

Richmond Clinical Commissioning Group and Richmond Council



The Joint Children and Young People's Health Strategy and Commissioning Plan 2014 -2017

We are really pleased to see the completion of this Joint Richmond Children and Young People's Health Strategy and Commissioning Plan 2014 – 2017.

The plan has been developed by researching national, regional and local strategies and policies and using evidence from the Richmond population.

Listening to what Richmond children and young people say has been central to the development of this plan together with stakeholder views from health, education and social care professionals. The Youth Council have contributed to prioritising the commissioning intentions.

This plan provides a clear framework for the commissioning and delivery of services for children and young people from planning for pregnancy, through to adulthood and beyond for those with a disability. The focus is on:

- Universalism, maintaining and where possible improving the current good outcomes for the majority of Richmond children.
- Improving outcomes for children and young people who need additional support and ensuring that all Richmond children and young people are safe from harm.

A family/carer approach is essential to identify issues early on and to provide evidence based interventions and support to prevent ill health and improve life outcomes; especially for our most vulnerable children and young people.

Successful delivery of the plan will involve many challenges not only for statutory health, social care and education services, but also for service providers, the wider community and children, young people and their families and carers. This plan does not sit in isolation from other local plans and strategies and in order for us to be successful local organisations will need to work together to ensure that there are good integrated services in place from the General Practitioner, to the hospital, to community, education, social care and voluntary services.

We are committed to the priorities set out in this plan; in particular the need to ensure that children are safe from harm and the most vulnerable children and young people, their families and carers have additional support where needed to enable them to do as well as their peers.

We look forward to seeing the next stage of this plan.

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The Joint Children and Young Peoples' Health Strategy Commissioning Plan 2014 – 2017 for Richmond has been developed in conjunction with Richmond Youth Council

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Summary:

How this document has been developed:

The joint children and young people's strategy and commissioning plan has been developed based on national policy, evidence and best practice, local strategies, local data, analysis, evidence and population needs assessments. Appendix 1 has a list of some of the local strategies used.

Who this document is for?

This plan is for local providers of children's services, the local authority, the NHS community, Healthwatch, the Richmond Youth Council and voluntary and private sectors. It includes all practitioners working with children and young people and their families and carers and all who are interested in the health and wellbeing of children.

The Vision:

- To ensure that Richmond children and young people continue to do well and where possible have their outcomes improved.
- To focus on improving child outcomes for those who need additional help and support by providing a strong effective universal service that identifies issues early and acts to prevent those becoming worse.
- To support the most vulnerable children and young people by providing additional support and help.
- To keep all children and young people in Richmond safe from harm.

Key principles have been used to develop this document:

- This document has been written using a life course framework
- Young people need to be able to understand the document; this has been checked throughout with Richmond Youth Council and Richmond Children in Care Council.

"Life course" Framework:

The life course approach is a framework from pre pregnancy to a child's 19th birthday, or to 25 years old for young people in special circumstances, such as those with a disability who remain in education.

The life course framework approach includes:

- Pre pregnancy
- Antenatal
- Early years and school readiness
- School years
- Emerging adulthood, adolescence to adulthood and independence

Working in partnership to deliver services that are flexible and relevant to the needs of children, young people and their families is essential. This document takes a partnership approach, which includes working across health, education, social care and the voluntary sector and with children, young people and their families.

Using evidence and needs analysis the commissioning focus is on:

- Prevention
- Early identification and interventions
- Enabling Children and young people to reach their full potential
- An evidence based approach
- Keeping children and young people safe from harm



- No child attending a service unnecessarily
- Educating:
 - Parents supporting and enabling them to “do it yourself”
 - Enabling children and young people to learn how to take care of themselves and where to find help and advice
 - Creating a workforce that is knowledgeable in children and young people’s development and health issues
- Ensuring easy rapid access using 21st century technologies, which could include text messaging, apps, email and others.

The Richmond health priorities that have been identified are:

1. Listening to children, young people and their families and carers when
 - Reshaping and developing new approaches
 - Comments and experience as service users
2. Maternity Services
 - Early identification and support as early as possible
3. Universal Services:
 - Working with partners to provide the Healthy Child Programme 0 -19 years
4. Safeguarding and Vulnerable children and young people:
 - Ensuring safeguarding medicals are timely and the best quality we can provide
 - Early identification and intervention of physical and emotional health needs in the most vulnerable children and young people, including those in the care of Richmond Council, Young Carers, those with long term health needs and children and young people with disability and complex care needs
5. Children with complex needs:
 - Care at home for children with life limiting conditions will be reviewed to provide a service that is the best for children, families and carers
 - Improving access to services, and where feasible, a Single Point of Access will be implemented
 - Bringing services around to the child to reduce the number of appointments that children and families attend
 - Personalised budgets for children and young people
 - As special schools expand ensuring capacity in health provision
6. Out of hospital care
 - Researching why children and young people use A&E, what is the best way to provide a service to ensure the right person sees the child with the right skills at the right time
7. Emotional health and well being
 - Improving accessibility and services
8. Local education and training:
 - Supporting professionals locally to learn from serious case reviews
 - Identifying the training needs for professionals working with children and young people
 - Ensure vulnerable children and young people know their health information
9. Integrate working
 - Working with partners to make services as seamless as possible
10. Performance reporting
 - Working with health partners to report data across 5 year age bands



This plan will be reviewed in 2015 and will take into account any new national policy and local population needs.

Children and young people represent 20% of the UK population and 24%¹ of the Richmond population. They are our future adults. Their physical and mental health, education and social status determine the future of the nation. By investing in children and young people we are investing in our future. Early intervention can provide a good investment (Knapp et al.2011. Social and emotional wellbeing: early years: NICE Guidance 40 guidance.nice.org.uk/ph40)

Please see: http://www.richmond.gov.uk/cypp_2013-17_eina-_march_2013.pdf for Equality Impact Needs Assessment.

¹ Child Health Profile: Richmond upon Thames: March 2013 www.chimat.org.uk



1. Introduction

1.1. The Clinical Commissioning Group (CCG)

On the 1 April 2013, the Health and Social Care Act 2012 came into force, bringing with it many new structures and arrangements for the NHS in England.

Clinical commissioning groups (CCGs) are now the cornerstone of the new health system. CCG's are led by General Practitioners (GP's). Every GP practice in England is now part of a CCG and all GP practices have to be members of a CCG.

CCG's are now responsible for commissioning good quality services on behalf of their population and to meet all the reasonable requirements of patient care such as hospital care, community and mental health services.

CCG's are under a duty to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

1.2. Local Authorities

Local authorities have a new responsibility to promote the health and wellbeing of the local community; this is led by Children's Services and Public Health. Richmond Clinical Commissioning Group's key partner is Richmond Council (LBRuT). We are identifying where working together can make a difference to children and young people to improve their outcomes.

1.3. The Joint Children and Young People's Strategy and Commissioning Plan

The joint strategy and commissioning plan states what the CCG plans to do to improve services for children, young people their families and carers.

The focus is on health; however an integrated approach is taken, working with partners to reshape and develop services that make sense for children.

1.4. Richmond CCG's approach to children's health commissioning

This Children's Strategy and Commissioning Plan will ensure that children's commissioning intentions are developed based on evidence within an 'outcomes framework' using the life course approach. The plan will bring together a number of key local strategies that have been developed on local population need. This plan will take a population view across a life course trajectory; pre pregnancy up to the 19th birthday, or to 25 for young people with special needs.

1.5. This strategy and commissioning plan aims to:

- Ensure that children and young people continue to do well and where possible have improved outcomes
- For those who do less well, the aim is to improve their outcomes to that of their peers
- We will work with our partners to provide equity for the most vulnerable children and young people
- Keep children and young people in Richmond safe from harm

1.6. Children's health strategy and commissioning will focus on:

Listening - Listening to children and young people and their families/carers when redesigning services.



Integrated working – working with partners to improve health outcomes particularly for those most vulnerable due to poor social circumstances, together with a more collaborative, integrated approach that makes sense for families.

Take a life course approach:

- Providing early help
- Intervening early

Make every contact count. Professionals need to be thinking about the child, young person and their family/carers circumstance as a whole, therefore each and every one being aware of their responsibilities, preventing children and young people falling through gaps and reducing inequalities. Allow for and provide variation according to need; a shared responsibility that is flexible in approach and delivery.

Transition is a time of challenge, moving from pre school settings to school, from child to teenager, from teenager to young adult and on into adulthood. We will view a young person as an independent individual; this is a focus for children with disability or a specific health need or a long term condition (such as diabetes, epilepsy) planning from an earlier stage (age 14 years), with them and their carers as they move from child to adult services, commissioning health services into adulthood.

Local education and training is a cost effective way to improve children's health outcomes; we will find ways to disseminate learning for workforce professionals and to enable children, young people and their families to take care of their own health.

We will support partners to provide the universal service particularly to recognise and identify needs early and to act in a timely manner.

Improving the health and wellbeing for the most vulnerable children and young people is a key priority. We will ensure that services meet their needs, by improving the settings and quality of health assessments and medicals and by asking children "what can be improved".

The commissioning health priorities have been identified based on national and local evidence of population need.

1.7. Richmond Council's approach to commissioning

Reductions in funding have led local authorities to take a fundamental look at how services are delivered, to ensure that they are making the most effective and efficient use of resources. In Richmond upon Thames, the Council has agreed a new strategic direction which focuses on commissioning rather than directly providing services to residents.

The Council and its partners have looked for opportunities to jointly commission services, evidenced by the creation of a Joint Children's Health Commissioner Post. To improve capacity and quality in services for children the Council has embarked on an exciting journey with Kingston Council to create Achieving for Children (AfC), a proposed local authority company jointly owned by the two boroughs. AfC will offer greater capacity for safeguarding and looking after the most vulnerable children in both boroughs; quality, responsive and joined-up preventative services.

AfC will aim to meet the needs of children in a more focused and effective way, building on the strengths of both boroughs by increasing capacity to address areas for improvement. It will also work in partnership with other local organisations delivering services for children and young people, such as health providers, voluntary organisations, local businesses, schools and colleges.



