Hull Children and Young People Commissioning Strategy 2019-2023







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Hull Children and Young People Joint Commissioning Intentions Plan 2019-2021 (Appendix A)

Introduction

"Our vision is to make Hull an inspiring City – safe and healthy to learn, play, work and live in. We want all children, young people and their families to make healthy lifestyle choices, be safe from harm and have the confidence to be ambitious and to achieve their aspirations."

The purpose of this strategy is to set out the vision, aspirations and priorities for children and young people in Hull. This strategy is designed to support the best possible start in life for all children, young people, parents, carers and families with support offered in the right place, at the right time by the most appropriate person.

Our commissioning needs to be joined up - not just between health and the local authority but also include education, and parents and carers to enable co-production. Integrated commissioning will deliver more equitable and high quality services that operate in a seamless way so that children, young people, parents/carers and families receive the best possible outcomes.

This strategy should be read in conjunction with:

- Hull Children, Young People and Families Plan 2019- 2023.
- Hull Health & Wellbeing Strategy 2014-2020
- Hull SEND Strategy 2016-2020
- Hull Place Based Plan



The Health of Children and Young People in Hull

Population

In 2018, Hull was home to 260,645 residents, of whom 59,690 (22.9%) were children and young people aged 0-18 years. The city sees around 3,400 births every year and the number of children and young people is anticipated to increase to around 61,400 by 2022. Just over one in six Hull schoolchildren are from minority ethnic groups.

Overview

Hull is proud of its achievements in certain health measures. Our overall child immunisation rates are higher than the England average; we have seen a very steep drop in smoking rates by secondary school children and teenage pregnancy rates are falling faster in Hull than in England as a whole.

There are many positives about the health of children and young people – most maintain a healthy weight and enjoy healthy lifestyle behaviours – and many of our health indicators are showing recent improving trends.

However, these positives sit against a backdrop of substantial and persistent challenges. Significant health inequalities exist between different areas within Hull as well as between Hull and other areas both regionally and nationally.

Child Poverty

Hull is ranked the third most deprived local authority in England, more than a third of our children live in income deprived households, including many where parents/carers are working. Over one quarter of children in Hull live in poverty, although rates vary dramatically across the wards in Hull from around one in ten to four in ten children.

Poverty impacts on health and educational outcomes and the overall experience of childhood. Children in Hull generally have poorer health and wellbeing than the regional and national average and in some cases the picture does show worsening trends.

Maternal and Early Years

There is firm evidence that public health in the early years can achieve good health and wellbeing for children now and in the future.

Whilst the <18 conception rate has fallen drastically by 60% in the last decade or so, the rate in Hull is still considerably higher than the national average with around 120 < 18 conceptions in 2017. Additionally, whilst smoking in pregnancy in Hull has decreased considerably in the last decade in Hull, it is still twice as high as England with one in five women smoking during pregnancy in Hull. Breastfeeding rates in Hull have increased over time, but they are lower than England. Just over six in ten new mothers initiate breastfeeding in Hull compared to almost three-quarters of women in England, and as a result breastfeeding rates at 6-8 weeks are considerably lower in Hull.

Key Trends

Public Health England's analysis of the Early Years High Impact Areas has shown *improving trends* in the following indicators:

- Teenage pregnancy 15-17yrs
- Emergency hospital admissions <5yrs
- Hospital admissions for injuries (<5yrs)
- A good level of development at the end of reception year in all areas including communication and language
- Tooth decay age 5yrs, which has fallen from around 40% to 32%

Additionally, more recent data has shown the 6-8wk breastfeeding rate for 2018-19 is up to 32.8%, a 5% increase from the previous year.

However the data also shows clear challenges and worsening trends for:

- Excess weight age 4-5yrs
- A&E attendance <5yrs
- MMR immunisation coverage

Children and Young people

Due to the increased levels of deprivation in Hull, children are at an increased risk of not fulfilling their potential and having worse health than England as a whole. Levels of adult literacy and numeracy, educational attainment and the percentage of adults with no qualifications are considerably worse in Hull which in turn impacts on children's outcomes.

