



CYP Health Needs Assessment – Update and Emerging Findings

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Children and young people/0-19 Health Needs Assessment

Emerging Findings and Recommendations for WNC

Purpose

The purpose of this HNA is to provide a snapshot of the health and wellbeing needs of children, young people aged 0-19, and up to 25 where there's a statutory responsibility and their families.

The report captures what are the current needs of this population across WNC, highlight the existing offer provided by the council whilst also understanding the impact of COVID-19 pandemic and the cost-of-living crisis on children and their families.

Underpinning this Health needs assessment report is a life-course approach which describe the importance of the best start in life and recognises the importance of prevention and early intervention to tackle any emerging issues in young person's life.

The HNA will provide an epidemiological overview of the needs of 0-19 (up to 25 for SEND) population, describing the population demographic and other key measures. The objectives are to:

- **Review the current model of 0-19 services delivery across WNC and NNC**
- **Identify opportunities to improve, integrate and re-align local provision to better meet the needs of this population**
- **Make recommendations to commissioners and policy makers based on the findings and conclusion of the HNA to develop more effective and efficient services, reduce inequalities and help meet the national targets for the HCPO programme**

The following methods were used to inform this health needs assessment:

- **Literature Review** – A literature review of national and local evidence was carried out by a public health officer to inform this HNA. Findings are summarised at the beginning of each chapter.
- **Epidemiological** – A wide variety of data sources have been used to inform this HNA. The Office for National Statistics (ONS) and Office for Health Improvement and Disparities (OHID) Fingertips data. Local data have also been used and supplied by our system partners where available. Limitations in finding data have also been noted.
- **Surveys** - Three surveys were undertaken in March-April 2023 to gather insights into the health and wellbeing of children and young people, and their families. The surveys were targeted at parents and carers, primary and secondary school staff and stakeholders and wider partners.
- **Semi-structured Interviews** – 32 semi-structured interviews were undertaken with stakeholders including Maternity services, ICB senior executives, Northamptonshire Children’s Trust (NCT) colleagues, 0-19 service provider, Strong start, Local Authority public health and Education colleagues and Voluntary community sector organisations. The key themes were identified using a thematic analysis and are summarised in the Engagement and Insight chapter.
- **Public Engagement** – WNC and NNC have commissioned Free2Talk in partnership with HomeStart Daventry and south Northants and NHFT participation to deliver a series of engagement workshops with children young people aged 0-19 and their families, as well as stakeholders and wider system partners. More than 120 children and young people, and 68 stakeholders were engaged throughout these workshops. A copy of the full engagement report can be found in the appendix.

Chapter 1: Demographic – WNC

- ❑ West Northamptonshire has a population of **425,726** and is the **13th largest authority** in England and the **5th largest in the East Midlands**.
- ❑ West Northamptonshire is also the **8th most densely populated authority** in the East Midlands, with an average of 309.1 usual residents per square kilometre.
- ❑ Of this figure, 24.8% of the population were between the ages of 0-19 in 2011.
In 2021, 101,056 were between the **ages of 0-19, or 23.7%** of West Northamptonshire's population.

Whilst the population of 0-19s has grown in real terms, the proportion of 0-19s vs the total population of West Northamptonshire has fallen. This CYP/0-19 health needs assessment currently underway will investigate further the causes of this decline in proportion, typical causes include an increase in adult migration, or a fall in births

- ❑ WNC' population has become increasingly diverse since the 2011 Census. **White British as a proportion** of the total population has fallen from **83.96% to 75.1% in 2021**. The 5 most populous non-White British ethnic groups are: Asian/Asian British (5.2%), Black/African/Caribbean/Black British (4.8%), mixed multiple ethnic groups (2.8%), other ethnic groups (1.1%).

