

# 'It's Everybody's Business'

## Lewisham's Children and Young People's Plan 2015 - 2018



# Introduction

This is Lewisham's fifth Children and Young People's Plan (CYPP). It sets out the strategic aims and priorities for all agencies working with children and young people across Lewisham from 2015 to 2018. The plan strengthens the foundations established by our previous plans for improving outcomes for children and young people in Lewisham and builds on what has been achieved over the lifetime of our 2012-2015 plan.

The plan reaffirms how partner agencies will work together to improve outcomes and make significant improvements to the lives and life-chances of our children and young people. It gives further emphasis to our commitment to joint commissioning of services to achieve better value for money and ensure our resources are aligned to achieve the greatest impact for our children and young people.

Lewisham has a strong history of partnership arrangements and these have led to significant improvements across every outcome area. This plan demonstrates the continued commitment of partners to work together to ensure our services are of the highest quality, continually improving to make more of a difference to our children, young people and their families. It focuses the Children and Young People's Strategic Partnership's future work on improving a number of key outcomes where our evidence shows we need to continue to improve and, in particular, where partnership action is required to improve the lives and life chances of our children and young people.

The need to work together to make every penny of public money work as hard as it possibly can for children and young people has never been more pressing. The government cuts to funding for public services have impacted greatly on the resources and capacity available across the partnership. The pressures resulting from reductions in resources are also matched by population growth and rising demand. In practical terms, to meet the needs of our growing population we will need to increase the number of school places during the life of this plan. We will also need to respond strategically to managing the rising demands across a range of areas, including increased numbers of children's social care referrals and child protection plans and by reducing the number of Accident and Emergency presentations.

Responding to growing demand and reducing budgets only increases the importance of collaboration. This means that across the partnership we will continue to seek out innovative ways of working together and ensuring that we are better at targeting support for the children, young people and families who need it most and working even more closely to look at how resources are used across the partnership to deliver more specialist support services. It also means ensuring that children, young people and their families receive the intervention they need early, to prevent their needs escalating and needing these specialist services.

This plan shares a number of themes in common with previous partnership plans. One particular area of development is the increased focus in this plan on building resilience and independence amongst children, young people and their families. The impact of the economic downturn has affected both public institutions and our residents. In order for our children and young people to thrive in this new climate they will need the tools to cope with change and respond proactively to adverse situations. It is the role of the partnership to equip families and children with the skills they need to do this.

*Partnership signatures*

## **Our partnership vision and values remain the same**

### **Vision**

**Together with families, we will improve the lives and life chances of the children and young people in Lewisham**

**We will**

**have the highest aspirations and ambition for all our children and young people**

**We will**

**put children and young people first every time**

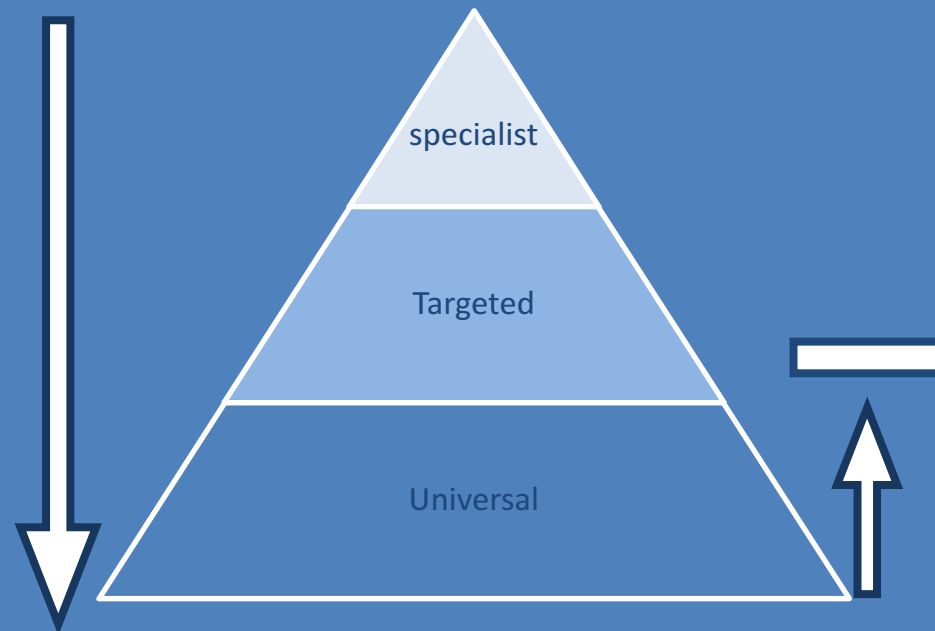
### **Values**

**We will**

**will make a positive difference to the lives of children and young people**

# The way we work

Lewisham has a strong history of partnership working and well embedded Children's Partnership arrangements. All partners have agreed to work against our three stage model: universal, targeted and specialist within a single framework in which services will deliver the vision for our children and young people.



All Lewisham children and young people must benefit from excellent universal services. Within those services we continue to embed high quality targeted services for those children and young people who may have a problem, so that support can be provided quickly to ensure that problems do not escalate and eventually require specialist services.

Our approach to early intervention – including through our Children's Centres and family support services – ensures that children, young people and their families needing targeted services are identified effectively and early and receive the co-ordinated support they need across all relevant agencies, and that we are therefore improving outcomes by making the best use of our resources.

## Our partnership culture

- ✓ We work as a team around Lewisham's children and we take individual responsibility for delivering the outcomes in this plan
- ✓ We work with whole families because strong and stable families are the foundation for achieving the outcomes we want for children and young people
- ✓ We identify and target children at risk of poor outcomes and intervene early to make a difference
- ✓ We involve and listen to children, young people and their families and work hard to ensure that our services are accessible to all our communities
- ✓ We use our funding collaboratively to make every penny work as hard as it possibly can for children and young people in Lewisham

# As before, we will continue to demonstrate across the partnership that we will:

1. **Be outcome focused** – We must be able to demonstrate that we are making a difference to outcomes for children. When services are designed and commissioned there is a clear understanding of what success will look like. That success is always in terms of improved outcomes for children and young people and their families.
1. **Collaborate** – There is a real effort made across all partners to ensure that services are seamless and that our children and young people receive tailored, evidence-based support to meet their needs regardless of which agency they have engaged with. The Common Assessment Framework is integral to ensuring children and young people are assessed correctly and that the right services are put into place through one contact or 'lead professional' instead of families trying to manage different agencies. The Team Around a Child approach is an important mechanism to ensure that all front line services work together to support the family.
2. **Be evidence based** – The work of the partnership is supported by a strong evidence base which is shared across all agencies. Each of the outcomes and actions outlined in this Plan are underpinned by detailed analysis of need, and the partnership works within a well established performance management framework which closely monitors activity, especially those outcomes where progress is not on track to meet targets. This enables the partnership to reviews its targets and where necessary take corrective action to improve outcomes. We will stop if something is not working.
3. **Be efficient** – The partnership's commitment to the delivery of improved outcomes includes a commitment to use all our resources efficiently and effectively, providing value for money. We are committed to using funding collaboratively to make every penny work as hard as it possibly can for children and young people in Lewisham.
4. **Be inclusive** - The partnership is committed to ensuring that every single one of Lewisham's children and young people is able to access those services that will improve their life chances and choices. Lewisham offers sustained support to those children who are vulnerable, particularly our Looked After Children, children and young people with learning difficulties and/or disabilities, young carers and those in the youth justice system. Equally, our attitude is always on closing the gaps where there are inequalities and we will work proactively with communities to target poor outcome areas.
5. **Listen** - The views of children and young people and their parent/ carers are vital to improved well-being. It is only by listening that services can understand how to meet the needs of the people we serve.
6. **Be innovative** – Lewisham's Children and Young People's Partnership has a good track record of developing innovative solutions to address complex and entrenched issues. Our young people have an annual budget to commission services through our Young Mayor Scheme as well as being actively involved in shaping commissioning priorities and the delivery of the actions set within this Plan.

