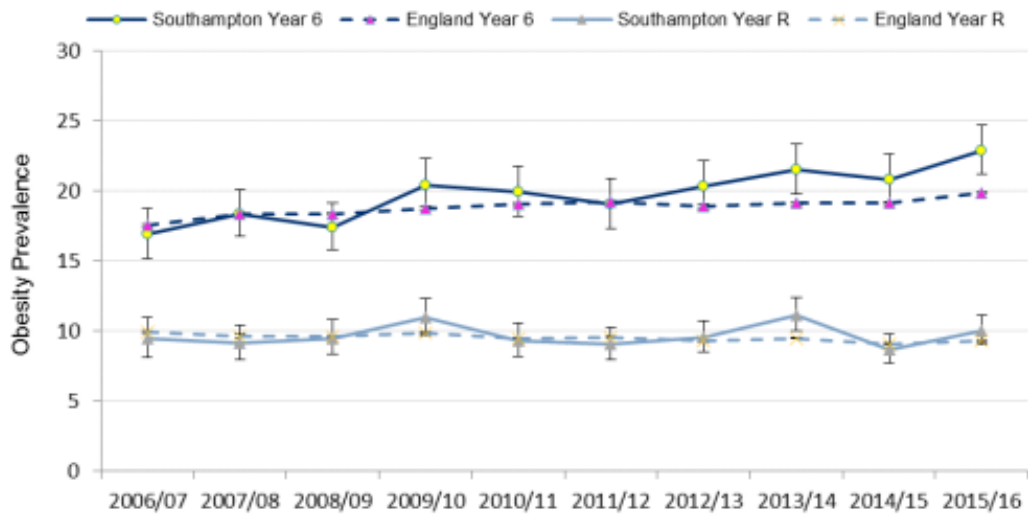


DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	UPDATE ON CHILD HEALTH IN SOUTHAMPTON		
DATE OF DECISION:	7 DECEMBER 2017		
REPORT OF:	DIRECTOR OF PUBLIC HEALTH		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Debbie Chase – Service Lead: Public Health	Tel: 023 8083 2028
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STATEMENT OF CONFIDENTIALITY			
Not applicable			
BRIEF SUMMARY			
<p>Our child health profile shows that the health of children in Southampton is generally worse than the England average. This is broadly in line with the city’s deprivation levels; highlighting the impact of poverty upon children’s life chances. It is widely recognised that giving children the best start in life improves life chances and reduces health inequalities and we know that almost a quarter of Southampton’s population are under 20 years of age. Therefore, the city and council strategies and plans prioritise giving children and young people a good start in life.</p> <p>This briefing describes these strategies and plans and highlights some key issues and activities to protect and improve child health. The issues described are: Having active children with a healthy weight, improving mental health and reducing risky behaviours.</p> <p>Lastly, proposals to improve child health through the integrated service for 0-19 year olds are highlighted. As agreed by Council in December 2016, work has been underway throughout 2017/18 to develop a new model of integrated prevention and early help provision for children 0-19 and their families under a single management structure. This will bring together the Health Visiting and School Nursing Services delivered by Solent NHS Trust with Children’s Centres and Early Help Services (Families Matter) delivered by the Council. With the integrated management team now in place, the new integrated service model will be formally launched in April 2018 and the authors welcome the opportunity to present the service in further depth at a later date.</p>			
RECOMMENDATIONS:			
	(i)	That the Panel notes the progress against the Children and Young People’s Strategy to date.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	For information.		

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.
DETAIL (Including consultation carried out)	
	Background
3.	Providing a caring, supportive and healthy childhood not only provides children with the best start, it also sets them up with important life skills and reduces their risks of poor health during childhood, into adulthood and older age. With almost a quarter of our Southampton population under the age of 20, it is especially important that giving children a good start in life continues to be a city priority.
4.	An annual summary of child health is published by Public Health England. The latest Child Health Profile for Southampton was published in March 2017, which is included at Appendix 1.
5.	<p>The Child Health Profile for Southampton shows that the health and wellbeing of children in Southampton is generally worse than the England average, particularly in the following areas:</p> <ul style="list-style-type: none"> • 23.4% of children aged under 16 years living in poverty compared to an England average of 20.1% • 22.5% children in Year 6 (aged 10-11) are classified as obese compared to an England average of 19.8% • 78.0 per 100,000 children under 18 are admitted to hospital with alcohol specific conditions in Southampton, compared to the England rate of 36.6 per 100,00 (however, local recording practices should be taken into account, which may contribute to the high local rate of admission) • Teenage conceptions in Southampton are seen at a higher rate than the England average at approximately 29.2 per 1,000, compared to 20.8 per 1,000 nationally, although this still represents a significant improvement locally. Southampton has seen a 58% reduction in teenage pregnancy rates since 2006.
6.	Approximately 54,800 children and young people (aged 0-18) live in Southampton and this number is expected to rise by 5.5% by 2023. This will increase demand upon both universal services, such as schools, GPs and dentists, as well as targeted services and specialist services, such as parenting support, speech and language therapy or specialist social care services. 33.7% of school age children (4-16) are from Black and Minority Ethnic communities.
	Southampton's strategic approach
7.	The Southampton Health and Wellbeing Strategy (HWBS) 2017-2025 sets out a vision for the city, of a culture and environment that promotes and supports health and wellbeing for all. It recognises the importance of supporting health at the earliest stage in life and thus the accompanying Health and Wellbeing Strategy scorecard includes a number of indicators relating to childhood. These indicators were considered by the Health Overview and Scrutiny Panel in October 2017.

