

Health and Wellbeing Board

4 May 2022

Children's 0-5 Joint Strategic Needs Assessment

Recommendation

1. That Health and Wellbeing Board notes the contents of the 0-5 Joint Strategic Needs Assessment (JSNA).
2. That Health and Wellbeing Board approves the publication of the 0-5 JSNA and the development of an associated action plan that will be monitored by the JSNA Strategic Group.

1. Executive Summary

- 1.1 The Children's 0-5 JSNA (refer to Appendix A) looks at the health needs of children aged 0-5 in Warwickshire. In alignment with The Best Start for Life policy vision of 1,001 critical days for lifelong emotional and physical health, health needs during pregnancy and maternal health have also been considered.

Local Context

- 1.2 The predicted increase in the number of under 5-year-olds in Warwickshire needs to be accounted for in the commissioning of services:
 - Some increases are in the immediate term, in particular a 2% year on year growth in numbers is predicted in South Warwickshire.
 - Over the longer term there is a predicted county wide increase of 17.7% in the number of under 5-year-olds by 2043.
- 1.3 Early evidence from the pandemic is that the number of births decreased in December 2020, January 2021, and February 2021, these relate to live births that would have been conceived during the first lockdown in 2020, suggesting there was not a baby boom as a result of the restrictions first put in place for COVID-19. However, there was a 1.7% increase in the monthly fertility rate in March 2021 compared to March 2020. This may create peaks in demand for some services to plan for, but early indication is that this will average out over the course of a school year.

- 1.4 There is an increasing ethnic diversity within Warwickshire's children compared to Warwickshire's population at the time of the last Census in 2011. The evidence is that there are differences in long term health outcomes by ethnicity, with most groups having poorer outcomes than 'White British'. Given the importance of the first 1,001 days to long term health, services need to ensure that ethnicity is being recorded to support measuring outcomes by ethnicity at a local level.
- 1.5 Deprivation is often a marker for where more targeted resource is needed to achieve the same outcomes as more affluent areas. Relative levels of deprivation are increasing in Warwickshire, and there are higher levels of need in Nuneaton and Bedworth, Rugby town centre and Leamington. This is supported by evidence that the largest numbers of children in low-income families from 2015/16 to 2018/19 were in Nuneaton and Bedworth and Rugby.
- 1.6 Children in low-income families are associated with poorer outcomes in adult life, premature mortality, and lower life expectancy, as well as other health issues including mental health. Within Warwickshire, Nuneaton and Bedworth has the highest number of 0-5 children in relatively low-income families, accounting for 19% of its total 0-5 population.
- 1.7 Deprivation is linked to performance at school and has been shown to have an adverse impact on school readiness. Out of the bottom 10 wards in Warwickshire for achieving a Good Level of Development, 4 of those contain Lower Super Output Areas (LSOAs) in the top 30% most deprived.
- 1.8 In Warwickshire there is a 19% difference between those achieving a Good Level of Development at the end of Reception who are not eligible for a free school meal (73.7%) and those eligible (54.7%). Warwick District has the largest difference of 24.4%.

Health of Children 0-5 – Pregnancy and Birth

- 1.9 Good quality antenatal or parenting education (PE) can empower families to make healthy choices and decisions about both pregnancy and the early years of an infant's life. Data collected from parents participating in the midwife led virtual classes reported that 95% initiated skin-to-skin contact at birth and 82% initiated breastfeeding highlighting the value of PE. However, this virtual offer only reached 5% of new parents in 2021. This low access figure combined with one of the trusts lacking a specialist PE midwife role identifies both a gap and inequality across the Warwickshire footprint.
- 1.10 All areas of Warwickshire have a Low Birth Weight (LBW) rate lower than the England average, however there are inequalities with Nuneaton and Warwick experiencing the highest rates. This fits with the ethnicity profile of the population showing high proportions of mixed ethnic heritages in these areas, and the audit results showing that these groups are more likely to have LBW and premature births. Rugby is notable for having low rates despite a diverse population.

