

Item No. 7.	Classification: Open	Date: 24 February 2015	Meeting Name: Corporate Parenting Committee
Report title:		The Effect of the Recent Developments in Public Health (transfer from NHS to council) on Children in Care	
Ward(s) or groups affected:		All	
From:		Director, Children's Social Care	

RECOMMENDATION

1. That members consider the information presented in this report on the effect of public health transfer from the NHS to the council on children in care.

BACKGROUND INFORMATION

2. The [Health and Social Care Act 2012](#) placed new duties on local authorities to improve outcomes across a range of public health issues for their local populations. Local authorities now hold responsibility for commissioning and delivering services in a broad range of areas including sexual health, alcohol and drug misuse services, NHS Health Check assessments, children health services (5-19 years only), public mental health and dental public health, amongst a range of other services and interventions
3. Public Health refers to both the expert function that transferred with the Director of Public Health and team, and also the identified services above. Public health expertise is available to local authorities (and CCGs) to inform strategic commissioning to improve and protect the local population. The Joint Strategic Needs Assessment and other related work is a key part of this.
4. As noted in the recently published draft statutory guidance: [Promoting the health of looked-after children](#) the Act places a legal duty on Clinical Commissioning Groups to work with local authorities to promote the integration of health and social care services. The Government's Mandate to NHS England includes an explicit expectation that the NHS, working together with schools and children's social services, will support and safeguard looked-after children (and other vulnerable groups) through a more joined-up approach to addressing their mental and physical health needs.
5. Public health responsibilities are being transferred to local authorities in a two stage process; public health responsibility was successfully transferred from NHS to local authorities in 2013. From 1 October 2015, the Government intends that local authorities take over responsibility from NHS England for commissioning (i.e. planning and paying for) public health services for children aged 0-5. This includes health visiting and Family Nurse Partnership, targeted services for teenage mothers). The transfer of public health commissioning responsibilities for 0-5 year olds marks the final part of the overall Public Health

transfer from the NHS to local authorities.

6. This presents an opportunity to better integrate health, education and social care to reduce health inequalities and improve outcomes for children and young people, including those in care.
7. In addition to the services mentioned, above the public health approach is one that works with all relevant services across the life course to prevent and intervene early so as to promote health and wellbeing. For children in care this means ensuring that universal services (health and education in particular) work well to address needs and complement targeted and specialist services.

KEY ISSUES FOR CONSIDERATION

Developing health services for Looked After Children (LAC)

8. As detailed in the draft statutory guidance CCGs and the officers in the local authority responsible for looked-after children's services should:
 - recognise and act on the greater physical and emotional health needs of looked-after children
 - give equal importance to the mental and physical health of looked-after children and agree multi-agency action to meet the health needs of looked-after children in the area.
 - ensure that sufficient resources are allocated to meet the identified health needs of the looked-after children population, based on the range of data available about their health characteristics
 - take into account the views of looked-after children, their parents and carers, to inform, influence and shape service provision, including through Children in Care Councils and local Healthwatch where they are undertaking work in this area
 - arrange the provision of accessible and comprehensive information to looked-after children and their carers.

Health issues for Looked After Children

9. Looked After Children and those who are most likely to become Looked After face a range of potential health issues and significant health inequalities. These are broad such as mental health issues, as a result of the abuse and neglect they might have experienced which resulted in their move to care, for example; physical health issues, drug and alcohol misuse, disability, learning difficulties or disabilities. As well as these, those in care are often at risk of poor sexual health and teenage pregnancy and a high proportion of LAC have Special Educational Needs (SEN). If these issues aren't addressed early, there are implications in terms of making a successful transition to adulthood and independence.
10. A recent audit of LAC health issues identified a wide variety of significant health issues, particularly with development and mental health. As a result partners plan to record diagnoses for LAC more systematically. The audit also showed that follow up of initial health assessment recommendations was generally good but could be improved which has contributed to updated advice to health professionals completing Review Health Assessments.

