

**HEALTH AND WELLBEING STRATEGY – PRIORITY 1 – ENSURE A POSITIVE START TO LIFE FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES**

**To:** Health and Wellbeing Board  
**Date:** 19 November 2015  
**From:** Meredith Teasdale, Service Director Strategy & Commissioning, Children, Families and Adults

**1 PURPOSE**

- 1.1 To provide an update to the Health and Wellbeing Board on Priority 1 of the Health and Wellbeing Strategy – Ensure a positive start to life for children, young people and their families.

**2 JOINT WORKING ARRANGEMENTS**

- 2.1 Cambridgeshire has established a Children’s Health Joint Commissioning Board (CHJCB) chaired by Councillor Nethsingha. Membership of the Board brings together the Local Authority (LA) and the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). This Board ensures that there is a strong multi-agency approach to commissioning services for all children including those with physical and learning disabilities. This is supported by a joint Head of Service Child Health Outcomes post shared with Peterborough City Council and underpinned by a joint commissioning unit led by Peterborough City Council. The unit includes Cambridgeshire County Council, Peterborough City Council and CCG Officers. The unit sets the work programme based on CHJCB direction to ensure joint commissioning of children’s health outcomes across Cambridgeshire and where appropriate Peterborough.

**3 PRIORITY 1**

**Strengthen Our Multi-Agency Approach To Identifying Children Who Are In Poverty, Who Have Physical Or Learning Disabilities Or Mental Health Needs, Or Whose Parents Are Experiencing Physical Or Mental Health Problems**

**3.1 *Multi-agency approach to Child Poverty***

- 3.1.1 We have a strong and active multi-agency Child Poverty partnership, the Child Poverty Champions Group. Our second joint Child Poverty Strategy was developed in 2014, this was based upon both qualitative and quantitative evidence, in particular drawing upon the lived experiences of children and parents living in poverty.

3.1.2 Partners, including County Council, District Councils, Job Centre Plus, Citizens Advice Bureau, social housing providers and Cambridgeshire Police have jointly agreed the following four objectives to work towards over the next three years:

- Building communities: families in poverty can access a range of help from within their community – linking with other families, voluntary organisations and public services.
- Building futures: adults and young people have the skills and opportunities to access employment and become financially secure.
- Supporting the most vulnerable: for the most vulnerable families and where there is a risk of crisis, organisations step in quickly, coherently and decisively to find solution.
- Communication, information and advice: organisations understand the issues facing people in poverty and the impact this can have, and they make information, advice and support as easy to access as possible.

3.1.3 Partners have been working towards these objectives within their own organisations, with each other and as a whole partnership group. Four partnership projects were implemented in the first year, aiming to support vulnerable young people with money management skills, job search and job readiness skills, and cooking on a budget. The Champions Group also initiated work with the Together for Families Programme to address the incidence of benefit sanctions on vulnerable people, and to put in place a better system to identify and support families at risk of homelessness.

3.1.4 Our latest monitoring report shows that progress is being made against the three key performance indicators in our strategy, as follows:

Indicator	Previous period		Latest data		Progress
	Date	Cambs	Date	Cambs	
% of children in poverty	2011	12.6%	2012	11.9%	<b>↑ Improvement</b>
Numbers of 18-25 year olds in receipt of JSA	Mar 14	1485	Mar 15	805	<b>↑ Improvement</b>
% of children in workless households	2012	11.1%	2013	8.2%	<b>↑ Improvement</b>

### 3.2 ***Multi agency approach to Children with physical and learning disabilities***

3.2.1 The Early Support pathway identifies the criteria for Early Support as:  
 ‘A child who has significant and complex additional needs and will require considerable on-going specialist support from across Education, Health and Care, including children who have great difficulty communicating, have sensory or physical difficulties and/or complex health needs, all of whom will need additional support with many aspects of daily life. It is probable that there will be a long-term impact on development/learning.’

