

Health and Wellbeing Board
9 March 2017

Improving Children's Health and Wellbeing – Priority Status Update

Purpose of the report: Performance Management/Policy Development

The purpose of this report is to update the Health and Wellbeing Board on progress against the improving children's health and wellbeing priority within the Joint Health and Wellbeing Strategy. An update is provided to the Board every six months with the last coming in September 2016. This report also seeks the Board's approval for the Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017-22 – One page summary.

Recommendations:

It is recommended that the Health and Wellbeing Board:

- i. note progress that has been made against the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy; and
- ii. approve the Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017-22 – One page summary
- iii. note that the improving children's health and wellbeing priority in six months' time will also include an action plan for the joint commissioning strategy.

Context

1. Surrey's [Joint Health and Wellbeing Strategy](#) (JHWS) outlines five priorities, the first of which is 'Improving children's health and wellbeing'.
2. The Surrey Children and Young People's Partnership's Board and Strategy are the main delivery mechanisms for the 'Improving children's health and wellbeing' priority of the JHWS.

3. This report focuses on some of the key achievements since the previous update in September 2016 including awarding the new Community Health Contract, and further updates around improvements in Children's Social Care, Special Educational Needs and Disabilities (SEND), Multi-agency Safeguarding Hub (MASH) and Early Help.

Performance Overview

4. A key next step for the Surrey Children and Young People's Partnership Board through the Joint Commissioning Strategy, remains to develop an outcomes framework with clear outcome measures. The overview presented here is therefore a combination of some measures currently used and a more general assessment for some areas:

Safeguarding

- Ofsted and the Department for Education (DfE) have confirmed that Surrey County Council (SCC) is making positive progress with its improvement journey. They have challenged the Council and partners to continue increasing the pace and impact of improvement work, including improving the consistency of practice.
- Key improvements over the last six months include:
 - The timeliness of Child and Family Assessments continues to improve moving from 58.1% (January 2016) to 78.9% (January 2017). This now compares well with national benchmarking.
 - Implementation of the Safer Surrey approach is continuing successfully with evidence of practitioners effectively using the approach and tools in child-focused practice. Ofsted have recognised this in their monitoring visits.
 - Stability of placements for Looked After Children is improving. For the percentage of Looked After children with three or more placements during the year this has improved from 6.7% in December 2015 to 4.7% in December 2016

Special Educational Needs and Disabilities (SEND)

- The [joint inspection of Surrey's SEND services](#) in October 2016 confirmed our own assessment of SEND services and identified a number of areas for improvement. The five key areas of improvement are:
 - The timeliness, suitability and quality of statutory assessments and plans, including when statements are transferred to education, health and care plans (EHCP).
 - The under-developed and often limited involvement of parents and carers and the narrow range of those included in planning, monitoring and evaluating services. The ineffective promotion of the local offer and the incomplete statutory transition plan.
 - The inefficient management and coordination of area information in administrative processes to inform evaluation of services and outcomes and to hold leaders and staff at all levels to account for rapid improvement.

- The relatively low identification of need at school support level indicating inefficiencies in the early identification of special educational needs and/or disabilities.
- The increasing rates of absence and exclusion experienced by children and young people who have special educational needs and/or disabilities in mainstream schools.

Healthy Lifestyles

- Two thirds of Surrey's Children's Centres have been accredited with the UNNICEF Breastfeeding Friendly award that illustrates the work they do in partnership with local health services to promote and support breastfeeding.
- Breastfeeding support forms part of the Surrey Healthy Children Centre Award which half of Surrey's Centres are on their way to achieving.

Key Achievements and Outcomes

Key achievements over the last six months are:

Surrey Children and Young People's Partnership Board Joint Commissioning Strategy

5. Over the last six months the Partnership Board have led a process aimed at developing a shared understanding of need, demand, outcome and resource as well as building consensus around its strategic direction.
6. A Joint Commissioning Strategy 2017-22 – one page summary setting the ambition, context, key challenges, overarching outcomes and shared priorities for 2017/18 has been endorsed by the Board. The ambition of the strategy is 'to address the inequality in outcomes that some of our children and families experience in Surrey'. Please see Annex 1 for the strategy.
7. The Health and Wellbeing Board is asked to approve the Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017-22 – one page summary.

Community Health Contract awarded to new provider

8. Following a competitive tender process the Surrey Clinical Commissioning Group (CCG) Collaborative, SCC and NHS England have identified Children and Family Health Surrey as the preferred provider to deliver children's community health services¹ from across Surrey from 1 April 2017.
9. Children and Family Health Surrey is an alliance between CSH Surrey, First Community Health and Surrey & Borders Partnership NHS

¹ They will be responsible for delivery of the full range of children's health services including; speech and language, school nursing, health visiting, children's community nursing and occupational therapy.

Foundation Trust. The Alliance will work in partnership with education, social care and voluntary, community and faith sector organisations to create opportunities that lead to integration and deliver efficient and effective services.

