Hounslow’s Joint Children’s and Young People’s DRAFT Strategy

“Improving Children’s Lives”
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FOREWORD

Welcome to Hounslow’s new Joint Children and Young People’s Strategy 2015-2019, which sets out the strategic vision to improve outcomes for children, young people, parents and their families in the borough.

This Autumn 2014, the Council and Hounslow CCG have produced two joint strategies, which alongside the Council’s new public health strategy set out our overall approach and priorities for improving the health and wellbeing of local people in Hounslow.

The Joint Children and Young People’s Strategy focuses on how we give every child the best start in life and ability to reach their full potential. The Joint Prevention Strategy for Adult Services in Hounslow sets out how we intend to meet the challenge of helping adults retain their independence and good quality of life for longer. Finally, the Public Health Commissioning Strategy outlines our vision to transform public health services to improve health and wellbeing for our local communities.

There are links across all three strategies and taken together they will drive the delivery of the objectives described in our Joint Health and Wellbeing Strategy. Close partnership working will be key to implementing our goals. The delivery will be overseen by the local Health and Wellbeing Board, which holds both the Council and the Hounslow CCG to account to ensure delivery of our ambitions for local people.

There remain challenges, and we will need to work hard together if we want to continue to make a real and lasting difference to children's lives. We must retain our focus on keeping children and young people safe, continue to raise educational standards and in particular address those areas where the outcomes for children and young people are found wanting, including school readiness for under 5s, immunisations, obesity rates, dental hygiene and young adolescents coming into care. Also we must do more to support the emotional and mental wellbeing of our children and young people.

There are lots of changes at a national and local level particular with the new Children and Families Act 2014 and Care Act 2014, Health and Social Care policy changes and pressure on public service budgets where resources are limited and
reducing, but it has never been more important that we continue to play our part in making what happens in Hounslow as strong as we can for our children and young people.
EXECUTIVE SUMMARY

With the introduction of the Children and Families Act 2014 and Care Act 2014 London Borough of Hounslow (LBH) and Hounslow Clinical Commissioning Group (HCCG) are refreshing and preparing a new joint strategy for children and young people in the Borough.

The Strategy builds on national and local policy, and success of the current Children and Young People Plan 2011-2015. The scope of this strategy covers key life stages (birth and early years up to 5 and school age and transition to adulthood) for Children and Young People up to 19 years (disabled young people and care leavers up to 25 years of age). It describes the developmental and commissioning intentions for the next four years (2015 – 2019).

Our vision for Hounslow is where our children and young people have a good start in life, building resilience to take control for safe, healthy and fulfilling lives and to reach their full potential; improving children's lives across the Borough.

This strategy will engage partners in shared developmental and commissioning endeavour, and seek to find joint creative solutions and align resources in order to achieve high quality outcomes for children, young people and their families. The development of this joint strategy will contribute to both Hounslow CCG’s and London Borough of Hounslow’s priorities, operating, business plans and joint commissioning intentions.

Our Priorities

We intend to:

- Meet the growing demand for school places, providing the equivalent of 3 new secondary schools;
- Provide a better choice of schools;
- Raise the aspirations of our poorest children, so they are equipped to succeed;
- Address poor levels of school readiness;
- Address increasing rates of obesity;
- Address poor dental health that has lead to hospital admissions;
- Increase the involvement of parents and communities to help ensure schools thrive
- Increase the number of young people (16 -25) in training, apprenticeships or employment
- Develop comprehensive and coordinated services to better support families in need at an early stage and promote healthy, fulfilling lifestyles;
- Improve outcomes and services for Children with Special Educational Needs and Disabilities (SEND);
- Improve outcomes for Looked After Children particular permanency and adoption;
- Develop strong, and comprehensive Fostering and Adoption services

We will know that we are achieving this by demonstrating that:
- There are enough school places for Hounslow children;
✓ More young people are raising their level of educational and vocational achievement to above average and beyond;
✓ Vulnerable children are helped to live with their families where possible or with foster carers where this is best for them;
✓ Fewer children are obese;
✓ More children are immunised against major illnesses;
✓ Fewer children with poor dental health;
✓ More young children reach the appropriate developmental level and readiness for school;
✓ Fewer children and young people come into formal care;
✓ We ensure children with special education needs receive an Education, Health and Care Plan; Publicise SEND Local Offer where appropriate;
✓ We successfully transfer the 0-5 Healthy Child Programme – Health Visitor services to Local Authority;
✓ We are commissioning new School Nursing services through exploring collaborative commissioning options with other local areas;
✓ We are managing demand for specialist services through better use of preventative and community resources;
✓ Using joint commissioning arrangements to seek better outcomes, drive efficiencies and value for money.
1.0 INTRODUCTION

With the introduction of new national legislation, Children and Families Act 2014 (September 2014) and Care Act 2014 and London Borough of Hounslow (LBH) and Hounslow Clinical Commissioning Group (HCCG) have undertaken to refresh and prepare a new joint strategy for children and young people across the Borough.

The Strategy builds on national and local policy, and the current Children and Young People Plan, which come to an end in 2015. It encompasses all children and young people services for which the local authority and clinical commissioning group are directly responsible and the work of partners who provide services for children and young people. The services include those of health, education, social care, youth services, youth offending services and early years.

The strategy is formed from the key life stages (birth and early years up to 5 and school age and transition to adulthood) for Children and Young People up to 25 years (care leavers and SEND). It describes the developmental and commissioning activities for the next four years (2015 – 2019). The strategy addresses health and well being, including health, education and social care issues, of children and young people in Hounslow.

1.1 Our Vision

Our shared vision for Hounslow is where our children and young people have a good start in life, building resilience to take control for safe, healthy and fulfilling lives and to reach their full potential; improving children's lives across the Borough.

1.2 Scope

This strategy sets out the vision, aims and objectives for Children and Young People up to 25 years (care leavers and SEN up to 25 years of age) and outlines the developmental and commissioning activities for the next four years (2015 – 2019), encompassing these themes:

- Early Identification of Need including Early Years
- Keeping Children Safe
- Leading Healthy Lives
- Achieving Potential (Education and Learning)
- Taking Part (Participation and Involvement)
- Access to Specialist Support:
  - Looked After Children and Care Leavers
  - Young People's Mental Health
  - Disabled Children, children with Special Needs and other Complex needs plus Young People in Transition
1.3 Our Approach

We will adopt an approach that puts children, young people, their parents, carers and their families at the heart of everything we do that run as “golden threads throughout the Strategy, this will be achieved through:

- **Listening to children and young people** - involving, respecting and hearing the voice of young people and acting on wishes and feelings;

- **Ensuring appropriate access and equality** - providing access to the right services, at the right time and in the right place, when needed;

The following will themes are central to our ongoing approach:

**Safeguarding:**
- **Safeguard children and young people** - ensuring that all children’s settings operate a safeguarding approach with the expectation all agencies have an understanding of safeguarding and knowledge of where to go for advice and support in this area;

**Prevention:**
- **Identify needs early** - encouraging a range of agencies to focus on prevention and early help to improve outcomes across the board, reduce the need for intensive, higher cost interventions and avoid problems escalating;

**Resilience:**
- **Developing resilience** for the whole family - ensuring that all services for children, young people, adults and families are focused on problems affecting the whole family

**Raising Achievement:**
- **Creating a seamless journey** - ensure every child's journey to adulthood is as seamless and well supported as possible, preparing them for independence, and so raising aspiration through different opportunities;

**Working Together:**
- **Shared Delivery through** multi agency hubs, better information sharing, joint assessments and care planning;
• **Use best evidence** - use evidence to pinpoint gaps and target improvements and promote innovation and efficient, evidence-based ways of working to make the most of funding;

• **Better commissioning** - to use the commissioning process to understand needs and assets, to plan and design ways to make the best use of resources to improve outcomes for families and to review the impact of services.