2. Context Setting:

2.1. National position of health services for Children and Young People

For the last decade there has been an increased national policy effort to improve the health and wellbeing of children and young people in the UK. Overall the health of children and young people in the UK is generally good, yet the UK does not do as well as it could.

In April 2013, the United Nations child wellbeing index of the most advanced economies (2000-2010) was published (data was based on 2009/10) and showed that the UK was 16th compared to 29 other industrialised countries. The Netherlands, along with four Nordic countries, Finland, Iceland, Norway and Sweden are at the top, while Greece, Italy, Portugal and Spain are at the bottom and the USA ranks 26th².

There are a number of other studies that show that UK children and young people's health outcomes are "far from satisfactory, being way below those achieved by other high-income countries"³ This was highlighted in 2012 in 'The report of the Children and Young People's Health Outcomes Forum' which said that "too many health outcomes for children and young people are poor"

The Marmot review⁴ highlighted the importance of investing and concentrating on the early years of life:

"The determinants of health and wellbeing, whether good or bad, start before birth and accumulate over a life time, with a particular importance attached to the early years"

"What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being from obesity, heart disease and mental health, to educational achievement and economic status". P94

"Currently, spending is higher in later childhood years and needs to be rebalanced towards the early years" to reduce inequalities starting with pre conception, maternity services and under 5 years.

Nationally the focus is to invest in the early years to prevent inequalities and to improve life long health, education and social outcomes.

Children and young people's health services are complex, fragmented and provided in a number of confusing ways. Midwifery is an adult service, child adolescent mental health services are provided in hospitals and the community and some are school based. Community and acute services are separate, therapy services may be provided by local authorities as well as health services, each with its own protected workforce. The Kennedy Report 2010 highlighted the need to integrate services across health education and social care, to invest in children & young people for the future. The Children and Families Bill 2013 reforms services for vulnerable children and young people, introducing a range of new statutory functions such as improving the adoption and fostering system, introducing a new approach for Special Education needs (SEN) replacing educational statements with a new birth to 25 year education health and care plan and offering families personalised budgets⁵.

The commissioning of children's services is a complex system.

² <http://www.un.org/apps/news/story.asp?NewsID=44613>

³ Growing Up in the UK Ensuring A Healthy Future For Our Children: BMA 2013

⁴ <http://www.instituteofhealththequity.org/projects/fair-society-healthy-lives-the-marmot-review> Fair Society Healthy Lives: 2010

⁵ <http://education.gov.uk/a00221161/>



The 2012 NHS Health and Social Care Act changed the responsibility for commissioning services; there are eight aspects of commissioning. The table below explains the commissioning levels with examples for children's services:

	Body	Responsibilities
National	NHS England	Commissioning: specialist NHS services, including some mental health and acute care within managed networks; screening, child public health for under-fives, including the Healthy Child Programme and health visitors (until 2015 when this responsibility will move to local authorities); immunisation, core pharmacy and primary ophthalmic services and antenatal and new born screening aspects of maternity services. Some of these functions may be commissioned sub-nationally.
	Public Health England/ Department of Health	Responsible for national public health campaigns and health protection nationally and locally
Sub-National/ Regional	Local area teams of the NHS England	Commissioning primary care, including the GP contract. This includes mental health within the GP contract.
	Clinical Commissioning groups and local authorities	Work together to increase the effectiveness of commissioning public health and health services for key groups over a larger geographical area, such as looked-after children and disabled children. Clinical Commissioning Groups will commission urgent and emergency care.
Local	Clinical Commissioning Groups	Commissioning local child and adolescent mental health services (CAMHS), physical healthcare and hospital and maternity services, although some of this is commissioned at a NHS England level. Richmond commissions: <ul style="list-style-type: none"> • Community Paediatrics • Audiology (not screening) • Therapy services • Health Services for Looked after Children and vulnerable children
	Local Authorities: In Richmond Children's Services and Public Health	Commissioning child public health services, including the Healthy Child Programme for five to 18 year-olds, school nurses and the majority of other public health services, including: tobacco, alcohol and drugs; public mental health; and sexual health services. Local authorities are likely to take over commissioning child public health for under-fives, including the Healthy Child Programme and health visitors, from April 2015 onwards.
	Schools	Commissioning public health initiatives, such as health and wellbeing, school health services
	Police and crime commissioners	Commission drug, alcohol and youth justice services.

Richmond Clinical Commissioning Group (CCG) will work to influence all aspects of commissioning and where not directly responsible, will influence the lead commissioners to ensure that Richmond children, young people and their families receive relevant seamless services. This is already developing with relationships with NHSE and building performance reporting that is shared.

The CCG are directly responsible for commissioning:

- Audiology services (excluding neonatal screening)
- Therapy services;
 - Occupational therapy
 - Physiotherapy
 - Speech and Language Therapy
- Community Paediatric Services
- Child adolescent mental health – tier two and tier three with other local boroughs and tier 4 commissioned through NHS England and not the CCG

The CCG will however work with all relevant commissioners to influence their commissioning decisions to ensure that services are responsive to the Richmond population health needs.

2.2. Local position of health services for children and young people

Better Services Better Value (BSBV) is a local, clinician-led NHS programme, to review the health services currently provided in the sector and is looking at how health services in South West London and some parts of Surrey around Epsom are provided.

Groups of clinicians have been looking closely at the quality of local health services in six key areas of care:

- urgent and emergency care
- planned care
- end-of-life care
- long-term conditions
- children's services
- Maternity and new born care

They call these recommendations 'models of care' and they describe the best-practice standards they expect to be able to provide their patients. This includes developing community services to allow more care to be closer to "home".

The Children and Young People's Plan 2013 -17 and the Health and Wellbeing Strategy 2013 to 2016 demonstrate and advocate prevention and early intervention which are vital to an effective long term strategy to improve children and young people's life outcomes.

On March 9th 2011, the Department of Education (DfE) published a Green Paper entitled, "Support and Aspiration: a new approach to special educational needs (SEN) and disability". The Green Paper contained a number of proposals made by the government covering the reform of SEN provision.

These proposals were adopted to form part of the Children and Families Bill 2012-13 reforms and include:

- Replacing old statements with a new birth to 25 education, health and care plan;
- Offering families personal budgets, and
- Improving co-operation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together.



In particular, The Children and Families Bill places a new duty for joint commissioning which will require local authorities and health bodies to work in partnership when arranging provision for children and young people with SEN in the following key areas:

- Education health and care (EHC) Plan to develop EHC plan for children and young people from birth to the age of 25.
- Single Assessment to develop a single assessment process.
- Local Offer to develop a clear local offer which sets out the services and support available in Richmond to children, young people and their parents/carers
- Transition to work with young people in transition aged up to 25.
- Personal Budgets to use personal budgets to provide children and young people and their families with greater choice and transparency.

The Joint Strategic Needs Assessment (JSNA) identifies commissioning priorities based on identified need that includes transforming the health care system.

The Richmond Joint Health and Wellbeing Strategy focuses on integration of services where, from a patient perspective, the care system is not joined up; and where improvements can only be made in partnership rather than issues that are the remit of a single agency.

Four priority areas for action have been highlighted:

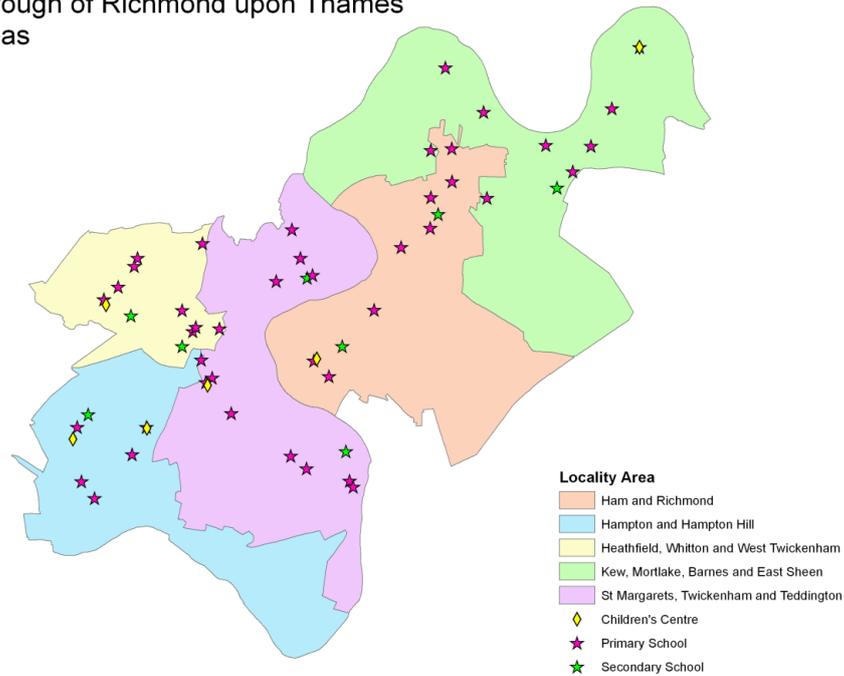
1. Children to adult services transition
2. Physical and mental health services
3. Health and social care services
4. Hospital to community services

Specific areas for children include:

- Giving children a good start
- Weight management
- Young Carers
- Transition to adult services
- Vulnerable children and young people

Although health services are commissioned across the borough, provision of services may be delivered in localities. These localities are multi-disciplinary, bringing professionals together to provide a “team around the child” approach. The map below shows the council’s children’s services localities:

London Borough of Richmond upon Thames Locality Areas



Being a small borough creates considerable challenges when commissioning services because the economies of scale are relatively small, limiting the opportunity to negotiate quality contracts and value for money. Achieving for Children (AfC), a proposed Arms Length Management Organisation, set up by Richmond upon Thames and Kingston Councils, plan to work together to commission high quality children's services that provide value for money by reducing management overheads and building on local knowledge and expertise to improve children's outcomes.

