PETERBOROUGH CITY COUNCIL

Children & Young People's Joint Strategic Needs Assessment

June 2015

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Children and Young Persons Joint Strategic Needs Analysis (JSNA)

Executive summary

The Peterborough Children and Young People's JSNA analyses data relating to children and young people in Peterborough and describes a very fast growing city with a young and ethnically diverse population, significant levels of deprivation and concomitant poor health and educational outcomes. There are wards in the centre of the City with long-standing problems: poverty, over-crowding, poor attainment, poor health, unemployment and poor housing stock. Alcohol, drugs, sexually transmitted infections, teen pregnancies, smoking, low birth weight and infant mortality are also issues for these areas of Peterborough as are high levels of injuries, asthma, dental problems and hospital attendances and admissions. The life-course approach to analysis of the data shows that outcomes are poor throughout life, with events in early life affecting children as they grow to adulthood.

Most of the needs identified are not new but the speed of population growth and the changing ethnic mix of the population together with shrinking public sector funding have intensified the challenges for Peterborough.

However there are also significant opportunities to make real improvements to outcomes for the children and young people of Peterborough and their families from the introduction of the Children and Families Act 2014 and the Health and Social Care Act 2014 and the commissioning of Health Visiting and Family Nurse Partnership Services moving to the Council in October 2015.

1 Introduction

The Peterborough Children's and Young People's Joint Strategic Needs Assessment (CYP JSNA) commenced with some multi-agency stakeholder workshops during the autumn period of 2013. The key themes that emerged from the workshop were pressures resulting from the socio-economic profile of Peterborough's population and from the city's high levels of growth, both in absolute numbers and the corresponding demand for services. Early findings from detailed analysis were subsequently presented at the Health and Wellbeing Board in January 2014.

Following on from this, the themes were subjected to robust evaluation, from which the messages are summarised as a report to support Commissioners and other relevant stakeholders in the identification of priorities.

What is the Children and Young People's JSNA?

A JSNA is a process whereby public sector economies bring together their knowledge of the needs of the population and the impacts on health and wellbeing in order to formulate commissioning plans, and best target resources. The CYP JSNA has been informed by the following analytical products and tools:

- Data collated by Public Health England detailing Peterborough performance vs regional neighbours and national benchmarks
- The Child Health Profiles produced by ChiMat

- The CYP JSNA data visualisation tool of ward and lower level distributions of health and socio-economic factors produced in partnership with Green Ventures Ltd
- Analysis of hospital related activity for children and young people of Peterborough, undertaken by the Health and Wellbeing Board Information Working Group.
- National General Practice Profiles focusing on child health.

2 Recommendations from the Peterborough CYP JSNA

Recommendation 1: The Board notes the changes and additional information and analysis incorporated into the JSNA.

Recommendation 2: The Board requests the Children & Families Joint Commissioning Board review effectiveness of existing strategies, interventions and provision in meeting the needs in the Children and Young People's JSNA and improving outcomes for the children and young people in the city.

Recommendation 3: The Board are asked to consider an engagement strategy to share initial JSNA findings and ensure partnership representation as appropriate on the further phases and deep dive work.

Recommendation 4: Selective and focused further analysis could help to inform the use of our resources to achieve the best possible outcomes. The following work streams are proposed:

1 Deep dive analysis of the impact of drugs and alcohol on children and young people in the city, with a view to formulating a multi-agency young person's drugs and alcohol strategy – suggested lead organisation Safer Peterborough Partnership.

2 A recent survey received from the Office of the Children's Commissioner suggests consideration of a wider range of issues for potential inclusion in further phases of the JSNA. These should be reviewed.

3 Further analysis of the child poverty data should be undertaken to ascertain the numbers and proportions of all children living in poverty in each ward of the city; this will help to determine proportions impacted by geographical targeting of a limited number of wards.

Recommendation 5: It is recommended that the JSNA links to the Safer Peterborough Plan as an understanding of the needs of Children and Young People in Peterborough is key to underpinning the delivery of priorities contained within the delivery plan.

3 Key Messages from the Peterborough CYP JSNA

- Children and young people in Peterborough continue to be statistically disadvantaged compared to the average for England and the East of England, with regards to both key public health and quality of life/aspiration metrics. Data show Peterborough to be below the national average in areas ranging from children living in poverty to mothers smoking while pregnant and poor levels of educational attainment.
- The city of Peterborough is the fastest growing of all cities within the UK and research commissioned by Peterborough City Council suggests that growth is outpacing predictions from the Office for National Statistics, particularly with regard to the growth rate of the population aged under 18. This will result in a substantial increase in demand for services, while public sector funding continues to reduce.
- Poor public health outcomes are noted to be of particular significance in four of Peterborough's most central wards – Ravensthorpe, North, Park and Orton Longueville. Peterborough remains a city with wide disparities in socio-economic status, needs and outcomes.

There is clear evidence[1] of the link between adverse events in early life and poor outcomes in throughout childhood and into adulthood. Understanding what is happening in early life to the children in our communities and intervening early not only improves lifelong outcomes but also saves money[2].

4 Messages from the ChiMat and Public Health England Child Health Profile and National Benchmarking Profile March 2014

The latest Child Health Profile was published in March 2014 and is included as Appendix 2. The profile covers the city as a whole and shows how we compared to England and the East of England on a range of key factors.

Children and young people under the age of 20 made up 26.5% of the population of Peterborough in 2012, a figure 2.6% higher than the national population percentage. This population of children and young people is increasingly diverse. In 2013 40.8% of school children were from a minority ethnic background, significantly higher than the national rate of 26.7%.

[1] http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61012/earlyintervention-smartinvestment.pdf

The level of child poverty was worse than average, with 23.6% of our children aged under 16 living in poverty compared to 20.6% overall in England in the March 2014 Child Health profile.

Within our proportionately larger and more diverse child population outcomes were worse than nationally. The health and wellbeing of children in Peterborough was generally worse than would be expected of an 'average' child in England. We have similar rates of obesity in children to that of England, but our rates of alcohol related admissions to hospital for children under 18 were high and increasing compared a decreasing trend nationally. We also had higher rates of children admitted to hospital as a result of self-harm than the England average and lower rates of women breastfeeding than the England average. The rate of family homelessness was worse than the England average, and we also had higher rates of children in care (as referred to as 'Looked After Children'). The educational attainment in 2012/13 for children at the end of Reception and for children achieving 5 or more GCSEs at A*-C were both below the national average and more young people aged 16-18 were 'Not in Education, employment or Training'.

5 Taking a local view of the issues

As noted from the core data set and Child Health Profiles, Peterborough as a city has a number of very significant issues to tackle in respect of improving the health and wellbeing of and ultimately outcomes for children and young people. In order to understand the actions we need to prioritise we must first understand the causal factors and characteristics of the communities where the greatest need is seen.

Peterborough was listed by the 2014 Centres for Cities report 'Cities Outlook 2014[3]' as the fastest growing city in the UK and this presents unique opportunities and challenges, particularly considering the number of children and young people within the city is expected to grow substantially over the next few years. The below table shows Office for National Statistics predictions of population growth over the years 2013-2031[4] and highlights a predicted population growth of 17.8% by 2031, with growth rates of 16.8% and 31.8% for the age groups 5-9 and 10-14 respectively.

[3] http://www.centreforcities.org/assets/files/2014/Cities_Outlook_2014.pdf
[4] http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html

Figure 1 – Peterborough predicted growth rate 2013-2031 (Office for National Statistics)

Age Group	2013	2015	2019	2023	2027	2031	% Change 2013-2031
0-4	14,900	15,300	15,400	15,200	15,000	14,900	0.0
5-9	12,500	13,400	14,800	14,900	14,800	14,600	16.8
10-14	11,000	11,100	12,700	14,100	14,400	14,500	31.8
15-19	11,400	11,300	10,800	12,000	13,400	13,900	21.9
20-24	12,000	11,800	11,500	11,000	11,400	12,700	5.8
25-29	15,200	15,300	15,400	15,000	14,400	14,400	-5.3
30-34	14,900	15,300	15,800	16,000	15,600	15,100	1.3
35-39	12,900	13,600	14,900	15,400	15,800	15,400	19.4
40-44	13,300	12,900	13,000	14,300	14,900	15,300	15.0
45-49	13,000	13,100	12,800	12,400	13,600	14,300	10.0
50-54	11,700	12,400	12,900	12,800	12,100	13,000	11.1
55-59	9,900	10,400	11,700	12,500	12,400	11,800	19.2
60-64	9,100	9,100	9,600	10,800	11,800	11,800	29.7
65-69	8,300	8,800	8,500	8,900	9,900	11,000	32.5
70-74	5,800	6,200	7,900	7,900	8,200	9,000	55.2
75-79	5,000	5,100	5,400	6,900	7,200	7,300	46.0
80-84	4,000	4,000	4,200	4,400	5,600	6,400	60.0
85-89	2,400	2,500	2,800	3,000	3,200	3,900	62.5
90+	1,200	1,300	1,500	1,900	2,300	2,700	125.0
All ages	**188,500**	**193,000**	**201,700**	**209,400**	**216,100**	**222,000**	**17.8**

Source: ONS 2012-based sub-national population projections
Note: Total may not sum due to rounding

However, ONS population predictions are based on trends of previous population growth. Research commissioned in 2010 by the LGSS Research, Performance and Business Intelligence team on behalf of Peterborough City Council also takes in to account the ambitious plans for growth within the city and revised growth predictions upwards based on the Council's current policy and planning decisions. The revised predictions are presented in the table below and show an overall predicted population growth between 2013 and 2031 of 28% rather than the 17.8% predicted by the ONS. Population growth rates for children and young people are also substantially increased; of particular note is a predicted growth of 55% in the 11-15 age group and 49% in the 16-19 age group by 2031.

Although this research predicts that the number of older residents within the city will also increase substantially, with a resultant growth in the healthcare demands that accompany a demographic change of this nature, the impact of a substantial population growth amongst children and young people and the subsequent rise in demand for local primary and acute services should be incorporated in future decisions regarding the development of the healthcare economy within Peterborough.

Figure 2 – Peterborough predicted growth rate 2011 - 2031

Age Group	2011	2013 [5]	2016	% change 2013-16	2021	% change 2013-21	2026	% change 2013-26	2031	% change 2013-31
0-4	14,300	14940	15,900	6%	17,500	17%	17,300	16%	17,100	14%
5-10	13,800	15320	17,600	15%	19,800	29%	21,000	37%	20,800	36%
11-15	10,800	11000	11,300	3%	14,500	32%	16,000	45%	17,000	55%
16-19	8,200	8320	8,500	2%	9,000	8%	11,400	37%	12,400	49%
20-24	11,400	11720	12,200	4%	12,000	2%	12,000	2%	15,000	28%
25-34	22,300	24020	26,600	11%	29,600	23%	27,700	15%	25,900	8%
35-44	25,900	25860	25,800	0%	27,100	5%	29,600	14%	30,300	17%
45-54	23,400	24400	25,900	6%	27,200	11%	26,400	8%	26,500	9%
55-64	20,300	20660	21,200	3%	23,700	15%	25,500	23%	26,200	27%
65-74	14,100	15500	17,600	14%	19,400	25%	20,100	30%	22,000	42%
75-84	9,400	9760	10,300	6%	11,900	22%	14,800	52%	16,200	66%
85+	3,800	4200	4,800	14%	5,900	40%	6,900	64%	8,300	98%
Total	177,700	**185700**	197,700	**6%**	217,600	**17%**	228,700	**23%**	237,700	**28%**

The Council has worked with Green Ventures to develop a mapped model of need within the City which enables us to link factors together.

