

Children and Young People's STP Work Stream

Progress Report

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Programme Senior Responsible Officer**

STP Plan 2016

Priority 7: Children, young people and families

Priorities 42

It is our aim to ensure we are 'doing the right thing at the right time' to support children, young people and families (CYP) across wider Devon. Support is area-based, seamless and has an integrated pathway approach that builds resilience and early support to CYP and their families. To do this we need to:

- Help families and practitioners understand and access Early Help in their community.
- Ensure that children and young people are able to access whole person support in the right place throughout their journey. This means ensuring that staff have the best skills to help them to thrive and to provide support through key transition points.
- Ensure that children and young people stay healthy, with intervention starting earlier, both in terms of access to the right people who have the skills and of expertise to their support needs.
- Commissioners and providers will co-produce a model of care across universal and specialist services that spans health, social care and education; and ensures that adult and children's services work together to prepare young people for adulthood.
- Ensure that mechanisms are in place to enable effective communication, sharing data and enabling timely access to the right pathway.
- Strengthen access to senior paediatric expertise, linked to GP practices, for urgent and non-urgent needs.
- Provide a rapid access clinic for non-emergency cases, led by paediatricians.
- Triage quickly and effectively to ensure that children and young people can access the right care appropriate to their needs and in doing so avoid unnecessary attendances and admissions whilst ensuring that their parents/carers also receive appropriate support.

We know that some CYP may need more targeted and specialist support. Therefore we need to:

- Ensure that our consistent arrangements also comply with statutory responsibilities for children with Special educational needs (SEND) their parents/carers and also young carers.
- Provide a local offer available for children under the SEND reforms, that enables them to achieve the outcomes and goals identified through their ECHP. We must support children and young people, including those with complex needs and the most vulnerable, with multi-agency co-ordinated care, as close to home as possible.
- Support children and young people with emotional well-being and mental health services in supportive communities that can build resilience and that provide access to early help that delivers prevention and early intervention. Transformation of CAMHS will ensure timely crisis responses; specific pathways for eating disorders and self-harm; specific support to cared for children.
- Evidence effective transition planning for children and young people and their families, offering more personalised care through the use of Personal Budgets.
- Facilitate access to health assessments for children in care and services which are responsive to their needs; ensuring that we are safeguarding these vulnerable CYP.

