Comprehensive Needs Assessment for Children & Young People in East Sussex

June 2008

East Sussex Downs and Weald PCT
Hastings and Rother PCT
East Sussex County Council

ACKNOWLEDGEMENTS

We acknowledge with thanks the input into this document of designoptions - information and design for better services

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ABBREVIATIONS & ACRONYMS

A&E	Accident and Emergency
BASCD	British Association for the Study of Community Dentistry
CAMHS	Child and Adolescent Mental Health Service
CPR	Child Protection Register
CYP	Children and Young People
DAAT	Drug and Alcohol Action Team
DFES	Department for Children, Schools and Families
DH	Department of Health
DMFT	Decayed/Missing/Filled Teeth
DSN	Diabetes Specialist Nurse
EOL	End of Life
ESDW	East Sussex Downs and Weald
ESFSCCS	East Sussex Early Support and Care Co-ordination Scheme
FISS	Family Intensive Support Service
GP	General Practitioner
GUM	Genitourinary Medicine
HES	Hospital Episode Statistics
HRBQ	Health Related Behaviour Questionnaire
LA	Local Authority
LAC	Looked After Children
LPC	Local Partnerships for Children
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NST	National Support Team
OFSTED	Office for Standards in Education
PCT	Primary Care Trust
PID	Pelvic Inflammatory Disease
PPF	Priorities and Planning Framework
PSHE	Personal, Social and Health Education
QOF	Quality and Outcomes Framework
SDD	Smoking Drinking and Drugs
SEAL	Social and Emotional Aspects of Learning
SHA	Strategic Health Authority
SRE	Sexual and Reproductive Health Education
STI	Sexually Transmitted Infection
YOT	Youth Offending Team
YDS	Youth Development Service

EXECUTIVE SUMMARY

Cross Cutting Issues:

Insufficient data

Throughout this report we have highlighted where we found gaps in the available data, or where it seems that data were not routinely collected. We have then identified areas where improvements in data collection would assist any future assessment of needs and enhance routine service monitoring and evaluation. We experienced particular difficulties gathering data around chronic illness and complex health needs and during the limited time available for this project it was not always possible to identify relevant key informants and arrange to speak with them.

Wherever individual level data is collected we strongly advise that postcode data and ethnicity monitoring is routinely recorded too. This would enable further investigation at ward level to provide a clearer picture of need within the county, particularly around risky behaviour.

Equity of Access

This needs analysis found that discrepancies and inequalities in urban and rural access was a recurring theme specifically in relation to access to sexual health and smoking services in rural areas. It was reported that there was inequity across east and west as services come together after reorganisation. Access to specialist speech and language therapy was patchy and so was access to some dedicated skilled support as dedicated epilepsy services were only easily accessible in the west of the county if people wished to access services in Brighton.

Engagement

The extent to which looked after children are able to have a say in their care varies according to where they are living and was more likely in Eastbourne than in Hastings. We could not access much service user data, such as satisfaction surveys or user engagement activities, which may have been a function of the short time we had to gather data but it could also indicate that these activities are not routinely undertaken as part of service evaluation in line with best practice.
(need to see evidence before above section removed)

Other findings include:

- Although drinking among young people in East Sussex is in line with national figures there are higher numbers of young people from Eastbourne and Hastings and Rother presenting to A&E with alcohol related conditions than elsewhere in England or the South East.
- There has been a substantial reduction in 14-15 years who had ever taken a drug, from 42% of boys and 45% of girls in 2004, to 25% of boys and 26% of girls in 2007. This is in line with the reduction nationally.
- Only 61% of pupils knew where they could get condoms free of charge and only 44% of pupils (36% of boys and 52% of girls) knew where they could get emergency contraception free of charge. Access to sexual health services across the county was uneven, particularly in rural areas, and many young people found services unfriendly.
- The most common STI among young people in East Sussex is genital warts compared to chlamydia nationally. Rates of diagnoses for all STIs among 15-19 year olds in East Sussex are substantially below national rates. This may be a reflection of the number of young people being screened or the inaccessibility of services and therefore indicate people are remaining undiagnosed.
- There is perceived to be a significant rise in the number of children and young people with Autistic Spectrum Disorders across the county although to an extent practitioners reported this as a function of increased diagnosis.

- As young people with complex health needs are living longer more make the transition to adult services, which can be traumatic for the young people and their families There is a lack of co-ordination across specialists in adult care and conditions are often not well understood as historically adult specialists have not seen many cases. We also found that there was a widespread perception that adult services did not provide the same resources for short breaks and community care which increased the trauma of transition.
- Nationally type 1 diabetes is on the increase with an annual rise nationally of about 2% pa. However the rise in East Sussex is exceptionally high. The number of newly diagnosed children doubled from 16 in 2006 to 30 in 2007.
- It is hit and miss whether looked after children from other areas become known to schools, school nurses and GPs when they come into the county. Their health assessment forms are often incomplete with estimates that 25% of looked after children placed in East Sussex by other Local Authorities have incomplete immunisation records.

INTRODUCTION

Design Options for Health were commissioned in January 2008 by East Sussex Downs and Weald PCT, Hastings and Rother PCT and East Sussex County Council to produce a focussed Children's Needs Assessment. We were commissioned to undertake secondary analysis of available local and national data under the following key areas:

Complex health needs
Chronic illness, namely asthma, diabetes and epilepsy
Risky health behaviour (smoking, sexual health, drugs and alcohol)
Looked after children and child protection

We were commissioned to supplement the available data and examine local needs through primary research across the area using a series of key informant interviews with stakeholders and practitioners involved in children's services.

METHODS

Between 15th January 2007 and 15th February 2007 Design Options interviewed 42 key informants in East Sussex. These included senior managers of Children's services from both PCTs and the County Council, operational staff and health practitioners, outreach workers and representatives of voluntary organisations and children and young people's advocates. During this same period data was collated and analysed from a mixture of national and local sources and also sourced from a range of existing reports and surveys that the commissioning bodies forwarded to Design Options.

Interviews were a mix of one to one telephone and in person interviews supplemented by some group meetings and on a two occasions the return of self completed questionnaires.

East Sussex covers a large geographic area and still operates across the four old PCT areas to some extent, despite recent amalgamation. This was apparent, for example, in terms of available service level data and consistency of service provision across the county. As a result, on some issues the views expressed in this report may be skewed because it was not possible to speak to people representing all areas.

1. RISKY BEHAVIOURS

Context and background The close link between smoking, alcohol, drug use and sexual health particularly among the young has been well established by national research[1] , including:

- Among 11-16 year olds, those who have tried alcohol are also more likely to have tried smoking[2].
- Young people that smoke are almost twice as likely to drink on five or more days per week as non-smokers[3].
- Those who drink alcohol are more likely to take risks generally in life, including risky sexual behaviours[4].
- Among sexually active 13 and 14 year olds, 40% say they were drunk or stoned at first intercourse[5].
- In a survey of 15-16 year olds, 9% report having sex, after drinking, that they later regretted, while 6% report having engaged in unprotected sex after drinking alcohol[6].
- Among 16-20 year olds, 80% of those who had sex while feeling strongly intoxicated failed to use contraception, compared with 25% of those who felt sober[7].
- Among 11-16 year olds, illegal drug use increased with reported episodes of drunkenness[8].
- Furthermore, the earlier an individual begins drinking alcohol, the more likely he or she is to use Class A drugs in adolescence. Among 15 year olds, 17% of those that drank alcohol at 10 years or younger had used a Class A drug by age 14, compared with 1% who had not drunk any alcohol by this age[9].

Personal, Social and Health Education (PSHE) in East Sussex East Sussex initiatives to improve awareness around risky lifestyle choices for children and young people includes participation in the nationwide 'Healthy Schools Initiative'. By 2009 all schools will be working towards Healthy School Status (and therefore meeting the health and well-being objectives of Every Child Matters[10]). A Healthy School "promotes the health and well-being of its pupils and staff through a well-planned, taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices."

Almost all schools in East Sussex have signed up to the Healthy Schools programme. As of October 2007, 64% have achieved Healthy Schools Status (exceeding the 55% by December 2007 national target). Seven schools in East Sussex have achieved a higher standard Gold status which was introduced by the County Council during the 2006/07 school year.

PSHE and other school based programmes can support children and young people to develop health literacy and make informed health choices.

Health literacy is a relatively new term, first used in a 1974 paper entitled 'Health Education as Social Policy[11]'. A useful definition is offered by Kickbusch, who states that health literacy is "*the ability to make sound health decisions in the context of everyday life – at home, in the community, at the workplace, the health care system, the market place and the political arena*"[12].

A range of competencies are encompassed by this definition, including:

- Basic health knowledge;
- Reading, comprehending and evaluating health information;
- Application of health preventing, promoting and self-care behaviours;
- Verbal communication with health professionals;
- Health decision-making;
- Health advocacy and activism.

The role of health information and education in bringing about improved health literacy is emphasised by Nutbeam, who proposes that there are three levels of health literacy[13]:

- Functional health literacy (basic skills in reading and writing to be able to function effectively in a health context, transmission of factual information on health risks and health services);
- Interactive health literacy (more advanced cognitive, literacy and social skills to actively participate in health care;
- Critical health literacy (the ability to critically analyse and use information to participate in action to overcome structural barriers to health.

In July 2006 a questionnaire was sent to all 156 Primary schools in East Sussex 2006 (joint Drug and Alcohol Action Team (DAAT) and PSHE & HS Team) and 35 were returned. The results indicated that alcohol education is taught within PSHE by 30 of the schools who responded, 17 of which deliver it through Science activities. One school is delivering it using social and emotional aspects of learning (SEAL) materials and one school covers it in Year 6 as part of their transition work[14].

1.1 Alcohol

1.1.1 Background: Alcohol and young people

- Nationally the historic gender difference in alcohol consumption is narrowing as alcohol intake in girls is increasing faster than boys. A higher proportion of girls binge drink (drink more than 5 units of alcohol on a single occasion)[15]
- Britain has one of the highest percentage of children consuming alcohol in the world[16]
- The rise in teenage male suicides has been attributed to a rise in alcohol consumption[17]

1.1.2 National Level Data

- The ***Health of Children and Young People. Health Survey for England 2002***[18] – by the age of 15 years, 87% of boys and 86% of girls have had a proper alcoholic drink (not just to taste).
- The proportion that had drunk alcohol increases with age from 21% of 11 year olds to 83% of 15 years olds. Among pupils aged 11 and 12 boys were more likely than girls to have drunk alcohol, but this difference disappears as pupils get older so that by age 15 girls were more likely to have drunk alcohol.
- The ***Smoking, Drinking and Drug (SDD) Use (2004) survey***[19] also found that the average weekly amount of alcohol consumed by those children aged 11-15 years who had consumed any alcoholic drink in the last week was 10.7 units – more than double the amount in 1990 (5.3 units).
- However, the overall proportion of pupils aged 11-15 who had never drunk alcohol rose from 39% in 2003 to 45% in 2006[20]

1.1.3 Regional Level Data

- 30.5% of 16-19 year olds in the south east regularly consume more than the recommended weekly amount of alcohol (slightly lower than the national average)[21]

1.1.4 Local Level Data

- ***The TellUs2 Survey***[22] undertaken by Ofsted in Spring 2007, interviewed a total of 100 young people aged 10 – 15 in East Sussex and found that 50% of respondents had ever had an alcoholic drunk, 37% never and 14 % preferred not to say. This is in line with national figures of 48%, 42% and 10% respectively[23]
- TellUs2 also found that in the last four weeks 24% (nationally – 23%) of respondents have not been drunk at all, 13% (12% nationally) once or twice, and 7% (7% nationally) three or more times. 6% (5% nationally) preferred not to say).

- 24% of the 76 12-15 year olds that participated in the survey felt that they needed more/better information/advice about alcohol. 76% felt the information and advice they get at the moment is good enough.
- 13% said they had been drunk once or twice *in their lifetimes* with 7% stating that they had been drunk three or more times (this is in line with the national average) However, among an older age group of 14-15 year olds in East Sussex surveyed as part of the ***2007 Health Related Behaviour Questionnaire (HRBQ)***, this rises to 16% of boys and 21% of girls being drunk in just the past *week*[24].

Health Related Behaviour Questionnaire[25]

The Health Related Behaviour Questionnaire surveyed 3906 Year 10 pupils (aged 14-15 years) in East Sussex about their experience with alcohol, during Autumn Term 2007.

- 63% of pupils did not drink alcohol in the past 7 days
- 84% of boys and 79% of girls said they did not get drunk in the previous week
- The majority of pupils that reported drinking on one of more occasion drank on Friday or Saturday
- 42% of pupils say if drinking was ever done at home it always took place with their parents knowledge
- During the past 7 days before the survey 2% of pupils had bought alcohol from an off-licence.
- 12% said they got someone else to buy alcohol for them
- 15% of pupils reported drinking outside in a public place

A&E admissions data[26]

Eastbourne, Hastings and Rother have significantly higher numbers of under 18's presenting to hospital with alcohol specific conditions than elsewhere in England.

Table 1: Hospital admissions due to alcohol specific conditions for persons under 18 years, 2007[27]

	crude rate per 100,000 under 18 population	Number	
Eastbourne	142	79	Significantly worse than the national and regional average
Hastings	128	75	Significantly worse than the national average and regional average
Lewes	34	20	Significantly better than national average and regional average
Rother	103	51	Significantly below national average
Wealden	53	49	In line with national and regional average
England	61	20121	
South East	57	3059	

East Sussex Drug and Alcohol Action Team (DAAT), Young People's Specialist Substance Misuse Treatment Needs Assessment 2007/08[28] found that:

- 108 (37%) of young people in drug treatment misused alcohol as their primary drug.
- Alcohol was the most common primary substance used by young people in treatment in Eastbourne (51% of young people) and Rother (52%). In all other areas it was the second most common substance after cannabis.
- The DAAT assessment found however that the number of referrals of young people aged under 19 from A&E to DAAT services was low as a proportion of people presenting: 4 referrals in Hastings, 1 in Weald and 1 in Rother.

- DAAT concluded that ….*Alcohol prevention messages and communication strategies re access to services require urgent review in conjunction with Health Improvement colleagues.*
- In addition needs were not reflected in referral source information for young people into treatment services and DAAT noted that the East area has particular referral source problems.

1.1.5 National/Local Comparison

Findings from the ***2006 TellUs2 Survey in East Sussex***, which surveyed a similar age group to the 2006 National Smoking, Drinking and Drug Use survey series, found that 50% of young people aged 10-15 had ever had an alcoholic drink (and 14% preferred not to say[29]). These figures are in line with the national average of 48% having had a drink and 10% preferring not to say[30].

Nationally, the proportion of 15 year olds who had drunk alcohol within the last 7 days was 41% which is marginally above the 37% of 14-15 years olds in the 2007 HRBQ.

Although we do not have exactly comparable figures for East Sussex, the recent HRBQ results showed that 10% of 14-15 year old boys and 6% of girls in East Sussex surveyed stated they had drunk more than 14 units of alcohol in the last 7 days. This is lower than the national figure of 24% of 14 year old boys nationally (25% of 15 year olds) and 31% of 14 year old girls (23% of 15 year olds) who had drunk more than 14 units in the last week, suggesting that pupils in East Sussex are drinking more moderately than the national average. [Note: the SDD survey was undertaken over the course of a year and the HBRQ took place in the autumn therefore it is possible that seasonal variations in drinking patterns could impact on differences in these data sets. We do not know what time of year SDD data from East Sussex was collected.]

Table 2: Units of alcohol consumed by pupils aged 14-15 in the last week[31]

Units of alcohol last week	East Sussex 2004		East Sussex 2007		Wider (national) data 2007	
	Boys	Girls	Boys	Girls	Boys	Girls
0 units	56%	52%	65%	62%	58%	53%
>14 units	10%	6%	8%	6%	12%	8%
n	193	119	154	119	231	158

While there was very little change in the proportions of young people who report drinking over 14 units of alcohol in the last week, there is a rise of around 10 percentage points in the proportion of both boys and girls drinking any alcohol in the last 7 days. A slightly greater percentage of boys drink any alcohol than girls which is the same as in 2004, and boys are likely to drink more units over the course of a week girls. While the proportion of young people in East Sussex who had drunk over 14 units of alcohol in the last week was below the percentages found in the wider national HRBQ data, it still represents over 200 young people who are putting themselves at risk of the negative consequences associated with being drunk. Nationally, data indicates the following negative consequences for young people being drunk once of more a week as compared to those reporting no drunkenness.

