

CREATING OPPORTUNITIES AND TACKLING INEQUALITIES SCRUTINY COMMITTEE	Agenda Item No. 5
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Report of the Executive Director of Children’s Services

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CHILDREN’S TRUST UPDATE – BE HEALTHY

1. PURPOSE

- 1.1 To provide the Scrutiny Committee with an update with regard to the work of the Children’s Trust in relation to Be Healthy.

2. RECOMMENDATIONS

- 2.1 To scrutinise and comment on the progress and impact that the Children’s Trust has made on the provision of services to children and young people and make any necessary recommendations.

3. LINKS TO CORPORATE PLAN, SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT

- 3.1 The Children’s Trust Partnership Board is the statutory partnership responsible for ensuring the delivery of all outcomes for children and young people, with a particular focus upon those within the Sustainable Community Strategy, Local Area Agreement and statutory Children and Young People Plan.

4. BACKGROUND

- 4.1 Statutory duties in the Children Act 2004 require every local authority to work with partners, through Children’s Trust arrangements, to devise and implement strategies to improve outcomes for children aged 0–19 years (25 for those with additional needs) across the five every child matters areas: Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Wellbeing.
- 4.2 Children’s Trust arrangements refer to the totality of change needed to deliver better and more responsive integrated services – including arrangements for integrated working, comprising joint planning and commissioning, integrated processes and integrated front-line delivery for improved outcomes for children, young people and families. Through the development of a local Children and Young People Plan, Children’s Trust arrangements set out accountabilities for decision making and spending, and involve children, young people and families in doing so.
- 4.3 The Apprenticeships, Skills, Children and Learning Bill 2009 made the establishment of a Children’s Trust Board a statutory requirement for all areas. Peterborough has had a Children’s Trust Partnership Board since April 2008, which includes membership from across statutory, voluntary and community organisations. Underpinning the Children’s Trust Partnership Board are a number of partnerships and task and finish groups which work to deliver the strategies set out by the Children’s Trust Partnership Board.

5. PERFORMANCE

- 5.1 The table below sets out the current performance position with respect to the Be Healthy outcome.

Indicator	Target	Latest Performance	Trend (Green = improving)	National Average (Green = better than NA)
NI 50 Emotional Health of Children	69% 2010	56.8% 2009	Declining (61.56% in 2008)	56% 2009
NI 51 Effectiveness of Child and Adolescent Mental Health Services	15 2010	15 May 2010	Improving (14 in 2009)	13.85 2009
NI 52a Take up of school lunches – primary	38.5% 2010	34.5% 2009	N/a	41.3% 2007
NI 52b Take up of school lunches – secondary	38.5% 2010	32.5% 2009	N/a	37.7% 2007
NI 53 Prevalence and Coverage of Breastfeeding	95% Coverage 2010 57% prevalence In 2010	93.24% coverage 43% Prevalence in 2009	Coverage improving – 82.9% in 2008/9 Prevalence improving – (44.5% in 2008)	Coverage - National Average: Approx 85% in 2009
NI 54 Services for Disabled Children	63 2010	63 2009	Improving (60 in 2008)	61 2009
NI 55 Childhood Obesity in Reception Year	15.00%	5.20%	Improving – (9.2% in 2008/09)	9.6% In 2008/09
NI 56 Childhood Obesity in Year 6	15.00% 87%	12.31% (final figures due in December 2010)	Improving – (19.8% in 2008/09)	18.3% 91% (08/09) Dec 10
NI 57 Participation in PE and Sport	86.5% 2010	77% 2009	Improving (73% in 2008)	81% 2009
NI 58 Emotional Health of Children in Care	15 2010	20.7 2009	N/a	13.9 2009
NI 112 Under 18 Conception Rate	-26.9% From 1998 baseline 2008 figures	48.5 per 10,000 girls 2007 (-15.4% reduction from baseline)	Improving (57.4 per 10,000 girls) (-0.5% reduction from baseline)	41.68 per 10,000 girls 2007
NI 113a Prevalence and Screening of Chlamydia	35% of 15- 25 yr old population	23% of 15-25 yr old population 2009/10	Improvement (8% more young people screened in 2009/10)	16.2% 2008
NI 115 Substance Misuse by Young People	7.3% 2010	8.4% 2009	Improving (9.86% in 2008)	9.8% 2009

6. OUTCOME DELIVERY

6.1 The key areas of focus for Children's Trust delivery in 2010/11 are:

- Emotional wellbeing of children and young people (including child and adolescent mental health services)
- Reduction of teenage conceptions and Sexual Health
- Healthy weight
- Drug and alcohol misuse

6.2 In order to meet these key areas of focus, the following activity is being undertaken

6.2.1 EMOTIONAL WELLBEING / CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

6.2.2 Progress to joint commissioning of CAMHS with NHS Peterborough is moving forward with an agreement in principle that Peterborough City Council will become the lead commissioner from 1 April 2011. Governance arrangements to ensure this is undertaken within a robust framework are commencing, with Councillors to be involved with final decision making.