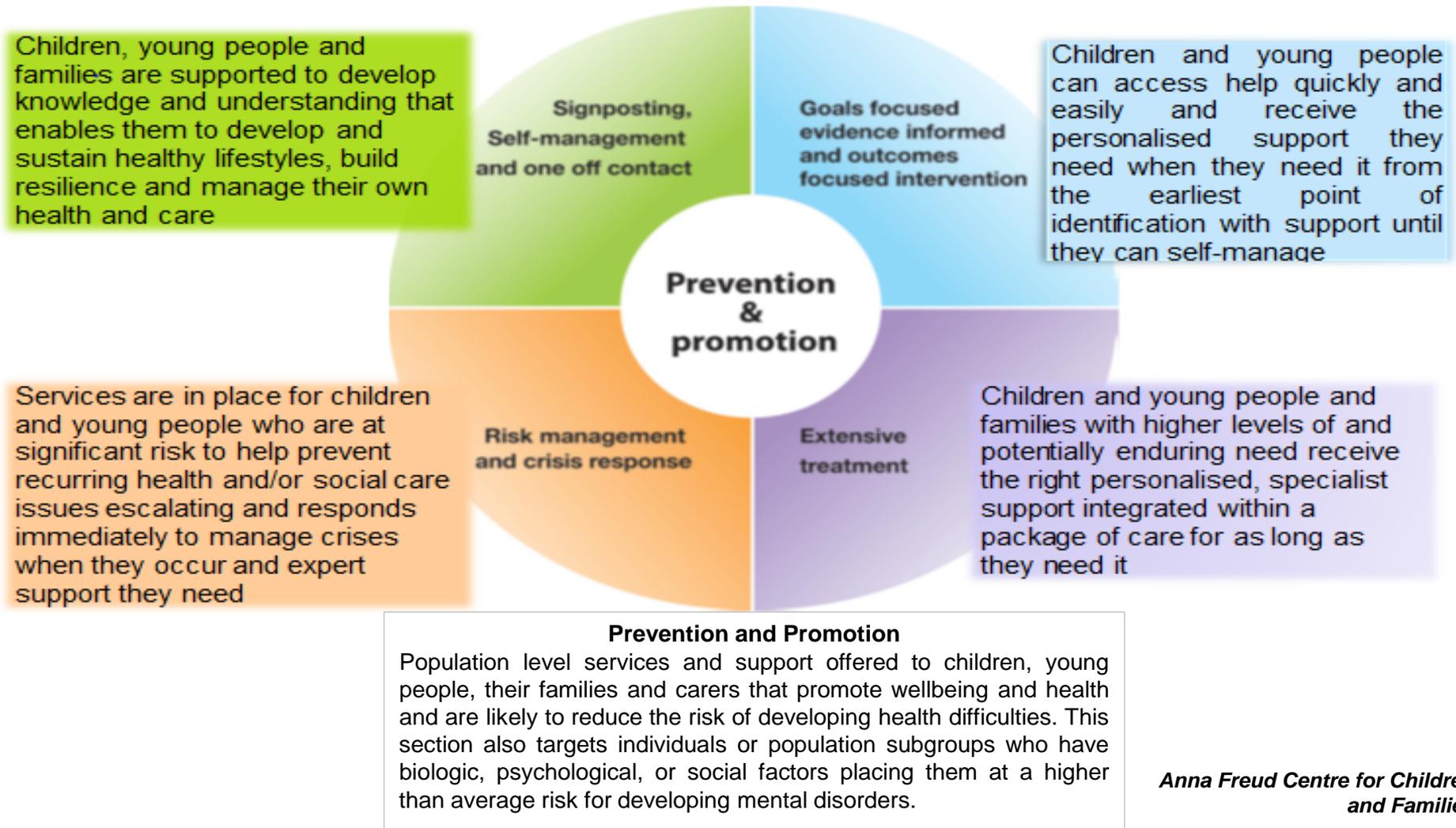


Initial Priorities 2016

Defined in the STP plan and project mandate in January 2017:

- To develop a strategic framework for children and young people across wider Devon that sets a clear and ambitious direction of travel for improving services and outcomes for this group and their families, building on and further informing each of the existing current Local Authority Improvement Plans.
- To develop, over the next 6 months, STP priority 7 (children and young people's services), alignment with the STP Acute Hospital Services Review of maternity, neonates and paediatric services, and mental health programmes, the reconfiguration of the Children's Partnership arrangements in Wider Devon and the development of an integrated children's delivery plan
- To ensure that the planned re-procurement of children's services enable the system transformation ambition, underpinned by the set of principles previously reviewed by the STP Chief Executives (Proposal for STP wide procurement principles, December 2016).

Planning Framework 2017



Priorities 2017

Emotional Health and Well Being from prevention / early intervention to specialist (tier 3 & 4) mental health services

Devon is an outlier for self-harm

Safeguarding

The ways in which adult behaviours can compromise the well-being of children and the compounding impact of adult mental ill-health, substance misuse, domestic violence

Cross cutting themes:

Workforce
Early Help
(expansion and access)

Children with additional needs (children with long term and/or life limiting illnesses or conditions)

Some key issues need radical attention (short breaks, communication, autistic spectrum conditions/neuro-developmental challenges and transition)

Best Start in Life

Leadership Group

Meets alternating months

Supported by project groups/work streams

Programme management – CCGs

Other support - DCC

Jo Olsson, Chief Officer for Children’s Services, Devon County Council	Alison Botham, Assistant Director of Children, Young People & Families, Plymouth City Council
Simon Tapley, Chief Operating Officer, South Devon and Torbay CCG	Andy Dempsey, Director of Children’s Services, Torbay Council
Fiona Fleming, Head of Commissioning, Devon County Council	Dr Virginia Pearson, Chief Officer of Communities, Public Health, Environment and Prosperity, Devon County Council
Sharon Matson, Head of Commissioning, NEW Devon CCG	Jacqui Gratton, Joint Head of Communications Torbay and South Devon NHS Foundation Trust
Dr Giles Richardson, Consultant Neonatologist, Plymouth Hospitals NHS Trust and Royal College of Paediatrics and Child Health	Dr Anita Pearson/Dr Andy Sant GP Clinical Commissioner
Lorna Collingwood Burke, Chief Nurse, NEW Devon CCG and SD&TCCG	Invites in circulation for Consultant Paediatrician representation
Kevin Wheller Chief Finance Officer (PDU), NEW Devon CCG	Paul O’Sullivan, Deputy Director of Strategy, NEW Devon CCG

Key Messages: General

- Outcomes for children vary within the STP area; and within each local authority boundary – this is important to consider when taking a high-level view
- We see that variation in outcomes is so often linked to deprivation throughout the STP. The Social Mobility Index suggests that we do relatively well for younger children, but that outcomes generally deteriorate with age. Young people in more deprived areas of the STP are more than three times as likely to be not in education, training or employment, which will affect their longer term health
- Whilst data are often presented separately on mental and physical health, we need to have a holistic and integrated view of child development and health. There is increasing interest in ‘segmentation models’ which acknowledge , for example, that children with ADHD, ASD, asthma and diabetes all have long term conditions which require a similar approach.

