

7 November 2012**Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND
CULTURAL SERVICES****HEALTH AND WELLBEING BOARDS AND CHILDREN, YOUNG PEOPLE
AND FAMILIES****Purpose of the Report**

1. The purpose of this report is to:
 - set out the national context for the joint commissioning of health and wellbeing services for children, young people and families
 - report back to the Board the main issues arising from the self-assessment undertaken by the Children's Trust. This was completed using the key success factors and key challenges for Health and Wellbeing Boards that arose from the work of the Health and Wellbeing Board National Learning Set for children and young people
 - make a recommendation to the Board that Nottinghamshire's Children's Trust becomes the integrated commissioning group for health and wellbeing services for children and families.

Information and Advice

2. With the advent of the NHS reforms, there is an opportunity to ensure that each part of the system for children, young people and families is working together to improve the health outcomes of our local population.

The Children and Young People's Health Outcomes Forum

3. The Secretary of State for Health is currently considering the recommendations of the Children and Young People's Health Outcomes Forum. The Forum produced a report that will form the basis of the Health Outcomes Strategy to be published later this year.
4. Some of the key issues identified within the report are:
 - Directors of Public Health and their local clinical commissioning groups (CCGs) should work together with maternity and child health services to identify and meet the needs of their local population
 - Directors of Children's Services should be responsible for overseeing the overall quality and delivery of health and wellbeing for looked after children

- the National Health Service Commissioning Board (NHS CB) must ensure that there is a nationally designated, strategic managed network for children and young people. This should include maternity and neo-natal care. The network should incorporate:
 - all children and young people's services within the Specialised Services Definition Set
 - all parts of relevant pathways, from specialist centres through district general hospitals to community service provision and primary care. The NHS CB must ensure explicit links between the specialist elements of the pathway commissioned by them, and those areas of the pathway commissioned by CCG.
- clinical commissioning groups need to develop local networks and partnerships with providers to address and deliver the sustainable provision of local acute, surgical, mental health and community children's services and to ensure care closer to home and no gaps in provision. There is a view that General Practice does not always meet the needs of children and young people
- the NHS CB, with clinical commissioning groups should address service configuration to meet the needs of children and young people on a sustainable, safe and high quality basis
- local commissioners, including clinical commissioning groups and local authorities, should identify a senior clinical lead for children and young people
- the Department of Health (DH) and the NHS CB should publish a full accountability framework for safeguarding children in the wider health system as soon as possible
- as part of the new multi-agency inspections, the Care Quality Commission should consider how all parts of the health system, including relevant adult services, contribute to effective local safeguarding. This should include a focus on measuring the effectiveness of early help/early intervention
- the use of the NHS Number as the unique identifier bringing together health, education, social care and criminal justice records for children and young people
- social care staff and others dealing with looked after children should have responsibility for ensuring they are registered with a GP and that the GP is kept informed of the details of their care
- clinical commissioning groups and local authorities should specifically recognise care leavers in early adulthood (18-25), as well as looked after children, in their commissioning, including a requirement that children in care health teams include a focus on this group
- the National Curriculum Review currently taking place should include the promotion of health and wellbeing within the 'statutory aims' of the revised national curriculum.

Responsibilities Transferring to Local Authorities

5. Alongside the publication of the new Strategy for Children and Young People, the responsibility for a number of Primary Care Trust commissioning functions focusing on children and young people will be transferring to the Local Authority (Public Health). On behalf of the Health and Wellbeing Board, the Children's Trust has an important role in ensuring that these services are shaped and reviewed jointly to improve outcomes for children and young people. The services and programmes of interest to the Children's Trust include:
 - School Nursing (Healthy Child Programme 5-18yrs) – transferring to Public Health in April 2013
 - Healthy Schools Programme (Healthy Child Programme 5-18yrs) – April 2013
 - Health Visiting (Healthy Child Programme 0-5yrs) – April 2015 (*to be commissioned by the NHS Commissioning Board from April 2013*)
 - Family Nurse Partnership – April 2015 (*to be commissioned by the NHS Commissioning Board from April 2013.*)
6. There will be additional public health functions coming to the LA that have a broader life-course perspective but will still impact on children and young people. These include work to tackle obesity (including the National Child Measurement Programme and nutrition services), alcohol and drug misuse services, and sexual health services. It is equally important that the Health and Wellbeing Board and Children's Trust work together to ensure effective commissioning of these services, particularly as they cover the life-course.

