

## Health and Wellbeing Board Meeting Date Thursday 23<sup>rd</sup> May 2019

Responsible Officer: Anne-Marie Speke

Email: [anne-marie.speke@shropshire.gov.uk](mailto:anne-marie.speke@shropshire.gov.uk) Telephone:

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### 1. Summary

The Healthy Child Programme Partnership Board was set up in 2015 following the transfer of commissioning responsibilities for the Healthy Child Programme (HCP) to Local Authorities. This paper outlines the work undertaken as part of the Board in the last 12-18 months. It is important to note that the Board did not meet during the time that the procurement process was taking place for the 0-19 (25) Public Health Nursing Service but reconvened in October 2018.

The Healthy Child Programme Board has historically reported directly to the Children's Trust but with the anticipated changes to the Children's Trust it is anticipated that reporting will be received directly by the Health and Well-Being Board going forward.

The purpose of this report is therefore to provide the Health and Well-Being Board with an update of the Healthy Child Programme Board activities and next steps.

### 2. Recommendations

For the Health and Well-Being Board to receive and note the content of the report and support the Healthy Child Programme Board in its key priorities for 2019/20

## REPORT

### 3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates.

### 4. Financial Implications

There are no financial implications that need to be considered with this update.

### 5. Background

The Healthy Child Programme Partnership Board was set up in 2015 following the transfer of the commissioning responsibilities for HCP to Local Authorities. The purpose of the group was to have an overview/oversight of the HCP delivery and work in partnership with key stakeholders to ensure effective delivery across agencies to meet the outcomes for children, young people and their families and to identify work that was required to improve or monitor effectiveness.

In March 2018, the responsibility for chairing the HCPPB changed to the Healthy Child Programme Coordinator in Public Health. This change took place as the previous Chair had

left her post. At this point in time the Board reviewed the terms of reference and membership (see appendix 1 for updated TOR).

During the past 12-18 months, key areas of work have included Adverse Childhood Experiences (ACE), school readiness and emotional health and well-being as well as the implementation of the new 0-19 (up to 25 where SEND identified) Public Health Nursing Service.

### **5.1 Adverse Childhood Experiences**

Following a successful ACE conference in June 2017 a task and finish group was set up to look at how ACE work can be embedded in practice across the system. The task and finish group has only a small membership which is challenging as not all services are represented, however plans have been overseen by the Early Help Partnership Board. An action plan has been developed and shared. The priority area for this was identified as being a way for services to self-assess against key ACE criteria which would then enable them to produce a development plan. However, to do this effectively a training matrix is needed to identify the appropriate competencies and training required dependent upon role. An initial basic awareness raising presentation was developed by the group and disseminated for comments. It proved to be a challenge to find further recommended training beyond that. NHS Scotland and Wales have published a number of supporting resources but there are no comparable resources in England. Public Health England were therefore approached to support this development to ensure that there is a consistency of approach across organisations and areas. The Healthy Child Programme Coordinator has been invited to be part of a regional group to scope this development and the learning will be shared once available. An initial meeting took place in October to explore the challenges and begin to develop the approach. It is also possible that the resources from Scotland and Wales could be adopted with some regional variations. A report on Evidence Based Early Interventions has also been submitted to the House of Commons which identifies the need for this work.

<https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/506/50602.htm>

### **5.2 School Readiness**

Following a publication from Public Health England and local anecdotal evidence, a multi-agency task and finish group was set up to map services and identify gaps in relation to improving school readiness. An action plan has been worked through and a leaflet produced to provide parents with information on how to support their child's development (see appendix 2 draft leaflet). The leaflet will be available electronically on various platforms but funding for any printing costs need to be identified. A web page has also been developed to support the key messages within the leaflet offering parents signposting to activities and sources of information.

The 2 year review data collected now also provides information on the percentage of children who have had an ages and stages questionnaire completed and meet the required developmental milestones in each of the identified domains; communication, gross motor, fine motor, problem solving and personal-social skills. This may enable us to identify any areas of need going forward.

