

PLEASE NOTE CHANGE OF START TIME

CHILDREN'S STRATEGIC PARTNERSHIP AGENDA



Wednesday 6 November 2013

at 3.00 pm

in the Council Chamber, Civic Centre, Hartlepool

MEMBERS: CHILDREN'S STRATEGIC PARTNERSHIP

Councillor Chris Simmons, Chair of Children's Services Committee and Lead Member for Children's Services (Chair);
Councillor Kevin Cranney, Chair of South Neighbourhood Forum;
Councillor Sylvia Tempest, Chair of North Neighbourhood Forum;
Gill Alexander, Director of Child and Adult Services, Hartlepool Borough Council;
Sally Robinson, Assistant Director, Children's Services Hartlepool Borough Council;
Dean Jackson, Assistant Director, Education, Hartlepool Borough Council;
Louise Wallace, Director of Public Health, Hartlepool Borough Council;
Damien Wilson, Assistant Director, Regeneration, Hartlepool Borough Council;
Chief Superintendent Gordon Lang, Cleveland Police;
Lucia Saiger-Burns, Director of Offender Services, Durham Tees Valley Probation Trust;
Ali Wilson, Chief Officer, NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group;
Dr Paul Pagni, NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group;
Linda Watson, Director of Clinical Community Services, Hartlepool & North Tees NHS Foundation Trust;
Chris Davis, Head of Service, CAMHS, Tees, Esk and Wear Valleys NHS Trust;
Ian Merritt, Strategic Commissioner – Children's Services, Hartlepool Borough Council;
Danielle Swainston, Head of Access and Strategic Planning, Hartlepool Borough Council;
Helen White, Participation Manager, Hartlepool Borough Council;
Dave Wise, West View Project, Voluntary and Community Sector;
Andy Powell, Housing Hartlepool;
John Hardy, Head Teacher St John Vianney Primary School, Hartlepool Primary Schools (Vice Chair);
Colin Reid, Head Teacher, St Hild's Secondary School, Hartlepool Secondary Schools;
Karl Telfer, Head Teacher, Springwell Special School, Hartlepool Special Schools;
Darren Hankey, Principal Hartlepool College of Further Education, Hartlepool 16 Colleges;
Anne Smith, Partnership Manager, Job Centre Plus;



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Karen Gibson, Hartlepool Carers, HealthWatch Children and Young People's Representative
Representatives, Children and Young People
Parent Representatives

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 Minutes of the meeting held on 31 July 2013.

4. REPORTS FOR CONSIDERATION

4.1 Presentation – Headliners UK – Participation Project SEND

4.2 Special Educational Needs and Disability (SEND) Pathfinder Programme –
Assistant Director, Children's Services

4.3 Think Family, Think Communities (TFTC) – *Assistant Director, Children's Services*

4.4 Bring a Gift Scheme – *Assistant Director, Children's Services*

ITEMS FOR INFORMATION

Date of next meeting – Wednesday 15 January 2013 at 4.15pm in the Council Chamber, Civic Centre, Hartlepool



CHILDREN'S STRATEGIC PARTNERSHIP DECISION RECORD

31 July 2013

The meeting commenced at 4.15 pm in the Civic Centre, Hartlepool

Present:

Councillor: Chris Simmons (In the Chair)

Sally Robinson, Assistant Director, Children's Services
Louise Wallace, Director of Public Health
Dr Paul Pagni, Clinical Commissioning Group
Linda Watson Hartlepool and North Tees NHS Foundation Trust
Danielle Swainston, Head of Access and Strategic Planning
Dave Wise, West View Project
Andy Powell, Housing Hartlepool
Shay Miah, Young Persons' Representative

In accordance with Council Procedure Rule 5.2 (ii), Brian Cranna was in attendance as substitute for Chris Davies and Superintendant Ian Coates was in attendance as a substitute for Chief Superintendant Gordon Lang.

Officers: Zoe Westley, Head of Social and Education Inclusion
Jane Young, Business Unit Manager
Richard Starrs, Strategy and Performance Officer
Katy Larkin, Participation Worker
Angela Armstrong, Principal Democratic Services Officer

10. Apologies for Absence

Apologies for absence were received from Lucia Saiger-Burns (Durham Tees Valley Probation Trust), Ali Wilson (Clinical Commissioning Group), John Hardy (St John Vianney Primary School), Chris Davies (CAMHS) and Superintendant Gordon Lang (Cleveland Police).

11. Declarations of Interest

Councillor Chris Simmons and Dave Wise of West View Advice and Resource Centre declared personal interests in minute 15.

The Chair reminded members of the Partnership to complete the Register of Interest forms along with the contact details form that had been sent out electronically and return it to the Democratic Services Team at their earliest convenience.

12. Minutes of the meeting held on 19 June 2013

Confirmed.

The Chair reminded members of the Partnership to consider any issues that they wished to be considered for inclusion on the Partnership's work programme for 2013/14.

The Director of Public health confirmed that a recent meeting of the Health and Wellbeing Board agreed the terms of reference of the Board which included the Children's Strategic Partnership as a sub group of the Board. It was noted that the Health and Wellbeing Strategy action plan would be submitted to the Partnership to seek its views in relation to issues affecting children and the priorities to ensure that all children had the very best start in life.