This approach is supported in the Director of Public Health's Annual Report 2011 to 2012, which compares and highlights the similarities between Kingston and Richmond boroughs health needs - see page 62 for the extracts data from the 2011⁶; note the atlas does not indicate good or bad performance, but they do allow comparisons between Primary Care Trusts (now Clinical Commissioning Groups).

Although Richmond and Kingston boroughs have very similar needs, the focus of commissioning will include a number of commissioning models; including aligning services with other relevant providers and applying the NHS 'any qualified provider' rule to ensure that services are provided by the best available provider.

⁶ NHS Atlas of Variation in Healthcare (RightCare www.rightcare.nhs.uk)



3. What are the current health needs of Children and Young People in Richmond Borough?

Richmond upon Thames is a prosperous, safe and healthy borough, where many families enjoy an excellent quality of life. It has exceptional local amenities, including outstanding schools, beautiful parks and open spaces; this makes the borough a very attractive place to live, work, study and visit.

3.1. Population

The resident population is 187,000 of which around 24% (44,000) are aged between 0-19. St Margaret's, Twickenham and Teddington have the highest number of young people resident in the local area, estimated at 14,600; the lowest are in Ham and Richmond at 6,500⁷.

5 year age bands	Males	Females	Total	% of the Richmond population
0-4 years	7,200	6,800	14,000	7.5%
5-9 years	5,600	5,500	11,100	5.9%
10-14 years	5,000	4,800	9,800	5.2%
15-19 years	4,500	4,600	9,100	4.9%
0-19 years	22,300	21,750	44,000	23.5%

Table 1 Richmond Child population Office for National Statistics 2011

The population for 19 year olds and below is projected to grow to 49,124 in 2016 and to 53,105 in 2021. Within this group the largest group are aged between 0 to 4 years old⁸. This information is based on ONS sub-national population projection.

The total population of the borough of Richmond is projected to increase by 6% in 2015 and 14% in 2010.

The resident population refers to the people who live in Richmond. The Office for National Statistics (ONS) estimates the resident population of Richmond is projected to grow to 205,000 by 2015.

In Richmond the number of live births increased slightly between 2007 and 2011, from approximately 2,900 to 3,000 per year – a year on year increase of approximately 20 births. The Census based projections for 2013 to 2019 indicate that births will remain static at approximately 3,000 per year⁹.

Although Richmond is a small borough, when it is compared to other London boroughs and other local authorities across the UK it has relatively low service requirements. However, there are real challenges among children and young people and there are potential un-met needs among the most vulnerable groups.

3.2. Diversity

Over the last ten years England, London and Richmond upon Thames have all become more ethnically diverse. Although the majority of residents in the borough are still White British this proportion has fallen from 78.72% in 2001 to 71.44% in 2011. In total in 2011, 86% of residents in Richmond were of White ethnicity including White British, White Irish, White Gypsy or Irish Traveller and White other ethnic groups.

The borough is less ethnically diverse than London but generally more diverse than England overall with some notable exceptions. England has a considerably higher

⁷ Office for National Statistics: 2011

⁸ Based on ONS sub-national population projection: 2011

⁹ 2011 Census data and projections are available at: richmond.gov.uk/borough-profile



proportion of people in the ethnic group Asian/Asian British: Pakistani (2.1% England compared to 0.62% Richmond) and the ethnic group Black/African/Caribbean/Black British: African (1.84% in England compared to 0.88% in Richmond). School children from Black & ethnic minority groups, aged 5-16 years in Richmond are 6,354.

3.3. Religion

The 2011 data shows us that there have been significant changes in the religious beliefs of residents of the borough. The number of people in Richmond who declared themselves as Christian dropped by over 10% from 65.83% in 2001 to 55.25% in 2011. The bulk of this decrease can be accounted for by a large increase in the numbers of people stating they have No Religion (up 8.91% from 19.54% to 28.45%). There have been modest increases in all other religious groups except those stating their religion as Jewish, which has fallen by 0.16%.

3.4. Sexuality

47.32% of people in the borough are married which is higher than both the London and England averages and 0.44% of people are now in registered same-sex civil partnerships following their introduction in late 2005 – again higher than both comparators.

Children and young people in Richmond are likely to have a good start in life. The borough performs well in indicators that measure health and wellbeing as shown in the table below: life expectancy is high; there are high levels of participation in sport and physical activity; rates of childhood obesity are low; and the borough has one of the lowest levels of teenage pregnancy in the country.

Safe and healthy – indicator	Richmond	London	England
Life expectancy at birth for males, in years (2008 - 10)	81.3	79.0	78.6
Life expectancy at birth for females, in years (2008-10)	85.6	83.3	82.6
Infant mortality rate per thousand live births (2008-10)	3.7	4.1	4.3
Percentage of Reception children classified obese (2011-12)	6.5%	10.9%	9.5%
Percentage of Year 6 children classified obese (2011-12)	12.9%	22.5%	19.2%
Conception rates per 1,000 girls aged 15-17 (2010)	17.6	37.1	35.4

3.5. Health needs identified for Richmond Children and young people:

Immunisation:

Richmond has lower levels of immunisation coverage compared to England and is below the 95% coverage rate; for example the MMR rate for Richmond was 86.5% in 2011-12 compared to 91.5% nationally. NHSE are now responsible for commissioning immunisation programmes.

Oral Health

Richmond children have good dental health. The national Child Dental Health Survey will be carried out from 2013 in Special Schools; this will indicate the level of dental health needs in children with disability. This information will inform us of any actions that may be required; we will work with lead partners to implement any actions needed.



Mental Health:

Mental health problems are common in childhood, with 13% of boys and 10% of girls aged 11-16 years with a mental health disorder¹⁰. The most common problems are anxiety and depression, eating disorders, conduct disorder (serious anti-social behaviour), attention deficit and hyperactivity disorder.

There are currently (at October 2013) 570 Richmond children and young people accessing child adolescent health services tier 3, 44% for behavioural and emotional disorders, including conduct disorder and hyperkinetic disorders/attention deficit and hyperactivity, and 20% for psychological development conditions including autism. The remaining conditions seen in Richmond children are spread fairly evenly between mood disorders (including mild depression), neurotic disorders (anxiety and obsessive compulsive disorders), behavioural syndromes (including eating disorders) and other conditions such as self harm and non-mental health issues such as family, attachment and relationship issues.

There are about 5-6¹¹ Richmond children and young people accessing tier 4 placements and specialist assessments each year.

Accident and Emergency Attendance:

Children aged 0-15 years account for 26% of Kingston & West Middlesex Hospital combined A&E attendances despite being 20% of the population. 0-5 year olds' peak attendance period is 18:00-19:59hrs¹²

Weight Management Programme:

As part of the National Measurement Programme where children are weighed and measured in reception class (aged 4 to 5 years) and Year 6 (aged 10 to 11 years), these measurements in 2011/12 found that Richmond has one of the lowest levels of childhood obesity in the country and indicate that 6.5% (140) of children in reception year were classified as obese. This is lower than the England average of 9.5% and the London average of 11.0%.

Sexual health:

Richmond has one of the lowest under-18 years conception rates in the UK, in 2011 it was 19.8 per 1000 females aged 15-17 years. The national rate is 30.7. The percentage of 15-24 year olds tested for Chlamydia in Richmond is below the target level recommended by the National Chlamydia Screening Programme. In 2011-12, 11.6% of Richmond 15-24 year olds were tested in non-GUM settings compared to 20.6% for London and the rate of Chlamydia diagnosis for Richmond was 1,502 compared to London which was 2,496.

Substance use:

The Richmond school health survey identified concerns about alcohol and drug use among 12 and 15 year olds (for more details see below – what young people say). Cannabis was the most commonly reported drug used. There were however comparatively smaller numbers of young people requiring treatment for substance misuse. Over the previous 12 months from June 2013, 35 young people required treatments.

Richmond children and young people's outcomes are on the whole very good; however there are inequalities as well as hidden harms.

¹⁰ ONS 2004: extracted from - Overview of the health and well-being of child and young people in Richmond borough. 2013 Richmond Public Health

¹¹ At the time of writing

¹² Placci and Lewis Data: Morgan and Boderick: V0.3 31.05.2013



3.6. Vulnerabilities in Richmond children young people and their families:

It is estimated that there are 4,300 Richmond children living in poverty.¹³

There were 69 families with dependent children living in bed and breakfast accommodation & 206 families with dependent children were living in temporary accommodation. (May 2013)

3.7. Hidden Harms

There are small pockets of relative deprivation in the borough in Ham, Heathfield, Castelnau, Mortlake and Hampton North. In terms of child poverty, children are classified as living in poverty if their family is in receipt of out-of-work benefits or tax credits and where their income is less than 60% of national median income.

The Department of Work and Pensions estimated in 2011 that 4,290 children in Richmond upon Thames were living in poverty. These families are also likely to be particularly affected by welfare reforms. Changes to eligibility for child benefit will impact heavily on middle income earners and single earner households.

Child poverty has significant life-long effects; they are more likely to suffer ill health, be unemployed or homeless. They are more likely to become involved in offending, drug or alcohol abuse and more likely to be involved in abusive relationships. Once in poverty, children often stay in poverty well into adult life.

Tightening of housing benefits will severely test the extent to which people can afford to live in a borough such as Richmond upon Thames where housing costs are high. These issues will put additional pressure on families and may increase demand for services provided by the Council and its partners.

3.8. Safeguarding children and young people:

There is an average of 17-18 child protection medicals required per year for Richmond Children. 59 children were subject to a safeguarding plan (June 2013). There were 181 Children in Need (June 2013) and 86 Looked after Richmond Children (June 2013).

Vulnerable children and young people seen by the specialist vulnerable children health team also include:

- Pupils at risk of exclusion - 28 per year
- Medical tuition - 20 per year
- Emotional Behavioural - 18 per year
- Excluded and SEN and college placements - 39 per year
- Young people subject to "Southwark Ruling" - 20 per year.

