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# Introduction and Methodology

# Annual Report of the Director of Public Health

## Joint Strategic Needs Assessment

### METHODOLOGY

- 💧 Collaborative Strategic Work
- 💧 National data sources
- 💧 Local data sources





## PURPOSE

- ◆ To identify the key trends and the priorities in terms of needs of children and young people in Brighton and Hove.



- ◆ A Joint Strategic Needs Assessment to provide the base for the Children and Young People's Plan.

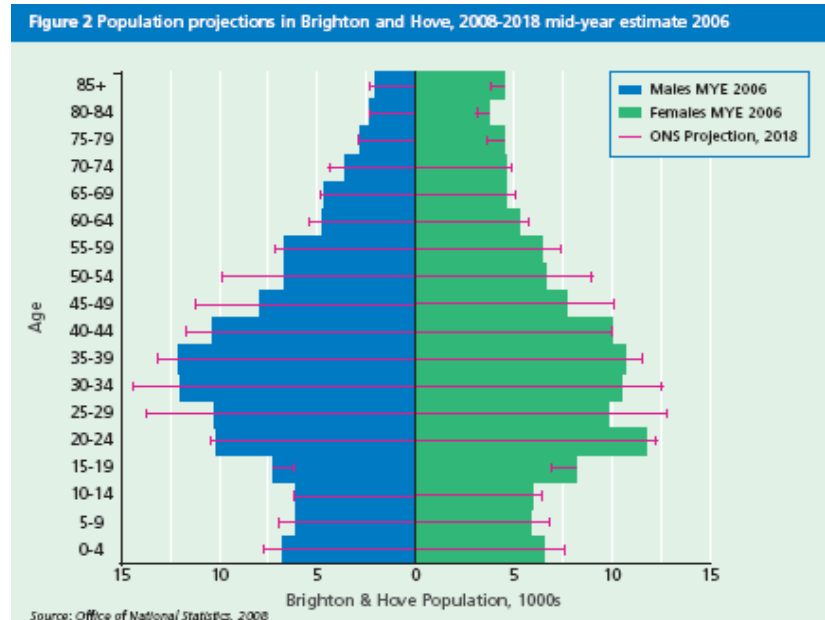
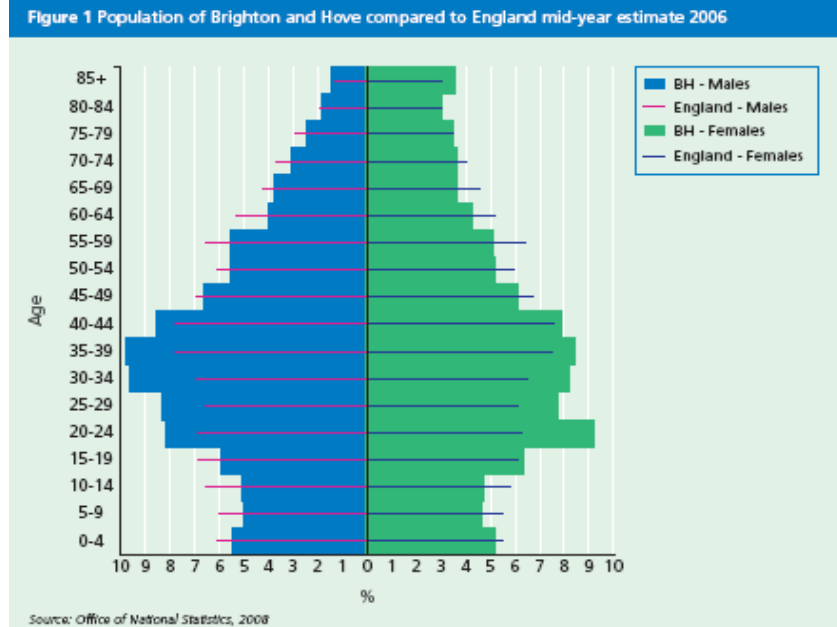


# Demography: Population, Deprivation and Health Inequalities



## DEMOGRAPHY

Brighton and Hove has a much larger proportion of 20-44 year old residents and fewer 0-19 and 45+ year olds than the national average



The 15-19 year old population of Brighton and Hove is anticipated to decrease over the next 10 years

0-14 year olds are set to increase - with obvious implications for children's services.



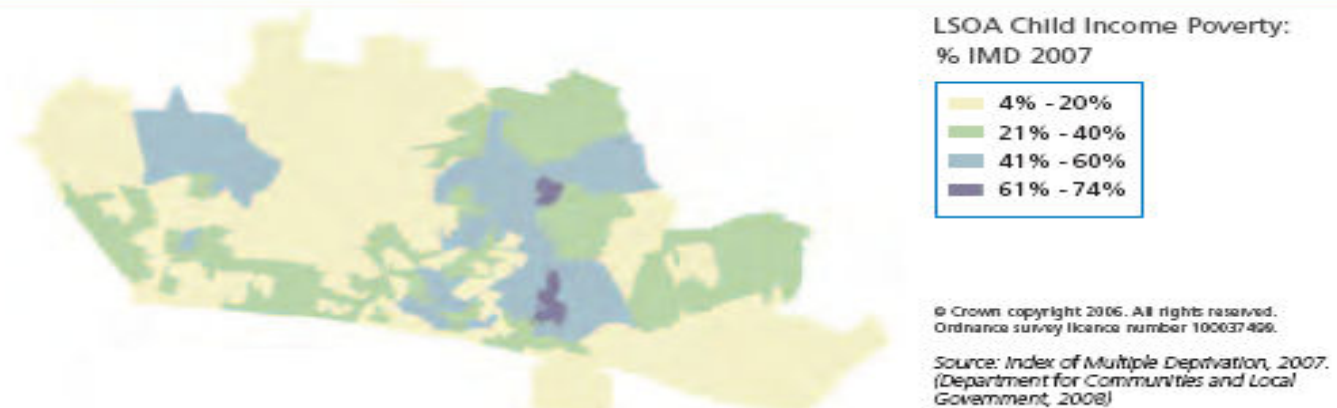
## DEPRIVATION

15 of the 164 lower layer super output areas (LSOAs) in the city are in the 10% most deprived across England and 35 (21%) LSOAs are among the 20% most deprived in England.