3.2.2 Across Cambridgeshire on 30<sup>th</sup> June 2015 there were 918 children following the Early Support pathway. Family Support Plan’s (FSP) are central to the Early Support pathway and to the development of an integrated and coordinated

approach across partners to manage the holistic needs of the whole family. They support parents to plan with professionals, manage parental expectations of how support will be offered and prepare for Education, Health and Care Plans if they are implemented. Parents are invited to all FSP meetings most parents do attend. The vast majority of professionals invited attends or provide information about their involvement and recommendations about their service's future involvement.

- 3.2.3 The Early Help review is enabling greater alignment of the work of Locality Teams and Special Educational Needs and Disability (SEND) services. The re-design of services into single teams will support closer links between schools, settings and families to identify and respond early to possible SEND in vulnerable groups. In line with the SEND Code of Practice (2015), the new Family Common Assessment Framework (CAF) sets out expectations for universal providers to track the progress of children and young people who may have SEND and implement targeted interventions. As part of the Local Offer and the Schools Information Report Toolkit, Cambridgeshire County Council (CCC) have published guidance on the identification of SEND and the new category of 'SEND Support'. To support this Cambridgeshire County Council are also producing a resource of early screening tools for use by schools and settings, which will be published in December 2015.
- 3.2.4 Cambridgeshire County Council have worked with parent carers and partners to produce a multi-agency framework for information on SEND. The framework is divided into age-ranges 0-5 years; 5-16 years and 16+. Each begins with a section on early concerns. A multi-agency Autism Offer was published September 2014. This was agreed by Schools, CCG, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS) as well as parent groups. A Social, Emotional and Mental Health Offer; Learning Offer; Hearing Impairment Offer and Visual Impairment Offer will be published in December 15 in conjunction with partners. These pathways bring clarity to parents and practitioners to the process and available services for children diagnosed with a specific need.
- 3.2.5 The Autism Education Trust Level 1 training programme has been delivered to a number of schools in Cambridgeshire. This focuses on raising the awareness and confidence of the workforce to identify and respond to possible communication and interaction difficulties, including autism. The programme has been further developed and delivery of this new training begins in January 2016.
- 3.2.6 Work is currently being undertaken between the Local Authority, Schools and CCG to ensure there is appropriate specialist nursing support in special schools. This is overseen by the Children's Health Joint Commissioning Board.

### **3.3 *Multi-agency to identifying children who have mental health needs, or whose parents are experiencing physical or mental health problems***

- 3.3.1 A Joint Emotional Health and Wellbeing Board has been established for Cambridgeshire and Peterborough. This is ensuring the delivery of Cambridgeshire Mental Health Strategy but also providing governance for the Mental Health Transformation Plan and additional funding that Cambridgeshire and Peterborough are receiving for children and adolescent emotional health and wellbeing. The transformation plan which has just been submitted to NHS England covers the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services. The plan sets out how the additional funds coming into Cambridgeshire and Peterborough for mental health will be used.
- 3.3.2 Agreement has been reached that the focus on the funds should be early intervention and supporting early pathways in Autistic Spectrum Disorder/ Attention Deficit Hyperactivity Disorder (ADHD) and vulnerable groups of children including Looked After Children. The additional funding should ensure the Advice and Co-ordination Team could be up and running faster in Cambridgeshire. This was supported by the recent outcome of the Care Quality Commission inspection.
- 3.3.3 The Joint Emotional Health and Wellbeing Board ensures:
- Strategic oversight across Cambridgeshire and Peterborough for the emotional health and wellbeing of children and young people.
  - commissioning of system-wide emotional health and wellbeing services and offer guidance of good practice.
  - strategic leadership for the redesign of emotional health and wellbeing services to meet national and local priorities
  - the further development of local 'Transformation Plans' for emotional Health and Wellbeing Services
  - monitoring of progress against the 'Transformation plans' (Children and Young People) in Cambridgeshire and Peterborough.
- 3.3.4 The Public Mental Health Strategy was approved by Health Committee in May 2015, the multi-agency strategy focuses on the promotion of mental health and the prevention of mental illness. With half of all mental illness arising before the age of fourteen years, a key feature of the strategy is promoting good mental health in children and young people and preventing later mental illness. Through work with the Cambridgeshire County Council the strategy seeks to promote a whole school approach to mental health, as recommended by Public Health England.
- 3.3.5 Additional investment has been made to give tailored support to secondary schools to identify their mental and emotional health needs and plan relevant curriculum and whole school activity. All primary schools will also have access to units of work specific to mental and emotional wellbeing, and funded mental health training is already available for staff. Furthermore an anti-stigma post is being funded, together with Peterborough City Council, which will sit within the voluntary sector; a key feature of this role will be to translate national campaigns to local schools and young people. All this work

