

## Health and Wellbeing Board 13 March 2014

# Children's Health and Wellbeing – status update

**Purpose of the report:** Policy Development and Review

Following on from the meeting of the Health and Wellbeing board on 5 September 2013, this report summarises progress against the aims and outcomes for improving children's health and wellbeing. It provides a detailed status update on delivery against the workstreams identified by Surrey Children and Young People's Partnership and commissioning priorities for the Children's Health and Wellbeing Group.

### Introduction:

Surrey's Health and Wellbeing Strategy commits to five priorities:

- 1. Improving children's health and wellbeing
- 2. Developing a preventative approach
- 3. Promoting emotional wellbeing and mental health
- 4. Improving older adults' health and wellbeing
- 5. Safeguarding the population

On 5 September 2013, the Health and Wellbeing Board considered an action plan for the first priority: Improving children's health and wellbeing. On 12 December 2013 the Board considered a report on the commissioning responsibilities and governance arrangements of individual members' organisations, which set out the next steps for delivery through the Children's Health and Wellbeing Group and Surrey Children and Young People's Partnership.

## Developing the priority to improve children's health and wellbeing

 In developing its priorities to improve children and young people's health and wellbeing, the Board identified a number of key themes. These are based on needs emerging from the <u>Joint Strategic Needs Assessment</u> (JSNA) (see <u>summary document</u>), extensive engagement, and priorities identified through Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group.

## Delivering the priority to improve children's health and wellbeing

- 2. The past six months have seen the establishment of firm partnership arrangements around children's health and wellbeing. As part of clarifying their respective roles both the Children's Health and Wellbeing Group and Surrey Children and Young People's Partnership have strengthened membership and refreshed and simplified their priorities. The resulting action plan is set of shared priorities and clear accountabilities for improving children's health and wellbeing (Annex 2).
- 3. The action plan aims to deliver the following improvements to children's health and wellbeing:
  - More babies will be born healthy
  - Children and young people with complex needs will have a good,
     'joined up' experience of care and support
  - More families, children and young people will have healthy behaviours
  - Health outcomes for looked after children and care leavers will improve
  - More children and young people will be emotionally healthy and resilient
- 4. The four key areas that have been identified as priorities for 2014/15, are:
  - Early help, which includes healthy behaviours
  - Complex needs which includes paediatric therapies
  - Emotional wellbeing and mental health
  - **Safeguarding**, which includes domestic abuse and improving health outcomes for looked after children
- 5. A key enabler that supports these priorities is developing a **shared understanding of need**.
- Surrey Children and Young People's Partnership will focus on the systems change needed to deliver the aims and outcomes – e.g. strategic and resource alignment, workforce development, cultural change, service integration. Particular areas of progress include:
  - Continued development of Early Help offer including an early help strategy for all partners
  - Developing an interim solution to tier 4 specialist mental health beds through Police and Health
  - Developing a strategy and action plan for online safety through collaboration with SCC and Police
  - Developing understanding of substance misuse issues and opportunities

- Implementation of online system (SurreySays) to capture views of service users and professionals (SCC lead with plan to roll out to partners).
- 7. The **Children's Health and Wellbeing Group** will focus and advise on the health, wellbeing and social care **commissioning changes** that could support the aims and outcomes – e.g. through joint commissioning and aligning commissioning intentions. Led by colleagues in the NHS and SCC (including Public Health), particular areas of progress include:
  - An early help commissioning group has been established and a needs analysis and commissioning strategy are in development
  - Jointly commissioning a review of paediatric therapies to inform joint commissioning of new provision
  - A decision by CCGs and Surrey County Council to jointly tender targeted and specialist CAMHS services this year with a new contract to be effective from April 2015
  - CAMHS Youth Advisors and Jeremy Hunt MP met in December
     2013 to discuss placements being a long way from home due to
     the national commissioning arrangements, and propose solutions
  - Development of a health needs assessment for looked after children and response to issues with individual health assessments

## Performance reporting

- 8. This is the first six monthly report summarising progress against the priority for improving children's health and wellbeing (Annex 1).
- 9. It provides a status update on delivery against the workstreams identified by Surrey Children and Young People's Partnership and commissioning priorities for the Children's Health and Wellbeing Group.
- 10. Over the next six months partners will agree expected outcomes for each of the workstreams and these measures will be reported in September 2014.