The Self Assessment Completed by the Children's Trust

7. These changes in the national system afford an opportunity to align our governance and joint commissioning activity so we are clear about what our children, young people and families need, and how we are going to work together to secure high quality provision to meet these needs.
8. On behalf of the Health and Wellbeing Board, the Children's Trust has undertaken a self-evaluation against the key issues arising from the work of the National Learning Set. The self evaluation was carried out in August 2012 with final discussion at the Children's Trust in September 2012. A copy of the full assessment is attached at **Appendix 1**, along with a copy of the poster published by the Learning Set, which sets out the key strategic questions and challenges for Health and Wellbeing Boards in their work related to children and young people. The main issues arising from the self assessment include the following:
 - the focus and membership of the Children's Trust should be revised to ensure that it more effectively champions health and wellbeing issues for children, young people and families, and plays a more fundamental role in the work of the Health and Wellbeing Board
 - this revised focus would enable stronger leadership of a cycle of integrated commissioning for children's services

- specifically, this should include a more formal confirm and challenge role for the Trust in respect of the Integrated Commissioning Groups that report to it, holding groups and chairs to account for activity and progress
- in order to achieve this, the Trust should ensure that its membership includes the principal commissioners for health services (Public Health, the NHS Commissioning Board and local Clinical Commissioning Groups)
- there needs to be particular drive to engage with the new Clinical Commissioning Groups, both strategically and locally. There are a range of perceived benefits to this approach, including stronger needs assessment and commissioning arrangements, and a better understanding at local level about the way in which the system for children's services operates and how General Practitioners can engage with it. There may be some merit in one or more of the clinical leads who are Board members taking a lead role in the work of the Children's Trust, working with the Corporate Director
- the Children's Trust should review the arrangements across the partnership for the participation of children, young people and families in the commissioning of services. There is room for improvement in these arrangements and some incentive in the new system for the use of ready made tools such as the NHS 'You're Welcome' initiative
- the Trust should review and strengthen the Children's chapter of the Joint Strategic Needs Assessment (JSNA) so that it includes evidence of what works to improve health outcomes for children and families
- this revised chapter of the JSNA should be the platform for a new Children, Young People and Families Plan which sets out key priorities for the future, commissioning plans and develops the notion of a "core offer" of health interventions for children, young people and families across Nottinghamshire.

Reason/s for Recommendation/s

9. There is a statutory requirement to have a local partnership overseeing the integration of services for children and young people. With the advent of the Health and Wellbeing Board and the NHS reforms, it is natural development of Nottinghamshire's Children's Trust to focus on the effective commissioning of provision for the health and wellbeing of children and young people.

Statutory and Policy Implications

10. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

11. The Children's Trust oversees services for more than 180,000 children and young people. In doing so, it has a range of systems and processes to ensure that services reflect the needs of the local population and are managed in a compliant and safe way. The Trust also has strong links with the Nottinghamshire Safeguarding Children Board and is part of the wider governance structure of the Health and Wellbeing Board.

RECOMMENDATION/S

That:

- 1) the Health and Wellbeing Board supports the view that the Children's Trust should revise its focus and membership so that it becomes the lead integrated commissioning group for health and wellbeing services for children and families
- 2) the Health and Wellbeing Board supports the Children's Trust to develop the next Children, Young People and Families plan. This new plan should reflect the Trust's revised role, the forthcoming Children and Young People's Health Outcomes Strategy, and be aligned to the Health and Wellbeing Strategy
- 3) the Clinical Commissioning Group clinical leads consider whether it would be helpful for one or more of them to take a lead role in the children's services agenda, working with the Corporate Director for Children, Families and Cultural Services.

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Constitutional Comments (SG 24/10/12)

12. The Health and Wellbeing Board is the appropriate body to consider the issues set out in this Report.

Financial Comments (NDR 23/10/12)

13. There are no financial implications arising directly from this report

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All.