Map 3 Brighton & Hove SOAs by deprivation ranking



Map 4 Distribution of Income deprivation affecting children aged less than 16 years



Children with multiple needs are concentrated in most deprived areas of the city





## HEALTH INEQUALITIES:

### Children and Young People in Brighton and Hove

- ◆ In respect of 'health and disability', 20 LSOAs are in the 10% most deprived category
- ◆ 29 LSOAs in the 20% most deprived regarding 'Income'.
- ◆ Overall, a significantly higher proportion of children and young people are from Black and Minority Ethnic (BME) groups than is the case for adults.
- ◆ Brighton and Hove has a high number of children in care
- ◆ The exact number of young carers in Brighton and Hove is not known.
- ◆ There is no data indicating the exact number of LGBT young people in Brighton and Hove. This group may have unmet needs that might benefit from early intervention and support in order to prevent health problems later in life.



## RECOMMENDATIONS

- ◆ Review consequences of young population increase
- ◆ Joint monitoring of emerging patterns in different BME groups in the city.
- ◆ Use Carers' Needs Assessment pilot as a platform to address the identified health needs of young carers.
- ◆ Improvement of joint protocols to collect data on the health needs of all children in Brighton and Hove, but in particular the needs of the more vulnerable groups.
- ◆ The Joint PCT and City Council Public Health Directorate should routinely monitor health inequalities among children and young people in the most deprived areas of the city.



# Service Overview



## SERVICE OVERVIEW

### Youth Provision

- ◆ The CYPT is responsible for a wide a range of services crossing the voluntary sector, health, social care
- ◆ There are 5 local authority Youth Centres across the city
- ◆ Alternative Centre for Education (ACE) provides education for children with behavioural difficulties

### Health Services

- ◆ The PCT employs a Public Health Lead and a Service Improvement Manager for children and young people: these posts work across the City Council, CYPT and PCT.
- ◆ There are 25 school nurses in the city
- ◆ The new Royal Alexandra Children's Hospital (RACH), part of BSUH which opened in June 2007.

### Voluntary, Community and Specialist Services

- ◆ To date the Community and Voluntary Sector Forum (CVSF) has 129 member organisations
- ◆ Voluntary and community sector youth provision includes:
  - ◆ activity based and educational projects
  - ◆ projects targeted towards specific groups
  - ◆ uniformed organisations and more.



## CURRENT ACTION AND RECOMMENDATIONS

### Current Action

- ◆ A new Director of Children's Services recently appointed.
- ◆ A new Children and Young People's Plan should impact positively on commissioning and service provision.
- ◆ The CVSF is currently undertaking a second economic and social audit of the voluntary sector in partnership with Brighton University.

### Recommendations

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



# The Determinants of Health



## THE EARLY YEARS

### Birth weight

There is a suggestion of a slight increase in the rate of very low birth weight (VLBW) and low birth weight (LBW) in the NRA areas but not in non-NRA in more recent years.

Figure 6 Rates of very low and low birthweight babies per 1000 live births for the NRA areas and the rest of the city



Source: Brighton and Hove City Primary Care Trust, Public Health Directorate, 2007



## THE EARLY YEARS

### Breastfeeding

Around 80% of mothers in Brighton and Hove initiate breastfeeding. However, there are substantial variations between health visiting teams, from 19% in Moulsecoomb, Bevendean and Coldean, to 60% in Kemp Town and Queens Park.

Table 3 Infant feeding status at 6 weeks by health visiting team in Brighton and Hove, Jan-Mar 2007

Community Team	Births Number	Artificial		Breast		Supplement		Unknown	
		No.	%	No.	%	No.	%	No.	%
Cityview	349	25	7	115	33	39	11	170	49
East Hove	300	14	5	111	37	13	4	162	54
Hangleton	104	44	42	26	25	14	14	20	19
Hollingdean	121	33	27	45	37	4	3	39	32
Hollingdean Plus	34	3	9	20	59	3	9	8	24
Kemp Town and Queens Park	191	36	19	115	60	39	20	1	1
Knoll and Stanford	172	35	20	73	42	20	12	44	26
Moulsecoomb Bevendean and Coldean	182	83	46	34	19	17	9	48	26
North Portslade	131	39	30	41	31	8	6	43	33
Patcham	210	34	16	81	39	5	2	90	43
Preston Park	287	25	9	139	48	28	10	95	33
Rottingdean and Saltdean	98	18	18	52	53	26	27	2	2
South Portslade	135	23	17	35	26	8	6	69	51
Turner	407	22	5	104	26	27	7	254	62
West Hove	323	58	18	184	57	31	10	50	16
Whitehawk	144	53	37	45	31	26	18	20	14
Woodingdean	110	43	39	31	28	21	19	15	14
<b>Total</b>	<b>3298</b>							<b>1130</b>	

