

# Improving Children and Young People's Health and Wellbeing

**Priority status update 2 October  
2014**

# Performance scorecard

**Key:**  
 ● Red = Outstanding issues – action required  
 ● Amber = Action plan in place to bring on track  
 ● Green = On track

Children and Young People's Plan – strategic priorities	RAG Rating
Early Help (including healthy behaviours)	
Complex Needs (including paediatric therapies)	
Emotional wellbeing and mental health	
Safeguarding (including domestic abuse and improving the health outcomes of LAC)	
Shared understanding of need	

- This is the first time we have reported our performance against the partnership priorities using a RAG rating system.
- The following presentation will give an overview of our current position and next steps. It will also highlight some of the key differences this is making to children, young people and families.

# Early Help (including healthy behaviours)

**Aim:** To identify and address the needs of Surrey’s children and families earlier, reducing the need for more intensive, acute or specialist support.

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## EARLY HELP

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Current position
<ul style="list-style-type: none"> <li>EH Commissioning action plan agreed by EH commissioning group. Robust contract monitoring of grant funded Early Help services with outcome focussed service specifications.</li> <li>Roll out of Early Help assessment among all agencies. Analysis of assessments from April 2012 to inform commissioning.</li> <li>Early Help area conferences have improved understanding of working together, lead professional role and team around the family meetings. Increased uptake of Early Help and Lead Professional training within multi-agencies.</li> <li>New Early Help web pages available</li> <li>EH Champion partnership event in September 2014.</li> <li>Preparation for Phase 2 of Troubled Families Programme focusing on integrated partnership working</li> <li>Concept of early help is being picked up in the strategy for paediatric therapies</li> </ul>

Risks and issues for escalation
<ul style="list-style-type: none"> <li>Engagement with all partners, particularly schools, is key to success. This is being addressed through review of governance and consulting on outcomes framework.</li> </ul>

Next steps
<ul style="list-style-type: none"> <li>Develop and consult on outcomes framework that will define success measures for Early Help Strategy</li> <li>Develop and consult on Early Help Partnership plan to translate the strategy into actions for all agencies.</li> <li>E-Help system to incorporate work of Family Support Programme and SEND to launch in September 2014.</li> <li>Develop governance to strengthen oversight of Early Help</li> <li>Re-commission Services for Young People including a range of early help services</li> </ul>

What difference for children, young people and families?
<ul style="list-style-type: none"> <li>Moving forward we will be able to report on the outcomes framework for the early help strategy.</li> <li>MASH and Hubs: performance data suggests reduction in referrals. Contacts being identified as requiring a pathway other than Children’s Social Care.</li> </ul>

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## HEALTHY BEHAVIOURS

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Current position
<ul style="list-style-type: none"> <li>● Healthy weight pathway for under 5s completed</li> <li>● Developing healthy weight pathway for 5-19 year olds</li> <li>● Work ongoing refreshing the obesity needs assessment.</li> <li>● Sexual Health needs assessment due to be completed by August 2014.</li> <li>● Work ongoing to define the role of the school nurse in mainstream schools and how they can support the CAMHS school nurse.</li> <li>● Substance misuse strategy to be consulted on.</li> <li>● Analysing consultations responses and amending alcohol strategy</li> <li>● PHSE review complete</li> </ul>

Risks and issues for escalation
<ul style="list-style-type: none"> <li>● School take up of the healthy behaviours related questionnaire.</li> <li>● Recruitment of school nurses</li> </ul>

Next steps
<ul style="list-style-type: none"> <li>● Develop healthy weight strategy after needs assessment complete – November 2014</li> <li>● Develop 2015/16 healthy weight for 5-19 year olds commissioning intentions – Autumn 2014</li> <li>● Commission healthy behaviours related questionnaire – Autumn 2014</li> </ul>

What difference for children, young people and families?
<ul style="list-style-type: none"> <li>● From September 2014 children will know and have better access to a school nurse as every secondary school will have a named school nurse.</li> <li>● Decrease in number of referrals into treatment (YP aged 18 or under).</li> <li>● Planned exits (i.e. service users leaving treatment successfully) within Surrey continue to surpass those nationally and this quarter reached 90%.</li> </ul>

# Complex needs including paediatric therapies

**Aim:** Improving children’s health and wellbeing to give every child the best start in life and ensuring that children and young people with complex needs will have a good, ‘joined up’ experience of care and support.

