

NORTH YORKSHIRE COUNTY COUNCIL

YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

18 October 2013

Covering Report

Childrens & Young People's Service contributions to the Health and Wellbeing Strategy

1.0 Purpose of Report

- 1.1 This report asks the Committee to note the information in this report and the Children's Trust Board report attached at Annex A

2.0 Background

The Young People O&S Committee is keen to see that the North Yorkshire Health and Wellbeing Strategy is suitably influenced by the work ongoing within the NYCC Childrens and Young Peoples Service (CYPS) and requested a briefing to evidence how this was being done.

3.0 Children's Trust Board

As the CYPS works together with partners through the Children's Trust Board (CTB). It was thought it would be helpful for Members to see a report that has previously been presented to the CTB and provides a useful summary of key areas of work and the links that exist. This report is attached for your consideration at Annex A.

The Corporate Director Peter Dwyer is also the chairman of the Children's Trust Board and he will present this information to the Committee on the 18 October 2013.

4.0 Recommendations

The Committee is asked to note the information in this report and the Children's Trust Board report attached as Annex A.

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Date: Oct 2013
Background Documents: None

Annex: Annex A – Children's Trust Board report July 2013

NORTH YORKSHIRE CHILDREN'S TRUST BOARD

10 July 2013

**Children's Trust Contributions to the
North Yorkshire Health and Well-Being Strategy**

1.0 PURPOSE OF REPORT

1.1 This report presents a piece of work to map the contributions of the Children's Trust partners to the delivery of the North Yorkshire Health and Well-Being Strategy.

2.0 BACKGROUND

2.1 The Health and Well-Being Board has approved a Health and Well-Being Strategy for North Yorkshire. Partner agencies have been asked to demonstrate how their work supports this strategy. Section 3 of this report presents the work done to date to demonstrate the contribution of Children's Trust partners to the Health and Well Being Strategy.

2.2 This report also presents two further items related to the health and well-being of children and young people. Section 4 of the report introduces the Department of Health's pledge to improve health outcomes for children and young people and to reduce child deaths. Section 5 of the report introduces a Disabled Children's Charter for Health and Well Being Boards. The report recommends that both the Children's Trust Board and the Health and Well-Being Board sign-up to both the national pledge and the disabled children's charter.

3.0 NORTH YORKSHIRE HEALTH AND WELL-BEING STRATEGY

3.1 In May 2013 the North Yorkshire Health and Well-Being Board formally approved the North Yorkshire Health and Well-Being Strategy, 2013-18. This strategy sets out the vision and objectives for improving health and well-being in North Yorkshire, by empowering people to live healthy active lives and reducing health inequalities across the county.

3.2 The strategy includes an explicit expectation that each partner organisation represented on the Health and Well-Being Board will develop its own plans to demonstrate how it can contribute towards the delivery of the Health and Well-Being Strategy. To support this, the strategy includes a 'strategic performance framework' organised around (i) challenges, (ii) priorities and areas for focus, (iii) success criteria, and (iv) local agency contributions.

3.3 In terms of local agency contributions, the NYCC Children and Young People's Service and health partners have worked together to identify existing and planned activities that support the health and well-being of children and young people. A key source of information for this exercise was the Children and Young People's Plan 2011-14, but material from other sources has also been used. These activities have been mapped against the priorities set out in the Health and Well-Being Strategy. The result is the document presented at Appendix 1.

3.4 Note that this is not a finalised piece of work, but the progress to date does demonstrate that there is a broad range of work in the children and young people sector that contributes to the delivery of the Health and Well Being Strategy. This document will be further refined before being reported to the Health and Well-Being Board on 19 July.

4.0 HEALTH OUTCOMES FOR CHILDREN AND YOUNG PEOPLE: NATIONAL PLEDGE

4.1 In February 2013 the Department of Health published a new national pledge to improve health outcomes for children and young people and to reduce child deaths. The pledge is part of the government's response to the Children and Young People's Health Outcomes Forum, whose report published in July 2012 set out a series of proposals for improving health and care provision and related services for children and young people.

4.2 The Department of Health is asking organisations who 'have the power to make a difference' to sign up to the pledge alongside the government in order to improve the care that children and young people receive and to reduce avoidable deaths. The pledge has five elements, as set out in the box below. The full pledge document is presented at Appendix 2.

Our shared ambitions are that:

1. Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.
2. Services, from pregnancy through to adolescence and beyond, will be high quality, evidence based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce.
3. Good mental and physical health and early interventions, including for children and young people with long term conditions, will be of equal importance to caring for those who become acutely unwell.
4. Services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life.
5. There will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people.

