

Surrey Health and Wellbeing Board

Children and Young People's Health & Wellbeing: turning priorities into action

**25% of our population
100% of our future**

5 September 2013

**Health and
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Surrey**

The journey so far

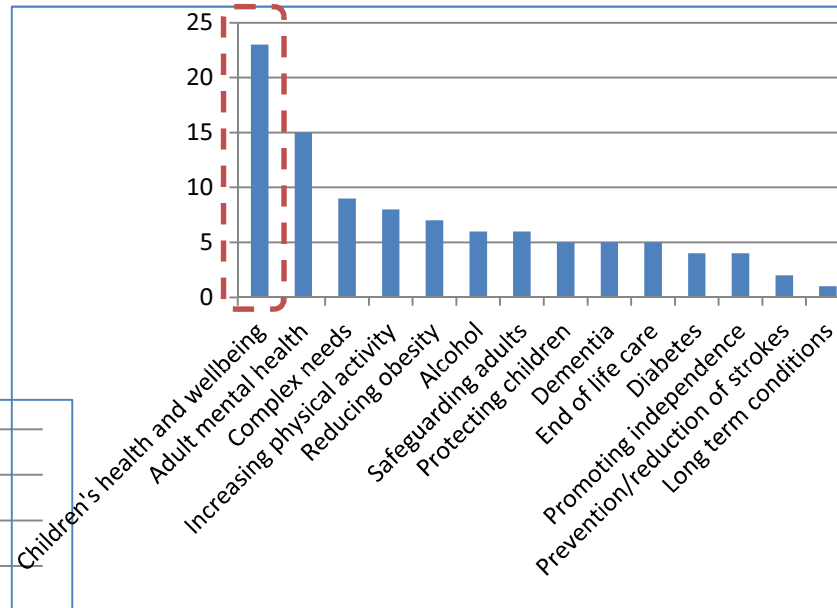
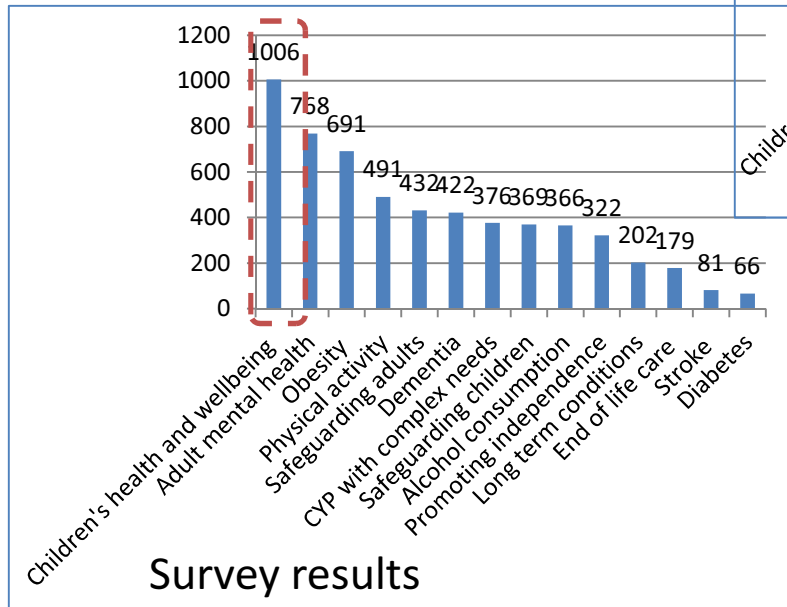
- 2012: **extensive engagement** on priorities for Health and Wellbeing Strategy
- April 2013: Surrey's Joint Health and Wellbeing **Strategy approved** by the Health and Wellbeing Board with Children and Young People's Health and Wellbeing as one of five priority areas
- July/August 2013: evidence of **need** was reviewed, **themes** were identified through Children's Health and Wellbeing Group and Children and Young People's Partnership
- 4 July and 1 August 2013: Health and Wellbeing Board developed **ideas** for action
- 5 September 2013: Health and Wellbeing Board to agree **action plan**

Why we chose this priority?

Children's health and wellbeing scored highly in the Board's prioritisation process

For children to achieve their self confidence and esteem is key

Start at a young age so children take those ideas forward with them into adulthood.



To promote the physical and mental health of the next generation

Clear joint working

Feel it is important for future generations to achieve

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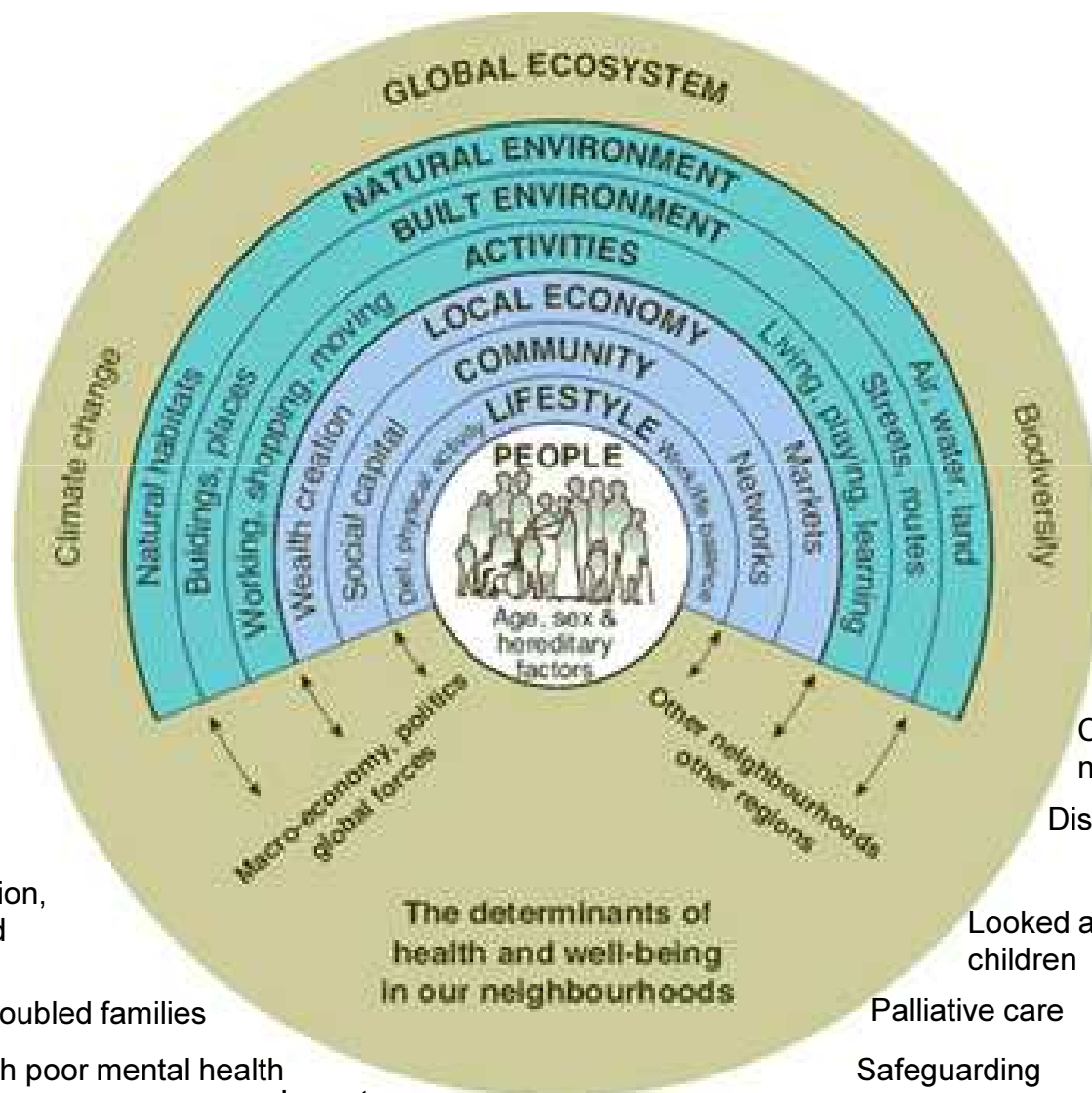
What outcomes we aim to achieve

