

AGENDA ITEM: 3.3.1

Children and Young People's Joint Strategic Needs Assessments: Summary of Recommendations and Actions

Recommendation	Lead agency	Existing plans	Progress to date and next steps
1. Emotional Health and Wellbeing			
a. Identify capacity and resources to develop a clear partnership vision and joint commissioning strategy for promoting emotional wellbeing and supporting people with mental health problems. This must describe how all partners will align commissioning and services to move to 0-25 years model and then to all age, all services commissioning based on the thrive model.	CCG Public Health Children's Trust	CAMHS Transformation Plan (TP) <i>Sustainability and Transformation Partnership (STP)</i>	CAMHS TP – plan for improving and re-configuring services. Decision to move to a 0-25 Model has been postponed and may be reconsidered in light of the experience other areas (including Birmingham) have had with this type of model. Current specialist CAMHS transformation plan covers 0-18s.
b. Agree a collaborative commissioning approach across all partners. Within 2 years move to a pooled budget, lead commissioner model to commission a single, all age service covering the full range of services from prevention to intensive support.	CCG Public Health Children's Trust	CAMHS TP <i>STP</i>	CAMHS Transformation plans are being aligned across the Black Country STP footprint. Sandwell Tier 2 Service resource and commissioning will transfer to the Children's Trust at the end of March 2018.
c. Analysis of service use by ethnicity, age and geographical area must be a priority in the future development of services and must inform future commissioning decisions.	CCG and Public Health	CAMHS TP	Ensuring all parts of the community benefit & have equality of access & outcomes National dataset for CAMHS service metrics will improve analysis and enable us to benchmark. Data also being collected at Single Point of Access but requires a commitment to analysing this data

d. Identify how the balance of investment will change to reduce investment in intensive services and increase investment in prevention and early intervention.	CCG Public Health Children's Trust	CAMHS TP	This is a priority area for the Black Country STP which is looking at current service provision in order to identify inconsistencies between areas
e. Agree outcome measures across partners and with providers to enable robust evaluation of effectiveness and value for money for all services.	CCG	CAMHS TP	CAMHS Outcome measures are built into the new IT platform.
f. Ensure data collection is included in the development of a partnership strategy and joint commissioning plan. Develop data sharing agreements and systems between partners to support the pooled budget, lead commissioner model and development of an all age, all services model.	CCG Public Health Children's Trust	CAMHS TP STP	Data sharing to support the local commissioning is a priority in the CAMHS transformation plan; work is being completed to ensure that data sharing is at the appropriate level to inform commissioning decisions
g. Agree a single measure for monitoring wellbeing that all partners will include in all relevant commissioning. This will allow measurement of a baseline and monitoring of change over time. The whole school approach is using the Stirling Measure, this may be applicable across a wider range of services.	Public health	Public mental health CAMHS TP	Local tool has been created, validated and standardised for use with Primary School Children and is being tested on Secondary pupils.
h. Improve data collection from current services to allow evaluation of effectiveness and delivery of outcomes. This will support monitoring of waiting times for access to services and treatment, flows through, and transitions between services.	CCG commissioners	CAMHS TP	Data is collected at Single Point of Access.
i. Develop data collection for specific priority areas. This must include self-harm, including low level self-harm that does not result in hospital admission. It must also include monitoring of wellbeing and emotional health for pre-school children and their families.	To be decided	CAMHS TP Whole school approach	Schools, inclusion support and health have been identified as important sources of this data. However work is required to determine how data between these agencies can be shared meaningfully
j. Undertake a population level survey to establish a baseline measurement of population emotional wellbeing and mental health.	Public Health	Public Health population	Public health had planned to undertake a population survey, however due to