Looked after children (LAC) experience additional inequalities in outcomes relating to health and education; the rate of looked after children in Hull is around twice that of the England average – having increased from 640 to 796 between 2014 and 2019. Across the same time frame the city has seen an almost 20% increase in referrals to children social care, with Section 47 enquiries and child protection rates more than doubling. Hull's rate of children with a child protection plan is 95 per 10 000 – the England average is 45. Thirteen per cent of children in need in Hull have a disability and of those almost half have a learning disability.

Compared to England, there is a higher rate of emergency admission for accidents, and fewer children in Hull are ready for school and achieve good or strong GCSEs passes and there are more children with special educational needs.

Compared to England, babies are less likely to be breastfed and children are more likely to have unhealthy lifestyle behaviours such as poor diets and low levels of physical activity. Children living in the most deprived areas are also more likely to be exposed to second-hand smoke and become smokers themselves. Children and young people living in the most deprived areas are more likely to have learning difficulties, poorer physical health, poorer emotional health and poorer oral health.

Lifestyle

In general, the prevalence of lifestyle and behavioural risk factors for poor health in Hull has reduced considerably in Hull among young people with lower levels of risky behaviour, although the rates are, in general, still high in relation to the national

average.

From our local Young People Health and Lifestyle Survey 2016, around one in ten 15 year olds smoke in Hull, although just under half of young people live with someone who smokes, increasing the risk of young people becoming smokers themselves. The percentage of secondary school pupils drinking alcohol every week or exceeding the recommended weekly adult alcohol limit has decreased over time with around 6% having done so in 2016 compared to twice this in 2012.

Around one in ten pupils stated they had been offered or encouraged to try drugs over the last three months, and similar percentages reported they had ever used or tried drugs. Hospital admissions due to substance abuse among those aged 15-24 years is around 50% higher in Hull compared to England. Furthermore, hospital admissions for alcohol specific conditions among <18s was also high being over 40% higher than the rate in England.

There are high levels of childhood obesity in Hull, and in recent years the prevalence has been increasing. Just under three in ten 4-5 year olds and just under four in ten 10-11 year olds are overweight or obese in Hull.

From our local survey 2016, 44% of boys and 24% of girls of secondary school age were meeting national guidelines for physical activity of one hour per day. Over half of boys and girls aged 11-12 years ate five or more portions of fruit and vegetables per day but this fell to one quarter among those aged 15-16 years.

Despite considerable improvements in recent years, oral health is poor among young children in Hull with one third of five year olds having some tooth decay. Vaccination rates are generally relatively high among infants and children in Hull, although rates have been decreasing in recent years which reflects what is happening nationally.

Education

The overall incidence of special educational needs in Hull is higher than that seen nationally – 17% compared to 14%.

Both locally and nationally the prevalence of special educational needs has been increasing for the last three years. In particular, the number of children and young people with an Education, Health and Care Plan nationally has increased by 17 500 in the last year alone – locally there has been an increase of 92 plans attending provision in the city over the last year and 206 over the last three years.

A higher proportion of pupils with Education, Health and Care Plans attend mainstream schools in Hull than is the case nationally. Locally and nationally the incidence of ASD in special educational needs populations is increasing and, nationally, ASD is the most common primary need seen in special schools (30%) – in Hull the percentage is 13%.

In summer 2018, the city increased the provision of special school places by 36 and, in spring 2019, a further 28 places were made available for ASD pupils. An application for a 125 place SLD free school was endorsed in March 2019.

Recent and significant increases in the number of children accessing early years settings with complex and medical needs will add to the challenges that the city faces at the Early Years Foundation Stage Profile – where the city has struggled for a number of years to close the gap on national averages. Across the profile Literacy (including Reading and Writing) has been the single lowest measure for the last three years.

Across the overall special educational needs population in the city the percentage of pupils with an identified primary need of Speech, Language and Communication needs is 27%, nationally the figure is 22%.

