

Children, Families & Education Directorate

Children's Health Commissioning Division  
Annual Business Unit Operational Plan 2008/9

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West Kent  East Kent Coastal   
Primary Care Trust Primary Care Trust

 Children, Families & Education Directorate  
In partnership with 

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## ANNUAL OPERATING PLAN 2008/09

### PURPOSE OF THE SERVICE

### PURPOSE OF THE SERVICE

This Division, funded through a partnership between the 2 PCTs and co-located within KCC's Children, Families and Education Directorate since April 2007 and is dedicated to Children's Health issues, reflecting the commitment to improving health outcomes for all children and young people in Kent.

The Division remains under development. **Please note that although the Division is co-located within, and works as part of KCC's CFE Directorate, it is funded by the PCTs and directly accountable to both PCT Boards under the leadership of the Chief Executive of the Eastern and Coastal Kent PCT. Eastern and Coastal Kent PCT is the host employing and accountable body. This Annual Operating Plan is produced to aid transparency, not as a corporate requirement.**

All statutory organisations involved in commissioning and providing services to children are required to work in new ways, working together and sharing information to protect children and young people from harm and to support them to fulfill their potential and to live a healthy, safe and happy life.

This Division assists in the delivery of the national programme for reform of children's services, described within Every Child Matters and the new national Children and Young People's Plan by working to improve services through Kent Children's Trust and has a particular role in ensuring that the Trust is inclusive of Health, and that Children, Families and Education and Health continue to work together, innovatively and steadfastly, to help create local, accessible, children-centred services.

The Health Service operates in a very different environment to the County Council, with different Business Planning systems, different time lines and accountability for performance. This means that detailed business planning still has to happen according to Health Service requirements and this Business Plan can only give an indication of activity rather than detailed budgets and intentions for 2008-9.

The creation of this Division signals a huge step forward in the relationship between the 2 Kent PCTs and between the PCTs and KCC. The Division is supporting the work of KCC and the Kent Children's Trust by providing the means to review, develop and improve the way both specialist and primary health services and integrated children's services which include health are commissioned and delivered in partnership.

The way in which this Division works in very close partnership with KCC's CFE Directorate is unique in the country. We are acting as a Pathfinder being watched by both the DH and DCSF as well as the Strategic Health Authority and other local authorities as we find new ways of improving outcomes for the children and young people of Kent. This will take time to develop and evolve.

The functions and roles of the team described below result from its core responsibility to

achieve world class commissioning that delivers effective health outcomes for children and young people consistent with the five core outcomes of Every Child Matters , 'Choosing Health' and the Department of Health National Service Standards (NSF) for children.

The functions of the Division are performed in close partnership with KCC CFE directors and GP Practice based Commissioning (PbC). The Division also operates as a collective champion for the health and well-being of children and young people in Kent within the Kent Children's Trust and links to joint projects and activities that seek to reduce child health inequalities and promote social inclusion.

It is a commissioning division and does not provide front-line services, but contracts with and performance manages delivery by providers.

**Key Objectives:** (see also Functions and Roles)

- Plan, commission and procure effective child health services, increasingly through multi-agency service specifications and consistent with the Children and Young People's Plan (CYPP) , Joint Strategic Needs Assessment for Children's Health (JSNA) and Public Health Strategy.
- Ensure all services commissioned and monitored by the Division meet core standards and specifications contained in the Dept of Health's 'Standards for Better Health'
- Support the development of the Children's Trust and Local Children's Services Partnerships to deliver Kent wide and local joint planning and commissioning processes and as part of the development of services, thereby ensuring health is addressed
- Assist in improving services for disabled children with long term conditions with complex health needs through integrated management and co-location of services,
- Work in partnership to support the development and extension of services to improve the mental health of children
- Improving the health and well being of vulnerable children and young people, including young offenders, looked after children and young people and those excluded from schools or education, teenage parents.
- Develop the engagement of children and young people in planning the health services they receive.
- Support the implementation of the Common Assessment Framework (CAF) and Integrated working.
- Plan for joint training and workforce development to ensure staff are able to work in new ways and to safeguard all children and young people

Eastern and Coastal Kent PCT and West Kent PCT produce strategic commissioning plans which include Child Health. Change Programme Boards for children have been established in Eastern and Coastal Kent and West Kent PCTs to determine respective child health strategies supported by Annual Operating Plans, which will inform PCT Plans as well as the multi-agency Kent Children and Young People's Plan.

An Accountability and Governance Framework for the Children's Health Commissioning Division, detailing the arrangements for Eastern and Coastal Kent PCT to act as host PCT has been drawn up and was signed off by both PCT Boards in January 2008.

The Division is co-located with KCC's CFE under a Heads of Agreement Statement which

runs to March 2008. This will be followed by a formal agreement between Eastern and Coastal Kent PCT and KCC as part of the under the KCT Partnership Agreement.

## **PLANNING CONTEXT AND PRIORITIES**

### **Local Context**

The health of children and young people in Kent is good.

Good health and the 5 ECM outcomes, which all incorporate elements of health and well-being, have become embedded in the vision, not only of the Children, Families and Education Directorate but also of the County Council as a whole. Towards 2010 has a range of healthy living targets, and the Kent Agreement identifies a number of partnership activities supporting health and wellbeing.

We want to support all of Kent's children and young people to fulfil their potential at school, home and at play and in order to do this they must be healthy.

The Division has significant responsibility for achieving the strategic objectives of the Directorate to improve health and well being of Kent's children and young people as reflected in:

- APA/JAR Action plan
- Children and Young People's Plan
- The Kent Agreement/ LAA
- Towards 2010
- PCTs' Strategic and Local Delivery Plans
- The Public Health Strategy
- Joint Strategic Needs Assessment for Children's Health

KCC's Annual Performance Assessment identified 3 areas for development, as follows:

- Continue implementation of the CAMHS strategy.
- Improve the timely completion of health and dental assessments for looked after children and young people and the collection of data on this indicator.
- Continue to focus activity to reduce teenage conceptions in those areas where the rate has not reduced.