- 1.11 Obesity increases the risk of complications during pregnancy and childbirth. Warwickshire North CCG has higher rates of women with obesity in early pregnancy (25.3%) than the England average (22.1%). South Warwickshire CCG is significantly lower (17.6%). When comparing to LSOA deprivation, the most deprived LSOAs have the highest rates of obesity in early pregnancy (28.52%) and the least deprived have the lowest (15.07%).
- 1.12 Smoking in pregnancy results in increased risk of complications during labour and risk of miscarriage, premature birth, stillbirth, low birth weight, sudden unexpected death in infancy and infant mortality. Warwickshire North has higher rates of women smoking in early pregnancy (15.88%) compared to the England average (12.76%). South Warwickshire is significantly lower (8.46%). When comparing to LSOA deprivation, the most deprived LSOAs have the highest rates (24.02%) and the least deprived have the lowest rates (4.3%). The Perinatal Equity Audit shows white ethnicities have higher smoking rates.
- 1.13 Pregnancy with a low maternal age is high in the North, with Nuneaton and Bedworth (23.7 per 1,000) and North Warwickshire (18.1 per 1,000) both higher than the England average (15.7 per 1,000).
- 1.14 The Perinatal Mental Health Dashboard for Coventry and Warwickshire indicated that:
- 18.2% of the referrals are of women living in the most deprived decile.
 - 8.1% of the caseload represented women aged 16-20 and 67% were women aged 26-39.
 - 72% of the caseload were from white ethnic background, while 3.3% were of Asian descent and 2.5% were of black heritage.

Health of Children 0-5 – Early Years

- 1.15 Breast feeding data is poor. There needs to be work to improve definition and collection of this data. However, current indicators show that both South Warwickshire NHS Foundation Trust (81.8%) and University Hospitals Coventry and Warwickshire NHS Trust (73.8%) achieve a higher percentage of babies receiving breast milk at first feed than the national average (72.4%). Comparable rates for George Eliot Hospital NHS Trust are currently unavailable.
- 1.16 Warwickshire has less childhood obesity than England as a whole, but both North Warwickshire and Nuneaton and Bedworth have higher rates than the England average. There is also a large increase in children being very overweight between reception (8.6%) compared to year 6 (16.8%).
- 1.17 All districts and boroughs have a better rate of five-year-olds with experience of visually obvious tooth decay than the England average. The highest rates in Warwickshire are in Nuneaton and Bedworth (19.8% of children).

- 1.18 There is a drop in vaccine coverage as children get older, most notably the uptake in children aged 5 for the 2nd dose of the MMR vaccine has an 89.6% uptake in 2020/21 compared to the 1st dose uptake for the same cohort of 96.1%. This means that some children had one vaccination but not their second, despite being eligible.
- 1.19 The Warwickshire Domestic Violence and Abuse Joint Strategic Needs Assessment provides evidence to suggest that pregnant women and women with children under the age of 5 are more likely to experience abuse and/or require support from agencies. The assessment included the following specific relevant recommendations:
- There are opportunities for all services/agencies that work with parents, babies and young children to facilitate disclosures and signpost to appropriate support.
 - There is a need to consider the support needs of a child under the age of 5 who has witnessed or experienced domestic abuse to recover from their experience and rebuild their relationship with the non-abusing parent. There is also a need to consider the support needs of the non-abusing parents to recover and move on from their experience, and the abusing parents to support change in their behaviour.
- 1.20 A paucity in local data and intelligence to assess speech, language and communication needs in Warwickshire children means it has not been possible to accurately assess the local picture at this time. However, the Local Authority Interactive Data tool indicates that Warwickshire scores low (10th out of 11) compared to statistical neighbours for the percentage of children achieving at least the expected level in the Foundation Stage Profile in 2018/19.