4.3 The pledge is intended to support system-wide changes, nationally and locally. The intended impact is a series of improvements to the health outcomes of children and young people. Five particular outcomes are presented in the pledge document, as follows:

- reduce child deaths through evidence based public health measures and by providing the right care at the right time;
- prevent ill health for children and young people and improve their opportunities for better long-term health by supporting families to look after their children, when they need it, and helping children and young people and their families to prioritise healthy behaviour;
- improve the mental health of our children and young people by promoting resilience and mental wellbeing and providing early and effective evidence based treatment for those who need it;
- support and protect the most vulnerable by focusing on the social determinants of health and providing better support to the groups that have the worst health outcomes;

- provide better care for children and young people with long term conditions and disability and increase life expectancy of those with life limiting conditions.

4.4 The national pledge clearly aligns with the health and well-being priorities for children and young people in North Yorkshire as set out in the Children and Young People's Plan 2011-14 and in the Health and Well-Being Strategy. It is proposed, therefore, that the Children's Trust Board and the Health and Well-Being Board sign up to the pledge. By signing-up to the national pledge, both the Children's Trust Board and the Health and Well-Being Board would demonstrate ongoing commitment to partnership working and system-wide change to deliver better health outcomes for children and young people.

5.0 DISABLED CHILDREN'S CHARTER FOR HEALTH AND WELL BEING BOARDS

5.1 Every Disabled Child Matters, a consortium of leading organisations in the disabled children sector, in partnership with The Children's Trust, Tadworth, a specialist provider of services for disabled children, have developed a Disabled Children's Charter for Health and Well Being Boards. The purpose of the charter is to support Health and Well Being Boards to meet their responsibilities towards disabled children, young people and their families, including children and young people with special educational needs and health conditions.

5.2 The charter sets out seven commitments to improve the health outcomes of disabled children and young people and their families. Those Health and Well Being Boards that sign up to the charter agree to pursue these seven commitments and to provide evidence after one year to demonstrate the progress made towards each. The seven commitments are set out in the box below, and the charter itself is presented at Appendix 3:

The Health and Well Being Board will provide evidence that it:

1. Has detailed and accurate information on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs.
2. Engages directly with disabled children and young people, and their participation is embedded in the work of the Health and Well Being Board.
3. Engages directly with parent carers of disabled children and young people, and their participation is embedded in the work of the Health and Well Being Board.
4. Sets clear strategic outcomes for partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account.
5. Promotes early intervention and support for smooth transitions between children and adult services for disabled children and young people.
6. Works with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners.
7. Provides cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners.

- 5.3 It is proposed that both the Children's Trust Board and the Health and Well-Being Board sign-up to the Disabled Children's Charter. By signing the charter, the Boards will demonstrate that they are committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. It will demonstrate a commitment to engage and work together in partnership with disabled children and young people and their families to improve universal and specialist services, and ensure they receive the support they need, when they need it. In short, it will demonstrate the Boards are committed to supporting disabled children and young people so that they can lead better lives.
- 5.4 It is worth noting that the Mandate from the government to the NHS Commissioning Board for the period 2013-2015 includes the following statement of intent:
- “One area where there is a particular need for improvement, working in partnership across different services, is in supporting children and young people with special educational needs or disabilities. The Board's objective is to ensure that they have access to the services identified in their agreed care plan, and that parents of children who could benefit have the option of a personal budget based on a single assessment across health, social care and education.” (‘the Mandate’, paragraph 4.13, page 18.)
- 5.5 Note that the Children's Trust is already progressing a programme of improvement in services for disabled children, young people and their families. The Children and Young People's Plan 2011-14 includes a priority to develop integrated approaches with the NHS for assessment, decision-making and provision for children and young people with Special Educational Needs and Disabilities (SEND). This work is being delivered through the SEND Improvement and Integration Strategy, led by a multi-agency steering group and reporting through the Children's Trust Board (which is a sub-group of the Health and Well-Being Board). The priority outcomes of this programme are as follows:
- Improved collaborative working between education, health and care services in the provision of services for children and young people and their families, including joint commissioning of services (such as provision for speech, language and communication needs)
 - Better information for families and young adults with SEN, including publication of the 'local offer' of what help is available locally for children and young people and their families.
 - One overall assessment and plan for children and young people with SEN: with integrated 'health education and care plans' introduced from September 2014.
 - Greater choice and for children, young people and their parents in the help they need, with personal budgets available for education, health and care services.
 - Smoother and more integrated transitions to adulthood
- 5.6 The SEND Improvement and Integration Strategy contributes towards the delivery of the Health and Well Being Strategy. Particular contributions include the work to support children and young people, especially those from vulnerable groups, and work to develop more integrated models of commissioning and service delivery. Signing-up to the Disabled Children's Charter will not only demonstrate that the Health and Well-Being Board is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, it will also endorse the SEND Improvement and Integration Strategy developed and delivered to date by Children's Trust partners and recognise the contribution of this work to delivery of the Health and Well-Being Strategy.

