



Health and Wellbeing Board
Thursday 1 March 2018

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 outcomes under 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 in September 2017.

Recommendations:

It is recommended that the Health and Wellbeing Board:

- i. note that progress has been made against the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy;
- ii. note the specific updates in relation to (i) residential facilities for children with extreme complex needs and challenging behaviour; (ii) learning from joint commissioning of monitoring and management for contracts with children's services; (iii) pathway into, through and out of CAMHS; and mental health aspect of SEND; and
- iii. receive a further update for the 'improving children's health and wellbeing' priority against the new set of outcomes, in six months' time.

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 Board and its joint commissioning strategy are the main delivery mechanisms for improving children's health and wellbeing.

Residential facilities for children with extreme complex needs and challenging behaviour

3. Children Schools and Families (CSF) has recently established the 'Sustainable Futures' initiative which focuses on achieving a more cost effective and more local offer from the market that supports a financially sustainable model for quality social care and SEND placements for Surrey children. The Assistant Directors for Commissioning and Prevention, CSF Finance, Schools and Learning and Children's Services are co- sponsors of the initiative.
4. The indication that we have achieved this change will be the availability of a greater range of provision, particularly local provision, for placements for children (social care and SEND), which is affordable.

To do this we are proposing four strategic outputs:

- The cost of current provision is reduced.
- New affordable provision commissioned.
- The need/demand for residential placements is reduced through Early Help.
- Future commissioning and financial planning is aligned to robust modelling of future demand.

These four outcomes will be established in our current change programmes and evidenced through a specific performance framework.

5. Since 2014, Surrey's primary method of purchasing residential care for looked after children has been via the regional framework agreement procured by Hampshire County Council – this contract is due to expire in September 2018. In preparation for this SCC are working closely with Southampton City Council and 17 other local authorities across the south of England to develop a new 'flexible framework' which is due to commence by 1 October 2018.
6. As part of partnership arrangements for the new Framework, all members of the consortia will contribute to the costs associated with having a centralised contract compliance and quality assurance/market development coordination solution – ensuring that local authorities continue to work together and quality of provision remains high.
7. Within the tendering process there will be an option for children's homes to bid to provide services under 'Lot 5: Therapeutic Residential Care and Accommodation'. Under this lot, Providers will need to demonstrate their understanding of the challenges of working with highly traumatized children in residential care, who have a range of complex behaviours and be clear on how the (evidence based) therapeutic approach/service used within the home will improve the child's ability to function within their daily lives.

Learning from joint commissioning of monitoring and management for contracts with children's services

8. Through the joint management of the CAMHS contract, commissioning partners have taken an active role in improving data quality through a remedial action plan.
9. We also continue to work jointly on the Surrey Children's Community Health Service contract, working jointly to improve pathways for SEND and looked after children.
10. The joint Commissioners Forum is a good setting for developing shared understanding of achievements and challenges around the contract and agreeing joint action.
11. Ongoing joint work is required to ensure data is captured in line with the contractual targets, and those targets are appropriate to the resource level commissioned and the service delivery.
12. Learning from a recent contract review shows that desired outcomes and core purpose of services needed to be more clearly communicated in the contract.

Pathway into, through and out of CAMHS; and mental health aspect of SEND

13. Surrey and Borders have an improvement and development plan in place to improve outcomes for children, specifically for the Behaviour Pathway for children with Neurodevelopmental Disorders (BEN pathway) a number of changes have been made and some of these are highlighted below:
 - Review of pathway and standard operating procedures.
 - National Autistic Society introducing regular drop in clinics Jan 2018.
 - Non-medical prescriber in place.
 - Barnardo's reconnecting with families on the BEN pathway to attend Parenting Support Groups.
 - Autism Diagnostic Observation Schedule (ADOS) training completed on the 3 Jan 2018 with community staff to increase capacity.
14. CAMHS Transformation Funding is supporting a number of service areas including the new CYP Havens and Intensive Support Service, as part of the CAMHS "crisis umbrella" and implementation of the national CYP IAPT programme of training and outcomes-based clinical management. These services are set out in the updated Surrey CAMHS Local Transformation Plan (2017). Transformation funding is also supporting additional capacity within the current targeted contract for Care Leavers and the 3Cs service.

More babies will be born healthy

15. Surrey hospitals are being challenged by the national direction to reduce still birth rates by 50% by 2030. The rate of still births in Surrey's hospitals is similar to that seen nationally:
 - Breastfeeding initiation is higher than the national average, however, this decreases by 30% at 6-8 weeks.
 - Smoking at delivery is better than the national average, however, numbers remain at 4-500 people/year/trust. Smoking at birth, influences the likelihood of still birth and low birth weight.
 - Childhood immunisation rates are improving however remain below 95%.
 - There is currently no specialist tier 3 perinatal MH service in the county. Although a funding bid is currently being developed to address this gap.