<p>The survey design should include a specific, age stratified, sample for children and young people. A sample of 15 year olds would allow comparison with the national young person's wellbeing survey.</p>		<p>survey</p>	<p>budgetary constraints approval to conduct was not approved. We are currently looking at other methods of collecting this data including the SHAPE survey</p>
<p>k. Map all current training across universal, targeted and specialist services to identify gaps and duplications. This must cover purpose, audience, scope and a review of any existing evaluations of the training.</p>	<p>CCG Public Health</p>		<p>Training audit was planned but did not progress due to staffing changes. A training needs assessment based on tiered model to be taken forward under the leadership of the Children and Young People's Emotional Health and Wellbeing Group</p>
<p>l. Based on the outcomes from the CAMHS transformation plan, and on the partnership commissioning strategy as it develops, develop standard competencies for staff operating at the different levels of service.</p>	<p>CCG Public Health</p>		<p>This will be included in the training needs assessment</p>
<p>m. Develop a partnership training strategy to ensure staff have the necessary competencies to deliver the partnership outcomes.</p>	<p>CCG Public Health Children's Trust</p>		<p>Following the training needs assessment, a task and finish group will be assigned to embedding recommendations</p>
<p>n. Align commissioning of training, with a move towards co-commissioning of training across all partners.</p>	<p>CCG Public Health Children's Trust</p>		<p>Following the training needs assessment, a task and finish group will be assigned to embedding recommendations</p>
<p>o. Review current support for women in the perinatal period and develop an evidence based service offer based on the NICE guidelines. Delivery of this offer will need to be included within the commissioning and delivery of maternity services and health visiting services.</p>	<p>CCG Public Health Children's trust</p>	<p>Black Country Local Maternity Strategy (LMS) CCG Maternity review</p>	<p>Development of health visiting service Development of family nurse partnership Review of maternity services This work is being taken forward by Peri-Natal MH workstream within Black Country Local Maternity Strategy.</p>
<p>p. The needs assessment has identified a lack of services for pre-school children and their families. Undertake a comprehensive review of the needs of this population, including a review of current services.</p>	<p>CCG Public Health Children's Trust</p>	<p>Public Health early years commissioning</p>	<p>Re-commissioning of the School Nursing and Health Visiting services will provide an opportunity to identify services to meet</p>

		plan CCG	identified gaps Early Years Psychology Post has been commissioned by CCG
q. Consider expansion of parenting programmes to meet needs of specific groups of parents e.g. parents of those with learning disabilities. Commissioners and providers need to ensure availability of evidence based parenting interventions for those with mental health disorders e.g. conduct disorder.	Public health Children's Trust	Public Health early years commissioning plan	Public Health has reviewed the Changes Parenting Programme and are working with Children's Serviced to improve uptake of the Universal offer.
r. Ensure robust evaluation of current service developments that will influence the development of a partnership commissioning strategy I. Whole school approach: evaluate and consider expansion into secondary schools. II. Primary mental health workers III. Re-commissioning of tier1 / 2 provision by SMBC Children's Directorate IV. Development of CAMHS services including home treatment and place of safety	CCG Public Health Children's Trust		Whole School approach – data so far shows promising results, secondary school delivery is well underway. PMHW – Public Health is currently evaluating this service New Tier 1 / 2 Services have been commissioned (Beam) Crisis Intervention and Home Care have been evaluated – core CAMHS to follow.
s. Work with schools to ensure that the wellbeing and mental health services they commission are evidence based and evaluated for effectiveness. Where possible standardise the service offer between schools.	Education Public Health	PSHE framework for schools	Public Health have funded a PSHE advisor who will sit in the education team and ensure all schools develop an evidence-based offer

2. Weight Management			
a. Develop an opt-out model to refer children identified as over-weight through NCMP directly to weight management services	Public Health commissioner	Public Health Weight Management Strategy	Opt out model will be included for children identified as overweight at reception and those who are identified as obese in year 6. Healthy Sandwell will contact parents of these two cohorts of children to advise of weight management and physical activity support available
b. Develop a strategy to raise awareness of weight management and physical activity services and opportunities to all (health and non-health) professionals working with children and young people	Public Health development officers		A strategy is being developed to engage all people who work with children and young people with the weight management agenda.
c. Improve public health input into planning decisions in order to maximise active travel and access to green spaces for new developments and redevelopment of existing areas	Public Health and Planning		The Healthy Urban Development officer who sits across public health and planning is working with planning colleagues on a process to ensure that public health are consulted at an early stage of any planned new developments and redevelopment of existing areas
3. Substance misuse			
a. Improve data available on the prevalence of drug and alcohol use among young people in Sandwell.	Research Sandwell and SHAPE project manager		The feasibility of including questions on substance use within the SHAPE survey is being considered
b. Improve relationships between drug and alcohol services, children's services and other partner organisations to ensure the impact of parent substance misuse on children is minimised	Safer Sandwell Partnership		Data on number of referrals made to children's services by substance misuse services and also referral into these services by children's social care is being analysed
c. Tailor drug and alcohol services to the specific needs of younger service users	Public Health drugs and alcohol commissioner	Re-commissioning of drugs and alcohol services	Public health have recently re-commissioned drugs and alcohol services. The service has been redesigned with more emphasis on virtual support and self-help. This redesign will be monitored to ensure that it is more