**Kent Agreement 2** - At the time of writing the Kent Agreement 2 for 2008-2011 is entering the final phase of negotiation and implementation is due to start in April 2008. The priorities identified across the County and with our partners will influence the Directorate's direction during the next 3 years and beyond. Impact and success will be measured against a suite of indicators agreed with Government and deriving from the new 198 National Indicator dataset.

### **National Context**

#### **Legislation**

Every Child Matters

Children Act 2004

Working Together to Safeguard children

National Service Framework for Children and Young People and Maternity Services  
Choosing Health: Public Health White Paper  
Strong and Prosperous Communities' White Paper (October 2006)  
Five Year strategy for Children and Learners  
10 Year Childcare Strategy  
Youth Matters Green paper

The Division operates within the context of major legislation. Every Child Matters subsumes the National Service Framework (NSF) for Children, Young People and Maternity Services published in October 2004, and other Department of Health policy where it relates to children and young people, for example Choosing Health. The Department of Health's National Service Framework for Children (a ten year plan) comprises eleven standards, each with markers of good practice which will help to achieve (and demonstrate) high quality service provision for all children and young people, and their parents or carers.

The Children Act 2004 places a duty on local authorities to lead co-operation between agencies in order to improve children's well being measured against the 5 outcomes in ECM and a duty on key partners, including Primary Care Trusts (PCTs) to take part in cooperation arrangements.

The ECM definition of Being Healthy is

***Children and Young People are physically, mentally, emotionally and sexually healthy, have healthy lifestyles, and choose not to take illegal drugs.***

The achievement of this outcome is the core function and priority for the Children's Health Commissioning Division and success should result in a measurable reduction in the inequality of health outcomes for vulnerable children. There are also health elements that need to be addressed in all the other ECM outcomes, through a range of commissioned services and Health Safeguarding Teams including health promotion as part of the ECM outcome: Staying Safe.

### **Partnerships**

The Division has been established to specifically ensure that Health services are jointly developed and commissioned within the context of the development of Kent Children's Trust county and local arrangements and that the PCTs and Health Service providers are fully engaged in this work as it is developed. This may well include budget pooling arrangements and commissioning delivery from the community and voluntary and the private sector where appropriate.

### **PCT Children and Young People's Change Programme Boards:**

Children and Young People's Change Programmes are currently under development in both PCT areas. These are being developed through new partnership Change Programme Boards which have been set up to develop and lead key change programmes to improve health outcomes for children and young people across each PCT area, in line with the CYP and other targets. CFE Directors are members of both Boards. This process will ensure a shared vision and planning process and identify resources to support the change programmes described in the plans.

### **Teenage Pregnancy Partnership:**

The Director line manages the Teenage Pregnancy Strategy Coordinator. However, as the Teenage Pregnancy Strategy requires the engagement of a range of different agencies a Board has been established which oversees the development and delivery of the Teenage Pregnancy Strategy, Action Plan and targets. The Director of Children's Social Care chairs the Board.

### **GP Practice based Commissioning Clusters:**

The Division is currently developing protocols and agreements to support its work on behalf of General Practitioner PbC Clusters to commission children's community health services and some acute services to support delivery of the CYPP and Local Children's Services Partnerships.

**Public Health:** The Division works closely with the Public Health Unit and Public Health Board, with regular liaison taking place between the Director of Children's Health Commissioning in CFE and the Director of Public Health in the CED. An Assistant Director of Public Health specialising in the public health of children and young people works closely with the Division. A Joint Strategic Needs Assessment, Public Health Strategy and Health Inequality Action Plan for children's health in Kent have been produced through this partnership, jointly with KCC, which has informed this Business Plan and are informing county and local planning for children's services. This Division acts as a champion to ensure the engagement of all the Kent Children's Trust partners in delivery of the recommendations of the Joint Strategic Needs Assessment for children and young people's health are developed into county and local action plans.

**PSHE Strategy:** A PSHE Strategy, currently the subject of consultation, requires the development of improvements in partnership working including with schools. The Director of Children's Health Commissioning leads this work on behalf of CFE.

## **Significant change to meet needs/demand**

### **Population**

Over recent years (2000-2005) the largest growth in the 0-18 population has been in Ashford, with the major planned housing developments associated with the south east housing growth strategy.

Other areas of significant growth include Tonbridge and Malling, Tunbridge Wells and Canterbury. However the same period also demonstrates the beginnings of the longer term downward trend in the numbers of children and young people relative to the population at large.

Local Authority	2005		Projected Population Aged 0 - 14		% Change	
	Population Aged 0 -14	% of Total Ward Population	2011	2016	2005 to 2011	2005 to 2016
Ashford Local Authority	21290	19.6	22290	23180	4.7	8.9
Canterbury Local Authority	22700	16.2	21560	21060	-5.0	-7.2

Dartford Local Authority	17980	19.1	19730	21180	9.7	17.8
Dover Local Authority	19150	18.1	17720	16890	-7.5	-11.8
Gravesham Local Authority	17670	18.9	16710	16640	-5.4	-5.8
Maidstone Local Authority	25970	18.3	25710	25300	-1.0	-2.6
Sevenoaks Local Authority	20000	18.5	18780	17910	-6.1	-10.5
Shepway Local Authority	17180	17.6	15890	14960	-7.5	-12.9
Swale Local Authority	23370	19.3	22490	22040	-3.8	-5.7
Thanet Local Authority	23930	18.4	23020	22610	-3.8	-5.5
Tonbridge and Malling Local Authority	21430	19.9	20790	20340	-3.0	-5.1
Tunbridge Wells Local Authority	19780	18.9	18050	15940	-8.7	-19.4
<b>Kent County Total</b>	<b>250450</b>	<b>18.5</b>	<b>242740</b>	<b>238050</b>	<b>-3.1</b>	<b>-5.0</b>

Source: Kent County Council Strategic Planning Analysis and Information Team

Over the last ten years the number of births across Kent as a whole and indeed both PCT areas has been broadly consistent. There was a dip in the number of births in 2001 and 2002 but for the last three years the numbers appear to be approaching the established pattern of ten years previously.

