

Additional Public Health funding for activities supporting children and young people 2022/23

To: Children and Young People's Committee

Meeting Date: 5 July 2022

From: Jyoti Atri, Director of Public Health

Electoral division(s): ALL

Key decision: No

Forward Plan ref: N/A

Outcome: The report is intended to provide an update on additional investment in services relating to Children and Young people from the Public Health ring-fenced grant.

Recommendation: The Committee is asked to endorse this additional investment.

Voting: Co-opted members of the Committee are eligible to vote on this item.

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1. Background

- 1.1 This report provides an update to committee regarding additional funding from the Public Health ring-fenced grant allocated to work with children and families for 2022/23 and beyond.
- 1.2 The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate has been severely impacted by the pandemic, as capacity has been re-directed to outbreak management, testing, and infection control work. This resulted in underspends during both 2020/21 and 2021/22 which have been transferred to Public Health reserves. Details also on the agenda for this meeting
- 1.3 As a result of the increase in the Public Health reserves for Cambridgeshire, a number of additional areas of investment have been identified. This paper includes details of four areas of spend which impact Children and Young People across the county:
- Eating disorders training programme £78,000 (section 2.1)
 - Support to families of children and young people who self-harm £102,400 (section 2.2)
 - Children's Public Health Manager post £78,000 (section 2.3)
 - Gypsy/Traveller education support officer £47,592 (section 2.4)

The funding for these four areas has already been agreed either by Strategy and Resources Committee, or by the Section 151 officer, and are being brought to this committee for information purposes.

- 1.4 In addition to the four areas listed above that will be funded from the Public Health reserves, this paper also outlines details about recurrent funding (£350,000 per year) for the commissioning of additional Child Weight Management Services from the 2022/23 Public Health grant uplift (section 2.5). Strategy and Resources Committee approved this investment at its meeting on 27th June 2022.

2. Details of Programmes to be funded

2.1 Eating Disorders Training Programme

There is increasing concern across the system over the scale that eating disorders have increased over the last year with many more presentations occurring at a later stage with greater urgency. The graphs overleaf demonstrate this:

Figure 1 – Urgent referrals to CPFT for eating disorders comparing 19/20 to 20/21 and currently 21/22

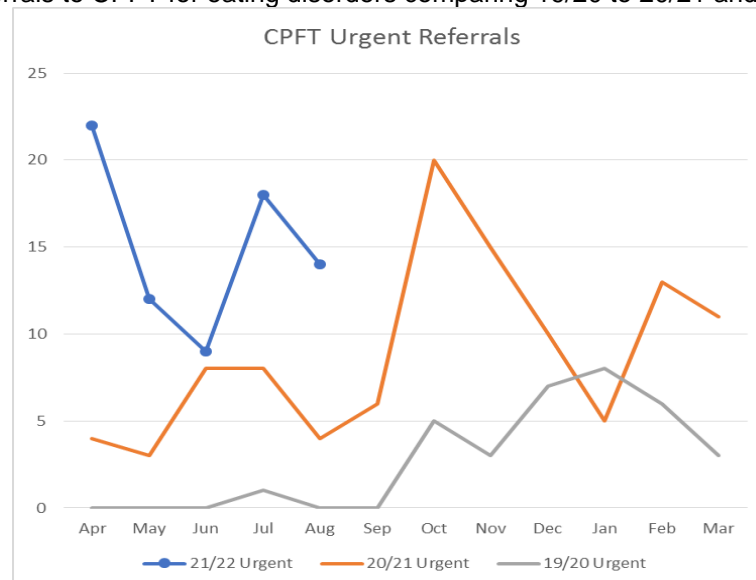
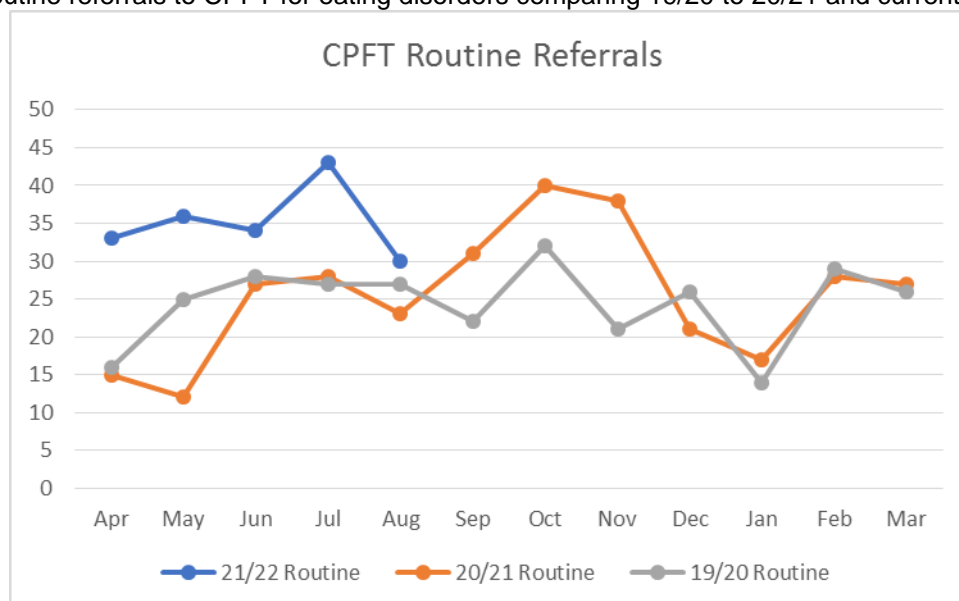


