


<p>London Borough of Hammersmith & Fulham</p> <p>Health & Wellbeing Board</p> <p>9 February 2016</p>	
<p>PROGRESS MADE IN IMPROVING PARTNERSHIP AND INTEGRATION RELATING TO CHILD HEALTH AND WELLBEING</p>	
<p>Report of the Divisional Director – Andrew Christie</p>	
<p>Open Report</p>	
<p>Classification - For Information</p> <p>Key Decision: No</p>	
<p>Wards Affected:</p> <p>ALL</p>	
<p>Accountable Executive Director: Andrew Christie, Executive Director for Children’s Services</p>	
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1. EXECUTIVE SUMMARY

- 1.1. Officers have been working to bring together services currently provided by Early Help, Children’s Centres, and Youth Services into a single offer that sustains and enhances universal provision, whilst providing further support to those families who need additional help through more targeted services.

- 1.2. Integration discussions with Public Health commissioners of services, such as Health Visiting, Family Nurse Partnership and School Nursing are ongoing and expected to lead to full co-operation and co-design to enable seamless working and clear pathways across the range of services offered by any future models of care.

2. RECOMMENDATIONS

- 2.1. The Board note and comment on the paper

3. REASONS FOR DECISION

- 3.1. N/A

4. INTRODUCTION AND BACKGROUND

- 4.1. Officers have been working to bring together services currently provided by Early Help, Children's Centres, and Youth Services into a single offer that sustains and enhances universal provision, whilst providing further support to those families who need additional help through more targeted services.
- 4.2. Integration discussions with Public Health commissioners of services, such as Health Visiting, Family Nurse Partnership and School Nursing are ongoing and expected to lead to full co-operation and co-design to enable seamless working and clear pathways across the range of services offered by any future models of care.

5. PROGRESS TO DATE

- 5.1. **Commitment between Children's Services and Public Health to a set of shared outcomes for children 0-5.**
- 5.2. Both Public Health and Children's services have an overall aim of ensuring all children reach a good level of development by the age of five and are ready to succeed at school:

5.3.

Public Health: Focus Public Health Outcomes Framework	Children’s Services: Core purpose focused on:
<ul style="list-style-type: none"> ▪ Improving life expectancy and healthy life expectancy; ▪ Reducing infant mortality; ▪ Reducing low birth weight of term babies; ▪ Reducing smoking at delivery; ▪ Improving breastfeeding initiation; ▪ Increasing breastfeeding prevalence at 6-8 weeks; ▪ Improving child development at 2-2.5 years; ▪ Reducing the number of children in poverty ▪ Improving school readiness ▪ Reducing excess weight in 4-5 and 10-11 year olds ▪ Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 • Improving population vaccination coverage 	<ul style="list-style-type: none"> • Improving outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in: • Child development and school readiness; Supported by improved: • Parenting aspirations, self-esteem and parenting skills; • Child and family health and life chances.

5.4. Therefore, Children’s Services and Public Health are committed to deliver services that:

- Utilise evidence based interventions to maximise impact and lasting benefits for families.
- Work together to provide seamless care for clients, including appropriate information sharing.
- Offer universal access to a range of provision delivered in partnership and from multiple locations - connecting communities and local provision where they need them most, in a flexible way that is easy to use.
- Maximise the use of volunteers and networks of community support recognising the strength and value of local activity. This will include the local community champions.
- Support families to build their resilience and help them to support themselves and reducing the need for future interventions
- Extends a case work model approach to targeted work with families

5.5. **Developing a single strategy for service design for 0-18s**

5.6. Early Help and Children’s Centres have been working together to develop an approach for an integrated 0-18 Children and Families Partnership model. Work is continuing on the design of this approach ready for implementation in 2017.

5.7. **Vision for Integration:**

5.8. Building on the existing infrastructure and expertise in place to deliver the best possible offer for children and families, it is proposed to develop a single integrated early help offer from Children’s Centres and Family Services – a “Children and Families Partnership” - providing a single early help offer that supports children and families at all levels of need (Level 1-3). Work with a range of partners (Public Health, Clinical Commissioning Groups (CCGs) and other relevant Children’s Services), is underway to ensure that these services are fully aligned to address effectively the needs of the 0-18 year olds in Hammersmith and Fulham.

