

Health Select Committee

Date:	Monday 3 rd December 2018
Title:	Children and Young People Programme
Lead(s):	<ul style="list-style-type: none"> • Helen Riley- Senior Responsible Officer SCC • Jacquie Ashdown- Programme Director Stoke on Trent City Council • Shammy Noor- clinical lead primary care CCG • Mellissa Hubbard/Caroline Grove - Clinical lead secondary care UHNM • Phil Pusey/Wendy Hockin-VCS representative
Purpose of the Paper:	This paper seeks to provide an understanding as to why the STP has identified a new work programme that will focus on Children and Young People and explain the next steps in developing this programme. It will also identify the interdependencies that this work programme will need to develop across the wider STP and other partnership landscapes.
Executive Summary:	<ul style="list-style-type: none"> • Across Staffordshire and Stoke on Trent the Children's Joint Strategic Needs Assessment provides a good understanding of the needs of children and young people. • As a result, the STP has recognized improving outcomes for children and young people as a priority • Consultation has identified emerging themes that will be used to form 2-3 clearly defined projects.
Link to Key Priorities:	<ul style="list-style-type: none"> • Maternity • Children and young people • CAMHS • Childhood obesity
Action required:	DISCUSSION

Children and Young People Programme

1.0 Background

The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) is one of 44 similar partnerships established by the NHS to transform services within its geographic boundary. In autumn 2016 the STP Plan was published which highlighted a system deficit across Staffordshire and Stoke on Trent of c£285m. Against this a range of transformational schemes were published as solutions to this challenge. Within that plan there were two references made to children and young people; reducing child obesity and deliver a new approach to Children and Adolescent Mental Health Services. (CAMHS). Children's mental health is currently picked up by the Mental Health programme. Since the development of the plan Leaders within the Sustainability and Transformation Partnership (STP) have since identified a priority area for maternity and a priority for children and young people. The Pan Staffordshire Maternity Programme is already in existence and has a clear structure and programme delivery. Children and Young People is a new programme for the STP and as such is still an emerging workstream.

2.0 What the data tells us?

Across Staffordshire and Stoke on Trent there is an understanding of the needs of children and young people. This has been identified through the development of a Children's Joint Strategic Needs Assessment published in April 2017. Below is a summary of the key finding of this report.

Inequalities in outcomes - most children in Staffordshire and Stoke-on-Trent are happy and healthy. However, across the County and City there are inequalities with some children, e.g. those from deprived communities, those with disabilities and children who are looked after who face much poorer outcomes than their counterparts. Most of these inequalities start in early years and are symptoms of wider socio-economic and environmental inequalities such as education, income, employment and housing. By the age of five around one in four children (27%) are not deemed to be ready for school and this causes further inequalities, especially for those children who are already at risk of poorer outcomes.

The data also identifies the importance of:

- Tackling family and parental issues to have long-term impact on improving the life chances of children and young people
- Recognising that our 'in need' families are highly likely to present multiple needs and inequalities, therefore to have maximum impact it is important these needs are, where possible, addressed in the whole

Maternal and infant health - rates of infant mortality are higher than the national average for both Staffordshire and Stoke-on-Trent with the City being the worst in the Country. Many of the associated indicators are also worse than the national average, for example smoking in pregnancy rates are higher than average in most parts of the Country and breastfeeding rates are lower than average. The proportion of babies born with a low birthweight in Stoke-on-Trent and Newcastle are higher

than average. Take-up of childhood immunisations are higher than average although there are considerable variations by GP practice whilst less than half of pregnant women take up their offer of a flu vaccination. Overall rates of teenage pregnancy are higher than national levels and for Stoke-on-Trent, Newcastle and Tamworth in particular.

Childhood obesity - around one in four children (23%) aged four to five have excess weight (obese or overweight) with rates in the County being higher than average whilst rates were lower in Stoke-on-Trent; by Year 6 over one in three children (35%) have excess weight with rates higher in the City. The proportion of children in Year 6 who are severely obese in Stoke-on-Trent is also higher than the England average.

Emotional wellbeing - around half of lifetime mental health starts by 14 and three-quarters by the age of 24. Locally mental health was identified as a key issue by children and young people. Around 10-30% of children have emotional wellbeing needs whilst 10% of school-aged children have a mental health diagnoses. Rates of self-harm admissions among children and young people aged 10-24 in Stoke-on-Trent have been increasing and are amongst the highest in the Country.