C0112

APPENDIX ONE

Health and Wellbeing Boards and Children, Young people and Families

The following assessment aims to consider how well children, young people and families (CYPF) issues are championed through the Health and Wellbeing Board (HWBB) and their supporting governance structure. This document aims to secure a baseline of current activity within Nottinghamshire and the links to the HWBB through the Children's Trust Executive (CTE); it aims to identify next steps in order to succeed in achieving the goals listed below.

The assessment template was developed using the national resources developed by the National Learning Set focusing on Health and Wellbeing Boards and CYPF, chaired by Anthony May. The vision of which is as follows:

Vision: That Health and Wellbeing Boards make an effective contribution to improving health and wellbeing outcomes for children and young people.

Goal	Rating	Comments	Next Steps
1. A local partnership dedicated to CYPF is established and links to the HWBB.	AMBER	<p>The CTE is an established sub group of the Shadow HWBB. The Chair of the CTE is a member of the HWBB.</p> <p>The CTE is considered the lead integrated commissioning group leading on CYPF on behalf of the HWBB. Clinical Commissioning Groups (CCG) are represented on the CTE and its integrated commissioning groups.</p> <p>A number of NHS Providers are members of the CTE - this would not appropriate for an integrated commissioning group.</p>	<p>Amend the CTE terms of reference to acknowledge the links with the HWBB and its integrated commissioning groups.</p> <p>Review the terms of reference and membership for the CTE to ensure the group is the lead Integrated Commissioning Group for Children, Young People and Families.</p>
2. Commissioning of NHS services for CYPF sits alongside commissioning of all services for CYP (the concept of holistic commissioning).	AMBER	<p>There are a number of areas that are jointly commissioned and planned namely disability and SEN services, CAMHS, and teenage pregnancy including the Family Nurse Partnership. There are also examples where joint work has led to holistic commissioning such as health needs of Looked After Children and those in Young Offender</p>	<p>Commissioning plans of all key partners (including CCG) should be shared and discussed through the Children's Trust to ensure links are made and partners are aware of what services are commissioned and decommissioned.</p> <p>The CTE should have a confirm and</p>

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		<p>Institutions; as well and CYPF living in poverty.</p> <p>Priorities of all partner agencies have been identified, shared and formed into the Children, Young People and Families Plan 2012-14.</p> <p>There are however gaps where services are commissioned in silos e.g. speech and language therapy resulting in some duplication and confusion of roles.</p> <p>Nottingham North East CCG is the lead for children and young people and is establishing a Children's Services Commissioning Group bringing together all CCG and Public Health. This will be a useful group to help progress holistic commissioning.</p> <p>In addition sharing and agreeing on commissioning intentions can be even more challenging where the boundaries/governance of partners are not is a lack of coterminous. This will be particularly challenging where Bassetlaw CCG reports to South Yorkshire and Humber NHS commissioning Board.</p>	<p>challenge role in relation to commissioning e.g. ensuring that commissioning intentions are based on evidence of what works, that activity is value for money, the views of CYPF inform plans etc.</p> <p>There needs to be an improved method for cascading relevant information to the CTE from the HWBB and vice a versa e.g. CCG commissioning intentions.</p> <p>NHS and LA service specifications should be routinely shared with the CTE to ensure appropriate links are made.</p> <p>Ensure the newly established Children's Services Commissioning Group engages all relevant commissioning leads and invites additional leads to share and confirm commissioning plans as appropriate.</p> <p>Support to ensure all CCG which cross boundaries into other areas are fully engaged in local governance and reporting arrangements.</p>
3. The HWBB prioritises interventions for CYP which are proven to work.	AMBER	<p>The HWBB delegates commissioning activity impacting on CYPF to the Children's Trust Executive as their lead joint commissioning sub group for CYPF.</p> <p>The HWBB and CTE support the use of a clear evidence base to support commissioning decisions. The Family Nurse Partnership is currently being developed in Nottinghamshire and most CCG and NCC are pooling funds to progress this evidence based programme.</p>	<p>Despite the Children's Trust being seen as the lead commissioning group for children on behalf of the Health and Wellbeing Board, further work is required to ensure that CCG understand this role and strong links are made with the new Children's Services Commissioning Group and the Children's Trust.</p> <p>The JSNA does not include an evidence</p>

