

Securing the Future and Wellbeing of Birmingham's Children and Young People

19 January 2012

Clr Sue Anderson
Cabinet Member Adults and Communities
Third Sector Champion
Chair Shadow Health & Wellbeing Board

Health and Social Care Bill

- Strengthening commissioning of NHS services
- Increased democratic accountability and public voice
- Liberating provision of NHS services
- Strengthening public health services
- Reforming health and care arm's length bodies



Governments Direction

- Plethora of papers and guidance on health and social care.
- Bringing public health leadership into local government
- Increased role of Clinical Commissioning Groups
- Opportunity for better joined up working in areas not confined to PCT boundaries
- Clinicians working with elected members

Shadow Health and Wellbeing Board

- Strong democratic accountability in health services and commissioning
- Driving forward Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies
- Pulling together key players and providing strategic leadership

Taking hold of opportunities

- In Birmingham we have cross political support for the changes
- Changes are big and provide many challenges as well as opportunities
- Overlap of agenda – Health, Social Care, Adults and Childrens service
- Focus on outcomes and development of common service pathways

THANK YOU

Clr Sue Anderson

Cabinet Member for Adults and Communities

Third Sector Champion

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Changing Children's Services - Improving Safeguarding

Health Summit – January 2012



A Reminder: Birmingham – long standing difficulties

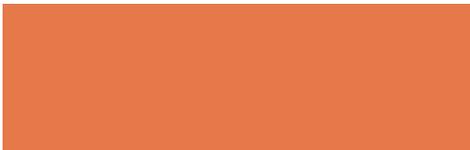
- Previous improvement notice – focus on key indicators.
- Messages from Serious Case Reviews.
- Ofsted Inspections – misguided optimism following unannounced inspection in 2009.
- Initial response to the issues raised in the July 2010 inspection of safeguarding and looked after children's services.
- September 2010 – Improvement Notice and Improvement Board.
- October 2011 – Unannounced Inspection and refreshed Improvement Notice
- Lack of support for children with additional need not meeting threshold for social care.
- Key issues: Inconsistency of response, of decision making, of standards, of quality.
- Emerging issues in relation to schools, standards and rate of progress particularly with Primary Schools.





Safeguarding Children is Complex – key strategic issues

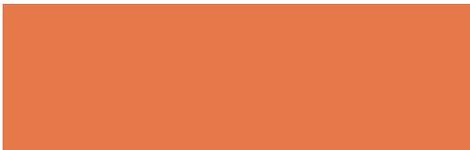
- **Service Development:** new model in place, 800 staff interviewed, 16 Integrated Family Support teams, 4 Integrated Access Teams in place, new model of social care provision. Focus on areas and localities
- **Partnerships and Integration:** changing children's services steering group, new chair of Safeguarding Children Board, pilot Police/social care/ health joint service, schools' contribution to IFSTs.
- **Workforce Development:** communication and culture, social work academy launch on 10th October.
- **Scrutiny:** Improvement Board positive re better information, reported to Scrutiny committee and Leader's Taskforce.
- **Commissioning:** opportunity of Health and Well-being Board.





2012 and Beyond

- The Improvement Notice belongs to all of us as does the response
- Safeguarding children and improving their well-being **is** a partnership activity
- Need is considerable
- Shrinking budgets require us to plan, commission and deliver together....we need to be greater than the sum of our parts
- Safeguarding is complex, families have complicated and varied needs – our collective response needs to recognise and respond to that complexity



Public Health Transition – the new partnership

Nicola Benghe

Director of Public Health

Birmingham and Solihull NHS Cluster

January 19th

Healthy Lives; Healthy People

**The mission is to protect and improve the public's health,
improving the health of the poorest, fastest**

- Reach out and reach across – addressing the root causes of poor health and wellbeing, reaching out to those who need the most support
- Representative – owned by communities and shaped by their needs
- Resourced – with ring-fenced funding and incentives to improve
- Rigorous – professionally-led, focused on evidence, efficient and effective
- Resilient – strengthening protection against current and future threats to health

