

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 9
26 MARCH 2015		PUBLIC REPORT
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HEALTHY CHILD PROGRAMME

RECOMMENDATIONS	
FROM: Corporate Director People and Communities	Deadline Date: N/A
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the content of the report and performance monitoring arrangements. • Comment on any issues this raises. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the HWBB from the HWB programme board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to

- (a) update the Health and Wellbeing Board on performance within the Healthy Child Programme (HCP). The narrative provides the latest updates on the priorities and issues to date;
- (b) also informs the HWB of the joint working initiatives, developments and priorities.

2.2 The HCP links to the HWBB Strategy plan with the following priorities:

- (a) Children are born healthy and have the best possible start to life.
- (b) Children begin school ready to learn and with the necessary social and linguistic skills and emotional resilience appropriate to their age.
- (c) Available services are able to identify those families where children are likely to be most vulnerable to poorer outcomes and provide effective support.

3. BACKGROUND

3.1 The HCP is the early intervention and prevention public health programme that lies at the heart of our universal service for children and families at the crucial stages of life. It not only supports all children within universal services but also support children, young people and families who have special needs or disabilities, and is designed to ensure everyone can access information and services that are the most relevant, meaningful and helpful.

3.2 The HCP includes input from all partners working within universal services and includes midwives, health visitors, children centres and early support services, GPs, schools and school nurses. The HCP offers every family a programme of screening tests, immunisations, developmental reviews and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

3.3 There is a multi-agency healthy children's strategic board that oversees and monitors progress of this programme and identifies key priorities and issues.

4. KEY TARGETS WITHIN THE HCP BEING ACHIEVED

4.1 **New Birth Checks**

New birth checks have consistently been above the national target of 95% since April 2014. The latest figures are 97.2%.

4.2 **Proportion of mothers who are continuing to breastfeed at 6-8 weeks**

- The number of mothers still breastfeeding at six weeks is 45.1% against a national target of 45%. This target has been above 45% for the past four months.
- The Health Visiting Service has just passed the UNICEF assessment and will be retaining their level 3 baby friendly status. Representatives from UNICEF formally interviewed 20 Health Visitors and 34 mothers. They also visited three children's centres and two child health clinics where they spoke to mothers attending with their babies. The service scored 100% in several categories. The Health Visitors who were interviewed were described as knowledgeable, friendly and supportive of each other and one was identified as exceptional in this area.

4.3 **2 ½ year checks completed**

- The 2 ½ year check is an important check for children to assess their development and identify issues. Height, weight, play and social interaction are part of this along with a comprehensive developmental assessment. The checks are currently at 93.4% against a target of 75%.

4.4. To ensure that children are accessing high quality child care settings and are supported to arrive in school ready to learn and socialise. The following areas are assessed.

4.5. **% of pre-school setting rated good or above by Ofsted**

The last statistical data released detailing inspection outcomes of early years shows that 84% of pre-schools and nursery settings are rated good or above in Peterborough. This now places Peterborough fourth out of eleven statistical neighbours and 1% above the national average of 84%.

4.6 **Child-minders**

Over the past two years our performance compared to our statistical neighbours has improved. The latest statistical data released in November shows 79% of child-minders were rated good or above. This now places Peterborough fifth out of eleven statistical neighbours and 1% above national average of 78%.

4.7 **Ensure that any early indications of additional needs among children are identified in a timely way**

On starting school, all children are offered the school entry health check which includes height and weight, hearing and vision testing; handover from Health Visitors of any children they are still working with. Developmental assessments at age 4-5 years are completed by the school nursing service. 91.4% of children were seen against a target of 90%.

4.8 **National Childhood Measurement Programme**

Every year, as part of the NCMP, children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) have their height and weight measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.

The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues.

For 2012/13 excess weight in 4-5 year olds is 23.5% against a national average of 22.2%
Excess weight in 10-11 year olds is 34% against a national average of 33.3%.