Goal	Rating	Comments	Next Steps
		<p>Commissioners are encouraged to focus on the evidence base of what works where this is available although the evidence base is still patchy.</p> <p>The SEND Pathfinder the 'One project' aims to help build the evidence base of what works and the Nottinghamshire Pathfinder will report its findings to the CTE, NWBB and nationally.</p>	<p>base to support commissioning plans so where capacity is available more in depth pieces of work are carried out e.g. Disability and SEN, CAMHS.</p> <p>Commissioning plans are informed by an assessment of local need, and this needs assessment should also include a summary of evidence based practice i.e. what interventions have been proven to be most effective.</p> <p>The CTE needs to consistently and effectively confirm and challenge commissioning plans to ensure that they are based on the evidence where it is available.</p>
4. Commissioning of services is informed by the views of CYPF.	AMBER	<p>There is ad hoc consultation with CYPF to inform commissioning decisions following budget pressures and reduced capacity.</p> <p>There have been a number of examples of positive engagement of CYPF throughout the commissioning cycle for areas such as substance use, teenage pregnancy, CAMHS, SEND Pathfinder etc; however this is currently less consistent.</p>	<p>Ensure consistent engagement of CYPF throughout the commissioning cycle to help inform commissioning decisions and assessing need.</p> <p>The CTE should provide support and challenge to ensure that CYPF have been engaged before commissioning decisions are made and confirmed.</p>
5. The HWBB ensures a focus on early intervention within an overall understanding of a 'lifecourse' approach to provision.	AMBER	<p>The Chair of the Children's Trust (and DCS) sits on the HWBB to champion early intervention and the lifecourse approach to provision.</p> <p>Early intervention is referenced in the HWB Strategy as an appropriate focus to minimise increases in need / the deterioration of health and wellbeing.</p> <p>The HWBB has already received presentations focusing on children, young people and older</p>	<p>Further work is required to embed early intervention and lifecourse approaches across all partners including CCG.</p>

Goal	Rating	Comments	Next Steps
		people. Some public health topics on the HWBB agenda have focussed on the lifecourse approach i.e. obesity (July 2012) and smoking (September 2012).	
6. The HWBB links effectively with the Children's Trust, NSCB, and CCG to ensure cohesive governance and leadership across the Children's agenda.	AMBER/GREEN	Governance arrangements have been developed with clear links with the HWBB, CTE and NSCB. CCG are represented at each of these groups. There is currently ad hoc reporting to and from the CTE and NSCB to the HWBB.	A paper is due to be presented to the September HWBB to confirm governance arrangements for the CTE, NSCB. A reporting system should be developed and maintained to ensure information is cascaded from the HWBB to the CTE and NSCB as appropriate. The CTE forward plan should reflect the HWBB Forward plan.
7. The HWBB has an agreed process to ensure children's issues receive sufficient focus.	AMBER	The HWBB received a presentation on CYP health in July 2011, and the forward plan includes an item on vulnerable CYP in February 2013. There is no regular item regarding CYP on the HWBB agenda. There is no regular item on the Children's Trust Executive regarding feedback from the HWBB.	The HWBB Forward plan should be consistently shared with the CTE to ensure key issues are set on the forward plan as required. The Children's Trust should consider a standing item on their agenda to receive feedback from the HWBB.
8. The HWBB has contributed to defining the early help offer as recommended by Professor Munro.	AMBER	This has not been addressed at the HWBB, however as the CTE is the thematic sub group of the HWBB it has addressed a number of the recommendations of Munro and early intervention is a key priority for the CTE. An early intervention strategy has been developed by the CTE.	Further work is required to embed early help and intervention at HWBB level. The HWBB Forward Plan could be influenced to include a session on early intervention.
9. The HWBB is making appropriate use of local mechanisms to listen to the views of CYPF.	AMBER	Healthwatch is due to be commissioned and Children's Health leads have supported the development of the Service Specification to ensure the successful provider uses the existing local	The existing networks to enable effective consultation with CYPF should be promoted and actively used e.g. Youth MPs.