Health and wellbeing throughout life

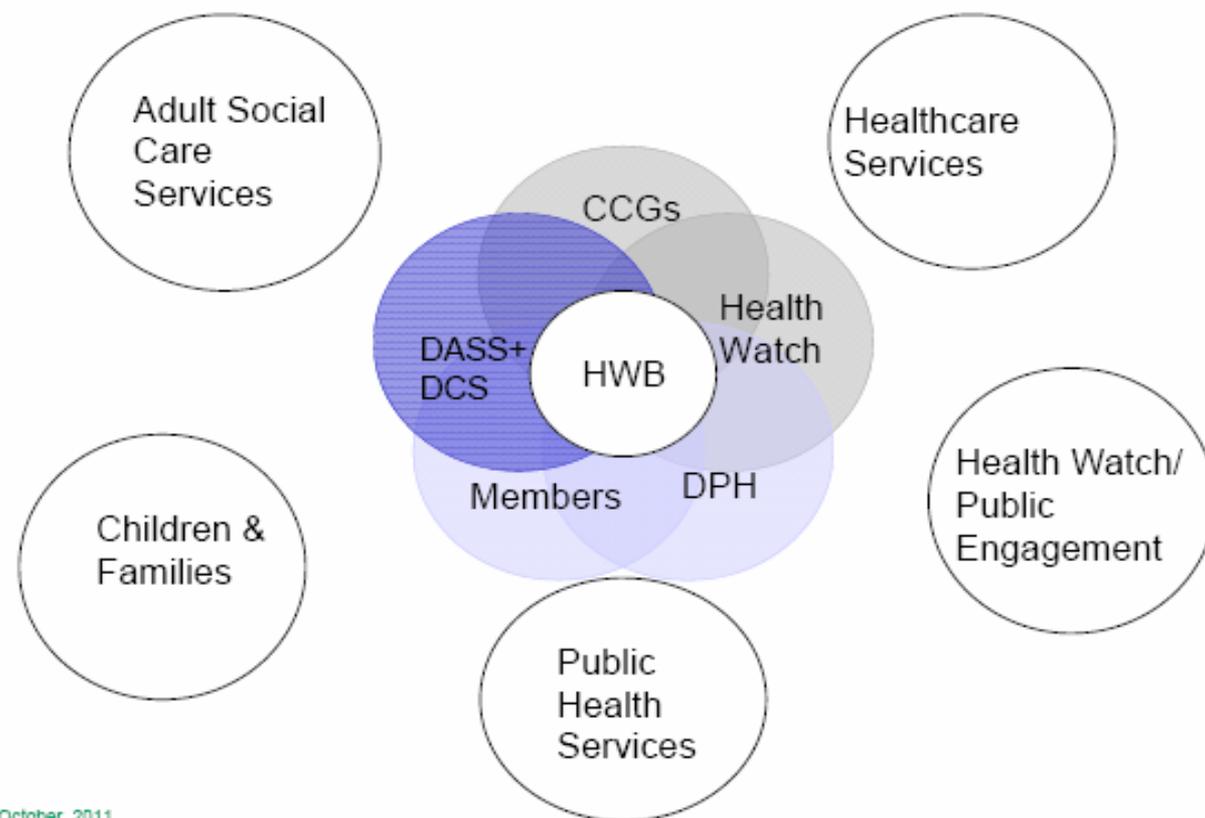
- **Starting well:** enabling good health in mothers before, during and after pregnancy and good parenting
- **Developing well:** encouraging healthy habits and avoiding harmful behaviours
- **Growing up well:** identifying, treating and preventing mental health problems and creating resilience and self-esteem
- **Living and working well:** choosing lifestyles and behaviours that influence health and productivity
- **Ageing well:** supporting resilience through social networks and activity and providing protection from preventable ill-health

Public Health Transition Programme

- Health and Wellbeing Board
- Community engagement and Health Watch
- Integrated Health & Well Being Strategy
- Refreshed JSNA and intelligence function
- Redesign and early transfer of functions
- Creation of LA based Public Health function
- Contract Alignment of commissioned services
- Public Health Offer – CCGs

The new partnership opportunity

- HWBB will undertake a Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy (JHWS)
- The JHWS will need to align with City wide commissioning plans of CCG, Public Health and Children's Services
- New opportunities for joint commissioning and integrated provision
- Collaborate on planning, commissioning, + integration and agreed outcomes



14 October, 2011

5

Starting Well-opportunities

- Develop integrated strategies that include maternity, public health services, children's services and the NHS
- Focus on evidence based prevention and early intervention
- Attract adequate resource and capacity to ensure best start in life
- Link local provision and strengthen the Healthy Child Programme 0-5 years – in accordance with need
- Increase Health Visitors and access to FNP
- Provide equitable health offer and parenting support working through and with Children's Centres
- Integrate and align service provision eg "Changing Children's Services"

Developing Well- opportunities

- Develop integrated strategies between public health services, children's services, schools and local communities
- Join up and strengthen the Healthy Child Programme 5-19 years
- Jointly commission tailored and targeted interventions for at risk groups
- Develop schools as health promoting environments supported by school nursing service
- Commission services and activities to assist families to support healthy weight

Joint Commissioning-opportunities

- Needs assessments and service modelling
- Looked after Children
- Children with Disabilities
- Children's emotional health & well being
- Speech, language and communication
- Early Years
- Teenage Pregnancy, Substance misuse & alcohol
- Complex needs



An Opportunity to Improve Outcomes

Peter Spilsbury

Director of Commissioning Development
Birmingham & Solihull NHS Cluster



NHS Commissioning Context

- **Economic context (QIPP)**
- **Outcome focus**
- **Integration and joint leadership**
- **A shared model - "from reaction to prediction"**
- **Agreeing contract position on quality and finance with providers**
- **Preparing CCGs for taking accountability for delivery (Inc transition plan)**

Opportunities

- **Developing arrangements for aligned planning and investment around agreed outcomes.**
 - Infant Mortality
 - Early years
 - Children in care and care leavers
 - Safeguarding and child protection
 - Substance Misuse

Opportunities (cont'd)

- **Developing arrangements for aligned planning and investment around agreed outcomes.**
 - Teenage Conception
 - Mental well being (CAMHS).
 - Children with complex health and disability needs
 - Joint Equipment Store
 - Short Breaks
 - Assessment and meeting need

Joint Strategic Delivery Group

- **Lead the development of whole system approaches to need – integrating activity across Health, Social Care and Housing for families, facilitating communication and promoting joint working. (JDSDG TOR)**
- **Reflected in membership breadth and seniority.**
- **Shared ambition – make the most of this opportunity.**
- **Expect to be challenged / be prepared to be challenged - if not outcomes focussed and not joined up**