The most notable trend for Kent as a whole and replicated in both PCT areas is the steady increase in the number of live births to mothers aged 35+. This is a reflection of social change with increasing numbers of planned births later in life in consequence both of the wish to establish careers and probably a product of increased housing cost.

### **Other Influences:**

Housing development and population change in all areas and the need to address capital developments to support needs.

Ensuring public health agenda is fully integrated in the commissioning and delivery of all children and young people health and social care. Increasing emphasis early intervention, and health promotion requirements for the children's entire workforce.

Available resource (in all forms) to deliver all national and local priorities, particularly as the elderly and other population groups increase demands on health services

Engagement of clinicians at all levels – particularly with changes in delivery of services and commissioning of services. e.g. Delivery of Practice Based Commissioning, 24 hours CAMHS provision.

Redesign of care pathways – in particular managing increasing demand and expectations

Potential delay in roll out of adequate IT systems and facilities. This may effect the delivery of the Common Assessment Framework – a key requirement of the Children's Act.

Financial planning, including financial recovery planning, implementation of pooled budgets and tapering of services

Relatively poor health of population in a number of wards as demonstrated in the JSNA, requiring new approaches to tackling poverty in association with Local Children's Services Partnerships

Increase in population from other nationalities.



Significant local pressures around placements, though 'import' of looked after children and patients from London and other counties. Social inclusion, equity and diversity agendas.

The risks highlighted in the final section may influence the delivery of this Operating Plan. In particular: Issues within the Health Economy, including shortfalls in funding and reorganisation.

Development of GP Practice based Commissioning could run counter to plans being made by through Children's Trust arrangements and this Plan

Issues ensuring all key Health personnel are trained and are able and willing to cooperate with information sharing.

### **Public/user/non user feedback**

The Children's Health Joint Strategic Needs Assessment provides information relating to the health and wider determinants of health for children and young people in Kent, together with a review of research findings as to what interventions are likely to be most effective to tackle the major issues. The JSNA is informing the work of this Division, the Kent Children's Trust and Local Children's Services Partnerships.

The CAMHS Strategy and Public Health Strategy chapter for Children and Young People were widely consulted on within CFE, with Headteachers in Kent and across other partners.

The NFER Survey of Kent's Children and Young People "Who they are, what they do and what they think" also informs service planning and in future will help us assess impact of our work.

The Division recognises the need to strengthen the participation of children, young people and their parents and carers. It is developing systems to ensure research findings and the views of target vulnerable groups of children and young people inform the development of service change and development.

The Division also ensures the views of children and young people and their parents are sought as part of their individual case planning through its commissioning function.

Local Children's Services Partnerships, of which this Division is an integral part, are developing ways to engage children and young people and their parents and carers in identifying local needs and effective ways to address these needs to inform local planning and commissioning.

Kent Teenage Pregnancy Partnership uses research with young people it commissioned on various aspects of work relating to develop the Teenage Pregnancy Strategy.

### **Review of Performance 2007-8**

KCC's Annual Performance Assessment (APA) graded KCC as having has outstanding capacity to improve its services for children and young people and its management of these services is outstanding (Grade 4) partly due to the embedding of Children's Health Services within the CFE Directorate.

The APA assessment also assessed that the overall effectiveness of services to contributing to 'being healthy' as Grade 3 (good). Although this Division does not directly deliver services, it commissions and influences all of the elements relating to the very positive assessment for Kent which stated:

*“The contribution of services to improving outcomes for children and young people in this aspect is good. The council works in close partnership with partners to improve the outcomes for children and young people particularly through the promotion of healthy lifestyles.”*

Positive health outcomes are being delivered through the children's centres with evidence of more children accessing speech and language therapy services.

The teenage conception rate is slightly below the national average although there is still much to do.

Good progress has been made in:

- Developing capacity and reducing waiting times for CAMHS Tier 3 Services, including reducing waiting times for referrals from YOS.
- Development of prevention and early intervention services for children and young people with disabilities
- Improvements in health assessments and reviews and dental access for LAC

In each of these areas there were individual service Business Plans with implementation performance managed by the Division.

## Key Performance Indicators

<b>Indicator</b> <i>local/operational indicators as well as national ones, categorised if appropriate e.g. as LAA, T2010, CPA, BVPI, PAF</i>	<b>Actual performance 2006/2007</b>	<b>Estimated performance 2007/08</b>	<b>Target 2008/09</b>
The standardised average change in the 'added value' parental measure of the Strengths and Difficulties Questionnaire (SDQ) score for children aged 5-15 accessing Tier 2 and Tier 3 CAMHS services at four to eight month follow-up. (LAA4)	N/A	Target 0.15	
BVPI 197 : Change in the rate of teenage pregnancy compared to 1998 baseline of 41.5 per 1,000 females aged 15 to 18	38 (2005)	34 (2006)	(07/08 was 26.7)
Change in rate of teenage pregnancy compared to 1998 baseline of xx per 1,000 females aged under 16	-10.3% (2005)	-10% (2006)	-29.7%
PAF C19 LAC immunisations	62.4%	69.4%	
PAF C19 LAC Dental Checks	54%	61.7%	
PAF C19 LAC Health Checks	53.6%	58.4%	
LAA 2 NI51 Effectiveness of child and adolescent mental health (CAMHs) services	N/A		
Access to CAMHS and waiting times (24/7 cover emergency assessments within 24 hours/LAC access)	N/A		
YP referred to CAMHS as acute by YOS assessed within 5 days of referral	84.5%	95.7%	TBC
YP referred by YOS as non-acute to CAMHS assessed within 15 days of referral	85.7%	89.7%	TBC
Rate of STIs in young people under 18	N/A		
% Reception & Year 6 pupils whose BMI is > 85 <sup>th</sup>	N/A		