(Data approximations reported from vulnerable children's health caseload)

Children and young people most at risk of poor outcomes include those affected by parental mental health problems, parental misuse of alcohol and drugs, domestic violence, teenage motherhood and financial stress. Estimates indicate that considerable numbers of children and young people in Richmond are likely to be affected by these problems. Early help, particularly in early years, is the most cost effective means of child protection¹³.

The table below shows factors adversely affecting child health outcomes with estimates of how many Richmond children and young people are affected.

¹³ Overview of the health and wellbeing of children and young people in Richmond borough: Scrutiny paper. October 2013



Risk factors affecting child health outcomes	
National prevalence rates	Estimated numbers in Richmond
20% of births are to women with mental disorders with varying degrees of severity ^j	585 mothers with a mental disorder
4% of births are to women who have severe mental disorders ¹⁶	115 mothers with severe mental disorder
8% of children aged under 16 years live with an adult who had recently used illicit drugs	Around 3,000 children under 16
30% of children aged under 16 years live with one binge drinking parent ¹⁷	Around 11,400 children under 16 years
1.8% of children live in households where there is a known high risk case of domestic abuse and violence ⁱⁱ	Around 255 children aged under five years

Specific health needs identified as requiring improvement from a number of Richmond Children's Strategies and from Strategic Needs Assessments include:

- Sufficient workforce, Health Visitors (there is a national drive to increase the number of health visitor), ensuring that families are registered with a General Practitioner
- Antenatal, early years and throughout childhood identifying early to prevent hidden harm
- Immunisation is currently below the 95% required to protect all children against certain serious diseases
- Emotional health and wellbeing – raising self esteem
- Healthy weight management – and positive body image
- Vulnerable children and young people
- Children and young people with special educational needs

4. What do Richmond children and young people say?

4,216 pupils took part in 2012 the Richmond school health survey, from 26 primary and junior schools, 5 secondary schools and 3 academies. There was an even mixture of boys and girls across the year groups. 67% of the pupils surveyed described themselves as White British, 7% of pupils said that they had an additional need or disability, 15% said they were eligible for free school meals.

The findings suggest that key concerns for children and young people were:

4.1. Obesity and body image:

Richmond had the second lowest obesity level of the London boroughs for 4 to 5 year olds behind neighbouring Kingston with 5.9%. A similar profile was found for year 6 children where 12.9% were classed as obese compared to London (22.9%) and England (19.2%)¹⁴. However 42% of Richmond year 7 girls said they would like to lose weight, this had increased to 59% of year 10 girls.

Although the majority of Richmond children are not overweight, their body image perception suggests that they themselves feel they are overweight. This is more common for girls. We will work with public health colleagues, the youth council and as part of the children's mental health review to identify how this could be changed.

4.2. Emotional Health:

In year 6 and 7 pupils, 93% of children and young people said they were "quite" or "very" happy at school, compared to 74% by years 8 and 10 who said they were "quite" or "very" happy with their lives at the moment.

¹⁴ Children and young People Needs assessment 2013



The tables below show the top three worries for year 6 and 8 pupils.

Year 6 Top 3 worries	Year 6		Year 8	
	Boys	Girls	Boys	Girls
The environment	20%	What other people think of you 28%	SATs/tests/exams 34%	SATs/tests/exams 42%
SATs/tests	18%	SATs/tests 23%	School work 21%	The way you look 39%
World events	18%	The environment 23%	World events 21%	What other people think of you 37%

Year 7	Year 7		Year 10	
	Boys	Girls	Boys	Girls
SATs/tests	23%	What other people think of you 35%	SATs/tests/exams 45%	SATs/tests/exams 68%
School work	17%	The way you look 31%	School work 23%	The way you look 55%
What other people think of you	17%	SATs/tests 30%	What other people think of you 20%	What other people think of you 43%

Experiencing bullying on a daily basis was reported by around a fifth of primary and secondary pupils.

Young Carers¹⁵: The survey asked how many young people were carers. Carers can have poorer health outcomes than their peers, often with reduced educational attainment.

- In year 6, 8% of boys and 6% of girls identified themselves as a young carer
- In year 7, this was 8% for boys and 7% for girls
- By year 8, this had increased to 12% for boys and 10% for girls. This had reduced slightly by year 10 to 9% for boys and 7% for girls

Although this is likely to be an underestimation, young carers are a priority for the children's strategy and commissioning plan.

4.3. Alcohol, drugs and substance misuse,

The school survey in 2012 showed that overall:

- 4% of year 6 and 7 pupils said they have had an alcoholic drink in the past seven days; this has increased to 20% for years 8 and 10.
- For pupils in year 10, 28% of boys and 34% of girls had drunk alcohol in the past seven days
- 2% of year 6 and 7 pupils said they drank alcohol without their parents knowing, this had increased to 9% of year 8 and 10 pupils reporting that they got drunk on at least one day in the last week; this was 14% for year 10 pupils
- In year 6, 4% said they had tried smoking in the past or smoke now, by year 10 this had changed to 44% for boys and 54% for girls

4.4. Drugs:

- 11% of year 6 and 7 pupils said they were “fairly sure” or certain” that they knew someone who used drugs that were not legal. This had increased to 47% by years 8 and 10.
- 45% of year 10 pupils had been offered drugs, but only 23% report taking drugs. The most commonly used drug was cannabis.
- There were 35 young people treated for substance misuse June 2012-13, this does not however include any young people who may have been treated in a private service.

Young people say there is a lack of things to do in the borough.

As a result of the school health survey findings, the Young People’s Council work plan is:

Physical health by;

- working with schools, sports specialists and youth clubs to create a series of workshops to promote activities
- create greater awareness of the benefits of healthy eating
- encouraging wider participation in using local leisure activities

Risky behaviour

- raise awareness and where to go for help, support and advice

Emotional health & wellbeing

- raise young people’s awareness via a campaign to raise self-esteem, creating a web page specifically for young people and those working with young carers

4.5. Children in Care say they will:

- Develop an “entitlements and responsibilities booklet” for children and young people coming into care
- Change the way permanent housing is allocated to young people leaving care
- Ensure young people are properly prepared for independent living
- Support Children in Care Council to deliver “Total Respect Training”

The CCG and The Council Public Health are working with the Youth Council by commissioning and supporting their work plan and using the findings to shape services.

5. What are we going to do?

Commissioning Priorities:

5.1. The Early Years

It is now very clear that early help and intervention is crucial if we want to support families to get out of a cycle of poor outcomes that repeats itself over and over through the generations.¹⁶ Parental health and risk-taking life styles adversely affect children and their long term health outcomes. ”Hidden harms during pregnancy, from conception to

¹⁶ Supporting Families in The Early Years: “Reports from Professor Sir Michael Marmot, The Rt Hon Frank Field MP, Graham Allen MP, Dame Clare Tickell, and Professor Eileen Munro 2011: DE, DH



birth lead to poor physical and emotional health in childhood and predispose increased risk of disease into adulthood¹⁷.

5.2. The Healthy Child Programme 0- 5 years:

We will focus on the early years to support families with our council partners, ensuring early identification and prevention by commissioning the Healthy Child Programme 0 to 5 years with NHSE colleagues. The programme provides a universal service to all families from pre-pregnancy planning, maternity, to parenting support. This will support and contribute to the protection and early help approach within children's services.

To enable the healthy child programme to be implemented we will work with NHS England to implement "The Call to Action" to increase numbers of Health Visitors in post and to improve the quality of health visiting interventions.

We will commission to reduce inequalities and to improve outcomes for the most vulnerable by identifying issues early, such as the prevention of obesity during pregnancy which increases the risk of maternal and infant complications as well as leading to child obesity.

We will work with partners to build resilience in families and to develop positive protective factors to improve child physical and emotional health and to safeguard children and young people to reduce the risk of child protection issues.

5.3. Early Childhood Immunisation:

There remains a need to increase childhood immunisations; although Richmond has good coverage, the current immunisation coverage is below the level needed to protect all local children and young people from certain serious diseases (herd immunity). We will work with NHS England (London) to increase the primary immunisation programme by participating in the local steering group which includes NHSE representation, to influence actions.

5.4. Communication difficulties:

Identifying early communications difficulties in young children to prevent long-term difficulties is crucial for school readiness; we will work to ensure that all children receive their early years' developmental assessments as part of the Healthy Child Programme provided by Health Visitor Teams, and to ensure children are referred to a Speech and Language Therapist early.

5.5. Emotional health:

The Children's Strategy and Commissioning Plan is an integral part of this initiative through the commissioning of the community counselling service and the review of CAMHS Tier 2 services. To improve outcomes for children and young people we will work with partners who provide adult universal and specialist services to identify parents with mental ill health, substance misuse and/or living in a violent environment to enable multi-agency professional child and family assessment and support.

5.6. Urgent paediatric health care

The rate of attendance at A&E for children aged 0-4 years has increased over the last 3 years. The Richmond rate of A&E attendance (504.4 per 1000 0-4 year olds) is significantly higher than the national rate (483.9 per 1000). Initial analysis suggests that a high proportion of the A&E attendances could be dealt with in the community.

Further review work is being undertaken to understand the pattern of need for paediatric acute care and the most effective way of meeting these needs, ensuring that children

¹⁷ Adapted from Growing up in the UK: Ensuring a healthy future for our children: BMA Board of Science: May 2013



see “the right professional, at the right time, in the right place.” Once this work is established it will be extended to consider children 5 – 19 years.

5.7. School aged children and young people

Healthy Child Programme 5 to 19 years

We will support our Public Health partners to continue quality and consistency from the early years programme into the school age population by ensuring that the Healthy Child Programme 5 -19 years continues to be provided to a consistently high standard across the school years.

For children and young people not in education, we will continue to commission a health service where children and young people receive a full health assessment to identify needs and take action to improve and maintain health.

The CCG will work with partners to ensure that the Healthy Child Programme, along with health messages and accessible services, are provided to children and young people of school age including those who are not in education or training.

Local education and support for children, young people, families and carers and professionals working with them is essential to understand the issues above and how to manage them in a safe and effective evidenced-based way.