8.	The Southampton Public Health Annual Report 2015 focused on the first 1,000 days of life, highlighting the importance of children's health in achieving a healthy society. The report's recommendations have informed the HWBS, children and young people's strategy and proposals for the integrated service for 0-19 year olds.
9.	<p>The Southampton Children and Young People's Strategy 2017-2020 was adopted by Full Council in January 2017 in agreement with Southampton Clinical Commissioning Group and other partners. The strategy focuses on outcomes across four thematic areas, in addition to a cross cutting theme of reducing the effects of child poverty to ensure Southampton children and young people are:</p> <ul style="list-style-type: none"> • Safe and secure • Aspiring and achieving • Happy and healthy • Participating and engaging
10.	Under the heading 'happy and healthy', the children and young people's strategy focuses on getting children and young people active and healthy, improving mental health and wellbeing, and reducing risky behaviours. These priorities were identified using evidence from the previous iterations of the local Children's Health Profiles and Southampton's Joint Strategic Needs Assessment (JSNA).
	Activity and healthy weight
11.	Compared to the England average, a similar percentage of children in Southampton have excess weight in Reception year (Year R), but in Year 6 the percentage is above the England average (36.7%). The causes of excess weight and obesity are complex; social circumstances, family background, educational background, food skills and no opportunities to be active, can all contribute. These factors vary but at their core is the balance between what people eat and how much physical activity they do.
12.	Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than normal weight children. Nationally Type 2 diabetes, previously considered an adult disease, has increased dramatically in overweight children as young as five. Linked analysis shows that over 40% of obese children in Year 6 were previously a healthy weight in Year R.
13.	A longitudinal analysis of the ten years of data available locally shows that over 70% of children classified as overweight in Year 6 were previously of a healthy weight at 4-5 years of age. This proportion increased significantly (at the 95% confidence level) from 66.5% in 2012/13 to 77.4% in 2014/15, although the latest data for 2015/16 shows a reduction to 69.1%.
14.	Approximately 40% of children classified as obese in Year 6 were recorded as of healthy weight in Year R over the latest three school years examined, 2013/14 to 2015/16 (pooled). This suggests that although obesity in Year R is a significant risk factor for obesity in Year 6, interventions focused solely on children who were classified as obese in Year R only have the potential to reduce the level of obesity in Year 6 by around a third at most.









**Percentage of Children Considered to be Obese in Year R and Year 6
Southampton & England Trend: 2006/07 to 2015/16**



Sources: NCMP validated dataset supplied by NOO, Southampton CHIS & NHS Digital NCMP national data tables (<http://www.content.digital.nhs.uk/catalogue/PUB22269>)

15. A number of initiatives and projects are underway across the city to help address the issue of childhood obesity:
- Metamorphosis (Transport) street closures to encourage active travel among families (aligns with Clean Air Strategy). From this we are working on how to simplify processes so communities can close streets for street play.
 - National Child Measurement programme data has been mapped across our city to inform decisions on transport and planning.
 - Work with planning to limit concentration of hot food takeaways near secondary schools.
 - Healthy Early Years Award pilot rolled out and available to all early years settings.
 - Re-development of Healthy Schools (in the progress).
 - Review of Workplace wellbeing award to support young people at work.
 - Development of a local children and young people’s weight management pathway.
 - [Healthy weight website](#) developed to help engage local businesses to place a pledge to help tackle obesity.
 - Development of a strong stakeholder network to share good practice and encourage opportunities for joint working.