Child Hospitalisations

- 1.21 Hospital attendances dropped over the first Covid lockdown but have been recovering since the alpha wave. Successive waves of Covid haven't negatively impacted this recovery.
- 1.22 North place has the highest number of A&E attendances, followed by South Place and then Rugby Place.
- 1.23 Both rates for 0-5 A&E attendance and 0-5 Hospital admissions show higher rates for males than females.
- 1.24 Indices of Deprivation show that both rates for 0-5 A&E attendance and 0-5 Hospital admissions in the most deprived areas are most prevalent in North Place, whilst the least deprived areas are the most prevalent in South Place.
- 1.25 Ethnicity data shows lower proportion of attendances from children with mixed ethnic heritage.
- 1.26 South Place has particularly seen increases in attendances following the second lockdown.

- 1.27 Rugby Borough has the highest rate of childhood injury admissions in Warwickshire, whilst Nuneaton and Bedworth Borough has the lowest.
- 1.28 Unintentional injuries are a leading cause of hospitalisation and major cause of premature mortality for children aged 0-5, often resulting in long-term health issues. The majority of these injuries are preventable and working to prevent these injuries has significant long-term benefits for individuals, families, and society.
- 1.29 The Emergency hospital admission rate for unintentional injuries nationally in the 0-5 age range is 38% higher if a child lives in one of the most deprived areas compared with those children who live in the least deprived.
- 1.30 For some injury types this inequality is larger, with children living in the most deprived areas at a 50% higher risk of being burned, scalded or poisoned and this resulting in primary or secondary care attendance, then for those living in the least deprived areas.
- 1.31 The highest rate per 10,000 for hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years in 2019/20 is in Rugby, which is higher than both the Warwickshire and England average.
- 1.32 The reducing unintentional injuries in and around the home among children under five years paper advises that Local Authorities could achieve significant improvements through targeting the reduction of five causes of unintentional injuries among the under-fives. These are:
- Choking, suffocation and strangulation
 - Falls
 - Poisoning
 - Burns and scalds
 - Drowning

Child Deaths

- 1.33 The largest categories for 0-5 death type are 'chromosomal, genetic and congenital anomalies', and 'perinatal/neonatal event' (including prematurity).
- 1.34 There is a relationship with infant mortality and the wider determinants of health, deprivation, and inequalities. Infant mortality rates in Nuneaton and Bedworth, and North Warwickshire are higher than the national average, whilst Warwick and Stratford are below average.
- 1.35 Of the 122 Warwickshire Child Deaths between 2017 - 2021, 45 were cases over a month of age. Of the 45 cases just over a quarter (29%) identified modifiable factors. Out of the factors identified, smoking and unsafe sleeping contributed to over 50% of child deaths. Other factors include alcohol, drugs, consanguinity, maternal BMI, pathway, or escalation of care, and booking a pregnancy late for services.

- 1.36 Neonatal mortality is defined as deaths within the first 28 days of life – excluding stillbirths. The highest rates are in Warwickshire North (4.1 per 1,000 births) for the 2017-19 reporting period. This rate is considerably higher than the England average (2.9 per 1,000 births).
- 1.37 77 of Warwickshire Child Deaths examined were neonatal cases. Of these cases less than a quarter (22%) identified modifiable factors. Out of the factors identified, smoking and pathway or escalation of care contributed to over 50% of cases. Other factors include consanguinity, maternal BMI, domestic violence and illicit drugs or alcohol.
- 1.38 A stillborn baby is one born after 24 completed weeks of pregnancy with no signs of life. In the period 2017-19 the Warwickshire still birth rate (2.7 per 1,000 births) is comparatively low against the national rate (3.99 per 1,000 births).
- 1.39 However, more recent data collected by place across the Coventry and Warwickshire region suggests a rapid increase in stillbirth between 2019/20 and 2020/21, with both North and South Warwickshire experiencing a doubling of instances of stillbirth.

