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

2008/09
DIRECTOR OF PUBLIC HEALTH
ANNUAL REPORT
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2008/09 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT
I am pleased to present the second Annual Director of Public Health Report for NHS Hastings & Rother. This report focuses on the health and wellbeing of children and young people in the area and aims to identify the important public health issues they face. It also makes recommendations on the actions that will be needed in the coming year to continue to improve the health and wellbeing of children, young people and their families across the county.

Chapter one provides an introduction to children’s health and the policy and structures which act to protect and improve the health of the children of NHS Hastings & Rother.

Chapter two presents a profile of children and young people bringing together a wide range of demographic information to provide a picture of where children live, the circumstances in which they live and other social determinants which directly influence their health.

Chapter three describes the needs of children in terms of the key areas of the public health White Paper *Choosing Health*: 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. Although not a *Choosing Health* priority area, accidents is included here as accident prevention is important in reducing injuries and deaths. The chapter also provides some examples of services available and the work being carried out in NHS Hastings & Rother which aims to improve the health and wellbeing of children and young people.
Chapter four is an overview of mortality and morbidity amongst children and young people.

Chapter five describes the health issues of some of the most vulnerable groups including those with chronic disease and complex needs, teenage parents, looked after children and children and young people with responsibilities for caring for others in their family.

In chapter six ‘Achieving Change’ we look at the ways forward for improving both services and health outcomes for children and young people.

Finally to conclude the report is a summary of all the key recommendations made to ensure that NHS Hastings & Rother, working with partners in the East Sussex Children and Young People’s Trust, works towards improving the health and wellbeing of all the children and young people living within its borders.

I would like to take this opportunity to thank all those involved in the production of this report and for their continued work to improve the health and wellbeing of children in East Sussex.

**Diana Grice**

Director of Public Health,
NHS Hastings & Rother
## Contributors

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<thead>
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<th>Alison Jeffery ¹</th>
</tr>
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<tbody>
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</tbody>
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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 wellbeing

— 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. Infancy, childhood and young adulthood are critical stages in the development of habits that will affect an 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. 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.

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. 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.

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6 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.
This chapter presents some of the information collated as part of the Joint Strategic Needs Assessment programme particularly the Joint Strategic Needs Assessment Indicator Scorecards and the Children’s Services Data Compendium. Both are a rich source of information. The scorecards can be accessed through NHS Hastings & Rother website and the compendium through East Sussex County Council website (www.eastsussex.gov.uk).

In East Sussex, 23% of the population are aged 19 years and under. Wealden District Council has the greatest number of 0-19 year olds but Hastings Borough Council has the greatest proportion with one quarter of the population aged 19 years and under (Table 1).

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>No. of children aged 0–19 years</th>
<th>Proportion of population aged 0–19 years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastbourne</td>
<td>21068</td>
<td>22.2</td>
</tr>
<tr>
<td>Lewes</td>
<td>21276</td>
<td>22.6</td>
</tr>
<tr>
<td>Wealden</td>
<td>33362</td>
<td>23.5</td>
</tr>
<tr>
<td>Hastings</td>
<td>21145</td>
<td>25.0</td>
</tr>
<tr>
<td>Rother</td>
<td>17991</td>
<td>20.9</td>
</tr>
<tr>
<td>East Sussex</td>
<td>114841</td>
<td>22.9</td>
</tr>
</tbody>
</table>

Family composition at time of the 2001 census

Table 2: Family type of dependent children, 2001 census

<table>
<thead>
<tr>
<th>Local authority</th>
<th>No. of households with dependent children</th>
<th>Married couple households</th>
<th>Cohabiting couple households</th>
<th>Lone parent households</th>
<th>Other multi-person households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastbourne</td>
<td>9681</td>
<td>54.9</td>
<td>13.0</td>
<td>25.5</td>
<td>6.5</td>
</tr>
<tr>
<td>Lewes</td>
<td>10486</td>
<td>64.2</td>
<td>11.8</td>
<td>17.8</td>
<td>6.1</td>
</tr>
<tr>
<td>Wealden</td>
<td>16218</td>
<td>70.3</td>
<td>9.7</td>
<td>14.9</td>
<td>5.1</td>
</tr>
<tr>
<td>Hastings</td>
<td>10752</td>
<td>51.1</td>
<td>14.4</td>
<td>27.8</td>
<td>6.8</td>
</tr>
<tr>
<td>Rother</td>
<td>8575</td>
<td>62.1</td>
<td>10.6</td>
<td>20.2</td>
<td>7.1</td>
</tr>
<tr>
<td>East Sussex</td>
<td>55712</td>
<td>61.5</td>
<td>11.7</td>
<td>20.6</td>
<td>6.2</td>
</tr>
</tbody>
</table>

Source: 2001 census

At the time of the 2001 census there were 55,712 households with dependent children in East Sussex (Table 2). (A dependent child is aged 0-15 (whether or not in a family) or a person aged 16-18 who is a full-time student in a family with parent(s)). The majority of dependent children in East Sussex (61.5%) were living in married couple households, although a fifth were living in lone parent households. Within East Sussex there is variation, the highest proportion of children living in married couple households was in Wealden District Council (70.3%). The highest proportion of lone parent households was in Hastings Borough Council (27.8%).
Current age profile

Children aged under five years

Five percent of the population in East Sussex, are aged under 5 years. Table 3 below shows that within East Sussex, Hastings Borough Council has the highest proportion of children aged under 5 years (5.6%).

Of the twenty one wards in East Sussex with the highest proportions of children under 5 years of age, 5 are in Hastings, 3 in Eastbourne, 2 in Rother, 5 in Lewes and 6 in Wealden Local Authority areas. The ward with the highest proportion of under 5s is Tressell (Hastings Borough Council) with 8.7% of the population aged under 5 years of age and Bexhill Collington (Rother District Council) has the lowest proportion at 1.7%.

Figure 1 shows the current population aged under 5 years at ward and practice based commissioning cluster level. In NHS Hastings & Rother, 4.8% of the population are aged under 5 years but within NHS Hastings & Rother there is variation in the proportion at the level of practice based commissioning cluster. Upper St Leonards practice based commissioning cluster has the highest proportion at 5.7% and Bexhill Centre the lowest at 3.8%.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>No. of children aged 0–19 years</th>
<th>Proportion of population aged 0–19 years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastbourne</td>
<td>4910</td>
<td>5.2</td>
</tr>
<tr>
<td>Lewes</td>
<td>4695</td>
<td>5.0</td>
</tr>
<tr>
<td>Wealden</td>
<td>7116</td>
<td>5.0</td>
</tr>
<tr>
<td>Hastings</td>
<td>4745</td>
<td>5.6</td>
</tr>
<tr>
<td>Rother</td>
<td>3508</td>
<td>4.1</td>
</tr>
<tr>
<td>East Sussex</td>
<td>24974</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics 2004-based sub-national population projections
Figure 1: Proportion of population aged under 5 years by ward

Percentage of current population aged under 5 (East Sussex resident population)

- Lower St Leonards: 5.2
- East Hastings: 5.3
- West Hastings: 5.6
- Upper St Leonards: 5.7
- Seaford Centre: 3.8
- Rural Rother: 4.5
- NHS Hastings & Rother: 4.8
- East Sussex County: 5.0
Children and young people aged 5–14 years

Nearly 12% of the population in East Sussex are aged 5-14 years (Table 4). Hastings Borough Council has the highest proportion of children and young people aged 5–14 years (12.5%).

Of the twenty wards in East Sussex with the highest proportions of children and young people 5–14 years of age, 4 are in Hastings, 2 in Eastbourne, 4 in Rother, 2 in Lewes and 8 in Wealden Local Authority areas. The ward with the highest proportion of 5–14 year olds is Hollington (Hastings Borough Council) with 18.6% of the population aged 5–14 years and Bexhill Sackville (Rother District Council) has the lowest proportion at 4.8%.

Figure 2 shows the current population aged 5–14 years at ward and practice based commissioning cluster level. In NHS Hastings & Rother, 11.7% of the population are aged 5–14 years of age but within NHS Hastings & Rother there is variation in the proportion at the level of practice based commissioning cluster. Upper St Leonards practice based commissioning cluster has the highest proportion at 13.4% and Bexhill Centre the lowest at 9.6%. In Bexhill Centre practice based commissioning cluster all the practices have proportions below the 25th percentile for East Sussex.
Figure 2: Proportion of population aged 5-14 years by ward
Young people aged 15–19 years

Just over 6% of the population of East Sussex are aged 15–19 years. Table 5 shows that within East Sussex, Hastings Borough Council has the highest proportion of young people aged 15–19 years (6.9%).

Of the twenty wards in East Sussex with the highest proportions of young people 15–19 years of age, 5 are in Hastings, 2 in Eastbourne, 2 in Rother, 3 in Lewes and 8 in Wealden Local Authority areas. The ward with the highest proportion of 15–19 year olds is Mayfield (Wealden District Council) with 11.0% of the population aged 15–19 years and Bexhill Sackville (Rother District Council) has the lowest proportion at 3.2%.

Figure 3 shows the current population aged 15–19 years at ward and practice based commissioning cluster level. In NHS Hastings & Rother, 6.3% of the population are aged 15–19 years of age but within NHS Hastings & Rother there is variation in the proportion at the level of practice based commissioning cluster. West Hastings and Upper St Leonards practice based commissioning clusters have the highest proportion at 7.0% and Bexhill Centre the lowest at 5.3%. In Bexhill Centre practice based commissioning cluster all the practices have proportions below the 25th percentile for East Sussex.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>No. of children aged 0–19 years</th>
<th>Proportion of population aged 0–19 years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewes</td>
<td>5765</td>
<td>6.1</td>
</tr>
<tr>
<td>Eastbourne</td>
<td>5908</td>
<td>6.2</td>
</tr>
<tr>
<td>Wealden</td>
<td>8817</td>
<td>6.2</td>
</tr>
<tr>
<td>Hastings</td>
<td>5822</td>
<td>6.9</td>
</tr>
<tr>
<td>Rother</td>
<td>4999</td>
<td>5.8</td>
</tr>
<tr>
<td>East Sussex</td>
<td>31311</td>
<td>6.2</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics 2004-based sub-national population projections
Figure 3: Proportion of population aged 15-19 years by ward

Percentage of current population aged 15 to 19 (East Sussex resident population)

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower St Leonards</td>
<td>0.5</td>
</tr>
<tr>
<td>West Hastings</td>
<td>7.0</td>
</tr>
<tr>
<td>East Hastings</td>
<td>6.7</td>
</tr>
<tr>
<td>Upper St Leonards</td>
<td>7.0</td>
</tr>
<tr>
<td>Seafill Centre</td>
<td>5.3</td>
</tr>
<tr>
<td>Rural Rother</td>
<td>6.5</td>
</tr>
<tr>
<td>NHS Hastings &amp; Rother</td>
<td>6.3</td>
</tr>
<tr>
<td>East Sussex County</td>
<td>34.5</td>
</tr>
</tbody>
</table>
Projected population change over the next three and five years

Change in population 0–19 years, projections 2010

At an East Sussex level the 0–19 year age group is expected to decrease by 1.1% by 2010. Table 6 shows that within East Sussex only Eastbourne Borough Council is projected to show an increase in population. Both Hastings Borough Council and Lewes District Council are projected to experience the greatest decrease (-1.9%) in this age group by 2010.

Within East Sussex, the wards in Eastbourne Borough Council are the only wards projected to experience an increase in 0–19 year olds. The increase is projected to be very small, with St Anthony’s the ward with the greatest projected increase only likely to experience a 1.1% increase. Seaford East (Lewes District Council) is projected to experience the greatest decrease at 2.2%.

Figure 4 shows the change in population aged 0–19 years, projections to 2010, at ward and practice based commissioning cluster level. For NHS Hastings & Rother, the 0–19 year age group is expected to decrease by 1.5% by 2010. Within NHS Hastings & Rother there is not any significant variation with projected decreases at practice based commissioning cluster level ranging from 1.1% to 1.9%.

Table 6: Change in population 0–19 years, projections 2010

<table>
<thead>
<tr>
<th>Local authority</th>
<th>Percentage change 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewes</td>
<td>-1.9</td>
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<td>Eastbourne</td>
<td>+1.0</td>
</tr>
<tr>
<td>Wealden</td>
<td>-1.5</td>
</tr>
<tr>
<td>Hastings</td>
<td>-1.9</td>
</tr>
<tr>
<td>Rother</td>
<td>-1.1</td>
</tr>
<tr>
<td>East Sussex</td>
<td>-1.1</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics 2004-based sub-national population projections
Figure 4: Change in population 0-19 years, projections 2010, by ward
Change in population 0–19 years, projections 2012

At an East Sussex level the 0–19 year age group is expected to decrease by 2.5% by 2012. Table 7 shows that within East Sussex only Eastbourne Borough Council is projected to show an increase in population, but even that is only by 0.5%. Rother District Council is projected to experience the greatest decrease (-4.3%) in this age group by 2012.

Within East Sussex, seven of the nine wards in Eastbourne Borough Council are the only wards projected to experience an increase in 0–19 year olds. The increase is projected to be very small, with Sovereign ward experiencing the greatest projected increase at 1.0%. Crowhurst (Rother District Council) is projected to experience the greatest decrease at 4.7%.

Figure 5 shows the change in population aged 0–19 years, projections to 2012, at ward and practice based commissioning cluster level. For NHS Hastings & Rother, the 0–19 year age group is expected to decrease by 3.7% by 2012. Within NHS Hastings & Rother, projected decreases at practice based commissioning cluster level range from 3.2% to 4.3%.

<table>
<thead>
<tr>
<th>Local authority</th>
<th>Percentage change 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewes</td>
<td>-3.2</td>
</tr>
<tr>
<td>Eastbourne</td>
<td>+0.5</td>
</tr>
<tr>
<td>Wealden</td>
<td>-2.4</td>
</tr>
<tr>
<td>Hastings</td>
<td>-3.2</td>
</tr>
<tr>
<td>Rother</td>
<td>-4.3</td>
</tr>
<tr>
<td>East Sussex</td>
<td>-2.5</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics 2004-based sub-national population projections
Figure 5: Change in population 0-19 years, projections 2012 by ward

Percentage change (projection) 0 - 19 year olds to 2012 (East Sussex Resident Population)

- Lower St Leonards: 96.3%
- West Hastings: 96.8%
- East Hastings: 96.7%
- Upper St Leonards: 96.7%
- Seabill Centre: 95.8%
- Rural Rother: 95.7%
- NHS Hastings & Rother: 96.3%
- East Sussex County: 97.5%
Ethnicity and English as an additional language

Ethnicity

Nearly 9% of children on the school roll of state maintained schools in East Sussex are from non-white ethnic groups (Table 8). Within East Sussex, Hastings Borough Council has the highest proportion of children of non-white ethnicity (12.4%).