16. A Children and Young Peoples Healthy Weight plan is being developed for Southampton. It sets our vision for preventing and managing childhood obesity. We know that childhood obesity is an issue both locally and nationally and Southampton City Council and its partners are committed to tackling the issue. The aim of this plan is to shift the focus from treatment only to incorporate prevention and create a “healthy weight” environment where healthy choices become the easier choices for children and parents/carers to make; as well as ensuring early intervention targets those in greatest need.

	Mental health
17.	<p>Based on national prevalence rates by gender, and local population estimates, about 5,500 (10.6%) children and young people have clinically diagnosable mental health conditions in Southampton. The estimated need for children with moderately severe problems requiring attention from professionals trained in mental health (Tier 2) is 3,590 children. Intervening as early as possible can help to prevent those early indicators of problems occurring or escalating.</p> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center; width: 25%;">  <p>10% children aged 5-16 years suffer from a clinically significant mental health illness</p> </div> <div style="text-align: center; width: 25%;">  <p>25% of children who need treatment receive it</p> </div> <div style="text-align: center; width: 25%;">  <p>50% of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 14</p> </div> <div style="text-align: center; width: 25%;">  <p>75% of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 24</p> </div> <div style="text-align: center; width: 25%;">  <p>5x maternal depression is associated with a 5 fold increased risk of mental health illness for the child</p> </div> <div style="text-align: center; width: 25%;">  <p>1.3x boys aged 11-15 years are 1.3x more likely to have a mental illness compared to girls aged 11-15 years</p> </div> <div style="text-align: center; width: 25%;">  <p>60% of looked after children have some form of emotional or mental health illness</p> </div> <div style="text-align: center; width: 25%;">  <p>18x young people in prison are 18x more likely to take their own lives than others of the same age</p> </div> </div> <p>Note: Figures above based on national estimates.</p>
18.	<p>We are continuing to deliver the Child and Adolescent Mental Health Services (CAMHS) Transformation Plan to improve mental health and wellbeing of children and young people in Southampton. The plan has an increased focus on prevention and early intervention and peer support, ensuring better access to timely support for all children and young people, including those who are most vulnerable, and better access to crisis support when needed. In addition to this, there has been a re-design of the pathway for children and young people with Autism and ADHD. Furthermore, through collaboration with schools and colleges, the counselling provision for young people is being recommissioned to ensure a more equitable and increased offer.</p>
19.	<p>The development programme for CAMHS Transformation is wide ranging, covering work with schools and the Youth Forum Champions on prevention and early intervention through to work with NHSE specialist commissioners around inpatient beds.</p>
20.	<p>There is a commitment in the Hampshire and Isle of Wight Sustainability and Transformation Plan (HIOW STP) for the wider transformation of mental health services for children and young people (including access to tier four beds for young people) to be aligned to the Mental Health Alliance and the STP delivery plan. The transformation programme will be underpinned by integrated approaches to commissioning mental health services on an Alliance wide basis.</p>

	Risky behaviours
21.	<p>Teenage pregnancy has long been regarded as a proxy indicator of low aspirations, and social and education disengagement, and has a strong link to child poverty and social deprivation, especially among white British communities. Evidence shows that teenagers with a history of poverty and who have experienced abuse or neglect in childhood have a 66% increased risk of teenage pregnancy. Having a parent/carer who completed their education decreases the risk of teenage pregnancy by about 25%.</p>
22.	<p>Southampton's 2014 under 18 conception rate was 29.0 per 1,000 females aged 15-17 years old. This equates to approximately 2.9% of the under 18 female population conceiving in 2014 (102 young women). Southampton's rate has been consistently higher than the national rate since the 1998-2000 baseline, and although the rate in Southampton has fallen by over 50% since 1998, it still remains significantly higher than the national average. However, there has been significant improvement and Southampton has seen a 62% reduction in teenage pregnancy rates since 2006.</p>
23.	<p>Southampton is refreshing its sexual health improvement plan and teenage pregnancy action plan which aims to put in place effective outreach, information and access that:</p> <ul style="list-style-type: none"> • Supports more young people to be protected from sexually transmitted infections (STIs) such as Chlamydia and unplanned pregnancies by improving access to STI testing, a range of effective methods of contraception and promoting condom use (and access). • Improves protection for young people in relation to sexual exploitation and abuse by increasing awareness among young people, parents and carers, and professionals working with children and young people about what to look for, and how to seek or offer help. • Works with schools and colleges to raise the standard and consistency of education about sex and relationships education, and improve access to services for those concerned about their reproductive and sexual health.
24.	<p>Nationally, the rate of young people aged under 18 being admitted to hospital because they have a condition wholly related to alcohol is decreasing, and this is also the case in Southampton. The admission rate in the latest period is higher than the England average. Results from the 2014 What about YOUth survey indicate that 11.7% of Southampton's 15 year olds currently smoke, 8.3% smoke regularly, 13.4% have ever tried cannabis and 21.4% have tried e-cigarettes. All of these figures are significantly higher than the national average. The same survey estimates that 63.3% of 15 year olds in Southampton have ever had an alcoholic drink and 5% of this age group report being regular drinkers. These figures are not significantly higher than the national average.</p>
25.	<p>Southampton has the highest rate of alcohol specific hospital admissions in the South East Region at 76.9 per 100,000 population (aged under 18) which is significantly higher than the England average of 37.4 per 100,000 population (2013/14 to 2015/16 pooled data). However, comparisons with other areas should be treated with caution as local recording practices have</p>

