

	<h2>Children, Education, Libraries and Safeguarding Committee</h2> <h3>17 November 2016</h3>
<p style="text-align: right;">Title</p>	<p>Children and Young People’s Health and Joint Commissioning in Barnet</p>
<p style="text-align: right;">Report of</p>	<p>Commissioning Director – Children and Young People</p>
<p style="text-align: right;">Wards</p>	<p>All</p>
<p style="text-align: right;">Status</p>	<p>Public</p>
<p style="text-align: right;">Urgent</p>	<p>No</p>
<p style="text-align: right;">Key</p>	<p>No</p>
<p style="text-align: right;">Enclosures</p>	<p>Annex A – Overview of appendices Appendix A – Barnet Child Health Profile Appendix B– Joint Commissioned services performance update report</p>
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<h2>Summary</h2>
<p>This report provides an update on the health of Children and Young People living in Barnet including, what is being done to address the areas within the child health outcomes that Barnet performs less well in (Appendix A). In addition, the report will also provide an update on performance and priorities of Children and Young People’s services that are commissioned by London Borough Barnet (LBB) and Barnet Clinical Commissioning Group (CCG) Joint Commissioning Unit.</p>

Recommendations

- 1. That the Committee note this update on children and young People's health and the update on jointly commissioned services.**
- 2. That the Committee approve the extension of the Health Visiting and Family Nurse Partnership contracts to March 2018 to align with the School Nursing contract and the 0-19 Family Services Review. The extended contract price will be subject to the allocation from the Public Health Grant.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The Children, Education, Libraries and Safeguarding Committee has requested an update on children and young people's health in Barnet.
- 1.2 Appendix A provides the profile of Barnet's child health outcomes. The health of Barnet's children and young people is generally good and better than the England average in most health outcomes. There are some areas such as obesity, mental health and childhood immunisations where improvements are needed and plans are being developed with Public Health and other commissioning bodies to tackle these issues.
- 1.3 Appendix B provides an update on the performance of jointly commissioned services and future priorities. It is important to note that this is the first time that the Joint Commissioning Unit has been provided with performance data from providers and although there is a dearth of data in some areas and what is provided still needs to be improved in terms of quality , in order to fully understand performance and impact, progress is being made.
- 1.4 To seek approval to progress the extension of the Health Visiting and Family Nursing Partnership contracts for an additional year in order to align with the School Nursing contract and the 0-19 Family Services Review.

2. REASONS FOR RECOMMENDATIONS

- 2.1 To provide Committee with information on the health of children in Barnet to support its role in decision making on issues that may affect children's health and well-being.
- 2.2 Committee members are assured on what is being done to address health outcomes that need improving and are aware of the performance of services and the commissioning activity taking place.
- 2.3 The London Borough of Barnet is undertaking a review of the family services it provides and commissions (0-19 Family Services Review). Committee has agreed the Business Case for this review and a contract extension for the Health Visiting and Family Nurse Partnership services is required to bring the contract end dates in line with the review. Extending the contracts will enable these services to be considered alongside the other services in scope for the

review with the aim of developing a more integrated service that focuses on our priorities making best use of the available budget.

3. ALTERNATIVE OPTIONS CONSIDERED

- 3.1 Currently there are a number of services which are under review. When completed the recommendations will be considered through a commissioning based approach in order to improve outcomes and meet the current and future health needs of Barnet's child population.
- 3.2 If we do not address the health outcomes that Barnet's children do less well in then these outcomes are likely to get worse and will possibly impact on other health outcomes.
- 3.3 If we do not address the performance issues inherent in some of our commissioned services, work with the providers to improve performance and to re-commission services then we will not be doing our best for Barnet's child population or making the best use of tax payers money.
- 3.4 If we do not extend the Health Visiting and School Nursing contracts then we will not be able to develop an integrated 0-19 Family Services and make best use of resources available to us. This will be a missed opportunity to improve service delivery and outcomes.

4. IMPLICATIONS OF DECISION

- 4.1 The implementation of the joint commissioning priorities aims to improve the health outcomes of Children and Young People in Barnet and delivers the priorities of the Health & Well Being Board and the Children & Young People's Plan.
- 4.2 The planned activity in relation to service reviews and re-commissioning supports in ensuring that the services deliver efficient, quality and transparent services which will result in better value for money for the taxpayer, and good outcomes for children and young people

5. Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.1.1 The implementation of service improvements and commissioning activity continues to be managed through existing budgets held in the Children's Joint Commissioning Unit.

5.2 Legal and Constitutional References

- 5.2.1 Services are commissioned within the relevant contract rules and regulations of the London Borough of Barnet, Barnet Clinical Commissioning Group or both. Responsibility for Functions, Annex A, of the council's constitution states that the Children, Education, Libraries and Safeguarding Committee has responsibility for those powers, duties and functions of the Council in relation to Children's Services. It also is enabled to receive reports on relevant

performance information; this report provides performance information on Children's Joint Commissioning (as seen at Appendix B).

5.3 **Risk Management**

5.4 This is managed as part of the governance arrangements and monitored through the relevant Programme Management Office.

5.5 **Consultation and Engagement**

5.5.1 Consultation with stakeholders, children, young people and their families will take place for each service redesign/re-commission.

5.6 **Insight**

Service performance data, user feedback, Joint Strategic Needs Analysis and service specific needs analysis will be used to inform future service decisions.

6. **BACKGROUND PAPERS**

6.1 Not applicable.

ANNEX A – OVERVIEW OF APPENDICES

Appendix A: Barnet Child Health Profile attached. In order to address the health outcomes that Barnet's children and young people do less well in we are:

- Improving mental health, emotional wellbeing and resilience: We are remodelling and re-commissioning children's mental health and well-being services (CAMHS) so that services are intervening earlier and resilience based approaches are delivered. We are piloting the innovative THRIVE model in schools. The model aims to support young people to thrive through a variety of prevention and promotion initiatives in community and educational settings.
- Health coaches: Commission health coaches to work with troubled families and those suffering peri/post-natal depression through to March 2018 as a system innovation to contain demand and improve outcomes. We will be working with the other NCL CCGs and LAs to develop specialist perinatal services.
- Childhood obesity: Maintain childhood obesity and nutrition investment via a tier 2 weight management programme. We are scoping the possibility of a Tier 3 weight management service with Barnet CCG as part of the child obesity care pathway. We deliver the Healthy Schools Programme and target priority schools with additional programmes of support including the Mayor's Golden Kilometre challenge.
- Consider the most effective and cost efficient way to reduce smoking in the population through redesign of the current smoking cessation service offer and working with partners on wider tobacco control issues including use of shisha.
- Work with NHS England, who are responsible for immunisations, to improve take up.

Appendix B: Performance Report Paper attached.