

## Hastings &amp; Rother Clinical Commissioning Group

**Hastings and Rother CCG Governing Body meeting****Item Number:****Date of meeting: 17 January 2013****12/13****Title of report:**

Director of Public Health Report 2012/13 'Reducing health Inequalities among children and young people' and the County summary report of the Health Related Behaviour Survey 2012.

**Recommendation:**

**Note:** the annual report of the Director of Public Health 2012/13 and its recommendations and the County, Hastings Borough and Rother District summary reports of the Health Related Behaviour Survey 2012

**Consider:** how the findings and recommendations can be used to inform the work of the CCG and in particular the specific issues for the CCG including higher rates of poverty, higher levels of smoking both in pregnancy and among girls, and higher emergency hospital admissions.

**Summary:**

This report outlines the key factors contributing to health inequalities among children and young people in East Sussex; describes the services that are currently in place to improve health and prevent disease; and recommends future priorities for improving the health and wellbeing of the youngest members of our community.

The Director of Public Health report includes the key findings from the health related behaviour survey 2012. In addition there are separate County, District and Borough level summaries of the schools survey plus a more detailed report.

Hastings is a particular area of concern. The infant mortality rate within Hastings Borough Council is statistically higher than the rate for South East Coast. Rates of emergency hospital admissions due to unintentional and deliberate injuries for 0-17 year olds are higher than the rates for England. Almost a quarter of pregnant women in Hastings are smokers at the time of booking antenatal care.

Specific issues for Hastings CCG are:

- Hastings has the highest birth rate compared to other districts and boroughs in the county
- Hastings and Rother CCG has the highest rate of income deprived children in the county (23%) and 47% of children in Central St Leonards are living in poverty
- The infant mortality rate in Hastings is significantly higher than the South East Coast rate.
- 22% of mothers smoke at delivery in Hastings
- There has been an increase in smoking rates in Hastings and around 30% of girls are smokers
- Hastings has higher rates of emergency hospital admissions in children and young people than the rest of the county and for England as a whole.

Specific recommendations for CCGs and Local Authority Commissioners are to ensure:

- BMI monitoring is in place and that women are offered information and support to manage their weight in pregnancy.
- Services to improve breastfeeding are targeted to meet the needs of younger women and those in deprived areas.
- Evaluation of the new perinatal mental health service to ensure it is cost-effective and achieving successful outcomes.
- Continue the current oral health promotion programme and increase targeting of preventative services in deprived areas.
- Prioritise the needs of all looked after children through school-age services, and ensure timely medical assessments and appropriate CAMHS in full.
- Review the areas where the use of hospital services by children in their locality is high to ensure that their service commissioning is cost effective.

### ***Chapter 2. Setting the scene***

East Sussex has a generally older population profile compared with England, with a lower proportion of children and young people, especially children aged under 10 years. There were 88,000 children in East Sussex in 2010.

There were around 5,400 births in East Sussex in 2010. The birth rate varies between districts and boroughs in East Sussex with the highest rates in Hastings (68.9 per 1,000 females aged 15-44) and Eastbourne (66.0 per 1,000 females aged 15-44).

#### *Child poverty*

Nearly one in five (18.8%) of children are living in poverty across the county. There is variation across the county in terms of numbers of children affected and the proportion living poverty. There is almost a six-fold difference in the number of children living in poverty in urban areas compared to those living in rural areas. The highest percentage is 50% in Central St Leonards, the highest numbers are 795 in Hampden Park and in Langney.

### ***Chapter 3. The antenatal and postnatal period***

#### *Infant mortality*

The infant mortality rate for East Sussex 2008-10 was 4.6 per 1000 live births, (which equates to 26 deaths in children under 1 year each year in East Sussex). The rate is equal to the England average, though is higher than the South East Coast rate of 3.6. The rate in Hastings is significantly higher than the SEC rate (6.1) while the Lewes, Wealden and Eastbourne rates are lower than the County rate. Reducing maternal obesity, reducing smoking in pregnancy, reducing under 18 conceptions and increasing breastfeeding are some of the measures that will reduce infant mortality.

#### *Maternal smoking*

Smoking in pregnancy is the single most modifiable risk factor for adverse outcomes in pregnancy and is estimated to contribute to 40% of all infant deaths.

Women who live in the most deprived 20% of areas are almost 4 times as likely to smoke during pregnancy than those who live in the least deprived 20% of areas.

Across the county 17% of mothers are known to be smoking at delivery and this varies from 10% in Lewes to 22% in Hastings. At ward level rates are highest in Hailsham East, 36%.

### *Breastfeeding*

The latest available data for April-June 2012 shows a 5% improvement rate in breastfeeding in Hastings and Rother, 48% were still breastfeeding at 6-8 weeks, this compares to 49% in East Sussex Downs and Weald and the County target of 48.3%. Breastfeeding initiation and maintenance rates are lowest in women aged under 20 (20%) and highest in older women (72% in women aged 40 and over).