Chapter 2: Maternal and Infant Health

- ❑ There were **4,647 live births** in West Northamptonshire in 2021, significantly higher than East Midlands and England.
- ❑ Between 2019-21 there were **58 stillbirths in West Northamptonshire**. Whilst the rate of 4.2 per 1,000 was similar to the East Midlands rate of 3.8 and the England rate of 3.9, the stillbirth rate fell in West Northamptonshire between 2018-20.
- ❑ **22.5% of women** were recorded as **being obese in early pregnancy** in 2018/19 in Northamptonshire.
- ❑ **11.3% of women who gave birth in West Northamptonshire were smokers** at the time of delivery in 2021/22, which was 479 mothers. This was similar to the East Midlands average of 11.8%. Although the proportion of women smoking during pregnancy has fallen from 12.3% in 2020/21.
- ❑ Estimates for West Northamptonshire suggest that between **466 and 932 mothers experienced perinatal mental health problems in 2021**.
- ❑ Nearly **6 out of 10 babies (58.8%) were totally or partially breastfed at 6-8 weeks** in West Northamptonshire in 2021/22, which was 2,551 babies. A total of 41.2% were not breastfed – 1,784 babies. The proportion of babies breastfed at 6-8 weeks was significantly higher than the averages for North Northamptonshire (46.6%), East Midlands (49.6%) and England (49.2%).

Recommendations for West and North Northamptonshire Council for Maternal and Infant Health

1. Improve partnership working and data sharing between midwifery, health visiting, and GP services
2. Work with maternity services and existing providers to address Healthy pregnancy including the high levels of women smoking during pregnancy to be referred into smoking cessation services, support women who have been identified as obese to be referred into the dietetic service as per NICE guidance.
3. Ensure there is a universal service that provides a wrap-around support for women, pre-natal, during pregnancy and post-natal embedded within the Family hubs across both unitary councils.
4. Adopt the principle of Making Every Contact Count (MECC) to improve the health promotion messages during pregnancy, raise awareness about the existing commissioned services available for a new parent to improve access to such services when needed.
5. As a system we should be working towards a better integration between maternity services and early years services to ensure pregnant women and new parents can access the right support at the right time when needed. We need to ensure there is a handover pathway between maternity services and healthy visiting service to optimise the continuity of care
6. More consultation is needed with “hard to reach” women who are not accessing our services, and where language is a barrier to ensure their voices are heard and they get the right support where needed

Chapter 3: Early Years (0-5s)

- ❑ **97.5% of babies in West Northamptonshire received a face-to-face NBV from a Health Visitor within 14 days of birth** in 2021/22, which was significantly higher than the averages for the East Midlands (92.4%) and England (82.7%). In 2021/22, 98.5% of babies received a 6-8 week review, significantly higher than the East Midlands (91.1%) and England (81.6%); at 12 months, 77.4% of babies received a 12 month review in West Northamptonshire, significantly higher than the East Midlands average of 70.1% but significantly lower than England (82.0%).
- ❑ Apart from the DTaP/IPV booster and MMR (two doses) by age 5, **vaccination coverage among 0-5 year olds** was generally high in 2021/22.
- ❑ **49.6% of 2 to 2½ year olds received a health visitor review** in 2021/22, significantly lower than the East Midlands and England.
- ❑ **96.4% of 2 to 2½ year olds received an ASQ-3** in 2021/22, significantly higher than the East Midlands and England.
- ❑ **78.3% of 2 to 2½ year olds met the expected levels of development across all five domains of the ASQ-3** in 2021/22.
- ❑ **22.1% of five year olds suffered from tooth decay** in 2021/22, similar to the East Midlands and England
- ❑ **65.8% of children achieved a good level of development by the end of Reception** in 2021/22, similar to the East Midlands and England.

Recommendations for Early Years Chapter

Recommendations for West and North Northamptonshire Council for Early Years (0-5s)

1. Improve outcomes related to the 'Good level of development for 2-3 years old' through prioritising the 2-2.5 years mandated health check undertaken by 0-19 health visiting service, and providing advice, guidance and support to the early years and childcare sector so that more children are ready for school.
2. Invest in the early year's infrastructure across WNC and NNC by working closely with the current children centres, rolling out the family hubs programme and ensuring integration across 0-5 services and early help. While "early help" does not mean "early years", the over representation of 0-5s at Specialist Help levels suggests that there are significant number of children 0-5 whose needs are not being identified early enough. The ultimate goal is to increase the role of early intervention and prevention – current early intervention services could be supporting more families.
3. Prioritise working towards integration at local level by working with system partners such as Health and ICB, developing resilience, and ensuring we have sufficient capacity in the system, to reduce inequalities, particularly for disadvantaged groups and young children
4. There is a huge opportunity for both unitary councils to redesign their 0-19 service models, and 0-5 universal services in light of the presenting data in this health needs report to better meet the needs of early years children and their families
5. Ensure the provision of consistent information across the system on all early year's services including infant feeding, introduction to solid foods and portion sizes, with additional levels of support in response to need, to enable the healthy growth of all infants and children. The aim is to ensure families with under 5s children know where and when to access services when they need it.