Figure 2 – Routine referrals to CPFT for eating disorders comparing 19/20 to 20/21 and currently 21/22



Eating disorders are one of the major causes of preventable deaths in young people. Consultation with local partners and colleagues at the CCG has highlighted a training need for professionals, carers, and front-line personnel on how to identify and appropriately respond and support those struggling with eating disorders. This would result in young people being identified early and supported appropriately to prevent an escalation in their eating disorder. By timely identification, signposting, and intervention, we would hope to reduce the overall number needing urgent referrals for life saving treatment needing long-term hospitalisation, poorer outcomes and missed education.

To address this gap, the s151 officer has agreed **£78,000** of funding over two years to employ a training programme manager to work full time across Cambridgeshire to develop and deliver packages of training on eating disorders. The training programme manager will sit with, and enhance the work of, the Personalised Eating Disorder Support Charity (PEDS). Although this will be developed to support across all age groups, we have chosen to include it in this update for CYP committee as we expect those supporting young people to form one of the largest groups benefitting from this programme.

The training will be tailored to both individuals and professionals in a variety of organisations and roles who have direct contact with people of all ages who may be experiencing or struggling with eating disorders at an early stage. This is in order to intervene early and prevent clinical need. The recipients of the training offer would include:

- Carers with lived experience;
- Secondary schools, FE colleges and local universities;
- GPs and primary care staff;
- A&E professionals – to appropriately respond to someone presenting with eating disorders for the first time;
- Medical students;
- Community sector organisations working in mental health and supporting children and young people.

It is envisaged that the training will make a huge difference to the secondary care sector - eating disorder teams, schools, universities, and professionals working in the mental health field across the pathway of care who struggle with understanding on how to respond to and recognise eating disorders in clients. It will also benefit the Children and Young people affected and their families.

2.2 Support to families of children and young people who self-harm

We are looking to commission a service to a value of **£102,400** over two years to support families of children and young people who self-harm. This is particularly pertinent as there has been increasing concern about children and young people's (CYP) mental health as a result of the pandemic.

The outcomes of the service will be to:

- Support parent's wellbeing and mental health;
- Reduce stigma to parents who have children who self-harm;
- Reduce parental anxiety;
- Provide support while on long waiting lists for CAMHS;

- Support parents on how to manage CYP who self-harm, with a goal to reduce the incidence of self-harm in CYP.

