

LONDON BOROUGH OF CAMDEN	WARDS: ALL
REPORT TITLE Annual health update on children, young people and families	
REPORT OF Executive Director, Supporting People	
FOR SUBMISSION TO Children Schools and Families Scrutiny Committee	DATE 23 October 2018
<p>SUMMARY OF REPORT</p> <p>The report summarises health outcomes for children and young people in Camden and outlines work being undertaken to improve or maintain these by the Council, CCG and other local partners. It draws on the most recent Child Health Profile (June 2018), setting out areas of strength and areas for development and reflects our work to deliver Our Camden Plan and Camden 2025's vision that people lead healthy, independent lives.</p> <p>Local Government Act 1972 – Access to Information</p> <p>The following document(s) has been used in the preparation of this report: Public Health England Camden Child Health Profile July 2018</p> <p>Contact Officers: Dionne Usherwood & Julia Mills, Joint Heads of Children's Integrated Commissioning Tel: 0207 974 2547/ 7150 Email: Dionne.usherwood@camden.gov.uk Julia.Mills@camden.gov.uk</p>	
<p>WHAT DECISIONS ARE BEING ASKED FOR? The Committee is asked to note the report.</p>	

Signed by:



Richard Lewin, Director of Integrated Commissioning, Supporting People

Date: 11/10/2018

1. WHAT IS THIS REPORT ABOUT?

1.1. The report provides an update on Camden's performance and activity against key health indicators relating to services for children and young people. Comparison data has been taken from the Public Health England Camden child health profile published in July 2018.

2. WHY IS THIS REPORT NECESSARY?

2.1. Each year, the Committee receives an update on children's health services delivered by the CCG, Council and our partners. This report reflects our work to deliver Camden 2025's vision that people lead healthy, independent lives, the Children's Trust Partnership Board's priority that 'Good physical and mental health are promoted and health inequality reduced', and our contribution to delivery of the CCG's Local Care Strategy.

2.2. In June 2018, Public Health England published Child Health profiles for each area in England. These profiles provide a snapshot of child health in each area and offer comparisons between regional and national averages. They are designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

2.3. In place of the usual Children's Annual Health report, the scrutiny panel are asked to consider this format outlining key findings for Camden children's health and providing more detail on local action taken in areas of significant change and poor performance.

3. Key findings for Camden

3.1. There are a number of areas, that have been highlighted as performing well:

- The infant mortality rate is better than England but an average of 4 infants each year still die before age 1. Recently there have been 5 child deaths (1-17 year olds) each year on average
- The teenage pregnancy rate is better than England, with 37 girls becoming pregnant in a year
- 3.4% of women smoke while pregnant which is better than England
- The rate for self-harm at 199.3 per 100,000 is better than England
- Hospital admissions of children and young people related to alcohol is decreasing and is similar in rate to the England average, whilst those for substance misuse are better than the England average.

3.2. However, the following areas were highlighted as requiring improvement;

- The MMR immunisation level does not meet recommended coverage (95%). By age two, 80.1% of children have had one dose
- Dental health is worse than England. 30.0% of 5 year olds have one or more decayed, filled or missing teeth
- 10.0% of children in Reception (similar to England) and 22.9% of children in Year 6 (worse than England) are obese
- The rate of child inpatient admissions for mental health conditions at 128.0 per 100,000 is worse than England
- The detection rate for Chlamydia for Camden (1786) is lower than the minimum recommended rate (2300)

3.3. The report outlines what initiatives have contributed to our successes in the areas highlighted as performing well in addition to the action is being taken locally to address areas requiring improvement.

4. Local initiatives contributing to the areas of good performance

The briefing highlights five areas in which Camden's performance exceeds the local and national averages. Below is more detail on some of the initiatives in place locally to manage and achieve these excellent results.

4.1. Child deaths in Camden

The Camden child death overview panel (CDOP) reviews all deaths of residents in Camden aged under 18 to identify trends and gain learning from these deaths to share with partners across the borough. Further information on child deaths in Camden can be found in the CDOP annual report to the Camden's Safeguarding Children Board.

