

APPENDIX 1

Response from NHS Brighton and Hove and Brighton and Hove City Council Public Health Directorate.

Officer: Lydie Lawrence – Public Health Development Manager

Response to question a): Action being taken to reduce child inequalities in the city:

The following is an overview of how child health inequalities in Brighton and Hove are being addressed and covers a broad range of determinants and wider determinants of health. Information for this report is collected from the 2008 Annual Report from the Director of Public Health, Brighton and Hove. This report is also a Joint Strategic Needs Assessment (JSNA) on Children and Young People in the City for NHS Brighton and Hove and the Children and Young People's Trust.

The findings and recommendations from the JSNA are informing the development of the Children and Young People Plan.

The Determinants of Health:

Breastfeeding

A multi-agency group was established in 2006 to guide breastfeeding work across the city. A number of initiatives are being implemented to increase levels of individual support to new mothers, changing community norms and creating a supportive environment for breastfeeding throughout the city. For example, midwifery-led antenatal classes including breastfeeding workshops delivered within children centres, peer-support coordinators to develop peer-support networks in line with National Institute for Clinical Excellence (NICE) guidance and a city-wide public debate (Best for Babies) to make Brighton and Hove a more breastfeeding friendly city.

Immunisation

The national programme of childhood immunisations begins at two months old. Further doses of these immunisations are provided when infants are three months old and four months old. Other immunisations are given at around 12 and 13 months old, then between three and five years old (before child starts school), and in their teenage years.

There has been a recent small increase in the percentage of children in Brighton and Hove immunised by their first birthday, this is against a trend of a slight decrease in 05/6 and 06/7 for England as a whole. Even allowing for the slight national decrease however, immunisation rates in Brighton and Hove are below those for the South East Coast and England. Local targets Vital Signs have been set for immunisation (DoH, 2008b). The target for 2010/11 for children aged 1 year the immunisation rate for diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) - (DTaP/IPV/Hib) should be 92%. For children aged 5 years Vital Signs (DoH, 2008b) target coverage

rates have been set: diphtheria, tetanus, polio and pertussis (DTaP/IPV) should be 80% and the MMR vaccine coverage rate should be 70%. In addition, there are some other new immunisation targets under Vital Signs.

- the immunisation rate for human papilloma virus vaccine for girls aged around 12-15 years should be 90%.
- the immunisation rate for children aged 13-18 who have been immunised with a booster dose of tetanus, diphtheria and polio should be 70%.

Causes of Morbidity

Diabetes - A Local Implementation Group (LIG) for diabetes has long been established as the means of improving the treatment of diabetes in Brighton and Hove although the focus has been to date largely on moving the treatment of less complicated diabetes from secondary to primary care.

Accidents in the home - The PCT undertook to fund practical measures and equipment in the home with the aim of preventing accidents. Health promotion campaigns are also in place to reduce the incidents of home accidents. To date however there has been little formal evaluation of these initiatives.

Epilepsy - In some parts of the South East Coast (SEC) area there are dedicated epilepsy services for children and young people but in other parts of the area the services are not separately commissioned or provided. There is no dedicated service in Brighton and Hove although there are consultants who specialise in childhood epilepsy. Community paediatricians are developing a database for patients with epilepsy who have other complex needs so that the needs of this particular target group can be monitored. A review of the care of patients against the NICE guidelines is being undertaken by local community paediatricians.

Disability and Special Educational Needs

In response to both the national and local context, The Sussex Children's and Young People's Strategic Clinical Group (SCYPSCG) was established in January 2006. The overall purpose of SCYPSCG is to develop an approach to delivering sustainable children's NHS services across Sussex. Additionally, the group is tasked with working with local partners including Local authorities, voluntary sector and other key stakeholders. An emerging priority for this group is health inequalities, ensuring equitable access for disadvantaged groups of children. The Clinical Reference Groups (CRG) were set up to advise SCYPSCG of the appropriate model of care for children within specific specialities.

For disabled children, a new fully-integrated child development centre, the Seaside View Centre, opened at Brighton General Hospital in Elm Grove, Brighton, in August 2007. It provides a multidisciplinary team including child mental health workers, physiotherapists, family support workers and psychologists. Other support services available for disabled children include occupational therapy, outreach direct payments, Cherish youth club and holiday schemes and transition planning. Other services include a short term care unit at Drove Road, and a longer-term residential unit at Tudor House.

The residential units provide support to children who are unable to access family based care.

