

## **Children and Young People's Health Update**

### **Purpose of report**

### **For discussion and updating**

### **Summary**

Children and young people's health is a joint priority between the Children and Young People (CYP) and the Community Wellbeing Board. This paper is designed to update members on the recent policy developments and seek members' steer on the direction of travel for some of the policy areas. This report was presented to Children and Young People Board on 10 September 2018. A summary of the Children and Young People Board's views can be found in section 4.1.

### **Recommendations**

The Community Wellbeing Board note and comment on the activities detailed in the report.

### **Actions**

**Officers to take forward work in line with the steer from the Children and Young People and Community Wellbeing Boards.**

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## **Children and Young People's Health update**

1. The Green Paper "[Transforming children and young people's mental health provision](#)" (March 2018) focused on strengthening the links between schools and the NHS and taking a whole school approach to delivering early intervention support through new NHS led mental health teams. The [Government's response](#) (July 2018) committed to implementing three core proposals and making £300 million funding available for its implementation. The core proposals are:
  - 1.1 To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
  - 1.2 To fund new Mental Health Support Teams, which will be supervised by NHS children and young people's mental health staff.
  - 1.3 To pilot a four week waiting time for access to specialist NHS children and young people's mental health services.
2. Other Government commitments include:
  - 2.1 **Trialling implementation:** the three core proposals will be piloted in areas to be known as trailblazer areas. The first wave of ten to twenty areas will be fully operational by the end of 2019. The new approaches will be rolled out to at least a fifth to a quarter of the country by the end of 2022/23.
  - 2.2 **Health education:** will become a compulsory part of the curriculum by September 2020. It will look at healthier lifestyles, physical health, building mental resilience and wellbeing – including staying safe on and offline and healthy relationships.
  - 2.3 **Social media and potential harms to CYP mental health:** there will be guidance for social media providers on how to protect users from potential mental health harms (such as suicide and self-harm content) and social media providers will need to provide data on harmful content and how they are dealt with.
  - 2.4 **Reducing stigma and promoting awareness:** Staff in a further 1,000 state schools will receive Mental Health First Aid training by 2019, this will be an increase on the third of state schools who have already received training.
  - 2.4 **Universities:** A new University Mental Health Charter was launched in June 2018 to drive up standards in promoting student and staff mental health and wellbeing. Universities will be awarded a new recognition for meeting improved standards. A cross sector team to review the support needs for students in the transition into university, particularly those with or at risk of mental health issues is being set up.

## Issues

3. While we welcome the Government's commitment to additional investment and its focus on earlier intervention through a whole school approach, the inclusion of health education in the curriculum and the greater focus addressing issues around social media and the transition to university. We remained concerned by the following issues:

- 3.1 The implementation of the reforms is being led by NHS England via Clinical Commissioning Groups and there is a lack of local oversight and accountability for the funding and reforms. NHS England has expressed a view that Health and Wellbeing Boards (HWBs) need to be more involved in the reforms. Currently this is not built into the design of the implementation plans and as a result the level of engagement and oversight from HWBs is variable. CYP and CWB Board members have previously expressed their support for HWBs to be the key body that ensures funding reaches the right services and hold local partners to account. **What support do members' think we could provide to help strengthen the role of HWBs in the reforms? Options could include a "must know" on implementation, a briefing for HWBs and/or asking NHS England to make it a stronger part of their processes.**
- 3.2 Despite the rhetoric in the Green Paper there is a lack of focus on the 16-25 age group. The work being taken forward focuses on university students. Whilst this is welcomed it does not address those young people who are not in further or higher education, training or employment or conversely those who are in the later but not at university. Many of whom may be from demographics that are underrepresented at university or fall into vulnerable cohorts.
- 3.3 We remain concerned by the lack of transparency and accountability for the £1.7 billion funding. The commitment to reduce waiting times are not ambitious enough with no clarity as to how children in the remaining areas will overcome the obstacle of long waiting times. The reforms at best give a partial response to the pressures facing the system, with no clear strategy of how the remaining gaps will be funded or addressed. This is particularly concerning given the reduction in council's early intervention and public health funding and pressures on school funding.
- 3.4 The Green Paper's focus on a whole school approach is a helpful contribution to our call for an independent school based counselling service in every secondary school in England. However, the reforms focus on building a new mental health workforce that will deliver evidence based interventions and a support network. A universal independent school based counselling service has the benefits of being accessible and therefore quickly reducing CYP's distress. It also builds upon existing Department of Education advice<sup>1</sup> and would help to mitigate the risk of taking mental health staff away from other parts of the system to fulfil the reforms. **Do members agree that the new announcement is a helpful contribution but it doesn't fully meet our call for action?**

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<sup>1</sup> [Counselling in schools: a blueprint for the future – Departmental advice for school leaders and counsellors, 2015](#)

4. This paper was presented to the Children and Young People Board on 10 September, below is a summary of their discussion:

4.1 CYP Board members agreed that there is a lack of accountability on who is held responsible for the delivery of the reforms and members agreed that though aspects of the green paper are welcome, there are weaknesses, particularly with regards to a four-week waiting time for referrals, addressing the Bright Future campaign, lack of commitment to an independent school based counselling service and the role of health and wellbeing boards.