In doing this we looked to linked thematic data together that shows the impact of:

Who we are – our demographic make up
Where we live – our communities, their facilities and characteristics
How we live – our behaviours, the things we do that impact on our health and wellbeing

These factors often link together to impact on individual and population outcomes. The following sections seek to set out our findings within three thematic summary areas:

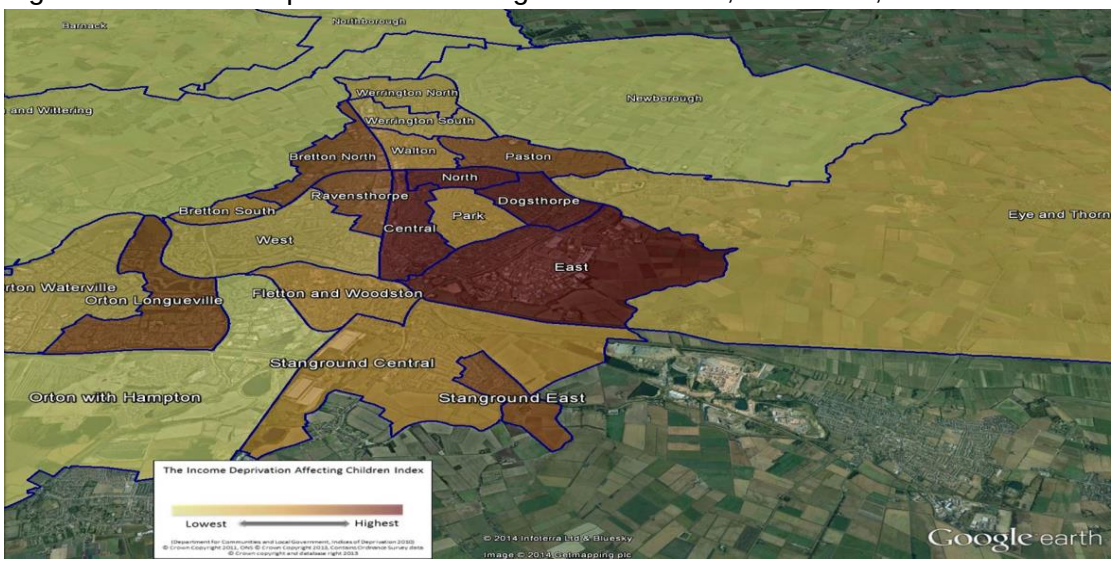
1. Deprivation significantly affects children in early years
2. Aspirations and Attainment are closely linked to where we live and our communities
3. Growth and Housing are key factors in our most deprived areas.

6 Deprivation affects our children in early years

The Income Deprivation Affecting Children Index (IDACI) shows income deprivation is clearly most prevalent in the 'doughnut shaped' group of wards in the centre of Peterborough - Central, East, North and Dogsthorpe wards. Rates are also high in Orton Longueville, Bretton North, Ravensthorpe, Stanground East and Paston, as shown in figure 3 below.

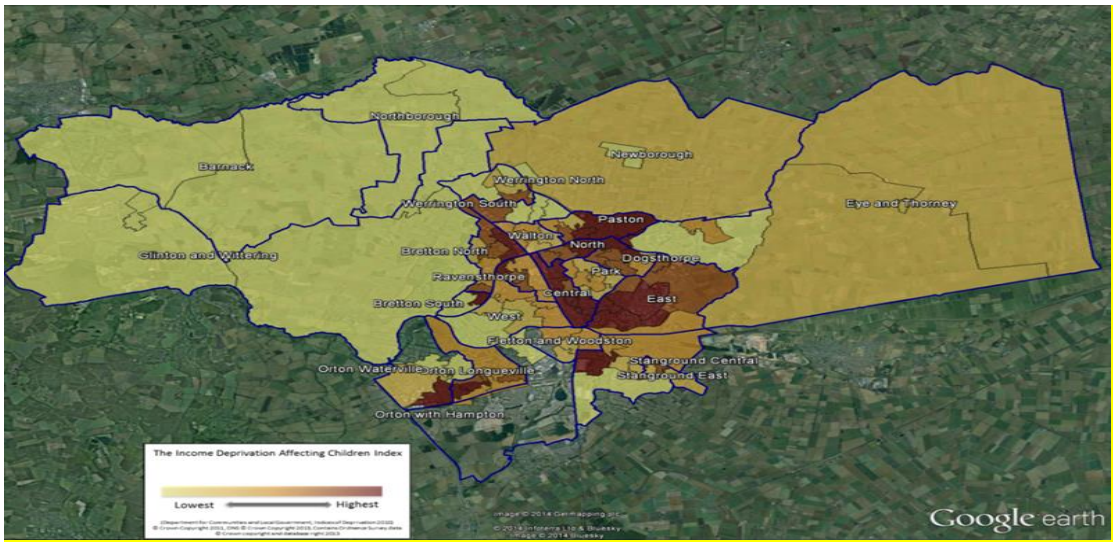
[5] 2013 figures are estimated by assuming growth between 2011 and 2016 for each age band follows a linear progression between these years.

Figure 3 – Income Depravation Affecting Children Index, ward level, 2010



There are also pockets of significant deprivation in Stanground Central and Orton Waterville. The IDACI for Hampton and Orton is not yet available, although it likely that we may see a pocket of income deprivation here also when data is released.

Figure 4 – Income Deprivation Affecting Children Index by Lower Super Output Area – 2010.

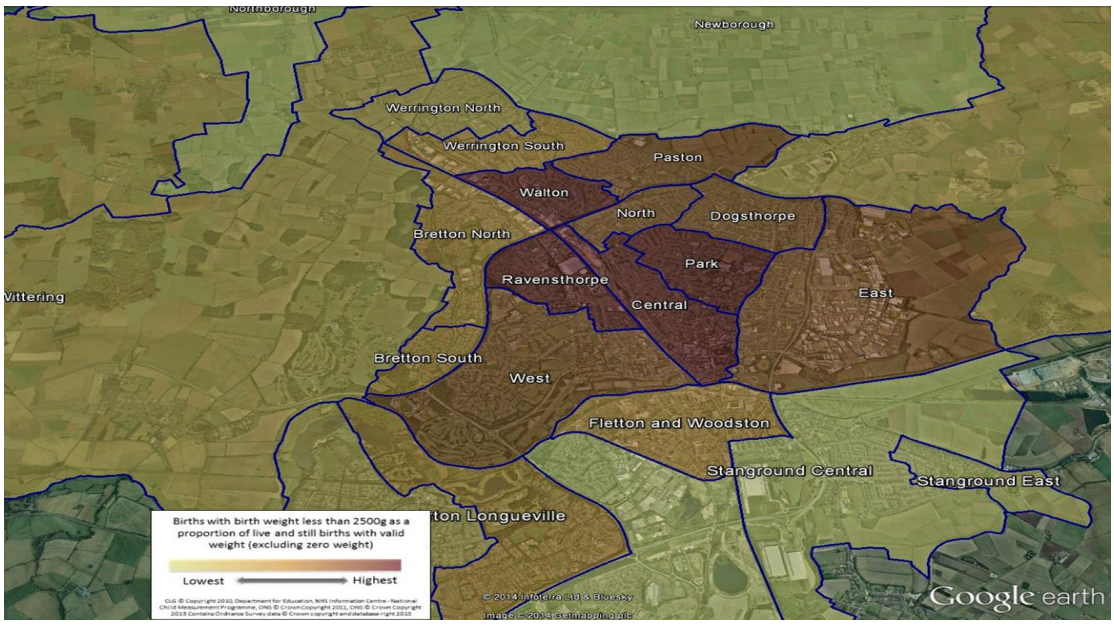


It is worth noting that even in the wards where there are significant levels of income deprivation affecting children there are also pockets where this deprivation is more severe.

When reviewing where babies are born we can see that the highest numbers of births are occurring in the areas where there are also the high levels of deprivation affecting children, with the Central, Ravensthorpe and East wards having the highest rates

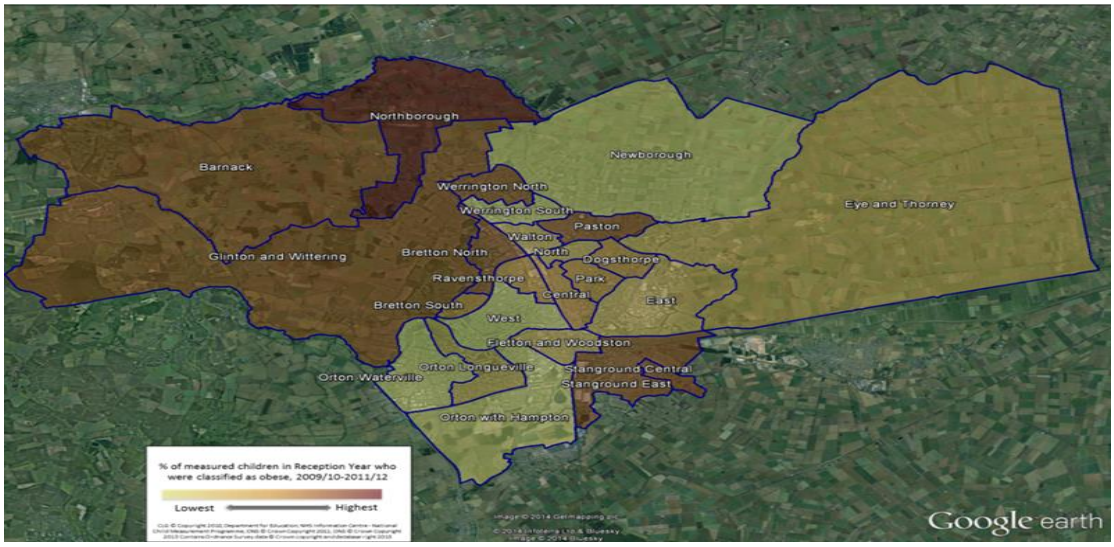
alongside Park ward. These wards also have the highest proportion of low birth weight babies.

Figure 5 – Births with birth weight less than 2500g as a proportion of live and still births by ward, 2008-2012



Low birth weights are often associated with smoking in pregnancy and / or prematurity and with poor health and development in early years. The data from the reception years weight and measurement programme suggests that children from deprived areas are less likely to be overweight when starting school. This could be down to low birth weight, and continuing poor diet. There is evidence of a strong link between low birth weight and coronary heart disease in later life[6].

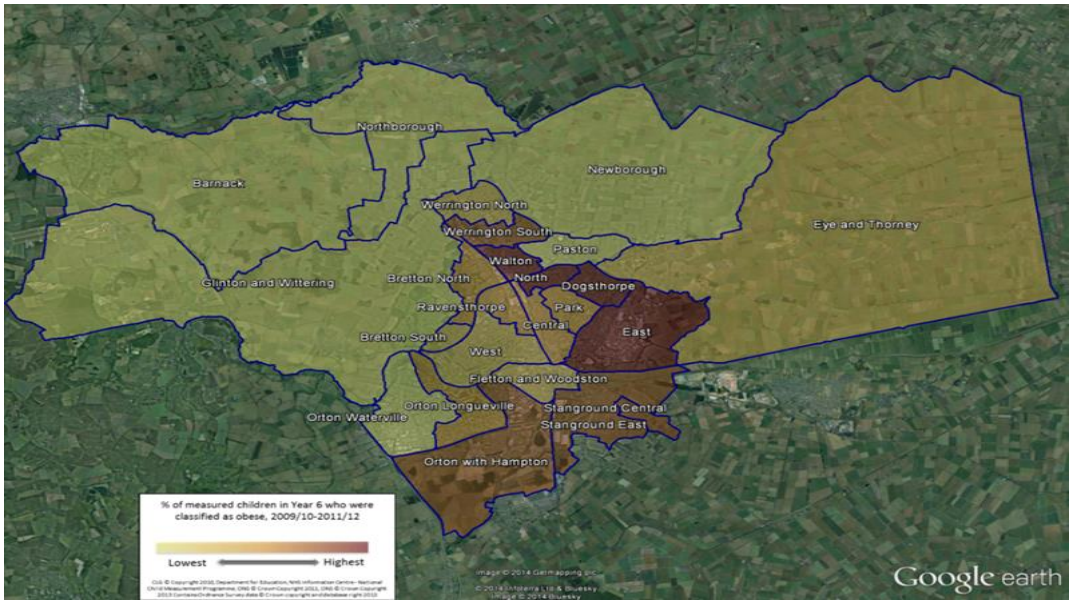
Figure 6: Percentage of measured children in reception year who were classified as obese 2009/10-2011/12.