Young people expect modern technologies to be part of this information process; we will work with partners to consider how these can be used to support Richmond children and young people. The Richmond school health survey indicates that children and young people want to learn more about “healthy relationships”.

5.8. Healthy eating and physical exercise

Richmond has a significantly lower proportion of overweight children; despite this positive position the levels of obesity doubles during primary age from 5.9% age 4-5 years to 13.8% at 10-11 years. Local analysis indicates that in Richmond obesity is more likely to be found in less financially well-off households, reflecting the known link between childhood obesity and deprivation¹⁸. Working with public health we will support healthy eating and physical exercise programmes. With Public Health we are supporting the Richmond Youth Council to develop messages about the National Health Measurement Programme for children and young people.

5.9. Emotional health and well being

The CCG will work with Public Health colleges to promote emotional health and well-being through the Healthy Child Programme by delivering preventative messages in schools and to identify programs of support to prevent bullying and to raise self-esteem and confidence. Messages about body image need to be included in positive health messages.

We will review local services with our partners to ensure there is a range of treatments that are easily accessible when needed.

As part of the child adolescent mental health service review (tier 2) and the transformation work being carried out by our local tier 3 provider (see appendix 2 for the CAMHS tier explanation), we will, with our public health partners, improve diagnostic and treatment pathways and support services for children and families by increasing the number of community paediatricians and the working interface between the mental health service and the community paediatric service.

¹⁸ Overview of the health and well-being of child and young people in Richmond borough: 2013 Richmond Public Health



We will make sure that General Practitioners, other professionals, schools and children and their families and carers know what is available and how to access the services. To enable easy access we will work with the council's children's services to develop a single point of access (SPA) so that there is one access point.

5.10. Sexual Health Testing and Treatment

This is a statutory public health responsibility of the local council.

The Richmond school health survey shows that young people have good knowledge of services and contraceptive methods. This could however be improved by increasing awareness of the following:

- The National Chlamydia Screening Programme (NCSP) is part of Richmond's free testing and treatment model. This programme tests and treats young people aged 15 to 24 years old for Chlamydia and Gonorrhoea. Screening is offered in most community pharmacies, youth venues, online at www.freetest.me and in local colleges as well as G.P. surgeries, Contraceptive and Sexual Health (CaSH) and GUM clinics.
- C-card scheme - Richmond is part of the London wide c-card scheme, where all young people under the age of 25 can access Chlamydia screening and EHC programmes and free condoms.¹⁹
- Positive information - Richmond jointly commissions a local sexual health information website with Croydon, Kingston, Merton, Sutton and Wandsworth - www.gettingiton.org.uk - aimed at young people aged 14 to 19. This site supports young people to make and carry through positive choices around their sexual health.
- Some targeted community pharmacists provide free Emergency Hormonal Contraception (EHC) to young people aged 13 to 24 years old.

5.11. Alcohol, Drug use and Treatment:

Alcohol and drug use in Richmond young people 12 – 15 years shows that there is a need for positive preventative messages to be provided; we will support public health colleagues to deliver these messages.

The CCG will continue to commission children's services treatment programmes for young people with the council.

5.12. Vulnerable children and young people 0 to 19/25 years

The Hidden Harm Strategy (2012 – 2015) suggests there are up to 4,800 Richmond children & young people living with an adult affected by substance use, poor mental health and/or living with domestic violence. 16/17 year olds are now included in the definition of domestic abuse and sexual violence, bringing young people into the MARAC (Multi-Agency Risk Assessment Conference) – Domestic Violence care pathway (March 2013) The definition of domestic violence includes violence such as female genital mutilation (FGM), so called "honour based" violence, forced marriage and acts of gender based violence²⁰.

The strategy aims to achieve service improvement and therefore to protect children and young people more effectively by sharing information relating to Hidden Harm and its impact on families and by promoting services which help to improve outcomes.

¹⁹ TP Strategy, National SH Strategy, NICE guidance.

²⁰ Supplement to the Equality Impact and Needs Analysis (EINA) Achieve for Children (AfC) researched and written by Heather Mathew Children and Young Peoples Voluntary Sector Strategic Lead, Richmond CVS.



5.13. Integrating care for vulnerable children and young people 0 to 19 years

There are approximately 1,000 known vulnerable children and young people in Richmond. Research clearly demonstrates that these children and young people have poorer health, educational and social outcomes than their peers. These children include:

Subject to Child protection plan **59** (14.5 per 10,000 June 2013)

Looked After Children **86** (June 2013)

Children in Need **181** (June 2013)

Children with special education statements **861** (June 2013)

Children and young people with complex health needs: Long term conditions, Life limiting conditions **70/80** (June 2013)

We will be working with partners to integrate and improve services, so that children, young people, their families and carers, experience a person-centred co-ordinated seamless care.

The CCG will work with the council, both public health and children's services, to review the evidence to support families who have complex needs. This will take into account programmes already in place in Richmond such as "The Troubled Families Programme"²¹ and the "Risky Behaviour Project"²² The review will focus on what programmes can best be used in Richmond, with a small number of families who would benefit from specialist support.

5.14. Special education needs and disability:

Richmond has a lower proportion of children and young people with special educational needs (SEN) than nationally. In 2013 a total of 1690 Richmond pupils in state maintained schools have a SEN. There are 860 Children & Young people with SEN statements (January 2013), local analysis indicates that the majority of these pupils live in more deprived areas of the borough. There are 27 children with very complex needs and the Disabled Children's Team has a current caseload of 150 children.

In primary schools there are 811 children with a SEN statement or school action plus. The majority are for communication difficulties (speech and language), followed by behavioural and learning disability.

In secondary schools there are 633 pupils with a SEN statement or on special action level. The majority have behaviour and social problems, and there is a small number with learning disability, autism and physical disability.

The Richmond Autism Strategy estimates there is likely to be about 480 children under the age of 18 with autism; around half are likely to also have a learning disability. Only a small number are known to local services. We will improve the diagnostic arrangements to identify and support more Richmond children who are currently un-identified; this is

²¹ The Troubled Families programme, the government will work alongside local authorities to:

- get children back into school
- reduce youth crime and anti-social behaviour
- put adults on a path back to work
- reduce the high costs these families place on the public sector each year

²² A prevention project targeting young people at risk of or already participating in "risk taking" activities



likely to change the current status where Richmond has a lower recorded rate of autistic children than the England average to the expected rate.

An estimated 200 Richmond children could be eligible for personalised budgets.

5.15. Young Carers:

Young carers are particularly vulnerable to educational under-achievement. In 2004, it was estimated that nationally 27% of all young carers of secondary school age are missing school or experiencing educational difficulties. This figure rises to 40% for young carers caring for someone who misuses drugs or alcohol²³.

There are about 250 young carers²⁴ known to the Richmond Carers Service (August 2013). In line with “The Carers Bill 2012” we will work with Richmond Youth Council, the council children’s services and other relevant partners, such as the voluntary sector, to identify young carers to enable them to request an assessment before they reach the age of 18.

We have commissioned the Youth Council to carry out a project to identify what young carers say they need and to ensure that young carers have a “voice” on the Youth Council to influence service developments.

We will provide information to enable service providers (schools, General Practitioners and voluntary sector organisations) to identify young carers and signpost them to relevant services.

5.16. The Commissioning focus:

This strategy and commissioning plan will focus on the following, based on the above information.

Vulnerable children and young people to reduce inequalities: child carers, children in the care system, young people leaving care and children and young people with complex needs, both physical and emotional. We will ensure their health needs are identified and met and that national research and best practice, including NICE Guidance, is applied to service provision, where relevant, for Richmond families.

National reports suggest that one reason why children’s health outcomes are poor in the U.K is because the children’s workforce needs additional training in child development, physical and emotional health and safeguarding issues. The Report of the Children and Young People’s Health Outcomes Forum recommends that the professional bodies scope and address these issues. Although we are not directly responsible for the education and on-going training of local health professionals, and do not have a training budget in Children’s Commissioning, we will identify how learning can be shared across the borough as part of working together.

The learning will include findings from independent management reviews, serious case reviews and child death overview panels. We will scope what education and training is required in the local workforce, starting with general practices, who see the majority of children and young people in their day-to-day practice, *as part of Section 11 Audit*. However the CCG is no longer responsible for GP training and there is no local budget, therefore the CCG will need to find ways to disseminate training locally, influencing Local Education Training Boards, to influence GP training.

²³ Richmond Young Carers Strategy 2012 - 2015

²⁴ A young carer is defined as:

‘children and young people under 18 who provide, or intend to provide, care, assistance or support to another family member who is disabled, physically or mentally ill, or has a substance misuse problem. They carry out, on a regular basis, significant or substantial tasks, taking on a level of responsibility that is inappropriate to their age or development.’ (Social Care Institute for Excellence, 2005)



All staff working in accident and emergency and urgent treatment centres, where a large number of young children attend is monitored by the safeguarding outcomes framework which is being rolled out across London during 2014-15.

Raising awareness with parents/carers children and young people to enable self-care by using a “do it yourself” approach, using reliable accurate resources such as 111, to enable and direct families/carers to easy access information for parents on child care across the ages and how to manage a sick child.

5.17. Transition

Transition is not just about becoming 18 and an adult. There are many transition stages across a life course; becoming pregnant, becoming a parent, children going to nursery, starting school, becoming a teenager, growing into adulthood. For some children this is more challenging than others. Some children will need to transfer into adult services. We will work with the council’s children’s services to begin planning with young people and their families at an earlier stage, ie at age 14 years, to ensure they are well supported and have continuity following on from their integrated education and health care plans.

5.18. Health commissioning plan/intentions

Richmond Children’s Commissioning Plan uses a life course approach.²⁵

The priorities have been identified using data and evidence from all local relevant strategies, needs assessments and plans. See Appendix 1

The following table shows the commissioning plan for 2014 to 2017. These plans will be reviewed and revised at the end of March 2015.

