

Annex 8

Summary for Local Authorities

Key points for Local Authorities

Key Findings

1. England has poor outcomes for children and young people with respect to mortality, morbidity and inequality.
2. We need to raise the profile of children and young people and encourage the public sector and other institutions to work together more closely. The Chief Medical Officer (CMO) is therefore asking the Cabinet Office supported by Public Health England, and the Children's Commissioner, to consider initiating an annual National Children's Week.
3. Early action matters: the economic case is increasingly clear and thus we need to move from reactive to proactive care, therefore CMO is asking for regular assessment of progress on this.
4. Schools matter: there is a strong association between school connectedness or sense of belonging and well-being. School connectedness appears to be generated in schools through extra-curricular activities, positive classroom management and tolerant disciplinary policies. School based action as part of a multi-site program is one of the most promising approaches to prevent obesity.
5. CMO seeks to develop further the evidence base for how to nurture resilience in young people, and the link between health and wellbeing with educational attainment. CMO is also asking that PHE, PSHE Association and other leading organisations promote models of good practice in this area for educational establishments to use.
6. We need to ensure that efforts to improve outcomes are underpinned by improving the lives of all, with more resources targeted at the more disadvantaged. With this in mind CMO is asking for a refresh of the Healthy Child Programme evidence base. Strengthening the evidence is designed to add weight to the case for enactment of more than just the statutory elements of the programme. CMO is also asking Public Health England and local authorities and schools to identify innovative ways to make their sports facilities more available. Nutritional guidance is also to be re-examined. CMO is mindful of the current targeted work and for example, supports Public Health England ensuring that the Troubled Families Programme meets the health needs of families.
7. CMO has noted the evidence on the views of children and young people and seeks to harness this through the development of a "health deal", building on the recent government pledge on health outcomes and pre-existing engagement work. This will provide an opportunity for organisations to show how young people focused they are. CMO has also recommended that Health Education England ensure that the workforce will receive necessary training on age appropriate care and skills to help them guide young people better around the healthcare system, including understanding the role of school nurses.
8. CMO seeks to mirror the recent announcement by Secretary of State, such that all young people with a long

term condition have a named GP to coordinate their care. Similarly CMO believes that responsibility to the whole family should be a professional responsibility.

9. CMO believes that thinking about the family not just the child or young person in front of you should be a professional norm – like safeguarding and has asked regulators and professional bodies to develop how to do this.
10. CMO has asked for more research into improving our outcomes for long term conditions, and how to improve participation of adolescents in clinical trials.
11. To aid commissioning CMO seeks to develop better data around health and wellbeing in children and young people and in particular mental health problem prevalence.

TOP 5 Questions for Local Councillors to ask of their health systems, with respect to children and young people's health:

1. How does local mortality, morbidity and inequality data compare to comparable areas?
2. How focused are we on early action?
3. How are local schools engaging with the health agenda e.g. creating school connectedness, building resilience, supporting health and wellbeing and encouraging physical exercise?
4. Are we enacting the Healthy Child Programme in full and are we prepared for the change in commissioning of this programme that is due shortly?
5. How do we know that our health and care organisations meet the needs of children and young people? Are we using 'Your'e Welcome'?

Background

Every year the CMO for England produces an Annual Report in two volumes. Volume One is a surveillance document, commenting on many health issues. Volume Two is a close look at particular areas of concern. This year Volume Two focuses on children and young people. The report is based on the evidence of experts, who provided information about the life course stages. In addition, four other groups of children and young people were focused on: those with neurodevelopmental disabilities, those with mental health problems, looked-after children, and those in the youth justice system. CMO was clear that the voices of children and young people should feature strongly in her report. The report also looks at the economic argument for early intervention. The report contains an Annex, 'Atlas of Variation in Healthcare for Children and Young People'. This is a sizeable annex which describes some of the variation in health and healthcare across England.

In her report, the CMO makes recommendations on how to improve the health of children and young people and why this is important to do.

For a summary of the full report, please see Chapter 1 of the 'Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays', available to download or view online via www.gov.uk