### **Chapter 4. Children of pre-school age**

#### *Immunisation*

Although there has been an improvement in the first vaccine uptake to 95% we do not achieve this level across all childhood vaccinations. In particular our rates of Measles mumps and rubella vaccination are low at around 85%. We have seen more cases of Measles and Whooping cough which can cause severe health complications. There is a new vaccination programme against whooping cough for pregnant women.

### **Chapter 5. Children and young people with additional needs**

There has been an increase in numbers of children and young people coming into care, leading to considerable additional demands on all aspects of related service delivery across education, health and social care. East Sussex County Council has invested in the THRIVE programme to reduce the number of children subject to child protection plans by concentrating on early help services and family assessment. Public Health have a role in ensuring that health improvement services are targeted at the most vulnerable families through the Thrive Programme.

### **Chapter 6. School age children and young people**

#### *Educational achievement:*

Educational achievement is a key determinant of health. Rates of educational achievement vary across the county and some indicators are below the regional and national levels. There is a 32% difference in GCSE attainment in those eligible for free school meals and other pupils.

In 2011/12 there were 387 (3.5%) 16 and 17 years olds who were NEET and of these 46% had special educational needs. Young people who are NEET are of particular concern due to the impact of their current and future employment on their long-term economic well-being and health.

#### *Health-related Behaviour:*

A schools health-related behaviour survey was undertaken in the Spring of 2012 with over 4,500 14 and 15 year olds taking part. Key priorities for improving children and young people's lifestyles are reducing rates of smoking, increasing levels of physical activity, and promoting healthy eating.

Survey results: a summary of the good news

- Alcohol use has reduced
- Drug use has reduced and fewer young people start taking drugs at an early age (aged 13 or under)
- Bullying has reduced
- The proportion of young people who know where to get free condoms has increased
- The proportion of young people who know about the local sexual health services for young people has increased

- The proportion of pupils who claim that they have been the victim of violence or aggression in the area where they live in the last 12 months has reduced

Survey results: a summary of areas of concern

- Smoking rates have not reduced and there has been an increase in Hastings
- There has been an increase in the proportion of pupils saying they are quite or very unhappy with their lives at the moment
- Exercise levels have not improved
- Eating habits have got worse
- Fewer young people are eating the recommended five portions of fruit and vegetables per day and fewer young people are eating breakfast compared with 2007
- One in 10 pupils state that they never or rarely eat fresh fruit
- The rate of young people in sexual relationships has increased
- Fewer young people know about drug and alcohol treatment services for young people

A whole-school approach is key to promoting and supporting healthy lifestyles in young people.

### ***Chapter 7. Children and young people and healthcare***

#### ***Emergency admissions to hospital***

The largest single cause of emergency hospital admissions in children and young people aged 18 and under is respiratory conditions, which account for 20% of emergency admissions. Children aged under 5 years account for 78% of all emergency admissions for children and young people across the county. East Sussex has the highest rate of under 18s admissions for unintentional and deliberate injuries than England for the last 9 years. The highest rates were in children aged 4 and under.

#### ***Conclusion and Reason for Recommendation***

This report outlines many encouraging signs that efforts to improve health and prevent disease among local babies, children and young people are having an impact.

However there are also indications that health inequalities persist in our county, perpetuated by continued deprivation and unhealthy lifestyles. A recurring theme throughout the report is the geographical variation in levels of health and wellbeing and health-promoting behaviour in children and young people. Data presented in the report reinforces the relationship between deprivation, unhealthy lifestyles and poor health. One fifth of children in East Sussex are living in poverty. East Sussex has seen a continued rise in child protection and safeguarding activity over the last four years.

These are all major challenges for service providers, and it is crucial that the NHS, local authorities and the voluntary sector continue to work closely with local communities to explore innovative ways to promote health, prevent disease and halt the cycle of deprivation. The recommendations in this report provide some guidance on evidence-based actions that have been shown to make a difference, and it is important that local leaders be guided by these recommendations to take committed action to improve the health and life chances of the children in our county. The recommendations in this report are written to reflect current ownership and it should be noted that the responsibility for implementing some of them may change from April 2013.

<b>Sponsor:</b> Dr Diana Grice, Director of Public Health & Well-being	
<b>Author:</b> As per report	<b>Date of report:</b> 04/12/12
<b>Review by other committees:</b> The report will be formally launched at the NHS Sussex Board in January 2013.	
<b>Health impact:</b> As per report	
<b>Financial implications:</b> This is not applicable to the report itself.	
<b>Legal or compliance implications:</b> There are no implications.	
<b>Link to key objective and/or assurance framework risk:</b> n/a	
<b>Patient and public engagement:</b> This is not applicable to the report itself.	
<b>Equality impact assessment completed:</b> This is not required for the report.	