## How we have developed this plan

This plan is a partnership plan. It has been informed by our work over many years with agencies supporting young people in the borough. It is influenced by the strategies and action plans we have developed together, the needs assessments underpinning each of these plans and our ongoing engagement with young people through forums such as the Children in Care Council and the Young Mayor and advisors.

The plan sets out the broad overarching objectives for the partnership and some of the high level performance indicators we will use to track progress strategically. The detailed action plans and strategies linked to delivery against each of the priority actions in this report are included on page 31 of this plan.

The remainder of the plan identifies four outcomes and the priority actions which support them. Against each action we summarise the needs we need to meet and our partnership commissioning intentions to delivering these. We also identify who will be responsible for holding the partnership to account over its progress towards achieving these outcomes.

At the end of this plan we describe how the partnership structure works as a whole and some of the wider enablers which will help us achieve our ambitions.

## Our priority outcome areas

### Build child and family resilience

- ❑ In order to maximise outcomes, we want all our children and young people to be resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise.
- ❑ Secondly, we want our parents/ carers and young people's workforce to be equipped to identify and respond to mental health emotional well-being needs amongst children and young people, intervening early and preventing needs from escalating.

### Be healthy and active

- ❑ We want our children, young people and their families to be healthy and active, confident and able to make healthy choices and to understand how this can improve their development and wellbeing.
- ❑ Through the delivery of our CYPP, we will improve and maintain the health and wellbeing of our children and young people, reducing health inequalities.

### Raise achievement and attainment

- ❑ We will promote the highest aspirations and ambition for all our children and young people across the partnership, particularly to close gaps and secure social mobility.
- ❑ We want all of our children and young people to achieve highly, supported by the best education, employment and training opportunities.

### Stay safe

- ❑ We will work across the partnership to ensure that the right of every child to live in a safe and secure environment, free from abuse, neglect and harm is protected.
- ❑ We will identify and protect children and young people at risk of harm and ensure that they feel safe.

# Our Priorities

Build Child and Family Resilience	Be Healthy and Active	Raise Achievement and Attainment	Stay Safe
<p><b>BR1:</b> Optimising the outcomes of pregnancy and the first 1000 days, including reducing toxic stress for children and securing attachment.</p> <p><b>BR2:</b> Preventing poor outcomes and escalation of need, including for children in families at risk of crisis through early intervention</p> <p><b>BR3:</b> Promoting healthy relationships throughout childhood and adolescence</p> <p><b>BR4:</b> Mitigating the negative impact of insecure or unsuitable housing for children, young people and families</p> <p><b>BR5:</b> Providing secure and consistent support for our LAC</p>	<p><b>HA1:</b> Improving our rate of immunisations</p> <p><b>HA2:</b> Ensuring our children and young people are a healthy weight</p> <p><b>HA3:</b> Improving mental and emotional wellbeing</p> <p><b>HA4:</b> Improving sexual health</p> <p><b>HA5:</b> Reducing the impact of alcohol, smoking and substance misuse</p> <p><b>HA6:</b> Ensuring our looked after children are healthy</p> <p><b>HA7:</b> Encouraging access to and usage of culture, sport, leisure and play activities</p>	<p><b>AA1:</b> Raising achievement and progress for all our children and close the gaps between under-achieving groups and their peers at all Key Stages, particularly at KS4 and post 16</p> <p><b>AA2:</b> Ensuring there are sufficient school places for every Lewisham child</p> <p><b>AA3:</b> Ensuring all our children are ready to participate fully in school</p> <p><b>AA4:</b> Improving and maintain attendance and engagement in school at all key stages, including at transition points</p> <p><b>AA5:</b> Ensuring all our young people are well prepared for adulthood and able to access the best education and employment opportunities for them</p> <p><b>AA6:</b> Raise participation in education and training, reducing the number of young people who are NEET at 16-24</p>	<p><b>SS1:</b> Identifying and protecting children and young people at risk of harm and ensure they feel safe, especially from:</p> <ul style="list-style-type: none"> <li>• SS1a: Domestic violence and abuse</li> <li>• SS1b: Child sexual exploitation</li> <li>• SS1c: Serious youth violence</li> <li>• SS1d: Child abuse and neglect</li> <li>• SS1e: Deliberate and accidental injury</li> </ul> <p><b>SS2:</b> Reducing anti-social behaviour and youth offending.</p>



## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Build child and family resilience</b>	<b>Priority Aim</b>	BR1: Optimising the outcomes of pregnancy and the first 1000 days, including reducing toxic stress for children and securing attachment.	<ul style="list-style-type: none"> <li>❑ In order to maximise outcomes, we want all our children and young people to be resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise.</li> <li>❑ Secondly, we want our parents/ carers and young people's workforce to be equipped to identify and respond to mental health emotional well-being needs amongst children and young people, intervening early and preventing needs from escalating.</li> </ul>
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### Why this is a priority

Deprivation is associated with increased rates of stillbirth, premature delivery, low birth weight babies, neonatal deaths and infant mortality. Lewisham is amongst the 20% of all local authority areas in England that are the most deprived. This means that, whilst improvements have been made in all of these areas, women in Lewisham are at a greater risk of these outcomes.

Perinatal mental health is also a national and local priority. It is estimated that 20% of women in the UK develop a mental health problem in pregnancy or within a year of giving birth. In Lewisham this would equate to approx 1,019 affected women. Nationally it is estimated that perinatal mental health costs £8.1bn each year with 72% of those costs being related to the impact on children. The longer term impacts of prolonged adversity such as physical or emotional abuse, neglect or mental illness can create 'toxic' stress for children which is can disrupt the architecture of the brain architecture well into the adult years.

### What we are doing

- Prioritising the early take up of maternity services in our arrangements for maternity services to enable the early identification of child health issues and mothers at risk. Through our maternity and health visiting services, ensuring that targeted services via FNP and MECSH are available to support women at greatest risk of poor outcomes.
- Emphasising the importance of attachment and the health benefits associated with breastfeeding. The partnership will continue to support this objective in the delivery of maternity services and through our network of peer support and breastfeeding cafes.
- Delivering our mental health and emotional well-being strategy including using our CAMHS transformation funding to support the development of effective perinatal mental health support. We will promote high quality and integrated pathways in the community for maternity and health visiting services to deliver against our shared outcomes framework for the under 5's.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 2017/18	Desired direction of travel	Who is monitoring this?
% of women seen by 12 weeks and 6 days of pregnancy				↑	Maternity Service Strategic Group
% births where birth weight is less than 2500g				↓	Maternity Service Strategic Group
% breastfeeding initiated				↑	0-5 Steering Group
% infants totally or partially breastfed at 6-8 weeks				↑	0-5 Steering Group
Numbers of mothers reporting domestic violence or signs of post-natal depression at new birth visit				↓	0-5 Steering Group
Numbers of reporting positive outcomes from MECSH and FNP interventions				↑	0-5 Steering Group

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Build child and family resilience</b>	<b>Priority Aim</b>	<b>BR2: Preventing poor outcomes and escalation of need, including for children in families at risk of crisis through early intervention</b>	<ul style="list-style-type: none"> <li>❑ In order to maximise outcomes, we want all our children and young people to be resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise.</li> <li>❑ Secondly, we want our parents/ carers and young people's workforce to be equipped to identify and respond to mental health emotional well-being needs amongst children and young people, intervening early and preventing needs from escalating.</li> </ul>
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### Why this is a priority

A key overarching objective throughout this plan is that our partnership adopts an early intervention approach to meeting the needs of children, young people and their families. Some families who experience personal or social problems such as relationship breakdown, unemployment, ill health or homelessness may need access to other services and additional support to help them through a difficult time.

