| HEALTH AND WELLBEING BOARD | | AGENDA ITEM No. 8(b) |
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| **18 JUNE 2015** | | PUBLIC REPORT |
| Contact Officer(s): | Janet Dullaghan, Head of Commissioning Child Health and Wellbeing<br>Wendi Ogle-Welbourn Director People and Communities | Tel:<br>01733 863730 |

## HEALTHY CHILD PROGRAMME

| RECOMMENDATIONS | |
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| **FROM :** Wendi Ogle-Welbourn, Corporate Director People and Communities | **Deadline date :** N/A |
| The board is asked to:<br>• Note current activity and performance in child health commissioning and delivery | |

### 1. PURPOSE OF REPORT

1.1 The purpose of this report is to:

(a) Update on Healthy Child Programme (HCP).

(b) Update on Emotional Wellbeing and Mental Health (EWMH).

(c) Update on Joint Child Health Commissioning Unit

### 2. HEALTHY CHILD PROGRAMME

2.1 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 supports 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.

2.2 The HCP includes input from all partners working within universal services and includes midwives, health visitors, children's 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.

2.3 There is a multi-agency Healthy Children's Strategic Board that oversees and monitors progress of this programme and identifies key priorities and issues. This is chaired by the Head of Joint Commissioning Child Health.

### 3. KEY TARGETS WITHIN THE HCP BEING ACHIEVED

3.1 **New Birth Checks**

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

3.2 **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 the lead health visitor was described as exceptional in this area.

3.3 **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%.
- A joint workshop was recently held to explore the possibility of delivering integrated 2 ½ year checks with health visitors and children's centres. This was very positive with a real desire to take this forward and develop a variety of approaches that will work across the city. Some health visitors are already looking where possible to go into settings to undertake the checks in partnership with the settings and parents.

3.4 **Child Care Settings - 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:**

3.5 **% 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 11 statistical neighbours and 1% above the national average of 84%.

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3.6 **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 11 statistical neighbours and 1% above the national average of 78%.

3.7 **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 and a 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%.

3.8 **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 2013/14 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 2013/14 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.

3.9 **Action**

While the local position is similar to the national position, there is a clear increase in excess weight between these two age 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.

3.10 **Immunisations**

Generally the uptake for childhood immunisations in Peterborough is lower than East Anglia in all quarters 2013/14 and 2014/15 to date for all age cohorts and most immunisations. The target for childhood immunisation 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 of 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.

3.11 **Action**

A multi-agency Task and Finish group has been working on an action plan 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 May 2015 and to the Health and Wellbeing Board. In Addition NHSE has given each LA £9k to support uptake awareness.

3.12 **HPV**

- The school based Human Papilloma Virus (HPV) has been very successful.
- This relatively recent programme of vaccination of girls aged 12–13 against 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%.

3.13 **Developments**

- PCC is working closely with NHS England on the transfer of HVs and the Family Nurse Partnership programme (FNP) to ensure a smooth transfer of the commissioning of these services to PCC in September 2015. Service specification and KPIs have been agree 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 GPs over the next month. This will also provide a named link for GPs.

3.14 **Children's Centres**

A review of the children's centre provision led this year to the development of four children's centre hubs, three outreach services and the dedesignation of eight of the children's centre facilities.

The changes were made in the context of changing government policy including:

- The increase in two year old funded places, supporting the most disadvantaged two year olds in Peterborough.
- The increase in the number of health visitors supporting families in Peterborough.
- Need to make 1 million savings.

The impact of the dedesignation of eight centres was mitigated through the following actions:

- The hubs were developed on the basis of need, being located within the most disadvantaged areas of Peterborough. The hubs were located in or near to areas where there were significant numbers of children living in the highest levels of deprivation. The location of the hubs were also planned to ensure that there was provision in all of the three localities across Peterborough.
- The hubs do service the full locality, although are targeted at families most in need of support. Were families are identified in need of particular support, outreach provision is provided outside of the immediate "reach" area, ensuring high need families can access support. Such families would be identified through the Locality Multi Agency Support Panels.
- The eight dedesignated centres, whilst not operating under the children's centre banner, continue to operate some early childhood services. These includes the expansion of childcare provision in some areas including Westwood and Ravensthorpe, Hampton and Stanground.
- Childcare provision, where already on site, continues to be delivered from the dedesignated facilities – East Rural, Caverstede, Westwood and Ravensthorpe, Hampton, Stanground and Werrington.
- Provision was made to continue to provide the local early year's health provision from the dedesignated centres, so health clinics, ante natal appointments, baby cafes and parentcraft continue to be delivered in the centres, ensuring universal local access.
- Parents in the communities were encouraged and supported to use the centres through parent led activities.