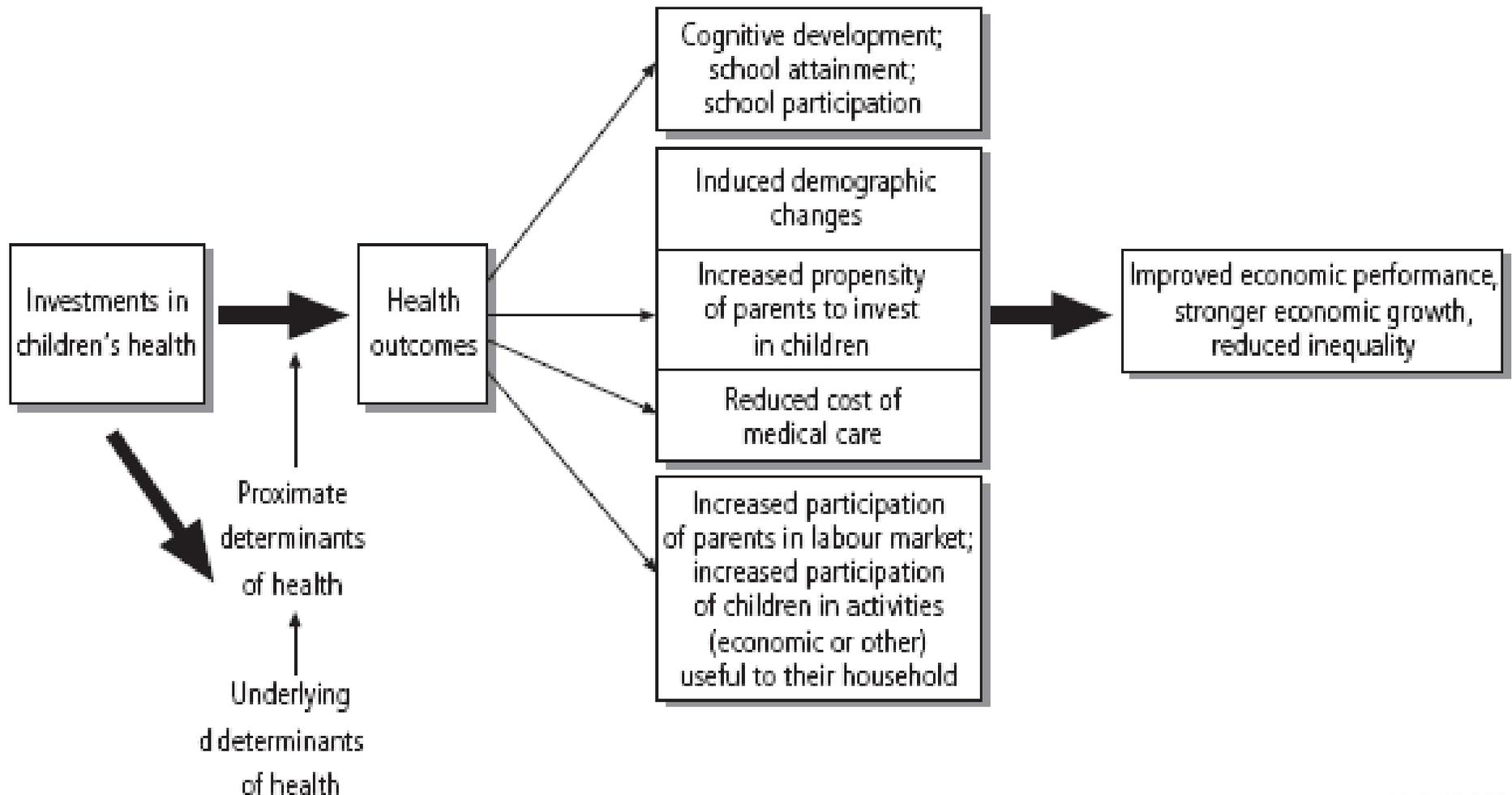
Childrens' Health and Wellbeing: Some Key Themes

Jim McManus
Joint Director of Public Health

Childrens Health Summit, Jan 19 2012

WHO Conceptual Model

Fig. 1. Channels through which child health interventions affect the economy



Birmingham Child Population

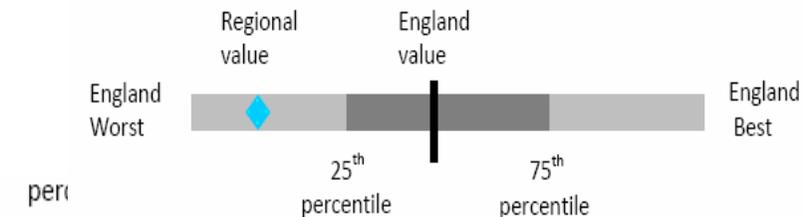
- estimated 388,415 people aged 0-24.
- projected to increase by 2% to 397,794 by 2016 and by 6% to 411,709 people by 2021
- population growth is projected greatest in 5-9 and 10-14 age bands – both estimated to grow by 22% to 2021
- 2,100 LAC (40 – 70% with MH issues)

Some Emerging Trends

- CYP Population Δ
- 5-14 age bands Δ
- 15-19 age bands ∇ (1%)
- 20-24 age bands ∇ (11%)
- 5-19 with emotional/conduct/hyperkinetic Δ (20%)
- Depression 5-16, Δ (20%)

