

Appendix C

Children's Services Readiness for School

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Contents

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| <ol style="list-style-type: none"> 1. Executive Summary 2. Background and Introduction 3. Scope of the Commissioning Strategy 4. Where We Are Now 5. Cross-Cutting Considerations 6. Summary of Analysis Findings <ol style="list-style-type: none"> 6.1. Analyses Undertaken 6.2. Interpretation of Analyses 6.3. Conclusions from Interpretation | <ol style="list-style-type: none"> 7. Options for Final Outcomes and Future Delivery 8. Future Strategy 9. Review Timetable 10. Appendices |
|--|--|

1. Executive Summary

This commissioning strategy reviews how Children's Services is performing to ensure that Lincolnshire children and young people are ready for school, adopting a Signs of Safety approach to understand what is working well, what we are worried about and establishes priorities to address what we are going to do about it.

The objectives we will accomplish in order to ensure that positive outcomes for children and young people are achieved include:

Outcome 1: There is a secure foundation for all children to progress through school and life

- Objective 1: To enable the Health Visiting workforce to promote children's centre services and increase attendance
- Objective 2: To undertake an annual review and report on sufficiency of childcare in Lincolnshire
- Objective 3: To look at ways to further promote early years entitlement for eligible 2, 3 and 4 year olds
- Objective 4: To improve tracking of outcomes for vulnerable children through the Best Start Lincolnshire: Early Years and Family Service using Tapestry
- Objective 5: To quality assure the Best Start Lincolnshire: Early Years and Family Service activities
- Objective 6: To monitor and review usage of children's centre buildings

Outcome 2: Children are physically and emotionally prepared for school in order to achieve their full potential

- Objective 7: To implement the new model of children's public health services in Lincolnshire, including insourcing the Children's Health Service 0-19
- Objective 8: To roll-out the antenatal education programme in all children's centres across Lincolnshire
- Objective 9: To upskill Health Visitors to better identify a range of maternal/paternal mental health concerns and deliver appropriate interventions
- Objective 10: To work with strategic partners to improve health outcomes for children, particularly breastfeeding, obesity and smoking at time of delivery
- Objective 11: To implement the new Healthy Minds Lincolnshire emotional wellbeing service and monitor the outcomes for children of support interventions

In achieving these outcomes, services will be commissioned to ensure they provide children, young people and their families with the right support, of the right quality, in the right place, at the right time and for the right price.

2. Background and Introduction

The purpose of the Readiness for School (RfS) Commissioning Strategy is for all children to have the best possible start in life so that they are ready to learn when they start school, ensuring that there is a secure foundation for all children to progress through school and life.

This commissioning strategy has been developed following an interpretation analysis of a number of factors including:

- Performance data and management information
- Finance position
- Local and national marketplace
- Policy and Practice
- Stakeholder engagement
- Direction of travel.

This information has been derived using a number of formats, including desktop analysis, multi-disciplinary stakeholder discussion and service expert gatherings. The strategy is supported by and embedded alongside a number of key strategies and policies including:

- Early Help Strategy
- Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy
- Child Poverty Strategy
- LAC Strategy
- LAC Placement Sufficiency Strategy
- Participation Strategy
- Youth Housing Strategy
- Care Leaver's Charter
- Joint Commissioning Framework for Children and Young People with a Special Educational Need or Disability (SEND)
- SEND Code of Practice 0-25 years 2015.

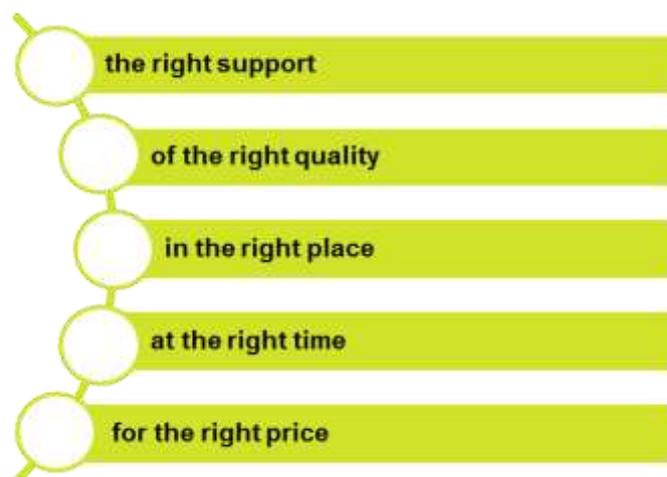
Whilst this strategy is focussed on the outcome of RfS, there are many interdependencies with the other Children's Services commissioning strategies; Readiness for Adult Life, Learn and Achieve, and Safe and Healthy.

Many agencies work alongside each other to help shape the early years of a child's life, contributing to a wide range of outcomes during this formative stage. The range of agencies is far stretching and requires Children's Services to work collaboratively with local health services, commissioned service providers, schools, early years and childcare settings and district councils. The delivery of the RfS Strategy will require continued integrated working, representation and engagement with boards such as Lincolnshire Safeguarding Children's Board, Health and Wellbeing Board, Children and Young People's Scrutiny Committee, Women and Children's Board, Lincolnshire Learning Partnership and the Early Years Provider Group.

It is widely recognised that the first few years of a child's life are pivotal in shaping their wellbeing and attainment. The principles that support RfS are championing the voice of the child, positive parenting, early intervention and effective joint working across strategic partners. There is no clear national definition of what being ready for school actually means, however what agencies can agree on is the fundamental importance of early years; what happens in pregnancy and early childhood impacts on physical and emotional health all the way through to adulthood. The Unicef Report "School Readiness – A Conceptual Framework" identifies and describes the elements that should be in place and has helped shape and underpin the principles of the local Lincolnshire approach.

3. Scope of the Commissioning Strategy

The strategy will support the five Children's Commissioning Rights which aims to ensure that we provide children, young people and their families with:



The 'Early Years' service components directly in scope of the RfS Strategy have a total funding allocation of £5.31m (16/17 year-end budget) and are broken down as follows:

- Children's centre delivery (£2.46m) – this covers the operational costs associated with running Lincolnshire's 48 children's centres, to ensure they are managed effectively and comply with all health and safety requirements, that spaces are booked and the environment is kept up to date.
- Locality commissioned services (£1.1m) – locality skills development and crèche services now form part of the new Best Start Lincolnshire: Early Years and Family Service (see below) and will be delivered consistently by the same provider across the county. A new Best Start Lincolnshire: Black or Minority Ethnic (BME) Inclusion Service (£0.065m) will work closely with the Early Years and Family Service to support BME families and communities to access children's centres and other services. Health Visitors are well placed to promote and encourage the use of children's centre services, therefore locality participation and engagement services will become an integral part of the new Children's Health Service 0-19 from 1 October 2017. This budget also includes hardship funding as well as the voluntary sector forum contract.
- Early education (£1.75m) – this is primarily the Best Start Lincolnshire: Early Years and Family Service, but also includes supported childcare. The new Best Start Lincolnshire Service will provide consistent, countywide early education provision delivered through children's centres, but will work with communities to ensure that these meet the different needs of children across the county, particularly our most vulnerable children and families. Funding for early years entitlement is through the Dedicated Schools Grant; the 2016/17 allocation for 2 year old entitlement was £5.76m and for 3 and 4 year old entitlement was £24.76m.