²⁵ Commissioning strategy along the life course approach (Growing up in the UK BMA 2013)

5.19. Richmond Children's Commissioning Plans 2014 to 2017

1. Listening to Children, Young People and their families/carers					
Life course pre birth -----birth -----infancy -----childhood -----Adolescence -----adulthood -----					
Objective	Actions	Lead	Partners	By when	Outcome
To develop appropriate services with users at the centre	Any service remodelling or development to include children, young people and families/carers as central to decisions	CCG ²⁶	Children and families/carers	2014 - 17	Services are appropriate and based on what children and their families need
	That commissioning intentions and plans are made based on evidence and include children young people and their families/carers.		Richmond Public Health		High quality services developed, relevant to children and young people's needs
	Patient surveys to be incrementally introduced to all children and young people health services to hear and use views to improve service provision		Richmond Youth Council Richmond Looked After Children's Council Richmond Children's Services AfC ²⁷ Providers: HRCH ²⁸ Acute Hospitals Voluntary		Patient surveys in place in place and used to improve services

2. Maternity Services There are important changes such as the introduction on a mandatory basis of the maternity pathway payment system and the setting of separate tariffs for diagnostic imaging, the costs of which have been previously included in the outpatient attendance tariffs. NHS PBR Guidance 2013-14					
Life course pre birth -----birth -----infancy -----childhood -----Adolescence -----adulthood -----					
Objective	Actions	Lead	Partners	By when	Outcome
Improve maternity care by applying appropriate tariffs to improve quality of pathways care	Audit both Kingston and West Middlesex Hospitals Maternity tariffs Analysis and apply actions to make improvements when identified	CCG	Kingston and West Middlesex Hospitals	December 2014	Improved quality of maternity care pathways

²⁶ Richmond Clinical Commissioning Group

²⁷ Achieving for Children

²⁸ Hounslow, Richmond Community Health

3. Universal Provision: Foundation years to 19 years					
Life course pre birth -----birth -----infancy -----childhood -----Adolescence -----adulthood -----					
Objective	Actions	Lead	Partners	By when	Outcome
To give all children a healthy start in life 0-5 years	<p>We will work with partners to:</p> <p>Implement the Healthy Child Programme ante-natal to 5 years</p> <p>Increase the health visiting workforce to agreed capacity of 24.68 whole time equivalents to support early identification and evidenced based interventions</p>	NHSE ²⁹	<p>Families and carers</p> <p>General Practice</p> <p>CCG</p> <p>HRCH</p> <p>Richmond Council Children's Services</p>	2014 - 2017	<p>Avoidable health issues are identified early and evidenced based intervention/s are used to improve the health and well-being of all children under the age of 5 years ensuring a healthy start in life and are ready for school.</p> <p>All Richmond children under 5 years receive: A healthy programme, a universal service</p> <p>Protection through immunisation</p> <p>Child development is assessed and any actions taken to ensure healthy child development</p> <p>To build strong attachment with a parent</p> <p>To promote good mental health</p> <p>To promote healthy life styles – diet and exercise</p> <p>Children with additional need are identified early and supported.</p> <p>For children with complex needs and disability – issues are identified early and multi-agency health, education and social care plans are in place where needed.</p> <p>That all children under five are protected from harm</p>
To promote good physical and emotional health and well-being, to enable children and young people to achieve their full potential for all 5- 19 year olds	<p>We will work with partners to:</p> <p>Implement the Healthy Child Programme 5 to19 years</p> <p>Develop the school health workforce</p>	Richmond Council Public Health	<p>Children and young people families and carers</p> <p>Richmond council</p>	2014-2017	<p>All Richmond children and young people receive the Healthy Child universal programme.</p> <p>That they: Achieve their full potential and are ready for further education or work and are not excluded from education training or work.</p>

²⁹ National Health Service England

	<p>Provide early identification and evidenced based intervention</p> <p>To work with partners to investigate the possibility of carrying out the PHSE survey in Richmond independent schools</p> <p>Home educated – identify how health can be provided to this group of children</p>		<p>Children's Services</p> <p>CCG</p> <p>AfC</p> <p>NHSE</p> <p>General Practice</p> <p>HRCH</p> <p>Schools and colleges</p>	<p>are able to choose healthy life styles</p> <p>have good physical and emotional health with good resilience</p> <p>know when, where and how to access services in Richmond</p> <p>are ready for adulthood</p> <p>Children with additional need are identified early and supported.</p> <p>For children with complex needs and disability – issues are identified early and multi-agency health, education and social care plans are in place where needed.</p> <p>That they are protected from harm</p>
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4. Safeguarding & Vulnerable Children & Young People					
Life course pre birth -----birth -----infancy -----childhood -----Adolescence -----adulthood -----					
Objective	Actions	Lead	Partners	By when	Outcome
To identify children and young people at risk and to refer to social care as early as possible	<p>We will continue to improve health outcomes for vulnerable children and young people by:</p> <ul style="list-style-type: none"> Working with adult services to refer via SPA for multi-agency assessment where parental health issues are identified Formalising safeguarding medical assessment arrangements – ensuring there is sufficient & skilled competent medical capacity Continuing to provide quality health assessments for all looked after children & young people and providing quality health assessment for all vulnerable children & young people who either request or are referred by partners against agreed criteria <p>ALL health assessments will result in a health care plan.</p> <p>Health care plans will have a prevention component according to identified need.</p> <p>Health care plans are implemented and monitored according to need.</p> <p>Health care plans are shared with education and social care partners.</p> <p>We will find ways to support housing to secure appropriate accommodation options for young people leaving care, such as contributing to The Housing Strategy.</p> <p>Work more closely with wider adult services to identify vulnerable children and young people,</p>	<p>CCG</p> <p>Richmond Council – children’s services</p> <p>AfC</p> <p>Local Safeguarding Children’s Board (LSCB)</p>	<p>NHSE</p> <p>HRCH</p> <p>All Providers</p> <p>Children and young people, families and carers</p>	<p>Formalising and securing medical capacity by April 2014</p> <p>Young carers – work by March 2014</p> <p>Quality of health assessments – Audit March 2014</p> <p>Action planning from audit – implementation from May 2014</p> <p>Working with wider adult service April – June 2014</p>	<p>To keep all Richmond Children and Young People safe from harm.</p> <p>To improve the health, including emotional health and well-being of vulnerable children and young people</p> <p>To guarantee that will children and young people requiring a child protection medical receive an appropriate expert timely medical.</p> <p>All vulnerable children & young people receiving a health assessment will be able to make comments, compliments, complaints and suggestions for service improvement.</p> <p>To provide the statutory responsibilities lead professional roles and function in place with agreed pathways.</p> <p>To improve health and life chances for vulnerable children and young people in Richmond</p>

	<p>for example young carers.</p> <p>Provide support for young people experiencing domestic abuse and young people exhibiting risk taking behaviours relationships</p>				
To learn from serious Care reviews and Internal Management Reviews	<p>All staff working with children and young people have an up to date Debarring and Vetting certificate</p> <p>All staff are appropriately trained</p> <p>All staff learn from serious incidences, serious case reviews and child death by ensuring medical capacity and statutory functions are in place</p>	<p>CCG</p> <p>Richmond Council Children's Services</p> <p>LSCB</p>	<p>NHSE</p> <p>HRCH</p> <p>All Providers</p> <p>Children and young people, families and carers</p>		To improve quality of care for all professionals and services involved in providing children and young people health services by implementing recommendations for change

5. Children with Complex Needs: Children's Community Nursing and Community Paediatrics					
Life course pre birth -----birth -----infancy -----childhood -----Adolescence -----adulthood -----					
Objective	Actions	Lead	Partners	By when	Outcome
To review and research best models for children community nursing services	<p>Children's Community Nursing: We will negotiate best value with Children's Continuing Care independent Providers</p> <p>We plan to review the work stream, integrating work with partners, to review the current model to identify the best model for Richmond children & young people with life limiting conditions.</p> <p>As part of the review we will consider safe models to reduce children and young people being referred back into hospital – see the Out of hospital care below</p>	CCG	Children and young people, families and carers Richmond Council children's services Public Health AfC HRCH Other local commissioners – Kingston and Hounslow	<p>Planning research and preparation 2014 - 2015</p> <p>Implementation new model 2015 - 2016</p>	<p>To allow choice for children, young people and their families with long term and life limiting health needs</p> <p>Improve quality and consistence of care</p> <p>Secure sustainable provision</p>
To have a Richmond Child Development Team approach for 0 -19 year olds in Richmond	<p>Community Paediatrics Pilot an integrated Child Development Service</p> <p>A single point of access – ensure capacity to coordinate CDT and SPA work</p> <p>Establish agreed pathways</p> <p>Based on findings secure sustainable provision</p> <p>Plan from age14 years transition to adult services</p>	<p>CCG</p> <p>Richmond Council children's services</p> <p>AfC For Pathways planning Richmond Council Pubic Health</p>	Children and young people, families and carers HRCH	April 2014	<p>Develop the provision with children and families at the heart of decisions</p> <p>To improve the health and well-being for children young people and their families with complex conditions</p> <p>To provide an integrated service 0-19-25 years</p> <p>To have a single point of access SPA</p>
For children and families to have personalised budgets – Special Education Needs and Disability Bill 2012 implementation	<p>Working with Richmond Council children services we will carry out a pilot to: Identify potential change in service provision and test personalised budgets for a small number of families in preparation for September 2014 when the bill will be fully implemented</p> <p>The pilot will test the integrated health, education and care plan and ensure consistency in care provision and</p> <p>Identify funding implications for both the CCG and providers</p>	<p>Richmond Council children's services</p> <p>CCG</p>	Children and young people, families and carers	March 2014	<p>To successfully understand and implement the Special Education Needs and Disability Bill</p> <p>To improve choice and implement the health and social care bill in relation to personalised budgets and health, education and care planning 2012</p>

<p>Expansion of local special school provision, ensure sufficient health capacity based on pupil needs</p>	<p>Establish and provide identified increased provision in the short term</p> <p>Resource new need</p> <p>Identify based on pupil need longer term health recourse needs</p>	<p>CCG</p>	<p>Children and young people, families and carers</p> <p>Schools</p> <p>Richmond council children's services and public health</p>	<p>Short term 2013-2014</p> <p>Long term by 2017</p>	<p>To ensure sufficient health provision to the expanded special schools, to enable children and young people to achieve their potential</p> <p>To improve special school choice with an improved local provision, enabling children and young people to remain in their home borough</p>
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6. Out of Hospital Care					
Life course pre birth -----birth -----infancy -----childhood -----Adolescence -----adulthood -----					
Objective	Actions	Lead	Partners	By when	Outcome
Identify why children 0-4 years attend accident and emergency Based on findings investigate new models of care based in the community	We will identify the reasons why children and young people attend accident and emergency and where possible establish community services and other ways to prevent attendance. Incrementally implement a new mode/s and care pathways.	CCG	Children and young people, families and carers Richmond Council Public Health	Research and modelling phase 2014 – 2015 Implementation phase 2016 - 2017	To provide the right care at the right time delivered by a suitably trained professional.
Identify why children and young people attend accident and emergency Based on findings investigate new models of care based in the community	For those children known to the Children's Community Nursing Service we will reduce hospital attendance and aim to ensure children are seen by the right professional in the right place at the right time		HRCH AfC Acute hospital providers		To provide the right care at the right time delivered by a suitably trained professional.

