HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7
24 MARCH 2016		PUBLIC REPORT
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UPDATE ON PROGRESS WITHIN JOINT COMMISSIONNG UNIT

RECOMMENDATIONS	
FROM: Janet Dullaghan, Head of Commissioning Child Health and Wellbeing	**DEADLINE:** N/A

The Board is asked to:

1. Note current activity and performance in child health commissioning and delivery
2. Agree actions highlighted in the paper

1. ORIGIN OF REPORT

1.1 This report is submitted to the board following agreement of the actions at the Joint Commissioning Unit (JCU).

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update the Health and Wellbeing Board on performance within the Joint Child health Commissioning Unit. The data for the Healthy Child Programme (HCP) is up until January 2016 and is provided quarterly. The rest of the data is provided monthly. The narrative provides the latest updates on the priorities and issues to date.

2.2 To also inform the Board of the joint working initiatives, developments and priorities within the JCU.

3. HEALTHY CHILD PROGRAMME

3.1 The Healthy Child Programme (HCP) is the national public health Programme, based on best knowledge/evidence to achieve good outcomes for all children. The Government's aim is to enable local services to be shaped to meet local needs.

3.2 The HCP includes input from all partners working within universal services and includes midwifes, 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. Health Visitors are a core part of the healthy child programme and from the 1 October the responsibility for the commissioning of this service along with Family Nurse Partnership transferred to the City Council under the Public Health grant.

3.3 Service delivery across Peterborough is based on the 4,5,6 model:

4 Levels of Service	Community Universal Universal plus Universal partnership plus

5 Universal Health Reviews	Antenatal New baby 6-8 weeks 1 year 2-2.5 years
6 High Impact Areas	Transition to parenthood Maternal mental health Breastfeeding Healthy weight Managing minor illnesses and accident prevention Healthy 2 year olds and school readiness.

4. KEY TARGETS WITHIN THE HV SERVICE PETERBOROUGH

Description	Target	Q3 result
No. of first antenatal contacts	765	357
NBVs within 14 days	90%	92%
All NBVs completed	100%	97%
6-8 week reviews completed	90%	97%
BF coverage at 6-8 weeks	99%	99%
BF prevalence at 6-8 weeks	45%	40%
Maternal health check at 6-8 weeks	95%	98%
12 month review by 12 months	90%	95%
12 month review by 15 months	100%	96%
2.5 year review	90%	90%
3-4 month checks (universal pathway)	90%	59%
3-4 month checks (universal plus/ partnership plus)	90%	Not recorded

4.1 Summary of Activity

4.1.1 The number of first antenatal contact are red as it is accumulative.

4.1.2 Breast feeding figures are down 5% this is a worrying trend and the breast feeding strategy group has been reconvened with midwifery, health visitors and breast feeding co-ordinator to agree a plan to improve these rates. 3-4 month check is not a mandatory check and one that may be changing in light of the review of the HCP.

4.1.3 The Family Nurse Partnership (FNP) is been reviewed alongside the Healthy Child Programme to look at achieving the savings required as a result of the reduction in the public health grant allocation. It is a national preventative program for vulnerable, young first-time mothers under 19 years of age. It offers intensive and structured home visiting, delivered by specially trained family nurses, from early pregnancy until the child is two. The FNP team work in partnership with other health professionals, social care professionals and other agencies to ensure the best possible outcomes for young people, their children and families. The family nurse and the young parent(s) commit to an average of 64 planned home visits over two and a half years. Building this relationship over a long period allows the family and nurse to establish a trusting, therapeutic relationship. Weekly and fortnightly visits take place from early pregnancy. The current FNP programme in Peterborough only funds places for 20% of the teenage population and once caseloads are full there are no places for others, regardless of need. This also potentially excludes some teenage parents who are leaving care or who are in care. These limitations mean that some vulnerable teenagers may 'miss the window of opportunity' for help and support from this intervention.