In addition to the components identified above, 'Health and Wellbeing' services for children aged 0-5 and their families will also be considered in scope of this strategy. This is currently commissioned via outsourced Health Visiting (£8.21m) and School Nursing (£2.63m) services, but from 1 October 2017 will be delivered directly by the council through the Children's Health Service 0-19 and via an outsourced Healthy Minds Lincolnshire (emotional wellbeing) Service. Formal reporting relationships for 'Health and Wellbeing' are within the Safe and Healthy commissioning strategy, however there is significant correlation with the Early Years offer and the desired outcomes for these children are equally within this RfS strategy.

4. Where We Are Now

A detailed analysis of the performance of existing services supporting this strategy can be found within the Performance Metrics document at Appendix A. The following extracts identify the prominent measures and performance information supporting this commissioning outcome.

Lincolnshire County Council received an Ofsted inspection in 2014. The single inspection of 'Children's Services and review of the LSCB' returned the following findings:

Children who need help and protection	'Good'
Children looked after and achieving permanence	'Good'
Experiences and progress of care leavers	'Good'
Adoption Performance	'Outstanding'
Overall Performance	'Good'

These findings put Lincolnshire ahead of the majority of other Local Authorities in the East Midlands. Overall, however, the national trend shows a significant number of LAs (51%) are performing at a rate of 'Requires Improvement'.

The table below shows the 2016/17 targets for Readiness for School within the Council Business Plan.

Measures Measures are how we will monitor and report progress in achieving the outcome.	Annual Target April 16 – March 2017	Actual Performance and Tolerance as at 31 March 2017
Achievement at a good level of development in the Early Years Foundation Stage (Higher percentage is better)	70%	Actual: 70.5% Tolerance: Upper 70% Lower 65%
Achievement gap between disadvantaged pupils and their peers at Foundation stage (Smaller percentage is better)	New measure in Council Business Plan for 2017/2018	

In addition to the Council Business Plan, there are a number of Children's Services key performance measures (2016/17) for the directorate:

- Children's centre registrations (higher percentage is better)
 - Q4 Target: 94%
 - **Q4 Actual Performance: 100%**
- Children's centre attendance (higher percentage is better)
 - Q4 Target: 73%
 - **Q4 Actual Performance: 58.6%**

- % of eligible 2 year olds who are in receipt of their Early Years Entitlement (higher percentage is better)
 - Q4 Target: 75%
 - **Q4 Actual Performance: 80%**

- Take up in the extension of the Early Years Entitlement offer to 3/4 year olds for 30 hours (higher percentage is better)
 - New measure for 2017/2018

- % of mothers receiving New Birth Visit who received a first face to face antenatal contact with a Health Visitor (higher percentage is better)
 - Q4 Target: 100%
 - **Q4 Actual Performance: 35.02%**

- % of births that receive a face to face New Birth Visit by a Health Visitor (higher percentage is better)
 - Q4 Target: 95%
 - **Q4 Actual Performance: 96.47%**

- % of children who received a 6-8 week review by the time they were 8 weeks (higher percentage is better)
 - Q4 Target: 95%
 - **Q4 Actual Performance: 87.95%**

- % of children who received a 12 month review by the time they were 12 months (higher percentage is better)
 - Q4 Target: 95%
 - **Q4 Actual Performance: 79.39%**

- % of children who received a 2-2½ year review (higher percentage is better)
 - Q4 Target: 95%
 - **Q4 Actual Performance: 75.42%**

- % of infants being breastfed at 6-8 weeks
 - Q4 Target: 40%
 - **Q4 Actual Performance: 39.52%**

Whilst many targets are being met or exceeded there are a number which are under-performing which will require a review and subsequent actions to improve performance.

Early Years

Children's Centre delivery

In 2016/17 the budget for the operational costs associated with the running and management of Lincolnshire's 48 children's centres was £2.46m. There is a range of services wrapped around children's centre delivery to support children and families in their early years that are delivered directly by the council, including Early Years integrated locality teams and a central Early Years and Childcare Support Service.

Early Years integrated locality teams provide inclusion support for early years providers and bespoke early years intervention programmes and services in each locality. Early Years Practitioners and Specialist Teachers have a focus on strengthening the links with health and the locality early years and education sector in order to develop and support key strategies,

including the integrated 2 year old assessment, transition and school readiness, with a focus on our most vulnerable children. This underpins the regional priorities for the Early Years sector set out by Ofsted, which are children who are known to Children's Services, children living in poverty and children who have English as a second language. Early Years Specialist Teachers also support in regard to our statutory duty to ensure all early years settings are aware of their duties within the Special Educational Needs and Disability Code of Practice: 0-25 years (2015) and to meet the needs of children with SEND, and as at March 2016 parental consent was in place for them to support 462 pre-school children, with the biggest proportion in the North and South Kesteven locality.

As at March 2017, 75.53% (1,226/1,623) of children aged 0-5 who are open to services (LAC, CP, CIN, ESCO and TAC) were engaged with school readiness services such as early years activities in children's centres or parenting programmes, this has increased from previous quarters as localities have focused more on the most vulnerable children. It can be further increased by using the information to challenge localities and to encourage Early Help Workers to support families into school readiness activities.

A central Early Years and Childcare Support Service is responsible for school/setting improvement, support and development across the early years sector, Early Years Foundation Stage (EYFS) moderation, training, workforce and Early Years Entitlement (EYE), along with county wide quality assurance and coordination functions, i.e. inclusion funding/SEND panel representation. This service works closely with the Lincolnshire Learning Partnership (LLP) with regard to sector led improvement, engaging the sector in identifying and developing sustainable solutions for the improvement, support, development and provision of training for early years providers across the county.

For April to September 2015, 87% of Lincolnshire's children's centres were rated good or outstanding compared to 56% across the East Midlands and 67% nationally. The most recent Ofsted inspection of Lincolnshire children's centres was in 2015/16, North Kesteven – North area children's centres achieved a 'Good' grading in all areas. East Lindsey – North area children's centres achieved 'Good' with 'Outstanding' for leadership and management. A robust peer review process is in place for children's centres, to ensure that quality practice is maintained and developed on a cycle of continual improvement.

Lincolnshire's children's centres are managed through an arrangement with the council's Business Support service to ensure that buildings are managed effectively and comply with health and safety requirements, spaces are booked and environments kept up to date.

A review of children's centre usage identified those that have been best accessed by families to receive services. More will be done across all early years services to maximise usage of children's centre buildings, particularly by the most vulnerable families in Lincolnshire's most deprived communities or where there are a high number of cases open to children's social care, but we will also look at delivery of outreach services where there may be barriers to accessing services in a children's centre building. Usage will need to be monitored on an ongoing basis to ensure that we provide cost-effective early years services to those that need them most, in line with our statutory duties.

Early Education

New commissioning arrangements for the provision of early years education delivered in children's centres across the county commenced from 1 July 2017, these were previously rated by the council as 'Outstanding'. This service forms part of the statutory children's centre service offer. In 2016/17 the budget for this area was £1.75m, which also includes supported childcare, which will continue to be managed and commissioned separately by localities.

