

Health and Wellbeing Board

25 January 2018



Healthy Child Programme Board Update

Report of Amanda Healy, Director of Public Health, Durham County Council

Purpose of the Report

- 1 The purpose of this report is to update the Health and Wellbeing Board (HWB) on the progress made and next steps for the County Durham Healthy Child Programme Board (HCPB).

Background

- 2 There is robust evidence¹ and national policy guidelines² that emphasise the importance of improving the life chances for children from conception, with a particular emphasis on the early years and reducing the gap in health and social inequalities. Moving through the life course to the age of 19, or 25 for Special Educational Needs or Disability (SEND) and care leavers, there is a drive towards closing the gap in outcomes for those young people who are disadvantaged such as looked after children, young carers or those who have a special educational need or disability³. The underpinning factors that impact on children and young people's (CYP) outcomes are poverty, parental employment and quality of housing. All of these factors are considered in various partnership boards and plans with multi agency stakeholders contributing to improving outcomes. Reducing health inequalities and delivering towards improved health and social outcomes for children and young people are the primary goals of the County Durham Healthy Child Programme Board (HCPB).

Purpose of the HCP Board

- 3 The HCP is currently a sub group of the Health and Wellbeing Board. The HCP Board is providing a focal point for leadership and collaboration to improve life chances for children in County Durham. It has a system leadership function and sets a clear vision to ensure the co-ordinated delivery on system change priorities, to deliver improved outcomes for children, reduce duplication and ensure the most effective use of combined resources.
- 4 All representative organisations have a shared commitment to deliver the best possible health, education and social care outcomes, at the earliest opportunity, for children and young people. To achieve this goal, collaboration

¹ Marmot (2014)

² NHS Five year forward view for maternity services, Better Births 2016

³ <https://fingertips.phe.org.uk/profile/child-health-overview/data#page/1/ati/102/are/E06000047>

and new ways of working are needed between commissioners, providers, residents, carers, staff and wider partners at multiple levels.

- 5 Health and social care integration is progressing for adults and there is much benefit in exploring what a collaborative delivery model for conception to 19 years (25 years for SEND and care leavers) could look like and how that would work differently on the 'front line' to ensure every contact made has a positive impact for our children and young people.
- 6 It is critical to recognise that the system is complex and delivering at the front line is where the difference in quality and efficiency should be maximised. A focus is on making the best use of collective resources, addressing health and social inequalities while supporting the development of resilience and resourcefulness of children and families.

Work to date March to December 2017

- 7 Since March 2017 the County Durham Healthy Child Programme Board (HCPB) has been in development with the aim of creating transformational change at the front line of delivery for children, young people (CYP) and families.
- 8 Membership of the board includes: Durham County Council, Durham Dales, Easington and Sedgfield (DDES) CCG, North Durham (ND) CCG, Harrogate and District Foundation Trust (HDFT), County Durham and Darlington Foundation Trust (CDDFT), Tees Esk and Wear Valley Foundation Trust (TEWV) and more recently Voluntary and Community Sector (VCS) representation. All member organisations have signed the HCPB charter declaring their intentions to support and endorse the work of the HCPB.
- 9 The core ambition of the HCPB is to achieve a future state of joint planning, joint leadership and joint commissioning to ensure CYP and families receive services from health, education and children's early help that are joined up from prevention through to treatment and recovery – end to end pathways in effect.

The HCPB priorities and principles are:

Priorities

- 10 The HCPB 10 priority areas are:
 - To develop a joint understanding of our collective priorities, those that we share and those individual to our individual services.
 - To develop, agree and deploy one integrated plan for the Healthy Child Programme.
 - To develop and implement a shared performance management framework focused on ensuring we deliver our vision and providing a single performance report that holds us to account for the progress of children and families.

- To make intelligence led, informed decisions.
- To develop and deploy robust mechanisms for engaging with service users to co-produce services that are fit for purpose.
- To integrate commissioning around 'end to end' pathways, which are fully aligned and easy to access.
- To empower communities to determine what services and solutions will be provided and to sustain the required change.
- To ensure families recognise what services are being provided, why and by whom.
- To improve the sharing and use of data across the system.
- To deliver bespoke support which is evidence based and optimises our positive impact on the child and family.

