Joint Strategic Needs Assessment

Children and Young People
2010

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1. EXECUTIVE SUMMARY

1.1 Introduction

This JSNA is being developed at a time of change. National strategy is moving to a much more localised agenda and financial pressures have provided powerful drivers for a fundamental review and redesign of children's services. As part of overall reductions, services are likely to become more targeted to those children, young people and families considered to be most in need, and in communities where need is highest.

In an increasingly financially challenging environment, at a county level, this JSNA will help us, at a county level, to identify key actions/services that will have the maximum impact. This is particularly critical with a range of initiatives and funding coming to an end, and a strong desire to capture the learning and embed in the mainstream.

It is in this context that the JSNA is being refreshed and provides us with an opportunity to make some critical decisions about resource allocation based on local need. For this reason much of the information is broken down to district and area level in order to inform the commissioning decisions of the area partnerships of the Children's Trust, schools, voluntary and community sector and GP clusters.

This JSNA is an overview of key issues affecting outcomes for children in Cambridgeshire and updates the first JSNA for children and young people developed in 2007/08. All of the new JSNAs in Cambridgeshire and their supporting chapters with detailed information on specific subject areas will be available as an easy to use bank of information on the new JSNA website.

There will be separate chapters covering:

- Breast feeding
- Obesity
- Sexual health and teenage pregnancy
- Alcohol and substance misuse
- Mental and emotional health and wellbeing
- Child poverty and deprivation
- Accident prevention
- Safeguarding children
- Domestic violence
- Parental health and parenting capacity
- Learning difficulties and disabilities
- Child/adult transition

Some of these chapters are nearing completion and others will be developed over the coming months. Most are syntheses of existing on-going work developed by partners across the Children's Trust.

In addition, we hope to develop a chapter on involving children and young people and their families in service redesign by taking a community assets-based[1] approach.

[1] A glass half-full: how an asset approach can improve community health and wellbeing. Improvement and Development Agency, March 2010.

1.2 What do we Know?

1.2.1 Facts, figures and trends

A huge amount of data has been analysed and is available in the Data Profile for Children and Young People 2010. More detail is available through the specific subject chapters. Throughout the Children and Young People JSNA, the following bullet points have been used to distinguish the difference between local and national data:

- ❖ Cambridgeshire data/information.
- ➢ National data/information.

A number of key issues stand out:

- ❖ **Population growth and changes:** The large projected population changes across the county and particularly in some districts will have major service implications (appreciating that some of these changes will be dependent on the economy). Cambridge City and South Cambridgeshire are projected to have significant increases in their population of children especially in the younger age groups, while Huntingdon may see a significant decrease.
- ❖ **Ethnicity:** The population of Cambridgeshire is increasingly diverse. Across the county almost 9.5% of school children are from a Black or Minority ethnic group, including Gypsy/Travellers. The south of Cambridge City had the highest proportion of Minority ethnic families – in January 2009 25.4% of school pupils were from this group. There were also significant minority ethnic communities in other parts of the county, notably Pakistanis in Huntingdonshire, Gypsy/Roma in Fenland and Indians and Irish Travellers in South Cambridgeshire. Increasing numbers of migrant workers, chiefly from Eastern Europe and Portugal, live throughout the county. Many children of minority ethnic heritage, particularly those from the Gypsy/Traveller, Bangladeshi and Pakistani communities, have not enjoyed the same level of educational outcomes as the majority. However, in Cambridge City particularly there are also children of visiting academics or business people who may be high achievers.
- ❖ **Areas of relatively high deprivation:** Whilst Cambridgeshire is generally prosperous, there are pockets within the county where deprivation levels exceed or equal the national average, most particularly in parts of Wisbech, Huntingdon and in Cambridge. These areas are characterised by high levels of income deprivation (around one in three children live in families in receipt of benefits); by a high proportion of parent/carers with no formal educational qualifications who work in routine or semi-routine occupations; and by a high proportion of families living in rented, and frequently overcrowded, social housing. Children living in these areas are exposed to multiple social deprivations which adversely affect their health, educational attainment and life chances. Children from poorer families living in more prosperous areas are also at risk of poorer outcomes.
- ❖ There are **inequalities in health** across Cambridgeshire, linked to social deprivation, and these start before birth. All districts within Cambridgeshire have a higher life expectancy for both males and females than England and Wales, with the exception of Fenland.
- ❖ According to the LSCB Annual Report for 2010, the county total of children subject to a **child protection** plan has stabilised throughout 2009-2010 at

around the 340-365 mark. The overall rate of registration per 1,000 for those aged 0-18 in Cambridgeshire increased slightly throughout the year from 2.85 to 2.92, a high rate in comparison to other comparator authorities in the previous year. The Cambridge City and South Cambridgeshire area has consistently had lower numbers and a lower rate of registrations than Fenland by the end of March 2010, the rate was higher in Huntingdonshire than Fenland for the first time, which may be due to a variation in threshold criteria rather than a true reflection of need.

- **Domestic violence or abuse** is the most frequently recorded reason for entry into the child protection system according to the LSCB Annual Report, accounting for up to 50% of the cases. **Substance misuse** by parents accounts for up to 40% of cases of children entering the child protection system.
- **Accidents:** In 2008/09 there were 1,301 emergency hospital admissions for unintentional and deliberate injuries for those aged 0-17 years in Cambridgeshire. Over the eight year period, April 2001 to March 2009 rates of emergency hospital admissions for unintentional and deliberate injuries were consistent, significantly higher in males than females and highest in the 15-17 year age group followed by the under fives. In 2008/09, rates were highest in Huntingdonshire and Fenland. The rate of emergency hospital admissions correlates with the Index of Multiple Deprivation scores, with the top 20% most deprived areas consistently having the highest rates. Falls were the predominant cause of injuries in the 0-14 age groups whereas among those aged 15-17 years, intentional self-harm was the leading cause. Where place of injury was specified, the majority occurred in the home environment.
- **Breastfeeding:** Important for the health of a child, rates of breastfeeding initiation have increased and have remained fairly static for the last three years, at a higher rate in Cambridgeshire than the England average or statistical neighbours. However, by the time the baby is aged six - eight weeks, Fenland had a noticeably low percentage of babies totally breastfed compared to the other areas, whereas Cambridge City and South Cambridgeshire have relatively high level of total breastfeeding.
- **Childhood obesity:** In 2006/07 - 2008/09 the trend in childhood obesity in Reception and Year 6 varied in Cambridgeshire districts but for all, there was a significant increase in the percentage of obese children from Reception to Year 6, in common with the national trend. Over this period, the Fenland percentage fell significantly in Reception from a high level to a similar level to the other districts. In Year 6, the level in Fenland remains significantly higher than South Cambridgeshire , City and Huntingdonshire.
- The **Foundation Stage Profiles** for Cambridgeshire five year olds show that most are working securely within the Early Learning Goals. However, rates declined over the three years 2006-2009, in all districts apart from Fenland in contrast to the national trend which was improving. The ward within the largest proportion of low achievers was Wisbech Staithe.
- Currently 3.3% of pupils in Cambridgeshire schools have a statement of **special educational need**, rising to 9.4% with significant identified need if pupils assessed as School Action Plus are included. Rates are highest in Wisbech, although numbers are also high in Cambridge North and South
- **Educational attainment** is related to deprivation, but is also affected by gender, season of birth and ethnicity. Groups who are most at risk of underperforming are: Gypsy/Travellers, Bangladeshi, Pakistani, Black Caribbean and summer-born White British boys eligible for free school meals. In general, and across all Key Stages, levels of attainment are lowest in Fenland and highest in South Cambridgeshire.

- Since 2007, Cambridgeshire numbers of young people classified as **NEET** (Not in Education, Employment or Training) have become worse, and remain higher than our statistical neighbours. South Cambridgeshire rates, although the lowest in the county, have worsened year on year, whereas Fenland rates remain highest yet but with more improvement.
- **Drugs and Alcohol:** According to Health Related Survey (HRS) data from 2008, 14% of Year 10 (14/15 year olds) admit to having taken drugs by the time they are 15, a slightly higher rate than the national average. 26% of Year 8s (12/13 year olds) and 49% of Year 10s surveyed reported they had drunk alcohol in the last seven days. Of the Years 10s who were drinking, at least 13% were apparently exceeding the safe drinking limit calculated for adults. It is difficult to estimate the prevalence of substance misuse amongst young people since no inclusive approximations of the entire young people population of Cambridgeshire exists at present. Estimates vary greatly, and our local estimates according to the Health Related Survey (HRS) are far lower than those proposed by national research.
- National evidence suggests that the following groups are particularly vulnerable to substance misuse:
    - Young homeless
    - Young offenders
    - Looked after children
    - Children transitioning from care to independent living
    - Truants and those excluded from education.
    - Children of drug users
    - Young people who are sexually exploited or work in the sex industry
- **Mental health** In general boys have a higher prevalence of mental disorder than girls, and the most common disorders appear to be conduct and emotional disorders. Around 50% of lifetime mental illness starts before the age of 14 and continues to have a detrimental effect on an individual and their family for many years. Potentially, half of these problems are preventable. Four or more adverse childhood experiences (child abuse, parental depression, domestic abuse, substance abuse or offending) increase the risk of developing mental health problems throughout life.[2]
- Rates of **postnatal depression** correlate with deprivation factors. Postnatal depression in either mother or father can affect children socially, psychologically, physically and emotionally if left untreated.

More details on the key facts, figures, trends and needs, including by district, can be found later in this document.

1.2.2 Local views

Views of children, young people, parents and carers are regularly sought to identify their views on services and their needs, at both individual levels to inform their plans, to give feedback on the services they use and in more general consultations. Key survey data from both the Health Related Survey and the TellUs survey is well used in identifying what children and young people feel is important to them and this detailed information is used in the individual chapters of this JSNA.

The Health Related Survey (previously known as the Balding Survey) is used most comprehensively and provides important data on the views of young people in secondary schools and from 2010 is being piloted in some primary schools. The survey is completed every two years and the latest information will be available in

[2] New Horizons Confident Communities, Brighter Futures: A framework for developing wellbeing. HM Government, March 2010.

October 2010. This data is invaluable in helping to identify where differences in attitudes lie and suggesting areas for exploration to help us identify local needs and understand why outcomes differ across the county.

The TellUs Survey is an annual survey of a sample of children and young people previously carried out by the Department for Children, Schools and Families. The most recent survey took place in Autumn 2009 and involved over 2000 children and young people from 20 primary and secondary schools in Cambridgeshire. It identified that those surveyed were most worried about:

- friendships and relationships;
- being a victim of crime; and
- bullying.

The review of the Big Plan (the children's plan for Cambridgeshire) identified difficulties for partners in being aware of the range of consultation material available and an easy means of accessing these. Recently the Trust agreed a new approach to securing the views of children and young people through the work of the area partnerships building on good work such as the Kids in Commissioning project and Participatory Budgeting in the North Huntingdon community, a good example of using a community asset-based approach.

1.2.3 Evidence and best practice

Development of work in Cambridgeshire is based wherever possible on evidence informed practice and national policy. Key national reports pertinent to this area include: the Healthy Child Programme,[3,4] the Marmot review[5] (Fair Society, Health Lives: Strategic Review of Health Inequalities) and New Horizons, Confident Communities, Brighter Futures: a framework for developing wellbeing. All stress the importance of the early years and providing a good start in life together with prevention, early intervention and targeted support to those with greatest needs.