The new Best Start Lincolnshire: Early Years and Family Service is a contracted service and commenced from 1 July 2017 for an initial three year period, with an option to extend for up to two further years. The service will provide high quality and inclusive early childhood services and seamless support to families across Lincolnshire, particularly the most vulnerable families, in order to empower them to support their child's learning and to ensure they are ready for pre-school/school. The service will provide skills development and crèche support (as required) to enable vulnerable parents/carers to enter into learning, volunteering, apprenticeships or employment, thereby improving their families' life chances.

The service will provide a range of high quality early years sessions across Lincolnshire to local families in children's centres and outreach venues that support child development and positive parenting. The service will work closely with Children's Services Early Help and Social Work Teams to provide more tailored support to vulnerable families with children aged 0-5 years. Registration of children with children's centres is now done on an opt-out basis, so is consistently high, currently at 100% as at March 2017. Attendance is currently at 58.6% as at March 2017, this is currently slightly lower than the attendance level required by Ofsted in the current framework (65%), but is due largely to high levels of 3 and 4 year olds accessing early years entitlement, as well as limits on capacity of buildings. However attendance of 'targeted' children, which includes Children In Need (CIN), Looked After Children (LAC) and Children with a Child Protection Plan (CPP) and Team Around the Child (TAC), was consistently around 70% during 2016/17; there was the highest rate of attendance within CPP cohort, also a high rate of attendance from those children with a TAC, the lowest rate of attendance was from LAC.

Sessions delivered to families will be evidence based but also tailored to meet the needs of vulnerable individuals that may feel overwhelmed by attending structured group sessions, with a focus on ensuring and evidencing that all children have the best start in life and achieve a good level of development by the time they start pre-school/school. As at March 2017, in Lincolnshire 70.5% of children achieved a Good Level of Development, this was 1.2% higher than the national average of 69.3%. The new Best Start Lincolnshire: Early Years and Family Service offer will be key to continuing to see that figure improve, as well as reducing the achievement gap between more disadvantaged pupils at Foundation stage to bring it closer to that of their peers, including:

- Children with English as an Additional Language (EAL) – as at March 2016 there was a 12% gap in Lincolnshire between this group and their peers, which is a larger gap than nationally (8%) but has reduced in recent years.
- Children eligible for Pupil Premium/Free School Meals) – as at March 2016 there was a 19% gap in Lincolnshire between this group and their peers, which is a similar to the national gap (18%) but has widened in recent years.
- Look After Children – as at March 2016 there was a 33% gap in Lincolnshire between this group and their peers, which reduced from 40.6% at March 2015.
- Children with Special Educational Needs or Disability – as at March 2016 there was a 51% gap in Lincolnshire between this group and their peers, which reduced from 53.5% at March 2015.

The service will work with vulnerable parents/carers of children aged 0-19 (25 SEND) that need support to enter education, employment or training and help them to understand their strengths and weaknesses and finding opportunities for volunteering, adult learning other education and/or employment. The service will offer crèche provision for children to support parents/carers to attend any skills development courses where other suitable childcare arrangements cannot be made. There are currently 157 parent volunteers supported by children's centres, including 38 Parent Champions who support other parents to access children's centres and childcare.

The service will be underpinned by the Early Years Foundation Stage (EYFS) principles:

- Every child is a unique child, who is constantly learning and can be resilient, capable, confident and self-assured.
- Children learn to be strong and independent through positive relationships.
- Children learn and develop in enabling environments, in which their experiences respond to their individual needs and there is a strong partnerships between practitioners and parents and/or carers.
- Children develop and learn in different ways and at different rates. The framework covers the education and care of all children in early years provision, including children with SEND.

The service will also run sessions to encourage eligible families to take up their free 2 year old early years entitlement and promote the take up of 30 hours for eligible 3 and 4 year olds.

In 2016, 97% of 3 and 4 year olds in Lincolnshire benefitted from free early education, which is slightly above national rates and in line with statistical neighbours, 90% were with providers rated by Ofsted as 'Good' or 'Outstanding', which is above national, statistical neighbour and East Midlands benchmarks. As at March 2017, 80% of eligible 2 year olds in Lincolnshire were accessing early years entitlement, higher than both East Midlands (65%) and national take up (70%). 92% of these were within a 'Good' or 'Outstanding' provider, again this is higher than the national figure or statistical peers.

Funding for early years entitlement is through the Dedicated Schools Grant; the 2016/17 allocation for 2 year old entitlement was £5.76m and for 3 and 4 year old entitlement was £24.76m. As a result of the Government's Early Years National Funding Formula reforms, the 3 and 4 year old allocation increased to £29.64m for 2017/18, to bring Lincolnshire up to the minimum £4.30 per pupil and cover the additional 15 hours entitlement for children of eligible working families. Lincolnshire is passing through 95.16% of its funding to providers in 2017/18, which is higher than the prescribed Government level for 2017/18 (93%).

Locality commissioned services

The budget in 2016/17 for locality commissioned services was £1.1m, however provision for services delivered through the county's children's centres has recently undergone a thorough review and re-alignment of funding, and many of the locality commissioned services are now incorporated as part of the countywide Best Start Lincolnshire: Early Years and Family Service outlined above. These include:

- Skills development support for vulnerable parents to improve their confidence to enter into education, employment or training
- Crèche provision to support families to attend services in children's centres
- Access, signposting and co-ordination of adult learning.

Promotion of children's centre services and encouraging families to engage in these services will become an integral part of the new Children's Health Service 0-19 from 1 October 2017. Health Visitors see most parents either before or soon after a child is born, so are well placed to promote and encourage participation and engagement in children's centre services.

Bi-lingual support for Black or Minority Ethnic (BME) families in Lincoln, Boston and South Holland is now part of a single Best Start Lincolnshire: BME Inclusion Service and will continue to be outsourced for an initial three year period, with an option to extend for up to two further years. The Best Start Lincolnshire: BME Inclusion Service will provide high quality and inclusive services to BME families in Lincoln, Boston and South Holland districts. The Service will have an oversight of all BME families in these districts with children aged 0-5, focusing on those with more complex needs. The service will support the inclusion of ethnic minority

families, particularly the most vulnerable, to access and participate in the Best Start Lincolnshire: Early Years and Family Service, available in children's centre communities in Lincoln, Boston and South Holland and in turn support children to be ready for school. The service will provide translation support to BME families in respect of meetings and/or documentation for families working with Early Help or Social Work Teams and encourage ethnic minority families to access the 2 year old childcare entitlement and other services available to them across Boston, South Holland and Lincoln.

The Voluntary Sector Forum (VSF) (£0.015m) provides a strategic relationship with the local marketplace, improving the effectiveness of the voluntary and community sector in the county by sharing information, guidance and models of best practice with its member organisations. A grant funding agreement is currently in place to provide the service until 31 March 2017.