2.3 Children's Public Health Manager

This role will support the delivery of the Cambridgeshire & Peterborough Health & Wellbeing Strategy Priority 1: Ensure our children are ready to enter education and exit, prepared for the next phase of their lives. The Health & Wellbeing Strategy is a joint strategy across the Cambridgeshire & Peterborough Integrated Care System footprint and will work within the system-wide approach to health and wellbeing. Public Health have a vital role to play in ensuring that the emerging 'Child and Maternity collaborative' has a whole population, preventive approach embedded as the foundations of integrated plans moving forward. In order to be effective in this, additional capacity is needed to be able to effectively input into the six key children's strategies/programmes of work (listed below) and maximise opportunities resulting from these, to improve outcomes for children across Peterborough & Cambridgeshire. These key strategies are:

- Best Start in Life (prebirth-5)
- Strong Families, Strong Communities (5-25)
- Children and Young People's Mental Health
- SEND
- Autism
- Family Hubs

The impact of the Covid-19 pandemic on Children, Young People and their families has been significant and the full extent of this is only just beginning to be understood. Early data is already showing us evidence of large increases in obesity rates, increased demand for mental health services including eating disorders and widening gaps in education attainment. Local partners are seeing an increase in anxiety amongst parents who had babies during the pandemic and the impact of reduced social interaction and support for these young children is still to be understood. Public Health have an important role to play in understanding these needs and working with partners to identify evidence-based interventions to support these children and families.

Reserve funding allocated to this is £102,531 for two years shared across Cambridgeshire and Peterborough. The Cambridgeshire contribution is £78,000. This funding will employ a Senior Public Health Manager (grade P2) for a period of two years. The post holder will work with to add capacity to the small Children's Public Health team comprising of two commissioning posts and no current specialist health improvement resource for children. The overall Children's PH budget is over 13 million across Cambridgeshire and Peterborough and a lot of the current team's time is devoted to commissioning & contract monitoring.

The development of the Children & Maternity collaborative, one of the five Accountable Business Units that form part of the ICS, is a major reorganisation of how health, education and social care work together to improve outcomes for babies, children and young people. This role will support the ability to ensure that outcomes for children are improved and health inequalities are considered, as well as meeting the council's Public Sector Equality Duties.

2.4 0-18 Gypsy Traveller Education Support Officer

Gypsies and Travellers are widely recognised as being among the most disadvantaged people in the country, having poor outcomes in key areas such as health and education. This is reflected in educational attainment where nationally pupils from Gypsy or Roma backgrounds and those from a Traveller or Irish Heritage background have the lowest attainment of all ethnic groups throughout their school years. The link between poor education and poor health is widely recognised with the disparity in educational attainment having long term impacts for the health & wellbeing of this group. A consequence of the pandemic has been higher numbers of Gypsy and Traveller families choosing to electively home educate and withdrawing their children from school and pre-school because of fears around catching COVID. The practice of elective home education within the context of families with poor adult education raises concerns about the quality of education available. It also removes the children from the social learning that happens within a school/college environment.

Reserve funding of £47,592 over two years has been allocated to appoint an education support officer to develop and maintain strategies to improve access, attendance, and achievement of Gypsy & Traveller children in mainstream education. The post holder will work with Cambridgeshire Traveller Health Team, pre-school settings, families, schools and colleges. The role will involve:

- Engaging with Gypsy and Traveller families, including those new to the area, to encourage school or pre-school enrolment.
- Promote a better understanding of the school system and educational opportunities in general available for all the family.
- Resolve any emerging tensions between families and settings early to ensure continued attendance.
- Provide ongoing support to families particularly around transition points and assisting parents in understanding the process for assessing support for special educational needs.
- Helping families to access Educational Welfare benefits and other entitlements including transport, free school meals and school uniform grants.
- Supporting schools, parents, and families in responding to racism, bullying, exclusion, school transfer and appeals procedures.

Feedback from two primary schools have stated the importance of this support:

“It would be extremely useful to us as a school to have a Gypsy Traveller Education Support Officer. Almost 10% of our school roll are from a traveller background, and often need help and advice with anything from applying for a school place, school transport, accompanying staff on home visits, applying for Free School Meals and much more.”