1.2.4 Current activity and services

Making improvements to the outcomes of children and young people requires all of the organisations, agencies, voluntary and private sector groups to work together to provide services and support in a manner that improves effectiveness and reduces inefficiency, steered and supported by the Children's Trust.

Key means of delivery include multi-agency work through the 40 Children's Centres and the Extended Services clustered around schools. Much service delivery is based on short term funding and the Trust will need to consider the impact of reductions in funding. Since the last JSNA integrated services have continued to develop and are described in each of the detailed chapters of the JSNA.

Work on such areas as the Healthy Child Programme for example has highlighted clear areas of duplication and opportunities for workforce remodelling. Up to this point much service redesign has taken place within the service or possibly single agency – the coming spending review is likely to require a more radical cross agency approach to workforce and remodelling.

The JSNA needs to inform the service redesign of children's services at a multi agency level with Children's Trust partners committing to its findings informing

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3 Healthy Child Programme Pregnancy and the first five years of life. Department of Health, October 2009.
4 Healthy Child Programme from 5 to 19 years old. Department of Health, October 2009.
5 Fair Society, Health Lives: Strategic Review of Health Inequalities in England post-2010. The Marmot Review, February 2010.

decision making. If this does not happen there is a very real risk that we will continue to have duplication in some areas and potentially increasing gaps in others as funding reduces.

1.3 What is this telling us?

1.3.1 What are the key inequalities

There are key inequalities in outcomes for children and young people, and these are demonstrated in a number of key indicators, including differences in life expectancy, rates of young people becoming NEET, attainment rates across all key stages of education, rates of unhealthy weight and childhood deaths.

Underpinning these outcomes is the significance of deprivation and childhood poverty – the impact of deprivation can reduce the life chances of individuals whether for those living in an area where there is much deprivation or those from disadvantaged groups found throughout the county such as those with disabilities.

Key areas of inequality are shown in:

- Deprivation and child poverty – across all districts.
- Attainment – Foundation Stage Profile– across all districts.
- Unhealthy weight children – all districts rates increase from Reception to Year 6, and are higher in Fenland and East Cambridgeshire in Reception.
- Teenage conceptions – although all of the district rates are better than the England average, rates are highest in Fenland but are dropping, while the absolute number of conceptions is highest in Huntingdonshire and remaining fairly static.
- Emergency admissions to hospital in Fenland and Huntingdonshire.
- Child mortality from accidents - Cambridgeshire is higher than the England average.
- Achievement of GCSE 5 A*-C grades (including English and Maths) are poorest in Huntingdonshire and Fenland.
- NEET rates across each district and particularly in Cambridge City and Fenland, and for young people with Learning Disabilities and Difficulties.

Increasingly, therefore, the role of the area partnerships and effective representation from primary care will become important factors in determining direction of travel. The move to localised delivery will also require localised commissioning and it is likely that there will be an emerging picture of geographical variation. The challenge will be preventing this from leading to inequity in outcomes.

1.3.2 What are the gaps in knowledge/services

There are several areas, such as those relating to alcohol, substance misuse and mental health, where we have limited data and the data we have tends to be focussed on treatment rather than outcomes. This makes it difficult to judge the effectiveness of prevention, early intervention or even treatment initiatives. In addition, in children's health service records, parental or family information cannot be readily linked to allow analysis of the impact of parental problems on outcomes for children.

The JSNA uses the 'deficit' approach focussing on needs and deficiencies in a community such as deprivation, illness and health damaging behaviours. We then design services to fill gaps and fix problems. This can disempower the community with people becoming passive recipients of services rather than active agents in their own and their families lives. The Marmot Review stresses that effective local delivery requires effective participatory decision making at the local level which can only happen by empowering individuals and local communities. We need to start by working with local communities to map community assets and engage them in service redesign.

With the recent NHS White Paper, primary care engagement in planning of children and young people's services will also be essential.

1.3.3 Is what we are doing working?

The last Children and Young People's JSNA in 2007/08 clearly influenced the development of Big Plan 2 (the children's plan for Cambridgeshire) and resulted in recommendations presented at the priority setting workshop for the plan being included within the priorities for action in Big Plan 2.

Earlier in 2010, the first year of activity was reviewed and the following identified:

- High levels of commitment to the Plan and actions.
- Communication needed improvement to understand progress and difficulties across the Trust.
- A mechanism is needed to share information on consultations and results of these more easily.
- Some action plans to deliver on priorities are too large and complex and need to more clearly set out partner activity rather than single agency work.
- A more consistent and robust approach to assessment is necessary and reduce time assessing need and more time addressing it.
- Fragility of some action plans where based on short term funding.
- Keenness and support for the Trust to succeed as a mature partnership with the ability and strength to lead on setting standards and expectations, and to influence and support partners to work together.

1.4 Recommendations

Overall, and in comparison with the national picture, Cambridgeshire is a relatively prosperous county. Children and young people in Cambridgeshire generally have above average health, educational attainment and life chances. However, for some children and young people we can do more to improve their chances in life.

The recommendations from the last JSNA included:

- Full implementation of the Child Health Promotion Programme (replaced by the Healthy Child Programme) across Cambridgeshire.
- Integrated children's services provided through extended services and Children's Centres focusing on family smoking, obesity, alcohol related harm, sexually transmitted infections and teenage pregnancies.

- Focus on preventing as well as tackling health inequalities with priority groups identified as:

  - Gypsy and Traveller children
  - Looked After Children
  - Vulnerable children
  - Parents with problems or low self esteem
  - Families in areas of high deprivation: Wisbech and North Fenland, North Huntingdon, North and East of Cambridge City

These were included in Cambridgeshire's Sustainable Community Strategy and the Big Plan 2 from 2009 and progress has been made on these areas. However, they should not be lost with this refreshed JSNA and should be considered along with the recommendations made as a result of this new assessment.

The recommendations made as a result of this JSNA are that the Children's Trust and partners should:

- Ensure all children get a good start in life as an increasing body of evidence shows that the first few years will impact lifelong.
- Support good mental health and emotional wellbeing which are fundamental to achieving good health and outcomes across all five Every Child Matters domains (be healthy, stay safe, enjoy and achieve, make a positive contribution, economic wellbeing).
- Prevent/reduce the negative impact of alcohol and substance misuse, obesity and overweight, childhood accidents, child poverty, domestic violence and disabilities and the consequent inequalities in outcomes.
- Consider a more radical cross agency approach to workforce and service redesign.
- Ensure that schools, colleges, GP clusters, and partners within the Children's Trust understand the needs and issues for children in their areas and know what they should be doing to improve the outcomes for their children and young people.
- Consider how best to support localised delivery through localised commissioning while preventing geographic variation leading to inequality in outcomes.

And specifically, the Children's Trust and its partners should:

1. Work in partnership to tackle child poverty and deprivation to reduce inequalities in outcomes for children and young people.
2. Ensure the Healthy Child Programme is delivered effectively to all children and young people though the NHS, Children's Centres and supported by schools and colleges.
3. Ensure a positive start in life and promote good emotional health and wellbeing.
4. Give the Children's Trusts Area Partnerships, GPs clusters (primary and community care) and schools clear messages about their roles and responsibilities, devolving decisions and planning to the area level wherever feasible.
5. Adopt a community assets approach to tackle inequalities with local communities and the voluntary sector.

2. INTRODUCTION

A Joint Strategic Needs Assessment (JSNA) is the means by which Primary Care Trusts (PCTs) and local authorities describe the future health, care and wellbeing needs of the local populations, the strategic direction of service delivery and the commissioning requirements to meet those needs. The Cambridgeshire Community Wellbeing Partnership decided that Children and Young People should be a priority area to include in Phase 4 of the JSNA.

A JSNA aims to:

- Provide analysis of data to show the health and wellbeing status of local communities.
- Define where inequalities exist.
- Use local community views and evidence of effectiveness of interventions to review existing services and shape the future investment.
- Provide data to assist with the setting of local priorities.
- Help build the evidence base to influence the commissioning of services.

A JSNA for children and young people was carried out in 2007/08 and identified groups of children and young people identified as most at risk of not achieving their potential. The executive summary can be found at:
http://www.cambridgeshire.nhs.uk/downloads/Your%20Health/JSNAs/Childrens%20JSNA%20-%20Exec%20Summary.pdf

The 2007/08 JSNA was complemented by a data profile of children and young people in Cambridgeshire. The data profile is updated biannually and is organised by the Every Child Matters outcomes. It also describes the principal socio-economic characteristics of the different areas of Cambridgeshire highlighting in particular those neighbourhoods and communities which experience adverse inequalities.

This JSNA is not intended to replicate the 2007/08 JSNA as many of the issues highlighted are still relevant. However, using updated information and key trends this JSNA makes explicit recommendations for the future commissioning of children and young people's services to improve the outcomes of children and young people in Cambridgeshire.

This document gives an overview of key issues affecting CYP outcomes. To supplement this, separate chapters will be developed on specific topic areas relevant to children and young people covering:

- Breast feeding
- Obesity
- Sexual health and teenage pregnancy
- Alcohol and substance misuse
- Mental and emotional health and wellbeing
- Child poverty and deprivation
- Accident prevention
- Safeguarding children
- Domestic violence
- Parental health and parenting capacity
- Learning difficulties and disabilities
- Child/adult transition

Some of these chapters are near completion and others will be developed over the coming months. Most are syntheses of existing on-going work developed by partners across the Children's Trust. In addition, we hope to develop a chapter on involving children and young people and their families in service redesign by taking an assets based approach.

Recommendations from the last JSNA as presented to the Children and Young People's Strategic Partnership (CYPSP) priority setting forum in March 2008 are that:

1. Priority is given to full implementation of the Child Health Promotion Programme (CHPP) (now Healthy Child Programme) across Cambridgeshire:

   - starting the Family Health Needs Assessment process antenatally;
   - completing by the time the child is a year old;
   - taking the same holistic needs led approach whenever a child's progress begins to falter.

   .
   This will enable early intervention and prevention of poor outcomes and the targeting of additional services to those with the greatest needs.

2. Integrated children's services should be provided through partnership working in Children's Centres and Extended Schools.

3. Key priorities for these services are reducing:

   - family smoking,
   - obesity,
   - alcohol related harm,
   - sexually transmitted infections and teenage pregnancies.

4. Focus on preventing as well as tackling health inequalities; Priority groups are:

   - Gypsy and Traveller children,
   - Children in Care (Looked After),
   - Vulnerable children,
   - Parents with problems or low self esteem,
   - Families in areas of high deprivation: Wisbech and North Fenland, North Huntingdon, North and East of Cambridge City,

2.1 Context

This JSNA is being developed at a time of change. National strategy is moving to a much more localised agenda and financial pressures have provided powerful drivers for a fundamental review and redesign of children's services. As part of overall reductions, services are likely to become more targeted to those children, young people and families considered to be most in need, and in communities where need is highest. The recent White Paper on the future of the NHS, expansion of academies, introduction of free schools and the removal of the statutory status of the Children's Trust, all serve to drive this forward.

For local authority children's services, the change of government and financial pressures as a consequence of the recession and the national deficit have served as powerful drivers for a fundamental review and redesign of children's services. The scale of resource reduction means that a reduction in service provision is inevitable, and there will be increasing emphasis on looking at different and more effective ways to deliver services. As part of overall reductions, services are likely to become more targeted to those children, young people and families considered to be most in need, and in

communities where need is highest. The abolition of PCTs may also have an impact on joint commissioning between the NHS and local authorities.