13. Health Reform (Director of Public Health)

Purpose of report

To introduce a presentation regarding the configuration of health organisations since 1 April 2013.

Issue(s) for consideration

The Director of Public Health gave a detailed and comprehensive presentation which provided an overview of the new health system and the Local Authority's duties in relation to children's public health. The responsibilities of the Clinical Commissioning Group and NHS England (Area Teams) were also detailed in the presentation. The major providers of health care were noted as follows:

- North Tees and Hartlepool NHS Trust;
- Tees Esk and Wear Valley NHS Trust;
- General Practitioners;
- Pharmacies; and
- Dentists.

All agencies were united in the provision of key aims for the health and wellbeing of children and these were listed in the presentation.

The representative from the Clinical Commissioning Group (CCG) commented that as the CCG was mainly clinicians, this had proven a more effective way of commissioning services, as health care professionals they were better able to challenge decisions taken by the organisations providing the commissioned services. The representative from the Hartlepool and North Tees Foundation Trust responded that the commissioning of health care services was a very complex arrangement but that the key was to ensure the best services were provided from a health perspective for children and their families. The importance of involving senior clinicians in providing services that meets the needs of the community was reiterated.

Decision

The presentation and discussion that followed were noted.

14. Bring a Gift Scheme (Assistant Director, Children's Services)

Purpose of report

To explore the concept of a 'Bring a Gift' scheme and how members of the Children's Strategic Partnership as 'Corporate Parents' can contribute to improving the life chances of children and young people who were looked after.

Issue(s) for consideration

The report provided the background to the scheme which has resulted from an investigation undertaken by the Children's Services Scrutiny Forum. The 'Bring a Gift' scheme initiative recognised that there were significant demands on agencies in relation to providing financial support and therefore all partners were asked what they could donate as a gift 'in kind' to looked after children. The Business Unit Manager indicated that all suggestions and ideas were welcomed for the 'Bring a Gift' scheme.

The Chair reiterated the above and commented that all opportunities should be explored to ensure the best possible start in life for all looked after children and it was noted that corporately the Council had offered apprentice opportunities to looked after children.

In response to a question from one of the young people's representatives the Business Unit Manager commented that it was hoped that the 'Bring a Gift' scheme would be ongoing and would encourage partners to always look at ways to provide opportunities for looked after children and young people.

The representative from Housing Hartlepool noted that housing should not be seen as a 'gift' and as such commented that Housing Hartlepool would be keen to work in partnership with the local authority on the housing needs of looked after children and young people and formalise any such arrangements. In addition, the issue of offering apprenticeships in the future would be fed back to the HR Department of Housing Hartlepool.

It was suggested that a letter be forwarded to all Children's Strategic Partnership members and private sector partners to highlight the Bring a Gift scheme and look for any opportunities that may be beneficial to children and young people who were looked after.

Decision

- (i) That the 'Bring a Gift' scheme be implemented.
- (ii) That a letter be forwarded to all members of the Children's Strategic Partnership and private sector partners to inform them of the Bring a Gift scheme and to ask them to identify any opportunities that may benefit children and young people in care.

15. Early Intervention Strategy Year One Evaluation (Assistant Director, Children's Services)

Purpose of report

To present the Early Intervention Strategy Year One evaluation to members of the Children's Strategic Partnership which was attached at Appendix 1.

Issue(s) for consideration

The report provided the background to the Strategy which was implemented in June 2012. The Strategy highlighted the services provided by:

- Families Information and Support Hub (FISH)
- Early Intervention Family Support Locality Teams
- Children's Centres
- One Stop Shop

A number of services had been commissioned and these were listed in the Strategy. The Strategy included a section on feedback received from Head Teachers and the Health sector. The key findings and next steps were detailed in the Strategy.

A discussion ensued where it was highlighted that future budgetary considerations would have a significant impact on the way services were delivered. It was noted that as the Strategy had only been in place for just over a year, it was difficult to undertake a full evaluation of the exact impact that the Strategy had on families at this stage.

The Director of Public Health commented that the Strategy had highlighted some areas of excellent progress and the importance of working closely with all agencies making the most effective use of the resources available. It was noted that the effective use of the Common Assessment Framework (CAF) would support this and help identify the needs of families at an early stage.

The Chair passed on the thanks of the Partnership to everyone involved in the development and monitoring of the Strategy to make it a success.

Decision

The evaluation of the Early Intervention Strategy and the discussion that followed were noted.

16. Child Poverty Strategy and Action Plan (Assistant Director, Children's Services)

Purpose of report

The Child Poverty Strategy and Action Plan were approved by the Children's Services Committee on 2 July 2013 and were attached by way of appendix. The report informed members of the Children's Strategic Partnership of the strategy and plan and asked members to identify their contribution to the plan.

Issue(s) for consideration

Members were informed that the Strategy was running until 2015 and was therefore continually being updated. The report highlighted the Government

policies that were affecting the Strategy including:

- Austerity Measures
- Welfare Reform
- DWP Changes
- Pupil Premium
- 2 year old Childcare

A discussion ensued on the issue of child poverty and it was noted that there had been a sharp increase across the previous 12 month period. It was noted that this may be attributed to the recent implementation of the welfare reform changes and may be ongoing for some time. However, it was highlighted that the pupil premium had recently been increased and schools would need to demonstrate that it was being used effectively to benefit the disadvantaged children it was aimed at.

