by £100k making the target £350k

We therefore propose the following reductions in service:

3.1 SPECIALIST CHILD HEALTH SERVICE

- Reduce Consultant Paediatrician by .80wte (vacant) £80k
- Delete .68 Speech & Language Therapist (vacant) £25k
- Delete 1.50 Secretarial/Reception staff (2.00 vacant) £35k
- Delete .60 Clinic Assistant (vacant) £10k
- Delete .40 Clinical Coordinator £20k

Sub-total £170k

Implications for Service Delivery

(1) Consultant Paediatrician

This post will be reduced by .80 allowing .20 to buy back some of the services currently provided.

- **TB Service & TB Lead:** the TB service will be bought back by the TPCT and will continue to be provided by the current consultant, providing continuity of strategic planning and service for this client group.
  Cost approx £15k (1.50 Programmed Activities)

- **Named Doctor, Child Protection:** there is no requirement to have two separate posts to undertake these duties and in some neighbouring PCTs, e.g. Islington, one member of staff undertakes the role. A Designated Doctor can undertake the Named Doctor role, but this will have workload implications, which will need to be discussed and agreed, by the TPCT and GOSH.

- **Down Syndrome Clinic:** this would need to be reallocated to the remaining medical staff at either Associate Specialist or SpR level and again will need to be agreed by TPCT and GOSH.

- **Special Advisory Clinic:** Can be reallocated to existing staff.

- **The Vale School (Phys. Dis.):** due to the complex nature of these children's health needs this work would need to be reallocated to the remaining consultant staff at least for the foreseeable future.

- **Population Health/Child Health Surveillance:** this role could be undertaken by increasing the number of sessions provided by the Professional Development Nurse for Child & Family Health or other specialist nurse, or public health specialist with appropriate experience. This could be funded through the remaining savings from the reduction in the Consultant Paediatrician post. The Lead Consultant Community Paediatrician at GOSH would provide clinical support for this role.

- **Immunisation Coordination & Specialist Advice:** Support for the TPCT's Immunisation & Vaccination committee would be available from the Lead Community Paediatrician at GOSH. In addition the Consultant would provide clinical support to the Special Immunisation Clinic. The role of Immunisation Coordinator could be provided by the public health directorate or a senior nurse with appropriate clinical support from GOSH.

(2) Speech & Language Therapist

This post has been kept vacant for some time in order to reduce spend. Children on this caseload are currently being managed by either the SLT within the Child Development Team or within the Early Years team. Waiting times for SLT services in both these services are under 13 weeks.

(3) Secretarial and Reception

Currently, the consultant medical team have 1.00 wte secretary each. In addition there is another general secretary for the medical team, a receptionist and the Administrative Manager. We propose to delete the secretarial post attached to the vacant consultant post and reduce the reception post by .50 wte. We will not recruit to the reception post and will manage this within the remaining admin resource, but will reinvest the remaining .50 wte of the reception post plus £5k from the reduction in consultant posts to purchase D-scribe, a digital typing service.

(4) Clinic Assistant

This was new post created from the reconfiguration of vacant sessions in a number of posts and has never been recruited to.

(5) Clinical Coordinator

The Child Development Team currently has two therapy staff sharing the role of coordinator (.40 wte each) for the therapy team within the CDT. Additional input to the service from the Service Manager has reduced the need for this function to be undertaken by two staff. A reduction of .40 wte will have minimal impact on service delivery.

3.2 EARLY YEARS & COMMUNITY SERVICES

- Delete 1.00 Health Visitor Clinical Coordinator £44k

Sub-total £44k

Implications for Service Delivery

(1) Health Visitor Clinical Coordinator
The Health Visiting Service has recently been remodelled and is now preparing to deliver a revised Child Health Promotion Programme and additional targeted services for the most vulnerable young children and their families. The current structure includes 3 Clinical Coordinator posts, these posts will be reprofiled following the redistribution of the service into 6 teams, 2 within each of the 3 Children's Network areas.

3.3 SCHOOLS SERVICES

- Delete 1.50 School Nurses (1.00 currently vacant, further vacancy anticipated within 6 months)
- Delete 1.00 Occupational Therapist (vacant) £44k

Sub-total £104k

Implications for Service Delivery

(1) School Nursing

Reduced staffing levels will lead to a need to increase targeting of school nursing services to the most vulnerable children and young people as well as clear prioritisation of broader public health priorities for the service.

(2) Occupational Therapy
The current establishment is 4.60 wte Occupational Therapists and there will be no substantive post holders in place by May 2006. Recruitment processes to a number of the current vacancies are currently underway; additionally locum staff are being sought to provide cover in the interim period. Given historical problems with recruiting and retaining staff within this service, as well as a need to be clearer about service priorities and caseload management it is timely to review the service and consider options for providing this service in a different way. The TPCT is currently working together with Hackney PCT OT service to undertake a full review of the service and develop an appropriate model of service delivery.

3.4 MANAGEMENT

Provisional agreement has been reached with Haringey Council Children's services to reconfigure this post into a Joint Commissioning development manager post.

Full year effect reduced management costs relating to this arrangement will be c. £25k.

3.5 NON PAY

A further £7k will be identified through non pay budgets.

3.6 **TOTAL SAVINGS £350,000**

4.0 NEXT STEPS / IMPLEMENTATION

- Formal consultation with staff affected by the changes as per agreed processes.
- Finalise proposals to address reduction in medical staffing in discussion with key stakeholders.
- Undertake review of paediatric OT services and recruit to vacant posts.

Jane Elias
Assistant Director
Children, Young People & Family Services

18 May 2006

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Haringey NHS
Teaching Primary Care NHS Trust

HTPCT Financial Plan – Implications for Children's Services.

Due to a late change to the TPCTs overall financial allocation for 2006/7 the TPCT has undertaken a significant review of its financial plans for 2006/7 over the past 3 months. The net impact of the changed financial allocation was a reduction in available resources of c. £11m. As a result of this all areas of expenditure have had to be reviewed and savings plans put in place to ensure that the TPCT is able to meet its statutory duty to break even.

A series of discussion papers have been taken to TPCT Board meetings in April and May 2006. The two documents that relate to children's services are attached for information.

1) May Board paper – summarised responses received to initial discussion paper and proposed way forward. It sets out a total of £350k savings across the range of TPCT provided community children's health services. (NB this is a reduction in the initial savings target of £100k) The proposed option incorporates different elements of the initial two options presented (see below). Some of the changes proposed within the initial discussion document relating to the overall service model have been retained, although the timescales have been amended to reflect the complexity and level of change required (e.g. relocating some services to NMUHT).

   This paper was approved by the TPCT Board in May and will now be implemented.

2) April Board paper – initial discussion paper setting out savings target of £450k and two options as to how savings could be achieved. This paper was circulated to partners for comments within a two week timescale.

The TPCT recognises that these service changes and budget reductions will be of concern to children and families and partner organisations and is committed to managing the changes as carefully as possible to minimise the impact on direct service delivery and to ensure that children with the highest levels of assessed needs are prioritised.

A number of respondents to the discussion document noted that the timescale for response was very short. The TPCT recognises that the very tight timescales have limited scope for stakeholder discussion, however it was not notified of the reduction in its allocation for 2006/7 until February 2006 and this has necessitated very rapid action to ensure deliver a balanced financial plan for this year.

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Haringey NHS
Teaching Primary Care Trust

Discussing Haringey changes for 2006

DISCUSSION PAPER ~ CHILDREN'S SERVICES

1. Introduction

This paper sets out proposals for making financial savings from within the TPCT's directly provided Children's Services.

Two options are presented and we are seeking the views of staff, partner organisations and local stakeholders as to which option to proceed with.

Option One:

Reconfigure specialist child health services currently provided from the CDC at St. Ann's Hospital (£280k) + some reductions in management and clinical posts within early years and schools services (£170k): Total: £450k

Option Two:

Specialist child health services remain as currently configured within the CDC at St Ann's with the majority of savings identified through clinical post reductions in early years and schools services. (£430K)

Both options will present risks and will need to be carefully managed to minimise the impact on clinical service delivery. Stakeholders are invited to contribute their views as to how risks can be reduced and clinical service delivery maintained in the context of this financial savings plan.

2. SAVINGS TARGET

The service's savings target is £450K per annum. This is in addition to savings already identified as part of the original 2006/7 budget setting round that focused primarily on reductions in management costs.

As identified above, there are 2 options within Children's Services to meet this savings target. Each option is discussed below.

3.0 Options for achieving the required savings

3.1 OPTION 1

3.1.1 REPROVISION OF SPECIALIST CHILD HEALTH SERVICES

The Specialist Child Health Service currently provides a range of services to children with developmental difficulties, disabilities, specialist immunisation needs, those who are Looked After and those requiring child protection medical examinations, from the Child Development Centre at St Ann's Hospital. These services are primarily medical although allied health professionals also contribute to assessment and diagnosis of some groups of children as well as providing some intervention for children from the St Ann's site.

The Specialist Child Health Service medical staff are already employed by Great Ormond Street Hospital. Under this proposal, the focus of provision of community paediatric medical services within the Specialist Child Health Service would be co-located and integrated with the paediatric medical services provided by GOSH at the North Middlesex Hospital (NMUHT) through the North Central London Children's Partnership for Health.

This option would provide integrated, single management of medical staffing through GOSH @ NMHUT reducing the numbers of managers required and providing opportunities for development of integrated care pathways for children and better joint working between community and hospital medical staff. Medical staff would be based at NMH with service provision divided between clinics provided from the hospital or in the community depending upon individual service requirements and best practice guidelines.

There would be a single point of entry for community paediatric medical referrals from primary care, community services and other professionals and a single point for assessment, diagnosis and provision of some medical interventions. Whilst the NMUHT would be the hub of delivery for community medical services the doctors would continue to provide clinical interventions and consultation to children in community settings e.g. special schools and would work jointly with other staff working with children with additional needs in the community. This would provide clarity for professionals wishing to refer children for medical assessment and reduce duplication of appointments for families.

Children's services (health, education, social services) more broadly in Haringey are being developed on the basis of 3 geographical networks each of which will provide a range of universal and targeted services to children and families. Each network would have a named consultant

responsible for the coordination of medical services to children within the network. Specialist services will be provided on a borough wide basis.

The non-medical (allied health professional) services i.e. physiotherapy, speech & language therapy, clinical psychology, dietetics and specialist health visiting which are currently provided by a co-located health team would be provided through integrated working with the TPCT's Early Years team & the local authority's Children's Service staff in particular and also the Schools team. Points for service delivery would include the child's home, Children's Centres and mainstream and special schools.

The TPCT will need to discuss this proposal with The Whittington Hospital (WHT) who provide hospital based paediatric services to children and families living in the west of Haringey. Opportunities for the co-location of some services with WHT will also need to be explored.

3.1.2 Proposed Service Model

Provision of medical services to children would be arranged with the NMH as the hub together with a range of services being delivered in community settings within the 3 networks. Each consultant holds borough wide responsibilities in regard to their clinical specialism. In addition a borough wide collocated multi disciplinary team would provide for children with disabilities.

Services Provided from GOSH @ NMUHT

It is envisaged that the following services would be provided from NMUHT**:**

(1) Child Protection

Currently child protection medicals for children with suspected or actual evidence of neglect, emotional or physical abuse are carried out at the CDC at St Ann's, 5 days a week 9-5. All other medical examinations (sexual abuse, acute physical abuse) are carried out at NMH and for acute sexual assault at The Haven.

It is proposed that all Child Protection medical assessments are undertaken at NMUHT. Again this would provide a clear care pathway for this group of children and reduce confusion for professionals requesting Child Protection advice or assessment. The availability of suitable forensic and clinical equipment at NMUHT would be an added advantage to this arrangement.

The designated doctor role would remain unchanged and the named doctor role would need further discussion.

(2) TB and Infectious Diseases

The consultant lead for this specialty will shortly be vacating his post (pending receipt of formal resignation letter). The children's TB clinic has already been relocated from St Ann's to the NMUHT during the course of the year and there will be a need to identify suitable medical input from within the sector.

The TPCT currently provides a specialist advisory clinic for immunisation at St Ann's, staffed by the lead Consultant for infectious diseases and a nurse. This clinic could be relocated to the NMH or a community facility such as The Laurels, space permitting. Medical input is currently being discussed with GOSH.

(3) Assessment & Diagnosis of Children with Disabilities and Neurodevelopmental Disorders

Initial assessment and diagnosis for children with developmental delay, developmental disorders, neurodisabilites and communication/autistic spectrum disorders would usually be carried out at the hospital enabling tests and investigations to take place in an appropriate clinical setting. Where assessment and diagnosis requires joint working by a multi disciplinary team, this could take place either at the hospital or in a community setting. Medical intervention for these children can also take place either within the hospital or the community depending upon the child's individual needs.

Services Provided in the Community

Medical services in the community would be either borough wide specialist services or services which can be delivered within the Children's Services Networks.

Borough wide Specialist Services

(1)Population Health

Support for the TPCT's Immunisation & Vaccination committee would be available from the lead community clinician at GOSH and responsibility for oversight of the Child Health Promotion Programme would need to be reallocated. This is a borough wide responsibility.

(2) Health of Looked After Children (LAC) and Behavioural Paediatrics

The lead consultant for this group of children would continue to provide this borough wide specialty at the most appropriate location for the child and family. The current clinic for LAC at The Laurels would continue. The consultant would be based partly at NMUHT and partly collocated with the LBH Children's Service LAC Team.

(3) Treatment & Intervention for Children with Neurodisabilites and Neurodevelopmental Disorders (Child Development Team)

Services for these children are generally multi disciplinary and multi agency in nature and would be provided by a collocated, core multi disciplinary team with appropriate input from the consultants. The team would require an administrative base where it is envisaged that the consultants will work jointly with therapists and the specialist Health Visitor to arrange allocation of cases, multidisciplinary assessment, care planning, review and monitoring of children's care.

Therapy and dietetic services for young children aged 0-5 years are currently provided by both the Child Development Team (CDT) located at St Ann's and, where children are placed in Children's Centres, by the Early Years therapy team for children with complex needs. Older children are seen in the main by the Schools therapy team, with some additional services provided by the CDT e.g. joint assessment (doctor, SLT, psychologist)) of children with social communication disorders and dietetics. In addition the CDC provides a physio led orthotics clinic for all children aged 0-19 years.

The majority of children referred to the CDC are young children and it is therefore proposed that the Early Years (complex needs) staff and the current CDT staff integrate to form the health professional core of the Children with Disabilities Service. This would be an interim arrangement with a requirement to develop a multi agency specialist team for these children being implicit. School age children will continue to be seen by the schools team with additional specialist support from the CDT as and when required. Specialist clinics such as orthotics would continue to be provided by the physiotherapist based within the CDT, as would the dietetic service to school age children.

The majority of intervention programmes by the Early Years & Schools teams for these children already take place in the child's home, within Children' Centres and schools and it is proposed that the CDT would also primarily deliver services in these locations. Where this is not appropriate suitable community accommodation will be sought. The latter would include services led by allied health professionals such as

the orthotics clinic and the social communication group and consultant led review clinics which could be located within primary care facilities or an appropriate space within a school or Children's Centre.

(3) Paediatric input to Special Schools
The consultant team would need to review current job plans to ensure appropriate medical provision to Haringey's special school population. This could include the development of clinical protocols to enable School Nurses to undertake additional roles as well as considering the use of an appropriately experienced Registrar.

(4) Special Advisory Clinic
The current out patient Special Advisory Clinic could be provided from a clinic located within each of the 3 networks or at the hospital.

Role of the Consultant in a Network

Each consultant would be the named lead for one of the 3 Children's Network areas. This would provide expert medical advice to staff within each network, including primary care and facilitate a better understanding of each other's roles, better multi disciplinary team working and information sharing. This arrangement would also enable the consultant team to provide initial advice regarding management of children with the most complex needs and engage at a more local level in the strategic planning of services.

Over time, some services which are provided from the hospital could be developed on a network model.

3.1.3 Opportunities and Risks

There are a number of potential advantages to this service model:

- **Administrative & Management**

The current SCHS delivery from St Ann's has long standing problems related largely to administrative infrastructure. Whilst some of these difficulties are being addressed, issues remain with a lack of electronic patient systems for appointments, reviews, reports, waiting times management, activity monitoring and no medical records management by a dedicated medical records team. A move to NMUHT would largely resolve these problems as access to integrated patient management systems are already in place.

- **Clinical**

The relocation of the community paediatric team to NMUHT would provide opportunities to integrate medical services for children in

Haringey. This would also provide a wider number of clinical specialisms within the hospital supporting the development of integrated medical care pathways for children.

The medical team would have immediate access to facilities for tests and investigations for children, such as path labs, radiology and other clinical specialisms again reducing the number of appointments and locations to which children and families would have to travel.