Source: South Downs Health NHS Trust, 2008





Brighton & Hove  
City Council

Brighton and Hove City   
Teaching Primary Care Trust

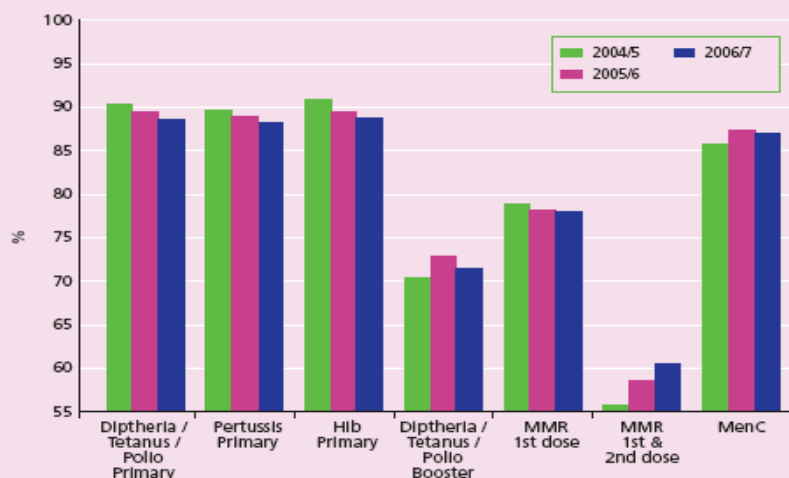
Brighton and Hove  
Children and Young People's  
**TRUST**



## THE EARLY YEARS

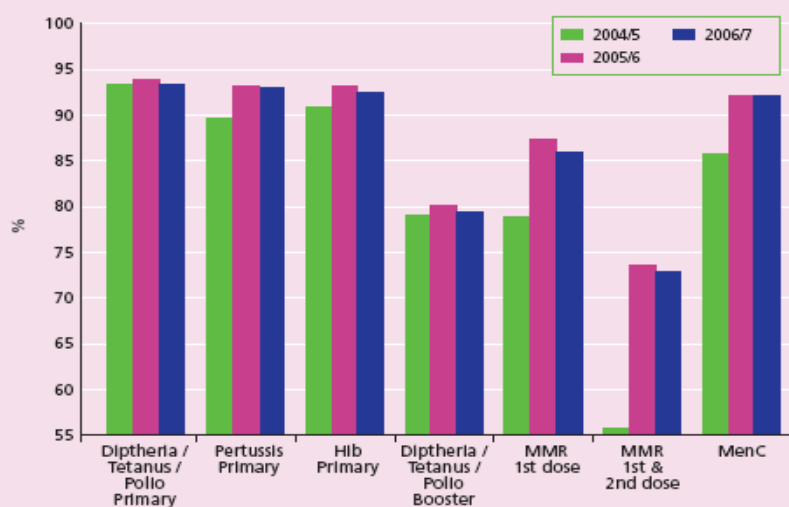
### Immunisation

Figure 9 Percentage Immunised by their fifth birthday (Brighton and Hove PCT)



Source: NHS Immunisation statistics and cover data Brighton and Hove City

Figure 10 Percentage Immunised by their fifth birthday (England)



Source: NHS Immunisation statistics and cover data Brighton and Hove City

💧 Brighton and Hove has historically had low immunisation uptake figures in Brighton and these dipped after the MMR scare. In recent years coverage levels at 1 year and 2 years have been improving.

💧 Immunisation coverage by the fifth birthday remains low. The percentage of children receiving their diphtheria, tetanus, polio, pertussis and HIB boosters has not been improving and coverage remain below national average.



## THE WIDER DETERMINANTS OF HEALTH

Education - Brighton and Hove still has a significantly lower proportion of pupils receiving a level 5 qualification for Key Stage 3 English (66%) than the region (75%) and England (73%) for 2006.

There is a significant gap in achievement between those receiving free school meals and others.

Between November to January 2004 and November to January 2006 the average NEET numbers increased by 17% across the city

Table 6 2007 Key Stage 2 Achievement and free school eligibility

	English & Maths L4+ %
All pupils	70.6%
Free school	
Meal Eligible	45.5%
Non-Eligible	76.0%

Source: Brighton and Hove Baseline report, 2008

Crime - Youth disorder calls increased by 15% between 2005/6 and 2006/7. Numbers of first time entrants to the Criminal Justice System decreased in 2007/8 from the previous year.

Housing - There is considerable housing pressure in Brighton and Hove and there is unmet need in relation to the availability of adapted properties for disabled residents.

Homelessness - Youth homelessness in general is higher than the national average and there are clear inequalities in relation to youth homelessness with care leavers, LGBT young people and NEET young people all significantly over represented in the youth homeless population.



## KEY RECOMMENDATIONS

### Early years

- ◆ Improve breast feeding data collection and explore variations.
- ◆ Further action in the areas where breastfeeding is lower.
- ◆ PCT Immunisation Co-ordinator to increase vaccination.

### Wider Determinants

- ◆ New data sets on parenting, lone parents and impact on health.
- ◆ Explore the health needs of domestic violence victims.
- ◆ Additional support for those most at risk of homelessness such as LGBT young People and NEET young people.
- ◆ Increase efforts to prevent young people entering care, and tailored support for those leaving care.
- ◆ The CYPT, PCT and Community Safety Team should focus on the mental and physical health needs of young victims of crime in the context of Targeted Youth Support.