4.1.4 The proposal is to review and redesign the service as an enhanced service for all vulnerable teenagers as a core part of the Health visiting service, closely attached to midwifery and linking with social care colleagues and children's centres when appropriate. This would be a dedicated health visiting support service for all teenage parents across the city (instead of just 20%), needs-based and with a focus also on reducing inequalities

4.2 Child Care Settings

4.2.1 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 by Ofsted this Statistical data was published on the 24th November for the period ending 31st August 2015.

4.2.2 For all provisions we have 88% rating of good or above, which is an increase of 2% on the last quarter and is 3% above the current national figure. This places us higher in the ranking against our statistical neighbours and is only 1% lower than the highest scoring local authority.

4.3 % of Pre-school Setting Rated Good or Above by Ofsted

4.3.1 For child-minders, the % Good or above has increased by 2% since the last quarter, to 88% and is 4% above the national figure.

4.4 Access to Two Year Old Funding

4.4.4 A number of two year olds are eligible for two year old funding in Peterborough. For the autumn term (1 September to 31 December), the following was achieved:

	Number	%
Total number of eligible two year olds in Peterborough	1554	n/a
Number of two year olds offered the funding entitlement	1367	88%
Number of two year olds accessing the funding	1175	76%

4.5 Immunisations

4.5.1 Following evidence of low uptakes for some vaccination programmes in Peterborough, Peterborough Local Authority, Public Health England and NHS England set up a Steering Task and Finish Group. A full report on the immunisation uptake in Peterborough was completed and this was presented to the Healthy Child Programme Board to agree actions. A group has been established to take forward the action plan based on the recommendations outlined in the report. This group, which consists of key stakeholders, have met on a number of occasions to drive the implementation of the identified actions. The group will continue to meet until March 2016, to ensure full implementation of the action plan.

4.5.2 Key recommendations include:

- Improving access to immunisations
- Increasing parents awareness and knowledge of the benefits of vaccinations
- Improving data quality

5 EARLY SUPPORT PATHWAY

5.1 As part of the Local Authority's duty to provide information, advice and assistance to parents of disabled/complex needs children and children with special educational needs, Peterborough City Council, CPFT, NHS, Spurgeons, Barnardos, Family Voice and other partners work in partnership to deliver Early Support, to provide or facilitate access to information and services for parents who might otherwise find it difficult to do so.

5.2 The new Early Support pathway across Peterborough started at the end of the first financial quarter (June 2015). In total to date there has been 74 referrals into the Early Support pathway. The majority of the referrals received are from the health visiting team and early years settings although a small number have been received from other professionals such as health therapists.

5.3 Initially the caseload was low; however the caseload appears to be stabilising with approximately 12 – 16 new cases being presented each calendar month (with two Multi-agency meetings being held per month). All referrals are made via an Early Help Assessment and are processed via the Early Help team who process for quality control and safeguarding. This ensures a robust assessment of the family's needs.

Referrals since June 2015

Referrals and Outcomes	
Total number of referrals	74
Number accepted on the pathway	68
Number not accepted on pathway	6

5. SCHOOL NURSING

5.1 School Nursing Key areas of monitoring are:

- Referral, intervention and referral on for pupils seen for weight management, sexual health, smoking intervention and substance misuse.
- The number of pupils presenting with mental health issues, including assessment, length of intervention and number referred on.
- The number of CAF's initiated by school nurses and the number that school nurses support partner agencies to complete but do not have a lead role.
- Drop-in service for senior schools.

5.2 Issues:

- The number of referrals around emotional health and wellbeing from schools
- The number of pupils presenting with mental health issues and once seen by CAMH if on the waiting list for treatment passed back to school nursing to hold.

5.3 Speech and Language Therapy

5.3.1 Redesign of the pathway is urgent due to increase in referrals and a large waiting list accumulating. The JCU have agreed a needs analysis to be done externally by Marie Gascoigne who is very experienced in this area and completed similar reviews of SLT services in other areas. This review started in January 2016. In the meantime the JCU has committed 40k extra funding, with this CPFT are tackling the waiting list by offering parents an appointment through the Choose and Book system, putting the emphasis on parents to book an appointment if they still want their child to be seen by a therapist. Half hourly appointments have been offered and for the pre-school children they are offered one of two

groups according to the child's individual needs i.e. Talking Together Group or Unclear Speech.