Key Messages I:

Best Start In Life And Adverse Childhood Experiences

- There are crucial opportunities to improve outcomes before a child is even born. Parental healthy weight, mental health and the couple relationship (amongst other factors) are important influences on child health.
- Adverse Childhood Experiences (ACEs) such as parental mental illness, and exposure to domestic violence and abuse are highly significant influences on development and associated with poorer longer term health
- Whilst there are indicators of vulnerability and protective factors available, data in this area are less developed than for well-established indicators such as breastfeeding.
- Maternity and early years outcomes generally benchmark well across the STP in comparison to national average; but there is room for progress on smoking in pregnancy and breastfeeding, and considerable inequalities exist.
- Closing the gap between disadvantaged children and their peers on language acquisition in the early years – cross Government priority

Key Messages II:

Mental health and emotional wellbeing

- The STP has a higher proportion of children identified with social, emotional and mental health primary special educational needs than the national average.
- There has been an increase in admissions for self harm amongst 10-24 year olds; the rise is most marked amongst 10-14 year olds and 15-19 year olds. Rates are higher than the national average across the whole STP.
- Looked after children across the STP have higher levels of emotional and behavioural difficulties than average
- There is a national requirement to increase access to CAMHS including improving waiting times to eating disorder services. Targets for access to EIP services are also becoming more challenging.
- This identified need highlights the importance of prevention and early intervention to improve wellbeing and identify and manage problems early. Services such as Early Help for Mental Health are reaching increasing numbers through schools and face to face and online counselling – see Key Lines of Enquiry

Key Messages III:

Children with additional needs, long term conditions and SEN

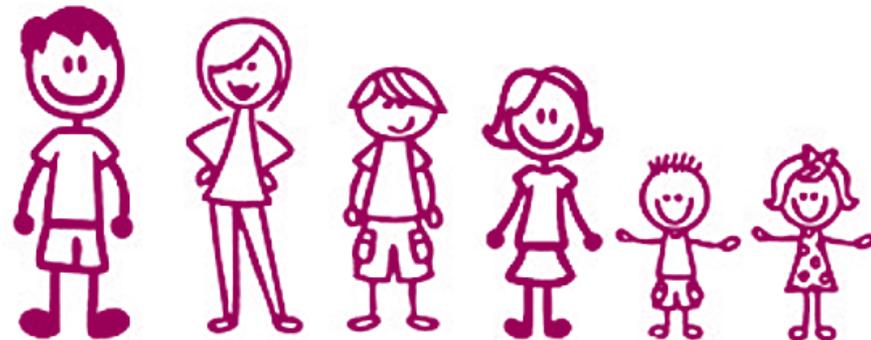
- Children with certain additional needs are more likely to be obese – and obesity itself increases the risk of developing long term conditions such as diabetes. More than one in ten children in Year 6 across the STP are obese.
- Schools in Devon, Plymouth and Torbay have a higher proportion of children in schools identified with SEND than average, but this proportion has been decreasing over time.
- Emergency hospital admissions for some conditions are higher than the national average in various areas across the STP. We have also seen a rising trend in emergency admissions for some LTCs.
- There are limited readily available data on whether our population of young people with LTCs and SEND are making successful transitions to adulthood; this may be a line of further enquiry.

Alignment

- This has been easier with local children's partnerships than with the ASR for children's services
- Membership from each Local Authority
- "Do once" or "do three times"

Re-Procurement

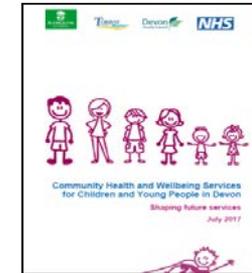
- Pre-procurement commenced January 2017
- Significant engagement work in summer 2017
- Range of documentation produced
- Procurement began February 2018
- Preferred provider July/August/September 2018
- 7 + 3 year prime provider contract
- Mobilisation phase will ensure providers work together
- Contract start 1 April 2019



Documents



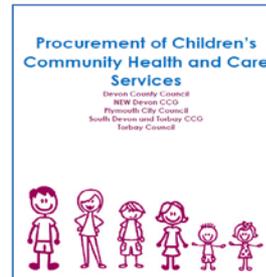
engagement undertaken in



engagement document



undertaken 2017



document has been produced and widely consulted upon both in its formation and since



specifications have been produced and widely consulted upon both in

Current State

- **Project team** meets fortnightly
- **Leadership Group** meet bi-monthly
- **Data analysis pack** – uploaded to the STP website
- **Professionals' survey** – health, education and social care survey confirms the focus of the programme is correct

Emotional Health and Well Being

Delivery project 1

Young people whose needs we struggle to meet as a system and who present in crisis

Aim to reduce family breakdown, placements out of area for children/young people presenting with complex emotional health

Delivery project 3

Emotional health and well-being

Aim to reduce emergency attendances, admissions and out of area placements

Delivery project 5

Placement sufficiency

Aim to reduce very high-cost, out of county placements

Safeguarding

Possible Project

Children adversely affected by the behaviour of adults (currently being scoped)

Additional Needs and Long Term Conditions

Delivery project 2

Children with additional needs and long term conditions

Aim to reduce emergency attendances and admissions due to asthma/wheeziness

Best Start in Life

Delivery project 4

Best start in life

Aim to improve access
to communication
support eg speech and
language services

Plan for 2018/19

- Secure providers through procurement
- Ensure delivery projects deliver
- Use asthma project as a framework for focus on diabetes and epilepsy
- Further develop the locality focused integrated model of provision
- Make firm connections with ASR for paediatrics and Local Maternity System Development Board in order to ensure that opportunities for joint transformation are identified and implemented

Clinical Cabinet

- Connections with specialist commissioning
- Freeing up of staff to participate in the programme