Services for Children 0-5

- 1.40 The proportion of New Birth Visits completed within 14 days in Warwickshire in 2020/21 was 78.2%. This figure is lower than the England average (88.0%) and has been lower than the England average since 2017/18.
- 1.41 The proportion of infants receiving a 6–8-week review in Warwickshire in 2020/21 was 85.0%, which is higher than the England average (80.2%). The proportion of children receiving a 2 ½ year review in Warwickshire in 2020/21 was 80.8%, which is higher than the England average (71.5%).
- 1.42 Parents and carers of young children in Warwickshire were invited to share their views and experiences of the 0-5 Public Health Nursing Service to help inform future support:
- Almost 80% of respondents stated they knew how to contact their Health Visiting service. However, 46% of respondents said they do not know who their family's health visitor is, 22% did not understand what the Health Visiting service does, 24% were not told what the Health Visiting service does and 16% did not know how to contact the Health Visiting service. It is important to note for this question that Health Visitors operate on a collaborative caseload. This means unless a family is targeted or specialised, a named health visitor will not be assigned.
 - When asked to what extent respondents agreed with statements in relation to what the Health Visiting service should offer, 63% of respondents agreed that they would like more support between 3-6 months and 43% said they would like more support between the 2-2.5 years contact and their child entering school. Only 4% agreed that they would be happy with fewer contacts. At the time of the survey Health Visitors were following both National Health Service guidance and COVID guidance, which limited the

number of face-to-face visits and meant baby clinics were not open. This may have contributed to the response seen in the survey.

- Before COVID, 43% of respondents said they were very satisfied or satisfied with the Health Visiting service, and 16% were not satisfied or very unsatisfied. Around one quarter of respondents (26.3%) stated this was not applicable as they either did not use the service or did not have a child between 0-5 at the time. Since COVID, 51% of respondents were not satisfied or very unsatisfied, however 24% were satisfied or very satisfied with the service. The demand for specialist and targeted parts of the service has increased throughout and since COVID, which means there is a reduced capacity for the universal elements of the service.

- 1.43 Early education and childcare play a vital role in children's early development and family wellbeing. 68% of parents of 2-4-year-olds reported accessing formal early education or childcare in the period before March 2020. At the start of lockdown this changed radically. Of those who had formal arrangements, just 7% of children continued to attend throughout the lockdown period. By June 2020, 83% of this group reported their child had not returned to formal provision, with almost half (49%) reporting their child was unlikely to return to their provider that month.
- 1.44 School readiness (as measured by the Good Level of Development GLD) is an assessment of how prepared a child is to succeed in school cognitively, emotionally, and socially. It is assessed through the Early Years Foundation Stage Framework which considers children's development against 17 Early Learning Goals (ELGs).
- 1.45 Children are said to achieve a 'Good Level of Development' if they are achieving at least the expected level for each goal within the following areas of learning: communication and language; physical development; personal, social, and emotional development; literacy; and mathematics.
- 1.46 Overall, in Warwickshire, 71.8% of pupils achieved a Good Level of Development (GLD) in 2019. Almost 3 in 10 children in Warwickshire are not school ready at reception age.
- 1.47 In addition, there are still inequalities in the GLD achievement of certain groups and gaps in attainment of these groups relative to their peers which have, in most cases, widened. The largest attainment 'gap' is between students who have a Special Educational Need (SEN) and those who do not, a 48.5% difference.
- 1.48 The second highest gap in GLD achievement is between disadvantaged children and their non-disadvantaged peers, where there is a 19% difference. The Good Level of Development performance of disadvantaged children has fallen over the past 3 years and because the performance of non-disadvantaged children has stayed the same, the disadvantaged gap has widened. The widest percentage point gap is seen between pupils in the Stratford upon Avon district and the smallest gap is seen in Nuneaton.