6.0 RECOMMENDATIONS

6.1 That the Children's Trust Board:

- (i) Endorses the work done to map Children's Trust partner contributions to the delivery of the Health and Well-Being Strategy.
- (ii) Signs-up to the national pledge to improve children and young people's health outcomes and reduce child deaths, and recommends that the Health and Well-Being Board does also signs-up to the pledge.
- (iii) Signs-up to the Disabled Children's Charter, and recommends that the Health and Well-Being Board also signs up to the charter.

PETE DWYER
Corporate Director, Children and Young People's Service

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APPENDIX 1

NORTH YORKSHIRE HEALTH AND WELL BEING STRATEGY

CONTRIBUTIONS OF CYPS AND CHILDREN'S TRUST PARTNERS

AS SET OUT IN THE NORTH YORKSHIRE HEALTH AND WELL BEING STRATEGY			TO BE POPULATED BY CYPS AND CHILDREN'S TRUST PARTNERS
Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success.
<p>The content of this column has been pre-populated from the North Yorkshire Health and Well-Being Strategy</p>	<p>The content of this column has been pre-populated from the North Yorkshire Health and Well-Being Strategy</p>	<p>The content of this column has been pre-populated from the North Yorkshire Health and Well-Being Strategy</p> <p>Some of the priorities listed in this column will have a number in brackets after them. This number signposts the reader to the content in the right hand column concerning agencies' local contributions. This is an attempt to map across from the success criteria presented in this column to the relevant agency contributions in the right hand column.</p>	<p>The content of this column has been populated by CYPS Performance and Outcomes, with contributions from other colleagues</p> <p>In most instances the references here are to the relevant implementation priorities set out in the CYPP 2011-14.</p> <p>There are some references to additional plans and strategies, including the Looked After Strategy 2013-15, the SEND Improvement and Integration Strategy, and the CYPS Post-Inspection Action Plan.</p> <p>Each statement in this column has a number in brackets at the beginning. This number refers back to the success criterion (presented in the column to the left of this one) to which the statement refers.</p> <p>It is expected that further work will be required to refine and finalise the content of this column</p>

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Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success.
<p>1. Rurality</p> <p>Rurality leads to challenges in delivering services efficiently in remote rural areas. Access to services can be a challenge for some communities, service providers need to think creatively about rural solutions thus reducing further the need for transport. The isolation people can experience from living in rural locations can impact on their emotional wellbeing and mental health. Lack of readily available community support and services can reduce vulnerable people's opportunities to live safely in their own homes.</p> <p>Our rurality also means we have many opportunities within our countryside to improve the health and well-being of our community</p>	<p>Healthy and sustainable communities. Emotional health and wellbeing.</p> <p>Social isolation and its impact on mental and wider aspects of people's health.</p> <p>Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities.</p> <p>Improving the availability of more affordable housing that is appropriate to people's needs.</p> <p>Maximising opportunities for local economic and job development, including the continued development of a more sustainable transport system.</p> <p>Development of a North Yorkshire & York Local Nature Partnership Strategy which sets out how we will conserve and enhance our natural assets and utilise them to maximum effect to enhance the health and well-being of our communities.</p>	<p>Improved access to services for people in rural areas for example by enabling more local communities to manage their own support systems.(1)</p> <p>Improved rural employment opportunities.(2)</p> <p>Improved access to leisure activities for people in rural areas. (3)</p> <p>Improved availability of appropriate and affordable housing (4)</p> <p>A reduction in the number of socially isolated vulnerable people.</p> <p>Improved communications (e.g. broadband) infrastructure for both business and private premises.</p> <p>The work of the North Yorkshire & York Local Nature Partnership will provide increased access to natural areas for outdoor recreation and conservation volunteering opportunities allowing people to be healthy and play an active role in maintaining our areas of natural beauty</p>	<p>(1) CYPP GS 1.3: Strengthen the network of opportunities for learning through well-planned provision or co-ordination</p> <p>(2) CYPP ES 2.1: Develop multi-agency support to help all families engage in training and employment</p> <p>(3) CYPP PC1.2: Protect and promote opportunities for outdoor education, arts and culture</p> <p>(4) CYPP ES 1.4: Secure consistent and equitable provision of accommodation for vulnerable young people [also CYPP Focus Area 3: Teenagers with Multiple Vulnerabilities]</p>

