

# Surrey Health and Wellbeing Board

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

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

**5 September 2013**

The logo for Surrey Health and Wellbeing, featuring the text "Health and Wellbeing" in blue and "Surrey" in red, all within a white rectangular box with a blue border.

# The journey so far

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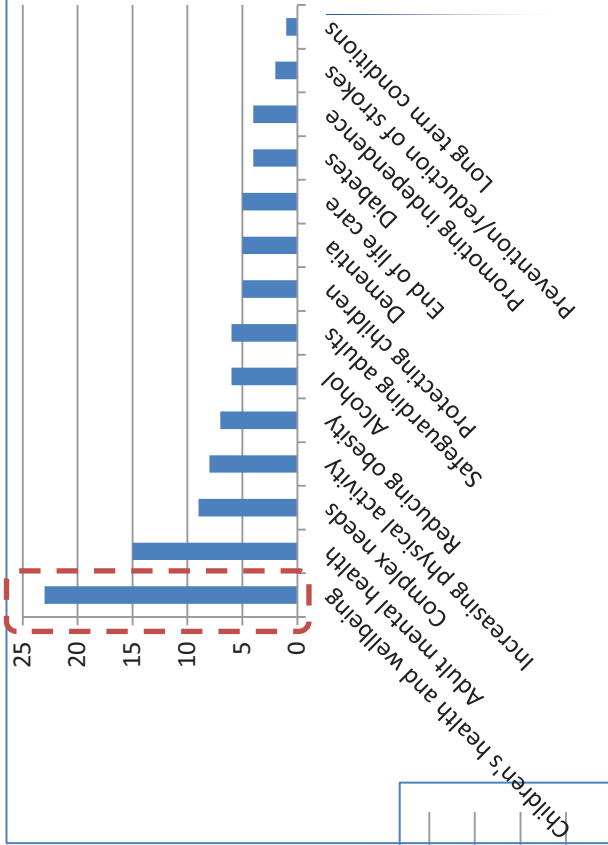
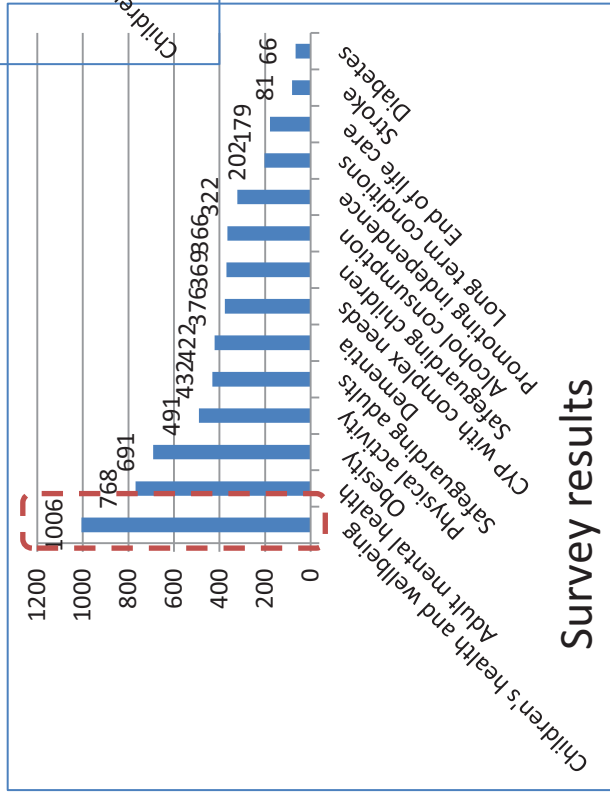
- 2012: **extensive engagement** on priorities for Health and Wellbeing Strategy
- April 2013: Surrey's Joint Health and Wellbeing **Strategy approved** by the Health and Wellbeing Board with Children and Young People's Health and Wellbeing as one of five priority areas
- July/August 2013: evidence of **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



