Healthy Child Programme (HCP)

0-19 years (up to 25 years for children with disabilities)

Attain

Improving health and wellbeing

Kirklees Healthy Child Programme Stakeholder Engagement Summary

Alan Turner

30th August 2016

Purpose

This summary is to present the methods and findings through the delivery of the Engagement strategy for the Kirklees Integrated Healthy Child Programme (KIHCP).

The programme was to be developed through 'consultative' and a 'co-design approaches' with an aim to help create the space and foundations for the KIHCP to be 'co-produced' as it develops. Timescale pressures did not allow for the development of 'true co-production' in the design stages of the process. However, it is the ambition of the Commissioners that the methods of stakeholders involvement has presented the opportunity for sustained engagement and the ability to co-produce where user and professional knowledge is combined to design and deliver the services as they develop during the course of the contract.
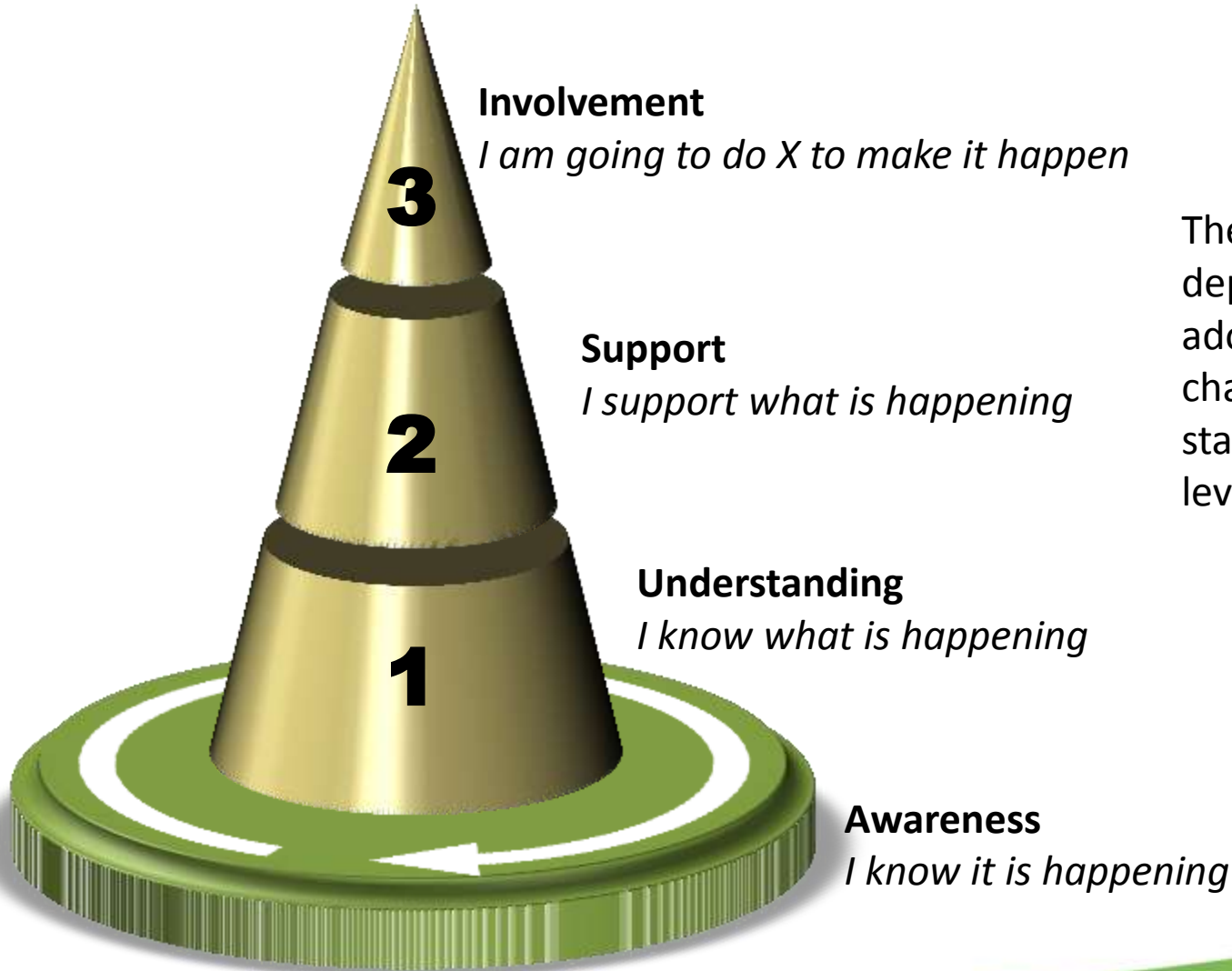
The requirement to 'co-produce' will be written into the design principles of the specification and a focus during the mobilisation period post contract award

