Children and Young People’s Health and Wellbeing in West Sussex

16th October 2014
Children and Young People in West Sussex: a Healthy Start to Life

Data from the JSNA

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West Sussex
Public Health Research Unit
Basics – Children and Young People

0-19 Year Olds - West Sussex (1981 to 2013)

- 185,000 people aged 0-19 years in West Sussex.
- Numbers have risen - not at the same rate of overall population increase.

Under 1 years - West Sussex (1981 to 2013)

- Births increased from early 2000s but have, in recent years, remained fairly stable (and a fall in 2013).
- Nationally largest year-on-year drop in birth rate (2012 to 2013) since the early 1970s.
Families

Around 93,000 families with dependent children in West Sussex

• 77% “couple” families (62% couples in married/same sex civil partnerships), 23% lone parent families.

• Lone parent families – 33,500 children in lone parent families

• Over 8% of families are step-families.

• 44% of all families have one child, 41% have two children, 15% three or more.
Risk and resilience - possible additional/specific needs

- **Children living in poverty** - 22,000 children living in poverty in West Sussex
- **Children with a disability** - various data! 6,700 0-19 years with LTC/disability which acts to limit their daily activities (3.8% of 0-19 population)
- **Children Looked After** – 605 children (2013/14 as at 31 March 14)
- **Children Looked After** - placed by another authority and living in West Sussex - 380 in West Sussex (as at 31 March 2013 – awaiting 2014 data)
- **Children with parents with a disability or mental health problem**
- **Children with a substance misuse problem**
- **Young carers** – Census identified 1,500 young carers
- **Gypsy and Traveller Children** -
- **Children with parent(s) serving in the Armed Forces** -
- **Children experience carer/parental/sibling bereavement** -
- **Children of teenage mothers / younger parents** – around 450 births a year to teenage mothers
- **Students**
- **Young people who are homeless/at risk of being homeless** – 700+ children living in temporary accommodation
- **Child asylum seekers** – 30 children were unaccompanied asylum seeking children(2013/14)
Outcomes

• Health
  • Life expectancy
  • Poorer health and long term health conditions (including earlier onset of disability/LTC)

• Emotional and mental wellbeing
  • Depression, anxiety,
  • Lower resilience

• Educational outcomes
  • Lower education attainment, poorer attendance, post 16 training and education

• Socio-economic outcomes
  • Lower income, greater job insecurity, poorer housing,

- Fall in % of young people regularly smoking, remains significantly more likely where there is parental smoking, and remains higher for girls.

- Some changes in behaviour – more young people not drinking, or binge/higher risk drinking, national research identifying that those who are drinking – are drinking more.

- Keep longer term trend in mind (population level consumption, including young people, remains high)

- Decrease in % of young people eating healthy diet and around one in three young people reported that they do not usually eat breakfast.

- Drop in the proportion of young people who reported exercising for 30 minutes at least three times a week (from 68.7% in 2006 to 62.3% in 2014).
Behaviours – Example links

Drinking alcohol is linked to risky sexual behaviour

Young people who drink alcohol are more likely to skip school and vice-versa

Dislike of school and missing school are also strongly linked to risk of young motherhood

Disengagement from school

Crime and anti-social behaviour

Drinking regularly smoking and taking illegal drugs are linked to involvement in anti-social behaviour and crime.

Mentor: Thinking Prevention series [www.mentoruk.org.uk/publichealth](http://www.mentoruk.org.uk/publichealth)
Behaviours - Clustering

• Clustering/co-occurrence of risk behaviours – drinking and smoking and higher risk sexual behaviour..

• National research has shown that behaviours are not necessarily confined to specific socioeconomic groups - but clustering of behaviours is greater in deprived groups.