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Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success.
<p>2. An Ageing Population</p> <p>Over the next 10 years and beyond, we will continue to see a substantial increase in the elderly population, and in the prevalence of age related conditions including obesity, diabetes, stroke and dementia and other long-term conditions. There is a huge challenge to find new ways of adequately meeting the resulting care and support needs of much higher numbers of very elderly people in the county.</p>	<p>Healthy and sustainable communities</p> <p>People with long-term conditions.</p> <p>Emotional health and wellbeing.</p> <p>People living with deprivation.</p> <p>Social isolation and its impact on mental and wider aspects of people's health.</p> <p>Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities.</p> <p>Ensure services are rapidly developed, placing emphasis on integrated interventions which reduce unnecessary hospital admissions for people with long-term conditions and give improved outcomes.</p> <p>Improving the availability of more affordable housing that is appropriate to people's needs.</p>	<p>A reduction in the number of socially isolated vulnerable people and the development of local strategies to tackle this issue.</p> <p>The number of people living in poor quality or inappropriate housing is reduced (1)</p> <p>Reduction in the number of people living in fuel poverty.</p> <p>Increase in the number of people volunteering to help support their local community</p> <p>Increase in the number of people being helped by the voluntary sector.</p> <p>More children, young people and other vulnerable groups are kept safe and protected from harm.(2)</p> <p>Improved support for people with LTCs: reduction in the number of emergency hospital admissions.</p> <p>Improved knowledge and understanding of the assets available from within local communities by both health and social care agencies and communities themselves.</p> <p>More services being developed and provided in partnership (3)</p>	<p>(1) CYPP ES 1.4: Secure consistent and equitable provision of accommodation for vulnerable young people [also CYPP Focus Area 3: Teenagers with Multiple Vulnerabilities]. This work will result in fewer young people presenting as homeless or living in unsuitable accommodation.</p> <p>(2) on keeping children and young people safe and protected from harm see the numerous references to (5) in the section below on Challenger 3 'Deprivation and Wider Determinates of Health.'</p> <p>(3) CYPP SF 1.2: Embed integration to improve services for users, impact and efficiency. See the section on Challenge 4 'Financial Pressures' for more information on integration of services.</p>

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Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success.
<p>3. Deprivation and wider determinates of health</p> <p>The health of people within North Yorkshire is generally good compared to other parts of England. However, there is a gap in life expectancy between the least and most deprived communities across North Yorkshire of around 6.3 years for men and 4.6 years for women. Within some districts, the gap is nearly 10 years. Across the life course, deprivation can affect people at every life stage, including child poverty, inequitable educational attainment, fuel poverty and social isolation</p> <p>(page 1 of 3)</p>	<p>Ill Health Prevention.</p> <p>Healthy and sustainable communities.</p> <p>Children and young people.</p> <p>Emotional health and wellbeing.</p> <p>People living with deprivation.</p> <p>Make a concerted multi-agency approach to identify and develop integrated solutions for children and families who are vulnerable to poverty, have high and complex needs or are in challenging situations.</p> <p>Social isolation and its impact on mental and wider aspects of people's health.</p> <p>Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities. Health, social care and other organisations should develop their knowledge of what community assets exist in their area and how they can be better used and developed.</p> <p>Maximising opportunities for local economic and job development, including the continued development of a more sustainable transport system to meet the social and economic needs of local communities and safeguard the environment.</p>	<p>Reduction in the number of people living in fuel poverty.</p> <p>Investment and services are provided to communities and people in the most need of health and social care. (1)</p> <p>All public agencies have the reduction of health inequalities embedded in their decision making processes.</p> <p>More children and young people are helped to make positive choices for personal responsibility. (2)</p> <p>Increase in the overall employment rate, reduced unemployment rate. (3)</p> <p>Reduction in the number and proportions of children in poverty. (4)</p> <p>More children, young people and other vulnerable groups are kept safe and protected from harm. (5)</p> <p>Reduction in the gap in life expectancy between different areas of the county.</p> <p>Reduction in the variations in educational attainment believed to result from family circumstances. (6)</p> <p>The proportion of children and young people not in education, employment, or training (NEET) is reduced. (7)</p> <p>Maximising the opportunities afforded by greater access to broadband across our county.</p> <p>Support and encourage the development of social enterprise approaches to community support and</p>	<p>(1) CYPP HL 2.1: Secure integration with new community health providers for best outcomes</p> <p>(1) CYPP SS 2.1: Reduce numbers of LAC by building capacity around best practice for family interventions which work.</p> <p>(1) CYPP SS 2.2: Reduce the incidence of family breakdown through effective, rapid response work and outreach services.</p> <p>(1) CYPP PC 2.3: Improve integration and impact for families with Level 3 needs [also CYPP Focus Areas 5B: support families with Level 3 needs]</p> <p>(1) CYPP PC 2.2: Integrated early help improves parents' ability to meet children's needs and is value for money [also CYPP Focus Area 5A: integrate early help for families.]</p> <p>(1) CYPP Focus Areas 5C: support families with multiple and serious problems</p> <p>The combined result of the above actions will be that more families will be helped at an earlier stage, thereby reducing the number of children referred to children's social care, the number of child protection plans, and the number of looked after children.</p> <p>(1) CYPP Focus Area 2: Special Educational Needs and Disability, including the SEND Improvement and Integration Strategy. Specific</p>

