

Executive Summary of the Annual Report of the Director of Public Health/Joint Strategic Needs Assessment (JSNA) of children and young people in Brighton and Hove.

1 Introduction

- 1.1 A wide variety of data sources have been used including: national literature and data from the Office of National Statistics (ONS), National Health Service (NHS) Information Centre, Department of Health (DoH) website and national organisations relating to specialist conditions or issues.
- 1.2 Local data have been drawn from published and draft needs assessments, service reviews and similar documentation. A wide range of local surveys have been reviewed including: the two recent Health Related Behaviour surveys (HRBS); the Drugs, Alcohol and Sexual Health survey (DASH); the TellUs2 survey; the Safe at School survey; the Housing Needs survey; the Smoking, Drinking and Drug Use among Young People in England survey; the Count Me in Too! survey; PE, School Sport and Club Links (PESSCL) data; ASSET scores from the Youth Offending Teams and the Compass – a local database of children with special needs.
- 1.3 Professionals, the voluntary sector, parents, carers and children were engaged in the production of the JSNA in a variety of ways. A summary of the findings and conclusions from these engagement meetings is available separately.

2 Demography

- 2.1 The Report details the key demographic trends in children and young people in Brighton and Hove.
- 2.2 The young population of Brighton and Hove overall is increasing. The 0-14 year old population of Brighton and Hove is projected to increase between 2008 and 2018 with the largest increase in the 0-4 year old age group.
- 2.3 Brighton and Hove has high levels of deprivation relative to regional and national averages. Children with multiple needs, children with disability and children of lone parents are heavily concentrated in the most deprived areas of the city. More than half of lone parents and carers in the city are out of work and 30% of all Brighton and Hove's children and young people live in a lone parent household where the parent is out of work.

- 2.4 The ethnic population in Brighton and Hove is diverse, with no outstanding group. Overall, a significantly higher proportion of children and young people are from Black and Minority Ethnic (BME) groups than is the case for adults.
- 2.5 Brighton and Hove has a high number of children in care with a high proportion of these categorised as due to abuse or neglect. The exact number of young carers in Brighton and Hove is not known. Children and young people in this group are likely to have higher levels of need.
- 2.6 The exact number of LGBT young people in Brighton and Hove is not known. This group may have unmet needs that might benefit from early intervention and support in order to prevent health problems later in life.

2.7 The Report makes a number of recommendations in this area.

- 2.7.1 The City Council and the PCT should review the population projections with the imminent increase in the very young population and the consequent later increase in the teenage population in Brighton and Hove and the impact this is likely to have on services.
- 2.7.2 The City Council and PCT should jointly monitor emerging patterns in different ethnic minority groups within the city.
- 2.7.3 The City Council should use the Carers' Needs Assessment pilot as a platform to address the identified health needs of young carers. The Voluntary Sector will continue to play a key role in addressing those needs.
- 2.7.4 The CYPT and PCT should agree and/or improve joint protocols to collect data on the health needs of children generally, but also in particular on the health needs of more vulnerable sections of the population such as children and young people with disabilities and LGBT young people.
- 2.7.5 The Joint PCT and City Council Public Health Directorate should routinely monitor health inequalities among children and young people in the most deprived areas of the city.

3 Services

- 3.1 The Children and Young People's Trust (CYPT) is the main organisation responsible for services for children and young people in Brighton and Hove. The CYPT is a relatively young organisation, responsible for a wide a range of services crossing the voluntary

sector, health, social care and including a number of children with very complex needs. In terms of commissioning acute services for children and young people, the joint PCT and CYPT arrangement is in its early stages.

- 3.2 A new Director of Children's Services has recently been appointed.
- 3.3 The requirement to develop a new Children and Young People's Plan should provide further impetus to improve the commissioning and provision of services for children and young people across the city.
- 3.4 The community and voluntary sector forum already works closely with the CYPT and is currently undertaking a second economic and social audit of the voluntary sector in partnership with Brighton University. This will give a fuller picture of the impact of the sector on in Brighton and Hove.
- 3.5 Discussions are underway regarding a formal mapping exercise of services commissioned and provided for children and young people in Brighton and Hove.
- 3.6 There is evidence that children and young people have been engaged in the design and delivery of a range of services, including the development of the Children and Young People's Plan.

3.7 The Report makes a number of recommendations in this area.

- 3.7.1 The CYPT, PCT and Voluntary Sector should work ever more closely to ensure that the full range of required services is provided for children and young people in the city.
- 3.7.2 The CYPT should use the review of the Children and Young People's Plan as an opportunity to formally map the commissioning and provision of services for children and young people across the city. This should include the Voluntary Sector.