1.4 Child Poverty

Together with the new Adult Prevention Strategy and new Public Health Strategy and other linked strategic plans (Housing and Homelessness, Employment and Skills etc.), this new Children and Young People’s Strategy 2015-2019 renews our efforts in tackling child poverty building upon the principle of ‘breaking the cycle of poverty through early intervention’ established in the previous Children and Young people’s Plan 2011-2015.

The crosscutting areas of focus are:
- Getting parents into work, including addressing childcare issues
- Supporting families to get all the benefits and tax credits they are entitled to
- Supporting families to avoid debt
- Uncoupling socioeconomic status from educational achievement
- Addressing poor housing conditions

We will focus on the children and young people who do least well in our schools, whether children in or leaving care, disabled children, children in the minority ethnic groups that underachieve at school or children who are growing up in poverty.

We will address child poverty through a range of joint, crosscutting activities encompassing the critical priorities and intentions as set out in this strategy (for example):

- improve educational attainment of children in receipt of free meals;
- increasing access to quality childcare;
- reducing the percentage of children who are obese;
- reducing poor dental health;
- reducing rates of teenage pregnancy;
- bring along a supply of affordable homes to rent or buy.
1.5 Our Priorities

We intend to:

- Meet the growing demand for school places, providing the equivalent of 3 new secondary schools;
- Provide a better choice of schools;
- Address poor levels of school readiness;
- Address increasing rates of obesity;
- Address poor levels of Dental hygiene that has lead to hospital admissions;
- Raise the aspirations of our poorest children, so they are equipped to succeed;
- Increase the involvement of parents and communities to help ensure schools thrive;
- Increase the number of young people (16 -25) in training, apprenticeships or employment;
- Develop comprehensive and coordinated services to better support families in need at an early stage and promote healthy, fulfilling lifestyles;
- Improve outcomes and services for Children with Special Educational Needs and Disabilities;
- Improve outcomes for Looked After Children particularly permanence and adoption;
- Develop strong, comprehensive fostering services;
- Develop adoption services.

We will know that we are achieving this by demonstrating that:

- There are enough school places for Hounslow children;
- More young people are raising their level of educational and vocational achievement to above average and beyond;
- Vulnerable children are helped to live with their families where possible or with foster carers where this is best for them;
- Fewer children are obese;
- More children are immunised against major illnesses;
- Fewer children with poor dental health;
- More young children reach the appropriate developmental level and readiness for school;
- Fewer children and young people come into formal care;
- We ensure children with special education needs receive an Education, Health and Care Plan; Publicise SEND Local Offer where appropriate;
- We successfully transfer the 0-5 Healthy Child Programme – Health Visitor services to Local Authority;
- We are commissioning new School Nursing services through exploring collaborative commissioning options with other local areas;
We are managing demand for specialist services through better use of preventative and community resources;
Using joint commissioning arrangements to seek better outcomes, drive efficiencies and value for money.
2.0 STRATEGIC MODEL & OUTCOMES FRAMEWORK

This Strategy has been formed around six over-arching strategic themes translated into outcomes. These strategic themes span the life course moving from universal preventative needs through to early help and targeted needs then to more intensive support for children identified as having specialist and acute needs. Our strategic approach is broadly illustrated in the Strategic Model and alongside the new Outcomes Framework (applying Friedman’s outcome-based accountability (www.resultsaccountability.com, Fiscal Policy Studies Institute, 2014)) approach) provides an exemplar narrative on how each strategic theme can be measured.

Section 4.0 takes each of the six themes and outlines the main developmental and commissioning intentions for this Children and Young People’s Strategy.

Joint Strategic Model

The Joint Strategic Model (Appendix A) provides an overview of the approach to children and young people services across all age groups and ranging from preventive and universal provision through to targeted interventions for those most in need.

Outcomes Framework

The outcomes framework (Appendix B) links the vision of ensuring a good start in life for all children and young people and their families, with 5 golden threads:

- Safeguarding
- Prevention
- Raising Achievement
- Child poverty
- Resilience

These are then linked to 7 themed outcomes, with quality indicators and measures:

- Access to universal offer
- Achieving potential (education and learning)
- Early identification of needs
- Keeping safe
- Leading healthy lives
- Taking part
- Access to specialist support
**Hounslow’s Children and Young People Joint Strategic Model**

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**UNIVERSAL and PREVENTION OFFER**
(Child Poverty, Schools, Community Partnership)

**EARLY IDENTIFICATION and EARLY HELP**

**SPECIALIST SUPPORT**
- Child Protection
- Looked After Children
- Young Offender
- Special Needs & Disability
- Mental Health
- Complex Health

**ACUTE SUPPORT**

**SAFEGUARDING**

**EDUCATION**

**HEALTH**

**PREVENTION**
3.0 WHAT WE KNOW

Much has changed since we wrote the last Children and Young People’s Plan in 2011 and it is worth noting some of the key changes, needs of our child and young people population and the subsequent developments that will form the context for this new four year Strategy.

3.1 The Context

The Hounslow Health and Wellbeing Strategy and the Council’s Corporate Plan establish that children, young people and their families should have a good start in life where we focus on early intervention and also support in the most vulnerable children and young people. The Council’s Corporate Strategic Governance Framework lays out the governance for corporate strategies and plans within London Borough of Hounslow and relationship with the Hounslow Health and Wellbeing Board.

UN Convention on the Rights of the Child and Article 12 - this forms part of the legal and procedural framework for Hounslow Safeguarding Children policy.

Public Services Expenditure – Coalition Government policies to reduce the national financial deficit and the costs of the public sector.

Welfare Reforms - major changes have been put into place under the Welfare Reform Act 2012, which restructure of the whole working age benefits system. The scale of change is significant and has affected large numbers of families and young people.

Integrating Health Care – changes to the health system include the creation of consortia of GPs to undertake commissioning (Clinical Commissioning Groups), and the transfer of public health responsibilities to local authorities. The changes across Health are explained in this video from The King’s Fund http://vimeo.com/69224754; See also NHS Mandate 2015.

