The health and wellbeing of children and young people in NHS Hastings & Rother

2008/09
DIRECTOR OF PUBLIC HEALTH
ANNUAL REPORT
EXECUTIVE SUMMARY
The main focus of this report is the health and wellbeing of children and young people in Hastings & Rother and the health issues they face.

It also contains information on what needs to be done in the coming year to make sure that children and young people across East Sussex, and their families, continue to enjoy healthier lives.

NHS Hastings & Rother works with a number of partners including East Sussex County Council and is involved in East Sussex Children and Young People’s Trust, which brings together partner organisations and agencies that have a role in improving support available to children, young people and their families in East Sussex.

Chapter one is an introduction to children’s health.

Chapter two paints a picture of what life is like for children and young people in our area, including where they live and in what conditions, and how that affects their health.

Chapter three has details of how the needs of children fit into the main areas of work being done to improve the health of the population as a whole:

– reducing the numbers of people who smoke
– tackling obesity
– improving sexual health
– improving mental health and wellbeing
– reducing harm and encouraging sensible drinking
– and helping children and young people to lead healthy lives.
Accidents are included here as accident prevention is important in cutting the number of youngsters who are injured or killed.

This chapter also has examples of services available and the work being carried out in Hastings & Rother to help children and young people lead as healthy lives as possible.

Chapter four gives us a breakdown of how many children and young people in our area are dying and the reasons why.

Chapter five describes what life is like for some of the most vulnerable children in Hastings & Rother including those living with long-term disease, teenage parents, looked after children and children and young people who are caring for others in their family.

In chapters six and seven we look at what we plan to do to help improve the health of children and young people.

I would like to thank all those who helped put this report together and who will be working hard to help children in East Sussex lead happier and healthier lives.

Diana Grice
Director of Public Health,
NHS Hastings & Rother
Introduction

All children deserve the opportunity to achieve their full potential. They should be able to:

— be as physically and mentally healthy as possible gain the maximum benefit possible from good-quality educational opportunities.

— live in a safe environment and be protected from harm experience emotional well-being.

— feel loved and valued, and be supported by a network of reliable and affectionate relationships.

— become competent in looking after themselves and coping with everyday living have a positive image of themselves, and a secure sense of identity including cultural and racial identity.

— develop good inter-personal skills and confidence in social situations.

If they are denied the opportunity to achieve their potential in this way, children are at risk not only of an impoverished childhood, but they are also more likely to experience disadvantage and social exclusion in adulthood.

Giving a child a healthy start lays the foundations for a future that is not only healthy but happy and productive.\(^1\) Infancy, childhood and young adulthood are critical stages in the development of habits that will affect individual's health across their lifetime as well as setting the scene for their emotional and mental wellbeing.

Most children now enjoy a healthy and positive start in life in fact, children are healthier than ever before.\(^2\) However, a significant minority still face challenges in terms of physical and emotional health, often as a result of deprivation or poor parenting. In 2003, Every Child Matters, the Government’s Green Paper on children stated that the aim for every child, whatever their background or their circumstances, was to ensure that they had the support they need to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.\(^3\)

Alongside these aims, the 2004 National Service Framework (NSF) for Children, Young People and Maternity set standards for all organisations providing services to children, and their delivery partners, with the aim of designing and delivering services centred around meeting the needs of children, young people and their families.

Since the publication of the NSF healthcare providers have made significant changes to the way health services for children and young people are planned and delivered.\(^4\) However, challenges still remain. In July 2007, the Prime Minister and Secretary of State for Health asked Professor Lord Ara Darzi to carry out a wide ranging review of the NHS. The NHS Next Stage Review involved reviewing eight areas:

- Maternity and newborn care
- Children’s Services
- Staying Healthy
- Mental Health care
- Acute care
- Planned care
- Long-term conditions
- End of life care

It puts children and young people at the heart of NHS reform and sets challenges for further improvements for their health care services.

The aim of this report is to provide a comprehensive overview of the current state of children and young people’s health in NHS Hastings & Rother alongside the work which is being undertaken to improve services and continue to improve the health and wellbeing of children, young people and families.

\(^1\) Shribman S. 2007. Children’s health, our future. Partnership for Children, Families and Maternity, Department of Health


\(^3\) Every Child Matters

Profile of children and young people

Key Points

— 23% of the East Sussex population are aged between 0 and 19 years.

— Across East Sussex the proportion of children in the population is expected to decrease by 2.5% by 2012.

— Nearly 9% of children at state maintained schools are from non-white ethnic groups. Hastings has the highest percentage of children from non-white ethnic groups but Eastbourne has the highest rate of children with English as an additional language.

— 3% of families in East Sussex claiming income support have dependent children.
Recommendations

— The Children’s Joint Strategic Needs Assessment requires further development in partnership with other agencies within the Children and Young People’s Trust, particularly East Sussex County Council.