4. The early years

- 4.1 There appears to have been a very slight increase in very low birthweight babies in the more deprived parts of the city over recent years, however the significance of this is not yet clear.
- 4.2 Breastfeeding data is improving although coverage is not complete. There are significant variations in rates of breastfeeding between health visiting team areas, which may be linked to deprivation, health visiting practice or both.
- 4.3 Breastfeeding rates are likely to receive greater priority status within the city now that they have been included as a Vital Signs target (DoH, 2008b).

4.4 Brighton and Hove figures for immunisation take up are below the levels achieved nationally and regionally. As in the case of breastfeeding, immunisation rates are likely to receive greater priority status within the city now that they have been included as a Vital Signs target.

4.5 The Report makes a number of recommendations in this area.

4.5.1 Breastfeeding data collection should be improved and the variations in rates of breastfeeding between health visiting team areas explored further. The CYPT should ensure further action in the areas where breastfeeding initiation and maintenance is lower. This is likely to require increased breastfeeding support and advice to new mothers in the areas where breastfeeding rates are low.

4.5.2 A recently recruited PCT Immunisation Co-ordinator should enable closer monitoring of vaccination coverage, as well as the implementation of a programme to increase immunisation uptake through close working with GP practices and health visiting teams. The PCT and CYPT should together ensure that Vital Signs immunisation rates are closely monitored and targets met.

5. The wider determinants of health

5.1 Parenting is a key influence on health and wellbeing but there is currently a lack of local data. As parenting initiatives develop and are better coordinated there is an opportunity for better local understanding of the relationship between parenting and child outcomes.

5.2 There is considerable housing pressure in Brighton and Hove with the prospect that with demographic pressures this will increase. Youth homelessness in general is higher than the national average.

5.3 There is unmet need in relation to the availability of adapted properties for disabled residents. There are clear inequalities in relation to youth homelessness with care leavers, LGBT young people and those not in education, employment or training (NEET) all significantly over represented in the youth homeless population.

5.4 Levels of educational attainment in Brighton and Hove are currently below the national average and this appears to be linked to deprivation.

5.5 The numbers of NEET young people in Brighton and Hove is higher than the national average and increased significantly (by 17%) between 2005 and 2006.

5.6 Some groups are statistically more likely to become NEET than others,

for example care leavers.

- 5.7 Numbers of first time entrants to the Criminal Justice System decreased in 2007/8 from the previous year. It is too early to explain clearly the reason for this decrease.
- 5.8 Asset scores for young offenders show clear links with emotional and mental health issues, and alcohol/illegal drug misuse.
- 5.9 Domestic violence accounts for almost one in five recorded violent crimes and is clearly linked to poor health outcomes for children and young people. Domestic violence services are subject to recurring funding pressures.
- 5.10 Community surveys consistently show a demand for more positive activities for young people, as a diversion from offending behaviour.
- 5.11 The Report makes a number of recommendations in this area.**
 - 5.11.1 The PCT and the CYPT should explore setting up new data sets on parenting, lone parents and their impact on health. This should be explored through the new Public Health Information Specialist post being recruited in the joint Public Health Directorate.
 - 5.11.2 The PCT and CYPT should work closely with Housing and City Support to implement the recommendations of the emerging Housing Strategy 2008-2013 (BHCC, to be published b) and the Youth Homelessness strategy 2007-2010 (BHCC, 2007b) as they relate to children and young people in particular within the context of Targeted Youth Support.
 - 5.11.3 Data collection and monitoring on the health needs of homeless families and young homeless people should be improved.
 - 5.11.4 New initiatives such as the Wheelchair Standard Accessible Housing and Lifetimes Homes and the Accessible Housing Register should be monitored and evaluated to assess their impact.
 - 5.11.5 There should be additional support for those most at risk of homelessness such as LGBT young People and NEET young people. This could include family mediation, 'crash pads' accommodation and floating support services.
 - 5.11.6 Care leavers are over-represented in the homeless population. There should be increased efforts to prevent young people entering care, and provide tailored support to those leaving care.
 - 5.11.7 The CYPT should focus on the learning key targets of the Local Area Agreement (2008/9- 2010/11), including tackling literacy and numeracy and the numbers of NEET young people.

- 5.11.8 The CYPT and the PCT should work with the Community Safety Team to better address the mental and physical health needs of young victims of crime in the context of Targeted Youth Support.
- 5.11.9 The Youth Offending Team should work with the PCT to consider the most effective use of the Asset data including the monitoring of health trends and outcomes.
- 5.11.10 The PCT and CYPT should explore how the health needs of families experiencing domestic violence can be better assessed and addressed.
- 5.11.11 The City Council and the PCT should review the short-term funding cycle of domestic violence services.