Although crisis can hit any family, poverty is a relevant predictor. Whilst the number of children living in poverty in Lewisham has decreased over recent years, a significantly greater population of Lewisham's children live in poverty than is the case in England as a whole. The government estimates that there are c. 900 troubled families living in Lewisham. The 2011 census identified that there were 7,599 families where no adult was in employment.

16.2% of the school aged population have a disability or learning need which means they need additional support from us, for 2.7% of children have needs so complex that they require individualised Education, Health and Care Plans to respond to their needs. Early intervention to manage these needs in universal settings and at home is critical to achieving our aims.

### What we are doing

- Continuing to embed Lewisham's early intervention approach (including the government's troubled families programme) so that more families receive timely and appropriate advice and support and to ensure faster and more efficient links between Early Intervention and Children's Social Care.
- Using our big lottery funded HeadStart project to ensure that professionals across our partnership are equipped to identify the signs of crisis and respond with a particular focus on building resilience in children and families so that they are better able to cope with adversity and take proactive steps to resolving issues.
- Through the delivery of our SEND strategy, ensuring that children with additional learning needs and disabilities receive support and school and in the home (including the provision of short breaks) to enable them to remain with their families and to achieve, where possible, within universal settings.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
Number of families worked with via our troubled families programme with positive outcomes			↑	
Number of families receiving interventions following a child and family assessment via our targeted family support service			↑	
% of children with identified SEN supported effectively in universal settings			↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	Build child and family resilience	<b>Priority Aim</b>	BR3: Promoting healthy and safe relationships throughout childhood and adolescence	<ul style="list-style-type: none"> <li>❑ In order to maximise outcomes, we want all our children and young people to be resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise.</li> <li>❑ Secondly, we want our parents/ carers and young people's workforce to be equipped to identify and respond to mental health emotional well-being needs amongst children and young people, intervening early and preventing needs from escalating.</li> </ul>
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### Why this is a priority

The ability to develop and sustain healthy relationships is an important component of health and wellbeing for all children and young people. This begins from birth with the relationship between the child and caregiver and continues throughout childhood to relationships in the home to with peers in school and the wider community.

Domestic and sexual violence are key priorities for the partnership. Historically, Lewisham has one of the highest rates of reported domestic violence, 555 children in Lewisham were identified as being exposed to high risk domestic violence in the home in 2013-2014, with up to a third of all children in the borough exposed to any domestic violence in any one year. The Crime Survey England & Wales indicates females aged between 16 and 19 were at the highest risk of being a victim of a sexual offence (8.2 per cent). Since January 2013, there have been 37 identified cases of child sexual exploitation in Lewisham.

Alongside this, bullying continues to be a concern for children in Lewisham. It's impact can be significant affecting young people's wellbeing and social development into adulthood. Whilst young people are reporting increasingly positive attitudes to how schools deal with bullying, 29% of young people say they have been bullied in the last year (LSCB ant-bullying resource).

### What we are doing

- Ensuring that all professional, particularly in maternity and health visiting settings are equipped to identify risks to attachment and that more intensive support is available to children affected by this through our FNP and MECOSH programmes.
- Continuing to implement the actions outlined in the Safer Lewisham Partnership's 'Reducing violence against women and girls plan'
- Ongoing implementation of the Safeguarding Children' Board's action plan arising from our Child Sexual Exploitation Strategy in relation to prevention, protection, support, enforcement and accountability.
- Working proactively with schools to continue to ensure that effective measures are put in place for identifying and dealing with bullying as outlined in the Safeguarding Children Board's Anti-bullying Resource.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
Number of incidences of domestic violence reported to the police				↓	Safer Lewisham Partnership
Number of cases of child sexual exploitation in Lewisham				↓	Safeguarding Children Board
Number of schools receiving good of outstanding ratings from OFSTED for personal development, behaviour and welfare				↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Build child and family resilience</b>	<b>Priority Aim</b>	<b>BR4: Mitigating the negative impact of insecure or unsuitable housing for children, young people and families</b>	<ul style="list-style-type: none"> <li>❑ In order to maximise outcomes, we want all our children and young people to be resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise.</li> <li>❑ Secondly, we want our parents/ carers and young people's workforce to be equipped to identify and respond to mental health emotional well-being needs amongst children and young people, intervening early and preventing needs from escalating.</li> </ul>
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### Why this is a priority

Safe and suitable housing is an important foundation for the health and wellbeing of children. Lewisham, as with London as a whole, has been impacted greatly by the impact of welfare reform and the rising cost of renting in the private rented sector (PRS). Recent analysis of available properties in the PRS identified that approx. 5% of properties in Lewisham were within local housing allowance rates. Alongside this, a number of larger families have been impacted by the total cap on benefits as a result of the benefit cap which affected 825 Lewisham families when it was introduced in 2013.



The number of homelessness presentations to the council has increased significantly, there has been a 76% increase in the number of households in temporary accommodation in the last five years (now almost 1,800 people). At the same time the number of affordable properties to let has decreased by 44%. The Council has 8,500 individuals and families on the Housing Register and the average wait for a four bedroom property is 4 years.

In addition to homelessness, the quality of PRS housing is also a key concern. This is particularly relevant for houses in multiple occupation (HMO) which are often houses converted into flats with more than one family living in them. In Lewisham there are an estimated 13,410 HMOs.

### What we are doing

- Continue to implement our housing strategy focusing on:
  - Addressing the availability of homes in the longer term through maximising opportunities for building new homes
  - Prevention approaches to stop families from becoming homeless including working proactively with landlords
  - Developing resettlement approaches to the private rented sector which enable families to have supported moves to affordable homes
  - Tackling poor quality PRS accommodation through HMO licensing and enforcement action
- Building the knowledge and capability of professionals across the children's partnership to respond appropriately to housing issues and give good quality advice on where and how to seek further support.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
Number of families where homelessness is prevented					
Number of families in B&B accommodation					
Number of licensed HMOs					

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Build child and family resilience</b>	<b>Priority Aim</b>	<b>BR5: Providing consistent and secure support for our Looked After Children</b>	<ul style="list-style-type: none"> <li>❑ In order to maximise outcomes, we want all our children and young people to be resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise.</li> <li>❑ Secondly, we want our parents/ carers and young people's workforce to be equipped to identify and respond to mental health emotional well-being needs amongst children and young people, intervening early and preventing needs from escalating.</li> </ul>
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### Why this is a priority

In recent years, the number of looked after children in Lewisham has remained stable. At any one time, there are about 500 children in this group. The proportion of those under 18 in Lewisham who are looked after is about 77 in every 10,000, a rate higher than the national average and our statistical neighbours. It is estimated that 80% of children come into care because of abuse, neglect or family dysfunction.




