

Item No. 6.	Classification: Open	Date: 19 December 2013	Meeting Name: Health and Wellbeing Board
Report title:		Better health outcomes for children and young people – our pledge	
Wards or groups affected:		Children, young people and families; all wards	
From:		Councillor Dora Dixon-Fyle, Cabinet Member for Children’s Services	

RECOMMENDATION

1. The board is requested to:
 - a) Adopt the pledge and agree to use the outcome measures set out in paragraphs 8-12 as the basis for developing a shared outcomes framework across children’s health and wellbeing provision.

EXECUTIVE SUMMARY

2. This paper sets out key health outcomes for local children and young people, in the context of the national pledge ‘Better health outcomes for children and young people’. The paper proposes that a set of key outcomes arising from the pledge are adopted as part of the performance management framework underpinning the Joint Health and Wellbeing Strategy (JHWS), to form the basis of a shared outcomes framework across the system. This will include adoption of the outcomes by individual agencies and aligned partnership bodies in the children’s health and wellbeing system including the Children’s and Families’ Trust, Southwark Safeguarding Children Board, Children’s Commissioning Board, Safer Southwark Partnership and Health and Social Care Partnership Board.

BACKGROUND INFORMATION

3. As outlined in the policy update to the board’s last meeting, the Local Government Association, Department of Health, Royal College of Paediatrics and Child Health, and the Children and Young People’s Health Outcome Forum jointly wrote to lead members for children’s services and the chairs of health and wellbeing boards in the summer to invite councils to sign up to the “Better health outcomes for children and young people pledge”. It is a part of the system-wide response to the Children and Young People’s Health Outcomes Forum Report, and is attached as appendix 1.
4. The pledge commits signatories to put children, young people and families at the heart of decision-making and improve every aspect of health services – from pregnancy to adolescence and beyond. It highlights five outcome clusters it seeks to improve:
 - a) Reduce child deaths through evidence-based public health measures and by providing the right care at the right time
 - b) Prevent ill health for children and young people and improve their

- opportunities for better long-term health by supporting families to look after their children, when they need it, and helping children and young people and their families to prioritise healthy behaviour
- c) Improve the mental health of our children and young people by promoting resilience and mental wellbeing and providing early and effective evidence-based treatment for those who need it
 - d) Support and protect the most vulnerable by focusing on the social determinants of health and providing better support to the groups that have the worst health outcomes
 - e) Provide better care for children and young people with long term conditions and disability and increase life expectancy of those with life-limiting conditions

KEY ISSUES FOR CONSIDERATION

- 5. The board agreed in July to establish a performance management framework to enable members to hold the system to account in achieving the shared commitments set out in JHWS. There is considerable alignment between the pledge, and the principles and priorities of the JHWS, the aligned Children and Young People's Plan, and the work programme of the Southwark Safeguarding Children Board.
- 6. Looking at each of the pledge's outcome clusters in turn, the following paragraphs review local performance in the context of the public health outcomes framework, the board's emerging performance management framework, and feedback from service users. It is proposed that these outcome measures form the basis of the board's and wider system's performance management frameworks in relation to child health and wellbeing provision going forward:
- 7. Reduce child deaths:
 - Good or improving outcomes:
 - a) Significant improvements in infant mortality rate has brought it almost in line with national average
 - b) Fewer children have been killed or seriously injured in road traffic accidents, although performance is only in line with national average
 - c) Fewer first time entrants to the criminal justice system or youth reoffenders
 - Priority areas for action:
 - d) Mortality rates for 1-17 year olds remains below national benchmarks
 - e) Although improving, knife and gun crime remain high compared to London and account for a significant proportion of child deaths
- 8. Prevent ill health:
 - Good or improving outcomes:
 - a) Good outcomes for mothers and toddlers, including high breastfeeding rates, rising immunisation levels, and low rates of smoking in pregnancy
 - b) Wide range of parenting support including through network of children's

