

<b>Title of paper:</b>	An update on children and young people's health and wellbeing in the context of Nottingham City's Children and Young People Plan 2016-20	
<b>Report to:</b>	Nottingham Children's Partnership Board	
<b>Date:</b>	22 February 2017	
<b>Relevant Director:</b>	Alison Challenger, Director of Public Health	<b>Wards affected:</b> All
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<b>Relevant Children and Young People's Plan (CYPP) priority:</b>		
<b>Safeguarding and supporting children and families:</b> Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input type="checkbox"/>
<b>Promoting the health and wellbeing of babies, children and young people:</b> From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
<b>Supporting achievement and academic attainment:</b> All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input type="checkbox"/>
<b>Empowering families to be strong and achieve economic wellbeing:</b> More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input type="checkbox"/>
<b>Summary of issues (including benefits to customers/service users):</b>		
<p>Good mental and emotional health is essential to enable children and young people to fulfil their potential. Mental and emotional health problems are an important and common group of disorders affecting about 1 in 10 children and young people living in the UK. Using these estimates nearly 4,000 children/young people aged 5-16 years in Nottingham have a mental health problem. National evidence suggests that half of all adult mental health problems start by the age of 14 years.</p> <p>Over 70% of mothers in Nottingham City start breastfeeding at birth which is significantly lower than the England average (74%). However, nearly 48% of women are breastfeeding at 6 weeks which is better than the England average of 43%. Nottingham has the best initiation and 6 week breastfeeding rate of all its statistical neighbours. This success is due, in part, to our long-established breastfeeding peer support service.</p> <p>18.7% of mothers in Nottingham City were smokers at the time of delivery which is significantly higher than the England average (10.6%) and the third highest rate of our statistical neighbours. However, 70% of women who access stop smoking services during pregnancy quit.</p>		

28% of reception age children in Nottingham City are obese or overweight which is lower than the statistical neighbour average. The percentage overweight or obese increases to 39% in Year 6 which is slightly lower than the statistical neighbour average but significantly higher than the England average. The proportion of children overweight and obese in Nottingham City has plateaued.

#### **Recommendations:**

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| <b>1</b> | Nottingham Children's Partnership Board is requested to note the contents of this report and progress on health and wellbeing outcomes in the Nottingham City Children and Young People's Plan |
| <b>2</b> | Nottingham Children's Partnership Board is requested to note progress in improving the emotional and mental health of children and young people in Nottingham                                  |

# **1 BACKGROUND AND PROPOSALS**

## **1.1 Children and young people's mental health**

The first local transformation plan (LTP) for improving children's mental health in Nottingham City was approved by NHS England in October 2015. The plan has subsequently been refreshed and was republished on 31 October 2016 in line with evolving national guidance, and amalgamated with the Nottinghamshire LTP in line with the requirements of the Sustainability and Transformation Plan. The LTP outlined priorities to be implemented in the following areas, in line with the five themes of *Future in Mind*, and the key actions are outlined below:

- Promoting Resilience, Prevention and Early Intervention
  - Provide better information for children and families about how to help themselves and when to seek support
  - Increase the numbers of children and young people able to take part in programmes to build resilience in schools
- Improving Access to Effective Support
  - Increase the amount of consultation, advice and guidance available to schools and health service providers to enable them to better support children and young people with emotional health needs
  - Improve the access to CAMHS so that children in need of support get prompt access to the right service
  - Ensure that different organisations providing mental health services to children and young people work together effectively and that children are effectively supported
  - Set up a crisis team to respond quickly to young people who have a mental health crisis
- Care for the most vulnerable
  - Review services for children and young people with learning disabilities and neurodevelopmental disorders
  - Review access to services for children and young people from minority backgrounds
- Accountability and transparency
  - Make sure that we get the most out of the money that is spent on children's mental health and wellbeing, and that services are making a difference to children and young people's lives
- Developing the workforce
  - Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties.