Marmot Indicators

- Significantly better than England value
- Not significantly different from England value
- Significantly worse than England value



Birmingham

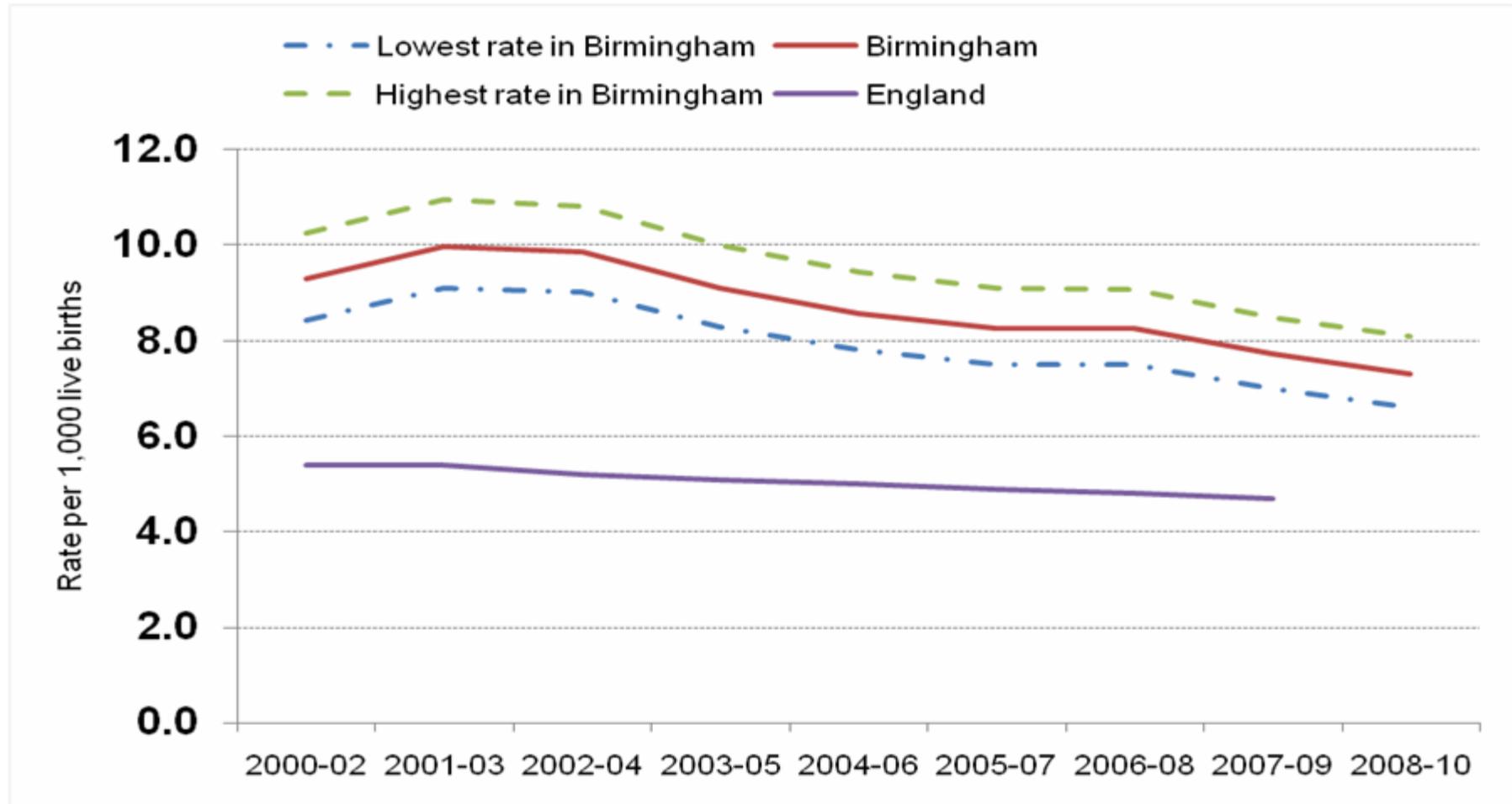
Indicator	Local Authority Value	Regional Value	England Value	England Worst	Range	England Best
Health outcomes						
Males						
1 Male life expectancy at birth (years)	76.4	77.5	78.3	73.7		84.4
2 Inequality in male life expectancy (years)	10.3	8.7	8.8	16.6		2.7
3 Inequality in male disability-free life expectancy (years)	14.5	11.3	10.9	20.0		1.8
Females						
4 Female life expectancy at birth (years)	81.3	81.9	82.3	79.1		89.0
5 Inequality in female life expectancy (years)	5.6	5.8	5.9	11.5		1.8
6 Inequality in female disability-free life expectancy (years)	13.7	9.2	9.2	17.1		1.3
Social determinants						
7 Children achieving a good level of development at age 5 (%)	55.3	56.4	55.7	41.9		69.3
8 Young people not in employment, education or training (NEET) (%)	8.1	7.2	7.0	13.8		2.6
9 People in households in receipt of means-tested benefits (%)	28.7	17.9	15.5	41.1		5.1
10 Inequality in people in receipt of means-tested benefits (% points)	56.7	37.9	30.6	61.3		2.9