Chapter 4: Primary School Children (5-11)

- ❑ **19.6%** of Reception and **35.9%** of Year 6 students recorded as overweight or obese in 2021/22, statistically lower than England and East Midlands.
- ❑ **50%** of 5-16 age group recorded as active in 2021/22, similar to England and East Midlands. **26.4%** of 5-16 age group recorded as less active in 2021/22, similar to England and East Midlands.
- ❑ **Significant increase in percentage of active children from pre/during COVID-19 pandemic** recorded in 2021/22.
- ❑ **14,431** pupils eligible for free school meals of which **79%** were reached in the last issuing period. **22.9% of 5-16 population eligible for free school meals**, similar to the national average of 23.6%.

- ❑ **Asthma** emergency admissions at a crude rate of **179.0** per 100,000, statistically similar to England and significantly higher than East Midlands.
- ❑ **Diabetes** emergency admissions at a crude rate of **29.8** per 100,000, statistically similar to England and East Midlands.
- ❑ **Epilepsy** emergency admissions at a crude rate of **47.0** per 100,000, statistically significantly lower than England and similar to East Midlands.

Recommendations for West and North Northamptonshire Council Primary School Age Children (5-11)

1. Review and audit the role of the school nursing service and shift the service towards Health improvement. School nursing service has a focus on statutory duty, and the increased demand on safeguarding across Northamptonshire has meant that the service spent less time on health improvement. There is a need for a system discussion to re-imagine the role of school nursing and expand the breadth of work to include youth workers and Voluntary and community sector organisations to meet the gaps in service provision for primary school age children.
2. Develop a whole system approach to improve children and young people emotional health and wellbeing by integrating the school offer (including MHSTs, PSHE, Healthy Schools etc.) with the community offer (e.g. REACH) to provide a universal emotional health and wellbeing for children and young people.
3. Develop a Tier 2 school and community-based family weight management initiatives linked to NCMP data as part of a system-wide approach to address healthy weight. Furthermore, implement universal and targeted approaches that address inequalities and align with Physical Activity to engage the whole family, not just young people. Within this actively promote physical activity clubs available after school and in the community.
4. Upskill the frontline workforce with the adequate training to ensure children and young people are provided with health education and self-management tools to continue to reduce accidents in the home. Ensure promoting accident prevention information using culturally specific language in public areas and settings where children and families might attend such as schools, GP clinics, youth clubs etc.

- ❑ **31,879** young people aged **10-15 years**
- ❑ **Average attainment 8 score (48.6)** exceeded that of the East Midlands region (47.5) and fell just below the England value of (48.7) in 2021/22.
- ❑ **The secondary school exclusion rate (0.04%)** was lower than the East Midlands region (0.046%) and England (0.052%) rates for Autumn term 2021/22
- ❑ **Persistent disruptive behaviour was most common reason for exclusion at 27.3%** also a high % of drug and alcohol related exclusions at 13.6% (the England value was 5.6%).
- ❑ Northamptonshire NHS Foundation trust received around 500 CAMHS referrals per month in 2018, **recently referrals are above 1,000 per month** (there were 1,165 referrals made in January 2023). Many referrals result in DNA appointments.
- ❑ **Age 10-14 self-harm rates were significantly better than England.** By age 15-19 rates were significantly worse than England. Girls rates by 10-15 were highest of all East Midlands regions and **28th highest** of the all England table.
- ❑ **629** Children in Care for year end 2022
- ❑ **Highest rate of age 15-24 substance misuse admissions** in East Midlands (**127.4 per 100,000**) for period 2018-2020. Significantly higher than region and England. Further analysis shows girls admission rates were **166.3 per 100,000**.