Through the Health and Wellbeing Strategy, the Health and Wellbeing Board commits to the following outcomes for children and young people:

- 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
- CYP and families are safeguarded

Wider determinants of health & wellbeing

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Primary care

Health promotion, prevention and improvement

Troubled families

Children with poor mental health

Urgent care for acute illness

Long-term conditions

Medicines to optimise health outcomes

Complex health needs

Disabilities

Looked after children

Palliative care

Safeguarding

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Scoping the priority

Themes were identified based on issues emerging from the [Joint Strategic Needs Assessment \(JSNA\)](#) (please also see [summary document](#)) and engagement events, and priorities identified through Children and Young People's Strategic Partnership. These are areas where the Health and Wellbeing Board could add value to what is already happening.

- Mental health and emotional wellbeing
- Accident and emergency admissions (A&E) and out of hours services
- Healthy behaviours

Explored through workshop on 4 July

- Early help
- Complex needs
- Commissioning for children

Explored through workshop on 1 August

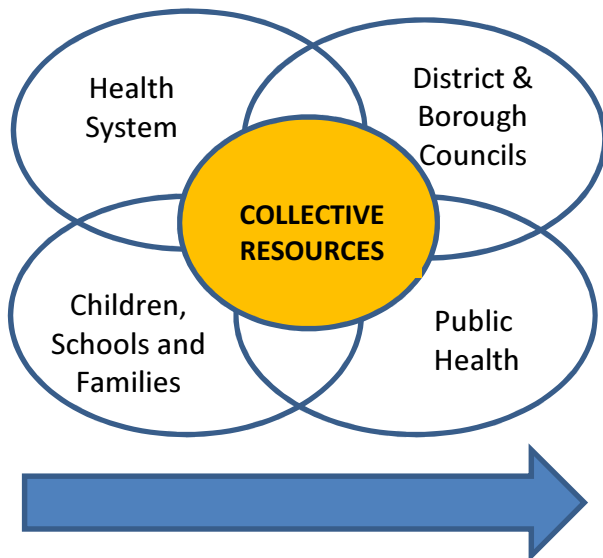
- Domestic abuse – including underlying factors
- Risky behaviours
- Shared understanding of need

Further development of actions through Children's Health and Wellbeing Group with Children and Young People's Partnership

Improving outcomes for children and young people

The organisations that make up the Health and Wellbeing Board have the collective resources and influence to improve children and young people's health and wellbeing in these areas. This is especially crucial in a period of reducing resources. This action plan shows how the Board can work together to achieve this over the coming five years.

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Early help – what is an early help approach?

An early help approach identifies and addresses early the root cause of problems for children, which can mean putting in place the necessary support and services to support parents and families' wider issues.



A → B → C
(Antecedent) (Behaviour) (Consequence)

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Early help – where are we now?

Lead organisations – SCC and CCGs

Aim: An early help approach is needed to develop services that identify and address the needs of Surrey’s children and families early, reducing the need for more intensive, acute or specialist support.

Early help aims to increase wellbeing and resilience in our children, young people and families and our communities

Increased demand:

846 CPP
5, 410 CIN
834 LAC
c.5,500 SEN

Increasing social disadvantage:

4,000-7,000 families with multiple problems
23, 090 CYP living in poverty (9.9%)

Spend:

c.£32.2m of SCC budget spent on early help services

Growth in the population:

5.2% growth in the number of households
Growth of the under-five population (73,600 in 2020)

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Early help – where are we now?

Current activity

- Developing Early Help Strategy with clear outcomes and principles through Early Help Partnership Reference Group
- Agreed multi-agency level of need document
- Agreed process including: developing Early Help Assessment to replace Common Assessment Framework in April 2014. This is to be used as a single assessment for working with families.

Early help – where do we want to be?

Actions

- Commit to an early help approach including:
 - development of an early help system with partners, which includes a range of family support interventions e.g. The Family Support Programme
 - partners using consistent and common language around early help and common thresholds
 - jointly commissioning early help and timely intervention services to achieve agreed outcomes and priorities
 - developing the market of local services
 - implementing an 'Early Help Assessment' encompassing a team around the child/family approach, clear role for lead professional and electronic recording system to improve information sharing
 - supporting workforce reform including: partnership training, induction on use of Early Help Assessments and development of lead professional role

Early help – where do we want to be?

Outcomes

- Families are resilient and feel supported to tackle issues and problems as soon as they arise
- Families receive a minimum intervention as early as possible to prevent escalation of problems
- Children and young people make good relationships
- Children and young people are happy, healthy and well
- Children and young people maximise life opportunities

A&E Admissions and Out of Hours Services – where are we now?

