

## **Children and Young People's Partnership**

A meeting of Children and Young People's Partnership was held on Wednesday, 18th November, 2015.

**Present:** Jane Humphreys (Chairman),

Chris Davis (TEWV), Lindsey Robertson (NTHFT), Jane Smith (SBC), Peter Kelly (SBC), Cllr Ann McCoy (SBC), Gemma Clifford (Catalyst), Lorna Mclean (SRC), Hazel Ducker (Primary Head), Ian Coates (Cleveland Police), Natasha Judge (Healthwatch), Simon Willison (SBC), Martin Gray (SBC), Janet Mackie (NTHFT),

**Officers:** Michael Henderson (LD), Peter Acheson (PH)

**Also in attendance:** Susan Butcher-Brown, Peter Acheson (SBC),

**Apologies:** Paul Williams, Priti Butler, Sue Harris, Julie Nixon

### **1 Declarations of Interest**

### **2 Minutes of meeting held on 21 October 2015.**

The minutes of the meeting held on 21st October were confirmed as a correct record.

### **3 Minutes of Commissioning Groups and Adults' HW Partnership**

The minutes of the meetings of the following groups and partnerships be noted:

- Adults Commissioning Group - 21st September 2015
- Adults Health and Wellbeing Partnership - 3rd September 2015
- CYP Commissioning Group - 1st September 2015

### **4 Half Yearly Performance**

The Partnership received an update on activity and performance, based on information available at quarter 2 2015/16.

Details of performance indicators, linked to each priority, within the Children and Young People's Plan were noted and discussed, together with a commentary on key areas.

Noted that there was some crossover with the Health and Wellbeing Board Performance data that the Partnership also received. This needed to be considered.

During consideration of the data it was noted that:

- there was some improvement in engagement with CAFs.
- the direction of travel on children coming into social care was improving, though rates in Stockton were still generally high.

- Children reported missing had increased but this could be linked to a change in definition and the addition of another low level category.
- Para 5 of the report needed to be amended and the report presented in correct order.
- Take up of early education places for 2 year olds was 74% and a provider was now available in Hardwick.
- The Council would be undertaking a review of all Children's Centres in the next 12 – 18 months.
- Early Years Foundation - proportion of children with an overall good level of development was improving, though behind the National average. It was felt that the improvement reflected positive actions being taken. The gap between Stockton Town Centre Ward (Fairer Start initiative) and the Borough had reduced from 19% to 12%.
- Breastfeeding rates were disappointing for Stockton and the whole North East and the CYP Commissioning Group was looking at options to try and improve rates. Information from the Fairer Start Programme suggested that breastfeeding in the Town Centre ward was an encouraging 43%, which was almost the national average.
- Maternal smoking was 18% and coming down. It was higher than the National average but better than many other areas of the North East . There was evidence that the baby clear initiative was having a positive effect.
- Immunisations rates continued to be good.
- Transitions – data compared very well with National averages . It was considered that this reflected the strong focus on tracking and working with nearly every young person regardless of how complex, or challenging, their situation was, to improve their opportunities and outcomes.
- Children in Care/ Care leavers – generally compared well with benchmarks.
- in respect of adoptions and matching children to families Stockton tended to take longer than the England average. The Council's rationale was that it was very important to get the match right as incorrect decisions could have profound consequences.
- Nationally, it had been determined that Councils could not operate 'stand alone' adoption services and there was a drive towards regionalisation of such services. A Tees Valley services was being explored.
- a national review of residential Children's Homes was to be undertaken lead by Sir Martin Nairy.
- Under 18s pregnancies were going down. It was suggested that the target may need to be reviewed, together with other targets.

- Obesity – DoPH was waiting for data 14/15, usually published December. Reducing sugar in children’s diets should be a focus and increasing physical activity. Parents continued to be very sensitive when this was raised.
- Self Harm work was being undertaken by the Council’s Public Health Service. Officers were looking for data from Partners to help inform the work and members would be contacted in this regard.

Noted that end of year performance would be presented by Children's Services Assistant Directors.

There was a brief discussion on how the Borough performed sub regionally, regionally and nationally.

Future performance reports would continue to be refined and perhaps format considered to make it easier to quickly view whether things were getting better, or worse.