Chailey Heritage Clinical Services is a specialist non-acute community service that provides advice, assessment and treatment for children and young adults with multiple and complex disabilities. The service is part of Southdowns Health NHS Trust (SDH) and aims to keep children out of hospital or facilitate early discharge as far as possible by providing support in clinics or in the home.

The CYPT commissions AMAZE as the local support and parent partnership service. AMAZE runs a specific DLA project, which has considerably improved DLA take-up. The *Compass* is the AMAZE database of Children with Special Needs. This self-reported dataset is nearly five years old and holds information on local children and young people with special needs and disabilities up until their 20th birthday. In October 2007 there were over 1,000 children and young people on *The Compass* database.

Locally there is a strong emphasis on parent and carer consultation, participation and engagement in local service delivery. 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.

In Brighton and Hove there is an established Autistic Spectrum Disorder Care Pathway that aims to provide a fully coordinated multidisciplinary approach to diagnosis, assessment and ongoing management. The Disabled Children's strategic partnership board is co chaired by the Director of the local parent support charity AMAZE.

Aiming High and the Short Breaks programme are being rolled out in Brighton and Hove with increased funding for short break services to support disabled children and their families.

The CYPT recently undertook a full scale service redesign and review of all its services for disabled children. This included all health, social care and early years' educational services.

The CYPT has developed a continuum of provision for children and young people with Autistic Spectrum Condition (ASC), with specialised provision being made for ASC children and young people with a wide range of learning difficulties. This has led to higher demand for specialised places. The CYPT has a service level agreement with the Sussex Partnership Trust to provide a dedicated service for children who are learning disabled and have mental health needs.

The Wider Determinants of Health

Parenting Support

The PCT and the CYPT jointly fund holistic family support services in targeted service and geographical areas, and Triple P – a positive parenting

programme is in place to support the development of parenting skills. Through local teenage pregnancy initiatives there is support for young parents and carers. Parenting support is also available as part of the extended school services 'core offer'. In September 2007, 36 schools in Brighton & Hove were delivering the extended school services 'core offer'. The target for September 2008 is to increase this to 45 schools. In line with government's guidance all schools in the city will be delivering the core offer of extended services by 2010. The four elements of the 'core offer' are: a varied menu of activities and childcare; parenting support; swift and easy access to specialist services and community access. As part of the core offer, primary schools provide access to childcare from 8am-6pm, 48 weeks a year, secondary schools need to provide a 'safe place to be' and access to a varied menu of activities from 8-6pm. In Brighton and Hove Extended Services are being developed through clusters of schools and partner agencies and provision is planned at cluster level.

Education

The Alternative Centre for Education (ACE) provides education for children with behavioural difficulties and support for schools working with these children. There are 25 school nurses in the city, 8 in the east, 9 in the central area and 8 in the west. There are 2 school nurse assistants in the west and one shared across the central and east localities. At the time of writing school nursing services have not been mapped against need.

Through the Healthy Schools and Extended Services section of the CYPT, the 'Healthy Schools' initiative promotes health through the school curriculum and complementary school-based activities. Healthy Schools promotes positive behaviour in relation to diet and exercise, substance use, sexual health, emotional well being and more.

The Special Educational Needs (SEN) and Specialist Placement Team are responsible for managing the statutory 'statementing' process for children with special educational needs. Staff members liaise with schools within the city to support them in teaching children who present additional challenges. In addition, the team source and manage admission to non-maintained schools external to Brighton and Hove and identify residential social care placements in children's homes outside the city.

Support is available for students from the Student Support Team at the City Council. The Community University Participation project at Brighton University has fostered good links between the university and voluntary sector identifying for example the needs of specific groups such as children and young people with disabilities and young LGBT people.

Crime

The Brighton and Hove Crime and Disorder Reduction Partnership has undertaken regular strategic assessments. The Strategic Assessment for 2007 (all data in the following section taken from Brighton and Hove Crime and Disorder Reduction Partnership, 2007 unless otherwise stated) emphasises that children are more likely to be victims than offenders. A high

proportion of young people who do get into trouble suffer a number of complex family, health, educational and community problems. The need for activities for teenagers is consistently prioritised by the community as important and in a 2006 city-wide survey it also ranked highly as one of the things that were most in need of improvement in the city.

Domestic violence makes up about 18% of all recorded violent crime. In 2006/7 the Women's Refuge Project received 2,244 referrals of women and children experiencing domestic violence. It represents an underlying cause in a high percentage of registrations on the child protection register. Teenagers are the age group most likely to be a victim of sexual offences. Some of the resources for of initiatives to tackle domestic violence has come from short term funding.

