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Date: **22 July 2013**
Our ref: THWBB/Supplementary agenda
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THANET HEALTH AND WELLBEING BOARD

29 JULY 2013

A meeting of the Thanet Health and Wellbeing Board will be held at **9.00 am on Monday, 29 July 2013** in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Membership:

Councillors: C Hart, Johnston, Sue McGonigal, Andrew Scott-Clark, Councillor Gibbens, Mark Lobban, Dr Tony Martin, Hazel Carpenter and Dominic Carter

SUPPLEMENTARY AGENDA

Item
No

6. **DEVOLUTION OF CHILDRENS BOARDS** (Pages 1 - 8)
Jess Mookherjee.

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Improving Outcomes for Children in Thanet

1. Introduction:

This paper recommends a joint meeting of the Leaders of key partners from the Thanet Health and Well Being Board (HWBB) and the Local Children's Trust Board to review the current local agenda for Children, young people and families. The paper sets out the opportunity for delivering more sustainably better outcomes and experience which is presented by the establishment of the HWBB and new NHS and local government arrangements to deliver better integrated provision through joint and collaborative working.

2. Context:

2.1 New NHS Commissioning landscape

From 1 April 2013 the NHS commissioning organisations in England, those who plan, purchase and performance manage NHS funded services fundamentally changed.

In relation to NHS services for Children, Young People and Families NHS provision, the new organisation landscape now involves:

- Clinical Commissioning Groups

For Thanet this is NHS Thanet CCG. A membership organisation constituted of the 21 GP practices in Thanet with a budget of £190m to invest in the health and care needs of the local population. The CCG is co-terminus with Thanet District Council. The CCG has specific responsibilities for commissioning hospital, community and mental health care. It is clinically led, ensuring that commissioning is embedded in the reality of health care provision and localised to the needs of the population served by the member practices. It has a completely local focus to commission the best for Thanet residents.

The CCG has specific duties under legislation to collaborate with partners and to work to ensure provision is integrated.

- NHS England

NHS England holds the contracts for the GP practices as providers of services. In addition they have responsibility for commissioning offender health services, highly specialist paediatric services e.g. Paediatric Intensive care and Tier 4 (highly specialist) CAMHS. For the next 2 years NHS England will be commissioning the Health Visitor service. In Kent the service is undergoing an increase of 138% staffing. Future commissioning for HVs will fall to Kent County Council. NHS England is also responsible for the commissioning non cancer and the cancer screening programmes and funding and policy for immunisation and vaccination.

- Kent County Council

In addition to responsibilities for Social Care and Education, Kent County Council is also now responsible for Public Health. Public Health transferred from Primary care Trusts to KCC from 1 April 2013. National Public Health strategy and some specialist elements of Public Health have moved to a new national body - Public Health England.

KCC, as an upper tier council, is also responsible for ensuring that there is a HWBB which is a forum where key leaders in the health and care system work together to improve the health and well-being of the local population and reduce health inequalities.

HWBBs are expected to:

- ensure stronger democratic legitimacy and involvement
- strengthen working relationships between health and social care, and,
- encourage the development of more integrated commissioning of services.

Through undertaking a Joint Strategic Needs Assessment (JSNA) and developing a joint strategy for how these needs can be best addressed (Including recommendations for joint commissioning and integrating services across health and care) the Board will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision can also be brought together.

As Kent is such a vast county with such diverse needs, CCG level local HWBB have been established hence the Thanet HWBB. This aims to provide both a strategic approach to challenging health inequalities whilst working at a local level to ensure change is delivered.

2.2 Strategies and plans:

The Kent HWBB has a Joint Strategic Needs Assessment and Health and Well Being Strategy. The latter is being reviewed with all partners through 2013/14.

The Kent Joint Health and Wellbeing Strategy sets out four priorities:

- Tackle key health issues where Kent is performing worse than the England average (a number of these relate to children)
- Tackle Health Inequalities
- Tackle the gaps in provision
- Transform services to improve outcomes, patient experience and deliver value for money.

The priorities will be delivered through an approach that is person centered through integrated commissioning and provision.