- 1.49 Deprivation is linked to performance and has been shown to have an adverse impact on school readiness. The 10 wards in Warwickshire with the weakest GLD outcomes all performed below the Warwickshire average GLD score by between 10% and 30%. Most of these wards contain Lower Super Output Areas that are in the top 30% most deprived areas nationally based on the Index of Multiple Deprivation. Conversely, the top 10 wards, who all performed above the Warwickshire average by between 9% and 16% are located in areas of social advantage.
- 1.50 Whilst there are differences between the attainment of boys and girls as well those whose first language is other than English, they are not as wide as the SEN or Disadvantaged pupil gaps.
- 1.51 Warwickshire County Council Early Years Needs Assessment 2020 presented longitudinal data from a cohort of children who had not met the expected level of development in 2012. When they left primary school in 2018 it found from a cohort of over 5,600 pupils that:
- 1,879 (33%) did not achieve a Good Level of Development when they were assessed at the end of Reception in June 2012.
 - By the time they left primary school in July 2018, there were 358 pupils of the original 1,879 cohort (19%) that did NOT achieve the expected standard in any of the statutory assessment key headline measures.
 - KS1-KS2 progress scores in all subjects were well below zero which indicates that this group of children made significantly less progress, on average, than pupils across England who got similar results at the end of key stage 1.
- 1.52 The Joseph Rowntree Foundation cite that across England:
- Children who do less well at age five are five times as likely to end up being excluded by the end of primary school (82% more likely after accounting for demographics).
 - Children who do less well at age five are over twice as likely to have had contact with children's social care at age eleven (46% more likely after accounting for demographics).
 - Children who do less well at age five are nearly three times more likely to be struggling with reading at age eleven.
 - Children who do less well at age five are four times more likely to be struggling with writing at age eleven.
- 1.53 Since 2015, performance in Warwickshire has always been above the national average. Comparing GLD performance in 2019, Warwickshire was ranked 11th out of 11 amongst statistical neighbour Local Authorities and ranked 6th out of 13 of the West Midlands Local Authorities.

- 1.54 While “early help” does not mean “early years”, the over representation of 0-5s at Specialist Help levels suggests that there are significant numbers of children aged 0-5 whose needs are not being identified early enough.
- 1.55 Children open to Warwickshire’s Children & Families Services are broadly supported across five main levels of support:
- Early Intervention
 - Early Help (EH)
 - Early Help with Targeted Support (TS)
 - Specialist Help
 - Child in Need (CIN)
 - Child Protection (CP)
 - Child in Care (CIC)
- 1.56 The ratio of Specialist Help to Early Intervention care has been increasing from 26% in Early Intervention care to 74% in Specialist Help care in June 2020, to 35% Early Intervention to 65% Specialist Help in December 2021.
- 1.57 Nuneaton and Bedworth has around 55% more children open to C&F services than the average of all districts for the period (940 children), and North Warwickshire has around 47% less children open to services than the county average. These two districts both have slightly higher rates of children within the 0-5 cohort (27% and 26% respectively), with Rugby and Warwick having the lowest (at 24% and 23% respectively). Stratford mirrors the Warwickshire wide average at 25% of service users being 0-5.
- 1.58 There are 14 Children and Family centres across Warwickshire and further outreach locations, to provide services for families with children and young people. There are three core elements to the service:
- Coordination and administration of the designated Children and Family Centres and associated outreach provision.
 - Provision of a range of stay, play, and learn opportunities.
 - Building of capacity and resilience within communities, including increased use of volunteers in service delivery.
- 1.59 There is a greater need to utilise outreach venues to ensure the service reaches families within areas of increasing housing development across the county, in particular Rugby and Warwick districts. This is in addition to more rural districts, Stratford, and North Warwickshire. Gathering diversity data of those who currently use the services and comparing that to local communities will highlight any gaps in use and show where further engagement work is needed.