Ofsted Inspection framework – from November 2013 changes were introduced to how inspections take place for work with children in need of help and protection, children looked after and care leavers. Three main judgments will be made that focus on: the experiences and progress of children who need help and protection; the experiences and progress of children looked after and achieving permanence; and leadership, management and governance. The effectiveness of the Local
Safeguarding Children Board will be assessed in how it scrutinises and challenges safeguarding practices. From April 2015, an additional multi-agency element of the inspection will be added to evaluate how core statutory partners help towards the care and protection of children.

**Munrow Review and ‘Working Together’** - continuing work to reform child protection following the Munro Review of Child Protection 2010. This report emphasised the importance of early intervention and effective joint working, systems and processes. The review also highlighted the need to reduce bureaucracy and for a more child centred child protection system. New Working Together Guidance was published in 2013 along with revisions to the assessment framework.

**Children and Families Act (2014)** – The new Public Law Outline introduces a number of changes designed to ensure that all family court care cases are concluded within 26 weeks from the date of issue. **Special Educational Needs and Disabilities (SEND) reforms** – the way we support children and young people with special educational needs and disabilities is changing. SEND reforms deliver a new approach that joins up the special needs system across education, health and care, from birth to 25; creating Education, Health and Care Plans replacing Special Educational Needs Statements.

**Care Act 2014 and Better Care Fund** - new polices and legislation that will change the way adult social and health care will be delivered including services to carers.

**Raising Achievement** - From 2015, the age of participation will be raised for all young people in England requiring them to continue in education or learning until their 18th birthday. Young people can chose from options including full-time education, such as school, college or home education, an apprenticeship, part-time education or training if they are employed, self employed or volunteering fulltime. **Narrowing the Gap: Providing for All Children 2007** – a key Department for Education recognises that every child is born with great potential and deserves to be given every chance to fulfil it; however, children living in poverty and disadvantage are still less likely to do well at school and beyond.

**Healthy Child Programmes (0-5 and 5-19 years)** - are offered to all children and a young person aged 0-19 and describes the health offer at different levels of need that includes Health Visiting, School Nursing and Family Nurse Partnership (FNP).

**Early Help Hounslow** – We have developed and are continually improving our early intervention services including children centres thus we are looking at how we work with families and where the opportunities are to provide support as early as possible. We can stop the development of issues that can often, and over time, become more
significant challenges for families requiring a far more intensive response from services.

**Managing demand** – there are many services for children and young people in Hounslow that are seeing rising numbers of referrals and requests for support. In some instances these are rising on a month-by-month basis and are at levels that have not previously been seen, creating a growing pressure on statutory and other services.

**Working Together with Families and Young People** – to reduce the number of services working with families and so reduce the duplication, cost and long-term dependence on services. The focus is on services working smarter alongside families to increase resilience. We are already working with a number of families across who face significant and multiple issues. We will ensure that each family / young person has a named lead worker to co-ordinate the support they need.

### 3.2 Previous Engagement with Children, Young People and Families

In developing this strategy, it has been important to find out what the needs of children and young people are, what needs to be improved, and what gaps exist. Over the last two years, there has been a range of engagement activity within different service areas, seeking to engage children, young people, parents and families in improving services. These section summaries previously gathered key messages and feedback, which has informed the development of this strategy.

**What children and young people told us**

- Children and young people largely felt healthy, although they could do with more support regarding healthy eating and active and leisure pursuits;
- A large proportion of young people had experienced bullying;
- Young people are concerned with crimes and gangs in the area, which affects feelings of safety. Fear of gangs was particularly an issue amongst younger people aged around 14;
- A large proportion of young people did not feel that they were involved in local decision-making.

**What parents and carers told us**

- One of the greatest concerns was ‘more focus on health in schools including health food, more PE, sexual relationships and emotional health’.
- Parents felt that there is a need for more after school learning opportunities and more information for parents about how best to support their child’s education and learning;
- Some parents of children with disabilities expressed concerns about the needs of their children being met;
- Information about (support) services ‘before things go wrong’;
- Parents felt that there needed to be ‘more family orientated activities to support young people contributing and becoming more involved in their communities’
- Parents overwhelmingly expressed concerns about their child’s safety in the borough, including road safety, internet safety, feelings of safety whilst travelling and safety from crime and gangs.
- Parents felt that having ‘more things for young people to do and safe places for them to go’ were seen as key to ensuring young people’s safety.
- A large proportion of parents felt that better education of tolerance of others and tackling bullying and discrimination was a key priority to ensuring young people’s feeling of safety.
3.3  Summary of Local Health and Wellbeing Needs

We have refreshed our Joint Strategic Needs Assessment (JSNA) that has helped us to develop a shared understanding of the needs and inequalities facing children and young people in Hounslow.

There are 43,521 children and young people aged 5-19 years in Hounslow. The school population is 36,591 pupils (the 2013 Spring roll - made up of 19,739 primary pupils, 16,763 secondary pupils, and 89 pupils in a school covering both education phases). Projections indicate that Hounslow can expect considerable growth in the school population, to 48,008 pupils in 2020.

There are around 13,800 of children aged 0-15 yrs old living in poverty which equates to 24.3% of the under 16 years population, significantly worse than the national average of 20.6%. The most deprived wards for children in the borough (which are amongst the most deprived 20% nationally) are:

- Isleworth;
- Hanworth;
- Heston West;
- Brentford;
- Syon;
- Bedfont; and
- Cranford;
- Feltham West;

Approximately 77% of primary pupils and 74% of secondary pupils are from a minority ethnic background (compared with 29% of primary pupils and 24% of secondary pupils nationally), with the largest minority population being Asian or Asian British. Approximately 61% of primary pupils and 56% of secondary pupils in Hounslow do not speak English as their first language.

Hounslow performed significantly better than the national average in terms of the proportion of 16-18 year olds not in education, employment, or training (NEET), with 4.1% vs. 5.3% nationally.¹

Free School Meal (FSM) data from the January 2014 School Census indicates that 6,861 school-age children attending Hounslow schools were eligible for Free School Meals, which is 17.1% of Hounslow’s total school population (England average = 16.3%). However, 28.1% of pupils in Hounslow schools meet the broader ‘Ever 6’ FSM criterion. This measures the number of school pupils who have been eligible for FSM at any point in the past six years, and is used to calculate the pupil premium, which schools receive. Unfortunately the School Census data is all collected at the level of the individual child, with no aggregation up to household or family level. Data from the January 2014 School Census indicates that twice as many children in Hounslow schools who are eligible for FSM have SEN as those children who are not eligible – 34.2% of FSM-eligible children have SEN, compared to 17.1% of children who are not eligible.