Of the twenty wards in East Sussex with the highest proportions of children of non-white ethnicity, 9 are in Hastings, 3 in Eastbourne, 6 in Rother, 1 in Lewes and 1 in Wealden Local Authority areas. The ward with the highest proportion of children of non-white ethnicity is Central St Leonards (Hastings Borough Council) with 25.3% and the ward with the lowest is Newick (Lewes District Council) with 1.7%.

Figure 6 shows the proportion of children of non-white ethnicity at ward and practice based commissioning cluster level. In NHS Hastings & Rother, 11.4% of children on the school roll are of non-white ethnicity but within NHS Hastings & Rother there is variation in the proportion at the level of practice based commissioning cluster. Lower St Leonards practice based commissioning cluster has the highest proportion at 13.8% and Bexhill Centre and Rural Rother practice based commissioning clusters have the lowest at 10.2%. In West Hastings practice based commissioning cluster all the practices have proportions above the 75th percentile for East Sussex.

Table 8: Proportion of children on the school roll of non-white ethnicity, January 2007

<table>
<thead>
<tr>
<th>Local authority</th>
<th>Non-white ethnicity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastbourne</td>
<td>10.8</td>
</tr>
<tr>
<td>Lewes</td>
<td>7.2</td>
</tr>
<tr>
<td>Wealden</td>
<td>5.4</td>
</tr>
<tr>
<td>Hastings</td>
<td>12.4</td>
</tr>
<tr>
<td>Rother</td>
<td>9.9</td>
</tr>
<tr>
<td>East Sussex</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Source: 2001 Census
Figure 6: Proportion of children on the school roll of non-white ethnicity, by ward
English as an additional language

For East Sussex, there is a rate of 28.2 children with English as an additional language per 1000 children on the school roll (Table 9). Within East Sussex, Eastbourne Borough Council has the highest rate of children with English as an additional language (66.0 per 1000).

Of the twenty one wards in East Sussex with the highest rates of children with English as an additional language, 4 are in Hastings, 8 in Eastbourne, 4 in Rother, 1 in Lewes and 4 in Wealden Local Authority areas. The ward with the highest rate of children is Central St Leonards (Hastings Borough Council) with 192.3 per 1000 children. There are 36 wards in Rother, Lewes and Wealden local authority areas with no children who have English as an additional language.

Figure 7 shows the rate of children with English as an additional language at ward and practice based commissioning cluster level. In NHS Hastings & Rother the rate of children with English as an additional language is 25.8 children per 1000 children on the school roll but within NHS Hastings & Rother there is significant variation in the rate at the level of practice based commissioning cluster. Lower St Leonards practice based commissioning cluster has the highest rate at 52.9 children per 1000 children and Rural Rother practice based commissioning cluster the lowest at 4.8 per 1000 children. In Rural Rother practice based commissioning cluster all the practices have rates below the 25th percentile for East Sussex.

The new Indices of Deprivation 2007 indicate that problems of multiple deprivation appear to have increased in all parts of East Sussex since 2004, when the previous indices were published, as every local authority in East Sussex has declined in its national ranking. Indices of Deprivation 2007 ranking are shown in Table 10. Hastings is the most deprived local authority within East Sussex and is the 31st most deprived nationally.
Figure 7: Number of children with English as an additional language, rate per 1000 children on the school roll, NHS Hastings & Rother, 2007
Children living in household on income support

3% of families in East Sussex claiming income support have dependent children (Table 11). Within East Sussex, Hastings Borough Council has the highest proportion of families claiming income support (5.4%).

Of the twenty wards in East Sussex with the highest proportions, 10 are in Hastings, 3 in Eastbourne, 2 in Rother, 3 in Lewes and 2 in Wealden Local Authority areas. The ward with the highest proportion of families is Tressell (Hastings) with 12.0%. In Uckfield Ridgewood ward (Wealden District Council) there are no families that have dependent children claiming income support.

Figure 8 shows the proportion of families claiming income support at ward and practice based commissioning cluster level. In NHS Hastings & Rother, 4.0% of families claiming income support have dependent children but within NHS Hastings & Rother there is variation in the proportion at the level of practice based commissioning cluster. West Hastings practice based commissioning cluster has the highest proportion at 5.6% of families and Rural Rother practice based commissioning cluster the lowest at 2.2% of families. In West Hastings practice based commissioning cluster all the practices have proportions above the 75th percentile for East Sussex.
Figure 8: Proportion of families claiming income support with dependent children, by ward, 2007
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.
Introduction

This chapter relates to the key areas identified in the 2004 Department of Health’s White Paper *Choosing Health*, which impact on the health and wellbeing of children and young people: 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. Although not a *Choosing Health* priority area, accidents is included here as accident prevention is important in reducing injuries and deaths. This chapter describes population needs in NHS Hastings & Rother, services available and some of the work in NHS Hastings & Rother which is aimed at improving health in these and other areas which contribute to the health and wellbeing of children and young people.

Nutrition, exercise and obesity are closely related to emotional and psychological well-being, for example, taking exercise can relieve depression. It is important to take care with the messages and interventions designed to tackle obesity so as to avoid stigmatising overweight and obesity and creating negative self-image in adolescents.
Key Points

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

— In 2006/07 93% of Reception Year pupils and 81% of Year 6 students participated in the childhood measurement programme, which aims to monitor the prevalence of 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.
Obesity and diet

Nationally, almost a third of children are either overweight or obese, and projections suggest that this figure could rise to almost two-thirds of children by 2050. Being overweight or obese can have a severe impact on an individual’s physical health.

<table>
<thead>
<tr>
<th>National guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight, Healthy Lives: A cross-government strategy for England (2008) sets out a clear ambition for promoting healthy weight, particularly in children, with the aim of reducing the proportion of overweight and obese children to 2000 levels by 2020. Child Health Public Service Agreement (PSA) and PCT Vital Signs support this.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Health Public Service Agreement (PSA) and Vital Signs indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2007 child health PSA obesity target</strong></td>
</tr>
<tr>
<td>To reduce the rate of increase in obesity among children aged under 11 years as a first step towards a long-term national ambition by 2020 to reduce the proportion of overweight and obese children to 2000 levels in the context of tackling obesity across the population.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Vital Signs childhood obesity targets</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>— Slow the increase in the prevalence of obesity among primary school age children in Reception Year.</td>
</tr>
<tr>
<td>— Slow the increase in the prevalence of obesity among primary school age children in Year 6.</td>
</tr>
</tbody>
</table>

NHS Hastings & Rother and its partner organisations have three related targets:

— to move the balance of the national diet towards consuming five portions of fruit and vegetables a day
— to increase the number of children doing a minimum of 60 minutes of moderate intensity level physical activity each day
— to enhance the take-up of sporting opportunities by 5–16 year olds and increase the percent who spend a minimum of two hours a week in PE and sport from 25% in 2002 to 85% by 2008.
The local picture

The National Child Measurement Programme is the primary source of data that will enable PCTs to understand the prevalence of child obesity in their area. PCTs lead this programme, working closely with schools, to collect data on the height and weight of children in Reception Year (4–5 year olds) and Year 6 (10–11 year olds).8

In 2006–07 across East Sussex 21% of Reception Year and 29% of Year 6 pupils measured were recorded as overweight or obese (Table 12). Eastbourne and Lewes local authority areas had the highest proportion of Reception Year pupils measured as overweight or obese. Eastbourne also had the highest proportion of Year 6 pupils measured as overweight or obese.

In NHS Hastings & Rother 93% of Reception Year pupils took part in the programme, whereas only 77% of Year 6 pupils participated.

Table 12: Proportion of Reception Year and Year 6 pupils measured as overweight or obese, by local authority, 2006/07

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Reception Year (%)</th>
<th>Year 6 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastbourne</td>
<td>24.2</td>
<td>30.8</td>
</tr>
<tr>
<td>Lewes</td>
<td>24.0</td>
<td>29.3</td>
</tr>
<tr>
<td>Wealden</td>
<td>21.6</td>
<td>30.0</td>
</tr>
<tr>
<td>Hastings</td>
<td>20.0</td>
<td>27.5</td>
</tr>
<tr>
<td>Rother</td>
<td>17.0</td>
<td>28.9</td>
</tr>
<tr>
<td>East Sussex</td>
<td>21.4</td>
<td>29.2</td>
</tr>
</tbody>
</table>

Source: East Sussex Child Health System

---

Of those measured in Reception Year 12% were overweight and 7% were obese, the national figures for Reception Year pupils were 14% overweight and 14% obese. The figures locally for participating Year 6 pupils were 13% overweight and 14% obese, nationally 14% of Year 6 pupils were overweight and 17.5% were obese. Ward and practice based commissioning cluster results for NHS Hastings & Rother from the 2006/07 measurement programme are illustrated in Figures 9 and 10.

The practice based commissioning clusters with the highest proportion of pupils in Reception Year who were measured as overweight or obese was in East Hastings (23%), whilst the lowest proportion was in Rural Rother (16%).
Figure 9: Proportion of pupils in reception year who are overweight and obese by ward, NHS Hastings & Rother 2006/07

Percentage of reception year children who have been measured and classified as overweight or obese:

- Lower St Leonards: 20.9%
- West Hastings: 18.1%
- East Hastings: 22.5%
- Upper St Leonards: 19.1%
- Bexhill Centre: 17.6%
- Rural Rother: 15.6%
- NHS Hastings & Rother: 18.7%
- East Sussex County: 21.4%
For Year 6, the highest proportion of pupils measured as overweight or obese was in Lower St Leonards and Rural Rother (29%) and the lowest was Bexhill Centre (24%).

In 2007/08 the school nursing teams across East Sussex undertook the measurement exercise in every participating school and the results were used to inform NHS Hastings & Rother’s obesity strategy and the 2007/08 obesity local action plan. The data from the 2007/08 programme will be released nationally late in 2008/09.
Figure 10: Proportion of pupils in year 6 who are overweight and obese by ward, NHS Hastings & Rother 2006/07

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower St Leonards</td>
<td>29.1</td>
</tr>
<tr>
<td>West Hastings</td>
<td>27.7</td>
</tr>
<tr>
<td>East Hastings</td>
<td>28.2</td>
</tr>
<tr>
<td>Upper St Leonards</td>
<td>27.7</td>
</tr>
<tr>
<td>Seavill Centre</td>
<td>23.7</td>
</tr>
<tr>
<td>Rural Rother</td>
<td>29.9</td>
</tr>
<tr>
<td>NHS Hastings &amp; Rother</td>
<td>27.4</td>
</tr>
<tr>
<td>East Sussex County</td>
<td>29.2</td>
</tr>
</tbody>
</table>
Local action

A focused and co-ordinated approach between NHS Hastings & Rother and its partners needs to be in place to tackle obesity, which supports NHS Hastings & Rother’s strategic commissioning priority to increase life expectancy and reduce health inequalities. Whilst there will be actions covering the whole PCT, there will also be particular focus on the 11 wards with the lowest life expectancy (see Chapter 6), where improving diet and increasing participation in physical activity can have a significant impact on this health outcome.

Promoting healthier food choices

Healthy start

Good nutrition during pregnancy is important for both mother and developing baby. ‘Healthy Start’ is a Department of Health scheme established to improve the diets of pregnant women, new mothers and young children. It entitles eligible families to access fresh fruit, vegetables, cow’s milk and infant milk.

From 10 weeks into pregnancy eligible women can apply for the Healthy Start vouchers which will entitle them to one £3.00 voucher per week to spend on fruit and vegetables as well as fresh cow’s milk and infant formula. Once the baby is born, they receive two vouchers per week until the child’s first birthday, after which families continue to receive one voucher per week until the child is aged four years.

Healthy Start gives families a wide range of choice and control as to how they use their benefits. This offers much more flexibility as the child grows from pregnancy through to breastfeeding, weaning and on to family meals. The scheme is promoted through the network of integrated Children’s Centres for 0–5 year olds, currently being developed across East Sussex. Children’s Centres provide a range of support for families including practical advice and support around nutrition.

There is still much work to be done in ensuring that the families of Hastings & Rother receive the maximum benefit from the new Healthy Start Scheme. By working in partnership with all those in contact with families and young children we can support families in making healthier choices throughout the early years.

Breastfeeding

Breastfeeding promotes health and prevents disease for both infant and mother in both the short and long term. But it is prolonged, exclusive breastfeeding that results in the greatest benefits. However, breastfeeding initiation rates in the UK are around the lowest in Europe, with rapid discontinuation rates for those who do start.

The Infant Feeding Survey 2005 found that 77% of mothers in England initially breastfed their babies.9 The breastfeeding initiation rate for East Sussex in 2005/06 (77%) was the same as the national rate, the rate in NHS Hastings & Rother was lower at 72%. Since 2005/06 the proportion of mothers initiating breastfeeding has fallen across the county and within NHS Hastings & Rother (Table 13).

Nationally, there is a clear socio-economic gradient for breastfeeding.10 This is reflected locally where the percentage still being breastfed at 6 weeks falls sharply to 28.4% of babies in Sure Start Children’s Centres areas. Support is provided at all Children’s Centres, including through training for mothers to provide peer support for other mothers. A continuing clear focus on improving rates at six weeks will be important however. PCT Vital Signs targets have been set to increase breastfeeding at 6–8 weeks by 2% annually and these targets have been used to produce the LAA target. (Table 14).

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9 UK Infant Feeding Surveys
10 Sure Start Public Service Agreement 2003–06
http://www.surestart.gov.uk/_doc_/P0000151.doc
The Food in Schools Programme

Fifty three percent of all schools in Hastings & Rother have benefited from the Food in Schools Programme, launched in September 2006. The aim of the programme is to reduce childhood obesity and improve diet by helping schools to: achieve National Healthy School Status; increase the uptake of free and paid for school meals; improve the nutrient quality of packed lunches; and improve the dining room environment. The Food in Schools programme has been devised in partnership with the Food Advisory Management Team, East Sussex Children’s Services, NHS Hastings & Rother and the East Sussex Healthy Schools Team.

In NHS Hastings & Rother 79% of all schools have been awarded Healthy School status which makes East Sussex a high ranking authority. At the end of the academic year 2007/08 a total of 35 schools in NHS Hastings & Rother have benefited from the Food in Schools programme – 34 primary schools and one special school.