The strategy is aiming to achieve five outcomes:

- Give every child the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental health issues are supported to live well
- People with dementia are assessed and treated earlier.

http://www.kent.gov.uk/your_council/priorities_policies_and_plans/priorities_and_plans/social_care_and_health/health_and_wellbeing_strategy.aspx

Kent County Council Strategic Plan for Children – ‘Every Day Matters’ 2013 – 2016 was published in April 2013. This plan is available at:

http://www.kent.gov.uk/your_council/priorities_policies_and_plans/priorities_and_plans/social_care_and_health/every_day_matters.aspx

This strategic plan sets out:

One Vision: Every Child and young person achieves their full potential whatever their background

4 Outcomes:

- Keep all children safe
- Promote Health and well-being of children and young people
- Raise the education achievement of children and young people
- Equip young people to take their role in their community

5 priorities:

- Safeguarding and protection
- Early help, prevention and intervention
- Learning and achievement
- Community ambition, health and well being
- Better use of resources

The plan lays down a challenge to decrease governance and streamline partnerships to focus on delivery. It also recognises the role of CCGs as key partners in delivery of the strategic plan and acknowledges the need to establish the strong partnerships with the CCGs to deliver the vision for Children’s and Young people.

The current Local Children’s Trust Board for Thanet began at its last meeting to review the priorities with a view to localising them within the Thanet context.

NHS Thanet CCG aim is ‘Working Towards a Healthier Thanet’. The CCG plans are informed by the County and District ‘JSNA’ provided by Public Health and responds to the Health and Well Being Strategy for Kent. The CCG Plan for 2013 – 18 includes detailed plans for Children, Young people and Families.

The CCG plan is available at <http://www.thanetccg.nhs.uk/home>

Thanet District Council 2012 – 2016 corporate plan seeks to improve Thanet as a destination to live and work. As part of instilling and encouraging growth in Thanet, they want to ensure everyone has the same opportunities by reducing inequalities in the area and improving the quality of life for all.

Fundamentally this includes delivery of public services such as leisure, housing, waste management etc. All of which have a fundamental impact on local health and opportunity to take health. The Council launched consultation on the Thanet Plan to 2031 on 18th July 2013.

2.3 Austerity:

The 2014/15 Common Spending Review makes clear the on-going challenges to publically funded services. Seeking out opportunities to achieve better outcomes and experience for children and young people which make best use of partner's resources is therefore essential if our joint vision and aims are to be achieved.

3. Current Outcomes for children in Thanet

Children's Health Outcomes: trends for the past five years

	Significantly worse than England Average
	Not significantly different from England average
	Significantly better than England average

Domain	Indicator	2008	2009	2010	2011	2012
Our community	Deprivation					
Our community	Proportion of children in poverty					
Our community	GCSE achieved (5A-C Eng. and Maths)					
Children and young people's health	Smoking in pregnancy					
Children and young people's health	Breast Feeding initiation					
Children and young people's health	Physically Active Children					n/a
Children and young people's health	Obese Children (Year 6)					
Children and young people's health	Alcohol Specific stays (under 18)	n/a	n/a	n/a	n/a	
Children and young people's health	Teenage Pregnancy (under 18)					
Life Expectancy and Causes of Death	Infant death					

* 2008 GCSE achievements (5A* to C) n/a Health profile not published data for the year.

Pregnancy:

- Fertility rates in Thanet vary, although these are higher in areas of higher deprivation
- Ages 15-19 in Thanet show the highest conception rates in Kent
- Smoking in pregnancy is high in Thanet (19%) compared to the England average of 13.7%

- Higher % of low and very low birth weight than other parts of Kent (low birth weight is a good indicator of poor health in later years)
- Breastfeeding initiation and continuation rates are comparatively low in Thanet
- Maternal mental health is a factor in child wellbeing

Child health:

- There is an increase in under 2's being taken into care in Thanet (predominantly from young parents)
- Thanet has the highest number of looked after children (LAC) – both those who originate from Thanet and those who are placed in Thanet from other CCG areas in Kent. Currently in total there are 235 LAC in Thanet
- Thanet has 1054 children in need (CHIN)
- 77 CAFs were initiated in Thanet in May 2013 alone (including step down)
- Other local authorities (OLA) tend to place children in Thanet owing to the number of private foster carers in the area – predominantly these originate from London boroughs. We are not always told when an OLA has been placed
- LAC impact on health services through increased uptake of CAMHS, GP surgeries. Also impact on education
- Approximately 50% of children starting school in more deprived areas have a speech, language and communication need (SLCN) not related to a disability
- Obesity in years 5-6 is high in Thanet

Adolescents:

- Most deprived areas (Cliftonville West and Margate Central) – correlation with increased sexual exploitation and substance misuse
- In 2011, 25% of those admitted for deliberate/self-harm in Thanet were aged 15-17. Query whether these individuals were engaged with CAMHS
- Thanet has comparatively high numbers of CYP accessing CAMH services – links in with high numbers of LAC
- Difficulties with SLCN potentially lead to poor education outcomes, involvement with youth justice system, engaging in risky behaviour including substance misuse
- Low aspirations and risky behaviour, leading to teenage pregnancy; poor parenting skills, leading to child becoming CHIN or LAC.

Current service provision:

4. Current stakeholders and engagement to date:

All stakeholders have commented on the strength of multi agency working in Thanet. Thanet is perceived to be an excellent multi agency working environment and information sharing community; professionals, community volunteers and local Politicians have worked hard to establish effective working relationships over recent decades.

Current providers in the main are Kent Community Healthcare NHS Trust (providers of school nursing, health visitors, East Kent Hospitals University Foundation Trust (Queen Elizabeth the Queen Mother Hospital), Sussex Partnership Trust (Child And Adolescents Mental Health Services provider) KCC (these include KIASS which is multi-agency and the Children's Centres which provide a number of support services for parents and children aged between 0-5 such as Parent and Toddler Groups, Breastfeeding Support, Low Cost Home Safety Scheme, Children's Book Library, Fathers Group, Young Parents (YAPS) group, Parenting courses and much more.). There are also a small number of voluntary organisations who are commissioned by KCC such as HomeStart.

There is an evident common purpose from those engaged in the health, well-being and education of the Thanet population.

5. The opportunity:

Whilst there is obviously considerable focus, energy and effort already being expended across the public sector and partners in Thanet to improve the lives of the children and young people, the establishment of NHS Thanet CCG and the creation of a Thanet Local Health and Well Being Board offers a real opportunity to localise the Multi-agency Children and young people's agenda in Thanet delivering the Kent strategic plan in the most effective way for the children and their families in Thanet.

The unique characteristics of CCGs – clinically led, locally embedded and with a duty to collaborate and ensure integrated services provide partners with an opportunity to potentially conceive new, innovative and delivery focused opportunities.

The financial reality of on-going austerity make it imperative that the potential for joint working that continues to deliver better outcomes is realised. This will not only be about the health and care agenda but its impact on economic re generation, both through healthier people able to work but through health and care provision needing to attract a skilled and dedicated workforce locally.

Partners in KCC, Thanet District Council, Thanet CCG and the Director Commissioning arm of NHS England have been approached along with the Independent Chair of the current Local Children's Trust Board by Hazel Carpenter – Accountable Officer and Andy Scott-Clarke – Director of Health improvement for Kent. All have enthusiastically received the notion of bringing together the agendas across partners to identify where all might take the opportunity to improve outcomes, experience and value for money.

It is proposed Key Partners come together on the date of the September 2013 Thanet HWBB to and that together we seek to:

- Agree the principles for working together.
- Confirm the outcomes we are all looking to deliver.
- Agree the scope of the agenda we wish to jointly focus on.
- Jointly review our plans to critically assess whether they:
 - will deliver the necessary outcomes
 - could be improved to deliver more quickly and effectively
 - Make the most of current local successful models
 - Include evidenced best practice
 - Are bold, stretching and innovative enough making the most of the new partnerships
- Agree how this partnership will be supported by the Thanet HWBB and appropriate streamlined joint governance.

Preparation for content and agenda of the meeting will be jointly managed through the CCG and KCC.

19th July 2013

Hazel Carpenter – Accountable Officer Thanet CCG

Andy Scott-Clark – Director of Health Improvement Kent County Council

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