In 2012 (the most recent published data) Level 3 attainment for those Hounslow young people in receipt of free schools meals was 54% compared to 67% for their peers. The achievement gap narrowed from 19% (2011) to 14%, which is a return to the previous position in 2010. The Hounslow figure is 1% better than the London average, 7% better than our Statistical neighbours and 10% better than the UK achievement gap at this level.

While 75.2% of Reception pupils and 58.9% of Year 6 pupils were a healthy weight in 2012/13, these rates were significantly lower than the national average. 1.72% of Reception pupils and 1.62% of Year 6 pupils were underweight, significantly worse than the national rate at Reception stage. 23.1% of Reception pupils were measured as overweight or obese (11.5% obese), while 39.4% of Year 6 pupils were overweight or obese (24.6% obese). At both Reception and Year 6 stages, significantly more Hounslow children were obese compared to the England average.

The rate of young people under 18 in Hounslow who were admitted to hospital because they had a condition wholly related to alcohol (such as overdose) was slightly lower than the England average for the period 2010/11-2012/13, with 37.5 admissions per 100,000 young people under 18 years versus 42.7 per 100,000. The picture is similar for admissions due to substance misuse in the same period, with 70.7 (Hounslow) versus 75.2 admissions per 100,000 (nationally).

Based on estimates\(^2\) that 22% of young people in London have tried smoking and 3% engage in regular smoking (defined as at least one cigarette per week), we might expect that 6,297 of Hounslow’s young people aged 10-19 years have tried smoking, while 859 young people might be regular smokers.

Estimating the prevalence of mental health needs among children and young people is difficult as information is not routinely collected for many mental health problems that do not involve contact with Child and Adolescent Mental Health Services (CAMHS). An ONS (2004) survey of 5-16 year olds found that 10% of children have a diagnosable mental health problem.\(^3\) Crudely extrapolating this to the 5-19 population in Hounslow, we might expect that there are 4,352 children with a diagnosable mental health problem in Hounslow. This is shown further in the table below.\(^4\)

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\(^4\) Adapted from Warrener T and Williams W (2011). Hounslow JSNA 2011/12: Child and Adolescent Mental Health factsheet.
Despite this, Hounslow performs significantly better than the national average with regard to hospital admissions of children for mental health conditions, with a rate of 57.3 admissions per 100,000 population aged 0-19 years in 2011/12 (national average: 87.6 admissions per 100,000).¹

The last Tell Us survey in Hounslow (2009) showed that 61.6% of children in Hounslow were deemed as ‘emotionally healthy’, slightly better than the London and national averages (61.1% and 60.5% respectively). Emotional wellbeing of looked after children in Hounslow is comparable to the national average.⁵ Despite this, community surveys in Hounslow in 2011 found that for 63% of young people aged 10-19 years, bullying was their primary concern.⁶

There were 156 Hounslow young people aged 10-24 years admitted to hospital due to deliberate self-harm in 2012/13, a slightly lower rate than the national average (327.2 vs. 346.3 admissions per 100,000 population). However, anecdotally, there are growing concerns about the incidence of self-harm amongst young people across the borough.

The UK has the 5th highest incidence in the world of type 1 diabetes amongst children, with a rate of 24.5 new diagnoses per 100,000 children aged 0-14 years each year.⁷ The number and rate of hospital admissions of children with diabetes have increased year-on-year in Hounslow, from 72 admissions in 2009/10 (rate: 40.9 admissions per 100,000 population) to 117 admissions in 2011/12 (68.5 per 100,000). However, the proportion of admissions that were emergency admissions have declined, from 79.2% in 2009/10 to 44.4% in 2011/12.⁸

One in 11 child in the UK has asthma, and on average there are two children with asthma in every classroom.⁹ Crudely, this might mean that there are approximately 3,956 children aged 5-19 years with asthma in Hounslow. 98 children in Hounslow aged 0-18 years were admitted

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to hospital primarily due to asthma in 2012/13. The equivalent rate (157.4 admissions per 100,000 population under 19 years) was slightly higher than the previous year (152.4 per 100,000), but significantly better than the national average (221.4 per 100,000). Approximately 2,700 children present to A&E in Hounslow each year with a wheezy chest.\footnote{NHS Hounslow (2012). Press release: Helping wheezy children in Hounslow; 2012 May 01.}

Children in Hounslow have worse oral health than the national average, with more than one-third (36.4\%) of 5-year-olds with one or more decayed, missing or filled teeth in 2011/12, compared to 27.9\% nationally.

(As at April 2014) Our Children in Care rate (53.5 per 10,000 population) is higher than the London average (48 per 10,000 population) but on par with the average for West London Local Authorities.

Child Protection Plans – At the end of the 2013/14 financial year there were 221 Child Protection plans in place for children resident in Hounslow. This is a rate of 37.3 Child Protection plans per 10,000 population, significantly above the Outer London average of 31.9, but slightly below the average for England (37.9).

There is a target to create a minimum of 1800 childcare places for disadvantaged 2 year olds by 2015 - In November 2013 455 children were accessing childcare provision with an additional 80 families identified as eligible with places being brokered.

DWP data on benefits claimants of working age shows that as of February 2014 there were approximately 4,750 claimants in Hounslow in households with children, equivalent to a rate of 17.7 claimants per 1,000 residents. This is slightly below the equivalent London rate of 19.3.

### 3.3.1 Graphic Representation of Needs

The Info graphic below demonstrates the health and wellbeing needs of children and young people with data embedded in \textcolor{red}{RED} indicating performance below the national or London average, data embedded in \textcolor{green}{GREEN} higher than the national or London average, \textcolor{orange}{AMBER} relates to similar or on par with national or London averages and size of the circle visually illustrates the \% size of the cohort in comparison to the overall local child population.
If Hounslow was a village of 100 children...

**Antenatal, Birth and Early Years**

- 49 girls
- 51 boys

- 24 would have mothers who smoked in pregnancy
- 91 would be living in relative poverty
- 66 would be breastfed at birth
- 7 would weigh under 2.5 kg at birth (low birth weight)
- 1 infant would die before the age of 1
- 1 would become a young offender who will reoffend
- 2 would be pregnant before the age of 18
- 3 girls would become pregnant before the age of 18
- 0.4 would be seen by a Child Protection Plan
- 0.5 would be in care
- 4 would NOT be in employment, education or training between the ages of 16 and 18
- 1 would achieve 5 GCSE A*-C including English and Maths
- 10 would achieve grades A* or better at GCE A-level
- 4 would achieve a good level of development at EYFS
- 11 would be in Reception
- 24 would be in Year 6
- 36 would be 5 year olds
- 42 would be 12 year olds
- 77 would achieve Level 4+ at Key Stage 2 in English and Maths
- 67 would achieve Level 4+ at Key Stage 2 in English and Maths
- 4 would have minority ethnic heritage
- 3 primary
- 4 secondary
- pupils would be absent for 15% of school year
- would have active tooth decay

**Primary & Secondary Years**

**Young People**
3.3.2 Our challenges

There remain some significant challenges and we need to be clear how this Strategy will better support vulnerable children, young people and their families:

- **Child Poverty** – Factors leading to poor rates of Child Poverty in the Borough;
- **Low Birth Weight** - Children with low birth weight is higher than the London average;
- **Immunisations** - The uptake of childhood immunisation remains poor in comparison to other London Boroughs;
- **Dental Health** - Hounslow has a high level of children referred to acute services with poor dental hygiene;
- **Looked After Children** - Our looked after child population have seen significant proportion of new entrants in the teenager/adolescent age groups;
- **Early Help and Social Care** - The average number of referrals per month has increased;
- **Obesity** - There are more year 6 children either overweight or obese which is higher than the London average;
- **School Readiness** – In comparison to the national average Hounslow has poor levels of school readiness in the Under 5s population;
- **School Places** - There is 50% increase in demand for more primary school places - additional circa 700 places will be required by 2022.

