

Item No. 7.	Classification: Open	Date: 13 July 2015	Meeting Name: Corporate Parenting Committee
Report title:		A Public Health Approach to Promoting the Health and Wellbeing of Looked after Children	
Ward(s) or groups affected:		All	
From:		Director, Children's Social Care; Director, Public Health	

RECOMMENDATIONS

1. That members consider the information presented in this report alongside that presented in the previous report to the committee (24 February 2015).
2. That the committee considers current governance arrangements to ensure they have representation from the new public health commissioning responsibilities, the public health specialist function and the Clinical Commissioning Group (CCG).
3. That the committee note that services relating to looked after children (LAC) will be audited against the best practice from National Institute for Health and Care Excellence/Social Care Institute for Excellence (NICE/SCIE). Public Health can support this in partnership with others.
4. That the committee request that the cabinet member for children and schools continue to ensure that the considerable needs of LAC have a high profile in strategic commissioning by including LAC in the Children, Young Person's (CYP's) Joint Strategic Needs Assessment.
5. That the committee note that commissioning of services will be integrated across the life course, and needs of LAC integrated into mainstream services where appropriate.

BACKGROUND INFORMATION

6. Local authorities are now responsible for commissioning and delivering a broad range of services often referred to as public health services e.g. sexual health, alcohol and drug misuse services, children's health services (5-19 years only), and public mental health. From 1 October 2015 commissioning of public health services for children aged 0-5 including health visiting and Family Nurse Partnership will also transfer to local authority control. However many other health services relevant to LAC are commissioned by the CCG and NHS England.
7. In addition to public health services, "Public Health" also refers to the expert function that transferred with the Director of Public Health and team. Public health expertise includes the systematic surveillance and assessment of population needs, assessment and implementation of evidence/best practice, service evaluation and audit. This specialist advice is available to inform strategic commissioning with the aim of improving population health and wellbeing. The statutory Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy should be the

starting point for planning health and social care services to ensure they meet population needs.

8. Existing public health services are commissioned by local authority commissioners, and Public Health provides specialist advice to them as well as the CCG commissioners who are responsible for targeted and specialist mental health services (included those for LAC), hospital services and community health services.
9. The public health approach is to work with all relevant services and partners across the life course to prevent problems where possible and to intervene early so as to promote health and wellbeing. For children in care this means ensuring that all services whether universal, targeted or specialist, work well together to address their needs.
10. The Children and Young Persons' JSNA is being developed and will inform existing and future strategies including Families Matter, and the Children's and Families Trust Children and Young People's Plan (CYPP). The three priorities of the CYPP are Best Start, Safety and Stability, Choice and Control. Best Start has recommendations to improve the physical and mental health of pregnant women, improve immunisation uptake, reduce obesity and continue access to early help.
11. As described in the national and local evidence including the Annual Report from the Designated Doctor to the corporate parenting committee, LAC are at higher risk of poor health and wellbeing and child sexual exploitation (CSE) than the general child and young person population. These inequalities start pre-birth, persist across the life course and into adulthood and without adequate interventions in place, are passed on to the next generation, resulting in a familial cycle of poor outcomes. The identification, monitoring and response to these is essential to improve outcomes - explicit equalities objectives is one such way.

KEY ISSUES FOR CONSIDERATION

Best practice

12. NICE and SCIE guidance (PH28) recommends that approaches to improving outcomes for LAC consider children and young people from birth to age 25, wherever they are looked after – in residential care, foster care, young offender or other secure institutions or boarding school, or with birth parents, other family or carers, and including placements out of the area.
13. Extending the definition of young people to age 25 recognises that young people leaving care at 18 are still vulnerable and need additional support e.g. priority access to housing, support through higher education in order to achieve similar outcomes to their peers who are not from the care system. This extended age range should be reflected in all needs assessment, service planning and commissioning from both health and social care. It is also important to consider children and young people on the edge of care e.g. those suffering neglect.
14. In addition to PH28 NICE has a wealth of related guidance on topics relevant to planning both prevention and treatment services for looked after children and young people:
 - Reducing substance misuse among vulnerable children and young people
 - Alcohol-use disorders, drug misuse

- Social and emotional wellbeing for children and young people
- Mental Health e.g: Antisocial behaviour and conduct disorders; attention deficit hyperactivity disorder; depression; eating disorders; obsessive-compulsive disorders; personality disorders; psychosis and schizophrenia; self harm
- Immunisation for children and young people
- Obesity
- Preventing sexually transmitted infections and under-18 conceptions.

Meeting the health needs of looked after children

15. The local authority has a statutory duty to ensure all LAC have an annual health check, but more importantly as recognised by the Designated Doctor (DD) report, the findings from the health check need to be incorporated into a care plan in order to ensure that identified needs are met. In addition to having plans to meet the needs of individual LAC there should also be a strategic plan which summarises these individual findings and informs the commissioning of health services.
16. Public Health can provide strategic advice and recommendations by working with LAC and the DD to incorporate findings from the LAC health check into the JSNA for children and young people. These findings should then inform commissioning priorities and ensure that services meet the needs of LAC.
17. Taking a life course approach and including prevention in strategies are important aspects of a public health approach, and should also be incorporated into the LAC strategy ensuring that all LAC have sex and relationships education, are able to access sexual health and contraceptive services, are included in alcohol and substance misuse prevention strategies and have their needs taken into account when planning services.