[6] http://www.thebarkertheory.org/heart.php

However, by the time that children reach the final year of primary education, year 6, the trend is reversed and children in these areas are showing higher rates of obesity. There are particularly significant differences seen in Walton, North and East wards.

Figure 7: Percentage of measured children in year 6 who were classified as obese 2009/10-2011/12.

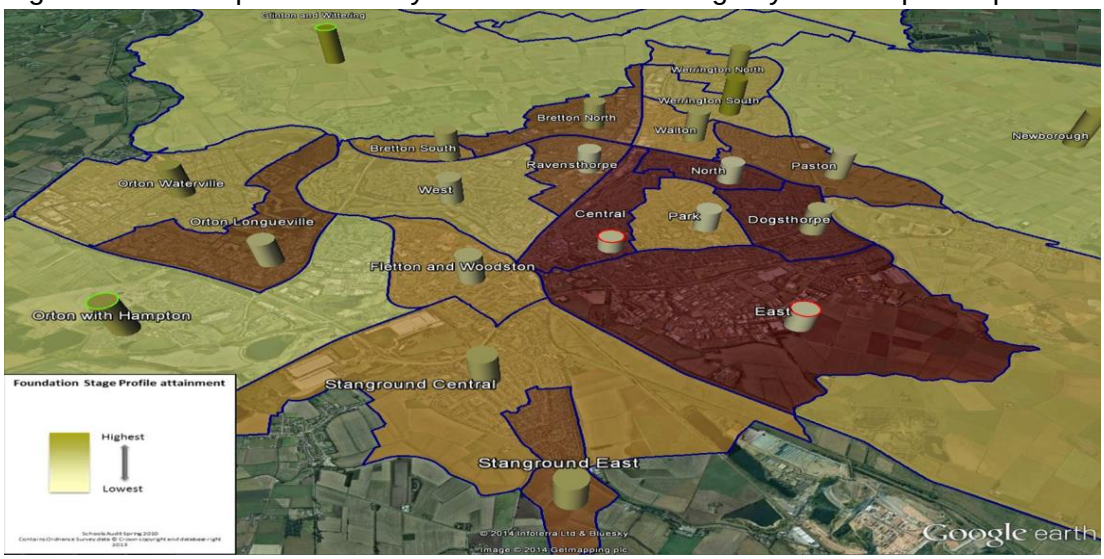


7 Aspirations and Attainment are closely linked to where we live and our communities

A key marker of development in early years is the level of development at foundation stage (age 5). Figure 8 below shows the foundation stage attainment in column form, against the IDACI map. Columns with green highlights on top denote high levels of attainment and those with red highlights show low levels of attainment in the Early Years Foundation Stage profile results.

The two wards with the lowest levels of development at foundation stage are East and Central, although, the attainment levels in Paston, Dogsthorpe, North, Park, Ravensthorpe and Orton Longueville are also fairly low as denoted by the lighter shading of the column. When viewed at lower super output level the pattern of lowest attainment is clearly aligned to a strip down the centre of Peterborough, around the Lincoln Road.

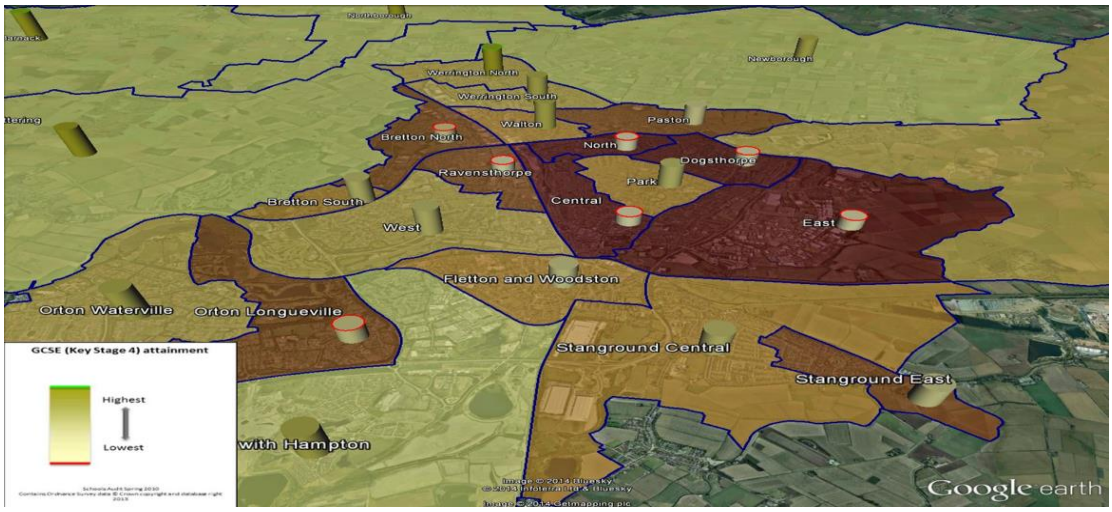
Figure 8 – Development at Early Years Foundation stage by lower super output area



The 2014 Public Health England paper 'The link between pupil health and wellbeing and attainment'[7] outlines a clear link between good health and wellbeing and high levels of academic achievement.

The early years development of children does correlate with levels of aspiration and attainment as they become older. The early years development at foundation stage and GCSE attainment shows a clear alignment between poor attainment and areas impacted by childhood poverty. Significantly poorer levels of GCSE attainment are seen in Paston, Dogsthorpe, Central, East, North, Orton Longueville, Ravensthorpe and Bretton North Wards as shown in figure 9 below.

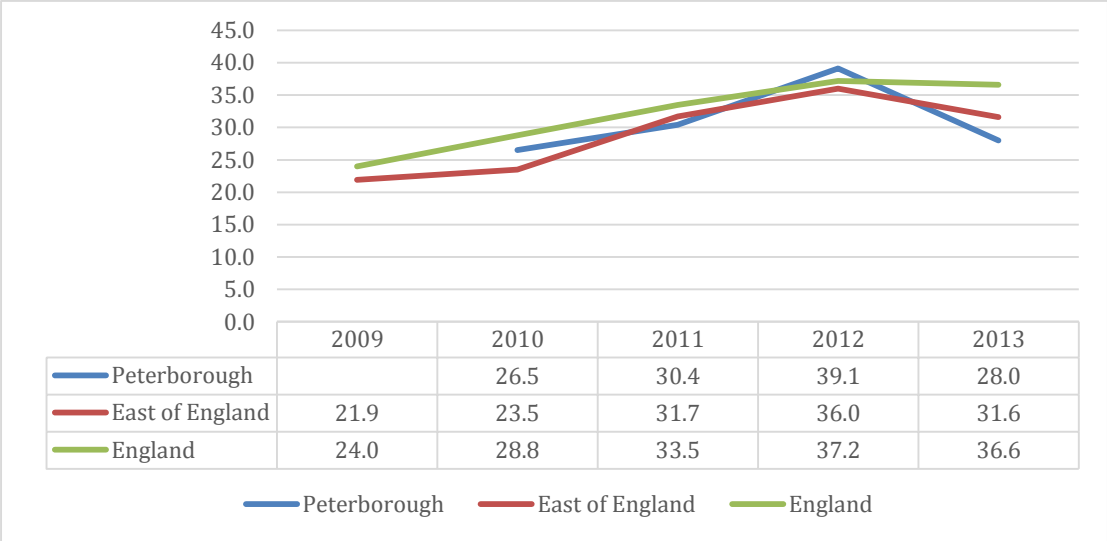
Figure 9 - Percentage of pupils achieving 5 or more GCSEs at grades A*-C (including English and Maths) or equivalent in schools maintained by the Local Education Authority at the end of the academic year, 2012/2013 by ward.



7 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf?utm_medium=email&utm_source=The+King%27s+Fund+newsletters&utm_campaign=4925400_HWBB+2014-11-10&dm_i=21A8,2XKGO,H6UJ06,AL62U,1

Data from the Department for Education[8], displayed below in figure 10, provides numbers of children in care achieving at least 5 GCSEs at A*-C or equivalent. Data specific to Peterborough for 2009 is not available, however the trend for 2010-2012 shows a continuous improvement in the percentage of children in care reaching this level of educational attainment. However, the 2013 data (currently considered provisional) shows a drop to 28.0%, below the figure for both the East of England and England collectively. A direct comparison to attainment of children who are not in care is not possible as the standard educational measure of GCSE attainment is based on achieving 5 GCSEs at A*-C including English and Mathematics whereas data for children in care is only available pertaining to achieving 5 GCSEs at A*-C in any subject. However, it can be inferred from data showing that in 2011/12, 48.3% of children within Peterborough obtained 5 A*-C GCSEs including English and Mathematics that education attainment for looked after children is below the average standard achieved by all children undertaking GCSE examinations.

Figure 10: % of children looked after continuously for at least 12 months achieving 5+ GCSEs A*-C or equivalent

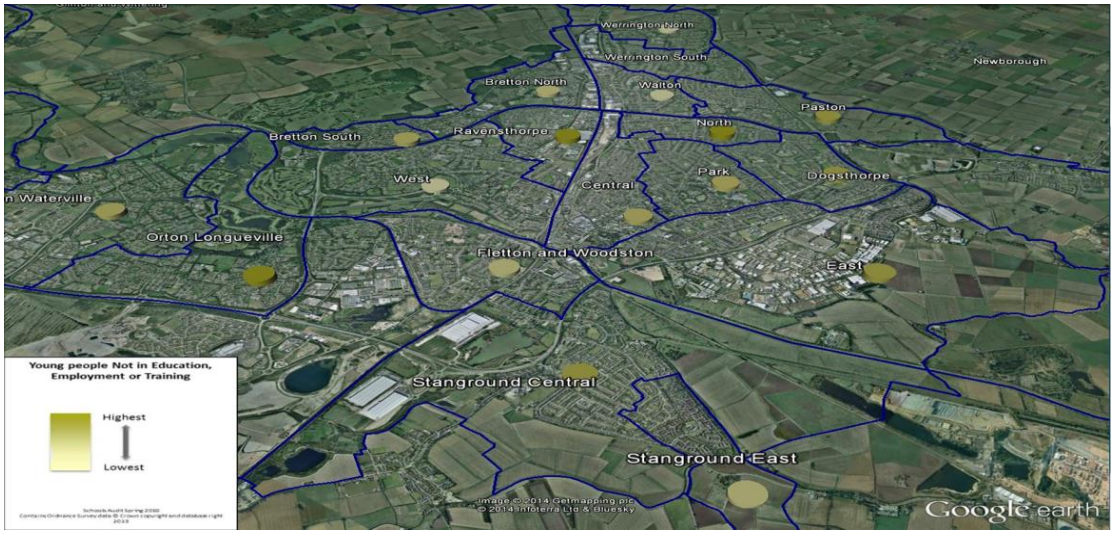


	2009	2010	2011	2012	2013
Peterborough		26.5	30.4	39.1	28.0
East of England	21.9	23.5	31.7	36.0	31.6
England	24.0	28.8	33.5	37.2	36.6

There is clear evidence that a higher number of those failing to achieve 5 A*-C GCSEs will end up not in education, employment or training upon leaving school. Figure 11 below shows the percentages of young people Not in Education, Employment or Training (NEET) at 16 and 18 years of age by ward as at 2012. It is too early to gauge the effect of the change in compulsory education whereby young people have to continue in education or training until 18. High rates of NEET are denoted by darker cylinders and can be seen highest in Ravensthorpe, North, and Orton Longueville wards, all three of which also have significantly low GCSE attainment. It is of note that rates of young person NEET are not high in Central ward, despite the lower levels of GCSE attainment.