3.4 Inspection Outcome

Hounslow was inspected by Ofsted between 14th January to the 5th February 2104 making it the second London authority to be inspected under the new regime. The outcome was a judgement of Requires Improvement across all the areas. The inspection of services for children in need of help and protection, children looked after and care leavers in Hounslow found that children and young people in Hounslow are being kept safe and that the welfare of looked after children is safeguarded and promoted. The council’s safeguarding services have no serious or widespread failures. There were no areas for priority and immediate action.

The report identified a number of strengths including:

- Children and young people who are identified at immediate risk are protected through effective child protection arrangements.
- Children and families benefit from strong partnership work in almost all areas between children’s services and other agencies.
- Children and young people and their families value the support they receive from the local authority and partner agencies.
• The Fostering service provides high quality support to foster carers and their children.
• Prospective adopters are thoroughly assessed and supported through the adoption process.
• Children in care and care leavers’ benefit from a range of support services addressing health, education and accommodation.
• The stability and sustainability of the children’s social care workforce has been highly successful leading to better relationships with children and young people.

The report identified a number of areas for improvement in order to be judged as good. These include:

• Improve access to services for older children to prevent them coming into care.
• Early assessments need to be carried out more quickly and thoroughly.
• Child Protection Plans need to be completed quicker and should clearly set out what is required from parents and agencies.
• Make sure the out-of-hours service has access to children’s records.
• Helping children in care avoid experiencing too many changes of placement.
• Improving the attainment of looked after children’s attainment so they close the gap with their peers.
• Ensure effective oversight, support and challenge of services through the scrutiny committee and corporate parenting panel to drive improvement.
• Making sure performance management and monitoring is underpinned by robust evaluation and analysis and leads to service improvement.

Key improvements include:

• Improved timeliness of child protection planning and decision-making.
• Full implementation of the Multi-agency Safeguarding Hub in Early intervention Services.
• Improved tracking and monitoring mechanisms involving Legal, which aims to reduce the length of, care proceedings.
• A new targeted preventive service to support older young people to remain in the community and reduce the need for care.
• A reconfigured and strengthened education service to improve outcomes for children in care and care leavers with the involvement of School Effectiveness and Connexions.
4.0 OUR INTENTIONS

Taking each Themed Outcome as the foundation to our Strategic Model (Appendix A) and the Outcomes Framework (Appendix B), we have developed a series of service and commissioning statements. Through extensive engagement, these will be tested out with children, young people, families, and voluntary and community sector and stakeholder organisations using co-production methodology to develop our detailed commissioning plans going forward. These proposed intention statements build upon successes of the current Children and Young People Plans 2011-2015.

<table>
<thead>
<tr>
<th>Themed Outcomes</th>
<th>Focus of Activity</th>
<th>Target</th>
<th>Link to Strategic and Business Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universal and Preventative Approaches</strong></td>
<td>Use whole community and family initiatives to improve Community Safety.</td>
<td>tbc</td>
<td>Health and Wellbeing Strategy 2014-17</td>
</tr>
<tr>
<td></td>
<td>Use whole community and family initiatives to increase employment opportunities for families and young people.</td>
<td></td>
<td>LBH Corporate Plan 2015/16</td>
</tr>
<tr>
<td></td>
<td>Public Health outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.1 Leading Healthy Lives</strong></td>
<td>Development of Paediatric Health Hubs (see 4.6g).</td>
<td>tbc</td>
<td>HCCG 2014/15 Commissioning Intentions</td>
</tr>
<tr>
<td></td>
<td>Review of CAMHS /Mental Health pathways.</td>
<td></td>
<td>HCCG Out of Hospital Strategy</td>
</tr>
<tr>
<td></td>
<td>Review Paediatric Care Pathways.</td>
<td></td>
<td>NHS Mandate 2015</td>
</tr>
<tr>
<td></td>
<td>Review Palliative Care/ End of Life Care pathways.</td>
<td></td>
<td>Subject-specific Action Plans (PH Commissioning Strategy)</td>
</tr>
<tr>
<td></td>
<td>Joint Review of Paediatric Therapies in 2015.</td>
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<tr>
<td></td>
<td>Refresh Action Plan and programmes to tackle levels of Obesity in Reception and Year 6 children.</td>
<td></td>
<td>Themed Action Plan</td>
</tr>
<tr>
<td></td>
<td>Refresh Action Plan and programmes to tackle take-up of Childhood Immunisation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4.2 Achieving Potential (Education, Skills and Economic Well-being) | School Place Planning - Strategic action plan to address shortage of primary school and future impact on Secondary School places.  
School Improvement – Implement the innovative Hounslow Learning Partnership model with peer support and introduce the performance challenge to raise educational achievement and close the gap.  
Integrated Action Plan to address poor rates of School Readiness and Under 5s Offer.  
Extension of Universal Free School Meals.  
Continue to improve take-up of early years childcare and early education.  
Early Years Education and Childcare Business Plans.  
Themed Action Plan |
|---|---|---|---|
| 4.3 Early Identification of Needs | Develop a multiagency and multidisciplinary approaches to help families to support their children with their education, life skills and physical and mental health through the development of Early Intervention Hubs and the Children Centres offer;  
Develop strategies to improve School Readiness for the Under 5s;  
Meet the needs of the 0-5 age group by delivering the Health Visiting implementation Plan and transition planning to local authority responsibility. | tbc | Early Help Hounslow Business Plan 2015-16  
Hounslow Early years Education and Child Care Business Plan 2015-16  
Public Health Commissioning Strategy 2015-19  
Themed Action Plan |
| 4.4 Keeping Children Safe | Ensure all children workforce receives minimum level 1 safeguarding training;  
Strategic focus around prevention – Female Genital Mutilation (FGM) and Domestic & Social Violence (DSV) and Child Sexual Exploitation (CSE).  
Themed Action Plan |
### 4.5 Taking Part (Participation and Involvement)

Develop opportunities for increasing young people's participation in service development and ensure regular on-going activity of seeking views and comments of children, young people and their families.