<p>3. Deprivation and wider determinates of health</p> <p>(page 2 of 3)</p>	<p>Improving the availability of more affordable housing that is appropriate to people's needs.</p>	<p>the maintenance of our natural assets.</p> <p>Lead partner agencies to ensure their contracts support at least a minimum wage standard and encourage access to employment by vulnerable people through such approaches as innovation funds and contracting for outcomes.</p> <p>Enabling the provision of more affordable homes.</p> <p>Maintaining and improving existing housing stock.</p> <p>Improving access to housing services.</p> <p>Reduction in the rate of adult and young people homelessness (8)</p>	<p>outcomes will include:</p> <ul style="list-style-type: none"> • Joint commissioning of health services for children and young people with an Education, Health and Care Plan (e.g. speech, language and communication needs). • Publication of the Local Offer of what help is available locally for children and young people and their families. • At least 165 SEN statements 'converted' to EHC Plans by August 2014. Integrated assessments and EHC Plans introduced from September 2014. • Personal budgets available for education, health and care services, for those with an EHC Plan. Direct Payments enabled where requested. • An integrated Transitions process and service. <p>(2) CYPP PC 1.1: Young people are active in service, school and community decisions</p> <p>(2) CYPP PC 1.4: Ensure young people have access to quality youth services and targeted support</p> <p>(2) PC 1.5 Reduce offending and re-offending</p> <p>(2) NY Looked After Strategy 2013-15, Priority 8: leaving care provision; Priority 5: transition to adulthood.</p> <p>(3) CYPP ES 2.1: Develop multi-agency support to help all families engage in training and employment</p>
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<p>3. Deprivation and wider determinates of health</p> <p>(page 3 of 4)</p>			<p>(3) and (7) CYPP ES 1.1: Prepare children and young people to continue to participate in learning and succeed in working life</p> <p>(3) NY Looked After Strategy 2013-15, Priority 9: care leaver engagement in education, training and employment</p> <p>(4) CYPP ES 2.2: Develop a multi-agency child poverty strategy</p> <p>(5) CYPP SS 1.1: Provide safe environments for all children and young people</p> <p>(5) CYPP SS 1.2: Reduce the impact of domestic abuse on children and young people</p> <p>(5) CYPP SS 1.3: Ensure safeguarding issues for those with SEND are covered well</p> <p>(5) CYPP SS 1.4: Embed further improvements in performance, practice and systems in relation to contact, referral and assessment for Children In Need and for child protection [also see Post-Inspection Action Plan]</p> <p>(5) NY Looked After Strategy 2013-15, Priority 1: stable homes and placements; Priority 7: safe and secure accommodation</p> <p>(6) CYPP GS 2.1: Help maximise achievement for all and close the attainment gaps for vulnerable groups through targeted support</p> <p>(6) CYPP GS 2.2: Help schools and settings to improve access and provision for all pupils</p> <p>(6) NY Looked After Strategy 2013-15,</p>
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			<p>Priority 3: improve educational achievement of looked after children and young people.</p> <p>(7) and (3) CYPP ES 1.1: Prepare children and young people to continue to participate in learning and succeed in working life</p> <p>(7) CYPP ES1.2: Ensure a wide range of 14-19 learning opportunities with strong progression routes</p> <p>(7) CYPP ES 1.3: Provide support to young people who are NEET or at risk of becoming NEET</p> <p>(8) CYPP ES 1.4: Secure consistent and equitable provision of accommodation for vulnerable young people [also CYPP Focus Area 3: Teenagers with Multiple Vulnerabilities]</p>
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Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success.
<p>4. Financial Pressures</p>	<p>Integrated commissioning maximising the use of the public purse.</p> <p>Integrated service provision which reduces duplication and adds value to people’s care pathways.</p> <p>Better support and management of long term-conditions which maximises the use of life enhancing technologies.</p> <p>A better balance between investment in acute support and community focussed early intervention and prevention strategies.</p>	<p>The health and social care economy delivering good quality timely support within a financially balanced system.(1)</p> <p>Evidence that there is a sustainable balanced investment in:</p> <ul style="list-style-type: none"> • early interventions aimed at reducing the need for statutory intervention; (2) • a robust integrated rapid short term response system geared to quickly return people to an acceptable level of health and well-being; (3) and • a financially sustainable acute care response geared to returning people to their appropriate community setting 	<p>(1) CYPP SF 1.1: Delivering the CYPS Savings and Transformation Strategy successfully and CYPP SS 1.5: Ensure the CYPS Savings and Transformation Strategy protects capacity for safeguarding at all levels</p> <p>(2) CYPP PC 2.2: Integrated early help improves parents’ ability to meet children’s needs and is value for money and CYPP Focus Area 5A: Integrate early help for families.</p> <p>(2) CYPP Focus Area 5B: Support families with Level 3 (targeted prevention) needs</p> <p>(2) CYPP SS 2.1: Reduce numbers of LAC by building capacity around best practice for family interventions which work.</p> <p>(3) CYPP SF 1.2: Embed integration to improve services for users, impact and efficiency</p> <p>(3) CYPP SS 2.2: Reduce the incidence of family breakdown through effective, rapid response work and outreach services</p> <p>The combined result of (2) and (3) above will be that more families receive effective early help that prevents their problems from escalating to higher levels of need</p>