The community paediatricians would also have access to a wider range of clinical expertise for joint assessment of complex children, a bigger peer group and junior doctor community rotas could be better managed. Teaching and training for medical students and junior doctors would be more coherent as it could be planned and delivered together with colleagues within the hospital.

- **Integration with local authority services**

Services provided by allied health professional staff (the Child Development Team) and the specialist Health Visitor for children who currently attend the CDC could be reprovided in locations that are more appropriate for children and families. The majority of children with disabilities and special needs have either part or full time additionally resourced places in Children's Centres and schools within the borough and are already receiving services within these settings from therapists within the Early Years and Schools teams.

Providing services to children within their natural setting reduces travel for families and affords greater opportunities for integrated working with colleagues in The Children's Services (LBH). This arrangement would enhance joint working between health professionals and early years colleagues in Children's Centres and facilitate better information sharing and multi agency planning and monitoring for some of Haringey's most vulnerable children. This in itself should help to avoid duplication of services and facilitate more effective use of resources. For example, family support services that will be available through Children's Centres will be able to work together with therapy and other CDT staff helping to support families through the assessment, diagnosis and intervention process. A further benefit of this model would be the opportunity to provide ad hoc training and demonstration of therapy techniques to non-health professional staff working with children within schools and Children's Centres enabling better carry over of therapy programmes into the child's daily routine.

There are also a number of potential risks / challenges within this model.

Risks include the possible fragmentation of joint working between the consultant team and the rest of the CDT. It will be important to ensure that dedicated time for the consultants to work together with the team is agreed and protected and that the team have an appropriate location in which they can work together. A particular risk is the loss of opportunity to share incidental information about children and families and to opportunistically ask a doctor to see a child who is attending a therapist/dietitian led clinic. This will need to be managed through more rigorous planning of case discussion meetings and planning of timetabled opportunities for information sharing; the latter could take the form of a regular "surgery" when the medical staff would be available for consultation by phone, electronically or face to face.

Appropriate clinical facilities will need to be identified for the community medical staff at NMUT as well as identifying potential clinical space at a Children's Centre. Similarly, an appropriate administrative base for the CDT will need to be identified with an additional requirement for some clinical space preferably within Children's Centres.

The model also carries risk associated with the transport of medical records to community settings where doctors may provide clinics. Arrangements will need to be made to ensure that records are available for appointments. Similarly, non-medical members of the CDT may require access to the child's medical records. Again arrangements will need to be put in place to ensure that staff have the information they require in order to manage children appropriately and effectively.

An additional challenge will be the coordination of the service. In terms of developing integrated therapy services for young children, it is proposed that the CDT service manager also manages the early years therapy team thus providing single management of those working with babies and young children with disabilities. This will provide the CDT with a wider range of clinical expertise and a broader peer group affording more opportunity for support and development.

Coordination of the whole service (medical and other staff) will require better links to be developed with the NMH, building on joint work already undertaken by GOSH / North Central London Children's Partnership for Health.

3.1.4 Estimated Savings from remodelling specialist child health services

Savings will be released through the reconfiguration of the service. There will be **a reduction of 4.01 wte management, administrative and support staff posts and a reduction of 1.68 wte clinical staff. This would include reduction by 1.00 wte of**

consultant paediatrician time (current post holder recently appointed to new post in neighbouring PCT; awaiting formal resignation).

Relinquishing use of the current facility on the St Ann's site will also make additional savings.

Sub Total: £280,000

3.1.5 EARLY YEARS & SCHOOLS SERVICES

In addition to the savings set out above related to the remodelling of specialist child health services the following areas for saving are also proposed

1. Paediatric OT

The current establishment is 4.60 wte Occupational Therapists and there will be no substantive post holders in place by May 2006. It is therefore timely to review the service and consider options for providing this service in a different way. The TPCT is currently working together with Hackney PCT OT service to undertake a full review of the service and develop an appropriate model of service delivery.

It is proposed to delete 1.00wte Band 7 post and this has been taken into consideration in the above review.

2. School Nursing

The School Nursing Service will need to increase targeting of their services to the most vulnerable children and young people.

It is proposed to delete 2.00wte Band 6 posts.

3. Health Visiting

The service has recently been remodelled and is now preparing to deliver a revised Child Health Promotion Programme and additional targeted services for the most vulnerable young children and their families. The current structure includes 3 Clinical Coordinator posts which, with the redistribution of the service into 6 teams, 2 within each of the 3 Children's Network areas, will enable us to reprofile these posts.

It is proposed to delete 1.00wte vacant Clinical Coordinator post.

3.1.6 Savings from early years and schools services

3 x clinical posts + one x clinical management post = £170k

3.2 OPTION 2

The alternative option to remodelling the Specialist Child Health Service in order to reach the savings target is to considerably reduce staffing levels within the Early Years and Schools Services. This would mean **a reduction of 10 wte clinical posts and 1.00 wte management post.**

For School Nursing this would mean an even greater requirement to target services towards the most vulnerable children and would reduce capacity to address the broader public health agenda in relation to obesity, sexual health and relationships and immunisation.

For Therapy Services this would necessitate raising the threshold for access to children's therapy services in order to manage the large numbers of children with special needs and complex disabilities. Criteria for referral to and intervention from children's therapy services in Haringey are already vigorous and in effect this would deny many children with developmental delays and disorders access to appropriate health care. It would also mean that preventative and early intervention services for children with developmental delay (and its associated social, emotional and academic consequences) would be significantly reduced.

£88k 2.00wte Occupational Therapists
£88k 2.00wte Physiotherapists
£88k 2.00wte Speech & Language Therapists
£110k 3.00wte School Nurses
£40k 1.00wte Health Visitor
£44k 1.00wte Health Visitor Coordinator

Total saving: £429,125

Alternatively the 1.00 consultant paediatrician vacancy (highlighted above ~ option one) could be deleted allowing for a 2.5 wte reduction in posts lost (as listed above) equivalent to £100k.

4.0 How to give feedback on the issues raised in this paper

A meeting for **Specialist Child Health Service staff** is scheduled on 25th April, 3.30 pm, A2 meeting room.

A meeting for **partner organisations** is scheduled for 10-12 am 27th April 2006. Please contact Cynthia Arthur for further details and to confirm your attendance.

Cynthia Arthur 0208 442 6159 cynthia.arthur@haringey.nhs.uk

For further information on the proposals set out within this discussion paper please contact:

Jane Elias
Assistant Director of Children's Services (Operations)
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0208 442 6159 / 6877

Or

Helen Brown
Director of Strategy, Performance and Children's Services
B1, St Ann's Hospital, London N15 3TH
helen.brown@haringey.nhs.uk
0208 442 6857

Written comments on this proposal are welcomed and should be addressed to either Jane or Helen contact details as above.

The closing date for comments to be received is 5th May 2006.

5.0 Next Steps

Final proposals and a formal consultation document for staff affected by these changes will be published at the end of the discussion period.

Jane Elias
Assistant Director
Children's Services
April 2006

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haringey strategic partnership
for children & young people

AGENDA ITEM 7
MEETING **Children and Young People's Strategic Partnership Board** **2006** **12 June 2006**
TITLE **A Performance Monitoring Strategy for *Changing Lives***
SUMMARY The attached paper is a draft schedule for monitoring the achievement of the outcomes in *Changing Lives*. The schedule contains performance indicators and outcomes that cut across all services represented by the CYPSP. It is proposed that it forms part of the monitoring and evaluation strategy for *Changing Lives*. The overall approach is outlined on page 6 of *Changing Lives.* The Partnership Forum will have a role in considering the progress of the Children's Forums (Under 5s, 5-11, 11-19 etc) and will twice each year report to the CYPSP on progress in achieving the outcomes of *Changing Lives*. In this way the CYPSP will be able to draw upon the views of a wide range of stakeholders when it considers progress. The attached schedule, with a summary would be presented at all meetings and at the November meeting a report from the Partnership Forum would be presented followed by outline proposals for the 07/08 programme of *Changing Lives.*
RECOMMENDATIONS That the CYPSP comment on the: • document and suggest adjustments/improvements for the final version; • use of this document as part of the wider monitoring and evaluation strategy.
LEAD OFFICER(S) Sharon Shoesmith Director of the Children's Service Avi Becker Head of Management Information – Educational performance Christine Jorge Head of Management Information – Social Care

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HARINGEY COUNCIL

The Children's Service in Haringey

We want every child in Haringey to be happy, healthy and safe with a bright future

CHANGING LIVES

Haringey's Children and Young People's Plan 2006-9

Strategy for Managing Performance

Draft

April 2006

CHANGING LIVES
Strategy for Managing Performance

Contents

HARINGEY'S CHILDREN AND YOUNG PEOPLE'S SERVICE

Strategy for Managing Performance

1. RATIONALE

An effective planning and performance management framework is critical to the realisation of the objectives in Changing Lives. It ensures that improving outcomes for children and young people is at the heart of the organisation and helps to embed a culture which focuses on continuous improvement, meeting local needs and providing value for money.

There has been for some time a statutory requirement to report against a comprehensive set of performance indicators (PIs) and systems are in place to meet this requirement. However, the transition to a Children's Service and to a plan for children that is owned by the whole of the partnership creates the need to bring together existing systems to ensure that a comprehensive picture of progress across the range of PIs is secured for the whole Directorate. Equally there have been processes to monitor progress against statutory and non statutory plans but the creation of an integrated plan, requires an agreed, consistent and coherent set of processes which are adhered to across the Service and incorporates the contribution of partners. An effective framework and set of processes will ensure that strategic and operational decisions are informed by robust intelligence. Managers at all levels will need to make evidence based decisions, informed by accurate data and intelligence on their service's strengths, weaknesses and progress. In response they will be able to adjust actions in a timely manner and deploy resources efficiently to secure the desired outcomes and ensure value for money. Overall it is intended to be an empowering framework which supports the recognition and celebration of achievement and allows for early intervention to address unsatisfactory progress and performance.

2. DESIRED OUTCOMES

The success of the monitoring strategy will be measured primarily through the successful achievement of the outcomes for children and young people in Haringey, if it fails to impact on these then it will be no more than a data collection tool which allows the Children and Young People's Strategic Partnership (CYPSP) to meet its national and local reporting requirements.

However, there are a range of secondary issues the strategy seeks to address and against which its effectiveness will be measured:

- Securing the engagement of users in the development of the processes so as to ensure that it meets their needs and reflects the context of their work – Will it be valuable and valued?

- Ensuring that users have confidence in the data provided – Is it perceived as useful, accurate, up-to-date and reliable?

- Making effective use of the data, as intelligence to inform management decisions at all levels – Did it influence change?

- Implementing processes which ensure the timeliness of reports – Is the reporting programme being met? Are national requirements being met?

- Reviewing and refining the system – Are performance staff able to meet the full range of their commitments? Is the system meeting needs? Is it responding to changing contexts both local and national?

3. FACTORS INFORMING THE DEVELOPMENT OF THE STRATEGY

In developing the strategy and framework regard has been given to the following issues.

3a. Quality Assurance of Plans

The quality of plans is a vital element in the development and implementation of an effective performance management system. Unless outcomes, timescales and responsibilities are clearly articulated, however effective the system, it will not be possible to effectively monitor and report on them.

In particular the development of plans has addressed the need for clarity about:

- desired outputs and outcomes against which the plan will be monitored

- milestones and timescales for the planned activities so that progress can be measured

- accountability and responsibility for delivery so that it is clear who will react to monitoring information, seeking to secure necessary change and to celebrate achievement

- deployment of resources so that managers can compare input and output measures and make informed decisions about changes to deployment both in the short and longer terms.

3b. Active Involvement and Engagement

The success of the Service in delivering it's outcomes for children and young people involves a very wide range of professionals both within and without Haringey Local Authority and it has been recognised that all should be informed and able to contribute to the development of the performance management system. Some deliverers such as the PCT, already have a comprehensive monitoring responsibility within their own organisation and this system devised for the CYPSP does not seek to place unnecessary additional demands on PCT staff, rather to develop a system which is in accord with their existing systems.

The range of partners engaged in steering and delivering all Children's Services in Haringey are both providers and recipients of data and information. All parties have a vital part to play in ensuring that the Service is effectively monitored and continuously developed to meet the needs of children and young people. The regular reports within the system ensure that all parties have the information they require to meet their obligations to children, young people, and the Service. The system is flexible enough to incorporate information and perceptions arising from the Partnerships and to respond to their changing needs. Similarly Members, especially the Lead Member, receive regular reports and are engaged in identifying the monitoring and reporting programme relevant to Member needs. The development of the process has been informed by the need to respond to unplanned requests for information from Members who require a speedy response to their requests. This is equally true of the requests from the media relations team within the Authority.

The system facilitates the collation, analysis and presentation of quantitative data and some aspects of qualitative information but will be developed further to incorporate a facility for dealing with qualitative data such as the outcomes of surveys, interviews, mystery shopping or focus groups. The Service is focused on achieving the best outcomes for children and young people and is informed by their views and those of their families or carers. Equally the outcomes of staff surveys provides invaluable information to inform management decisions. The performance management system provides a tool which brings together both qualitative and quantitative data and information.

In essence the active involvement and engagement of the following groups is essential if the performance management system is to be effective in supporting the Service to deliver against its objectives and to achieve its desired outcomes.

- Staff at all levels of the Service, both strategically and operationally
- Members, especially the Lead Member for the Service
- Children, young people and their families
- Delivery partners. both those internal and external to the Authority

- Those engaged within the Partnership bodies responsible for the governance of the Service
- Schools

3c. Key Features of an Effective and Efficient Haringey Performance Management System

The system is being developed to ensure that it is:

- Consistent with the Corporate Performance System including individual performance management arrangements
- Built on current effective practice
- Appropriately focused on the key priorities for children and young people and avoiding distraction with minor measures
- Concentrated on the provision of intelligence to managers rather than raw data
- Updated regularly
- Providing accurate, robust and reliable
- Flexible enough to take account of the differing needs of staff, Members, stakeholders, clients, partners and inspection regimes
- Underpinned by an agreed programme of reporting
- Overt and high profile so that it impacts on the culture of the Service and instils a 'customer focus'
- Manageable within the capacity of the organisation
- Readily accessed by managers and others with a legitimate need
- Service Plans will be constructed in relation to the outcomes in Changing Lives

4. Securing an Effective and Efficient Haringey Performance Management System

There is considerable clarity about the desirable features of the system and a commitment to achieve it, however, it will be important to recognise what can be achieved in the short term so as to secure effective monitoring from the launch of Changing Lives

and what are the longer term goals. In the short term a relatively simple system will be implemented but in the longer term an emerging IT system which is now in the design stage will provide the complete tool.

5. Reporting lines

This section relates to the overall model for governance, consultation and participation on page 38 of Changing Lives.

Each multi-agency Children's Forum shown on that model and the Local Safeguarding Children Board (LSCB) has a brief in relation to the outcomes in Changing Lives. Each reports to the Partnership Forum in relation to its progress against those

outcomes. The Partnership Forum makes a report on its evaluation of progress in relation to the progress reported. In addition the Partnership Forum will advise the CYPSP on the overall progress at the end of the year and the priorities its sees as being uppermost for the subsequent year. In this way the CYPSP draws upon the views of a wide range of stakeholders including young people.

In addition, the performance monitoring schedule describes on the next few pages will be produced monthly and summarised for the CYPSP at each meeting.

Each partner organisation will have its own internal monitoring arrangements and in the case of the Children's Service the Council has a Children's Service advisory Committee that will monitor progress through these reports and also in relation to Corporate parenting, Safeguarding children and the outcome of school inspections.