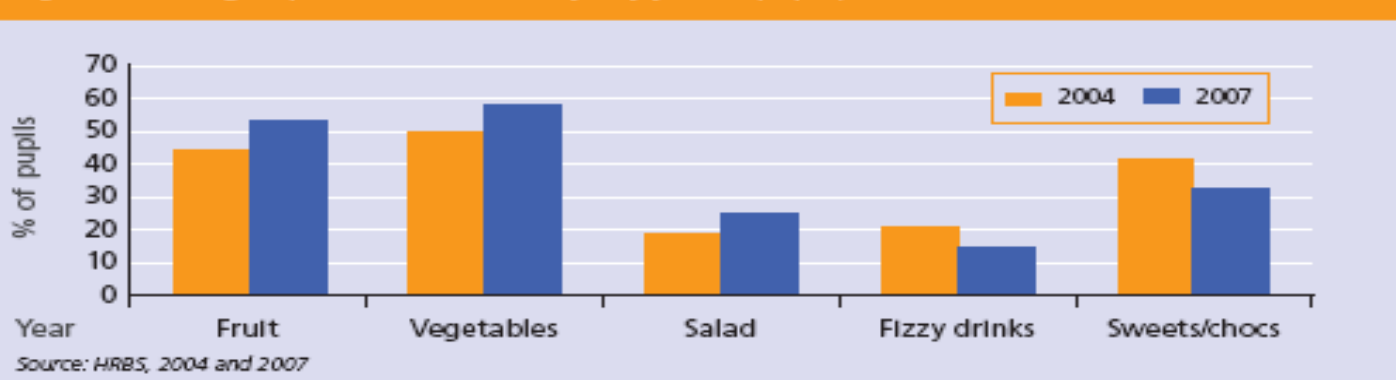
## Lifestyles and Risk Behaviours



## DIET, EXERCISE AND OBESITY

- ◆ In Brighton and Hove, 30.2% of Year 6 children are overweight or obese.
- ◆ Less than a third of children aged 10 to 15 years eat five or more portions of fruit or vegetables a day.
- ◆ Less than 1 in 5 girls, and less than half of boys reported exercising 5 times or more in the previous week.
- ◆ 60% of year 10 pupils reported exercising over three times weekly in 2007 compared to 40% in 2004.
- ◆ 93% of local children participate in at least 2 hours of school PE and out-of-school hours sport in a typical week, compared to 86% nationally.

Figure 12 Food groups eaten on 'most days' by year 10 pupils, 2004 and 2007





## SMOKING AND SUBSTANCE MISUSE

### Smoking

- ◆ Smoking among children in Brighton and Hove has increased in recent years and levels are higher than national figures.
- ◆ Smoking associated with geographical deprivation.

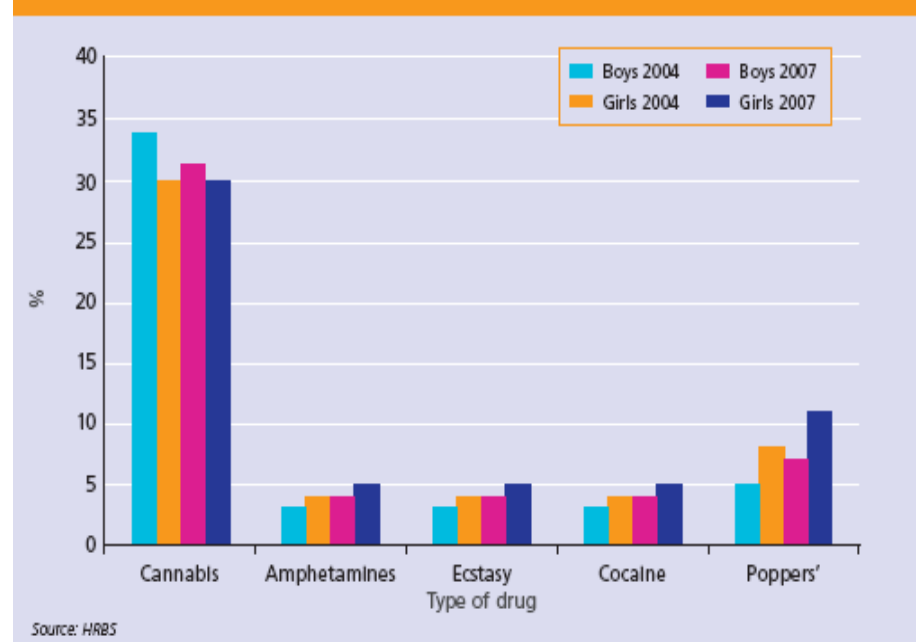
### Substance Misuse.

- ◆ Illegal substance misuse is 66% in Brighton and Hove compared to 76% nationally.

- ◆ 17% of 14-15 year olds reporting having used cannabis in the last month.

- ◆ Increased numbers of young people entering drug treatment likely reflecting better identification of need, and access.

Figure 16 Percentage of Brighton and Hove 14-15 year olds who have ever tried drugs

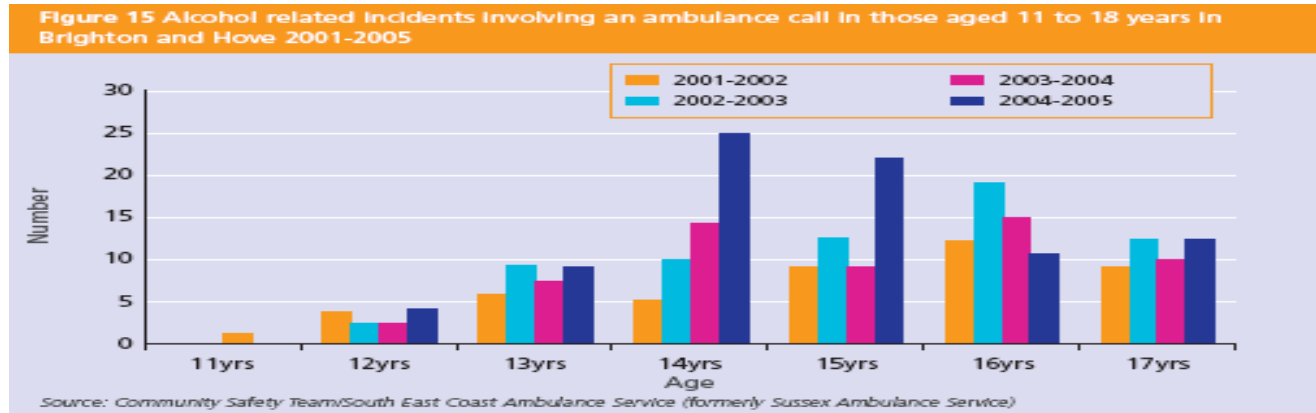




## ALCOHOL

### Alcohol

- ◆ 52% of B&H children have tried an alcoholic drink compared to 48% nationally.
- ◆ 13% of B&H children got drunk once or twice in the past month compared to 12% of children nationally.
- ◆ Overall a quarter of boys and a third of girls report getting drunk in the previous week and in the east of the city the figures are much higher.