#### **CYP in the NHS Long Term Plan**

5. In July 2018 the Government announced that the NHS will receive an increase of £20.5 billion a year in real terms by 2023-24—an average of 3.4 per cent per year growth over the next five years. The increased funding will support a new 10-year long-term plan for the NHS. It is looking at 17 work streams, children and young people falls across a number of work streams as set out below. It is not clear where children and young people's mental health will sit. The relevant work streams for CYP are:

5.1 Healthy childhood and maternal health;

5.2 Mental health;

5.3 Learning Disability and Autism;

5.4 Primary Care;

5.5 Cancer; and

5.6 Prevention, Personal Responsibility and Health Inequalities.

6. LGA policy officers are working together to ensure that our concerns for children and young people are fed into the relevant work streams including mental health.
7. CWB officers are feeding into the Healthy childhood and maternal health work stream. Its main focus is on improving long term conditions and outcomes, maternity, perinatal and infancy including still births and infant mortality, asthma, diabetes and cancer. We have highlighted that this work needs to reduce health inequalities and take a whole system approach –taking the wider early years and children's services agenda into account.
8. NHS England leads on this work stream are looking for evidence on the key interventions that will help to improve outcomes for children and families as well as reduce service pressures. In order to maximise the impact of our lobbying we propose

to limit our requests to ask the NHS plan to focus on a small number of the very most important areas, to maximise the chance that they get proper attention. Two key suggestions are reducing hospital admissions caused by unintentional injuries in under 25s and Improving Speech, Language and Communication at age 5. This is because each of these are good general outcome measures for children's health and both are affected by health inequalities, require a focus on prevention and early help and rely on good working between the NHS and local government. We believe these priorities would also be supported by officials in Government Departments and PHE. Whilst we will continue to promote local flexibility and the strategic messages outlined in item 4 of the agenda, a pragmatic approach of aligning our support for these interventions may prove more successful in helping to unlock some of the NHS money for local government or community services and having a wider impact on a range of outcomes. **What are members' views on proposing a key focus on reducing hospital admissions caused by unintentional injuries in under 25s and Improving Speech, Language and Communication at age 5?**

### **Public Health funding**

9. Councils continue to face significant spending reductions to their public health budget up to 2020/21. To put this in context, public health funding will be cut by 9.7 per cent by 2020/21 in cash terms of £331 million, on top of the £200 million cut in-year announced in 2015.
10. Discussions continue around the inclusion of the public health grant within 75 per cent business rates retention, negotiations with the Treasury around the Comprehensive Spending Review 2019 and the planned removal of the ring-fence around the use of the public health grant.

### **Child Obesity**

11. Childhood obesity has been described as one of the biggest health challenges of the 21st century. At the start of primary school one in ten children are obese and by the end, that has increased to one in five. For the first time the LGA recently highlighted figures that show more than 22,000 children aged 10 and 11 in Year Six are classed as severely obese.
12. We are pleased that the Government's recent child obesity plan includes clearer food labelling, which the LGA has long-called for, plus measures to introduce mandatory calorie information on menus, improve food standards and physical activity in schools and the option to introduce further fiscal measures. A specific programme to help to support councils develop their existing powers is also good news.
13. It is recommended that we continue to keep child obesity within our current Community Wellbeing Board work programme.

### **Transfer of health visiting to local government**

14. The responsibility for commissioning health visiting services transferred from the NHS to local government in October 2015. The early years of life remains a Government priority, recent policy developments include the NHS long term plan's focus on "healthy childhood and maternal health" and the launch of Health and Social Care Committee inquiry into the First 1000 days of life which focuses on pre-conception to age two, which we are responding to.
15. Local government is transforming services through; increasing the number of contacts delivered by health visitors for the five mandated checks, protecting health services despite cuts to the public health budget. Taking a life course approach and integrating across the Healthy Child Programme 0-19 (and up to age 25 for young people with Special Educational Needs and Disabilities).
16. Local government's performance and health visitor numbers continue to be closely scrutinised. This includes calls by some for health visiting to be returned to the NHS. There have also been calls for an extension of mandation on local government for these services - that is for the five checks that are currently delivered by health visitors to be increased and for this to be written into regulations. There is also speculation that the health visitor workforce has declined since commissioning transferred to local government.
17. In our response to these calls we have highlighted that health visitors play a crucial role in local systems which is intrinsically linked to local government's work and that moving health visiting would result in unnecessary disruption and could lead to poorer services and outcomes for families and children by making it harder to join up the support which families need. We have highlighted the impact cuts to the public health and early intervention grant are having on public health and children's service. We have also raised that there are unresolved issues around the robustness of the NHS' data on workforce numbers which does not include health visitors who are employed by local government or private providers. There are a number of outstanding issues post transfer, these include:
  - 17.1 Health visitor recruitment and retention difficulties. These issues were particularly pertinent in London at the time of transfer and are ongoing which is impacting on the service locally. Whilst this is particularly a problem for London and the South it is likely to impact on other regions as cuts to funding begin to bite.
  - 17.2 Department of Health and Social Care originally promised that any variances in historic resource allocation at the point of transfer of 0-5 health visiting services would be resolved via the introduction of a resource allocation formula. However, this was not introduced, which has resulted in some councils operating with less money for their health visiting service.

17.3 Issues around the provider market including a lack of competition and the impact funding cuts are having on providers' ability to deliver contracts at a reduced cost.

17.4 Work local pressures. A survey conducted by the Institute of Health Visiting showed that one in five health visitors in 2017 are working with caseloads of over 500 children. However, the recommended 'minimum floor' set at the time of transfer was three whole time equivalent health visitors to cover 1000 children.

18. We are working with membership organisations and stakeholders to get a better understanding of these issues and how best we can support local government and raise issues nationally where necessary.

### **Implications for Wales**

19. No implications for Wales.

### **Financial Implications**

20. This work will be undertaken from within existing LGA budgets.

### **Next steps**

21. Community Wellbeing Board members are asked to note and comment on the activities detailed in the report.