Lead organisation – CCGs

AIM: To develop a systematic approach to supporting CYP and families out of hours, including ensuring they will not attend A&E where they can be treated successfully elsewhere either by primary care, community health services or self care.

c.75,000 Surrey children attend A&E each year

Up to 50% 0-1 year olds and 25% of older children attend A&E each year

c.75% of children in A&E are fit enough to be discharged

Why?

- Families don't have confidence in GP out of hours service and don't like waiting for GP to call back (*anecdotal evidence*)
- Lack of parental education and confidence to manage minor illness and injury within community
- Families attend A&E late afternoon and early evening when it is difficult to secure a GP appointment
- Lack of understanding of location of walk in centres/ minor injury units, their opening times and what services

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A&E Admissions and Out of Hours – where are we now?

Current activity

- Developing social marketing campaigns that explain local service options and how to manage minor injury and illness at home
- Exploring with Children's Centres options for working together on parent education programmes
- Re-tendering out of hours service
- Reviewing care pathways for wheezy children, fever & bronchiolitis
- Launching pathways for head injury and gastroenteritis

A&E and Out of hours – where do we want to be?

Actions

Improved access to out of hours services

- Pilot Children's evening GP clinics in walk in centres
- Pilot 'GP Front Door' – patients attending A&E are seen first by a GP

Community nursing

- Improved and reactive Community Nursing and Social Care Services
- Review role of community nursing in supporting provision of urgent care and reducing the number of attendances & admissions

Pathways

- Implement pathways for primary care to ensure conditions are managed as effectively in the community
- Links to overarching Clinical Commissioning Groups (CCG) unplanned care strategies
- Production of high volume condition pathways for use by all CCGs (fever/bronchiolitis/viral illness)

A&E and Out of hours – where do we want to be?

Further actions

- Work with schools to run the 'choose well' children's education package
- Improved in hours access to GPs for children, young people and their families
- Improved input and provision of red book advice for new parents

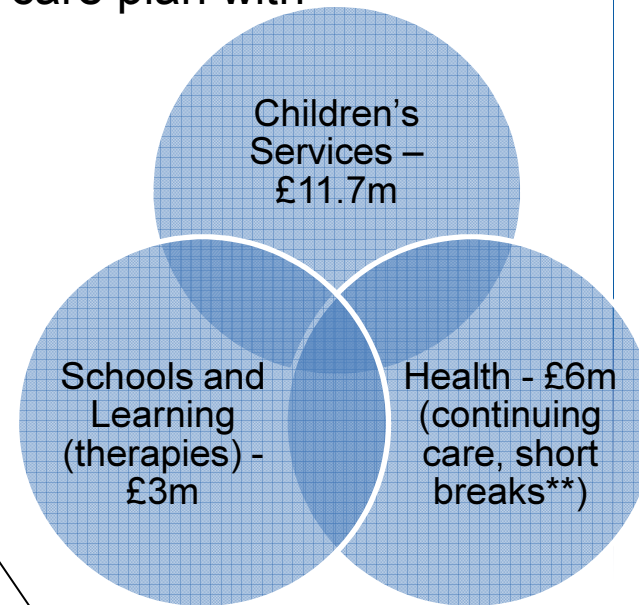
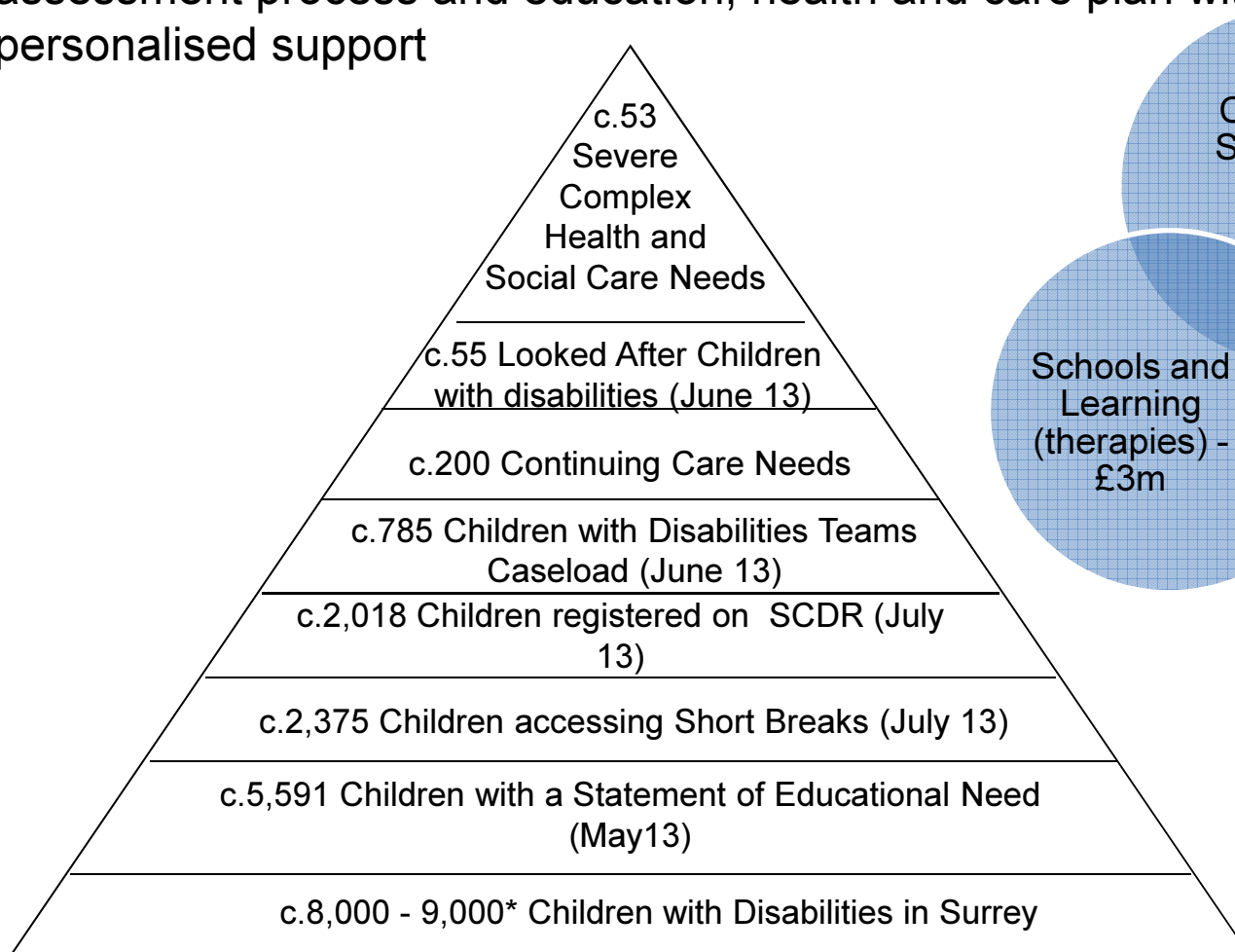
Outcomes

- Developing a systematic approach to supporting CYP and families out of hours.
- No children and young people will have to attend A&E when they could be treated successfully elsewhere either by primary care, community health services or self care.
- A 30% overall reduction in A&E attendances for children and young people by 2017

Complex needs – where are we now?