Stakeholders

Multiple and wide varied Stakeholder groups, individuals and communities identified:
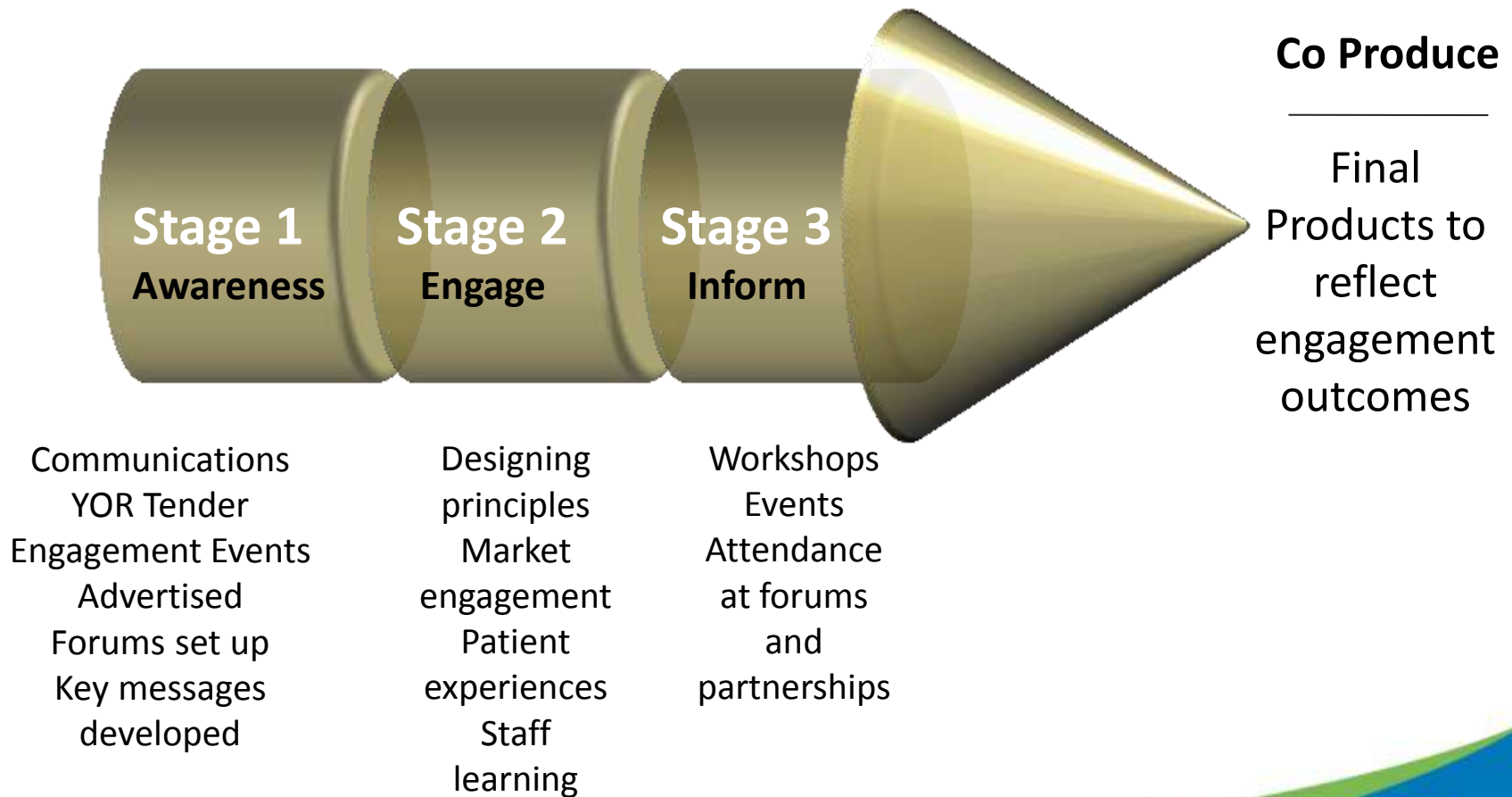
The levels of commitment required to support the plan are set out below.