Table 3: Consequences of drinking (pupils who drank alcohol in the last four weeks)[32]

Number of times been drunk in last four weeks

	Boys				Girls				Total			
	None	Once or twice	3+ times	total	None	Once or twice	3+ times	total	None	Once or twice	3+ times	total
	%	%	%	%	%	%	%	%	%	%	%	%
Felt ill or sick	9	33	38	23	13	42	49	33	11	38	45	28
had argument	7	16	31	15	7	21	45	22	7	19	39	19
lost money	4	17	27	14	4	15	26	14	4	16	26	14
vomited	3	19	26	13	2	17	28	14	3	18	27	14
clothes damaged	3	16	23	11	3	16	23	13	3	16	23	12
had fight	3	13	24	11	1	4	17	6	2	8	20	8
trouble with police	1	8	24	8	1	7	19	7	1	7	21	8
taken to hospital	0	1	3	1	0	0	1	1	0	0	2	1

Among older age groups, we only have regional data which shows 30.5% of 16-19 year olds in the south east regularly consume more than the recommended weekly amount of alcohol (again, slightly lower than the national average).

During the last seven days before the HRBQ survey, 2% of pupils in East Sussex had bought alcohol from an off-licence (compared to 4% nationally[33]) and 12% had asked someone else to buy alcohol for them (compared to 20% nationally).

Pupils in East Sussex were less likely to report drinking alcohol outside in a public place (15% in East Sussex compared to 31% of young people nationally). When asked what issues they needed more or better information and advice on 24% of young people in East Sussex felt that they needed better information on alcohol (compared to 27% nationally)[34].

1.1.6 Areas for Further Investigation

- While young people in East Sussex are in general drinking less frequently than the national average, there are still a higher number of young people presenting to A&E with alcohol related conditions than elsewhere in England and the South East in the Eastbourne, Hastings and Rother areas. These figures need to be analysed further, however it is possible that behaviour data provided for the East Sussex area overall are masking issues within particular parts of the county. HRBQ data is available at secondary school level and could therefore provide more targeted information about drinking behaviour among young people in different areas.

- School excluded children are nearly twice as likely to drink regularly as school attendees, with over 50% drinking more than once a week[35]. The health and social consequences of high drinking levels is therefore a particular risk for these young people. The risks for young people who are excluded and otherwise marginalised including looked after children and care leavers could be investigated further.

- Investigate levels of out door drinking in areas such as Bexhill and Peacehaven, the relationship with alcohol related incidents and ways in which community partners can support young people to make informed choices around their drinking behaviour

- Can the DAAT action plan be strengthened to provide a focused, consistent message for young people across the county around alcohol and the *links* with sexual health, mental and emotional well being, domestic abuse and vulnerability to rape and sexual exploitation?

1.2 Substance Abuse

1.2.1 National Level Data

- Nationally drug use fell between 2001 and 2006 for both boys and girls. In 2006, 24% of pupils had ever taken any drug, compared with 29% in 2001. In 2006, 17% had taken drugs in the last year (20% in 2001), including 9% of pupils who had taken drugs in the last month (12% in 2001)[36].
- In 2006, similar proportions of boys and girls reported taking drugs in the last year (17% and 16% respectively) though boys were more likely than girls to have taken drugs in the last month (10% of boys compared with 8% of girls) [37]
- The prevalence of drug taking increases with age from 6% of 11 year olds having taken drugs in the last year to 29% of 15 year olds reporting the same[38]
- Drug use is particularly prevalent among young people excluded from school with one survey[39] finding 60% using cannabis and 20% amphetamines or ecstasy which were four times higher than the reported use among young people in school.
- 53% of drug users are likely to be truants compared to 11% school pupils who had not used drugs[40].
- There is a strong link between drugs and social exclusion (odds ratio of 1.8 times more likely) but the **2006 *National Smoking, Drinking and Drug Use*** survey found no relationship between drug use and social class or low income.
- Pupils who described themselves as mixed ethnicity were 2.26 times more likely to have taken drugs recently than white pupils and black pupils were 1.9 times more likely to have taken drugs recently than white pupils[41].
- The odds of having taken drugs in the last month increased by 1.05 times for each additional unit of alcohol drunk by pupils in the last week. If they had been in a pub or bar in the last four weeks, they were 1.43 times more likely to have taken drugs in the last month[42].
- Occasional smokers were 5.61 times more likely to have taken drugs than non-smokers, while regular smokers were 9.33 times more likely[43].

1.2.2 Local Level Data

- ***The 2006 TellUs2 Survey*** asked 76 young people in East Sussex aged 12-15 about their experience with drugs. Of those who responded, 79% said they had never taken drugs and 6% had not taken any drugs in the last 4 weeks.
- Of those that had taken drugs, 9% had taken cannabis, 2% had used solvents and 3% had tried other drugs. 8% preferred not to say. These figures are consistent with national findings from the 2006 *National Smoking, Drinking and Drug Use* survey.
- 29% of young people questioned in East Sussex felt they required more/better information and advice about drugs while 71% felt the information they currently receive is good enough.
- The ***2007 East Sussex Health Related Behaviour Questionnaire*** found that 59% of young people aged 14-15 years who gave a response had first tried a drug when they were thirteen or younger (54% in 2004). The average age that they first tried an illegal drug was 13
- 4% of pupils said they had taken more than one type of drug on the same occasion. 10% of the boys and 12% of the girls said that they had taken an illegal drug and alcohol on the same occasion

Table 4: Percentage of young people aged 14-15 that have ever used drugs[44]

Have ever used	East Sussex 2004		East Sussex 2007		HRBQ wider data	
	boys	girls	boys	Girls	boys	Girls
Cannabis leaf or resin	29%	30%	16%	16%	16%	15%
Amphetamines	2%	3%	1%	2%	3%	3%
Ecstasy	2%	3%	2%	1%	3%	3%
Cocaine	2%	3%	2%	2%	3%	3%
poppers	7%	6%	4%	5%	6%	8%
Ever	42%	45%	25%	26%	31%	32%
Never	58%	55%	75%	74%	69%	68%

- Assuming the above are the only drugs taken, 75% of boys and 74% of girls aged 14-15 years in East Sussex have never taken a drug which is a noticeable reduction in the number who reported taking drugs in 2004.
- Cannabis continues to be the most widely used drug among 14-15 year olds in East Sussex, although use of the drug has almost halved among both girls and boys who have tried this drug since the last 2004 HRBQ survey.
- It is interesting that the proportion of young people ever having taken a drug is falling as the proportion of young people drinking alcohol regularly is rising.

East Sussex Drug and Alcohol Action Team, Young People's Specialist Substance Misuse Treatment Needs Assessment 2007/08[45]

- The assessment found the number of young people in treatment during 2007 by area of residence across East Sussex was concentrated on the two urban areas of Hastings and Eastbourne.

Table 5: Young people in treatment by Local Authority[46]

	Frequency	% of young people in treatment	Rate per 1000 population aged 10-19
Eastbourne	194	35.2	8.8
Wealden	56	10.4	2.0
Lewes	59	10.4	3.1
Hastings	177	31.7	8.5
Rother	66	12.2	4.1
Total	552	100.0	5.2

- Of these 552 people, 539 (97.6%) were aged 11-18 when they first presented to treatment, 291 young people were aged 11-15 (52.7%) and 248 aged 16-18 (44.9%).
- The majority of young people in treatment in East Sussex are male (61.4%).
- Ethnicity is poorly recorded with 76.3% identifying themselves as white British but data for 17.3% of the young people in treatment is incomplete due to data system reporting error.
- 28.6% of the referrals to the service were through the Youth Offending Team (YOT) and 32.6% through Education Services. Young people from Hastings were more likely to be referred by education services, while young people from Eastbourne were more likely to be referred from the YOT.
- To date, 74 young people 'looked after for at least 12 months' between October 2005 and September 2007 were identified as having a substance misuse issue. 63 (85.1%) of these individuals received an intervention for their substance misuse issue.

- The main substances used across all 5 geographic areas were cannabis (48%) and alcohol (42%).
- The highest proportion of young people misusing cannabis as their primary drug, live in the Hastings area (39% of all cannabis users),
- Although numbers are small (9 people) two thirds of those people using heroin as their primary substance lived in Eastbourne.
- Cannabis was the most common drug used in the 11-15 years ago group while alcohol was the most common in the 16-18 years age group.
- Where declared, the majority of young people declared that they began using their primary substance between 12 and 14 (49.9%), which is within the age range where most young people entered treatment.

Table 6: Percentage of young people in treatment using substance as primary substance[47]

Substance	Percentage
Benzodiazepines	0.2%
Nicotine	0.2%
Ketamine	0.2%
Amyl nitrate	0.2%
Steroids unspecified	0.2%
MDMA	1.4%
Heroin illicit	1.6%
Cocaine unspecified	1.8%
Solvents unspecified	1.8%
Alcohol	42.8%
Cannabis unspecified	49.6%

The 2005 CAMHS Needs Assessment[48]

- This needs assessment estimated the prevalence of drug misuse among people with mental health disorder across East Sussex in 2003 as 125 among 11 year olds and 882 among 16 year olds, however the actual case load was only 6.5 which suggests that there are significant numbers of young people who remain undiagnosed.

Table 7: Children and young people with mental health disorders known to CAMHS services compared to research based estimates of prevalence, 2003[49]

Disorder	Estimated prevalence rate	Expected Number	Actual (caseload Nov 2003)
Substance misuse (illegal drugs)	2% of 11yrs	125	
	16% of 16yrs	882	
TOTAL		352	6.6 (0.3%)

1.2.3 National/Local Comparison

Drug use nationally has fallen from 29% in 2001 to 24% in 2006. Results from the East Sussex TellUs2 survey are slightly below national levels at 21% of pupils reporting ever taking any drug (25% from HRBQ data focusing on just 14-15 year olds). The proportion who had taken drugs in the last month was also slightly below the national average (6% compared to 9% nationally).

Table 8: Percentage of young people that have ever taken drugs and when

	National[50] (11-15 yrs)		Local[51] (12-15 yrs)	
	2001	2006		2006
Ever taken any drug (boys and girls)	29%	24%		21%
Taken drugs in the last year	20%	17%	boys: 17% girls: 16%	n/a
Taken drugs in the last month	12%	9%	boys: 10% girls: 8%	6%
Drugs taken:				
Cannabis	13%	10%		9%
Solvents		5%		2%
Other/won't say		10%		11%

East Sussex data from the HRBQ showed no significant difference between the sexes in drug use, although the **2006 *National Smoking, Drinking and Drug Use*** survey suggested that boys are more likely to take drugs than girls. Nationally, we know that there is a significant rise in drug use among 11-13 year olds over the last decade, no comparative data is available for East Sussex. At the same time, on a nation a level the proportion of young people aged 14 and 15 years old taking drugs has fallen slightly from a peak in the early 2000s *(see table below)*.

Table 9: Proportion of pupils in the UK who have ever taken drugs, by age 1998-2006[52]

Age	1998	1999	2000	2001	2002	2003	2004	2005	2006
	%	%	%	%	%	%	%	%	%
11yrs	1	2	4	12	12	15	11	14	10
12yrs	4	5	6	17	15	17	14	16	12
13yrs	10	11	12	28	24	27	22	22	19
14yrs	18	20	22	36	35	38	34	36	32
15yrs	32	35	32	48	46	49	43	45	40

While the 2006 ***National Smoking, Drinking and Drug Use*** survey reported no relationship between drug use and social class or income, it did identify a relationship with other variables[53]:

Socially excluded	1.8 times more likely to report drug use than other pupils
Excluded from school:	4 times more likely
Truant[54]	2.41 times more likely
Ethnically mixed	2.26 times more likely
Black pupils	1.9 times more likely (than white pupils)

1.2.4 Areas for Further Investigation

- Young people who are excluded from school are 4 times more likely to report drug use than their counterparts at school (60% of all excluded pupils) and those who truant are 2.41 times more likely[55]. Figures for young people excluded from school are unavailable at the time of writing this report so we are unable to indicate the number of young people at risk. More investigation is required into the types of initiatives undertaken across the county to address the needs of these young people and to identify gaps.
- Young people who are excluded from school are 4 times more likely to report drug use than their counterparts at school (60% of all excluded pupils) and those who truant are 2.41 times more likely[56].

- Only 85.1% of young people looked after for at least 12 months who are identified as having a substance misuse issue are in treatment. How could these young people be further supported to enter treatment? What prevention activities are in place for young people who are looked after??
- Further exploration into the actual effectiveness of referral pathways for children into DAAT services, particularly in Hastings and in relation to health sources including GPs.
- Estimates by CAMHS suggest that there are young people with mental health issues who have undiagnosed drug disorders. What work is underway to identify these young people? ***(A CAMHS consultant psychiatrist, a CAMHS staff grade psychiatrist and a CAMHS clinical lead nurse are seconded into the Under 19's SMS to ensure that young people with substance misuse problems receive a mental health service where problems co-exist. In 2008/09 the CAMHS action plan will include joint work with Under 19's SMS to ensure that primary health partners are aware of the referral pathways into specialist services for young people with substance misuse or co-morbid needs.)***

1.3 Smoking

- The younger someone starts smoking, the more likely they are to smoke for longer and to die early from smoking. Someone who starts smoking at 15 is three times more likely to die of cancer due to smoking than someone who starts in their mid 20s[57]
- Children form the poorest household are more likely to smoke than children from affluent families[58].
- Children from poorer households also more likely to be exposed to second hand smoke.

1.3.1 National Level Data

- Two fifths (39 %) of pupils aged 11 to 15 in England in 2006 reported having tried smoking at least once. Sixty one per cent reported they had never smoked in 2006. The proportion who had never smoked rose from 47 per cent in 1982 to 61 per cent in 2004 and has remained at a similar level since
- Nine per cent of children reported that they were regular smokers[59] (smoked at least once a week), a proportion which has remained unchanged since 2003.
- In 2006, 10 per cent of girls were regular smokers compared with seven per cent of boys.
- 1% of 11 year olds reported they were regular smokers compared to 21% of 15 year olds[60]
- School truants were twice as likely to smoke as non truants.
- 42 % of 11 – 15 year old smokers were secret smokers whose families did not know they smoked
- By ages 16 to 19, however, nearly one in three (32.2 per cent) young people in the region are regular smokers which is higher than the national average of 29.5 per cent[61].

1.3.2 Local Level Data

- *The **2006 TellUs2 Survey*** discovered that 25% of people aged 10 to 15 had smoked a cigarette (compared to 21% nationally) – 5% preferred not to say.
- Of 12-15 year olds surveyed, 26% felt they needed more or better information and advice about smoking, while 71% felt the information advice they currently get is good enough.
- The ***2007 East Sussex Health Related Behaviour Survey*** found 15% of 14-15 years old pupils in East Sussex had smoked at least one cigarette during the 7 days before the survey, which is not significantly different to the responses received in 2004 (although a smaller proportion of boys are now smoking).
- 67% of regular smokers said they would like to give up smoking

Table 10: Pupils in East Sussex who smoked within the past 7 days[62]

	East Sussex 2004	East Sussex 2007	Wider data 2007
Boys	16%	12%	13%
Girls	17%	18%	20%

Under 19s stop smoking service data[63]

- Data for quarter 1 and 2 of 2007-2008 showed a total of 1159 people set a date to quit smoking during that period. Young people aged 17 and under represent 7% of the total people setting a date.
- More young people set a quit date in the east of the county, although the number of people quitting during the period was higher in the west (note: there is no relationship between the number of people successfully quitting in a quarter and the number setting a quit date the same quarter).
- The number of young people not known or lost to follow-up is high (particularly in Hastings & Rother). Service managers are planning to use social marketing techniques to better understand their clients and improve the quality of engagement of young people with the service.

Table 11: Number of young people in East Sussex setting a quit date during quarter 1 & 2 of 2007/08 by gender and outcome at 4 week follow-up *(Data from Stop Smoking Service)*

	Hastings & Rother Q1 & 2 07/08			**East Sussex Downs Q1 & 2 07/08**		
	Men <18	**Women <18**		**Men <18**	**Women <18**	
Total number setting a quit date in the quarter	24	35	**59**	10	14	**24**
Number who had successfully quit at 4 week follow-up (self-report)	0	2	**2**	2	9	**11**
Number who had not quit at 4 week follow-up (self-report)	8	6	**14**	3	4	**7**
Number not known/lost to follow-up	16	27	**43**	5	1	**6**
Number who had successfully quit at 4 week follow-up (self-report), where confirmation of non-smoking status by CO validation was **attempted**	0	2	**2**	1	7	**8**
Number who had successfully quit at 4 week follow-up (self-report), where non-smoking status **confirmed** by CO validation	0	2	**2**	1	7	**8**

1.3.3 National/Local Comparison

Table 12: Proportion of young people aged 10/11-15 in East Sussex who have ever smoked

	Local 10-15 years	South East Region 11-15 yrs	National 11-15 yrs
Ever smoked	25%[64]	27.1%[65]	21%[66]

The proportion of young people who have ever smoked in East Sussex is above the national average (although slightly below the figure for the whole of the South East). We do not have local level data describing the number of regular young smokers in East Sussex.

There is no age disaggregated data available for East Sussex, although from national data we know that boys and girls are equally likely to smoke before the age of 14-15 after which more girls smoke than boys[67].

Service level data for the smoking cessation service in Hastings & Rother shows more young women than young men accessing the service with staff reporting young women as accessing the service more than once after failing to give up the first time.