Recommendations for West and North Northamptonshire Council Secondary School Age Children (11+)

1. Emotional health and wellbeing

- Further work is needed to understand and address the gaps in low level support, including how to better manage low level need to prevent needs escalating and reduce demand on specialist services. This includes identifying how we better align with universal services, Early Help and the CAMHS Front Door.
- Develop youth services and youth clubs across Northamptonshire (WNC and NNC) to provide young people with safe spaces where they can connect with trusted professional outside of school hours.
- As stated in the previous chapter, the need to review and audit the role of school nursing service and shift the service towards Health improvement. There is a need for a system discussion to re-imagine the role of school nursing and expand the breadth of work to include youth workers and Voluntary and community sector organisations in order to meet the gaps in service provision around emotional health and wellbeing support and other identified health priorities.
- Review existing information and develop easily accessible resources for children, young people and their families as well as health, education and care professionals on how to promote mental wellbeing and how to access support if needed.

2. Substance Misuse, Drugs and Alcohol

- Work with the providers to ensure there is equitable access to substance misuse, drugs, and alcohol services with the aim of integrating, and exploring a redesigned model that offer a blended service delivery within community, youth settings.
- Work with schools to provide information to parents on how they can approach conversation with young people around substance misuse, drugs, and alcohol.
- Provide MECC training to encourage discussions with young people around the use of alcohol, drugs, and substance misuse.
- The need to work and co-produce with young people an approach to inform our targeted messages and strategies to address the increase in alcohol, substance misuse and drugs consumption among young people

3. Education

- Prioritise education needs assessment to understand and gather more information on inequalities including attainment, attendance, and exclusion in schools.
- Work with secondary schools and explore ways how young people could be supported through transition stage around stress and anxiety.
- Commission the SHEU (School Health Education Unit) survey and utilise the data to inform our thinking and future commissioning intentions for services aimed at 11+

Transition to Adulthood (16+) Chapter

- ❑ **75 hospital admissions for alcohol-related conditions among under 18s** in 2018/19 – 20/21. The admission rate of 27.2 (per 100,000 under 18) was similar to the East Midlands and England.
- ❑ **165 hospital admissions due to substance misuse among 15-24 year olds** in 2018/19 – 20/21. The admission rate of 127.4 (per 100,000 aged 15-24) was significantly higher than the East Midlands and England.
- ❑ **225 admissions to hospital among 15-19 year olds due to self-harm in 2021/22.** The hospital admission rate was 934.9 (per 100,000 aged 15-19), significantly higher than the East Midlands and England.
- ❑ **2020 estimates for 18-24 year olds show there were 813 adults with a learning disability,** 1,046 at a higher risk of an alcohol-related health problem, 2,500 dependent on drugs.
- ❑ **91% of care leavers aged 17-18 were in suitable accommodation in 2021/22** compared with 83% of care leavers aged 19-21; 28% of care leavers aged 17-18 were not in education, employment or training compared with 35% aged 19-21.
- ❑ **2.3% of 16-17 year olds were not in education, employment or training (NEET) in 2021,** significantly lower than the East Midlands and England.
- ❑ **13,602 17–24-year-olds were estimated to have either a possible or probable mental health disorder in 2021**

Recommendations for West and North Northamptonshire Council for Transition to Adulthood (18-25)

1. The need to co-produce the redesign of some services involving young adults such as youth offer and other health services with young people to ensure they are involved in the participation and engagement exercises. The aim is to get their buy-in into to a service model that will be easily accessible and available for young people across WNC and NNC
2. The same recommendation to develop a whole system approach to address emotional health and wellbeing that was listed in the previous chapter also apply here
3. Co-location has come up across the previous chapters as an effective way to increase uptake of appropriate services. This also applies to young adults and co-locating some services as sexual health, emotional health, and wellbeing etc. to be offered from community venues and youth clubs where young people attend after school.
4. Review young people's Substance misuse, drugs and alcohol services offer to ensure a flexible, responsive, and coordinated service is available to meet the needs of young people who use a range of substances. This in line with co-producing the offer with young people.
5. Many of the recommendations in this chapter cross over with the recommendations identified in the previous chapters, however the key message is to include flexibility in the age restriction on services to incorporate young adults into young people services, early intervention, adaptation of current service models to better meet the needs of young adults, and upskilling health and care professionals with knowledge and skills to recognise and address young adults' needs.