Health and Wellbeing

When Public Health transferred to Local Authorities in 2013, the council became responsible for commissioning public health services for 5 to 19 year-olds, or up to 25 for young people with Special Educational Needs and Disabilities (SEND). On 1 October 2015, Local Authorities were further delegated commissioning responsibility for public health services for 0 to 5 year olds. These services come under the council's statutory duty as part of the Health and Social Care Act 2012 to improve the health of the local population. In Lincolnshire, Children's Services are responsible for the commissioning of children's public health services, which currently include:

- Health Visiting (£8.21m) – lead delivery of the Healthy Child Programme for 0-5 year olds; a prevention and early intervention public health programme that lies at the heart of universal services for children and families and aims to support parents, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity.
- Antenatal Weight Management (£0.090m) – service for pregnant women with a Body Mass Index (BMI) of 35+ with tailored advice and support throughout pregnancy between 16 and 36 weeks gestation. The service helps women make manageable changes to their lifestyles in order to limit weight gain in pregnancy to between 5 and 9kg, given the increased risk of health complications to them and their child during pregnancy and beyond. The service is available for women who are due to give birth at either Lincoln or Boston Hospitals.
- School Nursing (£2.63m) – supports the delivery of the Healthy Child Programme to children aged 5-19 (25 SEND) which offers a schedule of universal health and development reviews, screening tests, immunisations (commissioned by NHS England), height and weight measurement and health promotion guidance. Schools and families are able to opt out of the universal offer.
- Extended Communication and Language Impairment Provision for Students (ECLIPS) (£0.086m) – meets the needs of students aged 11-25 in secondary school and Further Education (FE) Colleges with a severe specific speech or language impairment.

These services are delivered through a contractual agreement made under Section 75 of the NHS Act 2006 and have been rated as 'Inadequate' by the council. This agreement is due to end 30 September 2017.

From 1 October 2017 a new model of children's public health services in Lincolnshire will come into effect, which includes:

- Children's Health Service 0-19 – delivered directly by the council
- Healthy Minds Lincolnshire (emotional wellbeing service) – delivered through a Section 75 partnership agreement

- Additional funding for the existing Online Counselling Service (www.kooth.com) – this is for young people in Lincolnshire to access advice about health/lifestyle issues and speak online to qualified counsellors about specific concerns they have. It is a contracted service.
- Additional funding for the council's Lincolnshire Integrated Sexual Health Service (LISH) contract – this is delivered through a Public Health contract with LCHS but additional funding specifically for children and young people's (aged 13+) sexual health support will supported an increased coverage of clinical support and intervention across the county, as well as increased promotion and online advice.

ECLIPS will continue to be delivered by LCHS beyond October 2017 but will be reviewed during the year and re-commissioning options considered for 2017/18 onwards. The service is currently looking at an enhancement to offer interventions to primary school-aged children.

The Health Visiting service offers a wide range of health, parenting and child development support to parents to enable children to reach their potential and ensure school readiness through the 4-5-6 Model of Health Visiting:

- Four levels of care – community, universal, universal plus, universal partnership plus
- Five core contacts – 28+ weeks antenatal, 10-14 day New Birth Visit, 6-8 weeks, 8-12 months and 2-2½ years
- Six high impact areas – transition to parenthood and the early weeks, maternal mental health, breastfeeding, weight and healthy nutrition, managing minor illness and reducing accidents and two year old review/support to be 'ready for school'.

The work of Health Visitors complements and aligns with the Early Years foundation stage profile. Universal services are essential for primary prevention, early identification of need and early intervention. Universal services lead to early support and harm reduction. Early intervention evidence based programmes should be used to meet the needs and to ensure that needs are identified in a timely way. School aged children with more complex health needs will be able to access direct support from a Children and Young People's Nurse.

Performance in terms of delivery of the five core contacts is currently mixed. Antenatal contact is historically low, due to difficulties in timeliness of notification that a woman is pregnant from midwifery services, particularly those delivering out of county, and also because midwifery is still supporting women at this time. A Notification of Prospective Parents has been established to support this and these figures are currently on an upward trend for 2017/18. The 10-14 day New Birth Visit is generally on target, sometimes a visit cannot be undertaken because a baby is still in hospital and some parents opt out, in which case an assessment of safeguarding risk would be undertaken. The 6-8 weeks check is generally high (around 90%), whilst the 8-12 months and 2-2½ years reviews tend to reduce as parents return to work and children start to attend nurseries and pre-schools and universal families have less Health Visiting involvement. The in particular have declined significantly in 2017/18 due to Health Visiting staffing shortages, it is hoped that the investment in this area as part of the new model from October 2017 will see these figures improve once again.

Children's Health Service 0-19 (25 SEND)

From October 2017 onwards, the Children's Health Service 0-19 (25 SEND) will be delivered directly by the council. The service will support the delivery of the Healthy Child Programme (HCP) across Lincolnshire for children, young people and their families (aged 0 to 19 years) and up to the age of 25 years for young people with Special Educational Needs and/or Disabilities (SEND). The programme will support families to ensure that their children grow up to be healthy, safe and able to achieve their potential.

The service will be integrated with the council's locality teams to ensure that children, young people and families have swift access to a range of professionals in their local community that can help them at the earliest sign of any concerns.

The service will provide strong universal support during the antenatal period through the delivery of health checks and an antenatal education programme. There will be a strong focus providing more support during the first year of a child's life with a key focus on providing all families with a consistent Health Visitor with whom they can build a trusting relationship. As children and families thrive they will require less support from the service but will still have effective access to support should any concerns arise.

The service will continue to support some key areas of public health concern in children and families across Lincolnshire, including:

- Increasing sustained breastfeeding at 6-8 weeks – in 2016/17 only 39.52% of infants were continuing to be breastfed (totally or partially) at 6-8 weeks. This is lower than the average for East Midlands, which was 44.4% and Lincolnshire is the lowest in the region.
- Reducing rates of women smoking during pregnancy – in 2013/14, 14.88% of women were smoking at time of delivery; this is worse than the England average (11.99%) but better than the East Midlands average (15.09%). The highest rates of smoking at time of delivery were in Boston and East Lindsey (both 21.90%).
- Tracking and supporting reduction in childhood obesity – in 2014/15, 5% of children in Reception Year children at Lincolnshire schools were measured as being very overweight, with a further 9% being overweight. In Year 6, 12% were measured as being very overweight, with a further 14% of children measured as being overweight. 39 schools in Lincolnshire had over 30% or more pupils who were overweight or very overweight.
- Reducing hospital admissions due to unintentional injuries – in 2014/15, there were 135.9 admissions per 10,000 population due to unintentional injuries of 0-4 year olds, whilst this is below the England average it is above the regional average and should be reduced.

Healthy Minds Lincolnshire (emotional wellbeing) Service

The Healthy Minds Lincolnshire Service is a new service commencing from 1 October 2017 and will be delivered through a contractual agreement under Section 75 of the NHS Act 2006. The service will provide countywide emotional wellbeing support, focusing on the needs of the child, including direct evidence-based interventions to children, young people and their families aged up to 19, or up to age 25 if they are identified as having special educational needs or disabilities (SEND) or are a Care Leaver, experiencing emotional wellbeing concerns and who do not meet the eligibility for other available services, thus impacting on their ability to thrive.

As part of the Early Years and Children's Health Review, more than 1,200 parents and professionals were asked what health support was most important for children aged 5-19 (25 SEND) and the top response was emotional wellbeing support.

