


<p>Non-Executive Report of the:</p> <p><b>Health Scrutiny Subcommittee</b></p> <p>17<sup>th</sup> January 2017</p>	
<p><b>Report of:</b> Debbie Jones, Corporate Director, Children Services</p>	<p><b>Classification:</b> Unrestricted</p>
<p>Early years and access to care: Early interventions improving outcomes for 0-5 year olds.</p>	

<b>Originating Officer(s)</b>	Christine McInnes
<b>Wards affected</b>	All wards

### **REASONS FOR URGENCY**

The report was not published five clear days in advance of the meeting due to further information being requested from Legal Services for incomplete sections (Section 6-10) at the end of the report.

The report includes important contextual information describing the vision and potential for more effective and efficient service provision within the integrated Early Years' Service. This understanding is important in relation to the council's transformation programme, Smarter Together and the current significant restructuring of the integrated Early Years' Service as it will contribute to informed decision making prior to the new financial year.

### **Summary**

This report covers the following areas:

The key health and social care issues for children in Tower Hamlets identifying the main barriers to service access.

The accessibility of children centres in the borough and which factors limit access to these services.

In addition the report outlines plans to develop the service provision through children centres in order to better meet the health needs of 0 – 5 year olds. This section of the report discusses the relationship with the work of the Tower Hamlets Vanguard programme that is currently developing a new integrated model of care for children, with a focus on prevention, early help and access to high quality “joined- up” services.

## Recommendations:

The Health Scrutiny Sub Committee is recommended to:

1. Note the development work being undertaken and support the greater integration with partner agencies such as health.

### 1. REASONS FOR THE DECISIONS

- 1.1 To ensure the sub-committee is aware of the work being implemented at an operational level.

### 2. ALTERNATIVE OPTIONS

- 2.1 Not applicable

### 3. DETAILS OF REPORT

Tower Hamlets is a “young” borough. A quarter of the whole population are aged 0 to 19 years old and there are an estimated 21,843 0-5 year olds (7.7% of the population).

The formative years from 0 to 5 are critical to the future health and wellbeing of infants in Tower Hamlets. Help at an early stage means getting the right support at the right time and can help ensure that any issues are addressed quickly; preventing further escalation or crises and ensuring resources are put to the best possible use.

The future health of infants will depend on the extent to which the social, economic and family environment in Tower Hamlets supports their emotional, social and cognitive development through their formative years. The availability of high quality health, social care and parental support services that help mitigate the impacts of deprivation are a crucial to this.

#### **Key health and social care issues for children in Tower Hamlets (and main barriers to service access)**

##### **Health**

- **Child poverty** - The borough has the highest rate of child poverty in the UK, with 49% living below the poverty line. In 2015, 62% of children in Tower Hamlets achieved a good level of cognitive development at the Early Years Foundation Stage, below the national average of 66%.
- **Low birth weight** – 5% of term babies in Tower Hamlets weighed less than 2.5 kg, compared to 3.2% for London and 2.9% in England (2014).
- **Infant mortality** – 4.3 deaths per 1,000 live births compared to 4.0 per 1,000 live births for England (this difference is not significant) (2012-14)

- **School readiness** – 61.6% of children in Tower Hamlets achieved a good level of development at the end of reception compared to 68.1% in London and 66.3% in England (*worst in London*), but on the phonics screening check the difference between Tower Hamlets (78.3%) and London (79.6%) or England (76.8%) was not significant. When comparing children eligible for free school meals the % in Tower Hamlets achieving a good level of development at the end of reception (55.8%) was better than for England (51.2%) and not significantly worse than London (58.6%) and on the phonics screening scale Tower Hamlets (74.7%) was *significantly better* than London (71.7%) and England (64.7%) (2014/15)
- **Excess weight** (overweight and obesity) - the latest data shows that the % of 4-5 years olds in Tower Hamlets who are overweight or obese (22.1%) is not significantly different to London (21.9%) or England (22.1%). However for 10-11 year olds the % in Tower Hamlets (41.0%) is higher than London (38.1%) and England (34.2%) (2015/16 academic year)
- **Obesity** – the % of 4-5 year olds (11.6%) and 10-11 years olds (27.1%) in Tower Hamlets who are obese is higher than London (10.2% and 23.2%) and England (9.4% and 19.8%) (2015/16 academic year) (2015/16 academic year), although for 4-5 year olds the gap between Tower Hamlets and London/England is narrowing.
- **Dental decay** – the % of 5 year olds in Tower Hamlets free from dental decay (64.5%) was lower than for England (75.2%) (2014/15)
- **Child vaccination programme** – current local data on the coverage of the child (0-5) immunisation programme indicates that coverage levels are still below 95% (herd immunity) in the 1<sup>st</sup> yr, 92% - 93% for 2<sup>nd</sup> yr and 90% for 5<sup>th</sup> year although they are above London and national levels of coverage. 95% coverage required for herd immunity is the aim and requires continuous monitoring to ensure that coverage is improved / maintained.