6.2.3 Peterborough City Council are currently running a targeted mental health in schools programme due to receipt of a central grant of £222,500 which is creating learning and building on some of the positive work already undertaken around the emotional wellbeing of children and young people in the city.

6.2.4 TEENAGE CONCEPTIONS

6.2.5 Partners have recently held a joint 'Solution Centre' and received visits from the Teenage Pregnancy National Support Team to help tackle this issue. Key actions include:

- The Clinical Lead for Long Acting Reversible Contraception (LARC) has delivered substantial training with GP surgeries to increase take up of LARC amongst young people. Both family planning trained GPs and Nurses are receiving training to undertake LARC fitting - uptake is being monitored within the respective GP practices
- Strategic Health Authority (SHA) funding has been secured to increase access to contraception within further education (FE) colleges. Significant work continues to be undertaken within the colleges and the community.
- Increasing numbers of young people are accessing the school based Health Young People's Advice (HYPA) clinics
- A service specification is in place to ensure that sex and relationship education (SRE) delivery in schools encompasses effective sexual health information
- The nationally introduced You're Welcome quality standards for young people's services are being piloted locally. Three services are already completing the toolkit. A steering group is being set up to develop an action plan which includes a verification panel of young people to support the process.

6.2.6 In addition, the Teenage pregnancy partnership also recently took the decision to commission a dedicated project working with young men since much of the intervention to date had been targeting young women. The effect of this innovative project will be evaluated.

6.2.7 Due to the PCT turnaround programme, as of the 1 August 2010 the pharmacy based sexual health service will be ending. Referral routes to other services are in place to ensure young people have access to Emergency Hormonal Contraception (EHC), Chlamydia Screening and the condom C-Card scheme. The Peterborough Regional College Nurse will be trained to offer EHC within this current year.

- 6.2.8 Prevalence and Screening for Chlamydia. The 2009/10 national Chlamydia screening target was to screen 25% of all young people between the ages of 15 and 24 years. In Peterborough we achieved 23%. This target is increasing to 35% in the target for 2010/11 and will be extremely challenging to meet.
- 6.2.9 The chlamydia screening action plan is focusing on improving screening rates in core services such as GP surgeries and the Walk in Centre. This is in addition to maintaining the screening rates in high performing locations such as the CaSH and Termination of Pregnancy services.
- 6.2.10 Additional PCT funding has been requested to help us achieve the target and ensure Chlamydia Screening is embedded. This will be considered in the context of the PCT's turnaround Plan. We are also looking to maintain our high 'positivity rates' (i.e. percentage of screenings that test 'positive') of 9% which is the highest in the East of England and highlights that we are screening the most at risk young people.

6.2.11 HEALTHY WEIGHT

6.2.12 The National Child Measurement Programme (NCMP) for 2009/10 will be completed by mid July. The trend for both children in reception year and in year six seems to be improving (from the raw data being collected). Final preliminary data will be available in September and final validated data in December 2010. It is expected that figures will show improvement against regional and national averages. The following measures were taken to try and improve data collection and to support children and families to achieve improvements in their lifestyles and maintain a healthy weight:

- An NCMP lead was established to support families of overweight and obese children and offer them appropriate weight management advice and increase access to services.
- A dedicated NCMP telephone support line installed for parents
- Monthly monitoring of targets
- The first two flagship programmes of Carnegie Weight Management Clubs started in May and will run over a period of twelve weeks to be completed end of July. These will be evaluated in readiness for the four September programmes for children aged 2-17.
- A stakeholder engagement plan to promote Change 4 Life and Carnegie Clubs is ongoing. This has included participation at local events, marketing the services and organisation of events such as Childhood Obesity Week activities.
- Universal services in children's centres on going. This includes cooking and physical activity clubs.

6.2.13 Peterborough's prevalence of breastfeeding is slightly below the national average – in Peterborough 43% of babsies are breastfed at 6-8 weeks compared to 45% nationally. To improve the uptake and continuation of breastfeeding the following actions have been undertaken:

- An infant feeding coordinator has been appointed both in the community and hospital setting
- Implementation of UNICEF UK Baby Friendly Initiative - NHS Peterborough has been working towards Stage 2 accreditation and will be reassessed in Oct 2010.
- A breastfeeding policy is routinely communicated to health care staff and updated biannually. All staff are being trained to implement the policy – for example, all health visiting staff who have been employed for more than six months and more than 90% of midwives have completed UNICEF training.
- All pregnant women are informed about the benefits and management of breastfeeding by their midwives. All leaflets and information has been standardised using the Start4Life leaflet "Off to the Best Start". Breastfeeding workshops are available.
- A "Drop in and Latch on" clinic provides additional support while mothers are in hospital and in the immediate post natal period (10 days postpartum). An outreach service follows up mothers unable to attend the clinic.