10. The CCG Collaborative, SCC and NHS England are working with Children and Family Health Surrey to mobilise the new service ready for 1 April 2017. Please see Annex 2 for a press release outlining further details.

Safeguarding improvement programme

11. In January 2017 Ofsted conducted a two day monitoring visit with a particular focus on care leavers and child sexual exploitation. Ofsted have reflected that we know ourselves well and have correctly identified the key priorities moving forward. This includes improving: consistency of practice and case recording, the impact for children of management oversight and supervision; and embedding improvements in quality assurance and performance management. Please see the [Ofsted monitoring visit letter](#) for further details.
12. The DfE also visited at the end of January 2017 and confirmed these findings. DfE have challenged SCC and its partners to continue to prioritise the improvements that will have the greatest impact on children and to build on the good strategic partnership relationships in place to have the greatest impact on children.
13. Strengths based, reflective and restorative practice is central to improving outcomes and the experience of children and families. Monitoring visits and quality assurance work shows that when the Safer Surrey approach to practice is used the quality of practice improves.
14. To further build on the Safer Surrey approach Signs of Safety will be implemented which will provide a robust model for day-to-day safeguarding work centred on reflective practice. It will further develop the voice of the child, with the child and family being at the centre of care and safety planning. Signs of Safety preparation is underway and training will be delivered across Children's Social Care and partners, from March 2017.
15. Efforts will also be made to further roll out and embed the Safer Surrey approach with our SEND teams.

SEND Improvement Programme

16. In light of the joint inspection of the local area in October 2016, Ofsted and the Care Quality Commission have requested a Written Statement of Action outlining the actions that will be taken to address the concerns identified in the report. These included issues about timeliness of plans, involvement of a wider range of families, information management and earlier identification of needs. This will be submitted on 13 March 2017.

17. SCC, health partners, family representatives and school leaders have been working together to develop the Written Statement of Action. This included holding a rapid improvement event at the end of January to focus on improvements to the Education and Health Care Plan (EHCP) process. This was an opportunity for parents and carers to work alongside practitioners to explore the issues with the current EHCP process and jointly identify ways it could be improved.
18. The Written Statement of Action will feed into a refresh of the SEND Development Plan. This refresh will focus on prioritising activities and ensuring the necessary governance arrangements, ways of working and resources are in place in order to deliver outcomes effectively. The refreshed plan will be taken to the SEND Partnership Board for sign off in May.

Multi-agency Safeguarding Hub (MASH)

19. The MASH² went live in October 2016 and provides a single point of contact for safeguarding concerns relating to children and adults in Surrey.
20. Following some initial challenges around use of systems, processes, technology and high demand, partners have been working hard to implement and embed the new way of working through the MASH. This includes increasing Children's Social Care staffing levels to deal with the demand.
21. On average the MASH deals with around 6,000 contacts per month and since a new phone answering model was introduced in November 2016 the percentage of calls being handled has dramatically increased. This continues to improve; as of the end January 2017, fewer than 1% of calls were dropped (not answered). Police contacts remain the highest proportion and consistently account for 45% - 50% of all contacts.
22. There has also been an improvement in the timeliness (within one day) of processing cases progressing to Children's Social Care from 50% in November to over 70% in early 2017.
23. Following the introduction of MASH we have seen referrals to Early Help continue to increase, meaning continued identification and support for children and families before needs escalate.

Early Help

24. Developing a better and more coordinated Early Help model and offer for Surrey will be a key component of reducing demand for high cost statutory services and improving outcomes.

² The MASH has practitioners from NHS, Surrey and Borders Partnership, Police and Children's and Adult's Social Care headed up by a jointly funded post – Head of MASH.

25. This ongoing work has been exploring and developing thinking around a Family Services model. Each district and borough (D&B) held an early help partnership event at the end of 2016 and a further set of events are taking place in February and March 2017 in all 11 D&Bs. These events have been co-facilitated by SCC and D&B leads and are bringing together partners from across the sectors in each locality.
26. Outputs of these events will include defining how partners will work together at a local level, developing integrated family services, identifying where services and support will be located and forming early help advisory groups. This work is supported by the comprehensive needs assessment and demand modelling which has been undertaken across Surrey to help determine the places where Family Services are most needed.
27. A key component of the local arrangements will be the formation of a 'Family Service' within SCC bringing together responsibilities for Services for Young People, Early Help Co-ordination Hubs, the Family Information Service, the Family Support Programme (delivered by D&B staff) and Children's Centres (delivered by schools and voluntary sector partners). Locally, Young People and Families Teams, led by a Family Services manager, will operate in each D&B area from May 2017.
28. A number of district and boroughs have indicated that they would like to be early adopters of the Family Services model and meetings are planned at a strategic level between key partners to accelerate progress towards identifying and putting in place local arrangements to deliver the new Early Help offer.
29. The Family Service model would then be supported by joint Early Help commissioning to ensure the right services are commissioned to meet the needs of children, young people and families to improve their outcomes.