Children with disabilities - similar to the national picture the number of children in Staffordshire and Stoke-on-Trent with special educational needs or disability continues to fall: from 19% in 2009 to 14% in 2018. However, the proportion of children who have a statement or education, health and care (EHC) plan over this period has increased slightly from 3.0% to 3.4% (680 additional children) with rates higher than the national average.

Hospital activity - A&E attendance rates for under 18s are higher than average in Cannock Chase, Lichfield and Tamworth. More children under 18 in the STP area have an unplanned hospital admission compared to the England average and in particular East Staffordshire, Lichfield, Newcastle and Tamworth have higher rates. The County and City have seen improvements in child admissions caused by unintentional injuries and alcohol specific admissions; however, unplanned emergency admissions for long-term conditions and in particularly respiratory diseases are high across most of Staffordshire.

Children's social services - there has been a steady increase in safeguarding activity across Staffordshire and Stoke-on-Trent with forecasts suggesting that these demands are likely to continue. Safeguarding rates are higher amongst our deprived communities. Parental issues such as domestic abuse, mental ill-health or substance misuse (alcohol or drug misuse) are frequently identified as factors which result in children needing extra care. These are often symptoms of wider socio-economic and environmental inequalities such as education, employment and income and housing.

The full Joint Strategic Needs Assessment report can be found at:

<https://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>

3.0 Developing a Children and Young People Work Programme

The first scoping meeting was held in October 2018 which included representation from over 30 people from a wide range of public sector and voluntary sector partners across Staffordshire and Stoke. This was an opportunity to recognize existing partnerships, strategies and STP work programmes that have a focus on improving health outcomes for children and young people.

3.1 Children, Young People and Families Partnership Boards

Children and Young People Partnership arrangements are well established through the two Local Authority Health and Wellbeing Board arrangements with existing strategies and delivery mechanisms. In the main both have a focus on reducing demand into social care and partner related systems and focus on Early help (safeguarding definition). However, both partnerships recognize the importance of tackling the wider determinants of health to improve the overall life chances of children and young people with an emphasis on increasing aspirations. There is also a recognition of the need to focus on improving health outcomes but there has been less development of these plans. This may be due to poor health representation at these partnerships.

3.2 Pan Staffordshire Maternity Partnership Board

The purpose of this Board is to provide work in partnership with stakeholders to deliver the objectives set out in the National Maternity Review, Better Births. This Board reports into the STP alongside the NHS England Midlands and East Regional board. The key priorities are as follows;

- Enhanced quality and safety of women and their newborns
- Authentic engagement with women and their families
- Reconfiguration of maternity services
- Improved health and wellbeing of women and their newborns
- Increased access to Perinatal Mental Health Services
- Enablers, digital, communications, finance, workforce

3.3 Mental Health STP programme

The Mental Health programme is made up of 5 project areas one of which focuses on Children and young people. The ambition of the Children and Young People project is to ensure that all children and young people have the opportunity for positive mental and emotional well-being. This recognises that some children and young people will require access to targeted and specialist emotional well-being and mental health provision at some point in their life this access will be provided in a timely, responsive and qualitative way avoiding unnecessary admissions to hospital.

3.4 Prevention STP programme

The prevention programme focusses on developing wellness as everyone's business

with an emphasis on long term conditions. Key priorities are adult focused and identified as follows:

- Isolation
- Obesity
- Cardio-vascular
- Diabetes
- Lifestyles – smoking, drugs, alcohol and inactivity

Consultation and engagement

To date there has been an initial scoping meeting to start the discussion with key stakeholders and STP colleagues. In addition, there have been several 1:1 consultations with clinical leads and system leaders. However, there is a need to build on existing knowledge and structures to engage with children young people and families to identify priorities and coproduction.

3.3 Future priorities for action- emerging themes

Consultation has identified several emerging themes and a long list of potential priorities is being developed. These will require further exploration and triangulation with data and the views of children young people.

- Transition – particularly from children – adult services;
- Designing pathways for people not services;
- Treat cause not symptoms (accident prevention, childhood obesity);
- Mental health;
- Access to information assessment and diagnosis; sharing knowledge and skills across the system
- Voice of children;
- Place of health and links to place based working
- Early years with a focus on parenting

The proposal is to distil down to 2-3 key projects.

4. Next steps

A task and finish group which includes representation from clinicians, Local Authority, CCG, providers and VCS will meet in December and will focus on;

- Identifying options for future governance that will recognize existing partnership governance arrangements and STP programme
- Define priorities
- Design 2-3 PIDs (Jan-April 19)