In relation to child care provision, it was noted that whilst there may be sufficient child care provision within the town, very often it was not necessarily in the disadvantaged areas of the town where it was most needed. It was suggested that education partners and schools need to consider how they can best assist with this through the opening of provision for 2 year olds in disadvantaged neighbourhoods.

The Head of Access and Strategic Planning reiterated that the plan was developed and implemented in a partnership approach to mitigate and reduce child poverty and all partners were asked to forward any ideas for improvement for consideration for inclusion within the Plan.

The representative from West View Advice and Resource Centre indicated that they had recently secured lottery funding to create an advice partnership and had just appointed a co-ordinator to progress this and develop advice services across the Town.

In response to a question on how the conversion to academy status would affect the impact of pupil premium, the Head of Social and Educational Inclusion confirmed that conversion to academy status should not affect the impact of pupil premium. It was noted that all schools must evidence how the pupil premium they receive was making a difference to the outcomes disadvantaged children and the evidence received from OfSTED after visiting a third of the Town's schools was positive.

The representative from the Clinical Commissioning Group highlighted that GPs were fully aware of the impact poverty had on children's health and the CCG were keen to work with the Partnership to ensure children were not disadvantaged in view of reducing funding streams. The importance of ensuring all GPs were fully informed of all the services available to patients to ensure the most effective care was provided whilst avoiding the duplication of services.

Decision

The Child Poverty Strategy and Action Plan was noted.

17. Any Other Items which the Chairman Considers are Urgent – Vulnerable Young People in Custody

The Chair informed the Partnership that concerns had been expressed by Members at the detention of vulnerable young people in secure accommodation when taken into police custody. The Assistant Director, Children's Services confirmed that this issue related to a specific incident a couple of years ago where a young person with complex needs who had repeatedly gone missing was detained in the police cells for their own protection whilst waiting for a social worker to take them to a place of safety. Concerns were expressed that children and young people were being held in custody in a unsuitable place when they had not committed a crime.

The representative from Cleveland Police indicated that the above situation should only be undertaken in extreme circumstances or where the young person had been arrested on warrant or for such a serious offence it was felt appropriate to remand them in custody. This decision would always be taken in conjunction with advice from the Crime Prosecution Service.

It was suggested that this be discussed further with Cleveland Police and reported back to a future meeting of the Children's Strategic Partnership.

Decision

That the Assistant Director, Children's Services liaise with an appropriate representative from Cleveland Police to discuss and submit a protocol for dealing with vulnerable young people in police custody to a future meeting of the Partnership.

18. Any Other Items which the Chairman Considers are Urgent – Headliners UK

The Chair informed members of the Partnership that Headliners UK, an organisation which provided support for young people to develop multi media services had contacted the Leader of the Council to inform him that funding had been secured to undertake a project to involve young people with special educational needs in reviewing the provision of local authority services in view of the planned SEND reforms. The Head of Social and Educational Inclusion confirmed that the Department for Education had indicated that the funding was for non-pathfinder areas only but that we could take part in this project. The Head of Social and Educational Inclusion indicated she would meet with the Project Manager from Headliners to discuss way forward with a view to inviting her to a future meeting of the Partnership to provide a presentation on the project and how young people could benefit from undertaking this project.

It was suggested that this would be an exciting opportunity for some of the young people to look at how local authority services were provided in view of the proposed SEND reforms and how this was different now the authority had become a pathfinder in this area.

Decision

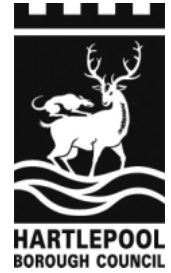
That the Head of Social and Educational Inclusion meet with the Project Manager from Headliners UK with a view to a presentation being provided to a future meeting of the Children's Strategic Partnership on the benefits of undertaking this project.

The meeting concluded at 5.41 pm

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

6th November 2013



Report of: Assistant Director, Children's Services

Subject: SPECIAL EDUCATIONAL NEEDS &
DISABILITY (SEND) PATHFINDER
PROGRAMME

1. PURPOSE OF REPORT

- 1.1 To update the Partnership on the national SEND Reforms, the Pathfinder programme and the progress towards implementation in Hartlepool.

2. BACKGROUND

- 2.1 The Government is pushing ahead with its proposal's to reform special educational needs. It aims to:

- Better support life outcomes for children and young people;
- Give parents confidence by giving them more control;
- Transfer power to professionals on the front line and to local communities.

The aim of the SEND (Special Educational Needs and Disability) pathfinder programme is to:

- Help design a better, more transparent, less adversarial, system in which all agencies are fully engaged in the assessment and development of the child or young person's single plan and are committed to delivering the plan, including through the use of personal budgets.
- Develop an approach built on what is already working, which is robust and can be applied to different local arrangements.
- Test the extent to which arrangements work for disabled children and young people as well as those with SEN, who require support, across a wide range of circumstances.
- To give parents and carers better choice and more control.