11. The Designated Doctor and Nurse for LAC in Southwark lead the LAC health team which is part of the Children's Community Children's Health Services, based at Sunshine House in Peckham. The Children's Community Child Health Services in Lambeth and Southwark became part of Guy's and St Thomas' NHS Foundation Trust (GSTT) in April 2011. Since the 1 April 2014 specialist child health services in Southwark and Lambeth have been part of the Evelina London Children's Hospital.
12. Since April 2013 Southwark CCG have been the commissioners of community child health services, including the children in care team.

Improving outcomes for Children in Care

13. An integrated commissioning approach is recommended to improve outcomes recognising the many services including universal e.g. GPs, schools that are involved. The Designated roles have a remit around strategic advice to commissioners too.
14. The CCG have funded increased nursing and administrative support to improve the quality of health assessments; bringing more assessments in-house, especially those previously done by GPs, to be done by nurses and doctors based in the LAC Health Team at Sunshine House in Peckham. A full-time administrator joined the team in October 2013. A new full-time LAC nurse joined the team in December 2013.
15. Following the implementation of Social Work Matters, new social work Practice Groups have been established across council Social Care teams who the health team are working closely with which is improving information sharing and communication.
16. Key administrative links and processes have been reinforced and there is active work to improve efficiency and effectiveness of information sharing. There are difficulties with accurate recording of Health Assessment data in health and Children's Social Care.
17. LAC health staff provide statutory health assessments and are part of a wider network with mental health services, provided by Carelink Southwark CAMHS (provided by SLaM: South London and Maudsley NHS Foundation Trust), Children's Social Care and others to promote the health and wellbeing of looked after children. The health team provide training to Social Workers, foster carers and health staff; take part in multi-agency meetings about individual children / groups of children, multi-agency audit, and planning.

Service Developments

18. A number of service improvements have been implemented to improve health outcomes for LAC through greater collaboration and joint working, these include:
 - New services offered have been a drop-in for Social Workers at their base fortnightly.
 - Increased number of multi-disciplinary and multi-agency audits.
 - Information sharing and administrative procedures are being comprehensively reviewed between Health and Social Care.
 - A new combined consent for sharing health information and to health

assessments and interventions has been agreed and is due to be implemented.

- Immunisations are being recorded more systematically.
- Care Leavers Health Care Summaries and Plans will now include information about birth, family and health history, and as far as possible immunisation information.
- More updates are received from CAMHS service for LAC (CareLink)
- CareLink has recently started a new large study of the assessment and intervention in mental health of young children, looked after, with parents with mental health problems.

New opportunities

Commissioning

19. The Special Educational Needs and Disabilities (SEND) programme will have a key focus on ensuring the best possible start for children and young people with special educational needs and/ or a disability. It will lead to a greater role for local authorities as market developers as individuals take up their right to personal budgets and become their own commissioners. The council will place a greater focus on integrated commissioning across health, education and social care to align with the more integrated approach to assessment and support process and ensure that the published Local Offer includes the range of services and support parents and young people tell us they want to access in Southwark.
20. The council is developing a whole life approach to commissioning health services, developing an All Age Integrated Commissioning Strategy (Health & Wellbeing) 2014 – 2020. This strategy recognises that part of being an expert commissioner means moving to commissioning for outcomes – i.e. in order to give greater opportunity for providers to arrange their services in more flexible and innovative ways, and that the focus should be on outcomes, instead of the traditional approach of specifying inputs and outputs. This presents an opportunity to improve outcomes from an early age, in line with the Health and Wellbeing Board and Children and Young People's Plan priorities.
21. Council Commissioning, Social Care and Housing teams are conducting a review of 16+ accommodation requirements in Southwark and will consider the needs of vulnerable young people, including those in care and care leavers. This work will make recommendations in May 2015 and will help provide a better understanding of the wider needs of this cohort, informing future outcomes based commissioning intentions.

Joint working

22. Public Health are working with Education to improve co-ordination and reach of universal provision of Personal, Social and Health Education (including Sex and Relationships Education, education on drugs and alcohol, emotional health and well being and weight management) in Southwark Schools. Work is also being undertaken around targeted services on improving health and wellbeing of young people including prevention of teenage pregnancy. This includes the provision of health huts run by youth advisors in SILS schools, Youth Offending Service and youth clubs. In addition a youth advisor is employed to support young women in care to improve their sexual health and well being.