During the academic year 2006/07 school meal uptake increased on average by 6% and in some cases schools reported an increased uptake of 20%. Lunch box audits revealed that the proportion of lunch boxes that included a healthy sandwich and dairy product increased on average by 12%. Qualitative feedback suggests that the programme has been very popular.

During the academic year 2008/09 the Food in Schools programme will aim to develop a number of resources including an information pack for midday supervisors providing advice and support on physical activity and diet, plus a curriculum pack for secondary schools to address body image and making informed choices about diet.

Food in Schools Programme feedback

“The children’s workshops were very practical and therefore very good for teaching the children – they learnt a lot.” St Thomas’ CE Primary School

“The Food in Schools programme has enabled the school to go for The Healthy Schools award, to develop the school council and pupil voice and to get parents involved. All of these are areas highlighted for our development by Ofsted. It addresses key areas of ‘The Every Child Matters’ agenda.” Castledown School

“Just to express our thanks for a fantastic day that was enjoyed by everyone.” Robsack Wood School

Table 13: Breastfeeding initiation rates 2005/06–2007/08

<table>
<thead>
<tr>
<th>Initiative</th>
<th>2005/06</th>
<th>2006/07</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Hastings &amp; Rother</td>
<td>72.1%</td>
<td>72.6%</td>
<td>71.0%</td>
</tr>
<tr>
<td>East Sussex</td>
<td>76.8%</td>
<td>77.1%</td>
<td>74.1%</td>
</tr>
</tbody>
</table>

Source: Maternity records (ESHT, BSUH, MTW)

Table 14: Vital signs and LAA targets for breastfeeding at 6–8 weeks

<table>
<thead>
<tr>
<th>Area</th>
<th>2008/09</th>
<th>2009/10</th>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Hastings &amp; Rother</td>
<td>46%</td>
<td>48%</td>
<td>50%</td>
</tr>
<tr>
<td>East Sussex (LAA)</td>
<td>49%</td>
<td>51%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Source: East Sussex Child Health System
Physical activity

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 works in partnership with a number of organisations to provide opportunities for physical activity across Hastings and Rother. Food and Physical Activity Action Groups have been developed in these localities and will work to increase the provision of physical activity and reduce inequalities across their respective areas. Examples of projects include Active Hastings and Active Rother.

NHS Hastings & Rother, Hastings Borough Council and Sport England are partners in Active Hastings. The aim of Active Hastings is to increase physical activity participation by two percent each year. Thus far the project has engaged over 6000 participants, of different ages, through an inclusive range of physical activity interventions.

Active Rother is a partnership formed between Rother District Council and NHS Hastings & Rother. Its aim is to increase participation in physical activity in Rother district. A website acts as an information hub and signposts activities for all sectors of the population, including children and young people. NHS Hastings & Rother has put in place a two year partnership funding agreement with Rother District Council to further develop this work.

Activities organised by Active Hastings and Active Rother partnerships:

— Girls Gettin’ Active: designed to increase girls’ physical activity participation levels.
— Active Street Games: an initiative for 10–18 year olds.
— ‘Super Strollers’: sessions specifically designed to get new parents and their children exercising together.
— Kickstart: a ball skill based activity for children under 5 years of age, and their parents, run in partnership with Sure Start Children’s Centres, Freedom Leisure, and KITES
— Aquababes: an activity for parents and their very young children to introduce the child (and often adults) to water.
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.
Key Points

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

— The number of children under the age of 15, in both Hastings and Rother, describing 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.
Background

Mental health problems can affect anyone, and one in six will experience a mental health problem at some point in their life. Nationally, one in ten children under the age of 15 has a mental health problem. The UK rates of deliberate self harm in 15–24 year olds are amongst the highest in Europe.

Parental mental ill health can bring additional strains and risks for children. It has been estimated that approximately 16% of parents have mental health problems. The government is increasingly asking us to ‘think family’, to recognise the impact of parenting on the life chances of children.

National guidelines

The Department of Health has set a target to improve life outcomes of children with mental health problems by ensuring that all children who need them have access to crisis services and to comprehensive Child and Adolescent Mental Health Services (CAMHS).

Helping children to become resilient and to form long-lasting bonds with their parents forms a key part of the Child Health Promotion Programme. Good resilience and supported mental health not only helps children and young people cope with the challenges life may throw at them, but also to thrive and prosper.

The local picture

The number of children under the age of 15, in both Hastings and Rother, describe themselves as ‘not in good health’ is significantly higher than national and regional averages. In the 2007 Health and Related Behaviour Survey fewer than 50% of the Year 10 students surveyed recorded high levels of self esteem (53% of boys and 40% of girls). However, 68% of students felt that they were ‘in charge of their own health’: Hastings 70% and Rother 66%.

From the age of 11–19 years, bullying, including cyber and text bullying, is a cause for concern to young people. The Health Related Behaviour Survey asked students about their experience with bullying: 21% of boys and 22% of girls said that they had been bullied at school in the past 12 months (Table 15). While 9% of boys and 6% of girls said that they had bullied someone else in the last 12 months. Those students who indicated that they had been involved in bullying someone else were three times (95% Confidence Interval 2.4-4.0) more likely to have been a victim of bullying than those not involved in bullying.

The Children's Services Authority’s anti bullying team provides a well regarded support service for individual children and young people experiencing bullying, and their families, as well as training and awareness raising for schools and other agencies.

The 2005/06 CAMHS Needs Assessment found at least 22% of children using CAMHS in 2005 had ‘adult mental health issues’ recorded as an underlying cause for referral. This is likely to be an underestimate of the true number as many referrers will have been unaware of the mental health status of the parent. All cases involved other co-factors such as substance misuse, alcohol abuse and domestic violence.

According to a perinatal mental health survey of women booking with maternity services in East Sussex between April 2007 and March 2008, 1346 women identified themselves as currently or previously having mental health problems. This represented 30% of all women booking over this period.

Mental health problems in young people

In an average secondary school of 1000 pupils there are likely to be:

- 50 pupils with serious depression;
- 100 suffering from serious stress;
- 10 to 20 with obsessive-compulsive disorder; and
- 5 to 10 girls with an eating disorder.

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12 CMO. 2008. On the State of Public Health – chapter 3 under their skins
16 East Sussex Perinatal Mental Health Statistics April 2007–March 2008
### Table 15: Proportion of students indicating that they had experienced bullying at school or had bullied someone else in the last 12 months

<table>
<thead>
<tr>
<th>Area</th>
<th>Have experienced bullying in the past 12 month (%)</th>
<th>Have bullied someone else in the past 12 month (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Hastings</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>Rother</td>
<td>21</td>
<td>22</td>
</tr>
</tbody>
</table>


### Table 16: Number of young people (aged 10–19) who presented at A&E due to self harm in 2006/07

<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted</td>
<td>80</td>
<td>23.1</td>
</tr>
<tr>
<td>Discharge - no General Practitioner</td>
<td>50</td>
<td>14.5</td>
</tr>
<tr>
<td>Discharged to care of General Practitioner</td>
<td>82</td>
<td>23.7</td>
</tr>
<tr>
<td>Left department before being treated</td>
<td>40</td>
<td>11.6</td>
</tr>
<tr>
<td>Left department having refused treatment</td>
<td>6</td>
<td>1.7</td>
</tr>
<tr>
<td>Referred to fracture clinic</td>
<td>3</td>
<td>0.9</td>
</tr>
<tr>
<td>Referred to other health care professional</td>
<td>43</td>
<td>12.4</td>
</tr>
<tr>
<td>Referred to other out-patient clinic</td>
<td>26</td>
<td>7.5</td>
</tr>
<tr>
<td>Transferred to other health care provider</td>
<td>10</td>
<td>2.9</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Source: 2006/07 Hospital Episode Statistics
NHS Hastings & Rother is developing services to improve mental health and wellbeing of families. The children’s centres and the family outreach service play a significant role in supporting families. Families in this area are increasingly able to reach a range of support. The NHS Hastings & Rother plan Helping Children and Young People Lead Healthier Lives contains several actions to be undertaken in close conjunction with the children’s centres which target children’s mental health and wellbeing.

**Suicide and self harm**

An estimated 2–4% of 13–18 year olds attempted suicide nationally, this equates to between 241–483 young people in NHS Hastings & Rother. Nationally it is recognised that many young people attempt suicide who do not receive mental health support.

A total of 346 young people resident in East Sussex attended an Accident & Emergency Department (A&E) due to self harm in 2006/07. Of these, 64 were 10–14 years old and 281 were aged 15–19 years. Of these, the majority were discharged and only 80 were admitted to hospital. However 50 had no general practitioner, 40 left the department before being treated and five refused treatment, meaning a total of 95 (28%) of these young people did not receive referral to health or social services support.

The Hastings & Rother Healthy Living Centre programme for young people Pulse, in partnership with others, provides self harm training across the county including a basic module, an advanced module and a module focusing on children aged 0-11 years and self harm and young people and learning disabilities.

FLASH (Families Learning about Self Harm) is the latest extension of the self harm work and is a ten week programme targeting parents of young people aged 14 years and above who self harm and is being delivered by Safe UK.

Following a county-wide conference, attended by over one hundred front-line staff, in February 2008 NHS Hastings and Rother, Sussex Partnership Trust (adult and children’s mental health services) and East Sussex Children’s Services is developing a range of new work. This includes a new service for families where children are at risk due to parental mental health problems and builds on the existing Family Substance Misuse Service.

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17 Data is only available for 2006/07 (HES)
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: those affected by divorce; those bullied at school; and those who are carers.
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.
Background

Most smokers start smoking as teenagers. Prevention work and quit services for teenagers are key area of activity for stop smoking services.

National guidance

The Department of Health has recently published Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control. The document include a specific focus on children and smoking and one of the high impact changes is about doing all that we can to protect the young people in our communities from tobacco. A range of national and local targets are in place that NHS Hastings & Rother and its partner organisations will directly aim to achieve. Those which target children and young people include:

— A reduction in smoking in children, from 13% in 1996 to 9% or less by the year 2010.
— A reduction in the percentage of women who smoke during pregnancy, from 23% in 1995 to 15% by the year 2010.

The National Institute for Health and Clinical Excellence will be publishing guidance in late 2008 around youth smoking prevention Preventing the Uptake of Smoking in Children and local partnerships should review this guidance when it is published and facilitate any necessary actions to ensure adherence to its recommendations.

The local picture

Nationally, smoking prevalence is positively correlated with age. 9% of 11–15 year olds smoke regularly. At 15 years of age 16% of boys and 24% of girls smoke. In 2006 almost 40% of pupils aged 11–15 years in England reported having tried smoking at least once. However, the proportion who had never smoked rose from 47% in 1982 to 61% in 2004 and has remained at a similar level since.

Locally the 2006 TellUs2 Survey discovered that 25% of those surveyed (100 children and young people aged 10–15 years) had smoked a cigarette. Of 12–15 year olds surveyed, 26% felt they needed more or better information and advice about smoking, while 71% felt the information advice they currently get is good enough.

In the Big Vote 2007, in which young people indicated key concerns for them as well as voting for members of the National Youth Parliament and the local Youth Cabinet, smoking was one of the top three concerns identified by young people. The Youth Cabinet has since worked with NHS Hastings & Rother and others to produce a DVD for use in schools, designed to persuade young people to reduce or quit smoking. This DVD will be launched in November 2008.
The 2007 East Sussex Health Related Behaviour Survey found 15% of 14–15 year old pupils in East Sussex had smoked at least one cigarette during the seven days before the survey (Table 17). This was not significantly different to the responses received in 2004, although a smaller proportion of boys are now smoking.

From Table 17 it can be seen that in all areas a higher percentage of girls than boys smoke. Across East Sussex girls were almost twice as likely to smoke as boys. This difference increased with age with 15 year old girls 2.9 (95%CI 2–4.3) times more likely to smoke than boys of the same age. Across Hastings & Rother 63% of regular smokers said they would like to give up; this was higher in Rother (70%) than in Hastings (53%).

The East Sussex Joint Strategic Needs Assessment and NHS Hastings & Rother’s strategic commissioning priority to increase life expectancy and reduce health inequalities highlight smoking cessation as a key area for investment and action locally.

### Under 19s stop smoking services

Across East Sussex NHS stop smoking service data for quarter one and two of 2007–2008 showed that a total of 83 people aged 17 years and under set a date to quit smoking during that period of whom 16% (13) had successfully quit by the 4-week target. Service level data for the smoking cessation service in Hastings & Rother shows more young women (35) than young men (24) accessing the service with staff reporting young women as accessing the service more than once after failing to give up the first time.

The proportion of young people lost to follow-up from the smoking cessation service is high (57%). Service managers are planning to use social marketing techniques to better understand their clients and improve the quality of engagement of young people with the service.

There are examples of current good work by NHS Hastings & Rother and partners including:

- School nurses trained to brief intervention level for work in primary schools and to intermediate level for work in secondary schools.
- Weekly stop smoking clinics for pupils, staff and parents/carers in schools and colleges.
- Community engagement activity by specialist service advisers through attendance at community events.
- PCT commissioning of ‘Smoke Alarm’ a production delivered by a local drama group in primary schools.
- A school leaflet competition.
- Targeted work by ‘Pulse’ a project focusing on health issues with young people aged 16–25 years. This includes the development of a Youth Health Trainers initiative.

The East Sussex Youth Parliament has chosen to have smoking and young people as their top priority in 2008/09. A Youth Challenge conference is currently being planned as an agreed action by the local Tobacco Control working groups across East Sussex. This event will aim to raise the profile of smoking among children and young people and agree a future direction. Work needs to be co-ordinated in line with the High Impact actions.

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### Table 17: Proportion of year 10 students who smoke at least one cigarette a day, Health Related Behaviour Survey 2007

<table>
<thead>
<tr>
<th>Area</th>
<th>Boys (%)</th>
<th>Girls (%)</th>
<th>Persons (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hastings</td>
<td>13</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>Rother</td>
<td>9</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>East Sussex</td>
<td>12</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>Wider data</td>
<td>13</td>
<td>21</td>
<td>17</td>
</tr>
</tbody>
</table>

**Smoking and pregnancy**

Smoking during pregnancy carries increased risks to the mother and baby. Evidence shows that the earlier the mother stops smoking, the greater the benefits she and her baby will enjoy.