Appendix A

The Priorities for Haringey's Children and Young People

Be Healthy	Stay Safe	Enjoy & Achieve	Make a positive contribution	Achieve Economic well-being

Vulnerable Children and Young People

Priority One: We will improve outcomes for vulnerable children and young people through earlier intervention
Priority Two: We will continue to improve life chances for looked after children and care leavers
Priority Three: We will improve outcomes for children and young people with disabilities

Priority Four: We will reduce the number of still births and babies who die before their first birthday

Priority Five: We will promote healthier lifestyles to children, young people and parents

Priority Six: We will prevent young people from developing mental health problems by strengthening their emotional well being and self esteem and improve services to those who have mental health needs

Priority Seven: We will work with young people to reduce teenage conception rates in Haringey as part of a broader aim to improve sexual health

Priority Eight: We will reduce the incidence of specific dangers affecting some or all children and young people in the community in partnership with parents and the wider community and through the implementation of the Pan-London procedures

Priority Nine: We will renew our efforts to reduce bullying, discriminatory incidents and the gang culture that young people have told us is most important to them

Priority Ten: We will create more safe places for children to play and young people to go through working with partners from the Council, the police and the voluntary sector

Priority Eleven: We will reduce the

Priority Twelve: We will further improve the quality of early years education

Priority Thirteen: We will enable children and young people to enjoy wider opportunities through a broad curriculum and out-of-school learning activities

Priority Fourteen: We will improve attendance and raise standards of achievement for all children and young people reflected across all sections of our community

Priority Fifteen: We will empower children and young people to have a more effective voice in decision making

Priority Sixteen: We will ensure that children and young people living in Haringey are given wider opportunities to broaden their experiences, to be creative and to equip them to live in a global society

Priority Seventeen: We will work together to give a more positive profile to children and young people, drawing attention to their positive contributions, reinforcing

Priority Eighteen: We will improve access to services for young people and parents that support them to be more economically active

Priority Nineteen: We will reduce the number of young people between the ages of 16 and 19 who are not in education, employment or training, especially those looked after by the authority

Priority Twenty: At age 19 we will improve the percentage of young people qualified to

Appendix B

MONITORING THE CYPP AND PERFORMANCE INDICATORS

Lead Member for Children's Services

Monthly reports from Director
Summary of regular reports from Deputies on progress against key priorities in CYPP

Quarterly reports on progress on PIs

Children's Services Advisory Committee

Regular performance Reports
Implementation of monitoring in relation to Corporate Parenting
Updates on Safeguarding issues
Review of school Ofsted reports
Programme of regular reports on key issues within the Service
Occasional reports linked to implementation of local or national initiatives, e.g. progress towards the development of Children's Networks, Implementation of BSF.

Scrutiny

Director of Children Service: Responsible for:

- Development and implementation of Performance Management Strategy
- Securing reports for Members as identified on Executive reporting schedule and attending Scrutiny where appropriate
- Reporting to the CYPSP
- Attending meetings where reports are tabled
- Receive progress reports to a programme negotiated with DDs and AD
- Tabling regular management reports at Executive Team meetings
- Ensuring key issues emerging from reports are identified and addressed

CYPSP

Receive bi-annual reports on progress towards agreed outcomes

Corporate Performance Team

Responsible for providing key performance data to inform regular programme of Children's Services reporting and receiving data in relation to the BVPP

Deputy and Assistant Directors: Responsible for:

- Implementing a programme of regular monitoring with managers within area of responsibility
- Securing regular reports from managers to meet agreed reporting schedule
- Provision of report to Director and Senior Leadership Team which includes an analysis of performance and identifies next actions for the following period
- Jointly responsible for celebrating, questioning and challenging reports to the Executive Team

CS Performance and MIS officers:
Responsible for contributing to the development of the PM processes and for providing data to inform reports

Service Managers: Responsible for:

- Implementing a programme of regular monitoring of service area including individual performance reviews
- Providing regular management reports to Deputy/Assistant Director
- Alerting line manager to any emerging issues between reporting times

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The Children's Service: Performance Monitoring
VULNERABLE CHILDREN & YOUNG PEOPLE
Date of Review:

Target Not Met/Action Not Achieved
To Be Kept Under Review
Target Met/Action Achieved

Projects and Action

CL = Changing Lives - The Haringey Children and Young Peoples Plan

Ref	Target	Reference/ Planning Documents/Actions	Key Contacts	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
	PRIORITY ONE – We will improve outcomes for vulnerable children and young people through implementing strategies that will ensue earlier intervention. Specifically we will:				
(CL)P1.1	Establish three geographical Children's Networks by 2007 to deliver better integrated services to children, young people and their families closer to where they live, creating a "team around the child" ensuring earlier intervention, and developing the capacity of universal services especially schools.	Children's Network Project documentation	RS/JD /DS/AB		
(CL)P1.2	Establish 18 Children's Centres by April 2008 that provide multi-agency early intervention and preventative strategies for young children.	Children's Network Project documentation	DS/IB		
(CL)P1.3	Implement a Family Support Strategy that includes greater levels of resource to support parents of children and young people of all ages by 2007. This will also improve access to sources of information, advice, guidance and support. See priority 4 – Be Healthy.	Children's Network Project documentation	DS		
(CL)P1.4	Implement an information sharing protocol, together with training, that enables the sharing of information between agencies that contributes to improvements in services to children and young.	Children's Network Project documentation	RS/JD		
(CL)P1.5	Implement the Common Assessment Framework (CAF) and lead professional guidance across Haringey by 2007. The CAF is designed to help us to identify earlier children and young people who need support from more than one agency. The lead professional will ensure that the support is managed efficiently. A pilot will begin in April 2006.	Children's Network Project documentation	RS/AB		
(CL)P1.6	Implement multi-agency strategic commissioning for children and young people that improves services and increases efficiency.	Children's Network Project documentation	CH		

Ref	Target	Reference/ Planning Documents/Actions	Key Contacts	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
(CL)P1.7	Ensure that specialist assessments are of high quality and delivered in a good timescale.	Children and Families Service Plan	CH		
	PRIORITY TWO – We will continue to improve life chances for looked after children and care leavers. Specifically we will:				
(CL)P2.1	Aim to achieve adoption and special guardianship for all those children for whom it is in their best interests.	Children and Families Service PlanSee Stay Safe PI's - PAF C23, PAF B7	CH		
(CL)P2.2	Improve annual health checks and health planning for LAC, including the provision of sexual health advice.	Children and Families Service PlanSee Be Healthy PI - PAF C19	CH		
(CL)P2.3	Reduce the number of looked after children and young people living more than twenty miles from Haringey by continuing to improve the supply and quality of local placements.	Children and Families Service Plan See Enjoy & Achieve PI - PAF C69, Stay Safe PI - PAF B7	CH		
(CL)P2.4	Reduce the number of conceptions under 18 for looked after young people and care leavers through targeted work with both the young people and their foster carers. See priority 7 in Be Healthy.	Children and Families Service Plan Teenage Pregnancy Action Plan	SuS/CH		
(CL)P2.5	Raise educational achievement. See priority 14 in Enjoy and Achieve.	SII Service Plan See Enjoy & Achieve PI's 1406, PAF A2, 1403, PAF C24	CH		
	PRIORITY THREE – We will improve outcomes for children and young people with disabilities.[1] Specifically we will:				
(CL)P3.1	Integrate all services to children and young people with disabilities and their families by 2008, including implementing the lead professional role, so that packages of care are improved and better able to meet needs.	Children and Families Service Plan C Network Project Plan	CH/PD		
(CL)P3.2	Improve the use and availability of respite care.	Children and Families Service Plan	CH		

Ref	Target	Reference/ Planning Documents/Actions	Key Contacts	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
(CL)P3.3	Establish additional and targeted provision in mainstream schools for children and young people with Autistic Spectrum Disorder, Asperger's Syndrome and sensory impairments – in line with timescales in the Building Schools for the Future Programme and the Primary Capital Programme - and continue to improve access to buildings year on year.	BSF Action Plans Capital Project Plans	PD/IB		
(CL)P3.4	Improve further the range of out-of-school activities for children and young people with disabilities, including specialist summer play schemes, and ensure that transport arrangements are effective in giving access.	Children and Families Service Plan and Play Service Plans	PD		
(CL)P3.5	Increase the participation of children and young people with disabilities and their parents in service planning and evaluation, and in all opportunities across the borough open to children and young people without disabilities.	Children and Families Service Plan and Participation Plan	JJ/PD		
(CL)P3.6	Ensure that all children and young people with disabilities have a transition plan to enable them to access appropriate adult services.	Children and Families Service Plan	PD		

The Children's Service: Performance Monitoring
BE HEALTHY
Date of Review:

Target Not Met/Action Not Achieved

To Be Kept Under Review

Target Met/Action Achieved

Performance Indicators

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
1047SC/ BV197	Number of conceptions amongst 15-17 year olds per 10,000 population	not recorded							
1047SC/ BV197	% change in number of conceptions amongst 15-17 year olds	not recorded		not applicable					
1041YJ	The referral of juveniles manifesting ACUTE mental health difficulties to Child and Adolescent Mental Health Services	Jan-Mar 05 100%	Jan-Mar 05 87.2%	Jan-Mar 05 100%	April-Jun 05 100%				
1041YJ	The referral of juveniles manifesting NON-ACUTE mental health difficulties to Child and Adolescent Mental Health Services	Jan-Mar 05 100%	Jan-Mar 05 91.2%	Jan-Mar 05 85.7%	April-Jun 05 100%				
1042YJ	**Substance misuse**: the proportion of young people with identified substance misuse needs who receive specialist assessment within 5 working days and, following the assessment, access the early intervention and treatment services they require within 10 working days	Data not recorded	Data not recorded	Data not recorded					
1040NT	Proportion of those in substance misuse treatment who are aged less than 18	Data not recorded	Data not recorded	Data not recorded					
BH(LAC)1 / PAF C19	The average of the percentages of children looked after who had been looked after continuously for at least 12 months, and who had their teeth checked by a dentist during the previous 12 months and had an annual health assessment during the previous 12 months.	77.2%	79.9%	78.4%	80		85		

The Children's Service: Performance Monitoring
BE HEALTHY
Date of Review:

Target Not Met/Action Not Achieved
To Be Kept Under Review
Target Met/Action Achieved

CL = Changing Lives - The Haringey Children and Young Peoples Plan

Projects and Action

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
	PRIORITY FOUR – We will reduce the number of still births and babies who die before their first birthday. Specifically we will:				
(CL)P4.1	Reduce the number of women who book late early for antenatal care; increase the number who start breast feeding from 64% in 2003/04 to 79% in 2006/07 and to 81% in 2007/08; reduce the number smoking in pregnancy from 11% in 2003/04 to 5% in 2007/08.	PCT Development Plans	CW		
(CL)P4.2	Improve support to families through the implementation of a wide-ranging Family Support Strategy, delivered by multi-agency teams working in Children's Centres and other settings, targeting support to the most vulnerable families..	C Network Project Plan	DS/RS		
	PRIORITY FIVE – We will promote healthier lifestyles to children, young people and parents. Specifically we will:				
(CL)P5.1	Enable children, young people and parents especially teenage parents, to make better choices about healthier lifestyles through improved information linked to opportunities for family learning.	PCT Development Plans SSI Service Plans	CW / JC		
(CL)P5.2	Reduce the number of children and young people with obesity by implementing the obesity strategy and by developing sport, leisure and recreational opportunities. See priority 13 in Enjoy and Achieve.	PCT Plans Sport and Physical Activity Strategy	CW		
(CL)P5.3	Ensure that all schools take part in the National Healthy School Programme and that half achieve the Healthy Schools accreditation level 3 by December 2007, with the remainder by 2009.	PCT Plan SSI Service Plan	JC		
(CL)P5.4	Improve the health of the most disadvantaged by targeting initiatives such as breakfast clubs, the 5 a day programme, the quality and nutritional value of school meals and by increasing the number of schools developing school travel plans and walking buses.	Travel Plans SSI Service Plans C Network Plan	JM / CMcK		

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
(CL)P5.5	Reduce the number of children and young people who take up smoking through direct school-based education programmes including peer mentoring, the implementation of smoke-free legislation (in 2007) and by working with Public Health and Environmental Services to support a crackdown on shops selling cigarettes to children.	PCT Plan SSI Service Plan	CW/MD		
(CL)P5.6	Reduce by 50% the number of children and young people who live in temporary and unsuitable accommodation by 2010	Housing	Hamid Khan		
	PRIORITY SIX – We will prevent young people from developing mental health problems by strengthening their emotional wellbeing and self esteem and improve services to those who have mental health needs. Specifically we will:				
(CL)P6.1	Reduce the number of children and young people being referred for emotional and behavioural difficulties and the number educated outside the school system by supporting schools to develop more effective school-based programmes that support emotional literacy and by strengthening the work of the integrated services to children and families.	PCT Development Plan SSI and C&F Service Plans	CW / SuS / CH		
(CL)P6.2	Improve the quality and timeliness of services for children and young people with mental health needs by delivering better focused treatment and by reducing year on year the number who require in-patient treatment, and work with young people to achieve a Kitemark for local mental health services.	PCT Development Plan	CW		
(CL)P6.3	Improve access to the Child and Adolescent Mental Health Services (CAMHS) through a single point of contact, and especially for children with learning difficulties.	PCT Development Plan C&F Service Plans	CW / CH		
(CL)P6.4	Achieve the Child and Adolescent Mental Health Services Standard in response to the action plan and as part of the implementation of the National Service Framework for Children, Young People and Maternity Services.	PCT Development Plan	CW		
	PRIORITY SEVEN - We will work with young people to reduce teenage conception rates in Haringey as part of a broader aim to improve sexual health. Specifically we will:				
(CL)P7.1	Reduce under-18 conception rates to 40 per 1,000 by 2007, 34 per 1,000 by 2009 and to 30 per 1,000 by 2010, and achieve a downward trend in under-16 rates, by improving access to sexual health and family planning services for young people. See priority 2 in Vulnerable Children & Young People.	PCT Development Plan SSI Service Plan	CW / SuS / CH		
(CL)P7.2	Improve the advice to children and young people on sex and relationships available in schools, community and youth settings through multi-agency programmes.	SSI Service Plan	SuS / MD		
(CL)P7.3	Provide targeted work through the Teenage Pregnancy Strategy and the Sexual Health Strategy, including one-to-one sessions for younger people at risk to improve their engagement with services, delay sexual activity and promote healthier choices.	SSI Service Plan PCT Development Plan	CW / SuS		

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Performance Indicators

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
2015SC/ CH141	Number of referrals of children per 10,000 population under 18	633	546		625		620		
2016SC / CH142	Percentage of children whose referral occurred within 12 months of a previous referral	34.8	20.8	17.2	26.1		22		
2017SC / CH143	Percentage of referrals of children in need that led to initial assessments	81.3	55.1	51.5	60.6		60		
2019SC / CH02	Initial child protection conferences per 10,000 population aged under 18	63	36	46	49.2		47		
2020Sc/ 1704	% Percentage of initial assessments within 7 working days of referral	56%	63.5	59%	50		63		
2021SC / CH145	Number of core assessments of children in need per 10,000 population aged under 18	81	74	105	104.7		105		
2022SC/ PAFC64	The percentage of core assessments that were completed within 35 working days of their commencement	50.6%	66.3%	65.5%	58		72		
2023SC/ CH01	Children and young people on the Child Protection Register per 10,000 population aged under 18	48	25	34	40		39		
2024SC/ 1219	Percentage of children and young people on the Child Protection Register who are not allocated to a social worker	0.0%	0.3%	0.0%	0		0		
2027SC / CH03	Registrations per 10,000 population aged under 18	50	29	37	39.8		39		
2028SC / PAF A3	Percentage of children on the Child Protection Register who have previously been registered	8.3%	13.3%	11.1%	14		13		
2029SC/ CH04/ KIGS	First time registrations as % of all registrations in the year	91.7%	87.2%	88.9%	86.4		87		

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
2030SC/ CH121/ KIGS	% children on CPR at 31 March who are white	37.0%	81.5%	45.6%	49		49		
2031SC/ CH122/ KIGS	% children on CPR at 31 March who are of mixed ethnic origin	15.1%	8.9%	16.6%	13		13		
2032SC/ CH123/ KIGS	% children on CPR at 31 March who are of Asian or Asian British	8.4%	4.6%	10.3%	4.5		4.5		
2033SC/ CH124/ KIGS	% children on CPR at 31 March who are of black or black British	36.6%	6.5%	26.2%	30		30		
2034SC / PAFC20	Percentage of child protection cases which should have been reviewed during the year that were reviewed	100.0%	98.9%	98.9%	99		100		
2035SC / CH10/ KIGS	De-registrations per 10,000 population aged under 18	61.2	30.4	40.5	47.4		40		
2036SC/ PAFC21	Percentage of children de-registered from the Child Protection Register during the year who had been on the Register continuously for two years or more.	12.1%	7.1%	9.8%	5.5		5		
2037SC/ CH12/ KIGS	% S47 enquiries leading to initial CPC & held within 15 days	46.0%	34.5%	28.0%	41.1		40		
2029SC/ SS19	The ratio of the proportion of children on the CPR that were from minority ethnic groups to the proportion of children in the local population that were from minority ethnic groups	0.8%	1.2%	1.2%	1.02		1		
2040SC/ PAFE45	Ratio of the percentage of children in need that were from ethnic minorities to the percentage of children in the local population that were from ethnic minorities	1.3%	1.3%	1.2%	n/a		n/a		
2042SC/ CH39	Children looked after per 10,000 population aged under 18	100.5	Data not recorded	Data not recorded	96.2		93		
2064SC/ PAFC68	Percentage of children looked after cases which should have been reviewed during the year which were reviewed during the year	NEW for 2005/06	NEW for 2005/06	NEW for 2005/06	82		96		
2043SC/ PAF A1	Percentage of children looked after with three or more placements during the year.	14.7%	13.3%	14.0%	13		13		