4.2. Local work contributing to the reduction in teenage pregnancy

Camden has demonstrated excellent results in reductions in teenage pregnancy rates (conceptions per 1000 15-17 year olds) when compared to all local authorities in England. We have achieved this through a strong relationships and sex education (RSE) offer delivered by teachers supported by the healthy schools team and the Camden and Islington sexual health network (CAMISH) and targeted sessions to some of Camden's most vulnerable groups outside of school settings (see 7.3). RSE will be compulsory in schools from September 2019 and a working group has been created to support schools with their implementation of this.

4.3. For the last full year that rates are available (2016) the following data supports the data in the public health profile:

- Camden has seen the 7th highest reduction nationally in teenage pregnancy rates from the baseline in 1998 to 2016.
- The reduction was 77.7% from 1998 to 2016 in Camden, 66.5% in London and 59.7% in England.
- In 2016, Camden was the local authority with the 12th lowest rates of conception in the country.
- The quarterly rates for April to June 2017 (the most recent data) show exceptional results for Camden conception rates. See below:

Quarterly under 18 conception rates (April – June 2017)

Camden	5.7
Hackney and City of London ⁵	20.7
Hammersmith and Fulham	13.9
Haringey	26.2
Islington	21.0
Kensington and Chelsea	12.5
Lambeth	24.8
Lewisham	19.0
Newham	18.9
Southwark	25.4
Tower Hamlets	13.0
Wandsworth	20.0
Westminster	10.3

Source: ONS

4.4. Local child and adolescent mental health (CAMHS) work contributing to the low rates of self harm

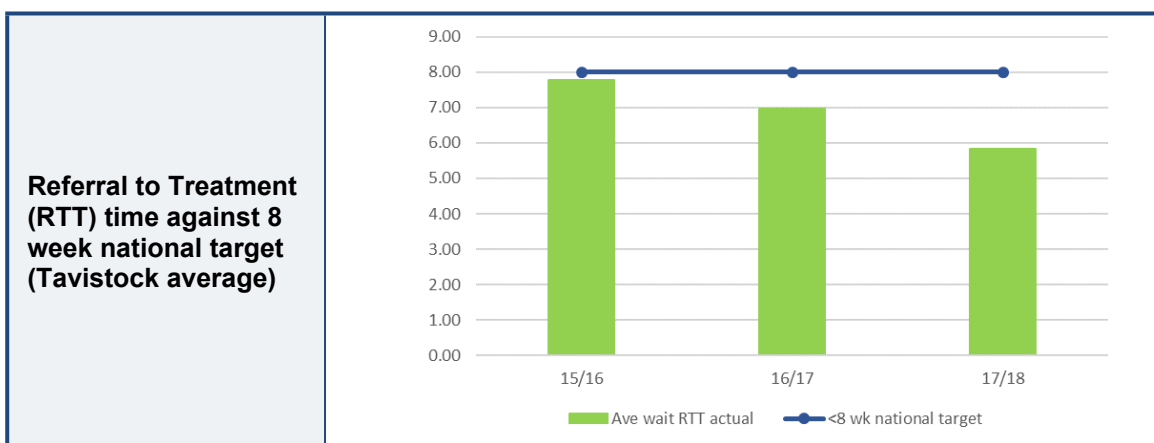
A new Peer Education programme is run through Fitzrovia Youth in Action, comprising of mental health awareness-raising workshops run by young people for young people in youth clubs and schools across Camden. The delivery of the project is supported by the production of educational films around mental health, substance misuse and sexual health. In 2017/18 a total of 15 films were produced which were viewed by 1049 young people across the year, with feedback demonstrating:

- 87% had an improved awareness of mental health and wellbeing
- 85% felt more confident in talking about mental health