1.3.4 Areas for Further Investigation

- Is it possible to find more about smoking across the different age groups in East Sussex? Would this support managers to target services more effectively?
- How successful are services in targeting vulnerable groups including looked after children?
- Continuing inclusion of work around the use of cannabis and mental health leaflet. This linking could be a significant movement into developing health literacy young people.

1.4 STIs including HIV

1.4.1 National Level Data

- The number of new diagnoses of STIs in GUM clinics in the UK is rising. The most common STIs nationally among young people aged under 19 are Chlamydia, genital warts, herpes and gonorrhoea:
- Chlamydia is the most common STI in the UK yet often goes undiagnosed as many cases are asymptomatic. Between 10-30% of infected women develop pelvic inflammatory disease (PID) which can lead to serious reproductive health problems including infertility. The national Chlamydia screening programme targets young women. As a result of the programme the rate of diagnosis nationally is rising to 1337 per 100,000 young women aged 16-19 years in 2006 and 544 per 100,000 young men. Rates of diagnosis are higher among 16-19 year old women than any other age group.
- Rates of diagnoses of genital warts are also highest among women aged 16-19 years, rising nationally by 7% in men and 5% in women aged 16-19 years reaching 767 per 100,000 young women and 297 per 100,000 young men in 2006.
- Rates of diagnosis of gonorrhoea in 2006 were also highest in the 16-19 year old women age group at 128 per 100,000 young women (the rate was 100.6 per 100,000 young men). A total of 40% of infections in women were in teenagers. A third of infections in men of all ages were in men who have sex with men and diagnoses rates in this group are rising as they fall in heterosexual women and men
- Syphilis infections in the UK have risen sharply since the late 1990s especially among men who have sex with men (nearly 60% of all diagnoses). The age distribution for syphilis is slightly higher than for other STIs and so the rate of infection among young people is very low at only 3.3 young women aged 16-19 and 3.7 young men per 100,000.
- New diagnoses of herpes have been rising since the early 1990s. Between 2005 and 2006 the rise was particularly high among young women with a 16% increase from 157 to 181 per 100,000 young women. The rate among young men did not increase significantly, rising from 34 to 37 per 100,000 from 2005 to 2006. The rise among young men aged 20-24 however was almost 10% and this group is often the most vulnerable. Need to ensure good education for young people so can keep themselves protected when older.
- Across the UK, 157 16-19 year olds were diagnosed with HIV in 2006

1.4.2 Local Level Data

- The ***2006 East Sussex TellUs2 Survey*** asked young people aged 12-15 what they thought about the information and advice they receive about sex and relationships – 30% responded they needed more information and advice, 70% thought the current information and advice they get is 'good enough'.
- The East Sussex ***Youth Development Service (YDS), 2007***[68] carried out surveys with young people using YDS provision in 2004, 2006 and 2007, initially as a customer

satisfaction exercise to measure the performance of YDS provision. In 2007 a number of questions were added aimed at collecting wider information about the young people and their views. 366 surveys were returned from YDS area services and the community colleges, there was a 50-50 split male and female with the majority of respondents being 14 and 15 (222). Of the total respondents 13% have a disability and 7% were from minority ethnic backgrounds. 42% of respondents to the YDS survey had accessed advice on sexual health through the YDS youth project

- The East Sussex ***Health Related Behaviour Questionnaire, 2007*** also included questions on sexual behaviour. 75% of pupils said that they had not had a sexual relationship. 6% said that they were currently in a sexual relationship. 11% had a sexual relationship in the past.
- 61% of pupils say they know where they can get condoms free of charge.
- 44% of pupils (36% of boys and 52% of girls) know where they can get emergency contraception free of charge.
- Overall 32% of boys and 27% of girls said school lessons were their main source of information about sex.

Table 13: Main sources of information about sex (actual and preferred source)[69]

Boys	Actual	Ideal	Girls	Actual	Ideal
Parents	17%	28%	Parents	21%	35%
Lessons	32%	38%	Lessons	27%	32%
friends	26%	11%	Friends	33%	8%

- Both sexes felt that they should be getting more of their information about sex from their parents and less from their friends.
- 87% of boys and 94% of girls said they knew about Chlamydia with 23% of boys and 29% of girls also saying that they know where to go to get a test.

Number of STI diagnoses

- The table below shows the number of STI diagnoses

Table 14: Number of STI diagnoses among young people in East Sussex during 2006[70]

		2006					2006		
		M	F	Total			M	F	Total
Chlamydia	<15	0	2	2	Herpes	< 15	0	0	0
	15-19	67	53	120		15-19	10	4	14
	Total	67	55	122		**Total**	10	4	14
Gonorrhoea	<15	0	0	0	Warts	<15	0	0	0
	15-19	8	4	12		15-19	56	67	123
	Total	8	4	12		**Total**	56	67	123
Syphilis	<15	0	0	0	HIV	< 15			
	15-19	0	0	0		16-24			
	Total	0	0	0		**Total**	0		

Chlamydia screening programme data

- Data from the 2006/07 East Sussex chlamydia screening programme is shown in the table below.

- A ***Department of Heath Support Unit/National Support Team (NST) review*** **of sexual health services in East Sussex**[71] took place in May and June 2007 and made the following comments about the service:
    - Chlamydia screening programme over in the East part of the county appears to be working satisfactorily with reasonable progress.
    - However, the west part of the county is funding the Big Screen in Brighton to undertake their screening and this is apparently proving unsatisfactory – limited uptake will lead to East Sussex not achieving both chlamydia and GUM access targets as well as the public health impact on PID and infertility.
    - There is little evidence of GP involvement in the development of levels 1 or 2 sexual health services yet the chlamydia co-ordinator has developed robust links with practice nurses in 38 GP practices in the eastern part of Sussex.

Table 15: 2006/07 Chlamydia screening programme results across both PCT areas

	Test result – Equivocal	Test result - Insufficient	Test result - Negative	Test result - Positive	Grand Total
ESDW					
F	24	38	4276	432	4770
M	12	61	1100	158	1331
Total ESDW	**36**	**99**	**5376**	**590**	**6101**
H&R					
F	12		1038	90	1140
M	4		245	29	278
Total H&R	**16**		**1283**	**119**	**1418**
Grand Total	**52**	**99**	**6659**	**709**	**7519**

- The issues raised by the NST are being addressed and the Chlamydia Screening Programme has been taken back in house in ESDW PCT.

SOPHID Data

- According to SOPHID data, there are only 7 young people under the age of 15 (15 young people under the age of 25) seeking HIV treatment who are living in East Sussex.

1.4.3 STIs and HIV in East Sussex: National/Local Comparison

- While nationally, the highest rates of new diagnoses for genital warts, Chlamydia and gonorrhoea are among 16-19 year olds, in East Sussex it is the 20-24 year age group where the highest rates of diagnoses are occurring, followed by the 15-19 year old age range.
- The graphs below show the rising trend in numbers of STI diagnoses for young women and young men in East Sussex over the last decade. In particular, diagnoses of chlamydia and genital warts have risen significantly for both sexes, while diagnoses of other STIs have remained relatively stable.
- Levels of diagnosis of gonorrhoea, syphilis and herpes have remained low, although there has been a slight rise in incidence of syphilis and herpes among both young women and young men since 2003.

Figure 1: STI diagnoses in young women aged 15-19 yrs, 1995-2006

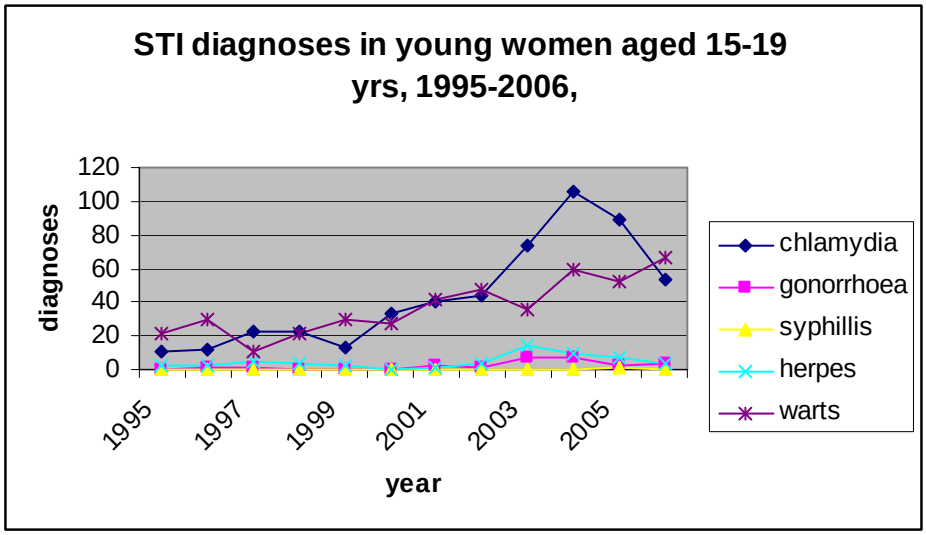
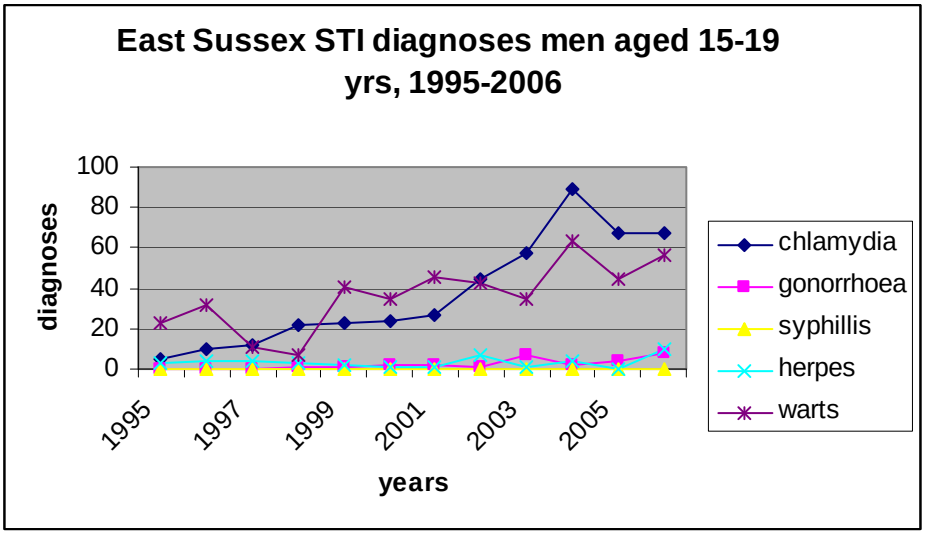


Table 16: STI diagnoses in young men and women aged 15-19 yrs, 1995-2006

WOMEN	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
chlamydia	11	12	22	23	13	33	40	44	74	106	89	53
gonorrhoea	0	1	1	0	0	0	2	1	7	7	2	4
syphilis	0	0	0	0	0	0	0	0	0	0	1	0
Herpes	2	2	5	4	2	0	1	3	14	10	7	4
Warts	21	30	11	21	30	27	42	48	36	59	52	67

MEN	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
chlamydia	5	10	12	22	23	24	27	45	57	89	67	67
gonorrhoea	0	0	0	1	1	2	2	1	7	2	4	8
syphilis	0	0	0	0	0	0	0	0	0	0	0	0
herpes	3	4	4	3	2	1	1	7	1	4	0	10
warts	23	32	11	7	41	35	46	43	35	63	45	56

Figure 2: STI diagnoses in young men aged 15-19 yrs, 1995-2006



- While genital warts was the most common STI among young women, the most significant rise over the last 10 years has been in chlamydia.

Genital warts

- The most common STI among young people aged 15-19 in East Sussex is genital warts (Chlamydia is the most common on a national level). Nationally, rates of diagnoses rose by 7% in men and 5% in women aged 15-19 years. In East Sussex they rose by 24% for men (from 45 to 56 cases) and 29% for women (from 52 to 67 cases). Rates per 100,000 remain below national figures at 393 per 100,000 women aged 15-19 in East Sussex compared to 767/100,000 nationally. Genital warts can be difficult to treat and can recur. The virus involved has been linked to the development of cervical cancer so early diagnosis and treatment followed by annual cervical screens in young women is important.
- Diagnoses of both gonorrhoea and genital warts in east Sussex have fallen from a peak in 2003. More investigation is required to establish factors that may have contributed to this decline.

Table 17: Diagnoses rates of STI per 100,000 men and women in East Sussex aged 15-19 years, 2006**

15-19 yrs	M	F	Both
Chlamydia	420	346	384
Gonorrhoea	50	26	38
Syphilis	0	0	
Herpes	63	26	45
Warts	351	438	393

*** All East Sussex rates are based on data for 15-19 year olds, compared to national data which is for 16-19 year olds.*

Chlamydia

- Nationally the rate of diagnosis for chlamydia is 1337/100,000 among women aged 16-19 years however in East Sussex the rate is considerably lower at only 420 per 100,000 men and 346 per 100,000 women aged 15-19 years. East Sussex figures refer to a slightly different population range, i.e. 15-19 years rather than 16-19 years and it is possible that the rate would rise if we were to look only at the 16-19 year age group (because it is a smaller population and the number of young people aged 16 with chlamydia is likely to be higher than the number of young people aged 15), however it would have to rise nearly fourfold to reach the national rate.
- The incidence rate of chlamydia among young men aged 15-19 in East Sussex is higher than the rate among young women which is unusual.

Gonorrhoea

- Gonorrhoea is the second most common bacterial STI in the UK, yet diagnoses in East Sussex among this age group are not high. The highest rates of diagnoses nationally are among the 16-19 years age group at 128/100,000 women however rates in East Sussex are way below that figure at only 26 per 100,000 women. The rates for men aged 16-19 in East Sussex are half the national rates at only 50 per 100,000 compared to 101 per 100,000 nationally.
- Nationally, Forty per cent of infections in women were in teenagers (32% in East Sussex – this was the largest age group diagnosed with gonorrhoea in 2006).

1.4.4 Areas for Further Investigation

- National rates for gonorrhoea, Chlamydia and genital warts are all rising fastest among young women aged 16-19 years therefore need to understand more about the sexual behaviour of young people in East Sussex so can protect young people here. The Sexual health needs assessment currently underway will provide more detailed information for

policy makers and service planners. Need to protect the health of all young people including young men who have sex with men who are at particular risk of gonorrhoea and syphilis as rates are rising fastest among MSM. What are the particular issues faced by children from minority ethnic groups?

- What are the current arrangements for SRE in all schools? If school nurses are stretched, is there a role for PSHE support workers to support school delivery of SRE and carry the message outside of school in other formats?
- To what extent are DH *You're Welcome* standards implemented with young people undertaking service design projects within the community to gain their engagement?
- How do you intend to emphasise the wider 'Keep Safe agenda' across agencies which focuses on the importance of developing 'health literacy' amongst young people

2. COMPLEX HEALTH NEEDS

Context and background

- Complex health needs cover children and young people with conditions such as cerebral palsy, Duchenne muscular dystrophy and cystic fibrosis.
- Life expectancy for young people with these conditions has risen dramatically. Two thirds of children with cerebral palsy are now living to at least 20 years[72] (depending on the severity of their impairment), while there has been decade on decade improvement in survival for young people with Duchenne muscular dystrophy who now live well into their late 20s and beyond in some areas[73]. Survival rates for young people with cystic fibrosis have doubled in the last 20 years with newborns now likely to live into their 40s[74].

2.1 National Level Data

Palliative Care Statistics for Children and Young Adults, DH 2007

- South East Coast SHA area 2005 population aged 0-19 years is 1,017,675. Deaths from causes likely to have required palliative care 114 neonatal and 119 0-19 excluding neonatal. All deaths are 22.9 per 100,000 population (11.7 per 100,000 excluding neonatal). Neonatal and 0-19 years = 22.9 per 100,000 population. Estimated number of people aged 0-19 requiring palliative care 1653 (1477 excluding neonatal)

2.2 Local Level Data

- Cystic Fibrosis: 34 children and young people cared for via the Royal Alexandra in Brighton
- Duchenne muscular dystrophy: *no local data available for inclusion in this report*
- Cerebral Palsy: *no local data available for inclusion in this report*

The East Sussex Early Support and Care Co-ordination Scheme (ESFSCCS) evaluation

- Highlighted the importance families place on understanding what is going on around them. Parents were asked to say what was helpful to them, which they identified as:

  '*Blue Family file is brilliant; we no longer have to keep repeating ourselves'*

  'The Autism information pack was helpful to read when our daughter was first diagnosed. Unfortunately the doctors etc don't seem to be aware of them or ask to read or sign them (family file).'

- The evaluation also highlighted the importance families place on emotional and agency co-ordination support as the most important thing for them.

  'The home visits, encouragement and advice for our daughter. The information given and recent access to attend a course for autism'.

  'The co-ordination of the meetings and information sharing with the professionals that has been taken care of so we don't have to worry.' 'Someone to phone around and chase people while we can get on and look after our child.'