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
2044SC/ PAF D35	Percentage of children who had been looked after continuously for at least four years, who had been in their foster placement for at least two years.	50.9%	49.2%	47.7%	54		60		
2065SC	Looked after children aged under 16 who have been looked after for 2.5 or more years and have been living in the same placement for at least 2 year, or who are placed for adoption	NEW for 2005/06	NEW for 2005/06	NEW for 2005/06	76		80		
2052SC/ CH44	Percentage of children looked after in residential accommodation	27.2%	Data not recorded	Data not recorded	25		20		
2054SC/ DIS 1111	Percentage of looked after children fostered by relatives or friends	8.0%	Data not recorded	Data not recorded	8.1		9.5		
2056SC/ PAFB7	Percentage of children looked after in foster placements or placed for adoption	70.3%	81.1%	75.4%	73.8		80		
2058SC/ 1115	The percentage of looked after children adopted during the year who were placed for adoption within 12 months of their best interest decision being made	53.0%	Data not recorded	Data not recorded	81		70		
2059SC/ PAFC23	Percentage of looked after children adopted during the year as a percentage of the number of children looked after who had been looked after for 6 months or more	5.2%	7.7%	5.9%	6.4		7		
2060SC/ 1114	Percentage of looked after children who are allocated to a social worker	98.8%	Data not recorded	Data not recorded	100		100		
5026SC	What % of children with disabilities aged 14+ had a transition plan to support their move from children's services into adult services	? - up to 75%		2 - up to 75%					

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Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
	PRIORITY EIGHT – We will reduce the incidence of specific dangers affecting some or all children and young people in the community, in partnership with parents and the wider community and through the implementation of the Pan-London child protection procedures. Specifically we will:				
(CL)P8.1	Reduce alcohol and drug misuse amongst young people together with the effects of parental alcohol and drug misuse on children and young people.	PCT Development Plan SSI and C&F Service Plans	CW / MD / CH		
(CL)P8.2	Reduce road traffic fatalities and casualties in children and young people under 25, and especially for boys aged 11-15 – the age group at greatest risk.	Road Traffic Action Plan	Corporate contact		
(CL)P8.3	Raise awareness of, and prevent belief-centred abuse of children and young people.	LSCB Action Plan C&F Service Plan	JD / CH		
(CL)P8.4	Reduce offences against children and young people, through targeted work in specific neighbourhoods acting on police intelligence.	LSCB Action Plan C&F Service Plan	JD / CH		
(CL)P8.5	Reduce risk to specific groups, for example, those at risk of sexual exploitation, those with disabilities and those subjected to domestic violence.	LSCB Action Plan C&F Service Plan	JD / CH		

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments	RAG
				1st Quarter Apr 06 - Jun 06 (reporting end July 06)	
(CL)P8.6	Ensure that the quality of multi-agency procedures and practice to safeguard children and young people continue to be both monitored and improved. As part of this we will implement guidance on the recruitment and selection of staff who work with children and young people and on joint protocols that advise on child protection issues in the context of parental mental ill health and parents with learning disabilities.	LSCB Action Plan C&F Service Plan	JD / CH		
	PRIORITY NINE – We will renew our efforts to reduce bullying, discriminatory incidents and the gang culture in line with what young people have told us is most important to them. Specifically we will:				
(CL)P9.1	Strengthen our work by asking young people to feed back directly to the LSCB on an annual basis the range of solutions to bullying they have suggested through the consultation process e.g.	LSCB Action Plan C&F Service Plan Youth Offending Service Action Plan	JD / CH / JC		
	restorative justice				
	peer mediation				
	mentoring				
	a bullying hotline				
(CL)P9.2	Identify and reduce bullying and other discriminatory incidents year on year through a forward programme that draws upon the information young people give us, and that involves all partners, including schools, youth centres and other settings. We will commission pilot projects to test new approaches.	LSCB Action Plan C&F Service Plan Youth Offending Service Action Plan	JD / CH / JC		
	PRIORITY TEN – We will create more safe places for children to play and for young people to go by working with partners from the Council, the police and the voluntary sector. Specifically we will:				
(CL)P10.1	Open new youth facilities in 2006 that build on the quality of what is on offer to young people, including the further development of the Personal, Social, Health and Citizenship Education curriculum in schools and extended schools.	Youth Service Plan SII Service Plan	AK / MD		
(CL)P10.2	Improve the quality and range of play provision in the borough supported by a new Play Strategy that will provide the basis of an £800,000 bid to the Big Lottery Fund.	Environment Dept Plans Children's Fund Plans	JM / Jmorris		
(CL)P10.3	Reduce anti-social behaviour, known drug venues and environmental crime, and address young people's fear of crime through the co-ordinated work of the Safer Communities Partnership (including the Street Enforcement Team, the Youth Offending Service, the Anti-Social Behaviour Action Team, the Police and the Parks Constabulary).	Action Plans under the umbrella of the Safer Communities Partnership SII Service Plans	SuS/SP		

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
(CL)P10.4	Increase the amount of targeted diversionary activities in the borough's parks and open spaces through co-ordinated work between the Council, the voluntary and community sector and other agencies, including contributing to the Better Haringey initiative.	Neighbourhood Management Action Plans Youth Service Action Plan Environment Department Better Haringey Plans	ZB JM BE		
	PRIORITY ELEVEN – We will reduce the numbers of children and young people who are involved in crime or become victims of crime. Specifically we will:				
(CL)P11.1	Reduce year on year the number of first time entrants to the youth justice system (Preventing offending).	YOS Action Plans	LJ SuS JD		
(CL)P11.2	Reduce re-offending rates by 5% in 2006/7, when compared with 2002/3, and set appropriate targets thereafter.	YOS Action Plans	LJ SuS JD		
(CL)P11.3	Ensure that 75% of victims of all youth crime referred to Youth Offending Teams are offered the opportunity to participate in a restorative process.	YOS Action Plans	LJ SuS JD		

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Performance Indicators

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Statistical Neighbours	National 2005	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
4011YJ	Proportion of supervised juveniles in full time education, training and employment	Jan-Mar 05 62.4%	Jan-Mar 05 74.6%								
3085SC/ PAFC69	Distance children newly looked after placed from home	NEW for 2005/06	NEW for 2005/06	NEW for 2005/06	n/a	n/a	10		8		
3071SC/ 1406	The percentage of children looked after who were pupils in year 11 who were eligible for GCSE (or equivalent) examinations who sat at least one GCSE equivalent exam.	49%	60.30%	51.20%	n/a	n/a	59.7		65		
3072SC/ PAFA2	The percentage of young people leaving care aged 16 or over with at least 1 GCSE grade A*-G	34.3%	51.5%	48.6%	n/a	n/a	50		55		
3073SC/ 1403	The percentage of young people leaving care aged 16 or over with 5 or more GCSEs at grade A*-C or a GNVQ	6.5%	8.0%	9.3%	n/a	n/a	7.6		9		
3074SC/ PAFC24	Percentage of children looked after continuously for at least 12 months, of compulsory school age, who missed at least 25 days schooling for any reason during the previous school year	14.6%			n/a	n/a	13.9		9.9		
3002OF	KS1 Reading Level 2+				80.57%	85.50%	79.39%				
3003OF	KS1 Writing Level 2+				76.81%	82.75%	75.78%				
3004OF	KS1 Maths Level 2+				87.25%	91.39%	87.84%				
3005OF/BV4	KS2 English Level 4+	70%	80% (top quartile)		78.19%	79.49%	73.20%		72% stretch 76%		

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Statistical Neighbours	National 2005	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
3006OF/BV4	KS2 Maths Level 4+	67%	77% (top quartile)		72.45%	75.51%	68.28%		70% stretch 76%		
3007OF	KS2 Science Level 4+				83.28%	87.17%	78.53%				
BV194a	% of pupils achieving level 5 or above in KS2 English	25%	28% (top quartile)		25.00%	27.00%	25.00%		31%		
BV194b	% of pupils achieving level 5 or above in KS2 Maths	26%	33% (top quartile)		27.00%	31.00%	25.00%		31%		
3008OF	Value Added Measure KS1 to KS2					100.2	100.4				
Local Indicator and LPSA1i	The average point scored of Black African pupils at Key Stage 2	25.5					26.0		LPSA target 26		
Local Indicator and LPSA1ii	The average point scored of Black Caribbean pupils at Key Stage 2	25.5					25.8		LPSA target 26.1		
3009OF/BV1	KS3 English Level 5+	59%	75% (top quartile)		71.56%	74.87%	63.99%		65% stretch 69%		
3010OF/BV1	KS3 Maths Level 5+	58%	76% (top quartile)		69.24%	74.54%	60.71%		62% stretch 65%		
3011OF/BV1	KS3 Science Level 5+	51%	70% (top quartile)		62.20%	70.53%	52.00%		56% stretch 64%		
BV181D	KS3 ICT Level 5+	54%	72% (top quartile)			69.00%	63.00%		62%		
3012OF	Value Added Measure KS2 to KS3	99.6				99.7	99.4				

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Statistical Neighbours	National 2005	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
3013OF/BV3	% achieiving 5+ A* - C	43.70%	56.2% (top quartile)		52.76%	57.10%	48.50%		(stretch 53%) (44% LPSA target		
	% achieiving 5+ A* - C (inc Eng and maths)					44.9%	31.9%		34%		
	% achieiving 5+ A* - G	79.70%	90.2% (top quartile)		90.00%	90.0%	85.0%		81%		
BV39	% achieiving 5+ A* - G (inc Eng and maths)					87.0%	81.0%				
3014OF	% achieiving 1+ A* - G				97.16%	97.02%	94.53%				
3015OF	Average point score at GCSE				346.21	353.31	304.36		310		
3016OF	Capped average point score at GCSE				282.68	288.76	260.60				
3017OF	Value Added Measure KS2 to GCSE/Equivalent					989.10	1003.10				
3018OF	Value Added Measure KS3 to GCSE/Equivalent					992.90	1015.40				
3034OF/BV4	Authorised absence at primary school				5.34%	4.99%	5.20%				
3034OF/BV4	Unauthorised absence at primary school				0.78%	0.43%	1.21%				
3035OF/BV4	Authorised absence at secondary school				6.33%	6.56%	6.72%				

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Statistical Neighbours	National 2005	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
3035OF/BV4	Unauthorised absence at secondary school				1.33%	1.25%	1.90%				
Local indicators LPSA 2	% half days missed - absence in secondary schools	8.76%			7.70%	7.8%	8.63%		8.40%		
Local indicators LPSA 2	% half days missed - absence in primary schools	6.63			6.10%	5.4%	6.41%		5.60%		
5003OF	Schools with 6th forms: Average point score of students entered for GCE/VCE A/AS	230.53	271.55	238.74							
3061DE	Progress towards the key stage 4 PSA target:ie that by 2004, in all schools, at least 20% should achieve the equivalent of 5 GCSE grades A* - C				2.78%	2.25%	0.00%				
3087OF	Percentage of schools requiring special measures since 2003 over the last 3 years				1.49%	1.48%	1.27%				
3088OF	Percentage of schools requiring a notice to improve since Sept 2005				0.27%	0.54%	1.27%				
3091DE	Percentage of fixed term exclusions in relation to the number of pupils in primary phase					0.03%	Exclusion rate based on less than 3 pupils				
3092DE	Percentage of fixed term exclusions in relation to the number of pupils in secondary phase				7.84%	8.66%	8.96%				
3067AC/195	% of permanently excluded pupils provided with 20 or more hours of alternative provision					80.3%	93.5%				
3089DE	% of primary schools with 25% or more surplus places as at Easter statutory return to the DfES				11.4%	12.4%	6.1%				
3090DE	% of secondary schools with 25% or more surplus places as at Easter statutory return to the DfES				0.0%	7.4%	10.0%				
3070AC/43a	% of new statements of SEN prepared within 18 weeks excluding 'exceptions'	99.02%	100% (top quartile)			98.1%	100.0%		99%		
3070AC/43b	% of new statements of SEN prepared within 18 weeks including 'exceptions'	72%	90.2% (top quartile)			77.9%	84.0%		855		

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Statistical Neighbours	National 2005	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
3097DE	% of permanent exclusions in relation to the number of pupils in special schools					0.33%	0.00%				
6049DE	% of unfilled full time vacancies in relation to number of FTE teachers employed as at January				1.5%	0.7%	2.0%				

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	PRIORITY TWELVE – We will further improve the quality of early years education. Specifically we will:				
(CL)P12.1	Ensure that by 2007 the quality of provision in the Foundation Stage is judged by Ofsted to be 100% satisfactory with at least 85% and by 2009 90% good or better.	SII Service Plan	RS / RC / DS		
(CL)P12.2	Provide high quality integrated provision for the care and development of young children through Children's Centres (ten centres by April 2006 and a further eight by 2008). Together they will provide more than 700 new childcare places, family and child health services, family support and training opportunities together with childcare places to enable teenage parents to engage in education.	SII Service Plan Children's Network Plan	RS / RC / DS / RoS		
(CL)P12.3	Provide a wide range of Family Learning opportunities to parents and their children at pre-Foundation and Foundation Stage to boost early years attainment levels, particularly for those who are vulnerable.	SII Service Plan Children's Network Plan	RS / RC /DS / RoS		
	PRIORITY THIRTEEN – We will enable children and young people to enjoy wider opportunities through a broad curriculum and out-of-school learning activities. Specifically we will:				
(CL)P13.1	Support schools (at least 30 primary and 4 secondary by 2008) to provide a range of extended services, including play services, for children, young people and families in each Children's Network in line with local needs;	SII Service Plan Extended Schools Plan Children's Network Plan	JK / RoS / CM		
(CL)P13.2	Provide a curriculum that is broad, balanced, stimulating and relevant to Haringey children and young people, with an emphasis on creativity and supplemented by a wider range of enrichment activities to ensure that they are fully engaged with their learning and can achieve to the best of their abilities. See Priority Sixteen.	SII Service Plan Extended Schools Plan	JK / RoS / CM		

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments	RAG
				1st Quarter Apr 06 - Jun 06 (reporting end July 06)	
(CL)P13.3	Support and promote the partnership between mainstream, supplementary and community language schools to ensure that children and young people from Black and Minority Ethnic communities can be better supported to reach their full potential.	SII Service Plan Community Involvement Plan	JK / JJ		
(CL)P13.4	Ensure that 75-80% of 5-16 year olds in Haringey engage in a minimum of two hours of high quality PE and school sport every week and that as many children as possible benefit from high quality play opportunities as a result of our Play Strategy.	SII Service Plan	JK / AviB		
(CL)P13.5	Improve sports and leisure facilities in the borough for children and young people, and by developing a package of education, campaigns and projects sponsored through the Better Places partnership, increase participation in sports and fitness activities and encourage healthy lifestyles. All this work needs to be linked to our aspirations for the 2012 Olympics and will be undertaken in partnership with Environmental Services and local sports and leisure providers in the context of the Sports and Physical Activity Strategy, Open Spaces Strategy and Parks improvement programme.	Plans from Environmental Directorate, SII	Jmorris / JK		
(CL)P13.6	Ensure that the participation of 11-19 year olds in recreational/leisure activities includes at least 55% of the borough's young people.	Youth Service Plan	BE / Avi B / MD		
	PRIORITY FOURTEEN – We will improve attendance and raise standards of achievement for all children and young people reflected across all sections of our community. Specifically we will:				
(CL)P14.1	Reduce the percentage of pupils absent from primary schools from 6.4% (1.2% unauthorised, 5.2% authorised) (January 2006) to 5.8% (1.0% unauthorised, 4.8% authorised) by January 2007 and to 5.4% (0.9% unauthorised, 4.5% authorised) by Jan 2009 and target schools where attendance is not improving consistently..	SII Service Plan	SuS		
(CL)P14.2	Reduce the percentage of pupils absent from secondary schools from 8.63% (1.9% unauthorised, 6.73% authorised) (January 2006) to 8.4% (1.7% unauthorised, 6.7% authorised) in 2007 and to 8.2% (1.6% unauthorised, 6.6% authorised) by Jan 2009 and target schools where attendance is not improving consistently.	SII Service Plan	SuS		
(CL)P14.3	Raise standards in line with targets set by schools by continuing to implement our robust school improvement strategy, including the use of formal procedures under 'schools causing concern' regulations where required. Overall targets for the end of each Key Stage are shown in the table below. In addition support will be targeted to the following groups.	SII Service Plan	JK /RS / JB		
(CL)P14.3a	**Post -16 students**				

