Health and Wellbeing Board

13 September 2018

Improving Children’s Health and Wellbeing

**Purpose of the report:** Performance Management/Policy Development and Review

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 March 2018.

**Recommendations:**

1. Take note of the strategic and intensive changes taking place in the Surrey County Council Children, Families and Learning Directorate that aims to improve outcomes for children across the system.

2. Review the Children and Young People’s Mental Health paper and support the recommendations.

3. Note the ongoing challenges being faced by the directorate and its partners including initial health assessments and dental checks for looked after children and the transformation required for SEND services.

4. Receive a further update for the ‘improving children’s health and wellbeing’ priority against the new set of outcomes, in six months’ time.

**Context**

5. Surrey’s Joint Health and Wellbeing Strategy (JHWS) outlines five priorities, the first of which is ‘Improving children’s health and wellbeing’.
6. 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. The Board is currently identifying how it can continue to be most effective and achieve the right outcomes for children.

### Performance Overview:

**Children have a healthy weight**

7. The Children’s weight management contract with Alive ‘N’ Kicking has seen an increase in starters, on their healthy weight programme, in the first 6 months of 2018/19 (147 starters) compared to the first year of the contract (93 starters). 79% of children maintained or decreased their BMI and there additional improvements in self-esteem and physical activity. The service has also supported 453 children through their schools based programme.

8. Child excess weight in 2016/17 has seen a slight rise after a three-year downward trend. In the reception year, 17.3% of children that were measured had excess weight compared to 16.6% the previous year. In Year 6, 26.8% of children had excess weight compared to 26.0% in the previous year. The Surrey Healthy Weight Alliance will focus on the delivery of the National Childhood Weight Management Programme and how to raise the issue of weight earlier in a child’s life.

9. According to the Public Health England Local Authority Dashboard, we are 1st out of 16 similar Local Authorities in child obesity ranks.

**The health outcomes for looked after children and care leavers improve**

10. Since March 2018, the performance indicators show there has been a further deterioration in health and care-related indicators for looked after children. The instantaneous performance at a point in time may be affected by data recording practices such as delays in recording health checks, so the areas that are substantially off target are more concerning than areas where there have been small changes in performance. There is ongoing work to ensure records are kept up to date throughout the year.

- The number of looked after children with a completed Initial Health Assessment has not significantly changed since March 2018, and is below target. 62% of looked after children have a completed initial health assessment compared to a target of 80% however the vast majority of these take place outside of the 30 day standard.
• There was an improvement in the performance of Review Health Assessments for children who have been in care for 1 year or more, but this trend has now stabilised at 87% (13% are overdue).
• The performance on dental checks for children who have been in care for less than one year has declined from 61% of children having had dental checks in March 2018 to 51% in June.
• The performance on dental checks for children who have been in care for 1 year or more remains stable with 84% of children having had a dental check.
• Performance on Pathway Plans for looked after children at age 16 and 3 months is significantly below the target of 95% of children having a plan in place. Currently only 28% have a plan in place at this age, although the performance improves for Care Leavers. There are only 4 Care Leavers who do not have a completed Pathway Plan.

Children with special educational needs and disabilities (SEND) have their educational, health and care needs assessed and met

11. There has been a steady improvement in the timeliness of new EHCPs completed within 20 weeks: from 28% in January 2017, to 58% in December 2017, to 63% in May 2018 (cumulative 12 month total). This compares with an England average of 64.9%, and is in spite of increased numbers of requests for EHCPs, which is in line with the national trend. There is continued work to put in place more effective multi-agency practice, including stronger performance management arrangements and tools, and resources to drive further improvements in timeliness. In-month timeliness is expected to rise to 85% by December 2018.

12. 99.7% of the transfers of statements to EHCPs were completed by the statutory deadline of 31 March 2018. For the transfers that remained in April 2018, teams worked with each of the families to finalise the process as quickly as possible, and in the meantime maintained provision for each child exactly as it had been. The additional caseworkers brought in to complete the EHCP transfers have been retained, to augment staffing levels in SEND teams, bringing additional capacity to the work with families.

