Committee: Children and Young People's Scrutiny Panel

Date: 11th January 2017

Wards: All

Subject: Progress Report on Health and Wellbeing Strategy priorities for Children and Young People

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Recommendations:

A. To review progress on the delivery of the Health and Wellbeing Strategy theme 1: Best start in life.

B. To consider how the Panel can contribute to the development and delivery of theme 1 and opportunities for further integration and partnership work.

C. To support and champion action on tackling childhood obesity.

D. To support progress on implementation of CAMHS transformation plan.

E. To consider progress on development of Community Health Services for children and young people.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of this report is to update the Children and Young People's Scrutiny Panel on the delivery of the Health and Wellbeing Strategy theme1: Best start - early years development and strong educational achievement. In addition it provides a focus on Community Health Services for 0-19 year olds, which from April 2016, have been delivered by our new provider Central London Community Health Services NHS Trust.

2. DETAILS

2.1 Merton Health and Wellbeing Strategy 2015/16 -2017/18 includes *theme 1: best start in life- early years development and strong educational achievement*. This reflects strong evidence that investing in early years is effective and critical to reducing health inequalities across the life-course and that improvements in schools attainment are a major contributor to health and wellbeing of children and young people. The 'best start theme focuses on the following outcomes:

- Uptake of childhood immunisation is increased
- Waiting time for children and adolescents to mental health services is shortened
- Childhood obesity is reduced
- Educational achievement gap in children eligible for pupil premium is reduced
- The proportion of children ready for school is increased

2.2 The Children's Trust Board lead on monitoring outcomes for theme 1 within the Health and Wellbeing Strategy. Priorities are reported to the Board throughout the year and an annual report is presented to the Health and Wellbeing Board.

2.3 The strategy complements Merton's Children and Young People's Plan (CYPP), which focuses on improving outcomes for key groups of vulnerable children, including those in need of early help, safeguarding children, Looked After children and care leavers, and children with special educational needs and disabilities. Health and wellbeing is a 'golden thread' across the CYPP and all the work overseen by the Children's Trust.

Overview of progress

2.4 This report provides an update against the key outcome measures and targets which were agreed to monitor progress on delivery of the Health and Wellbeing Strategy. An assessment shows positive progress across several areas in line with trajectory to 2018 targets.

There is good evidence in certain areas of impact on outcomes including:

- Reduced average waiting times for local children and adolescent mental health services through the introduction of a Single Point of Access.
- Increased proportion of children with free school meal status achieving a good level of development in early years, and some closing of the gap with their peers.
- Reduced gap between disadvantaged pupils achieving 5 a-c* GCSEs and their peers.

2.5 It is proving more challenging to make progress towards outcomes in other areas, including achieving immunisation targets. Some programmes of development and redesign are at an early stage and therefore it is too early to assess impact on outcomes, including the childhood obesity action plan in reducing the gap between east and west Merton.

2.6 Details of the current position and progress towards each outcome is set out below. Appendix 1 provides further details of outcome metrics.

<u>Outcome 1: Uptake of childhood immunisation is increased</u>:

2.7 Uptake of childhood immunisations increased in 2014/15, however there has been a slight decrease in 2015/16 for the outcome indicator MMR2 by age 5. This refers to the percentage of eligible children receiving a 2nd measles, mumps and rubella vaccination by the age of five years. This is one of the most challenging immunisation targets to achieve. It highlights the need to keep a sharp focus on action to improve immunisation reporting and uptake by NHS England and Merton Clinical Commissioning Group (CCG).

2.8 Merton Childhood Immunisation Steering Group has been re-established with NHS England, Merton Clinical Commissioning Group, Community services and Public Health and the Merton immunisation action plan is being refreshed in early 2017 for delivery.