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
	Increase the average A Level point score per student to 210 points by 2006 and to 230 points by 2008 (current baseline 188.8).	SII Service Plan	JK / JB		
	Increase the average point score per exam entry to 75 points by 2006 and to 80 points by 2008 (current baseline 72.3).	SII Service Plan	JK / JB		
(CL)P14.3b	**Children and young people from minority ethnic communities**				
	Reduce further year on year the current attainment gap between students from African, Caribbean, Turkish and Kurdish communities with White UK students by at least another 2% for each group.	SII Service Plan	JK / JB / RS		
(CL)P14.3c	**Looked After Children**				
	By 2007 100% of looked after children have Personal Education Plans (2006 baseline 92%) which set out what support they need to receive in school and which will be reviewed regularly.	SII Service Plan	CH		
	In 2006 14% of looked after young people who have been in care for 12+ months will achieve 5+A*-C GCSEs at the end of Year 11 (age 16) (2005 results 12%), 45% will achieve 5+A*-G GCSEs (2005 results 41%) and 60% will achieve 1+A*-G GCSE (2005 results 57%).	SII Service Plan	JK / CH		
(CL)P14.3d	**High Attainers**				
	Increase the percentage of 11 year olds attaining Level 5 in English to 26% in 2006 and to 28% in 2007 (2005 result 25%) and in Maths to 26% in 2007 and to 28% in 2009 (2005 result 25%).	SII Service Plan	JK / RS		
	Increase the percentage of pupils attaining 4 or more A*/A grades at GCSE to 12% in 2006 and to 14% in 2007 (2005 result 11%).	SII Service Plan	JK / JB		
(CL)P14.3e	**Low Attainers**				
	Reduce the percentage of 11 year olds in 2006 attaining Level 2 or below in English to 9% (2005 result 9.9%), and the percentage attaining Level 2 or below in Maths to 9.2% (2005 result 10.1%).	SII Service Plan	JK / RS		

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
	Ensure that by 2006 96% of young people leave school with at least one formal qualification, and by 2007 at least 99% do so (2005 result 95%).	SII Service Plan	JK / JB		
(CL)P14.3f	**Children and Young People with Special Educational Needs (SEN)**				
	Ensure that children and young people with SEN access a wide range of educational opportunities and specialisms and take part in inclusive learning experiences.	SII Service Plan	JK / JB / KW		
	Ensure that children and young people with SEN achieve the highest standards and that their progress is positively measured and reported through appropriate tools such as P Scales.	SII Service Plan	JK / JB / KW		
	Ensure that the provision specified in statements remains under review to ensure that the needs of children and young people are met.	C&F Service Plans / SEN Policy	CH / PDL / KW		
(CL)P14.3g	**Pregnant schoolgirls and school-age parents**				
	Ensure that every pregnant schoolgirl and school-age parent has an education development and support plan by September 2006.	SII Service Plan	SuS		
	Ensure that 90% of all pregnant schoolgirls and school-age parents have an offer through Connexions under the September guarantee by September 2007 (baseline 45%).	SII Service Plan	SuS		
(CL)P14.3h	**Children and young people who move home or schools frequently**				
	Improve outcomes for this group of children and young people by working closely with the 10 primary schools with the most mobile pupils (defined using Ofsted data) to reduce the impact of their mobility.	SII Service Plan	SuS		
	Achieve by the end of the academic year 2006/7 a 10% reduction in mobility in each of the targeted schools (compared with 2004/5) and the end of the academic year 2007/8 a 20% reduction.	SII Service Plan	SuS / Hamid Khan		

The Children's Service: Performance Monitoring
MAKE A POSITIVE CONTRIBUTION
Date of Review:

Target Not Met/Action Not Achieved
To Be Kept Under Review
Target Met/Action Achieved

Performance Indicators

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
4015SC/ PAFC18	Final warnings and convictions of children looked after	2.9%	3.1%		1.8		1.7		
4016SC/ PAFC63	Percentage of children and young people who communicated their views specifically for their latest statutory review	96.1%	82.3%	87.3%	96		97		

The Children's Service: Performance Monitoring
MAKE A POSITIVE CONTRIBUTION
Date of Review:

Target Not Met/Action Not Achieved
To Be Kept Under Review
Target Met/Action Achieved

Projects and Action

CL = Changing Lives - The Haringey Children and Young Peoples Plan

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
	PRIORITY FIFTEEN – We will empower children and young people to have a more effective voice in decision making. Specifically we will:				
(CL)P15.1	Implement a new strategy for children and young people's participation in 2006 that will set out plans to:	Participation Policy and Plans	JJ		
	Equip children and young people with the tools and skills they need to participate at all levels,				
	Develop more opportunities for children and young people to come together to have their voice heard and to hold service providers to account on issues which affect or are of concern to them, and				
	Ensure that we report back to children and young people the action taken in response to their views.				
(CL)P15.2	Ensure that this strategy impacts upon all children and young people in the borough including the most vulnerable groups.	Participation Policy and Plans	JJ		
(CL)P15.3	Strengthen the Youth Forum by electing a young Mayor during democracy week in October 2006 and by electing young people to represent Haringey at the UK Youth Parliament.	Participation Policy and Plans	JJ / BE		
	PRIORITY SIXTEEN – We will ensure that children and young people living in Haringey are given wider opportunities to broaden their experiences and equip them to live in a global society. Specifically we will:				
(CL)P16.1	Ensure that greater numbers of children and young people in Haringey have more opportunity to benefit from:	SSI Service Plans	MD		
	a global (international) dimension in their education				
	living in an Olympic capital city,				

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments	RAG
				1st Quarter Apr 06 - Jun 06 (reporting end July 06)	
	visits to other countries and experiences of new cultures, including aspects of Britain, for example, the countryside including the outdoor pursuits centre in Wales,				
	greater awareness and understanding of different cultures and faith communities,				
	creative pursuits, including playing a musical instrument, experiencing the Arts, including Performing Arts,				
	out of school activities, including the offer from the Youth Service.				
	PRIORITY SEVENTEEN – We will work together to give a more positive profile to children and young people drawing attention to their positive contributions and celebrating their achievements. Specifically we will:				
(CL)P17.1	Encourage the expansion of a number of initiatives that develop positive self esteem in children and young people, for example, family learning, academic mentoring, peer mentoring and emotional literacy.	SII Service Plans EP Service Plan	All advisers to schools		
(CL)P17.2	Work with children, young people, parents and communities to create a Children's Day to celebrate the achievements of all Haringey's children and young people, and especially to share its diversity.	Participation Policy and Plans	JJ		
(CL)P17.3	Work systematically to create positive images of children and young people in all ethnic groups encouraging external agencies, including the press, to celebrate achievement.	Participation Policy and Plans	JJ / IB		
(CL)P17.4	Empower parents to maximise their pivotal role of in supporting their children to make a positive contribution and support them to combat deprivation through educational opportunity	Participation Policy and Plans	JJ		

The Children's Service: Performance Monitoring
ACHIEVE ECONOMIC WELL BEING
Date of Review:

Target Not Met/Action Not Achieved
To Be Kept Under Review
Target Met/Action Achieved

Performance Indicators

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
5022SC/ PAFA4	Percentage of care leavers in employment, education or training at age 19	48.5%	56.2%		67.2		70		
5037SC	% care leavers at age 19 who are living in suitable accommodation (as judged by the council)	NEW for 2005/06	NEW for 2005/06	NEW for 2005/06	89.4		90		
AEW(SEN /Dis)2 / PAF CF/E67	Percentage of children in need with disabilities living in private households who receive some form of service from the local authority	8.1%	6.4%	6.5%	na		na		

The Children's Service: Performance Monitoring
ACHIEVE ECONOMIC WELL-BEING
Date of Review:

Target Not Met/Action Not Achieved
To Be Kept Under Review
Target Met/Action Achieved

Projects and Action

CL = Changing Lives - The Haringey Children and Young Peoples Plan

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
	PRIORITY EIGHTEEN – We will improve access to services for young people and parents that support them to be more economically active. Specifically we will:				
(CL)P18.1	Increase financial capability among the most disadvantaged communities, including support in accessing benefits such as lone parents' work & family tax credits, subsidised childcare places, education maintenance allowance and community based credit unions.	Customer Services Early Years Plans	IB		
(CL)P18.2	Deliver an ambitious programme of early years' education and childcare to include 18 children's centres by 2008 that will reach almost 15,000 children (including 500 new childcare places by 2006 and a further 200 by 2008) giving them a good start and enabling parents to access the labour market.	Early Years Plans	IB / DS / RC		
(CL)P18.3	Secure by 2010 sufficient 8am-6pm childcare to meet the needs of families in the borough, linking this closely to our extended schools programme.	Early Years Plans	DS / CM / RoS / IB		
(CL)P18.4	Ensure that individual learning pathways are planned with seamless progression as part of the youth offer to support young people's pre-entry and entry level transitions.	SII Service Plans	JK / JB / DW		
(CL)P18.5	Open a new sixth form centre in 2007 to provide an increased number of opportunities for post-16 study at all levels for Haringey young people, especially those in the east of the borough.	BSF OBC	DW / IM		
(CL)P18.6	Extend the range of vocational pathways for 14-19 year olds in all schools and publish a prospectus by September 2006 and online by February 2007, which will give young people and parents the information, advice and guidance they need to make informed choices.	BSF OBC SII Service Plan	IM / DW / JB / JJ / IB		

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments 1st Quarter Apr 06 - Jun 06 (reporting end July 06)	RAG
(CL)P18.7	Extend the employers' network to increase the range of work related opportunities available, including apprenticeships with a new framework to support apprentices and employers to improve completion rates.	SII Service Plans	JB / DW		
(CL)P18.8	Increase the range of community based accredited learning opportunities and work placements for young people and adults to improve employability.	SII Service Plans HALS Service Plan	PD / DW / JK		
(CL)P18.9	Ensure that children and young people with disabilities are able to access good quality employment and learning advice that enables them to maximise their potential and to achieve economic wellbeing.	SII Service Plans HALS Service Plan	PD / DW / JK		
	PRIORITY NINETEEN – We will reduce the number of young people between the ages of 16 and 19 who are not in education, employment or training, especially those looked after by the local authority. Specifically we will:				
(CL)P19.1	Ensure that learners in Haringey have access to a broad curriculum, including vocational options, at the level appropriate for their stage in learning - pre-entry, entry, foundation, intermediate or advanced by September 2007 that meets the Pan London Learner Offer 14-19.	SII Service Plan	JK / JB / DW		
(CL)P19.2	Reduce year on year the number of young people not in education, employment or training to 10% by 2007, 9.5% by 2008 & 9.3% by 2009.	SII Service Plan	JK / JB / DW		
(CL)P19.3	Increase the success at Level 1 for 16 -18 year olds to 63% by January 2007 and to 75% by 2009 (the only baseline available is 61% in 2005).	SII Service Plan	JK / JB / DW		
(CL)P19.4	Increase year on year the number of care leavers (over 18 year olds) in education, employment or training to 75% and by 2009 to 80% (baseline of 67% in 05/06	SII Service Plan C&F Service Plan	Jk / JB / DW / CH		
(CL)P19.5	Work towards 90% of young offenders concluding their orders are in full time education, training or employment (67% currently)	YOS Service Plan	LJ / JD / SuS		

Ref	Target	Reference/ Planning Documents/Actions	Key Contact	Comments	RAG
				1st Quarter Apr 06 - Jun 06 (reporting end July 06)	
(CL)P19.6	Increase opportunities in 14-19 vocational training, enterprise education, work related learning and work based learning.	SII Service Plan	JK / JB / DW		
(CL)P19.7	Pilot Public Sector Apprenticeship in Haringey and increase the number of new apprenticeships available by 10 in 2006, and by another 50 by 2008 (baseline 20 starts and 44 in learning in 2005).	SII Service Plan	JK / JB / DW		
(CL)P19.8	Extend the successful New Start Business Administration apprenticeship scheme organised by the Haringey Adult Learning Service.	SII Service Plan	JK / JB / DW		
	PRIORITY TWENTY – At age 19 we will improve the percentage of young people qualified to Level 2 and Level 3. Specifically we will:				
(CL)P20.1	Increase the percentage of 19 year olds qualified to Level 2 by 2% by March 2007 and by 5% by March 2009 and the percentage of 19 year olds qualified to Level 3 by 1% by March 2007 and by 5% by March 2009, and support them by offering support for transition from school to college or work based learning with clear pathways for progression.	SII Service Plan	JK / JB / DW		
(CL)P20.1	Ensure that models of good practice to improve motivation and achievement are explored and implemented such as the level 3 Health Academy model which leads to health related employment opportunities.	SII Service Plan	JK / JB / DW		
(CL)P20.3	Raise standards at age 18 by opening a new inclusive sixth form centre and by integrating provision across Haringey. In addition, promote work based learning opportunities available through the Haringey Adult Learning Service whilst building on effective partnerships such as that with the College of North East London, to ensure that all young people have access to effective provision across the area to match their needs.	SII Service Plan	JK / JB / DW		

The Children's Service: Performance Monitoring
SERVICE MANAGEMENT
Date of Review:

RED Target Not Met/Action Not Achieved
AMBER To Be Kept Under Review
GREEN Target Met/Action Achieved

Performance Indicators

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
6003SC/ BU07	Total PSS budget per capita	£562	£357		562		558		
6004SC/ EX12	Percentage of PSS expenditure on provision for children and families	30.9%	25.7%	31.4%	29		34		
6005SC/ BU01	PSS budget for children and families per population aged under 18	£847	£469	£793	847		821		
6006SC/ EX61	Gross expenditure on services to children per capita aged under 18	£732	£448	£736	871		878		
6009SC/ EX 77	Expenditure on family support services per capita aged under 18	£68	£67	£97	69		65		
6024SC/ PAF B8	Weekly cost placing child in children's homes and foster care	£772	£688	£765	735		693		
6053SC/ DIS	The estimated percentage of current staff working with children in need who are suitably skilled and qualified as at 31 March as in the 2004 VCI audit	NEW FOR 2005/06	NEW FOR 2005/06	NEW FOR 2005/06	100		100		
6044SC/ PAFD59	Practice learning: Assessed social work practice days/ (WTE) social worker Children's Services employees	7.14	not available	not available	13.2		18		
6045SC/ EX66	Gross expenditure on adoption services per capita aged under 18	32.8	16	27.3	33		31		
6011SC/ DIS3118 (modified)	Percentage of SSD directly employed staff for children that left during the year	12.8%	12.4%	15.7%	10.9		10		
6012SC/ DIS3119 (modified)	Percentage of SSD directly employed posts for Children and Families vacant on 30 September	2.80%	12.10%	16.10%	20.1		18		
6013SC/ DIS3120 (modified)	Percentage of working days/shiftslost to sickness absence during the financial year for social services staff working with children and families	7.31%	6.13%	4.59%	6.2		6		

PAF/BV/ Local Ref	Description	Haringey 2004/05	England 2004/05	IPF Data 2004/05	Haringey 2005/06	April 2006	Target 2006/07	Comments	RAG
6015SC/ DIS3121	Percentage of SSD gross current expenditure…training (complete)	5.9%	3.7%	3.4%	5.2		5.43		
6016SC/ DIS3123	Percentage of residential childcare workers who have achieved level 3 in the GNVQ 'Caring for Children and Young People'	59.0%	46.5%	41.6%	21		49		
6017SC/ DIS3124	The percentage of social workers and residential managers working with children who need to obtain the childcare PQ who have achieved the PQ1 award in childcare	27.0%	36.1%	34.1%	11		20		
6020SC/ ST03	SSD operational staff working specifically for children's services (WTEs) per 10,000 population 0-17	45.4%	27.2%	32.0%	49.8		50		
6021SC/ ST12	Social workers and care managers specifically for children (WTEs) per 10,000 populaiton 0-17	30.2%	17.5%	22.5%	23.6		24		
6022SC/ EX62	Gross expenditure on children looked after per capita aged under 18	299.1	190.7	303.8	871		878		

haringey strategic partnership

for children & young people

AGENDA ITEM 8

MEETING

Children and Young People's Strategic Partnership Board
12th June 2006

TITLE

Proposal for Joint Commissioning

SUMMARY

This paper outlines recent work between Haringey Children's Services and the TPCT on joint commissioning supported by DfES funding. The paper proposes a timescale for the implementation of a joint commissioning framework together with a proposal for a jointly funded Strategic Commissioner Post.

RECOMMENDATIONS

The paper recommends that CYPSP considers:

- the definition, principles, framework and action plan proposed for developing work on joint commissioning, and
- the proposal for a jointly funded post for Commissioning post,

If preferred further comments could be sent to the Director of the Children Service so that the framework can be formally adopted at the next meeting of the CYPSP. Comments would need to be returned by the end of July 2006.

LEAD OFFICER(S)

Sharon Shoesmith: Director of Children's Service
Jan Doust: Head of Children's Network (South) and Lead officer for Safeguarding.