6. Lifestyle

- 6.1 Data collection on overweight and obese children is too recent to show clear trends. It is likely that levels of overweight and obese children in Brighton and Hove are not significantly different from elsewhere in the South East.
- 6.2 Dietary intake and physical activity levels in children in Brighton and Hove are better than national levels and appear to be improving. Despite this, less than a third of children in Years 6, 8 and 10 eat five or more portions of fruit and vegetables a day.
- 6.3 Time allocated to physical activity within the school curriculum is already nearly meeting the national target for 2011 of two hours per week across all year groups. Current PESSCL data (BHCC Schools Sport Partnership, 2008) suggest that children in Brighton and Hove are taking part in sport and PE more often than their national counterparts. HRBS data (BHCC Healthy Schools Team, 2007) show that walking to school is increasing although still less than half of all pupils report walking even part of the way to school. Local activity levels for boys are better than they are for girls.
- 6.4 Smoking among children in Brighton and Hove has increased in recent years and is higher than national figures. Smoking appears less common among BME groups, though the numbers are small. Smoking is associated with geographical deprivation with levels highest in the east of the city. Smoking is significantly more common among girls than among boys.
- 6.5 It appears that children in Brighton and Hove drink slightly more than their national counterparts and some key alcohol indices among 14-15 year olds in Brighton and Hove show high levels of drinking. Drinking

is on the increase and a substantial number of children drink more than fourteen units, the recommended weekly maximum for adult women.

- 6.6 While boys drink more than girls, the culture of binge drinking appears to be more common among girls who are much more likely than boys to get drunk. Overall a quarter of boys and a third of girls report getting drunk in the previous week and in the east of the city the figures for drinking and getting drunk are much higher.
- 6.7 Drinking is less common among BME groups.
- 6.8 Mental and behavioural disorders due to alcohol were the highest cause of admission to hospital compared to other mental health disorders in 2005/6 and 2006/7.
- 6.9 The number of ambulance calls related to drinking among young people has been steadily increasing and between 10 and 25 children and young people aged less than 18 years attend A&E with alcohol related problems every month.
- 6.10 The use of illegal substances in Brighton and Hove among young people appears to be less than across the country as a whole with 66% using drugs compared to a national figure of 76%.
- 6.11 Cannabis is the illegal substance most likely to be used by young people with 17% of 14-15 year olds reporting having used it in the last month. Cannabis use is higher in the east and central parts of the city. Local levels of self-reported Class A drug use are low. The use of cannabis may have fallen recently while the use of 'poppers' has increased.
- 6.12 Data from services show an apparent increase in numbers of young people entering treatment for illegal drug use at Tiers 2 and 3. This does not appear to reflect an increase in the numbers of young people developing problems with illegal drug use. It is more likely to reflect better identification of need, signposting and accessibility of Tier 2 and 3 services due to improved screening methods and care pathways.
- 6.13 The Report makes a number of recommendations in this area**
 - 6.13.1 The PCT and the CYPT have recently increased resources to tackle obesity. These programmes should be evaluated to ensure that they are effective and to build on any success.
 - 6.13.2 The PCT and the CYPT should ensure that the recommendations of the forthcoming Childhood Obesity Strategy are appropriately implemented.
 - 6.13.3 It is recognised that many of these issues will already be known to the CYPT Healthy School team. Nevertheless, the team should build on its

early work exploring how different approaches might encourage more girls into physical exercise.

- 6.13.4 The PCT and the CYPT should evaluate the effectiveness of current initiatives such as pedometers in schools and extend successful initiatives further.
- 6.13.5 The provision of sufficient and attractive out of school time activity should remain a priority in order to improve levels of activity overall (especially for girls). Data that provide evidence of progress against this target should be collated.
- 6.13.6 The CYPT and the PCT should take further action to tackle the increasing levels of smoking in young people, especially among girls and those living in the east of the city. This could involve a review and extension of the current remit of the smoking cessation service.
- 6.13.7 The CYPT and the PCT should take further action to tackle the increasing levels of drinking among young people, especially the apparent culture of binge drinking among young girls. This should be explored as part of the Joint Strategic Alcohol Needs Assessment currently underway.
- 6.13.8 The CYPT should work with the ambulance service and A&E Services in order to ensure appropriate treatment and referral for children and young people presenting with alcohol related conditions. This work should be coordinated with the Joint Strategic Alcohol Needs Assessment.
- 6.13.9 RU-OK? and specialist drug and alcohol services should work closely with the CYPT and Sussex Partnership Trust to improve the referrals of young people with drug and alcohol problems.