2.2 Hartlepool was successful in its joint bid to the DfE and became a SEND Pathfinder in September 2011. A project Plan was developed and agreed with the DfE based on the following 4 areas:

1. A co-ordinated assessment and a single education, health and care plan.
2. A personal budget.
3. Support for children and their families
4. Looked After children with a statement for SEN

2.3 Progress against all four areas has been monitored by the pathfinder Steering Group and Mott MacDonald, on behalf of the DfE. Feedback has been very positive and has helped to inform the draft legislation which was published in September 2012. In November 2012 the Minister announced an extension to the Pathfinders in some areas. Hartlepool and Darlington have therefore been extended until September 2014.

2.3 The DfE have identified specific grant conditions which they have agreed with each LA. In brief we are expected to:

- Move rapidly towards a delivery structure that will be needed to deliver the reforms and to scale up LA wide delivery of the reforms.
- From the end of June 2013, offer a personal (notional) budget to all those with a new single plan.
- From 1st September 2013, offer all new cases the option of following the new integrated assessment pathway and plan, rather than the existing Statement of SEN or LDA process.
- From September 2013 work towards converting existing statements and LDAs to the new process where appropriate and agreed with families and young people.
- During 2013-14, develop and refine their initial local offer due to be published by the end of March 2013, so that by December 2013 it covers as many services as feasibly possible.

2.4 In addition to core grant funding, the DfE has identified additional funding for Hartlepool and a further 8 Pathfinder areas to act as Pathfinder Champions. These areas were selected on the basis that they have already made strong progress in developing their programme and have the experience and capacity to advise and support non-pathfinder Local Authorities on how to implement the reforms. Hartlepool is therefore supporting all North East Local Authorities to prepare to implement the reforms.

3. PROPOSALS

3.1 Linked to the Pathfinder programme there are two proposals for the Partnership:

- To consider a letter dated 20th July from the Department of Health (see **Appendix 1**) which requests Lead members for Children's Services and Chairs of Health & Well-Being Boards to sign up to the "Better health outcomes for children and young people pledge".
- To consider the proposal from Headliners (presentation to be given during the meeting) to work with young people and their families in Hartlepool to gather their views on the changes introduced as part of the Pathfinder to prepare for the SEND reforms.

4. RECOMMENDATIONS

4.1 It is recommended that Partnership members note:

- the success of the programme to date;
- the implications of the extension to the programme to September 2014 (outlined in section 2.3 above);
- The role of Hartlepool as a national champion for the implementation of the reforms (outlined in section 2.4 above).

4.2 By continuing to participate in the Pathfinder Programme Hartlepool will be well placed to meet the new statutory requirements in relation to SEND which will be introduced through the Children and Families bill.

4.3 It is also recommended that the Partnership members ensure they remain committed to improving outcomes through integration and partnership working to implement the reforms in Hartlepool to meet the requirements of the Pathfinder Grant.

5. BACKGROUND PAPERS

5.1 None

6. CONTACT OFFICER

Zoe Westley, Head of Social and Education Inclusion, EDC, 01429 287349, zoe.westley@hartlepool.gov.uk



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20 July 2013

Dear Lead Member for Children's Services and Chair of the Health and Wellbeing Board,

Improving health outcomes for children and young people: Delivering and commissioning children and young people's public health services and invitation to sign the pledge

You will be as shocked as we are that childhood mortality in this country is among the worst in Europe. You will also want to know how poor many outcomes are for children and young people with long-term physical and mental conditions as well as those who are acutely sick. April 2013 marked the transfer of public health from the NHS to local authorities. Local authorities are now responsible for delivering and commissioning a range of children and young people's public health services for five to 19-year-olds, with responsibility for children under five following from 2015. This puts local authorities and health and wellbeing boards in a prime position to tackle the poor health outcomes experienced by children and young people.

We are writing jointly to you to share the resources available to assist councils with this increased responsibility and to invite you to sign up to the "Better health outcomes for children and young people pledge". The pledge is a part of the February 2013 system wide response to the Children and Young People's Health Outcomes Forum Report (2012).

Health and wellbeing boards are a crucial part of the new health landscape. Each board will want to ensure there is a proper focus on children within its priorities, that it has a thorough assessment of their needs through the Joint Strategic Needs Assessment, as well as from engagement with children and young people themselves. With a well-informed Joint Health and Wellbeing Strategy, services can be commissioned that will give children the best start in life. The resources outlined in Appendix A will help you to make this a reality.

We hope that signing up to the pledge will demonstrate a commitment to giving children the best start in life. We also hope it will start local conversations about how health and wellbeing boards, local authorities, health and wider partners can work together to improve health outcomes for children and young people, and tackle the unacceptable variation in the quality of care for children and young people across the country and reduce health inequalities. The Local Government Association (LGA), the Royal Colleges, the Department of Health and Public Health England are proud signatories of the pledge. We encourage you to work with partners and to engage with local children and young people to adapt the pledge to reflect local needs. A copy of the pledge is available at Appendix B.

Lead Members for Children's Services play a key role in these conversations and in ensuring that the health needs and wellbeing of all children and young people, including the most disadvantaged and vulnerable, and their families



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and carers, are addressed. Lead Members will want to ensure they are working closely with their health and wellbeing boards in doing this.