- 5.9. The proposed approach would marshal key resources to intervene earlier and to better target support to the most vulnerable children and families. This approach would work with families of children and young people from conception to age 18, (or up to 25 where there is an identified Special Educational Need).
- 5.10. This approach would ensure a core offer of support from conception into the early years of a child's life, but would recognise that children and families' needs do not stop there and that support is needed at different ages and stages.
- 5.11. The proposed approach is an opportunity for Children's Services and Health partners to work innovatively and more effectively with partners, enabling them to further bring services and professionals together around a child and family to identify problems at an earlier stage, ensure a joined up response and improve outcomes for children and families. The engagement and commitment from key partners is critical to the realisation of benefits and the implementation of the new model.
- 5.12. **Operational progress**
- 5.13. The Best Start in Life (BSiL) is a partnership programme of work across (Children's Centres, CCGs, GPs, midwifery and health visiting) to develop a systematic pathway of care for families from pregnancy to age 5 in order to improve outcomes for children, families and communities, as well as creating services that provide better access and experience. (see appendix 1)
- 5.14. The strategic outcomes for this piece of work include:
- Strengthen preventative support within the universal offer
 - Spot those who need help early and connect to appropriate support
 - Increase availability of childcare and take up amongst vulnerable groups
 - Improve parenting capacity and family attachment
 - Support families to lead healthier and more active lifestyles
 - Improve school readiness
 - Strengthen pathways for parents to sustainable employment
- 5.15. This programme of work has so far achieved the following:
- Improved partnership between Children's Services and key health professionals such as Health Visiting, Midwifery, Family Nurse Partnership (FNP)
 - Early identification and support offer for vulnerable families as a direct result of health and early help staff attendances at Connected Care, Team Around Children's Centres and BSiL meetings
 - Joint delivery of services from local community sites such as targeted NSPCC Baby Steps, universal antenatal parent education class, midwifery and health clinics.
 - Joint development and understanding of care pathway between professionals working with families with children 0-5 years.
 - Co-location of provision in one site/locality has significantly improved professional understanding and partnership working between children services and health resulting in joined up delivery of support to families
 - Delivery of integrated family healthy weight pathways to guide families to recently commissioned effective services delivered through schools, children centres and other community settings.

- Joint training of frontline professionals to motivate people to change and making every contact count

5.16. Example of key successful joint projects and changes

- Children's Services work with Public health, CCGs and Children's Centres to increase uptake of the children's flu vaccine. Immunisation sessions in Children's Centres with an attached nursery which successfully increased uptake. Future possibilities of delivering vaccinations in innovative settings are being explored with NHS England.
- Each Children's Centre now has a named health visitor, and there is an FNP lead for Hammersmith and Fulham.
- Central London Community Healthcare (CLCH) share New Birth Data with Children's Centres for all families.
- All families receive information on Children's Centres from health visitors.
- Health Visitors deliver child health clinics from some of the hub Children's Centres sites
- Health development reviews are also carried out in some Children's Centres, alongside stay and play sessions.
- The integrated 2 year review is carried out by health visitors with Early Years settings.
- There is a partnership agreement in place between the council and the CLCH Health Visiting team which sets out the expectation of how partners will work together.
- Health visitors and midwives attend the Team Around Children's Centres (TACC) in LBHF facilitating multi-professional discussion about individual families who require additional support
- Children's Services, in partnership with CLCH is in the process of developing a pilot to deliver antenatal parent education classes, to universal families, delivered by midwives, health visitors and Children's Centre staff from March 2016. For vulnerable families the NSPCC Baby Steps programme will be piloted from April 2016. This will support Health Visiting to deliver a new aspect of the Health Visiting contract, and enable Children's Centres to be able to support vulnerable families early, as well as develop closer working between midwifery, health visiting and Children's Centres.
- Continuously raising number of schools taking part in the Healthy Schools Partnership with schools being awarded the bronze, silver and gold awards as they increasingly focus on promoting health and wellbeing as part of the curriculum
- Piloting a similar, Healthy Early Years settings scheme in Children's Centres and nurseries

5.17. **Next Steps:**

- Engagement with Public Health and CCG to co-design and shape the Children and Family Partnership model (0-18), benefitting from their best practice and expertise which will support a smooth transition to the new offer.
- From April 2016, in tandem with the development and co-design of the Children and Families Partnership model, Children's Centres will be commissioned in a manner that supports the transition to the proposed Children and Families Partnership model
- Health Visiting will be recommissioned in October 2017 following extensive stakeholder engagement in the service design and specification.
- To identify further opportunities with PH and CCG to ensure aligned commissioning. This may include:

- Health Visiting
- School Health services
- Drug and Alcohol
- Sexual Health
- CAMHS
- Maternity services

6. CONSULTATION

6.1. *There is no requirement to consult on the content of this report.*

7. EQUALITY IMPLICATIONS

7.1. *There are no equality implications to be considered within this report.*

8. LEGAL IMPLICATIONS

8.1. *There are no legal implications to be considered within this report.*

9. FINANCIAL AND RESOURCES IMPLICATIONS

9.1. *There are no financial implications to be considered as part of this report.*

11. IMPLICATIONS FOR BUSINESS

11.1 *There are no implications for business to be considered as part of this report*

12. RISK MANAGEMENT

12.1 *There are no risk management implications to be considered as part of this report*

13. PROCUREMENT AND IT STRATEGY IMPLICATIONS

13.1 *There are no procurement or IT strategy implications to be considered as part of this report.*

LOCAL GOVERNMENT ACT 2000

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None		

LIST OF APPENDICES:

Appendix 1: Best Start in Life Care Pathway