6. CHILDREN LOOKED AFTER INITIAL HEALTH ASSESSMENTS

6.1 CLA Current Situation

6.1.1 The chart and graph below show the last six months figures for the completion of Initial Health Assessments:

	June 15	July 15	August 15	September 15	October 15	November 15
Number of IHA's requested by CSC	6	14	12	7	16	9
Number of IHA's completed within timescale	6	10	10	7	13	9
Percentage completed	100%	71%	83%	100%	81%	100%

6.1.2 This is excellent progress and weekly meetings now takes place to monitor that assessments are completed on time.

6.2 Strengths and Difficulties Questionnaire (SDQ's)

6.2.1 Ofsted in their last inspection of children's social care made the recommendation that all children in care should have an SDQ completed to give an indication of their emotional well-being. This has now been commissioned from the health Children Looked After (CLA) team and started in December 2016.

6.3 Strategic issues

6.3.1 It is still proving difficult to get the same health service for children placed out of county due to other areas prioritising their own CLA and not having capacity. This out of county issue is being addressed as the second part of the CLA review. A new strategic designated doctor and nurse post have been appointed to by the CCG who has taken the strategic lead for CLA from February.

7. EMOTIONAL WELLBEING AND MENTAL HEALTH

7.1 Child And Adolescent Mental Health Services (CAMH)

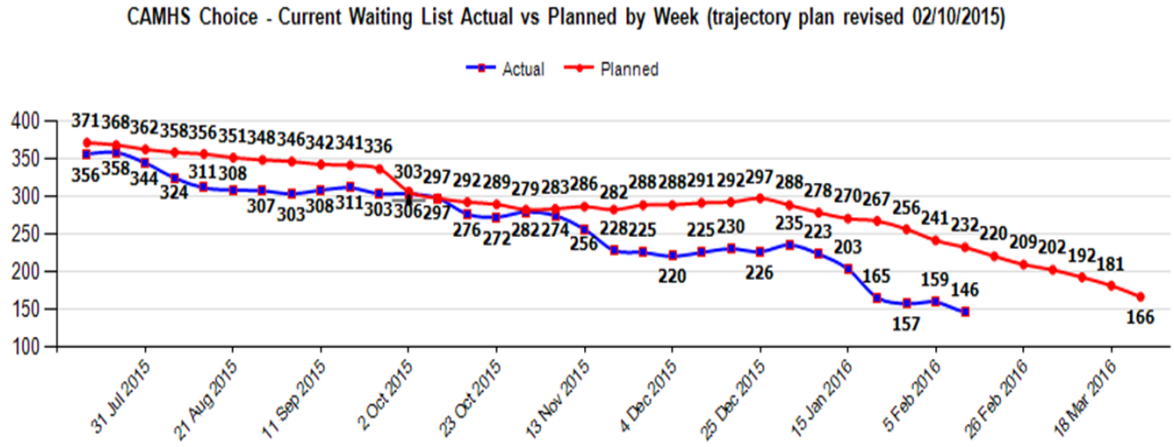
7.1.1 Over the past 18 months, the Clinical Commissioning Group (CCG) have worked closely with Cambridgeshire and Peterborough Foundation Trust (CPFT), Cambridgeshire County Council (CCC) Peterborough City Council (PCC) and Public Health colleagues to develop and agree a revised Child and Adolescent Mental Health (CAMH) service specification and performance indicators within an agreed resource envelope. Despite this work and some investment from the CCG, as well as increased investment from public health in commissioned voluntary sector provision, waiting lists for services have continued to increase. From April 2015 additional money (600k recurring and 150k non-recurring) was allocated to address the waiting times, this is reducing the waiting times for core CAMH services and to a lesser degree ASD/ADHD.