An Overview and Scrutiny report with recommendations on improving childhood immunisations was produced and informed the action plan. Action to improve immunisation uptake has included:

- NHS England (NHSE) has visited and advised GP practices on improving performance on childhood immunisations and child flu uptake.
- Public Health England and NHSE have provided training on changes to the immunisations schedule
- Health visitors continue to promote immunisations and sign-posted families.
- Hounslow and Richmond Community Health NHS Trust services have taken contract and mobilised to deliver school age immunisations from Royal Marsden (e.g. delivering HPV (for protection against cervical cancer), School leavers booster, targeted MMR).
- *My Merton* features regular articles encouraging families to take up immunisation.

2.9 Further activity in 2017 will include:

- Strengthening links with children's centres and using them to disseminate information encouraging childhood immunisations uptake.
- NHS England to provide regular updates and data to GP practices through locality meetings to ensure continued focus on childhood immunisations.
- Child Health Information Services (CHIS) reconfiguration and mobilisation of new service. From April 2017 Your Health Care will deliver CHIS services to Merton and a number of other boroughs (a change from current provider, Royal Marsden NHS Trust in April 2017)
- NHS England to explore possibility of cleansing the RiO child health information data to improve quality and remove children who are no longer in Merton
- Further training for GP Practice nurses to be organised (refresher and for new immunisers)
- Continue to use media such as My Merton, Young Merton Together, local partner websites etc. to promote uptake of childhood immunisations

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Outcome 2: Waiting time for children and adolescents to mental health services (CAMHS) shortened

2.10 Average waiting time for local Tier 3 CAMHS services has been shortened to 3.3 weeks in September 2016 (though there is some expected seasonal variation to this), from over 10 weeks at baseline (2014/15). This has been achieved through the introduction of a local Single Point of Access for CAMHs services, launched in October 2015. However, there is some variance in relation to centralised services and especially neurodevelopmental services, where the average wait time for Autistic Spectrum Disorder Assessment/Diagnosis is considerably longer with some families currently having to wait in excess of 18 weeks. Commissioners (including Merton CCG) across the sector have given additional funding to eradicate this waiting list by the end of March 2017 and are in discussions with the CAMH Provider (South West London St.Georges Mental Health Trust) about a new service model from April 2017.

2.11 A comprehensive Health Needs Assessment and Service Review was undertaken in summer 2015 and updated in autumn 2016 to support the development of the 2017/18 CAMHS Transformation Plan and investment of an additional £373,000 funding, as part of the Government 'Five Year Forward View 2015-2020. The Merton CAMH Strategy 2015-18 is in place and this informed Year 1 and Year 2 CAMH Transformation action plans which were ratified and funded by NHS England. The 2017/18 action plans are in development and will take forward the work already underway in 2016/17.

2.12 Areas for transformation include improving access to CAMHs, earlier intervention, support for our most vulnerable children and young people and workforce development. Activity has included:

- Investment made into Eating Disorder Services to become compliant with the national waiting time standards and guidance by 2020.
- Further investment has been made into liaison nursing and work is underway to ensure we fully comply with the Crisis Care Concordat and that young people who may experience mental health crisis can swiftly and easily get the help that they need.
- Investment made into CAMH support for children who have been sexually assaulted.
- Work is underway to develop an improved pathway for children over the age of 5 years with social and communication issues to ensure that they get swift and easy access to diagnosis and their family have systematic access to support. The pathway will be informed by a number of pilots that have been undertaken during 2016/17.
- Training needs analysis undertaken, training commissioned, specifically for schools and social workers and a broader training plan has been developed to ensure our programme of training increases the knowledge and skills of our wider workforce, builds capacity to improve the emotional well being of our children and young people and supports the improved experience of those children and young people that require a CAMH service.
- A CAMH Conference was held in January 2016 and the first CAMH Networking event in November 2016. This event which focused on young people and self- harm was attended by over 50 people from a range of professional backgrounds and 95% evaluated the session as 'useful' or 'extremely useful'. The purpose of the networking events is to enable learning and peer support through a combination of presentations, case studies, discussions and networking around a specific topic. The Networks will be held three times per year.