RESOLVED that:

1. the report be noted.
2. the discussion be noted and actioned as appropriate.

## **5 Family Nurse Partnership - Update**

Members were provided with an overview of the first stage of the 'Building Blocks' study, a randomised controlled trial of the Family Nurse Partnership in England.

The aim of the study was to evaluate the effectiveness of FNP in England compared to usual services between early pregnancy and the child's second birthday.

The study found that FNP was no more effective than routinely available healthcare alone in reducing smoking in pregnancy, improving birth weight, reducing rates of second pregnancies by two years postpartum or reducing rates of emergency attendance or hospital admission for the child for any reason by the child’s second birthday, when delivered in an English healthcare setting - there were no differences between the intervention (FNP) group and control group (usual services) on four primary outcomes overall or for key sub-groups. However, the trial provided some evidence that FNP intervention may promote cognitive and language development more effectively than routinely provided care alone up to a child’s second birthday.

The allocation of women to FNP cost £1993 more per participant when compared to usual care alone. The study found that FNP was not cost effective to the NHS by the child’s second birthday.

The study concluded there was little advantage to adding FNP to existing health service provision in England and that it was not cost-effective from the perspective of maternal outcomes.

Members noted that the context of universal and specialist services across England was complex and varied and might have changed significantly since the time period reported within the trial. Evidence from the study suggested that an intensified holistic package of support, proportionate to need, may help improve outcomes for all vulnerable groups.

The study acknowledged that the cohort focused on were young mothers, however, young mothers varied substantially in the levels of challenges that they might face (including financial difficulties, mental and emotional wellbeing and domestic abuse) and the level of social support that they may receive from family, friends and the wider community. A greater focus on vulnerability, rather than age might have been beneficial.

It was explained that a review of all 0-5 Public Health commissioned services (including health visiting, breastfeeding and FNP) would commence from 26th November 2015. A final report and recommendations would be produced during February 2016.

Stockton Borough Council Public Health team was working closely with North Tees and Hartlepool NHS Foundation Trust, as the local provider of the FNP programme, to ensure continuity of care to current FNP clients, as their safety and stability was paramount.

The Partnership received a presentation from the Family Nurse Partnership Supervisor who provided an overview on how FNP was operating in Stockton. It was noted that:

- 114 young women had accessed the programme in Stockton (plus partners/families and their babies).
- no other specialist pregnancy services available to this cohort - no teenage pregnancy/specialist midwife or surestart + (in comparison to the study's control group).
- 72% of hard to reach group had taken up the offer of FNP at home visit.

FNP in Stockton had seen the following outcomes:

- 66% smoking less at 38 weeks pregnancy than intake.
- average birth weight 3274g (Study 3187g)
- subsequent pregnancies by 2 years 33% (Study 66%)
- 2.3% of babies with a low birth weight
- 14% one admission with injury/accident over last 3 years
- 31% A&E attendance (Study 77%)
- 38% initiating breastfeeding
- 100% immunisations
- mean gestation 39.4 weeks at birth
- lots of examples of safeguarding stepped down processes

Members were provided with case studies detailing positive effects of FNP on mothers, babies and the wider family. Details of opportunities associated with FNP work were discussed, including greater flexibility to enable nurses to tailor the programme to strengths and risks.

Following the presentation there was a discussion, which could be summarised as follows:-

- it was noted that the national data did not necessarily reflect what was happening at a local level. The Council's DoPH indicated that he felt there was some very impressive data around Stockton's FNP and this was replicated in other areas of the country too. However, some areas had seen very little difference with FNP compared to universal services, which mirrored the findings of the Study.
- the Council as commissioner had flexibility around the service and could would be determining the type of service it wanted from 1st April 2016.
- it was pointed out that FNP original study groups were largely USA based and the levels of disadvantage and poverty in the groups were considerable, across the whole cohort. Additionally, universal services were practically none existent, compared to the level of such services in the UK.
- there were a number of choices going forward including:
  - leaving things as they were.
  - add the flexibility to the local FNP.
  - look at using the FNP money in a different way to reach more people with the same resource - 74% of the most vulnerable group don't get FNP.
- vulnerability was not exclusive to, or restricted to, women under 19.
- the decision process would involve the Children and Young People's Health and Wellbeing Joint Commissioning Group.
- Group FNP may be an option to consider but there had been no national evaluation.
- some of the processes, learning and skill coming from FNP would continue to help in programmes such as a Fairer Start and much of this was not available via universal services.