The service will focus on early intervention, promoting resilience to prevent concerns escalating to mental health issues. This will include working closely with, and alongside, relevant Children's Services teams to identify those vulnerable children and young people, and their families, who without support are at risk of not reaching their full potential.

The service will offer support to Lincolnshire pre-schools and schools to develop the pre-school and school workforce's understanding and ability to support emotional wellbeing concerns faced by children and young people.

5. Cross-Cutting Considerations

5.1. Other Commissioning Strategies

There are a number of inter-dependencies between the Readiness for School Strategy and other Commissioning Strategies within the Council.

Safe and Healthy – This commissioning strategy aims to ensure all children and young people will be safe and healthy. This strategy covers both physical and emotional health and wellbeing which, for children in their early years, has an integral link with the outcomes in the RfS Strategy, and therefore these elements of the Safe and Healthy Strategy have been included as in scope of the RfS Strategy. These include the Children's Health Service 0-19 and Emotional Wellbeing services.

Learn and Achieve – This commissioning strategy aims to ensure all children and young people will learn and achieve, enabling them to reach their potential. The RfS strategy includes provision of high-quality early education, take-up and access to early years entitlement and children's attainment of a 'Good Level of Development' by the time they start school, and at its core is a pre-cursor the Learn and Achieve strategy, ensuring that by the time they start school as many children as possible are ready to learn and can achieve their potential.

Adult Specialities – This commissioning strategy aims to improve outcomes for adults with mental health, learning disabilities and/or autism. Emotional wellbeing support discussed in the RfS Strategy covers from early years up to age 19 (up to 25 for young people with special educational needs or disabilities and/or care leavers) and so has links with adult mental health support services.

Enablers and support to the Council's outcomes – This commissioning strategy includes the enablers required to support the delivery of the Councils agreed outcomes, such as ICT, Property, People Strategy, Commissioning and Strategic communication.

How we do our business – This commissioning strategy includes the overarching governance and standards for the Council, including decision making through the democratic process.

Protecting the Public – This commissioning strategy covers all of the work required in order to protect the communities in Lincolnshire.

Wellbeing – This commissioning strategy aims to assist improvements in the health and wellbeing of the population as a whole, it covers advice, information and preventative services. This links into the children's health and wellbeing elements covered in the RfS strategy.

5.2. Council Service Areas

Beyond Children's Services, there are key dependencies for this strategy in meeting the needs and outcomes with other service areas across the organisation.

Public Health (Children's Health) – supports the public health priorities and the actions led through the Women and Children's Joint Commissioning Board (WCJCB) working across the Children's Health 0-19 agenda with a specific focus on integration of the Children's Health Service 0-19 with Early Help, prevention of unintended injury, oral health and childhood obesity.

Adult Learning – as part of providing skills development support to vulnerable parents as the Best Start Lincolnshire: Early Years and Family Service, the Adult Learning service is a key partner to ensure that this support is available to these groups around the county, thus supporting them into education, employment or training and improving the life chances of their families, reducing inequalities between more disadvantaged children and their peers.

5.3. Joint Strategic Needs Analysis (JSNA)

The JSNA is a shared evidence base made up of commentaries and data sources which reports on the key areas of health and wellbeing in Lincolnshire. Each topic area assesses the current picture in Lincolnshire, existing services and looks ahead to potential future level of need to support effective service planning and commissioning. The following topics have been considered as part of this strategy:

- **Breastfeeding** – working with our partners to improve breastfeeding sustaining rates in Lincolnshire to maximise the physical and emotional health benefits to both mother and baby, including long lasting effects on a child's development.
- **Educational Attainment (Foundation)** – ensuring there is a high take up of early education and availability of quality provision within the county so that children have a good start in their journey through education and can achieve the best possible educational outcomes.
- **Maternal Health, Pregnancy and the first few weeks of life** – early identification and support for maternal mental health problems is proven to have long lasting effects on a child, family and mother's health, wellbeing and educational outcomes.
- **Mental Health and Emotional Wellbeing (Children and Young People)** – providing support for children's positive mental health and emotional wellbeing affects all aspects of their development, helping them do better in every way; they enjoy their childhoods, are able to deal with stress and difficult times, are able to learn better, do better at school, navigate the online world, enjoy friendships and new experiences and are more likely to have good mental health as an adult and to fulfil their potential.
- **Teenage Pregnancy** – continued work to reduce teenage pregnancy rates is required since young parents have significantly poorer health and educational outcomes than their peers and it is likely that the children will have worse outcomes than their peers.
- **Food and Nutrition** – good nutrition is vital for good health and so support for parents through antenatal education and through a child's early years can help promote good eating behaviours.
- **Immunisation** – promotion of vaccination and immunisation programmes, which are one of the most cost-effective public health interventions, protecting children and vulnerable adults from serious illness and death.
- **Obesity** – antenatal education and health promotion can support efforts to reduce childhood obesity, which presents immediate and long-term negative effects on a child's physical, social, educational and mental health and well-being, overweight and obese children are also more likely to become overweight or obese adults.
- **Physical Activity** – promoting physical activity can help to reduce rates of physical inactivity, under-fives should be active daily for at least three hours and children and young people should engage in at least one hour of moderate to vigorous activity each day.
- **Sexual Health** – provision of advice and services around contraception, relationships and sexually transmitted infections is relevant to engagement with young people and signposting through the Children's Health Service 0-19.
- **Housing and Health** – focusing on the links with the Children's Health Service 0-19 around a safe and healthy home environment for children and families.

5.4. Additional Considerations

In addition to other council service areas, strategic partners such as private, voluntary and independent settings (PVI), CCGs and other health trusts are critical in their contribution to young people being ready for school. Appropriate educational, social and emotional skills developed during their early years are paramount as children progress into formal education. Collaborative working with these providers will enable the Council to monitor and influence the impact that their support has on young people to meet the outcomes set out in this strategy.

Private, voluntary and independent settings (PVI) – close working with Lincolnshire's PVI will be key to ensuring that we have sufficiency of early childcare provision in the county, as well as high quality early education. A better joined-up approach to the 2-2½ year old health and education review will be important to ensure that children receive the right services.

Schools/Lincolnshire Learning Partnership (LLP) – Collaborative working with Lincolnshire schools and the LLP will be key to ensure we are succeeding in our aim for more children to be ready for school, as well as with the delivery and outcomes of the Health and Wellbeing aspects of this strategy. Close working with LLP is essential with regard to sector led improvement, engaging PVI to identify and develop sustainable solutions for improvement, support, development and provision of training for early years providers across the county.

Lincolnshire Community Health Services NHS Trust (LCHS) – We will need to continue to work closely with LCHS regarding other key services, not commissioned by the council, that impact on this strategy. In particular the Vaccinations and Immunisations Service, commissioned by NHS England, provides a key public health function in preventing the spread of infectious diseases.

United Lincolnshire Hospitals NHS Trust (ULHT)/Midwifery – Midwifery services have a key role to play in ensuring we know when women are pregnant as early as possible, to allow us to provide timely and relevant perinatal support services. They are also a strategic partner in relation to promotion, support and measurement of breastfeeding rates.