— The findings of the needs assessment should be used to inform the work of the multi-agency Children and Young People’s Trust and joint commissioning strategies and plans for children and young people.
Choosing health – starting on the right path

Key Points

— Infancy, childhood and young adulthood are critical stages in the development of habits that will affect people’s health in later years.

— Many local initiatives are working towards improving the health and wellbeing of children across the county.
**Obesity, diet and physical activity**

**Key Points**

— Obesity is a growing health problem for many children and young people.

— In 2006/07 93% of Reception Year pupils and 77% of Year 6 students participated in the childhood measurement programme, which aims to monitor the prevalence of child childhood obesity in NHS Hastings & Rother.

— Of the children who participated in the 2006/07 childhood measurement programme 19% in Reception Year and 27% in Year 6 were overweight or obese.

— Physical activity has an important role to play in the challenge against the increasing prevalence of obesity in children and young people. NHS Hastings & Rother Food and Physical Activity Action Groups work towards increasing the provision of physical activity.
Recommendations

— The Healthy Start Programme should increase uptake amongst target groups.

— Breastfeeding rates at 6-8 weeks should be increased by 2% annually, especially in the most deprived areas.

— Food and Physical Activity Action Groups should ensure that initiatives are evaluated to demonstrate impact on health outcomes.
Mental health

Key Points

— Nationally, one in ten children under the age of 15 years has a mental health problem.

— The number of children under the age of 15 years, in both Hastings and Rother, describe themselves as ‘not in good health’ is significantly higher than national and regional averages.

— Students who have been involved in bullying someone else are three times more likely to have been a victim of bullying than those not involved in bullying.

— Almost a quarter of referrals to Child and Adolescent Mental Health Services are a direct result of parental mental health problems.

Recommendations

— Ensure a programme of work is developed with the Mental Wellbeing Partnership Group to improve the mental wellbeing of children and young people, including a particular focus on three target groups of children and young people: affected by divorce; bullied at school; and who are carers.
**Smoking**

Key Points

— 15% of 14-15 years old pupils in East Sussex had smoked at least one cigarette during the last seven days.

— 14-15 year old girls in East Sussex are twice as likely to smoke as boys.

— 63% 14-15 year old regular smokers said they would like to give up.

— Over half of the young people contacting smoking cessation services are lost to follow-up.

— Helping mothers to quit whilst pregnant is a priority for NHS Hastings & Rother.

<table>
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<th>2005/06</th>
<th>2006/07</th>
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<td>% smoking during pregnancy</td>
<td>% smoking status unknown</td>
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<tr>
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<td>14.3</td>
<td>5.8</td>
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<tr>
<td>NHS Hastings &amp; Rother</td>
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Note: figures in yellow fail the data quality of > 5% status unknown due to problems at Brighton & Sussex University Hospitals Trust

Source: East Sussex PCTs Public Health Intelligence

**Recommendations**

— Initiate targeted work to improve effectiveness of stop smoking services for under 19s and pregnant women, based on the outcomes of the social marketing research.
**Substance misuse**

**Key Points**

— Reducing alcohol and drug consumption amongst children and young people is a priority.

— In East Sussex 37% of 14-15 year olds report having drunk alcohol in the past seven days, with 18% reporting having taken at least one type of drug in the past year.

— Of the 53% who reported drinking in the past seven days 18% reported getting drunk on at least one occasion.

— Parental alcohol and drug misuse are key concerns for the health and wellbeing of children.

**Recommendations**

— Work with partners to develop alcohol and drug misuse prevention and treatment programmes aimed at reducing alcohol and drug misuse, reducing hospital admission rates and increasing access to treatment services.
Sexual health

Key Points

— Over the last five years, there has been an increase in sexually transmitted infections diagnosed in sexual health clinics and an increase in the number of people seeking treatment for HIV across East Sussex.

— Chlamydia affects an estimated one in ten sexually active young people, but with early diagnosis via screening infection serious health problems can be avoided. The national target of screening 15% of the total population aged 15-24 years was not achieved by NHS Hastings & Rother.

— The provision of sexual health services in schools and further education settings is increasingly seen as an important preventative and cost effective approach to improving the sexual health of young people.

Recommendations

— Increase Chlamydia screening rates by improving access to services in outreach clinics and primary care settings.

— Improve understanding and access to sexual health services by supporting the delivery of effective sexual health relationship education and encourage schools and further education colleges to establish onsite sexual health services.
Accidents

Key Points

— Accidental injury is a leading cause of child death in England and Wales.

— Rates of road injuries and deaths in Hastings are similar to the national average. However, for Rother the rate is significantly worse than the national average.

Recommendations

— Review, with partners, the impact of the local accident prevention schemes and improve their effectiveness.
Causes of illness and death in children and young people

Key Points

— The infant mortality rate is a marker of overall health and well-being of an area and is related to levels of deprivation.

— It is important to ensure that uptake of childhood vaccination is high to prevent avoidable illness, especially by promoting the MMR Catch up programme to reduce the risk of an increase in measles cases. The current rates of MMR uptake at age 2 years are 87.5%.

