



Report of Amanda Healy, Director of Public Health County Durham, Adult and Health Services, Durham County Council and Margaret Whellans Corporate Director of Children and Young People's Services, Durham County Council

Purpose of the Report

1. To provide the Health and Wellbeing Board with an update on the development of the County Durham Healthy Child Programme Board and its proposed aim and vision for future collaborative frontline working from conception to 19 years (24 year for Special Educational Needs and Disability (SEND)).

Background

2. Within Harrogate and District NHS Foundation Trust's (HDFT) tender submission for the 0 – 19 service there was a suggestion to establish a healthy child programme (HCP) board. Through discussion with HDFT it was agreed that this board could provide an opportunity to bring a small multi-disciplinary strategic group around one table to discuss close collaborative working to improve the health and social care offer to children and young people. This remit moves beyond merely the 0 – 19 health visitor and school nurse role and has in scope maternity services, paediatrics, early help, early years and support services which work with some of our most vulnerable population groups such as children with special educational needs and disabilities (SEND), young people who offend, looked after children and care leavers (not an exhaustive list of vulnerable groups).
3. Reducing health inequalities and delivering towards improved health and social outcomes for children and young people would be the primary goals of the HCP board. In County Durham there are some stark inequalities where the gap must be reduced both to the England average and also within County Durham inequalities. Whilst the public health, educational and social outcomes are yet to be finalised by the HCP board, key areas of focus will be on antenatal outcomes such as smoking at time of delivery, under 18 conception rates, breastfeeding and earlier identification of neglect. Moving into early years and school age there will be a drive to consider how improved collaborative working would increase the earlier identification, therapeutic offer and management of children with SEND. Working across the health and social care system it is anticipated that improved collaborative working would greatly increase the public's mental health by developing a seamless offer at the point of contact. A link to an overview of the County Durham child health profile can be found [here](#). Further information is available on request.
4. It is acknowledged that, at this point in time, there is a large County Durham Children and Families Partnership. It was still deemed appropriate however to scope the added value of creating a discrete HCP board as a sub group of the statutory Health and Wellbeing Board.

5. The concept of scoping out a healthy child programme board, as a sub group of the Health and Wellbeing Board, was tabled at the Health and Wellbeing board in November 2016. It was agreed that there would be benefit in this exercise to be undertaken and feedback following the preliminary workshops.
6. HDFT incorporated an allocation of funding within their tender to contract an external facilitator (Excellence in Business) to develop the HCP board and its small number of strategic priorities. This has paid for the first three workshops. Public Health will fund an additional three half day sessions to fully establish the HCP board.

Workshop outcomes to date

7. Three workshops have been facilitated in March, April and May 2017 involving senior decision makers from:
 - Durham County Council – Public Health, Children’s Services, Education, Commissioning, Planning and policy
 - Clinical Commissioning Groups – Director of commissioning
 - County Durham and Darlington Foundation Trust – Clinical Director and
 - Head of Midwifery Harrogate and District Foundation Trust - Operations Director and Head of Children’s Public Health Nursing
 - Tees Esk and Wear Valleys NHS Foundation Trust – Head of Service Child and Adolescent Mental Health Service (CAMHS)
8. The first workshop entailed completing a collaboration maturity matrix. Board members scored themselves on how collaborative current relationships are and where they would like to be in 12 months and 24 months’ time. There was a pause at the end of the first workshop to determine if all partner organisations were committed to progressing on the journey of collaboration. All partners agreed that this was the right direction of travel.
9. The second workshop focused on testing out what the aim, vision, principles, priorities and terms of reference would be for the group and starting to populate a transformational route map (TRM). This has been formatted into a draft HCP board charter.
10. The third workshop was an opportunity for the group to debate a shared understanding of a ‘one team’ approach and unpick the complexity of using the term ‘integration’. There is now a definition of a one team approach within the HCP board charter and agreement that the HCP board is progressing a vision of collaboration at the front line and not, at this point in time, considering accountable care organisation status. Bringing commissioners and providers together to plan future services is already proving a positive move as duplication and contradiction in commissioned specifications has been highlighted which is causing providers complexity when being pulled in differing directions. Keeping the child and family at the centre of all decisions is a fundamental principle.

Next steps

11. It is anticipated that the 4th workshop in June will lay out the key priorities for the group utilising the transformational route map. This will move the group towards

practical actions. The shared performance management framework will also be considered which will clearly articulate the anticipated public health outcomes to be improved. Early areas for prioritisation may be the navigation of the mental health offer to children, therapeutic services for children with SEND and the antenatal pathway.

12. It is at this point in the forming process that there is sufficient clarity in the HCP board charter for senior/corporate management teams in all relevant participating organisations, to take stock and appreciate the intentions of the healthy child programme board.

Recommendations

13. The Health and Wellbeing Board is requested to:
 - Receive information regarding the early formulation of the Healthy Child Programme Board
 - Agree to the HCP board progressing with the intentions of co-designing and co-producing a collaborative model of front line delivery from conception to 19 years (24 years for SEND) over the coming two years and beyond
 - Agree to receive regular updates on progress to retain oversight of developments

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Appendix 1: Implications

Finance

Part of specification of 0 – 19 and then additional hours of consultancy time paid for from public health budget

Staffing

Strategic decision makers time from key organisations

Risk

Risk will be assessed as part of the development of the HCP board

Equality and Diversity / Public Sector Equality Duty

One of the priorities of the HCP board is to reduce inequalities

Accommodation

As plans progress co-location of staff will be considered but this is not relevant at this stage

Crime and Disorder

N/A

Human Rights

N/A

Consultation

Ongoing dialogue with all staff, service users, stakeholders and wider community will be included as plans become more robust

Procurement

This will inform future procurement of services if the HCP board becomes embedded and fully established

Disability Issues

N/A

Legal Implications

Legal advice will be sought as relevant