Children and young people with complex needs will have a good, 'joined up' experience of care and support

18. Over the last six months extensive work has been underway to make progress on the SEND Written Statement of Action which followed the 2016 Ofsted and Care Quality Commission (CQC) inspection of SEND services in Surrey.
19. In November 2017 the Department of Education and NHS England undertook a monitoring visit to assess distance travelled since the inspection. Their analysis of our efforts to improve SEND services was a positive one which reflected 'substantial' progress in the last 12 months.
20. The SEND Joint Commissioning plan completed in November 2017 has highlighted some key opportunities for improving outcomes for children whilst securing sustainable services. Focussed work is underway to increase the opportunities for children to receive their education close to home and to identify and respond to need at the earliest opportunity.

More families, children and young people will have healthy behaviours

21. The Surrey-wide Children's Community Health contract is now near the end of its first year of delivery. There have been a number of challenges to delivery that include the timeliness of health assessments for Looked After Children and SEND. As well as waiting times for developmental paediatric and therapy services. In addition we are starting to see a decline in the delivery of the mandated Health Visitor, compared to the last quarter of 2016/17.
22. Children and Family Health Surrey (CFHS) have worked closely with the commissioning bodies to understand and, where possible, resolve these issues. We need to understand the implications of any further system wide changes that may affect delivery.

23. CFHS have been able to roll out areas of innovation. A number of which are now accessible on a Surrey-wide basis.
- **CHAT HEALTH;** Personal and sensitive subjects can be difficult to discuss, particularly in a school setting, so based on a successful model developed in Leicestershire, the school nurse team in east Surrey introduced a texting service to communicate with students in secondary schools. Children and Family Health Surrey is now extending this service to all secondary schools in Surrey.
 - **'One Stop'**, the new centralised referral and triage service introduced by Children and Family Health Surrey, received more than 1000 referrals in November after extending its service across the whole of Surrey on 31 October 2017. The service triages referrals for Surrey's specialist children's community services and was introduced by Children and Family Health Surrey within months of taking on the new contract to run Surrey's children's services.
 - **Immunisations,** The service also delivered the seasonal flu vaccination to 66% of children, across years R - 4. The Schools Childhood flu delivery programme completed in schools at the end of December 2017 but there are catch-up clinics in some areas in January 2018, so these figures will increase further.
24. Surrey experiences consistently better outcomes than the national statistics for young people leaving structured substance misuse treatment in a planned way (successful completions).

Health outcomes for looked after children and care leavers will improve

25. The number of LAC with a completed Initial Health Assessment continues to improve from 49% in December 2017 to 57% in January 2018 although it is significantly below the target of 80%. The number of children who had an IHA within 28 days of entering care is 31(9%).
26. Review Health Assessments for LAC in care 1 year or more remains stable at 71% which is below the target of 90%.
27. There has been a significant improvement in LAC in care for less than 1 year having a dental check. This has risen from 39% in December 2017 to 69% in January 2018. There is no target set for this at present, a request for information on this from the regional benchmarking group has been made to inform the decision for a target. Dental checks for children who have been in care for a year or more have improved from 68% in December 2017 to 73% in January 2018 but remains below the target of 90%.

More children and young people will be emotionally healthy and resilient

28. Data captured about our Child and Adolescent Mental Health Services

has improved with more subcontractor data and manual data now being recorded to provide more accurate activity levels.

- **Referrals** have declined for the BEN pathway since September 2017 and increased for Extended HOPE. Referral numbers remain relatively low for Post Order, STARS, Care Leavers and Children in Care.
- **Assessment and treatment** activity is increasing in particular for the BEN pathway. With existing trends activity is getting closer to agreed annual contractual levels. Earlier help being provided as pre-diagnostic support for the BEN pathway is now being more accurately reflected and shows a significant level of activity.
- **Average waits** for referral to assessment have decreased for most services since September, apart from Children in Care and BEN. However, waits for assessment to treatment remain and are increasing in some services (Children in Care, Post Order). Waiting times for the BEN pathway and Primary Mental Health service and Post Order are particularly challenging.