“It would be a great support to us to have a point of contact who could liaise with our travelling families to get the support to the travelling community that they need.”

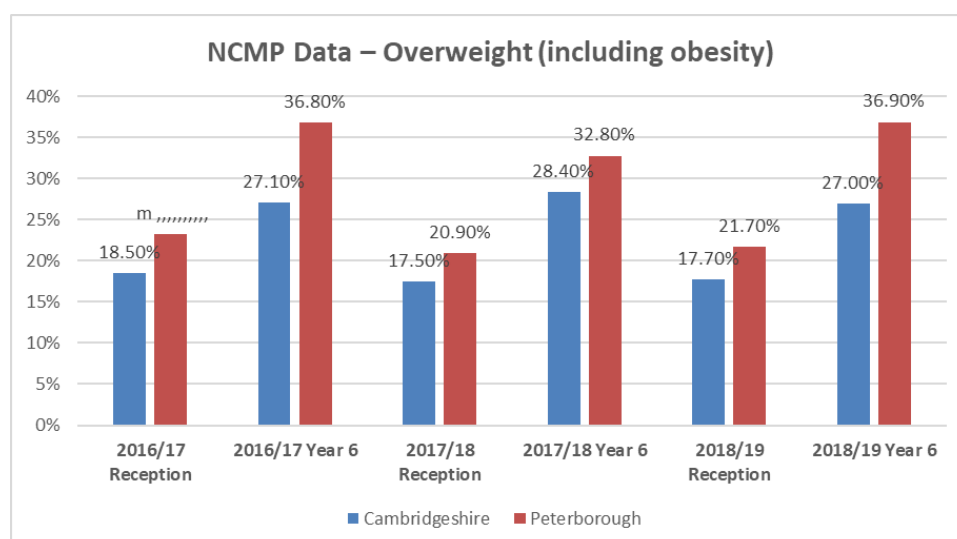
2.5 Commissioning additional Child Weight Management Services

Currently Public Health commissions the National Child Measurement Programme (NCMP) which measures all children in Reception and Year 6 and community-based preventative and some treatment interventions to address childhood obesity. It is proposed to develop and expand these interventions in response to the increases in the proportions of children either overweight or obese. A recurring funding proposal went to Strategy and Resources Committee in June 2022 to seek approval for £350,000 per annum recurrently for this service from the 2022/23 Public Health Grant uplift.

In Cambridgeshire prior to the pandemic there had been limited variation in annual rates of childhood obesity. However, there was still a high proportion of children living with an unhealthy weight which means that they have a high risk of poor health in childhood which will continue though into adulthood. Table 2 shows the proportion of children either overweight or obese in reception and year 6 in Cambridgeshire schools up until 2018/19.

Table 1 : Cambridgeshire Childhood Obesity Profile Reception and Year 6 School Years

(<https://www.gov.uk/government/collections/national-child-measurement-programme>)



A very recent report (April 2022) from the Office of Health Improvement and Disparities (OHID) based on data from the National Child Measurement Programme (NCMP) found that the increase in child obesity prevalence in 2020 to 2021 is the largest increase recorded in the NCMP since the programme began in 2006 to 2007. ([National Child Measurement Programme \(NCMP\): changes in the prevalence of child obesity in England between 2019 to](#)

[2020 and 2020 to 2021](#)). This national annual school-based Programme measures all children in Reception and Year 6.

The report's main messages were as follows:

- Prior to 2020 to 2021 prevalence of obesity and severe obesity was high.
- In 2020 to 2021 unprecedented increases were seen in the prevalence of obesity of 4.7 percentage points in Reception boys, 4.4 percentage points in Reception girls, 5.6 percentage points in Year 6 boys and 3.3 percentage points in Year 6 girls.
- Boys, particularly in Year 6, have experienced the largest increases in obesity and severe obesity.
- The largest increases in the prevalence of obesity and severe obesity in boys and girls have occurred in the most deprived areas of England, resulting in the large and persistent disparities in child obesity having worsened.
- Disparities in obesity prevalence between ethnic groups have also increased with the ethnic groups that previously had the highest obesity prevalence, in the most part, experiencing the largest increases.
- These increases in child obesity and severe obesity prevalence in 2020 to 2021 follow the COVID-19 pandemic which resulted in school closures and other public health measures. More data is needed to know whether this is a long-term increase.