For 13/14 excess weight in 4-5 year olds is 24.6% against a national average of 22.2% and excess weight in 10-11 year olds is 30.4% against a national average of 33.3% The data for

13/14 show a trend towards more underweight children in both reception and year 6, more overweight children in reception but a positive trend for year 6 children.

4.9 **Action**

While the local position is similar to the national position, there is a clear increase in excess weight between these two ages groups that requires local action and therefore the initial next steps will be undertaken:

- Refresh the local NCMP Evaluation report.
- Refresh the Change 4 Life Strategy (potentially separating weight management and physical activity to replicate regional programmes).
- Establish Change 4 Life professional group (potentially separating weight management and physical activity to replicate regional programmes).
- Evaluate PH and partnership financial allocations, commissioned and delivered interventions.
- Establish Healthy Schools programme to incorporate healthy eating theme.

4.10 **Immunisations**

Generally the uptake for childhood immunisations in Peterborough is lower than East Anglia in all quarters 20013/14 and 20014/15 to date for all age cohorts and most immunisations. The target for childhood immunization uptake is 95%.

Some of the reasons for this are:

- Some families choose not to have their child immunised.
- Some families may have difficulty accessing services for immunisation
- Some children have been immunised but not according to the schedule in England, resulting in their immunisation not being recorded on the national system. This is a particular problem in Peterborough, where there is a high, relatively transient population related migrant workers and new immigrants whose children may have been fully immunised in their home country, but not recorded by the UK system
- Some children have been immunised according to the schedule but the data has not been recorded or properly reported. A new electronic template is in development by CCG staff for Cambridgeshire and Peterborough GP practices to use to improve recording.

4.11 **Action**

- A multi-agency Task and Finish group is being convened to try to find solutions to these issues and addresses the inequalities in uptake of childhood immunisations in inner city practices and deprived populations particularly with Prenatal Pertussis, Men C. and Preschool booster. It is planned to report initial findings and recommendations to the Health Public Committee in March 2015 and to the Health and Wellbeing Board in the summer. The school based Human Papilloma Virus (HPV) has been very successful.
- This relatively recent Programme of vaccination of girls aged 12 – 13 against Human Papilloma Virus (HPV) which is a causative factor in Cervical Cancer has been very successful with a 91.5% uptake against a national average for England of 86.1%.

4.12 **Developments**

- PCC is working closely with NHS England on the transfer of HV's and the Family Nurse Partnership programme (FNP) to ensure a smooth transfer of the commissioning of these service to the PCC in September 2015. Service specification and KPI's are being agreed that reflect the needs of Peterborough children and families.
- The perinatal Mental Health pathway has been strengthened with an increase in CPN support and IAPT. Information on this pathway will be going out to all partners and GP's over the next month this will also provide a named link for GPs.
- An early support pathway has been developed that ensures that any early indications of additional needs among children are identified in a timely way and process of co-ordinated assessment and care planning is started. This will mean a central point for referrals and a named early support co-ordinator that will manage this process. This will start from in March once there is multiagency sign-up to this and a pathway with a key contact will be sent to all GPs.

4.13 **Emotional wellbeing and mental health**

The Emotional wellbeing and mental health strategy group has agreed the priorities for promoting and improving the emotional wellbeing and mental health for children and young people (C&YP) The multiagency group has adopted a broad definition of Children's and Adolescent Mental Health, recognising that having good mental health is everybody's business.

This strategy responds to the Health & Wellbeing Board Strategy for Peterborough and will inform planning and commissioning of system-wide mental health services and offer guidance of good practice.

The key priorities identified to be addressed over the next year are:

- Develop the workforce by having consistent training in universal services.
- Clear multiagency pathways to tier 2 and tier 3 services.
- Waiting times for assessment and treatment will be reduced by introducing early identification and support to children with complex needs.
- Early intervention and prevention by the development of a single point of access in Peterborough with clear pathways and good training and guidance on referral pathways.
- Roll out of IAPT principles.
- Good perinatal support.
- Linking work to SEND pathway.
- Re-commission and enhance tier 2 services.
- Good transition pathway to adult services.
- Ensuring there is a whole system integrated partnership approach that links to Adult mental health services and suicide prevention pathways.