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Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success.
<p>5. Killer diseases</p> <p>Circulatory disease (including heart disease and stroke) and cancers account for the greatest proportion of deaths within North Yorkshire. Cancers are the most common cause of death under the age of 75 years.</p> <p>There are particular challenges for certain conditions due to increasing age (e.g. dementia and stroke) or change in projected prevalence (e.g. obesity and diabetes). Across all age groups, there is a need to establish joined-up care pathways making best use of community support.</p>	<p>Ill Health Prevention.</p> <p>Children and young people.</p> <p>People living with deprivation.</p> <p>Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities.</p> <p>Ensure services are rapidly developed placing emphasis on integrated interventions which reduce unnecessary hospital admissions for people with long-term conditions and give improved outcomes.</p> <p>Encourage positive lifestyle behaviour changes.</p>	<p>Reduction in the instances of “killer” diseases.</p> <p>Improvements in life expectancy for people with chronic/LTC.</p> <p>Reduction in emergency admissions for people with LTC.</p> <p>Increase in the number of people of all ages choosing to adopt healthier lifestyles (reduced smoking, alcohol consumption, lower obesity, etc.). (1)</p>	<p>(1) CYPP HL 1.1: Promote healthy weight, healthy eating, and active lives. Roll-out of the Making Every Contact Count scheme will increase the skills of frontline staff to deliver advice and interventions around healthy lifestyles. Partnership work with district councils to develop community initiatives to promote physical activity and healthy eating, and services to address children identified as being of an unhealthy weight via the NCMP.</p> <p>(1) CYPP HL 1.2: Support new parents for a confident start in family life [e.g. breastfeeding support, smoking cessation during pregnancy]. Specific projects include work with children’s centres to increase breastfeeding duration and Healthy Start uptake, and multiagency work in Scarborough to address smoking in pregnancy rates.</p> <p>(1) CYPP HL 1.4: Improve sexual health of young people [also CYPP Focus Area 4: Tackling Risky Behaviours]. Specific actions include a review and re-commissioning of sexual health services for young people</p> <p>(1) CYPP HL 1.5: Reduce alcohol and substance misuse [also CYPP Focus Area 4: Tackling Risky Behaviours]</p> <p>(1) CYPP HL 1.6: Keep focus on acute and additional health care priorities</p>