contributes to the whole school approach to mental health that is being supported across the council and forms part of wider work to address the high levels of self-harm in Cambridgeshire.

- 3.3.6 The Youth Counselling services, commissioned through the Joint Commissioning Board and funded by the local authority, provide support to those with mental health needs across the county. Centre 33 and YMCA provide counselling services for 13-25 year olds and Stars provides bereavement support for 0-25 year olds. Recognising the high levels of self-harm in Cambridgeshire and increasing service demand, additional investment has been made to expand provision in the most deprived areas (Huntingdon North ward, North Fenland and Cambridge City) and support (LGBT) young people. Centre 33 deliver this contract variation together with SexYouality. Demand for all the youth counselling services continues to grow, as does the level of presenting need that providers report.
- 3.3.7 The Public Mental Health Strategy also considers the physical health needs of adults with severe mental illness (SMI); many of whom may also be parents. Currently people with SMI tend to have poorer physical health than those without SMI and are at greater risk of dying earlier, often from preventable causes. A new multi-agency group is being established to review evidence in terms of what works to improve the physical health of those with SMI. The group will look at key lifestyle areas including diet, physical activity, smoking and substance misuse and formulate and implement an action plan.
- 3.3.8 Work is also continuing to roll-out Mental Health First Aid (MHFA) training to frontline staff, such as social workers, housing officers and the police. This training assists in the identification of mental health problems and helps individuals to guide clients towards the right support or self-help as well as raising awareness of mental health. MHFALite is also being offered for free to a range of workplaces to further raise awareness and support people to seek appropriate support.
- 3.3.9 School Nursing Service has joined the Improving Access to Psychological Therapies (IAPT). IAPT standards are being used to indicate performance across all linked services. Key performance indicators have been agreed to monitor performance in this area. Through the contracting process School Nursing has indicated the rise in emotional well-being and mental health issues within schools and as a result of this all School Nurses have received additional training around identifying and supporting children who self-harm. The additional investment in Children Adolescent Mental Health services will provide more support and supervision to schools and School Nurses.

#### 4.0 **PRIORITY 2**

**Develop integrated services across education, health, social care and the voluntary sector which focus on the needs of the child in the community, including the growing numbers of children with the most complex needs, and where appropriate ensure an effective transition to adult services.**

4.1 The Special Educational Needs and Disability (SEND) Commissioning Strategy (December 2014) was agreed by Cambridgeshire County Council Children and Young People Committee after extensive consultation. It sets out Cambridgeshire's approach and plans for the current and futures needs of children and young people with SEND and their families, to enable them to achieve good outcomes. The three themes identified in the strategy are 1) Integration of services; 2) Localism and 3) Personalisation.