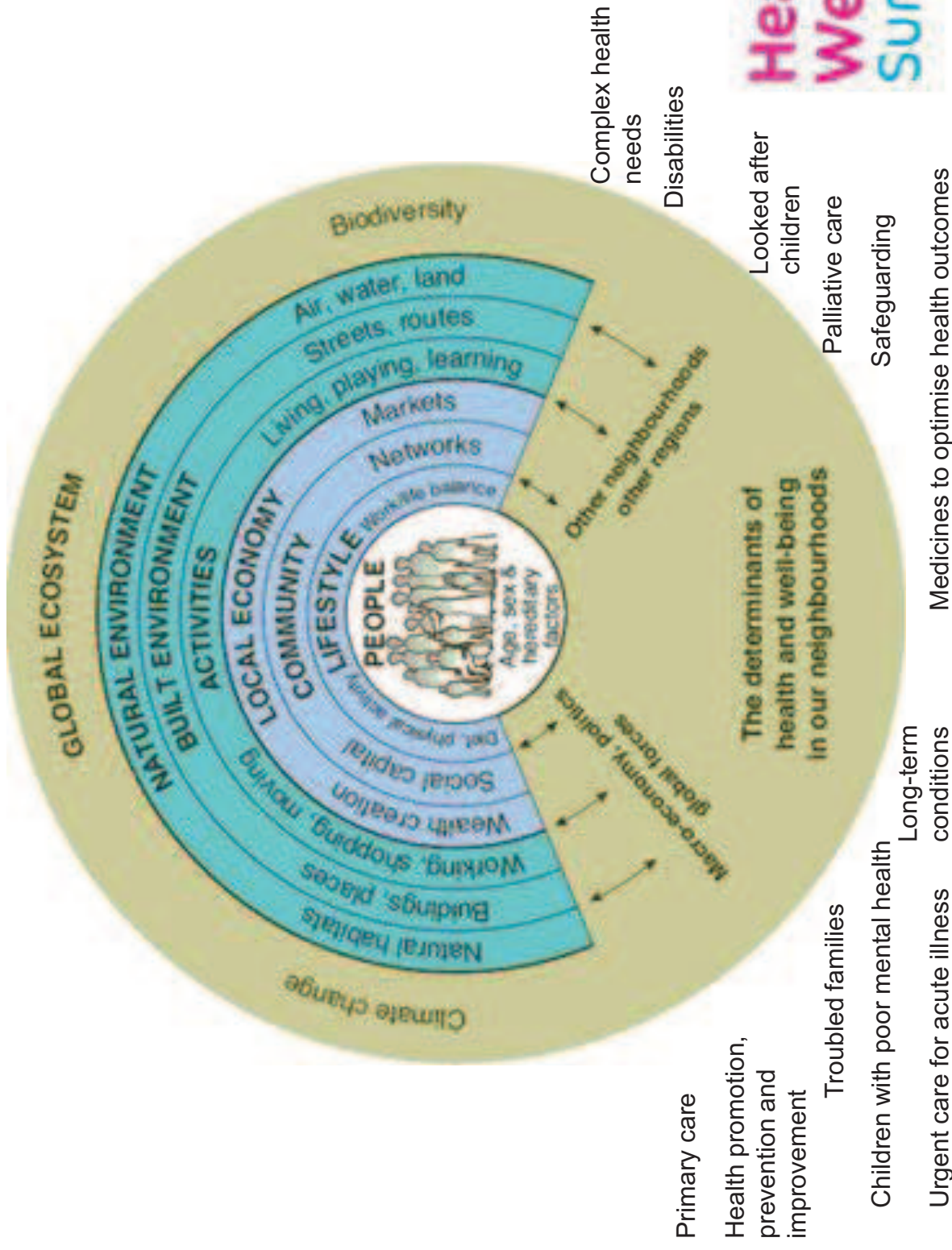
# What outcomes we aim to achieve

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**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