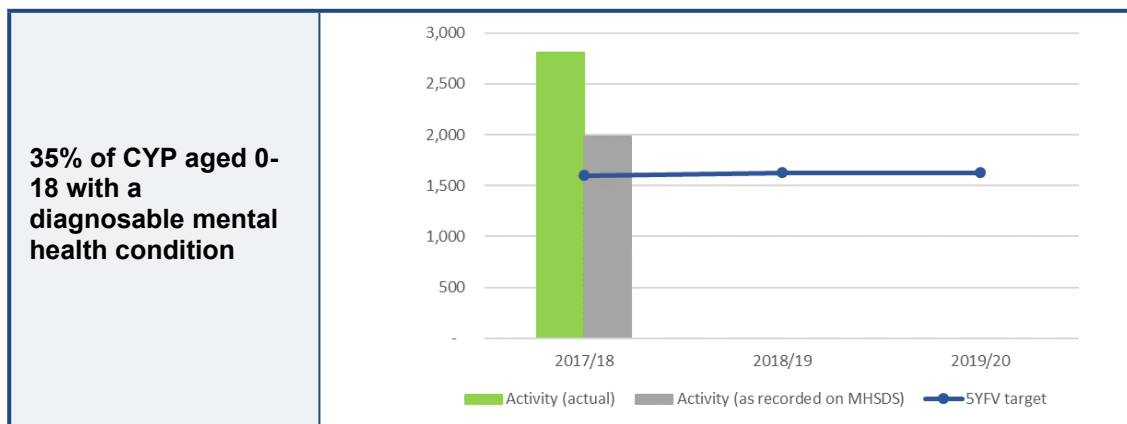
4.5. Camden was selected to join the Department for Education / NHS England CAMHS and Schools Link Pilot Scheme in 2015 which helped further develop Camden's universal approach to mental health promotion, emotional wellbeing and resilience alongside group interventions and targeted support and strengthen the link between CAMHS and schools. Following this, Camden has been identified as a good practice site by the CAMHS & Schools Link pilot national team and received a

joint visit from the Education and Health Select Committees to inform the recommendations set out in the Green Paper. We have been invited to submit an expression of interest to apply for funding to become a national trailblazer in order to pilot ways that increase access to mental health support, building on our current model in schools, and results will be published by mid October. In addition, Health Education England have scheduled a visit with the Tavistock to learn from the current CAMHS in schools model, allowing best practice from Camden’s innovative model to be shared.

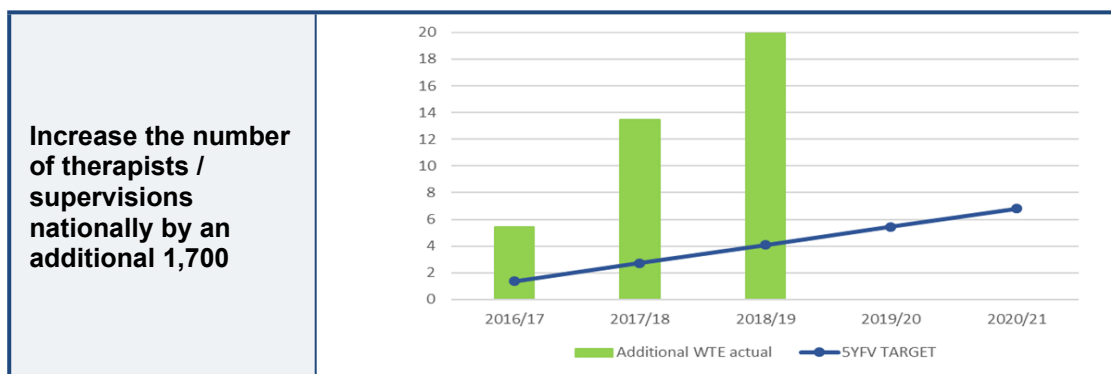
- 4.6. The iMHARS (Mental Health and Resilience Framework developed by Islington) was introduced to Camden schools in January 2017. 10 schools (5 primary, 4 secondary and 1 special) participated in reviews using the iMHARS framework. These resulted in a range of policy and process changes including increased training for staff, increased teaching about mental health and new ways to support vulnerable pupils including pupil resilience workshops.
- 4.7. Support to schools on promoting positive mental health has included; updating the mental health directory of support for schools; creating “wellbeing libraries” in primary schools to enable staff to use stories to talk about mental health; delivering nine workshops for parents and carers in seven primary and one secondary school on helping build children’s positive mental health and resilience and an annual event for schools to share good practice in teaching about mental health. Mental Health First Aid training has continued for a second year and a further 189 teachers attended training (102 in 16-17). This has resulted in 44 schools (76%) (30 primary, 9 secondary, 5 special) having one or more members of staff trained in MHFA in the last two years. The school-led Mental Health Learning hub has developed resources for teaching about mental health in secondary schools and a staff wellbeing survey and resource for schools.
- 4.8. In addition, we have been reviewing and transforming key areas of our CAMHS service in response to the recommendations set out in *Future in Mind: promoting, protecting and improving our Children and Young People’s Mental Health and Wellbeing* (March 2015) as part of our Local Transformation Plan (LTP) for CAMHS (first produced in November 2015). The original LTP presented a comprehensive review of local arrangements to support children and young people with mental health needs and their families, and set out how additional transformation funds would be allocated to address any local gaps across 18 local priority areas.
- 4.9. Further work was undertaken to align the CAMHS LTP with the priorities set out in the NHS Five Year Forward View (5YFV) and trajectories set to ensure the 5YFV targets would be met. The LTP is refreshed annually to monitor progress against the local priorities and reassess need. Through this monitoring process, it can be seen that significant progress has been made against the 5YFV targets as outlined below.
- 4.10. The majority of CAMHS providers in Camden have a waiting time for referral to treatment (RTT) that is well within the 8 week standard. The Tavistock continues to make good progress on reducing average RTTs with an average waiting time of 5.8 weeks in 2017/18:



4.11. Additional funding made available through Transformation plan funds has increased the capacity across the service. The 2016 ONS population data shows 0-18 population as 47,654 in Camden and the national prevalence of children and young people who have a diagnosable mental health condition is 9.6%, which equates to 4,574 CYP in Camden. The NHSE 5YFV target requires that at least 35% of children with a diagnosable mental health condition are seen for treatment by 2020, or increase in the numbers seen by at least 2% per year. Activity is reported through the Mental Health Services Data Set (MHSDS), which is not yet accurately capturing all activity in Camden. Local recovery plans have been developed to address this, however, for 2017/18 access rates, both the MHSDS submission and the actual activity if all data had been accurately submitted have been included below. This demonstrates that if all activity is accurately reported, we are already exceeding the 35% NHSE 5YFV target:



4.12. 5YFV sets out a target to increase the number of therapists / supervisions nationally by an additional 1,700 by 2020/21. Based on the England child population estimate of 11,785,277 (0-17) and a Camden child population estimate of 47,654 (0-17), the estimated Camden 'share' of the increased staffing is 6.8 WTEs, which has already been exceeded:



4.8 Local initiatives to reduce alcohol and substance misuse

Good performance around alcohol related hospital admissions is in line with findings in the 2017 Health Related Behaviour Questionnaire carried out in schools since 2004. This has shown an increasing trend towards lower numbers of young people reporting they had drunk alcohol in the week preceding the survey. Recent work in Camden to continue addressing alcohol and substance misuse includes an ongoing focus in schools; a programme of peer education around substance misuse (delivered by Fitzrovia Youth in Action); and some effective targeted work. For example, 100% of Looked After Children and those in the Young People's Pathway had received DUST (Drugs Use Screening Tool) screening for substance misuse, following which a range of interventions are offered. Substance misuse workers are embedded with other local provision for young people – in the LAC service, the Hive, New Horizons, in youth early help services etc. The service model has recently been adjusted to ensure a focus on early help and supporting whole families.

Commissioners are reviewing substance misuse services at present to ensure they continue to offer value for money and deliver high quality outcomes for young people and their families.

5. Areas of poor performance and action taken to address these

The briefing highlights five areas in which Camden’s performance is below the local and national averages and where there is no comparative data available. We have provided a summary of the key initiatives in place locally to address these areas of concern. In addition we have explained instances where no data has been published and that the Council/integrated commissioning do not hold direct responsibility.

5.1. Local initiatives to encourage breastfeeding

Breastfeeding initiation rates in Camden have been consistently reported to this committee and have been maintained at consistently high rates (90% and above), higher than London and England averages.

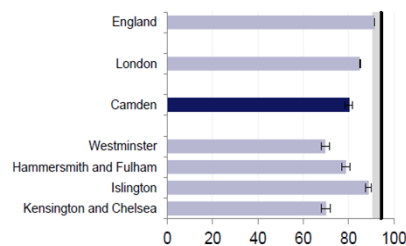
5.2. Breastfeeding rates at 6-8 weeks in Camden have not been published by Public Health England due to the lack of validated data. This is a result of inconsistent recording of breastfeeding status at 6-8 weeks by GPs or health visitors in maternal records. Great improvements have been made locally over the last year by Camden’s Baby Feeding team to improve recording of breastfeeding rates at 6-8 weeks by amending the templates used by health visiting teams. As a result, we have now started to collect local baseline data, which will enable us to monitor breastfeeding prevalence at 6-8 weeks. The percentage of maternal records with breastfeeding status recorded at 6-8 weeks has increased from 35% in Q1 2017/18 to 81% in Q4 2017/18.