The Youth Offending Team works with over 350 young people and their families each year, taking referrals from the Police and the Courts. An Anti-Social Behaviour (ASB) team works within city neighbourhoods; over half of its interventions are with young people. The Brighton and Hove Youth Offending Team (YOT) works with young offenders and young people at risk of offending. 'Asset data' are collected by the YOT (Information analysed and supplied by Brighton and Hove Youth Offending Team). Asset scores range from a score of 0 where the category is not associated with the individual's offending behaviour, to 4 where the category is very strongly associated with offending. A total of 1,243 Assets were completed in the year 2006/7. Of these 59% of Asset scores involved moderate to strong links with emotional and mental health issues, 46% involved moderate to strong links with substance misuse, including alcohol. Only 13% involved moderate to strong links with physical health problems. A total of 77% of scores were from male offenders and 23% were female and 95% related to white offenders, and 4.5% related to BME or other (non-white).

Diet

The PCT allocated considerable additional funds (£800,000 in 2007/8 and £1M in 2008/9) to improve health and address health inequalities. The largest part of this has been targeted at initiatives to address overweight and obesity in line with NICE guidance. In addition, in partnership with the Healthy Schools Team (City Council), the PCT support local schools to develop whole school policies to tackle obesity. A large number of projects are in place and by 2009 every school should have achieved Healthy School Status. The MEND programme discussed in last year's report is now successfully operating across the city.

Exercise

Physical activity time allocation within the school curriculum is already nearly meeting the national target for 2011 of two hours per week across all year groups. Current PESSCL data (BHCC Schools Sport Partnership, 2008) suggest that children in Brighton and Hove are taking part in sport and PE more often than their national counterparts. HRBS data show that walking to school is increasing although still less than half of all pupils report walking

even part way to school. Local activity levels for boys are better than they are for girls.

Smoking

South Downs Health NHS Trust Stop Smoking service has a part-time (0.6wte) Smoking Cessation Nurse Specialist supporting young people and carrying out preventative work in schools, colleges, youth centres, community services (including Neighbourhood Renewal Areas) and some of the university campuses. In 2007/8 1425 children and young people aged 9 to 18 years were reached through this work. As well as working with young people, the Nurse Specialist works closely with parents, siblings, teachers, youth workers and any other professionals working with young people. The '*Give it a Break Challenge*' launched in 2006 is an on-going initiative specially developed to engage young people which awards points for the number of days spent not smoking and the opportunity to enter a large prize draw. In 2007/8, 72 young people were referred to the services and agreed a 'quit date', of which 32 were still not smoking at the 4 week follow-up.

Substance Misuse

RU-OK? is the specialist Tier 3 substance misuse service for young people with complex and/or chronic substance misuse that works in conjunction with CAMHS. Data from the Young People's Substance Misuse Needs Assessment (Clarke K et al, 2008) shows that in 2006/07 161 young people were treated of which 65 entered at Tier 3. Of those young people who entered treatment, 30 were successfully discharged. The needs assessment identified a number of problems with referrals and use of services including low levels of referral from A&E, hostels, youth and Connexions services, schools, the police and the Anti-social Behaviour (ASB) Team.

Targeted support is also offered to children and young people who are caring for family members with substance misuse problems through Brighton Oasis Project. This project currently offers one-to-one therapy and a weekly after-school group.

Alcohol

A Young People Substance Misuse (Drug and Alcohol) Needs Assessment has been produced (2009).

Mental health

The CYPT has a ten year commissioning strategy to tackle mental health issues in children and adolescents. Priorities include improving service accessibility and transition to adult services, in particular for vulnerable and marginalised groups.

The Sussex Partnership Trust provides specialist Child and Adolescent Mental Health Services (CAMHS). Child and Adolescent Mental Health Services (CAMHS) complemented by lower tier provision in the voluntary sector, provides services for children and young people with mental health problems. CAMHS has 4 levels of services: the lowest (Tier 1) comprises those in universal services working with children and young people. They

identify emotional, behavioural or mental health issues early, and provide low level support and signposting in to higher level services if needed. Locally services are provided at tier 1 within the CYPT and primary care. Tier 2 services are often targeted towards children and young people already identified as having, or at risk of having, emotional, behavioural or mental health problems. Tier 2 CAMHS services are provided by area-based schools and community teams. These area teams comprise a range of professional disciplines including educational psychologists, school nurses and education and welfare officers. There are sub-teams delivering community mental health services including primary mental health workers, clinical psychologists and CAMHS family support workers. Tier 2 services are for children with less severe but still significant needs. Tier 2 services include a schools counselling service delivered by the voluntary sector to 52 primary schools in Brighton and Hove.