### Conclusions:

11. Arrangements have been put in place to improve children's health and wellbeing with clear roles and responsibilities for delivery through the Children and Young People's Partnership and the Children's Health and Wellbeing Group.

### **Recommendations:**

- 12. It is recommended that the Health and Wellbeing Board:a) note the progress towards actions to improve children's health and wellbeing.
  - b) note the approach for overseeing work through Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group.
  - c) consider a progress report in September 2014.

### Next steps:

13. Progress towards delivering aims and outcomes will be reported to the Health and Wellbeing Board in September 2014.

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### Sources/background papers:

- Joint Strategic Needs Assessment
- Development of the Health and Wellbeing priorities for Surrey
- Surrey Joint Health and Wellbeing Strategy
- Summary of the informal meetings of the Health and Wellbeing Board on <u>4 July</u> and <u>1 August</u>
- Summary of the formal meeting of the Health and Wellbeing Board on <u>5 September 2013</u>
- Children's Health and Wellbeing draft priority update 12 December 2014
- Draft Surrey Children and Young People's Partnership Plan 2014-17

Early Help (including healthy behaviours)								
Aim: To identify andOutcomes:								
address the needs of Families are resilient a		nd fe	el supported to tackle issues and problem	ns a	s soon as they arise			
Surrey's children and Families receive a min		nun	n intervention as early as possible to preve	ent	escalation of problems			
families earlie	er, reducing	Children and young people	ople	make good relationships				
the need for n	nore	Children and young people	ople	are happy, healthy and well				
intensive, acute or		Children and young people	Children and young people maximise life opportunities					
specialist supp	port.	Professionals are clear	abo	ut early help options and feel informed an	d s	upported to tackle issues in part	ner	ship as soon as they arise
Lead body	Areas of focu	JS	Cu	rrent Position	R	isk/Challenges	Ne	ext steps
Children and Young People's Partnership P ag 0 149	Children and Young People's• Supporting early help workforce reform.Partnership D D D• Strategic support to embed key information sharing systems and assessment/case management tools• Strategic support for developing		•	Multi-agency early help assessment (EHA) training package being developed with the family support programme. A partnership Early Help conference is being held in early March. Strategic leads from the CYPP will be in attendance.	•	Monitoring the demand for training is essential. Ensuring all partners understand their role and contribution to early help.	•	Agree administration of the early help training through the SSCB, and roll out training. Deliver early help conference.
	secondar	schools: PSHE review in ry schools commissioned. ion date August 2014	•	This review has started	•	Additional resources may be needed, depending on recommendations	•	Present scope and findings to CYP partnership and Area Education Officer meetings
	•	ng the nent/implementation of an fety strategy	•	<b>Online safety:</b> Strategy drafted and draft action plan went to CYP Partnership Operational Group on 23 <sup>rd</sup> January				
	scale and	ng a clearer picture of the I type of substance misuse children and parents	•	<b>Substance Misuse:</b> Public health report written and reported to CYP Partnership Operational Group on 23 <sup>rd</sup> January				
	strategy,	ng and shaping the alcohol sexual health strategy and ated strategies	•	Alcohol strategy is out for consultation. Sexual Health needs assessment being			•	<b>Substance Misuse:</b> Will go to the CYP Partnership Strategic Board on 26 <sup>th</sup> February 2014