Breastfeeding at 6 to 8 weeks, 2016/17
(percentage of infants due 6 to 8 week checks)



Breastfeeding data is not available for this area.

Measles, mumps and rubella (MMR) vaccination coverage by age 2 years, 2016/17
(percentage of eligible children)



Less than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in this area (80.1%). By the age of five, only 73.5% of children have received their second dose of MMR immunisation.

5.3. In May 2018, Camden successfully passed the joint Stage 1 UNICEF Baby Friendly assessment for Camden Health Visiting Service and Children’s Centres. Over the last year, a number of initiatives have been developed with different partner organisations to link Infant feeding support with related areas of healthcare and health improvement, as the UNICEF Baby Friendly standards require evidence of a collaborative approach. These include ‘Better Births’, the Camden Breastfeeding welcome scheme (to help local food businesses, organisations and community venues understanding the role they can play in providing a venue for local mothers to feel safe and relaxed to feed their babies by offering places to gather and get out and about), a peer volunteer service providing specialist support for women who are experiencing difficulties with breastfeeding and listening support for women who had intended to breastfeed, but find themselves unable to.

5.4. Responsibility for immunisations

NHS England (NHSE) holds responsibility for childhood immunisations; the council is not directly responsible for performance. However, we continue to maintain a scrutiny role and are working with North Central London colleagues to understand how we can contribute to improving uptake.

5.5. Local initiatives to improve children's oral health

Data from the national child dental health survey indicates that 30.0% of 5 year olds in Camden had current or past experience of tooth decay in 2017. This figure has risen from 23.5% in the two years since 2015 when the last survey was conducted but is still lower than the 36.3% recorded in 2012. It is important to keep in mind that all the survey data needs to be interpreted with caution due to small sample sizes. A report by NHSE dentistry team showed that 44.6% of children in Camden access dental services (December 2017) compared to 49.2% in London. However, more children aged 0-5 in the more deprived areas in Camden access NHS dental services.

5.6. Public Health commission Whittington Health Oral Health Promotion (OHP) team to deliver a number of oral health promotion programmes in Camden. The main focus of the current contract is on children. A number of different initiatives are being delivered in early years' settings and schools outlined below.

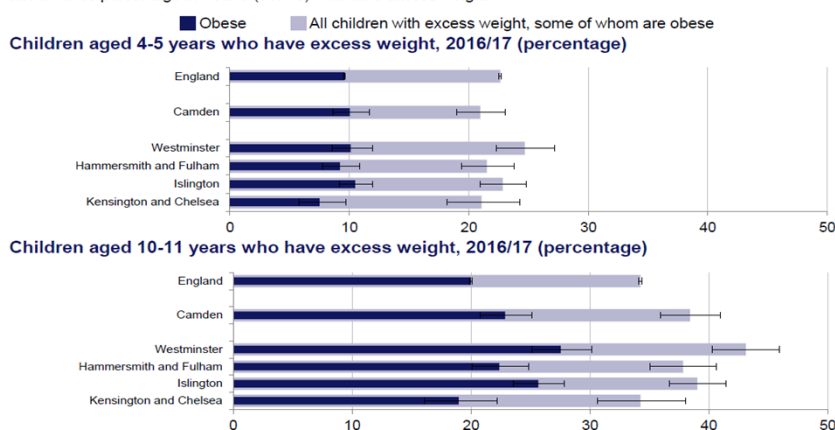
- **Brushing for Life:** The OHP advisor delivers the Brushing for life programme in early years' settings and with children with special educational needs (SEN). Frontline staff working in early years' settings (e.g. Children centre and nursery staff, health visitors etc.) are provided with oral health training and packs containing toothpaste and toothbrush to distribute. Parents are also provided with advice and packs through targeted outreach in Children's Centres and other settings. Similar support is provided in SEN schools. In 2017/18 8,199 packs were distributed and 362 staff were trained in Camden.
- **Teeth for Life:** The OHP advisor delivers a supervised tooth-brushing project in children's centres. There are plans to roll out the project to other early years' settings like voluntary nurseries in Camden. Children are supervised in brushing their teeth every day. Staff are trained to deliver the intervention in a safe and effective way. Consent is gained from parents before children can take part. OHP advisors will also be training staff in private, voluntary and independent nurseries in Camden. In 2017/18 240 children participated in Teeth for Life and 26 staff were trained in Camden.
- **Fluoride Varnish programme:** is delivered to children aged 3- 6/7 year olds (nursery to year 2) in 37 schools in Camden. Applying fluoride varnish to teeth is an evidence-based intervention to prevent tooth decay. The programme involves Whittington Health visiting participating primary schools twice per year, where dental nurses apply fluoride varnish to the teeth of children whose parents have given their consent. Children who are identified as requiring urgent dental care are signposted to services. In 2017/18 there were a total of 6,355 fluoride varnish applications in Camden.