Looked after children are cared for in a range of environments. More than 70% of them are cared for in foster placements. With approximately 16% in residential care settings, which is higher than our target of 10%.

Maintaining the stability of placements for looked after children is a key priority for the partnership. Stable placements enable continuity of positive relationships, community and education and provide the right conditions for maximising potential. Since our last children and young people plan, placement stability has improved. In March 2012 67.5% of children who had been looked after for more two and a half years had been in their placement for more than two years. In July 2015 this was 72%. The number of children who have had three or more placements within the last 12 months is 9.5% and in line with our target.

### What we are doing

- Our Looked After Children Commissioning Plan sets out the actions we will take to support us to achieve better outcomes for children and young people by making sure that there are sufficient services available locally. This sets four priorities:
  - Ensure that we have a high quality in-house fostering service
  - Maximising the involvement of LAC and Care Leavers in the commissioning process. Continue to improve our understanding of the need for LAC placements
  - Increased choice and focus on matching
- Implementing the action plan from this strategy will be a key priority for the partnership.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
Total numbers of looked after children					
% children who have had three or more placements within last 12 months					
% children who have been looked after for more than two and a half years and have been in their placement for more than 2 years					

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Be healthy and active</b>	<b>Priority Aim</b>	<b>HA1: Improving our rate of immunisations</b>	<ul style="list-style-type: none"> <li>□ We want our children, young people and their families to be healthy and active, confident and able to make healthy choices and to understand how this can improve their development and wellbeing.</li> <li>□ Through the delivery of our CYPP, we will improve and maintain the health and wellbeing of our children and young people, reducing health inequalities.</li> </ul>
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<b>Why this is a priority</b>	<b>What we are doing</b>
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Active immunisation using modern vaccines remains one of the most cost effective healthcare interventions. This year sees some major changes to the national immunisation schedule. The Influenza immunisation programme is being extended to all children in Reception and in Years 1 & 2. This year also sees the introduction of a vaccine against group B meningococcal disease.

In Lewisham, uptake of immunisation has been poor in the past, but in recent years, increasing uptake has been secured by concerted local efforts. Lewisham, once the worst borough in London, is now at or above the London average uptake for all vaccines of childhood, except for the second dose of MMR at five years of age. Challenges remain; however, both in getting uptake to levels that are as good as possible, and high enough to ensure what is known as herd immunity – or the levels of uptake that will prevent significant spread of an organism within a population. Immunisation, therefore, remains a priority for the whole children’s partnership.

- Implementing of the NHS England Action Plan for Immunisation in Lewisham.
- Improving uptake of MMR2 at five in Lewisham, with an emphasis on supporting and encouraging GP practices through new co-commissioning arrangements and commissioning on a population basis through the new care networks
- Increasing efforts to sustain and improve uptake of HPV vaccine
- Continuing efforts to improve uptake of all vaccines, again with an emphasis on utilising new commissioning opportunities.
- Introducing vaccines against group B meningococcal disease and against group W disease.
- Introducing of a programme to immunise all children in Reception year and in Years 1 and 2 against influenza.
- Systems changes in relation to neonatal BCG programme

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
% MMR 1 by 2 <sup>nd</sup> birthday				↑	
% MMR 2 by 5 <sup>th</sup> birthday				↑	
% Diptheria (D3) at year 1				↑	
% Diptheria (D4) at year 5				↑	
%females aged 12-13 who have received all three doses of HPV Vaccine				↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Be healthy and active</b>	<b>Priority Aim</b>	<b>HA2: Ensuring our children and young people are a healthy weight</b>	<p>□ We want our children, young people and their families to be healthy and active, confident and able to make healthy choices and to understand how this can improve their development and wellbeing.</p> <p>□ Through the delivery of our CYPP, we will improve and maintain the health and wellbeing of our children and young people, reducing health inequalities.</p>
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<b>Why this is a priority</b>	<b>What we are doing</b>
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Overweight and obesity, lack of physical activity and poor nutrition present a major challenge to the current and future health and wellbeing of children and young people in Lewisham. Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than children of normal weight.

Maternal obesity increases the risk of poor outcomes of pregnancy and is a risk factor for childhood obesity. Data obtained from Lewisham and Greenwich NHS Trust (LGT) for 2013 - 2014 indicates that maternal obesity rates are lower than those recorded in 2010 - 2012 (43.5% of women at their booking appointment overweight or obese compared to over 50%).

In Lewisham the school nursing team of Lewisham and Greenwich NHS Trust (LGT) deliver the child measurement programme. In 2013/14 over 6,100 children were measured. Childhood obesity rates remain significantly higher than the average for England. In 2013/14 Lewisham was again in the top quintile of Local Authority obesity prevalence rates for Year 6. Rates in Reception have improved and Lewisham is now in the second quintile. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children. This is similar to the national results.

Over the next five years the Lewisham Children's Partnership seeks to achieve a sustained downward trend in the prevalence of unhealthy weight in children by taking a life course approach to prevention, early intervention and weight management.

- Lewisham has a high number of children with excess weight. Prevention and early intervention is crucial. A partnership approach is necessary to minimise the impact of an obesogenic environment. Maintenance and development of the following elements are important in local strategy to address this issue:
  - Maternal Obesity Programme
  - Achievement and Maintenance of UNICEF Baby Friendly status
  - Improving uptake of School Meals
  - Continuing to implement a systematic programme of intervention and policies to help children and families tackle problems of overweight and obesity, and to reduce the impact of the obesogenic environment.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
% women who are obese or overweight at their maternity booking appointment				↓	
% children who are obese at reception				↓	
% children who are obese at year 6				↓	
Take up of school lunches at primary school				↑	
Take up of school lunches at secondary school				↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Be healthy and active</b>	<b>Priority Aim</b>	<b>HA3: Improving mental and emotional wellbeing</b>	<input type="checkbox"/> We want our children, young people and their families to be healthy and active, confident and able to make healthy choices and to understand how this can improve their development and wellbeing. <input type="checkbox"/> Through the delivery of our CYPP, we will improve and maintain the health and wellbeing of our children and young people, reducing health inequalities.
<b>Why this is a priority</b>			<b>What we are doing</b>	

According to previous British Child and Adolescent Mental Health Surveys, one in ten children under the age of 16 has a diagnosed mental health problem, the equivalent of three children in every school class. Lifelong mental health problems begin early. By 14 years old 50% of those who will have mental health problems in adulthood have already had problems.

Some groups of young people are at a higher risk: 72% of looked after children have behavioural or emotional problems and 95% of imprisoned young offenders have mental health problems. Poverty, exposure to trauma and insecure housing are also all contributing risk factors. Parental mental health or substance misuse also has an impact, in Lewisham 1.24% of people on Lewisham GPs registers have a serious mental health disorder compared to 0.84% for England as a whole. In every 1,000 people in Lewisham, 12.4 are opiate or crack cocaine users compared to 8.4 nationally and 9.55 in London.

In March 2015 Lewisham's Community Child and Adolescent Mental Health Service (CAHMS) had a caseload of 1,375 (approximately 2% of the young person population). In the last quarter of 2014/15 there were 337 referrals to CAMHS services. Over the last twelve months, we have seen a 10% increase in the overall number of referrals rejected. Establishing the causes and appropriate responses to this will be critical.