4.14 **Progress on the above actions**

Progress against key priorities identified in the EWMH strategy.

- Training around recognising and supporting CYP with emotional health issues within universal services has been developed over the past few months, uptake from this is good with excellent feedback issues raised from this is the need to have consistent support and supervision. This will be addressed over the next 2 months.
- All School nurses have received training in self-harm.
- Tier 2 support which is the 3 T's service to help and support children with emotional health needs has been increased by 50k. This is addressing the waiting list.
- A single point of access for CAMH services in Peterborough has started with clear pathways and feedback on if referrals have been accepted is within 3 days the pathway and referral information will be sent to GP's and all partners by the end of February.
- A group looking at the transition pathway to adult services has being established. First workshop identified an action plan that will be addressed and monitored through the 0-25 service redesign work stream.
- Healthwatch have developed a short video with young people in Peterborough on Emotional health and wellbeing to raise awareness and provide advice and guidance this is available to all partners contact Jennifer Hodges at jennifer@healthwatchpeterborough.co.uk who is happy to give a copy of this.
- CAMH were very positive about this videoscribe and will play this on a loop in their waiting room. GP's surgeries and schools will also be offered this.

One of the main challenges CAMH services are facing is the growing waiting list for referral to CAMH services and a deep dive exercise was completed.

4.15 **CAMHS Deep Dive exercise**

- A deep dive exercise carried out looked at the increase in referrals and the findings set out current CAMHS service efficiency improvements and made future proposals.
- It includes reference to the work that CAMHS are already doing to enhance capacity at tier 2, by training the children's workforce, providing supervision, supporting professionals in schools, delivering the CAMHS champions model and supporting the development of a Single Point of Contact function for referrals into EWB & MH services.
- Findings are currently being considered by the CCG and a summit that took place on the 12th March.
- CCG has agreed to invest 600k into CAMH services recurrently, this is in response to the increased demand.

Working relationships between CAMH services and other services are very good, there are, for example, clear pathways in place between CAMH services and other support services including the Youth Offending Service.

4.16 **Children with Disabilities SEND reforms**

The SEND reforms support children, young people and families who are affected by special needs or disabilities, and are designed to ensure everyone can access information and services that are the most relevant, meaningful and helpful.

Over the past year all partners have been working with the local authority to identify their core offer for services and a joined up assessment process in developing health, education and social care plans for children that have additional needs. This not only encourages an integrated approach, but allows more choice around personalisation where children can be given a personal budget for some aspects of their care which can be used flexibly to meet their needs. There is also a duty on partners to jointly commission services together.

Outcomes to date

- Strategic group set up to oversee work streams.
- Core offer for SEND now on website.
- Work ongoing to develop individualised budgets and direct payments.
- Early support co-ordinators now employed to deliver the Education and healthcare pathway. (EHC plans).

Commissioning updates

Sleep Solutions –

This service will continue over the next year. As part of the early support pathway both health and PCC this will ensure that all referrals for sleep management go through sleep solutions who would work closely with the HV service resulting in only a few children being referred to the paediatricians. Currently awaiting CCG decision on joint funding.

Early Support – Providing early support to children and young people with additional needs is one of the requirements under the SEND reforms. Currently in Peterborough there is a medical model where most referrals go to the paediatricians, this results in long waits, particularly for ASD/Autism as well as not an effective use of consultant's time.

The proposal is to develop an early support pathway that enables a co-ordinator to pull together all the information necessary first then refer to a panel with health input this will release consultants time and reduce the waiting lists as well as provide a social/health model that looks at the support children and families need in a more holistic way. Awaiting decision from CCG on joint funding.

PCC are investing 176k, linked to the requirements of the SEND reforms this support is crucial to the development of the pathway.

5. BACKGROUND DOCUMENTS

- Mental/CAMH Health needs assessment
- JSNA Performance and Delivery plan
- Cambridge and Peterborough's emotional wellbeing and mental health strategy 2014