5.7. Local initiatives to reduce childhood obesity

Promoting healthy weight is a key priority for Camden's Health and Wellbeing Board (HWBB), a more detailed paper relating to Camden's whole systems approach to tackling obesity has been published with the October 2018 HWBB papers. Using 2016/17 measurement data (the most recent available), 21% of Reception children (4 to 5 year olds) in Camden schools are overweight or very overweight, rising to 39% of Year 6 children (10-11 year olds). The prevalence of overweight/very overweight in Camden was not significantly different to the London average in either Reception or Year 6. Ward and ethnicity data demonstrates there are significant inequalities in the borough. Obesity remains disproportionately high among children from the most deprived parts of the community. Among Year 6 students the prevalence of overweight/very overweight was significantly higher than the Camden average among students from Black ethnic groups.

Childhood obesity

These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare Camden with its statistical neighbours, and the England average. Compared with the England average, this area has a similar percentage of children in Reception (21.0%) and a worse percentage in Year 6 (38.4%) who have excess weight.



Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval.

5.8. Tackling obesity in Camden requires a whole system approach, bringing together partners from across the community to address the multiple drivers of obesity. Camden's Healthy Weight, Healthy Lives partnership, "Camden Can", aims to make Camden a place where everyone has the opportunity to maintain a healthy lifestyle, through physical activity and a healthy diet. The Partnership brings together a range of strategic partners who are able to influence physical activity and access to a healthy diet in the borough. Public Health funding is provided to support a range of initiatives within the community, including:

- The "Camden Can" Innovation Fund provides funding and support to people, communities and organisations with new ideas for tackling the issue of overweight and obesity. Thus far six projects have been selected.
- The Camden Can Pledge programme enables organisations, including local schools, hospitals, housing associations, voluntary organisations and businesses to sign up and commit to improving physical activity and healthy food for those people their organisation works with and/or employs. So far, 35 organisations in Camden have made a pledge.
- The Somers Town and St Pancras Healthy Living Partnership is a 3 year ward specific project that aims to increase the proportion of residents who have a healthy weight, eat well and are physically active. The partnership aims to draw on existing local assets and local collaboration to support healthier lives and positive outcomes.

5.9. Specific programmes focused at supporting children and families to maintain a healthy weight include a universal healthy lifestyle programme for families called 'Families for Life', and the Healthy Living Service, which is part of the school nursing service delivered by CNWL. In 2017/18: 189 families attended the Families for Life programme, with more than half increasing fruit and vegetables intake whilst also decreasing consumption of foods high in fat and sugar, 236 children were seen by the Healthy Living Service - over 80% lost weight or saw their weight plateau. Camden's Health Improvement Team also supports various settings (schools, nurseries, children's centres) to meet the healthy eating and physical activity criteria within the Healthy Schools, Children's Centres and Early Years programmes.

5.10. Early years interventions

120 healthy eating sessions for parents preparing to wean their babies were delivered with 622 unique families attending (1314 total attendees) of which 235 (37%) were referred by health professionals and 39% were from BME groups. 93% weaned around 6 months in line with national guidelines. 14 early years settings including all five children's centres and four maintained nurseries have achieved the Little Steps to Healthy Lives (LSHL) award. 59% (289) of funded 2 year olds are currently in settings which are engaged in the LSHL award (an increase of 8% compared with 16-17). A 'First Steps' award was developed to engage more PVI settings in the LSHL award and 20 settings are engaged.

