

## **Report to Health and Wellbeing Board**

**10 June 2013**

### **Links between Health and Wellbeing Board, other Groups/Boards and Children and Young People's agenda**

#### **1. Purpose**

To address and respond to the key challenges to Health and Wellbeing Board in respect of Children young people and families presented by Interim Director of Children's Services to shadow Health and Wellbeing Board in February 2013.

For the Health and Wellbeing Board members to be assured that the Children and Young people's agenda is linked effectively to the work of this Board and that identified Board members have considered a set of self assessment questions to ascertain where there are areas for improvement and immediate actions to be undertaken.

#### **2. Recommendations**

To note the considered answers to the questions posed, in particular the areas for improvement identified and the agreed actions

#### **3. Report detail**

In February 2013 Interim Director of Children's Services, Rose Collinson, gave a presentation to the shadow Health and Wellbeing Board on its role in improving outcomes for children and young people and posed several challenges. Some of these were contained in a poster presentation (appendix 1) produced by Anthony May Corporate Director of Children's Services, Nottingham County Council with support from Department of Health, LGA, NHS Confederation and NHS Institute for Innovation and Improvement. The Board requested that local answers to these questions be considered and presented to the Board. The answers to these questions contained in Appendix 2 are the results of discussion between Rose Collinson, Salma Ali and Isabel Gillis and thus represents a shared view across Children's Services, Clinical Commissioning Groups and Public Health in Walsall.

#### **Author**

Dr Isabel Gillis  
Director of Public Health  
☎ 653743  
✉ gillisi@walsall.gov.uk

# Health and wellbeing boards and children, young people and families

## Key success factors

- A local partnership dedicated to children and young people (linked into the governance of health and wellbeing boards) is essential.
- Commissioning of NHS services for children and young people must sit alongside commissioning of all services for children (the concept of holistic commissioning).
- Health and wellbeing boards should prioritise interventions for children and young people which are proven to work.
- Commissioning of services should be informed by the views of children, young people, parents and families.
- Health and wellbeing boards should ensure a focus on early intervention, within an overall understanding of a 'lifecourse' approach to provision.

## Key strategic questions and challenges for boards

- Does the health and wellbeing board link effectively with the local children's trust, safeguarding board and clinical commissioning groups (CCGs) to ensure cohesive governance and leadership across the children's agenda?
- Does the health and wellbeing board have an agreed process to ensure children's issues receive sufficient focus?
- Has the health and wellbeing board contributed to defining the early help offer, as recommended by Professor Munro?
- Is the health and wellbeing board making appropriate use of local mechanisms to listen to the views of children, young people and families?
- Does the local health and wellbeing strategy analyse and prioritise the health needs of children and describe success?
- Have the views of frontline staff and clinicians been factored into the board's planning?
- Has the health and wellbeing board got an agreed method of engaging with schools?
- Has the health and wellbeing board got a clear plan to maximise the use of public assets (children's centres, schools, youth services, health centres, etc.) to improve health outcomes for children?
- Is the health and wellbeing board satisfied that the common assessment framework is sufficiently embedded in the local partnership?

## Vision

That health and wellbeing boards  
make an effective contribution  
to improving health and  
wellbeing outcomes for children  
and young people.



## Further resources

- The Department of Health Children and Young People's Health Outcomes Strategy (due to be published in July 2012)
- A plethora of Local Government Association resources, collated by the LGA: [www.local.gov.uk/childrens-health](http://www.local.gov.uk/childrens-health)
- Local authority child health profiles (published by the Child and Maternal Health Observatory ChiMat): [www.chimat.org.uk/profiles](http://www.chimat.org.uk/profiles)
- The NHS Atlas of Variation in Healthcare for Children and Young People: [www.chimat.org.uk/variation](http://www.chimat.org.uk/variation)
- NHS Confederation review of policy documents on children and young people's health and wellbeing: [www.nhsconfed.org/hwb](http://www.nhsconfed.org/hwb)
- Assured Safeguarding – GP and Health Leader Edition (safeguarding advice for GP and health leaders developed by the East Midlands group of Directors of Children's Services): [www.jriep.com](http://www.jriep.com)
- Commissioning Child Health and Wellbeing Services (information and guidance framework developed by the East of England Strategic Network for Child Health and Wellbeing Commissioning Champions) – EOE Info and guidance framework
- National Institute for Health Research (for health-related research materials): [www.nihr.ac.uk](http://www.nihr.ac.uk)
- A guide for commissioners of children's and young people's and maternal health and wellbeing services NHS North West: [www.northwest.nhs.uk/childhealth](http://www.northwest.nhs.uk/childhealth)