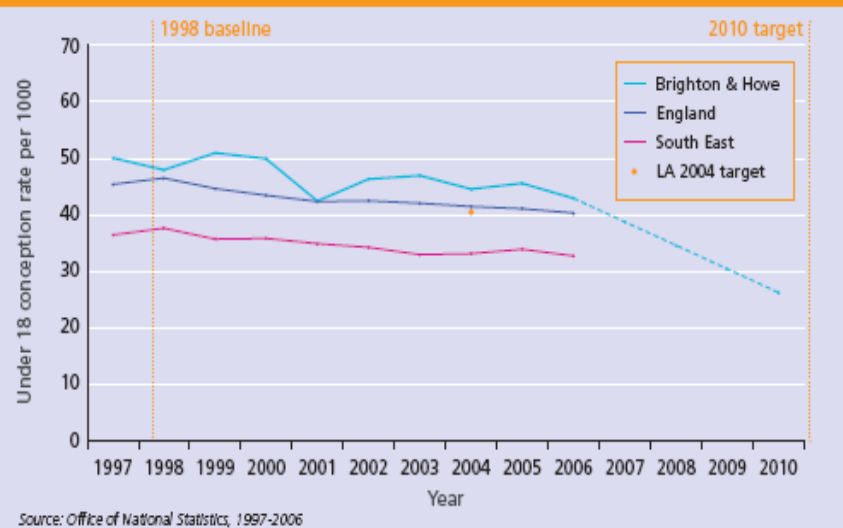


- ◆ Between 10 and 25 children and young people aged 18 years or less attend A&E with alcohol or alcohol related problems every month.



## TEENAGE PREGNANCY; SEXUAL HEALTH

Figure 17 Teenage pregnancy rates in Brighton and Hove compared with the South East and England and required trajectory to meet target



💧 Teenage conception rate has declined by 10.5% in B&H since 1998.

💧 61.9% of teenage mothers are lone parents

💧 Just 3.1% are qualified over the standard of Level 2 (GCSE level or equivalent)

💧 96.3% self-identified as white.

💧 In B&H 57% of teenage conceptions result in abortion compared with 48% nationally.

💧 Link between social deprivation and teenage conceptions

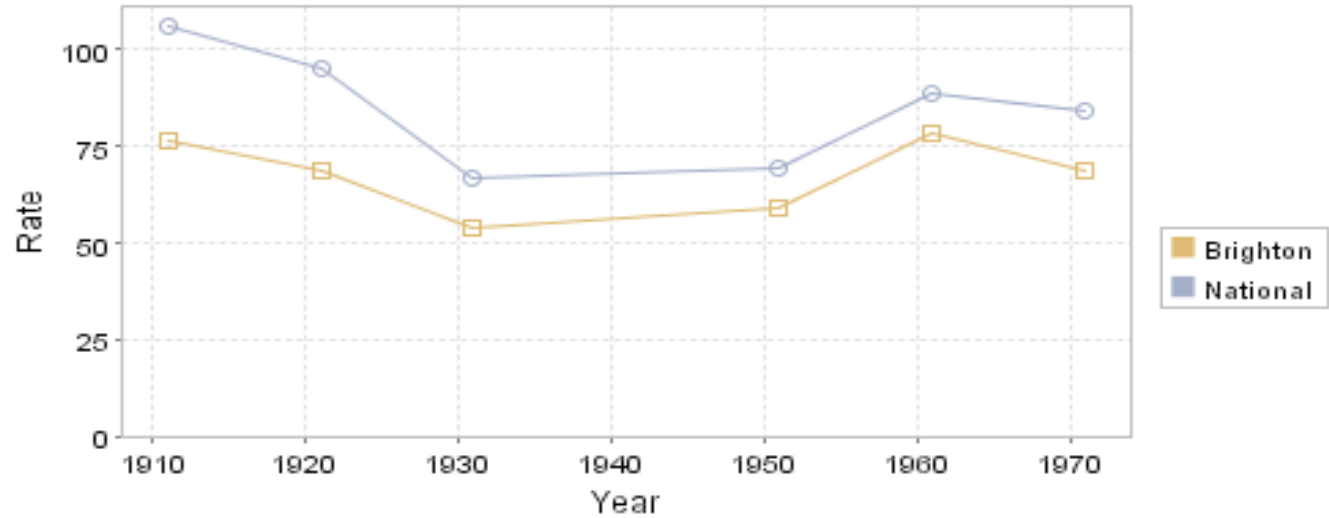
💧 25% of B&H 14-15 year olds state that they have had a sexual relationship.

💧 Rates of sexually transmitted infections are increasing with girls showing much higher detected rates than boys