[8] https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-las-in-england

Figure 11: -Percentage of young people not in education training or employment NEET at 16 and 18 years of age by ward as at 2012.



Young teenage mothers are not counted within NEET figures. Deprived areas also have higher rates of teenage pregnancies. Figure 12 below shows the rates of teenage conceptions by ward. Rates of conceptions amongst 15-17 year olds are highest within the East, Dogsthorpe and Orton Longueville wards. As with NEET, rates are lower in Central ward.

Figure 12: - Rates of 2008-2010 conceptions for girls aged 15-17 by ward.

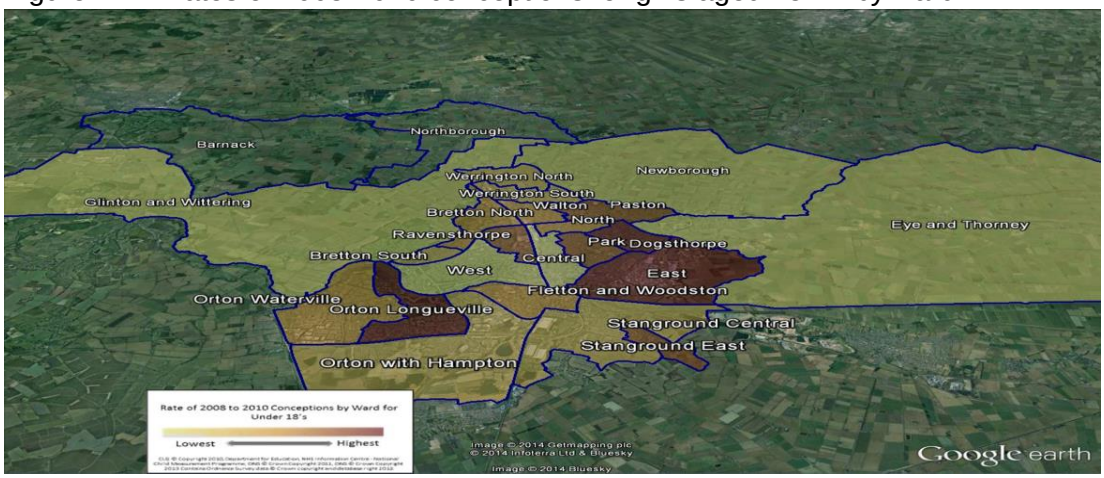
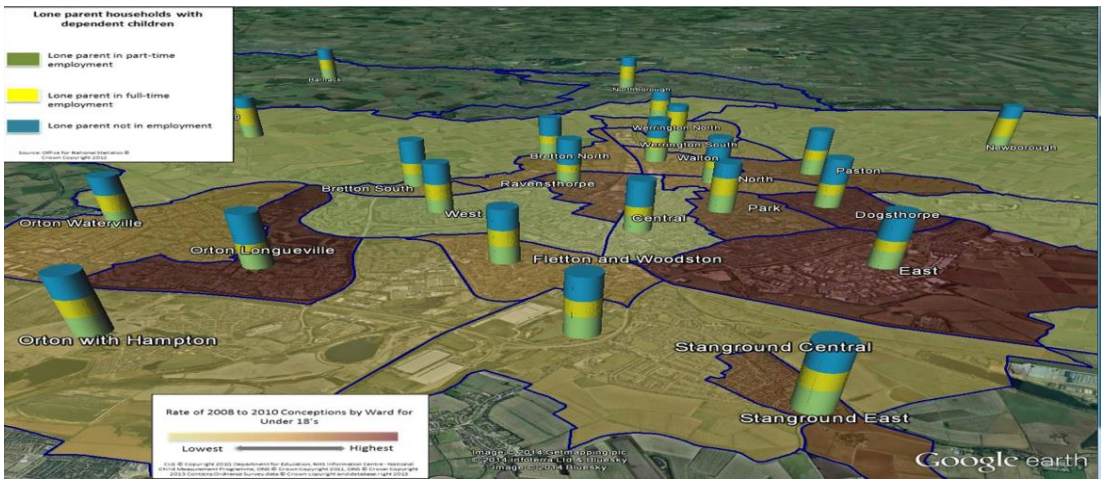


Figure 13 below shows the employment status of lone parents by ward mapped against the rate of teenage pregnancies. Each cylinder represents 100% of lone parents, with the shading within the cylinder represents the percentage of lone parents in full time employment (yellow), part time employment (green) and not in employment (blue). The wards shaded darker are those with high rates of teenage pregnancy. In areas where there are high rates of teenage pregnancy the blue proportion of the cylinder is larger denoting that lone parents are less likely to be in employment. Central ward, although having low rates of teenage pregnancies also has a higher percentage of lone parents not in employment.

Figure 13: - Lone Parent Households with Dependent Children, Census 2011 (KS107EW) mapped against Rates of 2008-2010 conceptions for girls aged 15-17 by ward



8 National GP Practice Profiles

Data collated by Public Health England allows for the analysis of healthcare statistics relating to children & young people by GP practice (i.e. the population registered with each practice). As shown within the below table, a composite indicator analysis of all of the 18 indicators within the dataset, incorporating statistics relating to demographics, deprivation and hospital admissions for young people, ranks Ailsworth Medical Centre as having the registered population with the lowest healthcare burden for children and young people and Dogsthorpe Medical Centre as having the highest burden. The used metrics are listed below:

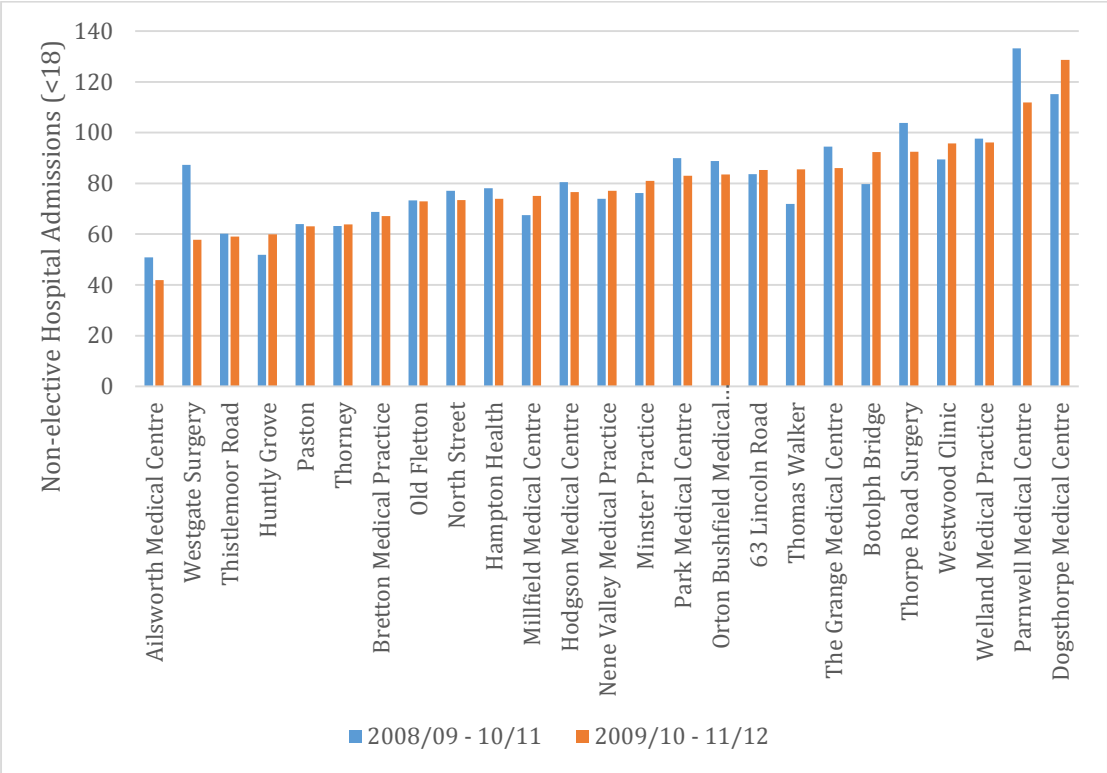
- % of residents aged 0-4 years
- % of residents aged 5 to 14 years
- % aged under 18 years
- IDACI (Income deprivation affecting children)
- Fertility rate
- Low birth weight births
- A&E attendances (0-4 years)
- A&E attendances (5-17 years)
- A&E attendances (<18 years)
- Elective hospital admissions for all causes (<18)
- Emergency hospital admissions for all causes (<18)
- Emergency respiratory admissions (<18)
- Emergency gastroenteritis admissions (0-4)
- Emergency admissions for asthma, diabetes or epilepsy (<18)
- Admissions due to injury (<18)
- Outpatient first attendances (<18)
- Ratio of first to follow-up outpatient attendances (<18)
- DNA rate for outpatient appointments (<18)

Figure 14 – Children & Young People Composite Indicator Ranking (1 = lowest healthcare burden)

Practice	Rank	Ward - Geographically Located Within	Ward - Majority Population Registered Within
Ailsworth Medical Centre	1	Glinton & Wittering	Glinton & Wittering
Westgate Surgery	2	Central	Central
Thorney	3	Eye & Thorney	Eye & Thorney
Thistlemoor Road	4	North	North
Millfield Medical Centre	5	Park	Central
Huntly Grove	6	Park	Park
Botolph Bridge	7	Fletton	Fletton
Hampton Health	8	Orton & Hampton	Orton & Hampton
Park Med Centre	9	Park	Park
63 Lincoln Road	10	Central	Werrington South
Paston	11	Paston	Paston
Hodgson Medical Centre	12	Werrington North	Werrington North
Thomas Walker	13	Park	Park
The Grange Medical Centre	14	West	West
Thorpe Road Surgery	15	West	West
Old Fletton	16	Fletton	Fletton
North St	17	Central	East
Nene Valley Medical Practice	18	Orton Longueville	Orton Longueville
Bretton Medical Practice	19	Bretton North	Bretton North
Orton Bushfield Medical Practice	20	Orton Waterville	Orton Waterville
Welland Medical Practice	21	Dogsthorpe	Dogsthorpe
Westwood Clinic	22	Ravensthorpe	Ravensthorpe
Parnwell Medical Centre	23	East	East
Minster Practice	24	Park	East
Dogsthorpe Medical Centre	25	Welland	Welland

