

TELFORD & WREKIN COUNCIL**HEALTH & WELLBEING BOARD - 9TH MARCH 2016****EARLY HELP UPDATE REPORT****REPORT OF: LIZ NOAKES, ASSISTANT DIRECTOR HEALTH AND WELLBEING****LEAD CABINET MEMBER – CLLR PAUL WATLING****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

This report summarises progress towards implementing the Early Help Strategy.

The Early Help Strategy sets out the programme of work that will be undertaken locally by the partnership (overseen by the Early Help Partnership Board) to provide early help to children and their families.

Following consultation, six priorities, for immediate action were identified by the partnership to improve outcomes for our children, young people and families:

- Priority 1** Further development of the emotional health and wellbeing pathway to address gaps in current service provision with a focus on early help support for those with emerging mental health needs
- Priority 2** Development of a health improvement proposal for primary and secondary schools
- Priority 3** Development of a bespoke schools based programme to deliver improved outcomes for emotional health and wellbeing
- Priority 4** Development of a needs led commissioned model of parenting that takes account of the evidence base; cost effectiveness and outcomes; whilst maximising opportunities to build on existing best practice within local communities and the voluntary sector
- Priority 5** Work collaboratively with NHS England and the Shropshire Community Health NHS Trust to manage the transfer of the commissioning responsibility for Health Visiting and the Family Nurse Partnership to the Local Authority
- Priority 6** Refinement of the model for delivering our early help services and support, which maximises integration (reducing duplication across service areas and teams); maximises skills and expertise of the local workforce; and builds capacity and resilience within local communities and the voluntary sector

Performance against outcomes is routinely monitored by the Early Help Partnership Board. Current performance at month 9 is summarised in Appendix A. The year end position will be available in July 2016.

An Early Help Impact Assessment (Appendix B) has been completed by lead Professionals to assess progress towards implementing early help arrangements locally and to identify areas requiring further improvement.

The Early Help Partnership Board is currently working with key partners to develop the work programme for 2016.

2. RECOMMENDATIONS

The Health & Wellbeing Board is requested to acknowledge:

- The progress made by Early Help Partnership organisations towards improving outcomes for children and families
- The challenges in measuring and monitoring the impact of our early help offer

3. IMPACT OF ACTION

Implementation of the Early Help Strategy and action plan will deliver improvements in the following outcomes:

- Improve the health and wellbeing of children, young people, families and carers
- Improve the educational attainment of children and young people
- Improve the emotional health and wellbeing of children, young people, families and carers
- Improve the prospects of children and young people in Telford & Wrekin
- Improve the engagement of children, young people, families and carers in services

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<ul style="list-style-type: none"> • Encourage healthier lifestyles • Improve mental wellbeing • Strengthen our communities and community based support
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<ul style="list-style-type: none"> • Put our children and young people first • Protect and support vulnerable children and young people • Improve local people's prospects through education and skills training • Improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	Children and young people
TARGET COMPLETION/DELIVERY DATE	N/A Work programme is ongoing	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The ring-fenced allocation of Public Health Grant for 2015/16 is £11,712k. This reflects the in year cut of £773k made in July 2015 by the Government.</p> <p>A proportion of the public health grant has been allocated to delivering the Early Help programme. The 2015/16 budgets are –</p> <ul style="list-style-type: none"> • Early Help - £878k • Health Visiting services relating to 0-5 year olds - £1,572k (reflects half year budget from date of transfer) <p>The 2016/17 Budget Strategy includes savings of £35k and £150k against the Early Help and the Health Visiting services budgets respectively.</p>