In 2006/07 the proportion of women smoking at the time of delivery was significantly higher than the England average in NHS Hastings & Rother (27.2%). In 2007/08 this fell to 25.5%, although national figures are not yet available for comparison (Table 18).

<table>
<thead>
<tr>
<th>Area</th>
<th>2005/06</th>
<th>2006/07</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>% smoking status unknown</td>
<td></td>
<td>% smoking during pregnancy</td>
<td>% smoking status unknown</td>
</tr>
<tr>
<td>NHS East Sussex Downs and Weald</td>
<td>10.2</td>
<td>14.3</td>
<td>5.8</td>
</tr>
<tr>
<td>NHS Hastings &amp; Rother</td>
<td>1.7</td>
<td>25.4</td>
<td>1.3</td>
</tr>
</tbody>
</table>

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

Effective referral systems are key to helping pregnant women quit smoking. Across East Sussex midwives are asked to routinely refer all pregnant women who smoke to the stop smoking service, unless they opt out. Following referral, women are offered information tailored to their individual situation with follow-up appointments if they choose to set a quit date. They are encouraged to bring along partners or anyone in the home who smokes and home visits are possible.

NHS Hastings & Rother has commissioned an external consultant to manage a social marketing campaign looking at several health issues, including:

1) Informing women of the consequences of smoking in pregnancy;
2) Reducing the number of young people that smoke.

The results will be used to develop innovative interventions to prevent ill health and help change current behaviour amongst local residents. Focus groups will look at reasons for accessing/not accessing the smoking service, specifically focusing on awareness of the service, communication preferences and ways in which the target audience can be more effectively targeted.
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.
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 48% 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.
Alcohol

Background

Britain has one of the highest rates of children consuming alcohol in the world.\(^\text{18}\) Although the proportion of 11–15 year olds who drink is decreasing those that do drink consume more, more frequently, and favour higher strength alcoholic drinks. The 2004 Smoking, Drinking and Drug Use survey found that the average weekly amount of alcohol consumed by those children aged 11–15 years who had consumed any alcoholic drink in the last week was 10.7 units – more than double the amount in 1990 (5.3 units).\(^\text{19}\)

Nationally, the historic gender difference in alcohol consumption is narrowing as alcohol intake in girls is increasing faster than boys. A higher proportion of girls binge drink; where binge drinking is defined as drinking more than five units of alcohol on a single occasion.\(^\text{20}\) Binge drinking is a particularly harmful pattern of drinking in adolescence, and is more common among those from deprived areas (Figure 11).

There are up to 1.3 million, or one in eleven, children in the UK living with parents who misuse alcohol. NHS Hastings & Rother is committed to working with our partners in the statutory and voluntary sector to reduce the harm caused by alcohol misuse in families and its subsequent effects on children.

The local picture

The 2007 Health Related Behaviour Survey asked 3908 Year 10 pupils (aged 14–15 years) in East Sussex about their experience with alcohol.

- 63% of pupils did not drink alcohol in the past seven days
- 84% of boys and 79% of girls said they did not get drunk in the previous week
- 42% of pupils say if drinking was ever done at home it always took place with their parents’ knowledge
- During the past seven days before the survey 2% of pupils had bought alcohol from an off licence.
- 12% said they got someone else to buy alcohol for them
- 15% of pupils reported drinking outside in a public place

Nationally, the proportion of 15 year olds who had drunk alcohol within the last seven days was 41% which is above the 37% of 14–15 year olds in the 2007 East Sussex Health Related Behaviour Survey. Of the 53% in NHS Hastings & Rother who reported drinking in the past seven days (Hastings 54%; Rother 52%) in the Health Related Behaviour Survey 18% reported getting drunk on at least one occasion (in both areas).


Potential impact of parental alcohol misuse on children

— Five times as many children could be affected by parental alcohol problems as by parental drug misuse.

— Around one third (360,000) of all domestic violence incidents are linked to alcohol misuse.

— Alcohol misuse by parents was identified as a factor in over 50 per cent of child protection cases.

— 2-30% of women drinking more than 56 units of alcohol per week may have babies with Foetal Alcohol Syndrome. This equates to between 240 and 1,190 such cases per year in the UK.

Source: Bottling it Up (Turning Point 2006)
The Health Related Behaviour Survey results also showed that 10% of 14-15 year old boys and 6% of girls in East Sussex surveyed stated they had drunk more than 14 units of alcohol in the last seven days. This is significantly lower than the national figure of 24% of 14 year old boys (25% of 15 year olds) and 31% of 14 year old girls (23% of 15 year olds) who had drunk more than 14 units in the last week, suggesting that pupils in East Sussex are drinking more moderately than the national average.

There was very little change in the proportions of young people who report drinking over 14 units of alcohol in the last week between 2004 and 2007. However, there was a rise of around ten percentage points in the proportion of both boys and girls drinking no alcohol in the last seven days.

While the proportion of young people in East Sussex who had drunk over 14 units of alcohol in the last week was lower than the wider survey data, it still represents over 200 young people who are putting themselves at risk of the negative consequences associated with being drunk. This frequency and level of consumption in children potentially signals the development of long term serious mental and physical health problems.

### Table 19: Units of alcohol consumed by pupils aged 14–15 years in the last week

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 units</td>
<td>56% 52%</td>
<td>65% 62%</td>
<td>58% 53%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 14 units</td>
<td>10% 6%</td>
<td>8% 6%</td>
<td>12% 8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>193 119</td>
<td>154 119</td>
<td>231 158</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


### Table 20: Hospital admissions due to alcohol specific conditions for persons aged under 18 years, 2007

<table>
<thead>
<tr>
<th>Area</th>
<th>Crude rate per 100,000 under 18 population</th>
<th>Number</th>
<th>Comparison to English and Regional averages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hastings</td>
<td>128</td>
<td>75</td>
<td>Significantly worse than the national and regional average</td>
</tr>
<tr>
<td>Rother</td>
<td>103</td>
<td>51</td>
<td>Significantly worse than the national and regional average</td>
</tr>
<tr>
<td>South East</td>
<td>57</td>
<td>3059</td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>61</td>
<td>20121</td>
<td></td>
</tr>
</tbody>
</table>

Source: www.hesonline.nhs.uk

The proportion of young people in East Sussex who had drunk over 14 units of alcohol in the last week was lower than the wider survey data, it still represents over 200 young people who are putting themselves at risk of the negative consequences associated with being drunk. This frequency and level of consumption in children potentially signals the development of long term serious mental and physical health problems.

**Hospital admissions and treatment**

Eastbourne has significantly higher numbers of under 18s presenting to hospital with alcohol specific conditions than elsewhere in England (Table 20). More work is required to determine the causes and effects of alcohol related attendances and admissions for young people across the county.
East Sussex Drug and Alcohol Action Team, Young People’s Specialist Substance Misuse Treatment Needs Assessment 2007/08 found that:

— 108 (37%) of young people in drug treatment misused alcohol as their primary drug.
— Alcohol was the most common primary substance used by young people in treatment in Eastbourne (51% of young people) and Rother (52%). In all other areas it was the second most common substance after cannabis.
— The Drug and Alcohol Action Team assessment found however that the number of referrals of young people aged under 19 years from A&E to Drug and Alcohol Action Team services was low as a proportion of people presenting: with fewer than five across NHS Hastings & Rother.

The Drug and Alcohol Action Team review concluded that alcohol referral needs for young people were not being met.

Harm caused by alcohol

A child’s physical health can be affected by a mother drinking during pregnancy. Children can experience high levels of stress and anxiety from a range of sources when there is problem drinking in the family. Family alcohol misuse can severely impact on a child’s educational opportunities. They may also assume parental responsibility in the household, including carrying out household chores, caring for younger siblings and caring for the parents themselves.

Working in partnership with the Drug and Alcohol Action Team and Personal, Social and Health Education teams, promoting the development of parenting skills and supporting those with problematic alcohol use and chaotic lives NHS Hastings & Rother seeks to limit the damage caused by problematic alcohol consumption and improve the life chances of those children, parents and carers affected. NHS Hastings & Rother is also working with partners to increase education about the damage caused by excessive alcohol use and the reduction in underage alcohol supply.

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21 East Sussex Drug and Alcohol Action Team, Young People’s Specialist Substance Misuse Treatment Needs Assessment 2007/08
November 2007
Drug misuse

Background

Drug misuse in young people has been linked to suicide, depression, conduct disorders, educational problems and long-term mental health effects. There is also evidence that cannabis use is linked to serious mental health issues. However, very few young people regularly misuse drugs. Since the introduction of the 1998 drug strategy, use of illicit drugs amongst young people has fallen from 21% in 2003 to 11% in 2006. Class A drug use has stabilised to around 8% in 2006/07.

Young people in known risk groups are the ones most likely to become the problematic drug users of tomorrow. They are often coping with significant levels of pressure from other factors, such as deprivation, low self esteem, parental drug misuse, school exclusion or other family/parenting issues.

In the UK there is estimated to be between 250,000 and 350,000 dependent children living with parental drug misuse.

National guidelines

The new ten year Drug Strategy prioritises families for the first time and outlines actions to reduce the harm that children experience from either their own or a parent’s use of drugs, alcohol and volatile substances.

The local picture

In East Sussex the 2006 TellUs2 Survey asked 100 young people in East Sussex aged 12–15 about their experience with drugs. Of those who responded, 79% said they had never taken drugs and 6% had not taken any drugs in the last four weeks. The 2007 East Sussex Health Related Behaviour Survey found that fewer than 20% of 14–15 year olds surveyed had ever taken drugs; this was slightly higher in Hastings (16%) than Rother (14%) (Table 21 - overleaf).

There was no difference in the proportion of girls and boys having taken drugs, nor in the proportion of 14 and 15 year olds, which reflects the age pupils are first trying drugs: 59% of young people who gave a response first tried a drug when they were 13 years of age.

Four percent of pupils said they had taken more than one type of drug on the same occasion. Ten percent of the boys and 12% of the girls said that they had taken an illegal drug and alcohol on the same occasion. Of the young people questioned 29% felt they required more/better information and advice about drugs.

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22 CMO Report 2007
23 http://www.go-se.gov.uk/gose/communitySafety/drugs/674092/
Young people in treatment

The East Sussex Drug and Alcohol Action Team, Young People’s Specialist Substance Misuse Treatment 2007 Needs Assessment found the number of young people in treatment across NHS Hastings & Rother was concentrated on the urban area of Hastings (Table 22).

Of these 552 young people, 539 (97.6%) were aged 11–18 years when they first presented to treatment: 291 (52.7%) were aged 11–15 years; and 248 (44.9%) were between 16–18 years of age.

The main substances used across both local authority areas were cannabis (50%) and alcohol (42%) (Table 23).

The majority of young people in treatment in East Sussex during this time were male (61.4%).

Of those in treatment 76.3% identifying themselves as white British suggesting that those from Black and Minority Ethnic (BME) groups are over represented compared to the ethnic profile of the county. However, ethnicity is poorly recorded with data for 17.3% of the young people in treatment are incomplete due to data system reporting error.

Harm caused to children by problematic substance usage

NHS Hastings & Rother works with partners in the statutory and voluntary sector to reduce the harm caused by substance misuse and its subsequent effects on children and a number of families have now been supported by the new East Sussex Family Substance Misuse Service which addresses the needs of families in a holistic way.

Table 21: Percentage of young people that have ever taken drugs

<table>
<thead>
<tr>
<th>Area</th>
<th>Never</th>
<th>In past week / month / year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hastings</td>
<td>84.4</td>
<td>15.6</td>
</tr>
<tr>
<td>Rother</td>
<td>85.9</td>
<td>14.1</td>
</tr>
<tr>
<td>East Sussex</td>
<td>81.9</td>
<td>18.1</td>
</tr>
</tbody>
</table>


Table 22: Young people in treatment by local authority

<table>
<thead>
<tr>
<th>Area</th>
<th>Frequency</th>
<th>% of young people in East Sussex in treatment</th>
<th>Rate per 1000 population aged 10–19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hastings</td>
<td>177</td>
<td>31.7</td>
<td>8.5</td>
</tr>
<tr>
<td>Rother</td>
<td>66</td>
<td>12.2</td>
<td>4.1</td>
</tr>
<tr>
<td>East Sussex</td>
<td>552</td>
<td>100.0</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Source: East Sussex Drug and Alcohol Action Team, Young People’s Specialist Substance Misuse Treatment Needs Assessment.

Table 23: Primary substance used by young people in treatment

<table>
<thead>
<tr>
<th>Substance</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis unspecified</td>
<td>49.6</td>
</tr>
<tr>
<td>Alcohol</td>
<td>42.8</td>
</tr>
<tr>
<td>Cocaine unspecified</td>
<td>1.8</td>
</tr>
<tr>
<td>Solvents unspecified</td>
<td>1.8</td>
</tr>
<tr>
<td>Heroin illicit</td>
<td>1.6</td>
</tr>
<tr>
<td>MDMA</td>
<td>1.4</td>
</tr>
<tr>
<td>Benzodiazepines, Steroids, unspecified, Nicotine, Ketamine, Amyl nitrate</td>
<td>&lt; 1</td>
</tr>
</tbody>
</table>

Source: East Sussex Drug and Alcohol Action Team, Young People’s Specialist Substance Misuse Treatment Needs Assessment.
Potential impact of parental drug misuse on children

— The misuse of drugs and/or alcohol may adversely affect the ability of parents to attend to the emotional, physical and developmental needs of their children in both the short and long term.

— In the UK there are estimated to be between 250,000 and 350,000 dependent children living with parental drug misuse.

— Between 50% and 90% of families on social workers’ child care caseloads have parents with drug, alcohol or mental health problems.

— Residential rehabilitation programmes which include the children have been demonstrated to be effective.

— Studies often fail to evaluate the impact of substance misuse on parenting capacity relative to other aspects of disadvantage, such as poverty, unemployment or depression.

— Parents are worried about losing their children, so confidentiality is considered to be a requirement for support services.

— Children often know more about their parents’ misuse than parents realise, and feel the stigma and shame of this misuse, but also fear the possibility of being separated from their parents and taken into care.

Source: Social Care Institute for Excellence 2005
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.
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 and 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.
Background

Sexual health is an important part of physical and mental health. Sexual ill health disproportionately affects specific population groups including teenagers. There is a strong link between social deprivation and sexually transmitted infections, abortions and teenage conceptions.

The health problems resulting from unmet sexual health needs, such as pelvic inflammatory disease, ectopic pregnancies, infertility, HIV, cervical and other cancers, Hepatitis, chronic liver disease and liver cancer, recurrent herpes and premature delivery, can be devastating to individuals in later life. Improving young people’s sexual health and reducing teenage pregnancy are key government priorities.