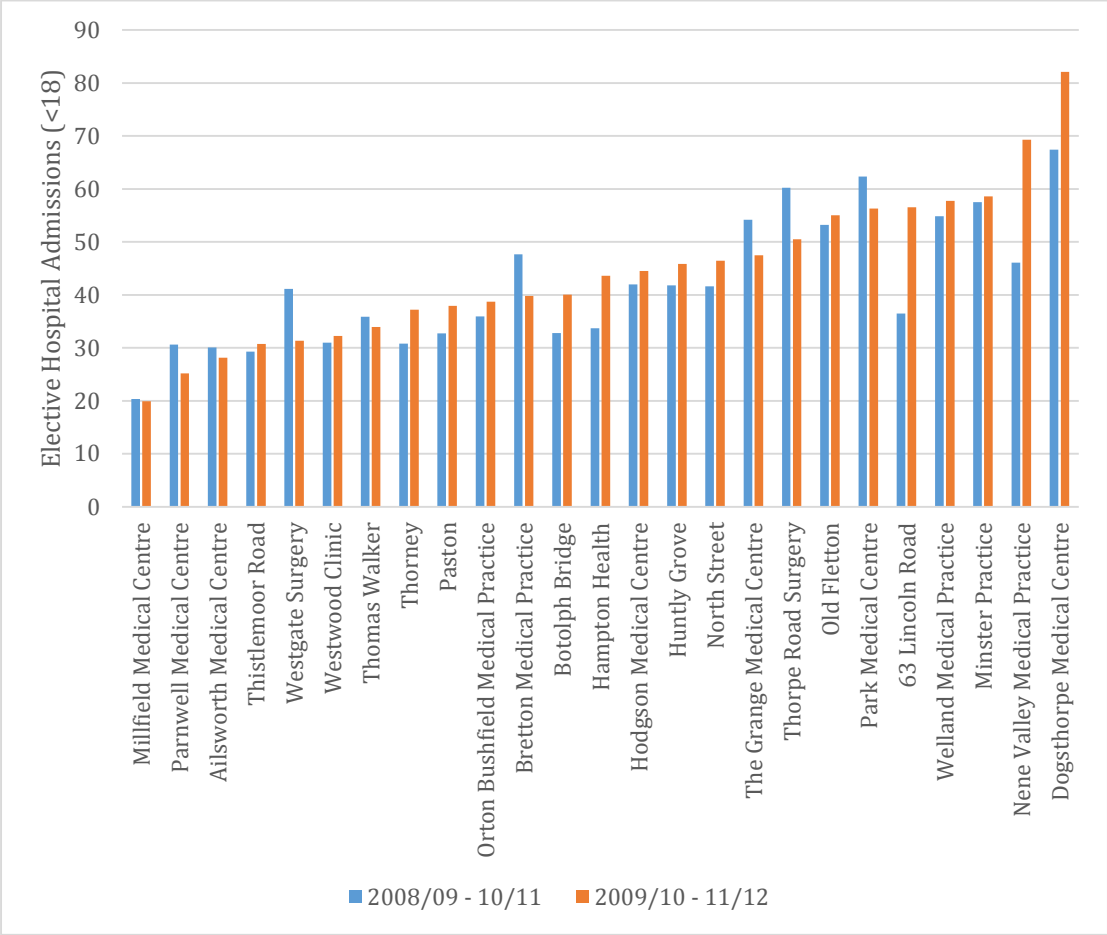
The 3 GP practices with the highest numbers of non-elective hospital admissions for 2009/10-2011/12 were Dogsthorpe Medical Centre, Parnwell Medical Centre and Welland Medical Centre as noted below.

Figure 15 – Non-elective hospital admissions 2009/10-2011/12, crude rate per 1,000 0-18



The 3 GP practices with the highest numbers of elective hospital admissions for 2009/10-2011/12 were Dogsthorpe Medical Centre, Nene Valley Medical Practice and Welland Medical Centre. Dogsthorpe Medical Centre and Welland Medical Centre are both within the 'worst' performing 3 practices for both observed non-elective and elective admissions, which is likely to be due to the practices also being in the top 3 practices for population under 18. However, consideration may therefore be given to whether adequate resources are being allocated to the health of children and young people within these areas with a proportionately higher percentage of young people overall and resultant higher observed numbers of admissions to hospital for both elective and non-elective purposes.

Figure 16 – Elective hospital admissions 2009/10-2011/12, crude rate per 1,000 0-18



9 Hospital activity

Figure 17 is a summary breakdown of the most common five reasons for attendances at A&E by children and young people in the 2013/14 financial year. Data show that 5,967 attendances were for treatment in relation to 'Guidance/advice/prescription/observation/wound care/sling/intravenous cannula' that could perhaps have been provided outside of an acute hospital setting and further work may be considered to publicise the availability of services outside of the acute sector to reduce demand on local Accident & Emergency.

Figure 17 – Peterborough children and young People Hospital Attendances, associated costs and common diagnostic conditions – Top 5 A&E Attendance Causes - 2013/14[9]

	Attendance Type	Attendances	Cost
1	Sprain/ligament/dislocation/fracture/joint injury/amputation/abdominal and pelvic pain/inguinal hernia	9,527	£1,064,189.79
2	Guidance/advice/prescription/observation/wound care/sling/intravenous cannula	5,967	£483,941.50
3	Dermatological conditions/burns/scalds/abrasions/laceration	4,974	£463,889.55
4	Neurological conditions/Head injury/electrocardiogram/pulse oximetry	3,467	£311,298.03
5	Ophthalmological conditions/facio-maxillary conditions/foreign body/ENT conditions/Urological conditions	2,982	£274,927.08
	Total	**26,917**	**£2,598,245.95**

[9] Source – Cambridgeshire and Peterborough CCG Information Dept (SUS data)

With regards to all children's A&E admissions and attendances, across Peterborough attendances were between standardised rates of 185 and 367 per 1,000 aged under 24, with the average for the area at approximately 301/1.000. Areas with significantly higher than Peterborough rates were Bretton North (364/1,000) and Ravensthorpe (367/1,000), and with significantly lower rates were Northborough (185/1,000) and Glinton and Wittering (215/1,000).

Also, for planned admissions, estimated to be around 7,000 a year, the standardised average rates (electives and non-electives) [10] at 134/1,000 masked the variations in different areas of Peterborough. With rates ranging between 15-170 per 1,000; these wards - Paston, Central, West, Stanground Central, Ravensthorpe and North had significantly higher rates.

10 Children and Young People's Mental Health and Wellbeing Profile

Public Health England produce a Children & Young People's Mental Health & Wellbeing Profile that benchmarks Peterborough's performance against geographical neighbours and that of England nationally with regards to metrics focusing on risk factors affecting mental health, the estimated prevalence of mental health issues, hospital admissions related to mental health, social care and education. The full profile is available via the Public Health website[11] and included as appendix 4.

Each of the composite sections within the profile are broken down in the below analysis that details the overall mental health and wellbeing profile of Peterborough within a national and local context. Within the profile, light blue shading represents above national average performance, dark blue represents below national average performance and yellow represents performance in line with national benchmarks.

Risk factors affecting mental health:

As previously noted within this JSNA, the relatively high levels of deprivation within the city translate in to statistically high numbers of children under 20 and under 16 living in poverty compared to national benchmarks. Peterborough also has a statistically high number of young people aged 16-24 providing unpaid care (5.2% vs 4.8% nationally) and young people aged 16-24 providing 20 or more hours of unpaid care per week (1.7% vs 1.3% nationally). The data also show that Peterborough has a higher than average rate of a number of indicators deemed risk factors for mental health issues, including family homelessness, lone parent households with dependent children, families with dependent children where no adults are in employment and families with dependent children where at least one person has a long term health problem or disability.

Of 20 metrics for which benchmarking assessment is available, Peterborough's performance is considered to be worse than benchmark for 15 (75%) and within expected confidence intervals for two metrics (10%). Data is within expected limits for the under 16 pregnancy and parents in drug treatment rates and better than average for obesity in Year 6 and children under 15 giving care to others.

[10] Elective and non-elective admissions in 2013/14 up to month 10 – 6975.
[11] http://fingertips.phe.org.uk/profile/cyphof/data

The overall message from this section of the profile is that the socio-economic pressures affecting Peterborough present a significantly high risk of increased mental health problems in the future and that the impact on mental health should be incorporated in to decision making regarding commissioning and service provision within the city. The mental health prevalence estimates within Figure 18 are not based on robust data so no inferences can be drawn. There are some concerns about the quality of the data in Figure 20 but it suggests that the rate of hospital admissions for children and young people for self-harm per 100,000 is higher than that for England (506.9 vs 352.3) and also for accidents and injuries for children 0-14 and young people 15-24.

Figure 18 - PHE Mental Health Profile for Children & Young People – Risk Factors, 2015

Compared with benchmark: Lower | Similar | Higher | Not compared

Indicator	Period	England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Children under 20 in poverty: % of all dependent children under 20	2012	18.6	15.1	17.0	11.9	12.4	15.4	12.3	22.1	16.3	21.3	20.8	14.3	20.0
Children under 16 in poverty: % of dependent children under 16	2012	19.2	15.9	17.6	12.5	13.1	16.2	12.9	22.4	17.1	22.0	21.7	15.1	20.8
Child Well-being Index: average score	2009	-	-	95.1	99.6	95.1	113.0	84.2	194.5	141.5	185.2	191.0	112.6	165.8
Underweight children (Reception year): % of children	2013/14	0.95	0.78	0.91	0.55	0.63	0.78	0.95	1.82	0.50	1.31	0.63	0.49	0.55
Underweight children (Year 6): % of children	2013/14	1.36	1.38	1.51	1.13	0.65	1.29	1.54	1.88	1.22	3.44	1.10	1.14	1.42
Obese children (Reception year): % of children	2013/14	9.5	8.5	8.9	8.1	8.1	8.1	8.0	10.5	8.6	10.6	9.3	8.8	8.8
Obese children (Year 6): % of children	2013/14	19.1	17.2	18.5	16.2	15.9	16.7	15.1	23.7	18.0	17.4	17.7	17.4	22.1
Under 18 pregnancy: rate of conceptions per 1,000 females aged 15 - 17	2012	27.7	23.2	28.9	16.8	26.7	23.9	17.4	29.3	23.9	36.0	30.4	24.8	30.5
Under 16 pregnancy: rate of conceptions per 1,000 females aged 13 - 15	2012	5.6	4.4	5.1	3.4	4.2	4.9	3.3	5.0	4.4	4.7	6.5	5.0	6.3
Children providing care: % children aged <15 who provide unpaid care	2011	1.11	1.08	1.08	1.09	1.04	1.05	1.00	1.06	1.21	1.01	1.19	1.13	1.02
Young people providing care: % people aged 16-24 who unpaid care	2011	4.8	4.4	4.9	3.9	4.3	4.4	4.3	5.6	4.3	5.2	4.6	4.3	4.4
Children providing considerable care: % children aged <15 who provide 20+ hours of unpaid care per week	2011	0.21	0.19	0.20	0.19	0.18	0.19	0.16	0.21	0.23	0.14	0.25	0.20	0.21

Young people providing considerable care: % people aged 16-24 who provide 20 hours + of unpaid care per week	2011		1.3	1.1	1.3	0.9	0.9	1.1	1.0	1.6	1.2	1.7	1.2	1.1	1.4
Traveller children: % school children who are Gypsy/Roma	2013/14		0.25	0.23	0.06	0.64	0.36	0.15	0.11	0.18	0.19	0.63	0.14	0.17	0.32
Unaccompanied Asylum Seeking Children looked after: count	2014		1970	160	10	5	*	50	45	0	*	*	*	10	25
Family homelessness: rate per 1,000 households	2012/13		1.7	1.7	2.8	1.7	1.1	1.6	1.9	5.7	0.9	2.3	1.1	1.4	1.3
Lone parents households: % of households that have lone parents with dependent children	2011		7.1	6.2	7.6	4.9	6.5	6.3	6.4	8.2	5.6	7.9	6.8	5.9	7.6
Families out of work: % of households with dependent children where no adult is in employment	2011		4.2	3.4	3.9	2.5	3.1	3.4	3.1	5.9	3.3	4.9	4.1	3.0	5.0
Families with health problems: % of households with dependent children where at least one person has a long term health problem or disability	2011		4.62	4.28	4.80	3.90	4.34	4.19	4.17	6.33	4.05	5.38	4.40	4.08	5.19
Domestic Abuse: incident rate per 1,000 population	2012/13		18.8	16.5	17.4	17.8	17.4	19.8	14.1	17.4	14.8	17.8	19.8	12.3	19.8
Parents in drug treatment: rate per 100,000 children 0 - 15	2011/12		110.4	86.3	139.2	84.2	88.4	72.3	70.5	100.4	94.0	129.8	165.7	60.2	174.4
Parents in alcohol treatment: rate per 100,000 children 0 - 15	2011/12		147.2	121.7	132.9	77.1	96.4	*	116.1	149.6	177.6	193.4	132.5	84.2	110.5
Relationship breakup: % of adults whose current marital status is separated or divorced	2011		11.6	11.8	12.0	10.8	11.9	11.8	11.0	10.5	12.4	13.6	13.9	12.2	12.2