Key Achievements and Outcomes

Key achievements over the last six months include the following:

More babies will be born healthy

29. The Surrey Heartlands STP women and children's workstream has achieved a number of successes including sign off by NHS England of the Local Maternity System (LMS) Plan.
30. The LMS plan describes the work of the Better Births Early Adopter programme which will soon see the opening of a single Advice Line for maternity services, across the STP patch. Helping women and families to access support whenever it is needed.
31. Other notable areas of progress include the scoping and development of maternity community hubs.

Children and young people with complex needs will have a good, 'joined up' experience of care and support

32. Following the monitoring visit in November 2017, the Minister of State for Children and Families acknowledged some of the key areas of improvement including:
 - The partnership work underway to improve identification of SEND
 - Reduction of permanent exclusions for children receiving SEN support or on statutory plans (EHC)
 - The progress made to ensure the voice of children and their families is embedded into ECH plans and
 - Improvements in the timeliness of assessments of new EHC plans

More families, children and young people will have healthy behaviour

16. The HANDi Paediatric App is a new app that has been launched across North West Surrey to provide advice and support to parents and carers if their children have symptoms of common childhood illnesses. The HANDi App offers simple and straightforward advice on what to do and who to contact when a child is unwell. You can download the HANDi App for Android phones from Google Play or the Apple App Store for iPhones by searching 'Handi app'.
33. 2,500 primary and secondary school pupils completed the Health Related Behaviour Questionnaire completed for 2017. This provides a broad set of health information across the county ([HRBQ 2017](#)).
34. All Surrey's 58 Children Centres have been assessed by the UNICEF Baby Friendly Initiative which trains health professionals in hospitals, health visiting services and children's centres to support mothers to breastfeed and help all parents to build a close and loving relationship with their baby irrespective of feeding method. Half of all the Children's Centres are now fully level 3 accredited with the remaining awaiting the outcome of their assessment which took place in January. CFHS and the hospital maternity units are also accredited through UNICEF.
35. 21 of Surrey's Children's Centres are accredited as Healthy Children Centres. This award recognises the broad range of work children centres deliver and facilitate that impact on the health and wellbeing of children and their families. As a result of the success of this programme and in response to excess weight levels amongst Reception Year children, Public Health have procured the services of a dietitian to develop a healthy eating award for Early Years settings.

Health outcomes for looked after children and care leavers will improve

36. SCC Children's Services have reviewed and updated documentation related to the health assessment pathway - focussing on Initial Health Assessments (IHAs), clarifying the timescales, process and roles & responsibilities at each stage of the child's pathway. This was completed in Nov'17 and has helped to address pathway delays as evidenced by the reduction in delays over the last 3 months for children receiving an IHA within 28 days of coming into care.
37. Leaders from Surrey County Council, Guildford & Waverley Clinical Commissioning Group (CCG) and health provider met on 2 February 2018 and have agreed to take a system leadership approach to this with outcomes for children firmly at the centre. From the February 2018 Improvement Board onwards, a joint update on IHAs will be provided to the board, ensuring any conflicts with performance information are resolved in advance - this same report will be presented to the Corporate Parenting Board on 12 March 2018.

More children and young people will be emotionally healthy and resilient

38. The Extended Hope service, which provides out of hours mental health support service for 11-17 year olds in Surrey, has been honoured at the first ever Children and Young People's Mental Health (CYPMH) Positive Practice Awards 2018.
39. The Joint Strategic Needs Assessment was approved in September 2017, which was subsequently supplemented by a more detailed Joint Emotional Wellbeing and Mental Health Needs Assessment (December 2017). This included feedback from families and referrers and identified new and emerging needs to inform the development of a joint EWMH commissioning strategy.

Partnership alignment

31. We have been able to align the commissioning intentions for the six CCGs with those of the County Council's - Child First. These are also included within the Health and Wellbeing Board priorities in addition to the commissioning intentions for the Surrey Heartlands Sustainable Transformation Partnership (STP).
32. The Surrey Heartlands STP Women and Children's Plan aims to reduce variation in service delivery and outcome and has a strong focus on prevention as well as improving access to services through maternity advice lines and localised apps.

Key Challenges

40. The monitoring visit of SEND services in Surrey reflected what we know about our ongoing challenges. Work continues at pace to ensure the national deadline is met to transfer Statements of Education to Education Health and Care Plans this year. More work is needed to improve the timeliness of EHCP assessments and to make progress on our ability to measure the quality of our plans for children and young people.
41. There are a number of challenges in relation to the targeted CAMHS contract:
 - Some service waiting times are still too long, particularly in BEN, Primary Mental Health and Post-Order.
 - BEN pathway - issues around families accessing pre-diagnostic support, unclear interdependencies with other CAMHS teams and higher than contracted activity.
 - Some targeted services are underperforming, particularly Post Order and Care Leavers. Commissioners and providers will undertake further work to review if contracted activity levels are appropriate.
 - Very limited outcomes reporting for CYP from provider. Feedback from service users has been mixed, with concerns around accessing the service and receiving timely support. There has been positive feedback from service users of sub-contractors and crisis care (Extended Hope / HOPE).