National guidelines

A range of targets which aim to improve sexual health, and decrease sexually transmitted infections and teenage pregnancy rates have been set. These include:

— reduce the under 18 conception rate by 50% by 2010 as part of the broader strategy to improve sexual health;
— ensure 100% of patients contacting GUM clinics to be offered an appointment within 48 hours by 2008; and
— increase the percentage of people aged 15-24 years accepting Chlamydia screening.

The National Healthy Schools Programme also includes a National Healthy Schools Standard, with the themes of sex and relationship education.

The local picture

The geography of NHS Hastings & Rother poses some particular challenges for tackling health inequalities in the sexual health of the people living in the county. A combination of urban and rural localities can result in patchy service delivery and barriers to access for local residents. Developing access to sexual health service provision within primary care is essential.

The NHS Hastings & Rother sexual health strategy includes the national targets which are of relevance to children and young people. An additional three priorities have also been adopted for 2008/09:

— effective communication and access to services
— strong delivery of Sexual and Relationship Education / Personal, Social and Health Education by schools
— targeted work with at-risk groups of young people, especially Looked After Children (see Chapter 5)

The Hastings & Rother Under 25s Sexual Health Action Group coordinates the actions of local organisations to meet the priorities of the sexual health strategy. The group involves key partners such as education, employment and housing to address key risk factors such as poverty, poor educational attainment and low aspirations which contribute to this complex issue.

International WHO Technical Consultation on Sexual Health (28–31 January 2002)

The National Strategy for Sexual Health and HIV. London: Department of Health
In early 2008 a comprehensive sexual health needs assessment was commissioned by the two PCTs. It found:

— There has been an increase over the last five years in sexually transmitted infections diagnosed in Sexual Health clinics and an increase in the number of people seeking treatment for HIV.
— The proportion of women who use Long Acting Reversible Contraception (LARC) is lower than both the regional and national rate.
— The percentage of NHS funded abortions under 10 weeks (seen as an indicator of the strength of sexual health services in a PCT) is lower in East Sussex than both regional and national rate.
— Young people report that they prefer external speakers for their school-based Sex and Relationship Education and use of DVDs.
— Young people have reported negative attitudes from professionals to being teenage parents including ‘pressure’ to take up LARC from midwives and health visitors.

Teenage pregnancy and the development and delivery of the East Sussex teenage pregnancy strategy are discussed in Chapter 4.

Sexually transmitted infection rates

The number of new diagnoses of sexually transmitted infections in genito-urinary medicine clinics in the UK is rising. The most common sexually transmitted infection nationally among young people aged under 19 years are Chlamydia, genital warts, herpes and gonorrhoea. While nationally, the highest rates of new diagnoses for genital warts, Chlamydia and gonorrhoea are among 16–19 year olds, in East Sussex it is the 20–24 year age group where the highest rates of diagnoses are occurring, followed by the 15–19 year old age range.

48 hour access to genito-urinary medicine clinics

By July 2008, NHS Hastings & Rother was able to see 99% of patients within 48 hours and offered 96% of patients an appointment within 48 hours. This is a marked improvement since the Health Protection Agency and PCTs began tracking genito-urinary medicine waiting times.

Chlamydia screening in people aged 15–24 years

Chlamydia affects an estimated one in ten sexually active young people. It is asymptomatic in at least three quarters of women and half of men. Untreated infection can lead to serious health problems, particularly for women.

The national Chlamydia screening programme targets young women. As a result of the programme the rate of diagnosis nationally in 2006 was 1337 per 100,000 young women aged 16–19 years and 544 per 100,000 young men. Rates of diagnosis are higher among 16–19 year old women than any other age group.

There has been a marked increase in Chlamydia infections in males in Hastings & Rother from 2001. The increase in female infections has, on average, been steeper than that in males and is marked by a dramatic increase in infections in the 15–19 year old age group. The increase in Chlamydia diagnosis is thought to be due to a combination of increased testing of those attending health services, increased public awareness and increased transmission of infection.

The national target set by the Department of Health requires 15% of the total population aged 15-24 years within each PCT to be screened during 1st April 2007 to 31st March 2008. In 2007/08 Hastings & Rother screened only 4.4% of the 15-24 year age group. This figure was short of the local target of 15% for Hasting & Rother but above the average for the South East Coast Strategic Health Authority of 3.9% (Figure 12).
Actions are being taken to increase the proportion of young people taking up the offer of screening including a marketing plan to widely publicise it in venues, which are accessed by young people, including a free phone information and advice number. Links are also being developed between the programme, the established condom distribution scheme and access to contraceptive services.

Additionally, work will continue to encourage all GP practices to promote the Chlamydia screening programme through the use of posters and flyers and to offer opportunistic Chlamydia tests for 16–25 year olds. Of the 48 GP practices in NHS Hastings & Rother, 38 are now sites for Chlamydia screening. In addition six hostels offer screening, as well as Children’s Centres, colleges, and sporting venues. Home testing kits have also been made available, which will in particular enable young people living in rural areas to have greater access to the programme.

**Effective communication and access to services**

Preventing poor sexual health depends on everyone having the information, skills and services that they need. Skilled professionals in health, education, social care and voluntary services play vital roles in HIV and sexually transmitted infection prevention and raise awareness of sexual health and help people to get the information and services they need. In 2007 a multi-agency steering group was established to implement and evaluate sexual health promotion campaigns across East Sussex. This sub-group of the Teenage Pregnancy Partnership Board has successfully delivered “Valentines Day” and “Staying Safe this Summer” campaigns in 2008.

The 2006 TellUs2 Survey and the East Sussex Health Related Behaviour Survey 2007 asked young people aged 12–15 years what they thought about the information and advice they receive about sex and relationships. 30% responded they needed more information and advice. Both sexes felt that they should be getting more of their information about sex from their parents and less from their friends (Table 24).

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The East Sussex Health Related Behaviour Survey 2007 also included questions on sexual behaviour: 75% of pupils said that they had not had a sexual relationship; 6% said that they were currently in a sexual relationship; and 11% had a sexual relationship in the past. Overall:

— 61% of pupils say they know where they can get condoms free of charge.
— 44% of pupils know where they can get emergency contraception free of charge.
— 91% said they knew about Chlamydia with 26% also saying that they know where to go to get a test.

For most sexual health services girls were more aware of their availability than boys, as were those pupils who indicated that they were currently or previously sexually active. Of the students who indicated that they had been sexually active 71% knew where to obtain free condoms and 89% knew about Chlamydia, with over half (54%) also knowing where to go for testing. However, only 39% of sexually active girls and 28% of sexually active boys were aware of the availability of specialist contraceptive services.

<table>
<thead>
<tr>
<th>Table 24: Main sources of information about sex (actual and preferred source)**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Parents</td>
</tr>
<tr>
<td>Lessons</td>
</tr>
<tr>
<td>Friends</td>
</tr>
</tbody>
</table>


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28 Data taken from Health Related Behaviour Questionnaire 2007
Strong delivery of sex and relationship education / personal, social and health education by schools

**Good practice**

In 2008, Thomas Peacock school in Rye has established a service and NHS Hastings & Rother is working with partner organisations to encourage further schools in the area to develop sexual health services onsite. At a basic level this includes referral and signposting to offsite services. At a more advanced level this includes onsite drop-in clinics providing contraception and testing services. This is encouraging because the evidence base recommends that in such settings nurses can provide one-to-one sexual health advice for example to young people from disadvantaged backgrounds, who are in – or leaving – care or have a low educational attainment or in other at risk population groups such as men who have sex with men or who have come from or who have visited areas of high HIV prevalence. This free and confidential advice should focus on reducing risk taking and the use of contraception, including long-acting reversible contraception (LARC) and emergency contraception.

There is evidence that well planned sex education when linked to contraceptive services can encourage the delay of first intercourse. Elements of sex and relationship education (SRE) such as the biological aspects of human growth and reproduction form part of the national curriculum for science and are compulsory for all children in secondary schools. Other aspects of SRE include education about sex, sexuality, emotions, relationships and sexual health which form part of a minimum programme that is taught personal, social and health education (PSHE) at the discretion of individual schools within PSHE and religious education programmes.

The provision of sexual health services in schools and further education settings is increasingly seen as an important preventative and cost effective approach. A growing body of evidence suggests the use of peer educators, particularly with adolescent audiences can be effective way of promoting sexual health to young people. Non-healthcare settings and detached youth workers in other urban and rural communities are also being used to target vulnerable young people who may not be in education and employment.

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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.
Background

Accidental injury is a leading cause of child death in England and Wales. In 2006, 299 children aged under 15 years died as the result of injury or poisoning. Every year over two million children are taken to a hospital after having an accident. These are the accidents we know about, many more children are hurt in accidents but are treated at home or by a family doctor and so are not counted in official statistics.33

Socio-economic circumstance is a significant factor in relation to accident prevention and those children living in the poorest areas are far more likely to have an accident than children in more affluent areas. For example, children of parents who have never worked or who are long term unemployed are 38 times more likely to die as a result of exposure to smoke, fire or flames than those children of parents in higher managerial and professional occupations.34 This pattern is reflected with car and road accidents.

National guidance

‘Staying Safe’ is the first ever cross-Government strategy on improving children and young people’s safety, and its main aims are to:

— Raise awareness of the importance of safeguarding children and young people;
— Promote better understanding of safeguarding issues, encouraging a change in behaviour towards children and young people, and their safety and welfare;
— Ensure work in this area is coherent, and effectively coordinated across government.
— Reinforce existing activity by implementing a range of new commitments

The ‘Staying Safe Action Plan’35 outlines the key commitments the government will be taking forward over the next three years to improve children and young people’s safety.

35 The Department of Children, Schools and Families, ‘Staying Safe’ 2008
The local picture

The Local Area Agreement 2006/09 for East Sussex included a target to reduce the number of children attending A&E in East Sussex Hospitals Trust. This was monitored through the attendance data received from the hospitals and has shown a year on year decrease.

As part of the development of the first East Sussex Children and Young People’s Plan (2006–2008) local children were consulted about their concerns and indicated that, with regards to safety there is anxiety among both children and young people about their personal safety, including road safety.

The 2008 Department of Health Community Health Profile shows that road injuries and deaths in Hastings are similar to the England average. However, they are significantly worse in Rother; this may be in part due to the high proportion rural roads but is an area which should be addressed in partnership with other agencies such as Highways, Police and Fire and Rescue.

The Local Safeguarding Children Board has developed a Child Safety Action Plan including action to reduce accidents.

Work currently undertaken

The Hastings & Rother Plan ‘Helping Children and Young People Lead Healthy Lives 2008–2009’ supports the implementation of the Children and Young People’s Plan in the area. It aims to ensure all agencies are working together to tackle inequalities and improving health.

The plan also supports the Injury Minimisation Programme for Schools ensuring all priority schools, and where capacity allows non-priority, are able to access this scheme. Injury Minimisation Programme for Schools raises awareness of staying safe and also what happens in the event of an accident.

‘Safety in Action’ week is an annual partnership event, co-ordinated by East Sussex Fire and Rescue, for primary schools in Hastings & Rother. It offers all local Year 6 school children the chance to attend a range of scenarios aimed at increasing the skills of children in recognising danger and acting appropriately.

The need to co-ordinate further initiatives to reduce accidents in Hastings & Rother has been recognised and specific Accident Prevention sub groups of the Healthy Hastings Partnership Board. The Rother Health Improvement Partnership were established in 2008 and involve a wide range of local partner organisations.

36 East Sussex County Council, ‘Children and Young People’s Action Plan 2006–2008’

37 Community Health Profiles compiled by the Association of Public Health Observatories 2008

38 Hastings and Rother Primary Care Trust, ‘Helping Children and Young People Live Healthier Lives’ 2008
Recommendations

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

— The infant mortality rate is a marker of overall health and wellbeing 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 affect 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.
Infant mortality

The infant mortality rate is the number of deaths in the first year of life per 1000 live births. It is a good indicator of the overall health of an area, providing an important measure of the wellbeing of infants, children and pregnant women. It is strongly influenced by socio-economic circumstances.

Tackling infant mortality at local level is complicated by the small number of infant deaths in individual localities so it is helpful to pool several years data. In East Sussex in the 11 year period 1995–2005 there were 290 deaths in infants under 1 year giving an infant mortality rate of 5.5 per 1000 live births. Table 25 shows that Eastbourne had the highest rate for this period at 6.9 per 1000 live births and Rother the lowest at 4.3 per 1000 live births. However, the difference between the local authority areas is not statistically significant.

NHS Hastings & Rother has an infant mortality rate of 5.8 per 1000 live births but there is variation across the practise based commissioning clusters.

The three main causes of infant mortality are immaturity related conditions, congenital anomalies and sudden unexplained death. A reduction in infant mortality will be achieved through a combination of NHS interventions and actions on the wider determinants of health. Reducing smoking in pregnancy, reducing the number of women sharing a bed with their baby or putting their baby to sleep in the prone position, achieving the teenage pregnancy targets, increasing breastfeeding, improving maternal diet, antenatal and neonatal screening and improved immunisation uptake all have a benefit in reducing mortality for children under 1 year of age.

Table 25: Infant mortality rate for the period 1995–2005 for local authorities in East Sussex

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Infant mortality rate per 1000 live births</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastbourne</td>
<td>6.9</td>
<td>5.3–8.5</td>
</tr>
<tr>
<td>Lewes</td>
<td>4.7</td>
<td>3.3–6.0</td>
</tr>
<tr>
<td>Wealden</td>
<td>4.8</td>
<td>3.7–5.9</td>
</tr>
<tr>
<td>Hastings</td>
<td>6.6</td>
<td>5.1–8.1</td>
</tr>
<tr>
<td>Rother</td>
<td>4.3</td>
<td>2.9–5.8</td>
</tr>
<tr>
<td>East Sussex</td>
<td>5.5</td>
<td>4.8–6.1</td>
</tr>
</tbody>
</table>

Source: East Sussex PCTs Public Health Intelligence
All age, all cause mortality

Like infant mortality, analysing mortality in 1–19 year olds is complex because of the small number of deaths in individual localities. To address this, several years of data are combined to compare rates in localities. In East Sussex in the 12 year period 1995 to 2006 there were 288 deaths in children and young people aged 1–19 years, giving a mortality rate of 250 per 100,000 population under 20 years of age.