The change in government has brought about a time of instability for the Voluntary and Community Sector too with reductions in funding from many sources. Changes are happening fast and they have a strong impact on the sector with organisations having to react quickly to ensure their survival. Even the most proactive organisations are having to act reactively to the changing environment and those most at risk are the service users. But these times of change can be also times of opportunity for the sector and for those organisations who can deliver quality services. Partnership working between organisations and sectors has never been more important and bright, innovative ideas have very good prospects.

It is in this context that the JSNA is being refreshed and provides us with an opportunity to make some critical decisions about the allocation of resource based on local need. For this reason much of the information is broken down to district and area level in order to inform the commissioning decisions of the area partnerships of the Children's Trust, schools and GP clusters and the practice of other organisations working in the area.

Cambridgeshire continues to be committed to the Children's Trust model and will seek to influence the new model of commissioning through involvement of GP clusters in local area partnerships.

In an increasingly financially challenging environment, at county level the JSNA will help us to identify key actions/services that will have the maximum impact. This is particularly critical with a range of initiatives coming to an end, and a strong desire to capture the learning and embed in the mainstream.

Currently there is an extensive range of work streams which have an influence on the outcomes for children and families, many of them provided via external funding streams. Some examples are the Family Nurse Partnership (FNP) programme, Multi Systemic Therapy (MST), Targeted Mental Health in Schools (TAMHS), Aiming High, Parent Support, Children's Fund and the Teenage Pregnancy Strategy.

Government programmes such as Children's Centres/Sure Start, Every Disabled Child Matters, Common Assessment Framework (CAF), National eCAF (the electronic system for storing and accessing CAFs) and Healthy schools may continue but be delivered differently or more locally or may be replaced by new policy approaches.

As many programmes come to an end, we can use the data in the JSNA to identify key priorities and to refresh the children's plan both at county and area level. Many of these have been evaluated and therefore it should be possible to identify the key characteristics that make certain programmes more successful than others.

Work on such areas as the Healthy Child Programme have highlighted clear areas of duplication and opportunities for workforce remodelling. Up to this point much service redesign has taken place within service or possibly single agency – the coming spending review is likely to require a more radical cross agency approach to workforce and remodelling.

The JSNA needs to inform the service redesign of children's services at a multi agency level with children's trust partners committed to using its findings to inform decision making. If this does not happen there is a very real risk that we will continue to have duplication in some areas and increasing gaps in others as funding reduces.

There is no indication that the coming cuts to public services is a temporary measure and localised responsiveness and flexibility in service delivery and commissioning are also

here to stay. With that in mind, this JSNA needs to provide an evidence base for spending going forward, with the recognition that decisions made now about how and what to cut will have a direct impact on longer term outcomes.

Increasingly therefore the role of the area partnerships and effective representation from primary care will become important factors in determining direction of travel. The move to localised delivery will also require localised commissioning and it is likely that there will be an emerging picture of geographical variation. The challenge will be preventing this from leading to inequity in outcomes.

2.2 Data Sources

The Summer 2010 Data Profile of children and young people in Cambridgeshire is the main source of data for this JSNA. This can be found at http://c9x.e2bn.net/e2bn/leas/c99/schools/c9x/web/public/Data%20Profile%20Summer%202010.pdf. In most cases the Profile uses the definition of child as a person aged between 0 and 19 years, but the age may differ depending on the source of the data. Much of the data is taken from the County Council's pupil database which is derived from maintained schools in Cambridgeshire and provides a detailed source of information at individual pupil level. However it does not cover every child aged 0 – 19 in Cambridgeshire. It covers children of statutory school age, but only some of those in Early Years settings or continuing in Post-16 education, (ie those who attend a maintained nursery school or nursery class and those who attend a school Sixth Form). It does not include children who live in Cambridgeshire and attend independent or out-county schools. Nevertheless it and other data from the Youth Offending Service and Connexions within the local authority provides a rich and robust set of information on over 78,000 children and young people in Cambridgeshire, compatible with the Department for Education's national census.

In most cases the Profile uses Local Authority Wards as a geographical basis. These are not co-terminus with Children's Services Locality teams, but have been used because they are smaller than Localities and can therefore pinpoint patterns more precisely. Locality averages and totals are also shown, but should be treated as 'broadbrush' figures only as in many cases they are derived from Ward data using weighted averages. Most of the Health data is not available below District or former PCT level.

For consistency all analyses are based on where a child lives. This enables associations to be made across distribution patterns, for instance linking areas of high deprivation and low attainment.

Throughout the Children and Young People JSNA, the following bullet points have been used to distinguish the difference between local and national data:

❖ Cambridgeshire data/information.
➢ National data/information.

3. WHAT DO WE KNOW?

3.1 Facts, Figures and Trends

3.1.1 Demography

Table 1: Cambridgeshire district populations aged 0 to 25 from General Practice registrations

District	0-4	5-10	11-15	16-19	0-19	% distribution 0-19	20-25	0-25
Cambridge City	6313	6138	5134	9157	26742	18.7	22692	49434
East Cambridgeshire	4806	5401	4694	3638	18539	13.0	5405	23944
Fenland	5106	6249	5834	4533	21722	15.2	6629	28351
Huntingdonshire	9369	11681	10531	8278	39859	27.9	10983	50842
South Cambridgeshire	8957	10614	9169	7031	35771	25.1	8694	44465
Cambridgeshire	**34551**	**40083**	**35362**	**32637**	**142633**	**100**	**54403**	**197036**

Source: Exeter GP Registration System, October 2009 download

- On average there are around 7,000 children and young people in each age group. With around 3,000 in Huntingdonshire and South Cambridgeshire and City, and 2,000 in East Cambridgeshire and Fenland.
- The number of young people aged 18 and 19 in Cambridge is inflated by students in higher education.

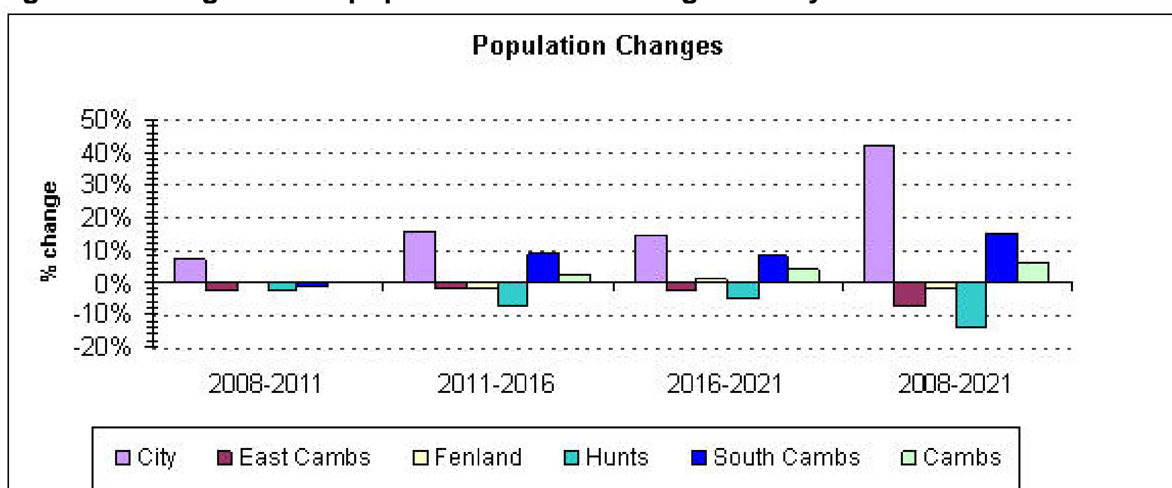
Table 2: Population projections for Children and Young People aged 0-19

District	Forecast				% Difference			2008-2021	
	2008	2011	2016	2021	2008-2011	2011-2016	2016-2021	% Difference	Change
Cambridge City	25,000	26,800	31,100	35,600	7.2%	16.0%	14.5%	42.4%	10,600
East Cambridgeshire	19,100	18,600	18,200	17,700	-2.6%	-2.2%	-2.7%	-7.3%	-1,400
Fenland	22,100	22,000	21,500	21,700	-0.5%	-2.3%	0.9%	-1.8%	-400
Huntingdonshire	39,900	38,900	36,100	34,300	-2.5%	-7.2%	-5.0%	-14.0%	-5,600
South Cambridgeshire	34,600	34,000	36,900	39,800	-1.7%	8.5%	7.9%	15.0%	5,200
Cambridgeshire	**140,800**	**140,300**	**143,700**	**149,100**	**-0.4%**	**2.4%**	**3.8%**	**5.9%**	**8,300**

Source: CCC Research group Mid-2008 district level population forecasts

- The population of children and young people in Cambridgeshire aged between 0-19 years is expected to grow by approximately 6% between 2008-2021, but this will not spread evenly across the county. Some districts will see a decrease.
- Huntingdonshire, which currently has the largest population, is expected to experience a decrease of nearly 5,500 citizens, whilst East Cambridgeshire and Fenland, will see a fall of around 1,500 and 500 respectively.
- By contrast, child population is expected to rise in Cambridge City by around 10,500, and South Cambridgeshire may increase by 5,000.

Figure 1: Changes to the population of children aged 0-19 years



Source: CCC Research group Mid-2008 district level population forecasts

- Between 2008 and 2021 numbers of primary aged children, or 5-9 year olds, are expected to increase across the county by 3,100, an overall increase of around 9%. Again, the growth is expected in the south of the county, particularly in Cambridge City. Numbers are expected to fall in Huntingdonshire and East Cambridgeshire.
- Across the county numbers of young people aged 10-14 are expected to remain broadly similar over the next thirteen years, with patterns varying between Districts. Growth is anticipated in the south of the county, with increases of 2,500 in Cambridge City and 1,500 in South Cambridgeshire. However numbers are expected to fall in Huntingdonshire, and Fenland.
- Between 2008 and 2021 an increase of almost 3% is forecast for Cambridgeshire's population of 15-19 year olds. Again, growth is forecast in the south, with an increase of 2,000 young people in Cambridge City and around 1,000 in South Cambridgeshire. Huntingdonshire is expected to experience a sizeable loss of approximately 2,000, whilst East Cambridgeshire and Fenland are expected to experience minimal change.

Table 3: Forecast number of births 2008 – 2021

District	Forecast				% Difference			2008-2021	
	2008	2011	2016	2021	2008-2011	2011-2016	2016-2021	% Difference	Change
Cambridge City	1,400	1,500	1,800	1,900	7.1%	20.0%	5.6%	35.7%	500
East Cambridgeshire	1,000	900	800	800	-10.0%	-11.1%	0.0%	-20.0%	-200
Fenland	1,000	900	900	1,000	-10.0%	0.0%	11.1%	0.0%	0
Huntingdonshire	1,900	1,800	1,800	1,800	-5.3%	0.0%	0.0%	-5.3%	-100
South Cambridgeshire	1,800	1,500	1,700	1,900	-16.7%	13.3%	11.8%	5.6%	100
Cambridgeshire	**7,200**	**6,700**	**7,000**	**7,300**	**-6.9%**	**4.5%**	**4.3%**	**1.4%**	**100**

Source: CCC Research group Mid-2008 district level population forecasts

- Changes in the birth rate will impact on the numbers of the pre-school population aged 0-4, which is expected to grow across Cambridgeshire by almost 7.5% to approximately 37,000 by 2021.
- Almost all of this growth is expected in the south of the county, with Cambridge City and South Cambridgeshire experiencing increases of 3,000

and 1,000 respectively. Numbers are forecast to decline in Huntingdonshire, East Cambridgeshire and Fenland.