Developing joint commissioning

Government guidance

1. The development of an integrated approach to commissioning across agency boundaries is specifically identified and supported by legislation and guidance from a number of government departments. This includes:

    - The Children Act 2004
    - National Service Framework (NSF) Children and Maternity Services (Department of Health) 2004
    - Guidance on Children's Trusts (DfES) 2005
    - Health Act 1999, Section 31

2. Every Child Matters (ECM) established the framework of five outcomes for children and young people:

    - Be healthy
    - Stay Safe
    - Enjoy and Achieve
    - Make a positive contribution
    - Achieve economic well-being

3. ECM identifies strategic planning and integrated commissioning as essential in creating more joined up and responsive services that support children and young people to achieve the five outcomes, especially for the most vulnerable.

4. There is a universal agreement about these outcomes for every child. However, there is increasing evidence that these will be most effectively achieved and sustained when agencies work together to design and deliver services around the identified needs of children and young people.

5. Section 10 of the Children Act 2004, supported by the statutory guidance on Inter-Agency Co-operation to Improve the Wellbeing of Children, sets out the essential features of the arrangements that underpin successful inter-agency working:

    - a child centred, outcome-led vision;
    - integrated frontline delivery organised around the child rather than professional boundaries;
    - integrated processes through a common language, and underpinned by effective information-sharing;
    - integrated strategy joint planning and commissioning, based on an assessment of local needs, identification of available resources, integrated planning across services and joint commissioning of services from a range of providers, supported by appropriately shared or pooled resources; and
    - inter-agency governance.

This paper will focus on proposals for how we develop work on joint commissioning in Haringey.

6. The process of joint commissioning is developed from a strategy set out in the government guidance on the Children and Young People's Plan (CYPP). It involves partner agencies addressing the following issues together:

    - how best to meet identified needs, tested and led by the participation of children and young people, including how services can be designed to be outcome focused;
    - how best to allocate and use collective resources to secure services from statutory and non statutory sources; and
    - the agreements, contracts and monitoring arrangements that must be in place to ensure effective delivery and to influence future planning activity.

Developments in Haringey

7. In March 2006, Haringey Children's Service and the Haringey Teaching Primary Care Trust (TPCT) commissioned MWB Consultancy to undertake a piece of work identifying national commissioning policy and guidance and a brief study of existing commissioning practice in Haringey and to set out a forward plan having consulted stakeholders.

8. Overall, the report identified that a broad range of commissioning activity was carried out by individuals, organisations and partnerships in Haringey. However there is a need to develop common systems and common arrangements for monitoring and evaluation. This is very similar to the national position where, although individual services have developed their own arrangements for commissioning activity, the process for doing this jointly requires further development.

Definition

9. There are a range of understandings across agencies of what commissioning is and these vary within and between agencies. Therefore it is proposed that the following definition of commissioning is agreed as a starting point but is kept under review and refined as the process develops:

    '*Commissioning is the process of setting outcomes, assessing need, assessing impact of current activity, planning responses to need and then specifying, securing and monitoring services to meet or contribute to the achievement of improved outcomes for children, young people and families in Haringey'.*

10. Changing Lives, Haringey's plan for children and young people, 2006-2009, is very much a joint plan owned by the CYPSP. We must now guarantee the delivery of this plan. Joint commissioning will be one of the strategies that will achieve the most effective delivery of a number of aspects of the plan.

A framework for commissioning

11. Given that there is a range of different practices and procedures currently in place for commissioning, it is proposed that key partners work together to develop a joint commissioning framework in Haringey. The process of developing the framework will be very significant as it will require agencies to take a shared approach to reviewing definitions, current policy and practice and monitoring and evaluation procedures. This process should enable partner agencies to:

    - develop their understanding of each other and their approach to commissioning;
    - identify the joint commissioning processes that require development;
    - develop agreements on the areas that should be addressed by the framework;
    - develop an agreed and standardised approach to joint commissioning; and
    - agree an implementation plan for key actions to deliver a joint commissioning framework.

12. It is proposed that the framework should include:

    - an agreed definition of commissioning and joint commissioning.
    - definitions of different types of commissioning.
    - agreed definitions of the customers that commissioning will be for e.g. vulnerable children.
    - the principles, behaviours and standards within which all joint commissioning takes place.
    - the approach Haringey will take to the commissioning of services.
    - the role of any commissioning unit that might be established within structural arrangements.
    - the partner agencies who have agreed to work within this framework.
    - timed and measurable plans for implementation of any actions arising from the framework.

Principles

13. It is proposed that agencies engaging in the process should agree the following set of principles that will underpin the work:

- focus on improving outcomes;
- a clear recognition of the diversity of our borough;
- a strategic approach;
- the involvement of children, young people and their families;
- learning from each other;
- transparency;
- clarity and understanding;
- accountability;
- evidenced based commissioning; and
- value for money.

14. It is anticipated that a number of different agencies may at different times be required to commission activity jointly. The intention is that the framework should be developed in a way that it can be adopted by any agency or partnership that commissions services for vulnerable children in Haringey that is willing to be monitored against these principles.

Commissioning in practice

15. Commissioning activity will be very closely linked to the different processes for assessing the needs of children and young people that are already in place in Haringey. At a broad level, the needs assessment 'Knowing Our Children', undertaken in preparation will inform strategic commissioning at a whole borough level. The Children's Network structure will provide additional opportunities for joint commissioning through the use of even more detailed data on the needs of each locality and the joint identification of the resources required to address these needs effectively.

16. A group comprising the three heads of Children's Networks, chaired by the deputy director for Children and Families and including the assistant director in the HTPCT and the Head of Operational Commissioning have formed a joint commissioning team. This group will be able to look at the needs of each network and begin to commission services from universal services and beyond.

17. The HTPCT and the Children's Service have recently considered the benefits of creating a jointly funded post for strategic commissioning. The benefits of this include:

    - a specific and dedicated focus at senior level on the development of a joint strategy across organisations;
    - sharing current knowledge, expertise and practice that currently resides in individual agencies and synthesising this to develop a common approach; and
    - the opportunity to explore more ambitious pooling of resources using budget flexibilities but based on robust evaluations of current practice across organisations.

18. Both the HTPCT and the Children's Service are exploring this in their respective services. The CYPSP is asked for its views on this development.

A phased approach to joint commissioning in Haringey

19. It is proposed that the development of joint commissioning in Haringey takes place in three stages. This will allow for work to take place incrementally and to build on emerging practice from smaller-scale activity.

20. Throughout the proposed timescales, commissioning will continue to take place at an individual level within agencies. For example, the Children's Service will increasingly commission services from schools.

21. The process of developing a joint commissioning strategy will require a staged approach to enable progression from the current position towards an integrated joint commissioning process across agencies. A model of joint commissioning is attached as Annex 2 and it is proposed that this should form the basis of any further work on joint commissioning in Haringey.

22. Proposals for timescales are included in the action plan in Annex 3. These address three broad stages of activity:

    Phase 1
    This will focus on effective co-ordination of existing skills and knowledge into a joint strategy. Work will also take place on the continued development of robust processes and practices for joint commissioning. This phase will result in a proposal for a Commissioning framework presented to the CYPSP at the meeting in November 2006.

    Phase 2
    This phase will include early stage joint commissioning. There will also be further consolidation of the joint commissioning strategy and implementation of the framework for joint commissioning. The outcome of this phase will be reported to the CYPSP in March 2007.

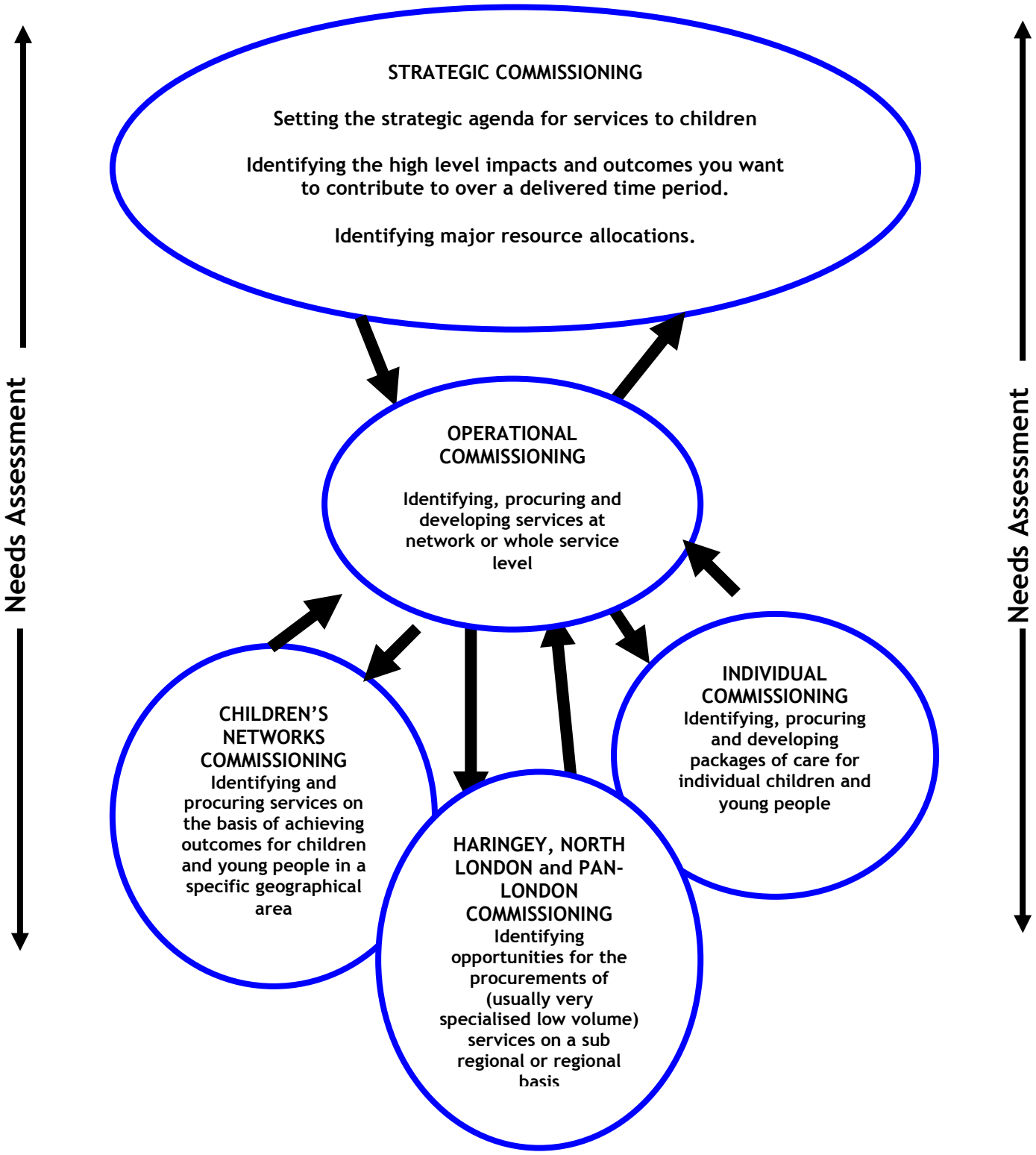
    Phase 3
    This phase will begin with a full audit of children's commissioning activity.
    It will involve more complex commissioning activity leading to full joint commissioning of agreed areas. The phase will also include a complete review and evaluation of joint commissioning strategy and processes and impact on outcomes. This phase will be reported in the meeting in the summer term 2007 (date not set yet)

23. The DfES Guidance on Inter-Agency Co-operation to Improve the Well-Being of Children identifies three levels of commissioning:
    - strategic;
    - operational; and
    - individual

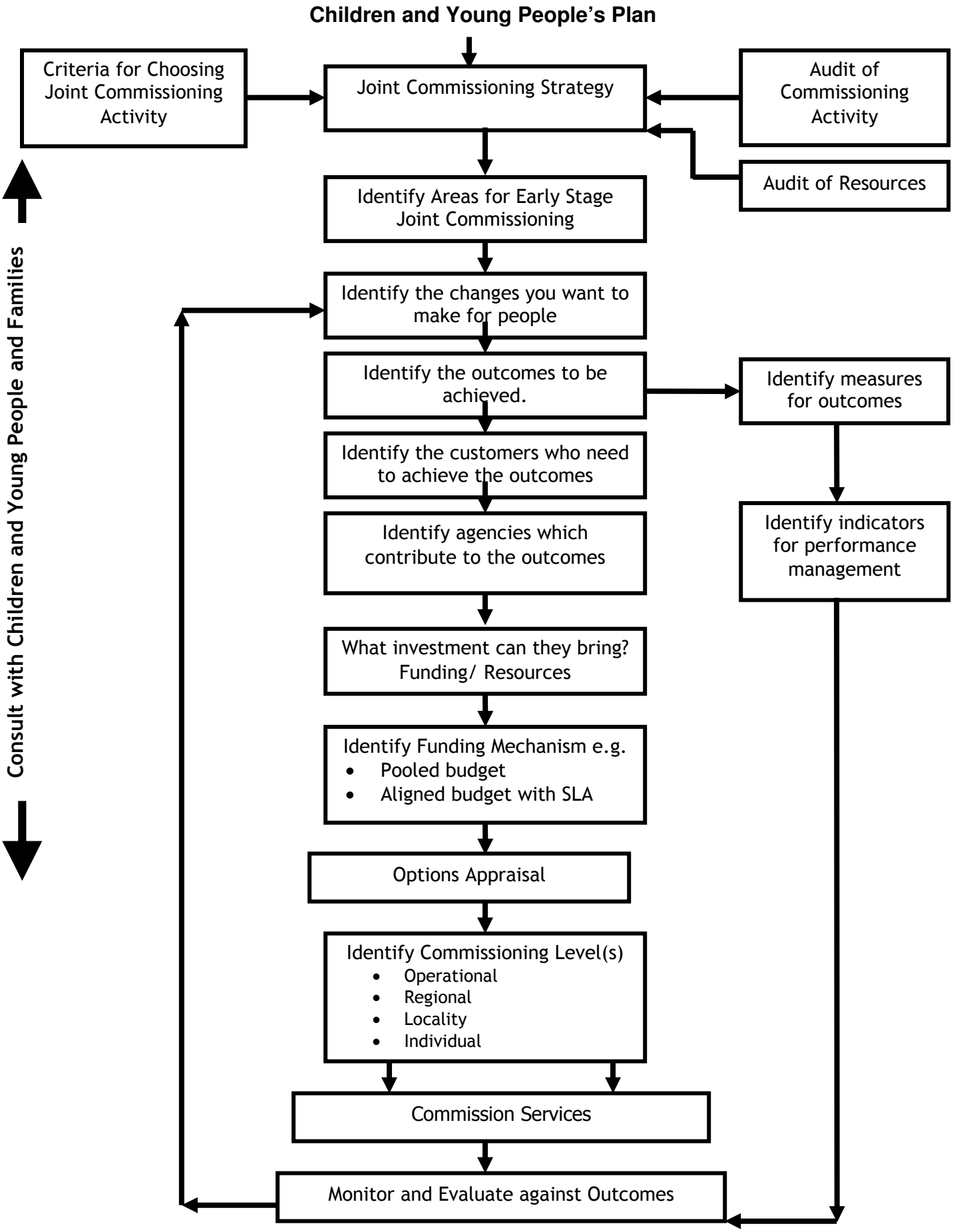
24. Commissioning exists now at the individual levels, for example, placements for LAC supported by a pan-London protocol. These levels will be considered as part of the development of the framework. The diagram in Annex 1 outlines the different levels of commissioning that will be addressed through the development of the framework and how these inter-link.

25. A draft action plan is included as Annex 3 and it is proposed that this should be used to take forward work on joint commissioning in Haringey.