Principles by which the HCPB will work together

- 11 We will make all decisions collectively in the best interest of Children and Young People:
- a) We will ensure no surprises, by being open, honest and transparent with each other; valuing each other's contribution.
 - b) We will co-produce our services with children, young people and families.
 - c) We will deploy a systems approach to improve HCP efficiency and impact.
 - d) We will take a collaborative, one team approach, to supporting children, young people and families.
 - e) We will develop solutions through encouraging constructive challenge and driving innovation.
 - f) We will manage performance and make decisions based on single performance report that holds us to account for the progress of children and families.

Transformational Route Map (TRM) (appendix 2)

- 11 The HCP has developed a TRM which will support the drive to move from current state to future state. Current state being a one which has commissioners and providers of services working in silos which result in duplication in commissioning, gaps in pathway delivery and multiple 'hand offs' for CYP and families as they try to move through pathways of care and support. There is also not enough emphasis on prevention and earlier intervention to reduce the escalation of need into acute and specialist services.
- 12 Future state is a 'one team' approach which offers services which are seamless at the point of contact for all CYP and families, working to close the gap in inequalities for our most vulnerable. The specific ambitions are yet to be set by the HCPB but the vision is clear. Future state will be achieved over the next two years through the work of the six identified work streams:

- Communication: internal and external for shared messages using common language e.g. what a collaborative one team approach means for children and families as well as stakeholders.
- End to end pathway development: business processes, service delivery, prevention to treatment through to recovery e.g. autism pathway.
- Planning: bringing together national, regional and local plans to reduce duplication and manage gaps – review and streamline groups progressing work. Work towards one strategic plan for child health.
- Commissioning: Pooling of resources, commission something once and trust each other to fulfil requirements of each other. For example aligning commissions for 0–19 (25 for SEND and care leavers).
- Leadership and people management: Measuring behaviours of staff so all have shared ethos no matter which organisation is the employer. Developing and embedding a behavioural maturity matrix which enable all staff from different organisations to work towards presenting the same shared values and behaviours.
- Performance management, including information management and technology: Common set of Key Performance Indicators to reduce duplication, avoid gaps and measure what is fit for purpose. A single version of the truth.

Moving into action

- 13 The HCP has had two operational board meetings in September 2017 and October 2017 (November cancelled due to SEND inspection). The HCP board members (as above) are defining the benefits to be realised from the work streams and creating clear plans to enable system change to happen by 2020.
- 14 Commissioning work stream: For the first time there is now a comprehensive list of all County Durham commissioned services from conception to 19 (25 SEND and care leavers). This can then be reviewed for duplication and gaps and opportunities for collaboration.
- 15 Leadership and people management work stream: A behavioural maturity matrix assessment tool has been developed which can assess how collaborative the HCP organisations and management teams are in their approach to front line delivery. This will enable a collaborative approach to workforce development.
- 16 Planning work stream: There is now a comprehensive list of all plans (organisation specific and partnership) relevant to CYP and families and further work is underway to map all partnerships and sub groups that work on CYP and families agenda. This will provide an overview of gaps and duplication and the interface across the multiple groups. From there a single plan can start to be produced for County Durham and clarity of the task and finish groups required to progress change with a sense of urgency.

Appendix 1: Implications

Finance - HCP: Working towards improved alignment of budgets across organisations to be able to undertake collaborative commissioning.

Staffing - Existing staff working collaboratively at a local level.

Risk - Risk will be assessed as part of individual plans and groups.

Equality and Diversity / Public Sector Equality Duty – HCPB is working to reduce inequalities.

Accommodation - NA

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 - HCP board work will inform future procurement of services if the HCP board becomes embedded and fully established.

Disability Issues - Work of the HCP will work towards addressing the inequalities faced by CYP with a disability.

Legal Implications - Legal advice will be sought as relevant.