Immunisation data directly from the GP practices in Tower Hamlets is used to monitor the childhood vaccination programme. The national reporting on this programme uses the local Child Health Information System (CHIS) which is currently underestimating the coverage of this programme due to data inaccuracies. This has been highlighted on numerous occasions with NHSE who commission this programme.

- **Parent and early years emotional wellbeing** – we do not have an indicator for this but there is evidence that this does have a long term impact on longer term mental and physical health and so has been identified as a priority.

A piece of work is being commissioned (under THT) to undertake analysis to describe where the cost and activity currently sits across the system for children's services. This will draw together patient-level data sets from health and care

providers for the population of children in Tower Hamlets and will be broken down into different groups based on condition or level of need

## **Social Care**

- At any time **Children Social Care** has about approximately 3, 000 children known to them. Most of our referrals come from schools, the police and families,
- We have strengthened the partnership arrangements in **MASH** to ensure we have the correct infrastructure to move families into social care or to tier 2 services via the Early Help Hub.
- Our numbers of **children on child protection plan** is currently rising mainly because of prevalence of domestic violence, better understanding of the links between family functioning and criminality and learning from previous reviews.
- **Our Looked After population** is also rising as a result of our improvement work. We are strengthening our work with children on the edge of care or in care with other London boroughs in introduce evidenced based interventions to ensure better outcomes for these children.
- Our main priorities remain to work with colleagues in universal and tier 2 services to identify the most vulnerable children **as early as possible** so we can support the family to ensure the most effective support.
- We are refreshing our **child sexual exploitation work** by linking better with **missing children**, working with the police on a proactive agenda and ensuring we have a good and varied **support and awareness raising** offer across the partnership. Linked with this we have been identifying a service response for those small numbers of children who display **inappropriate sexualised behaviour**.

Previous consultation with parents and carers indicate that the main barriers to service access include a lack of awareness about available services and the understanding of how to access them.

## **Accessibility of children centres in the borough and key issues preventing access.**

Children's centres are physically accessible and well distributed across the Borough but there are difficulties in estimating coverage as they do not have access to data on the number of eligible children in their catchment area. This is being addressed as follows:

- Live birth data to be made available to Children's Centres with the help of Tower Hamlets Together:
  - Children's Centres focus on pre-conception to age 2/3. After that, children living in disadvantage usually access an early childhood place. The Ofsted inspection outcomes for Children's Centres 2014 were strongly influenced by the lack of live birth data, housing and worklessness data. This lack of council

data sets limits the ability of support services to offer help and support to families who need it but who may find services difficult to reach.

- The Public Health service is taking forward the live birth data stream as a priority. This involves working with a range of health partners on an information sharing agreement (ISA) which would ensure that Children's Centres receive sufficient information. Value for money will be further achieved by pulling together one sharing agreement for all the 4 boroughs in WELC (Waltham Forest, East London collaborative (WELC) Integrated Care Pioneer Programme). Agreement is expected early 2017.

One of the aims of the THT work on developing integrated early years services is to improve access to and uptake of early years services delivered through children centres. In some parts of the Borough universal health services, community maternity services and health visiting services, are already delivered from children's centres. Developing a model that makes this the norm across the whole Borough will bring more families into children's centres. We are also working with health visitors to make the process of registering to use children's centres easier.

### **Future plans to develop the role of children centres**

- *Health visitor registration data:*
  - The service specification for the newly commissioned health visiting service by Public Health stipulated named lead Health Visitor to be located in each Children's Centre. Other health services (pre-natal support, midwifery) will follow this pattern as the THT work develops.
  - The new Public Health contract provides for health visitors sharing part of their registration data with Children's Centres to ensure that ALL families are known to the local Centre.