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Current position
<ul style="list-style-type: none"> <li>Extensive communications and training plan is in place to prepare for introduction of new system from September 2014.</li> <li>New SEND Governance Board met for the first time and will oversee the implementation of the reforms.</li> <li>SEND Reform Grant is being used to support capacity to introduce the new system.</li> <li>Local Offer 'landing page' launched on SCC website.</li> <li>Outcome focussed Joint Commissioning Strategy for paediatric therapies is currently being drafted. This will include a focus on early help i.e. those requiring access to support services but may not need an EHC Plan.</li> <li>An outcome focused speech and language therapy assessment workshop took place in July 2014.</li> <li>College of Occupational therapists reviewing occupational therapy in Surrey.</li> </ul>

Next steps
<ul style="list-style-type: none"> <li>Continue use of SEN Reform Grant to support new system whilst maintaining the existing system - Ongoing</li> <li>Learning from Personal Budgets Policy – has been out for consultation during September 2014</li> <li>Following consultation workshop in September 2014, a fuller timetable for the transfer of statements/LDAs to the new EHCPs will published before the end of September.</li> <li>Develop service specification for speech and language therapy – Oct 2014.</li> <li>Complete joint commissioning strategy for paediatric therapies – Oct 2014.</li> <li>Embed new governance arrangements - ongoing</li> </ul>

Risks and issues for escalation
<ul style="list-style-type: none"> <li>Very challenging timescales – Code of practice and regulations only issued in June 2014; implementation September 2014.</li> <li>Challenge to introduce a new system while managing old system and transferring people onto new EHC Plans.</li> <li>A steep rise (seen nationally as well) in the number of statement requests at this time of the year have put additional workload burdens on teams.</li> <li>Predictive data analysis has stalled due a national issue of hospital trusts not sharing some data.</li> <li>Access to good early intervention support services (i.e. paediatric therapies) and particularly for under 5s.</li> </ul>

What difference for children, young people and families?
<ul style="list-style-type: none"> <li>Positive feedback from parents who took part in piloting the scheme in Surrey</li> <li>A more joined up experience of care for CYP and families – a new SEND Governance Board will be working hard to deliver this.</li> <li>We want good parental satisfaction with the SEND system in Surrey and are currently developing a way to best measure this.</li> </ul>

# Emotional wellbeing and mental health

**Aim:** Children and young people are supported as close to home and by people they know as much as possible and there are seamless pathways to effective targeted and specialist services where needed.

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Current position
<ul style="list-style-type: none"> <li>● Tier 4 beds – Taken the lead to lobby national bodies for more sustainable solution to issue of tier 4 beds.</li> <li>● SaBP working with acute hospitals, police and out of hours GPs to enhance the knowledge of professionals around the emotional health and well being of young people.</li> <li>● SCC with CCGs, Policy and SaBP are developing a innovation fund bid for an enhanced pathway service.</li> <li>● CAMHS Youth Advisors (CYA) have met with NHS England.</li> <li>● Health and Wellbeing Board endorsed joint emotional wellbeing and mental health commissioning strategy for CYP 2014-17. Three year commissioning action plan drafted to deliver strategy.</li> <li>● Paper for re-procurement of specialist and targeted CAMHS currently in consultation phase.</li> <li>● Integrated emotional wellbeing and mental health commissioning group have met.</li> </ul>

Risks and issues for escalation
<ul style="list-style-type: none"> <li>● National commissioning arrangements for tier 4 beds are unlikely to change for 1-2 years.</li> <li>● YP still being admitted to adult wards as often no adolescent beds available nationally or providers cherry picking. Far more support to access beds being given by Area Team.</li> <li>● Young People could be left in paediatric beds if no mental health beds available.</li> </ul>

Next steps
<ul style="list-style-type: none"> <li>● Continued lobbying of NHS England and Department of Health for sustainable solution re. access to tier 4 beds for YP in Surrey - Ongoing</li> <li>● A series of further meetings are planned between YP and NHS England as a “task force” - Ongoing</li> <li>● CCG and SCC working together to re-procure targeted and specialist CAMHS services. A greater understanding of need and provision will be available - end of September 2014.</li> <li>● Explore extended outreach service/crisis prevention through innovation fund bid.</li> <li>● Continued development of the Integrated EWMH commissioning group across all ages for Mental Health, Learning Disability and Substance Misuse - Ongoing</li> </ul>

What difference for children, young people and families?
<ul style="list-style-type: none"> <li>● 34 young people prevented from requiring admission to a child psychiatric unit by HOPE service</li> <li>● With c.200 schools trained (through TaMHS) to spot signs of mental health, more CYP have access to advice and support earlier.</li> <li>● Through a renewed joint child and adolescent mental health services (CAMHS) strategy, children and young people will have earlier interventions and organisations will work jointly together around the needs of the child.</li> </ul>

