

# Commissioning public health services for children and young people aged 5-19.

# LA's key responsibilities for child health

April 2013, LA's - statutorily responsible for delivering and commissioning public health services for children and young people aged 5-19.

- Improving the health and wellbeing of school-aged children and young people;
- Bringing together holistic approaches to health and wellbeing across the full range of their responsibilities;
- Optimising the ring-fenced public health budget to improve outcomes for children and young people;
- Leading commissioning of public health services, for example, health improvement, drugs, and sexual health;
- Responding to emergency planning, including outbreak response in schools.

# Specific functions

- Ensure delivery of Local Authority functions;
- Assure health protection plans;
- Work with partners to enable effective delivery of screening and immunisation programmes;
- Provide the core offer as outlined in the Healthy Child programme.

# Core public health offer for school-aged children the Healthy Child Programme (5-19)

- Public health;
- Health promotion and prevention by the multi-disciplinary team;
- Defined support for children with additional and complex health needs;
- Additional or targeted school nursing support as identified in the Joint Strategic Needs Assessment.

# The Children and Young People's Public Health Commissioned services.

- School Nursing, Health services -2 providers.
- Infant Feeding peer support services – 3 providers,
- 7 Home start programmes
- Healthy weight, exercise referral programme – North Lancs,
- Children & Families Health Improvement Service - East Lancs
- Accident prevention ACAP- East Lancs,
- Emotional health and well-being – East Lancs

# School Nursing Services

What have we done so far

- Review of School Nursing services - Mapping of Universal /Core offer Pan Lancashire
- Reviewing existing specifications, KPI's and performance information
- Gathering data to identify the level of health need and where we need to focus
- Gain evidence to shape commissioning for outcomes
- Consultations and engagement with providers and stakeholders
- Consultation with Children & Young people

# Complexities to be addressed

- 5 PCT commissioned community services transitioned into 2 providers LCFT & BTH
- Unitary Authorities x2 – 2 Tier LCC -different commissions and levels of investment
- Boundary issues - services provided by external LA's
- Differences in services offered across Lancs (need vs demand) - Gaps in consistency , skill mix, capacity, universal core offer, term time working
- Pressures of changing educational landscape

# The picture of Children's and Young People's Health and Health Inequalities in Lancashire.

Hospital admissions for Childhood asthma significantly worse than England average.

3.8% (8,063) 0-15 year olds have a long term health problem or disability which limits their daily activity<sup>(1)</sup>

Child Poverty 18.2%  
1 in 5 children

Under 18's alcohol specific admissions significantly worse than the England average.

**Lancashire Child Health Profile** March 2014

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

Indicator	Local no.	Local value	Eng. ave.	Eng. worst	Eng. best
1 Infant mortality	70	5.1	4.3	7.7	1.3
2 Child mortality rate (1-17 years)	37	15.6	12.5	21.7	4.0
3 MMR vaccination for one dose (2 years)	12,300	93.8	92.3	77.4	98.4
4 Dip / IPV / Hib vaccination (2 years)	12,732	97.1	96.3	81.9	99.4
5 Children in care immunisations	905	90.5	83.2	0.0	100.0
6 Acute sexually transmitted infections (including chlamydia)	5,756	37.0	34.4	89.1	14.1
7 Children achieving a good level of development at the end of reception	8,184	58.9	51.7	27.7	69.0
8 GCSEs achieved (5 A*-C inc. English and maths)	8,102	61.2	60.8	43.7	80.2
9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	10	12.9	15.3	0.0	41.7
10 16-18 year olds not in education, employment or training	2,290	5.5	5.8	10.5	2.0
11 First time entrants to the youth justice system	776	70.0	537.0	1,426.6	150.7
12 Children in poverty (under 16 years)	38,715	18.2	20.6	43.6	6.9
13 Family homelessness	230	0.5	1.7	9.5	0.1
14 Children in care	1,475	61	60	166	20
15 Children killed or seriously injured in road traffic accidents	82	38.3	20.7	45.6	6.3
16 Low birthweight of all babies	1,119	8.2	7.3	10.2	4.2
17 Obese children (4-5 years)	1,227	9.6	9.3	14.8	5.7
18 Obese children (10-11 years)	1,950	17.9	18.9	27.5	12.3
19 Children with one or more decayed, missing or filled teeth	-	34.9	27.9	53.2	12.5
20 Under 18 conceptions	753	35.6	30.7	58.1	9.4
21 Teenage mothers	202	1.5	1.2	3.1	0.2
22 Hospital admissions due to alcohol specific conditions	175	71.9	42.7	113.5	14.6
23 Hospital admissions due to substance misuse (15-24 years)	174	112.5	75.2	218.4	25.4
24 Smoking status at time of delivery	2,458	18.8	12.7	30.8	2.3
25 Breastfeeding initiation	-	-	73.9	40.8	94.7
26 Breastfeeding prevalence at 6-8 weeks after birth	-	-	47.2	17.5	83.3
27 A&E attendances (0-4 years)	37,429	545.0	510.8	1,861.3	214.4
28 Hospital admissions caused by injuries in children (0-14 years)	2,781	138.8	103.8	191.3	61.7
29 Hospital admissions caused by injuries in young people (15-24 years)	2,280	146.4	130.7	277.3	63.8
30 Hospital admissions for asthma (under 19 years)	951	368.0	221.4	591.9	63.4
31 Hospital admissions for mental health conditions	236	97.0	87.6	434.8	28.7
32 Hospital admissions as a result of self-harm (10-24 years)	1,073	476.3	346.3	1,152.4	82.4

1 in 10 children in reception are classified as obese.

Rates of hospital admissions for self-harm significantly worse than England average.

30% of children are overweight or obese by year 6

The rate of Childhood decayed or missing teeth significantly worse than the England average.

approx. 115 5-19 year olds with severe disability in Lancashire

16% of young people are smoking, 17% are drinking regularly.



# Scale of the challenge in Lancashire 14

	No of children aged 5 to 19	Black or Minority Ethnic Group	Children in poverty	Schools
Blackburn with Darwen	31,273	44%	25.3%	84
Blackpool	23,832	7%	31.3%	42
Lancashire 12	205,403	14%	18.2%	686
Lancashire 14	260,508	17%	20.3%	812

# Local and National policy

- Maximising the school nursing team contribution to the public health of school-aged children (2014)
- The Marmot Review 2010
- The Allen Report 2011 & CMO report 2012
- The Children and Families Act 2014
- DfE, Supporting pupils at school with medical conditions, 2014
- The Health Visiting Programme - A Call to Action. Department of Health, 2011
- Improving outcomes and supporting transparency: A public health outcomes framework for England, 2013-2016.
- Locally- the Lancashire Children's trust and Health and Well-being boards.

# Opportunities

- Lead, promote and create opportunities for co-operation with partners to improve the wellbeing of young people;
- Joining up commissioning plans for clinical and public health services with social care, education to address identified local health and wellbeing needs
- Support robust approach for improving outcomes for young people across both health and local authority led services
- Ensure close working arrangements between the Local Authority commissioner, NHS England commissioner and provider services
- Explore co-commissioning arrangements with key partners, including school and education providers, to extend service provision where local and/ or school population health and wellbeing needs are identified.