



# The Baton Change: A Combined Approach

JSNA and Health and Wellbeing Strategies: Challenges and Choices

Monday 30 January 2012

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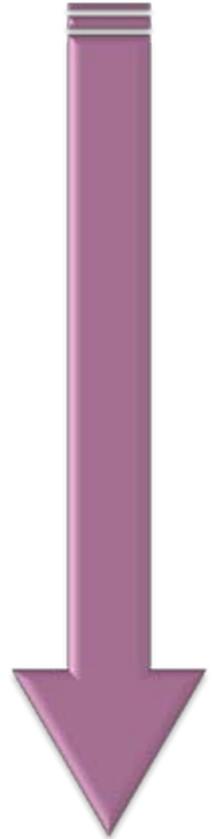
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# Brief history



- < 2002 – Children and Young People’s Strategic Partnerships; CYPSP Plans established by DH
- 2003 – Laming Inquiry into Victoria Climbié’s death
- 2003 – 35 Children’s Trust Pathfinders
- 2003 – *Every Child Matters* Green Paper
- 2004 – Children Act 2004 (Duty to Cooperate)
- 2006 – Joint Planning and Commissioning Framework
- 2007 – Review of Every Child Matters
- 2008 – All local areas have a Children’s Trust
- 2008 – New statutory guidance
- 2009 – New Apprenticeships, Skills, Children & Learning Act – statutory CTBs, CYPPs, schools under duty to co-operate



# Then 2010 / 2011

“Every Child Matters”



CYPPs abolished

More autonomy for schools, academies and free schools

Youth Justice >>> Ministry of Justice

Removing statutory duty for CTBs

DCSF >>>>> DfE

Abolishing PCTs/SHAs

Clinical commissioning

Cuts, cuts, cuts

Reviews, reviews, reviews – Allen, Field, Munro, Tickell

Reform, reform, reform – welfare, housing

Children’s Centres, Troubled Families >>> payment by results



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# After the changes...

Public Health Outcomes Framework

Adult Social Care Outcomes Framework

**Section 10,  
Children Act 2004:  
Duty to Co-operate  
- Basis for  
children's trust  
approach**

**LAs required to  
establish co-operative  
arrangements to  
improve children's  
wellbeing**



Schools as commissioners

Health & Wellbeing Boards

GP/clinical commissioners

NHS Outcomes Framework

## **Definition of children's wellbeing:**

- Physical/mental health & emotional wellbeing
- Protection from harm/neglect
- Education, training and recreation
- Contribution to society
- Social & economic wellbeing

Munro Safeguarding Indicators

**Powers to facilitate co-  
operation e.g. pooled  
funds, support in kind**

Duty to co-operate re child poverty

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# The baton change



As local areas, we have effective and efficient arrangements to:

- **Know our destination** – the quality of life (wellbeing) outcomes wanted for children, young people, families, adults and older people
- **Know the journey to get to our destination** – enabling / facilitating partners and the community to contribute and assist with the achievement of wellbeing outcomes
- **Know when we are near or get to our destination** – monitoring improvements to the wellbeing of children, adults and families

# Ground rules



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## Outcomes

for  
children, young  
people, adults,  
parents, families,  
older people

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# The Model – After a conversation with my nan

**Safe**

**Good relationships  
and part of the  
community**



**Healthy**

**Learning, skills  
and leisurely  
things to do**

**Financially ok  
and home in nice  
surroundings**

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# Original JSNA guidance

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People	
Lifestyle/Risk factors	Behaviours	Physical Activity	<i>E.g. from Active People Survey</i>				
		Sexual Behaviour		Under 18 conceptions (NI 112) Under 16 conceptions			
	Other	Hypertension	<i>Modelled and/or recorded prevalence</i>				
		Obesity	<i>Modelled and/or recorded prevalence</i>	Obesity among primary school age children in Reception Year (NI 55) Obesity among primary school age children in Year 6 (NI 56)			
	Burden of ill-health and disability	Miscellaneous	All causes	All-age All-Cause Mortality (NI 120)	Infant mortality		
				Life Expectancy			
Main causes of death							
Hospital admissions – top 10 causes							
Self-reported measure of overall health and wellbeing (NI 119)							
						Healthy life expectancy at age 65 (NI 137)	
Causes considered amenable to healthcare		Mortality					

# 2012 update: SSRG approach



Marmot	Life course	Life course stage	Population outcome: Healthy			
			Children Young people	Adults inc parents	Older people	Everyone and/or Environment
Starting well	Infancy, Early Childhood School ready (Graham Allen)	Pre-birth and early years – by age 5	Infant mortality Obesity: 4/5 yrs old Low birth weight	Breastfeeding  Smoking status  Active and inactive adults		
Developing well	School Age, Adolescence Life ready (Graham Allen)	Cyp in fulltime education – by age 16	Obesity: 10/11 yrs old Conception rate Smoking	Smoking  Diet  Cancer screening and survival		Air pollution
Living well	Child ready (Graham Allen)	Early adulthood – by age 24/25	Chlmydia diagnoses	Carer reported quality of life  Sickness absence rate		Use of green space
Working well		Adults of working age (25 – 64)				
Ageing Well		Adults of retirement age		Premature deaths	Premature deaths	

Marmot	Life course	Life course stage	Population outcome: Safe			
			Children Young people	Adults inc parents	Older people	Everyone and/or Environment
Starting well	Infancy, Early Childhood School ready (Graham Allen)	Pre-birth and early years – by age 5	Violent and sexual offences against children  Hospital admissions caused by unintentional and deliberate injuries			
Developing well	School Age, Adolescence Life ready (Graham Allen)	Cyp in fulltime education – by age 16	A&E attendances  Hospital admissions caused by abuse or neglect			Suicide  Killed or seriously injured on England's roads
Living well	Child ready (Graham Allen)	Early adulthood – by age 24/25		Domestic violence  People who use services feel safe  Violent crime		Interagency plans for responding to public health incidents
Working well		Adults of working age (25 – 64)				
Ageing Well		Adults of retirement age			People who use services feel safe Perception of community safety	

## Over to you

- Could you build on a model like this?
- What are the challenges for combining children, adults, older people's outcomes frameworks?
- How can you overcome these challenges?
- What about qualitative information?

# If nothing else, principles for moving forward



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- Despite central government silos, a collaborative ground-up approach to developing a local framework that focuses on outcomes across the life course
- Use the experience of your children's services/Children's Trust colleagues – they've been there and done it
- Be creative – have a project workshop with your public health strategy person, children's strategy person, adults strategy person, housing strategy person, etc to do this
- Have a common language: "outcomes" means different things to different disciplines and people
- Clarify what you mean by wellbeing
- Build in user and citizen views from the beginning – council research teams are good for this
- We are public servants - make it meaningful to the people you are serving – my nan would like you to speak the language of "normal people"

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