5.11. School, afterschool club and youth club interventions

17 schools have completed detailed plans to improve children's health and achieved the Healthy School London silver award and six schools have achieved the gold award for the impact on children's health behaviours eg increasing fruit and vegetable consumption and decreasing high fat foods. Overall 84% of primary, secondary and special schools are engaged in the Healthy School award programme, which is the highest number for five years. In addition, the annual 'Race to Health', a whole school activity challenge, involved 1681 pupils from 15 primary schools, 1 secondary school and 8 libraries and resulted in 15% of children achieving the daily recommended 60 minutes of activity (4% less compared with 2016-2017) and 121 children and young people were trained up as Health Champions to improve healthy eating. In one school, this resulted in an 18% increase in pupils consuming fruit and 11% decrease in pupils consuming sugary snacks. Ten after school clubs and play providers have achieved the Healthy Lives award compared to 9 in 2016-17 whilst four youth clubs have achieved the Healthy Futures Youth Club award which includes all 3 Camden maintained youth hubs.

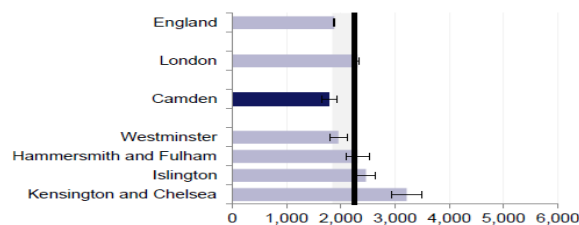
5.12. Work to reduce inpatient admissions by developing child and adolescent mental health services

The Public Health Child Health Profile highlights CAMHS inpatient admissions in Camden as an area requiring improvement. An ongoing priority for Camden, and across the North Central London (NCL) is to enhance provision for those children and young people presenting with urgent mental health needs, particularly those presenting at A&E. Across NCL, we have committed to develop a local integrated pathway for children and young people with higher tier mental health needs, which includes rapid community-based and out-of-hours responses to crisis. There will be investment in expanding the crisis workforce and in training for the crisis response team. This will result in admission prevention, reduced length of stay and support appropriate and safe discharge and a reduction of admission to acute paediatric beds across the footprint. Over the lifespan of the LTP programme until March 2021, the aspiration of NCL is to develop a comprehensive acute care pathway for children and young people experiencing a mental health crisis. The development of the acute care pathway will occur in phases as additional LTP investment comes on stream and savings are realised through the proposed New Care Model (NCM) programme for CAMHS Tier 4 across NCL and North East London (NEL). This is an iterative programme of work due to long term ambitions of services to meet the needs of those young people in crisis.

5.13. Local services to improve young people's sexual health

The child health briefing highlights Camden's Chlamydia screening rates as below the national average. Camden has a wide range of sexual health services aimed at young people to encourage them to manage their sexual health. The Camden and Islington Sexual Health Network (CAMISH) is delivered by three providers across Camden and Islington. Brook, The Brandon centre and Homerton NHS trust deliver three clinics, RSE in schools, outreach clinics, targeted work with vulnerable young people, workforce development and the Condom card Scheme.

Chlamydia detection, 2016 (rate per 100,000 young people aged 15-24 years)



Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2016, the detection rate in this area was 1,786 which is lower than the minimum recommended rate.

The shaded area from 1,900 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

- 5.14. Chlamydia screening is available to young people in Camden in a variety of settings, the traditional setting of sexual health clinics continue to see a large number of young people (in 2017/18 there were 14,108 clinic visits across the network).
- 5.15. In order to extend the reach to those not accessing clinics there are also a number of targeted sessions across sites in Camden and Islington. In 17/18, requests for targeted sessions came from schools for young people with moderate learning difficulties (MLD), youth clubs, pupil referral units for young people excluded from school, young mothers' groups and health groups. The network has also developed its training offer to the wider Camden workforce, adding 'working with LGBTQ young people' to the existing portfolio which includes pornography, puberty and consent and C-Card Training has been delivered to foster carers, social workers, VCS and teachers.
- 5.16. There are a number of informal ways in which young people can access Chlamydia screening and condoms. In 2017 the C-Card (condom) scheme was expanded into pharmacies to provide wider access to contraception. This enables young people to access condoms free of charge and gives them opportunities to access postal Chlamydia and Gonorrhoea testing kits.
- 5.17. Most recently, commissioners, public health strategists and the communications team worked with young people from Fitzrovia Youth in Action and the Hive to develop a sexual health campaign as part of sexual health week. The campaign focussed on consent, STI's and the C-Card scheme. Posters are in bus stops across the boroughs, youth clubs, schools and with a social media presence.

