

24 July 2012

Children and Young People's Health Report

Purpose of report

For discussion and decision

Summary

This report updates the joint board on the progress of the work programme for children and young people's health. It reports on lobbying and programme activity and identifies a support offer for councils and their partners for the year ahead to ensure children and young people's needs are addressed in the new public health system.

Recommendation(s)

- Note the progress so far on the support programme and lobbying activity and offer guidance about next steps
- Consider and endorse the proposed CYP health support offer to councils and their partners for 2012/13.

Action

- To update the Children and Young People Board in six months time
- For the joint Board to receive updates as and when required
- To pursue next steps in light of member discussions

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Background

1. In January 2011 the Children and Young People Board made children's health a Board priority, a joint Board was set up between the Children and Young People and the Community Wellbeing Boards to co-ordinate this work. In November 2011 the joint Board identified and agreed a support offer to councils and its partners.
2. Children's health was made a Board priority because children's health services have traditionally received a 'disproportionately low priority' in England when compared internationally; suggesting that the NHS in England does not do as well as it should for children and young people¹. The CYP Board wanted to make sure children's health services did not remain a low priority in the new public health system.
3. The Health and Social Care Act 2012² offers a real opportunity for all agencies with an interest in children and young people to articulate a vision for what a good children's health and wellbeing service should look like and for these agencies to work together to deliver integrated services to improve outcomes for children, young people and families.
4. This report updates lead members on the progress of this work programme and invites lead members to identify the key priorities for children's health and to consider the proposals for the second phase of the support offer.

Update on the Health and Social Care Act 2012

5. This section presents a brief update on the Health and Social Care Act 2012; it focuses on the parts of the Act which relate to children and young people's health.
6. The Health and Social Care Act creates and sets out the statutory responsibilities for a number of bodies including Health and Wellbeing Boards (HWBs), Clinical Commissioning Groups (CCGs), the NHS Commissioning Board (NHSCB), Public Health England and places new duties on upper-tier local authorities.
7. The transfer of responsibility for public health from the NHS to local government gives local authorities a set of new duties to protect and improve public health. This includes commissioning and providing public health services to tackle public health issues such as tobacco control and smoking cessation, sexual health services, alcohol and drug misuse and obesity.
8. The Act also transfers responsibility for certain children's public health services for the ages 5-19 to local authorities (see appendix A for full details) The NHSCB will be responsible for commissioning, primary health services, some specialised health services and children's public health services for 0-5 year olds until 2015 when responsibility will be transferred to local authorities. CCGs will have commissioning responsibilities for secondary health care.

¹ Getting it right for children and young people, Kennedy Review, September 2010:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119446.pdf

² Health and Social Care Act, March 2012: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

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9. Local authorities will take a leadership role on local HWBs, which will be established as committees of upper-tier councils. Statutory membership of HWBs includes the Director of Children's Service, Director of Public Health, at least one elected member, Director of Adult Social Services and a representative from the local CCG and HealthWatch. They have the potential to deliver a shared vision for children and young people through the Joint Health and Wellbeing Strategy and to join up commissioning between partners and services through the Joint Strategic Needs Assessment, resulting in greater integration between the NHS, social care and other services such as education, criminal justice, housing and children's services. Many plan to place their safeguarding structures within the remit of HWBs.
10. The transfer of public health to local authorities is an opportunity for public health to be transformed. Local government is in a unique position to address the wider social determinants of health through its range of functions and partnerships. Through service delivery local government and its partners can make a real difference to the health outcomes of children, young people and families to ensure they "give every child the best start in life" as recommended in the Marmot Review.³

Update on Children and Young People's Health Outcomes Strategy

11. In January 2012 the Secretary of State for Health (SofS) announced a children and young people's health outcomes strategy (CYPHOS) would be unveiled later this year. An independent forum was set up to develop a set of recommendations. The strategy is intended to be a catalyst for real and significant improvements in children and young people's health and will bring together all parts of the new health system.
12. The LGA submitted a response to the consultation of the development of the strategy. A joint letter was sent by Cllr Rogers and Cllr Simmonds to the Secretary of State highlighting the LGA's concerns. The response from SoS included a commitment to working with LGA. Both letters are attached as appendices B and C.
13. In June the forum invited a number of stakeholders, including the LGA, to take part in its assurance process ahead of presenting the forum's final recommendations to the SofS in late July. It was evident that the proposals addressed the LGA's concerns. An on the day briefing to members will be produced when the report is published.