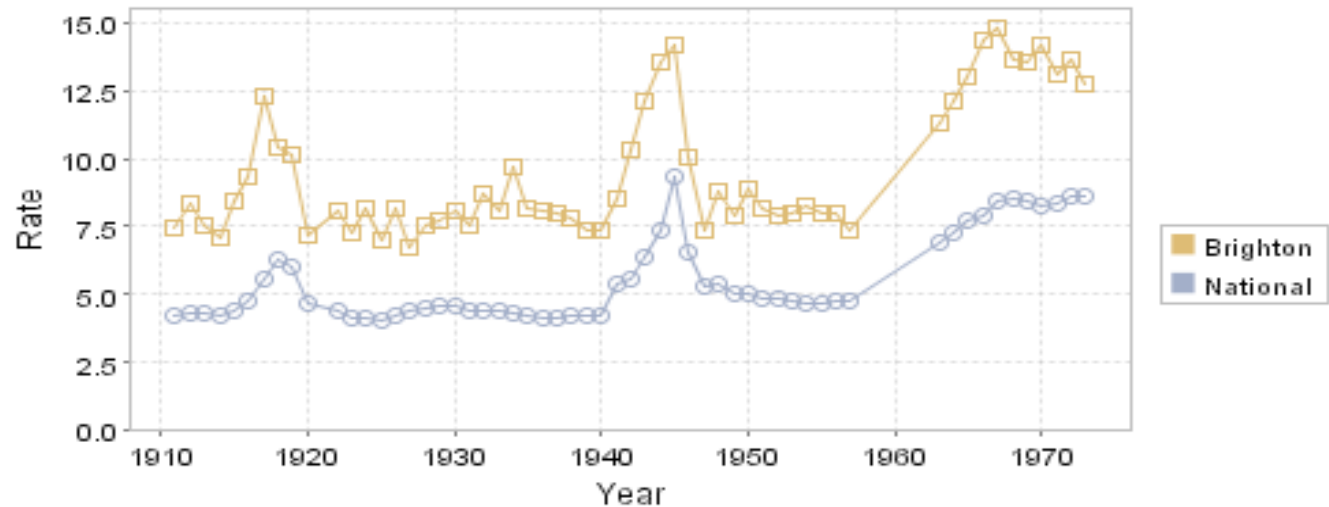


## BIRTH RATE IN BRIGHTON: 1911-1973

### Fertility rate in Brighton: 1911-1973



### Illegitimacy rate in Brighton: 1911-1973





## CURRENT ACTION

- ◆ The PCT allocated £800,000 in 2007/8 and £1M in 2008/9 to improve health and address health inequalities.
- ◆ A Childhood Obesity Strategy produced and numerous initiatives to tackle obesity.
- ◆ A (0.6wte) Smoking Cessation Nurse Specialist to support young people : In 2007/8, 72 young people referred to Stop Smoking Services and agreed a 'quit date', of which 32 were still not smoking at the 4 week follow-up.
- ◆ Initiatives funded over the last year:
  - ◆ East Brighton Teenage Pregnancy and Sexual Health Project
  - ◆ Four part time Specialist School Nurses in Sexual Health
  - ◆ Targeted Youth Support project
  - ◆ Availability of long acting reversible contraceptives at British Pregnancy Advice Centre.
- ◆ Sexual Health Joint Strategic Needs Assessment
- ◆ PCT Sexual Health Promotion Specialist



## RECOMMENDATIONS

- ◆ The CYPT Healthy School Team should build on its early work to encourage more girls into physical exercise.
- ◆ The PCT and the CYPT should evaluate and extend current initiatives such as pedometers in schools
- ◆ Prioritise provision of out of school time activity (especially girls).
- ◆ The culture of binge drinking among young girls should be explored as part of the current Joint Strategic Alcohol Needs Assessment.
- ◆ RU-OK? and specialist drug and alcohol services should work closely with the CYPT and Sussex Partnership Trust to improve the referrals of young people with drug and alcohol problems.
- ◆ The CYPT should ensure that key identified groups of at-risk children receive targeted education and early intervention.
- ◆ Findings of the Sexual Health JSNA should inform an action plan for young people.
- ◆ Introduce additional education programmes to raise awareness of STIs among young people.
- ◆ By 31 March 2011 the PCT should ensure that the immunisation rate for Human Papilloma Virus vaccine for girls aged 12-15 years reaches 90%



# Mortality and Morbidity



## MORTALITY AND MORBIDITY

### Mortality

- ◆ Infant mortality rate is 6.2/1000 live births.
- ◆ Low birthweight is an important factor regarding deaths in the perinatal period (first week of life).

### Rates of hospital admission in children

Table 12 Rates of admission in children and young people in Brighton and Hove per 100 population 2002/3 to 2006/7

	0	1-4 years	5-9 years	10-14 years	15-17 years	Total
2002/03	15.2	10.4	6.0	6.2	6.7	7.7
2003/04	18.4	10.1	6.8	7.0	8.7	8.6
2004/05	17.9	10.7	7.5	6.0	7.6	8.4
2005/06	16.6	11.3	8.3	6.8	9.3	9.3
2006/07	14.8	11.4	7.9	6.5	8.1	8.8
Average	16.6	10.8	7.3	6.5	8.1	8.6

Source: PCT Public Health Directorate. HES rates based on ONS mid-year estimates

- ◆ 8.6 admissions per 100 0-17 year olds in 2007
- ◆ The most frequent cause is gastrointestinal conditions (in particular dental extractions)