We recognise that many local authorities are already doing important work to prioritise children's health outcomes through integration and partnership working. If all local areas were as good as the best, together we could improve children and young people's quality of life now, and their ability to live fulfilling lives as they move through childhood. We are inviting local authorities, health and wellbeing boards, health, schools and wider partners to share examples of good practice so that learning can be promoted nationally. If you would like to share what your local authority is doing or planning to do to improve health outcomes for children and young people email a short description to Samantha.Ramanah@local.gov.uk. All examples will be published on the LGA's website and Knowledge Hub for the National Learning Network for Health and Wellbeing Boards to share learning.

Not all change is an improvement, but there is no improvement without change. We ask you to make a commitment to using the information and resources attached to challenge the status quo and to signing the pledge. Bold and brave decisions will be needed if we are to give children, young people and families the services they deserve.

Dan Poulter MP,
Parliamentary Under Secretary of
State for Health,
Department of Health

Cllr David Simmonds,
Chair of the Children and Young
People Board,
Local Government Association

Christine Lenehan, Director, Council
for Disabled Children and Co-Chair of
the Children and Young People's
Health Outcomes Forum

Professor Ian Lewis, Medical Director,
Alder Hey Children's NHS Foundation
Trust and Co-Chair of the Children
and Young People's Health
Outcomes Forum

Dr Hilary Cass,
President,
Royal College of Paediatrics and
Child Health

Duncan Selbie
Chief Executive
Public Health England



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Appendix A – Further resources

The Pledge can be accessed at:

www.gov.uk/government/publications/national-pledge-to-improve-children-s-health-and-reduce-child-deaths

Knowledge Hub for the National Learning Network for Health and Wellbeing Boards (HWBs)

The Knowledge Hub for HWBs is a free online platform, it shares information, resources, ideas and learning on Health and Wellbeing Boards. Members can ask for help from other members and participate in live question and answer sessions.

Join here:

<https://knowledgehub.local.gov.uk/group/nationallearningnetworkforhealthandwellbeingboards>

Email Samantha.Ramanah@local.gov.uk for help or further information

LGA dedicated children's health webpage

The LGA works with local authorities, including lead members for children's services to deliver better health and wellbeing outcomes for children and young people. Access the full range of support tools and latest information on children's health issues including safeguarding in the reformed NHS system, Health and Wellbeing Boards, local Healthwatch and public health issues.

www.local.gov.uk/childrens-health

The LGA has a dedicated webpage on health with tools and resources on public health, Healthwatch and health and wellbeing boards.

www.local.gov.uk/health

Child Protection Information Sharing project

The Children and Young People's Health Outcomes Forum welcomed the Department of Health's child protection – information sharing project, which Dan Poulter MP announced in December 2012. This will enhance national IT systems in emergency departments and other unscheduled health care settings to include information, fed securely from local authority systems, on the child protection status of individual children.

Local authorities are encouraged to express interest in the project now and to be ready to come on stream when it starts to roll out next year. More information can be found at:

www.gov.uk/government/news/child-protection-information-sharing-project

Child Health Profiles

Child Health Profiles provide a snapshot of child health and well-being for each local authority in England using key health indicators, which enable comparison locally, regionally and nationally. By using the profiles local organisations can work in partnership to plan and commission evidence-based services based on local need. The profiles allow local authorities to



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compare the outcomes in their local population with others in order to identify and share best practice. Find your local profile at: www.chimat.org.uk/profiles

Atlas of Variation in Healthcare for Children and Young People

The Atlas of Variation provides information to allow clinicians, commissioners and service users to identify priority areas for improving outcome, quality and productivity.

Variations in healthcare exist for many legitimate reasons. Populations and individuals have distinct needs, and some of the variation observed is a reflection of the responsiveness of the service to meeting particular needs. However, the degree of variation demonstrated in the Child Health Atlas cannot be explained solely on that basis. Identifying and tackling variations in healthcare will improve both the quality and efficiency of the care provided, and deliver the best possible health outcomes for all children and young people.

www.rightcare.nhs.uk/index.php/atlas/children-and-young-adults

Establishing Local Healthwatch: Engaging with Children and Young People

Local Healthwatch's duties extend to involving children and young people in their work. It includes the need to develop strategies for effectively involving children and young people, and particularly those who are most disadvantaged. This is covered in one of a series of briefings produced by the Local Government Association to assist local authorities and their partners in local communities and the NHS to support the commissioning, setting up and early development of local Healthwatch. <http://tinyurl.com/kxartmk>

Factsheets for School Governors and Health and Wellbeing Boards and Children, Young People and Families

The Children and Young People's Health Outcomes Forum has published a range of factsheets. Local authorities may find the factsheets for school governors and health and wellbeing boards and children, young people and families of particular interest.

www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results

Factsheet on School Nursing

In addition the Department of Health has published a school nurse factsheet for head teachers and governors. The factsheet sets out details of the model and vision for school nursing which will positively impact on standards in all schools and improve health and wellbeing of school aged children and young people. <http://tinyurl.com/kwpqvo2>



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Briefing on School Health Service

The Department of Health and Local Government Association have produced a briefing for Lead Members for Children's Services (LCMS) providing an overview of the School Health Service and sharing top tips to help LCMS think about how they can use the School Health services to deliver better health outcomes for 5-19 year olds.

www.gov.uk/government/publications/school-health-service-briefing-for-local-council-members

From transition to transformation in public health

The LGA and Department of Health has produced a set of online resource sheets. The purpose of this resource is to assist local authorities and public health to develop a local public health system that is designed to have the greatest potential for improving health, not just in councils but with all local partners. The focus is on transformation, showing how councils and public health are going beyond the practical steps of transition to develop a local vision public health, supported by new models for implementation.