7. Emotional Health & Wellbeing					
Life course pre birth -----birth -----infancy -----childhood -----Adolescence -----adulthood -----					
Objective	Actions	Lead	Partners	By when	Outcome/s
<p>Improve access and service provision of emotional health services:</p> <p>Prevention</p> <p>Easy access and relevant treatments</p>	<p>Improve accessibility to mental health services via a single point of access taking a family approach from tier 1-3.</p> <p>Consider what services can meet the needs for vulnerable children and young people, such as those who are living in homes where domestic violence is an issue and where mental ill health, drug and alcohol misuse is an issue.</p> <p>With commissioning colleagues identify way to work with body image issues.</p> <p>Ensure general practice are aware of services, referral routes and criteria</p> <p>Implement CAMHS review findings with Kingston to improve access, quality of CAMHS tier 2.</p> <p>Pathways redesigned and implemented.</p>	<p>Richmond CCG</p> <p>Kingston CCG Commissioner CMAHS Tier 2 Review</p>	<p>Children, young people, families and carers</p> <p>Richmond Council children's services and public health</p> <p>AfC</p> <p>South West London St George's</p>	<p>2014 - 2015</p>	<p>To improve emotional health & wellbeing</p> <p>Improved access to appropriate services for mental health assessments, diagnosis and treatments</p> <p>General Practitioners know how to refer into the service</p> <p>Families and carers know how to access a service</p> <p>Implementation of new pathways</p>

8. Local Education & Training					
Life course pre birth -----birth -----infancy -----childhood -----Adolescence -----adulthood -----					
Objective	Actions	Lead	Partners	By when	Outcome
Skilled up to date knowledgeable work force	<p>Professionals</p> <p>Education, raising awareness about children & young people:</p> <p>Safeguarding – learning from Serious Case Reviews</p> <p>Access to multi-agency training to support joint working</p> <p>Integrated education for the workforce, where possible learning from the range of children’s professionals</p> <p>Working with general practice and schools to identify and meet their child, adolescent training needs and identify how to provide this training locally.</p> <p>Investigate the possibility of a paediatric lead in every general practice to work along side the safeguarding leads.</p>	<p>Education and Training England</p> <p>General Medical Council</p> <p>Professional bodies</p>	<p>CCG</p> <p>Local Safeguarding Children’s Board</p> <p>HRCH</p> <p>Richmond Council</p> <p>AfC</p> <p>Training boards</p> <p>Health Education England</p>	2014-2017	To maintain a skilled, up to date knowledge workforce
Knowledagble children young people families/carers	<p>Children, Young People & Families/carers</p> <p>We will investigate with our key partners how to disseminate information and training for families/carers focussing on</p> <ul style="list-style-type: none"> • Pre pregnancy, antenatal education • Parenting • Enabling families – managing the sick child • Enabling children & young people to care for them selves <p>Ensuring that vulnerable young people have health information, such as how and when to access a service on leaving the care system</p>	<p>Richmond Council children’s services</p> <p>HRCH</p> <p>AfC</p> <p>CCG</p>	<p>Children and young people families and carers</p> <p>Acute providers – maternity Schools and colleagues</p> <p>Education England</p>	April 2014	<p>Families and carers children and young people have confidence as and are able to care for them selves knowing when and how to access support</p> <p>Prevention health information known by the Richmond public to prepare for a healthy pregnancy, have information easily accessible on parenting issues and how to manage common child hood illness</p> <p>To enable children & young people to become independent adults</p> <p>Young people leaving the care system: Know their health history and now how, when, where and the importance of health care.</p>

9. Integrated Working					
Life course pre birth -----birth -----infancy -----childhood -----Adolescence -----adulthood -----					
Objective	Actions	Lead	Partners	By when	Outcome
Strengthening and developing integrated working to improve children and young people's services	We will look for opportunities for joint and integrated working where it will provide opportunities to improve quality and service delivery.	CCG Richmond Council children's services	All relevant partners	Through the strategy	To enable children young people and their families/carers to experience one seamless service

10. Performance Reporting					
Life course pre birth -----birth -----infancy -----childhood -----Adolescence -----adulthood -----					
Objective	Actions	Lead	Partners	By when	Outcome
Using data to improve services relevant to the age span 0 – 19 years	We will work with providers to report data for Richmond across the age groups recommended by the report of the Children and Young People's Health Outcomes Forum 2012: Infancy (under 1 year), 1 to 4 years, 5 to 9, 10 to14, 15 to19 and 20 to 24 years.	CCG	All providers	2015	Data reported across the 5 year age bands

5.20. Resources

As resources and public sector funding reduces, the challenges for commissioning increases as the population increases and complexity of health, education and social care need increases. The reality of financial pressures means that we need to do more with less.

Working in an inter-agency way including across boroughs, AfC and with the voluntary sector there is the potential to add value and create efficiencies across resources.

Richmond council needs to make 15% efficiency savings over the next three years and the current projections are that the CCG needs to make savings of £6m per year for each of the next three years.

The budgets for Richmond children are spread between the council and health commissioners and a complex number and range of providers are used. This includes schools, social care, children centres, youth services, hospitals, maternity services, community health services and voluntary providers.

The Richmond CCG health budget is notionally:

Notional Budget 2013/14	
Hounslow Richmond Community Health*	£2,090,619
Children's Health Care (Tri funded care, health education and social care)	£2,002,532
Programme budgets (projects)	£158,318
Child Mental Health Services (spot purchases)	£83,977
Child Mental Health Services Tier 2	£170,000
Child Mental Health Services Tier 3**	£1,181,292
Total CCG notional budget	£5,686,738

NOTIONAL budget as children's budget is within the HRCH block contract.

** With in the South West London St. Georges contract.

The Richmond Council budget:

Budgeted expenditure on council services 2013/14 Service	
Education and Children's Services	£000's
Specialist Services	£13,160,000
Protection and Early Help	£11,097,000
School Nursing	£856,000
Total Richmond Council budget	£25,113,000

NOTE: Health Visiting is commissioned by NHS England. This does not include all the children's budget because some funding is in adult budgets.

By working with partners AfC, we will look for opportunities, where appropriate, to integrate services in a way that makes sense for children and their families/carers; we will use funding flexibly and prudently, investing in evidenced-based and best practice recommendations.

6. How do we know if we have achieved improvement?

6.1. Measuring improvement?

There are national outcome measures in place (Appendix 3)

- NHS outcomes Framework 2013/14
- Public Health Outcomes Framework
- Commissioning Outcomes Framework

There are NICE guidelines for quality and best practice and inspectorate for children and young people.

The Report of the Children and Young People's Health Outcomes Forum recommends that data is reported in age bands:

- Under 1 year
- 1 to 4 years
- 5 to 9 years
- 10 to 14 years
- 15 to 19 years and
- 20 to 24 years³⁰

Where possible we will begin to transform the local data reporting systems in the above age bands.

The table below is a summary of the commissioning plans for 2014 -17 with local outcome measures

	Outcome measure
	National Key Performance indicators will be applied
Listening to children and young people	Service providers to survey no less than 10% of users: Children and young people Families/carer's To use the feedback to shape provision When shaping/remodelling redesigning services commissioners to demonstrate user involvement
Maternity Services	Local audit will be applied
Universal provision: Foundation years School health	Monitoring is applied by NHSE
Safeguarding and vulnerable children	Vulnerable children - number of health assessments provided against number of vulnerable children Looked after children's health assessments carried out: Initial Health Assessments – carried out within 4 weeks of becoming looked after Review Health Assessments – carried out: Within 4 weeks of the due date, 6 monthly for children under 5 years and yearly for over 5 year olds Young Carers: need identified and services in place to meet need. Increasing number of known young carers.
Children with complex needs	New nursing model in place Integrated children development team in place Special school sufficient health provision to meet increased need

³⁰ Report of the Children and Young People's Health Outcomes Forum: P56

	<p>Agreed pathways in place</p> <p>Personal budgets in place</p> <p>New health education & social care plans in place by 2015</p>
Emotional health	<p>Agreed pathways in place</p> <p>Review findings implemented</p>
Education and training	<p>Safeguarding: Number of information sessions provided per year</p> <p>Attendance by professional group to identify gaps and targets information sessions</p> <p>Professionals: training scoping completed with plan for action</p> <p>Children & young people: an integrated process using a broad range of methods including technology</p> <p>Families/carer's: an integrated process using a broad range of methods including technology</p>

7. Communication

This document has been developed with Richmond Youth and Looked after Children Council.

It has been shared with our council, voluntary and partners and has been taken to public events in September 2013 for comments.