Ensure appropriate Advocacy and Participation services for LAC and Care Leavers.

**Hounslow’s Community Development Strategy 2014-17**

**Themed Action Plan**

### 4.6 Access to Specialist Support

#### 4.6a Looked After Children and Care Leavers

Ensure good health outcomes for looked after children through improved compliance with health assessments, and plans an implementing the statutory framework;

- Increase local foster care provision and use of local alternatives to residential care – collaborative work through WLA.
- Improve educational attainment and support to employment and accommodation model for Care Leavers.
- Reconfigure targeted youth support and explore intensive, short-term support models of delivery - reduce numbers coming into care.
- Focus on Placement Stability Permanence and Adoption with young people in care for more than 2 years and those at risk of placement changes.

**LAC and Care Leavers Sufficiency Statement 2015/16**

**14 – 19 Education Plans - NEET Strategy.**

**Earl Help Hounslow Business Plan 2014/15**

**Themed Action Plan**

#### 4.6b Disabled Children, SEN and Complex Needs and Transition

Implement EHC Plans with arrangements for joint commissioning and developing the local offer.

- Development of new Integrated Transition Service 14-25.
- Review of Children’s Therapies.
- Effective local commissioning of external SEN placements, and engagement with local education provision to prevent out of borough/external placements.

**Children and Families Act 2014 (EHC Plans and new SEND Code of Practice)**

**Themed Action Plan**

#### 4.6c Young Peoples Mental Health

Review CAMHS/Mental Health Care Pathways with focus on early identification and prevention.

- Strengthen the transition pathway from CAMHS to Adult mental Health.
- Review CAMHS Out of Hours and Tier 4 provision.
- Improve health offer to Youth Offending Service;

**NWL Mental Health Transformation Programme.**

**Hounslow’s local Mental Health Strategic Plans.**

**Themed Action Plan**
<table>
<thead>
<tr>
<th><strong>4.6d Youth Offending</strong></th>
<th>Ensure health professional input to young offenders. Collaborative work to provide preventative services to prevent re-offending.</th>
<th>tbc</th>
<th>Hounslow Youth Offending Business Plan 2011-2015 3. Themed Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.6e Accommodation and Supported Housing</strong></td>
<td>Reduce number of families with children Under 18s living in temporary accommodation. Reduce the use of B&amp;B accommodation for young people and care leavers. Re-model supported accommodation for Vulnerable Young People and Care Leavers.</td>
<td>tbc</td>
<td>Hounslow's Housing Strategy 2014-17 4. Themed Action Plan</td>
</tr>
<tr>
<td><strong>4.6f Young Carers</strong></td>
<td>Review Young Carers support offer to account for new Children and Families Act and Care Act 2015.</td>
<td>tbc</td>
<td>Development of new Joint Carers Strategy in 2015 Themed Action Plan</td>
</tr>
<tr>
<td><strong>4.6g Sick Children</strong></td>
<td>Development of Paediatric Hubs (provide early assessment and treatment of children’s minor ailments; a general practice plus for sick children). Review of the Community Paediatric team. The SAHF strategic direction for Paediatric Assessment Unit. (See also 4.1 “Leading Healthy Lives” section, which refers to all activities related to health.)</td>
<td>tbc</td>
<td>Out of Hospital Strategy HCCG Commissioning Intentions 2015/16</td>
</tr>
<tr>
<td><strong>4.7 Workforce Development</strong></td>
<td>Develop robust recruitment and retention plans and shared learning across partner organisations in Hounslow.</td>
<td>tbc</td>
<td>Organisation Business Workforce / HR plans</td>
</tr>
</tbody>
</table>
5.0 MAKING IT HAPPEN

5.1 Governance, Commissioning and Partnerships

This Joint Children and Young Peoples Strategy (2015-2019) is one of a number of strategies and plans that sit under the Hounslow’s Health and Wellbeing Strategy, and strategically located within Corporate Strategic Governance Framework; so is jointly owned and managed by London Borough of Hounslow and Hounslow Clinical Commissioning Group (NHS).

We established a business group to develop the strategy, and to engage with wider stakeholders and within the Local Authority, NHS, Voluntary Sector and communities. The Strategy group reported in parallel to the both Hounslow’s Joint Commissioning Board and Hounslow’s Children’s Delivery Group.

Both partners (LBH and HCCG) work to a collaborative commissioning approach using the model below (Figure 5.1) where all strategic commissioning decisions are taken by the Joint Commissioning Board; a sub-group of the Hounslow’s Health and Wellbeing Board. The developmental and commissioning intentions that support this strategy will be reviewed annually to ensure they reflect changes in local or national policy or changing needs of children, young people and families in Hounslow.

![Figure 5.1 Hounslow’s Joint Commissioning Model for Children Services](source)

Alongside detailed subject specific intentions (see section 4.0), both partners have agreed areas of joint commissioning activity for children, young people and families as outlined in the Partnership Commissioning Plan.

5.2 Priorities for Joint Commissioning:

- Reducing dependence on acute health services for urgent, crisis and ongoing conditions;
• Review of Tier 2 and Tier 3 CAMHS;
• Sustained improvements to multiagency Safeguarding services;
• Integrated services for Disabled Children, SEN with focus on children with complex and continuing cared needs according to the new Children and Families Act (Sept 2014);
• Review Paediatric and School-based Therapy services;
• Review Paediatric Palliative/ End of Life Care pathways;
• Coordinated improvements to joint services around wellbeing of Looked After Children;
• Further development of early intervention and prevention approaches and multidisciplinary Early Help offer to the most vulnerable families.

5.3 Financial Position

With the considerable resource constraints facing the public sector, there needs to be robust decision making that supports and drives up value in our commissioning and delivery of services, whilst managing in a stringent financial climate. The London Borough of Hounslow’s 2015-19 Medium Term Financial Strategy assumes that circa £60m of savings will be required across the Council to meet the projected reductions in central government funding, which equates to a 32% reduction. Gross expenditure 2014/15 budgets for London Borough of Hounslow and NHS Hounslow are £63m and £26m respectively and relate to various commissioned children provision (health, education & early intervention, specialist social care, childcare and early help).

This strategy will be delivered at a time of significant change within the Local Authority and NHS Children’s Services environment and continuing financial constraint. Resources will need to be managed effectively, economically and efficiently to make sure the strategic intentions are relevant and delivered over the next four years.

Organisations will need to work together to find ways of re-shaping services and to make sure that the resources are directed to the priority areas by:

• Reviewing the potential of wider integrated/ joint commissioning and clearer identification of how this will benefit user of our services;
• Exploring and identifying the benefits of shared and aligned budgets across public services;
• Ensuring we offer evidence-based results and time limited packages of care;
• The use of contract frameworks and approved lists to provide a suite of proven programmes that are responsive to local need and emerging need.
5.4 **Action Plan**

The Action Plan describes our key actions for each year of the strategy beginning with 2015-16. This will be reviewed, updated, evaluated, audited on an annual basis as part of our joint commissioning cycle and governance processes.