<b>Indicator</b> <i>local/operational indicators as well as national ones, categorised if appropriate e.g. as LAA, T2010, CPA, BVPI, PAF</i>	<b>Actual performance</b> <b>2006/2007</b>	<b>Estimated performance</b> <b>2007/08</b>	<b>Target</b> <b>2008/09</b>
and 95 <sup>th</sup> percentiles (LAA2 target) NI55 Obesity among primary school children in reception year			

### **National Indicator Dataset:**

The new National Indicator set of 198 performance indicators set by Government aims to reform the current system of targets and inspection with a closer focus on the views of the public and encouraging local solutions to problems. The dataset is currently under consultation and is not finalised. However this new performance framework will need to be embedded into the performance management of the Directorate and early analysis has identified the following indicators as the responsibility of this Division:

<b>Ref</b>	<b>Indicator</b>
NI 112	Under 18 conception rate
NI 55	Obesity among primary school age children in Reception Year (Two indicators)
NI 56	Obesity among primary school age children in Year 6 (Two indicators)
NI 50	Emotional health of children
NI 51	Effectiveness of child and adolescent mental health (CAMHs) services

### **Achievements/Outcomes 2007-8**

The APA assessment stated that:

*“Local services are proactive in seeking to provide information and advice about healthy living to children and young people. A recent survey by the Children and Young People’s Partnership showed that awareness about healthy lifestyles is high. A county wide group has been established to oversee the promotion of healthy eating and to combat obesity. The council is on track to exceed its targets for the number of schools achieving the Healthy Schools Award. Some 71% of Kent schools are engaged with the Healthy Schools Programme, 95% are committed to the programme and 34% have already achieved the new enhanced national standard. This is better performance than similar councils and above the national average.*

*Positive health outcomes are being delivered through the children’s centres with evidence of more children accessing speech and language therapy services. The majority of General Practitioner practices provide child surveillance services; immunisation rates are generally good and above England averages.*

*The teenage conception rate is slightly below the national average. However the rate of change is modest and makes the government's 2010 target particularly challenging. The work of the Kent Teenage Pregnancy partnership includes a focus on targeted action in the most disadvantaged areas where there has been some success although there remain areas where this is not yet effective. Sex and relationships education is improving and the council is continuing to develop initiatives including school based youth workers supporting personal, social and health education programmes.*

*Good progress has been achieved in delivering comprehensive CAMHS and in increasing the level of services provided. Developing a CAMHS strategy has been the priority for this year and will serve to strengthen joint commissioning opportunities at both the local and strategic levels. Access to services for 16- to 17-year-olds requiring CAMHS has improved and waiting times for CAMHS Services are in general lower than the England average. The speed of response from CAMHS for young offenders has improved with 83% of acute cases being referred within 5 days, up from 19.6% in 2005/6. Tier 1 CAMHS services have been expanded this year through provision from children's centres.*

*The Fostering Inspection in 2007 was positive about health outcomes for looked after children and young people. Similarly, the recent Kent Survey of children and young people showed a positive response from 11 to 16 year old looked after children about their health. However, the timely completion of health and dental assessments for looked after children and young people has declined further this year and shows the lowest performance nationally. In part the council reports that this is due to non-participation by looked after children and young people. The council and its Primary Care Trust partners further anticipate that recent and significantly improved data collection arrangements will show greatly improved performance.*

*Early Support and intervention services for children and young people with learning difficulties and/or disabilities are being improved by delivery through seven established Local Implementation Groups. Two more planned Implementation Groups will provide county wide coverage."*

## **Service Comparisons**

### **Health as part of Kent Children's Trust:**

KCC is one of the only Children's Services Authorities nationally which have built such a close relationship with Children's Health commissioning as part of their Children's Trust arrangements.

Although it is still early days, it is anticipated that such close collaboration in planning and commissioning services for children and young people will lead to greater effectiveness, timeliness and impact of services on the health of children in Kent and the inequalities in health outcomes evidenced in the Joint Strategic Needs Assessment (JSNA) for Children's Health in Kent.

## **Section 17 Crime and Disorder Act**

Of particular note here is the work to develop multi agency CAMHS services in Kent, including improvements to the services delivered to young offenders and improvements in

preventative services. There is no doubt that poor mental health may lead to issues with violent behaviour, drugs and alcohol misuse and this clearly impacts negatively on community safety.

Ensuring that the children and young people of Kent have good access to sources of information about their health, including the use of drugs and alcohol, also supports community safety.

Local needs assessments and strategies developed through the PCT Services for CYP Change Boards and Local Children’s Services Partnerships will also make a significant contribution to reducing crime and disorder over the next period, including the development of more play opportunities, in partnership with Districts, which also supports tackling obesity.

### **Equalities and Diversity**

As the host organisation, Eastern and Coastal Kent Primary Care Trust (EKC PCT) is responsible for the management of the Children and Young People’s Health Commissioning Division, and the policies and standards requirements of the host organisation are those which the Division follows.

EKC PCT is committed to ensuring equality of opportunity and the application of human rights for all of its staff, patients, clients and their relatives. Full details of the equalities policies for disability, race, gender, single equality schemes and policies regarding personnel procedures can be found on the Eastern and Coastal Kent PCT website: <http://www.eastcoastkentpct.nhs.uk/home/equality-and-diversity/>

#### **Monitoring data**

The ECK PCT takes its commitment to equality and diversity seriously and publishes monitoring data showing the breakdown of its workforce and the impact some employment processes have on different staff groups. This information is regularly reviewed and updated.