Children's Health and Wellbeing Group Page 150	<ul> <li>Healthy weight</li> <li>Implementing 'Early Help Assessment' through commiss universal and targeted services</li> <li>Developing the market of loca services and jointly commissio early help and timely intervent services</li> <li>Delivering Supporting Families approach through commission services</li> <li>Improving quality and value fo money by reducing the need for</li> </ul>	<ul> <li>eHelp (electronic recording system that underpins the EHA) will go live in mid April</li> <li>An Early Help commissioning group has been established to understand gaps in the early help offer, and to develop the market.</li> <li>An Early Help Commissioning Strategy, Market Position Statement and needs</li> </ul>	<ul> <li>part of the new Education, Health and Care Plan (EHCP) pathway for SEND.</li> <li>Ensuring robust data to inform commissioning decisions.</li> </ul>	<ul> <li>Alcohol strategy: Gather feedback from consultation. Going to the board on 26<sup>th</sup> February</li> <li>Development of healthy weight pathway.</li> <li>Refresh Obesity needs assessment.</li> <li>Write Healthy Weight Strategy.</li> <li>Develop a proposal for a pilot for using the EHA with SEN children in a local school.</li> <li>Add existing known early help services into the Family Information Service directory.</li> <li>Develop an understanding of the Early Help Voluntary sector market</li> <li>Develop an Early Help commissioning action plan</li> </ul>
Complex nos	high cost, low volume spends			
complex needs have a single assessment> CYP aprocess and education, health and care plan> Childwith personalised support.> Intro> Good		<ul> <li>Outcomes:</li> <li>CYP and families have greater control and choice i</li> <li>Children and young people receive more personal</li> <li>Introducing personal budgets for health</li> <li>Integrated assessment – families will not have to r</li> <li>Good quality transition and preparation for adulth</li> </ul>	ised services repeat their stories more than once nood	
Lead body	Areas of focus	Current Position F	Risk/Challenges	Next steps
Children	Overseeing progress of	The new EHCP process is currently trialling	<ul> <li>Not all themes in the</li> </ul>	Evaluate trial and address

and Young People's Partnership	SEND14 (pathfinder) to ensure that services are co- ordinated around the needs of CYP and ensure Surrey meets the requirements of the Children and Families Bill 2012.	<ul> <li>with an extra 70 families. By April 2014 it</li> <li>will have been trialled with 70-100</li> <li>families</li> <li>Success in engaging with parents and young people and trialling activity with the 16-25 year olds.</li> <li>Publish interim Local Offer by Easter 2014.</li> </ul>	<ul> <li>legislation have yet been trialled and this needs to be done within tight timescales.</li> <li>Sustainability of multi-agency panels.</li> <li>The conversion of existing statements to EHCPs</li> </ul>	<ul> <li>improvements/gaps</li> <li>More work to look at the new process from a 0-25 and integrated perspective.</li> <li>Staff development conferences and training being planned.</li> <li>Potential Rapid Improvement Event for changing complex needs system to meet needs of CYP and families</li> <li>Reframe complex needs report to include a foreword and so it can be used to guide constructive discussions.</li> <li>Share report</li> </ul>
Page 1	<ul> <li>Improving long term planning through developing better predictive data</li> </ul>	Update on preview/millennium cohort?		
Children's Health and Wellbeing Group	<ul> <li>Reviewing commissioning of paediatric therapies</li> </ul>	<ul> <li>Joint therapy forum between SCC and NHS being established. First meeting took place on 11<sup>th</sup> Feb.</li> <li>SCC and the NHS will commission an independent joint review of Paediatric Therapy provision in Surrey. This will put forward a proposal.</li> <li>SCC proposal to extend current contracts with Paediatric Therapy providers for additional three years whilst joint commissioning arrangements agreed with NHS.</li> <li>Needs analysis for Speech, Language and Communication near to completion.</li> </ul>	<ul> <li>0-25 age range of EHCPs means that more CYP may have entitlement to Paediatric Therapies.</li> <li>Parents/carers will be able to request a personal budget, making central commissioning of paediatric therapies more challenging.</li> <li>Higher threshold for new EHCPs means there may be an increased number of CYP with therapy needs who do not have a statutory entitlement.</li> </ul>	<ul> <li>Joint therapy forum takes place</li> <li>Joint review of Paediatric Therapies undertaken</li> <li>Needs analysis completed</li> </ul>
	ellbeing and mental health and young people are supported as	close Outcomes:		