	an influence on the rates.
26.	The Southampton Alcohol Strategy 2017-2020 was created in collaboration with the Health and Wellbeing Board and Safe City Strategy and seeks to reduce the harm caused by alcohol consumption in Southampton by 2020. It recognises that alcohol plays an important role in many people's social lives and can contribute positively to the economy and culture of the city. The strategy commits to working with schools, colleges and universities in Southampton to ensure health related alcohol harm messages are available to young people in the city.
	Integrated 0-19 Prevention and Early Help Offer
27.	Since public health commissioning responsibilities transferred from the NHS to the local authorities in 2013, with the additional transfer of Health Visiting responsibility in October 2015, there has been considerable further development of the already established joint work between the city council and health services. The purpose of this is to lay the foundations for better integration of prevention and early help services for children and families in the city. Delivery of the 0-19 prevention and early help plan is monitored by the 0-19 prevention and early help group, supported with the 0-19 prevention and early help outcome framework included at Appendix 2.
28.	The focus of collaboration has been on closer working between 0-4 Health Visiting services, Family Nurse Partnership, 5-19 Public Health Nursing services and family support provided by Solent NHS Trust and the services provided to children and families through the Council's Children's Centres and Early Help services (Families Matter). In December 2016 Cabinet approved a decision to formally merge these services into a single integrated service under a shared management structure. The new service is being established through a long term partnership between Southampton City Council and Solent NHS Trust that will report to a joint governance board overseeing its performance and impact. Recent months have seen solid progress in appointments to an integrated management team for the new service incorporating both Solent and SCC managers. The new integrated service will operate City-wide whilst focussing its day to day operational delivery through three localities linked to the City's six better care clusters and fourteen Children's Centre areas.
29.	<p>The following services are included in the integrated service:</p> <ul style="list-style-type: none"> • Public Health Nursing Service for 0-5 years (Health Visiting and Family Nurse Partnership) • Public Health Nursing Service for 5-19 year olds (School Nursing/Healthy Ambition) • Children's Centres • Families Matter Early Help Teams • Early Childhood Workers <p>With strong links to the following:</p> <ul style="list-style-type: none"> • Oral Health promotion • Breast feeding support • Healthy Early Years

30.	<p>Work is well underway to develop the service offer and model and the integrated 0-19 prevention and early help service will be launched in April 2018. It supports achievement of the following health outcomes for children and families, with a particular focus on reducing the following poor health outcomes and health related inequalities:</p> <ul style="list-style-type: none"> • Fewer mothers smoking at time of delivery • Improved breastfeeding rates at birth and 6-8 weeks • Increased proportion of children who are a healthy weight in Years R and 6 under the National Child Measurement Programme • Fewer hospital admissions for self-harm for young people aged 10-24 years • Reduction in under 18 conception rate.
31.	<p>Specific aims of this service include:</p> <ul style="list-style-type: none"> • To provide prevention through a progressive universalism approach, delivering targeted interventions, to those most in need and delivering full population coverage of the Healthy Child Programme (HCP) universal assessments. • To build community and family capacity so that families are better able to help themselves. • To support parents, promoting good parenting skills. • To improve early years' outcomes through targeting perinatal mental health, secure attachment, nutrition and exercise, language and communication and school readiness. • To improve social, emotional and mental wellbeing through strengthening the resilience of children, young people, families and communities building upon community assets and universal services. • To provide targeted or additional prevention, early intervention and care plans in accordance with need. • To provide effective information and advice to support self-help and other resources that promote physical, social, emotional and mental health and wellbeing in children, young people.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
32.	None
<u>Property/Other</u>	
33.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
34.	N/A
<u>Other Legal Implications:</u>	
35.	None
RISK MANAGEMENT IMPLICATIONS	
36.	None

POLICY FRAMEWORK IMPLICATIONS	
37.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All

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SUPPORTING DOCUMENTATION

Appendices

1.	Child health profile
2.	0-19 data set

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
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Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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