2.3 Complex Health Needs: National/Local Comparison

No data was available to provide a national/local analysis.

2.4 Areas for Further Investigation

- It was not possible within the timeframe of this report to find hard data around the numbers of children complex health needs in East Sussex. Such data is essential to planning care for these children and their families. Further investigation to provide a rounded picture of these services would support care planning for these children and families.

- Are there plans to extend the role of Paediatric nurses and other specialist staff to work with teachers in general and Early Years to develop awareness for children with complex needs? Health Visitors are a resource that could be used to work more with families of children with complex needs, in the early stages of diagnosis and or treatment to reassure and refer to 'other' services, support groups.

- Extended schools as a whole need to review accessibility and the range of activities offered for vulnerable groups of CYP and their siblings, e.g. children with complex needs or chronic disabilities, LAC, Young Carers and Autistic Spectrum Disorder.

- Improve the completing of health care forms to encompass the needs of the family, identify activities that will engage with siblings and raise awareness of the emotional impact of CYP who are living longer with chronic and complex disabilities.

- Develop simple referral pathways for CYP with complex and chronic needs to be seen by CAMHS (if appropriate) or by affiliated approved 'counsellors' who have the correct specialisms and qualifications.

- Is the current therapy services offered to CYP across East Sussex currently equitable across Children's Services? Is there a need to review the accessibility of equipment needed to support CYP with complex needs in the community?

- A review of communication between primary health care and accident and emergency when reporting and referring CYP with asthma should be considered.

- What are the pathways and protocols between acute services and community services and are these operating affectively?

- Investigate whether CYP services need to develop dedicated support for young people with Inflammatory Bowel disease i.e. ulcerative colitis, Crohns disease and constipation

3. CHRONIC DISEASE

On the whole the prevalence of asthma and epilepsy is lower throughout East Sussex than might be anticipated from application of the Doncaster Model[75].

3.1 Asthma

3.1.1 National Level Data

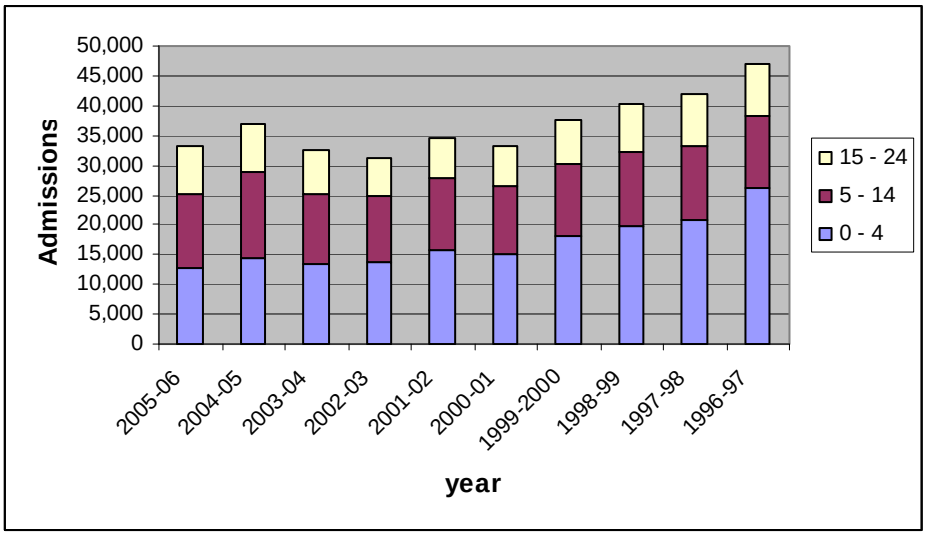
- It is difficult to find national level data on asthma prevalence because it is largely dealt with in general practice. The most recent prevalence data is 10 years old and is shown below.

Table 18: Prevalence of treated asthma per 1000 patients (in general practice), by age, sex and calendar year: 1998

1998	0-4yrs	5-15 yrs
Male	**97**	**132.1**
Female	**62.5**	**104.1**

- Asthma is more common in boys under 15 years old than girls of the same age, but at puberty this is reversed so that the condition is more common in women than men.

Figure 4: National Finished Consultant Episodes for asthma, by year and age[76]



- There has been a fall in finished consultant episodes for asthma over the last 10 years, particularly in the 0-4 year age groups. As this data relates to secondary care only the fall could be associated with increased management in primary care of asthma among younger age groups. The amount of episodes among 5-24 year olds seen by consultants changes less suggesting that they continue to see the more complex cases.

3.1.2 Local Data

- The majority of children and young people with asthma are managed in primary care therefore the only accurate source of data would be via records held in general practice.
- If it is assumed that the 1998 rates remain accurate, it can be estimated that a total of 36,061 young people in East Sussex have asthma[77].

- The only certain data we have regarding young people and asthma locally comes from the Quality and Outcomes Framework (QOF) payments under QoF indicator Asthma 3 *"The percentage of patients with asthma between the ages of 14 and 19 in whom there is a record of smoking status in the previous 15 months"*[78] which tells us the number of older teenagers who have a diagnosis of asthma and have been prescribed asthma drugs in the previous 12 months. The QoF data tells us this number is 3228 young people aged between 14 and 19 years.

Table 19: Number of young people aged 14-19 with asthma and whether there is a record of their smoking status over the last 15 months.

	ESDW		HR		TOTAL	
	No of children on practice registers	% record of smoking	No of children on practice registers	% record of smoking	No on register	% record of smoking
2006/07 (full year)	1633	87%	785	90%	2418	88%
2007/08 (to Jan 1st only)	1660	71%	784	75%	2444	72%

- There are nearly double the number of young people on registers in East Sussex Downs and Weald PCT than Hastings & Rother PCT but that reflects the higher number, almost twice the number, of people aged 14-19 years in the ESDW PCT area.

A&E Admissions Data[79]

- In East Sussex during 2006/07 there were 259 children under the age of 19 admitted to hospital via A&E with asthma. A total of 339 emergency admissions in under 19 year olds (some would have been admitted more than once). Most admissions were in the under 5 age group as would be expected. The data can be disaggregated by age but only shows number of admissions therefore one person who is admitted many times could completely skew the data.
- Over the last 10 years there has been a rise in admissions of 21% from 275 in 1997/08 to 334 in 2006/07. This reflects national trends. However as a proportion of the population, most areas have seen a fall in emergency admissions (the exception being Lewes which experienced a very small rise and but has a low rate of admissions). The highest rates are in Eastbourne Hastings and Rother, however the rate in Eastbourne has fallen by around 50% which represents a substantial decline.

Table 20: Number of cases of asthma admitted to hospital among the population under 19 years, per 10,000 population

Local Authority	**2001/02 – No of cases**	Rate	**2004/05 – No of cases**	Rate	2006/07
Eastbourne	**60**	29.98	**63**	20.31	78
Hastings	**54**	24.56	**80**	18.19	70
Lewes	**7**	3.26	**19**	4.64	38
Rother	**31**	17.29	**58**	16.18	55
Wealden	**76**	22.97	**74**	11.18	93
No. of cases	**193**	10.32	**225**	16.86	259

*rate per 10,000 population aged 0-19

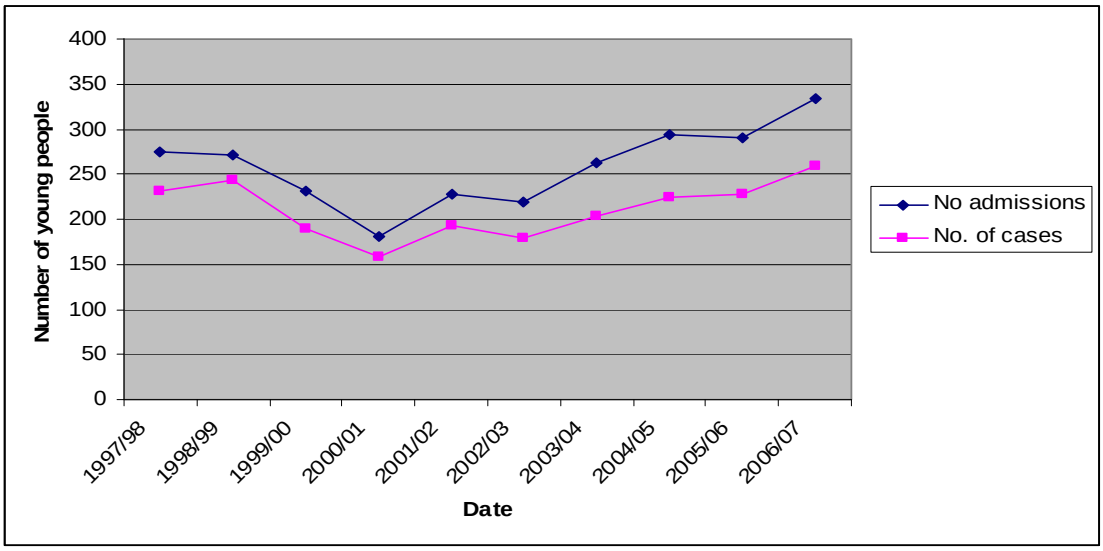
- Rates of admission to hospital with asthma in Hastings have fallen by a quarter. Rates in Wealden have halved over the same period. Rates in Rother were low in 2001/02 and have changed very little and are now very much in-line with the other LA areas. Rates in Lewes were low in 2001/02 and remained very low relative to the other areas.

- Nationally there has been an increase in the number of admissions to hospital in England with asthma and allergies over the past 10 years. The table below shows a similar rise in East Sussex.

Table 21: Number of admissions to hospitals and number of finished consultant episodes in East Sussex, 1997/98 to 2006/07 (where asthma is the primary diagnosis)

	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07
No admissions	275	272	231	181	228	220	262	294	291	334
No. of cases	232	243	189	159	193	179	204	225	228	259
Admission per case	1.19	1.12	1.22	1.14	1.18	1.23	1.28	1.31	1.28	1.29

Figure 5: Number of admissions to hospitals and number of finished consultant episodes in East Sussex, 1997/98 to 2006/07 (where asthma is the primary diagnosis)



- Admission rates in East Sussex show all admissions to have fallen between 1997 and 2001 before steadily rising again to a peak in 2006/07.
- Nationally, the majority of these patients are either young males or older females (post puberty). In East Sussex admissions of children aged under 5 fell in 2000/01 (as did admissions for all age groups) but then remained low while admissions for other age groups rose again. This is consistent with data around the number of finished consultant episodes nationally which also show a fall in the number of children aged 0-4 seen by consultants (note: finished consultant episodes are not the same as emergency admissions so this is not comparing like with like).

Figure 6: East Sussex Emergency Admissions for asthma, by year and age

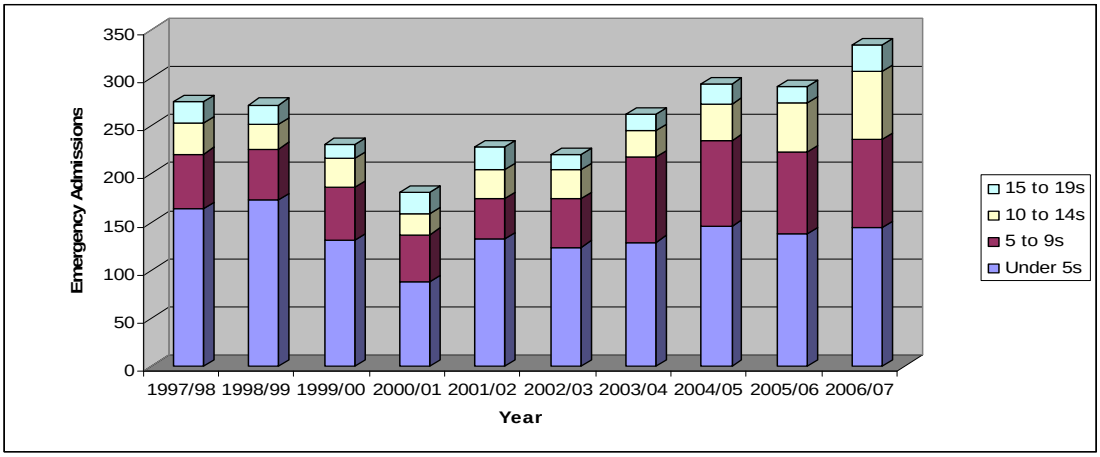


Table 22: East Sussex Emergency Admissions for asthma, by year and age

AGE_EPI	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07
Under 5s	164	173	131	88	132	124	129	145	138	144
5 to 9s	57	53	55	49	42	50	89	90	85	92
10 to 14s	32	26	30	22	31	30	27	38	51	71
15 to 19s	22	20	15	22	23	16	17	21	17	27
Grand Total	275	272	231	181	228	220	262	294	291	334

- Understanding about asthma improved in the early 1990s following the introduction of better training through Education for Health[80]. Technological improvements including devices that are easier to use and regimes that are easier to manage have also resulted in fewer emergency admissions. Nevertheless in East Sussex there has been a rise in admissions following a fall at the end of the 1990s. There is little change in the age distribution of children and young people in East Sussex admitted to hospital as emergencies. However children and young people are not always diagnosed as asthma or allergy – they may be admitted with a viral induced wheeze which is later diagnosed as asthma (these children would be omitted from the data shown above) therefore it is possible that some children and young people with asthma could be missing from the emergency figures.
- 16 children and young people a week are booked into nurse led asthma clinics at the Royal Alexandra Hospital in Brighton which provides specialist respiratory services for children from across East Sussex (although those living towards the east of the area may be seen elsewhere). The majority of children at these nurse led clinics are aged under 5 years.
- Young people occasionally feed into the development of this service. The last audit was held 3 years ago when providers wanted to know what they should change in terms of the structure and design of their clinics.

3.1.3 Areas for further investigation

- GP held asthma registers will provide a complete view of the number of children and young people in East Sussex who are diagnosed with asthma. Further investigation into the type of treatments provided and the relationship between children and young people admitted as emergencies to hospital and their management (in both primary and secondary care) could provide a clearer picture of the quality of asthma care in East Sussex

- How can an appreciation of the importance of young people choosing their own inhaler and treatment regime be extended across all practitioners working with children and young people with asthma?

3.2 Diabetes

3.2.1 National Level Data

Type 1

- The current estimate of prevalence of type one diabetes in the UK is one per 700–1,000 children, yielding a total population with Type 1 diabetes aged under 25 years in the UK of approximately 25,000.
- A third of young adults with type-1 diabetes report symptoms of depression[81].
- The Diabetes UK report, *Your Local Care 2005 – a survey of diabetes services*[82] found that Type 1 diabetes mellitus is increasing in all age groups but particularly in under-five-year-olds.

Type 2

- Prevalence data for type 2 in children are scarce but figures as high as 1,400 cases in the UK have been suggested. This increase is not evenly spread amongst the population and predominantly reflects the positive correlation between deprivation and diabetes[83].
- The peak age for diagnosis is between 10 and 14 years of age and numbers are like to rise with the increase in obesity among young people.

3.2.2 Regional Data

- Deaths attributed to diabetes in the South East is below the level for the whole of England at 10.1 men and 11 per 100,000 population for women

3.2.3 Local Data

The National Diabetes Patient Survey[84]:

- Both Hastings & Rother and East Sussex Downs and Weald scored well on this survey which focuses on adult services. The former PCTs, Hastings and St Leonards PCT & Bexhill and Rother, commissioned the national diabetes survey to be conducted separately in order to assess the effectiveness of the different strategies for diabetes care for *adults* employed in each area. Both PCTs compare favourably with 80 other PCT areas surveyed by the company.
- The areas that the PCTs scored the lowest or fell below the benchmark related to:
    - Patients not receiving test results in writing
    - Patients not being given a telephone number of a doctor or nurse to contact about their diabetes out of hours
    - Patients not able to see a specialist for psychological support
- Both Bexhill and Rother PCT and Hastings and St Leonards PCT scored particularly well for questions relating to:
    - A doctor or nurse taking blood pressure in previous 12 months
    - Doctors having the patients' most up-to-date diabetes records when patients attend for check-up
    - Patients knowing how much medication to take.

Hospital Episode Statistics (HES) [85]

- Within the Surrey and Sussex Health Authority area, 10.32% of all total admissions for diabetes are among 0-14 year olds (HES online)
- The age standardised death rate (ASDR) from diabetes per 100,000 population (of all ages) 2004-06 is 12.1 per 100,000 in East Sussex Downs and Weald and 9.2 in Hastings

and Rother. The figure for East Sussex is well above the 9.4 average for the South East and the national figure of 10.6 per 100,000 population.

***Young cared for in hospital*[86]**

- There are 144 young people under the age of 19 with diabetes in East Sussex Downs and Weald who are under the care of either Eastbourne General or Conquest hospitals. This will represent most children and young people with diabetes in East Sussex, with the exception of a few young people who may be seen at the Royal Alexandra in Brighton and a small number of young people aged over 16 who have already been transferred to adult services. Only 1 of these 144 individuals has type 2 diabetes.
- Nationally type 1 diabetes is on the increase with an annual rise nationally of about 2% pa. However the rise in East Sussex is exceptionally high. The number of newly diagnosed children doubled last year. There were 16 newly diagnosed during the 2006 calendar year (and this had been stable for at least 3 years before that) but 30 new children were diagnosed between January and December 2007.