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			<p>(1) CYPP HL 2.1: Secure integration with new community health providers for best outcomes</p> <p>(1) CYPP HL 2.2: Maintain a strong public health programme for children and young people as a positive start to public health changes</p> <p>(1) NY Looked After Strategy 2013-15, Priority 2: health needs and access to appropriate health services (see also CYPP SS 2.3 Improve the Lives of Looked After Children, and CYPP Focus Area 1, Improving Outcomes for Looked After Children)</p>
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Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success.
<p>6. Emotional and mental wellbeing</p> <p>Emotional and mental wellbeing is important across all age groups. Mental health is not just the absence of mental disorder. It is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.</p> <p>Physical health and mental health are strongly linked. Dealing with pain or a long-term condition can impact on one's mental health and sense of wellbeing. People with persistent mental health problems often have a long-term physical complaint. Some communities and those who are lonely and isolated are at increased risk of mental ill-health.</p> <p>So the challenge in North Yorkshire is to give attention to develop sustainable, cohesive and connected communities; have safe places for children to engage in positive activities; reduce crime and anti-social behaviour; support more people to reduce their dependencies on substance misuse and tackle domestic violence as all having their part to play in improving emotional health and well-being</p>	<p>Develop the culture within our North Yorkshire communities to enable everyone to aspire to a positive sense of emotional health well-being.</p> <p>In partnership to help people to better understand the connection between mental health and physical health and promote improvement through our public health agenda work.</p> <p>Shifting the focus of service provision to one where the performance focus is on the numbers of people who have recovered and the number of people positively reporting on their experience of care and support.</p> <p>Partners collectively agreeing a joint strategy addressing domestic violence.</p> <p>Develop and test innovative approaches to reducing loneliness and isolation</p>	<p>More people have better mental health.(1)</p> <p>More people with mental illness or who are substance-dependent will recover.</p> <p>People with mental health needs will have improved physical health.</p> <p>More people have a positive experience of care and support.</p> <p>Fewer people suffer avoidable harm.</p> <p>Fewer people experience stigma and discrimination.</p> <p>More local investment in schemes with a focus on reducing isolation and loneliness can demonstrate evidence of improved outcomes for people.</p> <p>People who use services say that those services have made them feel safe and secure.</p> <p>An increase in the number of people who feel they have more control over their service as a result of receiving self-directed support.</p> <p>People in contact with secondary mental health services have improved opportunities to access paid employment.</p> <p>People with mental illness have equal opportunity to live independently in settled accommodation with or without support. (2)</p>	<p>(1) CYPP HL 1.3: Support and promote good mental and emotional health. The specific CYPP HL 1.3 actions are:</p> <ul style="list-style-type: none"> • Engage with commissioning changes to achieve mental and emotional health services that provide a comprehensive CAMHS offer across each level of need • Jointly evaluate CAMHS commissioned services to improve integration, prevention and targeting • Work with health colleagues to improve transitions for young people moving from CAMHS to adult mental health services • Achieve greater integration across emotional and mental health services, social care and health visiting • Better identify parents or those in caring roles with mental health issues to enable appropriate support <p>In addition, the CYPP includes other actions around mental health and well-being, including:</p> <p>(1) CYPP GS 2.5: Support schools and settings in ensuring that children and young people grow up happy and healthy in safe communities.</p> <p>(1) NY Looked After Strategy 2013-15, Priority 11: psychological and therapeutic support, including timely</p>

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<p>6. Emotional and mental wellbeing (page 2 of 2)</p>		<p>People of all ages know they have a safe haven to go to if they feel under threat (3)</p> <p>People who use services and their carers find it easy to find information about services. (4)</p>	<p>access to CAMHS where required. Priority 10: grow confidence and self-esteem</p> <p>(2) CYPP ES 1.4: Secure consistent and equitable provision of accommodation for vulnerable young people [also CYPP Focus Area 3: Teenagers with Multiple Vulnerabilities]</p> <p>(3) CYPP SS 1.1: Provide safe environments for all children and young people</p> <p>(4) CYPP PC2.1: Parents have access to good information, advice and guidance</p> <p>(4) CYPP PC 1.3: Young people retain high quality information, advice and guidance</p>
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Better health outcomes for children and young people

Our pledge



“The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood.”