Key Achievements and Outcomes

Family Resilience Programme in Surrey County Council
13. This service has embarked on an ambitious programme of work aimed at changing culture and practice in pursuit of consistently better outcomes for children young people and their families. This programme cuts across a number of the Health and Wellbeing strategic priority areas as there is a strong emphasis on prevention, improving the health outcomes of children through the reduction of harm and promoting positive parenting approaches. The improvement programme is far reaching and not simply a narrow response to the recommendations of the recent Ofsted inspection. Regular monitoring visits from Ofsted will take place alongside the wider improvement work. The following initiatives have already been announced under the Family Resilience Programme, and more will follow in the Autumn.

14. The Family Safeguarding Model is a new approach to safeguarding for children at higher levels of need, pioneered by Hertfordshire County Council. It involves co-located multi-agency teams including social workers, mental health, probation and substance misuse workers. The evaluation of this approach in Hertfordshire found a significant reduction in children being placed on child protection plans, and fewer children entering the care system. A core element of the model is a positive practice approach, working with families and using motivational interviewing techniques to encourage and support people in making changes to their behaviour.

15. No Wrong Door is a new preventative approach for older children aged 12 and above who are in care or on the edge of care, or have recently moved to supported or independent accommodation. The No Wrong Door (NWD) approach was introduced in North Yorkshire County Council providing an integrated service for young people, trying to ensure that teenagers can live in their own families and communities wherever possible. This was found to contribute to improving health outcomes of young people including a reduction in high risk behaviour, improved wellbeing and resilience.

16. The signs of safety practice model will be replaced by an alternative strength based model underpinned by systemic thinking and relationship based work, in order to create a unified approach across the service.

17. These initiatives are at an early stage and detailed design work is currently underway to determine the organisation and methods of the proposed new teams.

**Surrey Heartlands Health and Care Partnership Women and Children’s workstream**

18. Priority areas are improving pre-conception health and wellbeing; reducing smoking in pregnancy; breastfeeding; access to contraception and maternal mental health. The
workstream is also working through how to ensure women and their families requiring additional support are identified early through maternity and wider universal community health services. This will be in-line with the developing system-wide transformation programmes.

19. These priorities fit with the drive from Surrey Heartlands to improve outcomes within the First 1000 Days of life, a concept that is being welcomed by acute trusts and community health providers.

**Suicide prevention strategy**

20. The strategy’s aim is “to reduce suicide by 10% by 2021 through the coordinated actions of our respective organisations”. It outlines six priority areas for action which are:
   - understanding suicide and attempted suicide in Surrey
   - tailoring approaches to improve emotional wellbeing in particular groups
   - reducing access to means by promoting suicide safer communities
   - reducing attempted suicide among children and young people
   - providing better information and support to those bereaved by suicide
   - Preventing suicide among identified high risk groups, particularly those with known mental ill health.

21. A consultation is taking place which you can read further about here: [https://www.surreysays.co.uk/adult-social-care-and-public-health/suicidepreventionstrategy/](https://www.surreysays.co.uk/adult-social-care-and-public-health/suicidepreventionstrategy/)

**Children have a healthy weight**

22. Additional programmes supporting children to have a healthy weight included the new Eat Well Start Well award for nurseries. A healthy eating accreditation for Early Years settings e.g. nursery schools, using the Children’s Food Trust Healthy Eating Guidelines for under 5s.

23. We continue to develop support for mothers choosing to breastfeed. Four out of five hospital trusts, the Children’s Community Health provider and over half of Surrey’s Children Centres have been accredited within the UNICEF Breastfeeding Friendly Initiative. This is a huge achievement, however, challenges remain in women maintaining breastfeeding. Currently there is approximately a 20% decrease from delivery through to 6-8 weeks.

24. Through the Local Maternity System the issue of maternal weight has been raised. Public Health in-conjunction with
local partners will develop a Pre-Conception health and wellbeing plan that promotes healthy weight alongside other key healthy behaviours.