The task and finish group along with other groups put together a bid for the Early Outcomes project which also includes a maturity matrix. Although we were unsuccessful with the bid, we will continue to work through the maturity matrix and local action plan to develop the work further. There is also the option to request a peer review as part of this work.

### **5.3 Emotional Health and Well-Being**

Shropshire have been involved in the Anna Freud Schools and Mental Health link project, a report for which had already been received by the Children's Trust. This has been a successful start to enhancing communications between schools and services that support children and young people's mental health. Future plans are to continue this work by developing networks that professionals can come together to share experiences and good practice and develop support for children and young people as well as developing a sustainable multi-agency continuous professional development programme based on needs identified within the network. This will be supported by Targeted Mental Health Support (TaMHS) and the Children and Young People Team.

The TaMHs training programme has continued with the main focus being on Mental Health First Aid. The TaMHS Training and Development Officer also offers support to individual schools, offering in-house training as required.

Board members continue to be involved in the Suicide Prevention Group, providing a children and young people's focus as well as the All-age Mental Health Strategy and the local transformation plan refresh.

The Personal Health Social and Economic Education (PHSEE) Mental Health curriculum continues to be shared with schools and through the wider partners along with statutory PHSEE curriculum. Work is on-going in relation to Lesbian Gay Bisexual Transgender (LGBT).

#### **5.4 0-19 (25) Public Health Nursing Service**

As part of the new service specification in place this has been restructured and incorporates Health Visiting, School Nursing and Family Nurse Partnership with a greater skill mix within the service. Lead roles for emotional health and well-being and SEND have been developed to support these areas of work.

A single point of access is available for professionals and families as well as a texting service which has enabled easier access to information and support.

#### **5.5 Achieving a Healthy weight and increasing physical activity**

Unfortunately, due to funding cuts the Fit Families programme for children identified as being overweight has been decommissioned. An exit strategy has been identified with signposting to support as required. An application was submitted for the Childhood Obesity Trailblazer project but unfortunately we were unsuccessful.

Healthy eating and physical activity continue to be promoted through the curriculum and other contacts with Children and Young People (CYP) and their families. We also propose to extend the National Child Measurement Operational Group and alter the remit to become a Healthy Weight Partnership group to look at how we can work together across the age groups to achieve a healthy weight and increase physical activity.

Representatives from the Board are also involved in the Local Maternity System Transformation Board and work streams which include the Early Maternal Health workstream which has decreasing obesity as a key priority.

#### **5.6 Next Steps**

Currently there is no forum for joint commissioning of services for children and young people and this is felt to be a gap and therefore it is recommended that this is explored through the Health and Wellbeing Board.

Plan on a Page- As part of the work being undertaken with the Partnership Boards a plan on a page for the coming year has been developed (see appendix 3) enabling other Boards to see the key priorities which are:

- Teenage Pregnancy to review and update the teenage pregnancy care pathway and monitor the teenage pregnancy data. Map services and make recommendations for improving service delivery/effectiveness.
- Monitor, review and where appropriate incorporate recommendations from Public Health England, NHS England and other appropriate bodies.
- Monitor Public Health Outcomes associated with the HCP and highlight any concerns and/or recommendations to the Health and Wellbeing Board.

## 6. Additional Information

### Key documents

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/492086/HCP\\_5\\_to\\_19.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/492086/HCP_5_to_19.pdf)

## 7. Conclusions

The Healthy Child Programme Board provides an effective forum by which to monitor and review public health outcomes, explore new initiatives and information from Public Health England and NHS England and disseminating this information and where appropriate embedding through other Boards and organisations.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b>
Rob Gittins
<b>Local Member</b>
<b>Appendices</b>
Appendix 1 Terms of Reference
Appendix 2 Draft School Readiness leaflet



## SHROPSHIRE HEALTHY CHILD PROGRAMME (HCP) PARTNERSHIP BOARD

### Background

From 1 October 2015, the commissioning responsibilities for the “0- 5 Healthy Child Programme” transferred to local authority Public Health Departments. This includes:

- health visiting services (delivery of the service vision, four stage model including universal, community and targeted services) and
- Family Nurse Partnership services (targeted service for teenage mothers).

The Child Health Information System (CHIS) and 6-8-week GP check remains the responsibility of NHS England (to be reviewed 2020).