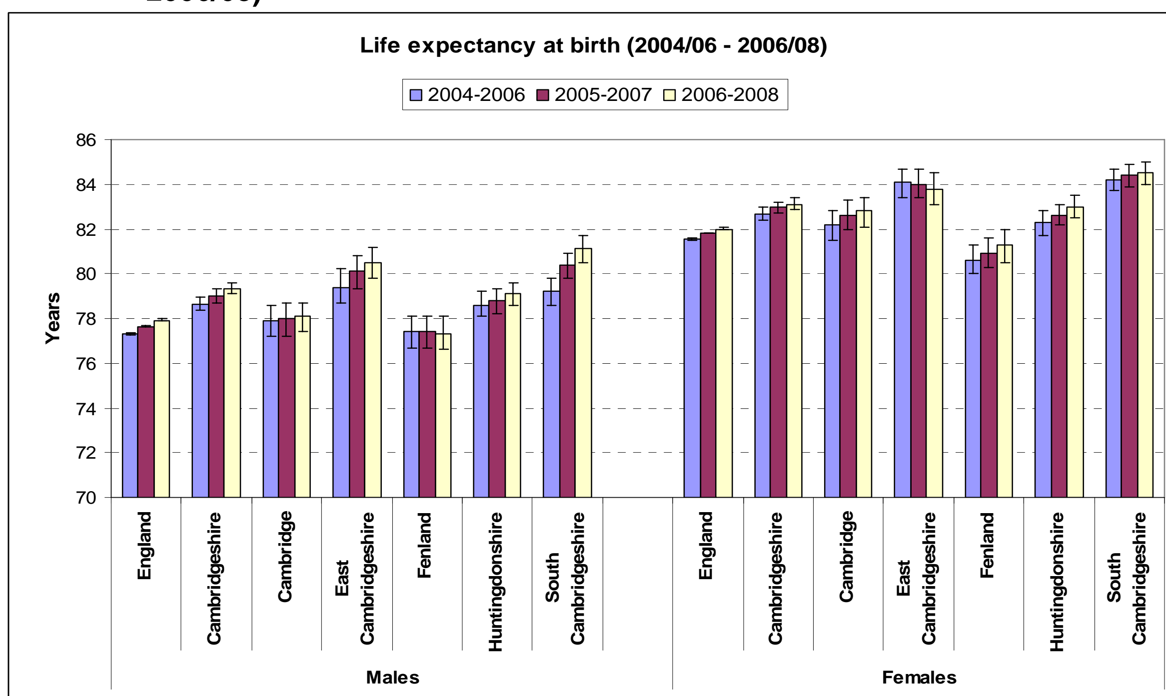
❖ Wards with significant anticipated growth of pre-school numbers include Castle, Cherry Hinton and Trumpington in Cambridge, and Teversham and the Wilbrahams in South Cambridgeshire. There are expected to be 400 children aged 0-4 yrs in Northstowe by 2016.

❖ The changes in housing growth and the speed at which new development takes place will have an impact on population change.

3.1.2 Key facts, figures and trends for all ages

Life expectancy at birth

Figure 2: Life expectancy at birth with 95% confidence limits (2004/06 – 2006/08)



Source: ONS

❖ The trend in the life expectancy increased in all Cambridgeshire districts for both men and women (2004/06 – 2006/08). However, some significant inequalities in life expectancy remained:

- between both sexes, the difference was around four years of longer life expectancy for women;
- between the districts, Fenland's life expectancy for men was significantly lower than in the rest of the county.
- In the most deprived areas, life expectancy for men was almost four years shorter than in the least deprived areas; for women the difference was more than three years.

(Source: NHS Cambridgeshire Health Inequalities in Cambridgeshire PCT / Local Authority (2010) Summary).

Child Poverty

The Income Deprivation Affecting Children Index (IDACI index) shows the percentage of children under 16 who are living in families in receipt of Income Support and Job Seekers Allowance or in families in receipt of benefits.

- Of the 25 Cambridgeshire wards in the top (most deprived) quintile, 15 are in Fenland, 6 in Cambridge City, 2 in South Cambridgeshire, and 1 in both East Cambridgeshire and Huntingdon.

Bullying

Bullying can be defined as a persistent and deliberate attempt to hurt or humiliate someone. There may sometimes be misunderstanding about the meaning of the term 'bullying' – for example, one-off incidents, whilst they may be very serious and must always be dealt with, do not fall within the definition of 'bullying'.

- Bullying is a real concern for children and young people in Cambridgeshire. The results of Cambridgeshire's Health Related Survey 2008 show that:

  - 28% of children and young people are sometimes or often afraid of going to school because of bullying.
  - 24% say they have been bullied at or near school in the last 12 months.
  - 15% are subject to repeated incidents of bullying.

Key determinants that contribute to inequalities in mental health

The following are taken from 'New Horizons Confident Communities, Brighter Futures''[6]

- Poor parental mental health: 5-fold increase in onset of emotional/conduct disorder in childhood (*10% of mothers experience postnatal depression*)
- Parent becomes unemployed: 4-fold increase in onset of emotional/ conduct disorder in childhood (*10% of children have mental health problems and 17% (1.8 million) children live in a workless household*)
- Poor parenting skills, for example grounding: 5.6-fold increase in onset of conduct disorder in childhood
- Four or more adverse childhood experiences (child abuse, parental depression, domestic abuse, substance abuse or offending):

  - 12.2-fold increase in attempted suicide as an adult
  - 10.3-fold increase in injecting drug use
  - 7.4-fold increase in alcoholism
  - 4.6-fold increase in depression

(*15% of females and 9% of males experience four or more adverse childhood experiences – US study*)

[6] New Horizons Confident Communities, Brighter Futures: A framework for developing wellbeing. HM Government, March 2010. http://www.nmhdu.org.uk/silo/files/confident-communities-brighter-futures.pdf

- Adolescent dating violence:
  - 8.6-fold increase in attempted suicide
    (10% of 16 to 19-year-olds sexually assaulted each year)

In addition, the Marmot Review[7] showed that:

- Postnatal depression correlates with deprivation

Children with Learning Difficulties and Disabilities

- At present, 3.3% of pupils in Cambridgeshire schools have a statement of special educational need (SEN), rising to 9.4% with significant identified need if pupils assessed as School Action Plus are included as well. Patterns vary across the county and can reflect management practice as much as incidence of need. The highest proportion of pupils with either a statement or at School Action Plus live in Wisbech, although numbers are higher in Cambridge North and Cambridge South. The lowest percentages are in Cottenham and Swavesey and Bassingbourn, Melbourn, Comberton and Gamlingay Localities. (Note that these figures include children taught in both mainstream and special schools in Cambridgeshire, but does not include those attending independent schools or schools outside the county).
- Of the 25 wards in the 20% with the highest incidence of special educational need (statement and School Action Plus), 16 are in East Cambridgeshire and Fenland, three in Huntingdonshire and six in South Cambridgeshire and City.

Table 4: Proportion of main reasons for pupils having a Statement or School Action Plus: January 2009

	ECF	Hunts	SCC	Cambs
Autistic Spectrum Disorder	0.9	1.2	0.9	**1.0**
Behaviour, Emotional & Social Difficulties	2.5	2.2	2.1	**2.3**
Hearing Impairment	0.1	0.2	0.2	**0.2**
Moderate Learning Difficulty	2.8	1.8	1.8	**2.1**
Multi-Sensory Impairment	0	0.1	0	**0**
Other Difficulty/Disability	0.5	0.5	0.5	**0.5**
Physical Disability	0.3	0.3	0.2	**0.3**
Profound and Multiple Learning Difficulty	0.1	0.2	0.1	**0.1**
Severe Learning Difficulty	0.4	0.4	0.3	**0.4**
Specific Learning Difficulty	1.2	0.9	1.4	**1.2**
Speech, Language & Communication Needs	1.3	1.2	1.5	**1.3**
Visual Impairment	0.1	0.1	0.1	**0.1**
Total statement & SA+	**10.2**	**8.9**	**9.0**	**9.4**
Total pupils Jan 09	23304	23455	29003	**75762**

Source: School Census January 2009 (2009 Child Database held on Datastore)

- The table shows the proportion of pupils with an identified special educational need in each of the classified OfSTED types of need; pupils may fit into more than one category but only the main category is shown and again may reflect management practice and professional opinion. Across the county 2.1% of pupils have a Moderate Learning Difficulty, with rates particularly high in Wisbech, Ely, Littleport and Witchford and Cambridge North.

[7] Fair Society, Health Lives: Strategic Review of Health Inequalities in England post-2010. The Marmot Review, February 2010. http://www.marmotreview.org/

Childhood accidents

- In 2008, about 240 children aged under 15 years died in the UK as the result of accidents.
- Accidents account for at least 17% of all deaths among children under 15 years[8].
- Each year over two million children are taken to hospital after an accident – about half of these happen in the home[9].
- Accidents disproportionately affect children from lower socio-economic groups. However, most accidents and their precipitating events are potentially preventable.

NI70 looks at the rate of emergency hospital admissions caused by unintentional and deliberate injuries in children and young people and was selected by the Cambridgeshire Local Area Agreement as a priority area in 2008.

- Compared to the East of England average, the rates of NI70 in Cambridgeshire have been significantly above the regional average for a number of years.[10]
- In Cambridgeshire around one in five of all emergency hospital admission in children and young people are due to unintentional and deliberate injuries.
- In 2008/09 there were 1,301 emergency admissions for unintentional and deliberate injuries in Cambridgeshire compared to 1,187 the previous year.

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8 Office for National Statistics. http://www.statistics.gov.uk/StatBase/Expodata/Spreadsheets/D6390.xls

9 Children and accidents factsheet. Child Accident Prevention Trust, January 2010. http://www.capt.org.uk/pdfs/factsheet%20children%20and%20their%20accidents.pdf

10 2008 Child health profile for Cambridgeshire. Eastern Region Public Health Observatory, September 2008. http://www.erpho.org.uk/viewResource.aspx?id=18039

Table 5: Rates of emergency hospital admissions caused by unintentional and deliberate injuries in children and young people (per 10,000 population)

Domain		Rates of hospital admissions/10,000							
		2001/2	2002/3	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9
Cambridgeshire County		107.2	105.1	116.9	91.7	94.3	107.7	95.6	104.0
Sex	Male	129.6	121.5	139.2	104.7	104.5	125.4	108.4	123.1
	Female	83.6	87.6	93.3	77.9	83.5	89.1	82.2	83.5
Age group (years)	0-4	112.6	113.6	123.3	109.4	104.5	104.9	99.9	107.5
	5-9	88.3	85.7	93.2	72.0	67.7	78.9	68.7	89.4
	10-14	109.9	104.4	119.1	87.6	87.2	107.3	87.1	90.6
	15-17	126.9	125.5	141.7	103.7	132.7	157.2	153.1	141.8
District Council	Cambridge City	124.0	99.5	116.8	93.6	109.0	113.1	95.8	106.3
	East Cambridgeshire	108.6	106.3	123.1	80.9	87.7	103.2	90.5	83.0
	Fenland	107.0	120.8	136.9	108.3	73.2	128.8	108.0	118.4
	Huntingdonshire	98.1	109.2	117.4	84.4	98.8	106.2	89.0	110.7
	South Cambridgeshire	108.1	92.9	100.5	95.3	96.6	95.9	98.8	98.1
Quintiles of IMD scores	Q1-least deprived	93.4	85.0	110.2	83.9	85.7	84.8	84.3	103.3
	Q2	105.2	100.5	113.1	93.7	87.0	107.6	91.1	98.7
	Q3	102.8	103.9	96.7	74.2	91.8	98.7	90.8	90.8
	Q4	114.3	112.4	124.5	89.8	102.4	110.9	96.0	102.1
	Q5-most deprived	119.6	123.1	139.1	116.1	104.7	136.2	116.3	126.5