Figure 7: East Sussex Hospital Admission rates, under 20 year olds, where primary diagnosis is diabetes mellitus[87]

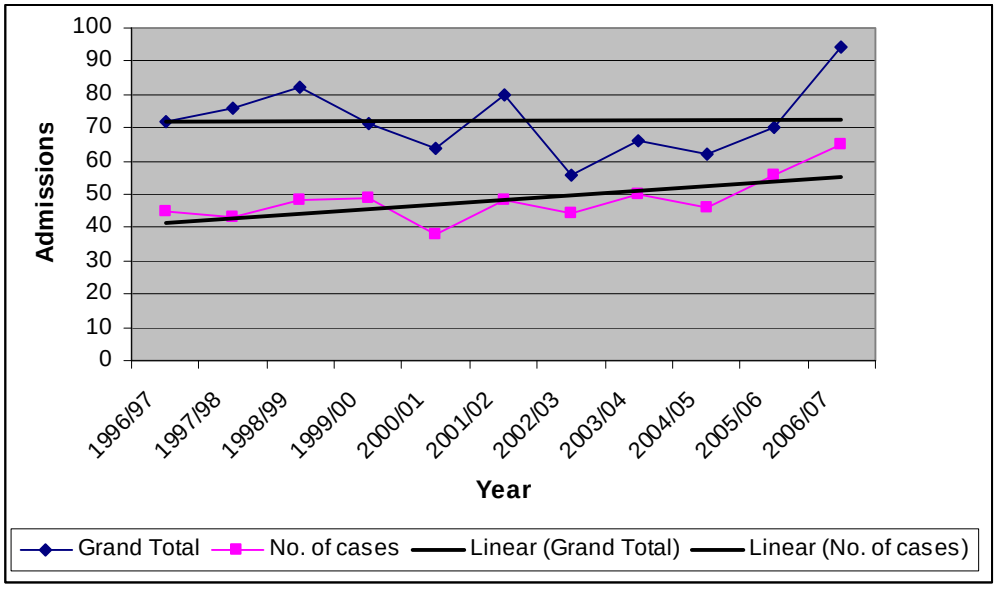


Table 23: East Sussex Hospital Admission rates, under 20 year olds, where primary diagnosis is diabetes mellitus

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07
Total admissions	72	76	82	71	64	80	56	66	62	70	94
No. of cases	45	43	48	49	38	48	44	50	46	56	65

- The trend in admissions for diabetes among people aged under 20 has remained stable, despite fluctuations until 06/07 when the number rises significantly. Admissions figures can be skewed for example if a few individual are admitted a large number of times during the year. However, the *number of cases* has been rising steadily over the last 10 years (the number of cases will always be smaller than the total admissions as some individuals will be admitted more than once).
- Some newly diagnosed would by pass A&E therefore not necessarily a true reflection of the numbers. Approximately 40 % of newly diagnosed are in diabetic ketoacidosis therefore come in via emergency services. This could suggest that there is a lack of awareness of the symptoms of diabetes either by families or general practice as CYP are not being picked up early enough.

3.2.4 Areas for Further Investigation:

- How can the PCT ensure better access to paediatric diabetes specialist nurses, dieticians, psychologists and out of hours specialist advice for children and young people with diabetes in East Sussex?
- How is the PCT building relationships between those involved in management of diabetes services and East Sussex wide obesity and healthy eating plans?

3.3 Epilepsy

3.3.1 National Level Data

- About 456,000 or one in every 131 people in the UK has epilepsy. In the UK, epilepsy affects 75,000 young people, and about one in 242 school-age children. For many, epilepsy can be well controlled, and may not impact negatively on their lives. However for a significant number - some 15,000 - epilepsy can impair their quality of life and bring other problems[88].
- There were 50,123 episodes of admitted patient care nationally as a result of epilepsy, accounting for 173,885 occupied bed days.
- The average time that patients remained in hospital was 5 days
- The majority of patients admitted to hospital for epilepsy don't undergo procedures. Of those that do, the most common procedures were:
    - Neurophysiological operations (A84 in OPCS-4.2)
    - Anaesthetic without surgery (X59 in OPCS-4.2)
    - Diagnostic spinal puncture (A55 in OPCS-4.2)
- Epilepsy is often a condition combined with a number of other conditions or complex health needs

3.3.2 Local Data

- Local level data describing the number of children and young people with epilepsy was not available.

Table 24: Number of hospital admissions for epilepsy among the population under 19 years, per 10,000 population[89]

Local Authority	**2001/02 – No of admissions**	Rate	**2004/05 – No of admissions**	Rate	2006/07
Eastbourne	**20011**	14.99	**31022**	4.84	42
Hastings	**21985**	6.37	**43970**	3.18	38
Lewes	**21461**	7.46	**40922**	2.93	13
Rother	**17927**	8.37	**35854**	3.35	24
Wealden	**33093**	8.76	**66186**	4.68	33
No. of admissions	**114477**	0	**217954**	0	

*rate per 10,000 population aged 0-19

- There has been a rise in the total number of admissions for epilepsy in East Sussex from 126 in 1997/98 (78% emergency admissions) dipping to 104 admissions in 2001/02 (83% emergency admissions) and rising again to 150 in 06/07 (but only 63% emergency admissions).
- However, while the number of admissions for epilepsy has nearly doubled between 2001/02 and 2004/05, from 114,477 to 217,854, the rate per 10,000 population aged 0-19 has fallen in most areas. This fall has been particularly great in Eastbourne, falling from a rate of 14.99 admissions per 1000 population in 2001 to 4.84 per 10,000 population in

2004/05. The rate has at least halved in all other areas of East Sussex over the same period.

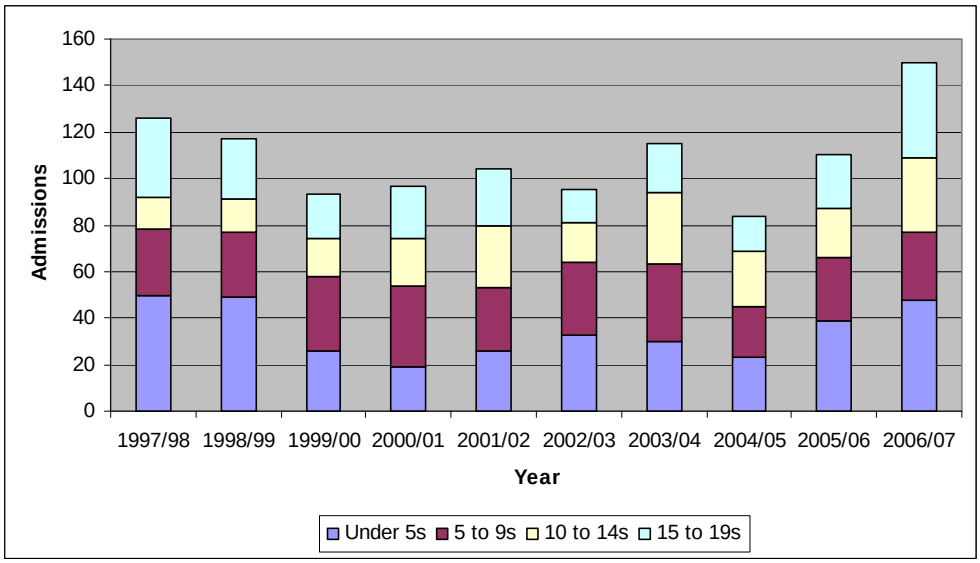
- The proportion of emergency admissions in East Sussex as a whole has fallen below the national figure of 86% emergency admissions every year for the last decade apart from 2003/04.

Table 25: East Sussex Hospital admission rates for epilepsy between 1997/8 to 2006/7[90]

	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07
Electives	23	13	12	19	16	14	12	10	29	55
Emergencies	98	99	75	74	86	74	102	70	80	94
Transfers	5	5	6	4	2	7	1	4	1	1
Total	126	117	93	97	104	95	115	84	110	150
% emergencies	78%	85%	81%	76%	83%	78%	89%	83%	73%	63%

- In East Sussex there has been a marked rise in the number of elective admissions in 2006/07, possibly to undergo brain probing or similar interventions. As a result emergency admissions only represented 63% of the whole, compared to 76% 10 years previously.
- The greater number of admissions was among the 0-5 age group (343) followed by the 5-9 year cohort (292), the 15-19 cohort (240) and then the 10-14 year group (216), however the proportion of admissions per age group does not change greatly over this period. Admissions for all ages increased significantly during 2006/07. See Figure 8 below.

Figure 8: East Sussex Hospital admission rates for epilepsy between 1997/8 to 2006/7[91]



3.3.3 Areas for Further Investigation

- Further investigation into the number of young people with epilepsy would be useful (possibly available from GP registers as they must know numbers of people with epilepsy aged over 18 for QoF points).
- More investigation into how care for children and young people with epilepsy is managed across health and social care, particularly for children who have epilepsy as just part of another more complex condition
- What are the elective admissions and how are they improving health outcomes for children and young people with epilepsy?

4. LOOKED AFTER CHILDREN

4.1 Looked After Children

4.1.1 National Level Data

Children Looked After in England (Including Adoptions and Care Leavers), 2005-06, Office of National Statistics[92]

- 60,300 children were looked after at 31 March 2006, a decrease of 1% on the previous year's figure of 60,900 but an increase of 1% from 2002. The largest category of placements for children looked after on 31 March 2006 was foster care, accounting for 70% of all placements. The number of children in foster placements has increased by 7% since 2002.
- Approximately 10% live in children's homes or hostels, often a considerable distance from their original home area. Looked after children tend to have poor educational outcomes[93]
- 3,200 Unaccompanied Asylum Seeking Children were looked after at 31 March 2006. 63% of the Unaccompanied Asylum-Seeking Children were located in London, with a further 15% located elsewhere in the South East. Since last year, the number of looked after asylum seeking children at 31 March 2006 in London and the South East has fallen by 3% whilst the Midlands and the North have seen a rise of 35%.
- 65% of the 23,000 children under 16 who have been looked after for 2.5 or more years had been living in the same placement for at least 2 years or were placed for adoption. This is 1% higher than the updated figure for last year.
- Over three fifths of children in care in England are there because of abuse or neglect, and nearly a third are there as a result of other family reasons[94]

4.1.2 Local Data

- Statistics for Looked After Children (LAC) show that there are 409 school pupils in East Sussex who were looked after in 2007 (402 in 2006 and 421 in 2005).

Table 26: Contextual Information about Pupils in East Sussex Schools (statutory school age) - January 2007

	Pupils In Care	
	Number	Percentage
East Sussex 2005	421	0.6%
East Sussex 2006	402	0.6%
East Sussex 2007	409	0.6%

- Of these, 260 are looked after by East Sussex County Council
- The rate of children (per 10,000) looked after by East Sussex County Council in 2005/06 was 43.6 which is below the England rate of 60.1 children under the 18 per 10,000[95].
- The actual figure at the time of writing is 441children, including 30 children in placements outside the county.
- In addition, there are around 150 looked after children from other local authorities living within the county and who use resources such as education and health facilities.
- Based on national trends it can be expected that close to half of children and young people who are looked after could be expected to have a mental health problem[96]

- During February 2003 the *Third National Census of Social Service activity Related to Children in Need*[97] was undertaken. This found that a disproportionate number of children who were looked after or receiving services in East Sussex came from ethnic minorities compared with the population as a whole, since 10% of the Children in Need were not white. These children were predominantly of mixed parentage.
- In the census week, 330 of the total Children in Need who were provided with a service had a disability. This is a rate of 31 per 1000 population aged 0-17 years and is higher that that of most other Shire counties in the South East (22/1000).
- Twenty one percent of the Children Looked After and receiving services that week had a disability and 22% of the Children Supported in Families. Autism was recorded in 85 of the Children in Need, forming 6.7% of Children Supported in Families and 3.7% of Children Looked After who were provided with services.
- Around 324 East Sussex LAC are in directly managed foster placements. The majority of placements are situated along the coast with 48 in Hastings and others in the Havens area, Bexhill-on-Sea and Eastbourne[98]
- Children looked after by East Sussex County Council in 2007:
    - 83% are fostered, including 11% fostered by relatives or friends
    - 8% are in residential care
    - 8% had three or more placements in 2007/8
    - 71% of those looked after for 2.5 or more years had been living in the same placement for at least two years
    - 89% who had been looked after continuously for at least 12 months had an annual health assessment and their teeth checked by a dentist during the previous 12 months
    - 81% contributed their views to each of their statutory reviews
- Of care leavers at age 19:
    - 66% were engaged in education, employment and training
    - 90% were living in suitable accommodation
    - 92% were in touch with the care leavers service
- It is recognised that the LAC nurses are currently overstretched and that the quality of their work is excellent. The PCTs are planning for Band 5 School Nurses to undertake the LAC health assessment reviews (though not the initial health assessments) from September 2008, hence freeing up the LAC nurses to fulfil the role intended for them. There are also plans to recruit administrative support into the team. This is dependent on the outcomes of the PCT Financial Business Plans for 2008/9.

4.1.3 Areas for Further Investigation:

- Up to date figures for looked after children placed in East Sussex from out of area including those who do not go to school
- Are there ways in which processes for ensuring the mental and physical health of looked after children can be ensured? To what extent do LAC in East Sussex receive timely, accurate and holistic health plans within the required timeframe?
- How can looked after children be better supported post 16 both emotionally and educationally into further education

4.2 Child Protection

A child will made the subject of a child protection plan if:

- The child can be shown to have suffered ill-treatment or impairment of health and development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment are likely, *or*

- That professional judgement, substantiated by the findings of enquiries in the individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect.

4.2.1 Local Data

- During 07/08 the number of children with child protection plans equated to 36 children per 10,000 population aged under 18 in East Sussex. Overall East Sussex has significantly more children with child protection plans per 10,000 population than its statistical neighbours and more children with child protection plans per 10,000 population than England as a whole. The most recent figure available for the number of children on the register is 386 as of 25/6/08 [99].

Table 28: Children and young people who became the subject of a Child Protection Plans per 10,000 children aged under 18 years[100]

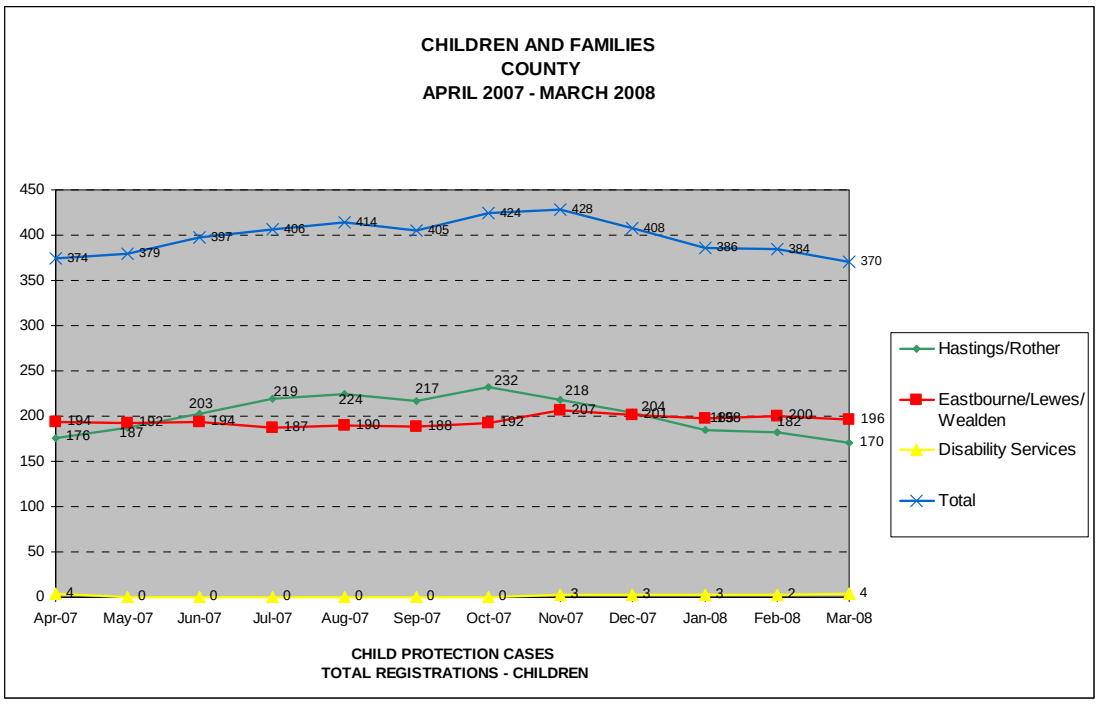
	2002/3	2003/4	2004/5	2005/6	2006/7	2007/8
East Sussex	29	29	34	30	36	36
South-East	20	23	22	23	26	
England	27	28	28	28	30	

- The most recent analysis of CPR data available for this report was undertaken in 2008. Of the children with child protection plans during 2007/8, 42 were looked after; this is up from 36 in 2006-07.
- There were 370 children with child protection plans who were the subject of reviews during 2007/8 (1/4/07 - 31/3/08). During the reviews the underlying causes that lead to the child protection registration were recorded and the majority of registrations were as a result of domestic violence, followed by alcohol and substance misuse.

