Children's Outcomes Framework

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Why outcomes based commissioning?

- focus to date on measuring service ‘inputs’ (such as appointments) and processes (such as waiting times)
- Focus on factors that not only influence health status but influence life chances
- so many children’s outcomes (achievement at school, good mental wellbeing) are dependent on many inter-related factors which can only be achieved by working more closely together.

Outcome based commissioning

- 4 areas identified as a priority area by children's commissioners across Cambridgeshire and Peterborough. Aim to ensure:
  - Integration of care as experienced by the child, young person and family
  - Resources focused to where there is greatest need
  - Opportunities for early intervention maximised
  - Duplication minimised
- An outcomes framework is being developed to identify outcomes which can only be achieved by organisations working together and those processes which will have the highest impact on achieving the priority outcomes*

Draft outcomes framework structure

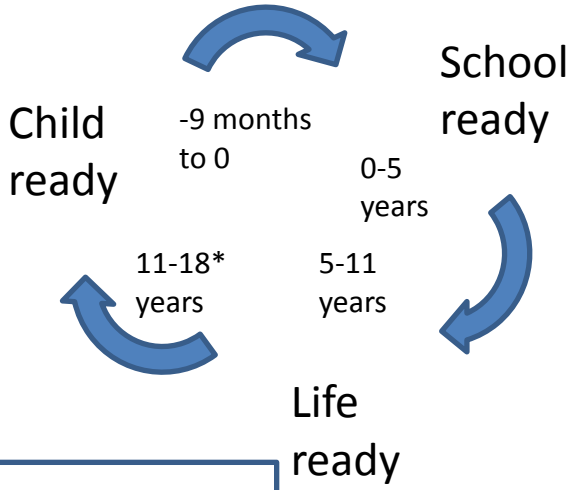
1. The vision for children and young people
2. Quality measures for all children's services
3. The four areas/domains of focus
   a. Each domain has several outcomes
   b. Each outcome has one or more indicators which should reflect if the outcome has been achieved

Vision for all Children, Young People and families in Cambridgeshire and Peterborough

Guide to diagram: Virtuous circle showing outcomes for children along the life course in three stages. Boxes showing overarching domains which cross the entire pathway.

Being healthy: enjoying good physical and mental health and living a healthy lifestyle. This includes having a positive self-image and identity, positive relationships with families and friends and feeling safe, happy and empowered.

Reducing inequalities in life chances between the least and the most deprived children and young people: for example not being prevented by economic disadvantage from achieving their full potential in life.



Enjoying and achieving: getting the most out of life, maximising achievement in education, and developing the skills for independent adulthood;

Making a positive contribution: empowered to be a visible and active part the community and not engaging in anti-social or offending behaviour. Children and young people have access to opportunities to take part in positive activities.

Staying safe: safeguarding children and young people and protecting them from avoidable harm, including a safe and suitable home environment and local area

Priority areas identified

- Early years (age 0-5); linked to regional work
- Mental health
- SEND
- Lifestyle (including obesity, sexual health, smoking, drugs & alcohol)

Appendix 3: Domain: Mental Health

	Population outcomes	Measured by Indicators	
Quality measures for all children's services	A. Minimisation of impact of poor maternal mental health (particularly -9m to 3) – see 0-5 years.	High level outcome indicators for development. (Expected levels of postnatal depression recognised and treated?) See Domain on age 0-5.	Indicators split by vulnerable groups e.g. LAC, SEND, FSM etc.
	B. Improved resilience and wellbeing for all children	Cambridgeshire annual health behaviour survey & national wellbeing survey (currently being piloted) • Resilience approach to services developed and integrated into core services alongside specific work on bullying/parenting etc. • Evidence based parenting programmes in place for those that need them (focus on conduct disorder?). • Early identification and prevention of escalation of need in children at risk of conduct disorder and ADHD. Interagency pathways in place, earlier identification and action taken. • Support for children whose parents have mental health problems – collection of status of mental health patients who are also parents.	
	C. Improved outcomes for those children and YP with mental health problems that require intervention	Hospital admissions for self harm 10-24 years (PHOF) • Routine service outcome and process measures for school nursing, parenting support, early years, GPs, specialist mental health services (CAMH). Including access times, T1 & T2 outcomes etc) • System wide understanding of pressures – cross agency audit of rejected referrals. Consistent collection, analysis and review of activity data. • Capacity building at Tier 1&2 – training and support for Tier 1 (schools etc). • Improving transition (planned and managed transition) – building on the TRACK study findings. Including between primary and secondary school, leaving school and between child and adult services.	

High level indicators in blue. PHOF – Public health outcomes framework.

Appendix 1. Domain: 0-5

Quality measures for all children's services (includes good practice in information sharing, partnership working inc 0-5 LARMs)

Population outcomes*	Measured by Indicators
A. A high proportion of children are school ready	School Readiness (as defined in PHOF) (*also developmental PHOF indicators relating to 2.5 year check*) • Number of joint 2-2.5 year reviews completed as a proportion of all reviews. Includes assessment of speech/ language and communication behaviour as key predictor in children's future schooling. • Use of data collected at 2-2.5 : referral to SALT, free nursery place. Addressing the relative gap in input between 2.5 and school entry. Pathways approach. • Number of children not in nursery allocated a free nursery place aged 2 for vulnerable families.
B. Minimisation of impact of poor maternal mental health (particularly -9m to 3)..	Higher level outcome needs defining (impact at 3-5y) • Interventions to promote strong parent-child attachment and sensitive/ strength-based positive parenting • Maternal mental health assessment carried out at key points by relevant professional and appropriate referral made to maternal mental health pathway/ advice and referral centre. • Emotional impact part of antenatal parent classes (joint planning) • Effective triage for perinatal mental health including joint planning and joint training.
C. Fully immunised by relevant ages	Childhood vaccination uptake (PHOF) • Adopt a multifaceted, coordinated programme across different settings to increase timely immunisation among groups with low or partial uptake.
D. Reduced obesity levels at school entry (*HCP board priority – could also include other eg smoking)*	Reduced % of Children aged 4-5 classified as overweight or obese (PHOF); Reduced proportion of children with tooth decay at 5 (PHOF) • Prevention of obesity at all stages 0-5 (including promotion of breastfeeding, brief intervention, referral); building on pilot work on early intervention in Cambridgeshire (3-4months)

Indicator across all outcomes:
- Opportunistically and systematically identify vulnerable families and maximise opportunities for intervention including through outreach.
- Key transitions are planned for early and meet needs/ priorities of the family (particularly for vulnerable families): Midwifery to HV; HV to SN; EY to reception; FNP to EY (free nursery place) and HV (key intensive programme)
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Indicators split by vulnerable groups e.g. LAC, FSM etc(school readiness partcularly for FSM; obesity)

High level indicators in blue. PHOF – Public health outcomes framework.