Lead organisations – SCC and CCGs

Aim: children and young people with complex needs have a single assessment process and education, health and care plan with personalised support



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Complex needs – where are we now?

Current activity

- Commissioning Strategy developed with market position statement linked to JSNA
- Joint procurement project for short breaks and personal support (framework)
- Piloting single assessment and preparing for implementation of Children and Families Bill through SEND 14
- Joint strategic review of short breaks
- Public Value Programme Disability project

Complex needs – where do we want to be?

Actions

- Commit to implementing Children and Families Bill in Surrey including: single assessment, Education, Health and Care Plan and personal budgets
- Support the achievement and progression of young people with complex needs through integrated planning, commissioning and delivery
- Joint commissioning including paediatric therapies
- Publish local offer

Complex needs – where do we want to be?

Outcomes

- CYP and families have greater control and choice in decisions through co-production
- Children and young people receive more personalised services
- Increase in use of personal budgets
- Integrated assessment – families will not have to repeat their stories more than once
- Good quality transition and preparation for adulthood
- Assessment of need is in line with early intervention
- Delivery of services CYP and families receive will be more co-ordinated

Healthy behaviours – where are we now?

Lead organisation – SCC

Aim: To ensure Surrey children and young people develop and maintain healthy behaviours.

Surrey has 4th lowest teenage conception rate in country. Approx. 200 babies are born to teenage mothers and around 280 teenagers have terminations each year

In 2011/12 at Reception 11.6% of children were overweight and 6.8% were obese. At Year 6, this increased to 13.6% and 14.5% respectively

Relatively low immunisation rates for under-fives compared to regional and national averages

22.6% of children in Surrey begin primary school aged 5, with an experience of dental decay. This has remained around 20% for over 10 years

There have been a number of child deaths in Surrey from parents co-sleeping with their babies, under the influence of alcohol

Positivity for Chlamydia testing for 15-24 year olds in Surrey in 2012/13 is 5.95%. There is a need to focus on those young people most at risk

1 in 4 young people aged 16+ in Surrey are engaged in increasing risk drinking compared to 1 in 5 nationally

The percentage of Surrey mothers initiating breastfeeding is high (82%). At 6-8 weeks this drops to just 58.2%.

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Healthy behaviours – where are we now?

Current activity

Tobacco control / smoking cessation services

- Refresher training for toolkit for schools

Substance Misuse and Alcohol

- Evaluating drug and alcohol toolkit 2013/14 (Babcock 4S)
- Commencing new young people's substance misuse service, including universal prevention and targeted interventions from November 2013

Sexual Health

- A range of services are currently offered including: C-card Scheme, Chlamydia screening office, emergency contraception in pharmacies free to under 25s, GPs to provide long acting reversible contraception and School nurses providing teenage advice clinics and 'clinic in a Box'
- In addition all sexual health services 'You're Welcome' Accredited (young person friendly)

Healthy behaviours – where are we now?

Current activity

Emotional health and wellbeing

- Targeted Mental Health in Schools (TAMHS) full evaluation completed by Royal Holloway

Healthy weight and healthy eating

- Nutritional analysis by Surrey Commercial Services to show compliance
- Surrey Commercial Services have been awarded silver from Food for Life

Physical activity

- Active Surrey coordinating delivery of Change4Life in 126 primary schools in 2013/14
- JSNA Physical Activity chapter is under review and currently being rewritten
- 4 School Games Organisers are helping to coordinate competitive sport opportunities
- A PE and School Sport Strategy Group for secondary schools is in place and a primary version is being developed

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Healthy Behaviours – where do we want to be?

Actions

Generic:

- Build on health improvement initiatives in children's centres (Year 1)
- Health improvement training for all professionals working with CYP (Ongoing)
- Reinstate annual survey to obtain more accurate data on the prevalence of health behaviours (Year 1)
- Promotion materials available through a range of young person friendly means (Year 1)

Physical Health (All year 2)

- Implement a replacement for the annual national PE & School Sport Survey.
- Improve health improvement in primary schools, including primary school sports premium to be partly used for after school sport/physical activities
- Cookery leader training to continue (funding only secured for 2013/14)

Healthy Behaviours – where do we want to be?

Actions

PHSE/Drugs and alcohol:

- Drug and Alcohol Education Guidance for Surrey should be updated in-line with current protocol (Year 1)
- PSHE provision in schools to be monitored and support provided for new PSHE staff (Year 2)
- Surrey Secondary Schools should be supported to take part in the National PSHE Continued Professional Development (CPD) Programme (Year 2)
- A day or half day of funded PSHE – Drug, Alcohol and Tobacco training should be provided for all Surrey Secondary Schools

Healthy Behaviours – where do we want to be?

Actions

Sexual Health:

- Improve access to contraception and advice services (Ongoing)
- Improve the consistency of messages about sex and relationship education within schools and GPs (Year 1/2)
- Focus education and resources at geographical hotspot wards and priority groups (Year 2)

Accident Prevention:

- Improve the awareness of the importance of helmet wearing when on a bike and at skate parks (Year 2)

Breastfeeding:

- Funding to be made available to support breastfeeding peer support programme (Year 3)

Healthy behaviours – where do we want to be?

Outcomes

- CYP will be living in home circumstance where there are parents are leading healthy lifestyles that do not negatively impact their children
- Interventions to be evidence based and available to all schools, children centres and youth services with tailored and more intensive support for 'priority' schools and children centres and youth centres with greatest need.
- **Breastfeeding:** Increase percentage of women who initiate and continue to exclusively breastfeed for 6 months.
- **Substance Misuse, tobacco control and alcohol:** Fewer children and young people start smoking and misusing substances
- **Sexual Health:** Fewer teenage conceptions, increase positivity in those tested for Chlamydia
- **Healthy Weight:** Fewer children classified with excess weight

Mental health – where are we now?