7.1.2 In Addition the Government has made £143m available nationally to fund improvements in CAMHS services. The local CAMHS Transformation Plan was submitted to NHS England in

November and has been approved, this released an additional £1.5m per year to support the development of better access to CAMHS and Eating Disorder services. Use of the additional funding by CPFT has been focussed on reducing core waiting list times for CAMH services.

7.1.3 The following graph shows the proposed and actual trajectory until March 2016. This is monitored fortnightly.

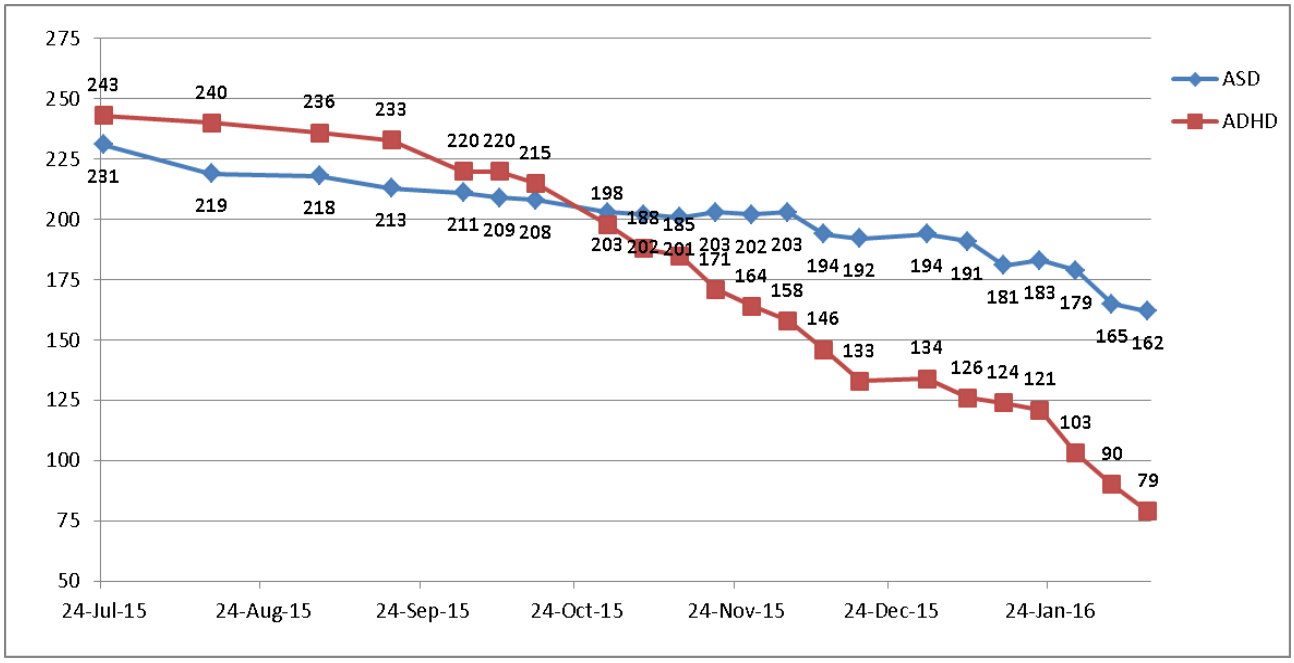
7.1.4



7.1.5 The waiting list for ASD/ADHD was closed from July 2015 – December 2015. £340k was made available by Cambridgeshire and Peterborough CCG to reduce waiting times to under 18 weeks by the end of March 2016.

7.1.6 In Addition the CCG has recently released a further tranche of the funding to reduce ADHD/ASD waiting list times and CPFT have commissioned Cambridgeshire Community Services to help with this pathway.

7.1.7 See following trajectory:



7.1.8 Waiting times to treatment have improved with 19 children awaiting treatment for CBT (13 over 18 weeks) and 36 for for other CAMH treatments (22 over 18 weeks)..