			successful at reaching younger people
d. Ensure the issue of substance misuse among young people is being considered strategically by the four strategic boards, service transformation boards and joint commissioning boards, where appropriate	TBC	CAMHS TP Children's joint commissioning plan	
e. Ensure education and support services designed to reduce substance misuse are based within an holistic programme to improve wellbeing and resilience	Public Health Education	PSHE guidance	DECCA are developing a single resource for schools to improve resilience and wellbeing among pupils, this will include information on how to reduce substance misuse. A new PSHE advisor has been appointed to embed PSHE curriculum in schools, this will include the areas of building resilience, improving wellbeing and reducing substance use among students
4. Sexual Health			
a. Improve access to high quality, age-appropriate sexual health and contraceptive service	Public Health commissioners	Sandwell integrated sexual health service	An integrated sexual health service with an increased focus on self-care has recently been commissioned in Sandwell. This redesigned service is aimed at improving access, especially among young people and will be monitored to ensure equitable access. In addition to this the service is providing a specific service for very vulnerable young people
b. Improve support to parents to have constructive conversations with children about healthy relationships and sex	Public health commissioners	Evaluation of existing parenting programmes	Following an evaluation of the current parenting programme provision in Sandwell, programme is being modified and number of settings for delivery increased to ensure better access to these programmes. Programme includes advise on discussing sex

			and relationships with your children
c. Identify children with multiple risk factors for poor sexual health and provide targeted intervention for this group	TBC: children's trust?		This requires a multi-sector approach to ensure that intelligence about high risk children in appropriately and partners are aware of early intervention services available.
d. Provide support to younger and other vulnerable parents with parenting skills and information on future contraceptive choices	Public Health commissioners	Redesign and integration of sexual health service and 0-5 service	The newly redesigned integration sexual health service includes a service tailored to vulnerable clients including younger mothers. The re-commissioning of the 0-5 services provides an opportunity to ensure that services tailored to younger and vulnerable parents are meeting population needs
e. Ensure sexual and reproductive education is embedded in schools' PSHE offer	Public Health and Education	PSHE guidance	A new PSHE advisor has been appointed to embed PSHE curriculum in schools, this will include sexual and reproductive health
f. Ensure provision of long acting reversible contraception for young people meets local need, including developing a local training strategy to ensure workforce is sufficient	SWBH: Sexual health service provider	Local LARC training strategy	As part of the integrated sexual health contract SWBH have committed to increase numbers of people, including young people, using LARC
5. Education, special educational needs and school readiness			
a. Map out of hours provision of academic-focussed support for pupils and parents	TBC: Education?		Need to identify who will take this work forward
b. Develop peer-support between schools to share best practice on improving educational attainment	Education		This is one of the purposes of the learning communities, need to look at how individual learning communities are achieving this function
c. Set up a working group to develop and deliver a multiagency school readiness strategy	Public health Education		This work will be taking forward by the 0-19 working group which is chaired and supported by public health and includes education commissioners and health visitors
d. Agencies need to work together to encourage parents to access	Education: early		Stay and play sessions have been introduced

library service for their children and to read to their children- particularly in identified low use areas	years		to encourage access to libraries; usage will be monitored to see the impact of this intervention
e. A partnership approach is required to improve uptake of 2-year-old check and follow up on children who have not had their check	Health visiting and education	0-19 working group	Health visiting, early years provision and children's centre commissioner will work together to develop a process for following up missed children through the 0-19 group
f. Providers are supported to use their early years pupil premium and example of how this has had a positive impact cascaded	Education		
g. Agree a measure of school readiness for all agencies to use	Public Health		It has been agreed that ASQ score at 2-2.5 year will be used to monitor progress on improving school readiness going forward
h. Multi-agency, early intervention approach is required to ensure consistent identification and referral of children who may require SEND support. This needs to include awareness raising across all universal services.	SEND board	Class Strategy	SEND board has developed a class strategy which includes a pathway to refer 2-year olds into inclusion support if appropriate. The pathway has had positive feedback.
i. Continuously develop and monitor impact of the SEND 'Local Offer'	SEND board	Local Offer	The SEND board monitors the effectiveness of the Local Offer and it has been identified that stronger links to other resources including Early Help Offer and the Sandwell Hub are needed
j. Improve and align the collection and sharing of information on individual children with SEND across health and relevant local authority directorates. It has been recognised that EHC plans are currently to education focussed with little input from health partners.	SEND board		New posts have been funded by the CCG to improve health input into plans, improvement will be monitored. A working group with members from SEND support and Adult Social Care has been formed to identify the cohort of individuals moving into adulthood who may have ASC needs going forward