Lobbying update

14. The LGA pressed for local government to be responsible for children and young people's public health from birth to adulthood. We were concerned that the split responsibility between the NHSCB (0–5 years) and local government (5–19 years) would lead to fragmentation of planning and provision. The Government maintains that the split responsibility provides the best way of achieving the Government's commitment to providing an additional 4,200 health visitors by 2015. We continue to be concerned about the impact of the split in responsibilities on services for children from birth to adulthood and will work with NHSCB to mitigate the risks of fragmentation.

³ Fair Society, Healthy Lives: The Marmot Review, 2010 <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>

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Progress report on work programme

15. Safeguarding

- a. The children's safeguarding peer review methodology has been adapted to ensure it reviews the contribution of HWBs in enforcing safeguarding arrangements and how it will work with partners to deliver this.
- b. Ongoing work with DH and Department for Education (DfE) on their co-produced work programme on safeguarding continues. This includes input on the revised guidance for Working Together. A joint ADCS and LGA consultation response is being developed. The consultation runs until early September, it is expected to be published in the autumn and will be accompanied by the Safeguarding Accountability and Assurance Framework.

16. Structural changes

- a. The National Foundation for Educational Research produced a case study report on seven local authorities looking at their Children's Trust arrangements since the withdrawal of statutory guidance and Children and Young People Plan regulations. The report looks at how their arrangements are working with emerging bodies like CCGs and HWBs.
- b. A mapping exercise is being undertaken to establish what children's health meetings exist and the interaction with Government departments and external organisations to increase joined up working.
- c. The LGA submitted a consultation response on the development of the Children and Young People's Health Outcomes Strategy.

17. Commissioning

- a. This output has been aligned with the wider health Commissioning work stream. A set of case studies will be produced and children's commissioning will be included in the commissioning conference planned for October 2012.

18. Developing expertise

- a. A suite of products has been published to assist HWBs identify the key success factors for improving outcomes for children, young people and families. The products covers issues such as governance, engaging CYP and HWB contribution to defining the local 'early help' offer. It includes local authority case studies and a summary of key policy documents. The products have been well received by the sector and have fed into the CYP health outcomes strategy report.
- b. A conference on "Reducing Health Inequalities for Children and Young People" was held in March in partnership with NHS Confederation, Solace and National Children's Bureau. It featured both central and local government speakers and brought together practitioners from all sectors.
- c. The "Must Knows for Lead Members for Children's Services" has been refreshed to include reference to the HWB, JSNA and JHWS.

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- d. A forum on “children and young people” has been created on the Knowledge Hub for HWBs, this is regularly updated with policy information and resources.
- e. A dedicated “Children’s Health” webpage has been set up on the LGA website. It brings together all of the LGA’s children’s health related resources and is referenced in the HWB products as a key resource.
- f. A policy and innovation session focusing on the CYP health outcomes strategy and integrating services across local authorities, health and police has been organised in partnership with NHS Confederation and will be held on 25th October at the National Children and Adults Services conference.