Hull has demonstrated some of the highest levels of both absence and persistent across primary schools in the country for a number of years and secondary schools are also a concern. Additionally, the rates of fixed period exclusions in the primary phase are amongst the highest seen nationally. In both cases – absence and exclusions – the incidence of pupils with special educational needs are higher than corresponding England averages.

Key Trends

Public Health England's analysis of the Children and Young People's High Impact Areas has shown *improving trends* in the following indicators:

- Hospital admissions for self-harm 10-24 yrs
- Hospital admissions for injury 0-14 and 15-24 yrs
- Teenage mothers <18 yrs
- Hospital admissions for asthma <19yrs
- First time entrants to youth justice system 10-17 yrs

However the data also shows clear challenges and worsening trends for:

- Excess weight age 10-11yrs
- Chlamydia detection rate 15-24 yrs
- School pupil absence 5-15yrs
- Hospital admissions for substance misuse 15-24yrs
- Hospital admissions for alcohol misuse <18 yrs

This above is just a brief snapshot of Hull's key child health indictors. For further information please see:

Public Health England <u>https://fingertips.phe.org.uk/profile/child-health-profiles</u> Hull Public Health <u>http://www.hullcc.gov.uk/pls/hullpublichealth/jsna.html</u>



Hull Children, Young People and Families Plan

Our commissioning strategy is underpinned by the Hull Children, Young People and Families Plan (2019 – 2023), vision, outcomes and priorities; which are:

Our vision

- ✓ Our vision is to make Hull an inspiring and enterprising City safe and healthy to learn, play, work and live in.
- ✓ We want all children and young people and their families to make healthy lifestyle choices, be safe from harm and have the confidence to be ambitious and to achieve their aspirations.

Outcomes

- ✓ We want all children and young people to:
- ✓ Be safe from harm
- ✓ Be ready for school by age 5; transition at 11
- ✓ Access good quality education
- ✓ Be healthy and free from poverty
- ✓ Be ready for life and work to be active citizens

Priorities

We will:

- 1. Reduce the need for children and young persons to be in the looked after system
- 2. Support children to have the best start in life and be ready for learning
- 3. Improve educational attainment across the full learning provision
- 4. Improve social, emotional and mental health and wellbeing
- 5. Reduce the number of young people reoffending
- 6. Improve early identification for children and young people that need help

7. To maintain a multi-agency integrated approach to working with families whose lives are affected by domestic abuse.



Commissioning

Commissioning is the process of assessing needs, planning and prioritising, purchasing (procuring), monitoring and evaluating health and care services, to get the best outcomes for people (Figure 1). Basically it is a process where we work to understand what is needed, buy or put in place services that meet these needs and then check to make sure they are doing what we need.

The Children's Act 2004 embodies the partnership we have in Hull between the Local Authority and the Clinical Commissioning Group (CCG). It places responsibility on local authorities with a "Duty to Co-operate" to promote the wellbeing of children and set the vision and direction for children's services.

NHS Hull CCG is responsible for commissioning services for the local population (people registered with a Hull GP). Hull City Council is responsible for commissioning services for the local population (people living in the Hull City boundary). Hull City Council also provides services for those living in Hull. The services commissioned are included in our commissioning intentions to ensure that provision is aligned across all organisational boundaries.

The Children and Families Act 2014 introduced new legal duties for local authorities and CCGs to jointly commission services for children with Special Educational Needs and Disability (SEND). This strategy sets out the joint vision and intention of both organisations and has been developed with key partners, specifically children and young people and parents/carers.

The priorities that are identified in Hull's Children, Young People and Families Plan provide opportunities for integrated commissioning.

This strategy provides the high level commissioning intentions of both Hull City Council and Hull CCG and builds on existing strategies and plans that underpin the delivery of children and young people services within the city.



Figure 1: The Commissioning Cycle (NHS Information Centre)

Commissioning Intentions and Principles

We will commission services that:

- Are targeted towards children, young people, families and communities with the greatest need
- Are informed by the views and the life journey of children, young people and parents/carers
- Jointly commissioned and support improved outcomes
- Identify needs early with early interventions reducing the risk of need becoming engrained and complex
- Are evidence based and can demonstrate better value for money and a social return on investment
- Maximise and value the skills and experience of the workforce/staff group
- Support and deliver statutory requirements
- Support our strategic objectives
- Are delivered more efficiently and effectively and minimise and manage risks and costs in the long term.