and there are	by people they know as much as pose e seamless pathways to effective targ services where needed.	<ul> <li>eted Families feel supported</li> <li>Professionals working together for the y</li> <li>Children, young people and their familie</li> </ul>	<ul> <li>Professionals working together for the young person's identified outcome</li> <li>Children, young people and their families know where to seek help</li> </ul>			
Lead body	Areas of focus	Current Position	Risk/Challenges	Next steps		
Children and Young	Improving transitions     between services					
People's Partnership	<ul> <li>Focusing the resource of mental health providers across initiatives whilst supporting those below thresholds</li> </ul>		<ul> <li>Current understanding of need is limited</li> </ul>	<ul> <li>Look to develop a better needs analysis</li> </ul>		
Page	<ul> <li>Developing a long term partnership plan to provide a place of safety under section 136 of the mental health act</li> </ul>	• Review of current pathway of past cases to identify other alternative options on the care pathway.		<ul> <li>SaBP to host a mental health summit with CCG &amp; SCC partners to increase awareness and identify local solutions.</li> </ul>		
152	<ul> <li>Develop an interim solution to providing tier 4 specialist beds</li> </ul>	Interim solution in place	<ul> <li>It does not look like there will be any change to national commissioning for 1- 2 years</li> </ul>	<ul> <li>Develop local proposals for a local solution and lobby Secretary of State</li> </ul>		
Children's Health and Wellbeing Group	Promoting effective training and workforce development to support integrated working	<ul> <li>Targeted Mental Health in Schools (TaMHS) continues to roll out training and engage with priority schools.</li> <li>Training delivered by CAMHS re. self harm, ADHD, anxiety etc.</li> <li>Also via TAMHS – Helping Pupil's Progress in Surrey Schools running with support from the Young Minds Consortium. There will be four workshops in February for schools and service providers (voluntary and statutory) to plan for improving emotional and mental</li> </ul>		<ul> <li>To review workshops and training and recommission subject to funding availability.</li> </ul>		

	<ul> <li>Influencing the n commissioning fr improve pathway and safeguarding services</li> <li>Re-procuring tier CAMHS services</li> </ul>	educational ational ramework to ys, outcomes g in tier 4 r 2 and tier 3 educational Hunt MP me their concerr placements b to the nation and propose CCG and SCC targeted and	Advisors (CYA) and Jeremy     in December 2013 to discuss     s with the increasing number of     eing a long way from home due     al commissioning arrangements,	To ensure young people are placed in inpatient units closer to home and don't stay longer than necessary.• NHS England to meet with CYA to discuss further issues raised with Secretary of State for Healthcare.Maximising the impact of CAMHS commissioning on wider outcomes for•
				children
Safeguardin	g including improvin	g health outcomes for looked	after children (LAC) and domestic	abuse
၊စာprovement န္တာd Wellbeing	d inform specific safegu s including those direct g Board, Safeguarding ( ty Safety Board	ted by the Health > Ca	ildren and young people are safe and uses of domestic abuse are mitigated alth outcomes are improved for Looke	
Lead body	Areas of focus	Current Position	Risk/Challenges	Next steps
Children	Domestic Abuse			
and Young People's Partnership	<ul> <li>Providing strategic support to the Community Safety Board's Domestic Abuse Strategy</li> <li>Clarifying the commissioning landscape for children and families</li> </ul>	<ul> <li>Strategy written and action plan being developed.</li> <li>JSNA Domestic abuse chapter been refreshed and expected to be published b end of February 2014, after sign-off.</li> <li>Lack of specialist services for CYP affected by domestic abuse.</li> <li>Domestic abuse checklist for use by Children's Social Care developed and</li> </ul>	<ul> <li>arrangements</li> <li>Need to ensure that all partne have a shared understanding o impact of domestic abuse on</li> </ul>	of the t s and and and