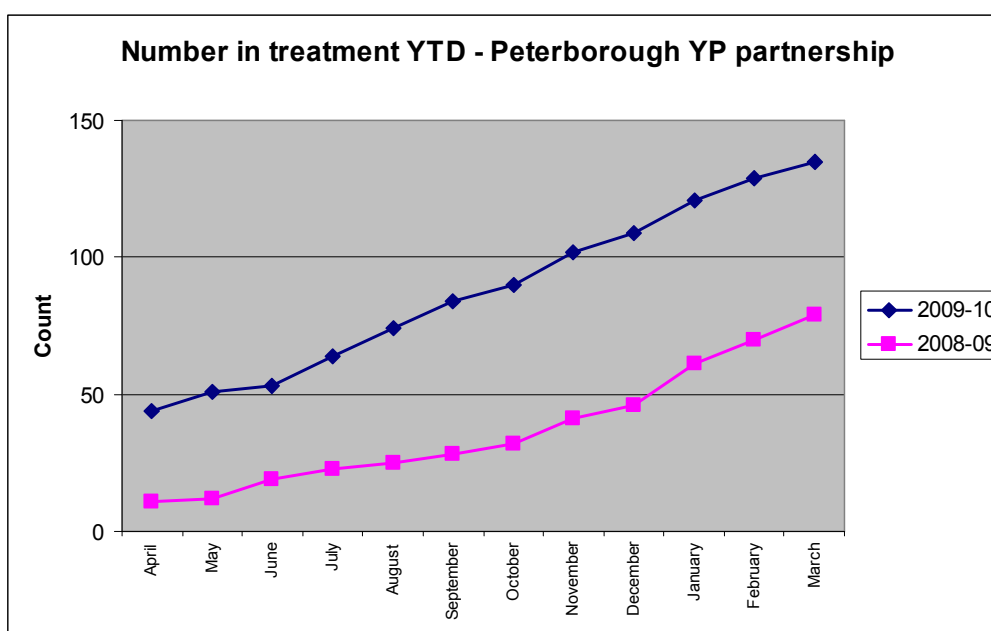
- NHS works in conjunction with voluntary groups – NCT and BFN to provide care for breastfeeding mothers. The strategy group is made up of health professionals and representatives from the key breastfeeding charities.
- Many local businesses have signed up to be included in a “Baby Friendly” directory which is being jointly produced by NHS Peterborough and employees of Future Jobs Fund.
- Work is underway to enhance community breastfeeding peer support, with 50 women receiving training to date.

6.2.14 Further actions are being planned for coming years to continue to increase breastfeeding rates, including working closely with schools and GPs and reviewing our ‘Baby Café’ programme to increase attendance.

6.2.15 DRUG AND ALCOHOL MISUSE

6.2.16 Drug and Alcohol Services are currently going through a retendering exercise with new services to be in place by 1 April 2011. However, this is set against the National Treatment Agency budget to Peterborough City Council being cut by 54% - the 2009/10 allocation being £177,374 with allocation in 2011/12 being reduced to £95,690. This has been robustly challenged nationally, but represents a significant challenge to future delivery.

6.2.17 Recent data has demonstrated that the need for services increases (see graph below). At the end of the 2009/10 financial year the National Treatment Agency commented “we are pleased to note that for quarter four Peterborough continue to be the highest in the region for both referrals from social care services for children and young people in need or looked After at 21%, and in the area of planned discharges which at quarter four is performing at 80.4%”



7 IMPLICATIONS

7.1 As outlined above, the Children’s Trust Partnership Board is now statutory. The Board is responsible for ensuring the delivery of improved outcomes for all children and young people within the city.

7.2 Actions identified above reflect citywide partnership activity aimed at delivering improvements in key ‘Be Healthy’ outcomes.

8. CONSULTATION

N/a

9 EXPECTED OUTCOMES

- 9.1 Creating Opportunities and Tackling Inequalities Scrutiny Committee to scrutinise and comment on the progress and impact that the Children's Trust has made on the provision of services to children and young people.

10 NEXT STEPS

- 10.1 It is recommended that the Creating Opportunities and Tackling Inequalities Scrutiny Committee continue to receive regular reports relating to the work of the Children's Trust.

11 BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

N/a

12 APPENDICES

N/a