Improving outcomes for Children in Care

18. Social Care's "Journey of the Child" score card for LAC has some health indicators (Appendix 1) which could be broadened to include indicators from best practice mentioned above, the age range could be extended beyond 16 per best practice. It is also recommended that for each aspect of health there are outcome indicators as well as process ones.
19. A further proposal would be to have a dashboard which includes LAC achievement against all the public health outcomes framework indicators relating to children and young people (where numbers are large enough to be statistically robust; see appendix 2) as well as reporting on outcomes compared to LAC services in comparable boroughs. This mechanism would help ensure commissioned services identified LAC and other children at risk during service delivery and raise the profile of this vulnerable group. From these explicit equality objectives for a given commissioned service could be monitored e.g. to improve mental health of LAC or alcohol misuse identification and brief advice.
20. Public Health can support the Corporate Parenting Committee through audits and quality assurance to evaluate current commissioning arrangements and services against best practice and developing equality objectives to use in e.g. commissioning contracts.

Governance and Partnership working

21. Directors of Public Health are recommended to work alongside directors of children's services and senior staff with responsibility for commissioning and providing health services to improve the health and wellbeing of LAC (NICE, PH28). It is not clear where, outside of the JSNA process and health and wellbeing board there is consideration of the holistic (health, wellbeing, education and social care) needs of LAC in Southwark.
22. Southwark Children and Adults Board has a sub-group responsible for developing a strategy for LAC. This group may well benefit from having wider membership including Public Health to ensure a social care focus is complemented. The social care focus is reflected in the 12 aspirations for achieving excellence. It would be useful to add a health and well-being one.
23. It is recommended that Public Health and commissioners of health and public health services (LA and CCG) are included in the existing LAC governance arrangements to provide oversight of health services and ensure joined up commissioning between health and social care, and ensuring that work for this vulnerable group is not done in isolation from other services for children and young people.

New initiatives

24. Public Health is involved in developing new initiatives for CYP on a regular basis. Public Health is working with the Children's and Young People Health Partnership (CYPHP) to develop services as part of an integrated community and hospital child and young person centred health programme co-designed with young people to meet their needs. LAC, children on the edge of care, young offenders and other vulnerable groups are integral to this programme, in particular the Young People's workstream which includes an outreach element to address needs in settings relevant to YP. An equity profile of the programme is planned.
25. SH:24 is an innovative new service developed by public health and clinicians with a grant from GSTT. SH:24 has been commissioned by Southwark sexual health commissioners to deliver online access to sexual health advice, risk assessment, ordering of home STI sampling kits, results reporting by text, and seamless referral to local clinics for treatment of STIs or exploration of safeguarding concerns. The service is currently for over 16s only.
26. Both the Troubled Families initiative and the Pause project are likely to reduce the number of children and young people being taken into care in Southwark. Public Health is represented in these projects, it is important that they are linked into to universal public health preventative programmes such as sexual health, CAMHS etc.

Community impact statement

27. 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 as they move into adulthood. Effective performance monitoring and joint working across social care and health providers supports these objectives and enables us to identify areas where improvements may need to be made.

BACKGROUND DOCUMENTS

Background Papers	Available at
Children and Young People's Plan 2013-2016	http://www.southwark.gov.uk/info/200165/southwarks_children_and_families_trust/1484/children_and_young_peoples_plan
The Effect of the Recent Developments in Public Health (transfer from NHS to council) on children in care; Report to Southwark Corporate Parenting Committee, 24 February 2015.	http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=129&MId=4873&Ver=4
<p>References</p> <p>Department for Education and Department of Health - Promoting the health and well-being of looked after children: statutory guidelines for local authorities, clinical commission groups and NHS England. March 2015.</p> <p>NICE and Social Care Institute for Excellence – Looked After Children and Young people; Public Health Guidance 28; October 2010 updated April 2013.</p> <p>NICE – The Health and Wellbeing of looked after children and young people: NICE quality standard 31. Issued April 2013</p>	

APPENDICES

No.	Title
Appendix 1	Journey of the child health indicators
Appendix 2	Possible PHOF indicators of relevance to children and young people

AUDIT TRAIL

Lead Officer	Director, Children's Social Care, Director, Public Health	
Report Authors	Vicki Spencer-Hughes, Abdu Mohiddin, Public Health	
Version	Final	
Dated	30 June 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	30 June 2015	

APPENDIX 1

LAC - Health	
New 80	% of CLA whose immunisations were up to date
New 81	% children who had been looked after for at least 12 months, and aged 5 or younger whose development assessments were up to date
New 82	% children who had been looked after for at least 12 months who had their annual health assessment
New 83	% children who had been looked after for at least 12 months who had their teeth checked by a dentist
New 84	Number and % of CLA aged 5-16 who have been looked after for at least 12 months with an SDQ score in the last 12 months
New 85	Number and % of CLA aged 5-16 who have been looked after for at least 12 months without an SDQ score in the last 12 months
New 86	Average SDQ score of CLA aged 5-16 who have been looked after for at least 12 months and have an SDQ score in the last 12 months
New 87	% CLA aged 5-16 who have been looked after for at least 12 months and have an SDQ score in the last 12 months whose score is a concern (a score of 17 or over)
New 88	% of CLA identified as having a substance misuse problem during the year (Annual)
New 89	% of CLA identified as having a substance misuse problem during the year who received intervention (Annual)

APPENDIX 2

Possible Public Health Outcome Framework (PHOF) indicators of relevance to children and young people which could include figures for the general population in Southwark, the LAC population and national population comparisons.

Indicator	Southwark	Southwark LAC	England
1.2 School readiness			
1.3 Pupil absence			
1.4 First time entrants to the Youth Justice System			
1.5 16-18 year olds not in Education, Employment or Training			
2.4 Under 18 conceptions*			
2.5 Child development at 2-2.5 years			
2.6 Excess weight at reception and year 6			
3.2 Chlamydia diagnoses (15-24 year olds)			
3.3 Vaccination coverage			