Semi-structured Interview with Stakeholders across the system- The main themes that were highlighted are:

- Integration and join up** – the most prevalent themes were about the lack of integration and join up across services available for children and young people. We have a good range of commissioned services for children; however, services tend to work in silos.
- Leadership, Commissioning and Communication** – lack of awareness of all the existing services for children and families across Northamptonshire among system wide partners. As a system, children and young people should be considered a strategic priority and we should develop a joint system-wide commissioning intention plan to commission any future services. This will help with developing appropriate pathways between services, avoiding duplication, and using resources more efficiently.
- Prevention and Early Intervention** – another most prevalent theme was Early Help; how do we work as system together to deliver Early Help and identify any emerging issues at the earliest point to be able to intervene and prevent the issue from escalating to crisis level. This includes working as one system to complete Early Help assessment and deliver a universal early help service.
- Youth Offer** – the need to develop a youth offer for young people across WNC to provide them with safe space after school where they can spend their time safely, happily and develop trusted relationships with professionals (youth workers).
- Funding** – Resources should be directed and invested towards Children and young people services as this is where the greatest impact can be achieved to prevent any future ill-health in adulthood.

Surveys – Parents and Carers

The three most important considerations for parents/carers to help and support them looking after their children's health and wellbeing are:

- Timely and ease of access to services
- Being listened to, heard, and understood when raising any concern
- A directory of what services are out there and how to get the help when needed

Surveys – Professionals and Stakeholders

When asked about what they would like to improve for 0-19 health and wellbeing services as professionals, the most prevalent themes were:

- A robust and effective early help team that supports families and the practitioners who are working to support these families
- Joined up services and referral pathways - integrated assessment process across a range of 0-19 services so the young person is at the heart of process rather than being made to fit processes.
- More integrated approach - services are still too separate and working in silo. We need a shared understanding of CYP outcomes and how all services are working together to achieve this. Greater emphasis on partnership working with CYP and families to meet needs at individual, service, and strategic levels.

Surveys – School Staff (Primary and Secondary)

- When asked about what improvement for health and wellbeing services they would like to see as professionals in the next 5 years, respondents said:
- Central directory of support services so that schools can be clearly signposted to services when needed.
- Capacity increased across the board so that when help is needed, it is readily and promptly available.
- Early help and support services accessible for young people when they need it

Public Engagement workshops completed by Free2Talk, HomeStart and NHFT Participation team

The following recommendations align to the discussions in the workshops:

- Strategic resourcing of early help and preventative services to enable long term, consistent trusted relationships to be built in safe and accessible services at times when children and young people can access them
- Development and communication of clear pathways of support
- Co-production and improving the services and systems' knowledge of children and young people
- Improving health knowledge and education
- Skilled and knowledgeable practitioners' training
- Quality of systems to safeguarding children and young people needs auditing and developing across the Integrated Care System.

The key strategic findings and recommendations of this health needs assessment are:

- 1. In reviewing the 0-19 service currently provided as a county-wide offer, there has been recognition of the need to develop a new service model and service specification with a greater emphasis on a whole family approach, reflecting the need of making prevention and early intervention everyone's business to support children, young people, and their families with a focus on existing universal services.**
- 2. There is a wide variation in the needs of children and young people across WNC and NNC as shown by the epidemiological data. The 0-19 service must ensure that resources (including workforce) are targeted to meet the needs of children and families most in need, whilst at the same time maintain universal offer.** This also include working on a locality basis, aligning with local area partnerships, and restructuring the service workforce to increase capacity and meet the needs identified.
- 3. Lack of early help services across WNC and NNC. This was identified as the underpinning cause of many significant gaps identified through this health needs assessment.** It also means that services are being overwhelmed dealing with complex cases and crisis due to the lack of prevention and early intervention practice across the system. The need to invest in early help and preventative services was evident across the HNA and the stakeholder engagement to prevent the escalation of need and embed prevention and early intervention approach across our integrated way of working across the system.

4. **Improve partnership working, join up and integration across the system** to meet the needs of children, young people and their families living in West Northamptonshire and North Northamptonshire. It was clear from the stakeholder consultation that partnership working across the system have improved in the last 2 years, however it still needs to be more integrated. This includes making decisions on commissioning for new services, the co-location of services, improved understanding of services, closer relationships, and information sharing.

5. **The development of clear pathways of support for services available for children, young people and families was highlighted as being unclear.** It was agreed that support pathways for children and families should be accessible and easy to understand and navigate. It was also agreed that we need to map the existing service provision alongside the referral pathways to enable the workforce and frontline workers to signpost appropriately.

Thank you