Table 29: Underlying causes for registration on the CPR[101]

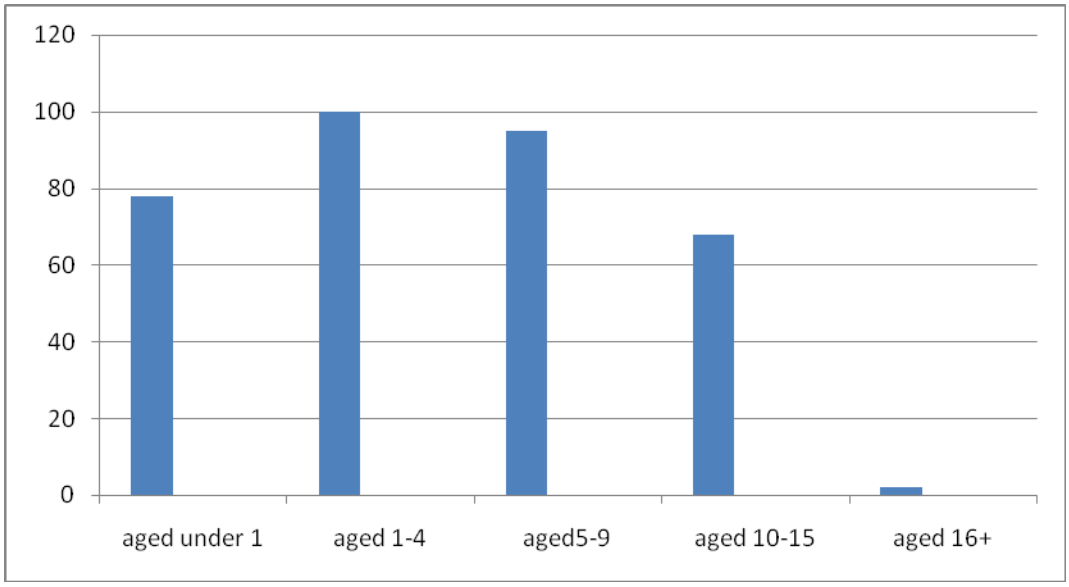
Cause	%
Domestic violence	37%
Alcohol/substance misuse	34%
Mental health issues in adults	22%
Learning disability in adults	7%

- In 2007/8, most children on the child protection register were living in Eastbourne, followed by Hastings (the two major urban centres of the county)[102]



- The age range of young people on the child protection register is skewed towards younger children under the age of 4.

Figure 9: Age of children with child protection plans as at 31/03/08[103]



- OFSTED in their October 2007 review of children's services felt that the number of people on the child protection register in East Sussex is high. The number of young people has increased over the last year and Ofsted felt this was partly due to improved working across agencies and increased awareness of child protection among partners. It felt that protection plans were good and well implemented and records well kept. All children on the CPR at the time of the review had an allocated qualified social worker[104].

5. OTHER AREAS OF FOCUS

5.1 Breastfeeding

5.1.1 National Level Data

- Data from the five-yearly ***UK Infant Feeding Surveys***[105] show steady increases in the incidence of initial breastfeeding in England and Wales since the 1990 figure of 64% up to the 2005 figure of 76%, the highest rate since the survey began in 1980. The 2005 England figure is slightly higher at 78%[106] data from NHS performance ratings 04/06 shows that breastfeeding initiation varies significantly across the country. Rates in the northern regions being statistically significantly lower than those in the East of England, the South West, South East and London.
- A clear socio-economic gradient is seen with the most deprived quintile having an initiation rate of 59.6% whilst the least deprived quintile has an initiation rate of 75.8%[107].

5.1.2 Local Data

- The proportion of breastfeeding at initiation in East Sussex is greater than the average for the UK at 77.8% in 2005/06 compared to 69% nationally, although in 2006/07 East Sussex is falling below it's own LDP target of 79.4%, with only 77% of newborn babies being put to the breast within 48 hours of delivery
- However the percentage still being breastfed at 6 weeks falls sharply to 28.4% of babies in East Sussex Sure Start Area which suggests that more of a focus is required on these areas to support mothers to continue breastfeeding.

Table 31: Percentage of newborn babies where the baby has been put to the breast or been given any of the mother's milk within 48 hours of delivery

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
East Sussex - Target				79.4	81.1	82.9
East Sussex - Actual	62.2	76.5	77.8	77		
IPF data	-	-	-	-	-	-
England (All Mothers)	64.6	66.6	69.0	-	-	-

Table 32: Percentage of babies breastfeeding at 6 weeks in East Sussex Sure Start areas

	2006/07	2007/08	2008/09
East Sussex Target	28.4	29.4	30.4
East Sussex - Actual	28.4		
IPF data	-	-	-
England (All Mothers)	-	-	-

Areas for further investigation

- It would be interesting to have data by smaller geographic area to link against deprivation and socio-economic indices. We know that breastfeeding rises in line with socio-economic status.
- The PCT needs a full picture of breastfeeding across all parts of the PCT which could be gained with additional key informant interviews from the west of the country.

5.2 Dental Health

5.2.1 National Level Data

- In England the average number of decayed missing filled teeth (dmft) is 1.5 per child.

Table 33: Target % of five year olds not experiencing tooth decay in England[108]

Year	Target	England average
1983	n/a	48%
1993	n/a	54%
2003	70%	56%

- The most recent British Association for the Study of Community Dentistry (BASCD) survey (2003/4) suggests that 61% of five-year olds have no tooth decay[109].
- Fall in dental decay has been slow in the last 20 years. Previous improvement had been attributed to wwidespread introduction of fluoride toothpaste.

5.2.2 Local Data

Table 34: Percentage of children aged five (2003/4) with dental decay[110]

	Deciduous (milk) teeth		
	Percent	Lower	Upper
ENGLAND	38.7	38.5	39.0
Surrey and Sussex SHA	28.1	27.0	29.2
Bexhill and Rother PCT	28.8	20.6	37.0
Hastings and St Leonards PCT	42.6	34.1	51.2
Sussex Downs and Weald PCT	28.1	21.9	34.4

- The 2003 target of 70% of children not experiencing tooth decay was met by the SHA and all PCTs apart from Hastings & St Leonards which had significantly higher levels of tooth decay than both the target and the national average, particularly for upper deciduous teeth.
- The table below shows that the national dmft target has not yet been met in England and that the East Sussex dmft of 1.1, while still not meeting the 1 tooth target, is better than the average for England. East Sussex performs significantly better than the worse score in England. Interestingly Surrey and Kent fare better than E, W Sussex and B&H

Table 35: Measuring the average decay experience (mean number of dmft) of children aged five in the South East[111]

Area	Dmft	England best	England average	England worst
East Sussex	1.1	0.4	1.5	3.2
West Sussex	1.1	0.4	1.5	3.2
Brighton and Hove	1.1	0.4	1.5	3.2
Surrey	0.9	0.4	1.5	3.2
Kent	0.9	0.4	1.5	3.2
England	1	0.4	1.5	3.2

- There was no association between PCT mean dmft score and PCT mean income deprivation score within the Surrey and Sussex SHA.
- Surrey and Sussex SHA dmft rates fell between 1995-2000; between 1999-2000 achieved the 2003 target. However, worryingly in the period 2001-2002 rates of dmft increased. While still well below the England average, the apparent rise is cause for concern.
- There was no association between PCT mean dmft score and PCT mean income deprivation score within the Surrey and Sussex SHA.

Table 36: Dental Caries Experience of 5-year-old Children in SE Coastal Region 2005/2006[112]

PCT	Population	Sample size	AGE	Decayed teeth (d_3t)	Missing teeth (mt)	Filled teeth (ft)	$d_3$mft
South East Coast	**50795**	**18693**	**5.82**	**0.6**	**0.17**	**0.19**	**0.96**
Brighton & Hove City	1560	1415	6.04	0.63	0.25	0.18	1.06
East Sussex Downs & Weald	2318	2169	6.01	0.57	0.19	0.13	0.88
Eastern & Coastal Kent	9820	1469	5.64	0.64	0.14	0.16	0.94
Hastings & Rother	1518	875	6.07	1.12	0.24	0.2	1.56
Medway	3989	518	5.33	0.56	0.16	0.18	0.9
Surrey	10123	9038	5.96	0.57	0.15	0.21	0.93
West Kent	12415	1580	5.56	0.47	0.19	0.18	0.84
West Sussex	9052	1629	6.33	0.73	0.14	0.24	1.11

- East Sussex Downs and Weald is below the target, and with the exception of West Kent, has the lowest dmft rate in the area. Hastings and Rother is 0.56 above the national target mean dmft (of 1) and also has the highest mean dmft on the South East Coast.

Table 37: Number of patients seen by a dentist in the previous 24 months as a percentage of the population ending at 31 March 2006, 31 March 2007 and 30 June 2007 (including orthodontic patients)[113]

Area	31 March 2006	31 March 2007	30 June 2007
England	70.7	71.0	70.7
South East Coast SHA	73.1	71.7	70.9
East Sussex Downs & Weald PCT	69.1	69.8	69.9
Hastings & Rother PCT	67.6	69.7	69.0

- Attendance at a dentist is lower in East Sussex PCTs than the national average of 70.7% of the population in June 2007, with Hastings and Rother scoring (69%) and East Sussex Downs and Weald scoring 69.9%.

Table 38: Dental Caries Experience of 11-year-old Children in Surrey and Sussex SHA 2004/2005[114]

Area/Region	Population	Sample	AGE	Decayed teeth (d_3t)	Missing teeth (mt)	Filled teeth (ft)	d_3mft
ENGLAND	545544	116287	11.05	0.32	0.06	0.25	0.64
South	134060	19978	11.04	0.26	0.05	0.22	0.53
Surrey & Sussex	20726	4873	11.04	0.18	0.04	0.22	0.43

- Surrey and Sussex SHA has smaller mean no. dmft than the Southern region and England as a whole among 11 year old children. This suggests that by the age of 11 and adult molars, children's teeth suffer from less decay than at five years old.

Table 39: Dental Caries Experience of 11-year-old Children in England 2004/2005

Area/Region	Population	Sample	AGE	Decayed teeth (d_3t)	Missing teeth (mt)	Filled teeth (ft)	d_3mft
ENGLAND	545544	116287	11.05	0.32	0.06	0.25	0.64
London	63691	13950	11.03	0.23	0.04	0.22	0.49
Midlands & The East	171282	39751	11.07	0.23	0.05	0.23	0.51
North	176511	42608	11.03	0.48	0.1	0.31	0.89
South	134060	19978	11.04	0.26	0.05	0.22	0.53

- Comparing tables 38 and 39: over 50% reduction in the mean dmft among eleven year olds and five year olds. This is mirrored across the regions – including the South. Is this because second teeth are stronger or because there are more interventions?

5.2.3 Areas for further investigation

- Where are there gaps in provision of NHS dentistry in East Sussex and how can these gaps be addressed?
- How are dental health issues being linked to policy and strategy around diet and obesity?

5.3 Suicide and self-harm (and emotional wellbeing)

5.3.1 National Level Data

- Research of deaths among children and adolescents between 1970 and 1998 found that, among 15-19 year olds, 18% of total deaths are due to intentional self-harm (or cause of injury death undetermined).
- Boys aged under 20 are more likely to die than girls. The rate for injury and suicide among young men is four times that among young women[115].
- Suicide in young men aged 15-19 years increased by 72% between 1970 and 1990 and remained at a relatively high rate throughout the 1990s[116].

5.3.2 Local Data

- The South East SHA area had the highest number of suicides in 2006 of any of the 9 new SHA areas, with 517 (17%) of all suicides in 2006. Across the whole PCT area there were 41 suicides in the whole population during 2006 (26 men and 15 women)[117].
- The 2005 CAMHS Needs Assessment quotes research based estimated prevalence of child and mental health disorders which suggest an estimated 2-4% of 13-18 years *attempted* suicide (241-483 in Eastern Area and 449-897 in Western area) in 2003. The actual number of young people on the CAMHS case load in November 2003 who had attempted suicide was only 67 which – if the estimates are correct - suggests that there are a very large number of young people who attempt suicide who do not receive mental health support.
- The same analysis estimates actual suicides to be 0.008% of 15-18 year olds which is equivalent to 8 per 100,000 (or maximum of 1 each in the west and east of the area). National Level data for the equivalent age group was not available, but the suicide rate is 11.6 per 100,000 population among the wider age group of 15-34 years (for the period 2004-06.
- A total of 346 young people resident in East Sussex attended A&E due to self harm in 2006/07. Of these, 64 were aged 10-14 years old and 281 aged 15-19 years[118].
- Of these 346, 80 were admitted to hospital but the majority were discharged, however 50 had no GP, 40 left the department before being treated and 5 refused treatment, meaning a total of 95 (28%) of these young people left without referral to any health or social services support. One young person died.

Table 40: Number of young people (aged 10-19) who presented at A&E due to self harm in 2006/7[119]

Action	Number
Discharge - no General Practitioner	50
Discharged to care of General Practitioner	82
Left department before being treated	40
Left department having refused treatment	5
Other	6
Referred to fracture clinic	3
Referred to other health care professional	43
Referred to other out-patient clinic	26
Transferred to other health care provider	10

5.3.3 Areas for further investigation

- What mechanisms can be put in place to ensure that young people leaving A&E following self-harm or suicide attempts can access mental health services?
- What can be learned about access to support services for young people/youth programmes which can support the extension of services for young people in the west of the county?
- Are Schools working with the Healthy Schools emotional health and wellbeing standard and are secondary schools engaging with the new SEAL delivery approach. Investigate whether teachers are making the links between educational obtainment and emotional wellbeing?
- Are CYP services linked to adult services to ensure continuity of work across the whole family?
- Do CYP services routinely promote Mental Health?

APPENDIX 1: KEY INFORMANT VIEWS

1. PSHE Provision: Key Informant views

- Considerable activity in 2005/6 in schools delivered through PSHE and Healthy Schools curriculum seems to be having an effect as the recent Health Related Behaviour Questionnaire 2007/8, results are indicative of increased 'health literacy' among the young people surveyed.

- The use of external agencies in promoting health literacy is seen to be good practice and a significant factor in increasing young people's ability to understand the wider context of risky behaviour. However, according to the Healthy Schools summary document only 17 schools across East Sussex where using external 'specialists' who contributed to or supported their teaching programme, these included Nurses, Police and Doctors.

- Respondents also expressed concern that 'other agencies' such as School Nurses are not able to engage as much as they should with children in schools in terms of health promotion and preventative activity due to capacity issues on the west side of the County. Feedback indicates that there is no PSHE being delivered by school nurses in the East Sussex Downs and Weald area, although teachers are delivering some of the curriculum. Feedback also indicates limited sexual health prevention work is being carried out in the Western side of the County because the school nurses are band 5 and are not trained in delivering family planning sessions (other issues are not being able to release staff for training as there is limited cover).

- Currently in the same area the Local Partnerships for Children (LPC) have limited input from the school nurses, due to staff shortages.

- Limited access or engagement with Further/Higher Education colleges to deliver Sexual and Relationship Education (SRE) post 16 plus was reported and identified as an area that needs to be addressed.

2. Alcohol: Key Informant views

- The widely reported perception amongst practitioners was that more girls than before are drinking and as with boys this seems to be in 'binge' drinking bouts mainly focusing on Friday and Saturday, this is confirmed by the findings of the 2007 HRBQ and is in line with the national picture.

- Key Informants said that young people were mainly accessing alcohol through parents/carers or significant 'adults' and that some young people they were in contact with were drinking as 'a coping strategy' in situations where they have to deal with violence within the home or other home life issues that were causing them stress.

- It was reported by the Lansdown Secure Unit that approximately 75% of the young people accessing their service reported that they had been using alcohol as a coping mechanism for their problems prior to coming to the service and that this was often linked to their involvement in other risky behaviours.

- Practitioners working with looked after children identified that alcohol (was generally a bigger issue for care leavers and the older children they worked with but yet this age group were not always supported and resources were not targeted at assisting them with issues around alcohol.

- Although the data indicates that public, outdoor drinking may not be such a problem for East Sussex as it is for other areas of the South East, there was a perception that the St. Leonard's area did have a high and problematic level of outdoor drinking activity by young people and that there were also a number of alcohol related incidents reported in Bexhill and Peacehaven involving young people and linked to 'a lack of organised things for young people to do'.

3. Substance Abuse: Key Informant Views

- It can be a challenge to arrange referral to adult SMS services for those in rural areas, particularly for the non opiate using client group. There is a shared transition policy to adult services which works well. The Under 19s SMS will work closely with the new Early Intervention in Psychosis Service to support transfer of young people who also have mental health needs to adult mental health services.