Lead organisations – SCC and CCGs

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

Parental issues are strongly linked to issues in CYP. Poor parental mental health and poor parenting skills have been found to result in a 4 to 5 fold increase in the onset of emotional and conduct disorders in children.

Over half of children subject to a Child Protection Plan (CPP) in 2010 in Surrey were affected by poor parent/carer mental health

Roughly 56% of Targeted Mental Health Services at School (TaMHS) consultations and 64% of TaMHS referrals with CAMHS Community Nurses in Surrey are for children aged five to 11 years old

An estimated 10,450 children and young people in Surrey have a mental health issue; this indicates a potentially significant level of poor parental mental health

Roughly 40% of TaMHS consultations and 33% referrals with CAMHS Community Nurses in Surrey are for young people aged 11-16+ years old.

Nationally: Perinatal mental health problems in mothers are common. About 40% of teenage mothers suffer from post natal depression

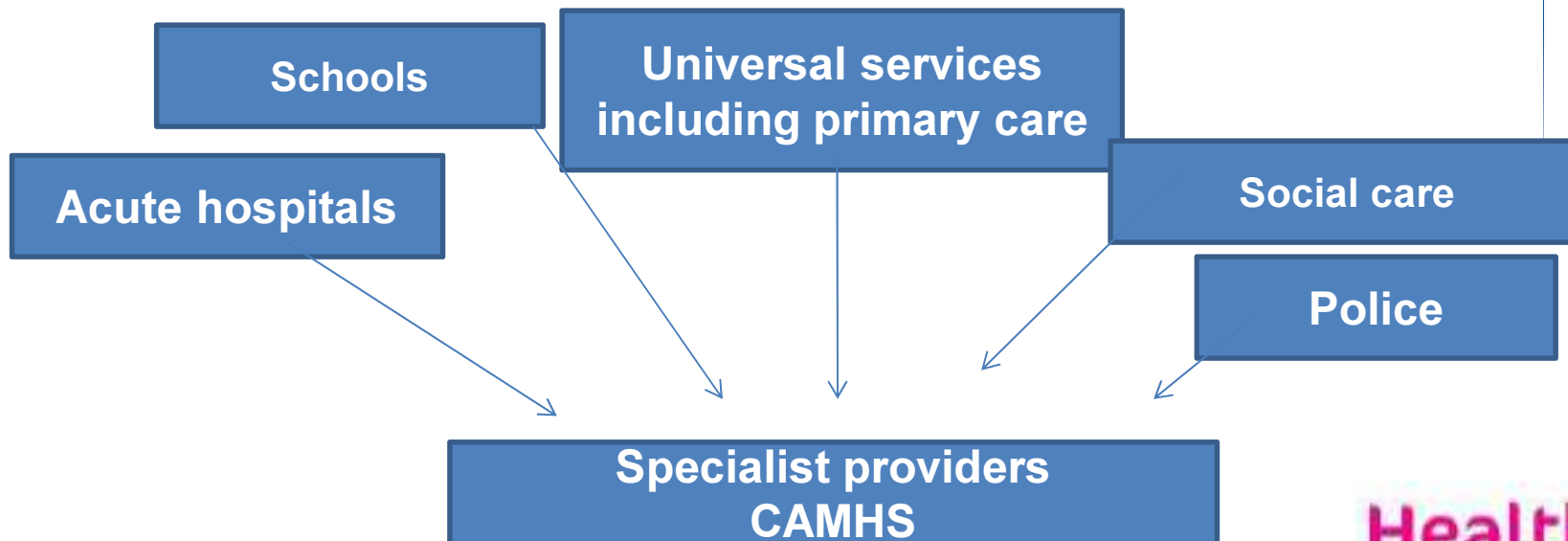
Nationally: People with physical illnesses are six times more likely to have a mental illness than people without one.



Mental health – where are we now?

Current activity

- All services refer into tier 3 specialist Child and Adolescent Mental Health provision (CAMHS)
- Working to develop understanding of need as basis for re-commissioning CAMHS

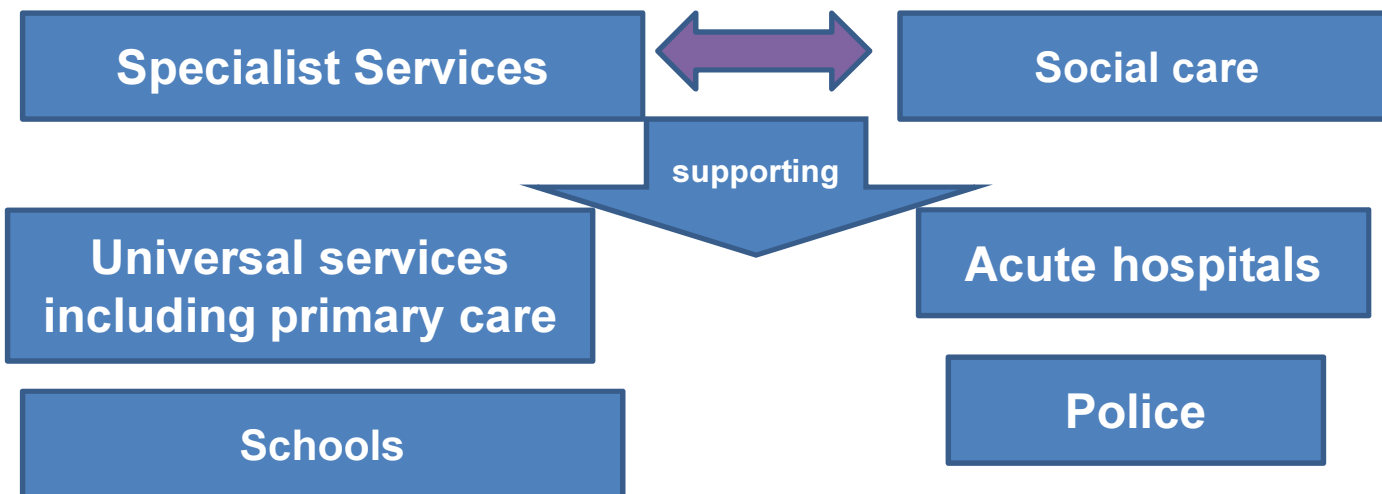


Mental health – where do we want to be?