#### 4.2 *Integration of services*

- The re-design of SEND Specialist Services linked to the Early Help Review has enabled greater alignment between SEND Services and Locality teams to provide a co-ordinated offer of support for children and young people with SEND and their families. A targeted and family focused multi-disciplinary approach to meeting needs is being developed.
- The Autism Education Trust Training Programme is being co-delivered by Educational Psychologists; Special School colleagues and parent/carer trainers. Three levels of training in autism are offered to schools.
- The Marlborough Programme is addressing children's and young people's mental health needs as early as possible. The intervention involves services working together around the child and family. An evaluation report has been produced using Routine Outcome Measures with 40+ parents connected to five schools.
- Video- interactive guidance (VIG) and Video Interactive Reflective Practice (VERG) programmes have been developed jointly by Social Care Specialist Clinicians and Educational Psychologists to support early response to complex needs.
- The NHS Speech and Language Therapy Service, Specialist Teachers and Educational Psychologists are jointly developing a new county-wide integrated programme to deliver in-school support for secondary age pupils with Speech Language and Communication Needs(SLCN).
- A set of SEND workforce competencies have been developed with participation from representatives from education, health and social care.
- Adult Health and Adult Social Care professionals are identifying children who are carers for parents or a sibling and referring them to appropriate children's support services.

#### 4.3 *Localism*

- The local authority has published an on-line Local Offer'. It is designed to be a 'front door' to clear and comprehensive information on services across education, health and care. It is being developed in partnership with parents/carers'; children and young people; partners across services and the voluntary and community sector

- There is a focus on suite of evidence based parenting programmes delivered by Family Workers in the local community which build family confidence and capacity. Family Workers delivered 60 courses across Cambridgeshire during 2014 in their local community.
- More than 80% of families with a child under 5 are registered at a Children's Centre, and able to access services, information, signposting and support. Of these families there is sustained engagement (i.e. multiple interactions over the course of a year) with over 60%, including 80% of the families registered who are also open to Social Care, 77% of registered teenage parents, parents of 2 year olds eligible for funded childcare, and families of children with SEND.

#### 4.4 *Personalisation*

- Bespoke 1:1 Family Work following full CAF assessment supports families to improve well-being, family functioning, confidence and aspiration, as well as finding ways for family to go on to access universal services, local resources and support
- The Children's Centre Worker role has been developed as a key first point of contact for families in Children's Centres to build relationships, address some lower level, presenting concerns embed work with families and run group activities providing a place for families to continue to access support and services after a 1:1 programme of support.
- Effective partnership work with health visitors and midwives continues to be developed including further development and attendance at under 5s LARMS to enable joint planning, information, resource and skill sharing which is personalised for child and family.

#### 4.5 ***Ensure an effective transition to adult services***

4.5.1 There is a new model and process for the transition of young people from children's to adult services. The new preparing for adulthood process was implemented in April 2015. The aims are:

- Preparing for Adulthood to be part of Education Health and Care Plans
- Plans grow and develop with the young person:
- A common language / plain English used by professionals in all services:
- Clear information available through the local offer
- The age of transition from children to adult services is now 18 rather than 19
- Children and young people will know from the age of 16 what support they can expect to receive at 18 and know in plenty of time before 18 what support will be put in place.
- Shared database to facilitate forward planning and joint working and to reduce duplication.
- Joint governance arrangements.

5.0 **PRIORITY 3**  
**Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children**