- Referral pathways are working well in most cases, however, the DAAT needs assessment identified problems with referral pathways with some of the hospital trusts and there are issues with referrals from Hastings children services, and GPs.

- Most practitioners/Key Informants identified Cannabis as being the choice of drugs for young people, which is in line with the findings of the local surveys as were practitioners' views about the age most young people started taking drugs, 13-15 years.

- Key Informants were concerned that smoking made the 'next' step easier and singled out the combined smoking and cannabis cessation sessions in Rother and Hastings as good practice that should be rolled out across the whole county as quickly as possible.

- Concern was expressed about reductions in funding from DAAT (equating to approx £35k) for Tier 1 prevention and early intervention work, as this was seen as having a negative impact on the delivery of the drugs agenda within PSHE in Schools.

4. Smoking: Key Informant Views

- The stop smoking services were repeatedly cited as being innovative and successful with a social marketing approach which has allowed young people to feedback information about their service delivery preferences into the design of the service. Outreach work includes schools, youth clubs, colleges and summer road shows. The service undertakes training of youth workers including workers in children's' care homes

- One of its perceived strengths was that the service piggy-backs onto other youth health services or events and accesses young people where they already are. This model of service delivery was seen as a transferable model especially in relation to drugs and alcohol and sexual health.

- The smoking cessation service was also lauded because it accepted a lot of young people are polydrug users, i.e. they smoke both nicotine and cannabis therefore it is appropriate to create a pathway for these clients into a service that can meet both their needs.

- However, it was also reported that there was not equality of access to these services at present with young people in the west of the county not yet having the full cessation service. Need to expand innovative elements of the service across both PCT areas so equity of access

- The Local Enhanced Service (LES) for smoking cessation which, while focusing on adults, was also seen as increasing access to services for young people in areas, particularly rural areas that are not targeted by the youth service.

5. STIs including HIV: Key Informant Views

Local Services

- Interview respondents were asked about the ***DH You're Welcome Standards***[120] (a good practice standard linked to compliance with NSF standard 4) but there was limited knowledge of this standard despite Hastings being a pilot for the standard in general practices.

- Practitioners reported that young people did not find access easy across the County, especially in the more rural areas, and that some health services where reportedly unfriendly and not young people friendly.

- Young people also expressed concern to practitioners around confidentiality and GP surgeries.

- *'Western area needs serious investment in sexual health'* which is being prioritised in 2008-09.

- Polesbus outreach programme is working well in St. Leonards as it encourages co-facilitation with multi-agencies. Within Hastings and Rother there is good Chlamydia outreach services with creative targeting in evidence.

Sex and Relationship Education (SRE)

- All school nurses have family planning training in Hastings, however it was reported that most schools still will not allow 'external' SRE services in school and that only one school was allowing condom distribution.

- As reported elsewhere, school nurses felt stretched in terms of delivering any preventative activity in schools or engaging in delivery of SRE.

- There appeared to be limited specialist knowledge of delivering SRE for children with complex needs or chronic illnesses (although one individual did point out that most complex needs children where in special schools, where the school nurses could address this BUT they also acknowledged that this was an area that should be considered within the wider context of PSHE delivery).

- The GU service for the Lansdown Specialist Unit was reported as being a good service. Sexual health is checked on admissions medical and then the health services are good in that they ensure the young people has privacy and confidentiality whilst ensuring their security, as they have a tendency to bolt whilst at the clinic.

- PSHE was also seen as an area of development for non health professionals to engage with to ensure a consistent message across social, education and health services to support all vulnerable young people.

- There are a growing number of ethnic groups within East Sussex and some respondents felt they needed more knowledge and awareness of their overall health needs especially if coming from high risk areas of HIV/Aids.

- It was reported that HIV/AIDS education programmes are not seen as high priority but they were referred to within SRE and PSHE. Classroom feedback however, indicated that children were less confident when discussing the dangers of HIV/Aids and that its links with overall sexual health need to be visited.

6. Complex Health Needs: Key Informant Views

- There needs to be more proactive inclusion rather than exclusion of children with learning disabilities or complex health needs within schools e.g. those with Autistic Spectrum Disorder. These two groups are perceived to be a significant growth area which is stretching resources and challenging capacity across the County now.

- CYP with complex needs are tending to live longer and facing transition to adult services. Respondents fed back concerns from parents that in adult services, unlike in Paediatrics, they see a whole range of specialists rather than one. This meant the parent and or young person was providing the link between all the specialists.

Cystic Fibrosis

- Some children and young people with cystic fibrosis are managed via the respiratory nursing team at the Royal Alexandra in Brighton. The service has a total of 34 young people aged 0-18 on their books. There is a transition phase to adult services from the age of 14, which is usually shared between Brighton and a London hospital (or another area, e.g. close to where a young person is going to study). The service was perceived to be effective and respondents spoke about it positively particularly as young people had a say in how their treatment was organised and specialist nurses also talk to young people about their sexual and reproductive health including contraception as the risks of a pregnancy would be greater if a young person was not well when they became pregnant.

- The 3.5 days per week of a nurse specialist for the service was seen to be inadequate.

- Therapists perceive that Cystic Fibrosis requires more transitional work as children are getting to adult services who do not understand their needs because they have historically not had many cases (increased life expectancy). Although the transition pathway is being worked on it was reported that it was not necessarily seen as a high priority by adult services that are lacking resources and skills.

Transition services

- Practitioners indicated that in working with parents the most difficult time for families is post 16 years. As many '*services vanish with poor to mediocre hand over to adult services*' i.e. Adult services are perceived to not have the same resources for respite care, equipment loans within the community or trained community based staff.

- Practitioners identified concerns that Extended Schools offers, in general terms were failing in to provide equal opportunities and access for children with complex and chronic needs. This is mainly due to lack of knowledge around what their needs are and in finding out where these children are, so that they can ask them.

Risky behaviour/supporting young people with complex needs through adolescence

- There is a perception that there are limited resources around delivering PSHE for children with complex needs or chronic diseases (other than in school nurse teams in specialist schools). For example some young girls with Cystic Fibrosis did not want to take their medication, so that they could smoke and drink and be part of their peer group, they '*didn't want to be limited 'I'm going to die anyway', 'they want to experience life'.*

- It was reported that communication channels between Acute Care Services, Community Care, Nursing and Children's Services, specifically over the needs for specialist equipment, respite care and supporting specialist nurses being in place *before* the child is released, were in need of improvement and the development of protocols.

Young people and decision making

- Practitioners repeatedly said that CYP with complex health needs wanted more of a say over their treatment. They also wanted to be treated as 'normal' adolescents. It was suggested that youth volunteers/young paid carers programme could be implemented to support young people living in the community or living independently.

Access to services

- There was a perception that East Sussex had gaps in terms of access in both the western and eastern edges of the county particularly in relation to parents and young people needing to access palliative care/EOL.

- A reported lack of co-ordination between services and a '*post code lottery*' was seen to effect families with autistic children depending on where they were in the county with some areas providing specialist speech and language therapy whilst in East Sussex Weald and Down there was no specialist school age OT service.

- The physical accessibility of the speech therapy service covering Eastbourne was reported as bad as the lifts in the building were often broken and the service was on the first floor.

- Some families were reported as experiencing long waits to get resources or therapies with particular problems encountered at transition to adult services.

- Parents and families also reported to practitioners, that they were '*confused*' about how to access services and therapy or where they should go for help and support and that sometimes practitioners themselves did not know who to refer them to.

Short breaks and support for families

- The voluntary sector and respite services have fed back from CYP consultation that a day centre that provides activities for the CYP whilst allowing parents and carers respite would be welcome.

- Practitioners also reported that when developing a healthcare plan for a child, the need to have a family centred approach is not always considered and that often siblings are not acknowledged as needing emotional support too. Practitioners said that in their experience siblings of children with complex health needs were prone to self-harming, risky behaviour, anorexia and depression but that support, particularly early intervention, was not widely available or formalised. There was a perception that when considering the needs of siblings the healthcare plan allowed a tick box approach to identifying the emotional needs of the family. It should be noted that the county does have Sibling Support Groups.

- FISS (Family Intensive Support Service) was seen as excellent but it was felt by respondents that it would benefit from having a clearer referral pathway to access the team, as currently CYP with complex needs and behavioural issues, where not being picked up by CAMHS and practitioners where not clear on how to 'access' FISS

- The 'Chailey factor[121]' was also identified as an issue in terms of the disproportionate strain it placed on local services and the ability to deliver a consistent quality of service.

- There is a perceived issue around who pays for the respite carer and whether, as respite contractors have so far come from existing local staff based within the voluntary sector hospices, the standard of delivery can be maintained if demand rises.

7. Asthma: Key Informant Views

- Nurse lead clinics in secondary care focus attention on ensuring young people are using a treatment that works for them i.e. they are able to use the devise effectively and are confident with their treatments. As a result, they are not always using the least expensive generic treatment. Concern was expressed though that often young people return to the asthma clinic because they have not been using their treatment and this is because their GP has prescribed an alternative, cheaper generic type without appreciating the importance of children and young people being comfortable with an inhaler and treatment regime that they have been able to chose themselves.

- It was felt by the majority of respondents that there is good recording of chronic illness in Rother and Hastings i.e. epilepsy and diabetics but that more work needs to be done around asthma, especially around improving communications between primary health care and accident and emergency.

8. Diabetes: Key Informant Views

- There was a perception that diabetes services are not delivered as well as they could be because they sit within acute services not community services.

- It was reported that there is currently only 1 paediatric Diabetes specialist nurse (DSN) for all 144 children covered by the service. National guidance recommends 70 children per DSN which suggests the service is severely under resourced.

- There is also no dedicated specialist paediatric dietician which impacts on the ability of the service to provide a holistic service during diabetes clinics. Currently a dietician provides support from adult services on an ad hoc basis. This causes inequity of access to care for young people who access the service at different hospital sites. Clinics at the Eastbourne site include a paediatrician, DSN and dietician. However at the Conquest there is only a paediatrician and a DSN.

- Neither site has access to dedicated psychological support for young people. It is available through CAMHS, but the CAMHS service will only take children if there is already an underlying mental health issue. However, practitioners felt that psychological support is essential as from their experience they find many young people struggling to cope with their conditions.

- Young people were reported as being scared of bullying – they are different because they have to inject themselves at school. In addition it was reported that some young women know the relation between their condition and their weight and will stop injecting in order to lose weight.

- There is no current education programme for young people with diabetes although this was recognised as something that could and should be developed with the support of a dietician.

- Out of hours, children and families must telephone the children's ward if they need support but there is no specialist on the ward and parents have fed back concerns about whether general advice will be consistent with the advice of the specialist team.

- Young people do not participate formally in the development of the service, although a questionnaire was used to enable young people to feed into the development of the transition clinic when it was being set up a year ago. Practitioners felt this was not in line with best practice and said that young people's views as service users needed to be incorporated in service design and evaluation

- Obesity was reported as a major issue in Hastings and Rother, linked with levels of social deprivation, and concerns were expressed about how this would lead to greater levels of diabetes locally. Elsewhere in the county it was not perceived to be an issue but practitioners still felt there was a need to focus on poor nutrition within areas of social deprivation and to consistently work with community groups to access cooking classes and fun food workshops across the County

9. Epilepsy: Key Informant Views

- Whilst there is a specialist epilepsy clinic in Eastbourne (every two months), which is supported by an adult specialist neurologist, there is no specialist nurse or CYP epilepsy service other than this so young people are seen with adults although their cases may be more complex.

- Practitioners felt that epilepsy is as hidden disability and there is generally a lack of understanding for the condition within both health and social care services for CYP.

- Brighton and Hove have good support services for epilepsy which some East Sussex residents were accessing but this was seen as another example of the geographical 'lottery' for service access across the county.

10. Looked after Children: Key Informant Views

- School nurses sometimes become aware of looked after children from other areas within the schools but it is very '*hit and miss*' as schools don't always flag up or know themselves.

- It was reported that initial heath assessment documentation from other Local Authority Social services for looked after children is often not sent on to GPs or lost. Furthermore that GPs and family support teams do not always complete the form in-depth or check the information i.e. immunisation. This places a strain on looked after children nurses who have to chase the completion of these forms and the forms are often not being completed within the 28 days statutory requirement. Anecdotal evidence indicates that 25% of looked after children placed in the County by other Local Authorities have incomplete immunisation records, and there is limited checking and cross referencing with their original PCT/GPs as to what they have had.

- There is a perception among respondents that the looked after children service is not being clinically led because there is no current designated looked after children Paediatric doctor. There is also a perception that because there is no clinical lead that GPs are not being monitored on completing the initial health assessment or completing the health plans in 28 days.

- Concern was expressed around the lack of 'emotional' support for looked after children in schools and in some cases teachers were quoted in case notes as having 'little to no experience or understanding of the emotional aspect of being a looked after child'. There was also an acknowledgement and concern expressed that schools often appeared to

react to ‘acting up’ behaviour rather than identifying the identifying the underlying issue before referral.

- Practitioners indicated that some looked after children, specifically for out of area looked after children, think they are not been listened to with examples cited of CYP feeling ‘*disempowered’, ‘ignored’ and ‘feeling that its being done to them not with them’*

- Respondents reported that the CAMHS looked after children specialist psychologist was over subscribed. Although there was a feeling this may be because the roles and responsibilities of the CAMHS team were not always clearly understood and that social workers are ‘multiple referring’ in an effort to get a looked after child into the service.

- The process, whereby if a looked after children out of area presents with mental health issues then the local PCT liaises with the placing Social Services, who then contact their CAMHS team who then in turn contact the local team, was seen as problematic. Practitioners feedback indicates that by the time the psychological or psychiatric help is agreed to its too late as the CYP may have moved into another area or experienced trauma due to the delays.

- Care leavers need to have support if they decide to apply for FE and HE.

- There is a need for clarity among staff around what levels and types of support there is for individual care leavers. Some practitioners questioned whether available support matched individual care leavers needs or was timely enough for the young person to benefit.

11. Child Protection: Key Informant Views

- Concerns were raised by some staff about their ability to deliver new integrated ways of working, such as staff capacity and time to ensure completion of CAFs and related paperwork.

- Tackling social deprivation is a challenging task, as can be seen in a range of programmes nationally and several respondents felt that the impact of deprivation still needs attention.

- The recent estimated 50% increase in children subject to a Child Protection Plan was however seen as a positive indication that the referral processes are working better than they may have been. Interviewees where however aware that an external consultant was reviewing a percentage of these cases, and that initial findings indicated that there was a ‘true’ increase in cases.

- A ‘d*esperate*’ need for Health Visitors in Hastings and St. Leonards to reduce escalating levels of children on the child protection register was repeatedly mentioned with a belief that some child protection issues have links to health of both carer and child.

- Many respondents expressed concern that not all practitioners were culturally competent when working with families from ethnic minorities or new communities. New Eastern Europeans migrants were perceived to be isolated and young and tended to avoid contact with agencies other than those specifically for their communities.

- Some schools are having some problems in coping with the language issue and are having on occasion to resource translation services. This is also having an affect on health practitioners who are unable to access ‘health’ translators who are able to work with families who are experiencing distressing news, bereavement. In some cases children are being used to translate for parents and or children losing their right to confidentiality in the translation process.

12. Breast Feeding: Key Informant Views

- The perception within the Hasting and Rother area is that there is not a breast feeding culture because the mothers are from second and third generation bottle feeders and their relatives are close in age and are co-supporting and guiding the new mothers.

- There are plans to develop the breast feeding peer support scheme in the area, but it is seen as difficult to implement in maternity wards where midwives deliver the breast feeding service.

13. Dental Health: Key Informant Views

- Respondents felt that it was not a lack of dentists that resulted in poor dental health rather that some families were not willing to go regularly to dentists and that poor transport and accessibility might be an issue. There is a perception that the area is not seen as high priority around early intervention and prevention work, a particularly vulnerable group are seen as 'static' travelling families (first generation) and mobile travelling families within the area.

- Access is not consistent across the whole of the County and children's centres and health visitors are pushing the prevention agenda, but felt that this was hard work and linked in with wider issues around diet and obesity.

- It was suggested that CYP may not access dental services due to their parents availability to accompany them out of school and working hours. It was suggested that dentists could consider providing more young person friendly appointment systems or even sessions for young people only.

14. Suicide and self-harm (and emotional well-being): Key Informant Views

- All Health Visitors in the east of the county are trained to deal with self harmers in terms of identifying them and in harm minimisation. They report reasonably good link with CAMHS and schools around this.

- One East Sussex practitioner suggested that roughly 10% of LAC report experiencing some for of self harm. Practitioners suggested that it was difficult to establish the exact amount of self harm because there was a lot of "acting up behaviour" among young people.

- Issues were raised around equity of access to support for young people across the county. Practitioners indicated that in the west of the County, the youth and voluntary groups have a limited service and are insular with limited sustainable funding available for 'drop-in services'.