Proposed support offer

- 19. **Transition:** Local authorities and new statutory bodies such as CCGs and HWBs need to fully understand their roles and responsibilities for delivering and commissioning children’s public health in the new health system we will work with these groups to ensure they understand the reforms. We will work with CCGs and NHSCB to develop and improve commissioning for children and young people’s health and wellbeing.
- 20. **Safeguarding:** We are concerned about the lack of clarity for safeguarding arrangements. A joint ADCS and LGA response is being developed for the consultation on “Working Together”. We will continue to seek clarification from Government about safeguarding roles and responsibilities and to feed into these developments.
- 21. Members from the regional lead member’s network have expressed concerns about how health bodies will fulfil their safeguarding duties; one council reported how their Ofsted inspection was affected by the health sectors contribution. We will develop tools for local authorities, CCGs and other partners explaining and promoting their safeguarding roles and responsibilities.
- 22. **Commissioning:** We will work with NHSCB to mitigate the risks of fragmentation of commissioning services. We will produce case studies and contribute to the commissioning conference to be held in October.
- 23. **Children and Young People’s Health Outcomes Strategy:** We are working with DH to ensure the Government’s response to the forum’s recommendations are sufficient. We will update existing LGA products to reflect new policies and will work with local authorities to help them understand their role and responsibilities for delivering the strategy.
- 24. **Co-ordination:** There is a real concern for children’s health issues nationally but there does not appear to be one place for key stakeholders to discuss and resolve

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these issues. A forum could be established to address the transitional issues affecting children and young people.

25. **Developing knowledge:** We will deliver a series of public health conferences between Nov – March to assist HWBs reduce health inequalities for adults, children and young people. The themes will focus on local authorities public health responsibilities for obesity, mental health, tobacco, drugs treatment services and sexual health services which will include teenage pregnancy. The conferences will be accompanied by a toolkit for local authorities and partners; identifying key success factors and case studies.
26. We will continue develop the children and young people's forum on the Knowledge Hub, by sharing knowledge and delivering online discussions with relevant speakers. The children's health webpage will continue to host children's health related resources from across the LGA.

Conclusion and next steps

27. The LGA Joint Board is recommended to:
28. Note the progress on the lobbying and programme activity and offer agree the work programme for children and young people's health for the year ahead

Financial Implications

29. Funding for the work programme has been secured from the 2012-13 budget, additional funding for the conferences and toolkits is being sought internally.

Implications for Wales

30. These arrangements apply to England only.

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Appendix A

Key public health responsibilities for Local Government from April 2013

- Weighing and measuring children
- Dental public health
- Fluoridation
- Medical inspection of school children
- Sexual health
- Seasonal mortality
- Accidental injury
- Physical activity
- Drug, alcohol and tobacco misuse
- Obesity
- NHS health check programme
- Health at work
- Reducing and preventing health defects
- Prevention and early intervention
- Children's public health (5 – 19)
- Social exclusion

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Appendix B

Andrew Lansley MP
Secretary of State for Health
Department of Health,
Richmond House,
79, Whitehall,
London,
SW1A 2NS

31 May 2012

Dear Andrew,

We write to raise with you our concerns about the children's health outcomes strategy. Although the strategy is welcomed we are concerned that it is too clinically focused and does not address the need to reduce health inequalities. As a result the strategy's outcomes may not be relevant to local authorities who have a leading role to play in achieving better health outcomes for children and young people.

The LGA have submitted a response to the engagement exercise but we would like to draw your attention to the key points, which are;

- A greater focus on families is needed, this should be cross-referenced in the national outcomes frameworks for public health and the NHS
- The strategy should more explicitly address the "wellbeing" agenda
- The LGA wants to see a single all encompassing outcomes framework with local priorities driving action
- Integration should be a central component of the strategy with an emphasis on person and place-centred approaches
- Greater emphasis is needed on localism and the role of locally accountable elected representatives
- The strategy should have an overall, unifying theme of health improvement
- Clarification about safeguarding and how it will work in the new system is needed, it needs to be a cross cutting theme throughout the strategy
- Children and young people need to be involved and engaged in the commissioning cycle
- The strategy's themes are too clinically focused
- Local government has a key leadership and delivery role to play in reducing health inequalities through tackling the wider determinants. This needs to be more explicitly addressed in the strategy.
- Local government should be sufficiently engaged during phase two of the strategy's development

We would be grateful if we could meet with you to discuss our concerns further and to establish a way we can work together.

Yours sincerely

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Cllr David Rogers OBE
Chair,
Community Wellbeing Board



Cllr David Simmonds
Chair,
Children and Young People Board

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Appendix C

Please see separate PDF titled “appendix C”