- Lewisham's Mental Health and Emotional Wellbeing strategy outlines the priority areas of action for the partnership. Our approach is underpinned by our objective to ensure that mental health and emotional wellbeing can be better integrated into community and universal settings. Lewisham is one of 12 local authorities nationally delivering the Big Lottery's Head Start programme to support the mainstreaming of emotional wellbeing support for young people. Through HeadStart and the delivery of our mental health and emotional wellbeing strategy we will be focusing on:
  - Increasing support for perinatal and early years mental health support
  - Developing and implementing our transition curriculum and support to schools to enable better responses to emotional wellbeing
  - Harnessing opportunities to deliver mental health and emotional wellbeing support via our youth service provision
  - Developing online tools to enable young people to access mental health support
  - Improving pathways between acute and community mental health provision to ensure that access to clinic based case is timely and appropriately targeted.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
Number of mothers reporting post-natal depression at New Birth Visits				↓	
% of CYP accessing HeadStart projects reporting improved wellbeing on Strength and Difficulty Questionnaires				↑	
No CAMHS referrals received				↓	
% CAMHS referrals accepted				↑	



## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Be healthy and active</b>	<b>Priority Aim</b>	<b>HA4: Improving sexual health</b>	<ul style="list-style-type: none"> <li>□ We want our children, young people and their families to be healthy and active, confident and able to make healthy choices and to understand how this can improve their development and wellbeing.</li> <li>□ Through the delivery of our CYPP, we will improve and maintain the health and wellbeing of our children and young people, reducing health inequalities.</li> </ul>
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<b>Why this is a priority</b>	<b>What we are doing</b>
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Lewisham has a young population experiencing high levels of sexual health need. In 2013 Lewisham had the second highest teenage pregnancy rate in London (152 conceptions in 15-17 year olds). Whilst rates have fallen this reflects a national trend, and Lewisham rates have not fallen as fast or as far as other similar boroughs. The under 16 conception rate is also second highest in London. In London, Lewisham has the highest under 18 years birth rate through a combination of a high teenage conception rate and lower than average abortion rate in this age group.

STI rates are highest amongst young people. In Lewisham in 2013, young people aged 15 to 24 accounted for 44% of all new STIs. Chlamydia, the most common STI is particularly prevalent with 10% of all Lewisham 15 to 25 year olds screened testing positive. Young people are also more likely to become re-infected with STIs. In Lewisham, an estimated 9.5% of 15-19 year old women and 12.5% of 15-19 year old men presenting with a new STI at a GUM clinic during the five year period from 2009 to 2013 became reinfected with an STI within twelve months.

There were 3,760 attendances by young people under 18 to Lewisham sexual health services in 2014/15. In addition to this a further 4,648 young people aged 18-19 attended local services. These figures are a reduction of 19% and 12% respectively on the previous year.

- Despite the significant gains made in improving access to services through the teenage pregnancy and Chlamydia screening programmes, these are now showing signs of stalling. Targeted sexual health promotion and SRE programmes will be vital to maintain and build on the success of these initiatives.
- Improved access and information about contraception, particularly for young women and women from BME groups is important to increase the number and proportion of planned pregnancies which can optimise outcomes for mother and child.
- Over the next few years sexual health services will be reconfigured to improve access. It is important that young people, especially the most vulnerable, receive specialist support to equip them to maintain and protect their own sexual health and develop healthy physical relationships.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
Quarterly conceptions amongst women aged 15-17 per 1,000 of the population				↓	
Under 16 conception rate per 1,000 of the population				↓	
% resident population screened for Chlamydia and Gonorrhoea				↑	

## Partnership commissioning Intentions 2015-18

Outcome Area

Be healthy and active

Priority Aim

**HA5: Reducing the impact of alcohol, smoking and substance misuse**

□ We want our children, young people and their families to be healthy and active, confident and able to make healthy choices and to understand how this can improve their development and wellbeing.

□ Through the delivery of our CYPP, we will improve and maintain the health and wellbeing of our children and young people, reducing health inequalities.

### Why this is a priority

While the majority of young people do not use drugs, and most of those that do are not dependent, drug and alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life.

Additionally, young people can be impacted by parental substance misuse. In Lewisham in 2013/14, 58 of the 234 alcohol dependent drinkers in treatment reported living with children and 234 of the 1214 who accessed treatment for drug use reported living with children.

Despite recent declines, the proportion of children in the UK drinking alcohol remains well above the European average. In Lewisham it is estimated that we have 385 children under the age of 11 who have ever consumed alcohol, with 32 reporting use in the last week.

An estimated 7% of 15 year olds were classified as current smokers in Lewisham in 2014/15 (but the real prevalence may be anywhere between 1.3 and 16%). Smoking prevalence is estimated to rise to over 10% in 16-17 year olds.

In 2013/14 there were 211 people under 18 receiving specialist substance misuse services in the community, this figure has remained relatively static. Many young people receiving specialist interventions for substance misuse have a range of complex vulnerabilities. They are more likely to be not in education, employment or training, have contracted a sexually transmitted infection, experiencing domestic violence, experiencing sexual exploitation, be in contact with the youth justice system.

### What we are doing

- Continuing to protect children and young people by reducing the supply of cheap tobacco and preventing the illegal sale of cigarettes and alcohol through a sustained focus on the enforcement of statutory regulations
- Continuing to use evidence based interventions, such as peer education, in schools and other settings to reduce smoking and substance misuse
- Optimising the use of social media, working in partnership with young people, to get key messages across to young people about smoking, drinking alcohol and using drugs
- Continue a focus on addressing binge drinking and high alcohol consumption rates in young people, especially young women.
- Ensuring that those who need it can access specialist substance misuse services early

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
% Lewisham children classified as smokers				↓	
% Lewisham children reporting alcohol use				↓	
% of Lewisham children accessing substance misuse services with positive outcomes				↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Be healthy and active</b>	<b>Priority Aim</b>	<b>HA6: Ensuring our looked after children are healthy</b>	<ul style="list-style-type: none"> <li>□ We want our children, young people and their families to be healthy and active, confident and able to make healthy choices and to understand how this can improve their development and wellbeing.</li> <li>□ Through the delivery of our CYPP, we will improve and maintain the health and wellbeing of our children and young people, reducing health inequalities.</li> </ul>
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### Why this is a priority

A detailed assessment of the healthcare needs of Lewisham's looked after children was conducted in 2013. Amongst the key findings were: the following is a summary of its findings:

- The burden of physical ill health in looked after children in Lewisham was not large, but was greater than would be expected in a cohort of children in Lewisham.
- The burden of mental health problems appeared as bad, but not worse than in looked after children in neighbouring boroughs, and in London and the country as a whole.
- The needs assessment revealed a substantial burden of potential and/or actual emotional and behavioural morbidity.
- Lewisham reported numbers of looked after children who had substance misuse problems that were double that of Southwark and Lambeth, but fewer than the London average. Small numbers complicate this picture, but given the issues around detection of substance misuse, high levels are not necessarily indicative of poor processes, instead they may reflect better detection.
- Uptake of immunisation and the dental health of Lewisham's looked after children can be favourably compared to regional and national averages. Performance is, however, below target, and there is room for improvement