Outcome 3: Childhood obesity is reduced

2.13 The target set in the Health and Wellbeing Strategy for reducing the overall level of overweight and obesity at age 10-11 years has been achieved, however it is estimated that 4,500 children aged 4-11 years are overweight or obese – equivalent to 150 primary school classes. One in five children entering Reception year are overweight or obese and this increases to one in three children leaving primary school in Year 6.

2.14 The target set for reducing the gap in overweight and obesity between the east and west of the borough has not been achieved and is widening for both Reception and

Year 6, and is nearly 10% in Year 6. In response to this a new target has been agreed as part of the approach to be London's Best Council by 2020:

- Halt and then reduce the gap in childhood obesity between the east and west of the borough, by improving in the east (levelling up).

2.15 The Annual Public Health Report (APHR) of the Director of Public Health 2016-17 will set out the challenge of childhood obesity in Merton and is a call to action to partners to work together on the solutions. It brings together data and information from a range of sources and provides evidence about what works as well as examples of action to tackle obesity at the population, community and individual levels, and provides a local reference and resource to support our joint effort. The report will be published in February 2017.

2.16 A Childhood Obesity Peer Review was undertaken in February 2016 as part of a pan-London programme. A new approach to childhood obesity is being developed with a focus on a' whole systems' framework, which addresses the underlying environmental causes of childhood obesity - including food and physical environment. A comprehensive child healthy weight action plan has been development and steering group established following recommendations from the peer review.
The action plan focuses on 4 themes:

- Leadership, communication and engagement
- Food environment – increasing availability of healthy food
- Physical environment – increasing levels of physical activity and health promoting physical environment
- Early Years and school aged settings and pathways

2.17 The child healthy weight action plan is based on delivery within existing resources by embedding it within council business; by making better use of external resources and by levering in additional funding from other sources.

2.18 The council is well placed to embed action to tackle childhood obesity across its business, for example, by identifying opportunities to add value to existing services and contracts, promoting active travel and helping front line staff to engage with service users and residents about food and physical activity.

2.19 Work is already taking place across the borough to tackle childhood obesity and examples underway include:

- Pan London Great Weight Debate survey actively promoted – Merton had more responses than any other London borough.
- HENRY (Health, Exercise & Nutrition for the Really Young) training delivered in Children's Centres
- A targeted Healthy Schools programme in the east of the Borough which supported healthy eating, food growing and physical activity in 20 schools has been completed.
- 23 Schools have now registered with the pan London Healthy Schools programme.
- Adding value to the Primary School Meals contract, such as nutrition and healthy eating training and planned reductions in sugar content.

- Rolling out of the ‘Daily mile’ in Lonesome primary school.
- Healthy Catering Commitment has been taken up by local businesses.
- Introducing healthy vending machines in leisure centres
- ‘Sports Blast’ activities in the east of the borough.
- Promoting leisure centres to young people through an enhanced ‘junior offer’.

2.20 It is recommended that the Children and Young People Scrutiny Panel support and champion action to tackle childhood obesity. Going forward actions identified in the child healthy weight action plan where leadership from the council will have most impact include:

- Support consideration to signing up to the Local Government declaration on Healthier Food and Sugar Reduction.
- Use ‘Health in all Policies‘ programme approach to embed action on childhood obesity within Council business.
- Further promote Healthier Catering Commitment with local businesses and fast food retailers in the east of the borough.
- Explore healthier catering pledges for all council venues and events and build into contracts.
- Support development of a Food poverty action plan
- Undertake health impact assessments as part of major developments, including estates and Morden leisure centre, to identify opportunities to promote physical activity and access to heathy affordable food.
- Promote and encourage School travel plans, London Healthy Schools programme, enhanced sport in schools through the ‘School Sport Premium’ and roll out of ‘Daily mile’.
- Explore opportunities to increase family physical activity in parks, especially in the east of the borough.
- Promote ongoing engagement with key borough partners such as AFC Wimbledon and All England Lawn Tennis Club.
- Support communication, promote staff champions and engage with residents.