Tier 3 services comprise a multidisciplinary team providing services for children with severe and enduring mental health needs, but who do not need inpatient care or intensive daily support. Services in Brighton and Hove are delivered in a range of locations through the Sussex Partnership Trust (SPT). Tier 4 services are for those with greatest need and include residential care. The SPT deliver Tier 4 services as inpatient and intensive outreach services from the Sussex Centre for Children and Young People, soon to be replaced by a purpose built unit – Chalkhill. There are also occasional admissions to specialist centres out of area for those young people with extremely serious mental health needs who cannot be treated locally.

The current Fostering, Adoption and Asylum Seeking Team (FAAST) CAMHS specialist team for children in care has an average caseload of 65–70.

Brighton and Hove has been selected as a pilot area for the 'Targeted Mental Health in Schools Project' which will deliver better support for children who are at risk or who are already experiencing mental health problems. This pilot began in 2008.

Housing and Homelessness

There were 509 referrals to the Rough Sleepers and Street Services Team (RSSST) in 2005/6 of whom 75 (15%) were people less than 25 years. The emerging Homeless Strategy 2008-2013 (BHCC, To be published a), part of the forthcoming Housing Strategy 2008-2013 (BHCC, To be published b) 'Healthy homes, healthy lives, healthy city' has priorities specifically aimed at families and young people. It also outlines an integrated care pathway for meeting accommodation needs including vulnerable groups. In addition the Common Assessment Framework was launched in January 2008 with an implementation plan for the whole CYPT partnership. This should reinforce multi-agency understanding and the delivery of support.

Pregnancy

The Teenage Pregnancy Team works with local agencies to reduce the risk of unintentional pregnancies and sexually transmitted infections (STI's). The team also supports young people who have become teenage parents. The

team offers specialist advice and support to other services to promote good practice. A new model is currently in development through which the Teenage Pregnancy Team will act as specialists within the wider Targeted Youth Support team. These specialists will assist the work of the wider team to deliver interventions to support and maintain behaviour change in the most vulnerable ages and groups.

Of the 9 secondary schools in the city, one currently provides contraceptive services. Two of the 6th forms, and also City College, are about to provide sexual health and contraceptive services. Following last year's Annual Report of the Director of Public Health a number of initiatives were funded to address the high rates of teenage conceptions including a Teenage Pregnancy and Sexual Health Project in East Brighton, four part-time Specialist School Nurses in Sexual Health, a Targeted Youth Support project and funding for greater availability of long acting reversible contraceptives at British Pregnancy Advice Centre. The Report also announced the reconvening of the Sexual Health Strategy Group.

Sexual health

Chlamydia screening has been introduced across the city. Condom distribution has been another key focus and the C Card has been introduced in selected distribution points across the city. Young people who participated as stakeholders to this joint strategic needs assessment strongly supported this initiative. A Sexual Health Joint Strategic Needs Assessment is currently underway, a large proportion of which is focused on young people.

Caring Responsibilities

Brighton & Hove City Council currently commissions the Carers Centre to pilot a project to assess and review young carers (aged 8-17 years) of adults. The Carers Centre also provides a Transitions Service for 16-25 year olds. This is one of a few projects nationally to look into the needs of this client group and is contributing to national research by the University of Nottingham.

Response to Question c): Possible source of funding from Public Health to trial free school meal pilot

Possible sources of Public Health funding for a pilot project around free-school meals or uptake of school meals would likely be identified from the PCT Healthy City budget or Choosing Health budget. The Public Health Directorate and CYPT are working together to explore a number of options based on local evidence of needs.

Data analysis relating to children Body Mass Index (BMI) and uptake of school meals.

The data for children BMI in Reception Year and Year 6 have just been received by the Directorate of Public health following the completion of the National Child Measurement programme for the academic year 2008/09. These figures are being analysed by the Public Health Directorate. As part of this analysis, we will produce a ranking of schools by Index of Deprivation matched with the percentage of uptake of free school meals and the percentage of uptake of paid school meals. In addition we are examining any association with the average BMI by schools for example how BMI relates to deprivation and to school meal uptake. We will be happy to provide this data.