### **Corporate Environmental Performance and Climate Change Adaptation**

<b>Business Unit cross-cutting environmental objective</b>	<b>Lead officer</b>	<b>Deliverables / outcomes for 2008/09</b>	<b>Target date</b>
The Division is delivering Health Commissioning strategies which seek to increase prevention and treatment as near to home as possible for children and young people in Kent. This should help reduce the number and length of car and other journeys to health providers across Kent.	Richard Murrells	These are long term strategies and delivery will be through gradual processes over the next 5 years. We do not anticipate being able to directly measure environmental impact.	2014
The Division will support and develop public health initiatives aimed at reducing obesity in children across Kent. This will include working with partners to get children and	Richard Murrells		

<b>Business Unit cross-cutting environmental objective</b>	<b>Lead officer</b>	<b>Deliverables / outcomes for 2008/09</b>	<b>Target date</b>
<p>young people and their parents/carers out of cars and walking or cycling</p> <p>The Directorate has committed to the achievement of ISO 14001 during the course of 2008.</p> <p>As a Division we will work with CFE to identify the aspects of our operations which give rise to significant environmental impacts and develop action plans to reduce them wherever capacity allows.</p> <p>In the case of climate change we, like the rest of the Directorate, commit to developing an understanding of the risks and issues during 2008/9</p>			

<b>Project / development / key action</b>	<b>Evidence of compliance with KCC Environment Policy</b>	<b>Major climate change impacts on service delivery</b>	<b>Adaptive action in 2008/09 (include lead and target date)</b>
Raise staff awareness of environmental responsibilities and how to reduce impact on the environment	We will endeavour to carry out environmental impact assessment for all new services commissioned		<p>Identify a green champion for the division to help raise awareness and monitor compliance with environmental strategy</p> <p>Management team to create, endorse and implement a green pledge for the division which sets out the minimum contribution all staff are expected to make to reduce environmental impact (Richard Murrells to nominate a lead within management team, April 08)</p>
Review impact of staff travel and seek to reduce business mileage	Seek to minimise our employees' need to travel, including through our estate strategy, locations selected for events, use of public transport, teleconferencing and other sustainable	Increased occurrence of extreme weather conditions can impact on staff ability to travel to work and	<p>Review current level of business mileage and produce guidance for staff on ways to reduce.</p> <p>Identify opportunities for home working during extreme weather in Business Continuity plan</p>

Project / development / key action	Evidence of compliance with KCC Environment Policy	Major climate change impacts on service delivery	Adaptive action in 2008/09 (include lead and target date)
	<p>solutions</p> <p>Achieve reductions in total business mileage travelled by employees, encourage greater car sharing and other sustainable solutions, without adversely affecting service delivery</p>	<p>safety while travelling</p>	



## SECTION 2: PRIORITIES AND OBJECTIVES

### **KEY RESPONSIBILITIES OF THE SERVICE**

The functions and roles of the team described below result from its core responsibility to achieve world class commissioning that delivers effective health outcomes for children and young people consistent with the five core outcomes of Every Child Matters.

The functions to be performed below will be undertaken in close partnership with KCC CFE directors and PbC. The team will also operate as a collective champion for the health and well-being of children and young people in Kent.

### **Functions and Roles of the Division**

- The interpretation and promulgation of national policy related to Children's Health.
- Dissemination of best practice and its inclusion in service redesign.
- Support the development of children and young people's Joint Strategic Needs Assessment.
- Support the development of the Children and Young People's Public Health Policy and Strategy and implementation through partnerships.
- Development of strategic commissioning plans for child health.
- Development of local delivery plans.
- Development of service specifications, including clinical governance factors and outcomes framework.
- Service procurement (where applicable).
- Change implementation.
- Supply market development and integrated children's workforce planning.
- Performance monitoring and reporting and service reviews.
- Development of locality commissioning.
- Development of appropriate partnerships linked to the Children's Health agenda including the Community Directorate of KCC (YPDAAT, YOS, Youth Service, Community Safety) and Kent Police.
- Development of partnerships with the community and voluntary sector.
- Strategic policy and commissioning in reference to safeguarding children.
- Monitoring of service delivery against comprehensive spending review national indicators and PSAs between the DCSF and DH, and statutory targets of PCT / KCC viz child health. Including PCTs compliance with Standards for Better Health.
- The development and maintenance of clinical and management networks at local and regional levels and engagement as appropriate in national networking.
- Formulating bids or business cases required from government departments in relation to Children's Health.
- Networking with other services which impact on families such as mental health and maternity.
- Coordinate responses to national and local consultations about Child Health.
- Supporting public / patient involvement and LINK.
- Supporting PCT statutory consultations, where applicable, to service changes.
- Support PCT processes in relation to freedom of information requests and complaints.
- Manage individual placements for children
- To lead on PSHE on behalf of the CFE Directorate