### What we are doing

- Lewisham's Children and Young People's Strategic Partnership will continue its focus on meeting the healthcare needs of this vulnerable group of children and young people.
- Statutory Health Assessments are valuable in ensuring the health of individual children and the focus on improving coverage and timeliness of these assessments is justified and will continue.
- Progress on the 2014 Health Care Needs Assessment, which examined related needs of looked after children and young people will now be reviewed.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
% LAC who have had an initial health assessment within 28 days				↑	
% LAC who have had an annual health assessment in the last 12 months				↑	
% LAC who have had a teeth check in the last 12 months				↑	
% LAC who have had routine immunisations				↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Be healthy and active</b>	<b>Priority Aim</b>	<b>HA7: Encouraging access to and usage of culture, sport, leisure and play activities</b>	<ul style="list-style-type: none"> <li>□ We want our children, young people and their families to be healthy and active, confident and able to make healthy choices and to understand how this can improve their development and wellbeing.</li> <li>□ Through the delivery of our CYPP, we will improve and maintain the health and wellbeing of our children and young people, reducing health inequalities.</li> </ul>
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Why this is a priority	What we are doing
<p>All children and young people deserve an enjoyable childhood – no matter what constraints they face. Research shows that play and access to the arts has many benefits for children and young people in terms of social, cognitive and behavioural development. Advantages associated include the development of problem-solving skills, supporting their language development and literacy, developing their social skills, expressing emotions, developing imagination and creative interests and abilities.</p> <p>It is known that physical activity is important for good health throughout life, and should be encouraged from birth. Inactivity contributes to obesity, long term health conditions and premature death. Local data is not available on activity patterns of children but national surveys show that only a small proportion (20%) of children aged 5 to 15 years meet the Government recommendation for physical activity. Children are leading increasingly sedentary lifestyles and low levels of physical activity in children are related to household income, with those in the lowest income bracket more likely to report low levels of activity.</p>	<ul style="list-style-type: none"> <li>• Supporting access to leisure facilities for young people including access to free swims for children under the age of 16 and encourage swimming through the universal school offer.</li> <li>• Ensuring access to music services for all children aged 5-18 through our schools</li> <li>• Continuing to promote take up of the arts and physical activity through creative programmes delivered via our Youth Service.</li> <li>• Encouraging use of library services through their design and our engagement with young people and schools.</li> <li>• Working in partnership with the voluntary sector and the Lewisham Arts in Education Network (LEAN) to improve access to the arts via schools. Continuing to use arts tools to improve intergenerational communication and engagement with public sector agencies like the police.</li> </ul>

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
Number of CYP accessing free swimming				↑	
Number of CYP accessing school music services				↑	
% 5-12 year olds who have active library cards				↑	
Number of young people accessing our youth service provision				↑	
Number of young people accessing cultural services commissioned via our grants programme				↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Raise Achievement and Attainment</b>	<b>Priority Aim</b>	<p><b>AA1: Raising achievement and progress for all our children and close the gaps between under-achieving groups and their peers at all Key Stages, particularly at KS4 and post 16</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> We will promote the highest aspirations and ambition for all our children and young people across the partnership, particularly to close gaps and secure social mobility.</li> <li><input type="checkbox"/> We want all of our children and young people to achieve highly, supported by the best education, employment and training opportunities.</li> </ul>
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### Why this is a priority

Education is one of the key factors in determining and transforming young people's life chances. By raising standards in our schools and colleges and by supporting parents, more of our children and young people can reach their full potential.

Until 2008, outcomes for primary pupils in Lewisham were below national averages and Inner London averages. They moved above in 2008 but dropped below again in 2009. Outcomes remained broadly in line for 2 years and then moved significantly above both national and Inner London in 2013.

In 2014, 56.2% of our young people achieved five A\*-C including maths and English. At a national level the gap in 2014 was 2% with 6 schools above the national average. The national increase from 2008 to 2014 was 6%, Inner London 14% and Lewisham 5%. In terms of improvement over time Lewisham secondary schools were keeping pace with national averages but falling behind Inner London averages.

Main measure outcomes for disadvantaged pupils increased in 2012 but have been declining since, although they remain some way above the national average for pupils similarly deprived. Year on year outcomes for non-disadvantaged pupils fell by almost twice as much as the disadvantaged pupils group where performance decreased in line with London and national.

### What we are doing

Improving educational outcomes across all of the key stages remains a central priority across the partnership and a particular focus is given to improving results at key stage 4 and closing the attainment gap between underachieving groups and their peers. We will do this by:

### ACTIONS BEING DRAFTED

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
% children achieving a good level of development at EYFS				↑	
% children achieving level 2 or above at KS1				↑	
% children achieving level 4 or above at KS2				↑	
% children achieving 5 GCSE A*-C including English and Maths				↑	
% of Lewisham schools rated Good/Outstanding by OFSTED				↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Raise Achievement and Attainment</b>	<b>Priority Aim</b>	<b>AA2: Ensuring there are sufficient school places for every Lewisham child</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> We will promote the highest aspirations and ambition for all our children and young people across the partnership, particularly to close gaps and secure social mobility.</li> <li><input type="checkbox"/> We want all of our children and young people to achieve highly, supported by the best education, employment and training opportunities.</li> </ul>
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<b>Why this is a priority</b>	<b>What we are doing</b>
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Births in Lewisham continue to increase with a corresponding increase in the demand for places in primary schools. Demand has exceeded supply since 2009/10 and is forecast to continue at this higher level until at least the end of this decade.

In 2013/14 there are 3,512 permanent reception places in Primary schools. For the 2012 academic year 96.6% of secondary school admissions met one of the parental preferences. We will continue to meet demand for school places but we will need to work with schools to build capacity beyond the additional forms of entry that have already been added to our schools.

**FURTHER EVIDENCE BEING DRAFTED**

**ACTIONS BEING DRAFTED**

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
Number of additional school places created				↑	
% parents allocated a preferred school at reception				↑	
% parents allocated a preferred school at secondary				↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Raise Achievement and Attainment</b>	<b>Priority Aim</b>	<b>AA3: Ensuring all our children are ready to participate fully in school</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> We will promote the highest aspirations and ambition for all our children and young people across the partnership, particularly to close gaps and secure social mobility.</li> <li><input type="checkbox"/> We want all of our children and young people to achieve highly, supported by the best education, employment and training opportunities.</li> </ul>
<b>Why this is a priority</b>			<b>What we are doing</b>	

BEING DRAFTED

BEING DRAFTED

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Raise Achievement and Attainment</b>	<b>Priority Aim</b>	<b>AA4: Improving and maintain attendance and engagement in school at all key stages, including at transition points</b>	<input type="checkbox"/> We will promote the highest aspirations and ambition for all our children and young people across the partnership, particularly to close gaps and secure social mobility. <input type="checkbox"/> We want all of our children and young people to achieve highly, supported by the best education, employment and training opportunities.
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### Why this is a priority

School absence is a major factor in low attainment, poor wellbeing and lack of progression. When younger children get into a pattern of non-attendance, this becomes more extreme as they get older and research indicates that low attendance in early years frequently leads to poor school attendance later on.

Primary school attendance in Lewisham continues to improve, the persistent absence rate was 2.6% in 2013/14, up 0.1% from 2012/13 and better than the target. The focus remains on reducing secondary school absence, particularly persistent absence. Our persistent absence rate (in secondary schools has reduced from 6.3% 2012/13 to 6% in 2013/14, and although improving, is 1.1% worse than both statistical neighbours and national in 2013.

Lewisham has made a significant improvement in reducing the number of days looked after children are absent from school for over 25 days, reduced from 20.8% in 2007 to 12.3% at 2012. This is better than the national and statistical neighbours average of 13% and below our target of 13%.