# 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

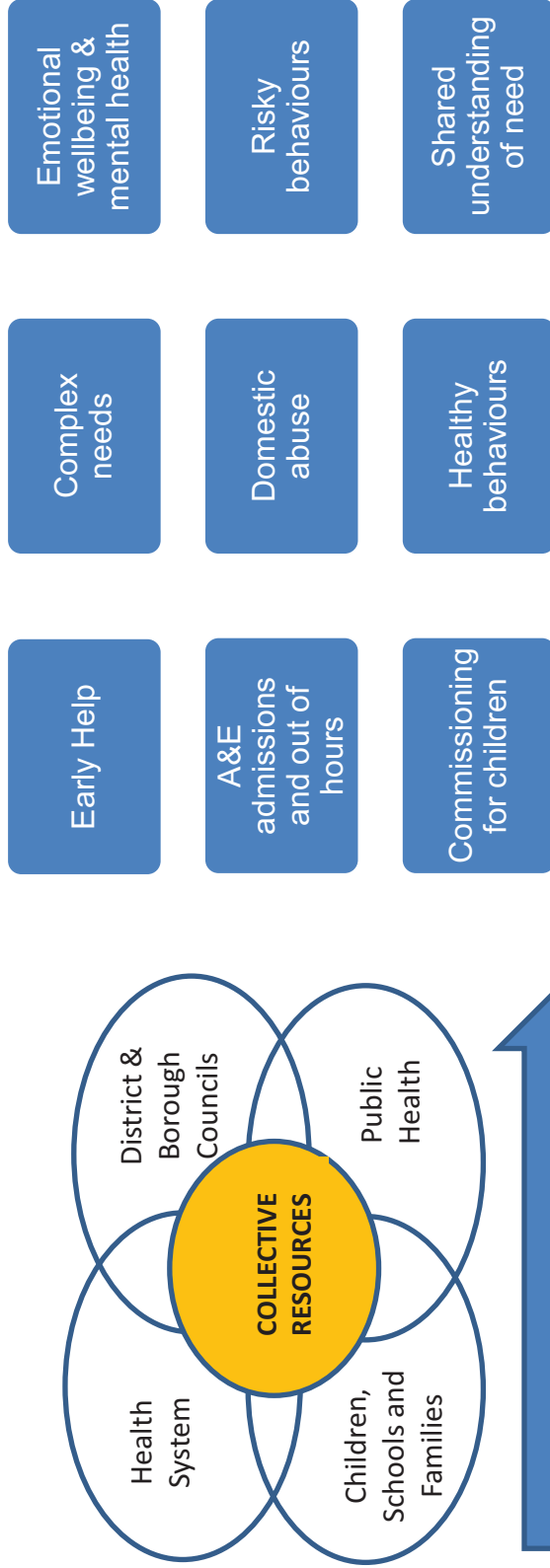
*Further development of actions through Children's Health and*

*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.



# Early help – Aim

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Lead organisations – SCC and CCGs

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**



# 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 – Aim

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Lead organisation – CCGs

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.

# 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?

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## 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 – Aim

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Lead organisations –  
SCC and CCGs

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



# 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
- Introducing personal budgets for health
- Integrated assessment – families will not have to repeat their stories more than once
- Good quality transition and preparation for adulthood
- Delivery of services CYP and families receive will be more co-ordinated

# Mental health – Aim

Lead organisations – SCC and CCGs

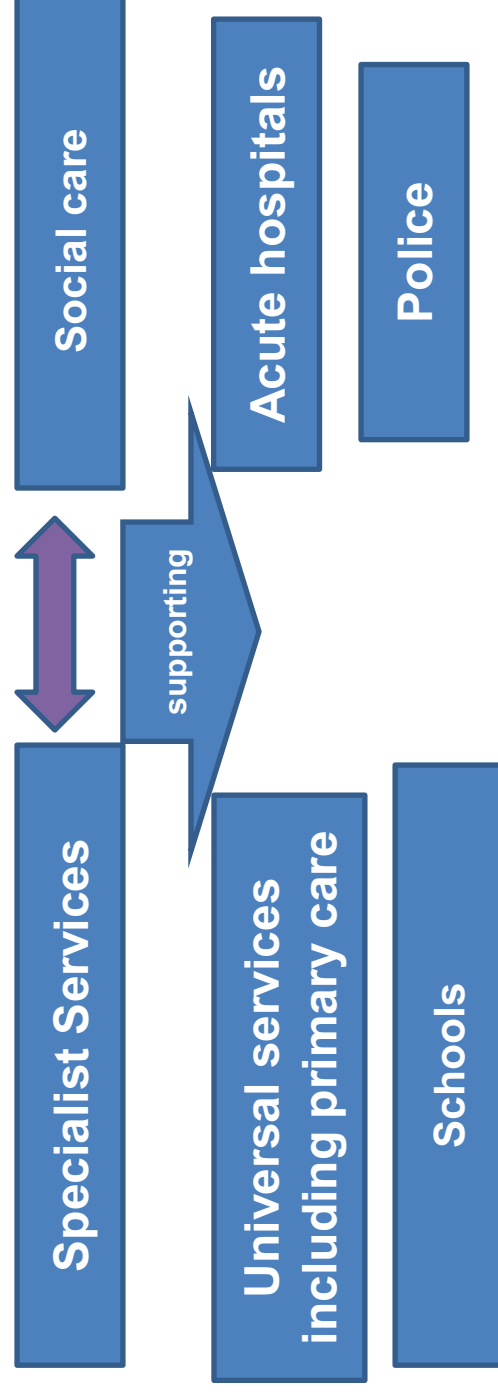
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Children and young people are supported as close to home and by people they know as much as possible and there are seamless pathways to effective targeted and specialist services where needed

# 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



# Mental health – where do we want to be?

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## 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

# Healthy behaviours – Aim

Lead organisation – SCC: Public Health

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



# 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

# Risky behaviours – Aim

Lead organisation – SCC: Public Health

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

# 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

# Domestic abuse – Aim

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

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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

# 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

# Shared understanding of need – Aim

Lead organisation – SCC

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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.