5.5 **Reviewing and Evaluating the Strategy**

We will periodically review the delivery and impact of this strategy and ensure our improvement actions plus commissioning intentions are in line and complimentary with national, local changes, and within available resources.

5.6 **Future Ambitions**

With changing nature of local public services, it is imperative that services are outcomes-based, equitable, and accessible for users. Many Local Authorities in partnership with local CCGs are undertaking whole-scale transformation not only as primary motive to drive improvement in quality but to find sustainable efficient ways of delivering:

- Raised Education achievement;
- Eliminate the downward trend in school readiness for the Under 5s;
- Better quality and value Specialist Placements;
- Joined-up and integrated care and health services;
- More children and young people participating and enjoying local activities leading active and healthy lifestyles;
- Identifying more employment, training and apprenticeship opportunities with local organisations.
6.0 References Further Reading

These will be accessed by hyperlinks and made available as necessary together with the main strategy

A. Joint Strategic Needs Assessment (JSNA)
C. London Borough of Hounslow (LBH) Corporate Plan (2015-2019) and Strategic Framework
D. Hounslow Clinical Commissioning Group (HCCG) Commissioning Intentions 2015/16
E. Individual Themed Outcome Action Plans (see Ref to 4.1 to 4.7).
F. LBH & HCCG Partnership Commissioning Plan 2015-2016 (DRAFT).
H. Hounslow’s Child Poverty Statement (re-drafted October 2014).
Developed by John Dunning (JWD) Care Limited for London Borough of Hounslow and Hounslow CCG

DRAFT v0.3 9 October 2014

Adults (25+)
Young Adults (19-24)
Young People (15-18)
School Age (5-14)
Early Years (0-4)
Pre-birth

LIFE COURSE:

Surveys, engagement, forums, and consultation, evaluation, and delivery of services. Measuring Impact: Emotional Impact of commissioned services on service users, as measured through a distance travelled tool, surveys of young people and families, and Star Outcomes Star, SOUL, SDQs, reporting positive change, no change, negative change, case studies, and service user feedback.

PLACES:

Children Centres, Schools & Colleges, GP surgeries, Health Centres, Hospitals, Community Centres, Religious/Faith settings, Green/Open Spaces within the Borough.

Cross-Cutting:

Workforce vacancies and movements leading to settled staffing ratios; Increasing % case file (clinical and non-clinical) audits adequate or better; Reduced number of complaints; Increasing number of compliments about services; Increasing reports of user satisfaction; Reducing time to receive services; Increased % of staff reporting more confidence in their practice as a result of training in the reduced % of young people participating in voluntary activity; % of pre-birth mortality rate; % of Under 18s A&E emergency admissions; Fewer LAC and fewer community activities and seeking placements; Fewer external/out of borough placements; More young people taking part in local volunteering opportunities.

Community activities and participation around Children Centre assessments; Increased use and effective use of referral and specialist intervention; Increased % staff completing safeguarding training; Effective use of referral and specialist intervention; Increased % of young people who are NEET; No. of young people on work placements; Reduced % of young people in higher education, training or unemployment; Increased % of young people happy with their school, community and family life; Increased % of young people choosing healthier lifestyles and taking part in local and more specialist health services; Increased % in appropriate Early Help plans; Coordinated, seamless and multidisciplinary approach; Range of specialist services are available to support and provide a professional response.

All young people and children are able to actively engage, participate and get involved with local and more specialist health services when required. Key Outcomes:

VULNERABILITY

Range of specialist services are available to support and provide a professional response.

Access to Universal Offer

Supporting young people and children to access local and more specialist health services when required.

CHILDHOOD

Supporting young people and children to access local and more specialist health services when required.

RESILIENCE

Increasing % of young people participating in voluntary activity; % of pre-birth mortality rate; % of Under 18s A&E emergency admissions; Fewer LAC and fewer community activities and seeking placements; Fewer external/out of borough placements; More young people taking part in local volunteering opportunities.

CHILD POVERTY

Reducing % of young people in higher education, training or unemployment; Increased % of young people happy with their school, community and family life; Increased % of young people choosing healthier lifestyles and taking part in local and more specialist health services; Increased % in appropriate Early Help plans; Coordinated, seamless and multidisciplinary approach; Range of specialist services are available to support and provide a professional response.

ACHIEVING POTENTIAL (Education & Learning)

Key Outcomes:

SAFEGUARDING

Range of specialist services are available to support and provide a professional response.

People are supported to love healthy and fulfilling lives.

All young people and children are able to actively engage, participate and get involved with local and more specialist health services when required.

YA VOLUNTEERING

Increasing % of young people participating in voluntary activity; % of pre-birth mortality rate; % of Under 18s A&E emergency admissions; Fewer LAC and fewer community activities and seeking placements; Fewer external/out of borough placements; More young people taking part in local volunteering opportunities.

PREVENTION

Reducing % of young people in higher education, training or unemployment; Increased % of young people happy with their school, community and family life; Increased % of young people choosing healthier lifestyles and taking part in local and more specialist health services; Increased % in appropriate Early Help plans; Coordinated, seamless and multidisciplinary approach; Range of specialist services are available to support and provide a professional response.

GOOD BEGINNINGS

Increasing % of young people participating in voluntary activity; % of pre-birth mortality rate; % of Under 18s A&E emergency admissions; Fewer LAC and fewer community activities and seeking placements; Fewer external/out of borough placements; More young people taking part in local volunteering opportunities.

<table>
<thead>
<tr>
<th>EARLY IDENTIFICATION OF NEEDS</th>
<th>KEEPING SAFE</th>
<th>TAKING PART</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Start for all children, young people and their families who make good progress in education, are healthy and have fulfilling lives.</td>
<td>Good start in life for all children, young people and their families who make good progress in education, are healthy and have fulfilling lives.</td>
<td>Good start in life for all children, young people and their families who make good progress in education, are healthy and have fulfilling lives.</td>
</tr>
</tbody>
</table>
## Appendix B: Hounslow’s Joint Children and Young People Strategy Action Plan (April 2015- March 2016)

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>What are we Planning to do? (Our Intentions)</th>
<th>How will We achieve this? (Action Required)</th>
<th>Who is leading on this?</th>
<th>By when?</th>
<th>What progress has been made?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leading Healthy Lives including specialist services for Sick Children (refer to 4.6g in the Strategy)</strong></td>
<td>Pilot the development of Paediatric Health Hubs; Review CAMHS/Mental Health pathways; Review Paediatric and Paediatric Palliative/End of Life Care Pathways; Review of the Community Paediatric team. The SAHF strategic direction for Paediatric Assessment Unit. Develop Obesity Plan; Develop Dental Health prevention plan.</td>
<td>Each task/ strand has separate project framework.</td>
<td>CCG / JCT</td>
<td>May 2015</td>
<td><strong>On track:</strong> In progress. (AMBER)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PH</td>
<td>Dec 2014</td>
<td><strong>On track:</strong> Near completion. (GREEN)</td>
</tr>
</tbody>
</table>