Actions

- Enable practitioners in schools, GPs and universal settings to enhance skills to support children with emotional health issues at an early stage
- Enable staff in specialist services such as A&E and Police to identify emotional health needs and identify appropriate pathways
- Re-commission specialist services based on shared understanding of need
- Develop pathway for children and young people needing more specialist services

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Mental health – where do we want to be?

Outcomes

- Children and young people are supported by people they know in their local area
- Families feel supported
- Professionals working together for the young persons identified outcome
- Children, young people and their families know where to seek help
- Parents are supported to have good mental health and emotional wellbeing

Domestic abuse – where are we now?

Lead organisation(s) – to be decided by Children's Health & Wellbeing Group

AIM: To mitigate the causes of domestic abuse and its impact on children and their families

Most cases of domestic abuse are accompanied by other issues e.g. alcohol misuse, mental health issues

A factor in all three Serious Case Reviews in Surrey since September 2011

Cost of domestic abuse to Surrey services and economy estimated to be £466m each year

Second largest single category of incidents/crimes recorded in 2012/13. 12,567 (15.6%). Approx. a third of these incidents are repeats.

Nearly one in four (estimate) young people witnessed at least one type of domestic abuse during childhood

Around 30% of domestic abuse starts or worsens during pregnancy or immediately after birth. Locally just under 3% of individuals contacting domestic abuse services reported being pregnant, indicating a potential hidden need

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Domestic abuse – where are we now?

Current activity

- Children's Social Care, Police and Health implementing Central Referral Unit with ambition of a multi-agency safeguarding hub (MASH)
- Initial work has begun to compile an understanding of need and service provision
- Significant engagement with survivors of domestic abuse and CYP affected by it
- Multi-agency audits of Child Protection Cases, Core Groups etc. where domestic abuse is factor
- Piloting IRIS referral system within Holmhurst Medical Practice and commitment of East Surrey CCG to commission the service locally
- Working between Children's Social Care and Surrey domestic abuse services to develop risk assessment tools for the children's workforce
- Commissioning of specialist domestic abuse services for CYP
- Surrey Safeguarding Children Board has made domestic abuse a priority
- Reviewing Surrey domestic abuse training framework
- Developing domestic abuse champions within Social Care Teams and programme of specialist training developed in South East Surrey
- Surrey Against Domestic Abuse website launched in January 2013
- Evaluating best practice such as Operation Encompass (Plymouth)

Domestic abuse – where do we want to be?

Actions

- To progress the initial work that is aimed at gaining an understanding of need and service provision to become fully countywide.
- Improve understanding of need (including those needs of children and young people who witness domestic abuse)
- Through evidence-based research identify and jointly commission effective interventions to help children, young people and families achieve positive outcomes
- Improve referral at the earliest opportunity e.g. through IRIS, information sharing, data collection and joint response to cases of domestic abuse
- Develop and promote a healthy relationship education package to be delivered in schools
- Review and adopt education programmes aimed at adults – victims and perpetrators

Domestic Abuse – where do we want to be?

Outcomes

- Reduction in incidents and harm from domestic abuse
- Victims and their children feel safe
- Effective co-ordinated, multi-agency, right first time response to incidents
- Preventative work with children and young people having a real impact
- Cultural shift from reactive working to prevention and early intervention
- A full understanding of need, service provision and gaps
- Joint commissioning based on the above

Risky behaviours – where are we now?

Lead organisation – SCC: Public Health

AIM: To ensure children, young people and families are supported to lead healthy lifestyles and prevent risk taking behaviours by taking a systematic family approach

Parental issues are strongly linked to issues in CYP.

Substance and alcohol misuse:

We do not have a complete picture of need in Surrey. There is a lack of linked local data on both child and parental misuse. However we do know:

- In 2009/10 approximately 30% of people in drug treatment in Surrey were parents.
- Parental substance misuse was recorded for over 205 of children on CPP.
- Estimated that more than 25% of adults in Surrey who drink do so above recommended safe levels.

Sexual Health:

- 18% reduction in under 18 conception rate
- 33% reduction in under 16 conception rate.

Healthy living in pregnancy:

- Disadvantaged groups tend to have a poorer diet; are less likely to take supplements such as folic acid; are more likely to be over or under weight during pregnancy; and their babies are more likely to have a low birth weight.
- The percentage of mothers smoking during pregnancy in Surrey is 7.7%, significantly lower than the national and regional averages

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Risky behaviours – where are we now?

Current activity

Substance and alcohol misuse

- The Surrey Drug and Alcohol Action Team (DAAT) commissions services aimed at 11 to 21 year olds. Catch 22 service provide services.

Healthy weight and eating

- On-going collection of data on free school meals (FSM). Previous targeted interventions from Babcock 4S has seen increase in uptake of FSM. (Change in funding since April 2013 and funding now goes directly to schools.)
- Targeted interventions with PRUs and identified pupils year 8/9 to improve cooking skills and qualification in food hygiene, offered by Babcock 4S

Surrey Healthy Schools Programme & Consultation via Babcock 4S

- Targeted provision is aimed at 'priority' schools identified with health data.
- Other Provision for CYP includes: school nurses, unregulated providers (charities, businesses, individuals, faith organisations) approaching schools directly, behavioural support, safeguarding support, TAMHS (Targeted Mental Health in Schools Programme) and restorative approaches/training for schools

Maternal smoking prevalence:

- Ongoing work at a range of services including: Leatherhead North Pilot project, HOPE Service, Gypsy Skills Project, Orthodontic practices

Sexual Health

- Priority areas that services focus more on: Spelthorne, Runnymede, Reigate and Banstead and Woking. Guildford is also included from a Teenage Parent perspective

Risky behaviours – where do we want to be?

Actions

- Developing a systematic approach to supporting CYP and families to prevent and tackle risky behaviours
- Robust needs assessment/collation of JSNA information should be used to identify gaps and needs for children and young people and risk taking behaviour.
- Ensuring free milk is claimed for those on FSM
- Increase uptake of vouchers for families on low incomes, which are exchanged for free fruit, vegetables and milk
- Increase uptake of 'healthy start'. More work is needed around uptake of vitamins locally, which is one of the lowest in the South East. 4000 women in Surrey are eligible but just 2.6% uptake.
- Improve pathways between Children's Services and substance misuse services
- Develop understanding and provision of parental substance misuse for children and young people

Risky behaviours – where do we want to be?