<http://tinyurl.com/kdk5w9t>

National Child Measurement Programme: Briefing for elected members

These frequently asked questions for elected members have been jointly produced by the Local Government Association and Public Health England. They address a number of transitional issues relating to the transfer of responsibility for delivering the National Child Measurement Programme, which moved from PCTs to local government in April 2013.

<http://tinyurl.com/n5etuj8>

'Must Knows' for lead members for children's services

The 'Must knows' are a long-standing source of information and support for lead members for children's services (LMCS). The suite of information has been comprehensively revised for 2013 and focuses on the key issues facing lead members for children's services and the current and planned reforms impacting on children's services.

<http://tinyurl.com/n3pdwt3>

Teenage pregnancy resources for elected members and officers

The LGA has launched a number of resources on teenage pregnancy to help local authorities understand and address the key issues. The resources include: Relationships and sex education: a briefing for councillors and a briefing on local government's role in tackling teenage pregnancy.

<http://tinyurl.com/l5ekp56>

The council's role in tackling public health issues – resources for local authorities

The LGA has launched a number of resources on key public health issues including obesity, mental health, drugs and alcohol.

<http://tinyurl.com/cod86q6>



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The 2012 report of the Children and Young People's Health Outcomes Forum
www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results

The system wide response to the Forum's Report
<http://tinyurl.com/msaupsh>

Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
<http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/>

Safeguarding children in the reformed NHS system
The Department for Education has published revised statutory guidance 'Working together to safeguard children' (2013)
<http://tinyurl.com/brwtm77>

NHS England has published an updated accountability and assurance framework for safeguarding vulnerable children and young people which sets out the responsibilities of each of the key players for safeguarding in the new NHS system. <http://tinyurl.com/c57dca4>

A guide for new councillors 2013/14
This Councillors' Guide, produced by the Local Government Association is designed to provide new councillors with all the information they need to know. It explores some of the key issues and challenges facing local government today and includes useful hints and tips from experienced councillors.
<http://tinyurl.com/l95trlq>

National Health Visitor Plan: progress to date and implementation 2013 onwards
The 'National Health Visitor Plan' is a joint DH, NHS England, Public Health England and Health Education England document. It sets out how these partner organisations will work with the health profession, families, local authorities and communities to achieve the government's health visiting commitment to increase the workforce by 4,200, transform the service by April 2015 and support its sustainability beyond 2015.

In 2011 the '[Health Visitor Implementation Plan 2011-15](#)' set out action to revitalise the health visiting service, to help an expanded workforce to provide a new health visitor service model. We are now at the half-way point of a 4 year programme of recruitment and retention, professional development and improved commissioning linked to public health improvement.

'The National Health Visitor Plan: progress to date and implementation 2013' celebrates the successes of the programme so far and sets out how partner organisations within the new health landscape will work with the profession, families and communities in delivering the national commitment up to and beyond 2015. www.gov.uk/government/publications/health-visitor-vision

Better health outcomes for children and young people

Our pledge



Department
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ACADEMY OF
MEDICAL ROYAL
COLLEGES

ADCS
Leading Children's Services



FACULTY OF
PUBLIC HEALTH



MHRA
Regulating Medicines and Medical Devices

Birmingham Children's Hospital **NHS**
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“The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood.”

(Marmot)

Children and young people growing up in England today are healthier than they ever have been before. Health care and social changes have had dramatic impacts. Previously common killer diseases are now rare. More children with serious illnesses and disabilities are surviving into adulthood and the infant mortality rate has fallen to less than a quarter of what it was at the beginning of the 1960s.

But international comparisons and worrying long-term trends demonstrate there is room for improvement, with poor health outcomes for too many children and young people compared with other countries. A smaller group of more vulnerable children – such as looked after children – suffer much worse outcomes. The variation in outcomes and quality of healthcare for children and young people is unacceptable. The clear evidence that pregnancy and the earliest years are critical to the future health and wellbeing of children and adults and that evidence-based early interventions can have significant positive impacts does not always inform how services are commissioned.

The need for improvement is not new; numerous reports have highlighted the issues. Individual initiatives have led to improvements in specific areas, but have not resulted in the system wide changes required to improve outcomes. What is new is the opportunity to ensure the focus on outcomes in the new health and care system includes children and young people clearly and explicitly, from conception through to adulthood.

We are committed to improving the health outcomes of our children and young people so that they become amongst the best in the world.

System-wide change is required to achieve this and each part of the system, at each level, has a vital contribution to make. To this end we pledge to work in partnership, both locally and nationally, with children, young people and their families.

Our shared ambitions are that:

- 1** Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.
- 2** Services, from pregnancy through to adolescence and beyond, will be high quality, evidence based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce.
- 3** Good mental and physical health and early interventions, including for children and young people with long term conditions, will be of equal importance to caring for those who become acutely unwell.
- 4** Services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life.
- 5** There will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people.

We all have a part to play in promoting the importance of the health of our children and young people.