Outcome 4: Educational achievement gap in children eligible for pupil premium is reduced

2.21 The Schools Standards report for academic year 2015/16 will be published in February 2017. It is anticipated that this will show a further decrease in the gap in educational achievement. This has been achieved by focusing on improvement in schools, including on the targeted and effective use of pupil premium. Overall 92% of Merton schools are judged to be good or better as at December 2016; this is an improvement from 89% in 2015 and 81% in 2014.

2.22 At the end of KS1, the gap between disadvantaged pupils and their peers has narrowed in reading, writing and mathematics, although the gaps are wider than those seen in London. At the end of KS2, 72% of disadvantaged pupils achieved level 4 and above in reading, writing and maths, compared to 86% of all other pupils, this is a 14% gap. This gap is in line with the national average gap of 15% but higher than the London gap of 10%.

2.23 2015 data shows a gap of 23% between disadvantaged pupils (45%) achieving 5 A*-C including English and mathematics at GCSE and their all other pupils groups (68%). This is higher than the gap London (21%), but lower than national (28%). Merton has reduced the gap from 2013 (24%).

Outcome 5: The proportion of children ready for school is increased

2.24 The gap between the percentage of pupils in receipt of free school meals achieving a good level of development has reduced. In 2015 55% of FSM children achieved a good level of development compared to 69% of all other pupils (14% gap). Nationally, the gap is wider at 18 percentage points. The performance for all children has increased and the gap between FSM and all other children has reduced from 2013, where 33% of FSM children achieved GLD compared to 48% of all others children (15% gap).

2.25 Overall the proportion of children eligible for Free School Meals (FSM) achieving a good level of development (GLD) in early years has increased by 22 percentage points from 33% in 2013 to 55% in 2015.

2.26 The focus is on reducing the gap by levelling up. Locally the 'Narrowing the Gap' project has provided support to 15 targeted schools to improve performance on good level of development (GLD) at early years. Of these 15 targeted schools, twelve improved their proportions of pupils achieving the GLD, with the mean improvement being 12 percentage points (above the LA rate of improvement).

2.27 Other activity includes:

- The roll out of the free 2 year old nursery places offer to disadvantaged groups; delivering free child care places to 1007 individual children (taking up places between April 2015 and March 2016).
- Worked with PVI sector to secure 97% of all 2 year places are taken up in Ofsted rated good or above settings (April 2015 – March 2016).
- Targeted the uptake of Children's Centre services to families from deprived areas in the borough, now making up 72% of all users (April 2015 – March 2016).
- Pathways across Children's Centres, Family Support, Health Visiting, and other health services are being developed through Early Years Partnership, building on existing good practice.
- A revised level of support was created in early years settings and Children's Centres to support families with specific needs, including the early identification of SEN including speech and language difficulties.
- Work is underway to develop an improved pathway for children under 5 years with social and communication difficulties to ensure swift and easy access to diagnosis and support.

Focus on Community Health Services for Children

2.28 Since April 2016 community health services for children and young people in Merton have been provided by Central London Community Health (CLCH) NHS Trust. Services are co-commissioned in partnership with Merton Clinical Commissioning Group (MCCG) and include:

- 0-19 Health Child Services: Health Visiting services, Family Nurse Partnership for teenage parents and School Nursing services – co-commissioned by LB Merton.
- Children's Community Therapy and Specialist Healthcare Support and Co-ordination, including Occupational Therapy, Physiotherapy, Speech and Language Therapy, Dietetics, Nurses in Special Schools and EHCP Team –co-commisioned by MCCG.
- Specialist Nursing for Children Looked After, Care Leavers and the Multi-Agency Safeguarding Hub (MASH)-co-commissioned by MCCG

2.29 In the first nine months of the contract the focus has been on mobilisation and service development and redesign in order to improve services for children and families. Key performance targets and progress against a range of service development improvement plans are rigorously monitored in partnership with Merton Clinical Commissioning Group.