7. Teenage pregnancy and sexual health

- 7.1 The UK continues to have the highest teenage pregnancy rate in Western Europe. Rates in Brighton and Hove, although falling, are still above national levels and not yet on course to meet the national target. A higher proportion of teenage conceptions result in abortion than nationally.
- 7.2 There is a strong link between social deprivation and teenage conceptions which in itself is associated with physical, social and emotional risks for mother and child. Teenage pregnancy rates are lower in BME groups.
- 7.3 Knowledge of contraception in Brighton and Hove is higher in females than in males and higher in those who are sexually active.

- 7.4 A number of new initiatives have been recently funded by the PCT to address the high rates of teenage pregnancies and a cross organisation performance group has been established to monitor progress against targets.
- 7.5 Rates of sexually transmitted infections are increasing with girls showing much higher detected rates than boys.
- 7.6 Almost a quarter of 14-15 year olds in Brighton and Hove state that they have had a sexual relationship. BME pupils were less likely to report this than white British pupils. About half of the DASH sample reported having had at least one 'one-night stand', perhaps reflecting a higher number of vulnerable young people surveyed.
- 7.7 Awareness of chlamydia was high overall but with geographical differences in the level of knowledge of testing services. The new higher chlamydia screening target will require a review of how to best engage young people in coming forward for testing.
- 7.8 Overall, there is paucity of data in Brighton and Hove for most sexually transmitted diseases apart from chlamydia.
- 7.9 The Report makes a number of recommendations in this area.**
- 7.9.1 Recently funded initiatives should be monitored by the Teenage Pregnancy and Substance Misuse Partnership Group and the Sexual Health Strategy Group for their effectiveness.
- 7.9.2 The CYPT should ensure that key identified groups of at-risk children receive targeted education and early intervention to promote alternatives to early pregnancy. This should be achieved mainly through improved educational attainment and aspirations.
- 7.9.3 The CYPT and the PCT should produce an action plan specifically for young people based on the findings of the Sexual Health JSNA. This should include continuing efforts to increase chlamydia screening.
- 7.9.4 Local data collection and monitoring on STIs rates should be improved.
- 7.9.5 The PCT and the CYPT should raise level of awareness of STIs among young people with additional educational programmes within schools and other settings. These programmes should be monitored for their effectiveness.
- 7.9.6 The PCT should ensure that by 31 March 2011 the immunisation rate for Human Papilloma Virus vaccine for girls aged around 12-15 years reaches 90%.

8. Long term conditions

- 8.1 There is a paucity of good information on the care of children and young people in Brighton and Hove with long term conditions. Overall, the highest rates of hospital admissions are seen in the youngest age groups. Typically the longest lengths of stay (LOS) are for a handful of children with complex conditions and needs.
- 8.2 Diseases of oral cavity are the most common reason for admission. These are typically day cases where a child is admitted for dental treatment under general anaesthetic. The dental health of five year olds however is better in Brighton and Hove than in the Strategic Health Authority or in England and Wales. There is a clear link between deprivation and oral health resulting in hospital admission.
- 8.3 Admission as a result of a respiratory condition, including asthma, is the second highest cause of hospital admission. There is a clear link between deprivation and asthma requiring hospital admission.
- 8.4 Data collection and monitoring on childhood accidents could be improved. The Child Death Review Panel and Local Safeguarding Children's Board may provide an avenue for this.
- 8.5 Nationally rates of diabetes in children are increasing and these children may face problems at school which hamper good diabetic care. Little local information is available however and no information about care within school settings.
- 8.6 There is geographical difference in service provision for children and young people with epilepsy with some dedicated services in the Strategy Health Authority (SHA) area. Locally a gap in data about epilepsy has been recognised and is currently being addressed. This, along with a review of the NICE guidelines, will inform better practice.
- 8.7. The Report makes a number of recommendations in this area.**
- 8.7.1 The PCT and the CYPT should explore mechanisms for obtaining more meaningful data on children with long term conditions. This should involve working with GP practices to improve the recording of data on children and young people with chronic diseases. Improving data collection should be married to efforts to improve patient care.
- 8.7.2 The PCT and the CYPT should put in place measures to address inequalities identified with regard to dental caries. This should include better work with schools to promote oral health. For children not being seeing regularly by a dentist, the provision of community dental services in certain areas should be explored including possible access to services through schools. Both Trusts should consider the findings of

the forthcoming Joint Strategic Oral Health Needs Assessment including consideration of fluoridation.