• Importance of exposure to behaviours in childhood

• Commissioners/services need holistic approach to risk and how to tackle multiple risk.
Inequalities

POLICY OBJECTIVE A
Give Every Child the Best Start in Life
(Sir Michael Marmot identified as the highest priority of all objectives)

Marmot Recommendations

• Increase proportion of expenditure allocated to early years

• Support families (pre and post-natal, parenting, parental leave, transition points)

• Quality early years and outreach
% of Pupils Assessed as Having a Good Level of Development (GLD) (2013 data)

Most deprived areas of West Sussex  Least deprived areas of West Sussex

R² = 0.9276

Most deprived areas of West Sussex  Least deprived areas of West Sussex

Source : WSCC Early Years data analysed by PHRU Total Number of pupils in cohort 9,112
The Healthy Schools Programme

- The healthy schools programme has been maintained in West Sussex whereas in other areas it has stopped.

- This provides a sound partnership base to take the proposals forward working with schools.

- 70% of schools in West Sussex have healthy schools status:
  - Whole school approach to health and wellbeing
  - Connections to learning and achievement
  - Emotional wellbeing a priority

- The Pupil premium funding – influenced activity

- Best practice examples: Grow, Cook and Eat Clubs, Forest Schools and Nurture Groups
Preventing smoking

- ASSIST encourages new norms of smoking behaviour training influential Year 8 students to work as ‘peer supporters’
- Running in some West Sussex secondary schools since 2010
- 2013/14, 10 Schools completed; 18% of year 8 trained as peer supporters.
- Schools without ASSIST undertake other tobacco control activities - including healthy school days, PHSCE lessons and parents evenings
- Only evidence based programme still being evaluated, but limited by; terms of the license, one topic, no parental involvement, only in school
- Plans lead to ASSIST being replaced by a new programme to address these limitations

Public Health England Ambition
A smoke free generation by 2050 - No more than 5% of 15 year olds smoking
Early intervention programmes being commissioned from birth to 19 years, supporting family focussed actions to improve healthy eating and physical activity

Frontline staff received healthy weight training, increased their understanding and improved their practise

Close working with County Catering around school meals

**Increased focus on influencing the obesogenic environment:**

- Fast food and schools – energy dense foods within easy reach of schools
- Sugar reduction agenda – development of new strategies to reduce sugar consumption – e.g. confectionary, energy drinks
- Food deserts and food poverty – develop landscape that encourage purchase of low sugar, fat and salt foods and produce
Alcohol prevention and emotional wellbeing

- NICE – evidence favours generic programmes on healthy choices, emotional wellbeing and self esteem building over alcohol specific ones.
- Training for school staff from the National Personal Social Health and Economic Education (PSHE) Continuing Professional Development programme - accredited
- Includes: sex and relationships education, alcohol and drug education, financial awareness and parenting.

- Programme delivered by Mentoring and Befriending Foundation trains:
  - staff from learning settings (inc. schools) to establish peer support programmes.
  - selected peer supporters.
- Schools then develop their own approach to peer support with many examples of best practice.
Children’s Emotional Wellbeing & Mental Health
Becca Randell, Commissioning Manager
Prevalence – Assumption in Tiers

Overall **137,500** children and young people aged 0-17 years in West Sussex (ONS MYE 2012)

<table>
<thead>
<tr>
<th>Prevalence Assumption</th>
<th>Children in West Sussex</th>
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<tbody>
<tr>
<td>0.075%</td>
<td>90</td>
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<tr>
<td>1.85%</td>
<td>2,220</td>
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<tr>
<td>7%</td>
<td>8,420</td>
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<td>15%</td>
<td>18,040</td>
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Assumption source: Nationally used assumptions Kurtz 1996
High Level Financial breakdown

Local Authority and CCG’s Spend across tiers 1 to 3.