Outcomes

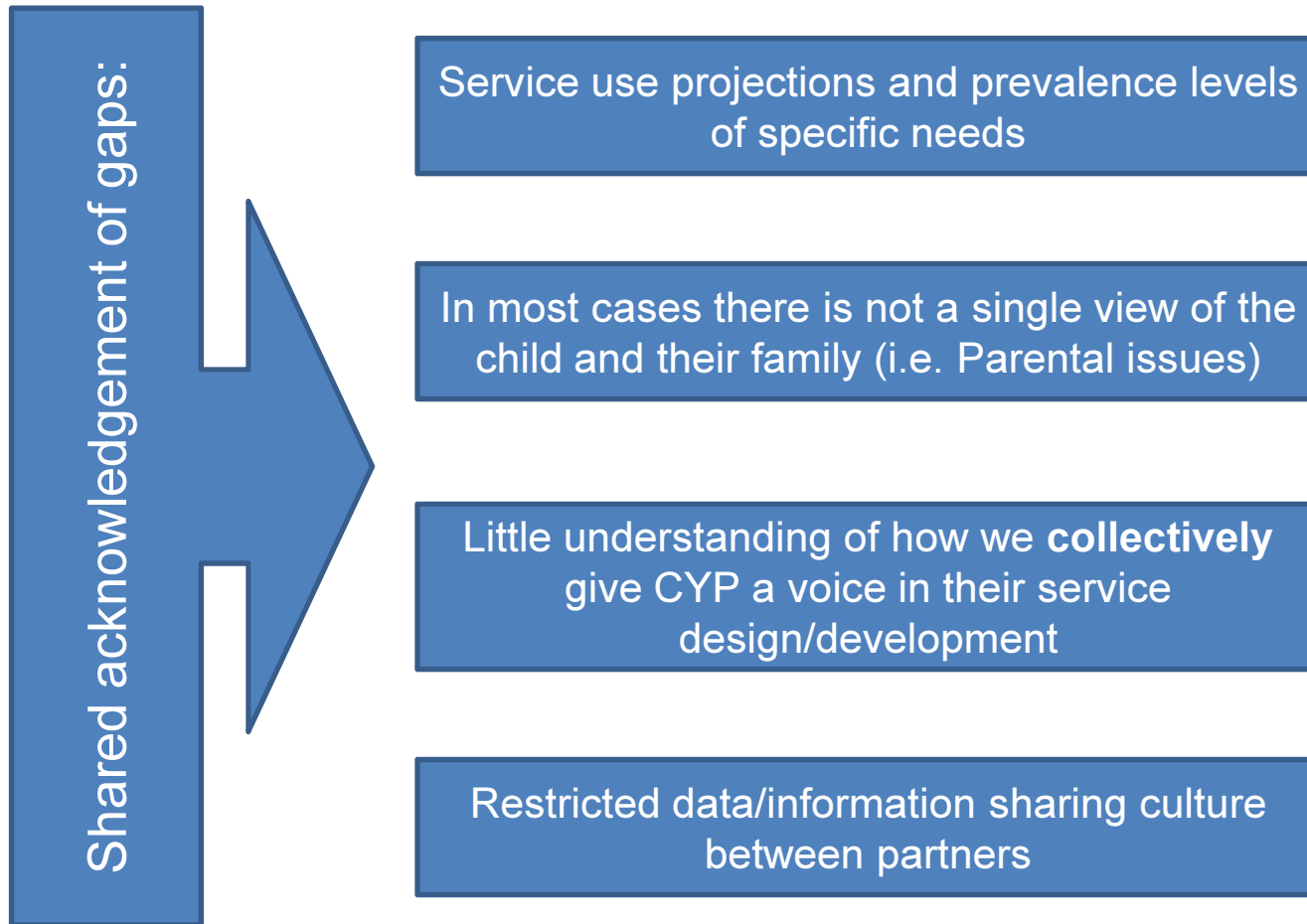
- A systematic approach to supporting CYP and families is taken, which understands and tackles issues of the whole family
- An integrated approach between Children's Services and substance misuse services which addresses the holistic needs of young people and their family
- Children and young people are happy, healthy and well
- Families and communities are resilient

Shared understanding of need – where are we now?

Lead organisation – SCC

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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Shared understanding of need – where are we now

Current activity

- **SurreySays:** aims to deliver a new consistent approach to consultation and gathering feedback within SCC and with partners
- **PREview** – using this predicting model more widely to accurately predict need, prevalence and future service use
- Publishing needs assessments relating to children and young people's health and wellbeing on public websites
- Developing a shared knowledge of what data exists and who holds it
- Developing a list of potential research areas for future research students, including developing links with University of Surrey

Shared understanding of need – where do we want to be?

Actions

Year 1	Year 3	Year 5
Live list on what needs analyses/assessments are in progress	1, 3 and 5 year projections on the use of CYP services for each theme	1, 3 and 5 year projections on the prevalence of need for each theme
Ensure the voice of CYP and families is integral in assessment and design/development of services	Ensure the voice of CYP and families is integral in assessment and design/development of services	Ensure all new/renewed commissioning contracts include requirement to evidence voice of CYP
Develop a multi-agency data and analyst group to monitor and facilitate interagency data sharing	Provide a mechanism through which we can join up information on the needs of the parent(s)	
Invite partners to share all new engagement/consultation with CYP on SurreySays	Monitor and report on how engagement/consultation with CYP informs each theme	
Identify and promote the Caldicott Guardian		

Shared understanding of need— where do we want to be?