k. The Sandwell SEND profile seems to differ from both national and regional-having a much lower proportion of people identified as SEND with a SEN statement or EHC and a much lower proportion categorised as having 'specific learning difficulties'. Reasons for these differences need to be explored	SEND board		Looking at the differences in data is a planned priority for the SEND board
l. Academic progress, attendance and exclusions show that the gap between SEND and non-SEND pupils is significant and greater than the national average gap.	SEND board	SEND transformation plan	Interventions to improve academic progress are included in the transformation plan and will be monitored by the board. The plan also outlines plans to work more closely with Youth Offending to reduce exclusions for people with SEND
6. Healthy Pregnancy			
a. Systematic identification of risk factors for infant mortality and low birth weight and early intervention with identified patients	Public Health		
b. Audit current maternity services to ensure that they in line with current NICE guidance	Black Country Local Maternity Strategy clinical implementation group		The Black Country LMS is currently looking at maternity services in Sandwell, Walsall, Wolverhampton and Dudley in order to ensure that services follows best practice and are consistent across the Black Country
c. Partnership between public health, health visiting and maternity to improve rate of breast feeding at six weeks in Sandwell	Public Health	Co-operative working agreement	Public health commissioning and will continue to commission support for breast feeding both in hospital and following discharge. Midwives currently have a role in supporting initiation of breastfeeding and strengthening this role to include provision of information earlier in pregnancy is being explored through cooperative working
d. Develop services tailored toward pregnant women from migrant populations to stop the issues around delayed access to maternity	SWBH		The hospital has introduced a new vulnerable midwives team to support women with complex social needs, including recent migration. However there is still a delay in

services for some groups			initially accessing maternity services which needs to be reduced in order to improve birth outcomes for some migrant populations
e. Review the current partnership arrangements in place to ensure that pregnant women requiring specific physical, mental, emotional or social support are referred and signposted appropriately	SWBH		Maternity services are looking at the feasibility of providing community midwifery on a local 'hub' basis. This would provide an opportunity for better links wider support services
7. Safeguarding including looked after children, exploitation of children and at risk children			
a. Develop a system to identify early families with young children at increased risk of neglect or harm	Early Help Partnership Steering Group	Early Help Strategy	The Early Help Partnership Steering Group was set up to engage a wide range of partners in the early identification and referral agenda. It includes partners from Children's Trust, Voluntary/Community Groups, and NHS. Impact of this group against its ambitions will be monitored by the Sandwell Safeguarding Children's Board
b. Embed effective and consistent referral thresholds across all agencies	Sandwell Safeguarding Children's Board	Thresholds document	The guidance on applying thresholds has been reviewed and a new document launched. This has resulted in an increase in child protection referrals. Referrals will continue to be monitored for appropriateness
c. Review how data on use of children's services is presented, interpreted and used to make future decisions on service delivery. Of particular interest is the proportionately low referral rate in some ethnic groups and examination of whether this reflects unmet need	Sandwell Safeguarding Children's Board, Quality, Performance and Practice subgroup		
d. Lessons learned from Serious Case Reviews should be disseminated in a timely manner to relevant stakeholders	Sandwell Safeguarding Children's		

	Board, Serious Case Review Subgroup		
e. Embed a shared approach to working with families in a wide range of organisations including health, mental health, drug and alcohol services, domestic abuse services and housing services. This approach should be based on the 'Signs of Safety'	Children's Trust		Children's Trust have a plan to roll out the Signs of Safety approach
f. Assess parents for parenting ability and provide extra support around promotion of secure attachment to those parents with mental illness, substance misuse or learning disability	Public Health		Vulnerable parents are identified and supported through the Best Start Programme. Integrating 0-5 services will provide an opportunity to provide support to those with lower level vulnerabilities
g. Investigate further the high proportion of children in long term placements in Sandwell, compared to other areas	Fostering and Adoption Team	Fostering and Adoption Team Strategy	
h. Embed a multi-agency approach to addressing barriers to full participation in life and promoting wellbeing for looked-after children	Children's Trust		Following establishment of the children's trust, strategic lead needs to be identified to take this action forward
i. Develop a process which clearly links assessment on entering care and subsequent plan and delivery of interventions	Children's Trust		Following establishment of the children's trust, strategic lead needs to be identified to take this action forward
j. Process needs to be implemented to ensure that care leavers are supported to move into independence at their own pace, with a network of appropriate support	Care Leavers Service		Following establishment of the children's trust, strategic lead needs to be identified to take this action forward
k. Management of children missing or at risk of child sexual exploitation (CSE) has been assessed as poor in Sandwell. A multi-agency approach is required to improve outcomes and reduce risk for these young people	Sandwell Safeguarding Children's Board (SSBC)	SSBC Improvement Plan	Exploitation of children in generally (including CSE) will be a priority areas for SSCB going forward
l. Intelligence and data sharing needs to be shared in order to create a	TBC: Safer		