25. We are 8th out of 16 similar local authorities with regards to the best start in life summary rank.

Children with special educational needs and disabilities (SEND) have their educational, health and care needs assessed and met.

26. The improved timeliness of new EHCPs and transfer completion are significant as we know from our work with families this is a key driver of their satisfaction with the assessment process. We also know from our survey of 1269 parents of a child with an ECHP in Autumn 2017 that 71% are satisfied with the outcomes delivered through the provision in the ECHP and feel that their child is making progress.

Key Challenges

Ofsted re-inspection services for children in need of help and protection, children looked after and care leavers

27. The re-inspection report of services for children in need of help and protection, children looked after and care leavers was published in May 2018. The service overall was judged to be inadequate, with adoption performance being the only area judged to be good. The inspectors made one comment about the Health and Wellbeing Board, that it had been too adult-focused and, until recently, was not focused enough on the experiences of the most vulnerable children.

Table 1: Ofsted Inspection Judgements for Surrey County Council Children’s Services, May 2018

<table>
<thead>
<tr>
<th>Service</th>
<th>Judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who need help and protection</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Children looked after and achieving permanence</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Adoption performance</td>
<td>Good</td>
</tr>
<tr>
<td>Experiences and progress of care leavers</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Leadership, management and governance</td>
<td>Inadequate</td>
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Transformation of SEN Services

28. Increasing numbers of pre-school age children in Surrey are being identified as having SEND needs which may indicate...
children’s needs are being spotted earlier. September 2017 saw the largest number of SEN Support notifications to date, the majority of which were at National Curriculum Year -1. There are also emerging needs in NCYs -2 and -3. Children aged 0-5 on SEN Support or with an EHCP make better progress in Surrey early years settings than the national average.

29. There is clearly more to do to transform the SEND system so that so that children and young people can be supported at the first opportunity in order to improve their outcomes. The County Council is developing an ambitious SEND transformation programme, with a strengthened ‘front door’.

30. Providing a suitable place for every child with SEND has proven challenging. Following feedback from families, we are implementing a new admissions process for primary, secondary and post 16 SEN school placements beginning in September 2019. This will give parents greater certainty over their child’s school place at key transition points, building in earlier and increased engagement with families throughout the process. It has been ‘road-tested’ with our DfE adviser to ensure it is fit for purpose.

31. There is also more to do to strengthen relationships with parents. Families have expressed their concerns to us frankly and openly. We have begun a conversation with service users and families in order to work through the challenges of sustainable SEND resourcing.

32. There are continued challenges with rising demand and complexity of needs and the need to expand provision to keep pace with demand growth. Transformational changes are necessary to bring about a sustainable SEND system - one that meets children’s and families’ needs earlier, helping them to become resilient and independent so that they can lead fulfilling lives in their own communities.

Mental Health and Wellbeing

33. Child and Adolescent Mental Health Services (CAMHS) commissioned by the Surrey CCGs and Surrey County Council have been under significant pressure. An Interim Plan is in place to address immediate concerns around waiting times. In the future, we will take a whole systems approach to delivering good mental health and emotional wellbeing for every Surrey child. The transformation of this service area is outlined in more detail in the attached paper.

Health visiting and school nursing (0-19 service)
34. The service has completed its workforce consultation which has been challenging for staff and contributed to slower progress and in some areas of performance a decline in number of contacts made. The service has ensured families with higher levels of needs are prioritised and needs met. Improvements have been made around the new birth visit and 96% of babies receive a check. However improvements are still required for the 2.5 year check, with data for the last quarter showing a 58% uptake of this developmental review.

Conclusions:

35. 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.

36. 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:

37. The partnership will continue to drive the improvement for children and young people. This will be seen through the Children and Young People’s Partnership Board, 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 continue to improve to deliver in our outcomes for children.

38. 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.

39. To improve our SEND services we will 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.

40. 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.
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Sources/background papers: Children and Young People’s Mental Health and Wellbeing in Surrey