- 5.1 The Healthy Child Programme (HCP) is the national Public Health Programme, based on best knowledge/evidence to achieve good health outcomes for all children. The Government's aim is to enable local services to be shaped to meet local needs. The HCP offers every family a programme of screening tests, immunisations, developmental reviews and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing.
- 5.2 Cambridgeshire County Council is responsible for commissioning public health services for school-aged children (5-19) primarily delivered by school nurses and for specific screening programmes including hearing screening, vision screening, sexual health, national child measurement and healthy weight management, Family Nurse Partnership and health visitors, including the element of the Healthy Child Programme that they lead for children aged 0 - 5 years. This presents new opportunities for bringing together a robust approach for improving outcomes for young people across both health and local authority led services and an integrated service with shared decision-making for children and families.
- 5.3 The 0-19 Healthy Child Programme offers a universal service for all children and families, and at a crucial stage of life, the HCP therefore presents an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes.
- 5.4 Alongside the Health Visiting Service, the Cambridgeshire County Council also commissions the Family Nurse Partnership (FNP) which is a voluntary, preventive programme for vulnerable young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two. FNP benefits the most needy young families in the short, medium and long term across a wide range of outcomes helping improve social mobility and break the cycle of inter-generational disadvantage and poverty. FNP uses in-depth methods to work with young parents, on attachment, relationships and psychological preparation for parenthood and uses behaviour change methods to encourage healthier lifestyles for themselves and their babies.
- 5.5 On 19 October 2015, the Together for Families programme launched the new Think Family guidance and tools. Think Family means improving outcomes for children, young people and families with multiple needs by considering and understanding the needs of all family members and co-ordinating the support they receive from children's, young people's, adults' and family services in a single family plan coordinated by a Lead Professional.
- 5.6 The principles of Think Family working are to have:
- **One Lead Professional** – nominated to co-ordinate the work with the family
  - **One thorough family assessment** – which considers the needs of the whole family, how the issues inter-relate and the wider context and relationships which surround presenting issues



- **One overarching family support plan** –one overarching support plan managed by the Lead Professional and reviewed regularly with the family and professionals involved through team around the family meetings
- **A team around the family** – all professionals who are involved with any member of the family working together to the support plan with agreed goals
- **Limiting transfersfamilies experience through our services** - one coordinated intervention is more effective than services taking it in turns and transfers between teams consume time, energy and so incur cost
- **Commitment to putting the family’s needs at the centre and overcoming professional difference**

5.7 As a result of the new guidance some of the key changes include:

- The introduction of the Family Common Assessment Framework
- Alignment of Family Support Plan templates
- One shared Outcomes Framework
- Clearer guidance and training around the Lead Professional role
- Closer centralised monitoring of the process through the Advice and Co-ordination Team
- More advice to professionals about services and processed through the Advice and Co-ordination Team.

#### 6.0 **PRIORITY 4**

**Create and strengthen positive opportunities for young people to contribute to the community and raise self esteem and enable them to shape the programmes with which they engage**

- 6.1 A revised version of the Cambridgeshire County Council Corporate Parenting Strategy was published in June, along with a young people’s version that was produced by Voices Matter (Cambridgeshire Children in Care Council made up of young people). ‘Corporate Parenting’ was first set out in the Children Act 1989 as a collective responsibility for all local authorities and it means that all Councillors, Officers and partners should be acting to provide the best possible care and protection for these children and young people. This means we should work to support these children to achieve the highest outcomes that any good parent would, with the mind-set of ‘if this were my child’. The majority of Looked After Children begin their lives from a disadvantaged position because of their often difficult start in life. As a group, their attainment at school is well below that of their peers, they are less likely to be in education, training or employment and are less likely to be living healthy lifestyles. The strategy prioritises all these areas.
- 6.2 Compared to the previous strategy, there is much greater focus on children placed out of county as they have been identified as being disadvantaged compared to their peers, for example, they are less likely to receive health assessments in a timely manner. An additional outcome area has also been included to reduce teenage pregnancy in Looked After Children and Care Leavers and support their parenting if they do become parents. Approximately 25% of care leavers become teenage parents and 10% of children born to care leavers become Looked After themselves.