Attain

Involvement
I am going to do X to make it happen

3

Support
I support what is happening

2

Understanding
I know what is happening

1

Awareness
I know it is happening

The success of the plan was dependent on it being adopted, supported and championed by stakeholders at a variety of levels

Three stage Process

Attain

Stage 1
Awareness

Stage 2
Engage

Stage 3
Inform

Co Produce

Final Products to reflect engagement outcomes

Communications
YOR Tender
Engagement Events
Advertised
Forums set up
Key messages
developed

Designing
principles
Market
engagement
Patient
experiences
Staff
learning

Workshops
Events
Attendance
at forums
and
partnerships

Engagement

- Over 40 KIHCP specific Engagement sessions delivered across Kirklees

- Reaching wide range of stakeholder groups and individuals

KIHCP Direct Engagement

Throughout the development stages of the KIHCP a number of mechanisms were utilised to gain the views and opinions of specific stakeholder groups. Through the use of surveys, one to one meeting and group workshops we managed to gain direct responses from approximately 1500 individuals

*NOTE - This figure is not inclusive of the vast consultation work undertaken over and above this including; the CAMHS transformation work, ASC provision business case development, Health Watch, Patient surveys, Public and strategic forums, 3rd Sector provider forums and internet based communications

KIHCP Engagement

- Children &Young people: 1269
- Parents and Carers: 147
- Providers: 62
- Staff: 65
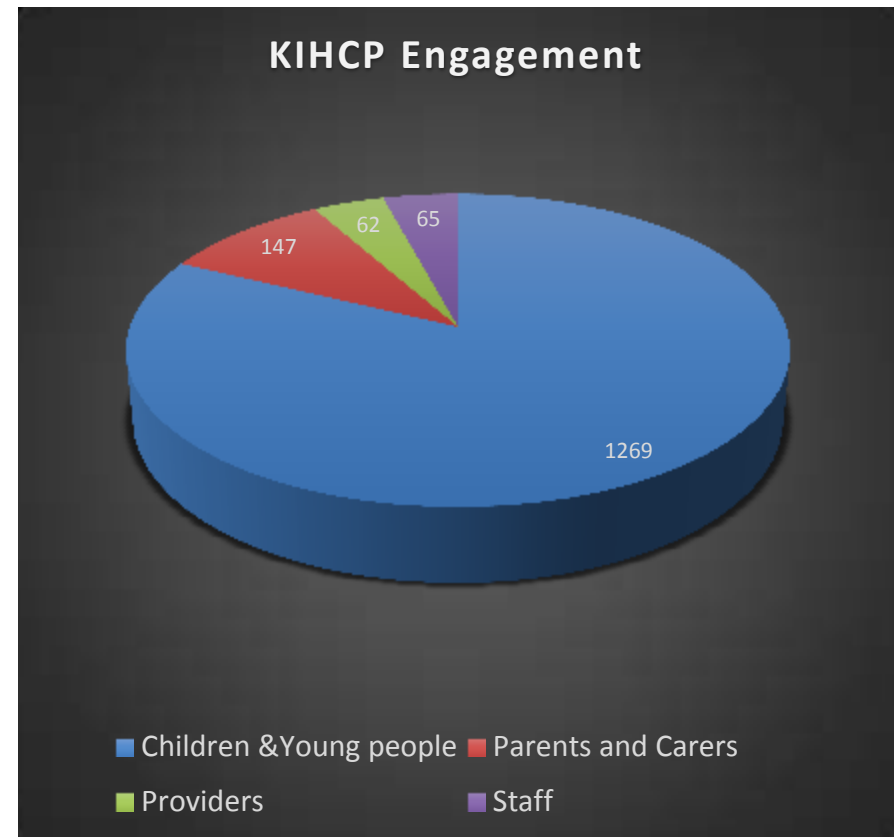
Children and Young People

engage parents accessible don't meet their needs friendly available for longer hours easy to access visible Feel safe have a say lonely have somebody to go to available be able to access themselves kind need friends you can trust and talk to reassuring trust Relationship local Families choice eat healthy good food informative feel depressed Safety support instant access friends Feeling safe Activities together know what's happening where you live

Children and Young People

Children and Young people consistently raised:

- the needs for services to be accessible
    - Longer hours
    - Local
    - In places they know
    - Some could be in school, some not
    - Instant access to advise
- Using fun activities including ones that can be done with friends and family
- The importance of relationships
- Supporting their families and friends to be able to help them
- The need to be able to trust those they talk to
- The need for services to talk to each other and know about each other so they can be signposted
- The concept of feeling safe
    - The environment
    - Their community
    - To talk

Parents and Carers – Survey Summary

➤ Of the respondents, 39% of the children have had mental health issues. The main concerns from parents highlighted are the very long waiting lists for CAHMs (up to 3 years) and CHEWs which has impacted on their child's behaviour and wellbeing in and out of school life.   Access and response times were also highlighted as a major issue.