Clinical Commissioning Groups (CCGs) – Lincolnshire's CCGs will have links particularly to the Health and Wellbeing aspect of the RfS strategy:

- The Perinatal Service is commissioned and managed by CCGs and delivered by Lincolnshire NHS Partnership Foundation Trust, it supports women aged 16+ who become acutely unwell during pregnancy or the first postpartum year with symptoms suggestive of a psychotic illness, a manic illness, a severe depressive illness or a severe anxiety disorder. As part of the Children's Health Service 0-19, Health Visitors will be upskilled to provide more low-level mental health support to mothers
- The Continence and Eneuresis pathway is commissioned by CCGs and the product budget managed by LCHS. The Children's Health Service 0-19 will provide continence and eneuresis support to children, who are likely to also have SEND.

General Practitioners (GPs) – GPs in Lincolnshire are a key partner in respect of this strategy. GP's initial contact with women during pregnancy is usually the first stage of the pathway into midwifery/antenatal services. Contact with parents and children, particularly the most vulnerable, and effective liaison with Health Visitors is key to providing wrap around support and ensuring that we meet the needs of children in their early years.

In the development of future Commissioning Plans to enable this strategy to succeed, it will be essential to ensure that a number of additional statutory elements are considered, including the Social Value Act, Section 11 (safeguarding) of the Children's Act, Section 17 Crime and Disorder Act, Information Governance, Equality and Diversity and Business Continuity and Resilience.

6. Summary of Analysis Findings

6.1. Analyses Undertaken

The following analysis activities have been carried out:

- Political priorities/risks – through engagement with the Executive portfolio holder as part of Executive Directorate Management Team meetings (DMT) along with desktop analysis – see Appendix B
- Demographic and stakeholder engagement feedback – various engagement activities are undertaken in relation to the specific commissioned services set out in this strategy. An overview can be found in Appendix B.
- Legal framework, national and local policy and guidance – a desktop analysis has been undertaken as set out in Appendix B
- Current performance – analysis has been produced within Appendix A.
- Available resources now and in the foreseeable future – a financial summary, including identified pressures and saving requirements can be found in Appendix A.
- Market offers (external / internal) – an overview of the marketplace is available in Appendix B.

6.2. Interpretation of Analysis

We interpreted the above analyses to identify emerging issues and other factors that we need to take into account for this Commissioning Strategy – a summary of this interpretation is detailed below utilising a Signs of Safety approach.

What is working well?	What are we worried about?
Early Years	
<ul style="list-style-type: none"> • 70.5% of children are attaining a Good Level of Development (GLD) at the end of the Early Years Foundation Stage (EYFS) • Children's Centre registrations are high • 87% of Lincolnshire's children's centres were rated good or outstanding compared to 56% across the East Midlands and 67% nationally • In 2015/16, two children's centres groups in Lincolnshire were inspected by Ofsted; the North Kesteven – North group achieved a good grading in all areas. The East Lindsey – North group achieved good with outstanding features for leadership and management 	<ul style="list-style-type: none"> • The GLD gap between the cohort receiving free school meals and their peers is increasing • There are pockets of significant deprivation in the county, indeed some of these areas form part of 10% most deprived in the country, children's centres in deprived areas need to be able to secure meaningful, continued engagement with economically disadvantaged families • Children's centre timetables need to ensure maximised use of the centre space (such as reducing gaps between sessions to allow other activities to take place), this will help ensure best value for money per square footage and provide more chance for participation from families

What is working well?	What are we worried about?
<ul style="list-style-type: none"> • A robust peer review process in 2015/16 found good practice across children's centres with good access to services and strong leadership and management • The GLD across Lincolnshire increased in 2016 in comparison to 2015 data • The attainment gap in GLD between boys and girls closed slightly between 2015 and 2016 • The number of parenting courses delivered has increased from 2015 to 2016 • The number of female parents attending parenting courses increased from 276 to 551 (equivalent to 99% increase) and number of male parents attending parenting courses increased from 84 to 145 (equivalent to 83% increase) • Commissioned new children's centre contract that is responsive to stakeholder engagement and national best practice • There is an accessible, upskilled local marketplace that can provide a range of early years services • Evidence that children who attend children's centres typically have higher GLD • Quality of commissioned early years services in children's centres is very high (to either a good or outstanding level) • High take up of early years entitlement for 3 and 4 year olds • 93% of early years and childcare providers are judged as good or outstanding at inspection (as at 31/12/2016) • 90% of 2 year olds benefitting from funded early education are in good or outstanding providers (as at 2016) • 92% of 3 and 4 year olds benefitting from funded early education are in good or outstanding providers (as at 2016) • 54% of early years settings in Lincolnshire are led by an early years qualified graduate supporting better outcomes for children • Positive engagement of providers in training and workshops provided to give information and advice on delivery of 30 hours 	<ul style="list-style-type: none"> • Children's centre attendance needs to be improved, with a particular focus on the increasing genuine engagement from the most vulnerable cohorts • Previous commissioning arrangements included a range of different providers delivering similar services through a high number of locality contracts, this inevitably resulted in inconsistencies across the county due to the different skill sets of staff/providers • Structured and formal evidenced based sessions as the main form of activity in children's centres may alienate those parents with a preference for more informal activities • More can be done to increase take up of early years entitlement for eligible 2 years olds • Skills development services are not as targeted at vulnerable families as they need to be and there is not a clear evidence base that these services have resulted in parents entering into education, employment or training • Through the new Best Start Lincolnshire service, the focus needs to be on integrating vulnerable groups into mainstream services and taking individuals on a journey to independence • Identifying an evidence basis which shows the outcomes for vulnerable children attending centres • The potential impact of 30 hours childcare from September 2017 and whether the sector will respond to the needs of parents across the county

What is working well?	What are we worried about?
Health and Wellbeing	
<ul style="list-style-type: none"> Financial savings have been achieved as a result of the Early Years and Children's Health Services review Brining services in-house improves the knowledge and skill set of internal staff and will help forge closer relationships between such services as Early Help and Children's Commissioning Aligning early years services closer with relevant health and wellbeing functions will integrate and join up service for children and families The new Healthy Minds Lincolnshire emotional wellbeing service will include support for Early Years settings There has been a year-on-year increase in schools taking up sexual health support An antenatal education pilot has trialled in partnership with midwifery ahead of a countywide rollout 	<ul style="list-style-type: none"> Low number of antenatal checks (in the home), which are key to identifying whether any specific health related support is needed and assist with signposting and monitoring There is currently no universal antenatal offer and therefore parents may not be as well informed about key health messages as they could be, this is particularly true for the most vulnerable, as where such services are accessible privately they incur a cost Breastfeeding initiation in Lincolnshire is generally good but the number of women sustaining breastfeeding beyond 6-8 weeks is poor The number of women smoking at time of delivery in Lincolnshire is high and given the significant health implications of this, more needs to be done to address this The number of children presenting as overweight or obese is worse than the national average and there are some areas where this is significantly worse, a preventative approach to tackling this issue is needed The percentage of 10-14 New Birth Visits (NBV) done by Health Visitors did not consistently meet the target of 95% across 2015/16 The percentage of 8-12 month reviews completed did not consistently meet target across 2015/16 Over demand on Perinatal Service (commissioned outside of LCC control) resulting in subsequent pressure on Health Visitor services Culture change due to transitioning staff previously employed by a health trust to the local authority's ways of working Reputational risk to the council if the risks of in-sourcing health services are not sufficiently mitigated Historically, there have not been enough opportunities to enable co-delivery of local authority and health functions for families Gap in services between health visiting current offer for women and community perinatal mental health service

6.3. Conclusions from Interpretation

What are we going to do about it?