Implementation of the plan is overseen locally by the multi-agency CAMHS Executive who report to the Commissioning Executive Group and the Clinical Commissioning Group's Governing Body, with quarterly monitoring reports being provided to NHS England who are responsible for assuring delivery against the plan.

## **Progress in implementing the local Future in Mind transformation plan**

Key achievements implementing the Future in Mind transformation plan in Nottingham City are outlined below:

### Progressing operational integration of Tier 2 Targeted CAMHS provided by Nottingham City Council and Tier 3 Specialist CAMHS provided by Nottinghamshire Healthcare NHS Foundation Trust

The aim of this was to ensure that children and young people experience a seamless transition between services. This includes increasing capacity in the City's Single Point of Access and offering weekly joint assessment appointments in line with the Choice and Partnership Approach to providing CAMHS. The plan also includes workforce development opportunities for staff in both services to receive training in evidence based interventions such as Cognitive Behavioural Therapy (CBT) and the development of care bundles for presenting needs such as anxiety and low mood.

### Developing academic resilience programmes in schools

The Council's Personal, Social and Health Education Team have been commissioned to implement academic resilience programmes in Nottingham schools. This builds on existing work with the Central Learning Partnership on a Whole School Character Audit (based on the Whole School – Healthy Schools review) and will create a focused Health Improvement Model on 'Emotional Resilience' that will support the implementation of an emotional resilience programme across a school. The Implementation model will be underpinned at the class and pupil level through a range of school-based resources that combine learning approaches, both inside and outside the classroom. Most of the resource development will pull together existing material that has been tried and tested in other areas or as part of other programmes.

### Piloting a CAMHS Crisis Resolution and Home Treatment

The pilot CAMHS Crisis Resolution and Home Treatment, which incorporates the self-harm team, was established in January 2016, and is funded through the mental health Crisis CQUIN. The team is commissioned to provide community assessments and intensive home treatment to young people experiencing mental health crisis, in order to avoid acute or mental health inpatient admission where possible. The team provides in-reach to the acute trusts where a young person has been admitted to a paediatric ward following attendance at the emergency department for mental health needs/self-harm. A benefit of the revised model has been that CAMHS Community clinicians who previously would have been required to undertake urgent/hospital assessments are no longer required to, which means less disruption to community CAMHS provision. This

can be seen though significantly improved activity levels and waiting times in community CAMHS in Nottingham City, with no additional funding going in.

### **Priorities for 2017/18**

Children's mental health continues to be a key national policy area, with significant expectations on clinical commissioning groups to lead partnership activity to improve children's mental health service delivery and outcomes. The updated transformation plan outlines the priority areas for 2017/18:

- Further enhance the community eating disorder service to meet children's needs early and effectively
- Increase capacity within CAMHS specifically in order to deliver evidence based interventions
- Develop a CAMHS liaison function as part of the CAMHS Crisis Resolution and Home Treatment model, so that young people can be assessed in a more timely way when attending QMC in mental health crisis, and so that paediatric admissions can be avoided where it is safe and in the young person's best interests to do so.
- Deliver the joint agency workforce plan to increase the capability of the children's workforce in the City to support children's emotional and mental health needs. This will include the delivery of Mental Health First Aid training to city staff working with children and young people.

## **1.2 Breastfeeding**

Over 70% of mothers in Nottingham City breast feed at birth which is significantly lower than the national average (74%). However, breastfeeding at 6 weeks is better than the national average; 47.7% in Nottingham compared to national average of 43.2%. Nottingham has the best initiation and 6 week breastfeeding rate of all its statistical neighbours. This success is due, in part, to our long-established breastfeeding peer support service which works with mothers under the age of 25 to support them to breastfeed as long as they can. This Nottingham City Council commissioned breastfeeding peer support service, financed through the public health grant, works alongside both the maternity and health visiting service to target all mothers to be under the age of 25 to support initiation and continuation of breastfeeding.