	launched January 2014.	
Children'sImprove healtHealth andoutcomes forWellbeingSurrey's looke	development led by Public	<ul> <li>Findings to be presented to Corporate Parenting Board in February 2014.</li> </ul>
Group after children Page 154	<ul> <li>Health assessments – Guildford and Waverley CCG have appointed a project manager to focus on improving current service issues with LAC health assessments and to look at future commissioning options.</li> <li>Ch reaction</li> <li>Ch reaction</li> <li>Ch</li> <li>Co</li> <li>Co</li> <li>Th</li> </ul>	<ul> <li>Ensuring adequate medical advisers capacity to meet demand. A further variation of contract is in place to ensure ongoing in and out of county provision of health assessments.</li> <li>Collaborative working between SCC and G&amp;W CCG project manager to ascertain current position and to review current data.</li> <li>Contract variation in place and discussions to take place dut of county not eiving same level of service as in-unty children ntract variations are a stopgap dealing with immediate issues to do not address long term issues h the service s is a key inspection area eding evidence of improvement</li> <li>Bays in undertaking health essentiation in place and discussions to take place with Croydon Council re: out of county provision for unaccompanied asylum seeking children.</li> <li>Report to Corporate Parenting Board on 20 January on developing improvements was well received; action plan being developed.</li> <li>Health outcomes for LAC to be developed.</li> <li>To ensure effective governance and oversight, joint health and social care chairing of the Healthy Outcomes Subgroup, which reports to CPOG and CPB.</li> </ul>
School nursing	underway by Public Health de	<ul> <li>Partners to consider options for school nursing capacity to iver safeguarding and eventative roles</li> <li>Partners to consider options for school nursing capacity, including reviewing role of health lead professionals in safeguarding case conferences</li> <li>Take proposals to Children and Young People's Partnership</li> </ul>
Shared understanding of n	eed	
Aim: To develop a culture of s information on CYP and famili that we can collectively serve interests in a more joined up	<ul> <li>Health and wellbeing services for ch</li> <li>CYP and families feel a part of decis</li> <li>CYP and families are able to see wh</li> <li>Agencies have developed an approp</li> </ul>	ldren and families are designed to take account of their needs and experiences ons made about their health and wellbeing ere and how their input has affected strategic decisions (SurreySays) riate 'if in doubt, share' culture around data of the future demand for services and needs of CYP and families

	> >	<ul> <li>Agencies are collecting and using the voice of CYP an</li> <li>There is less duplication of work within and between</li> </ul>	-	ons
Lead body Children and Young People's Partnership	<ul> <li>Areas of focus</li> <li>Embedding solutions for joining up different management information systems to support operational decision making</li> </ul>	<ul> <li>Current Position</li> <li>Review of options for developing and sharing Surrey County Council's data-matching hub (ICS)</li> </ul>	<ul> <li>Risk/Challenges</li> <li>Challenge: Resourcing the project in the medium and long term.</li> </ul>	<ul> <li>Next steps</li> <li>Continue to improve data quality across systems</li> <li>Draft specifications for data warehouse</li> </ul>
Page 155	<ul> <li>Building a common understanding of need, based on robust data/sharing of challenges and to improve specific data sets (complex needs/substance misuse)</li> </ul>	<ul> <li>Planning to establish network of analysis staff in statutory and commissioned services, and data reference group for intelligence sharing</li> <li>Discussions around the restructure of the JSNA have progressed. New chapters planned:         <ul> <li>Families in Need – Focus for 2014, Safeguarding CYP – Focus for 2014, CYP in the care of the council – Focus for 2014, Healthy lifestyles, Risky behaviours, Pregnancy and Maternity, SEND</li> </ul> </li> </ul>	<ul> <li>That the two strands develop independently and do not relate to one another.</li> <li>That the data reference group is too difficult to get off the ground.</li> <li>Honesty about data sharing issues</li> <li>Resources/capacity for JSNA work</li> </ul>	<ul> <li>Develop a long list of potential analysis stakeholders.</li> <li>Run first networking event on Data Visualisation.</li> <li>Begin mapping out the longer term data reference group work.</li> <li>Develop three JSNA Chapters that are focus for 2014.</li> </ul>
	<ul> <li>Developing a mechanism for gathering evidence and sharing research about our children and young people</li> </ul>	• Surrey Says as a system for collecting and sharing consultation and engagement feedback is up and running within Surrey County Council. The tool is on track to be rolled out to all of SCC and partners by April 2014.	<ul> <li>That staff are unwilling to move from a system they are used to</li> <li>Skills development to support effective use of consultation and engagement system</li> </ul>	<ul> <li>Surrey Says to be offered to partners by April 2014.</li> <li>Develop training options for Surrey Says by April 2014.</li> </ul>

## Annex 2

Governance arrangements for delivering and monitoring the Health and Wellbeing Strategy Action Plan for improving children and young people's health and wellbeing