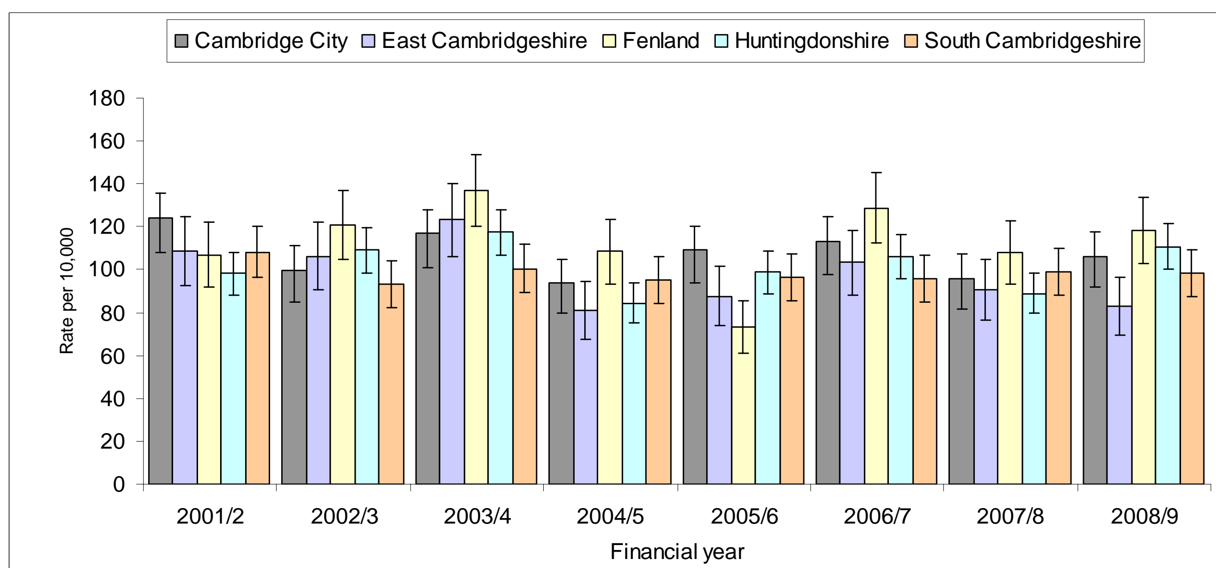
IMD, Index of multiple deprivation
Source: Ngondi J (2010) Epidemiology of emergency hospital admissions caused by unintentional and deliberate injuries in children and young people in Cambridgeshire:
April 2001 to March 2009.

❖ Over the eight year period, April 2001 and March 2009[11]

- Rates of hospital admissions were fairly consistent across years.
- The rates were significantly higher in males than females.
- The rates were highest in the 15-17 year age group followed by the under fives.
- The rate of emergency hospital admissions correlates with the index of multiple deprivation scores, with the top 20% most deprived areas consistently having the highest rates.
- There was a distinct seasonal pattern with the number of hospital admissions peaking during the spring and summer months.

[11] Ngondi, J (2010) Epidemiology of emergency hospital admissions caused by unintentional and deliberate injuries in children and young people in Cambridgeshire: April 2001 to March 2009.

Figure 3: Rates of emergency hospital admissions caused by unintentional and deliberate injuries in children and young people by financial year and district council



Source: Ngondi J (2010). Epidemiology of emergency hospital admissions caused by unintentional and deliberate injuries in children and young people in Cambridgeshire: April 2001 to March 2009.

- The rate of emergency admission varied across the districts and for each district council the rate varied from year to year. In 2008/09, rates were highest in Huntingdonshire and Fenland.
- Falls were the predominant causes of injuries in the 0-14 age groups whereas among those aged 15-17 years, intentional self-harm was the leading cause environment
- For all age groups where place was recorded, most injuries took place in the home

3.1.3 Key facts, figures and trends for parental health and parenting capacity

Substance misuse

- According to the LSCB 2009/10 Annual Report, the misuse of alcohol and/or drugs by parents accounts for up to 40% of cases of children entering the child protection system.

Smoking in Pregnancy

Table 6: Smoking at the time of delivery

PCT	Percentage of maternities smoking at delivery					
	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Cambridgeshire	13.9%	11.1%	11.2%	11.6%	11.6%	11.6%
Wiltshire	n/a	14.9%	16.5%	16.2%	14.9%	14.6%
Hampshire	14.4%	15.2%	14.8%	14.8%	12.7%	13.4%
Oxfordshire	12.2%	11.2%	11.0%	8.0%	8.5%	8.1%
Warwickshire	n/a	n/a	15.9%	15.2%	14.3%	15.2%
England	n/a	n/a	15.1%	14.4%	14.4%	14.1%

Source: Department of Health, NHS IC Omnibus

- Overall there has been a decrease in the proportion of mothers who were smokers at the time of delivery in NHS Cambridgeshire. In 2009/10 the proportion in NHS Cambridgeshire was lower than the national average and also one of the lowest in comparison to its PCT statistical neighbours.
- The Cambridgeshire and Peterborough Child Death Overview Panel reviewed 22 deaths in children and young people in 2008/09 and in all three Sudden Unexpected Deaths in Infancy (SUDIs), both parents were smokers, and in one death from pneumonia, the father smoked. Smoking was only identified as a potentially preventable factor in one of these deaths. However smoking is a risk factor for Sudden Unexpected Deaths in Infancy and for respiratory problems such as pneumonia and asthma, which may lead to death. Smoking was more common in the 22 families in which a child died but this is probably a reflection of the link between child deaths and deprivation.

Domestic violence

- According to the 2009/10 LSCB Annual Report, domestic violence or abuse is the most frequently recorded reason for entry into the child protection system, accounting for up to 50% of the cases.
- There were 10,250 DV-related referrals made to the Cambridgeshire Children's Services Contact Centre between July 2009 and June 2010.
- 31.7% of all Children's Services Social Care contacts between September 2008 and August 2009 were for domestic abuse-related issues.
- 700 children and young people were part of Multi-Agency Risk Assessment Conference (MARAC) hearings (for high-risk cases of domestic abuse where homicide is a risk) in 2009/10.
- Children are involved as victims, witnesses or offenders in just over half of all domestic abuse incidents in the county and also form a significant risk group for domestic abuse. Cambridgeshire Constabulary attended 2,847 incidents in 2009/10 where school-age children were affected by domestic abuse.
- Within the crimes recorded for the period 2009-2010, victims aged between 0 and 10 years old, all have a familial relationship with the offender(s). In 51 out of 54 crimes, the offender is their parent. The relationship type between victim and offender begins to include intimate relationships from the age of 11, and increases notably in victims aged 16 or over.

Table 7: Domestic Violence Crime Rate – worst performing wards

2006/07			2007/08			2008/09		
Ward Name	**Number of Crimes**	**Crimes per 1000 popl**	**Ward Name**	**Number of Crimes**	**Crimes per 1000 popl**	**Ward Name**	**Number of Crimes**	**Crimes per 1000 popl**
Wisbech Waterlees	144	27.8	Wisbech Staithe	76	30.0	Huntingdon North	221	37.8
Abbey	236	26.4	Kings Hedges	200	25.1	Wisbech Clarkson	72	33.3
Kings Hedges	195	24.5	Wisbech Waterlees	127	24.5	Kings Hedges	256	32.2
Huntingdon North	142	24.3	Huntingdon North	143	24.5	Wisbech Waterlees	161	31.1
Whittlesey – Lattersey	55	22.4	Wisbech Peckover	51	23.3	Wisbech Staithe	70	27.7
East Chesterton	181	22.3	Arbury	211	23.2	Abbey	243	27.2
Wisbech Staithe	54	21.3	Wisbech Medworth	53	23.0	Whittlesey - Lattersey	66	26.9
Wisbech Clarkson	45	20.8	Abbey	199	22.3	Wisbech Medworth	59	25.7

Source: Cambridgeshire Constabulary Domestic Abuse Force Profile, 2009

- The domestic violence crime rate in the 10 worst performing wards increased between 2006/07 and 2008/09 from a range of 19.6–27.8 to 25.7–37.8 per 1000 population. Similar wards in Wisbech, North Cambridge and North Huntingdon feature each year. Rates are consistently high for the Wisbech wards but absolute numbers are highest in the other wards because they have larger populations.

Children in Need

- Just under 3,600 children aged under 18 were referred to Social Care during the financial year 2008/09, approximately 2.9% of the child population of Cambridgeshire. This total includes some re-referrals, so in some instances the same child may be counted more than once.
- Referrals are highest in Wisbech, Huntingdon and Cambridge South and lowest in Sawston and Linton and Bassingbourn, and St Ives Localities. Referral rates are generally highest for young children aged 0-9 and lowest for young people aged 15-17.
- Most referrals are in the category of Abuse/Neglect which includes children at risk of neglect, physical, sexual or emotional abuse, as well as children affected by domestic violence. Children may have more than one reason for referral.

Child Protection

- According to the LSCB Annual Report for 2010[12], the county total of children subject to a child protection plan has stabilised throughout 2009-2010 around the 340-365 mark.
- The overall rate of registration per 1,000 children in Cambridgeshire increased slightly throughout the year from 2.85 to 2.92, a higher rate than in comparator authorities.

[12] Cambridgeshire LSCB Annual Report April 2009 – March 2010.

- ❖ The Cambridge City and South Cambridgeshire area has consistently had lower numbers and a lower rate of registrations than Fenland, although by the end of March 2010, the rate was higher in Huntingdonshire than Fenland for the first time, although this may be due to a variation in threshold criteria rather than a reflection of need.
- ❖ Rates are highest for young children aged 0-4 years, and lowest for young people aged 16-17 years. Most children are subject to a CP Plan for reasons of neglect or emotional abuse.
- ➢ Childhood abuse has long term consequences and according to New Horizons, victims show:
  - 15.5-fold increase in rate of minor depression as a child
  - 8.7-fold increase in suicidal thoughts
  - 8.1-fold increase in anxiety
  - 7-fold increase in rate of recurrent depression as an adult
  - 9.9-fold increase in post-traumatic stress disorder as an adult
  - 5.4-fold increase in substance misuse

3.1.4 Key facts, figures and trends by early years age group

Low birth weight babies

Low birth weight is classed as a birth weight less than 2,500 grams. Low birth weight varies widely according to socio-economic status and carries a continuing risk of childhood morbidity, infant mortality and serious consequences for health in later life.

- ❖ The trend in the proportion of low birth weight babies has been decreasing in all Cambridgeshire districts (2006 – 2008), in line with the national trend. Fenland had the highest proportion of low birth weight babies, however the difference is not statistically significant in comparison to the local (county level) and national data[13].

Breastfeeding

- ❖ Rates of **breastfeeding initiation** have increased and then have remained fairly static for the last three years. In 2009/10, 79% of mothers initiated breastfeeding in NHS Cambridgeshire, which was higher than the England average and also one of the highest rates compared to its PCT statistical neighbours.

