

Health and Wellbeing Board

Date of Meeting: 25 June 2013
Report of: Head Integrated Safeguarding Unit
Subject/Title: Child Health Profile Data for Cheshire East

1.0 Report Summary

- 1.1 The Local Safeguarding Children's Board (LSCB) has a reciprocal challenge and scrutiny role with other strategic Boards and will occasionally seek assurance in respect of issues concerning the children and young people of Cheshire East that fall more appropriately to the core business of others.
- 1.2 In May of this year the Child and Maternity Health Observatory (CHiMat) produced its annual profile against some key child health indicators for 2012/13. There are some recurring issues within that report that the LSCB would seek assurance from the Health and Wellbeing Board that services to children and young people are being appropriately commissioned to reduce the concerns these statistics raise.

2.0 Decision Requested

- 2.1 That the Health and Wellbeing Board provide the Local Safeguarding Children's Board with an understanding of the issues raised and assurance that these are being addressed
- 2.2 That the Board ensure that if there are current gaps in services that will reduce these concerns that steps will be taken to address this.

3.0 Reasons for Recommendations

- 3.1 To ensure that the Health and wellbeing of children and young people is promoted.

4.0 Policy Implications

- 4.1 The Health and Social Care Act 2012 introduced a number of significant changes. This includes the establishment of the Cheshire East Health and Wellbeing Board, the GP Clinical Commissioning Groups and the transfer of the Public Health responsibilities from the PCT to the Local Authority.
- 4.2 To achieve improved health and wellbeing outcomes for local communities, the Act identified the need for increased joint working between the NHS and local authorities, with high quality local leadership and relationships being an essential foundation. The Act described Health and Wellbeing Boards as having the key role of improving joint working by bringing together key commissioners and through their function of encouraging integrated working in relation to commissioning.

4.3 The Joint Health and Wellbeing Strategy is the mechanism by which the needs identified in the Joint Strategic Needs Assessment are met, setting out the agreed priorities for collective action by the key commissioners, the local authority, the Clinical Commissioning Groups and the NHS Commissioning Board. This statistical data should inform those priorities and influence relevant changes.

5.0 Financial Implications

5.1 There are no direct financial implications in relation to this report. The questions raised through this report may require examination of the effective use of allocated funding to address recognised challenges across relevant council and health services in effectively meeting the needs of our children and young people to reduce the impact of harm and improve their health and well being.

6.0 Legal Implications

6.1 N/A

7.0 Risk Management

7.1 The health and well-being of children and young people in Cheshire East will be a priority for the Health and Wellbeing Board. Failure to commission effectively will have an impact.

8.0 Background

8.1 The Child and Maternal Health Observatory produces an annual profile for each area in the country. This profile provides a snapshot of child health in Cheshire East. It is designed to help the local authority and health services improve the health and well-being of children and tackle health inequalities. The data also shows how children's health and well-being in Cheshire East compares with the rest of England.

8.2 There is much in the report that gives a positive picture of good and improving child health, for example, the development of children at 5 years of age. Whilst this is a crude reflection of the issues that lie behind the health of children and young people in Cheshire East, there are nonetheless some clear patterns when the data is compared with the regional and England data and over a couple of years. Whilst Cheshire East has some areas of deprivation its demographic profile would set an expectation that it compares well with the national picture. It is appropriate that the LSCB raise this with the Board and that assurance is provided.

8.3 In particular the LSCB is seeking an understanding of why Cheshire East is higher than the England rate for:

- admission to hospital for injuries to children
- children killed or seriously injured on the road

- admission to hospital due to alcohol and substance misuse and
- a higher than England average re mental health /self harm – particularly as this is gradually increasing year on year.

8.4 The issues of mental health, substance and alcohol misuse are often prevalent in adults who are unable to care effectively for their children and it is vital therefore that we are effective in the treatment and prevention of these issues where they occur for our children and young people.

8.5 Alongside this it would be helpful to know what commissioning activity can be sited to manage and reduce the areas identified, the measures of success/impact and the timescale for achieving this

9.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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