6. Other areas of note

6.1. Lesbian, gay, bisexual and transgender and questioning (LGBTQ) young people

In the health related behaviour questionnaire for 2017, it was noted that of the 10% of pupils self identifying as LGBTQ, these young people reported higher use of drugs and alcohol, poorer mental health and higher rates of bullying. At present the training offer is being enhanced with Stonewall's guidance. In addition, the Camden workforce around supporting LGBTQ young people and the CAMISH network has established new working relationships with the MOSAIC youth centre. The next step is the development of a multiagency working group to review and identify actions relating to this cohort.

6.2. Looked after children's (LAC) health service

Initial health assessments should take place by a doctor within 4 weeks (20 working days) of becoming looked after, with a health care plan provided for the child's social worker according to statutory guidance. In 2017/18, there has been a huge improvement in meeting this target from 14% of IHAs in Q1 to 86% in Q4. This was due to some successful work around improving timescales for obtaining all the relevant consents.

6.3. Following discussions with the Leaving Care Pathways manager, the LAC specialist nurses and health improvement practitioner now offer increased practical support and training to staff and looked-after young people in residential units. This takes the form of regular drop-in sessions alongside email and telephone liaison. Leaving Care health discussions/reviews are offered to all LAC reaching their 18th birthday whose most recent health assessment took place longer than six months previously, in order to assess and support health needs of young people when they leave care. A Leaving Care leaflet with personalised health information including birth details, health history, immunisations, allergies and medications is provided for all young people leaving care, together with information on how to access health services. A copy is sent to the GP and, with appropriate consent from the young person, to their social worker.

6.4. User Feedback

A survey was conducted with foster carers and young people on their experience of initial and review health assessments. This was undertaken over a 3 month period during 2017/18. 50 completed

surveys were returned. 100% of respondents said they had been treated with respect, 95% rated their health assessment experience and the information they received on healthcare as 9 or 10 out of 10.

6.5. Services for disabled children

The Camden Integrated Children's Service is a partnership that brings community health staff in Camden together in one service, regardless of employing organisation. The four health Trusts who make up the partnership (Royal Free London, Tavistock and Portman, Whittington Health and CNWL) work with the local authority to ensure that children with complex and additional needs receive joined up services. The partnership continues to perform well and meet the outcomes of children and young people with complex and additional needs. Targets were increased in 2017/18 to ensure that there was more stretch/challenge for the service. As of the end of March 2018:

- 98% of families said they would recommend the service to friends or family against a target of 90%
- 97% of children and young people and their families reported an improvement in confidence in managing long term conditions against a target of 90%
- There was an average wait of 38 days to start assessment within all services, against a target of 42 days (6 weeks). The target was changed from 8 weeks in the previous year.
- 96% of autism assessments for school aged children started within 12 weeks of referral against a target of 90%. The 12 weeks' timeline is in line with NICE guidance.
- 95% of children had a multi-disciplinary or multi-agency plan in place meeting the target of 95%
- 92% of children are achieving their goals at review or discharge against a target of 80%
- All eligible children (24 children as of the end of 31st March 2018) at the age of 14 had an allocated worker and have an up to date transition assessment or transition plan.

6.6. A key achievement in 2017/18 was the reduction in waiting times for an assessment for autism. In 2016/17 the waiting time for assessment was 17 to 20 weeks and families found it very difficult and stressful waiting this long. The service reviewed the pathway and made changes by introducing a triage arrangement together with a small amount of additional capacity. This resulted in reducing waiting time from referral to assessment to under 12 weeks and for which the service has received organisational awards recognising its sustained improvement and innovation.

7. COMMENTS OF THE BOROUGH SOLICITOR

7.1. Legal Services have been consulted and have no specific comments on the Report.

8. COMMENTS OF THE EXECUTIVE DIRECTOR CORPORATE SERVICES

8.1. This report provides an update on developments delivered and planned within existing CCG and Council budgets for 2017/18 and 2018/19. All services will be subject to on-going review in line with any need to deliver further efficiencies in 2019/20 and beyond.

REPORT ENDS

Appendix A

Public Health England Camden Child Health Profile July 2018