*Strategy actions will be reviewed every 6 months.*
<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>What are we Planning to do?</th>
<th>How will We achieve this?</th>
<th>Who is leading on this?</th>
<th>By when?</th>
<th>What progress has been made?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieving Potential (Education and Economic Wellbeing)</td>
<td>Implement new Hounslow Learning Partnership and set out performance challenge around raising achievement and closing the gap; Universal Free School meals; Disadvantaged 2yr old child care offer; Focused activity around improving education outcomes for LAC;</td>
<td>Commission support and management function to lead implementation. Coordinated plan around use of PPG.</td>
<td>LBH Education</td>
<td>Dec 2015</td>
<td>On track: In progress. (GREEN)</td>
</tr>
<tr>
<td>Staying Safe</td>
<td>Renewed focus on raising awareness of FGM, sexual exploitation and activities to tackle rising incidence of Domestic Violence.</td>
<td>LSCB is refreshing its business plan and lead coordinated activity across partner agencies.</td>
<td>LSCB</td>
<td>April 2015</td>
<td>On track: In planning phase (GREEN)</td>
</tr>
<tr>
<td>Strategic Priority</td>
<td>What are we Planning to do? (Our Intentions)</td>
<td>How will We achieve this? (Action Required)</td>
<td>Who is leading on this?</td>
<td>By when?</td>
<td>What progress has been made?</td>
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<tr>
<td>Early Identification of Need</td>
<td>Further develop multidisciplinary Early Intervention services and create local hubs linking in more preventative and community resources, schools, children centres, health etc.</td>
<td>Create Early Intervention Hubs. Review Children Centres offer. Seek greater integration with health hub developments.</td>
<td>LBH EIS</td>
<td>May 2015</td>
<td>On track: In discussion (AMBER)</td>
</tr>
<tr>
<td>Taking Part</td>
<td>Council is leading on community development and engaging local residents. Improve engagement of young people in local services.</td>
<td>Community Development Strategy - priority actions.</td>
<td>LBH / CCG</td>
<td>April 2015</td>
<td>On track: In discussion (GREEN)</td>
</tr>
<tr>
<td>Strategic Priority</td>
<td>What are we Planning to do?</td>
<td>How will We achieve this?</td>
<td>Who is leading on this?</td>
<td>By when?</td>
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<tr>
<td>Access to Specialist Support</td>
<td><strong>Looked After Children and Care Leavers</strong></td>
<td>Put in place more intensive support earlier on to prevent LAC admissions, reduce length of stays and improve stability and permanence.</td>
<td>Explore innovation bid to seek pump-priming funds to develop flexible, innovative options. Review configuration of children social care services. Complete WLA Framework for Semi Independent Services.</td>
<td>LBH Specialist Social Care / JCT</td>
<td>May 2015</td>
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<td></td>
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<td>WLA</td>
<td></td>
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<tr>
<td></td>
<td><strong>Young People's Mental Health</strong></td>
<td>Review CAMHS Out of Hours service; Review CAMHS pathways alongside Early Help developments;</td>
<td>Cluster of North West London CCGs - MH Transformation programme (CAMHS work stream) Ealing/H&amp;F/Hounslow CCG review contract</td>
<td>JCT</td>
<td>May 2015</td>
</tr>
</tbody>
</table>
| **Disabled Children, Special Education Needs and Complex Needs, and Transition** | **Review Substance Misuse services;**  
Focus on mental wellbeing of Young Offenders; (see mental health section) | with WLMHT  
Develop project framework. | June 2015 |
|---|---|---|---|
| **Young Offenders** | **Implement SEN reforms (Children and Families Act);**  
Develop new 14-25 Transition service; | Steering Group will oversee the local implementation - review decision-making processes, assessment & care planning and joint commissioning. | LBH SEND  
May 2015 |
| | **Improve the health of young people entering the youth justice system.**  
Develop more innovative commissioned options as a preventive measure. | Through Youth Justice Plan develop detailed action plan and timeline for improving the health offer. | LBH YOS  
April 2015 |
| | **On track:**  
In progress  
(GREEN) | | |
<table>
<thead>
<tr>
<th>Accommodation and Supported Housing</th>
<th>Re-model existing supported housing options for young people to support more care leavers into semi-independent and flexible housing choices.</th>
<th>Housing and Homeless Strategy - implement priority actions;</th>
<th>LBH Housing / Specialist Social Care</th>
<th>May 2015</th>
<th>On track: In progress (AMBER)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers Support and Young Carers</td>
<td>Review support for young carers and parent carers in light of the new Care Bill (April 2014).</td>
<td>Create project framework and task groups to lead on these actions.</td>
<td>LBH/CCG</td>
<td>May 2015</td>
<td>On track: In progress (AMBER)</td>
</tr>
<tr>
<td>Workforce Development</td>
<td>Coordinate LBH and CCG Workforce plans - ensure development of skills mix, flexible staffing and development of core skills and training;</td>
<td>Safeguarding training - LSCB Business Plan; Review plans and options brought to Joint Commissioning Board;</td>
<td>LBH/CCG</td>
<td>May 2015</td>
<td>On track: In progress (AMBER)</td>
</tr>
<tr>
<td>Commissioning Practice</td>
<td>Completion and analysis of LBH Children’s Supplier Register; Review all multi-agency decision-making fora in light of improved integration and joint commissioning solutions; Recruit permanent Joint Commissioner for Children’s Services;</td>
<td>Prepare Children’s Category Management Strategy - improve contract and procurement compliance; Discussion paper and options to be reviewed by Joint Commissioning Board;</td>
<td>JCT /SCM</td>
<td>May 2015</td>
<td>On track: In progress (AMBER)</td>
</tr>
</tbody>
</table>

Please note: The strategy action plan has been compiled based upon discussions with managers, professionals and key stakeholders, and does not constitute the final, agreed set of commissioning intentions until approved by London Borough of Hounslow, its officers and politicians, Hounslow CCG (NHS) as an accurate collation of issues and position statements; thus subject to errors, inaccuracies and omissions. John Dunning November 2014

Abbreviations:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBH</td>
<td>London Borough of Hounslow</td>
</tr>
<tr>
<td>JCT</td>
<td>Joint Commissioning Team</td>
</tr>
<tr>
<td>SCM</td>
<td>Supply Chain Management</td>
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<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
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<tr>
<td>SEND</td>
<td>Special Educational needs and Disability Service</td>
</tr>
<tr>
<td>WLA</td>
<td>West London Alliance</td>
</tr>
<tr>
<td>EIS</td>
<td>Early Intervention Service</td>
</tr>
<tr>
<td>LSCB</td>
<td>Local Safeguarding Board</td>
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