2.30 This update focuses on the Healthy Child 0-19 services specification, which is based on a national '4, 5, 6' approach for health visiting and school nursing (See Appendix 2. for details). The integrated service model contributes to the delivery of priorities in the Health and Wellbeing Strategy, including:

- promoting the uptake of childhood and school age immunisations and signposting parents;
- supporting mental health of mothers at antenatal and postnatal period, through use of maternal mood assessment;
- providing support on infant feeding, breastfeeding, weaning, and healthy weight to parents and young people; delivering the mandated National Child Measurement Programme in Reception and Year 6;
- supporting school attendance through school nursing services, including targeted support for children missing from education and youth offending;
- supporting school readiness, including assessing healthy child development through 2 ½ year health checks ages and stages questionnaire (ASQ) and providing family support.

2.31 CLCH inherited services which required significant redesign to meet the new service specification and progress has included:

- Improving performance of the 5 mandated 0-5 year health checks, including 98% of New Birth visits now taking place within the recommended 14 days (October 2016).
- Co-locating services within Merton's children's centres, as a first step on our journey to providing more integrated, flexible services.
- Successful recruitment of clinical staff, having inherited significant vacancies.
- Introducing mobile working to create efficiency and maximise client facing time and flexibility.
- Improving transition between 0-5 and 5-19 services for those with higher levels of need
- Establishing effective GP liaison with defined standards
- Strengthening safeguarding arrangements and training for staff
- Developing service user experience feedback

Further service development and improvement will focus on:

- Achieving targets for all mandated checks for 0-5 year olds
- Closer liaison with all schools and school level service agreements
- Antenatal and perinatal pathway development
- Information sharing agreements
- Improved information management and reconfiguration of IT systems

Colleagues from the CLCH Trust will be in attendance at the panel for this item to respond to any comments or queries panel members may have.

3. ALTERNATIVE OPTIONS

3.1 None

4. CONSULTATION UNDERTAKEN OR PROPOSED

4.1 The Health and Wellbeing Strategy was developed in consultation with partners and stakeholders. Engagement with service users and their families is undertaken at a service level. Engagement work with young people on child healthy weight following the London Great Weight Debate will take place in 2017

5. TIMETABLE

5.1 The Health and Wellbeing Strategy is from 2015/16 to 2017/18. Progress against delivery is monitored by the children's Trust Board throughout the year and the Health and Wellbeing Board receives an annual report.

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1 The delivery of priorities set out in the Health and Wellbeing Strategy are based on individual agency plans, strategies and resources.

7. LEGAL AND STATUTORY IMPLICATIONS

7.1 Health and Wellbeing Boards (HWBs) were introduced as statutory committees of all upper-tier local authorities under the *Health and Social Care Act 2012* HWBs, which came fully into effect on 1 April 2013. It is the responsibility of the Board to

produce a Joint Health and Wellbeing Strategy setting out joint priorities for local commissioning.

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1 The delivery of the Health and Wellbeing Strategy will contribute to reducing health inequalities in the borough.

9. CRIME AND DISORDER IMPLICATIONS

9.1 N/A

10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1 N/A

11. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Appendix 1: Health and Wellbeing Strategy Priority 1: Best start – Outcome indicators
- Appendix 2: Healthy child Programme ‘4, 5, 6’ approach for health visiting and school nursing