- Concerns where raised that whilst the Health Visitors (in the west of the County) ratio to population where up to national levels currently, the next few years will see high numbers of new housing estates, the possible continued rise in numbers of new immigrants adding to a rise in the young population and that this may mean the new maternity standards re Health Visitors need to be considered and planned for.

- There is a perceived need to work with parents around early bonding and relationship development and that this should be emphasised more within the 'early intervention' strategy. A greater ability to refer to Family Support who engage at tier 2 i.e. short term support with sleep, bed wetting etc, was also needed.

- Practitioners indicated that the emotional needs of parents, siblings and CYP with complex needs are largely unaddressed across the County. Practitioners also expressed concern that the whole pathway families go through from before diagnosis to developing coping strategies needs to be clarified with a defined package of support, underpinned by timely communication between all services involved (statutory and non statutory).

- Practitioners indicated both confusion and concern that the CAMHS services were not equitable across the county with, for example, people wrongly reporting that in the east referrals were taken up to 17 years, but in Wealden only up to the 16th birthday.

- Several practitioners noted that for some LAC in East Sussex, bullying was an issue. Bullying was not cited as one of the top three concerns in the 2007 Big Vote, in which 50% of all young people across East Sussex participated, although it may be that bullying is more of a risk for more disadvantage and stigmatised young people such as LAC.

APPENDIX 2

1. Alcohol

***NICE guidance* (2007)** on public health interventions in primary and secondary schools aimed at preventing and/or reducing alcohol use among young people focus on:

- Encouraging children not to drink,
- Delaying the age at which young people start drinking and
- Reducing the harm it can cause among those who do drink.

National Healthy Schools Standard – includes PSHE as one of its four national priorities (which covers alcohol education)

Every Child Matters, DFES 2004 – Under the Every Child Matters *Be healthy* outcome and *children and young people live healthy lifestyles* aim: reduction in average alcohol consumption among 11-15 year olds (as per 2006 PSA). Inspection criteria: Children & young people are discouraged from smoking and substance abuse (including drugs, volatile substances and alcohol) and supported in giving up (as per NSF Standard 1)

The Alcohol Harm Reduction Strategy for England*, *March 2004[1] (Government Alcohol Strategy). Objective for young people: Educating them to make responsible choices about alcohol and tighter enforcement on age limits for purchasing alcohol and controls on advertising.

The National Service Framework for Children, Young People and Maternity Services (2004) Standard 1: Promoting Health and Well-being Identifying Needs and Intervening Early **-** Information and services are offered to prevent risk-taking and to promote healthy lifestyles in children and young people, including preventing or reducing alcohol use.

2. Substance Abuse

Every Child Matters: Change for Children, Young People and Drugs (2005) Home Office guidance setting out how those responsible for delivering children and young people's services and the drug strategy should work together to improve the futures of young people, their families and community.

The National Service Framework for Children, Young People and Maternity Services (2004): **Standard 4** – growing into adulthood: *Health promotion for young people is targeted to meet their needs and, in particular, to reduce teenage pregnancy; smoking, substance misuse, sexually transmitted infections and suicide. Young people are actively involved in planning and implementing health promotion services and initiatives.*

The National Service Framework for Children, Young People and Maternity Services (2004): **Standard 1** – *Information and services are offered to prevent risk-taking and to promote healthy lifestyles in children and young people, covering key areas such as healthy eating, active lives, the promotion of good sexual, mental and oral health, preventing or reducing use of tobacco, alcohol, volatile substances and other drugs, and reducing deaths in childhood from unintentional injury.*

Every Child Matters, 2004: Within *Be healthy* outcome - children and young people choose not to take illegal drugs

Drugs: Guidance for Schools, DfES Curriculum Standards Document (February 2004) – covers drugs education and dealing with drug related incidents*).* Department for Children, Schools and Families, the Home Office and the DH have agreed a joint approach to services for young people e.g. FRANK

Tackling drugs to build a better Britain (Govt drug strategy, updated **2002**) - 'the most effective way of reducing the harm drugs cause is to persuade all potential users, but particularly the young, not to use drugs'.

Target:

- PSA target (from 2002 *Updated Drug Strategy*) - to 'reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25, especially by the most vulnerable young people' by 2007/2008 (Home Office)

3. Smoking

The National Service Framework for Children, Young People and Maternity Services (2004): **Standard 4** – growing into adulthood: *Health promotion for young people is targeted to meet their needs and, in particular, to reduce teenage pregnancy; smoking, substance misuse, sexually transmitted infections and suicide. Young people are actively involved in planning and implementing health promotion services and initiatives.*

The National Service Framework for Children, Young People and Maternity Services (2004): **Standard 1** – *Information and services are offered to prevent risk-taking and to promote healthy lifestyles in children and young people, covering key areas such as healthy eating, active lives, the promotion of good sexual, mental and oral health, preventing or reducing use of tobacco, alcohol, volatile substances and other drugs, and reducing deaths in childhood from unintentional injury.*

Every Child Matters (2004) Reducing the % of children who are regular smokers is included in the ECM outcome framework under the 'Be Healthy' outcome (aim: Children and young people live healthy lifestyles)

Choosing Health (2004) white paper confirmed smoking as a government priority

Smoking Kills, A White Paper on Tobacco (1998)– to reduce regular smoking among children from 13% (the proportion of pupils who were regular smokers in 1996) to 11% by 2005 and to 9% by 2010. Tightened measures against shopkeepers selling cigarettes to children under 16, access to vending machines and media advertising

Targets:

- To reduce regular smoking among children from 13% (the proportion of pupils who were regular smokers in 1996) to 11% by 2005 and to 9% by 2010.
- PSA (adult) target: To reduce adults' smoking rates to 21% or less by 2010, with a baseline year of 2002, with a reduction in prevalence among routine and manual groups to 26% or less

Smoking interventions with children and young people June 2004, Health Development Agency.

NICE guidance " Community based interventions to reduce substance misuse among vulnerable and diadvantaged children and young people" March 2007.

Canning U, Millward L, Raj T et al. (2004) Drug use prevention among young people: a review of reviews. London: Health Development Agency.

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4. Sexual Health

Choosing Health (2005) outlines plans for every school to provide comprehensive personal, social and health education (PSHE), including education on sex and relationships, and to ensure young people can access confidential information and services for sexual health.

You're Welcome (2007) quality criteria sets out principles to help health services (including non-NHS provision) become young people friendly, based on examples of effective local practice

The National Service Framework for Children, Young People and Maternity Services (2004): **Standard 4** – growing into adulthood: *Health promotion for young people is targeted to meet their needs and, in particular, to reduce teenage pregnancy; smoking, substance misuse, sexually transmitted infections and suicide. Young people are actively involved in planning and implementing health promotion services and initiatives.*

The National Service Framework for Children, Young People and Maternity Services (2004): **Standard 1** – *Information and services are offered to prevent risk-taking and to promote healthy lifestyles in children and young people, covering key areas such as healthy eating, active lives, the promotion of good sexual, mental and oral health, preventing or reducing use of tobacco, alcohol, volatile substances and other drugs, and reducing deaths in childhood from unintentional injury.*

Recommended Standards for Sexual Health Services (Medfash[2], 2003) PCTs should maintain and develop partnership working with local authorities to reduce unwanted teenage pregnancies, within a wider strategy to improve the sexual health of young people. They should ensure action against the joint DH and DfES PSA target to reduce the under-18 conception rate by 50 per cent by 2010 (from the 1998 baseline). PCTs should continue to ensure local implementation of the DH-supported programme of PSHE certification for teachers and community nurses. (page 31, point 20)

National Strategy for sexual health and HIV (2001) which includes information campaigns aimed at young people, improvements in education about sexual relationships for all young people, ensuring referral to appropriate services and targeting young men and special risk groups including looked after children

Targets:

- The specific national activity indicators included in 2005-2008 LDP process which relate to sexual health are:
- The percentage of the sexually active population aged 15-24 accepting screening for Chlamydia (monitoring of this indicator begins from the 2006 planning cycle)

5. Complex Health Needs

Transitions getting it right for young people: improving the transition of young people with long-term conditions from children's to adult health services (2006) DH/Child Health and Maternity Branch, This document recognises that that children with chronic and complex illnesses are now surviving into adult life. While under paediatric care, children and young people may have been under the care of a range of specialists, with care co-ordinated by a paediatrician. However once in adult practice, care can become fragmented. Often complex illnesses are unfamiliar to professionals who see predominantly adult patients. This document highlights that transition planning is important not just for health care but also education and poor planning can have social and financial implications.

NSF for Children, Young People and Maternity Services **(2004):** Standard 8 sets out an expectation that: *"Children and young people who are disabled or who have complex health needs, receive co-ordinated, high quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, enable them and their families to live ordinary lives."*. Key to delivery of this standard will be the effective integrated working envisaged throughout the NSF to facilitate optimum use of practitioner time; prevention and earlier identification of problems; and more focused targeting of specialist services for children who need them.

[2] P21 Medfash, ' since the publication of the national strategy for sexual health and HIV, work to integrate elements of sexual healthcare has gathered momentum, to implement strategic recommendations'

6. Chronic Disease

***NSF for Children, Young People and Maternity Services* (2004):** The NSF standard that relates most closely to supporting children and young people with chronic conditions such as diabetes and asthma is Standard 6, *High quality care is provided for children and young people with long term conditions, which enables them to participate as fully as possible in everyday activities*

Transitions getting it right for young people: improving the transition of young people with long-term conditions from children's to adult health services (2006) DH/Child Health and Maternity Branch, This document outlines a vision where young people are supported to take responsibility for their own health and make informed choices regarding their emotional and social development and health and well being both now and in the future.

7. Asthma

The National Service Framework for Children, Young People and Maternity Services (2004) Standard 6 - High quality care is provided for children and young people with long term conditions, which enables them to participate as fully as possible in everyday activities

NICE Guidelines (2000) recommendations around use of inhaler systems in children under the age of 5 and *(2002)* in older children. In addition, parents/carers need education, support and guidance, on how to manage their child's condition. General practitioners, the practice nurse, the specialist asthma nurse, the health visitor and school nurse and other community health carers have an essential role in the provision of this service and advice on general management may result in additional improvements in clinical and cost effectiveness.

8. Diabetes

Making Every Young Person with Diabetes Matter (2007) emphasises the need to ensure good quality provision of diabetes services for all children and young people regardless of where they live. Management of DM among young people is complex yet when diabetes is well controlled it reduces long-term implications including micro vascular degeneration. It also has short-term benefits including improvements in academic performance and school attendance

Transition: getting it right for young people: Improving the transition of young people with long term conditions from children's to adult health services**,** Department of Health (good practice guide, **2006**)

Diabetes commissioning toolkit, 2005 Department of Health includes advice on assessing local need, service specifications, indicators, key outcomes and quality markers, service improvement and developing models of care.

***Diagnosis and management of Type 1 diabetes in children, young people and adults* (2004),** NICE - comprehensive clinical guidelines

***National Service Framework for Diabetes* (2001)** - set out the first ever set of national standards for the treatment of diabetes to raise the quality of NHS services and reduce unacceptable variations between them[3]. All 12 standards in the NSF relate to children and young people, but standards 5 & 6 relate particularly to clinical care of children and young people with diabetes:

> *"All children and young people with diabetes will receive consistently high-quality care and they, with their families and others involved in their day-to-day care, will be supported to optimise control of their blood glucose and their physical, psychological, intellectual, educational and social development."* NSF Standard 5
>
> *"All young people with diabetes will experience a smooth transition of care from paediatric diabetes services to adult diabetes services, whether hospital or community based, either directly or via a young people's clinic. The transition will be organised in partnership with each individual and at an age appropriate to and agreed with them."* NSF Standard 6

[3] DH: Improving Diabetes Services: the NSF Four Years on - The Way Ahead: The Local Challenge (2007)

9. Epilepsy

National Service Framework (NSF) for Long-term Conditions (2005) The NSF aims to transform the way health and social care services support people to live with long-term neurological conditions. Key themes are independent living, care planned around the needs and choices of the individual, easier, timely access to services and joint working across all agencies and disciplines involved. (Epilepsy Action)

National Institute for Clinical Excellence (NICE) guidelines for epilepsy (2004) covers the diagnosis, treatment and management of epilepsy in children, young people, adults and older people.

10. Looked After Children

Higher Standards, Better Schools for All - More Choice for Parents and Pupils (DFES, 2005) – Schools white paper, including proposals for improving outcomes for looked after children

The ***Healthy Care Programme/Standards (2004)*** NCB/DfES initiative aims to provide a healthy care environment for looked after children and young people to ensure they achieve Every Child Matters outcomes. States that young people should 'Receive effective healthcare, assessment, treatment and support'.

The National Service Framework for Children, Young People and Maternity Services (2004) Standard 1: Promoting Health and Well-being Identifying Needs and Intervening Early – *"Local arrangements are in place to ensure that the Department of Health guidance on Promoting the Health of Looked After Children is implemented. The Healthy Care Programme is used to audit and continually improve the health and well-being of children and young people looked after."*

Promoting the Health of Looked After Children Act, DH 2002 provides guidance on how individual agencies should be responding.

The ***Children (Leaving Care) Act 2000*** specifies health considerations should form an integral part of pathway planning for young people preparing to leave care.

11. Breast Feeding

The NHS Plan (2000) stated the government's support for breastfeeding to ensure a healthy start for children and to address inequalities in healthcare (DH the NHS Plan. London 2000).

The Acheson report 1998 (Acheson D Independent inquiry into inequalities in health. The Stationary Office: London 1998) is aimed at improving health and reducing health inequalities suggested that interventions to promote rates of breastfeeding should decrease the incidence of infant infection and lead to other health gains for the mother and infant24.

DH Priorities and Planning Framework (PPF) 2003-2006: Sets current target for the NHS. Identifies national priorities and targets: *"Deliver an increase of two percentage points per year in breastfeeding initiation rates focusing especially on women from disadvantaged groups".* In order to monitor achievement of this target, hospital Trusts are required to collect data on every woman giving birth under their care.

The questions covered are:

- Did the mother put her baby to the breast or was the baby given any of the mother's breast milk within an hour of delivery?
- Did the mother put her baby to the breast or was any of the mother's breast milk given within 48 hours of delivery? [Where the answer to the first question was 'No' or 'Don't Know'].

The National Service Framework for Children, Young People and Maternity Services (2004) Standard 11: Women have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies.

Every Child Matters – Under the Every child matters *Be healthy* outcome: **Aim:** Children and young people live healthy lifestyles:

Target/Indicator:

- Infant mortality rate (DH)
- Inspection criteria: Breast feeding is promoted (As per NSF Standard 11)

12. Dental Health

***National Oral Health Strategy,* DH 2004** incorporated targets for the oral health of 5 and 12-year-old children and also adults in England by 2003.

The National Service Framework for Children, Young People and Maternity Services (2004) Standard One – Oral Health Intervention - *The oral health needs of children and young people, particularly those who are vulnerable, are identified in local health promotion programmes. This includes encouraging early registration with a dentist and the provision of effective and appropriate oral health promotion and treatment policies and reducing sugar consumption.*

***Choosing Better Oral Health – An Oral Health Plan for England* November 2005** – includes a 'good practice' section on **Improving oral hygiene:**

- Encouraging the early adoption of oral hygiene practices in young children;
- Promoting effective oral hygiene self care practices across the population; and
- Supporting parents, health professionals and carers of people who need help in maintaining their oral hygiene.

The Health and Social Care (Community Health and Standards) Act 2003 extends PCT remit to assessing local oral health needs and commissioning the appropriate services to tackle long standing oral health inequalities. This document supersedes: An oral health strategy for England (1994).

Modernising NHS Dentistry: Implementing the NHS Plan published in 2000 flagged up the importance of developing a preventive focus within dentistry and gave a commitment to tackle oral health inequalities.

NHS Dentistry – Options for Change published in 2002 identified prevention as a key function for a modernised NHS dental service allowing General Dental Practitioners "*for the first time, to focus on preventive measures to combat dental disease and to tackle the serious oral health inequalities particularly in children*".

13. Suicide and Self Harm

Every Child Matters Outcome Framework- Children and young people are mentally and emotionally healthy: *to reduce the death rate from suicide and undetermined injury by at least a further sixth (17%) by 2010, from a baseline at 1996.*

***Suicide Prevention Strategy for England*, September 2002**[122] includes preventing suicide and self harm among young people

The National Service Framework for Children, Young People and Maternity Services (2004): **Standard 4** – growing into adulthood: *Health promotion for young people is targeted to meet their needs and, in particular, to reduce teenage pregnancy; smoking, substance misuse, sexually transmitted infections and suicide. Young people are actively involved in planning and implementing health promotion services and initiatives.*

***National Service Framework for Mental Health, London (1999):* Standard 7** - To ensure that health and social services play their full part in the achievement of the target in Saving lives: Our Healthier Nation to reduce the suicide rate by at least one fifth by 2010[123].

Target:

- '…reduce the mortality rate from suicide and undetermined injury by at least 20% by 2010' (Dept of Health PSA 2004).

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