

## Appendix 5 Peterborough Children and Young Person's JSNA 2015

### Policy context and recommendations

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#### 1. Context

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 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.

While this gives a clear picture of the needs of children, young people and families in Peterborough, there is limited analysis of effective interventions, locally and more widely, to meet the needs identified. Strategic priorities and the principles for commissioning effective services were identified in the Peterborough Health and Well-Being Strategy 2012-2015 but a review is now needed of their implementation and impact on the outcomes for children and young people.

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.

#### 2. Effective interventions

##### 2.1 Early intervention and prevention

There is very strong evidence<sup>1,2</sup> that reducing inequalities and focusing on early intervention and prevention both improves outcomes and saves money and these are priorities in the Peterborough HWB Strategy. The Graham Allen Reports provide analysis of the rational and

<sup>1</sup> Wanless reports 2002 and 2004 [http://webarchive.nationalarchives.gov.uk/+/http://www.hm-treasury.gov.uk/media/D/3/Wanless04\\_summary.pdf](http://webarchive.nationalarchives.gov.uk/+/http://www.hm-treasury.gov.uk/media/D/3/Wanless04_summary.pdf)

<sup>2</sup> Fair Society, Healthy Lives: Marmot Review 2010 <http://www.apho.org.uk/resource/item.aspx?RID=87440>

cost-effectiveness of prevention and Early Intervention as well as evidence for specific programmes<sup>3,4</sup>.

Graham Allen's *Early Interventions the Next Steps* shows examples of effective targeted and universal interventions:



Effective Intervention Examples by Age Fig 6.1: (Early Interventions the Next steps. Graham Allen Jan 2011 P69)

## 2.2 The Healthy Child Programme

In October 2015, the council will take over the commissioning of the Health Visiting Services and Family Nurse Partnership Programme. Health Visitors are the lead professionals for the Healthy Child Programme 0-5. The Healthy Child Programme (HCP) can provide a focus for early intervention and prevention activities helping to give all children the best possible start in life. With the recent increase in Health Visitor numbers, there is a real opportunity to strengthen the HCP and improve outcomes. Pregnancy to 2 is the most important period for brain development and this period is a key determinant of lifelong social, emotional, behavioural health and wellbeing, cognition, and communication. Strong positive attachment in first 2 years of life is crucial to long-term outcomes. The cover of Graham Allen's first report

<sup>3</sup><http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf>

<sup>4</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/61012/earlyintervention-smartinvestment.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61012/earlyintervention-smartinvestment.pdf)

shows graphically the extreme difference in brain development between a normal and an extremely neglected 3 year old.

The increase in numbers of health visitors can allow HVs have the time to assess the needs and strengths of all families and identify vulnerable families that may need additional support.

For the majority of families, universal services will meet their needs for most of the time, but identifying and meeting additional needs in a timely way can dramatically improve outcomes and reduce escalation of problems with resultant higher service usage and costs. Needs and strengths should be reassessed briefly at all universal mandated contacts enabling identification of families who need to be escalated to the 'Universal Plus' pathway with additional health service input or 'Universal Partnership Plus' with multi-agency interventions. The evidence base for the HCP has been regularly updated (2008, 2009 and in 2015 Rapid Review to Update Evidence for the Healthy Child Programme 0–5 Summary<sup>5</sup>).

For effective Early Intervention and Prevention programmes, the needs and strengths of the family should also be reassessed whenever a child's progress starts to falter, with the professionals working closely with the child and family in the context of their community and educational setting, enabling them to access early interventions and support promptly before problems escalate.

Working with the family the health visitor can insure the family have access to early interventions, preventative and health promoting activities as well as integrated services for the child and family problems such as poor mental health, domestic violence, debt management or drug and alcohol problems.

### **2.3 SEND Reforms**

The approach of early intervention and prevention and working together with the family is at the heart of the Children and Families Act 2014 has resulted in far-reaching reforms for children and young people with Special Educational Needs and Disabilities (SEND).

The new Education Health Care Plans which replace Statements of Educational Need represent a major change. The EHC plan requires integration of education, health and social care provision and the plan is produced jointly between the professionals and the child, young person and family to meet the outcomes that matter to them, which might be making friends or being able to go on a school outing, rather than narrow academic achievements.

The Local Offer should provide comprehensive information to families of children with Special Educational Needs and Disabilities (SEND) about the services available in the local area and beyond and their access criteria; this should help enable families to be equal partners in the EHC planning process and enables them to feed back about service issues or gaps in services.