12. BACKGROUND PAPERS

12.1 MERTON HEALTH AND WELLBEING STRATEGY 2015/16-2017/18

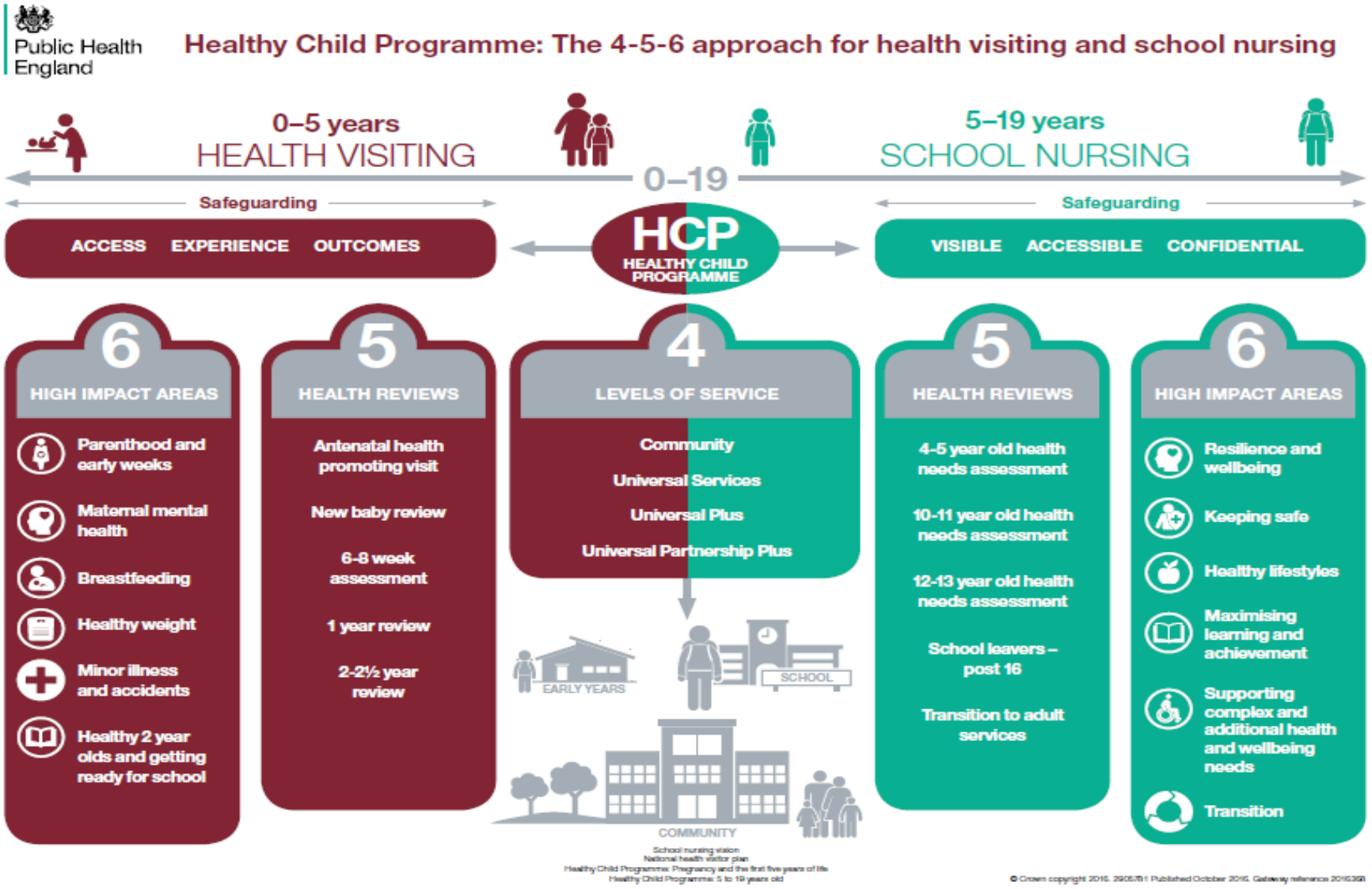
https://www.merton.gov.uk/merton-health-and-wellbeing-strategy-web.pdf

APPENDIX 1: Health and Wellbeing Strategy Priority 1: Best start – Outcome indicators