The [Healthy Child Programme](#) is available to all families and aims to:

- help parents develop a strong bond with children;
- encourage care that keeps children healthy and safe;
- protect children from serious diseases, through screening and immunisation;
- reduce childhood [obesity](#) by promoting healthy eating and physical activity;
- encourage mothers to breastfeed;
- identify problems in children’s health and development (for example learning difficulties) and safety (for example parental neglect), so that they can get help with their problems as early as possible;
- make sure children are prepared for school;
- identify and help children with problems that might affect their chances later in life.

Commissioning responsibilities for the “5-19” elements of the Healthy Child Programme, through school nursing, transferred to Public Health Departments on 1<sup>st</sup> April 2014.

In October 2017, health visiting, family nurse partnership and school nursing in Shropshire was commissioned as one service covering 0-19 and up to 25 where there are special educational needs and/or disability.

In order to ensure an approach across Shropshire that is comprehensive, cost- effective and sensitive to local community needs, an overarching Partnership Board was set up. This Board will provide a link to regional networks; oversee the work of the Healthy Child Programme’ including any task and finish groups that are developed from the Board and ensure appropriate governance through the Children’s Trust and the Health & Wellbeing Board by providing timely updates against local priorities and national targets.

The Board will develop a strategic approach to the commissioning of services encompassing health visiting, school nursing, nursery education and children’s centres.

## **Purpose**

- To provide leadership for the Healthy Child Programme in Shropshire
- To oversee effective implementation of the Healthy Child Programme, encompassing pregnancy - 19 years.
- To maximise the delivery of the Healthy Child Programme through effective strategic partnership working, both within the local authority and other partners.
- To prioritise the plans and activities of task and finish groups that are developed from the Boards priorities, strategy and action planning.
- To ensure robust commissioning and monitoring processes are in place for the Healthy Child Programme.
- To oversee and ensure rigour in performance in relation to the Healthy Child Programme public health outcomes and targets.
- To ensure effective delivery of the Healthy Child Programme within available resources.
- To ensure implementation of national and regional guidance/policy.
- To provide assurance and/or exception reports to The Children's Trust and Health & Wellbeing Board in relation to performance against national targets.

## **Accountability and Responsibility**

- The Chair of the Shropshire HCP Partnership Board to provide regular reports on the strategic development and achievement of targets of the Healthy Child Programme to the Children's Trust and the Health & Wellbeing Board.
- Partnership Board members to align their organisation's activities to the Healthy Child Programme priorities, as appropriate.
- Partnership Board members to attend and actively contribute to meetings and act as champions for the Healthy Child Programme within their agency/organisation.
- To work in partnership to meet the needs of the Healthy Child Programme, including sharing (non-identifiable) information and data, as appropriate.
- To identify and agree co-commissioning or joint funding opportunities as appropriate, including bid funding opportunities.
- To attend quarterly meetings or provide alternative representation.
- Declarations of any conflicts of interest to be declared at the beginning of each meeting.

## Chairing arrangements

**Chair:** Anne-Marie Speke Healthy Child Programme Coordinator, Children & Young People Team, Shropshire Council, Public Health.

**Vice Chair:** David Coan Designated Nurse for Safeguarding Children for Shropshire CCG.

Representatives may be identified, on occasion, to act on behalf of the Chair and Vice Chair.

## Quoracy and Decision making

A minimum of 6 members must be present in order for the Board to be quorate, including at least one member from each of the commissioning organisations.

As far as possible, decisions should be made on a consensual basis. Where consensus cannot be achieved, the matter will be referred to the Children's Trust and/or the Health & Wellbeing Board.

## Frequency of Meetings

Meetings will be held once every quarter from June 2015.

## Support Arrangements

**HCP Partnership Board Administration:** Hayley Barnett-Hook, Health and Wellbeing Administrator, Shropshire Council Public Health

## Distribution of Minutes

Group Members

Children's Trust Chair

Health & Wellbeing Board Executive Team

Health Portfolio Council Member

Children's Services, Transformation & Safeguarding Portfolio Council Member

Director of Public Health

And members to distribute through their own networks and governance structures, as appropriate.