- c) centres and developing early help offer
- c) Low rates of young people admitted to hospital from alcohol specific conditions or substance misuse
- Priority areas for action:
 - d) Childhood obesity levels remain significantly worse than national comparisons
 - e) Although falling, the rate of low birth weight remains a priority, as does reducing the number of admissions to A+E by under-fives, this is also set against the context of a rising birth population, with significant numbers of mothers who are born overseas
 - f) Although falling significantly, Southwark's teenage conception rate remains higher than statistical neighbours

9. Improve mental health:

- Good or improving outcomes:
 - a) Good levels of personal, social and emotional development for children at the end of the early years foundation stage profile
 - b) Strong universal and targeted services, including school-based provision, although young people cite bullying as an ongoing key concern
 - c) Low rates of young people admitted to hospital as a result of self-harm, and rates in line with national benchmarks for hospital admissions for mental health conditions
- Priority areas for action:
 - d) Access to child and adolescent mental health services is variable, with demand creating significant waiting lists
 - e) Increasing focus through inspection and regulation on provision of help at first point of identification, through a needs-led, evidence-based early help offer

10. Protect the most vulnerable by focusing on wider determinants:

- Good or improving outcomes:
 - a) Good-quality offer through borough-wide network of children's centres, including range of parenting, childhood and health services
 - b) Strong educational outcomes across all key stages, from early years to post-16, including falling rates of those not in education, employment or training
 - c) Good performance in reducing rates of tooth decay, although instances of malnutrition and rickets on the rise
- Priority areas for action:
 - d) High levels of child poverty, family homelessness, those living in workless households, and those living in poor housing conditions
 - e) High levels of children in need and those on a child protection plan, which indicates greater risks of poor health and social outcomes such as lack of attachment to primary caregiver, including those in neglectful or troubled

families

- f) Improving stability for children looked after and increasing numbers of looked after children finding permanent homes, although performance below comparators
11. Quality care for long term conditions or disability:
- Good or improving outcomes:
 - a) Above national average educational outcomes for children and young people with a special educational need (SEN)
 - b) Valued short breaks and leisure offer, although children and families strongly support more universal and family-orientated activities
 - Priority areas for action:
 - c) Changing levels of needs, including impact of increasing numbers of children with autism
 - d) Low rates of children or young people with SEN or a disability receiving direct payments or having choice over the services they receive
 - e) High numbers of refusals at SEN panel, indicating unmet need, coupled with some parental dissatisfaction at adversarial nature of process
12. Based on the above analysis, it is proposed that the following outcome measures are adopted by the board and used as the basis for developing a shared outcomes framework across the children's system. It is proposed that each agency represented at the board and relevant partnership bodies (such as the Children's and Families' Trust and Southwark Safeguarding Children Board), review their existing performance management and outcomes frameworks against the outcomes listed in paragraphs 7-11. The outcomes of this work will be to identify the most appropriate leadership for each outcome as well as interdependences across partners.

Policy implications

13. The proposed use of the above outcome measures in the board's performance management arrangements will support the board in holding partners to account against agreed shared priorities. It will also form the basis for ongoing needs analysis and community engagement topics in order to develop the next Joint Health and Wellbeing Strategy.

Community impact statement

14. There are substantial health inequalities in Southwark, including for the children, young people and families within the scope of this report. Those on lower incomes, with disabilities, some ethnic groups and those who are vulnerable and likely to suffer poor health and wellbeing. The adoption of this pledge will support the board's ambition to improve outcomes and reduce inequalities by providing a robust mechanism for monitoring partner activity and impact in these areas.

Legal implications

15. There are no legal implications contained within this report.

Financial implications

16. There are no financial implications contained within this report.

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Better health outcomes for children and young people – our pledge

AUDIT TRAIL

Lead Officer	Romi Bowen, Strategic Director of Children's and Adults' Services	
Report Author	Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services	
Version	Final	
Dated	9 December 2013	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Strategic Director of Children's and Adults' Services	Yes	Yes
Date final report sent to Constitutional Team		9 December 2013