Commissioning processes are essential for delivery of the Hull Children, Young People and Families Plan. Getting the right commissioning practices will enable us to put people who use services at the forefront of what we are doing. There are four key principles to this commissioning approach as seen below:-

Outcome Focused	Co-design	Ongoing Engagement	Market Intelligence
 Services focus on the right outcome for the child Building services around the outcomes not activity 	 Detailed specification and performance measures are co- designed with providers driving innovation 	 Continuous open channels for engagement with children, families, staff, providers and wider community 	 Interpreting data and increasing knowledge of the local care market to be able to facilitate and encourage a modern sustainable local offer

Co-production, Engagement and Consultation

Families will be involved in decision making about the services and support they access and are aware of the resources available to them in the local area.

We value the views, feelings and wishes of children young people, their families and carers, by encouraging the participation of children young people, their families and carers in decision making about their care, support and the services they access.

We - health, care, education and support staff - will work together with children, young people, their families and carers, and the voluntary sector to ensure:

- the best educational, health and care outcomes for children young people, families and carers.
- every child and young person reaches their full potential and is prepared for adulthood.
- high quality, up-to-date information and advice about services, support and skills, is available, to everyone, in a variety of easily accessible formats.

Co-production will be complemented with an engagement and consultation approach that will meet the statutory requirements of both organisations. This approach will fall under three broad headings.

Quality Monitoring

Ensuring that the services commissioned are meeting the needs of children young people families and carerswill be achieved through using existing statutory structures such as patient relations services and complaints processes and bespoke service level engagement exercises.

Patient relations intelligence and complaints information will be regularly reviewed and monitored to highlight areas of need or improvement. Regular service level engagement exercises that monitor the recent experiences of service users and evaluate aspects of service that are important to users of that service.

Service Improvement

This will use a co-production approach, ensuring that all stakeholders have an equal voice in the design and development of services, eligibility and strategies.

Transparency

Decision-making around service development, design, including eligibility, will be clear and transparent. The impact that stakeholder input has made to decisionmaking and service design will be fed back to stakeholders, through a number of public channels and in appropriate formats.

Formal Consultation

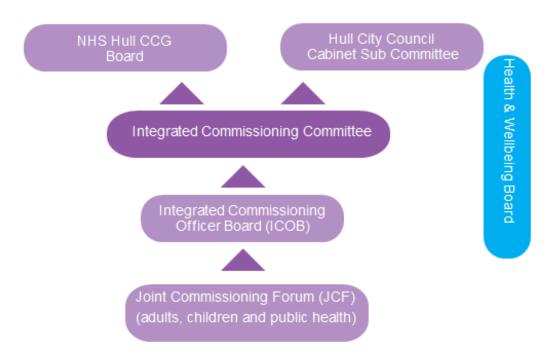
Although both organisations have a statutory duty to consult and involve service users and the public, the requirements are different for both organisations in different situations. In jointly commissioned services, or infrastructure projects, each organisation's responsibilities will be reviewed and the highest requirement will be adhered to by both organisations, even if formal regulations do not apply to both organisations. This will ensure that both organisations discharge their statutory duty, and services users and the public enjoy the highest level of participation.

Integrated Commissioning Governance

Integrated commissioning across the city is underpinned by an aligned governance structure between Hull City Council and NHS Hull Clinical Commissioning Group. This structure underpins all commissioning decisions for children, young people and adult services within the city to ensure a consistent framework is applied.

Our governance will oversee the implementation of this strategy and associated plans.

Programmes of commissioning will be proposed and monitored through the Joint Commissioning Forum (JCF), with the Integrated Commissioning Officers Board (ICOB) having executive oversight of the commissioning intentions. The Committees in Common (CIC) approves commissioning decisions and is two committees, one of Hull CCG Board members and one of Hull City Council members.