## Shropshire HCP Partnership Board (proposed) Membership:

NAME	ROLE	ORGANISATION
Lorraine Laverton	Business Manager, Shropshire Health & Wellbeing Board, Mental Health Partnership Board and Children's Trust	Shropshire Council

Emma Dodson	Matron, Paediatrics	SATH
Karen Saunders	Health & Wellbeing Programme Lead/Public Health Specialist	Public Health England
Stephanie Cook <i>for information only?</i>	Public Health Commissioner	NHS England
Sarah Jamieson <i>Anthea Gregory Page</i>	Head of Midwifery	SaTH
Jane Randall-Smith <i>Adelle Wilkinson</i>	Chief Officer	Healthwatch
Fran Doyle	Head of Early Help, Partnerships & Commissioning	Shropshire Council
Neville Ward	Early Years and Childcare Manager	Shropshire Council
Sarah Rock	Family Nurse Partnership Supervisor	Shropshire Community Health NHS Trust
Caroline Hatton	Service Delivery Group Manager, (Children, Young People and Families)	Shropshire Community Health NHS Trust
Phil Wilson <i>Christine Kerry</i>	Commissioner for Education Improvement and Efficiency	Shropshire Council
David Coan/ Fiona Ellis	Safeguarding/ Women and Children's Commissioner	Shropshire CCG
Mark Trenfield	Public Health Analyst	Shropshire Council
Anne Marie Speke	Healthy Child Programme Lead, Public Health.	Shropshire Council
Julian Povey	GP	Shropshire CCG
Penny Bason	Health & Wellbeing Board Business Manager	Shropshire Council
Irfan Ghani <i>information only</i>	Consultant in Public Health Medicine, Community Safety & Health Protection Team	Shropshire Council
Kevin Lewis	Director of Help2Change	Help2Change

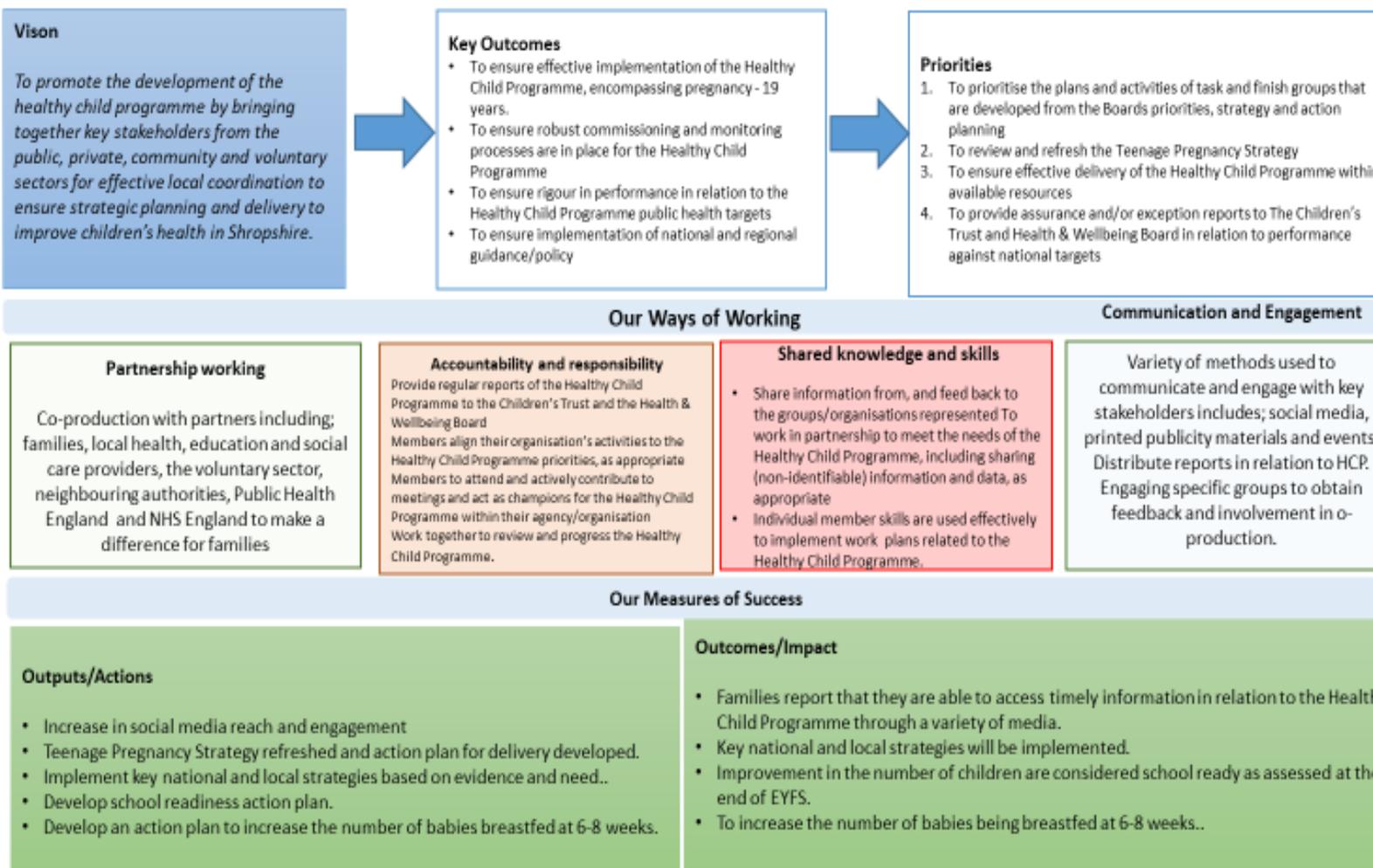
Sam Anderson	Safeguarding Boards Business Manager	Shropshire Council
Val Cross	Health & Wellbeing Officer, Public Health	Shropshire Council
Graham Moore		Shropshire Council
Naomi O'Hanlon	0-25 Development Officer, Public Health	Shropshire Council