Annex 1: Commissioning Levels



Annex 2: Proposed Model of Joint Commissioning for Haringey



Annex 3: Joint Commissioning Action Plan

ACTION	Tasks	Time Scale
PHASE 1 – Reported to CYPSP November 2006		
Establish/Identify where strategic vision and high level decisions will be made regarding joint commissioning activity	• Identify structures to support joint commissioning • Set up a Joint Commissioning Board • Clarify terms of reference • Membership • Frequency of meeting etc.	July 2006
Agree the Haringey Joint Commissioning Framework with Children and Young Person's Strategic Partnership Members	• Establish Consultation Process • Consult with partner agencies • Revise in light of comments • Attain formal agreement to work within the framework	September 2006
Appoint Joint Commissioning Manager	• Develop agreements on accountability and employing organisation etc. • Develop written agreement • Appoint	September 2006
Identify early stage joint commissioning opportunities for development Timed implementation plan for early stage joint commissioning	Early stage areas to be identified using: • Children and Young person's Plan priorities; and • The draft joint commissioning principles and framework	September 2006
Begin Jointly commissioning early stage area/s	• Bring together key stakeholders • Identify lead commissioners • Agree impacts and outcomes • Agree resources • Apply options appraisal • Jointly commission	September /October 2006

	• Implement interim monitoring	
PHASE 2 – Reported to the CYPSP Jan/March 2007		
Incremental adoption of the framework by other agencies working with children in Haringey	• Make other partners aware of the framework and benefits of operating within it	November 2006 onwards
Agreement on resources from key stakeholders to develop specific aspects of joint commissioning	• Identify the outcomes to be achieved by the role • Identify joint investment for post/s	November 2006
Develop underpinning protocols and procedures based upon the framework principles	Develop procedures including: • Outcomes approach • Supporting Diversity • Involvement of children, young people and families • Learning behaviours and Reviews • Written agreements	November 2006
Based on audit of commissioning activity and early stage areas for joint commissioning identify lead commissioners	• Identify role of lead commissioners • Establish what resources needed for lead commissioner posts	November 2006
Implementation of the framework for joint commissioning	• Develop policies and procedures to implement the framework • Identify resources to support the implementation • Identify training required	October 2006
PHASE 3 – reporting to the CYPSP June/July 2007 (TBC)		
Develop Full Monitoring and Evaluation process for joint commissioning process	• Review best practice in outcome monitoring • Agree local approach • Training and support to commissioners and providers • Implement with all new investments	Jan 2007
Develop a consistent approach	• Based on action above	Jan 2007

to identifying and measuring the achievement of outcomes for children including commissioning and contracting for outcomes	agree best fit for local needs • Implement robust outcome model • Training for staff, providers etc.	
Full audit of children's commissioning activity	• Identify remit of audit including: • Costs • Identify what is joint funded • Joint resourced • Processes followed • Lead staff involved • Arrangements in place • Financial structures • Outcomes achieving • Identify where joint commissioning activity is/could be taking place	April 2007
Map investment in children's services and the outcomes/outputs achieved by this investment across key partner agencies	• Establish criteria for which stakeholders included • Develop format for identifying investments • Categorise investments i.e. by service area/client group • Identify how/if outcomes can be identified	April 2007
Ensure Joint Commissioning Strategy is mapped closely to the subsequent annual programmes for *Changing Lives*	• Gather information from audit • Gather information from investment mapping • Identify Impacts and Outcomes to be achieved for children in Haringey based on Children and Young Person's plan, consultation etc. • Identify areas for joint commissioning • Develop timed plans for jointly commissioning areas of activity	February 2008 And reported annually to the CYPSP

Agenda Item 9

haringey strategic partnership

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AGENDA ITEM 9
MEETING **Children and Young People's Strategic Partnership Board** **12 June 2006**
TITLE **Children's Networks** **-a position paper & developments in establishing** **Children's Network South**
SUMMARY The CYPSP has discussed the development of the Children's Networks (CNs) on several occasions. The attached paper takes account of those discussions and is now proposed as a position paper. A short presentation will accompany this item and will focus on the development of the Children's Network in the South. The CNs as part of the wider partnership for children and young people represent a Children's Trust approach. There is an expectation that most LAs will have established a Children's Trust by 2008.
RECOMMENDATIONS That the CYPSP support the direction of travel and outline the implications for their respective service.
LEAD OFFICER(S) Sharon Shoesmith: Director of Children's Service Robert Singh Children's Network Co-ordinator (seconded Headteacher of Risley Avenue Primary School) Jan Doust Head of Children's Network South and lead officer for Safeguarding

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CHILDREN'S NETWORKS

-a position paper

Introduction

1 The Children's Service in Haringey was established in April 2005 and works in close partnership with the Haringey Teaching Primary Care Trust (HTPCT), the Metropolitan police and the voluntary and community sector. The Children's Service is part of Haringey Council and as such reports through the Council's Executive. It also leads on the partnership for children and young people in the borough through the Children and Young People's Partnership (CYPSP) which reports to the Haringey Strategic Partnership (HSP).

2 The Children Act 2004 and the Every Child Matters (ECM) guidance outline a number of recommendations, including the need for agencies to see the child at the centre of delivery. The intention is that more integrated service delivery will lead to children and young people:

- being better safeguarded from harm;
- having improved opportunities to develop and reach their potential;
- receiving support earlier if they experience difficulties; and
- being able to access services faster due to better links between services.

3 Schools have an important central role as a 'hub' for multi-agency delivery of services in their communities. For many the best vehicle for delivering services in the heart of communities is extended schools working in partnership with those communities. For several years most Haringey schools have been working together in Networked Learning Communities (NLCs). From the early development of NLCs it was clear that they could provide the infrastructure for the delivery of integrated services to children and families. At the same time Haringey Council has focused the delivery of its services in neighbourhoods and through area assemblies based on wards. The focus on communities is central to Haringey Council's ambition to establish sustainable communities and to achieve community cohesion and good race relations.

Consultation

4 Following extensive consultation with the HTPCT, schools, other providers through the CYPSP and the Council's neighbourhoods three Children's Networks (CNs) were proposed as shown in the map at the end of paragraph 7. The model takes account of the needs of children and young people, the economy of scale of managing and delivering services, the collaboration between schools (several NLC boundaries were adjusted to take account of wards), the location of a range of other services including the Children's Centres, together with the area assemblies and neighbourhood structure.

5 The CNs are co-terminus with wards but not completely with the neighbourhoods. However, since they are administrative areas the slight difference is not seen as significant – more important to have secondary schools represented in each CN together with primary and special schools that already work collaboratively. The decision to support the delivery of services through the 3 CNs was made by the Council's Executive in June 2005 and supported by the CYPSP. The HTPCT has since reallocated its Health Visiting service in line with the 3 CNs.

Timescales

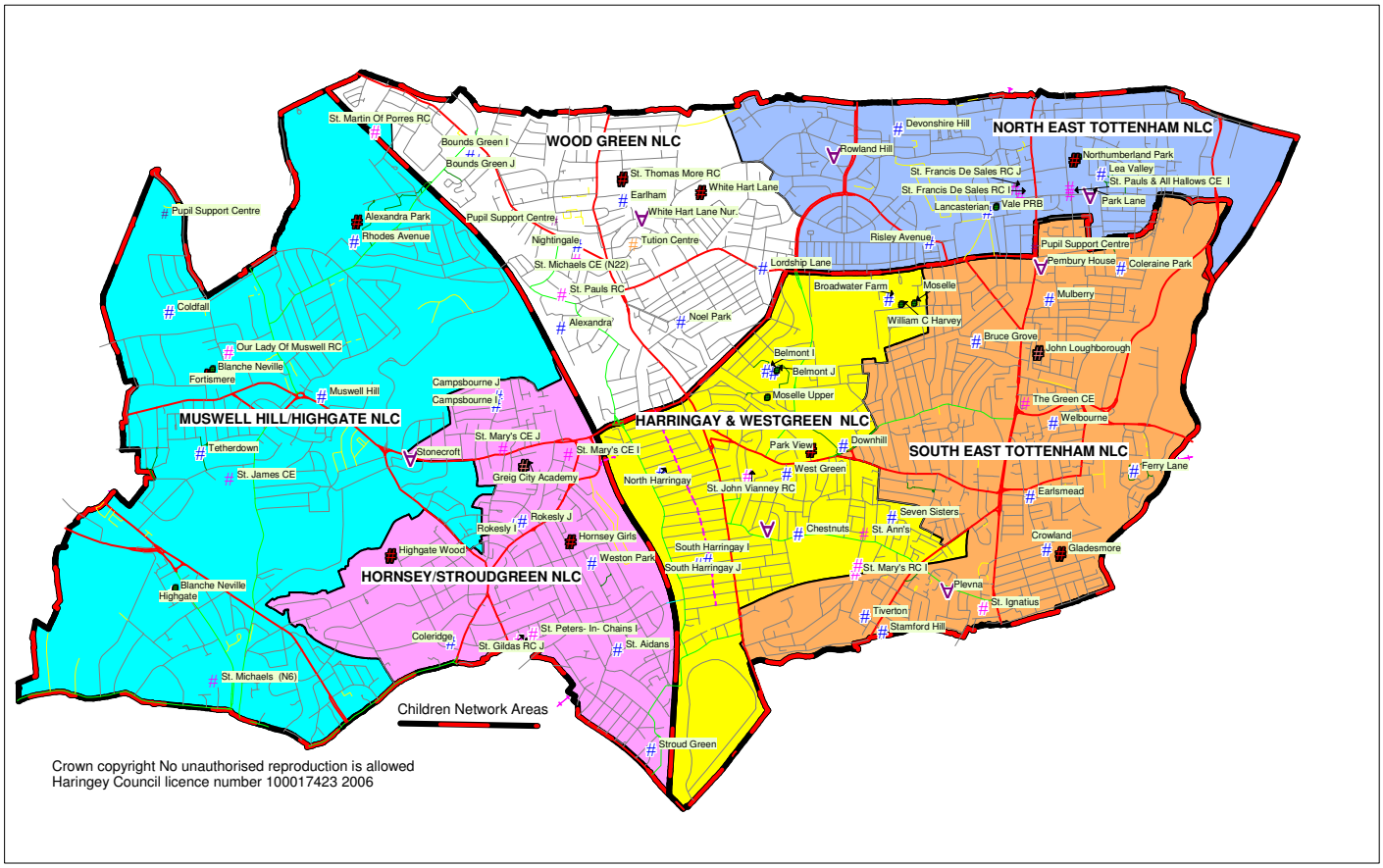
6 During 2005/6 considerable preparation work has been undertaken in the service in readiness for the introduction of the CNs from April 2006, beginning with the South during summer 2006, North during autumn 2006 and West during Spring 2007 with all operating from April 2007 onwards. This timescale is in place but may prove too ambitious and will be adjusted as required to embed change. Establishing the 3 CNs is subject to the Council's high level project management arrangements and it is through this mechanism that adjustments will be made.

7 Children's Networks will be flexible both in form and purpose depending on the improvements that they are seeking to achieve. They will reflect the multi-agency basis of work with 0-19 year olds, their families and their communities. Data about children and young people, local services, and the views of the local population, will be collected on the basis of the CNs. The analyses will be used to drive both the allocation of resources and to measure the impact in line with the targets in *Changing Lives*. In particular CNs will enable:

- a more effective basis for targeted strategic commissioning;
- the building of capacity of the universal services;
- greater ownership of the allocation of resources and services within a Network to meet children's needs;
- more co-ordinated assessment that supports children and families;
- a greater focus on prevention and early intervention;
- a stronger focus on safeguarding and a recognition that it is everyone's business;

- better information sharing both within and between agencies;
- improved partnership working between agencies with a focus on vulnerable children
- speedier problem-solving.

Map showing Children's networks and Networked Learning Community boundaries



Which Services?

8 The Children's Networks will include all those services in a defined area, for example, children's centres, all schools, health centres, doctors' practices, children's homes, youth centres, and libraries. Each will be supported by multi-disciplinary teams which would provide joined –up services to children and families in the area. These services will be located together in due course. Key aspects of the ECM agenda will be implemented through these teams, for example,

- The Common Assessment Framework
- The Lead Professional
- Information-sharing protocols,
- Extended Schools and wraparound care;
- Family Support Strategy

- Aspects of the Workforce Strategy, and
- Children's Centres.

9 In practice the CN services will be developed from the immediate interface with children and families at the point of assessment and decision-making. Services will be co-ordinated around these needs by the lead professional and the workforce strategy will ensure that the workforce is able to meet the demands of revised working practices, roles and responsibilities. CNs will link assessment, decision-making and intervention processes.

10 In this way we intend to create the 'team around the child'. This means that we will develop integrated:

- identification of cases that require multi-disciplinary work through the use of agreed criteria and levels of vulnerability;
- assessment through the pilot of the common assessment framework;
- decision-making on individual cases through the multi-agency panel;
- decision-making on use of resources, through the use of agreed criteria and the greater use of pooled budget flexibility.

11 The Networks will comprise the majority of the children's service staff plus those in the PCT. A small number of services will be borough-wide, for example children protection, but based in one of the three localities. Staff in the CNs are likely to include:

- School Improvement Partners
- Education Welfare Officers
- Behaviour Support Teachers
- Learning Support Teachers (sensory impairment)
- Learning Mentors
- Parental involvement
- Connexions advisers
- Youth Workers
- Play Workers
- Health Visitors
- Home Intervention Team
- Social Workers
- Family Support Workers
- School Nurses
- Primary Mental Health Workers
- Speech and Language Therapists
- Sure Start Workers
- Allied Health Professionals
- GPs

Those providing more specialist services borough-wide might be:

- Educational Psychologists

- Social Workers
- Child and Adolescent Mental Health Service (CAMHS)
- Child Protection Officers
- Specialist Child Health Services (for example Paediatricians)
- Support to Children with Statements of SEN
- Pupil Support Centre (PSC)
- Drug & Alcohol Action Team (DAAT) / Substance Misuse Team
- Youth Offending Officer
- Play Therapists

Progress to date

12 The interim structure of the Children's Service included three new interim posts for the three Networks each with a cross-service responsibility. These are:

Head of Children's Network South and Safeguarding;
Head of Children's Network North and Early Intervention & Prevention;
Head of Children's Network West and Workforce Reform

13 The roll-out of the CNs commenced in April 2006 with the South Network. A range of data have been established, schools and other settings have been involved in training sessions and the Children's Service staff have begun to be delivered in the three areas.

14 Work has progressed in relation to the implementation of the Common Assessment Framework. A multi-agency workshop was held in March 2006 to consider the thresholds, decision-making and management arrangements for the delivery of the CAF. Arrangements for the pilot are now in place and a steering group has been established to oversee the implementation.

15 A multi-agency steering group has been established to develop a Workforce Development Strategy as required by DfES. A strategy has been in place since April 2006 and very detailed work is now underway to ensure that this is implemented across the service. A senior officer has a dual responsibility for leading one of the children's networks and for coordinating the workforce development strategy.

16 A draft joint-commissioning framework is now being consulted on and a joint funded post with the HTPCT is being considered.

17 A Family Support strategy is in the development stage and has been the subject of consultation with a wide range of stakeholders.

18 Phase 1 of the Children's centres development has been completed with 10 designated and phase 2 is underway to establish 8 more by 2008. The development of Extended Schools is on-going together with wrap-around-care linked to the Play Service and together these services will form the main thrust of the early intervention work.

19 Work has already taken forward the integration of some of the borough-wide services, in particular child protection, children with disabilities and looked after children. This work will continue to link with the development of Children's Networks.

The Children's Trust Approach

20 The CNs as part of the wider partnership for children and young people represent a Children's Trust approach. There is an expectation that most LAs will have established a Children's Trust by 2008.

21 This paper has sought to highlight progress to date on Children's Networks and where we need to focus our attention next. We are seeking to ensure progress simultaneously on a number of different but inter-linked initiatives in order to ensure that the service delivers better outcomes for children. The work is monitored through Children's Service Stream Board which is reported to the Council's executive via the Chief Executive's Management Board (CEMB) and to the wider partnership through the CYPSP.

March 2006

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AGENDA ITEM 10

MEETING

Children and Young People's Strategic Partnership Board
12th June 2006

TITLE

Information Sharing Protocol

SUMMARY

This paper provides a summary of the strategy for improving information sharing between agencies working with children and young people in Haringey. It introduces the final draft of the Haringey information sharing protocol as amended following an extensive consultation process involving key partners within the CYPSP.

RECOMMENDATIONS

- That the CYPSP is asked to approve the information sharing protocol and recommend its implementation by partners to support practitioners to share information appropriately.
- That CYPSP discusses the protocol in their respective services and inform the chair of the CYPSP, in writing, of their intention to implement the protocol.
- In particular that services represented comment on the proposal to develop a single annual needs assessment for children and young people in Haringey to be available on all websites
- The CYPSP request that partner agencies sign up to this protocol by the end of July 2006 so that it can be implemented in full by 1st September 2006.
- The CYPSP agrees to review the effectiveness of the protocol at the November meeting.

LEAD OFFICER(S)

Jan Doust, Head of South Children's Network and Lead Officer for Safeguarding

Information-sharing

1. Sharing information between practitioners within and across agencies providing services to children and young is vital. It supports early intervention that ensures children and young people with additional needs access the services they need. It is also fundamental to protecting children and young people from suffering harm, abuse or neglect and to prevent them from offending.

2. Improving information sharing practice is a cornerstone of the government's Every Child Matters (ECM) agenda to improve outcomes for children and young people.

3. Although practitioners understand the need for sharing information appropriately, the potential legal constraints and differing protocols that are in place across the range of partner agencies has led to some uncertainty about when and how some types of information are shared.

4. The DfES, following lengthy consultations, issued guidance in March 2006 on when and how practitioners can share information legally and professionally.