		<p>The 2016/17 Public Health Grant has been further cut by £300k but does include a further £1,572k to reflect the full year impact of the Health Visiting services transfer from the NHS.</p> <p>Whilst funding has been secured to deliver the training and development of our early help workforce to build their capacity to manage and support children and young people with emotional problems and emerging mental health issues further work is required to establish the amount of funding and how it will be accessed.</p> <p>The programme of work identified will need to be contained within the existing resources available for the Early Help strategy.</p>
LEGAL ISSUES	Yes	<p>The work of the Early Help Partnership assists the council in meeting its public health obligations required by statutory provision such as those contained section 2B of the National Health Act 2006 (as amended).</p> <p>This also includes specific services which the Secretary of State has arranged for local authorities to exercise under powers set out in section 7A of the National Health Services Act 2006 (as amended) such as health visiting.</p>
EQUALITY & DIVERSITY	No	
IMPACT ON SPECIFIC WARDS	Yes	<p>Borough-wide impact Targeted activity within the targeted intervention areas</p>
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>This is summarised in the Early Help Impact Assessment</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

PROGRESS TOWARDS ACHIEVING OUR PRIORITIES

A 'Targeted Support and Personal Advisor' is providing support to improve the emotional health and physical wellbeing of children in care, leaving care and fostering. A team of Senior Mental Health Practitioners based within Family Connect have offered consultation to families and practitioners, provided outreach services to identify children and young people with severe/complex needs, and have provided assessments and training to practitioners to support service delivery.

The children's counselling service has been reviewed and a new service is now in place. The new service is expected to deliver a number of improvements including a greater range of support mechanisms to better meet the needs of the child – this will support improved access to the service; reduce waiting list times; deliver improved service user engagement and satisfaction and extend the reach of the programme to provide support to an increasing number of children. Telford and Wrekin Clinical Commissioning Group, has awarded grants to voluntary sector organisations for the provision of bereavement care, counselling and specialist counselling for child sexual abuse including child sexual exploitation.

The council are currently working with the CCG to commission a new 0-25 Emotional Health and Wellbeing Service, improving capacity and access, smoothing the transition to adult services, and introducing effective preventative support. Linked to this, funding has been secured as part of the CaMHS Transformation Programme to train and develop our early help workforce to build their capacity to manage and support children and young people with emotional problems and emerging mental health issues. The identified workforce will include: children's services; social workers (and specifically those supporting children in care); teachers and non teaching staff in primary, secondary and post 16; midwives, health visitors, school nurses; and voluntary sector partners (including volunteers).

26 schools have participated in structured interviews contributing to the 'Health Promoting Schools Survey'. Emerging themes requiring greater focus are: self harm; depression; anxiety; coping strategies; online safety; RSE; effective approaches for engaging with parents; and personal resilience. The outcomes of the school survey are informing the development of our school based programme for emotional health and wellbeing. 37 schools have benefitted from additional training to help them to better support children with anxiety and anger issues. In January we launched a Physical and Emotional Health and Wellbeing Network for primary schools. This was supported by 14 primary schools and it is hoped that the membership will continue to grow over forthcoming months.

Preventative approaches to addressing the rise in self harm incidences has also been a priority. The school nurse workforce has completed specialist

training in self harm and Senior Mental Health Practitioners have delivered self harm information sessions to approximately 100 staff working within Children and Family Locality Services, Cohesion Services and Community Social work. The lead school nurse for mental health has been working directly with children and young people to develop specific projects to address self harm including development of a new resource 'Here for You' to address managing stress and anxiety. This resource will shortly be available to all schools in the borough. Our team of Senior Mental Health Practitioners meet regularly with School Nurses to discuss individual cases and describe 'good working relationships' to resolve issues and to respond to the needs of children and young people and both are providing specialist advice to professionals who have concerns about a young person. Gaps around local practice have been identified and service developments are in progress including the development of standardised paperwork for recording of risk; assessing self harm; and development of a self harm pathway with supporting guidance and protocols.

A number of service developments are being progressed to respond to unmet needs of parents. These include development of short courses for 'positive parenting', commissioning of a voluntary led parental befriending service (contract awarded October 2015); additional support for parents of 0-2's; and support for parents of Year 7 children ensuring strong links with schools and the school nursing service.

Our Health visiting workforce have a crucial role in the early years of a child's development providing ongoing support for all children and families; they lead the delivery of the Healthy Child Programme during pregnancy and the early years of life. Our focus to date has been the safe transfer of commissioning responsibilities from NHS England to the local authority.