- Work needs to be done promote the CAMHS offer, particularly within schools, to deliver the message about what support is available and how to access it.
42. Budget reductions have taken place across all of public health's services including; health visiting, school nursing, sexual health and weigh management. Many areas for delivery are reliant upon partner organisations, including schools and children centres, for effective reach to families, children and young people. There is a risk of multiple savings being made in budget areas which serve the same area of population e.g. early years.
43. There are a number of challenges in relation to Independent Health Assessments experienced by Children's Services, the CCG, health provider and children in our care, many of which have been discussed at the Improvement Board, and have been highlighted as part of the commitment to take a new joint approach to monitoring and reporting in February 2018; key challenges include:
- Delays including reporting when a child becomes Looked After; obtaining consent; returning completed IHA reports, recording on the case management system.
 - Suitable times for appointments including having a different assessment approach for children of different ages.
 - Child or social worker not attending appointments and not failure to arrange transport or interpreters where required.
 - Different tools and methods used for tracking children through the pathway and access to different information used for reporting.
44. A number of these challenges are also experienced for Review Health Assessments and Dental Check processes as well.

Conclusions:

45. It is critical that we continue to respond to what we hear with passion and purpose and work better together to keep our children seen, safe and heard, not just some of the time, but all of the time. We can achieve this by ensuring our best practice becomes consistent practice for children and families in Surrey.
46. We have made some progress working in partnership to improve the health and wellbeing of children in Surrey however a number of practice shortfalls and joint partnership challenges remain in particular around performance issues in CAMHS and mental health support for children, and Independent Health Assessments and dental checks for children in care.

Next steps:

Key next steps include:

- a. The partnership-wide Surrey Children's Improvement Board will continue to drive the delivery of our shared Improvement Plan and oversee progress and impact for children. The Children and Education Select Committee, Surrey Safeguarding Children's Board, Corporate Parenting Board and all Members – particularly in the role of Corporate Parents - will continue to play a vital role in ensuring we are making a difference for children.
- b. Subject to final agreement at the Improvement Board on 22 February 2018, the proposed improvements for Initial Health Assessments agreed with SCC and CCGs include:
 - Taking a different approach to conducting Initial Health Assessments for children and young people of different ages.
 - Establishing a different pathway for those children and young people that refuse to undertake a health assessment.
 - Providing access to Surrey County Council's children's data for the CCG and Health Provider.
 - Reporting of performance information jointly to the Corporate Parenting Board, Information Board and Select Committee Performance sub-group from February 2018 onwards.
 - We will continue to monitor and scrutinise performance and improvement activity for individual children and at a 'system-wide' level utilising our improved Tableau reporting system.
- c. To improve our SEND services we continue to work closely with families, young people and our partners in health and education to prioritise the activity that will have the biggest impact for example, we are working together to define a common set of outcomes which will provide better consistency of assessments and support across services.
- d. We recognise that there remains much to do along our SEND improvement journey and so work continues at pace. We will continue to prioritise the commitments as laid out in the Written Statement of Action whilst pursuing our ongoing improvement activity with families, young people and partners across the SEND system.
- e. Whilst there are challenges with the ongoing perception of CAMHS and mixed performance, the commissioners and providers will continue to work together to address challenges and develop the services to meet need. This will be done through:
 - Specific focus on bringing down wait times and improving performance through a joint review of year 2 of the contract by commissioners and providers. This includes reviewing contracted activity levels and resources and how experience is impacting upon service design and delivery. This will be delivered through clear, specific actions and be time bound.
 - Ongoing monthly contract and quality management meetings.

- Planned Committees in Common process for commissioners to agree jointly the decision to extend for 2 years or re-procure at the end of the contract term.
 - Development of a Joint EWMH commissioning strategy to inform future commissioning developments and improvements.
- f. A number of the public health contracts have only recently been re-commissioned and therefore there is a continued need to understand the implications of budget savings on service delivery and associated outcomes. Public Health and the CCGs will continue to work with our service providers in their ambitions to transform services across Surrey.
- g. Public Health and the CCGs will continue to align commissioning intentions with the priorities of the Sustainable Transformation Partnerships. This also provides further opportunities to embed prevention and early help within wider clinical pathways for maternity and children's services.

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