Services within the Scope of the Strategy

Early Help and Children's Centres

Youth Services

Children's Public Health Services including Health Visiting and School Nursing

Community Children's Services (Medical, Nursing and Therapies)

Children's Emotional Health and Wellbeing including CAMHS, Learning Disability and Autism

Looked After Children's Health Service

Residential Placements, Agency Foster Placements, Housing Related Support and Supported Lodgings

Community Care Equipment and Wheelchair Service

Children's Continuing Care

SEND Placement and Provision

This Strategy is supported by the Hull Children and Young People Joint Commissioning Intentions Plan included at Appendix A which outlines the projects for integrated commissioning to 2021 and will be refreshed as required.



Glossary

CAMHS	Child and Adolescent Mental Health Services	
CCG	Clinical Commissioning Group	
CIC	Committees in Common	
EHP Plans	Education, Health and Care Plans	
Hull CC	Hull City Council	
ICOB	Integrated Commissioning Officers Board	
JCF	Joint Commissioning Forum	
JNA	Hull Joints Needs Assessment	
JSNA	Joint Strategic Needs Assessment	
NHS Hull CCG	NHS Hull Clinical Commissioning Group	
NHS	National Health Service	
SEND	Special Educational Needs and Disabilities	

Hull Children and Young People Joint Commissioning Intentions Plan 2019-2021

Strategy Area	Service	Lead commissioner	Service Commencement/Completion Date
Children's Public Health Services including Health Visiting and School Nursing	Doula and Breast Feeding Peer Support	Hull City Council (PH)	Complete - August 2019
Community Children's Services (Medical, Nursing and Therapies)	Talking Together summer programme	NHS Hull CCG	Complete- Summer 2019
Community Children's Services (Medical, Nursing and Therapies)	Additional capacity into Specialist Speech and Language Therapy Services	NHS Hull CCG	Autumn 2019
Children's Emotional Health and Wellbeing including CAMHS, Learning Disability and Autism	Additional capacity into Paediatric Autism Assessment and Diagnosis	NHS Hull CCG	Autumn 2019
Community Children's Services (Medical, Nursing and Therapies)	Sensory Processing Disorder: Assessment and Support Service (Proof of Concept)	NHS Hull CCG	Autumn 2019
Community Children's Services (Medical, Nursing and Therapies)	Early intervention practitioners for speech, language and communication needs for early years children	NHS Hull CCG	January 2020
Children's Emotional Health and Wellbeing including CAMHS, Learning Disability and Autism	Pre- and Post- diagnostic support for paediatric autism	NHS Hull CCG	Spring 2020

Strategy Area	Service	Lead commissioner	Service Commencement/Completion Date
Children's Continuing Care	NHS Funded Care (including Children's Continuing Care and Adults Continuing Health Care and personalisation)	NHS Hull CCG	April 2021
Early Help and Children	Hull Family Support Service (Currently Home Start Hull)	NHS Hull CCG	April 2021
Youth Services	Targeted Early Help Youth Provision	Hull City Council (CS)	April 2020
SEND Placement and Provision	Disability Short Breaks	Hull City Council (CS)	2020
SEND Placement and Provision	SEND sufficiency	Hull City Council	2021
Residential Placements, Agency Foster Placements, Housing Related Support and Supported Lodgings	Residential Placements for Looked After Children	Hull City Council (CS)	2021
Early Help and Children's Centre	Children's Centres review	Hull City Council (CS)	2020
Children's Emotional Health and Wellbeing including CAMHS, Learning Disability and Autism	Headstart review and exit strategy	Hull City Council (CS)	April 2021
Children's Public Health Services including Health Visiting and School Nursing	Integrated 0-19 Public Health Nursing Service	Hull City Council (PH)	2021
Early Help and Children's Centres	Troubled Families including Parenting Team	Hull City Council (CS)	2021

Community Children's Services	Hull and East Riding Children's Integrated	NHS Hull CCG	Various
(Medical, Nursing and Therapies)	 Care Partnership Children's Neurodisability Service 	NHS Hull CCG	
	Children's Palliative Care, End of Life and Bereavement Service		