Table 8: Breastfeeding status for babies aged 6-8 weeks 1 April 2010 – 31 September 2010

District	Breastfeeding status			
	Totally	Partially	Not at all	Not recorded
Cambridge	56.5%	14.6%	25.6%	3.2%
East Cambridgeshire	42.0%	13.5%	42.7%	1.8%
Fenland	28.3%	6.8%	62.6%	2.3%
Huntingdonshire	38.6%	14.1%	42.4%	4.9%
South Cambridgeshire	47.6%	14.4%	36.5%	1.6%
Cambridgeshire	44.0%	13.2%	39.8%	3.0%

Source: Countywide Health Visiting service, Cambridgeshire Community Services

[13] Source: The Compendium of Clinical and Health Indicators, nchod

- The table above shows the breastfeeding status for babies at their **six to eight week** checks. Fenland had a noticeably lower percentage of babies breastfed compared to the other areas, whereas Cambridge City had a relatively high proportion breastfeeding at six to eight weeks.

Early Years Foundation Stage Profile (EYFSP)

This is a statutory assessment of children's learning and development and welfare from birth to the end of the academic year in which they turn five. It covers six areas of learning divided into 13 scales.

- Personal, Social and Emotional Development (PSED) (3 scales)
- Communication, Language and Literacy (CLL) (4 scales)
- Problem-solving, reasoning and numeracy (3 scales)
- Knowledge and understanding of the world (1 scale)
- Physical Development (1 scale)
- Creative Development (1 scale)

NI 72 measures the number of children achieving 78 points across all 13 EYFSP scales with at least six points or more in each of the PSED and CLL scales, expressed as a percentage of the total number of children assessed against the EYFSP.

Table 9: Pupils achieving 78+ points in Personal, Social and Emotional Development and Communication, Language and Literacy

NI 72: % pupils achieving 78+ Points & 6+ in Personal, Social & Emotional Development (PSE) & Communication, Language & Literacy (CLL)				
District of school	**2007**	**2008**	**2009**	**2010**
Cambridge City	57.3	50.4	46.7	51.0
East Cambridgeshire	58.7	58.8	54.2	54.8
Fenland	49.0	49.8	47.2	52.5
Huntingdonshire	57.5	58.2	53.0	57.4
South Cambridgeshire	59.7	53.8	49.2	57.7
Cambridgeshire	**58.0**	**55.0**	**49.4**	**54.7**
Statistical Neighbours	48.0	53.0	54.0	58.5
England	46.0	49.0	52.0	56.0

Source: CYPS Sep 2010

- Provisional results for 2010 indicate that Cambridgeshire's performance in NI72 has reversed recent falls. Across the county 54.7% of children achieved 78+ points in the FSP together with 6+ in all the PSE and CLL scales in 2010, five percentage points more than in 2009 when only 49.4% children achieved this level.
- The proportion of children achieving NI72 increased between 2009 and 2010 across all Cambridgeshire districts, with the largest rises being in South Cambridgeshire (8.5 ppts (percentage points)) and Fenland (5.3ppts) and the smallest in East Cambridgeshire (0.6ppts).
- In 2010, Cambridgeshire was slightly below the England figure and well below that of our statistical neighbours.
- In 2010, the percentage of pupils eligible for free school meals achieving NI72 rose by 5ppts to 35%; in-line with rises across the county as a whole, but still well below the county rate.

- Across Black and Minority Ethnic groups the picture in 2010 was mixed with clear improvements by children of Indian, Gypsy/Roma and Mixed Black Caribbean and White heritage, but declines among children from Black African and Chinese backgrounds. However there are small numbers for these groups so performance can be volatile.
- Looked after children achievement rates have declined, widening the gap with the county rate but again there are very small numbers in the cohort.
- There has been an increase in cohort numbers for Eastern European language speakers.
- Achievement rates for Special Educational Needs (SEN) all improved in 2010 but are still all well below the county average.

NI 72 performance in the most deprived wards

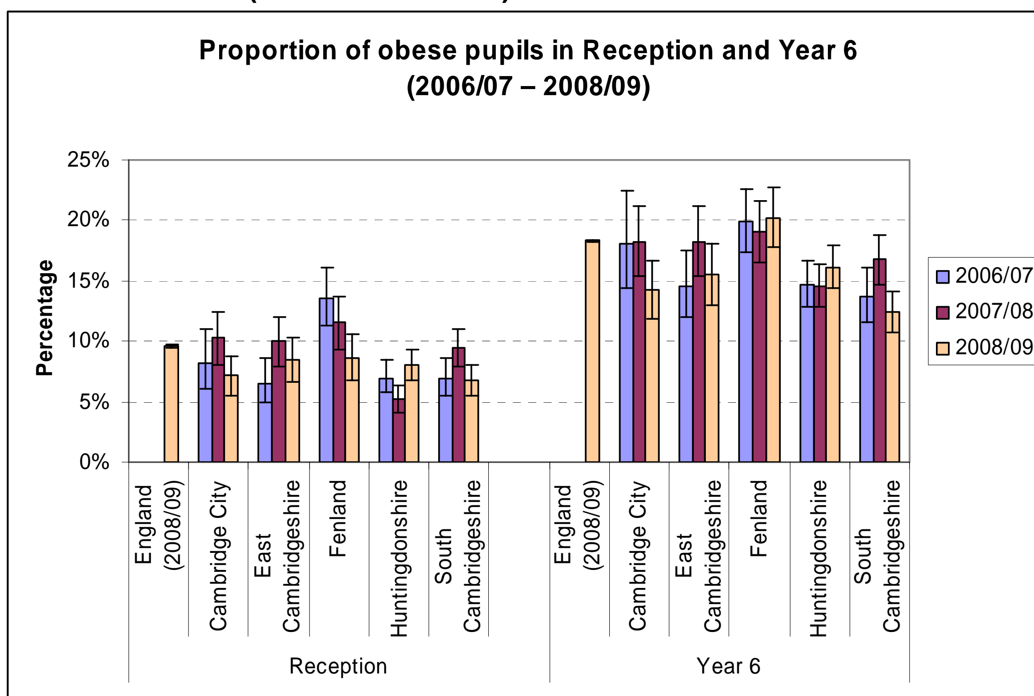
- For the percentage achieving 78+ points including 6+ in PSED & CLL (NI 72) in the 20% most deprived wards in Cambridgeshire, the most significant improvements were seen in Wisbech, Parson Drove (up 38ppts to 70%), Cambridge North, Milton (up 30ppts to 65%) and Whittlesey, Kingsmoor (up 28ppts to 75%). The greatest decline among the 20% most deprived wards was in Wisbech, Elm and Christchurch (falling 26ppts to 20%). (Note: The cohorts in individual wards are small and therefore subject to fluctuations)
- Eleven wards in the 20% most deprived wards showed an achievement rate above the county average.

3.1.5 Key facts, figures and trends by primary school age group

Childhood obesity

Every year since 2005, as part of the National Child Measurement Programme (NCMP), children in Reception and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; the population-level surveillance data gathered allows analysis of trends in growth patterns and obesity (National Obesity Observatory, 2010).

Figure 4: Proportion of obese pupils in Reception and Year 6 with 95% confidence limits (2006/07 – 2008/09)



Source: National Child Measurement Programme (NCMP) (2006/07 – 2008/09)

- Between 2006/07 and 2008/09 the trend in childhood obesity in Reception and Year 6 varied in Cambridgeshire districts. However, for all areas, there was a significant increase in the percentage of obese children from Reception to Year 6, in common with the national trend.
- Over this period, the Fenland percentage fell significantly in Reception from a significantly higher level to a similar level to the other districts. In Year 6, the level in Fenland remains significantly higher than South Cambridgeshire, Cambridge City and Huntingdonshire.

Table 10: Proportion of obese and overweight Reception and Year 6 pupils, 2008/09

Area	Reception				Year 6			
	Over weight	Obese	Total number measured	Coverage	Over weight	Obese	Total number measured	Coverage
Cambridge	12.9%	7.0%	892	-	13.3%	14.6%	759	-
East Cambridgeshire	13.7%	7.9%	827	-	14.6%	15.3%	751	-
Fenland	15.3%	8.6%	842	-	15.0%	20.2%	992	-
Huntingdonshire	12.6%	8.0%	1,699	-	15.4%	16.0%	1,674	-
South Cambridgeshire	11.1%	6.8%	1,457	-	14.9%	12.7%	1,366	-
Cambridgeshire	12.9%	7.8%	5,860	94.9%	14.8%	15.7%	5,685	91.4%
East of England	13.1%	8.7%	55,376	89.3%	14.1%	16.6%	55,540	87.7%
England	13.2%	9.6%	506,169	-	14.3%	18.3%	497,680	-

Source: National Child Measurement Programme 2008/09

- In 2008/09, approximately one in five Reception children and almost one in three Year 6 children were recorded as overweight or obese. In Reception, this is significantly lower than the England average which is closer to one in four.

- The highest rates of childhood obesity in Cambridgeshire were in Fenland in both Reception (8.6%) and Year 6 (20.0%). The lowest rates were in South Cambridgeshire for both Reception (6.8%) and Year 6 (12.7%). In Year 6 obesity was more common in boys than in girls, whereas in Reception year there was no significant difference.

Key Stage 2

Table 11: NI 73: Percentage achieving L4+ in English & Mathematics at KS2

District of school	ALL PUPILS				3 year trend
	2007	2008	2009	2010	
Cambridge City	69.8	72.8	74.0	73.8	↑
East Cambs	72.4	72.4	70.3	71.0	↓
Fenland	66.0	69.8	65.0	65.8	↓
Huntingdonshire	74.1	72.6	73.0	73.3	↓
South Cambs	81.0	79.0	79.0	77.6	↓
Cambridgeshire	**75.0**	**75.0**	**73.0**	**73.0**	↓
Statistical Neighbours	73.3	74.7	74.1	75.0	↑
England	71.0	73.0	72.0	74.0	↑

Source: Department of Education: SFR23/2010 and CYPS September 2010.

- Across the county in 2010, 73% of children achieved L4+ in both English and Mathematics, in-line with 2009, compared with a 2ppts rise nationally (74%). Cambridgeshire is 1ppt below the England figure and 2ppts below that of our statistical neighbours (75%).
- The districts of East Cambridgeshire, Fenland and Huntingdonshire all show a slight increase in performance (less than 1ppt) since 2009, with slight falls in the Cambridge City (less than 1ppt) and South Cambridgeshire districts (1.4ppt). The trends by district over the 3 years since 2007 has been quite variable with only Cambridge City showing an increase.
- Performance in East Cambridgeshire and Fenland was below the county average in 2010.

3.1.6 Key facts, figures and trends by secondary school age group

Emotional Health and Wellbeing

- In the 2008 Health Related Survey (HRS), all districts showed a significant downward trend from 2004 in Year 10 pupils who reported “high” or “very high” **self esteem**, in line with the national trend. There is less difference between districts in 2008 than there was in 2002.
- **Health Locus of Control** Score (a significant indicator of vulnerability and risk taking behaviour) across Cambridgeshire has remained stable. There are however downward trends in Huntingdonshire and Fenland, which are “teenage pregnancy hotspots”.
- **Anxiety** as measured by the percentage of Year 10 pupils who had at least one issue they worried about “a lot” has increased across Cambridgeshire districts compared to the UK, and specifically Fenland has increased by 15% between 2004-2008. The top three issues that young people worried about most were: school results and exams, physical appearance, and relationships with their parents/carers. There is less difference between districts in 2008 than there was in 2002.