Although we had a reducing trend for exclusions, this has recently become more variable, with recent increases in fixed and permanent exclusions. Permanent exclusions from all Lewisham schools in 2013/14 was 0.15%, up from 0.07% in 2012/13 and above the 0.05% target.

### What we are doing

**BEING DRAFTED**

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
% half days missed due to absence - primary				↓	
% half days missed due to absence – secondary				↓	
% pupils permanently excluded				↓	
% LAC who are absent from school for more than 25 days				↓	



## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Raise Achievement and Attainment</b>	<b>Priority Aim</b>	<b>AA5: Ensuring all our young people are well prepared for adulthood and able to access the best education and employment opportunities for them</b>	<input type="checkbox"/> We will promote the highest aspirations and ambition for all our children and young people across the partnership, particularly to close gaps and secure social mobility. <input type="checkbox"/> We want all of our children and young people to achieve highly, supported by the best education, employment and training opportunities.
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<b>Why this is a priority</b>	<b>What we are doing</b>
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We need to make sure that all young people start adult life with the skills, qualities and attributes they will need to access the best employment opportunities. Ensuring that young people are prepared for work relies upon good quality education opportunities for children beyond age 16. The council has a statutory obligation to ensure there are sufficient school places, promote the participation of young people in education and training and track those who are not participating.

The vast majority of 16-19 year olds in Lewisham are participating 'in learning' (84.6%) and 42.1% of our young people study in borough. For those who study out of borough, significant numbers travel to Bromley, Greenwich and Southwark. The percentage of young people educated in Lewisham post-16 institutions, who achieve Level 3 by 19 at 56% in 2014.

Based on Lewisham residents (aged 16-19) who currently stay in borough for post-16 study (3085) and imported learners (2195) there are sufficient places in Lewisham institutions to meet these learner needs (5260 against 7523 places). This spare capacity could absorb growth in the 16-19 population, changes in travel to study patterns and any in or out of borough changes to the post-16 landscape.

Of the 11 current post-16 providers, eight are graded by Ofsted as good and better.

- The Local Authority will continue to support and monitor Lewisham schools and colleges to deliver the duty and will work with school to focus on the transitions throughout secondary education and into post-16 education to ensure informed choices for Lewisham young people and prevent the risk of becoming NEET or dropping out.
- In addition to our work with schools we will continue to collaborate with professionals across our partnership who interact with young people who will be making choices about ongoing education and skills (i.e. Youth Service/ JobCentre Plus) to ensure that we have a coherent and joined up message and approach to encouraging participation.
- The local authority monitors closely attainment of those pupils eligible for Pupil Premium to ensure that their aspirations are high and that they follow pathways that are commensurate with their potential.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
% 16-19 year olds 'in learning'			↑	
% young people educated in post-16 institutions achieving level 3 by 19			↑	
% of post 16 providers graded as good/outstanding			↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Raise Achievement and Attainment</b>	<b>Priority Aim</b>	<b>AA6: Raise participation in education and training, reducing the number of young people who are NEET at 16-24</b>	<input type="checkbox"/> We will promote the highest aspirations and ambition for all our children and young people across the partnership, particularly to close gaps and secure social mobility. <input type="checkbox"/> We want all of our children and young people to achieve highly, supported by the best education, employment and training opportunities.
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Why this is a priority	What we are doing
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Young people who remain in education and training until at least 18 are more likely to improve their qualifications and skills with resulting enhanced employment prospects along with social and economic rewards. Lewisham young people who are NEET, at 4.3% (at the end of May 2015), is relatively low compared with national benchmarks but above London benchmarks: London NEET 3.8%, young people nationally who are NEET 4.6%. Since December 2011 the number of 16-18 year olds who are NEET has consistently fallen. For most young people, being NEET is temporary as they move between different education and training options.

Current Lewisham 16 to 18-year-olds who were 'unknown' are 8.1%. Rates vary considerably with age – 0.5% of 16-year-olds, 1.5% of 17-year-olds and 6.1% of 18-year-olds. This is compared to national and local benchmarks: statistical neighbours 'unknowns' 11.1%, London 'unknown' 7.5% and young people who are 'unknown' nationally 7.1%.

In 2013/14, Lewisham had 76.3% of care leavers in education, employment or training, up 6.3% from March 2010 but down from 80% in 2012/13. In addition, Lewisham had 82% of its young offenders in education, employment or training in March 2011 but given that the number of young offenders classified as NEET is 19.2% it would be reasonable to estimate this figure is closer to 80% now. This is also better than the national average of 73% and better than our statistical neighbours at 76%.

Our strategies to reduce the number of 'unknowns' are under constant review and proposals are in place to consider other strategies to reduce the number of 'unknowns' and these include:

- Working with Lewisham Electoral Services to canvas young people through existing communication methods.
- Formalising data sharing agreements with various national agencies including Job Centre Plus and other Department for Work and Pensions agencies and the Probation Service for example.
- Being involved in LGA and ADCS sector-led action learning sets to reduce 'not known' rates.

Working collaboratively across the partnership to support the ongoing engagement of 16-24 year olds in education, employment and training for example by: 14-19 Team resource to track and monitor NEET young people and their outcomes and destinations.

- Youth Support Service keyworker support.
- Get Young People Working – The Youth Offer: Application for funding to City Bridge Trust to support NEET young carers, teenage parents and looked after children (LAC).
- Job Centre Plus – Work Coach support.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
% 16-18 years old not in employment/Edu/Training (NEET)				↓	
% 16-18 year old unknowns				↓	
% Care Leavers age 19 in Employment/Edu/Training				↑	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Stay Safe</b>	<b>Priority Aim</b>	<p><b>SS1: Identifying and protecting children and young people at risk of harm and ensure they feel safe, especially from: domestic violence, child sexual exploitation, serious youth violence, child abuse and neglect and deliberate and accidental injury.</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> We will work across the partnership to ensure that the right of every child to live in a safe and secure environment, free from abuse, neglect and harm is protected.</li> <li><input type="checkbox"/> We will identify and protect children and young people at risk of harm and ensure that they feel safe.</li> </ul>
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Why this is a priority	What we are doing
<p>Ensuring children are safe from all types of abuse, neglect and injury is a key priority for the partnership.</p> <p>Lewisham has one of the highest rates of reported domestic violence, 555 children in Lewisham were identified as being exposed to high risk domestic violence in the home in 2013-2014, with up to a third of all children in the borough exposed to any domestic violence in any one year.</p> <p>Since January 2013, there have been 37 identified cases of child sexual exploitation in Lewisham.</p> <p>INSERT DATA ON ABUSE AND NEGLECT</p> <p>In general rates of accidents and injuries in children in Lewisham are lower than is the case for the country as a whole. Hospital admissions rates caused by injuries in children up to the age of 15 and in young people aged between 15 and 24 are lower than average. Road traffic accidents have been the focus of particular attention in Lewisham. The numbers of children killed or seriously injured in road traffic accidents is significantly lower than the national average as a result.</p>	<ul style="list-style-type: none"> <li>• Delivering our Violence Against Women and Girls Action Plan which sets out a series of approaches the partnership will take towards reducing incidences of domestic violence and supporting women who experience domestic violence.</li> <li>• Ongoing implementation of the Safeguarding Children' Board's action plan arising from our Child Sexual Exploitation Strategy in relation to prevention, protection, support, enforcement and accountability</li> <li>• Adopting early intervention approaches to reduce the number of children suffering abuse and neglect and continuing to provide timely assessment of children in need of services and those services being provided.</li> <li>• Working proactively across the partnership to ensure information sharing on all cases of children at risk of harm continues to be shared and acted upon.</li> <li>• Keeping children safe from accidental injury including through work on promoting road safety.</li> </ul>