### LEAD ROLES

#### Key Corporate/Directorate Targets

Plan	Name of Target in Full	Lead Officer
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<b>Key Corporate/Directorate Targets</b>		
<b>Plan</b>	<b>Name of Target in Full</b>	<b>Lead Officer</b>
CYPP	<b>Priority 5</b> , With partners ensure that services continue to be developed to improve and promote healthy lifestyles outcomes for Children. The Director provides leadership for KCT for this priority.	Richard Murrells
CYPP	<b>Priority 5, key action 18</b> Improve sexual health and reduce teenage pregnancy by improving access to early intervention services with focus on high rate areas.	Ruth Herron
CYPP	<b>Priority 5, key action 22</b> - Further develop the school nursing service in relation to healthy lifestyles and prevention with particularly reference to vulnerable groups.	Richard Murrells
CYPP	<b>Priority 5, Key Action 20</b> - Implement a PSHE strategy to improve the delivery of PSHE and build resilience in children and young people to deal with stress, bullying, domestic violence and other pressures in their lives.	Richard Murrells
CYPP	<b>Priority 5, Key Action 21</b> - Further improve access to drug, alcohol, smoking cessation and other early intervention services for CYP.	Richard Murrells (Joint)
CYPP	<b>Priority 5, key action 24</b> Undertake joint work to identify families not registered with a GP.	Richard Murrells
CYPP	<b>Priority 5, key action 25</b> Undertake projects that reduce child health inequalities and promote social inclusion.	Richard Murrells
CYPP	<b>Priority 5, key action 26</b> Promote breastfeeding throughout sure start areas	Richard Murrells (supporting this target)
CYPP	<b>Priority 6</b> , To identify children and young people (aged 0-15) with emotional and/or psychological difficulties at the earliest possible stage and respond with the most effective support.	Richard Murrells (Joint)
CYPP	<b>Priority 6, key action 27</b> - All young people assessed by YOT as manifesting acute MH difficulties to be referred to CAMHS for a formal assessment commencing within 5 working days of receipt of referral. Other referrals to be assessed by CAMHS within 15 working days	Richard Murrells (Joint)
CYPP	<b>Priority 6, key action 28</b> - Increase and enhance early intervention services to respond to children's behavioural and emotional difficulties, and manage access to specialist and intensive CAHMS services	Richard Murrells (Joint)
CYPP	<b>Priority 6, key action 29</b> - Increase awareness of	Richard Murrells

<b>Key Corporate/Directorate Targets</b>		
<b>Plan</b>	<b>Name of Target in Full</b>	<b>Lead Officer</b>
	emotional and psychological health issues amongst parents and vulnerable groups.	(Joint)
CYPP	<b>Priority 6, key action 30</b> - Develop 24-hour cover to meet children's urgent mental health needs and undertake a special assessment within 24 hours	Richard Murrells (Joint)
CYPP	<b>Priority 7</b> , Improve and extend preventative services to ensure that children are supported in their families and the need to remove children is reduced	Richard Murrells (Joint)
CYPP	<b>Priority 7, key action 33</b> - Strengthen multi agency commissioning arrangement for vulnerable children and implement consortia action plans	Richard Murrells (Joint)
CYPP	<b>Priority 8</b> , Further improve multi-agency approaches and services for children at risk and in need of protection.	Richard Murrells (Joint)
CYPP	<b>Priority 8, key action 44</b> Develop protocols for information sharing arising from Accident and Emergency injury surveillance	Richard Murrells
CYPP	<b>Priority 14</b> Ensure the effectiveness of provision for all children and young people	Richard Murrells (in conjunction with all other divisional heads)
CYPP	<b>Priority 20, key action 101</b> Ensure that transition planning for children is robust and fully addresses education and employment opportunities.	Richard Murrells (Joint)
CYPP	<b>Priority 23, key action 108</b> Improve access of Looked After Children to CAHMS.	Richard Murrells and Liz Totman,
CYPP	<b>Priority 25</b> , Bring together services in multi agency Children's Trust like arrangements for C&YP who are disabled and those with learning difficulties to generate better life chances and educational outcomes and meet their needs and those of their families and carers.	Richard Murrells (Joint)
CYPP	<b>Priority 25, key action 115</b> Undertake the reconfiguration of respite and community services for children and young people who are disabled and those with learning difficulties and their families/ carers.	Richard Murrells (Joint)
CYPP	<b>Priority 25, key action 118</b> Ensure that all children with disabilities and those with learning difficulties have equitable access to services from their early years to transition to adulthood by working with Adult services, children's centres, the LSC, Connexions and other partners.	Richard Murrells (Joint)
CYPP	<b>Priority 25, key action 119</b> Roll out the Kent Early	Richard Murrells

Key Corporate/Directorate Targets		
Plan	Name of Target in Full	Lead Officer
	Support Programme, to provide more co-ordinated multi agency services for children with a disability / developmental delay who are under five.	(Joint)
CYPP	<b>Priority 25, key action 120</b> Improve access to advice on behaviour management for individual families with disabled children with challenging behaviour.	Richard Murrells (Joint)
CYPP	<b>Priority 25, key action 122</b> Further develop and improve the co-ordination of multi-agency planning mechanisms to ensure support at all-important phases of transition.	Richard Murrells (Joint)
CYPP	<b>Priority 25, key action 123</b> Review and improve services for children with complex learning difficulties.	Richard Murrells (Joint)
T2010 targets 50, 13, 14, 51, 54 60	To lead on behalf of CFE for Personal, Social and Health Education (PSHE). A PSHE Strategy is currently under development and its delivery will be overseen by the Director.	Richard Murrells (Sarah Lewis) – support for

These business objectives are monitored to ensure they will be delivered. Risks associated with potential non-delivery, and the controls in place to mitigate those risks, have been assessed and documented as part of the annual operating plan process. A risk plan has been developed as necessary.

#### CORE SERVICES AND FORECAST ACTIVITY LEVELS

The Division does not provide front-line services, but forecasts, contracts for and performance manages delivery by providers. Some services are activity based, whilst others, such as emergency services, are demand-led.

**The Division is funded by the 2 PCTs in Kent, not by KCC except with the in kind contributions as follows:**

- Provision of offices and office facilities
- Policy Officer support, subject to agreement with the Director of Strategy, Policy and Performance, to support the integration of Health commissioning within the Kent Children's Trust.

BUDGET SHEET  
N/A – see above

**PROJECTS, DEVELOPMENTS, KEY ACTIONS**

The Managing Director is authorised to negotiate, settle the terms of and enter into the following agreements/projects (in consultation with the relevant Cabinet Member/Leader/etc).