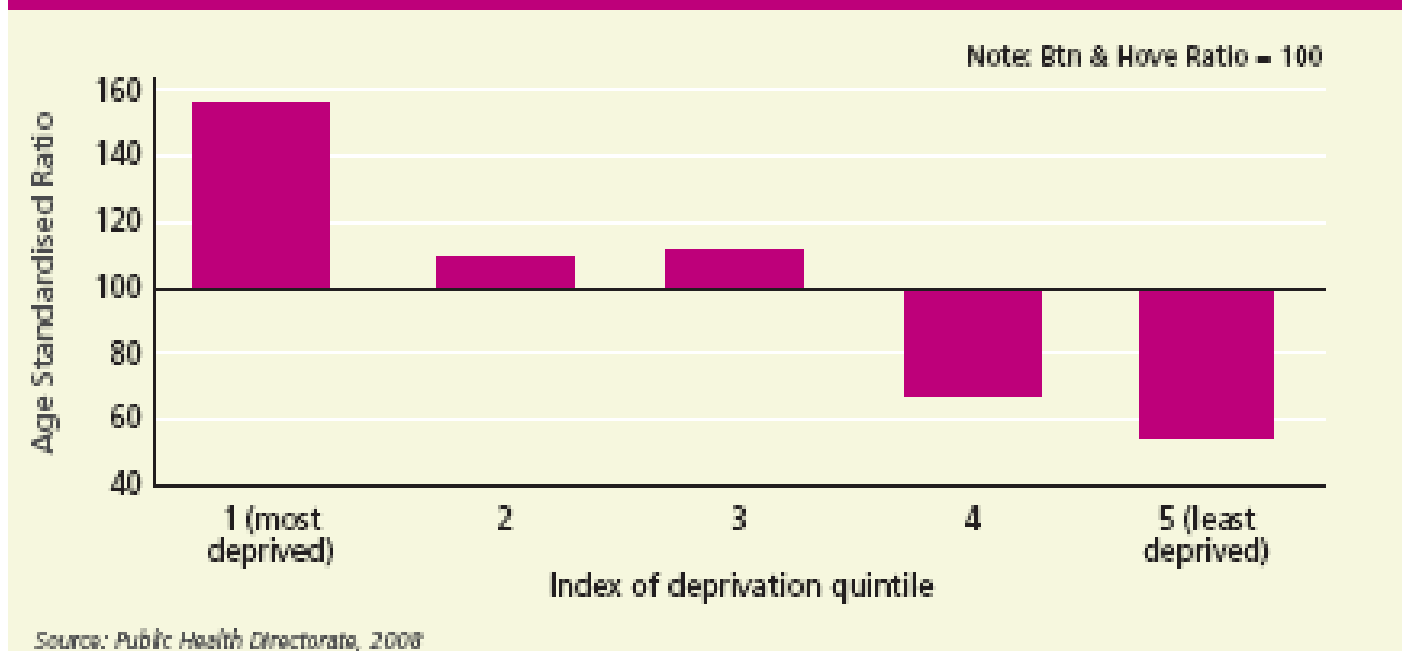


## LONG TERM ILLNESS

### Dental Health

◆ Much better than average levels of dental decay in children aged 5, although slightly worse South East figures

Figure 21 Age-standardised hospital admission ratio for dental caries in children and young people and deprivation in Brighton and Hove



◆ Clear pattern of more deprived children being more likely to be admitted for treatment of dental caries. This greater service use is likely to reflect greater need.



## LONG TERM ILLNESS

Asthma - Respiratory conditions (mainly asthma) the second most common group of hospital admissions in children.

Asthma - Like dental caries, clear link in children and young people between deprivation and asthma hospital admission.

Diabetes - National rates of diabetes rising, but little information on local rates is available.

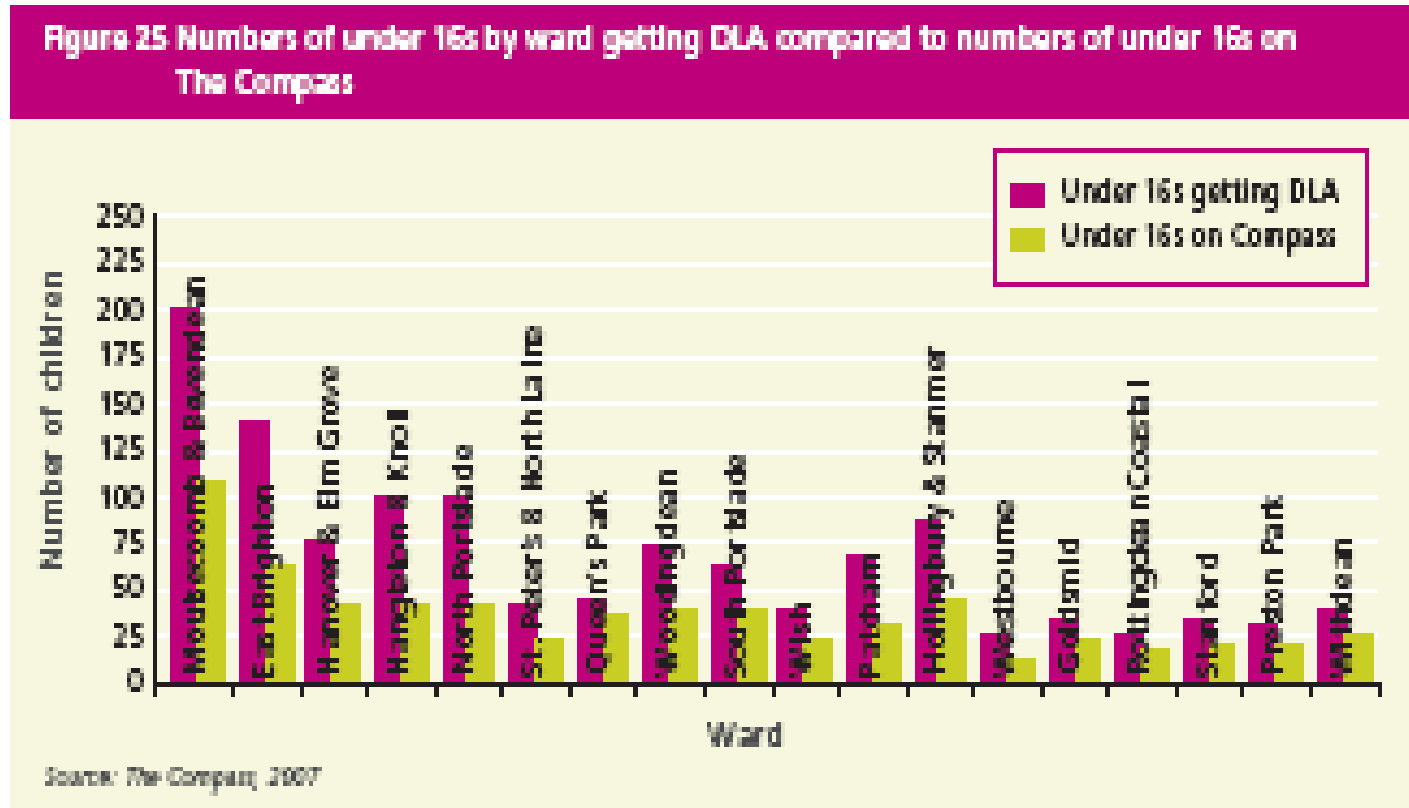
Epilepsy - Service provision differs geographically with dedicated service only available in some parts of the SEC. No dedicated service in Brighton and Hove