Table 26 shows that Hastings Borough Council had the highest rate for this period at 290 per 100,000 population under 20 years of age and that Lewes District Council and Wealden District Council had the lowest rates at 220 per 100,000.

Of the 25 wards in East Sussex with the highest mortality rates, 5 are in Hastings, 2 in Eastbourne, 5 in Rother, 4 in Lewes and 8 in Wealden Local Authority areas. The ward with the highest infant mortality rate is Herstmonceux (Wealden District Council) with a rate of 710 per 100,000 population under 20 years of age. There are 8 wards across East Sussex that have had no deaths in the 12 year period.

Table 26: Mortality rates for the period 1995 to 2006 for local authorities in East Sussex

<table>
<thead>
<tr>
<th>Local authority</th>
<th>1–19 year old mortality rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastbourne</td>
<td>260</td>
</tr>
<tr>
<td>Lewes</td>
<td>220</td>
</tr>
<tr>
<td>Rother</td>
<td>280</td>
</tr>
<tr>
<td>Hastings</td>
<td>290</td>
</tr>
<tr>
<td>Wealden</td>
<td>220</td>
</tr>
<tr>
<td>East Sussex</td>
<td>250</td>
</tr>
</tbody>
</table>

Source: East Sussex PCTs Public Health Intelligence
Figure 13 shows the mortality rate for children and young people aged 1–19 years per 100,000 population under 20 years of age for the period 1995 to 2006 at ward and practice based commissioning cluster level.

NHS Hastings & Rother had a mortality rate of 280 per 100,000 population under 20 years but there is significant variation in the rate at of practice based commissioning cluster level. Lower St Leonards practice based commissioning cluster has the highest mortality rate at 360 per 100,000 population under 20 years and East Hastings has the lowest rate at 220 per 100,000 population under 20 years. Within Lower St Leonards practice based commissioning cluster all the GP practices except one have rates above the 75th percentile for East Sussex.

As part of a national pilot, the East Sussex Local Safeguarding Children Board has established a Child Death Overview Panel.
Figure 13: Mortality in 1-19 year olds, rate per 100,000 population under 20 years by ward, NHS Hastings & Rother, 1995 to 2006
Child health protection

Childhood immunisations

The current UK childhood vaccination programme schedules immunisations from two months to 18 years to protect against the following diseases: Diphtheria; Pertussis; Tetanus; Polio; Haemophilus Influenzae Type b (Hib); Pneumococcal; Meningitis C; Measles Mumps and Rubella (MMR); and Human Papilloma Virus (HPV).

In NHS Hastings & Rother the overall rate of uptake of primary vaccines that children have before they are one year old (Diphtheria, Pertussis, Tetanus, Polio & Hib) is 95%. Across NHS Hastings & Rother as a whole 87.5% of children have had MMR by the time they are two years old. In NHS Hastings & Rother during 2007/08, there were six reported cases of mumps, seven cases of measles, six cases of meningitis and fewer than five cases of Rubella.

It is very important that uptake levels for vaccines in children and young people are high in order to prevent avoidable illness.

From October 2008 there will be an MMR catch up programme starting with children and young people up to the age of 18 years who have received no doses of MMR. Lead practice nurses and health visitors will be involved in supporting uptake of childhood vaccinations in practices with low uptake rates.

Human papilloma vaccination

Human papilloma virus (HPV) is a virus which infects the deepest layer of the skin or genital surfaces (epithelium). There are approximately 100 types of HPV in total and about of these 40 can infect the genital area. Most HPV infections clear on their own and cause no clinical problems; however some genital HPVs can cause cancer, genital warts and other rarer cancers. Two types of HPV are responsible for over 70% of all cases of cervical cancer.

Genital HPV infections are spread primarily by sexual contact. For sexually active people, condoms reduce the risk of HPV infection, but they are not 100% effective. HPV can also be transmitted non-sexually, including transmission from mother to baby in the period immediately before and after birth, and hand to genital contact may explain some infections in childhood.

Vaccines which protect against HPV have been developed and the Department of Health announced in May 2008 that it implement a programme of vaccinations for 12 and 13 year old girls. The HPV vaccine (Cervarix) is over 99% effective in preventing cervical abnormalities associated with HPV types 16 and 18 in women who have not already been infected by these types.

It has been calculated that the implementation of this vaccine will save the lives of over 400 women every year.

From September 2008, the NHS Hastings & Rother will be undertaking a school based programme for the vaccination of all 12 and 13 year old girls (year 8) against HPV. The vaccination programme involves three injections administered over six months and will be co-ordinated through schools.

The Department of Health announced on 21st July 2008 that it would be releasing extra funding to allow all 17 and 18 year olds in the school year of September 2008 to July 2009 to also be invited to be vaccinated.

Prevention of Hepatitis B in babies at risk

Hepatitis B is a blood-borne viral infection transmitted through contact with infected blood or body. Between 70 and 90% of babies born to a high risk mother will become infected. However, it is vaccine preventable and vaccine given soon after birth reduces risk to less than 10%.46

National research and regional and local audits have demonstrated that significant numbers of babies are not completing their full vaccination schedule and only half are having the recommended blood test at one year.47 This blood test is important in that it identifies infants who are infected and require follow up.

The local audit also revealed that there is a problem with the completeness and quality of follow-up of infants born to Hepatitis B positive mothers, this needs to be resolved.

Tuberculosis prevention in children in East Sussex

Since the 1990’s, tuberculosis has re-emerged as a public health challenge. In England and Wales, tuberculosis is no longer an infection of the general population, rather it is has become an infection affecting specific sectors of the population. Persons with pulmonary tuberculosis are of greater public health concern than those with non pulmonary disease because they are more likely to be infectious to others.

In 2006, the Department of Health changed their policy on BCG vaccine for tuberculosis from the mass school based programme to vaccinating just people at risk. According to the criteria set the following children are eligible for vaccination:

— Babies and children with a birth place, parents or grandparents who are high risk of tuberculosis.
— Children who were born outside the UK, where there was a high risk of tuberculosis.
— Children who are travelling to a high risk country for more than three months.
— Children who are contacts of a tuberculosis case.

This has been implemented in East Sussex.

East Sussex has a low prevalence of tuberculosis. Very low numbers of children with tuberculosis are notified from East Sussex. There is no evidence of transmission from high risk children to low risk locally.

46 Sloan D, Ramsay M, Prasad L, Gelb D and Gee Tea C Prevention of perinatal transmission of hepatitis b to babies at high risk: an evaluation 2005
47 Ditto 7
Chronic disease

Chronic disease refers to poor health that is ongoing and management tends to be long-term. The main types of chronic illness that affect children are: asthma, diabetes and epilepsy. It is important that any chronic disease is identified at an early stage so that prompt and effective management can be put in place as soon as possible to avoid preventable consequences such as requiring admission to hospital and long term poor health outcomes. For children it is even more important that any long term condition is accurately diagnosed at an early stage, as it is likely that some of them will live with the condition for the rest of their lives.

Self-management of chronic diseases is important, individuals’ themselves need to understand and manage their own condition to avoid the need for additional healthcare. This might include knowing the correct way of using an asthma inhaler and recognising the importance of taking insulin or anti-epileptic medication at the appropriate times.

Other types of long-term disease are less common though more severe, including cystic fibrosis and cerebral palsy. These are dealt with in this report under ‘complex needs’.

Asthma

Asthma affects the airways of the lungs (the bronchi) and causes them to be inflamed and swollen. The bronchi are small tubes that carry air into and out of the lungs. In the UK, over 1.1 million children have asthma. Asthma in children is more common among boys than girls. Children who develop asthma at a very young age are more likely to ‘grow out’ of the condition as they get older.

During the teenage years, the symptoms of asthma will disappear in approximately three-quarters of all children with the condition. However, asthma can return in adulthood. If the childhood symptoms of asthma are moderate to severe, it is more likely that the condition will return later in life.

Local data

Most children and young people with asthma are managed in primary care. Although through the Quality and Outcomes Framework general practice do record the numbers of individuals with diagnosed asthma on their lists these are not age specific, therefore, the numbers of children and young people with a diagnosis of asthma being treated in primary care cannot be determined.

A&E admissions data

In East Sussex during 2006/07 there were 259 children under the age of 19 years admitted to hospital via A&E with asthma. There were a total of 339 emergency admissions in under 19 year olds (some would have been admitted more than once). Most admissions were in the under five age group. The emergency admission rate due to asthma in people aged 0–17 years during 2004–2007 was 8.10 per 1000 across the county.

In NHS Hastings & Rother the rate was 9.9 per 1000. At practice based commissioning cluster level there is not much variation in the rates. However, at ward level the highest rate was in Tressell with 26.6 admissions per 1000 and the lowest rate in West St Leonards with 3.9 admissions per 1000. It is possible that some children and young people have multiple admissions.

Since 1998 there has been an increase of 21% in admissions for asthma from 275 to 334 per 1000 population under 20 years of age, which reflects national trends. However, as a proportion of the population, most areas have seen a fall in emergency admissions.

Admission rates are higher in Hastings than in Rother, however, they have fallen 24% since 2001/02. Rates in Rother were low in 2001/02 and have changed very little and are now in line with the other areas.

48 Hospital Episode Statistics
Nationally there has been an increase in the number of admissions to hospital in England with asthma and allergies over the past ten years. The table above shows a similar rise in East Sussex (Figure 14).

**Diabetes**

Type 1 diabetes is the type of diabetes that typically develops in children and young adults. In Type 1 diabetes the body stops making insulin and the blood glucose level goes very high. Treatment to control the blood glucose level is with insulin injections and a healthy diet.

Other treatments aim to reduce the risk of complications and include reducing blood pressure if it is high, and to lead a healthy lifestyle.

Type 2 diabetes usually develops after the age of 40 (but sometimes occurs in younger people). It is more common in people who are overweight or obese and although still relatively rare in children and young people with the increasing prevalence of overweight or obesity in children is becoming a concern.

**Table 27: Number of cases of asthma admitted to hospital among the population under 19 years of age**

<table>
<thead>
<tr>
<th>Local authority</th>
<th>2001/02</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of cases</td>
<td>Rate *</td>
</tr>
<tr>
<td>Hastings</td>
<td>54</td>
<td>24.6</td>
</tr>
<tr>
<td>Rother</td>
<td>31</td>
<td>17.3</td>
</tr>
<tr>
<td>East Sussex</td>
<td>193</td>
<td>10.3</td>
</tr>
</tbody>
</table>

* rate per 10,000 population aged 0 to 19

_Source: Hospital Episode Statistics_

**Figure 14: Number of admissions to hospitals and number of finished consultant episodes in East Sussex, 1997/98 to 2006/07 (where asthma is the primary diagnosis)**
National level data

Type 1:

— The current estimate of prevalence of Type 1 diabetes in the UK is one per 700–1000 children.
— A third of young adults with Type 1 diabetes report symptoms of depression.49
— Is increasing in all age groups but particularly in under five year olds.50

Type 2:

— Prevalence data for Type 2 in children are scarce but figures as high as 1,400 cases in the UK have been suggested.
— There is a positive correlation between deprivation and diabetes.51
— The peak age for diagnosis is between 10 and 14 years of age and numbers are likely to rise with the increase in obesity among young people.

Children and young people cared for in hospital

In 2007 there were 144 young people under the age of 19 years with diabetes (99% Type 1) in East Sussex under the care of East Sussex NHS Hospitals Trust. This represents most children and young people with diabetes in East Sussex, with the exception of a few young people who may have been seen at the Royal Alexandra in Brighton and a small number of young people (aged over 16 years) already transferred to adult services.

Nationally Type 1 diabetes is on the increase with an annual rise nationally of about 2%. However the rise in East Sussex is high. There were 16 newly diagnosed children during the 2006 calendar year (and this had been stable for at least three years before that) and 30 new children were diagnosed between January and December 2007.

The trend in admissions for diabetes among people under 20 years of age was relatively stable between 1996 and 2006. However, in 2007 there was a significant rise in the number of cases and admissions (Figure 15).

Admissions figures can be skewed, for example, if a few individual are admitted a large number of times during the year. However, the number of cases has been rising steadily over the last ten years (the number of cases will always be smaller than the total admissions as some individuals will be admitted more than once).

Approximately 40% of newly diagnosed cases are in diabetic ketoacidosis therefore come in via emergency services. This could suggest that there is a lack of awareness of the symptoms of diabetes either by families or general practice as children and young people are not being picked up early enough.

Epilepsy

Epilepsy is a common neurological disorder in childhood. Seizures and epilepsy affect infants and children more than any other age group. Epilepsy is about twice as common in children as in adults: about 700 per 100,000 in children under the age of 16 years compared to 330 per 100,000 in adults.

National level data

About 456,000 or one in every 131 people in the UK has epilepsy. In the UK, epilepsy affects 75,000 young people, and about one in 242 school age children. For many, epilepsy can be well controlled, and may not impact negatively on their lives. However for a significant number, some 15,000, epilepsy can impair their quality of life and bring other problems. The average time that patients remained in hospital was 5 days. The majority of patients admitted to hospital for epilepsy don’t undergo procedures. Of those that do, the most common procedures were:

— Neurophysiological operations
— Anaesthetic without surgery
— Diagnostic spinal puncture

Epilepsy is often a condition combined with a number of other conditions or complex health needs.

Local data

The emergency admission rate for children and young people with epilepsy in 2006/07 across NHS Hastings & Rother was 2.3 per 1000 population aged under 20 years. This was slightly higher than the county rate of 2.1 spells per 1000 population. Bexhill Centre is the practice based commissioning cluster with the highest rate, with 3.6 spells per 1000 population (Table 28 - overleaf).

Across East Sussex there was a marked rise in the number of elective admissions to undergo brain probing or similar interventions in 2006/07. Emergency admissions represented 63% of all admissions during this period, compared to 76% of admissions ten years previously.

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52 Hospital Episode Statistics data provided by NHS Hastings & Rother

53 www.epilepsy.org.uk
Children with complex needs

Context and background

Complex health needs in children include conditions such as cerebral palsy, Duchenne muscular dystrophy and cystic fibrosis.

Life expectancy for young people with these conditions has risen dramatically in recent years. Two thirds of children with cerebral palsy are now living to at least 20 years54 (depending on the severity of their impairment), while there has been decade on decade improvement in survival for young people with Duchenne muscular dystrophy who now live well into their late 20s and beyond in some areas.55 Survival rates for young people with cystic fibrosis have doubled in the last 20 years with newborns now likely to live into their 40s.56

Local level data

There is limited primary care data available on the number of children and young people with complex health needs. Such data is essential to planning care for these children and their families.