This outcomes focused, person centred, collaborative approach has the potential to save money by focusing on early interventions, and by reducing tribunals and out of county placements, enabling some of the saved money to be invested in providing better services

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/409773/150305RapidReviewHealthyChildProg\\_FINAL\\_SUMMARY\\_5\\_MARCH\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409773/150305RapidReviewHealthyChildProg_FINAL_SUMMARY_5_MARCH_2015.pdf)

locally. This same approach needs to be applied to the Assess, Plan, Do, Review process for those with SEND who do not meet the criteria for EHC plans but whose progress is faltering or who are not achieving.

The Health and Social Care Act 2012 also promotes a high degree of personalisation, well integrated services, and 'co-production': working together with parents and young people as equal partners and ensuring parents have the knowledge and skills they need to be equal partners

#### **2.4 Vulnerable Families and Parenting programmes**

There are some evidence-based parenting programmes for positive and resilient parenting available for vulnerable families but the issue is often ensuring that the parents that need them are identified and can access them. The Family Nurse Partnership (FNP) programme is a good example of an effective parenting programme for teen parents but evidence shows that programme fidelity is crucial for success. The commissioning of the FNP moves to the council in October 2015 along with Health Visiting.

The Troubled Families Programme is another programmes which focuses on outcomes for the whole family covering parental issues such as Mental Health, Drugs and Alcohol, Domestic Violence with integrated service provision rather than service-specific interventions focusing on a single need.

#### **2.5 Interventions to prevent obesity Birth - 6 years**

There is good evidence also for obesity prevention, focusing on:

- Breastfeeding and appropriate advice for mothers who start formula-feeding
- Weaning- when (around 6 months), what (fruit and vegetables), how much (appropriate portion size)
- Role for Peer support, family workers and Health Visitors
- ↓ Sugar- sweetened beverages
- ↓ Unhealthy diets (nutrient-poor & energy-dense/junk food)
- ↑ Fruit & vegetable consumption
- ↑ Physical activity , ↓ screen time/TV viewing
- Role for – Parental modelling, Preschool settings

### **3.Extracts from the Peterborough Health and Well-Being Strategy 2012-2015**

The Peterborough Health and Well-Being Strategy 2012-2015 provides the strategic priorities to meet the needs identified in the JSNA and the principles for commissioning effective services.

#### **3.1 Strategic Priorities**

- i) Securing the foundations of good health

Ensure that children and young people, including those with complex needs and disabilities have the best opportunities in life to enable them to become healthy adults and make the best of their life chances

ii) Preventing and treating avoidable illness

Narrow the gap between those neighbourhoods and communities with the best and the worst health outcomes, whilst improving the health of all

iii) Healthier older people who maintain their independence for longer

iv) Supporting good mental health

Enable good child and adult mental health through effective, accessible mental health promotion and early intervention and rapid response services to impact upon early signs of mental ill health or deterioration

v) Better health and wellbeing outcomes for people with life-long disabilities and complex needs

Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs. This is through robust, integrated care pathways, care planning and commissioning arrangements from early years into adulthood and old age

The Health and Wellbeing Strategy 2012-15 will come to an end this year, and a new HWB Strategy, starting in 2016 needs to be agreed. The findings of this JSNA should be feed into the review of the current strategy and priorities for the future.

### 3.2 Commissioning principles

The JSNA findings are instructive in terms of where we need to make an impact on outcomes for the children and adults of Peterborough.

It suggests that we need to be commissioning services that are underpinned by the following principles. They will:

- Build on the many assets and resources that are available
- Enable early intervention and prevention through robust arrangements for identifying those with needs
- Address health inequalities and equity of access to and delivery of services in different neighbourhoods and communities
- Secure consistency in quality of care
- Tackle the underlying causes of ill health
- Demonstrate integrated health and social care service solutions
- Deliver discernible improvements to the agreed outcomes that will underpin the given priority area
- Make good use of existing strategic partnerships to address complex health and social care issues and use the authority of the Health and Wellbeing Board to enable and encourage partners to work together

#### 4. Recommendations

**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 deep dive analysis could help to inform the use of our resources for the best achievable outcomes. The following deep dive work streams are proposed:

- 2a 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.
- 2b 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.
- 2c 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 affected 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 Children & Families Commissioning Board delivery plan.