Infant Mortality

Infant Mortality 3 Year rolling average 2000 to 2010 in Birmingham									
			2002	2003	2004	2005	2006	2007	2008
	2000-02	2001-03	- 0 4	2003- 0 5	- 0 6	- 0 7	- 0 8	- 0 9	- 1 0
Lowest rate in Birmingham	8.4	9.1	9.0	8.3	7.8	7.5	7.5	7.0	6.6
Birmingham	9.3	10.0	9.9	9.1	8.6	8.3	8.2	7.7	7.3
England	5.4	5.4	5.2	5.1	5.0	4.9	4.8	4.7	
Highest rate in Birmingham	10.2	10.9	10.8	10.0	9.4	9.1	9.1	8.5	8.1

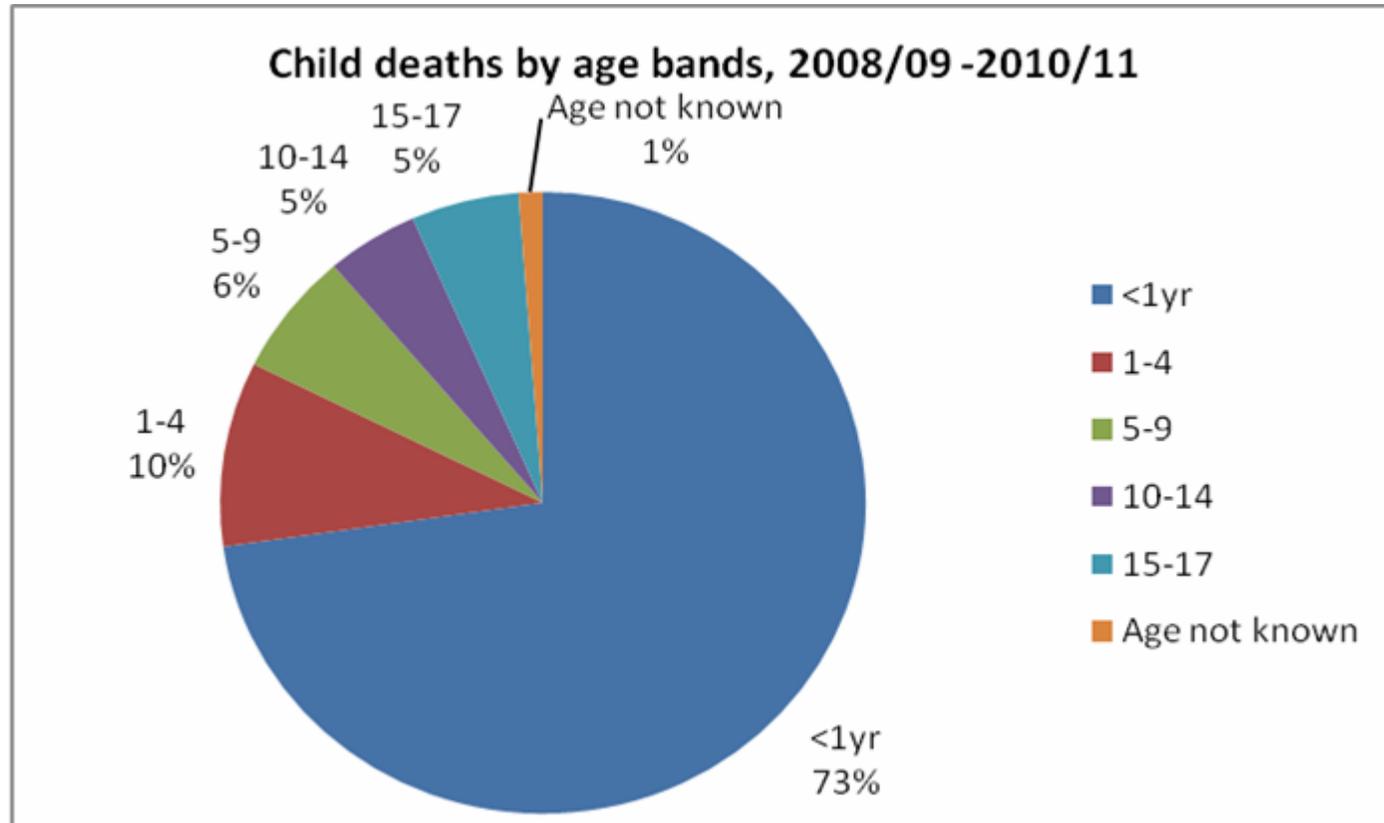
Infant Mortality

Death Rate per 1,000 live births in Birmingham and England, 2000-2010.