## **1.3 Smoking in Pregnancy**

18.7% of mothers in Nottingham City were smokers at delivery which is significantly higher than the England average (10.6%) and the third highest rate of our statistical neighbours.

Women who smoke in pregnancy are more likely to have a stillbirth, have a baby born at a low birth weight and/or a baby born with a cleft palate. Babies living in a household with smokers are more likely to die from Sudden Infant Death Syndrome (SIDS),

In Nottingham, an 'opt-out' referral to stop smoking services for pregnant women is in place. 70% of pregnant women who access stop smoking services in Nottingham quit. Through the publication of Better Births, the national maternity transformation plan, there is a renewed focus on reducing the proportion of pregnant women smoking. In Nottingham City, we are development of a new service which will work closely with maternity services in the acute and community setting to support women in stopping smoking in pregnancy.

#### **1.4 Childhood Obesity**

28% of reception age children in Nottingham City are obese or overweight lower than the statistical neighbour average. The percentage of children overweight or obese increases to 39% in Year 6 which is slightly lower than the statistical neighbour average but significantly higher than the England average. The proportion of children overweight and obese in Nottingham City has plateaued. However the impact of children being overweight and or obese in childhood has serious health and social implications for example increase risk of childhood type II diabetes, poor mobility and increase risk of Coronary Heart Disease (CHD) in both teenage years and early adulthood.

Nottingham City Council, through the public health grant, commissions a highly successful weight management scheme within the Public Health Nursing Service. The service provides a Level 2 weight management intervention. An infrastructure and working relationships have developed to enable the Health Improvement Co-ordinators (HIC) to refer children and young people who have received an Initial Assessment to a relevant member of the Community Public Health Nursing Service (CPHNS). Update meetings/training and development of resources are initiated by the HIC in partnership with CPHNS. The CPHNS are pivotal to the referral process and successful outcomes in the service as they are the main referrer into the service. Key CPHNS staff carry out follow on work with children/young people and their parents/carers after an Initial Assessment with the HIC.

#### **1.5 Perinatal deaths (stillbirths and deaths within 28 days of birth)**

The Secretary of State announced a national ambition to halve rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 2030, with a 20% reduction seen by 2020.

In conjunction with Nottingham City CCG and NUH, Nottingham City Public Health Team is undertaking a review of perinatal deaths, including stillbirths, to identify any themes and consider any actions that need to be taken to reduce the number of perinatal deaths. The review will report in April 2017.

In addition to this, providers have been asked to review their systems and processes against the recommendations outlined in *Saving Babies Lives* (2016). This was the 'care bundle' to prevent stillbirth and neonatal deaths published by the National Review team, which recommends best practice to be implemented in health surveillance, care and support to reduce the modifiable risk factors associated with still birth and neonatal deaths e.g. undetected poor foetal growth and smoking in pregnancy.

## **2 RISKS**

Children and young people who don't receive the right support at the right time in childhood are more likely to experience health problems in adulthood. Budget pressures across the statutory and voluntary sectors could reduce the support available to children, young people and families.

## **3 FINANCIAL IMPLICATIONS**

None

## **4 LEGAL IMPLICATIONS**

None

## **5 CLIENT GROUP**

All children and young people, and their parents/carers and families, especially those with physical and/or mental health problems

## **6 IMPACT ON EQUALITIES ISSUES**

One of the *Future in Mind* priorities is to 'support the most vulnerable children and ensure they have prompt and timely access to CAMHS services'. Children and young people from some BME groups and/or those that identify as LGBT are more likely to experience mental health problems. A health equity audit is currently exploring equity of access for these groups.

The voice of young people who use CAMHS services is an integral approach in developing and sustaining new CAMHS services. The CAMHS Exec group is currently exploring how young people can be more systematically involved in governance.

## **7 OUTCOMES AND PRIORITIES AFFECTED**

**Promoting the health and wellbeing of babies, children and young people:** From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.