5. Government guidance identifies a number of ways in which employers should support practitioners in applying the guidance on information-sharing. These include:

    - a systematic approach within each agency to explaining to children and young people and families when they first access services how and why information may be shared;
    - clear systems, standards and protocols for sharing information;
    - access to training that addresses areas of concern; and
    - provision of advice and support on information sharing issues.

6. The Government is committed to introducing an information sharing index to support the work of Children's Services in all areas of England by the end of 2008. This is intended to support more effective prevention and early intervention through more effective communication between education, health, social care and youth offending services. It will enable easier and quicker contact between professionals in order to share information about children and young people causing concern. Haringey is actively engaging in the development of this initiative and officers will report regularly to the CYPSP on progress.

Haringey's protocol

7. Haringey's protocol is work in progress and will be intrinsic to the implementation of each of the strands of ECM, including the Common Assessment Framework (CAF), Role of the Lead Professional, building the 'team around the child' and underpinned by the workforce development strategy. It is also intrinsic to the achievement of the outcomes in *Changing Lives.*

8. However, in order to enable to this work to progress on a secure foundation, there has been extensive consultation involving the agencies within the Children and Young People's Strategic Partnership (CYPSP) on the development of an information-sharing protocol. This protocol is intended to clarify the circumstances within which information can be shared and to set out the expectations of each agency in relation to information sharing.

9. This protocol has been through a number of drafts and has taken account of the legal contexts within which different agencies work and their governance arrangements. Previous drafts have been circulated for consultation. The final draft of the protocol is attached at annex 1.

10. It is proposed that the CYPSP agree that this protocol should be adopted and implemented within each of the agencies within the partnership. Each partner agency is requested to discuss the protocol and to formally sign up to its implementation through notification to the chair of the CYPSP. This will then be used as the basis for taking forward the other key strands of the ECM agenda and the development of inter-agency practice within the within the Children's Networks.

11. The implementation of the protocol will be supported by a strategy to support staff through any changes in practice that are required. Staff training and development needs within this area will be fully addressed as part of the workforce development strategy and this will be the subject of a further report to the CYPSP.

How will this improve our joint working

12. Information sharing has been a very complex issue and practitioners have at times felt constrained about what they can and cannot share. Recent government guidance has significantly simplified the situation and has provided an enabling framework within which professional should feel secure about sharing information for the well being of children and young people. This guidance must now be supported by a robust local agreement.

13. As the broad strands of ECM are implemented locally, both through borough-wide services and Children's Networks, staff will increasingly work across agency boundaries and in multi-agency teams. The

information sharing protocol clarifies the arrangements that are in place to enable professionals to share information within and across agency boundaries to support joined up service delivery for children, young people and their families.

Practical steps to support the protocol

14. For 2006-07, the major agencies: Council (including schools), HTPCT, Metropolitan Police, LSC and Conel produced separate needs assessments in which each agency referred to each other. It is suggested that beginning 2007-08, we produce one comprehensive needs assessment for children and young people 0-19 (and up to 24 for those with disabilities). This should be accessible on all our web sites and that we use these findings to support our joint priorities including the *Changing Lives* programme for 07/08. The broad timescales to support this would be:

- June 2006 agreement in principle;
- September 2006 key representatives from each service and specific organisations identified to take the work forward
- November 2006 Individual datasets produced
- December 2006 Single dataset produced for CYPSP consideration and to support the development of the 07/08 *Changing Lives* programme
- March 2007 Single needs assessment for children and young people available for CYPSP approval

(DRAFT 5)

HARINGEY

Information Sharing Protocol for

Children and Young People

Index:

SECTION 1. DEFINITIONS

*"*Children with Additional needs"

means a child having special needs in the area of health, education, or physical, intellectual, emotional, social, or behavioural development due to: multiple and complex health needs, special sense impairments such as hearing loss, visual impairment or deaf blind, a significant learning disability, a physical disability, a chronic physical illness, Autism (Autistic spectrum disorder) and communication disorders or a significant pre-school delay.

SECTION 2. DESCRIPTIONS, PARTIES & DOCUMENT CONTROL

2.1. *Description*

This individual protocol is a supplement to the general protocol agreed between those partner organisations detailed in section 2.2 of this protocol, and is intended to specifically to facilitate and govern the sharing of information between agencies working with children and young people aged 0-19 years (25 years for young people with additional needs). It has been devised and agreed by all the signatories who are committed to the wellbeing, education, safeguarding and promotion of the welfare of children.

2.2. **Parties to the protocol** (the "Partner Organisations")

Name of Organisation	Main Contact Address	Main Telephone Number
Haringey Council	Civic centre High Road Wood Green London N22 8LE	020 8489 0000
Haringey Teaching Primary Care Trust	Block A1 St Ann's Hospital St. Ann's Road Tottenham London N15 3TH	020 8442 6000
Metropolitan Police Service (Haringey Division)	Tottenham Police Station High Road Tottenham London N17	020 8345 0765
Other partner organisations		

2. 3. **Document Control**
Any changes to the document will be agreed by report to the CYPSP.

SECTION 3. BACKGROUND, PURPOSE, INFORMATION TO BE SHARED

Background

3.1. The Children Act 2004 and the Government's Change for Children programme are new approaches to the well being of children and young people from 0 to 19 or 0 to 25 for young people with additional needs.

3.2. Improved information sharing is central to the Change for Children programme and is intended to support the delivery of effective services and safeguarding and promoting the welfare of children and young people. Persistent findings from national inquiries indicate that failure to share information has resulted in tragic consequences.

3.3. The information sharing system must also be delivered in accordance with the Data Protection Act 1998, Human Rights Act 2000 and any other relevant legislation and guidance.

Purpose

3.4. The purpose of this protocol is to clarify the information sharing arrangements about children, young people and their families between the different agencies that might be involved and is governed by the conditions stated and agreed in the general protocol.

3.5. This individual protocol has been written to ensure that partner organisations use well established, transparent information sharing systems that place the child, young person and their parent/guardian/carer (PGC) at the centre of how information about them is shared.

3.6. Information about children, young people and families needs to be shared to:

- provide professionals with background information on their clients;
- reduce the need for information to be repeated to different professionals;
- to provide professionals with all relevant and up to date information to assist decision making in meeting all statutory duties in respect of promotion of the welfare of children;

- enable professionals to keep track of their interventions and the status of their contact with their clients;
- ensure that their clients can be traced;
- identify children, young people and families who have not benefited from service support in the past;
- reduce duplication of data collection across partner agencies
- improve the consistency and accuracy of management information; and
- ensure that children and young people are adequately safeguarded.

Information to be shared

3.7. The information that may be shared amongst the partner organisations are categorised into three levels, namely;

a) aggregate and management information, which shall be used mainly for planning and monitoring purposes;

b) minimum Data Requirements, which shall be needed to identify a child or young person;

c) detailed and sensitive information, which shall be needed to provide comprehensive support to a child or young person.

Minimum Data Requirements

3.8. Only the minimum information that is needed to help the child, young person, family and ensure that the child/young person is safeguarded will be requested. The data shared with other agencies will be limited on a ‘’need to know’’ basis. The information to be shared will include:

a) the originating organisation and lead professional/key contact who must be notified if data is found to be inaccurate;

b) the minimum data required to uniquely identify an individual and enable professionals to co-ordinate service provision to a child/young person/family is as follows:

- forename(s) and Surname of child/young person/family (including aliases)
- address including post code
- phone number
- date of Birth
- gender
- ethnic origin
- current status (in under 5’s provision, school, college etc)

- NHS number.

Detailed and sensitive information

3.9 The detailed and sensitive information needed to provide comprehensive support shall include:

- name of lead professional/key contact;
- type of contact;
- date of contact;
- duration of contact;
- names of persons in contact with child/young person/family;
- special Educational Needs statement (if any);
- level of support and social circumstances;
- relevant health information;
- legal status (i.e. LAC/offending); and
- additional relevant information in the form of case notes.

SECTION 4. PROCEDURES

4.1 Partner organisations must ensure they have an up to date Data Protection Notification in accordance with the Data Protection Act 1998 for the purpose identified in Section 1 of that Act.

4.2 Partner organisations must ensure the annual Data Protection Act 1998 Notification is reviewed and completed.

4.3 All partner organisations must ensure the child/young person or guardian is informed that information will be shared with partner organisations named in this document in Section 2.

4.4 Where detailed and sensitive information about a child/young person is to be shared, explicit consent of the child/young person (if the child/young person is competent to give consent) or of those holding legal parental responsibility for him/her must be obtained. In the absence of such consent such sensitive information may be shared provided it comes within the “protection of vital interests” justifications in Schedules 2 and 3 of the Data Protection Act 1998. (see Appendix C of the General Protocol)

4.5 Detailed and sensitive information may be disclosed without consent applies if:

- Disclosure is necessary to protect the child/young person from risk of significant harm or from harming someone else
- The child/young person needs urgent medical treatment

- The Home Office has requested information under Section 129 of the Nationality, Immigration and Asylum Act 2002)
- A Partner Organisation is ordered to give information as part of a legal proceeding. This can be by order of the Court or if information is requested by the police to enable them to pursue an investigation (*This will only be provided on receipt of a Section 29.3 form).*

4.6 All situations where it may be necessary to breach client confidentiality must be referred to a designated manager unless exceptional circumstances apply e.g. where there is a need for urgent medical treatment.

4.7 The reasons for breaching client confidentiality must be fully recorded and clearly referenced to the evidence and information on which the decision is based. This must include details of any third parties and full details of all the information/evidence they have been given.

4.8 Partner organisations must not use or disclose any information for any other purpose than that identified in Section 1 of the Data Protection Act 1998 and in their Data Protection Notification, or identified in this Protocol.

SECTION 5. REVIEW AND AUDIT PROCEDURES

5.1 The individual protocol will be reviewed by the partner organisations six months from the contract completion date and annually thereafter.

5.2 The individual protocol review is to be undertaken jointly by officers agreed by the partner organisations unless agreed by the partner organisation for a single partner organisation to undertake the review.

5.3 The review findings must be reported, in writing, at the next meeting of partner organisations or one calendar month after the review whichever is sooner.

5.4 The partner organisation must discuss the review, approve any resulting actions and approve an implementation plan.

5.5 Partner organisations must agree to action the implementation plan within the approved time scale.

5.6 Partner organisations will be subject to audit by internal and or external organisations as part of their statutory requirements.

5.7 This individual protocol will be subject to audit by any partner organisation.

5.8 A partner organisation may request assistance from the other partner organisations to assist the internal and or external auditing body process.

5.9 Partner organisations agree to assist other partner organisations during the audit process as long as one months notice is given in writing detailing the scope of the audit process.

5.10 Partner organisations agree to share extracts from draft reports with any partner organisation that is named in the said reports.

5.11 Partner organisations agree to respond to draft audit reports within the agreed time scale with said partner organisation.

5.12 Partner organisation agrees to report any audit report findings that impact on this individual protocol to the next partner organisation meeting.

5.13 In the event of any disagreements regarding the audit report, legal advice will be sought and all attempts should be made to resolve issues swiftly with the parties concerned.

5.14 Any complaints relating to the audit reports will be dealt with through the normal departmental complaints procedure.

SECTION 6. BREACHES OF PROTOCOL

6.1 Partner organisations are required to report any breaches of this individual protocol to the other partner organisations within five (5) working days of the breach having been identified.

6.2 The partner organisation in breach of the individual protocol must prepare and distribute a report with details of the breach and any resulting actions taken within ten (10) working days of the breach.

6.3 A meeting of the partner organisations must be held within twenty (20) working days of the breach to discuss the reported breach and agree any action and or sanctions to be imposed upon the partner organisation in breach.

6.4 The partner organisation in breach must present their report, including any subsequent action taken and then withdraw from the meeting to allow the remaining partner organisations to consider the report and any resulting agreed actions and the imposition of sanctions upon the partner organisation in breach.

6.5 The partner organisation in breach will be recalled to the meeting to be verbally informed of the agreed action and or sanction being imposed upon it by the other partner organisations.

6.6 The agreed action and/or sanction(s) imposed by the partner organisations must be recorded in the minutes of the partner organisations meeting and circulated within five (5) working days from said meeting.

SECTION 7. SECURITY PROCEDURES

7.1 The security procedures detailed in the appendices are summary documents only, in order to ensure the security and integrity of each partner organisation.

7.2 Partner organisations agree to grant access to view security documents (see 6.4 below) that relate only to this individual protocol following a request in writing from partner organisations.

7.3 Partner organisations shall not share any information to which this individual protocol relates with any persons other than those in the other partner organisations.

7.4 Each partner organisation shall supply a summary security document detailing all the required information highlighted above and shall be attached as an appendix to this agreement.

SECTION 8. PARTNER ORGANISATIONS' PROCEDURES

8.1 Partner organisations agree to share local procedures that relate specifically to this protocol.

8.2 Partner organisations agree to develop and implement joint procedures where appropriate.

8.3 Partner organisations should designate one or more senior manager with responsibility for overseeing and implementing the protocol.

SECTION 9. JOINT PROCEDURES

- Local Safeguarding Children Board and child protection procedures and protocols, including specific agreements to share child protection registration information where it promotes the best interests of the child:
- Caldicott Guardian Agreement;
- North London Connexions Data Sharing Protocol;
- Safer Communities Protocol;
- YOS – Section 115 of the Crime and Disorder Act;
- YOS Information Sharing Protocol with Secondary Schools and PSC, Connexions, Parent Agencies;
- Connexions Protocol;
- Looked After Children Protocols – Education, Social Services, Health; and
- Behaviour Improvement Programme Information Sharing Protocols.

SECTION 10. CONTRACTUAL AGREEMENT

The parties to this individual protocol accept that the procedures and processes identified in this document will provide a secure framework for the sharing of child protection/safeguarding information between partner organisations.

As such they agree to:

i. implement and adhere to the procedures and structures set out in the general protocol; and

ii. implement and adhere to the procedures and structures set out in this individual protocol.

SECTION 11. INDEMNITY AGREEMENT

11.1 The partner organisations shall fully indemnify and keep indemnified each other and each partner organisation's employees or agents against, claims, demands, proceedings, costs, charges and expenses in respect of, or arising out of any use (such use shall include but shall not be limited to the mere holding and storage) of any information subject to the general and individual protocols which would not have arisen but for some act, omission or negligence on the part of the partner organisations, their agents, servants, employees or sub-contractors ("Indemnity Events") provided always that:

(a) In the event that any partner organisation experiences an Indemnity Event ("the Suffering Partner"), it shall immediately notify in writing the partner organisation(s) whose act, omission or negligence is alleged to have led or contributed to the Indemnity Event(s) ("the Alleged Contributor"), and the Council (provided the Council is neither the Suffering Partner nor an Alleged Contributor), providing them with full details of the Indemnity Event(s) (such details shall include but shall not be limited to all documentation relating to the Indemnity Event(s);

(b) Within four days of receiving such notice, the Alleged Contributor shall respond to the Suffering Partner in writing;

(c) The Suffering Partner and Alleged Contributor(s) shall liaise with each other and fully co-operate in order to address the consequences of the Indemnity Event(s) and agree the response to any third party claimant;

(d) The Suffering Partner shall use its best endeavours to mitigate any loss that it suffers as a result of the Indemnity Event(s);

(e) The liability of the Suffering Partner in respect of the Indemnity Event(s) shall be apportioned between the Suffering Partner and the Alleged Contributor in such a manner as is just and equitable;

(f) The Suffering Partner and Alleged Contributor shall make such payments to each other to effect such apportionment of liabilities; and

(g) In the event that the Suffering Partner and Alleged Contributor are unable to agree a just and equitable apportionment the procedure in Section 3.211 shall apply.

11.2 Each partner organisation shall ensure that they maintain policies of insurance in respect of all potential liabilities arising from or connected with Indemnity Events.

SECTION 12. DISPUTES

12.1 In the event of a dispute between any organisations and departments, as noted in Section 10 above, the Suffering Partner and Alleged Contributor shall refer the matter to the Data Protection Officer/ Caldecott Guardian of the Suffering Partner and the Alleged Contributor who shall use all reasonable endeavours to resolve the dispute.

12.2 In the event that a dispute remains unresolved within a reasonable period of time with regard to the nature of the dispute and having followed the procedure in Section 18.1, the representative of the Suffering Partner (who must be of at least Director status) and the Alleged Contributor shall refer the matter to such body or person to act as a mediator as they may agree and in default of such agreement by the Centre for Effective Dispute Resolution.

SECTION 13. SIGNATURES OF PARTNER ORGANISATIONS

Organisation	Address	Registration Number	Name of signatory	Title	Signature	Date
Haringey Council						
Haringey Teaching Primary Care Trust						
Metropolitan Police Service (Haringey Division)						