

Children and Young People – Best Start Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 9 March 2016

Author:	Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The purpose of this report is to inform the Health and Wellbeing Board of the findings of the Children and Young People Best Start Joint Strategic Needs Assessment (JSNA) and seek support for its recommendations highlighted in the attached Children and Young People's Best Start JSNA Bulletin (Appendix 1).
- 1.2 The Children and Young People Best Start JSNA looks at available local and national data to describe the current picture with regard to Children and Young People and early years (0 – 4 year olds) in Swindon.
- 1.3 The JSNA is part of a suite of documents to understand the needs of children and young people in Swindon. This JSNA Bulletin provides a brief summary of the full JSNA which is a comprehensive and detailed analysis of all aspects of the first five years of a child's life and the influences on this.
- 1.4 The findings from the JSNA inform a suite of recommendations that aim to support all children and young people and ensure that they have the best start in life. This aligns with the Health and Wellbeing Strategy Outcome 1 Every child and young person in Swindon has a healthy start in life.

2. Recommendations

The Board is recommended to:

- 2.1 Note and agree the recommendations identified in the Children and Young People Best Start Joint Strategic Needs Assessment attached as Appendix 1 to this report.

3. Detail

- 3.1 In 2014 there were 48,604 under 18s in Swindon and 15,063 children aged 0 to 4 (6.7% of the population). The highest numbers of both under 18s and 0 to 4 year olds are in the wards of Priory Vale, St Andrews and Walcot and Park North. Over the next 20 years, Swindon's population of 0 to 18 year olds is predicted to increase by 19%.
- 3.2 Research tells us that pregnancy and a child's early years are a time of vital importance to a child's future health and wellbeing. Parents are central to this.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

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- 3.3 Each year there are approximately 3000 births to Swindon residents. The under-five population is about 7% of the all-age population in Swindon, a higher proportion than in England or the south west. In Swindon 25% of under-ones are part of a BME community, and in Central ward 45% of under-fives are from a BME community.
- 3.4 Significant health inequalities in Swindon have been identified in JSNA work on pregnancy and birth outcomes. Children from poorer households tend to do worse on cognitive and behavioural outcomes at ages 3 and 5 and this disadvantage persists through childhood.
- 3.5 The Swindon Health Visitor survey (2015) of families with a child under the age of one identified the three most common reported health needs indicators as being low income (21%), parents who smoke (19%) and depressed or mentally ill parents (16%).
- 3.6 There are a number of main service areas whose focus is exclusively during pregnancy or the early years. These include Midwifery, Health Visiting and Early Years Education and Childcare providers.
- 3.7 Service users highlighted the importance of continuity of carer and establishing trust with professionals. They value informal networks for support and social contact.
- 3.8 Six early years high impact areas have been identified nationally to support integrated services. These are listed below and the full JSNA describes how Swindon meets these and identifies any gaps.
- Transition to parenthood and the early weeks
 - Maternal mental health
 - Breastfeeding (initiative and duration)
 - Healthy weight, healthy nutrition
 - Managing minor illness and reducing accidents
 - Health, wellbeing and development of the child age 2 – two year review and support to be 'ready for school'

Recommendations

- 3.9 The JSNA identified 3 strategic recommendations under these six early years high impact areas:

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- 3.9.1 To ensure that effective early intervention in Swindon is giving children the best start in life, develop a strategy and delivery plan with robust leadership to incorporate:
- An approach to identify families at most risk or who have multiple risks
 - An integration model for pregnancy and early years services including parenting advice
 - Workforce development strategy for the wider workforce
 - Information sharing
 - A shared metrics framework
 - A quality assurance framework promoting trust and co-operation
 - Integrated pathways for delivery of services
- 3.9.2 To ensure that Swindon is delivering what works to promote good child outcomes develop and implement a fidelity and evaluation model for delivery of evidence based programmes to support parent-child interaction.
- 3.9.3 Increase understanding of the needs of families with young children from BME communities and children exposed to or at risk of domestic abuse.
- 3.10 In addition the JSNA identified 19 specific recommendations under the six early years high impact areas:
1. Ensure full, effective delivery and monitoring of 'The Healthy Child programme: pregnancy and the first five years of life, including continuing to reduce health inequalities.
 2. Ensure that information and services to support parents on addressing their child's minor illnesses help build parental confidence and knowledge on self-management and when to seek help.
 3. Develop a transitional care ward at GWH to enable a newborn baby and mother to remain together when the baby needs more care after birth.
 4. Develop a strategy for perinatal mental health to support full implementation of the Swindon Perinatal Mental Health Integrated Pathway.
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5. Utilise opportunities available through the CAMHS Transformation Funding to improve perinatal and infant mental health services. (also in parenting recommendations).
 6. Continue to review and reshape early help services to support parenting capacity where parents are experiencing domestic abuse, mental health problems, substance misuse, have learning difficulties or are teenage parents.
 7. Develop the use of quality assured approaches using media to provide trusted information and resources for parents.
 8. Review support of networking opportunities that parents need to reduce social isolation.
 9. Continue to develop programmes which promote parent-child interactions to improve attachment and parental sensitivity and the social, emotional and behavioural functioning of young children to ensure that parents who need it can receive the right support at the right time.
 10. Investigate how parents with low literacy levels can access classes to promote reading, writing and numeracy skills.
 11. Continue to develop the effectiveness of the integrated review for 2 - 2½ year olds by ensuring effective working of the pathway and identifying outcomes from the integrated review.
 12. Continue to narrow the gap in achievement during the EYFS related to disadvantage and gender.
 13. Continue expanding early years provision in places where children live and encourage uptake.
 14. Continue supporting quality improvement in early education and childcare, including with childminders.
 15. Support Early Years education settings to undertake the Early Help Record and Plan for children with identified needs.
 16. Review the range of all pathways for children under-five with disabilities to improve clarity, timeliness, and consistent early help processes.
 17. Develop support from specialist services to mainstream education settings to ensure they are confident and equipped to meet the needs of children with SEND.

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- 18. Review the access to specialist advice and support concerning children with ASC to ensure that support is available at the earliest opportunity.
 - 19. Seek to develop a centralised data collection system of children with disabilities to improve understanding of needs and ensure robust service planning.
- 3.11 These recommendations will inform the Children and Young People Strategy which will be developed and monitored by the Early Help Group.

4. Alternative Options

- 4.1 Not to support the recommendations identified in the JSNA.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications as a result of this report.
- 5.2 If additional resources are needed to implement these recommendations a detailed business case will be developed.

Legal and Human Rights Implications

- 5.3 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights
- 5.4 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the development of the Swindon JSNA and that everyone in Swindon has fair access to services and are free from discrimination.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.5 None as a result of this report for noting.

Diversity Impact Assessment

- 5.6 A Diversity Impact Assessment has not been completed at this stage.

Risk Management

- 5.7 No specific risks identified at this stage for this report.
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6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Children and Young People Best Start JSNA Bulletin.