Expected outcomes for children, young people and families

- Health and wellbeing services for children and families are designed to take account of their needs and experiences
- CYP and families feel a part of decisions made about their health and wellbeing
- CYP and families are able to see where and how their input has affected strategic decisions (SurreySays)

Expected process outcomes

- Agencies have developed an appropriate 'if in doubt, share' culture around data
- Agencies are collectively well aware of the future demand for services and needs of CYP and families
- Agencies are collecting and using the voice of CYP and families routinely to inform service decisions
- There is less duplication of work within and between agencies

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Commissioning for children – where we are now

Lead organisations – SCC and CCGs

Current activity

- Historically single agency procurement of externally provided services
- One pooled budget (CAMHS)
- Increasing driver for joint commissioning of health and wellbeing services through Children and Families Bill
- Moving approach towards joint commissioning strategies, joint strategic needs assessment, market position statement and procurement plan
- Developing use of framework tenders, joint commissioning, collaborative commissioning, Section 75 agreements and Section 256 arrangements
- Developing joint commissioning against a number of needs reflected in the children's health and wellbeing action plan

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Commissioning for children – our plans

The Health and Wellbeing Board is asked to sign up to this programme of joint commissioning activity that will be delivered through the Children’s Health and Wellbeing Group

Early help	Children with complex needs	Mental health (CAMHS)	Looked after children
<ul style="list-style-type: none"> ➤ Establish Early Help Commissioning group to develop Early Help Joint Commissioning Strategy ➤ Market position statement ➤ Business case ➤ Joint Procurement Project 	<ul style="list-style-type: none"> ➤ Development of Commissioning Strategy and joint procurement project for short breaks & personal support ➤ Joint strategic review of short breaks ➤ Joint procurement of therapies 	<ul style="list-style-type: none"> ➤ Consultation on Draft Joint Commissioning Strategy ➤ Set-up of procurement project for targeted CAMHS pooled budget ➤ Draft s.75 for pooled budgets governance 	<ul style="list-style-type: none"> ➤ SCC Draft LAC Commissioning Strategy ➤ Guildford & Waverley CCG tendering for LAC medicals ➤ Review of protocols for notification of LAC out of county in need of secondary care i.e. CAMHS

A&E admissions – GP focus

- Work with Children’s Centres to distribute leaflets/workshops around appropriate use of health services
- Education packs distributed in all Surrey primary schools

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Recommendations

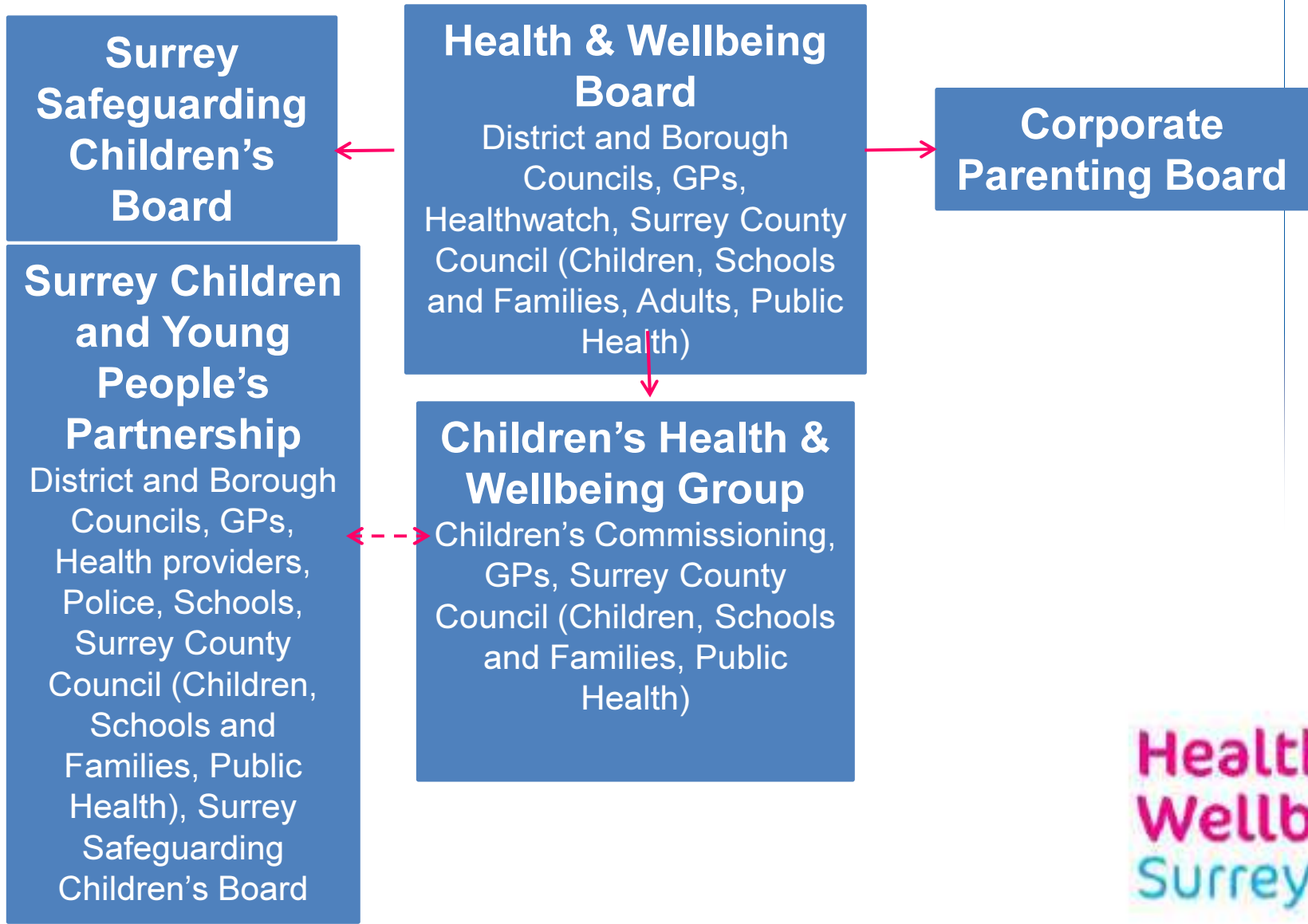
For each theme the Health and Wellbeing Board is asked to agree the:

- Aim
 - Lead organisation(s)
 - Actions
 - Outcomes
 - Governance (see below)
- **In addition:** to sign up to this programme of joint commissioning activity that will be delivered through the Children's Health and Wellbeing Group

The Children's Health and Wellbeing Group will:

- be responsible for delivering the action plan, including the joint commissioning activity
- develop its membership and engage as appropriate to ensure relevant stakeholders for health and wellbeing are involved in decision-making
- report back to the Health and Wellbeing Board on progress

Governance



Next steps

- **10 September 2013:** Children's Health and Wellbeing Group agree how further actions will be developed through engagement with stakeholders including Children and Young People's Operational Partnership
- **September-October 2013:** Detailed action plan to be developed including accountable leads, timescales and success measures in 1, 3 and 5 years
- **21 October 2013:** District and Borough workshop to identify how actions will be implemented at a local level
- **20 March 2014:** report back on progress to Health and Wellbeing Board