# 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



# Commissioning for children – our plans

Lead organisations – SCC and CCGs

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

## 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

# Recommendations

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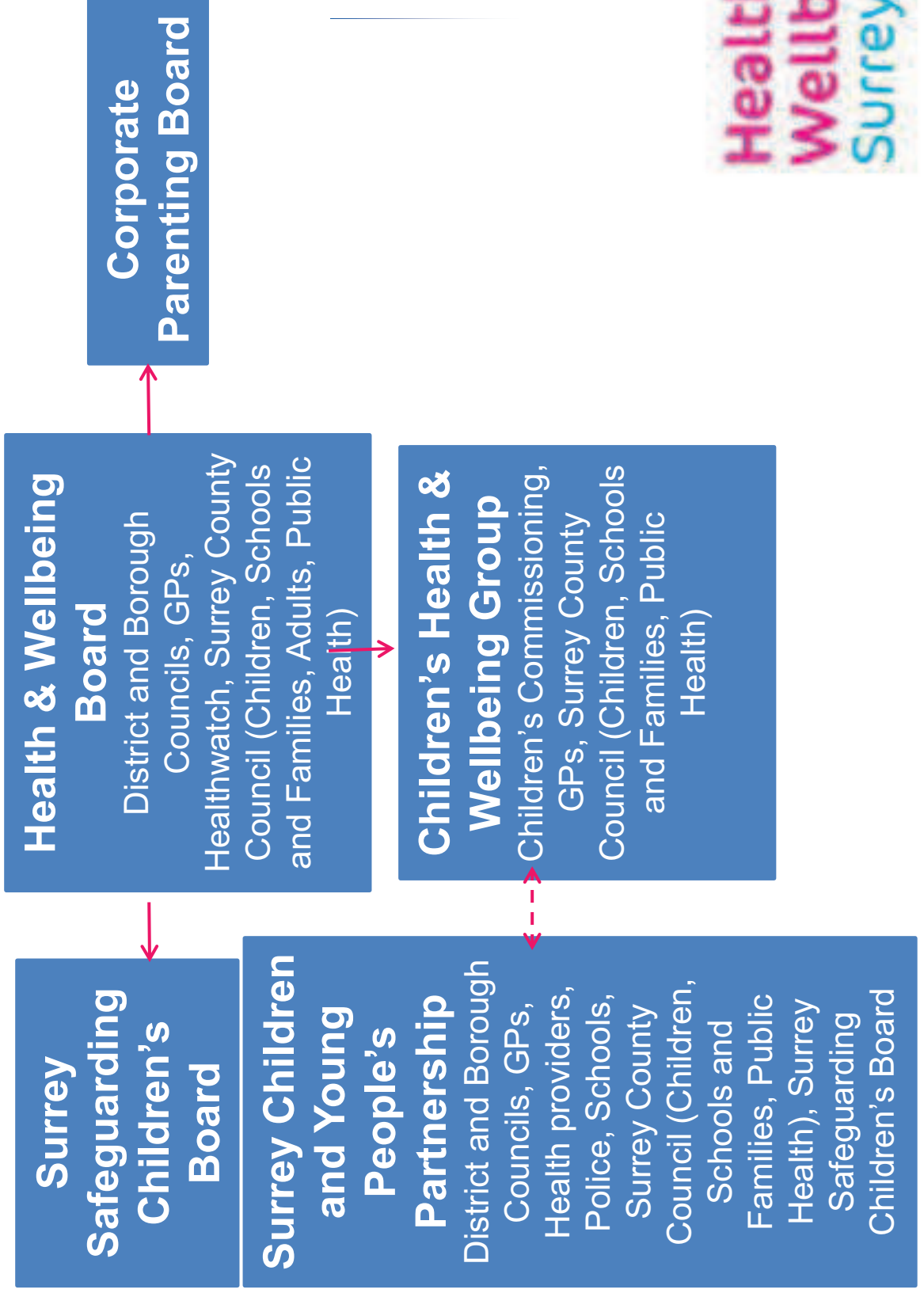
## For each theme the Health and Wellbeing Board is asked to agree the:

- 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

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- **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 2013:** report back on progress to Health and Wellbeing Board

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