<table>
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<tr>
<th>Tier</th>
<th>Amount</th>
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<tr>
<td>Tier 1</td>
<td>127,000</td>
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<td>Tier 2</td>
<td>884,564</td>
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<td>Tier 3</td>
<td>5,485,316</td>
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<td>Total</td>
<td>6,496,880</td>
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www.westsussex.gov.uk
Service Redesign Map

Tier 1 - Tier 2 - Tier 3 - Tier 4

Integrated and clear Emotional Health and Wellbeing Pathway
Redesign – The Process

- Programme and scope
- Timescale
- Redesign Team
- Service User lead
- National Clinical Expert
- Clinical Reference Group
- Accountability
- Communication and Engagement
- Demand and capacity
Priorities for Service Redesign (Work plan 14-15)

- Develop models of future service redesign through co-production
- Outcome focussed - built on good practice, outcomes of needs assessment and evaluation of pilots
- Service users/parents at the heart of redesigned provision
- Early thoughts
  - Single point of access (Early Help Front door)
  - Enhanced early intervention services
  - Support on line/web based services
  - Enhanced training provision
  - Services linked to adolescent resource centre
Progress since February 2014 (1)

- Needs assessment & mapping
- Contracts & service improvement measures performance managed
- Service reviews being undertaken
- Online counselling in schools
- Worthing/Crawley Emotional Wellbeing Pilot
- Developing ASC pathway
- Training needs analysis
Progress since February 2014 (2)

- Counselling in Find it Out Shops in Chichester and Bognor
- Peer mentoring
- Solihull Parenting
- On line service directory
- Mapping in schools
- GP Chartermark/GP toolkit
The Healthy Child Programme

Alison Nuttall
Head of Children and Families Commissioning
The Healthy Child programme is available to all families and aims to:
• help parents develop a strong bond with children
• encourage care that keeps children healthy and safe
• protect children from serious diseases, through screening and immunisation
• reduce childhood obesity by promoting healthy eating and physical activity
• encourage mothers to breastfeed
• identify problems in children’s health and development (for example learning difficulties) and safety (for example parental neglect), so that they can get help with their problems as early as possible
• make sure children are prepared for school
• identify and help children with problems that might affect their chances later in life
The HCP sets out the good practice framework for prevention and early intervention services for children and young people aged 5–19

Key components of HCP for 5-19s should include: prevention and early intervention; safeguarding; health and development reviews; screening programmes; immunisation programmes; signposting services; environments that promote health; support for parents and carers (including those whose children have additional health needs. Priorities for the programme should be set locally in response to assessed needs. However, the document also sets out national health priorities which are covered by the HCP: health inequalities; emotional health, psychological well-being and mental health; promoting healthy weight; long-term illness and disability; teenage pregnancy and sexual health; drugs, alcohol and tobacco.
6 High Impact areas

• Transition to Parenthood and the Early Weeks Maternal Mental Health (Perinatal Depression)
• Breastfeeding (Initiation and Duration)
• Healthy Weight, Healthy Nutrition (to include Physical Activity)
• Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions)
• Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be ‘ready for school
Family Nurse Partnership

The Family Nurse Partnership programme aims to enable young mums to:
Have a healthy pregnancy
Improve their child’s health and development
Plan their own futures and achieve their aspirations

An intensive evidence-based model supports young women aged under 20 in their first pregnancy
From 1 October 2015, local authorities will take over responsibility from NHS England for planning and paying for public health services for babies and children up to 5 years old. These services include health visiting and the Family Nurse Partnership programme.

The responsibility for the commissioning of school nursing transferred within the Public Health Grant in 2013.

Aim is to bring together provision for all children, young people and their families 0-19.
Encouraging Independence, Personalisation and Integrated working for children with SEN & disabilities and their families

Jon Philpot
Principal Manager (SEN & Inclusion) and Gráinne Saunders
West Sussex Parent Carer Forum
The case for change

Previous system not working for families and children:

- Too many children with SEND have their needs picked up late;
- Young people with SEND do less well than peers at school and college and more likely to be NEET at 18;
- Schools and colleges can focus too much on SEN label rather than meeting child’s needs, and Statements/LDAs do not focus on life outcomes;
- Too many families have to battle to find out what support is available and in getting the help they need from education, health and social care services;
- When young person leaves school for further education, very different system without the rights and protections that exist in the SEN system in schools.
The reform vision: Children and young people at the centre

Where disagreements happen, they can be resolved early and amicably, with the option of a Tribunal for those that need it.