➤ Parents/carers have to rely severely on school support voicing that a lot more support around children who have severe additional mental needs should be met outside of school. Support networks should be put in place. School is seen as a supportive figure.

➤ There is a demand for health visitors to be increased as they are seen as a vital link between parent and early support for mother and baby.

➤ Parents/carers want school nursing provision to be increased and not seen as a stigmatised service as children often do not wish for their peers to find out that they are accessing the service.

➤ Parents/carers are happy to utilise schools as a provision for learning as well as local centres

➤ It was highlighted that there is a need to put more information/signposting about the various agencies and support networks on the website as parents do not feel that there is enough information to support them.

➤ More local groups/sessions/more Autism/SEN 'Out of School' activities like youth clubs, Saturday mornings/weekends are in need.

Providers

Providers – Workshops and 1:1 Sessions

Providers consistently highlighted:

- The need for long enough contracts to be able to undertake required transformation
- To be supported to make links with other providers
- For a model that enables collaboration
- For commissioners to work with them to create change
- Concerned regarding reducing the market for smaller providers
- The need to ensure strong relationships – provider to provider and provider to commissioner
- The need to a clear process
- To be able to help develop the process and model
- The need to reduce duplication
- Systems and data management a major concern
- Wider system requirements impacting on services – the need and support to push back
- The need for consistent language to be used
- Ensuring that other strategies and programmes compliment each other

Providers – Survey Summary

– The main barriers identified by providers are ensuring there is an appropriate budget for delivery and also to allow for transformation. This is backed up by ensuring the length of contract is long enough and that the contract managers approach is flexible enough to allow for changes throughout the lifetime as needs are better understood.

– Other issues highlighted also include data sharing between providers and with the authority, resistance to change within the workforce and changes not yet realised with the commissioner's organisations (eg. Children's Centres)

–

– The enablers reflect the barriers, requesting flexible, long term commitment (5-10 year preferable), with effective data sharing agreements and communication between all. This is all supported by the desire to build strong and meaningful relationships.

– When considering the model for delivery we have to consider the impact on smaller organisations, ensuring that we consider cultural clashes and are mindful of the proposed governance and data sharing structure. The main concern raised was that lead providers would ignore the rest of the group and this would lead to clashes within the model.

– To balance these providers would like to see a sensible approach to liabilities and controls retained by the commissioner, ensuring that clear governance is promoted and that the focus is on the wider service, allowing for relationships are built throughout the whole system and HCP isn't isolated.

– Some of the innovation offered include the SPA, mentoring schemes, links to adult provision (resource sharing), wider targeted support (community/sports groups), co-production and the use of IT as a method for transformation and support.

– To ensure integration the providers hoped to see an inclusive, cross programme outcome monitoring process, having data systems which can be accessed by all and not hidden, giving autonomy, yet inclusion and allowing time to implement and build relationships.

Professionals

Summary

Consistent feedback across all stakeholders groups highlighted the need for:

- Single Point of Access across all services within the KIHCP
- Access
    - Localities
    - Availability
- Early Intervention
- Sharing of knowledge and skills across professionals, services users and communities
- Ability to share information across services
- Clear pathways to ensure services users do not feel the impact of a fragmented model
- Ability to develop strong relationships
- Service not bound by contractual requirements with outcomes and impact being the focus
- Staff need to have the right knowledge, skills and attitude
- Flexibility for individual, whole family and community approaches
- All parties recognise the need for transformation, with professionals and providers specifying the need for long term contracts to enable it
- Strong recognition of the relationships required between commissioners and providers to enable transformation across services and workforce cultures
- All parties stated that the current system was too fragmented and difficult to navigate
- The need for consistent supports for services users throughout their journey

Alan Turner
alan.turner@attain.co.uk