23. The Children and Young People's Health Partnership have been looking at ways to improve access to services, particularly for more vulnerable young people (including those in care, care leavers, young offenders, young carers and those with learning disabilities). Their Young People's Project aims to co-design sustainable ways of providing holistic health services, incorporating young-people friendly standards for universal services, mental health, sexual health, drug and alcohol support, in addition to links to education, employment and training. They aim to develop a holistic health 'hub' in Southwark, like the Well Centre in Lambeth, with locality outreach, and ongoing support for young people's physical, emotional and social wellbeing. A £900 000 bid to the Guy's and St Thomas' Charity was submitted in January, if successful funding will be available from June 2015.
24. Since it opened in October 2013 The Well Centre has seen a consistent rise in the number of people signing up to use the range of services available (youth workers, counselling and GPs). Currently just over a 1000 young people are signed up and 95% of those who use the service say they would recommend it to a friend. February 2015 figures show that 57% of the centre users are from Lambeth, 13% from Southwark and 9% from Croydon. A higher proportion of females, 67%, than males, 33%, use the centre, approximately 40% of service users are aged 16 or 17.
25. Despite mostly supporting school age children, over 10% of the young people using the centre are unemployed and actively seeking work. A high proportion; 15.2% of the young people, are living with neither of their parents and 10.3% are living in foster care or a hostel. Only 45% of young people attending the Well Centre rated their life satisfaction as good or very good compared to the national average of 80%. These figures indicate that the Well Centre is reaching some of the most vulnerable and at risk young people.
26. In their June 2013 evaluation of the Well Centre, London South Bank University found that the centre has shown that an integrated general primary health care and social / youth work offer is practical and suited to young people's needs to have things dealt with in a timely and holistic manner therefore, reducing the risk of attendees being lost to follow up. The fact that it was not a single issue service (e.g. for mental health or sexual health) made it more accessible and less stigmatizing to service users. In contrast, interviews and discussions with young people suggested it was not very easy to visit their own GP for various reasons, such as fears about confidentiality.
27. Many of the young people using the centre have benefitted from mental health and sexual health advice and support, delivered under one roof in a safe space which they feel they can go back to. The centre also helps young people by signposting them to housing, employment and training providers. This suggests that a similar centre in Southwark would be of benefit to a range of vulnerable and marginalised young people in the borough.
28. The transfer of services presents an exciting opportunity to align 'the Public Health approach', as defined as analysing characteristics of the local population and data trends and taking a long term view of what this presents, with our intelligence to help transform the way we deliver services. For example, Public health colleagues are currently conducting a research into neglect in the borough, profiling the epidemiology of childhood neglect and establishing the risk factors, effective interventions and best practice in responding to needs.

- 29. This type of intelligence helps in the preplanning of services for the LAC population, who represent a small proportion of the overall population, but have high needs and whose responses to support are different because of their experiences prior to coming into care. This knowledge helps to inform the skills sets for carers and providers coming into the care system and could led to more cost effective solutions being developed.
- 30. In additional Public Health are working with colleagues in Children’s and Adult’s Services to produce an analysis of 3 years worth of data on looked after children considering their placement stability and the reasons why they move in and out of care and placements. This work will help provide a better understanding of our LAC population and will inform the LAC Strategy.

Policy implications

- 31. The move of public health to local authorities is an opportunity to strengthen the integration of commissioning and service delivery for this client group, and to take a life course approach to mitigate future children in care.

Community impact statement

- 32. The care population is diverse in terms of age, gender and ethnicity and we closely monitor these protective characteristics to ensure we understand specific health needs and are able to deliver services that address these needs. Delivering services that improve health outcomes can help to build resilience for children and young people to successfully achieve wellbeing and make a positive contribution. Effective performance monitoring and joint working supports these objectives and enables us to identify areas where improvements may need to be made.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Abdu Mohiddin, Public Health	
Version	Final	
Dated	11 February 2015	
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
Cabinet Member	No	No
Date final report sent to Constitutional Team	11 February 2015	