The formal transfer of commissioning responsibilities is now complete – service development to maximise opportunities for integration (reducing duplication across service areas and teams); to maximise skills and expertise of the local workforce and to improve outcomes for children and families will now be the immediate focus for this priority.

A particular success has been the work undertaken by the Health Visitors working with Children Centre teams and Early Years Consultants to integrate the 2 year progress review. This work programme has been underpinned by joint training, new ways of working across the workforce, improved data sharing and an improved service offer for children and families.

During the last six months we have seen a significant reduction in the number of women smoking during pregnancy. Actions that have contributed to this reduction include:

- Midwives implementing CO readings at the 28 week home visit – this is providing a further opportunity to raise 'the issue' of smoking during pregnancy, provide brief advice and signpost to stop smoking services.

- Additional brief advice training for smoking cessation for midwives and health visitors
- An information sharing agreement is in place between the council and SaTH. The outcome is timely data and an enhanced data set which enables more effective targeting of resources and improved data intelligence to inform service and pathway developments.
- A very well defined and robust service specification, with clear key performance indicators and outcome measures (this has been cited as best practice regionally).
- Stop4Life have strong links with referring partners – Smoking Cessation specialists attend the Locality Advisory Boards and have developed robust referral pathways. Brief advice training for smoking cessation has also been provided to our early help workforce

Performance against outcomes is routinely monitored by the Early Help Partnership Board. Key messages are listed below and current performance at month 9 is summarised in Appendix A. The year end position will be available in July 2016.

- The percentage of infants being breastfed (at 6-8 weeks) for the first 6 months of the year has improved from 30.3% at the end of quarter one to 36.9% at the end of quarter two bringing the cumulative total to 33.7%.
- The percentage of mothers recorded as smoking at time of delivery continues to decrease, from 18.9% at the end of quarter 2 to 18.3% at the end of quarter 3. This is a significant improvement on previous years – historically we have had very high rates of more than 22% and the fourth highest in the UK for pregnant women smoking during their pregnancy
- The rate of teenage conceptions (per 1,000 females 15-17 years of age) has reduced from a rate of 34.7 to 33.5. This equates to 108 conceptions within the 12 month period up to end of September 2014 (4 less than the previous reporting period).
- The percentage of reception children with excess weight has continued to decrease, with the latest data for 2014/15 academic year being 23.5% (this is lower than the previous year when it was 25.9%). Although we remain higher than the national average, our rate of improvement is better than the national.
- The percentage of Year 6 children with excess weight has continued to decrease, with the latest data for 2014/15 academic year being 36.3%. Telford and Wrekin remain significantly worse than the national average. In 2014/15 the percentage has decreased, and although it remains worse than the national, the rate of improvement is better.
- The rate of hospital admissions as a result of self harm (10-24 years olds) is significantly worse than the national position.

- In the first 9 months of this year there had been 821 CAMHS referrals sent to Family Connect and screened by a CAMHS representative; at the same point last year there had been 670 referrals.

The Early Help Impact Assessment (Appendix B) summarises our Early Help Offer and outcomes by individual service. It also demonstrates the progress we have made towards improving a number of high level outcomes e.g. attainment, rate of teenage conceptions and smoking in pregnancy.

The quality of outcome and impact reporting for early help and prevention varies considerably across services and in some instances is very limited. It is also difficult, placing the child and family at the centre, to demonstrate the progress we have made as a partnership towards improving outcomes for children at the earliest point or reducing the need for higher cost, more intensive help.

Whilst we do have some good examples of measuring impact, current arrangements are not as robust as we would like – we do not have a means of measuring impact consistently across all early help and preventative services.

At the December meeting of the Early Help Board, partners agreed to prioritise the development of a joint framework for the evaluation of the impact and effectiveness of early help and preventative interventions in line with the strengthening families approach. The framework will focus on the quality of work, effectiveness of services and the impact on children and families. This programme of work is in progress.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

No further information

3. PREVIOUS MINUTES

Children, Young People and Families Board progress update presented to Board on 11th March 2015

4. BACKGROUND PAPERS

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