Children, young people and parents understand a joined up system, designed around their needs.

Extending choice and control over their support.

Education Health and Care plan is holistic, co-produced and focused on outcomes.

Option of a Personal Budget

Joint commissioning

Better disagreement resolution process

Positive Wellbeing

Making their views heard

0-25 Children and young people with SEND and families

Good qualifications

Integrated assessment and planning

Employment prospects

Local offer

Information, advice and support

Outcomes

Having friends

Enablers
**Legislation - key highlights**

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<th>New requirement for <strong>LAs, health and care services to commission services jointly</strong>, to ensure that the needs of children and young people are met.</th>
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<td>LAs to publish a clear, transparent <strong>‘local offer’ of services</strong>, so parents and young people can understand what is available; developed with parents and young people.</td>
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<td><strong>More streamlined assessment process</strong>, co-ordinated across education, health and care, and involves children and young people and their families throughout.</td>
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<td><strong>New 0-25 Education, Health and Care Plan</strong>, replacing the <strong>current system of Statements and Learning Difficulty Assessments</strong>, which reflects the child or young person’s aspirations for the future, as well as their current needs.</td>
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A new **duty on health commissioners** to deliver the health elements of EHC plans.

**Option of a personal budget** for families and young people with a plan, extending choice and control over their support.

New **statutory protections for young people aged 16-25** in FE, including right to request particular institution named in their EHC plan and the right to appeal to the First-tier Tribunal.

A stronger focus on **preparing for adulthood** including new powers for LAs to provide children’s services to young people over 18 to improve transition to adult services.

**Academies and Free Schools** to have the same SEN duties as maintained schools.
Our Approach

- Strong focus on co-production with parent carers
- Integral involvement of the VCS
- Personalisation at the core
- Holistic approach – integrated education, health and care assessment, planning and personal budgets
Some Numbers for West Sussex

- 39,000 children on SEN Support
- 4000 children with severe disabilities
- 3,500 children with Statements/EHCPs
- 600 known to the Child Disability Teams
- 300 families with Direct Payments, 90 with Personal Budgets
Involvement of children, young people and parents in decision making
Joining Up

Shared information

Outcome focused plan

Joint planning and decision making with families

Integrated support
Personalisation

One size doesn’t fit all.
Successful preparation for adulthood, including independent living and employment
Ultimately we want ...
Something different

- Culture
- Information
- Flexibility
- Listening
- Early intervention
- Responsibility for education settings
- Joint commissioning and joint working
If life was easy—where would all the adventures be?
‘How the work of Early Help and Think Family supports strategic outcomes for children and young people’
Case Study - Issues

- Family of four - two adults and two children (one under 5 and one a teenager) referred to Think Family. Teenager consistently in trouble in and out of school, engaging with inappropriate adults; arrested for assault and involved in shoplifting and drugs. The rest of the family extremely affected by the worry of the teenager absent overnight in the company of inappropriate adults, constant contact with the Police and aggressive behaviour. Other issues with debt, accommodation, health, parenting and family cohesiveness.

- ‘Team around the Family’ established with an assertive Keyworking approach, to engage all members of the family. Agencies involved included police, youth services, education, health, children’s social care and careers advice.