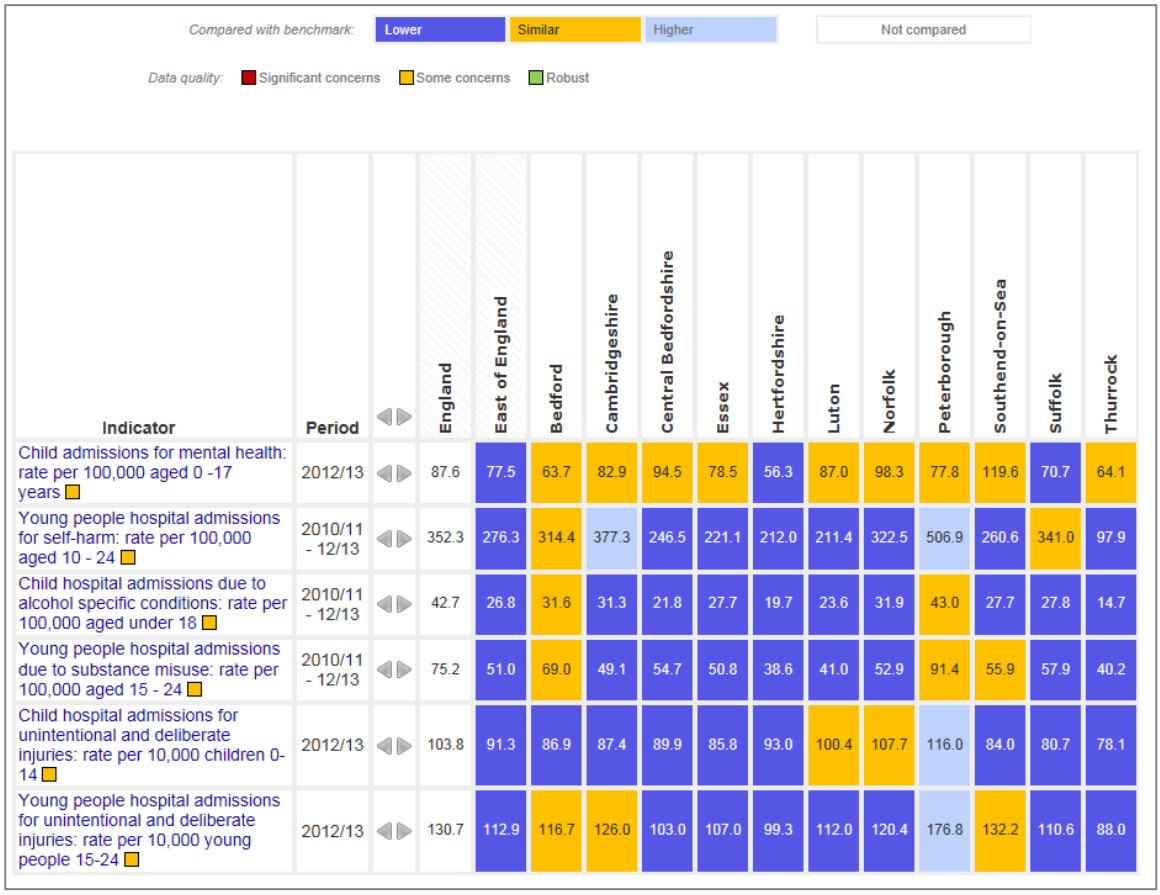
Figure 19 – PHE Mental Health Profile for Children & Young People - Estimated prevalence of mental health issues, 2015

Compared with benchmark: Lower | Similar | Higher | Not compared

Data quality: Significant concerns | Some concerns | Robust

Indicator	Period		England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Estimated prevalence of any mental health disorder: % population aged 5-16	2013		9.6*	8.9*	9.2*	8.4*	8.5*	8.8*	8.2*	9.8*	9.4*	9.9*	9.2*	9.1*	9.6*
Estimated prevalence of emotional disorders: % population aged 5-16	2013		3.7*	3.4*	3.5*	3.3*	3.3*	3.4*	3.2*	3.7*	3.7*	3.8*	3.6*	3.5*	3.7*
Estimated prevalence of conduct disorders: % population aged 5-16	2013		5.8*	5.3*	5.5*	5.0*	5.0*	5.2*	4.8*	6.1*	5.7*	6.1*	5.5*	5.5*	5.8*
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2013		1.5*	1.4*	1.5*	1.3*	1.4*	1.4*	1.3*	1.7*	1.5*	1.7*	1.5*	1.5*	1.6*
Prevalence of potential eating disorders among young people: Estimated number of 16 - 24 year olds	2013		*	-	2339*	9669*	3374*	19237*	15548*	3460*	12110*	2709*	2324*	9524*	2269*
Prevalence of ADHD among young people: Estimated number of 16 - 24 year olds	2013		*	-	2490*	10336*	3606*	20424*	16373*	3670*	12763*	2869*	2458*	10229*	2384*
Children who require Tier 3 CAMHS: estimated number of children <17	2012		-	-	670	2390	1060	5490	4740	980	3070	835	700	2800	725
Children who require Tier 4 CAMHS: estimated number of children <17	2012		-	-	30	100	45	225	195	40	125	35	30	115	30

Figure 20 - PHE Mental Health Profile for Children & Young People – Hospital Admissions, 2015



Indicator	Period	England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Child admissions for mental health: rate per 100,000 aged 0 -17 years	2012/13	87.6	77.5	63.7	82.9	94.5	78.5	56.3	87.0	98.3	77.8	119.6	70.7	64.1
Young people hospital admissions for self-harm: rate per 100,000 aged 10 - 24	2010/11 - 12/13	352.3	276.3	314.4	377.3	246.5	221.1	212.0	211.4	322.5	506.9	260.6	341.0	97.9
Child hospital admissions due to alcohol specific conditions: rate per 100,000 aged under 18	2010/11 - 12/13	42.7	26.8	31.6	31.3	21.8	27.7	19.7	23.6	31.9	43.0	27.7	27.8	14.7
Young people hospital admissions due to substance misuse: rate per 100,000 aged 15 - 24	2010/11 - 12/13	75.2	51.0	69.0	49.1	54.7	50.8	38.6	41.0	52.9	91.4	55.9	57.9	40.2
Child hospital admissions for unintentional and deliberate injuries: rate per 10,000 children 0-14	2012/13	103.8	91.3	86.9	87.4	89.9	85.8	93.0	100.4	107.7	116.0	84.0	80.7	78.1
Young people hospital admissions for unintentional and deliberate injuries: rate per 10,000 young people 15-24	2012/13	130.7	112.9	116.7	126.0	103.0	107.0	99.3	112.0	120.4	176.8	132.2	110.6	88.0

Social care and associated factors relating to the mental health of Children & Young People

Data show that Peterborough has a significantly high rate of children considered 'in need' and of newly identified applicable cases. However the rate of children considered to be in need for more than 2 years as a percentage of all children in need is statistically significantly low. The general trend shown by data within this section is that wider socio-economic circumstances may be contributing towards a higher than expected number of children and young people requiring intervention from social care, but that where interventions are required, Peterborough often outperforms national benchmarks in terms of providing assessments and support. For example, the percentage of looked after children who had an annual assessment stands at 93.9%, higher than the England average of 86.5% and development assessments for children under the age of 5 whose development assessments were up to date stands at 100%, substantially higher than the East of England average of 88.9%.

Figure 21 - PHE Mental Health Profile for Children & Young People – Social Care, 2015

Indicator	Period	England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Children in need: Rate of children in need during the year, per 10,000 aged <18	2013/14	679	542	655	407	508	446	486	866	599*	802	546	610	767
New cases of children in need: Rate of new cases identified during the year, per 10,000 aged <18	2013/14	371.7	320.9	327.6	216.2	239.4	222.6	276.5	393.4	549.5	453.5	267.8	376.3	435.4
Children in need due to abuse, neglect or family dysfunction: % of children in need	2014	65.8	70.0	71.6	79.5	55.9	66.6	62.7	56.7	80.7*	84.4	73.8	68.0	69.7
Children in need for more than 2 years: % of children in need	2014	31.6	28.0	39.6	28.5	34.4	40.4	37.4	26.8	4.6*	29.6	38.0	24.3	37.4
Children in need referrals: Rate of children in need referrals during the year, per 10,000 aged <18	2013/14	572	444	335	380	404	427	309	507	584*	575	533	558	491
Assessment of children in need referrals: % of referrals with a completed initial assessment	2013/14	46.9	71.8	*	78.6	41.5	61.6	55.0	71.9	91.7	95.6	7.0	89.7	83.6
Looked after children: Rate per 10,000 <18 population	2013/14	59.8	49.8	73.5	38.5	46.5	38.1	39.1	73.6	69.1	79.7	64.7	48.0	72.3
Looked after children in foster placements: % of looked after children	2014	74.6	75.0	72.2	72.0	75.9	75.3	73.8	78.5	72.6	83.6	79.6	72.4	78.9
Looked after children in secure units, children's homes and hostels: % of looked after children	2014	9.2	9.9	9.3	16.0	9.3	8.4	9.9	2.5	15.7	5.5	10.2	6.2	10.5
Health assessments for looked after children: % who had an annual assessment	2014	88.4	86.5	86.1	91.0	94.1	90.2	78.8	78.6	84.4	93.9	90.9	85.0	86.8
Development assessments for young looked after children: % aged <5 whose development assessments were up-to-date	2014	86.8	88.9	100	100	100	83.3	100	50.0	86.4	100	75.0	92.9	50.0
Emotional well-being of looked after children: average score	2013/14	13.9	14.2	16.1	13.6	14.1	13.9	12.6	14.2	14.5	13.5	13.6	15.9	14.8
Emotional and behavioural health assessment of looked after children: % eligible children assessed	2013	71.0	75.0	82.0	73.0	100	65.0	84.0	69.0	91.0	86.0	61.0	54.0	99.0
Emotional and behavioural health outcome for looked after children: % eligible children considered 'of concern'	2012/13	38.0	39.0	53.0	39.0	44.0	40.0	32.0	34.0	39.0	35.0	43.0	45.0	41.0

Figure 21 (continued) - PHE Mental Health Profile for Children & Young People – Social Care, 2015

Indicator	Period	England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Child protection cases: Rate of children who were the subject of a child protection plan at the end of the year (31 March)	2013/14	42.0	34.6	44.6	30.4	33.1	14.1	44.1	50.5	32.3	52.2	43.0	39.8	72.6
New child protection cases: Rate of children who became the subject of a child protection plan during the year, per 10,000 aged <18	2013/14	52.0	44.2	55.5	40.6	45.7	18.3	54.7	72.7	49.5	55.4	56.8	48.1	70.3
Repeat child protection cases: % of children who became subject of a child protection plan for a second or subsequent time	2014	15.8	17.3	25.5	13.6	15.5	18.5	16.8	24.6	19.0	12.2	14.0	18.6	8.3
Review of child protection cases: % of children under child protection who were reviewed within the required timescales	2014	94.6	96.2	100	100	100	98.6	97.0	98.7	80.5	95.8	100	99.5	96.5
Children leaving care: Rate per 10,000 <18 population	2013/14	26.4	21.3	21.8	16.1	17.2	16.8	20.1	30.7	27.9	32.7	27.7	21.2	26.6
First time entrants to the youth justice system: rate per 100,000 aged 10 - 17	2013	441	462	381	376	263	547	311	410	672	433	602	446	517
All entered to the youth justice system: rate per 1,000 aged 10 - 18	2012/13	8.9	8.2	5.9	8.0	5.9	8.7	6.2	10.0	10.5	11.0	10.3	7.7	8.4
Spend (£000s) on Local Authority children and young people's services (excluding education): rate per 10,000 0-17	2012/13	7778	6711	8072	6854	6343	6425	6049	7694	7150	9414	7605	5813	8353
Spend (£000s) on Sure Start Children's Centres and early years: rate per 10,000 0-17	2012/13	1045	743	761	568	716	653	621	1255	954	0	656	515	3074
Spend (£000s) on Children looked after: rate per 10,000 0-17	2012/13	3060	2788	3310	2347	3026	2478	2325	2713	4177	5178	2891	2085	2865
Spend (£000s) on Safeguarding children and young people's services: rate per 10,000 0-17	2012/13	1721	1368	2115	2242	1225	1488	1216	1767	456	1789	2316	1210	639
Spend (£000s) on Youth justice: rate per 10,000 0-17	2012/13	281	135	379	162	114	69	52	325	76	285	417	209	173

Social Care Spend

Data within figure 22 below shows that Peterborough spends more per 10,000 people aged 0-17 on children and young people's services than the average of both England collectively and the East of England. Spend is also fractionally higher, although broadly in line with, national rates for looked after children, safeguarding and spend on youth justice. Peterborough is noted in the below table as having a nil spend on Sure Start Centres and early years; this nil spend is actually in relation to Sure Start centres only. A sum of approximately £743,000 is allocated from our Dedicated Schools Grant to support work relating to early years development and the childcare sector, including advice, support and training across all relevant areas including Special Educational Needs (SEN) schools.