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
% referrals to children's social care due to abuse/neglect				↓	Safeguarding Children Board
Number of incidences of domestic violence reported to the police				↓	Safer Lewisham Partnership
Number of cases of child sexual exploitation				↓	Safeguarding Children Board
Rate of hospital admission caused by injury to children				↓	

## Partnership commissioning Intentions 2015-18

<b>Outcome Area</b>	<b>Stay Safe</b>	<b>Priority Aim</b>	<b>SS2: Reducing anti-social behaviour and youth offending.</b>	<input type="checkbox"/> We will work across the partnership to ensure that the right of every child to live in a safe and secure environment, free from abuse, neglect and harm is protected. <input type="checkbox"/> We will identify and protect children and young people at risk of harm and ensure that they feel safe.
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Why this is a priority	What we are doing
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Youth offending and gang involvement are important issues to address in the borough. Total "notifiable crime" in Lewisham dropped by 9% in 2012/13 compared with the previous year with the greatest decrease in serious youth violence which reduced by 39% in 2012/13 compared to the previous year. However within those figures there were some notable increases, including 10.5% in most serious crime, 11% in residential burglary, and 4.2% in gun crime. First time entrants (aged 10-17) to the youth justice system dropped from 2,601 (per 100,000) in March 2009 to 968 in March 2011. This compares favourably to the national rate.

In partnership with the Police, we continue to decrease the number of first time entrants aged 10–17 to the youth justice system and in March 2011 there were 968 entrants per 100,000, a significant decrease from 2,601 entrants per 100,000 in March 2009. In March 2014 this figure was down to 492 per 100,000.

We continue to reduce the rate of proven re-offending by young offenders and in September 2013 the proportion of offenders who reoffend was 41.2. A range of initiatives have been developed to sustain this reduction in re-offending, which also reduce the risk of harm to young people.

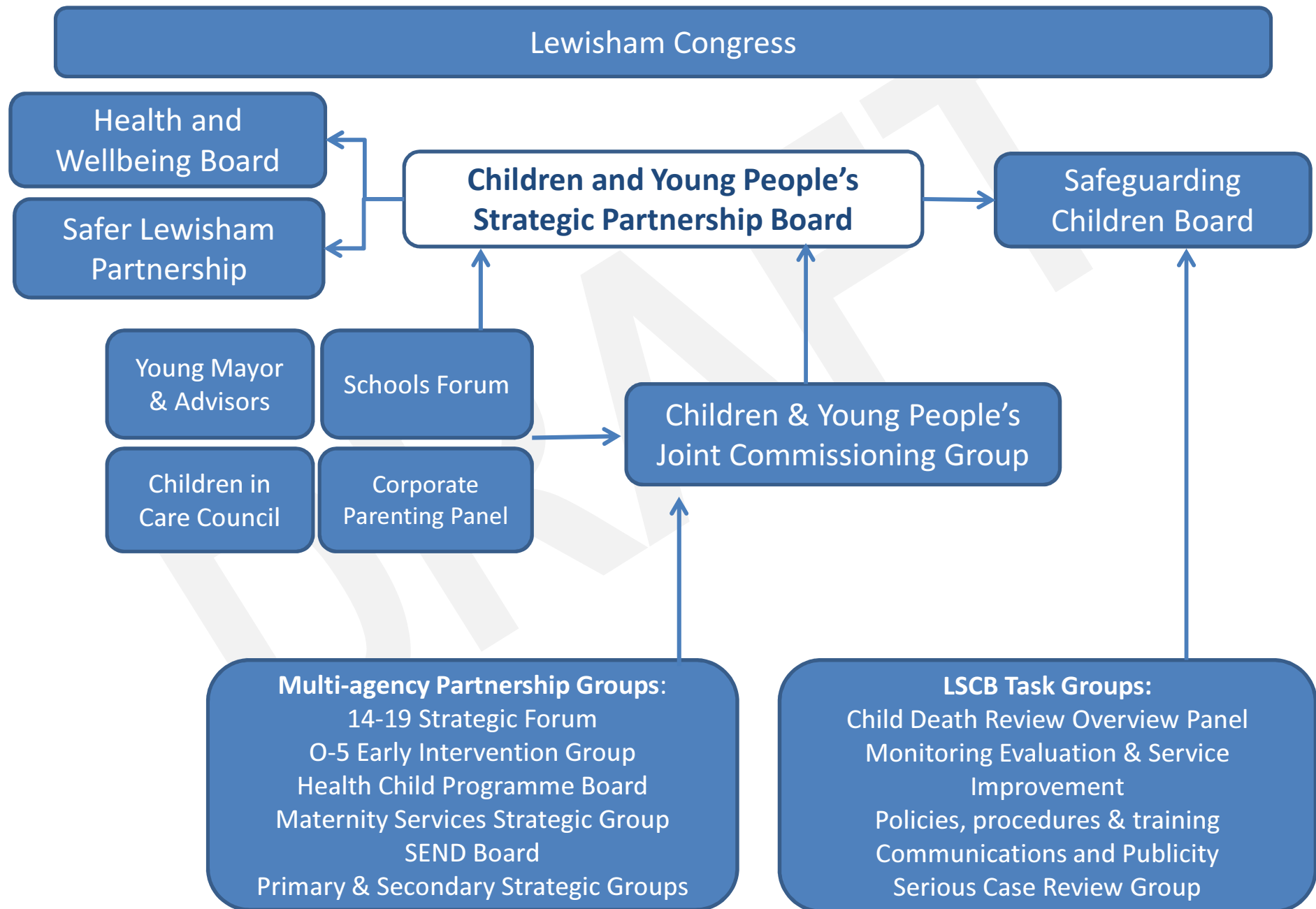
The Lewisham Youth Justice Strategic Plan sets out the partnership approaches which will be taken to addressing youth crime in Lewisham. These include:

- Ensuring compliance with National Standards and meeting the actions as set out in the Lewisham YOS National Standards Audit Action Plan
- Improving sentence planning, risk management and safeguarding practices when young people are placed in any secure setting
- Improving the timeliness and quality of assessments and intervention plans, using the Integrated Assessment Plan (IAP) tool
- Ensuring that appropriate plans are put in place to safeguard young people at the start of their Order and that approaches are made in partnership with other relevant agencies, responding to new information as it emerges
- Increasing the range of alternative education provision available for young people to access as an alternative to custody or post custody
- Further developing the out of court disposal interventions that are provided and to link this to a systemic family approach.

### How we will know if we have been successful

Performance measure	July 2014 baseline	Comparator baseline	Target 17/18	Desired direction of travel	Who is monitoring this?
Number of young people entering the youth justice system for the first time				↓	Safer Lewisham Partnership
Number of young people who are victims of serious youth violence				↓	Safer Lewisham Partnership

# Our partnership are responsible for overseeing the plan



## Needs analysis and strategies underpinning this plan

- Lewisham Sustainable Community Strategy 2008-2020
- Violence Against Women and Girls Plan
- Youth Justice Plan
- Anti-bullying Resource
- Mental Health and Emotional Wellbeing Strategy
- Children's Social Care Placements & Procurement Strategy
- Lewisham Participation Strategy
- Annual Public Health Report 2015-16