These changes will mean that Children's Centres will in future receive the necessary live birth information to ensure that they can reach all children from pre-conception to age 2.

### **Integrated model of care - Tower Hamlets Together (THT - formerly known as the Vanguard)**

The work of Vanguard has focussed on three areas during 2016:

1. **Children with Complex Needs** – the focus has been on assessing to what extent the 'Bridge Project' (or virtual ward), that reduces the need for hospital admissions by improving the care pathway, can be extended to a wider group of children.
2. **Development and implementation of a new model of care for specialist Children's Community Health Services** – the old/current model has different specialisms (e.g. paediatricians, therapies, and specialist children's

community nursing), organised and managed in separate teams. The new model is based on a life stages approach and will bring the different specialisms together into multi-disciplinary teams.

3. **Development and implementation of integrated early years services** – there are several strands to this work. Within the Council a re-organisation is in process that brings together three early years services, children's services, local authority day-care and early years services (child care and education), into one management structure. This will both yield cost savings and enable better joined up accessible service provision.

The focus of THT has been on the integration of Council early years services with universal health services, including maternity services and health visiting services, a wider range of services e.g. those delivered by community and voluntary sector organisations and also wider family services – e.g. provision of employment and housing advice.

The vision for the integrated early years' service is the development of the current 12 children's centres into hubs for a wider range of child and family service that will link up to a wider network of services.

The focus of THT during 2016 has been on how integrated working can improve outcomes in the following priority areas:

- Parent and child emotional wellbeing – as the basis for long term mental and physical health and wellbeing and cognitive development
- Early identification of additional needs and vulnerabilities to prevent harm and improve outcomes
- Infant and child nutrition – to improve oral health and healthy weight
- Self-care – to improve the confidence of parents and carers in managing minor ailments in children to reduce inappropriate use of A&E and primary care.

Work is underway on a range of projects including research to improve insight into the priority outcomes and multi-disciplinary training to raise awareness and build skills and knowledge.

During 2017 the focus will widen to explore and develop the relationships between the children's centres / child and family hubs to wider services including primary care, specialist children's health services, child and adolescent mental health services (CAMHS), children's social care and services for school age children. This will include mapping and strengthening referral and care pathways and identifying opportunities for the specialist services to outreach to the children's centres / child and family hubs.

This phase of the work will start with a piece of stakeholder engagement in early 2017 that will use an action research methodology to identify examples of good practice in integrated working, opportunities to build on and strengthen integrated working and barriers and enablers that will provide the

focus for the 2017/18 work programme, including OPD, IT and community engagement.

### **Outcomes**

- **Understanding the barriers to accessing health and social care for 0-5 year olds.**

The action research described above will also include conversations with parents and carers that should increase our understanding the barriers to accessing health and social care for 0-5 year olds

- **Consider the over reliance on A&E for 0-5 year olds and think of innovative ways to reduce this.**

The Children's work stream of 'Tower Hamlets Together' (Vanguard) has identified supporting parents and families on the management of minor ailments as one of the priorities in order to reduce inappropriate use of A&E and primary care. Work is underway reviewing available data about the reasons for A&E attendance by families with 0-5 year olds to inform interventions and a piece of qualitative insight research is planned. The feasibility of rolling out the pilot 'DIY Health project' is being assessed. This uses a co-production approach with parent/carer led groups to improve knowledge and confidence in the appropriate management of minor ailments, and other health issues identified by the parents/carers, e.g. emotional wellbeing, infant and child nutrition and how to recognise when a child might be seriously ill. This will depend on identifying an affordable model.

- **Form recommendations to improve access to health and social care services for 0-5 year olds.**

Work as part of 'Tower Hamlets Together' on the development of integrated early years services across health, education and social care aims to improve access to services by using universal services such as maternity services, health visiting and primary care to sign post and refer families to other available services, including early help and specialist services

## **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 There are no direct finance implications arising from this report but the work being done by Tower Hamlets Together should improve access to universal services for children and families in the borough.

## **5. LEGAL COMMENTS**

- 5.1. Sections 190 and 191 of the Health and Social Care Act 2012 conferred a non-executive statutory health scrutiny function upon the Council. Under Section 244 of the NHS Act 2006, local authorities are no longer required to have a Health Overview and Scrutiny Committee to discharge health

functions. The Council chose to continue its existing Health Scrutiny Panel upon the setting up of the Health and Wellbeing Board.

