ADCS President speaking notes for ADPH annual workshop (19 May 2021)

Introduction

Thank you for inviting me to your annual workshop and I am delighted to be able to join you.

DCSs, just like directors of public health are by nature collaborators. Hero leaders are not well suited to systems leadership roles. Partnerships are in our DNA; we have shared aims and recognise mutual dependencies. With strong partnerships we can be greater than the sum of our parts.

Never has that been more evident than over the last 12 months. Local government collectively has shown astonishing flexibility and resilience within and across all of our services. I would like to take this opportunity to thank you for all you've done locally and to thank your President Jeanelle for her leadership on the national stage.

Local government has harnessed the multi-agency response to Covid-19 locally. We've seen strong partnerships across public health and partners and real agility around decision-making, risk assessment and information sharing across our partnerships, particularly with our schools where LAs have vital co-ordination, support and challenge roles and within children's services where we have needed to consider when to visit families face to face. In many ways schools and councils have never been closer than we are now as together we've worked to keep children in our sight, maximise school attendance, ensure children learn remotely and that they are fed and supported. Public health advice and expertise has been a key part of that work, providing guidance on frequently changing requirements, support with risk assessments and clarity about test and trace arrangements. More recently schools have been supported by local public health teams to do a remarkable job on rapid mass Coronavirus testing.

Impact of the pandemic on children and young people

Clearly children and young people have lost a lot during the pandemic and the impact of that loss will only become fully clear over time. Lost learning that will not be recovered by one set of summer schools. Prior to the pandemic the attainment gap between disadvantaged children and their more affluent peers had begun to widen for the first time in a decade. Whilst schools and councils worked valiantly to ensure that 'vulnerable' children continued to attend school on-site during the pandemic, we know that they will need ongoing support. This is about recovering not recovery; an ongoing non-linear experience not a one-off event.

As you will know all too well, children's mental health has suffered and for young children, their language and literacy development has also suffered during the pandemic. Social isolation, which we've all been subject to, has for some young people meant a life lived on-line. Our police colleagues across the country report significant increases in online grooming, exploitation and abuse.

The pandemic has exacerbated the pernicious impacts on children and young people of poverty, domestic abuse, parental mental ill-health and substance misuse. There's a really important role here for public health working with children's services, in tackling the impacts of poverty in particular, which is critical for our children's future.

We must do all we can to prevent child poverty becoming an epidemic wrapped up in a pandemic if we are to halt widening health inequalities.

- More than four million children currently live in poverty (DWP, 2020)

- Children from black and minority ethnic groups are more likely to be in poverty: 45% compared with 26% of children in white British families (CPAG, 2020)
- Children from households in the bottom fifth of income distribution are over four times more likely to experience severe mental health problems that those in the highest fifth (Kings Fund, 2020)
- Children in the most deprived 10% of small neighbourhoods in the UK are over 10 times more likely to be in foster care or residential care or on protection plans than children in the least deprived 10% (Bywaters et at, 2020)
- Only last week, the National Child Mortality Database published a new report on the link between child mortality and social deprivation. It finds a clear association between the risk off child death and their level of deprivation (for all categories of death except cancer). Distressingly, the report states that over one-fifth of all child deaths might be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived areas. That's 700 fewer child deaths per year in England.

But, the impact of the pandemic is not all bad. Some children in care have reported improved relationships with their carers and with the professional who work with them. The strength and resilience our children, families and care leavers have shown during the pandemic is impressive. Of course, some children have thrived by being away from school and not sitting exams. This is in my view a rather damming indictment of our present school system with its excessive focus on exam passes, narrow curriculum which does little to engage those pupils who are less traditionally academic, and some might say a Draconian approach to behaviour and discipline.

During the pandemic I think we've seen a small but important shift away from professionals solely delivering solutions and interventions to enabling families to administer their own solutions. This could open up further the exciting possibilities of co-created services and a greater role for local communities in supporting poor or vulnerable families. Perhaps this will take us towards a new social contract which sees a stronger role for families, communities and employers working in tandem with public services to achieve meaningful change for children and young people, helping to ensure good childhoods for all children. It seems to me that this might be an area where ADCS and ADPH could build some collaborative working.

To reach such a nadir, we collectively in local and central government must progress the case for the value of early help and preventative approaches and share our best practice examples. Of course, the DPH community is all about prevention and early help, but, as I keep saying, it is not only for us in local government to evidence that case. Central government departments must work together to influence the Treasury, rather than relentlessly patrolling the perimetres of their own departments. One way of doing this would be a commitment from the **nine** different central government departments each of which has some responsibility for some aspect of children's policy, to stop 'out-policying' each other, join up their thinking and most importantly pool their financial resources. Short term cashable savings are simply not possible to achieve with early help alone

ADCS priorities and opportunities to ensure good childhoods

ADCS wishes to amplify our influence in order to maximize the impact of the Children's Social Care Review if it is to be the 'once in a generation' opportunity to build on the successes and improve the weaknesses in the social care system to improve outcomes for children. Crucially we need better residential care, with placements that meet children's actual needs, including their physical, mental and emotional health needs. We can achieve this though better commissioning, child-centred practice and regulation that works.

Achieving the best possible future for children and young people is what ADCS members are all about. But children are not just our future, they are our NOW and if collectively we don't get things right now – in the care review, in the SEND review, in making the case for early help, in adopting a trauma-informed practice approach to working with vulnerable teens – then they won't have the future they deserve.

The NHS has a national Long-Term Plan. It's time we had a Long-Term National Plan for Children and Young People. A plan which is ambitious and predicated upon a universal approach to enabling all children to achieve their potential, whilst retaining a focus on the poorest and the most vulnerable. That brings me to some reflections on the forthcoming health reforms which will see the creation of statutory ICSs.

I know we are all deeply weary of structural reforms to health services. I feel strongly myself that such reforms regularly over-state the benefits that structural change can achieve and routinely under-estimate the disruption they cause. But colleagues, together I think we can make sure that the physical, mental and emotional health needs of children and young people are prioritised in ICS developments. I'm sure that all of you, like me, are disappointed at the silence around children's health needs in the White Paper. The emerging operating model for ICSs – the 'wiring' that will sit underneath the new legislation – also appears to have forgotten children. This is so infuriating particularly given the efforts recently of DfE and DHSC to bring mental health support closer to schools and the effective partnership working with public health to support children during Covid. I am determined to seek ever closer partnership with health colleagues to meet children's needs better and together with our friends and colleagues in ADPH, ADASS and the LGA, we will work hard to redress the imbalance of adult and children's health needs in the forthcoming reforms. There is a real potential for us to work together to highlight the widening inequalities for children and young people and press for both short and longer term action as part of Covid recovery.

Concluding remarks

Let me draw my reflections to a close by talking about money!

The level of investment required to stabilise, sustain and adapt services to meet the needs of the growing number of children and families who need our support in the wake of the pandemic, is around **£12.5billion over three years.** That's a lot of money but it would be worth every penny to create a country that works for all children.