💧 **A paucity of data on care of younger people with long term conditions**



## DISABILITY

- There were over 1000 children under 17 years in receipt of Disability Living Allowance (DLA) in May 2007
- Research suggests this is an underestimate with only half of children with disabilities receiving DLA







## DISABILITY, SPECIAL EDUCATIONAL NEEDS AND MENTAL HEALTH

- ◆ The Compass database highlights a strong link between disability and school exclusion, a key indicator in later risk of offending behaviour.
- ◆ Clear link between children with disabilities and deprivation.
- ◆ Rise in children with speech and language needs and with a Statement from 4.9% to 5.3% in primary schools, and 1.1% to 1.3% in secondary schools between 2004 and 2006.
- ◆ A very high proportion of children in special schools though quality of provision judged by OFSTED to be 'very good' or 'better'.
- ◆ Looked After Children more likely to experience poor mental health.
- ◆ Suicides among young people in Brighton and Hove is low.
- ◆ An estimated 27% of school children are bullied.



## CURRENT ACTION

- Oral Health Need Assessment has just been completed.
- The CYPT commissions AMAZE as the local support and parent partnership service.
- The Compass is the AMAZE database of Children with Special Needs and currently holds information on over 1000 children.
- The PCT and the CYPT have funded a parent carer forum which specifically addresses the needs of disabled children and those with complex medical needs.
- As part of the *Aiming High* programme the CYPT has committed to ensuring that services reach all relevant children and their families.



## RECOMMENDATIONS

- - ◆ Improve data collection and care of young people with chronic diseases.
  - ◆ Address inequalities related to dental caries.
  - ◆ Address inequalities related to asthma care.
  - ◆ Improve data collection for childhood accidents.
  - ◆ Monitor management of children with diabetes.
  - ◆ Develop joint CYPT and PCT Action Plan to tackle disability inequalities.
  - ◆ Ensure the SEN strategy links explicitly with city wide service developments for disabled children.
  - ◆ Implement the established mental health (CAMHS) ten year commissioning strategy.
  - ◆ Improve measures to deal with bullying.

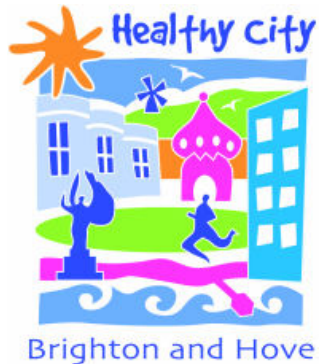


# Overall Conclusions



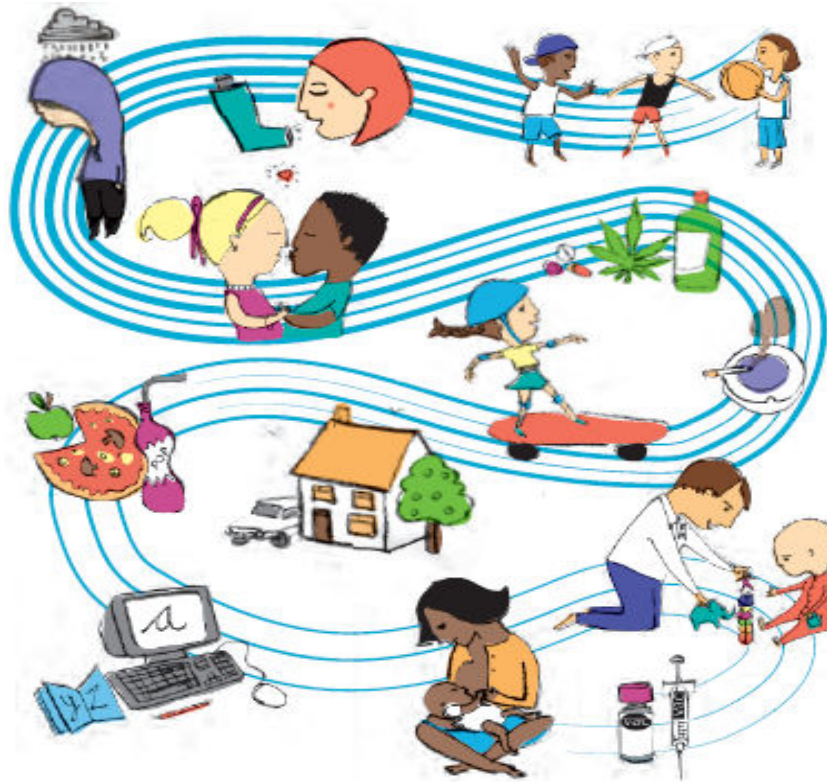
## CONCLUSIONS

- ◆ The CYPT has established some good practice and links.
- ◆ Need to develop commissioning, particularly for health.
- ◆ Some good data available for difficult issues, particularly with the Voluntary sector, but a large gaps in knowledge.
- ◆ High proportion of young people in B&H and many health problems in the city relate to this unusual demographic.
- ◆ Some signs of improvement, in particular diet and exercise and teenage pregnancy rates.
- ◆ No improvement in smoking, alcohol and substance misuse
- ◆ Clear inequalities, in particular with regard to the wider determinants: youth homelessness, education attainment, criminal activity including domestic violence.
- ◆ Report/JSNA has increased the joint working required to deal with the problems outlined within it but there remains a need for better joint working.



# Brighten Up!

Growing up in Brighton & Hove in 2008



Thank you  
Dr. Tom Scanlon, Director of Public Health