# How I grow and learn

My Journey to school



## Appendix 3 Plan on a Page



**Focus of work at the moment / work plan:**

School readiness  
Development and implementation of Adverse Childhood Experiences (ACE's) and routine enquiry  
Teenage pregnancy

**Who we report to and how often:**

Children' Trust quarterly

Health & Wellbeing Board as required

**Meeting dates:**

26<sup>th</sup> June 2018

10<sup>th</sup> October 2018

**Working links with other partnership groups:**

Children's Trust

Health & Wellbeing Board

Early help Partnership Board

LMS Transformation Board

Mental Health Partnership Board

**Board membership**

Anne-Marie Speke Chair, Acting CYP Team Lead Shropshire Council Public Health

David Coan Vice Chair Designated Nurse for Safeguarding Children for Shropshire

Naomi O'Hanlon 0-25 development officer Shropshire Council Public Health

Neville Ward Service manager Early Years and Childcare, Shropshire Council

Francesca Doyle Head of Early Help Partnerships and Commissioning, Shropshire Council

Emma Dodson Matron Paediatrics, Shrewsbury and Telford Hospitals NHS Trust

Sarah Rock Service Delivery Group Manager – Childrens & Families Services Shropshire Community Health Trust

Sarah Jamieson Head of Midwifery, Shrewsbury and Telford hospitals NHS Trust

Adelle Wilkins Healthwatch Shropshire

Karen Saunders Health and Wellbeing Programme Lead, Public Health England

Irfan Ghani Consultant in Public Health, Shropshire Council

Kevin Lewis Director of Help2Change, Shropshire Council Public Health

Lorraine Laverton Business manager, Shropshire Health & Wellbeing Board, Mental Health Partnership Board and Children's Trust

Julie Dean Service manager Special educational Needs and Disabilities

Chris Mathews Commissioner for Education Improvement and Efficiency

Alice Crutwell PSHE Curriculum Advisor, Shropshire Council Public Health

Mark Trenfield Public health Analyst, Shropshire Council

Vai Cross Health and Wellbeing Officer Shropshire Council Public Health

Sam Anderson Safeguarding Boards Business Manager, Shropshire Council

Graham Moore

David Ellis