Early Years

1. Enable the Health Visiting workforce to promote children's centre services and thus increase attendance, with a particular focus on vulnerable families
2. Undertake a sufficiency assessment of childcare in Lincolnshire
3. Look at ways to further promote early years entitlement for eligible 2, 3 and 4 year olds
4. Improve tracking of outcomes for vulnerable children through the Best Start Lincolnshire: Early Years and Family Service using Tapestry
5. Quality assure the Best Start Lincolnshire: Early Years and Family Service activities
6. Carry out a further review into the usage of children's centre buildings in order to protect delivery of services to children in their early years.

Health and Wellbeing

1. Implement the new model of children's public health services in Lincolnshire, including insourcing the Children's Health Service 0-19
2. Roll-out the antenatal education programme in all children's centres across Lincolnshire
3. Upskill Health Visitors to better identify a range of maternal/paternal mental health concerns and deliver appropriate interventions
4. Work with strategic partners to improve health outcomes for children, particularly around breastfeeding rates, obesity and smoking at time of delivery
5. Implement the new Healthy Minds Lincolnshire emotional wellbeing service.

7. Options for Final Outcomes and Future Delivery

Outcome 1: There is a secure foundation for all children to progress through school and life	
Children's Centre Delivery	
<p>The council has a duty to ensure that there is sufficient childcare provision across the county, that it is of a high quality and that families are aware of any entitlement to access this free of charge from age 2 onwards. Duties regarding access to Children's Centres require the council to ensure they are managed effectively and that early education, social care, health advice and signposting are made available in an integrated way.</p>	
Future Delivery Options	Potential Risks
<p>Services in relation to delivery and management of Lincolnshire's 48 children's centres are delivered directly by the Council. Management of the centres is through an arrangement with the council's Business Support service to ensure that buildings are managed effectively and comply with all health and safety requirements, that spaces are booked and the environment is kept up to date.</p>	<ul style="list-style-type: none"> • Increased demand for available childcare with 2 year old entitlement and increase to 30 hours entitlement for 3 and 4 year olds • Pressure to find further efficiency savings • Increased demand on children's centre buildings with more integration of health alongside early years and social work teams
Policy	Finance
<p>Legislation/policies relating to this service are included in Appendix B, some key policies include:</p> <ul style="list-style-type: none"> • Early Education and Childcare Statutory Guidance for Local Authorities 2017 • Section 5 of the Childcare Act 2006 	<p>The funding for this area of delivery has been fairly static, to protect effective management and delivery of children's centres/services in Lincolnshire.</p>

Best Start Lincolnshire: Early Years and Family Service	
<p>The Best Start Lincolnshire: Early Years and Family Service is key to supporting children, particularly the most vulnerable, so that more children arrive at school ready to learn, socially capable and emotionally happy by providing high quality early childhood services and seamless support to families in Lincolnshire to empower parents to support their child's learning.</p>	
Future Delivery Options	Potential Risks
<p>The Best Start Lincolnshire: Early Years and Family Service commenced 1 July 2017 for an initial period of 3 years (until 30 June 2020) with the option to extend for up to 2 years (up to June 2022).</p>	<ul style="list-style-type: none"> • Use of technology across the county with poor internet connectivity in some places • Sustained attendance of children required to make tracking of outcomes meaningful • Consistent staffing/capacity across the county • Balance between consistent standards of delivery but being flexible and responsive to meet local need
Policy	Finance
<p>Legislation/policies relating to this service are included in Appendix B, some key policies include:</p> <ul style="list-style-type: none"> • Early Years Foundation Stage Framework (EYFS) 2014 • Welfare Reform Act 2012 • Care Act 2014 	<p>The new Best Start Lincolnshire: Early Years and Family Service incorporated many elements previously commissioned by localities, such as skills development and crèche. As a result additional budget of £0.223m has been transferred to this service.</p>
Additional Services	
<p>Early Years integrated locality teams, the Early Years and Childcare Support Service, Early Help and Children's Social Work Teams will continue to wrap around children's centre services to support children and families in their early years.</p> <p>The Best Start Lincolnshire: BME Inclusion Service will work alongside the Early Years and Family Service to support BME families living in Lincoln, Boston and South Holland to access and participate in children's centre services and provide translation support for families working with Early Help or Social Care teams.</p> <p>The Children's Health Service 0-19 will have a key role in supporting increased attendance of families at children's centres and in early years services. Health Visitors will be upskilled to better promote children's centre services, with a particular focus on vulnerable families, at universal health checks. The work of Health Visitors also complements and aligns with the Early Years Foundation Stage Profile.</p>	

Outcome 2: Children are physically and emotionally prepared for school in order to achieve their full potential	
Children's Health Service 0-19	
The Children's Health Service 0-19 will support the delivery of the Healthy Child Programme (HCP) across Lincolnshire for children and young people aged 0 to 19 years and up to the age of 25 years for young people with Special Educational Needs and/or Disabilities (SEND) and their families. The programme will support families to ensure that their children grow up to be healthy, safe and able to achieve their potential. Universal services are essential for primary prevention, early identification of need, early support and intervention, and harm reduction. As children and families thrive they will require less support from the service but will still have effective access to support should any concerns arise.	
Future Delivery Options	Potential Risks
As part of the new model of children's health services, this service, which has previously been commissioned through a Section 75 agreement with LCHS, will transfer to and be directly delivered by the council from 1 October 2017.	<ul style="list-style-type: none"> • Transition of the service and workforce from the existing provider to the council • Staffing/capacity challenges post-transfer • Delivery of clinical/CQC regulated activities • IT hardware, systems and infrastructure need to be in place and work effectively across the county to support service delivery
Policy	Finance
Legislation/policies relating to this service are included in Appendix B, some key policies include: <ul style="list-style-type: none"> • Healthy Child Programme (HCP) • Local Sustainability and Transformation Plan • Public Health Outcomes Framework 	Funding for this area is covered under the Children are Safe and Healthy Strategy, however £0.350m of savings have been achieved for 2017/18 by decommissioning the Family Nurse Partnership element of the service, bringing the 2017/18 budget for this area to £10.975m.
Healthy Minds Lincolnshire Service	
The new Healthy Minds Lincolnshire emotional wellbeing service will support the emotional wellbeing of children from early years, as well as working with early years providers, to ensure that children are able to achieve their potential and are emotionally prepared for school. This will include working with FE providers of childcare training to include this as part of their core training, offering training to childcare providers as well as direct support and intervention as appropriate if they have any concerns. This service will progress into primary and secondary provision as part of a complete 0-19 offer (up to 25 for SEND and care leavers).	
Future Delivery Options	Potential Risks
This is a new service from 1 October 2017, which is being commissioned through a Section 75 partnership agreement with LPFT for an initial 3 year period (up to 30 September 2020) with an option to extend for up to 2 years (to 30 September 2022).	<ul style="list-style-type: none"> • New service – demand is currently unknown but expect to be high • Staffing/capacity and training required to deliver a number of different emotional wellbeing interventions across the county • Developing effective tracking of the impact on outcomes for children