8. Appendix 1:

List of Richmond Strategies, work plans and needs assessments uses to identify commissioning priorities

Strategy/documents reviewed to identify related strategies and commissioning recommendations

Plans reviewed:

1. Children and Young People's Plan for 2009 -13 & 2013 -17
2. Joint Strategic Needs Assessment 2013 -14
3. Inspection of Safeguarding and Looked After Children 2012
4. Risky Behaviours 2011
5. JSNA Preventing Risky Behaviour
6. Joint Health & Wellbeing Strategy 2013 – 2017
7. Richmond Joint Health and Social Care Strategy for people with autism 2013 – 2016
8. Richmond Out Of Hospital care strategy 2013 – 2016 and Better Services Better Value
9. Richmond Joint Strategy for the Prevention of Substance Misuse 2013 – 16
10. Young Carers Strategy 2012 - 2015 (Draft)
11. Richmond Clinical Commissioning Group Intentions 2013 – 2014
12. Early Years Needs Assessment 2013
13. Richmond School Health Survey 2012
14. Care Quality Commission Inspection Report for Richmond (March 2012)
15. Common Assessment Framework – common presenting themes 2012
16. Richmond Youth and LAC Council work plans 2013 -14
17. Annual Public Health Report 2011 -12
18. Royal Borough of Kingston and London Borough of Richmond upon Thames Children's Services Commissioning Intentions 2013 – 2016
19. Hidden Harm Strategy 2012 – 2015
20. Richmond School Health Surveys 2012
21. Richmond Homeless Strategy 2012 - 2016
22. Richmond Child Poverty Strategy 2011 - 2014
23. Supplement to the Equality Impact and Needs Analysis (EINA) Achieve for Children (AfC) researched and written by Heather Mathew Children and Young Peoples Voluntary Sector Strategic Lead, Richmond CVS
24. Overview of the health and well-being of child and young people in Richmond borough. 2013 Richmond Public Health
25. Better Services Better Value August 2013

9. Appendix 2

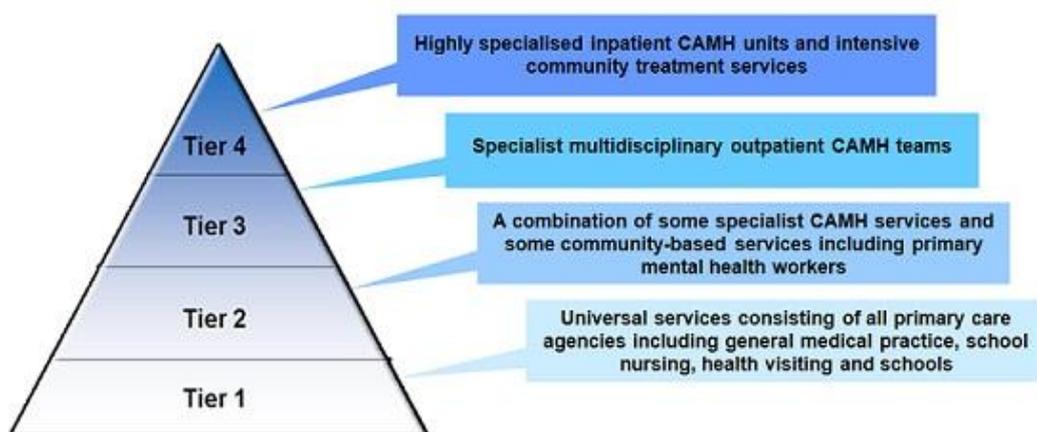
The 4 Tiers of CAMHS Services

Tier 1: consists of non-specialist primary care workers such as school nurses and health visitors working with, for instance, common problems of childhood such as sleeping difficulties or feeding problems. (Commissioned by NHSE and the council Public Health)

Tier 2: consists of specialised Primary Mental Health Workers (PMHW's) offering support to other professionals around child development; assessment and treatment in problems in primary care, such as family work, bereavement, parenting groups etc. This also includes Substance Misuse & Counselling Services. (Commissioned by CCG and The Council Children's Services)

Tier 3: consists of specialist multi-disciplinary teams such as Child & Adolescent Mental Health Teams based in a local clinic. Problems dealt with here would be problems too complicated to be dealt with at tier 2 e.g. assessment of development problems, autism, hyperactivity, depression, early onset psychosis. (Commissioned across The South West London sector)

Tier 4: consists of specialised day and inpatient units, where patients with more severe mental health problems can be assessed and treated. (Commissioned by NHSE)



10. Appendix 3: NHS Outcomes Framework 2013-14 At a glance (Children and Maternity only)

Note some areas have been kept in full because they can be related to children and young people e.g. area 4 and 5.

DOMAIN 1:

Preventing people from dying prematurely

Overarching Indicator: Indicators

1a: Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare

- i. Adults
- ii. Children and Young People

Improvement Areas:

Reducing deaths in babies and young children

- i. Infant mortality* (PHOF 4.1)
- ii. Neonatal mortality and still births
- iii. Five year survival from all cancers in children

DOMAIN 2:

Enhancing quality of life for people with long-term conditions

Overarching Indicator: Health-related quality of life for people with long-term conditions** (ASCOF 1A)

Improvement Areas:

Ensuring people feel supported to manage their condition

Proportion of people feeling supported to manage their condition**

Improving functional ability in people with long-term conditions

Reducing time spent in hospital by people with long-term conditions

Unplanned hospitalisation for asthma, diabetes and epilepsy in under19s

Enhancing quality of life for carers

Health-related quality of life for carers** (ASCOF 1D)

DOMAIN 3:

Helping people to recover from episodes of ill health or following injury

Overarching Indicators:

3a Emergency admissions for acute conditions that should not usually require hospital admission

3b Emergency readmissions within 30days of discharge from hospital* (PHOF 4.11)

Improvement areas:

3.1 Preventing lower respiratory tract infections (LRTI) in children from becoming serious

3.2 Emergency admissions for children with LRTI

DOMAIN 4:

Ensuring people have a positive experience of care:

Overarching Indicators:

4a Patient experience of primary care

- i. GP services
- ii. GP Out of Hours services
- iii. NHS Dental Services

4b Patient experience of hospital care

4c *Friends and family test*

Improvement areas

Improving people's experience of outpatient care

4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs

4.2 Responsiveness to in-patients' personal needs

Improving access to primary care services
 4.4 Access to GP services and ii NHS dental services
 Improving women and their families' experience of maternity services
 4.5 Women's experience of maternity services
 Improving the experience of care for people at the end of their lives
 4.6 Bereaved carers' views on the quality of care in the last 3 months of life
 Improving experience of healthcare for people with mental illness
 4.7 Patient experience of community mental health services
 Improving children and young people's experience of healthcare
 4.8 *An indicator is under development*
 Improving people's experience of accident and emergency services
 4.3 Patient experience of A&E services
 Improving people's experience of integrated care *An indicator is under development****(ASCOF 3E)

DOMAIN 5:

Treating and caring for people in a safe environment and protect them for avoidable harm

Overarching Indicators:

- 5a Patient safety incidents reported
- 5b Safety incidents involving severe harm or death
- 5c *Hospital deaths attributable to problems in care*

Improvement areas:

- Reducing the incidence of avoidable harm
- 5.4 Incidence of medication errors causing serious harm
- Improving the safety of maternity services
- 5.5 Admission of full-term babies to neonatal care
- Delivering safe care to children in acute settings
- 5.6 Incidence of harm to children due to 'failure to monitor'

Public Health Outcomes Framework 2013 - 2016

At a glance

Placeholder = measure to be determined

DOMAIN 1:

Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities

Indicators:

- Child poverty
- School readiness (Placeholder)*
- Pupil absence
- First-time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- People in prison who have a mental illness or significant mental illness (Placeholder)*
- Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness
- Sickness absence rate
- Killed or seriously injured casualties on England's roads
- Domestic abuse (Placeholder)*
- Violent crime (including sexual violence) (Placeholder)*
- Re-offending
- The percentage of the population affected by noise (Placeholder)*

Statutory homelessness
Utilisation of green space for exercise/health reasons
Fuel poverty
Social connectedness (Placeholder)
Older people's perception of community safety (Placeholder)

DOMAIN 2:

Health improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities **Indicators:**

Low birth weight of term babies

Breastfeeding

Smoking status at time of delivery

Under 18 conceptions

Child development at 2-2.5 years (Placeholder)

Excess weight in 4-5 and 10-11 year olds

Hospital admissions caused by unintentional and deliberate injuries in under 18s

Emotional wellbeing of looked-after children (Placeholder)

Smoking prevalence – 15 year olds

Hospital admissions as a result of self-harm

Diet (Placeholder)

Excess weight in adults

Proportion of physically active and inactive adults

Smoking prevalence – adult (over 18s)

Successful completion of drug treatment

People entering prison with substance dependence issues who are previously not known to community treatment

Recorded diabetes

Alcohol-related admissions to hospital

Cancer diagnosed at stage 1 and 2 (Placeholder)

Cancer screening coverage

Access to non-cancer screening programmes

Take up of the NHS Health Check Programme – by those eligible

Self-reported wellbeing

Falls and injuries in the over 65s

DOMAIN 3:

Health protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators:

Air pollution

Chlamydia diagnoses (15-24 year olds)

Population vaccination coverage

People presenting with HIV at a late stage of infection

Treatment completion for tuberculosis

Public sector organisations with board-approved sustainable development management plan

Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)

DOMAIN 4:

Healthcare public health and preventing premature mortality

Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

Indicators:

Infant mortality

Tooth decay in children aged 5

Mortality from causes considered preventable

Mortality from all cardiovascular diseases (including heart disease and stroke)

Mortality from cancer

Mortality from liver disease

Mortality from respiratory diseases

Mortality from communicable diseases (Placeholder)

Excess under 75 mortality in adults with serious mental illness (Placeholder)

Suicide

Emergency readmissions within 30 days of discharge from hospital (Placeholder)

Preventable sight loss

Health-related quality of life for older people (Placeholder)

Hip fractures in over 65s

Excess winter deaths

Dementia and its impacts (Placeholder)

ⁱ NICE (2012) Antenatal and postnatal mental health. <http://www.nice.org.uk/guidance/CG45>

ⁱⁱ Laming, H. (2009) The protection of children in England: a progress report. London: The Stationery Office.