3.16 **Oral Health**

The oral health in five year old children in Peterborough is worse than the England average (27.9%), with 36.1% of this age group still experiencing tooth decay in 2012. Regional data demonstrate that the prevalence of dental decay in twelve year olds was 35.5% in Peterborough, higher than the national average of 33.4% in 2009. A well-recognised association exists between socioeconomic status and oral health, and research suggests that oral diseases are increasingly concentrated in the lower income and more excluded groups. Local and regional data certainly demonstrate that the higher the deprivation, the more decay the children are experiencing, and this is particularly evident in Peterborough. A task and finish group under NHS England has completed its work and advice and guidance will be provided to schools and children's centres and child care settings to support their work with parents.

## 4 EMOTIONAL WELLBEING AND MENTAL HEALTH

4.1 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.

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

4.3 **Involving children and young people in the development of services**

- 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 provide a copy of this for Peterborough.
- Healthwatch work with children and young people on key issues and are currently working on a video scribe on self-harm. They have also developed with CYP a mental health and wellbeing pack.
- CAMH work with children and young people on the development of information and involve them in training i.e. young people who have self-harmed in the past are involved with training A/E staff.

4.4 **Develop the workforce by having consistent training in universal settings**

- Training around recognising and supporting C&YP with emotional health issues within universal services, such as schools, has been developed over the past few months. Uptake from this is good with excellent feedback (Appendix 1).
- All school nurses have received training in self-harm.

4.5 **Clear multiagency pathways to tier 2 and tier 3 services**

- Work has been ongoing with all partners through the Emotional Wellbeing and Mental Health Strategy Group on a core pathway for help and support around EWMH and CAMH services. This work is currently out to consultation (Appendix 2).

4.6 **Waiting times for assessment and treatment will be reduced by introducing early identification and support to children with complex needs through the early support model**

4.7 **Early Support Delivery Model**

- Early Support is a way of working that aims to improve the delivery of services for disabled children, young people and their families. It enables services/professionals to coordinate their activity better, providing families with a single point of contact and continuity through key working.
- All those who work with young children should be alert to emerging difficulties and respond early. Early Support ensures that service delivery is child-, young person- and family-centered. It focuses on enabling services and practitioners to work in partnership with children, young people and their families, supporting the delivery and coordination of services for disabled children and their families.
- The Early Support Co-ordinator is the single access point for referrals where a child 0-5 is identified as having complex needs which will require additional support. They ensure a coordinated approach to all support services / interventions, providing signposting and information, acting as a central point for coordination and contact.
- This resource will be provided to children whose needs cannot be met by mainstream or universal services alone. A child who has complex needs may require considerable ongoing specialist support from across Education, Health and Social Care (Appendix 3).

4.8 **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**

- 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 three days the pathway and referral information will be sent to GP's and all partners by the end of February.

4.9 **Good perinatal Mental Health support pathway support**

- This work has been ongoing with good investment from the CCG. The pathway has now been agreed linking this to maternity and health visiting services.

4.10 **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 who 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.
- Local 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).

4.11 **OT**

Had a waiting list of over 100 children a year ago with up to eight months wait for assessment. With service redesign and investment this is now down to eight children on the waiting list with an eight week wait and five days for emergencies.

4.12 **Enhance tier 2 services**

- Tier 2 support which is the 3 T's service to help and support young people 11+ with emotional health needs has been increased by 50k.

4.13 **Ensure there is a whole system integrated partnership approach that links to adult mental health services and suicide prevention pathways. Good transition pathway to adult services**

- A group looking at the transition pathway to adult services has being established. The first workshop identified an action plan that will be addressed and monitored through the 0-25 service redesign work stream.
- The Chair of the EWMH strategy group is a core member of the adult stakeholders group, suicide prevention group and part of the crisis concordat.

**5. CAMH**

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

5.2 **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.
- CCG has agreed to invest £900k into CAMH services recurrently. This is in response to the increased demand and to address the current waiting lists.
- In addition, three CPNs are currently being recruited to help and support the EWMH of children in schools.

## 6. JOINT COMMISSIONING

6.1 Over the past year, Cambridge and Peterborough Clinical Commissioning Group (CCG) Peterborough City Council and Cambridgeshire County Coucil have worked towards developing a joint commissioning unit (JCU) under a Memorandum of Understanding. The vision is that through a shared commissioning function the Clinical Commissioning Group and the two Local Authorities can offer an integration of efforts by agencies working for children, young people and families. By developing integrated services and strengthening our commissioning we will achieve a better and more comprehensive analysis of need, a whole system approach to planning and investment, alignment of commissioning cycles and intentions and effective use of resources. The current work programme of priorities is being agreed.

6.2 **Implications**

- This will mean that we can better design pathways with early intervention solutions, increase efficiencies and prevent duplication.
- This approach to commissioning acknowledges the interdependencies between communities, service users, organisations and services and the focus will be on commissioning FOR outcomes rather than simple commissioning OF services.