- Work was undertaken to address: health issues, sexual health, diet, substance misuse, managing anger, self esteem, support with homework, debt and money management and improving family relationships.
Case Study - Outcomes

- Teenager now has 97% attendance; grades have improved significantly; reading ability has increased and now planning for some GCSEs
- Health issues are being faced and dealt with
- Health visitor no longer intensively working with the family as no remaining issues to resolve
- The family has had no contact with police or anti-social behaviour team for over a year
- A house that is no longer damp and cold
- A family member has started to give peer support to other families
- Family spending time together
- Debt is manageable, no bailiffs for nearly a year
- House and garden are cleared of unwanted objects
- Teenager no longer running away
Early Help Model

1. Universal services meeting families’ needs and managing appropriate risk
2. Self-help / self-service portal for families, professionals and the public
3. Access to the Early Help Service for families, professionals and the public

4. Single Front Door
   5. CAP
   6. Early Help Resource Centre
   7. EDT
   8. Referral & Assessment
   9. Children’s Social Care

10. Early Help Hubs
    11. Key working for complex families
        - Co-ordinate, plan and deliver support
        - A local place to meet, talk and find support
        - Better connected local services
        - Provision of mentoring, coaching and access to support groups
        - Strong community networks
        - Strongly linked to voluntary sector

Feedback and evaluation
Early Help Outcomes

- Clearer referral pathways
- Reduction in demand for specialist services
- Positive experience reported by children and families regarding access to support
- Less children requiring statutory intervention
- Increased understanding of thresholds by services and families
- Increased number of organisations working together to support families
- Reduction in number of assessments and referrals per family
DCLG Criteria for Think Family Phase II: ‘Headline Problems’

1. Parents and children involved in crime or anti-social behaviour

2. Children who have not been attending school regularly

3. *Children who need help*

4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness

5. *Families affected by domestic violence and abuse*

6. *Parents and children with a range of health problems*
Supporting children and Young People’s Health

Marie Dodd Chief Operating Officer Coastal CCG
David King Crawley and Horsham and Mid Sussex CCGS
Commissioning of Children and Young People’s Health Services

In West Sussex, the 3 CCGs

- Directly Commission Maternity and CYP Urgent Care services
- Commission CYP Community and Emotional Health & Wellbeing services through the Joint Commissioning Unit (S75 with WSCC)
- Work collaboratively with WSCC colleagues (Social Care Commissioning, JCU, CHC, Public Health etc) to commission integrated services for our CYP
- Provide oversight and assurance of CYP specialised/tertiary services (NHSE) on behalf of our local populations
- Lead Primary Care development (partnering with NHSE) and thus the development of CYP services in Primary Care settings
- Work in partnership with District and Borough Councils, Schools, the Voluntary Sector etc to promote Health & Wellbeing, engage with local populations, understand local needs, and develop local services
CCGs Commissioning Priorities

Urgent Care & Maternity
- Performance management and service improvement of secondary care service provision at BSUH/PRH, SASH, WSHT.....ie business as usual
- Development and roll out of urgent care pathways
- Urgent care closer to home through development of Paediatric urgent care services at Crawley Urgent Treatment Centre and PRH

Primary Care
- Development of Primary Care Hubs in Crawley and Horsham & Mid Sussex localities, aligned with “5 Communities” strategy

Emotional Health & Wellbeing
- CAMHS redesign (contributing, and supporting JCU)
CCGs Commissioning Priorities

Community Services
..delivered through the JCU work plan and including..............
- Children’s Community Nursing
- Crawley Child Development Centre
- SEND (Children and Families Act)
- Personal Health Budgets

Focus on Vulnerable CYP and those with complex needs
- Multi Disciplinary Teams (access, integrated case mgt/care navigation)
- Long Term Conditions (Pathways)
- CYP Continuing Health Care & Personal Health Budgets

Working with “Supporting Families”
- ....aligning with Health developments to provide integrated services
Children Looked After

Looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect. Supporting their health is captured in statutory guidance and is overseen through the Corporate Parenting Panel.

All CLA have an initial and review health assessment and data is captured about immunisation and dental checks.

Working towards improved immunisation and dental check rates and developing services for care leavers.