The NCMP the dataset in Cambridgeshire was incomplete because of COVID-19 in 2019/20 and only 10% of children were measured in 2020/21. Feedback from the local NCMP team undertaking measurements this year suggest that the national picture is reflected amongst Cambridgeshire children, but the measuring will not be completed until the summer term to know the exact scale of increase.

The proposal is for an integrated Child Weight Management (CWM) Service that addresses prevention and treatment. Appendix 1 describes the different service elements. These will be integrated into one service including the NCMP and a range of community evidence-based prevention and early intervention activities. The model will address a wide range of needs. Access will be through a Single Point of Contact either through a professional or self-referral and there will be a multi-disciplinary team, reflecting the often, complex issues, confronted by children and their families.

As childhood obesity has a high population prevalence Step 1 refers to interventions that are at a population level with a focus on prevention. Step 2 targets children and families who require some additional support. This group is notoriously difficult to engage, and different approaches based on the varied experiences of the Team members who have worked in this field will be piloted. Step 3 is targeted at those families that have complex issues and who require one to one support.

In 2018/19 the NCMP alone in Cambridgeshire identified around 2,000 children as being overweight or obese along with others who would benefit from a preventative intervention.

In terms of activity this investment will reach 250 children through groups or one to one support. In addition, there will be follow up through a tailored approach of circa 3,500 children identified through the NCMP. The Step 1 part of the Service will be community based and has the potential to engage with large numbers of children and families through different events and activities.

The issue of successfully engaging families means that the level of activity for group and one-to one support is based on the best uptake along with a stretch target. Demand will be monitored closely to identify if the service requires additional capacity.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

- There are no significant implications for this priority.

3.2 Health and Care

- This allocated funding will work to reduce inequalities and support identified needs of children and young people, improving the quality of life for the youngest and most vulnerable members of our communities. It demonstrates work with partners to deliver the children's priority for the system wide Health and Wellbeing Board Strategy.

3.3 Places and Communities

- Understanding the needs of our communities and working with them to co design and deliver services is fundamental to the development of all the pieces of work outlined in this paper.

3.4 Children and Young People

- All the funding allocations outlined in this paper will contribute to this priority.

3.5 Transport

- There are no significant implications for this priority.

4. Significant Implications

4.1 Resource Implications

This paper outlines how Public Health reserve and uplift funding is being allocated to areas that will benefit local children and families. No further resource implications have been identified.

- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The implications of the Contract Procedure Rules will be considered by the Head of Procurement to secure approval for any proposed contractual and procurement Arrangements. Advice will be sought from the Procurement Team and any procurements required will follow the Council's Contract Procedure Rules.
- 4.3 Statutory, Legal and Risk Implications
There are no significant implications within this category.
- 4.4 Equality and Diversity Implications
The funding for the Gypsy and Traveller education support officer will contribute to improving the outcomes for this disadvantaged group.
- 4.5 Engagement and Communications Implications
There are no significant implications within this category.
- 4.6 Localism and Local Member Involvement
There are no significant implications within this category.
- 4.7 Public Health Implications
All of the reserve funding allocated will contribute to the Public Health outcomes for Children and families
- 4.8 Environment and Climate Change Implications on Priority Areas:
There are no significant implications within this category.