RESOLVED that:

1. the update be noted.
2. it be noted that further discussion around this matter would be considered at the Children and Young People's Health and Wellbeing Joint Commissioning Group.
3. a further report come back to this Partnership in due course.

## **6 TEWV 0 -4 Service Provision**

Members received a presentation and briefing report relating to the

development of a delivery model for children under 5 years of age to promote, protect and improve mental health and wellbeing, which was adaptable to local multi agency working and resources, which would achieve the best possible outcomes for children and their families.

It was explained that a week long 3P (Planning, Process and Productivity) event had taken place, attended by multi agency partners, who were empowered to develop the new Tees Esk and Wear Valleys NHS Foundation Trust model and core offer, that could cover all localities. Over the week the team had generated a number of models, which had been refined until a consensus had been reached. This had been carried out in collaboration/consultation with parents and the model was successfully tested using a variety of case scenarios mapping the child and their families' journey through the process.

The Partnership noted the Mission statement identified for the model;

Working together we will promote, protect and improve the mental health and wellbeing of children under 5 and their families. This will support and enable the best start in life.

Members noted some of the key features of the agreed model, including:

- Use of a single assessment tool.
- ultra early mental health support/advice/interventions
- strengthen the knowledge and expertise in early years mental health
- ensure there are no barriers to access services
- evidence based
- seamless

Key Challenges would include:

- philosophical shift from having Cand YP services at the end of the process.
- having a shared vision
- agreeing the detail and getting the buy in
- increase of referrals
- implementation of the new model.

Members discussed the information provided and this discussion could be summarised as follows:

- there would be more children coming into the system at an early age and care would need to be taken by those involved, to ensure children were not stigmatised.
- a programme of parent training would be developed with support coming from CAMHS.
- work would be undertaken to ensure links with perinatal services were in place.
- TEWV recognised the need to have specialist staff, experienced in working with under 5s.

- Issue around information sharing and particularly within primary schools, nurseries etc. TEWV would want to share as much information as possible but it was recognised that there was still some anxiety about information sharing with individual practitioners, so there was still work to do in this area. Consent was the key to information sharing and, where it hadn't been given, there needed to be a strong conversation with the family about the value it could bring. Needed to be improved working with primary schools to support teachers.

- Where consent to share was not given there should be questions as to why it wasn't being given and the issue escalated if necessary

Lindsey Robertson involved in meeting talking about info sharing. Lindsey was setting a meeting up across agencies to look at issues around a Fairer start and as information sharing was being considered it was suggested that Chris Davis be invited.

In terms of helping with the implementation of the model it was noted that there were now Early Years/Early Help Panels within Children's centres, looking at under 4s and there was an opportunity for someone from TEWV to be involved in those meetings. Representatives from Early Years primary school clusters could attend. The Council was commissioning Health Visitors Services and that resource could be used to help support the model. Fairer start programme was focused in the Borough's highest need area and could be used. Martin Gray and Peter Kelly to take forward, with TEWV, in terms of how CAMHS could link with Council services.

RESOLVED that

1. the update and new service delivery model be noted.
2. the discussion be noted/ actioned, where appropriate.

## **7 HWB - Performance Report**

Members were presented with a report that had been considered by the Health and Wellbeing Board, and detailed August 2015 performance data, regarding key indicators from the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan.

Members noted that many of the Children related issues had been discussed as part of the half year performance report.

RESOLVED that the report be noted.

## **8 Action Tracker**

Members received a brief update on the action tracker and were encouraged to provide any further updates they had, to Michael Henderson.

## **9 Forward Plan**

The Forward Plan was considered and the following items were added:

Low birth weight babies/reducing still births – September - Janet Mackie.  
Baby clear – Janet Mackie  
FASD - Subject of a Scrutiny Review. Bring presentation and reports to  
Partnership meeting after considered at Scrutiny.