Through our joint commitment and efforts we are determined to:

- **reduce child deaths** through evidence based public health measures and by providing the right care at the right time;
- **prevent ill health for children and young people and improve their opportunities for better long-term health** by supporting families to look after their children, when they need it, and helping children and young people and their families to prioritise healthy behaviour;
- **improve the mental health of our children and young people** by promoting resilience and mental wellbeing and providing early and effective evidence based treatment for those who need it;
- **support and protect the most vulnerable** by focusing on the social determinants of health and providing better support to the groups that have the worst health **outcomes**;
- **provide better care for children and young people with long term conditions and disability** and increase life expectancy of those with life limiting conditions.

Because

- the all-cause mortality rate for children aged 0 – 14 years has moved from the average to amongst the worst in Europe¹
- 26% of children's deaths showed 'identifiable failure in the child's direct care'²
- more than 8 out of 10 adults who have ever smoked regularly started before 19³
- more than 30% of 2 to 15 year olds are overweight or obese⁴
- half of life time mental illness starts by the age of 14⁵
- nearly half of looked after children have a mental health disorder and two thirds have at least one physical health complaint⁶
- about 75% of hospital admissions of children with asthma could have been prevented in primary care⁷

Building momentum

At national level a new **Children and Young People's Health Outcomes Board**, led by the Chief Medical Officer, will bring together key system leaders in child health to provide a sustained focus and scrutiny on improving outcomes across the whole child health system.

A new **Children and Young People's Health Outcomes Forum** will provide both ongoing expertise in child health and offer constructive challenge to the next phase of this work. The Forum will hold an annual summit involving the CMO to monitor progress on child health outcomes and make recommendations for their improvement.

The Children and Young People's Health Outcomes Forum report and system response can be found at <http://www.dh.gov.uk/health/2012/07/cyp-report/>

For the very first time, everyone across the health and care system is determined to play their part in improving health outcomes for children and young people.

¹ Wolfe I, Cass H, Thompson MJ et al. Improving child health services in the UK: insights from Europe and their implications for the NHS reforms. BMJ 2011; 342:d1277

² CEMACH report 2008

³ Healthy Lives, Healthy People – our strategy for public health in England. Department of Health (2010)

⁴ Health Survey for England 2010

⁵ Kessler R, Angermeyer M, Anthony J et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. World Psychiatry 2007 Oct; 6(3):168-76

⁶ DfE Outcomes for children looked after as at 31 March 2012

⁷ Asthma UK. Wish you were here – England (2008).

CHILDREN'S STRATEGIC PARTNERSHIP

6th November 2013



Report of: Assistant Director, Children's Services

Subject: THINK FAMILY, THINK COMMUNITIES (TFTC)

1. TYPE OF DECISION/APPLICABLE CATEGORY

For information only.

2. PURPOSE OF REPORT

To update members of the Children's Strategic Partnership on progress of the Think Family, Think Communities (TFTC) programme.

3. BACKGROUND

- 3.1 In December 2011 the Government announced £448m over the next three years to turn around the lives of 120,000 Troubled Families nationally. Typically these families were said to have multiple and complex problems that were being transmitted from one generation to another because families often lacked the skills to overcome the problems facing them, or the motivation or capacity to get the support they needed. The aims of the Troubled Families Programme are to get children back into school, reduce youth crime and anti social behaviour, put adults on a path back to work and reduce the amount of public services spend on them.
- 3.2 Troubled Families is a payment by results programme with £4,000 attached to each family. The programme is a three year programme with a sliding scale of funding up front and a payment by results attachment.

Total funding available per family = £4000		
Year	% of payment offered as upfront attachment fee	% of payment offered as a results based payment in arrears
2012/13	80%	20%
2013/14	60%	40%
2014/15	40%	60%

3.3 Hartlepool has committed to working with 290 'Troubled Families' over a three year period April 2012 – March 2015. A "Troubled Family" is defined by government as:

- Are involved in crime and anti-social behaviour
- Have children not in school
- Have an adult on out of work benefits
- Cause high cost to the public purse

In Hartlepool we are also monitoring those families with one or two of the above criteria along with domestic violence and/or substance misuse issues.

3.4 In Hartlepool we have renamed this programme Think Family, Think Communities (TFTC). Work has been undertaken to identify these families using data and a list of families has been produced.

3.5 The expectation from government is that we think differently about the way we work with our families to help them to change. It is also expected that there is a single family plan focusing very clearly on actions that will ensure sustained change.

4. LOCAL CONTEXT

4.1 In year one responsibility for this programme sat within Regeneration and Neighborhoods however as the identification process took place it was felt that due to the complexities of the families' issues it would be best managed by Child and Adults Services.

4.2 Child and Adults Services took responsibility for the programme in April 2013.

4.3 During the first year of the programme, work was undertaken to identify the families and begin to track which services were currently involved. Some of the families already had a significant number of people working with them due to the complexities of the family's issues. Others had a lead practitioner focusing on one or two issues. A number of the families identified had historically been involved with services but did not have any targeted or specialist services currently working with them at the time of identification.

4.4 In year two a dedicated team was set up to work intensively with families and also to oversee and monitor the progress of those families already receiving services. This team is using the family intervention factors as the approach to working with these families:

- A dedicated worker, dedicated to the family;
- Practical 'hands on' support
- A persistent, assertive and challenging approach;
- Considering the family as a whole;
- Common purpose and agreed action.