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Martin Wade

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes
Name of Procurement Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes
Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact? Yes
Name of Officer: Jyoti Atri

Have any engagement and communication implications been cleared by Communications? Yes
Name of Officer: Simon Cobby

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Jyoti Atri

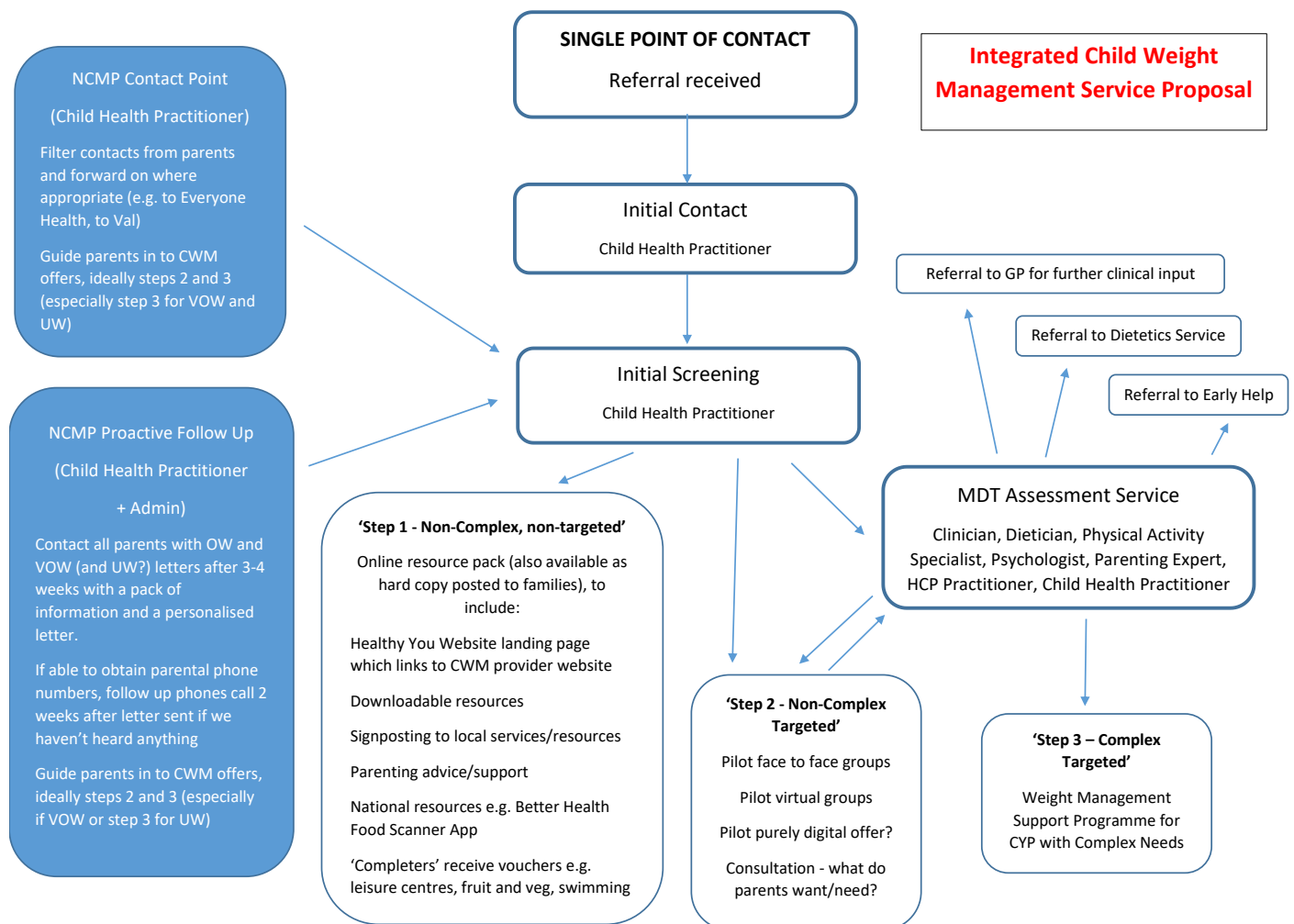
Have any Public Health implications been cleared by Public Health? Yes
Name of Officer: Jyoti Atri

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
No implications.

5. Source documents guidance

None

Appendix 1- Integrated Child Weight Management (CWM) proposal



Note: OW: Overweight; VOW: Very Overweight; UW: Underweight