In July 2008 there were 146 children aged 0–5 years on the East Sussex Early Support and Care Co-ordination Scheme. The multi-agency team provides key working support for children with complex needs aged 0–5 years. The breakdown of conditions that the children receive the service for are shown in Table 29.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Number of admissions</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hastings</td>
<td>44</td>
<td>2.1</td>
</tr>
<tr>
<td>Rother</td>
<td>48</td>
<td>2.7</td>
</tr>
<tr>
<td>East Sussex</td>
<td>245</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Source: Hospital Episode Statistics

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td>5</td>
</tr>
<tr>
<td>Failure to Thrive</td>
<td>5</td>
</tr>
<tr>
<td>Prematurity</td>
<td>5</td>
</tr>
<tr>
<td>Behavioural Problems</td>
<td>5</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>6</td>
</tr>
<tr>
<td>Communication Problems</td>
<td>7</td>
</tr>
<tr>
<td>Downs Syndrome</td>
<td>12</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>23</td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>26</td>
</tr>
<tr>
<td>Other</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td>146</td>
</tr>
</tbody>
</table>

Source: East Sussex Children’s Services

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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.
Children and young people at risk
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.
Teenage pregnancy

Background

Teenage pregnancy is an important public health issue related to poor health and social outcomes for both mother and baby. For the mother, there is an increased risk of developing anaemia, pre-eclampsia (high blood pressure in pregnancy) and maternal and postnatal depression. There is an increased risk of infant mortality (60% higher rate), low birth rate, and some congenital abnormalities for the baby.

We know that certain groups of young people are at higher risk of becoming teenage parents. Rates of teenage pregnancy are strongly linked to the aspirations that young people have. There is an inverse relationship between GCSE attainment in school and rates of teenage pregnancy. Where GCSE attainment is low, teenage pregnancy rates are high. Other groups at increased risk of becoming a teenage parent include: those with low educational achievement; those not in education, employment or training (NEET); children and young people who are looked after either in care or a foster placement; those who misuse alcohol and/or drugs; those in contact with Youth Offending services; and those whose mothers were teenage parents.

The factors leading to teenage pregnancy are complex and partnership working across key agencies including education, youth services, sexual health services, housing and local voluntary and community groups is essential to reducing rates.

Local picture

There is a national target to halve the under 18 conception rate by 2010, using 1998 data as the baseline. In 1998 the East Sussex rate was 39.8 per 1000 population. There is a time delay of fourteen months in obtaining verified data on teenage pregnancy. This is to allow for births to be registered and data on terminations of pregnancy to be collated.

The latest data available is 2006 which indicates that the rate is 37.2. This shows that we have only achieved a reduction of 6.5% between 1998 and 2006. In order to achieve the target we need to reduce the East Sussex rate to 19.9 by 2010.

The 2006 rate of under 18 conceptions in NHS Hastings & Rother (40.9 per 1000 population) was higher than the East Sussex rate (34.5 per 1000 population). The rate was highest in Hastings with 49.9 while the rate in Rother was 29.6 (2002–04 three year rolling average). The ward with the highest rate was Central St Leonards with 115.9 conceptions per 1000 population, over one in 10 of women under 18 years of age. This was almost as high as the rate in Bexhill Sidley of 90.9 per 1000; equivalent to almost one in 10 women aged under 18 years.

Figure 16 indicates where the highest rates are at ward level.

In NHS Hastings & Rother the highest rates can be seen to be in Sidley, Central St Leonards, Castle, Tressell and Rye. In terms of trend data, the rate in Hastings appears to have reduced, whereas in Rother it has increased. This might be a reflection that effort to reduce teenage pregnancy has focussed on Hastings and that this has not been mirrored in the more rural areas. Ensuring that the ‘spokes’ of the sexual health service provision model adequately provide contraception services to young people in rural areas is a key part of reducing teenage pregnancy overall.
Figure 16: Rates of teenage pregnancy by ward level, NHS Hastings & Rother, 2002-04 rolling average
**Action to reduce rates**

There is a strong evidence-base for reducing teenage pregnancy and this is reflected both in the county level and local PCT action plans. Work to reduce the rate includes both a population approach and includes targeted work focusing on the geographical areas with the highest rates.

Our approach involves both developing the aspirations of young people, increasing their academic attainment, securing effective delivery of Sex and Relationship Education, and providing accessible contraception services, which are the key pillars of reducing rates of teenage pregnancy. It is also important that efforts to reduce teenage pregnancy are joined up with other services including the Chlamydia Screening programme, the HPV vaccination programme, wider sexual health service provision (including termination of pregnancy services) and implementation of the maternity strategy.

The multi-agency Teenage Pregnancy and Sexual Health Partnership Board has prioritised three areas for 2008/09:

- Effective Communication and access to services;
- Strong delivery of SRE / PSHE by schools; and
- Targeted work with at-risk groups of young people, especially looked after children.

These now form detailed action plans for NHS Hastings and Rother Teenage Pregnancy and Sexual Health Action Group.

The key points include:

- Effective Communication and access to services:
  - Ensure that all material provided to young people is up to date and correct.
  - Maximise the number of pharmacies providing free pregnancy test kits and emergency hormonal contraception.
  - Increase awareness and uptake of Chlamydia testing.
  - Promote availability of sexual health promotion information in schools.
  - Provide an ongoing programme of Sexual health awareness campaigns.
  - Ensure that there is clear information and access to termination of pregnancy services.

- Strong delivery of Sex and Relationship Education by schools:
  - Work with identified schools to agree a minimum coverage of East Sussex SRE learning outcomes (within PSHE) across NHS Hastings & Rother.
  - Provide additional input to the schools with the highest numbers/rates of teenage pregnancy including via trained school nurses, sexual health practitioners and health promotion staff.
  - Continue to monitor SRE/PSHE regularly in all schools with agreed action plans for schools causing concern.
  - Ensure that SRE content is aligned with sexual health service provision locally.
— Targeted work with at-risk groups of young people especially looked after children

- Increase sexual health advice, information and support provided to looked after children’ and care leavers and children and young people in residential units including those for mental health and other disabilities.
- Provide tailored sexual health input to meet individual needs.

A sexual health needs assessment has recently been conducted and, following a stakeholder event, there is now a set of priority actions to implement which will also help to reduce teenage pregnancy. These include refreshing the Sexual Health Locally Enhanced Service both for General Practice and Community Pharmacists, which would increase access to contraception services; and providing training for clinicians to provide Long Acting Reversible Contraception (LARC).

There are local action plans led by the Healthy Schools Service targeting the schools with the highest rates. Specific actions include group work for those aged 11-14 years covering self-esteem, friends, aspirations, and use of alcohol; targeted work school leavers aged 15 years and over who are not in Education, Employment of Training; and development of schools-based Sexual Health services.
Securing physical and emotional health and wellbeing of children and young people is a key to founding good life opportunities for our population. A child’s attachment to his or her parents and the positive standards of behaviour set by his or her parents can both increase their health and wellbeing and also that of their families. Positive parenting protects children from mental health problems, against the impact of deprivation. Poverty and circumstances associated with it (poor housing, homelessness, poor facilities and environment, lack of play space etc), places huge strains on parents and make positive parenting more difficult.

Learning positive parenting skills has been shown to reduce long term levels of abuse, teenage parenthood, and offending behaviours, and can increase education and employment aspirations. The East Sussex Children and Young People’s Trust has developed a Family Support Strategy 2007–2011 and a comprehensive action plan. One of its objectives is parenting support and a key action for 2008 has been to undertake a geographical audit of parenting programmes across East Sussex.

This has been completed in Hastings & Rother and the results show that in 2007/08 there was a very minimal offer available for parents with children under 5 years old. In contrast, for parents with older children there was a greater offer. East Sussex County Council has commissioned parenting programmes for families with children aged 5–13 years for the eight Local Partnerships for Children areas in Hastings and Rother. It is anticipated that approximately 350 children will benefit from this offer.
Children with special educational needs

The term ‘special educational needs’ refers to difficulties or disabilities that make it harder for children and young people to learn or access education than others of the same age. Many children will have special educational needs of some kind at some time during their education. Help will usually be provided in their ordinary, mainstream early education setting or school, sometimes with the help of outside specialists.

A statement of special educational needs sets out a child’s needs and the help they should receive. It is reviewed annually to ensure that any extra support given continues to meet the child’s needs.

In NHS Hastings & Rother, 3.6% of school children have a statement of special educational needs giving a rate of 36 per 1000 pupils on school rolls. The practice based commissioning cluster with the highest rate is East Hastings with 40.9 per 1000, while Rural Rother has the least with 29.1 per 1000. At ward level the differences are more striking with the lowest rate of 20 per 1000 in Ticehurst and Etchingham in Rother, and the highest rate in Bexhill St Michaels with 56 per 1000.
The term ‘looked after children’ refers to children and young people who are placed in care on behalf of the local authority, either in a foster home or in a residential children’s home. Over three fifths of children in care in England are there because of abuse or neglect, with nearly a third there as a result of other family reasons.\(^57\)

Currently there are approximately 450 looked after children placed by East Sussex County Council within the county, plus a further 300 looked after children placed in East Sussex by external local authorities. Around 324 East Sussex looked after children are in directly managed foster placements. The majority of placements are situated along the coast with 48 in Hastings and others in the Havens area, Bexhill Sea and Eastbourne.\(^58\)

According to figures from East Sussex County Council regarding looked after children in 2007:

- 83% were fostered, including 11% fostered by relatives or friends;
- 8% were in residential care;
- 8% had three or more placements in 2007/08;
- 71% of those looked after for 2.5 or more years had been living in the same placement for at least two years;
- 89% who had been looked after continuously for at least 12 months had an annual health assessment and their teeth checked by a dentist during the previous 12 months;
- 81% contributed their views to each of their statutory reviews.

Of care leavers at age 19 years:

- 66% were engaged in education, employment and training;
- 90% were living in suitable accommodation;
- 92% were in touch with the care leavers service.

The health needs of looked after children are generally greater than those of other children. Based on national trends it can be expected that close to half of children and young people who are looked after might be expected to have a mental health problem.\(^59\) In East Sussex there is a team of nurses who are dedicated to the health needs of looked after children. All looked after children must have an initial health assessment when they are taken into care to ensure they have a health plan that addresses all of their needs. This will, in turn inform health assessment reviews.

NHS Hastings & Rother is currently reviewing the looked after children health service.

\(^{57}\) 2004 The Health and Well Being of Children and Young People in South East England

\(^{58}\) Specialist Child and Adolescent Mental Health Services Demand and Capacity Project, July 2006

\(^{59}\) East Sussex County Council, Children’s Services figures for looked after children as at 31 March 05
Child protection

A child is made the subject of a child protection plan if:

— The child can be shown to have suffered ill-treatment or impairment of health and development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment are likely, or
— That professional judgement, substantiated by the findings of enquiries in the individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect.

Local data

During 2007/08 the rate of children with child protection plans was 36 children per 10,000 population aged under 18 years in East Sussex, this is higher than the regional and national rates (Table 30 - overleaf). The most recent figure available for the number of children on the register is 386 as of June 2008.60 During 2007/08 the majority of registrations were as a result of domestic violence, followed by alcohol and substance misuse (Table 31 - overleaf). A multi-agency Domestic Violence Strategy is in place.

Of the children with child protection plans during 2007/8, 42 were looked after; this represents an increase from 36 in 2006/07.

The rate of children and young people subject to a child protection plan in Hastings (9 per 1000 population aged under 20 years) is almost three times the county average (3.5 per 1000 population aged under 20 years). The ward with the highest rate is Central St Leonards where 28 children and young people per 1000 population have a child protection plan. This equates to almost three in every 100 children. Castle, Hollington, Tressell Baird, Ginsing and Bexhill St Michaels all have higher than average rates with between 10 and 16.5 per 1000 population aged under 20 years.

The age range of young people subject to a child protection plan is skewed towards younger children under the age of 4 years (Figure 17).

Ofsted in their October 2007 review of children’s services considered that the number of people on the child protection register in East Sussex is high. The number of young people has increased over the last year and Ofsted thought this was partly due to improved working across agencies and increased awareness of child protection among partners. Ofsted reported that protection plans were good and well implemented and records well kept. All children on the Child Protection Register at the time of the review had an allocated qualified social worker.61

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60 Child Protection Register 3

61 East Sussex joint area review of children’s services – Ofsted published October 2007
Table 30: Proportion of the current population aged 5–14 years

<table>
<thead>
<tr>
<th>Area</th>
<th>Rate per 10,000 children aged under 18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2002/03</td>
</tr>
<tr>
<td>East Sussex</td>
<td>29</td>
</tr>
<tr>
<td>South East</td>
<td>20</td>
</tr>
<tr>
<td>England</td>
<td>27</td>
</tr>
</tbody>
</table>

Source: DCSF: Referrals, Assessments and Children and Young People who are the subject of a Child Protection Plan or are on Child Protection Registers, England — Year ending 31 March 2007

Table 31: Underlying causes for children and young people subject to a child protection plan

<table>
<thead>
<tr>
<th>Cause</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence</td>
<td>37</td>
</tr>
<tr>
<td>Alcohol / substance misuse</td>
<td>34</td>
</tr>
<tr>
<td>Mental health issues in adults</td>
<td>22</td>
</tr>
<tr>
<td>Learning disability in adults</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: East Sussex County Council Children’s Services
Children vulnerable to social exclusion

Social exclusion refers to more than income poverty. It is a shorthand term for what can happen when people or areas have a combination of linked problems, such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime and family breakdown all of which are linked and mutually reinforcing. Social exclusion often affects the most vulnerable in society and the young are particularly vulnerable.

Children who are vulnerable to social exclusion are more at risk of depression and anxiety, which can be long term. They often present with mental health problems and present their internal distress in the form of mental disorder. Poor mental health often results in risky behaviour (i.e. smoking, drug use, risky sexual activity, aggression, eating disorders). Additionally, children’s long term physical health can be adversely affected.

Children who are at risk of exclusion include: asylum seeking children; homeless children; children from the traveller community; children who are carers and children from Black and Minority Ethnic (BME) communities.

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Children as carers

Background

Excessive or inappropriate caring by children can adversely affect children’s education and other outcomes. Young carers are often in families living in relative poverty and affected by other factors which, particularly when combined, are known to be associated with disadvantage and poorer outcomes for families and the children in them (worklessness; lone parent households; parental mental ill health; substance misuse).