Outcome Indicator	Baseline	Current	HWBS Target	RAG rating	Commentary
					Is this positive /negative etc (making reference to benchmarking London /national if relevant
Immunisation - MMR2 at 5 years	72.2% 2013/14	80.4% (2014/15) 80% (2015/16)	87.6% (2018) National target 95%		MMR2 has increased from 72.2% baseline in 2013/14 to 80.4% in 2014/15. However in 2015/16 there has been a slight decrease to 80% (lower thank London – 81.7% and England – 88.2%). This will be a challenging target to meet. The updated childhood Immunisation Action Plan and steering group, will progress work towards reaching target in 2017/18.
Integrated CAMHS pathways in place, reduced waiting times from referral	Baseline wait times >10 weeks No CAMHS Strategy	CAMH Strategy and Transformation Plans in place. Average wait time for local Tier 3 service is 3.3 weeks (Aug 16)	Integrated CAMHS pathways embedded and average waiting times from referral < 5 weeks		The introduction of the Single Point of Access (Oct 15) has had a positive impact on wait times locally. However, there is some variance in relation to centralised services and especially neurodevelopmental services where the average wait time is being reported as 8 weeks.
Excess weight (overweight and obesity) in 10-11 year olds	36.4% 2013/14	34.7% (2015/16)	35.7%		Excess weight refers to those that are obese and overweight. Excess weight in 10-11 year olds in Merton has been lower than the London average for the last 7 years, and there are signs that the trend in excess weight is beginning to decrease. The target set reflected the aim to halt and then begin to reduce this upward trend. Data for 2015/16 shows a reduction in excess weight at age 10/11 years since 2013/14 and met the H&W target. However, there is a gain of 15.9% between level of excess at age 4-5 years (18.8%) and 10-11 years (34.7%)
Gap between % of 10-11 year olds with obesity weight between east and west Merton	6.2% gap 2010/11-2012/13	9.2% gap 2012/13-2014/15 Trend in the gap between east and west Merton is increasing: East: 23.6% obese	2015/16 – 17/18 9.2% 2016/17 – 18/19 8% New target proposed		There is a higher rate of obesity in the east of the Borough than the west, linked to deprivation. This is measured using data aggregated over 3 years. The gap is increasing and a new target is proposed: *To halt the widening gap in childhood obesity between east and west Merton by 2018 and then reduce this gap by 2020, by improving in the east of the borough (levelling up).*

		West: 14.4% obese			Child healthy weight action plan includes focus on whole systems preventative approach, with population wide approaches, but targeted in the east of the borough, focusing on food and physical environment.
Gap in % children achieving 5 GCSE's A-C including English & Maths between pupil premium children and children not eligible for pupil premium	24% (2012/13)	2014/15 - 23%	20%		Data for 2015/16 will be published in the Schools Standards Report in Feb 2017.
Gap between % of pupils in receipt of Free School Meals and their peers achieving a good level of development in early years	15% (2012-13)	2014/15 - 14%	A target was not set because nationally the indicator was due to change.		The Gap between % of pupils in receipt of Free School Meals and their peers achieving a good level of development in early years has reduced between baseline and 2014/15. 2015/16 data is not yet published. The measure has not changed and it is proposed that a target based on the current measure is now set.

APPENDIX 2


Public Health England
Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing
0–5 years
HEALTH VISITING
0–19
5–19 years
SCHOOL NURSING
Safeguarding
Safeguarding
ACCESS EXPERIENCE OUTCOMES
HCP
HEALTHY CHILD PROGRAMME
VISIBLE ACCESSIBLE CONFIDENTIAL
6
HIGH IMPACT AREAS
Parenthood and early weeks
Maternal mental health
Breastfeeding
Healthy weight
Minor illness and accidents
Healthy 2 year olds and getting ready for school
5
HEALTH REVIEWS
Antenatal health promoting visit
New baby review
6-8 week assessment
1 year review
2-2½ year review
4
LEVELS OF SERVICE
Community
Universal Services
Universal Plus
Universal Partnership Plus
EARLY YEARS
SCHOOL
COMMUNITY
5
HEALTH REVIEWS
4-5 year old health needs assessment
10-11 year old health needs assessment
12-13 year old health needs assessment
School leavers – post 16
Transition to adult services
6
HIGH IMPACT AREAS
Resilience and wellbeing
Keeping safe
Healthy lifestyles
Maximising learning and achievement
Supporting complex and additional health and wellbeing needs
Transition
School nursing vision
National health visitor plan
Healthy Child Programme: Pregnancy and the first five years of life
Healthy Child Programme: 5 to 19 years old
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