

# **Children & Learning Overview and Scrutiny Sub-Committee (Special Joint Meeting with Health Overview & Scrutiny Committee Annual Report 2015/16**

## **INTRODUCTION**

This report is the annual joint report of the Children & Learning Overview and Scrutiny Sub-Committee and the Health Overview & Scrutiny Sub-Committee, summarising activities during its year of operation ended May 2015.

It is planned for this report to stand as a public record of achievement for the year and enable Members and others to have a record of the Committee's activities and performance.

The Sub-Committee met on 2 separate occasions and Members visited the new Child Development Centre 'The Acorn Centre'.

## **SUB-COMMITTEE MEMBERSHIP**

Members of both the Children & Learning Overview & Scrutiny Sub-Committee and the Health Overview & Scrutiny Sub-Committee.

## **WORK UNDERTAKEN**

The Sub-Committees agreed to meet to discuss children's health and wellbeing as there is scrutiny crossover. Two meetings will take place a year and an Action List has been developed.

Havering's Public Health team, Havering Clinical Commissioning Group (CCG), NHS England, North East London NHS Foundation Trust (NELFT) and Council Officers have supported the work of the Joint Committee

During the year under review, the Joint Sub-Committee considered and reviewed a number of issues including:

Healthy weight and obesity, immunisation, School Nurses, 0-5's transition, teenage breakdown and CAMHS issues, sexual health and teenage pregnancy, FGM, Educational Health and Care Plans, commissioned service for children.

### **1. Healthy Weight/Obesity**

Within in the London Borough of Havering, one fifth of children at reception, are overweight or obese while one third of children of year 6 age are obese. This followed the trend of the national average and was marginally better than the London average. Historically, rates had been flat, but in recent years rates of obesity had been increasing with greater frequency. Some ethnic groups at a higher risk and as the diversity of the borough changes, further action to

address obesity may be required.

The short term impacts of obesity to children include being stigmatised and low self-esteem. The long term impacts include risk of type-2 diabetes and cardiovascular issues. Havering's model of treatment within the partnership focusses on prevention including, health advice to weaning mothers on diet, nutrition and cooking information, promoting parks and green spaces healthy walking schemes for over 10yrs, catering in schools, healthy schools programme, change for life clubs, leisure centres and smarter travel. Officers feel Havering has set a standard which was becoming best practice.

## **2. Immunisation**

The officer from NHS England reported that the World Health Organisation (WHO) had stated, all Western countries would be without vaccine preventable diseases by 2020. Immunisation was the best chance to prevent the spread of disease. The Hepatitis B vaccination was now available for all of London. Havering is the national leader on flu vaccinations and children as young as four years old had self-administered flu vaccines nasally. All children, staff and parents associated with SEND schools, were to be given the flu vaccine. This had placed Havering at the top of the league for pilot schemes within schools. Teenagers had 'dovetailed' vaccinations where multiple vaccinations are given at the same time (HPV, School leavers' vaccine and MENC). These were available in schools, pharmacies and other locations as opposed to doctor's surgeries, reducing pressure on GP's.

## **3. School Nurses**

School nurses are specialists in public health providing individual support to children and families and also issues of the school as a community, improving health. Their priorities are to keep children healthy and happy, including issues of weight, sexual health, reducing the number of children requiring help and reducing school absenteeism. The service has been variable between schools. The Council has a mandate to measure children in the National Children's Measurement Programme including vision and hearing checks. NELFT currently provide the service with 17 School Nurses covering 84 schools in the borough. More resources would increase the capacity of the team there was however also capacity to improve within current resources.

## **4. Mental Health/Teenage Breakdown and CAMHS**

Havering has seen a significant growth in child mental health issues needing CAMHS (Child and Adolescent Mental Health Services). There had been a 6% increase of self-harm from 2011 (7%) to 2013 (13%) and a 4% increase of prolonged sadness or unhappiness. The risks associated with this include, sexual, self-harm, smoking, drinking, drug-taking and recklessness. The pressures on children and young people include: exams, general teenage years, social networking and the change of social interactions globally. Havering CAMHS Tier 4 service was nationally acclaimed, the small budget allocation does however limit work undertake. Referrals come from school nursing teams, intervention support, early years, parents, GP's or self-referral.

It is essential the referral routes are simplified as they can be complex and confusing. It was accepted that CAMHS information could be more accessible and clearer.

## **5. Sexual Health and Teenage Pregnancy**

Poor sexual health included sexually transmitted infections, pregnancy, FGM and sexual abuse, whilst encompassing wider social implications including domestic violence and poor mental health.

Havering has the lowest rates of HIV in London, but the highest proportion of late diagnoses. High quality treatment and prevention services were commissioned but the critical change needed to be, young people taking charge of their own sexual health, including how to properly use contraception. The sexual health service is being recommissioned, focusing on treatment, with a greater focus on prevention including better use of GP surgeries and pharmacies promoting healthy relationships in schools. Appson mobile devices would be used to spread awareness of the services on offer. Good quality OFSTED inspected, mandated Personal, Social and Health Education (PSHE) is available in Havering Schools. However due to social and media changes, the sexualisation of children and young people had been increasing nationally.

## **6. 0-5 transition (Early Years)**

As from October the borough will be mandated to deliver 0-5 services. Havering now has 27.5 health visitors. Local performance data would be produced monthly from October for the London Boroughs and parts of Essex, involved in NELFT. There is a lack of data around resident population in some areas. At primary school age, there was a 7% difference in GP registrations and the numbers in the school cohort. At a senior level, this was a 47% difference. The allocation calculated in 2008 transferring across to Havering for this service is extremely small and had not increased despite an increase in caseloads.

## **7. Education Health Care Plans**

The new legislation framework in Social Care, combined early years, social care, schools and colleges in Children's and Young People's provision from, 0-25 years for those with Special Educational Needs and Disabilities. Awareness of the 'local offer' to support children, families, young people and Carers, includes NELFT, leisure services. Any corporate body or organisation is subject to 'open text response' and needed to be aware that anyone could now review their services. Specialist services were not provided locally in Havering, but there were substantial links with pan-London specialist services.