- 6.3 Implementation of the strategy has already begun and is being delivered through a number of implementation groups that focus on each outcome area. Progress will be reported to the Corporate Parenting Board and is also measured by Voice Matters who report to the Board. Voice Matters help shape the services delivered for Looked After Children and informs decision-making.
- 6.4 Healthwatch Cambridgeshire ensures that young people have their say about their experiences of health and care services, how they think things could be improved and offer opportunities to get involved. Some of the work of Healthwatch Youth Engagement Worker has included:
- ‘My Own Mind’; a project undertaken with the students of Ely School to look at how young people felt about stress and anxiety and what helps them cope at difficult times
  - Giving talks in schools and youth groups about how to have your say about health and care services. Some of this has been delivered alongside Public Health colleagues.
  - Building up partnerships and networks with young people’s organisations in the county including Centre33, YMCA, Romsey Mill, Addenbrooke’s and SexYOUality.
- 6.5 The above activities are helping build Healthwatch Cambridgeshire’s Young Person’s Network; Youth Connect. This network currently has 60 members, receiving a fortnightly bulletin promoting opportunities to get involved in a range of local, regional and national projects.

7.0 **PRIORITY 5**  
**Recognise the impact of education on health and wellbeing and work to narrow local gaps in educational attainment**

- 7.1 The Accelerating Achievement strategy sets out the Council’s ambition to improve the educational achievement of vulnerable groups of children and young people. These include (but are not limited to) children entitled to Free School Meals (FSM), children who have Special Educational Needs or Disabilities (SEND), or are Looked After (LAC). Overall, the aim is that Key Stage 2 and Key Stage 4 attainment by children in vulnerable groups will have improved by three percentage points above the attainment of pupils not in vulnerable groups. This work has already begun to have an impact. To achieve this aim, the strategy describes two sets of objectives. One set focuses on how Cambridgeshire County Council will work with schools, settings, professionals and families to improve the achievement of children in vulnerable groups in general. The other set focuses on specific vulnerable groups, identifying the actions Cambridgeshire County Council will take in order to improve the achievement of children in those groups.
- 7.2 At Key Stage 2 in 2015 we saw absolute performance improve in nearly all of our target groups. A larger proportion of children eligible for free school meals, with special educational needs, speaking a Central or Eastern European language at home or from Gypsy / Roma ethnic backgrounds, achieved the required benchmark at the end of Key Stage 2. But we were still falling slightly short of our overall aim of three percentage points more than non-disadvantaged children. At Key Stage 4 we were not able to say how we compared to last year because of changes in how the results are reported. However, the general

trend was that the gap was reducing in FSM and SEN statement, but not in SEN non-statement

### 7.3 **Joint Strategic Needs Assessment (JSNA) vulnerable children**

7.3.1 A number of stakeholders requested a JSNA focusing on vulnerable children and families in Cambridgeshire. Children can experience many adverse 'risk factors' relating to a health, family or environment. These risk factors rarely occur in isolation and can combine to lead to relatively poor outcomes later in life. Establishing which children face different combinations of these risk factors would allow for a whole range of services to be better targeted and coordinated to improve positive outcomes later in life. This is a particular issue in Cambridgeshire as we know that children growing up in poverty achieve less well than almost anywhere else in the country.

7.3.2 The JSNA brought together data to establish whether it was feasible to identify children and young people in Cambridgeshire who have risk factors which make them potentially vulnerable to poor educational outcomes and to understand what services they are in contact with and how vulnerability factors are spread across the county. Poor attainment is more concentrated in the most deprived parts of the county, although there are parts of the county where there are lower levels of good attainment that are not necessarily in the most deprived areas. Focusing efforts on those with poor attainment at Early Years Foundation Stage (EYFS), Key Stage (KS) 2 and KS3/4, living in the most deprived parts of the county will only address 29% of poor attainment. The JSNA also looked at other vulnerability factors such as parental substance misuse and domestic violence, although detailed analysis at small geographic levels was not possible, Fenland remains the district area with the highest concentration of risk factors. The report gives a range of further recommendations in terms of data recording and information sharing to enable a more extensive analysis in future.

<b>Source Documents</b>	<b>Location</b>
Health and Wellbeing Strategy	<a href="http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/548/cambridgeshire_health_and_wellbeing_board">http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/548/cambridgeshire_health_and_wellbeing_board</a>