Integrated Sexual Health Service contract

30. The new Integrated Sexual Health Service will be provided by Central and North West London NHS Trust (CNWL). The service is open access and will specifically work with young people, men who have sex with men, sex workers and Black Africans. The emphasis of the service is on prevention and behaviour change, and the provider will work in a partnership with education, community based youth workers and the youth support service as well as wider community groups and stakeholders to support the identified target populations.
31. A priority for the new service will be to improve access particularly for those most at risk of sexual ill health. This means that as well as operating clinic-based services CNWL will be in the community running satellite and outreach services where people live and work. CNWL will be partnering with GPs, pharmacies as well as community and voluntary groups in areas where there are high rates of sexually transmitted illnesses (STIs) and teenage conceptions.

32. As well as community based services CNWL will be supporting HIV patients in outpatient settings and delivering a new integrated sexual health service in Surrey prisons.

Surrey Heartlands – Better Births Early Adopter Bid

33. Surrey Heartlands Sustainable and Transformation Plan (STP) bid to become an early adopter site for Better Births has been successful. They are one of seven areas chosen by NHS England to test and pave the way for the national roll-out of initiatives to deliver safer, more personalised care for all women and every baby with the aim of improving outcomes and reducing inequalities.
34. The overall aim is to deliver real improvement in maternity services and make a positive difference to the care and experience of women locally. The vision for this work includes focusing on key areas of development:
- A shared community midwifery service model across the geography, enabling midwives to work across organisational boundaries supported by mobile technology and electronic patient records.
 - Service provision from ‘community hubs’, where a plethora of services can be delivered to pregnant women and families.
 - A Surrey Heartlands wide home birthing team ensuring that local women have access to a full range of birth choices.
 - A dedicated ‘maternity line’ to ensure that women have easy access to consistent advice and information when they need it.

| |
|-----------------------|
| Key Challenges |
|-----------------------|

36. The main challenge continues to be demand on services whilst budgets become ever more stretched. This is particularly the case for the County Council.
37. Continuing to implement the SEND reforms following Surrey’s joint inspection of the area’s SEND services to deliver the Written Statement of Action; and improve the experience of children and families.
38. The national reduction in Public Health funding is likely to impact on the provision of universal services (school nursing and health visiting) and, by association, Early Help and safeguarding capacity. Additionally, reductions in spend have been necessary on sexual health as well as drug and alcohol services for both children and young people and adults. SCC is working with the providers of these services to mitigate against reduction in front line delivery through changes to pathways, workforce and by jointly commissioning some of these services.
39. It is, however, even more critical that all partners in Surrey continue to work with each other and with service users to improve outcomes for children, young people and families whilst providing value for money. The development of the joint commissioning strategy is a critical way to

do this and the Health and Wellbeing Board can continue to support this at a strategic level.

Conclusions:

40. There have been some notable achievements over the last six months which are and will continue to improve outcomes for children and young people. This includes the development of the joint commissioning strategy, good progress in implementing the Children's Improvement Plan; the development of the MASH, the new Community Health Contract has been awarded and Surrey Police have received a 'good' judgement in their recent inspection.
41. Much is still required in order to continue working together to improve outcomes for children, young people and families. This includes agencies working in partnership as well as with service users and parents to deliver the improvements in the safeguarding system and the SEND reforms in Surrey.
42. Strengths based, reflective and restorative practice is central to improving outcomes and the experience of children and families. As such continuing to roll out and embed our Safer Surrey approach including the Signs of Safety practice model for safeguarding is a key priority for partners as reflected in the Joint Commissioning Strategy. Signs of Safety preparation is underway and training will be delivered across Children's Social Care and partners from March 2017.
43. Developing a better and more coordinated Early Help offer will be a key component of reducing demand for high cost statutory services and improving outcomes. This is a high priority for all partners to develop and implement a new Early Help offer, building on the thinking around family hubs.
44. It remains a time where increased demand and stretched budgets mean partners must continue working together in partnership and with service users to improve outcomes and provide value for money, with early help being a major focus over the coming months.

Next steps:

Key next steps include:

- Develop new Children and Young People's Partnership joint commissioning strategy action plan by June 2017.
- Implementation of new Community Health Contract with new provider – contract goes live on 1 April 2017.
- Continue working in partnership to successfully complete and implement the SEND Written Statement of Action and improve the experience for children, young people and their families – Ongoing.

- Continue working in partnership to deliver and embed improvements in the Safeguarding system, including rolling out Signs of Safety – Ongoing.
- Continue working partnership to develop and deliver an improved early help offer for children and families in Surrey – Ongoing.

Report contact: Andrew Evans, Strategy and Policy Development Management, Children Schools and Families, Surrey County Council

Contact details: 01372833992, andrew.evans@surreycc.gov.uk

Annexes:

Annex 1 – Surrey Children and Young People’s Partnership Joint Commissioning Strategy 2017 – 2022 – One page summary

Annex 2 – Surrey Healthy Children and Families Press Release

Annex 3 – Family Hubs: A Discussion Paper

This page is intentionally left blank