Child Death by Age Band

Source: Child Death Overview Panel Report



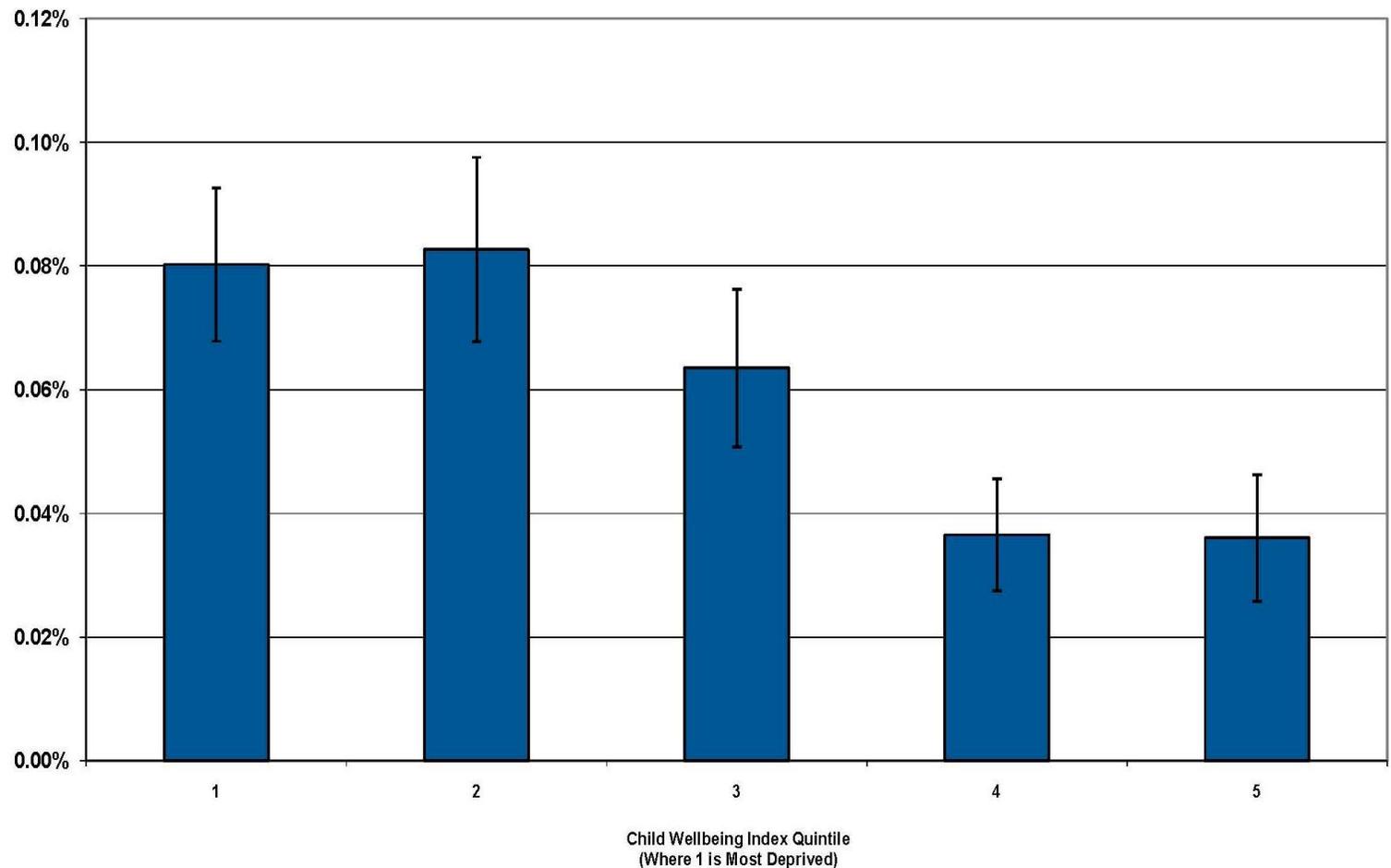
Of deaths in infants, 65% (238/363) occurred in the first 28 days of life, i.e. neonatal period.

Neonates made up almost half of all child deaths of all ages in Birmingham in 2008-2011 (238/499, 48%).