Figure 22 - PHE Mental Health Profile for Children & Young People – Social Care Spend, 2015

Indicator	Period	England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Spend (£000s) on Local Authority children and young people's services (excluding education): rate per 10,000 0-17	2012/13	7778	6711	8072	6854	6343	6425	6049	7694	7150	9414	7605	5813	8353
Spend (£000s) on Sure Start Children's Centres and early years: rate per 10,000 0-17	2012/13	1045	743	761	568	716	653	621	1255	954	0	656	515	3074
Spend (£000s) on Children looked after: rate per 10,000 0-17	2012/13	3060	2788	3310	2347	3026	2478	2325	2713	4177	5178	2891	2085	2865
Spend (£000s) on Safeguarding children and young people's services: rate per 10,000 0-17	2012/13	1721	1368	2115	2242	1225	1488	1216	1767	456	1789	2316	1210	639
Spend (£000s) on Youth justice: rate per 10,000 0-17	2012/13	281	135	379	162	114	69	52	325	76	285	417	209	173

11 Addressing issues in the deprived areas

The JSNA work completed so far identifies a cluster of areas of high deprivation – Ravensthorpe, Central, Dogsthorpe, East and North wards as shown in the summary table 5 below. Collating data in this fashion allows any wards that consistently perform poorly but not necessarily in a statistically significant way to be highlighted as an area that shows a consistent need for intervention, as is the case for the Ravensthorpe ward which flags as consistently below average for a number of metrics. In total, the below composite indicator analysis encompasses 13 metrics ranging from demographic data such as the percentage of young people within the population of a ward through to health-specific information such as A&E attendances and also data tangentially linked to public health and associated risk factors such as the percentage of the population living in overcrowded residences and numbers of 'NEET' individuals, i.e. those not in education, employment or training.

Figure 23 - Summary of ward level Children's and Young People's Health Statistics by Ward

Rank of each indicator by ward	% Breastfeeding	% smoking at delivery	low birthweights - % of births under 2.5kg	% child poverty	fertility rates per 1000 females aged 15-44	% of population living in overcrowded residences	% population under 16	% population under 20	% primary school children on FSMs	NEET - % of aged 19s not In employment or education	A&E attendances - DSR per 10,000 up to age 24 years old	Elective admissions - DSR per 10,000 up to age 24 years old	FSP - % children achieving a good level of development within Early Years Foundation Stage Profile, 2012
Barnack	83.3	1.6	6.2	5.1	72.8	2.2	19.9	12.2	5.1	0.0	216	10	94.7
Bretton North	74.3	26.2	7.8	36.2	83	9.1	23.2	12.3	27.4	7.7	364	32	58.4
Bretton South	76.9	20.3	7.5	24.4	68.4	5.4	18.9	10.8	28.1	9.4	321	34	65.4
Central	72.9	14.5	9.4	35.9	105.2	18.5	22.9	14.7	22.5	8.7	317	51	26.7
Dogsthorpe	73.3	25.2	8	39.6	89	10.4	22.9	11.9	28.7	10.3	338	45	52.3
East	66.7	19.0	7.9	38.8	96.3	13.8	22.2	11.9	23.9	11.0	320	48	40.0
Eye and Thorney	65.9	12.5	7.1	16.4	68.4	2.9	19.5	9.8	12.1	5.6	272	34	76.3
Fletton and Woodston	68.6	14.9	7.8	24.8	84.1	8.3	19.7	11.3	15.5	7.7	290	37	57.9
Glinton and Wittering	77.6	10.8	6.2	6.2	62.2	2.2	18.4	10.9	3.1	2.3	215	30	82.9
Newborough	72.7	17.9	4.7	11.1	55.8	2.2	16.8	9.5	4.5	1.1	235	28	76.2
North	73.3	16.6	8.3	36.6	93.1	11.5	22.6	12.4	29.0	11.5	297	66	43.0
Northborough	83.3	0.0	5.7	5.4	38.9	2.3	17.5	9.5	7.1	4.8	185	0	80.0
Orton Longueville	75.4	21.5	7.4	37.6	81	9.1	24.9	12.1	31.8	11.1	336	55	52.7
Orton Waterville	73.0	15.8	7	18.3	62.7	3.5	17.4	9.9	18.1	8.9	265	35	66.7
Orton with Hampton	65.1	10.6	5.9	16	77.8	7.3	26.1	11.1	13.8	5.7	275	50	69.3
Park	64.4	11.7	10	29.1	96.2	15.8	24.4	14.8	16.0	9.3	278	35	42.9
Paston	70.8	25.1	7.9	37.9	85	9.3	23.2	12.2	24.7	9.8	335	44	57.7
Ravensthorpe	71.2	24.0	8.7	37.6	96.2	11.8	24.6	13.4	25.2	11.3	367	46	48.0
Stanground Central	76.1	17.7	5.9	21.7	66.9	5.8	17.8	10.8	16.2	10.7	305	51	62.6
Stanground East	78.3	16.7	5.5	20	61.7	4.3	17.9	10.5	13.3	7.6	317	35	64.0
Walton	62.9	23.2	9.2	25.2	71.9	6.9	17.5	10.8	15.4	4.8	317	40	66.2
Werrington North	64.1	14.5	6.2	15	54.2	6.6	20	11.6	10.9	4.4	273	36	69.3
Werrington South	71.4	9.8	7.2	16.2	58.6	3.8	16.3	9.8	4.0	1.0	284	44	81.3
West	72.5	9.1	8.4	17.2	70.7	4.5	17.6	10.4	12.6	5.2	300	54	53.6
Peterborough	70.4	17.1	7.7	27.2	79.7	8.3	21.3	11.7	23.4	8.0	301	42	55.8

Rank 1 - 5
Rank 20 - 24

12 Substance Misuse – Alcohol & Other Drugs

Use of 'any drug' -

There are limited local data on the prevalence of general illicit drug use. According to the ONS[12], around 8.8% of the national population aged 16-59 are thought to have taken 'any drug' in the last year which equates to around 1 in 11. When applied to Peterborough we suspect this to be an underestimate. According to the Crime Survey England & Wales methodology[13], of the estimated 9692 people that have taken 'any drug in the last year' around 7260 will have taken Cannabis.

As mentioned, ONS predict that around 8.8% of adults aged 16 to 59 had taken an illicit drug in the last year. When looking specifically at the age range of 16-24 though, we discovered that around 18.9% of citizens within that age bracket had taken an illicit drug, with the most common drug being Cannabis at around 15.1%.

Within this same age bracket, around 4.2% of people are thought to have taken Powdered Cocaine within the last year.

Young adults are generally more likely to use drugs frequently than older people. Over the last year, around 6.6% of 16 to 24 year olds would be classed as frequent drug users which is over double the percentage for all adults between 16 and 59.

The average age of illicit drug users over the past year is 29.3 years old.

New Psychoactive Substances/ Club Drugs –

There is little captured information/data regarding club drugs in Peterborough, however, nationally, this is a growing problem. It has been suggested that the main drug of choice among under 20s are ecstasy and LSD and they are being bought on the internet and sold/distributed at these parties.

Young people –

There are no specific prevalence estimates on young people's substance use in Peterborough. Peterborough's data from the school-based Health Related Behaviour Survey (2012)[14] indicates that 20% Year 10 pupils (roughly 400 individuals) reported having an alcoholic drink in the last seven days. 7% (c140) had drunk on more than one day, with Saturday, Friday and Sunday being the most common drinking days. 4% of respondents had drunk spirits; 3% beer or lager15.

The same survey shows that 16% of Year 10 boys and 10% of girls said they had used an illegal drug. 7% and 5% respectively admitted to using the drug in the last month. Cannabis (6%) was almost invariably the drug most used, with ecstasy and solvents also named (both 1%).

In terms of referrals to children's social care for the 12 month period to June 2014, 42 children/young people were recorded as having a factor of "concerns about drug misuse by the child", and 30 children/young people were recorded as having a factor

[12] https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2013-to-2014-csew/drug-misuse-findings-from-the-201314-crime-survey-for-england-and-wales
[13] http://www.ons.gov.uk/ons/guide-method/method-quality/specific/crime-statistics-methodology/index.html
[14] http://sheu.org.uk/content/page/secondary-schools-health-related-behaviour-questionnaire
[15] Young People in Peterborough Schools, the health related behaviour survey, 2012

of “concerns about alcohol misuse by the child” (16 therefore having concerns about use of both alcohol and drugs). This equates to just over 2% of all initial assessments completed by the Local Authority.

Children and young people affected by parental substance misuse –

Unfortunately, there is limited data to quantify the number of children and young people affected by parental substance misuse. There is limited scope within both social care and CAF recording systems to identify where parental substance misuse is a factor. However, we do know that out of a total of 244 referrals to the Peterborough’s multi-agency support groups (MASG’S) in the year September 2013-August 2014, 19.7% of children referred were subject to a alcohol misuse issue within the family which equated to 48 referrals and 14 (5.7%) of young persons had an alcohol misuse presenting issue. 11.5% (28 referrals) had adult drug misuse within the family as a presenting issue and 8.2% (20) young persons with drug misuse. Given the nature of hidden harm, the number of children affected by parental substance misuse is likely to be much higher.

43% of referrals for young people come from Youth Justice (n=65), including the secure estate, which is higher than the National rate of 31% , with slightly , but not significantly lower rates across Self referrals, Children’s services and other services.

Parents (Drugs/Alcohol JSNA Support pack)

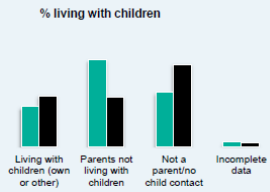
Peterborough has lower rates of clients in drug treatment who live with children, but higher rates who are parents not living with children. Similar observations with alcohol clients as drug clients in that there are lower numbers living with children (21%) than average (27%), but higher proportions who are parents, but not living with their children (47%).