7.1.9 A series of workshops have been held with partners to agree a whole system approach to transformation of CAMHS and services for emotional health and wellbeing with a broad stakeholder input, including, service providers, third sector, Local Authority representatives, Parent representatives, Healthwatch, and commissioners, a plan was subsequently developed to address 4 key agreed priority areas.

- Waiting times – the JCU is leading on work to reduce waiting times to below 18 weeks.
- ASD and ADHD pathways – work between Local Authorities, Cambridgeshire Community Services (CCS) and CPFT is underway to ensure that pathways and processes are effective. A redesigned integrated ASD/ADHD pathway has been agreed between CPFT, CCS which enabled ASD/ADHD waiting lists to be reopened in December.
- Development of a Combined Single point of referral through the continued development of the advice and co-ordination team (ACT) The development of this pathway is seen as a key priority for the JCU and all partners. It is a core part of the redesign of CAMH services and a multiagency approach to ensure, Children, young people and families will be able to access services at the appropriate level at the appropriate time, reducing demand on specialist services by providing a swift and knowledgeable response to emerging concerns that prevent problems from escalating.
- Emergency Assessments and support – A 'task and finish' group has developed plans for providing Emergency assessment and intensive support services for Children and Young people in Mental Health crisis.

8. TRANSFORMATION PLAN AND REDESIGN OF EMOTIONAL HEALTH AND WELLBEING SERVCIES INCLUDING CHILD AND ADOLESCENT MENTAL HEALTH SERVCIES

8.1 Transformation Plan

8.1.1 The local CAMHS Transformation Plan was submitted to NHS England and approved in November. This has meant another £1.5m per year will be available to support development of better access to CAMHS and the Eating Disorder services.

8.1.2 The focus of the redesign and transformation is to ensure:-

- Better use of resources through the system to meet mental health needs.
- Moving more resources to meet needs at an earlier stage.
- There are clear pathways that parents and professionals follow so that they know what is available and how to access it.
- That interventions are evidenced based and have a positive impact on improving the mental health needs of the child or young person.

8.1.3 To do this, there will be a focus on ITHRIVE as the framework for redesigning the service model. ITHRIVE is a nationally developed model. The model focuses on needs rather than a structured 'tier' system. It is focused on ensuring that children and young people are thriving in their community and that their emotional and mental wellbeing is being supported through schools, locality teams, community groups, school nurses.
We have been successful in being chosen as one of the 10 NHS accelerator sites to implement this I thrive framework locally. Being accepted as an accelerator site for IThrive model provides a way to deliver the 'Future in Mind' recommendations and the CAMHS transformation Plan and could also give a possible framework to develop an integrated model across Children's services.

8.1.4 Thriving in the community is supported by ensuring that parents and professionals get the right advice at the right time to address any emerging mental health needs. This is through training for professionals and community groups on mental health issues and how to

address them, parenting programmes and whole school approaches to improving emotional health and wellbeing in children and adolescents.

8.1.5 The next focus is on getting timely help when it is needed. This ensures that where necessary there are evidenced based interventions that have a positive impact on a child's mental health needs. This work is supported by a family based approach ensuring that the needs of the whole family are addressed to prevent escalation of mental health needs. This is an aspirational model but one which is supported by all partners.

8.1.6 Redesigning CAMH services will be challenging, however it will be much more effective if all partners are able to look at how to address issues across the whole system and involve all partners and organisations in developing solutions. There is a real commitment for all parties to work at this together. To support this work an investment in tier 2 service comprising of a range of evidenced based parenting programmes for children with behavioural and emotional difficulties/ possible neurological problems – as a step prior to accessing more specialist services, if necessary.

9. REASONS FOR RECOMMENDATIONS

9.1 To ensure the health and wellbeing board are fully informed of the work of the JCU and enable support and challenge where appropriate.

10. ALTERNATIVE OPTIONS CONSIDERED

10.1 N/A

11. IMPLICATIONS

11.1 The transformation grant money gives us the opportunity to address waiting times and shortfalls in service's and to enable partners to work in a much more integrated way, to help meet the needs of children and families.

12. BACKGROUND DOCUMENTS

12.1 None.