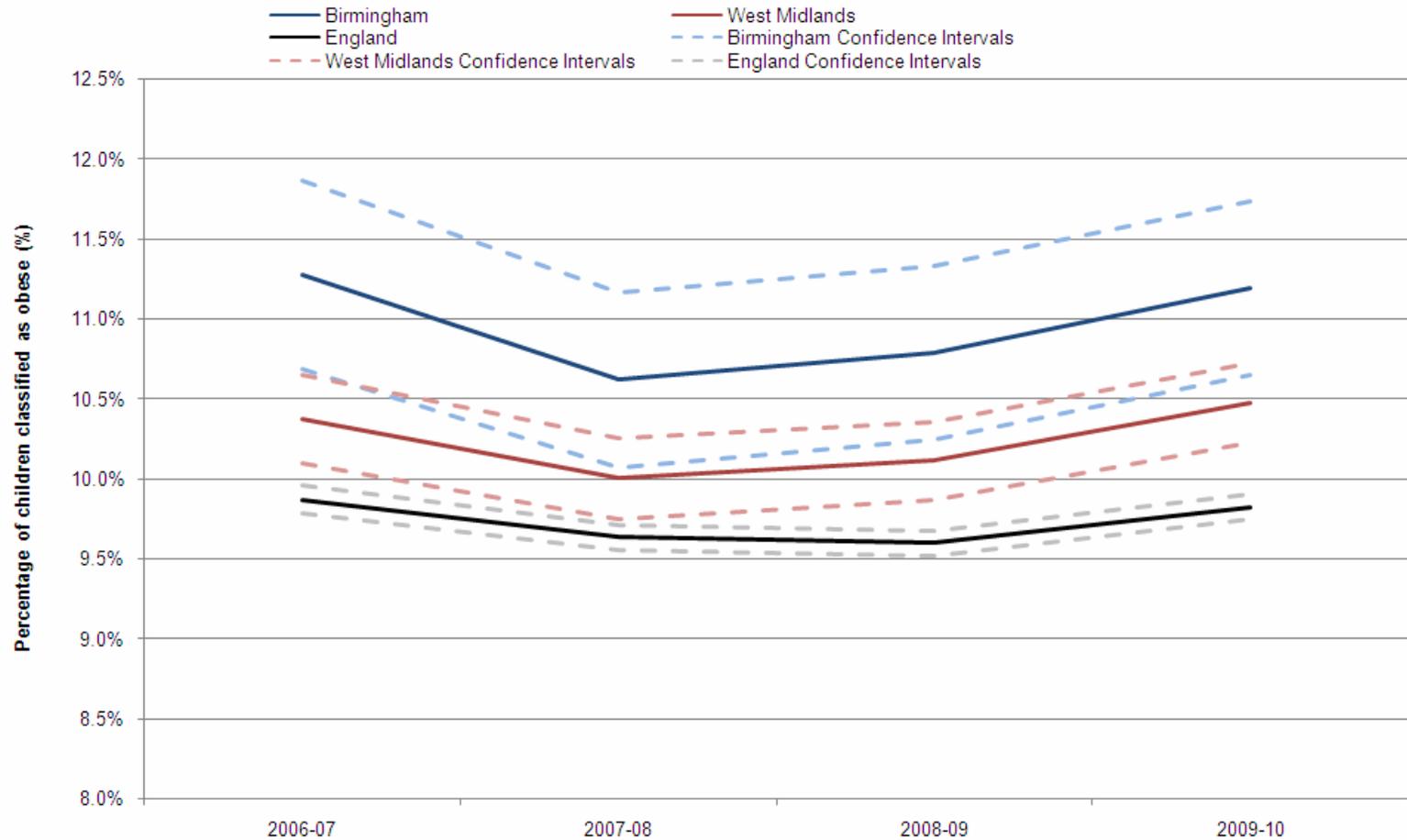
Child Death by Deprivation Quintile

Source: Child Death Overview Panel Report

Social Gradient for child death rates in Birmingham 2008/09 - 2010/11
by CWI Quintile 2008/09
Source: ONS

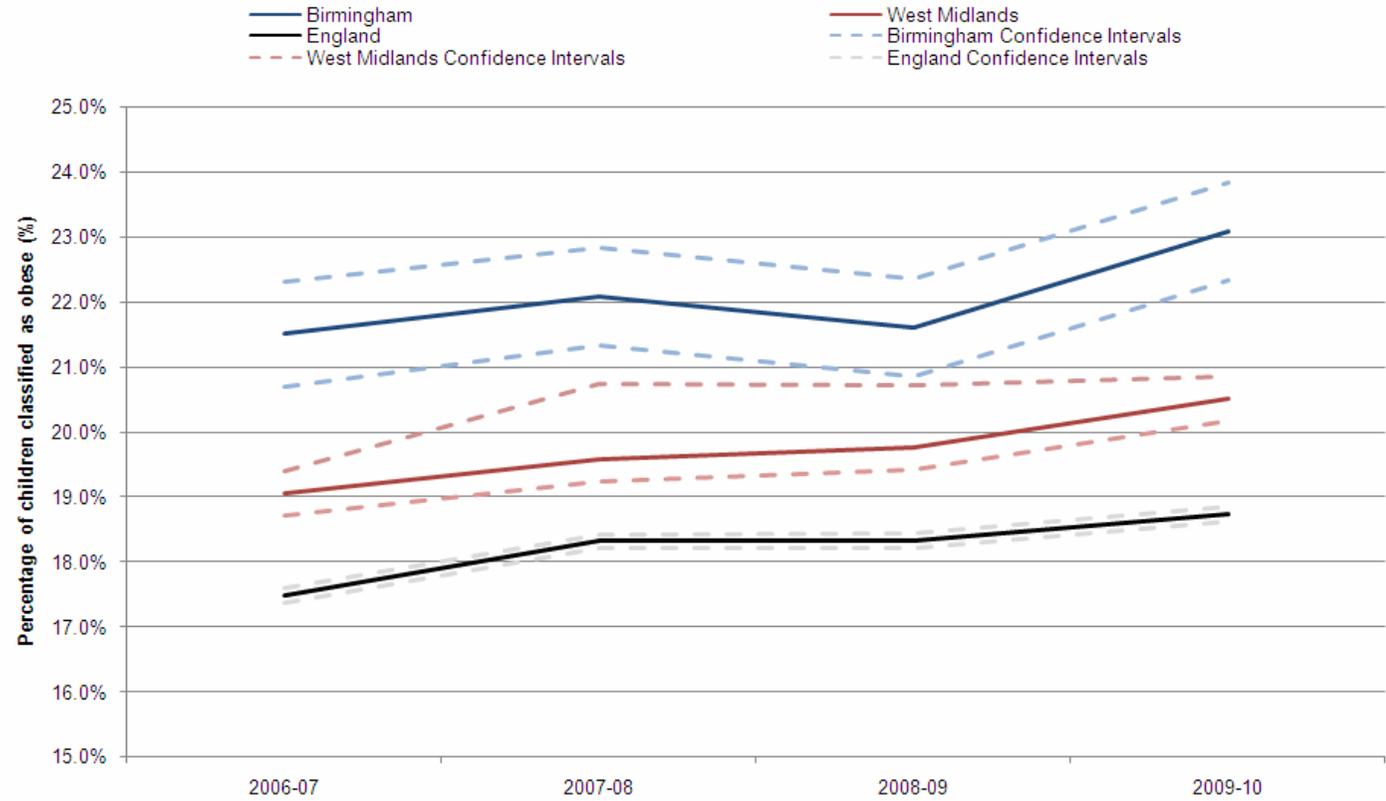


Reception Obesity Trend



Year	Birmingham	West Midlands	England
2006-07	11.3%	10.4%	9.9%
2007-08	10.6%	10.0%	9.6%
2008-09	10.8%	10.1%	9.6%
2009-10	11.2%	10.5%	9.8%