<b>Project/Development /Key action</b>	<b>a/c manager</b>	<b>Links to Corporate / Directorate Target</b>	<b>Deliverables or outcomes planned for 2008/09</b>	<b>Target dates</b>
<b>Service Development:</b> Develop a clear 3 year outcome-based performance management framework and plan to ensure clarity for the Division and partners. This will need to include the management of change as we move to locality based delivery, planning and commissioning in partnership with PbC Clusters whilst still maintaining PCT Board requirements	Richard Murrells/	CYPP 5	New 3 Year Performance Management Framework and Plan published including priorities for service improvement, participation of CYP and families in design, development and review of services. This will include SMART plans and targets for all vulnerable CYP, including LAC, unaccompanied asylum seekers and others developed and agreed with LCSPs and PCT Boards with funding and monitoring processes identified	June 2008
Develop systems to ensure good quality data collection and analysis to inform world class commissioning and ensure all services commissioned and monitored by the Division meet core standards and specifications contained in the Dept of Health's Standards for Better Health'	Richard Murrells	CYPP 5 EKC PCT Performance Monitoring and Reporting Programme	A new Child Health section for the PCT Boards reports on Performance to include Acute, Specialist, Standards for Better health, CAMHS, Disability Services, Early Years Child Health surveillance, LAC nursing, child health LAA2 targets, together with Teenage pregnancy and other relevant data. Measurable outputs and outcomes established and monitored regularly. Core standards met	March 2009
Ensure Division can work at full capacity	Richard Murrells	CYPP 5,6&7	All posts in the new Division are filled	April 2008

Project/Development /Key action	a/c manager	Links to Corporate / Directorate Target	Deliverables or outcomes planned for 2008/09	Target dates
Develop training and other support for the Commissioning team to ensure world class commissioning and core standards and specifications contained in the Dept of Health's 'Standards for Better Health'	Richard Murrells Trish Dabrowski West Kent Asst Director	CYPP 5&6	Training developed. Whole team trained  Success measurable by deliverable of World Class Commissioning standards and Standards for Better Health by the team. Commissioning, monitoring and evaluating services against Service specs and PIs leading to Continuous Improvement cycles	March 2009
<b>Communications:</b> Develop a communications strategy to support the 3 year performance management framework and plan in order to ensure the Division clearly communicates with stakeholders and partners	Richard Murrells	CYPP	Regular programme of targeted, communications to stakeholders, and key players in partner agencies published. Performance management framework supported as clarity about referral criteria and referral routes to specialist services and generic services is provided and feedback elicited on impact, outcomes and gaps of services.	June 2008
<b>Integrated Services- SPAs, CAF, ARCs, CCs and Extended Schools:</b> All essential NHS staff are trained in CAF as part of a rolling programme.	Richard Murrells Trish Dabrowski AD West Kent	CYPP 6,7,8,20,25	Number of staff trained Impact - improved multi agency working for vulnerable CYP from Health commissioners and providers	June 2008
<b>Vulnerable Children:</b> Improve data collection and ensure LAC PAF C19 target is delivered to a good or better standard.	Trish Dabrowski	APA Improvement Plan	Improvement in the number and percentage of Looked After Children up to date with dental checks, health assessments and immunisations through improved recording and improved delivery	March 2009
Work with providers to ensure delivery and monitoring of <b>new</b> target re LAC Mental Health	Duncan Ambrose	APA Improvement Plan	Target will be set in May 2008 by Govt. actions and outcome measures will be established once target is known.	March 2009

<b>Project/Development /Key action</b>	<b>a/c manager</b>	<b>Links to Corporate / Directorate Target</b>	<b>Deliverables or outcomes planned for 2008/09</b>	<b>Target dates</b>
<p><b>CYP with Disabilities and long term conditions:</b> Develop a Kent Strategy underpinned by an Action Plan, in partnership, where appropriate, with clear priorities, outcome measures and monitoring arrangements</p>	Martin Cunningham	CYPP 25	Strategy published, delivery and monitoring in place and underway (The elements which require partnership working are clearly dependent on partners)	July 2008
Work with partners to deliver the Short Breaks Transformation Pathfinder Programme for CYP with disabilities	Martin Cunningham	CYPP 25	Awaiting detailed guidance. When no. of short breaks and measures of success will be established. Programme commences April 2008 and will be delivered in partnership with Children's Social Care.	
<p><b>Urgent Care Services:</b> Establish work stream sub groups of the Services for Children Programme Boards in both PCT areas</p>	Richard Murrells	CYPP 5&6	Work stream sub groups established for Children Programme Boards in both PCT areas to ensure delivery of service improvements and care pathways of CYP needing urgent care	
<p><b>Early Years:</b> Establish work stream sub groups of the Services for Children Programme Boards in both PCT areas</p>	Richard Murrells	CYPP 5, 6 & 25.119	To ensure delivery of service improvements and developments of Children's Centres and other Early Years provision.	
Establish baseline and targets for monitoring performance of Health delivery in Children's Centres	Richard Murrells /Jonathan Sexton	CYPP/JSNA	Ensure a data set for Health for Children's Centres agreed, established and monitored	
<p><b>Participation and Involvement of CYP and parents/carers:</b></p>	Richard Murrells	CYPP	Work stream sub groups for Children Programme Boards in both PCT areas on participation and involvement of CYP and parents established and operational. YP and parents engaged in needs assessment, design, development, implementation and review of all new Children's Health Team service specifications developed by the Division. .	

