

Tri-borough Children's Trust Board

Tuesday 3rd March 2015

Voluntary Sector Representative (Clare Richards clare@clementjames.org.uk)

Update on C&YP Engagement & Networking Exercise (Ann-Marie Smith)

Ann-Marie outlined the key activities of the tri-borough consultation & engagement group:

- Embedding a tri-borough process for consultation & engagement e.g. inviting care leavers to attend group meetings to inform service improvements
- Transforming consultation and engagement in a digital era e.g. Social media apprentices-focused solely on engaging young people using social media
- Working in partnership and developing best practice e.g. inviting a series of guest speakers

The board were asked to share examples of best practice of meaningful engagement with children and young people.

Update on progress of Tackling Childhood Obesity Programme (Lynne Horn, Tackling Childhood Obesity Programme Manager)

Almost one in five children who are 4-5 years old are overweight or obese. This doubles to two in five children at 10-11 year old. Research shows that 79% of obese children become obese adults resulting in vast long term health and social care costs, reduced productivity and increased sickness absence, therefore early preventative intervention is crucial.

In line with the comprehensive Cochrane review, the Foresight report, the recent McKinsey report and numerous NICE guidance on nutrition and physical activity, the tri-borough has taken a holistic approach to designing a programme by bringing together a number of essential components to effectively address childhood obesity. These components are:

- Multi-level: Preventing obesity and treating those already obese at the same time.
- Multi-stage: There are opportunities for intervention at key life stages from before birth until early adulthood and then again at pregnancy.
- Multi-disciplinary: A range of stakeholders from different fields must work together. Health professionals cannot deal with the issue alone.

Kensington and Chelsea are taking a community-based approach in the Golborne ward. A period of community engagement and frontline staff training is being undertaken to launch the first 'Activity Burst' on 5-A-Day in October. In the meantime a programme of activities is planned for May mid-term.

The board were asked for suggestions where they think the next tranches of work across Westminster should be focused.

Re-thinking mental health provision in the three boroughs: Action plan (Steve Buckerfield)

The Children's Trust agreed to focus their work on mental health this year. They have agreed that achieving a model of provision that delivers on the five principles below requires a long term plan for change. While it was agreed that there were many strengths to current service provision, there was a clear rationale for a 'whole systems' review of current commissioning.



The Board agreed to seek collaboration with the CCGs in establishing a project group to scope the potential for a framework of identifying a comprehensive model of CAMHS provision and a strategy for commissioning.

It was proposed that to take forward this important agenda, the Children's Trust should agree to do the following:

- Agree that partners will work together to develop and deliver a shared vision for emotional and mental health services for children and young people across the three boroughs. The vision should be based on co-productive work and should ensure real clarity.
- Seek to recruit a Project Manager, to start in April 2015, to oversee the development of a Children's Emotional and Mental Health Commissioning Strategy that would set out the framework for the commissioning of services for the next three years, from April 2016.
- Identify how this post will be resourced, ideally through the pooling of funding by key partners represented on the Board. External innovation funding could also be sought.
- Develop a stakeholder engagement strategy to ensure that key partners and stakeholders are engaged and committed to a new vision for mental health services for children and young people in the three boroughs. It is anticipated that this would be one of the initial tasks for the Project Manager.
- Establish a Children's Mental Health Commissioning Steering Group to provide leadership and oversight of the development of the Commissioning Strategy.
- Agree that the focus of the group would be to establish service requirements, with pathways between, for the different tiers of service.
- Identify whether there are the opportunities to commission Tier 2 and Tier 3 CAMHS services separately from adult mental health services within a three year contract (currently mental health is commissioned on a 1 year contract). This is to enable the Trust to deliver its long term vision for change and raise the prominence of children's mental health.

The Children's Trust role will be to scrutinise the impact of the actions identified and to take forward the recommendations; overseeing and supporting the implementation; scrutinising and challenging progress. The Board will test progress against the following recommendations in the future:

- A programme of training for front-line professionals should be developed, co-produced with C&YP
- The H&WB should support the call for a 2015-16 programme of 'guidance, support and prevention' activities in schools
- Local commissioners should continue to engage with NHS England on improving care and treatment pathways for young people with eating disorders
- Progress further work to clarify the numbers and needs of young people in transition
- Implement transition champions charges with improving transition planning
- A CAMHS Consultation, Advice and Referral (CAR) line should be established

Connecting Care for Children: Child Health, General Practice Hubs

The board received an update on the Child Health General Practice Hub model. The model builds on seven existing NWL paediatric projects:

- GP-based outreach
- Learning Together
- Itchy, Sneezzy, Wheezy
- Diabetes
- Health Visiting
- Immunisation
- Sickle Cell

All have been co-designed with families and developed with many professionals. Each has been innovative in the way that it has been developed and what it has sought to achieve.

GP Child Health hubs are typically 3-4 GP practices within an existing network/village/locality, 20,000 practice population, 4,000 registered children, built around a monthly MDT (multi-disciplinary team) and clinic.