- 4.5 Staff have been selected for their known skills in the above five areas and have come from various different disciplines. The Programme is managed by the Head of Access and Strategic Planning and the team leader has been identified from the Youth Offending Service with expertise in engaging and working in partnership with families, a proven track record of managing effective teams and demonstrating assertiveness and persistence in practice. The make up of the team is as follows:

- One family support worker from the early intervention locality teams;
- Youth offending worker;
- Housing Hartlepool worker (secondment)
- Two Probation Officers (secondment with top up funding from Probation to provide a qualified officer)
- Anti social behaviour officer (additional capacity of 1 ASB officer and whole team support the programme)
- Attendance officer from attendance team

The team also work closely with Lifeline (offering support to families with substance misuse issues) and Harbour (Domestic Violence).

The programme has commissioned the Psychology Service and an Independent Review Officer to work with the team to review cases and also to facilitate support/meetings with the families to ensure full engagement. They are also reviewing cases that are not making progress as expected and exploring the barriers and solutions to these issues.

5. PROGRESS

- 5.1 It is expected that 290 families in Hartlepool are identified and supported through this programme. To date 201 families have been identified and all their information has been collated to understand the needs of each family. The team is currently working directly with 105 of these families at differing levels of intensity. 40 of the identified families are open to other services and the TFTC team are monitoring progress but it is felt that the team around is supporting these families appropriately. This is reviewed regularly with the lead practitioner. 56 families are not involved with any identifiable service and on further exploration the issues these families are facing is worklessness. Work has taken place to develop links with Jobcentre Plus and FamilyWise to ensure that these families are supported on their employment pathway.
- 5.2 To date no family has refused support from TFTC however a number of families have said they are currently happy with the service they are receiving and do not want anything extra. These families have agreed for the TFTC team to monitor their progress.

6. MANAGING PERFORMANCE

6.1 It is important that the progress of families is monitored closely to understand whether positive change is occurring for these families. Progress is being captured quarterly for each family using the following criteria:

- Number of proven offences;
- Number of Anti-Social incidents with levels;
- Housing tenure;
- School Attendance %;
- Number of Fixed exclusions;
- Number of Permanent exclusions;
- Employment status and if unemployed benefits status;
- Social care level – Early Help/CIN/CP/LAC;
- 16-19 year olds – whether in employment, training, education;
- No of Domestic Violence incidents; and
- Engagement with services;

6.2 Work is currently underway to capture all this information for the Year One and Two families.

6.3 Claims for payment by results are submitted to the government's Troubled Families team quarterly and Hartlepool submitted a claim in July 2013. Hartlepool Think Family, Think Communities identified 57 families that meet the claim criteria however funding is only received for 51 as funding is only attached to 5 out of the 6 families across the programme.

7. LONG TERM CHANGE

7.1 It is expected that this programme explores creative and innovative ways of working with difficult families to support an improvement in their outcomes and a reduction on the reliance of high cost services. The TFTC team is being supported by the Educational Psychology team to implement a solution focused approach.

7.2 It is expected that there is a single family plan for these families that has been written with the family. The team will be working with lead practitioners to move towards the development of one family plan with all required plans sitting within this one plan. We can only expect a family to work to one meaningful plan.

7.3 The aspiration for this programme is that all families have a single plan that they lead themselves with our support and challenge as needed to ensure that children's lives are improved.

8. CONTACT OFFICERS

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CHILDREN'S STRATEGIC PARTNERSHIP

6TH November 2013



Report of: Assistant Director, Children's Services

Subject: 'BRING A GIFT SCHEME'

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information

2. PURPOSE OF REPORT

2.1 To provide Children's Strategic Partnership with information regarding the 'Gifts' received by Children Services for children and young people looked after following a letter sent to partners by Councillor Chris Simmons in August 2013.

3. BACKGROUND

- 3.1 A Children Service Scrutiny investigation recommended ' that the Council develops and implements a scheme similar to the 'bring a gift' initiative, whereby partner organisations across all Council activities are asked to donate a gift in kind (for example, cinema tickets) for a looked after child or young person'
- 3.2 In August 2013, the Children's Strategic Partnership received and accepted a report in support of the initiative and following the meeting, the Partnership chair Councillor Christopher Simmons wrote to all partners requesting they support the initiative.

4. PROPOSALS

On behalf of looked after children and care leavers, the service is very pleased to report the following 'gifts' which have been donated:

- Hartlepool College of Further Education have offered a young person a series of sessions where a young person will receive information about health and lifestyle and support from a personal trainer and a gym membership for 2 months,
- NHS Hartlepool and Stockton Clinical Commissioning Group has gifted £500 to promote healthy living , Sue Coverdale , Looked After Nurse and the Children in care Council are identifying how this money will be most effectively used.
- West View Project has donated £150 worth of gift vouchers, social workers in the Through care Team are indentifying individual young people who would benefit from these gifts.
- Hartlepool Borough Council has created three additional apprenticeship opportunities for young people which will be ring fenced initially to care leavers. Officers in the through care team are working with young people to match these opportunities to their aspirations and interests.

5. RECOMMENDATIONS

- 5.1 Children's Strategic Partnership is asked to note the report, acknowledging the 'Gifts' received to date and encourage others to participate.

6. CONTACT OFFICER

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