Acting as a carer can result in a young person being denied the educational and social opportunities that other children enjoy. Further, society loses the wider economic benefits of these children fulfilling their educational potential. Although, caring by children is not automatically a cause for concern. Children can derive benefits from lending some care and support within their families.

National guidance

In June 2008 the new ten year National Carers Strategy was published and states that children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive to enjoy positive childhoods and to achieve against the Every Child Matters outcomes.

Numbers of young carers

Precise national data on the scale of formal caring by children and the extent to which this limits young carers’ opportunities or contributes to negative health and other outcomes over the longer term is not available.

The private and sometimes hidden nature of caring within the family has precluded systematic identification and tracking. Broad estimates suggest that between 2% and 4% of children have been carers to some extent during their childhood. The 2001 census day “snap-shot” indicated that some 139,000 children across England were offering some care to family, neighbours, or friends. Of these, some 22,000 (16%) were reported to be caring for substantial periods of time, between 20 and 50 hours or more per week. However, it is acknowledged that because of the methodology of the census these figures could be either an over or under estimate of the true numbers.

The 2007 Health Related Behaviour Survey of Year 10 students across East Sussex found 20% of students said that they looked after someone in their family on at least one day in the previous week who had a disability. Locally, this was highest in Hastings (24%). Wealden (20%) reflected the county profile.

Current services

While dedicated projects offering personal support, respite breaks and other activities for young carers have grown significantly over the last decade, levels of support still vary from area to area. Better access to support of this kind was a major theme among young carers responding to the review.

NHS Hastings & Rother funds Care for the Carers as part of a pooled budget with East Sussex County Council. However, further work is needed with partners in the voluntary sector and in East Sussex County Council Children’s services to improve identification, general support and access to respite breaks.
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 wellbeing 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.
Structures for achieving change

Figure 18: Key features of services inter-agency governance
The East Sussex Children and Young People’s Trust is a virtual entity that brings together partner organisations and agencies that have a role in improving support available to children, young people and their families in East Sussex (Figure 18).

The Executive Group coordinates the work of the Children and Young People's Trust governance structure as a whole. At area (district) level, the Children's Services Planning Groups are the strategic ‘umbrella’ groups and operate across each of the five local authority areas. They coordinate the work of services and agencies at an area level and drive a joint approach to improving outcomes for children and young people.

A Local Partnership for Children (LPC) brings together a ‘virtual team’, combining staff from a group of schools with key people across a range of children’s services. The partnership includes school heads, social care professionals, educational welfare officers, educational psychologists, and SEN caseworkers. They can also include representatives from youth services, children’s centres, the police, voluntary and community organisations. There are 22 LPCs in East Sussex, with 14 split between Eastbourne, Lewes and Wealden local authorities, in NHS Hastings & Rother.

There are a range of commissioning activities that take place across NHS Hastings & Rother and the overarching commissioning priorities are outlined within the Children’s Trust, Children and Young People's Plan 2008–2011. These reflect the five outcomes of Every Child Matters, with a further commitment to developing a holistic, integrated approach to support for all children and young people including effective prevention and early intervention.

Aims of the East Sussex Children and Young People’s Plan

To ensure that children and young people:

— are celebrated, cherished and well cared for by their families and their community, with a real recognition both of their distinctive and individual needs and of the huge asset to the community that they represent;
— are protected against risks they cannot manage, but supported to take increasing responsibility, as they grow older, for all aspects of their lives, and to contribute to the wellbeing of their communities;
— have every opportunity: to learn and develop with high quality support; to achieve success in a wide range of fields at all ages; to have meaningful options to choose from; and to have high quality information and advice to guide them;
— have healthy lifestyles, and are given high quality, responsive health care when they need it;
— have the opportunity to benefit from, and contribute to, the economic prosperity of the county; and
— participate as fully as possible in decisions that affect them personally, the development of services, broader strategic development and local democratic activity.
Within NHS Hastings & Rother and the World Class Commissioning process, the Strategic Commissioning Plan identifies key priority areas and services to invest in for children and young people (Table 31).

### Children’s Centres

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. Figure 19 shows the locations of the Children’s Centres, with the proportion of families claiming income support with dependent children, 2007, mapped underneath.

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.

### Table 31: 2008 Strategic Commissioning Plan priority areas and services

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Priority service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investing in Life</td>
<td>Smoking cessation for teenagers</td>
</tr>
<tr>
<td></td>
<td>Diet and exercise</td>
</tr>
<tr>
<td>Screening and Immunisation</td>
<td>The Child Health Promotion programme</td>
</tr>
<tr>
<td></td>
<td>Implementing the HPV vaccine programme</td>
</tr>
<tr>
<td>Reducing Infant Mortality</td>
<td>Teenage pregnancy</td>
</tr>
<tr>
<td></td>
<td>Long term conditions (asthma, diabetes, epilepsy)</td>
</tr>
<tr>
<td></td>
<td>Better care: better lives (palliative care)</td>
</tr>
<tr>
<td></td>
<td>Aiming High for disabled children (short breaks)</td>
</tr>
<tr>
<td>Mental health and well being</td>
<td>Emotional mental health and well being strategy (CAMHS)</td>
</tr>
<tr>
<td></td>
<td>Investing in mental health in schools</td>
</tr>
<tr>
<td>Alcohol and substance misuse</td>
<td>Teenage alcohol programmes</td>
</tr>
<tr>
<td></td>
<td>Building resilience in young people</td>
</tr>
</tbody>
</table>

*Source: NHS Hastings & Rother Strategic Commissioning Plan*
Figure 19: Location of Children’s Centres
Policies for achieving change

Maternity strategy
A three year maternity strategy for East Sussex is currently being developed and will be implemented from April 2009. This will ensure improvement in the full range of maternity care from pre-conception through to antenatal and postnatal care based on the results from the Maternity Matters Baseline Assessment and developments from the Fit for Future review.

The proposed service model is as follows:

— All pregnant women can directly access or self refer to a midwife to ensure early first appointments (by six to eight weeks);
— All pregnant women have their booking appointments by 12 weeks;
— All women have a personal care plan reflecting their needs and choices;
— Provision is as local and convenient as possible and builds on services already delivered through Children’s Centres;
— All women and their partners are supported to initiate breastfeeding and continue to receive support at least for the first six to eight weeks;
— Enhanced maternity care to provide more support for vulnerable groups including those with complex social needs, those who misuse drugs / alcohol, black and minority ethnic groups and those who are teenagers.

The strategy incorporates specific maternity service requirements for vulnerable groups in order to make improvements to their health. Vulnerable groups include teenage parents; people with poor mental health; alcohol and drug misuse; those who smoke; and people from deprived geographical areas. It also will include a focus on increasing breastfeeding rates.

Increasing life expectancy in the wards with the lowest life expectancy in East Sussex by reducing infant mortality

Life expectancy in East Sussex
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.

The twenty wards with the lowest life expectancy in East Sussex are detailed in Table 33.

Eleven of these wards are within NHS Hastings & Rother and primarily covered by 20 GP practices.

Investing in Life programme
The East Sussex PCTs have declared their strategic aim of reducing health inequalities, by improving life expectancy, particularly within the wards with the lowest life expectancy and have committed to a new initiative – ‘Investing in Life Programme’ – which aims to tackle vascular disease, the major preventable cause of reduced life expectancy. This focuses on smoking cessation, increased statin prescribing, cardiovascular risk registers, implementation of relevant National Service Frameworks (Renal, Coronary Heart Disease, Diabetes, Stroke).

Through a continued programme of investment in ‘Investing in Life’, it is hoped that the life expectancy gap between the wards with the lowest life expectancy and the rest of East Sussex will reduce from 4.0 years in the period 2003–2005 to 3.6 years by 2009–2011 as below in Table 34.

Between 2003–05 and 2009–11 it is hoped that there will be a gain of 2.1 years of life in the wards with the lowest life expectancy and a gain of 1.7 years of life in the remainder of East Sussex.
### Table 33: Twenty wards with the lowest life expectancy

<table>
<thead>
<tr>
<th>Local authority area</th>
<th>Life expectancy (persons, yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central St Leonards</td>
<td>Hastings</td>
</tr>
<tr>
<td>Sackville</td>
<td>Rother</td>
</tr>
<tr>
<td>Maze Hill</td>
<td>Hastings</td>
</tr>
<tr>
<td>Gensing</td>
<td>Hastings</td>
</tr>
<tr>
<td>St Michaels</td>
<td>Rother</td>
</tr>
<tr>
<td>Sidley</td>
<td>Rother</td>
</tr>
<tr>
<td>Wishing Tree</td>
<td>Hastings</td>
</tr>
<tr>
<td>Ore</td>
<td>Hastings</td>
</tr>
<tr>
<td>Braybrooke</td>
<td>Hastings</td>
</tr>
<tr>
<td>Old Town</td>
<td>Rother</td>
</tr>
<tr>
<td>Hollington</td>
<td>Hastings</td>
</tr>
<tr>
<td>Devonshire</td>
<td>Eastbourne</td>
</tr>
<tr>
<td>Hailsham East</td>
<td>Wealden</td>
</tr>
<tr>
<td>Peacehaven East</td>
<td>Lewes</td>
</tr>
<tr>
<td>Hampden Park</td>
<td>Eastbourne</td>
</tr>
<tr>
<td>Seaford Central</td>
<td>Lewes</td>
</tr>
<tr>
<td>Uckfield New Town</td>
<td>Wealden</td>
</tr>
<tr>
<td>Peacehaven West</td>
<td>Lewes</td>
</tr>
<tr>
<td>Upperton</td>
<td>Eastbourne</td>
</tr>
<tr>
<td>Hellingly</td>
<td>Wealden</td>
</tr>
<tr>
<td>East Sussex (excluding the wards with the lowest life expectancy)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Office for National Statistics 2004-based sub-national population projections

### Table 34: Investing in Life targets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In the wards with the lowest life expectancy</td>
<td>77.0</td>
<td>77.4</td>
<td>77.7</td>
<td>78.1</td>
<td>78.4</td>
<td>78.8</td>
<td>79.1</td>
</tr>
<tr>
<td>In the remainder wards</td>
<td>81.1</td>
<td>81.3</td>
<td>81.6</td>
<td>81.9</td>
<td>82.2</td>
<td>82.5</td>
<td>82.8</td>
</tr>
<tr>
<td>Gap (years)</td>
<td>4.0</td>
<td>4.0</td>
<td>3.9</td>
<td>3.8</td>
<td>3.8</td>
<td>3.7</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Source: East Sussex PCTs Public Health Intelligence
Infant mortality

Infant mortality is a good indicator of the overall health of an area. It is important to recognise that it has an impact upon life expectancy figures. East Sussex has a low infant mortality rate compared to England but there are differences at district/borough level, although these are not statistically significant (Chapter 4).

Tackling infant mortality at local level is complicated by the small number of infant deaths in individual localities. During the period 1995-2005 there were 290 deaths in infants’ under 1 year in East Sussex, giving an infant mortality rate of 5.5 per 1000 live births. There has been a consistent gap between the infant mortality rate of the wards with the lowest life expectancy and the rest of the wards in East Sussex (Figure 20). Since 2000/02 the gap has been widening and by 2003/05 the gap was statistically significant with no overlap of confidence intervals.

Rates are very important but each avoidable infant death is one too many. It is also important to note that there are 18 other wards across East Sussex that have had 5 or more infant deaths in the 11 year period, 5 of which fall in NHS Hastings & Rother. Infant mortality is therefore contributing to lower life expectancy across East Sussex not just in those wards with the lowest life expectancy.

What we need to do

The actions we need to take to increase life expectancy are summarised in Figure 21.

Reducing health inequalities in infant mortality will contribute to our aim of reducing health inequalities in life expectancy.
By 2010 to reduce by at least 10% the gap in life expectancy between the 20 wards with the lowest life expectancy and the rest of East Sussex

**Tackle Infant Mortality**

Target Conditions:
- Immaturity related conditions
- Congenital anomalies
- Sudden unexplained death in infancy

Policies include:
- NSF for Children, Young People and Maternity Services
- Every Child Matters: Change for Children
- Our Health, Our Care, Our Say: A New Direction for Community Services
- Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts
- Commissioning Framework for Health and Well-being
- Maternity Matters: Choice, Access and Continuity of Care in a Safe Service
- Delivering Health Services Through Sure Start Children’s Centres
- New Child Health Strategy when published

**Tackle Vascular Disease**

Target Conditions:
- Heart disease
- Stroke
- Diabetes
- Renal disease
- Peripheral arterial disease

Interventions include:
- Reduce the rate of smoking during pregnancy
- Reduce the prevalence of obesity
- Reduce sudden unexplained deaths
- Reduce teenage pregnancy
- Antenatal and neonatal screening
- Increase breastfeeding
- Improved immunisation uptake
- Development of Family Support Health Team

‘Investing in Life’ Programme
A reduction in infant mortality will be achieved through a combination of NHS interventions and actions with other organisations on the wider determinants of health. The following actions are recommended for the NHS services:

1. **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.

2. **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.

3. **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.

4. **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).

5. **Antenatal and neonatal screening**

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

6. **Increase breastfeeding**

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

7. **Improved immunisation uptake**

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

8. **Development of Family Support Health Team**

   NHS Hastings & Rother should invest in the development of a Family Support Health Team to support parents and improve outcomes for children.
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 eight measures to reduce infant mortality rates.
Conclusion and recommendations
This Director of Public Health’s annual health report outlines some of the health needs and the opportunities for improving the health and wellbeing of children and young people living in NHS Hastings & Rother. It represents a great deal of work by members of my public health team in partnership with colleagues in the Primary Care Trust, clinicians, members of the public, East Sussex Children’s Services, the East Sussex local authorities to establish the needs and priorities for action and investment to reduce inequalities, improve wellbeing and optimise opportunities for children and young people living in East Sussex.

The recommendations from this report for NHS Hastings & Rother are summarised overleaf.
Chapter 2: Profile of children and young people

— The Children’s Joint Strategic Needs Assessment requires further development in partnership with East Sussex Children’s Services Authority.

— 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.

Chapter 3: Choosing health – starting on the right path

Obesity, diet and physical activity

— 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

— 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: those affected by divorce; those bullied at school; and those who are carers.

Smoking

— 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

— 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

— 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

— Review, with partners, the impact of the local accident preventions schemes and improve their effectiveness.

Chapter 4: Overview of illness and death in children and young people

— 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.
Chapter 5: Children and young people at risk

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

— NHS Hastings & Rother 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 wellbeing 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.

Chapter 6: Achieving change

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

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