- 5.2. The strategy set out in this report is consistent with a number of general duties of the Council. The Council has a duty to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness by virtue of section 3 of the Local Government Act 1999. This is known as its Best Value Duty.
- 5.3. The Council's functions in relation to children include a duty under section 11 of the Children Act 2004 to make arrangements to ensure that its functions are discharged having regard to the need to promote the welfare of children. Section 17 of the Children Act 1989 introduced a general duty for local authorities to promote the welfare of children within their area who are in need, including children with disabilities.

#### *The Childcare Act 2006: Children's Centres*

- 5.4. The Childcare Act 2006 ("the 2006 Act") imposes a number of duties on local authorities. The general duty contained in section 1 of the 2006 Act is to (a) improve the well-being of young children in their area; and (b) reduce inequalities between young children in their area in respect of various matters, including physical and mental health and emotional well-being, protection from harm and neglect, education, training and recreation, the contribution made by them to society and social and economic well-being.
- 5.5. By section 3 of the 2006 Act, a local authority must make arrangements to secure that early childhood services in its area are provided in an integrated manner, which is calculated to facilitate access to those services, and to maximize the benefit of those services to parents, prospective parents and young children. "Early childhood services" are defined by section 2 of the 2006 Act, and includes "early years provision" for young children – i.e. the provision of childcare for a young child, and well as social services and health services, so far as relating to young children, parents or prospective parents. In deciding what "arrangements" to make under this section, a local authority must have regard to (a) the quantity and quality of early childhood services that are provided, or expected to be provided, in the area; and (b) where in that area those services are provided or are expected to be provided.
- 5.6. By section 5A of the 2006 Act, arrangements made by a local authority under section 3 above must, so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need.
- 5.7. The statutory definition of a children's centre is found in section 5A(4) of the 2006 Act. It is a place (a) managed by or on behalf of, or under arrangements with, an English local authority, with a view to securing that early childhood services are made available in an integrated manner; (b) through which each of the early childhood services is made available; and (c) at which activities for



young children are provided, whether by way of early years provision or otherwise.

- 5.8. By section 5A(5) of the 2006 Act, a service is “made available” by providing the service *or* by providing advice and assistance to parents and prospective parents on gaining access to the service. Local authorities must consider whether early childhood services should be provided through a children’s centre. A local authority must take into account whether providing a service through a children’s centre would (a) facilitate access to it; or (b) maximize its benefit to parents, prospective parents and young children: see section 5E of the 2006 Act.

### *Public Health Functions*

- 5.9. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 transferred responsibility for certain public health functions in respect of children from the NHS to local authorities. These functions include weighing and measuring children and undertaking health checks for eligible persons. In 2015, the Regulations were amended to include responsibility for health visiting services.
- 5.10. Section 193 of the Health and Social Care Act 2012 inserts a new s116A into the Local Government and Public Involvement in Health Act 2007, which places a duty on the Health and Wellbeing Board to prepare a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the Health and Wellbeing Board.

### *Equality Duty*

- 5.11. In the exercise of its functions, the Council must with the public sector equality duty to eliminate unlawful conduct under the Equality Act 2010, the need to have regards to equality of opportunity and the need to foster good relations between persons who share a protected characteristic, including ethnicity, and those who do not.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

This work is integral to the achievement of THT outcomes with a focus on the integration of Council early years’ services with universal health services and those delivered by community and voluntary sector organisations. The vision for the integrated early years’ service is that it fully delivers on THT priorities including parent and child emotional wellbeing, early identification of additional needs, infant and child nutrition and promotion of self-care.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1 The approach being taken promotes best value through the achievement of the performance indicators across a number of agencies through joint working. Efficiencies are being made through joint planning and delivery and through the sharing of premises.

**8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 There are no direct environmental implications arising from the report or recommendations.

**9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 There are no direct risk management implications arising from the report or recommendations.

**10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 There are no direct implications of crime and disorder as a result of the recommendations of this review.

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**Linked Reports, Appendices and Background Documents**

**Linked Report**

- NONE

**Appendices**

- NONE

**Local Government Act, 1972 Section 100D (As amended)**

**List of “Background Papers” used in the preparation of this report**

List any background documents not already in the public domain including officer contact information.

- NONE.

**Officer contact details for documents:**

- [N/A]