clearer picture of where exploitation of children occurs in Sandwell and who is responsible	Sandwell Police and Crime Commissioners Board		
m. The effectiveness of services designed to prevent exploitation needs to be evaluated	TBC: 4 Boards Chairs		
n. Develop a strategy for increasing prosecution of perpetrators	TBC: Safer Sandwell Police and Crime Commissioners Board		
o. A strategic approach is required to reducing exploitation of children	4 Board Chairs group		
p. Roll out of Prevent training in Sandwell needs to be evaluated to ensure that it is resulting in an increase in referrals. It will include monitoring referrals	Learning and Development (council)		Evaluation in progress
q. Develop a strategy to raise awareness among parents of the risk of exploitation and radicalisation, especial the risks of online and social media content	Public Health	Parenting evaluation	The current parenting programme offered to parents is being redesigned following evaluation, this provides an opportunity to include this elements within the programme
r. Develop community links in order to raise awareness of the prevent agenda	TBC: Safer Sandwell Police and Crime Commissioners Board		
s. Improve intelligence collecting and sharing about trafficked children in Sandwell	TBC: Safer Sandwell Police and Crime Commissioners Board		
t. Ensure that placements for trafficked or other unaccompanied	Children's Trust		Update required

children met the specific needs of this cohort			
u. Ensure the troubled families programme is used as an opportunity to identify and support the most vulnerable families in Sandwell	Children's Trust: TBC		Criteria for entry into trouble families programme has recently been expanded, this provides an opportunity to work with a wider range of partners to identify families most at risk in Sandwell. A working group to maximise this opportunity needs to be establish.
8. Long term conditions			
a. Estimates of prevalence of asthma, diabetes and epilepsy in Sandwell have been modelled based on national data. A system to collect robust and accurate local data on long term conditions is required in order to plan services and identify under-diagnosis and unmet need	Sandwell and West Birmingham Hospital Trust (SWBH)		The trust have recognised the importance of data sharing in order to estimate accurately prevalence of paediatric long term conditions and are working with public health to calculate these
b. A systematic way of sharing data on children with disabilities and complex health needs is required to ensure that the health, social and education needs can be met in a co-ordinated manner	TBC		Data sharing exists between partner organisations of children with identified SEND. School nurses will also be aware of children with long term conditions and will work with schools to provide holistic support for these individuals. However the current systems are dis-jointed and risk some children being missed.
c. As lead commissioner for health services, CCG should lead on auditing the existing paediatric pathways for long term conditions to identify gaps in best practice and commission to fill these gaps. If there are gaps due to interfaces of services provided by different organisations the Joint Commissioning Group should facilitate improved partnership arrangements to fill these gaps	CCG		Arrangements for joint commissioning are currently being reviewed and the Joint Commissioning Board due not currently meet. It important that joint commissioning arrangements are reinstated in order to move this action forward
d. The role of school nurses in supporting the management of long term conditions should be defined and all relevant partners should be	Public Health		School nursing are commissioned to produce emergency care plans for individuals with

made aware of the scope of this role			long term conditions and teacher training. A plan for how awareness of the role is raised among other health professionals needs to be developed
9. Safer travel			
a. Analyse data to identify schools with low use of sustainable transport	Public Health		ModeShift Stars is the system which Sandwell schools use to support parents and pupils to make more sustainable transport choices. This data is monitored to identify and provide additional support to schools with low levels of sustainable travel
b. Improve provision of healthier and safer transport to and from places of education, focusing on identified gaps around post-16 education	Neighbourhoods	Sandwell Strategic Road Safety Plan	Update required
c. Analyse accident 'hot spots' in order to identify root causes for accidents and the any remediation to prevent future accidents	Neighbourhoods	Sandwell Strategic Road Safety Plan	Update required