### Healthy Child Programme (HCP)

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



#### 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:

CCG Council Members Kirklees Safeguarding Board Greater Huddersfield CCG Hospital Foundations Trust Gtr Huddersfield Locality Commissioning ForumParents Carers GP Federation Members Communications Maternity Services (midwives Kirklees Children's Scrutiny CCG Patient Participation Group Hospitals NHS Trust M.A.S.H Stronger Families Adult Mental Health Incumbent Providers Transformation Patients Health Improvement CC2H Schools Audit Heads of Service Potential Providers Education Families EIP Health Visitors Contracts Manager Kirklees North Kirklees CCG Change Headteachers GP Learning Hospitals Staff Safeguarding Children's Trus Service Users rd Sector Council School Community Hub Leads Councillors Education Link ASC Clinical Leads Children & Young **Elected Members Orthoptists** CAMHS Individuals Integration GP Federation Chairs Nurturing Parents Procurement Local Medical Committee Health Improvement PractitionerFamily Nurse Partnership Children's Social Care SEMHD Continuum Kirklees Council Leader Transitions Partnership Board Provider Market Integrated Commissioning Group Word /// Ou

# The levels of commitment required to support the plan are set out below.

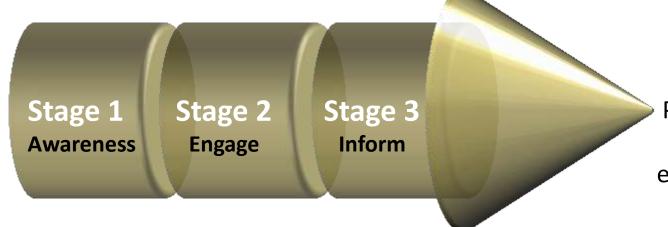




The success of the plan was dependent on it being adopted, supported and championed by stakeholders at a variety of levels

#### **Three stage Process**





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

Final
Products to
reflect
engagement
outcomes



## Engagement

- Over 40 KIHCP specific Engagement sessions delivered across Kirklees
- Reaching wide range of stakeholder groups and individuals

#### Parent workshops Ouestionnaires

High School Pupils Stay and Play Group Council Public Meetings School Parent Workshops Health Visitors

Disability Group CHeWs Network

North Huddersfield Trust Midwives

Primary School Pupils Provider events

1:1 Provider Sessions GP events

CAMHS Staff Patient Reference Group

Third Sector Leads Toddler Groups

GHCCG Body School Hubs Parents and

Service Users School Nurses

GP Clusters NKCCG Body

Student Workshops

Children's Trust Board Auntie Pams Groups

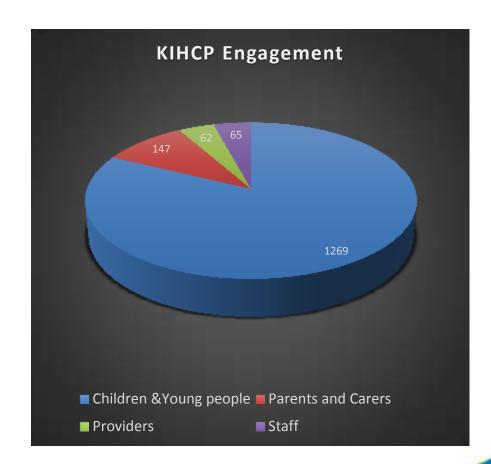
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# KIHCP Direct Engagement

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, 3<sup>rd</sup> Sector provider forums and internet based communications





# 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
                   choice eat healthy good food
      Families
               informative feel depressed Safety
              support instant access friends
                       Feeling safe Activities together
know what's happening where you live
                                                  Word It Ou
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# 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**

competitors Agreement/Protocols based Accountability understanding Services

better Partners Contract community

element

interest Ability

Delivery Model

Holding Academies health Governance Leads Impact

experience Identification between about innovation each

All Collaboration

CAMHS meet Measures awareness Commission Share All Collaboration CAMHS meet Measures awareness Commissioning difference Diversity info Flow Broader Genuine Access just Needs Change long level input Spec cases Cohesive Huge Hubs look measure Cial Lead Change Deliver Data stems Sharing People Skills
Investment Levels Costs
ideas Competition one Good Phildren's date Anxiety limits organisations involvement Bid Approach
Learning/Knowledge/Experience Brokers Different Approach

# **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**



Integrated practice Co-Location Ensuring Expertise is there Contract restricts delivery Capacity building Ability to Manage risk referrals Infant focused Self-Awareness Info Sharing Professional Judgement Ability to signpost Voluntary Engagement ACCESS Good relationships Access 24 hrs Responsive Reactive referrers Outcomes come secondary Workforce Flexibility Interventions Out of Hours Self-help Self-Referral Proactive Resilience Confidence Peri-Natal Expectations Signposting Data Sharing System Systemic SPA Joint Visits Listening Comms Peer Support Early Intervention Location Minority Groups Feedback Links into specialist areas Align Provision Support Prevention Relationships Family consultation Information Knowledge shared Training Trust Prescriptive Culture pathways Personable Service Fathers Empowering professionals Influence Telephone Service Nurturing parents whole service approach Peer Approach Inconsistency Engagement service users Knowledge Multi Disciplinary Whole Family Community Delivery

Principle Based

Advice & Consultation right person to do the jobs

(Word)ItOut

## 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



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