Policy	Finance
<p>Key policies for the service include:</p> <ul style="list-style-type: none"> • Closing the Gap, Department of Health, 2014 • The Public Health England "guidance for developing a local suicide prevention action plan", 2014 • Mental Health Crisis Concordat, 2014 • "Closing the Gap: Priorities for Essential Change in Mental health, 2014 • Promoting the Health and Wellbeing of Looked after Children and Young People, 2015 • Future in Mind, 2015 • Promoting Children and Young People's Emotional Health and Wellbeing – a whole school and college approach, 2015 • Five Year Forward View for Mental Health, 2016 	<p>£1m funding for this new service has been made available through the new commissioning model for children's health services, with match funding through the High Needs Block of the Designated Schools Budget, giving a total allocation funding of £2m per annum.</p>
Additional Services	
<p>There will be an increased Online Counselling Service offer for children and young people where they can access advice about health/lifestyle issues and can speak to qualified counsellors about specific concerns they have. The service will be able to directly refer to the Children's Health Service 0-19 and Healthy Minds Lincolnshire Service where children and young people require face-to-face support or they cannot meet their needs through the online service.</p> <p>Countywide sexual health services that are currently available through the Lincolnshire Integrated Sexual Health (LISH) Service for children aged 13+ will be enhanced to provide a greater range of information, clinical intervention and sexual health promotion.</p> <p>The Extended Communication and Language Impairment Provision for Students (ECLIPS) will continue to provide speech and language therapy to identified students, working with Head Teachers and liaising with key contacts in schools to ensure that students' needs are met within Lincolnshire, reducing the need for them to go to specialist schools and colleges and allowing them to study closer to home, which is better for the student and their family in terms of their wellbeing and achieving their potential.</p>	

8. Future Strategy

Outcome 1: There is a secure foundation for all children to progress through school and life			
What will we do?	When?	Who will do it?	Are there any risks?
Enable the Health Visiting workforce to promote children's centre services	April 2018	Children's Health Locality Managers	<ul style="list-style-type: none"> Staffing/capacity of service to deliver promotion at universal checks
Undertake annual review and report on sufficiency of childcare in Lincolnshire	Ongoing	Service Manager – Early Years and Childcare Support	<ul style="list-style-type: none"> Particular issues in some areas of the county Increased demand for childcare with 2 year old entitlement and increase to 30 hours for 3 and 4 year olds
Look at ways to further promote early years entitlement for eligible 2, 3 and 4 year olds; marketing strategy, work with commissioned services and locality services	April 2020	Service Manager – Early Years and Childcare Support	<ul style="list-style-type: none"> Continuous cycle of monitoring with changes to cohort every two school terms Lack of parents' understanding of 30 hours eligibility
Improve tracking of outcomes for vulnerable children through the Best Start Lincolnshire: Early Years and Family Service using Tapestry	April 2018	Service Manager – Strategic Commissioning and Service Manager – Early Years and Childcare Support	<ul style="list-style-type: none"> Use of technology across the county with poor internet connectivity in some places Sustained attendance of children required to make tracking of outcomes meaningful
Quality assure the Best Start Lincolnshire: Early Years and Family Service activities	June 2020	Service Manager – Early Years and Childcare Support	<ul style="list-style-type: none"> Balance between consistent standards of delivery but flexible content to meet local need
Monitor and review usage of children's centre buildings	Ongoing	Service Manager – Early Years and Childcare Support	<ul style="list-style-type: none"> Pressure to find further efficiency savings Increased demand on children's centre buildings with integration of health and early years/social care
How will we measure these actions are improving this outcome?			Target
Children's centre registrations			94%
Children's centre attendance			73%
% of eligible 2 year olds who are in receipt of their Early Years Entitlement			75%
Take up in the extension of the Early Years Entitlement offer to 3/4 year olds for 30 hours			New measure
Achievement at a good level of development in the Early Years Foundation Stage *			70%
Achievement gap between disadvantaged pupils and their peers at Foundation stage *			New measure

Outcome 2: Children are physically and emotionally prepared for school in order to achieve their full potential

What will we do?	When?	Who will do it?	Are there any risks?
Implement the new model of children's public health services in Lincolnshire, including insourcing the Children's Health Service 0-19	April 2018	Chief Commissioning Officer – Children's	<ul style="list-style-type: none"> • Transition of service and workforce from existing provider to the council • Staffing challenges post-transfer • Delivery of clinical/CQC regulated activities
Roll-out the antenatal education programme in all children's centres across Lincolnshire	April 2018	Children's Health Service 0-19 Lead Nurse	<ul style="list-style-type: none"> • Use of learning/feedback from pilot • Promotion and up-take across the county
Upskill Health Visitors to better identify a range of maternal/paternal mental health concerns and deliver appropriate interventions	April 2019	Children's Health Service 0-19 Lead Nurse	<ul style="list-style-type: none"> • Staffing/capacity of service to undertake training and then deliver interventions
Work with strategic partners to improve health outcomes for children, particularly around breastfeeding rates, obesity and smoking at time of delivery	April 2020	Acting Consultant in Public Health (Children's Health)	<ul style="list-style-type: none"> • National issue and interdependencies with national initiatives • Requires commitment and engagement of strategic partners
Implement the new Healthy Minds Lincolnshire emotional wellbeing service	December 2017	Service Manager – Strategic Commissioning	<ul style="list-style-type: none"> • New service – demand is currently unknown but expected to be high
How will we measure these actions are improving this outcome?			Target
% of mothers receiving New Birth Visit who received a first face to face antenatal contact with a Health Visitor			100%
% of births that receive a face to face New Birth Visit by a Health Visitor			95%
% of children who received a 6-8 week review by the time they were 8 weeks			95%
% of children who received a 12 month review by the time they were 12 months			95%
% of children who received a 2-2½ year review			95%
% of infants being breastfed at 6-8 weeks			40%

* Indicates a KPI within the Council's Business Plan

9. Review Timetable

Action	From	To	Lead
Engage with strategic leads for interim progress monitoring	December 17	January 18	Children's Commissioning
Provide interim progress report to Children's DMT	February 18	February 18	Lead Officers Children's Commissioning
Update commissioning strategy following review	February 18	February 18	Lead Officers
Collate annual review progress monitoring	May 18	June 18	Children's Commissioning
Monitor progress of interdependent commissioning strategies and evaluate impact	May 18	June 18	Lead Officers Children's Commissioning
Draft Annual Commissioning Strategy Review Report to Children's DMT	July 18	July 18	Lead Officers Children's Commissioning
Annual Commissioning Strategy Review Report to C&YP Scrutiny Committee	September 18	September 18	DMT Lead Officer

10. Appendices

Appendix A

Performance Metrics:

- Performance Data Overview
- Financial Data Overview



RfS Appendix A
Performance Metrics

Appendix B

Influential Overview:

- National and Local Policy
- Stakeholder Engagement
- Marketplace



RfS Appendix B
Influential Overview