# Safeguarding including LAC and Domestic Abuse

**Aim:** To embed and inform specific safeguarding improvements including those directed by the Health and Wellbeing Board, Safeguarding Children Board and the Community Safety Board

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## LOOKED AFTER CHILDREN HEALTH ASSESSMENTS

### Current position

- CCG collaborative agreed to provide extra funding to increase capacity for specialist nurses to carry out assessments and provide health support.
- Collaborative working between SCC and G&W CCG project manager to develop service specification for improved service model.
- LAC Health needs assessment completed by Public health.
- Contract variation in place to cover out of county assessments.
- Health outcomes for LAC being developed with the Care Council and a subgroup of the Corporate Parenting Board will be developing an action plan to improve health outcomes.
- Trialling of SLA with a Hampshire for completion of out of county health assessments.

### Risks and issues for escalation

- Completion of adoption and fostering assessments for adults. CCGs are aware of this and action is being taken to rectify

### Next steps

- Further development of service specification health outcomes and performance measures to assess and understand the health and wellbeing outcomes of LAC – November 2014
- Further discussions with the providers in relation to the service model – Ongoing

### What difference for children, young people and families?

- Increased capacity has meant that the most vulnerable children, e.g. those out of county, get timely health assessments
- Health needs assessment in development to get full and complete understanding of the health needs of LAC.
- Children and young people identifying health issues that are most important to them. This is to ensure services and support can continue to address need most effectively.

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## DOMESTIC ABUSE

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### Current position

**Domestic Abuse**

- Community Safety Board have agreed DA strategy, Health and Wellbeing Board, Children’s and Adults Safeguarding have reviewed.
- Domestic Abuse JSNA published and best practice research of DA interventions for CYP and families completed.
- Review of current provision, commissioning arrangements and partner plans for domestic abuse specialist services and healthy relationships preventative work has commenced.
- Initial scoping for specialist services for children and young people affected by domestic abuse commenced
- DA risk assessment checklist adopted by Children’s social care workforce.
- DA Multi-agency training offer including e-learning launched.
- OPCC have funded a specialist Children’s Worker (16hrs per week) from the 1<sup>st</sup> October in each of the four Outreach areas.

### Risks and issues for escalation

- School take-up of Healthy Relationships Package.
- Commitment by all agencies to agree whole system pathways.
- Commitment by all agencies to whole system commissioning of services, interventions and training.

### Next steps

- Business case for domestic abuse specialist services and healthy relationships preventative work to be agreed – September 2014
- Analyse options for DA interventions to be used through the Family Support Programme – Autumn 2014
- Roll-out DA risk assessment checklist to multi-agency early help workforce – August-October 2014 and November/December 2014 for further services
- Quantify need for future training for children’s workforce – January 2015
- Finalise commissioning outcomes and spend analysis – September 2014

### What difference for children, young people and families?

- Greater understanding of need and provision has led to new commissioning intentions and funding for:
  - A package to inform and advise school aged children about healthy relationships and domestic abuse.
  - Specialist services for CYP and families
- Supporting Families Programme has identified 17% of 252 referrals for intensive support as including a reported victim of domestic abuse – more families will receive support to tackle problems around domestic abuse

# Shared understanding of need

**Aim:** To develop a culture of sharing information on CYP and families so that we can collectively serve their interests in a more joined up way

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Current position
<ul style="list-style-type: none"> <li>• Work is ongoing to streamline JSNA process for CSF, including updating older JSNA Chapters</li> <li>• First meeting of multi-agency virtual data group has occurred.</li> <li>• Surrey Says has been successfully rolled out to CSF.</li> </ul>

Next steps
<ul style="list-style-type: none"> <li>• Develop JSNA Chapters: Families in Need, SEND and Safeguarding CYP – End 2014</li> <li>• Continue to develop multi-agency virtual data group including producing a high level data gap analysis – Autumn 2014</li> <li>• Further roll out of Surrey Says across SCC and partners, including training – Autumn 2014</li> </ul>

Risks and issues for escalation
<ul style="list-style-type: none"> <li>• Capacity to ensure actions are completed within desired timescales.</li> </ul>

What difference for children, young people and families?
<ul style="list-style-type: none"> <li>• As a result of a better understanding of need, commissioning priorities have been altered to better match the needs of our communities.</li> <li>• Children's and parents' views are getting heard and taken into consideration more.</li> </ul>

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