<b>Project/Development /Key action</b>	<b>a/c manager</b>	<b>Links to Corporate / Directorate Target</b>	<b>Deliverables or outcomes planned for 2008/09</b>	<b>Target dates</b>
<b>Kent Children's Trust:</b> Develop arrangements for locality planning and service delivery in partnership with Services for Children Programme Boards in both PCT areas, PbC Clusters and Local Children's Services Partnerships. This should include review of existing change programmes and clinical reference groups	Richard Murrells	CYPP/PCTs Governance and Accountability agreement	Clear arrangements and protocols agreed, work underway, duplication eliminated. (NB May need to be part of 3 Year Plan above )	Sept 2008
Develop a commissioning framework for specialist and low incidence services	Richard Murrells	CYPP 5,6,7&8	Commissioning framework developed	Sept 2008
Develop clear mechanisms to ensure local LCSPs and PbC Clusters support local implementation of health targets and outcomes are monitored and reviewed.	TD	CYPP	Protocols to provide clarity about ways localities can influence health commissioning decisions are developed and agreed. Local monitoring of outcomes of local Children's Health services established to support this.	March 2009
<b>Teenage Pregnancy:</b> Continue to deliver the Action Plan and focus activity to reduce teenage conceptions in those areas where the rate has not reduced.	Ruth Herron	APA Improvement Plan	Target areas identified to all key partners. Local, multi agency action plans agreed, operational and regularly monitored and adjusted as necessary. Teenage Pregnancy rates reduced.	March 2009
<b>CAMHS:</b> Publish a partnership action plan to ensure delivery of the CAMHS Strategy within agreed timeframes. Clarify roles and responsibilities of LiGs	Duncan Ambrose	APA Improvement Plan	Action Plan published. Delivery and monitoring in place and underway through the CAMHS SG. Role of LiGs in delivery is clear	May 2008
<b>PSHE:</b> Ensure implementation of the PSHE Strategy	RMM	Reduce Teenage pregnancy, KCC PSHE Select Committee	After consultation over, review and update Strategy, produce an Action Plan and ensure progress is monitored and reviewed.	March 2010



<b>Project/Development /Key action</b>	<b>a/c manager</b>	<b>Links to Corporate / Directorate Target</b>	<b>Deliverables or outcomes planned for 2008/09</b>	<b>Target dates</b>
<p><b>Public Health:</b> Undertake a performance management role to continue to ensure and record progress on the recommendations of the CYP JSNA, CYP elements of the Public Health Strategy and Action Plan are implemented through partnership working</p>	Richard Murrells/Jonathan Sexton	CYPP, JSNA and Public Health Strategy	Establish clear means to achieve this in partnership with the Public Health Unit This will include recording and reporting progress Review impact of JSNA and report back to KCC Cabinet	April 2008  Autumn 2008
Develop a communication strategy for the JSNA	JS/JW	JSNA and Public Health Strategy	Communication Strategy and Action Plan written and key partners engaged	May 2008
Strengthen links between Health and the Joint Planning Board for Housing to deliver improvements in Housing	Jonathan Sexton /Jill Wiles/Richard Murrells	CYPP 20.98, JSNA and Public Health Strategy	Clarity over the issues which need to be tackled and development of some solutions and actions to deliver improvements in the medium to long term. No. of YP who are homeless Time CYP spend in temporary accommodation Proportion of housing meeting Decent Homes Standard No. of children living in homes without central heating	March 2009

## Risks

### **Risks to the Division :**

**Health Economy:** problems in the health economy including shortfalls in funding and reorganisation could impact on children's social care, education and service integration

- *Apparent interruptions/delays in delivering revised CAMHS strategy and impact on Kent Looked After children and their health and unaccompanied asylum seeking children and their health*
- Financial recovery plan for West Kent PCT may have significant impact on commissioning CYP Health services

Failure to engage PbC Clusters adequately could run counter to plans being made by through Children's Trust arrangements and the CYP Health Commissioning Plan

### **CYPP & Future Impacts:**

- Failure to deliver CYPP

Impact of Strong and Prosperous Communities' White Paper (October 2006)

### **Information sharing**

*Failure to share information or lack of timely interventions between agencies results in death or abuse of a child*

*Shortfall in funding available for implementation of ContactPoint, / delay of implementation of ContactPoint, lead professional function and CAF*

*The right staff in health unable to access compatible IT equipment.*

*Issues regarding GP Inputs – system incompatibility and possible GP unwillingness to share patient information*

## CONSULTATION EXERCISES, SATISFACTION SURVEYS, REVIEWS

Any planned work (it does not need be a surveys) that will give the residents of Kent an opportunity to consider and give its views on issues so that those views can be taken into account before decisions affecting policies or services are taken. This can be a nil return.

**Please see the following example**

Name	Start and End Date	Feed back Date	Target Group/ Sample Size	Target area (Kent, Town, district, ward etc)	External contractor being used	What we want to find out and how we will use the information	Statutory Yes/No	Contact name and details.
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**Nil currently planned.**

A strategic approach to participation and engagement is under discussion by KCC and the 2 PCTs. The Child Health agenda will form part of the KCC/PCTs LiNK arrangements.

## STAFFING

### Capacity, Skills and Developmental Planning

Looking ahead, this new Division will need to develop the following:

- Development of leadership of world class commissioning for children's health
- Improvements in data collection and analysis to support this
- Improve 'ownership' of ECM across Health providers
- Ensure delivery of better health outcomes for CYP through ensuring clear lines of accountability and outcome measures within the complex partnership environment of:
  - 23 Local Children's Services Partnerships,
  - PbC Clusters,
  - East and West Kent PCT CYP Change Programme Boards,
  - District based Local Implementation Groups (LIGs) for CAMHS, Teenage Pregnancy and Health and Well Being.
  - NHS Providers.

The team is not yet complete and a key task for 2008 is to ensure that all posts in the team are filled and a proactive approach to planning and staff development is achieved.

### Equalities and Diversity

The Health Commissioning Division use various sources of data, including the JSNA for Children's Health to inform planning and commissioning and ensure that inequalities within the health of the population of children and young people are addressed.

We are especially mindful of the need to assure equality and diversity policies and to ensure that staff are culturally aware in their working practices.

#### Structure Chart

The staffing structure resides within the NHS.

### SECTION 3: MONITORING AND REVIEW - HOW DO WE KNOW WE ARE THERE?

A Performance Management Framework which and service specific performance framework is under development, including to PCT Boards and KCT.

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