Year 6 Obesity Trend



Year	Birmingham	West Midlands	England
2006-07	21.5%	19.1%	17.5%
2007-08	22.1%	19.6%	18.3%
2008-09	21.6%	19.8%	18.3%
2009-10	23.1%	20.5%	18.7%

Key Issues in Child Health

1. Death in Childhood
2. Readiness for School
3. Resilience and Mental Health
4. Universal Offer for Health
5. Integrated Pathway for Early Identification of More complex needs
6. Transition Planning
7. Safeguarding



Health and Wellbeing Update

Alan Lotinga

Director of Health and Wellbeing



Ongoing Top Joint Priorities

- Whole System Change
 - **Joining up transformation eg Cluster frail elderly programme and integration generally**
 - **Prevention, early intervention, enablement**
 - **Community Based Budgets**
 - **Massive reorganisation**
 - **New structures, e.g. Health and Wellbeing Board**
 - **Transition of Public Health**

Ongoing Top Joint Priorities (cont'd)

- Efficiencies
 - **City Council £400m reduction 4 years + pressures beyond this**
 - **Judicial Review and lessons learned**
 - **NHS QIPP, £15-20bn nationally, £500m+ locally**
 - **Linkages and avoiding unintended consequences**

Ongoing Top Joint Priorities (cont'd)

- Health Inequalities – life expectancy; infant mortality; tobacco control; obesity; employment and health
- JSNA development and Health and Wellbeing Strategy
- Joint Commissioning – Section 75 pooled resources and activity
- Delayed Transfers of Care

Ongoing Top Joint Priorities (cont'd)

- Personal Health Budgets
- Children's Issues – supporting improvement plan and new approach (this Summit). More explicit joint work.
- Carers

Health and Wellbeing/Public Health

How we are organised now?

- **Cluster Board, Cluster Directors and supporting governance**
- **Local Authority/Public Health Transition**
 - led by BCC/Cluster Chief Executives personally
 - key mixture of setting up new arrangements and delivering the 'now'
- * **Shadow Health and Wellbeing Board**

National Update

- Health and Care Bill (June 2012 Act?) – to combine best from clinical/practitioner leadership in commissioning with effective, local accountability and involvement
- ‘Pause’, NHS Future Forum reports, Government response, more Forum work eg integration
- Public Health White Paper, ongoing guidance eg role of PH in Local Govt
- Dilnot ‘Fairer Care Funding’ Commission and Social Care White Paper to follow?

Health Care Bill

- Key timelines
 - CCGs (Clinical Commissioning Groups) from April 2013 only if ready and willing
 - NHS Commissioning Board (full powers April 2013) to hold whilst CCGs develop
 - PCTs continue to 2013, 50 Clusters as initial local arms of NHS Commissioning Board

Health Care Bill (cont'd)

- Key timelines
 - SHAs to continue to 2013 but now also 'clustered' into 4 areas from October 2011 eg Midlands and East of England
 - NHS Trusts to become Foundation Trusts when 'clinically feasible' most by 2014)
 - Healthwatch: to run locally now from April 2013
 - Public Health transformed by April 2013

NHS Operating Framework 2012/13

- **Sets out planning, performance and financial requirements for NHS organisations next year**
- **Further clarity on role of Health and Wellbeing Boards (HWBs)**
- **Four key themes for NHS organisations....**
- **Patients at centre of decision-making, improving dignity and meeting essential standards of care**

NHS Operating Framework 2012/13

- **Completion of last year of transition to new system, building clinical commissioning group (CCG) capacity and supporting HWBs to become key drivers of improvement across NHS**
- **Increasing pace on delivery of quality, innovation, productivity and prevention (QIPP) challenge**
- **Maintain strong grip on service and financial performance, including ensuring right treatment within 18 weeks is met**

Health and Wellbeing Boards

- **Importance of owning a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)**
- **These to set shared priorities for the NHS and local authorities**
- **Strategy to set out what organisations can do individually but also collectively to deliver a seamless service**
- **Strategic Health Authorities and PCT Clusters to support Shadow HWBs and encourage CCGs to play an active part in their formation**

Clinical Commissioning Groups

- **HWBs to contribute to authorisation process for establishing CCGs and support NHS Commissioning Board to hold CCGs to account**
- **Further clarification on authorisation process to follow**
- **CCGs must demonstrate they are building relationships with local partners to have budgets delegated to them**

Planning

- **For 2012/13 each PCT Cluster must have an Integrated Plan to bring together QIPP plans, finance, activity, workforce, informatics and transition to new structures**
- **Plan must be explicitly supported by CCGs and reflect outcomes of the JSNA**
- **PCT Cluster must also demonstrate the Local Authority supports elements of the Plan that relate to Public Health Transition**
- **Integrated Plan in place by March 2012**