Goal	Rating	Comments	Next Steps
		<p>mechanisms for engagement and listening to CYPF.</p> <p>There are a range of mechanisms for children and young people to influence the planning and provision of services but there is a lack of focus on bringing these together at either the Children's Trust or the HWBB.</p> <p>There are useful vehicles in existence to engage children and young people in their local health services (such as the You're Welcome initiative) but there is no strategic view about their use in Nottinghamshire.</p>	<p>The performance management of the Healthwatch contract should ensure that CYPF issues are championed consistently at quarterly contract review meetings.</p> <p>The CTE should ensure that the views of children influence its planning better and advise the HWB about the use of initiatives such as You're Welcome.</p>
10. The HWB Strategy analyses and prioritises the health needs of CYPF and describes success.	AMBER	<p>The HWB strategy for 2012/13 will be further shaped for 2013 and beyond following the refresh of the children's chapter of the JSNA in 2012/13. The strategy itself only highlights a number of headline areas and refers to the JSNA for in depth analysis.</p> <p>The HWB Strategy does not include detail re success criteria however each of the CYP priorities have in depth performance arrangements and action plans.</p>	<p>More work is required to inform the commissioning priorities of the HWB Strategy for 2013/14 and beyond and ensure that health needs are being identified and addressed.</p> <p>The CYP chapter of the JSNA is due to be refreshed in 2012/13.</p> <p>The HWB supports the development of a new Children, Young People and Families Plan to incorporate its lead role in the commissioning of effective services for health and wellbeing.</p>
11. The views of frontline staff and clinicians have been factored into the HWBB's planning.	AMBER	<p>The HWB Strategy was sent out for consultation however further work is required to engage frontline staff and clinicians and secure feedback as responses were low.</p>	<p>Consider wider consultation for the next refresh of the HWB Strategy.</p> <p>The Children's Trust Executive is due to formalise reporting arrangements from the CYP Health Network which engages clinicians. This group will be central for future consultation.</p> <p>The CTE could play an important role in developing an integrated workforce</p>

Goal	Rating	Comments	Next Steps
			strategy for the children's workforce and advising the HWB in this respect.
12. The HWBB has an agree method of engaging with schools.	GREEN	The Corporate Director for Children, Families and Cultural Services is a member of the HWBB and enables the engagement of schools through regular communication with Headteachers and Governors as and when required.	More could be done to ensure that schools are up to date with the NHS reforms and the work of the HWB. The Corporate Director will present these issues at the next termly meetings of head teachers.
13. The HWBB has a clear plan to maximise the use of public assets (children centres, schools, youth services, health centres etc) to improve the health outcomes for CYPF.	AMBER	<p>There is currently ad hoc planning e.g. Children Centres have a health core offer, school nursing and health visiting services will refresh their core offer in 2012/13 in line with national guidance.</p> <p>The new Youth Centre in Mansfield is still waiting for NHS commissioners to enable the delivery of a Contraception and Sexual Health Outreach service on site.</p> <p>There is no systematic understanding of all of the key public assets available through all partners of the CTE or HWBB.</p>	<p>Broader countywide plans are required to pull together information regarding all key public assets to aid planning and delivery of services and interventions which aim to improve health outcomes for CYPF.</p> <p>Further work is required to establish a core offer of health interventions for CYPF at a range of sites.</p> <p>This work should be a key focus of the CTE in the future, particularly making sure that CCG are aware of what provision is available and how to access it. The new Pathway to Provision can play an important role in this and it is imperative that the details of this get to GP.</p>
14. The HWBB is satisfied that the Common Assessment Framework (CAF) is sufficiently embedded in the local partnership.	AMBER	The HWBB delegates this function to the Children's Trust.	<p>Further work is required to promote the CAF across all partners of the CTE.</p> <p>Children's Trust Protected Learning Time events are being planned for each CCG to focus on CYPF issues, and this may include the need to embed CAFs.</p>

Goal	Rating	Comments	Next Steps
			CAF development is at the heart of the new Pathway to Provision and it is important that GP understand the CAF and how it is used. The CTE should lead on this.

Recommendations for the Children's Trust Executive

- Further develop this assessment through debate and discussion to secure an accurate picture of current working practice.
- Consider the suggested next steps and agree which actions to progress to improve current arrangements for the Health and Wellbeing Board to improve outcomes for children, young people and families.