— From September 2008 there is a new vaccine for girls to reduce the risk of cervical cancer.

— Asthma, diabetes and epilepsy are three of the main types of chronic diseases that effect children.

— Rates of hospital admission for asthma and diabetes are increasing.

— Overall, rates of emergency hospital admissions for epilepsy have reduced. However there has been an increase in the number of elective admissions for specialist investigations.

— Currently there is limited information available on the number of children with asthma, epilepsy and those with complex health needs.
Recommendations

— NHS Hastings & Rother should implement measures to reduce infant mortality rates (see Chapter 6).

— Primary care information on children with chronic disease and complex health needs should be strengthened to enable more effective services to be commissioned to meet their needs.

— Improve uptake of childhood vaccination to prevent avoidable illnesses including:
  – MMR catch up programme
  – BCG for at risk groups

— Ensure that HPV vaccination programme is implemented.
Key points

— The priority actions for reducing teenage pregnancy in 2008/09 are improving communication and access to services; strong delivery of Sex and Relationship Education; and targeted work with Looked After Children and those not in education employment or training.

— Priority groups of children and young people have greater health and social care needs including looked after children, those subject to a Child Protection Plan, those with special educational needs, those vulnerable to social exclusion; and those who are carers.
Rates of teenage pregnancy by ward level, NHS Hastings & Rother, 2002-04 rolling average

Recommendations

— Ensure that the recommendations in the Teenage Pregnancy Local Action Plan are implemented.

— NHS Hastings & Rother’s Strategic Commissioning Plan should ensure that the needs of children and young people at risk are tackled through commissioning services that improve the health and well-being of these children.

— NHS Hastings & Rother should review its services for looked after children and work closely with East Sussex Children’s Services Authority to improve identification of looked after children who are placed in the county from other Local Authorities.
06

Achieving change

Key Points

— The East Sussex Children and Young People’s Trust brings together partner organisations and agencies that have a role in improving support available to children, young people and their families in East Sussex.

— Children’s Centres are the basis for the delivery of community health services for families with children aged 0-5 years.

— A three year maternity strategy for East Sussex will ensure improvement in the full range of maternity care from pre-conception through to antenatal and postnatal care.

— East Sussex residents generally live longer lives than the England average. However, there are significant differences in life expectancy at district/borough level and even more so at ward level.

— Infant mortality is a good indicator of the overall health of an area and has an impact upon life expectancy figures.

— There are eight key interventions which will help NHS Hastings & Rother improve infant mortality rates and improve life expectancy.
Children’s Centres are the basis for the delivery of community health services for families with children aged 0-5 years, and are an important vehicle through which locally accessible services are delivered. Across East Sussex the development of phases one and two Children’s Centres and the expansion of phase three, over the next two years, will ensure that all children in East Sussex have access to Children’s Centre services.

The phases one and two developments of Children’s Centres has focused on the urban areas of the region, over the next two years phase three developments will expand services into the rural areas to ensure all children have access to the services provided through these centres.
Recommendations

— Implement the maternity strategy to improve the health of children by improving access to high quality maternity services.

— NHS Hastings & Rother should implement the following eight measures to reduce infant mortality rates:

  Reduce the rate of smoking during pregnancy
  Offer smoking cessation advice and support to all pregnant women and their partners, tailored to their needs. Establish a clear referral pathway and guidelines.

  This will be tackled through the specialist smoking cessation service and the new Investing in Life Smoking Locally Enhanced Smoking Cessation Scheme.

  Reduce the prevalence of obesity
  The local NHS service should ensure that advice on lifestyle changes is provided. Develop plans to help women with BMI of over 30 to lose weight by providing a structured programme of support.

  Some specific services have been commissioned through Health Improvement programme activity and the new Investing in Life 10 week Gym Locally Enhanced Scheme for obese patients.

  Reduce sudden unexplained deaths
  Maintain current information given to mothers and target the Back to Sleep campaign for example and key messages to the target group. NHS Hastings & Rother should launch a new campaign.
Reduce teenage pregnancy
The NHS and its local partners will prioritise targeted prevention work with at-risk teenagers and targeted support for pregnant teenagers and teenage parents, as described in the Teenage Pregnancy Action Plan (Chapter 4).

Antenatal and neonatal screening
Promote early antenatal booking and screening and neonatal screening. This will be implemented as part of the Maternity Strategy.

Increase breastfeeding
Raise breastfeeding awareness. Promote breastfeeding and develop breastfeeding management. This will be implemented as part of the Maternity Strategy.

Improved immunisation uptake
Ensure that immunisation services are easily accessible at convenient times and locations.

Development of Family Support Health Team
The Family Support Team has been in existence in NHS Hastings & Rother since 1992 and has proved successful in supporting parents and improving outcomes for children; NHS Hastings & Rother should continue to support and develop this service.