## The spectrum of children's health needs

Taken from the project scope of the Department of Health Children and Young People's Health Outcomes Forum

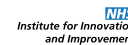
- Health promotion, prevention and improvement
- Primary care
- Children with poor mental health
- Urgent care for children with acute illness
- Children with long-term conditions
- Children with complex health needs
- Children with disabilities
- Looked after children
- Palliative care
- Ensuring the use of medicines for children optimises health outcomes
- The health sector's contribution to safeguarding children
- The health sector's contribution to support for troubled families

This poster was produced in June 2012 by the health and wellbeing board learning set for children and young people. It represents their key learning and does not necessarily showcase best practice but aims to provide health and wellbeing members with an accessible and helpful resource. This learning set was led by Anthony May, Corporate Director for Children and Families and Cultural Services for Nottinghamshire County Council, [anthony.may@nottscc.gov.uk](mailto:anthony.may@nottscc.gov.uk).

For further information, or to comment on this poster, please email [hwb@nhsconfed.org](mailto:hwb@nhsconfed.org).

INF30701

Supported by



## **Health and Wellbeing Boards and Children and Young People and Families**

Q1: Does the Health and Wellbeing Board link effectively with the local Children's Trust, Safeguarding Board and Clinical Commissioning Groups (CCGs) to ensure cohesive governance and leadership across the children's agenda?

**Yes. Strong cross representation between Children's and Young People's Partnership Board, Walsall Safeguarding Children's Board and Clinical Commissioning Group ensure strong governance and leadership of the Children's agenda. The Director of Children's Services, Director of Public Health and Clinical Commissioning Group's Accountable Officer and Chairperson all sit on the Health and Wellbeing Board. The Director of Children's Services chairs the Children's and Young People's Partnership Board and the Director of Children's Services, Director of Public Health and Clinical Commissioning Group lead nurse all sit on the Walsall Safeguarding Children's Board.**

**Opportunity for improvement: The Clinical Commissioning Group is not currently a member of the Children's and Young People's Partnership Board. This will be addressed by the Director of Children's Services.**

Q2: Does the Health and Wellbeing Board have an agreed process to ensure children's issues receive sufficient focus?

**Yes. Giving every child the best start in life and ensuring all children and young people maximise their capabilities and have control over their lives are key priorities of the Joint Health and Wellbeing strategy (sections 6&7) and the 13/14 Action Plan.**

Q3: Has the Health and Wellbeing Board contributed to defining the early help offer, as recommended by Professor Munro?

**Yes. The 13/14 focus on joint Local Authority / National Health Service review of antenatal pathway and Children's centres will strengthen the joint delivery of early help.**

Q4: Is the Health and Wellbeing Board making appropriate use of local mechanisms to listen to the views of children, young people and families?

**No, not yet.**

**Opportunity for improvement. Action: The Director of Children's Services to ask the Integrated Young People's Support Services lead to engage with health partners to ensure they are aware of, using and strengthening local mechanisms to ensure children and young people's voice and views inform and shape practice.**

Q5: Does the local Health and Wellbeing strategy analyse and prioritise the health needs of children and describe success?

**Yes. The needs of children and young people and actions to improve outcomes are key in both the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy (especially sections 6&7).**

Q6: Have the views of frontline staff and clinicians been factored into the Board's planning?

**No. This is not well-developed at present.**

**Opportunity for improvement: The joint review of Children's centres and the antenatal pathway will model good practice in engagement of frontline staff and clinicians.**

Q7: Has the Health and Wellbeing Board got an agreed method of engaging with schools?

**Yes, through the Director of Children's Services and the portfolio holder for children and young people and the 'New ways of working with schools' initiative.**

Q8: Has the Health and Wellbeing Board got a clear plan to maximise the use of public assets (children's centres, schools, youth services, health centres etc)?

**Yes. In 13/14 through joint review of Children's centres and review of parenting programmes. This approach can be extended to other areas in future years.**

Q9: Is the Health and Wellbeing Board satisfied that the common assessment framework is sufficiently embedded in the local partnership?

**The common assessment framework has been replaced locally by the Early Help Assessment and its effectiveness will be measured by partner agencies and through the Walsall Safeguarding Children's Board.**

In the course of the discussion on these questions a shared concern about the commissioning of services for children and young people between health services, children's services and Public Health emerged and a follow up meeting to agree joint action has been planned for 21 June 2013.

Dr Isabel Gillis on behalf of Rose Collinson and Salma Ali

31 May 2013