- 8.7.3 The PCT and the CYPT should put in place measures to monitor and address inequalities in health identified in the care of children and young people with asthma. This is likely to involve working more closely with primary care.
- 8.7.4 Data collection and monitoring on childhood accidents should be improved. The PCT should evaluate the patterns in deaths including the work of the Child Death Review Panel.
- 8.7.5 The CYPT and the PCT should work with the Diabetes Local Implementation Group to consider how the monitoring and management of children with both Type 1 and 2 Diabetes might be improved.

9. Disability and Special Needs

- 9.1 There are some good quality local services for disabled children. However it is likely that there are disabled children who are not accessing services. Children with disabilities are heavily concentrated in the most deprived areas of the city.
- 9.2 Disability Living Allowance (DLA) figures locally are not in line with the estimated national guidelines regarding childhood populations of disabled children and suggest an increase in young people with disability.
- 9.3 The Compass database highlights a strong link between disability and school exclusion, a key indicator in later risk of offending behaviour.
- 9.4 A high proportion of children on the Compass register have been bullied.
- 9.5 The authority has a very high proportion of children placed in special schools though quality of local provision is generally judged by OFSTED to be 'very good' or 'better'. The further development and implementation of the strategy for Special Educational Needs (SEN) and Disability is highlighted as a key priority in the revised Children and Young Peoples Plan.
- 9.6 A current review anticipates that prevalence of speech and language impairment in Brighton and Hove will be found to be similar to the national picture but there are not adequate resources to meet local needs.
- 9.7 There are a number of improvements required in data collection. The

Compass database does not reflect the full extent of disability among children and young people. However there have been and continue to be considerable efforts to ensure that all families with a disabled child are encouraged to register. The data on children and young people over 9 years old with autism is poor.

- 9.8 As part of the Aiming High programme the CYPT has committed to ensuring that services reach all relevant children and their families, including children from the more economically disadvantaged wards within Brighton and Hove and those from BME families.
- 9.9 While local specialist provision has been established for those with an autistic spectrum condition (ASC) and support to schools is available, community paediatricians in the SHA area report high levels of clinical work related to autism in children and young people.

9.10 The Report makes a number of recommendations in this area.

- 9.10.1 The PCT and the CYPT should continue to work together to review the commissioning priorities for this client group within the remit of the Disabled Children's Strategic Partnership Board.
- 9.10.2 The PCT and the CYPT should ensure there is a joint approach to the Aiming High programme with a transparent understanding of each others resources.
- 9.10.3 The PCT and the CYPT should ensure that there is a joint action plan in relation to the Every Disabled Child Matters local authority and PCT charter which is required to be implemented by January 2009.
- 9.10.4 The PCT and CYPT should continue to work together to further improve the data available on the number, location and needs of families with disabled children and young people and children and young people with autism.
- 9.10.5 The CYPT should continue to increase the appropriate uptake of DLA, through the ongoing commitment to commission AMAZE to maximise local take up.
- 9.10.6 The CYPT should ensure that the implementation of the SEN strategy links explicitly with city wide service developments for disabled children.
- 9.10.7 The CYPT should review service provision for autistic children and young people, to ensure that it complies with the recommendations of the National Service Framework.

10. Mental Health

- 10.1 There is a dearth of good local data on the mental health status of local children. It is difficult therefore to accurately establish the mental health needs of children and young people in Brighton and Hove. National estimates extrapolated to local populations suggest that current service provision may not be sufficient to meet need.
- 10.2 Certain groups are disproportionately affected by mental health: of key concern locally are Looked After Children.
- 10.3 The number of suicides among young people in Brighton and Hove is relatively low.
- 10.4 Bullying can affect mental health and is a significant problem in Brighton and Hove. An estimated 27% of school children are bullied. The Healthy Schools target is to reduce bullying to 24% by 2008. About a third of those surveyed by TellUs2 (Ofsted, 2007) said their school did not deal with bullying sufficiently well.
- 10.4 Levels of self-reported self esteem in the 2007 HRBS survey were higher than in 2004 survey. Self esteem is higher in boys than in girls.
- 10.5 The Report makes a number of recommendations in this area.**
- 10.5.1 The CYPT should implement the priorities of the established mental health (CAMHS) ten year commissioning strategy.
- 10.5.2 The CYPT should explore better ways of collecting and collating data on the mental health status of children and young people. This should include the mental health needs of particularly vulnerable groups such as Looked After Children.
- 10.5.3 The CYPT and the PCT should work together with schools to ensure that the issue of bullying is dealt with appropriately.

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