## 7. LAC

7.1 The Children in Care Health Service in Peterborough is a nurse lead service provided by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). An external review of the service was commissioned by the CCG and found that the service provided by the Children in Care Health team within CPFT was of a very high standard and improved the health outcomes for children and young people coming into care in Peterborough. They felt that the process of the health assessments for children in care being carried out by the specialist team was the preferred option compared to other areas that use GPs and that this care pathway made a difference to the holistic assessment and ultimate outcome for the health needs of children and young people coming into care.

7.2 **Initial Health Assessments**

- All requests for Initial Health Assessments (IHAs) are triaged by the Team Leader for Children in Care. Part of this triage is to collect and collate any current health knowledge regarding the child or young person concerned. This information is requested from the GP, CAMHS and any other health team that is or has been involved with the young person.
- The designated doctor sees all children under 12 years old. Most young people aged 12 and over are seen by the Team Leader for their IHA, except where they have more complex health needs. Young people with more complex health needs are either assessed by the designated doctor or assessed jointly by the designated doctor and Team Leader.
- The Team Leader is experienced in assessing and delivering health promotion over a range of areas including smoking, internet safety, substance misuse, alcohol and sexual health and activity. The designated doctor is always available should more complex health issues arise during an IHA that is being completed by the Team Leader.
- All health assessments are holistic in nature and address physical, mental and emotional health.

7.3 **Formulation of Health Action Plans**

- Following the health assessment, a health action plan is formulated in conjunction with the child or young person and carer, if appropriate. This health action plan clearly identifies the child or young person's health needs and plan as to how these needs will be addressed. It also states who is responsible for following up the identified health need and gives a timeframe for the action to be completed.

7.4 **Review health assessments**

- This year all children and young people were offered an appointment for their review health assessment within the statutory timescales. All children under five years are

seen every six months for a review health assessment and children over five years are seen on an annual basis.

- Children and young people may be seen by the team for an interim review health assessment based on need. Social workers, carers and the young person themselves are able to request an interim assessment if they feel this is needed.
- Over the past two years there has been a steady increase in referrals to health for initial assessments.

| | Jan | Feb | March | April | May | June | July | Aug | SEPT | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2012/2013** | 1 | 2 | 3 | 2 | 13 | 5 | 8 | 3 | 2 | 2 | 8 | 8 | 57 |
| **2013/2014** | 9 | 9 | 8 | 3 | 10 | 5 | 9 | 13 | 17 | 13 | 21 | 16 | 133 |

- This increase in demand led to the development of a waiting list, particularly in relation to assessments by the designated doctor. This caused the LA and CCG to jointly request CPFT to undertake a remedial action plan, which in turn resulted in the CCG funding an additional doctor's session until the end of the year.
- Weekly reporting has evidenced that this has had the desired impact with the waiting list cleared by December 2015. Monthly monitoring is in place.
- Work has started through the JCU to audit each of the LAC services in Peterborough and Cambridge against the new LAC guidance which will be completed by 1st May.

7.5 **Child Protection medicals**

7.5.1 The Child Protection Clinic that provides medicals is currently run by a Consultant Community Paediatrician and Specialist Safeguarding/CIC Nurse who are available for these medical examinations Monday, Wednesday and Friday in the afternoons. There are three clinic slots offered at 2.00pm, 3.00pm and 4.00pm. Since December 2014 the sexual abuse examinations were also decommissioned as the staff in CPFT did not fulfil the required competencies as outlined by the RCPCH/FFLM guidance and all cases of sexual abuse whether acute or chronic are now referred and seen at the SARC in PETERBOROUGH by Paediatric FMEs. Therefore the CP clinic provided by CPFT will just see neglect, emotional abuse and physical abuse (excluding pre mobile babies which are all seen at Peterborough City Hospital in accordance to LSCB protocol).

7.5.2 When a child protection medical examination might be needed outside these clinic hours, the Social Worker can discuss with the Paediatric Consultant on call at the Peterborough City Hospital and the child will be seen on the Jungle Assessment Unit for a child protection medical.

7.5.3 The JCU are working towards a single point of referral as well as access to a daily service in Peterborough. This work is part of the whole review of commissioning children's services.

7.6 **Speech and Language Therapy (SLT) – Demand and Capacity Issue**

Recent monthly Contract Performance meetings with the CCG and Local Authorities have consistently highlighted the increased pressure within the CPFT SLT service. As a result, a Contract Activity Notice was raised and representatives from CPFT have met with CCG representatives. A paper which outlines the reasons for the increase in demand and considers possible solutions to ensure a clinically safe and high quality service is currently being considered and work ongoing to look at a joint commissioning model for SLT.

## 8. BACKGROUND DOCUMENTS

- CAMH Health Needs Assessment

- JSNA Performance and Delivery plan
- Cambridge and Peterborough's Emotional Wellbeing and Mental Health Strategy 2014

Janet Dullaghan 15/04/2015

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