Figure 24: Proportion of the adult drug treatment population living with children

	Local	Proportion of treatment population	Gender split (M/F)		National	Proportion of treatment population	Gender split (M/F)	
Living with children (own or other)	177	18%	13%	/ 32%	60,949	32%	27%	/ 45%
Parents not living with children	356	35%	36%	/ 32%	46,230	24%	25%	/ 21%
Not a parent/no child contact	472	47%	50%	/ 35%	82,365	43%	46%	/ 32%
Incomplete data	5	0%	0%	/ 1%	3,716	2%	2%	/ 2%

Figure 25: Proportion of the adult alcohol treatment population living with children

	Local n	% of all in treatment	Gender Split (M/F) %	National n	% of all in treatment	Gender Split (M/F) %
Living with children (own or other)	91	21%	14/36	31360	27%	22/36
Parents not living with children	198	47%	51/39	30631	27%	28/24
Not a parent/no child contact	124	29%	32/23	50887	44%	47/39
Incomplete data	11	3%	3/2	1999	2%	2/2



Children and Young People Treatment Profile

The local profile of young people in specialist services in Peterborough shows that when compared to National rates there:

- Higher rates with alcohol use (PB – 9%/ Nat -5%) – 4 local clients
- Higher rates using two or more substances (PB -70% / Nat -61%) – 32 local Clients
- Higher rates who are Looked after Children (PB- 26% / Nat – 10%) – 12 local Clients
- Significantly higher rates of Children in Need (PB - 59% / Nat – 5%) – 27 local Clients
- Higher rates recorded as affected by Domestic Abuse (PB – 35% / Nat 17%) – 16 local clients
- Higher rates of NEETs (PB – 24% / Nat - 17%) – 11 local clients
- Higher rates involved in Offending (PB 33% / Nat 24%) – 15 local clients
- Higher rates subject to a child protection plan (PB 17% / Nat 5%) – 8 local clients
- Higher rates affected by others' substance misuse (PB 20% / Nat 16%) – 9 local clients
-

There is a lower reported rate who have an identified Mental health problem (PB-7% / Nat 15%) – 3 local Clients.

Substances –

Cannabis and Alcohol are the predominant substances, both of which have higher rates than National comparators

Unlike Peterborough's adult treatment population, the split by sex shows that there is a greater proportion of CYP females accessing treatment (53% n=76), the National rate for CYP females is 34%. This cohort also reports that they are affected by domestic abuse at greater rates than national comparators.

Both males (66%) and females (83%) cite alcohol as a problematic substance at higher rates than national comparators. (49% and 71% respectively). Lower rates cite Amphetamine and Ecstasy use compared to the national picture and there were no clients citing NPS or nicotine as a substance.

13 Domestic Abuse, Domestic Violence & Neglect

Statement of provision –

Peterborough City Council provide an integrated support service for medium to high risk victims of domestic abuse and/or sexual violence and specialist therapeutic interventions for children and young people who have experienced domestic abuse and/or sexual violence.

The issue of domestic abuse and sexual violence was highlighted nationally by the Government's Call To End Violence Against Women and Girls. In March 2013, the

definition of domestic abuse was changed to allow 16 and 17 year olds to be considered as victims.

At a local level domestic abuse is a priority of the Safer Peterborough Partnership and the local needs assessment highlighted the prevalence of sexual violence, particularly experienced by young people. Domestic abuse and sexual violence support services have traditionally been commissioned and delivered separately. However, domestic abuse and sexual violence are not mutually exclusive. By integrating the services we are able to offer a more comprehensive and joined up service which places the victim at the centre.

The overarching aim of the service is to provide accessible and appropriate interventions to improve safety and reduce risk and harm to both male and female victims of domestic abuse and/or sexual violence and their dependents. The service caters for all ages, sexuality and relationship status.

During April 2014 and March 2015, the specialist adults abuse service received a total of 1,723 referrals. Since July 2014 the children and young people's service received 152 referrals and since December 2014, the children and young people's sexual violence worker worked with 32 children and young people (28 female and 4 male).

The specialist abuse service aims to:

- Increase the safety of victims
- Reduce future risk to victims
- Improve the health and wellbeing of victims
- Provide high quality support for victims and those directly affected
- Reduce the physical and psychological impact of abuse/violence on victims
- Offer a family based approach where appropriate to ensure impact on children and young people is identified and addressed
- Increase confidence to access services and support

Eligible service users are:

- Proven resident of Peterborough
- Be experiencing or have previously experienced domestic abuse and/or sexual violence

The service provides:

- An open, accessible service for all ages, sexuality and relationship status
- Crisis interventions in response to incidents of domestic abuse and support access to emergency accommodation where needed
- Risk assessment and safety management via a comprehensive support plan
- Provision of information and guidance about Police and legal processes, sanctions and remedies available through civil or criminal court and victims entitlements to other support or benefits
- Identification of wider victim needs and support to access services (i9cluding housing, health, mental health, debt advice and substance misuse services)
- Undertake, where appropriate, family focused support to aid non-offending parents/carers or family members to support victims
- Support and advocacy through Police, legal and court processes
- Longer term emotional and practical support following incidents or domestic abuse and/or sexual violence

- Delivery of evidence-based group work programmes for victims of domestic abuse and/or sexual violence
- Adapt advice and interventions to be age appropriate and accessible to victims with learning disabilities
- Work with partner agencies to co-ordinate victim-centred service planning on behalf of victims
- Provide support to the Specialist Domestic Violence Court and to victims whose cases are being heard at court
- Provide holistic advice and support (including housing related support, advocate and signposting with and on behalf of victims) with the aim of increasing the ability of the client to live successfully and independently
- Provide additional support to access other relevant support services for example parenting support, welfare provision, education training and employment
- Support clients wishing to remain in their own home, including safety and security measures

Refuge Service

Peterborough has one refuge ran by Peterborough Women's Aid. Over the last year, the refuge has managed residents with complex needs including mental health and substance misuse, co-ordinating and liaising with other services across the city. A total of 29 residents were placed at the refuge during 2014/15 and 35 residents in 2013/14.

Domestic abuse

Domestic abuse has been identified as a key issue in the city and has been one of the Safer Peterborough Partnership's priorities. The local alcohol treatment provider recently analysed its client base and identified that a high proportion of clients were involved in domestic abuse as either victims or perpetrators or sometimes both.

Taken from the SaferPeterborough Domestic Abuse Needs Audit 2013, the figures below show the estimated prevalence of domestic and sexual abuse in an area the size of Peterborough, based on regional data by the British Crime Survey.

Figure 26: Prevalence of domestic and sexual abuse estimates

Indicator	2011 - 2012	2012 - 2013
Women and girls aged 16-59 have been a victim of domestic abuse	4,366[16]	4,731[17]
Women and girls aged 16-59 have been a victim of sexual assault	1,370[18]	1,484[19]

[16] Margin of error +/- 1,054
[17] Margin of error +/- 1,142
[18] Margin of error +/- 851
[19] Margin of error +/- 923

Women and girls aged 16-59 have been a victim of stalking	6,010[20]	6,513[21]

National data suggests a slight increase in the number of victims of domestic abuse, sexual assault and stalking, but there are wide margins of error.

Nationally, this is believed to be due to; the increase in population numbers, the increase of foreign nationals and due to the rise of awareness within the community the numbers of reported incidents has increased.

It is difficult to ascertain what the difference is between this estimated prevalence and the actual numbers of recorded incidents because it is not currently possible to identify the number of unique individuals reporting violence in Peterborough.

- There were 978 recorded domestic abuse crimes in Peterborough compared to 909 between the period May 2011 to April 2012,[22]
- Of these 978, there were 663 individual victims.

From December 2012 to December 2013 the Sexual Assault Referral Centre had received 184 referrals for clients living within Peterborough:

- 80 of which were domestic abuse
- 25 of the 80 were acute (within 7 days)
- 57 of the 80 were historic (older than 7 days)
- 2 victims reported acute and historic abuse
- 39 of the 80 received Independent Sexual Violence Advisor support and engaged
- 35 of the 80 received counselling
- 6 declined support

Of those adult alcohol clients who have family and relationships, it is estimated that around 40%[23] (both male and female) are possibly involved in domestic abuse. The Children and Families service encounters cases of alcohol fuelled abuse some of which have been witnessed in some way by the children. The link between domestic abuse and alcohol abuse is supported by a number of pieces of national research:

- Over ⅓ of domestic abuse is linked to alcohol[24]
- 22% of all children live with a parent who drinks hazardously and 6% of all children live with a dependent drinker[25]
- 60-80% of women receiving support for alcohol problems have suffered domestic abuse in the previous 6-12 months[26]

[20] Margin of error +/- 1,163

[21] Margin of error +/- 1,260

[22] Data from CADET

[23] Figure estimated by Drinksense staff

[24] Over the Limit, The truth about families and alcohol, 4children, 2012

[25] Over the Limit, The truth about families and alcohol, 4children, 2012

[26] Safeguarding children: working with parental alcohol problems and domestic abuse, Alcohol Concern, 2006

Domestic abuse is higher in families where there are also alcohol problems. This results in children being exposed to parental alcohol misuse and domestic abuse which significantly increases their risk of harm.

Child Protection –

The number of children looked after, on child protection plans or considered 'in need' is noted below, as taken from the Peterborough Children Services monthly performance report December 2014;

Number of Looked After Children:	372
Number of Children on Child Protection Plans:	228
Number of Children in Need:	1193

The below tables provide data on issues raised as a result of assessments undertaken by the team within Children's Social Care.

Figure 27: Issues raised on single assessments

Type	Sub-Type	Total DV,Drug or Physical/Mental Health of Parent issues raised
Alcohol	Alcohol misuse by parent/carer	227
	Alcohol misuse by another person living in the household.	27
	Alcohol misuse by the child	46
Drug	Drug misuse by the parent/carer	223
	Drug misuse by another person in the household.	62
	Drug misuse by the child	74
DV	Child's parent/carer is subject of DV	533
	Another person living in the household is the subject of DV.	78
	Child is subject of DV	184
Physical/Mental Health of Parent/carer	Concerns about a physical disability or illness of the parent/carer	74
	Concerns about the mental health of the parent/carer	337

Figure 28: Percentage of single assessments where issues have been raised

Type	**Sub-Type**	**Total DV,Drug or Physical/Mental Health of Parent issues raised**
Alcohol	Alcohol misuse by parent/carer	8%
	Alcohol misuse by another person living in the household.	1%
	Alcohol misuse by the child	2%
Drug	Drug misuse by the parent/carer	8%
	Drug misuse by another person in the household.	2%
	Drug misuse by the child	3%
DV	Child's parent/carer is subject of DV	19%
	Another person living in the household is the subject of DV.	3%
	Child is subject of DV	7%
Physical/Mental Health of Parent/carer	Concerns about a physical disability or illness of the parent/carer	3%
	Concerns about the mental health of the parent/carer	12%
	None of the above	68%

Figure 29 - Single assessments where either domestic violence, drug of physical/mental health of parent issues have been raised

Type	**Total DV,Drug or Physical/Mental Health of Parent**
Total DV,Drug or Physical/Mental Health of Parent	893
Total Single assessments	2803
% of single assessments which include one of the above	**32%**

14 Summary of Multiagency strategies and programmes for CYP

Many multi-agency strategies and programmes are already in place to meet the needs identified in this JSNA and they should be reviewed and updated in the light of the findings of the JSNA and evidence of effectiveness.

- Peterborough Health and Well-Being Strategy 2012-2015
- Child Poverty Strategy
- Healthy Child Programme
- Family Nurse Partnership Programme
- CCG Operating Plan
- Education/SEND strategy(s)
- Child Sexual Exploitation strategy

15 Conclusion

Peterborough is the UK's fastest growing city and population growth is predicted to be particularly high amongst children and young people and people over 65. Future commissioning decisions should acknowledge the increased pressure on services likely to arise from this substantial population increase.

Peterborough is a Unitary Authority with substantial disparities between wards; however, data show that in general terms children and young people are statistically disadvantaged compared to the East of England and England national averages across a range of socio-economic indicators, ranging from economic deprivation to education attainment.

Poor public health outcomes are noted to be of particular significance in the Ravensthorpe, East, North, Dogsthorpe and Central with high birth rates observed within the wards. Data show that there is clear correlation between deprivation, poor educational attainment and poor health throughout life. There is also correlation between poor educational attainment and subsequent high levels of long term unemployment in some wards and there is a need to raise levels of aspiration to break the ‘cycle’ of poor performance in school leading to poor economic outcomes in later life and the health-related issues that tend to be prevalent in this socio-economic group. Targeted responses would need to include.

- Housing
- Health provision, particularly primary care
- Education
- Community engagement and community asset building
- Early intervention and prevention

Peterborough's mental health profile for children & young people shows some variance from national averages, with trend data suggesting that alcohol related hospital admissions and numbers of children admitted to hospital as a result of self-harm are worse than the England average.