- The HRS measures **bullying** as the percentage of Year 10 pupils who said that they were afraid to go to school "at some time" because of bullying during the previous year. Although the general bullying trend has decreased since 2002, there was a rise in 2008 in all Cambridgeshire districts but not in England as a whole

Mental Health

Key Stage 4

Table 12: NI 75: Percentage of Secondary pupils achieving 5+ A*-C at GCSE including English and Maths

District of school	2007	2008	2009	3 year trend
Cambridge City	50.4	52.8	54.9	↑
East Cambridgeshire	48.3	50.3	56.0	↑
Fenland	34.9	41.3	41.2	↑
Huntingdonshire	48.1	51.5	54.0	↑
South Cambridgeshire	61.1	66.8	68.7	↑
Cambridgeshire	**49.6**	**53.6**	**56.2**	↑
Statistical Neighbours	51.3	53.6	55.3	↑
England	45.9	48.4	50.9	↑

Source: DCSF in SFR 01/2010, SFR 34/2009 and SFR 27/2009

- Across the county 56.2% of children achieved 5+ A* - C including English and Mathematics in 2009, 2.6 percentage points more than the previous year when 53.6% children achieved this level.
- Cambridgeshire performance remains above the national rate and similar to that for our statistical neighbours. The county rate of improvement is in line with national and statistical neighbour authorities. There is an upward trend across all Districts over the last three years, with the largest increases being in East Cambridgeshire and South Cambridgeshire (8% pts). Improvement in Cambridge City is below the County average rate at only 4% pts. Fenland still remains well below the County average.
- There is a substantial achievement gap between those eligible for FSM and those who are not.
- The performance in some groups is generally above the county average these include those of Indian and Chinese heritage.
- The performance in some groups is below the county average including children with an identified SEN, and children from some BME groups.
- There is an increase in the rate of achievement for speakers of Eastern European languages of 5.4 percentage points since 2008. The cohort numbers for this group have almost doubled since 2008.
- LAC rates have decreased but numbers are very small.
- Only five wards of the 20% most deprived wards in Cambridgeshire (Wisbech Peckover, Whittlesey Lattersey, Milton, Cottenham and Birch), exceed the county rate.
- Rates of improvement are highest in the Wisbech Peckover and Birch wards.
- The worst performing ward is Wisbech Waterlees with a drop of 1.8% pts.
- The biggest drop is Milton (20.4% pts) and Wisbech Kirkgate (20.3% pts).

Not in Education, Employment or Training (NEET)

Table 13: Number of young people who are Not in Education, Employment or Training (NEET) 16 – 18 years

District	2007	2008	2009	3 year trend*
	%	%	%	
Cambridge City	7.3	7.4	7.0	↑
East Cambridgeshire	5.1	4.5	4.7	↑
Fenland	8.1	7.7	7.5	↑
Huntingdonshire	5.2	4.5	5.5	↓
South Cambridgeshire	2.7	2.9	3.6	↓
Cambridgeshire	**5.0**	**5.2**	**5.4**	↓
Statistical Neighbours	4.5	5.2	5.1	↓
England	6.7	6.7	-	

Source: Connexions (*NB for the 3 year trend, a decrease % is an improvement and therefore the arrow is up not down)

- Being outside education, employment or training between 16 and 18 has serious consequences for the individual and society in both the short and long term. It is a major predictor of later unemployment and for women, also of teenage motherhood.[14]
- Since 2007, rates of Cambridgeshire young people classified as Not in Education, Employment or Training have worsened, remaining higher than our statistical neighbours.
- South Cambridgeshire rates have worsened year on year, whereas signs of improvement were evident in Cambridge City, East Cambridgeshire and Fenland.
- However in August 2010, both the number and percentage of young people who were NEET were better than in August 2009, with 44 fewer young people unemployed and 500 fewer young people whose education and employment situation were not known to services. This suggests that by the end of the year when the overall rate can be compared the annual NEET rate will have improved.
- Rates of NEETs who are teenage mothers have decreased overall, as have rates of NEETs with Learning Difficulties or Disability.

Sexual Health

- Sexual health is a major issue for young people, especially sexually transmitted infections (STI), which are on the increase in the UK.

[14] Bridging the gap: New opportunities for 16-18 year olds not in education, employment or training. Social Exclusion Unit, July 1999. http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/bridging_gap.pdf

Table 14: Number of Chlamydia diagnoses by year and gender, aged under 20 years (1998-2008)

Sex / Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Male	44	25	31	20	29	33	41	57	59	19	35
Female	64	51	54	77	107	112	153	121	136	45	112
Total	108	76	85	97	136	145	194	178	195	64	147

Source: KC60 database, Anglia Support Partnership

❖ Diagnosis rates of Chlamydia have been increasing since 1998 in Cambridgeshire, with a sharp increase in particular in the number of women diagnosed since 2001 and a steady increase in the number of men diagnosed.

Teenage Pregnancy

Table 15: Conceptions in females aged under 18 years, 2006-2008

Local Authority	Average number of U 18 conceptions per year	Rate per 1,000
Cambridge City	52	28.6
East Cambridgeshire	30	20.7
Fenland	63	38.0
Huntingdonshire	87	27.0
South Cambridgeshire	45	17.8
Cambridgeshire	276	26.0
England	39,429	40.9

Source: Teenage Pregnancy Unit and Office for National Statistics

❖ Cambridgeshire has a statistically significantly lower rate of teenage conceptions in females aged under 18 years compared to England. However, within Cambridgeshire, Fenland has a statistically higher rate than the county.

Alcohol and Substance Misuse

❖ The Health Related Survey (HRS) data from 2008 shows that 14% of Year 10 children (aged 14/15) in Cambridgeshire admitted to having taken drugs and this rate was slightly higher than the national average of 11%. The number of young people using drugs increased with age, and was slightly higher amongst girls than boys.

Table 16: Number of Year 8 and 10s who have taken drugs and drank alcohol (2008)

	HRS Percentage	Cambridgeshire number estimated from HRS
Year 8 and 10 regularly uses cannabis	3.12%	744
Year 8 and 10 regularly used cocaine	0.31%	74
Year 8 and 10 regularly used crack	0.23%	54
Year 8 and 10 regularly used heroin	0.31%	74
Year 8 and 10 regularly used opiates	0.16%	38
Year 8 only drinking alcohol in last week	26%	1,255
Year 10 only drinking alcohol in last week	49%	2,122
Year 10s only drinking alcohol at greater levels than the adult recommended levels (more than 14 units per week for Y10 female and more than 21 units per week for Y10 male)	6.9%	280

Source: HRS data from 2008

- 26% of Year 8s (12/13 year olds) and 49% of Year 10s surveyed reported they had drunk alcohol in the last seven days.
- 6.9% of all Year 10s were apparently exceeding the safe drinking limit calculated for adults, which showed no change since 2006.
- Alcohol and cannabis were the most frequently used substances.
- Treatment service data for young people reflected the HRS with the majority in treatment for primary cannabis (51%) and alcohol misuse (38%). 103 young people aged 13 to 18 received treatment in 2008-2009, and 78 of these were new referrals (a 48% increase in new referrals from the previous year).
- It is difficult to estimate the prevalence of substance misuse amongst young people since no inclusive approximations of the entire young people population of Cambridgeshire exist at present. Estimates vary greatly, and our local estimates according to the HRS are far lower than those proposed by national research.

3.1.7 Key facts, figures and trends by District

Overall, and in comparison with the national picture, Cambridgeshire is a relatively prosperous county and in general, Cambridgeshire children have above average health, educational attainment and life chances.

However this does not present the picture for the whole for the county. There are pockets within the county where deprivation levels exceed or equal the national average, most particularly in parts of Wisbech, of Huntingdon and of Cambridge City. Children living in these areas are exposed to multiple social deprivations which adversely affect their health, educational attainment and life chances. And, even in the more prosperous areas, individual families may live in deprivation with their children more at risk of poorer outcomes.

The population is becoming increasingly diverse and the sparsely settled landscapes of rural Cambridgeshire present problems of isolation and distance, restricting choice and opportunity for many.

The following section highlights the differences between each district and some of the key indicators of outcomes for children at particular ages and stages which help us to understand the progress Cambridgeshire children are making towards a successful transition to adult and working life.

It is appreciated that much more detail is available at district level, locality level and for individual schools. When commissioning plans are made this greater depth of detail should be used.

Cambridge City

Population

- There are around 26,700 children and young people aged 0-19 currently living in Cambridge City. The child population (aged 0-19) is expected to rise by about 10,600 in Cambridge City (from 25,000 in 2008 to 35,600 in 2021).
- Cambridge is a multicultural city, with sizeable Bangladeshi, Chinese, Roma, Black African and Black Caribbean communities and 22% of school pupils are from Black and minority ethnic communities.

Outcomes

- Life expectancy in Cambridge City is in line with the national average.
- Rates of low birth weight (under 2,500g) are in line with the county average.
- The proportion of young people leaving secondary schools in Cambridge City with five or more GCSEs at grades A*-C including English and Mathematics has increased in recent years, but is below the county average.
- Levels of 16-18 year old young people who are not in education, employment or training (NEET) are amongst the highest in the county, although the percentage of those who are in learning (eg in sixth form, further education or apprenticeships) as opposed to those in employment is above the county average.
- The Foundation Stage profile provides some indication of progress in a child's learning, development and welfare between birth and the end of the academic year in which they turn five years of age: in Cambridge City the profile scores measured have declined in the last three years (to 2009) and are the lowest rate in the county.

Factors affecting life chances

- In Cambridge, the areas in the north and east of the city have the greatest levels of multiple deprivation and suffer the greatest inequalities.
- Parts of northeast Cambridge have a high proportion of dependent children living in overcrowded accommodation and in families where adults are unemployed or in low skilled jobs. One of the Super Output Areas (SOAs) in King's Hedges ward has an Index of Deprivation Affecting Children (IDACI) score in the top 11% of English SOAs.
- The teenage conception rate in Cambridge City is higher than the county average but below the national rate.

- The rate of referral of children to social care is above the county rate, and is particularly high in Abbey and King's Hedges wards.
- In Cambridge City the proportion of children assessed as having a Special Educational Need is slightly above the county average. Of the 25 wards in the county with the highest incidence of SEN, three are in Cambridge City.
- School attendance in Cambridge City is slightly below county rates at both primary and secondary level. In Cambridge South rates for unauthorised absence have increased and in 2007/08 were above both county and national rates.

East Cambridgeshire

Population

- There are around 18,500 children and young people aged 0-19 currently living in East Cambridgeshire. The child population of the district is expected to decrease by over 7% between now and 2021, with a projected 20% fall in the birth rate.
- The population is predominantly white (94%) with comparatively few Black and Asian children.

Outcomes

- Life expectancy in East Cambridgeshire is significantly better than the national average.
- The proportion of low birth weight births has decreased across the district but is higher than the county average in several wards including Ely South and the Fordham villages.
- The proportion of young people leaving secondary schools in East Cambridgeshire with five or more GCSEs at grades A*-C including English and Mathematics has increased in recent years and in 2009 was the second highest performing district in Cambridgeshire.
- Levels of 16-18 year old young people who are NEET are below the county average, however there is a higher rate of young people NEET in the Ely, Witchford and Littleport locality than Bottisham, Burwell and Soham.
- The Foundation Stage profile provides some indication of progress in a child's learning, development and welfare between birth and the end of the academic year in which they turn five years of age: in East Cambridgeshire the profile score is better than the county average.