Report Recommendations:

- 1.60 We are seeing increasing population growth and increasing diversity of needs amongst Warwickshire's young children. Services will need to expand to keep in line with increasing numbers and complexity.
- 1.61 Deprivation and inequalities are a critical factor for all services and targeted effort needs to take place in more deprived areas.
- 1.62 There are some key health promotion issues for all services to embed into ways of working and interactions with expectant or new parents – issues include smoking, healthy diet and vaccinations.
- 1.63 There are still opportunities to increase the role of early intervention and prevention – current early intervention services could be supporting more families.
- 1.64 There should be a closer alignment between services reflecting the increasing complexity of needs, particularly in deprived areas.
- 1.65 There is an opportunity to establish a partnership to centralise the needs of children and to take forward the recommendations from this report.

JSNA Prioritisation:

- 1.66 Following a prioritisation process that took place in December 2020 and January 2021 a two-year thematic work programme was developed which is outlined below.

Theme	Provisional Timescales	Comments
Mental health	October 2020 – June 2021	Published 08/07/2021
Pharmaceutical Needs Assessment	September 2021 – October 2022	Following a decision from NHS England this Needs Assessment (which is a statutory requirement) was pushed back by 1 year. It is currently underway with an intended publication date of 1 st October.
Children's Health 0-5	June 2021 – September 2021	This Needs Assessment is due for publication once approved by the Health and Wellbeing Board.
End of Life care	April 2022 – October 2022	A Needs Assessment in this area will help identify where to best allocate support within the hospice sector and will also look at wider system support. This Needs Assessment has been paused due to the Children and Young People's Mental Health and Wellbeing Needs Assessment needing to be produced for January 2023 instead of July 2023.
Children and young people's mental health and wellbeing	April 2022 – January 2023	This Needs Assessment will help to inform the recommissioning of the CAMHS/Rise service. The current contract ends in July 2022 although there is provision for an extension which will be taken up leading to a final end date of July 2024. The Needs Assessment will be required by January 2023 to inform the development of the specification for the new contract provision.

Theme	Provisional Timescales	Comments
Drugs Needs Assessment	April 2022 – July 2022	This Needs Assessment will ensure we have a clear picture of the needs and gaps of drugs services across Warwickshire. It will also inform the recommissioning of the Drug and Alcohol service - Prevention, Well-being and Recovery (for Children and Young Peoples Drug and Alcohol provision, Lot 2 – Adult Drug and Alcohol Service and Lot 3 – all Age Drug and Alcohol Recovery Network). The new service will commence on the 1 st May 2024. The Needs Assessment is required in sufficient time to inform the procurement exercise and as a result of the requirements of the National Drug Strategy. It is therefore being commissioned externally and due to commence imminently.

Table 1. Proposed JSNA Work Programme (2021/22 – 2022/23)

- 1.67 Given completion of several aspects of this work programme, and wider developments of the ICS, it is proposed that a further prioritisation exercise is carried out to build on the remaining programme.
- 1.68 During the last prioritisation process a JSNA Prioritisation Working Group was created to carry out this prioritisation exercise. This was overseen by the JSNA Strategic Group which agreed the process and proposals for the Health and Wellbeing Board. This methodology will be repeated.
- 1.69 Similar to last time, a long list of proposed needs assessments will be gathered from relevant stakeholders (including WCC and NHS commissioning colleagues). Each proposed Needs Assessment will be required to have a nominated stakeholder to act as a subject matter expert in order to support the completion of a prioritisation matrix. The prioritisation matrix also contains information about high level resource requirements. Once all proposed needs assessments have been reviewed by the JSNA Prioritisation Working Group a prioritised list of needs assessments will be submitted to the JSNA Strategic Group for approval. This list will be ranked in order of prioritisation matrix score (highest to lowest).

2. Financial Implications

- 2.1 No financial implications arise directly from this report. All work required to deliver on the recommendations and to progress the proposed pipeline of Needs Assessments will be met from within existing approved budgets.

3. Environmental Implications

- 3.1 None.

Appendices

1. Appendix 1 – Children’s 0-5 JSNA

Background Papers

1. No background papers

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Bell, Drew, Golby, Holland and Rolfe.