(Marmot)

Children and young people growing up in England today are healthier than they ever have been before. Health care and social changes have had dramatic impacts. Previously common killer diseases are now rare. More children with serious illnesses and disabilities are surviving into adulthood and the infant mortality rate has fallen to less than a quarter of what it was at the beginning of the 1960s.

But international comparisons and worrying long-term trends demonstrate there is room for improvement, with poor health outcomes for too many children and young people compared with other countries. A smaller group of more vulnerable children – such as looked after children – suffer much worse outcomes. The variation in outcomes and quality of healthcare for children and young people is unacceptable. The clear evidence that pregnancy and the earliest years are critical to the future health and wellbeing of children and adults and that evidence-based early interventions can have significant positive impacts does not always inform how services are commissioned.

The need for improvement is not new; numerous reports have highlighted the issues. Individual initiatives have led to improvements in specific areas, but have not resulted in the system wide changes required to improve outcomes. What is new is the opportunity to ensure the focus on outcomes in the new health and care system includes children and young people clearly and explicitly, from conception through to adulthood.

We are committed to improving the health outcomes of our children and young people so that they become amongst the best in the world.

System-wide change is required to achieve this and each part of the system, at each level, has a vital contribution to make. To this end we pledge to work in partnership, both locally and nationally, with children, young people and their families.

Our shared ambitions are that:

- 1 Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.
- 2 Services, from pregnancy through to adolescence and beyond, will be high quality, evidence based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce.
- 3 Good mental and physical health and early interventions, including for children and young people with long term conditions, will be of equal importance to caring for those who become acutely unwell.
- 4 Services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life.
- 5 There will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people.

We all have a part to play in promoting the importance of the health of our children and young people.

Through our joint commitment and efforts we are determined to:

- **reduce child deaths** through evidence based public health measures and by providing the right care at the right time;
- **prevent ill health for children and young people and improve their opportunities for better long-term health** by supporting families to look after their children, when they need it, and helping children and young people and their families to prioritise healthy behaviour;
- **improve the mental health of our children and young people** by promoting resilience and mental wellbeing and providing early and effective evidence based treatment for those who need it;
- **support and protect the most vulnerable** by focusing on the social determinants of health and providing better support to the groups that have the worst health **outcomes**;
- **provide better care for children and young people with long term conditions and disability** and increase life expectancy of those with life limiting conditions.

Because

- the all-cause mortality rate for children aged 0 – 14 years has moved from the average to amongst the worst in Europe¹
- 26% of children's deaths showed 'identifiable failure in the child's direct care'²
- more than 8 out of 10 adults who have ever smoked regularly started before 19³
- more than 30% of 2 to 15 year olds are overweight or obese⁴
- half of life time mental illness starts by the age of 14⁵
- nearly half of looked after children have a mental health disorder and two thirds have at least one physical health complaint⁶
- about 75% of hospital admissions of children with asthma could have been prevented in primary care⁷

Building momentum

At national level a new **Children and Young People's Health Outcomes Board**, led by the Chief Medical Officer, will bring together key system leaders in child health to provide a sustained focus and scrutiny on improving outcomes across the whole child health system.

A new **Children and Young People's Health Outcomes Forum** will provide both ongoing expertise in child health and offer constructive challenge to the next phase of this work. The Forum will hold an annual summit involving the CMO to monitor progress on child health outcomes and make recommendations for their improvement.

The Children and Young People's Health Outcomes Forum report and system response can be found at <http://www.dh.gov.uk/health/2012/07/cyp-report/>

For the very first time, everyone across the health and care system is determined to play their part in improving health outcomes for children and young people.

¹ Wolfe I, Cass H, Thompson MJ et al. Improving child health services in the UK: insights from Europe and their implications for the NHS reforms. *BMJ* 2011; 342:d1277

² CEMACH report 2008

³ Healthy Lives, Healthy People – our strategy for public health in England. Department of Health (2010)

⁴ Health Survey for England 2010

⁵ Kessler R, Angermeyer M, Anthony J et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry* 2007 Oct; 6(3):168-76

⁶ DfE Outcomes for children looked after as at 31 March 2012

⁷ Asthma UK. Wish you were here – England (2008).

Disabled Children's Charter for Health and Wellbeing Boards

The **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by Date

Position: **Chair of Health and Wellbeing Board.**

For guidance on meeting these commitments, please read the accompanying document: [Why sign the Charter?](#)

**every disabled
child matters**

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk


**The
Children's Trust
Tadworth**
For children with multiple disabilities