Factors affecting life chances

- East Cambridgeshire is a largely rural district. There are some pockets of deprivation, such as Sutton and Littleport East where rates of free school meal eligibility are high and parts of Ely and Soham where a relatively high proportion of children live in overcrowded accommodation.
- The rate of child emergency admissions to hospital is the lowest in the county.
- The teenage conception rate is significantly below the county average.
- Rates of children referred to social care, as Children in Need, across East Cambridgeshire are below the county rate, but is particularly high in the Littleport East and Soham North wards.

- ❖ The proportion of children assessed as having a Special Educational Need is below the county average. Of the 25 wards in the county with the highest incidence of SEN, only one is in East Cambridgeshire.
- ❖ School attendance in East Cambridgeshire is broadly in line with county rates at both primary and secondary level. There are high rates of both authorised and unauthorised absence in Ely and Littleport.
- ❖ It is difficult to make valid comparisons about exclusions from school because of varying practices in Cambridgeshire schools, but rates of fixed-term exclusions from secondary schools are higher than the county average in East Cambridgeshire.

Fenland

Population

- ❖ There are around 21,700 children and young people aged 0-19 currently living in East Fenland. The child population of this District is expected to decrease slightly between now and 2021.
- ❖ The population is predominantly white (95%). There are comparatively few Black and Asian children, with a sizeable and long-established Gypsy/Roma community, particularly in North Fenland. Increasing numbers of Eastern European children are settling in the area, particularly Lithuanian speakers in Wisbech where they comprise 9.8% of all pupils in the Medworth Ward, but most new arrivals in the area are adult migrant workers.

Outcomes

- ❖ The highest rates of childhood obesity in 2008/09 in Cambridgeshire were in Fenland in both Reception (8.6%) and Year 6 (20.0%)
- ❖ Fenland had a noticeably low percentage of babies totally breastfed at their **six to eight week** checks, compared to the other areas.
- ❖ Life expectancy in Fenland is below the national average.
- ❖ The proportion of low birth weight births has decreased across the area.
- ❖ The rate of child emergency admissions to hospital is significantly high in Fenland.
- ❖ Fenland have the highest mortality rates from traffic accidents, with rates significantly higher than national rates.
- ❖ The teenage conception rate is the highest in the county but is slightly lower than the national average.
- ❖ The proportion of young people leaving maintained secondary schools in Fenland with five or more GCSEs at grades A*-C including English and Mathematics has increased in recent years, but in is still significantly below the county average
- ❖ Levels of 16-18 year old young people who are NEET are the highest in the county, however the rate has reduced annually for the last three years. There are differences in localities with the rates lower in Whittlesey and March and Chatteris than Wisbech.
- ❖ The Foundation Stage profile provides some indication of progress in a child's learning, development and welfare between birth and the end of the academic year in which they turn five years of age: in common with the other areas of Cambridgeshire, Fenland scores have decreased over the last three years (to

2009), however the rate of decrease is the smallest. Fenland remains the area with the lowest overall score and the ward in Cambridgeshire with the largest proportion of lower achievers is Wisbech Staithe.

Factors affecting life chances

- The Fenland area is characterised by a broad north/south difference, with north Fenland, and particularly Wisbech, having the greatest levels of multiple deprivation and suffering the greatest inequalities.
- Parts of Wisbech have a high proportion of dependent children living in overcrowded accommodation and in families where adults are unemployed or in low skilled jobs. The Wisbech Waterlees ward contains the most deprived SOA in Cambridgeshire, with an Index of Deprivation Affecting Children (IDACI) score in the top 6% of English SOAs; Wisbech Medworth has the second most deprived SOA, which is in the top 18% of English SOAs for its IDACI score.
- Rates of children referred to social care across the district are above the county rate, but are particularly high in the Wisbech, March and Chatteris and Whittlesey Localities.
- In Wisbech, March and Chatteris and Whittlesey Localities the proportion of children assessed as having a Special Educational Need is above the county average. Of the 25 wards in the county with the highest incidence of SEN, 15 are in Fenland.
- School attendance in Fenland is below county rates at both primary and secondary level. There are high rates of unauthorised absence from secondary school in Wisbech
- It is difficult to make valid comparisons about exclusions from school because of varying practices in Cambridgeshire schools, but rates of fixed-term exclusions from secondary schools are significantly higher than the county average.

Huntingdonshire

Population

- There are approximately 39,000 children and young people aged between 0 and19 years currently living in Huntingdonshire Area, with around 12,000 in each of Huntingdon and Ramsey, Sawtry and Yaxley localities and roughly 5,000 in St Ives.

Huntingdonshire District currently has the highest child population of the five Districts in Cambridgeshire but is facing a decrease of around 5,600 between now and 2021, largely because of a fall in the birthrate.

- The youth and adult population is predominantly white (93%), with a sizeable Pakistani community in St Ives and north Huntingdon and a Chinese community in St Neots. There are increasing numbers of Eastern European children in schools as numbers of migrant workers grow.

Outcomes

- Life expectancy in Huntingdonshire is slightly above the national average.
- The proportion of low birth weight births is slightly below the national average, but decreased in 2008.

- The rate of child emergency admissions to hospital is significantly higher than the county average.
- The teenage conception rate is below the national average across Huntingdonshire District, but high in particular wards in Huntingdon North and St Ives.
- The proportion of young people leaving secondary schools in Huntingdonshire with five or more GCSEs at grades A*-C including English and Mathematics has increased in recent years.
- Levels of 16 –18 year old young people who are NEET in Huntingdonshire are slightly above the county average, with higher proportions in St Neots and Huntingdon, and fewer in St Ives. The percentage of those in learning is lowest in the Ramsey, Yaxley and Sawtry locality.
- The Foundation Stage profile provides some indication of progress in a child's learning, development and welfare between birth and the end of the academic year in which they turn five years of age: in Huntingdonshire the profile scores are above the county average.

Factors affecting life chances

- Huntingdonshire with a varied pattern of market towns and villages contains within it contrasts between its urban and the rural locations. The greatest area of deprivation is in Huntingdon North ward but pockets also exist elsewhere, for example in parts of St Neots. There are issues of isolation in the rural areas.
- Parts of Huntingdon have a high proportion of dependent children living in overcrowded accommodation and in families where adults are unemployed or in low skilled jobs. Huntingdon North ward contains the fifth most deprived SOA in Cambridgeshire, with an Index of Deprivation Affecting Children (IDACI) score in the top 12% of English SOAs.
- Rates of children referred to social care Huntingdonshire are below the county rate, but are particularly high in Huntingdon.
- Of the 25 wards in the county with the highest incidence of children assessed as having a Special Educational Need (SEN), three are in Huntingdonshire.
- School attendance in Huntingdonshire is slightly above county rates at both primary and secondary levels.

South Cambridgeshire

Population

- There are around 35,000 children and young people aged 0-19 currently living in South Cambridgeshire. The child population (aged 0-19) is expected to rise by almost 5,200 in South Cambridgeshire by 2021 to around 39,800.
- In South Cambridgeshire there are sizeable communities of Indian, and Irish Traveller children.

Outcomes

- Life expectancy in South Cambridgeshire is significantly better than the England average and is the highest in the county for both males and females.
- Rates of low birth weight (under 2,500 g) are below the county average.

- The teenage conception rate is significantly below the national rate, and is the lowest in the county.
- In general, and across all Key Stages, levels of attainment are well above the county average in South Cambridgeshire.
- The proportion of young people leaving secondary schools in South Cambridgeshire with five or more GCSEs at grades A*-C including English and Mathematics has increased considerably in recent years, and is well above the county and statistical neighbour averages.
- The level of 16-18 year old young people who are NEET is the lowest rate in Cambridgeshire, but the rate has worsened year on year for the last three years. The proportion of young people in learning (eg Sixth Form, Further Education, Apprenticeships) is highest in the county.
- The Foundation Stage Profile provides some indication of progress in a child's learning, development and welfare between birth and the end of the academic year in which they turn five years of age: in South Cambridgeshire the profile scores measured have declined in the last three years (to 2009).

Factors affecting life chances

- South Cambridgeshire is relatively prosperous area having only one LSOA (in Histon & Impington ward) among the 20% most deprived in Cambridgeshire.
- Children from families eligible for free school meals are at risk of doing less well and although South Cambridgeshire is seen as the least deprived area, and has the lowest percentage in the county eligible, there are still nearly 700 school aged children known to be in receipt of free school meals.
- The district is very rural, sometimes referred to as containing a hundred villages, but surrounds Cambridge City which presents challenges around transport and provision of services with many people accessing services in the City.
- Rates of children referred to social care across the district are below the county rate.
- Of the 25 wards in the county with the highest incidence of Special Educational Need, three are in South Cambridgeshire.
- School attendance in South Cambridgeshire is slightly above county rates at both primary and secondary level.
- It is difficult to make valid comparisons about exclusions from school because of varying practices in Cambridgeshire schools, but rates of fixed-term exclusions from secondary schools in South Cambridgeshire are lower than both county and national rates.

3.2 Local Views

Views of children, young people, and parents and carers are regularly sought to identify their views on services and their needs, at both individual levels to inform their plans, to give feedback on the services they use and in more general consultations. Key survey data from both the Health Related Survey and the TellUs survey is well used in identifying what children and young people feel is important to them and this detailed information is used in the individual chapters of this JSNA.

The Health Related Survey (previously known as the Balding Survey) is used most comprehensively and provides important data on the views of young people in secondary schools and from 2010 is being piloted in some primary schools. The survey is

completed every two years and the latest information will be available October 2010. This data is invaluable in helping to identify where differences in attitudes lie and suggesting areas for exploration to help us understand where outcomes differ across the county.

The TellUs Survey is an annual survey of a sample of children and young people previously carried out by the Department for Children, Schools and Families. The most recent survey took place in Autumn 2009 and involved over 2000 children and young people from 20 primary and secondary schools in Cambridgeshire. It identified that those surveyed were most worried about:

- friendships and relationships,
- being a victim of crime; and
- bullying.

There are many examples of good practice in the active involvement of children and young people in decision making in Cambridgeshire. Innovatory practice in 2010 included the Kids as Commissioners project where children from four primary schools have commissioned anti-bullying services, and children and young people involved in Participatory Budgeting in the north Huntingdon community.

However, the review of the Big Plan identified difficulties for partners in being aware of the range of consultation material available and an easy means of accessing these. Most recently the Trust agreed a new approach to securing the views of children and young people through the work of the area partnerships.

3.3 Evidence and Good Practice

3.3.1 National Policy

The Healthy Child Programme sets out support to give children and their families the best start in life:

Healthy Child Programme: Pregnancy and the first five years of life. Department of Health, October 2009.[15]

- ➢ The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening and immunisation, supplemented by advice around health, wellbeing and parenting and identifying vulnerable families for additional targeted support.

Healthy Child Programme from five to 19 years old. Department of Health, October 2009.[16]

- ➢ The Healthy Child Programme from five to 19 years old sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. It outlines suggested roles and responsibilities for commissioners, health, education, local authority and other partners to encourage the development of high-quality services.

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[15] Healthy Child Programme Pregnancy and the first five years of life. Department of Health, October 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563

[16] Healthy Child Programme from 5 to 19 years old. Department of Health, October 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566

Strategic Review of Health Inequalities in England post 2010 (The Marmot Review) *http://www.marmotreview.org/*

- In February 2010, the Marmot Review Team published Fair Society, Healthy Lives. The review proposes the most effective evidence-based strategies for reducing health inequalities in England from 2010. In the Marmot Review, two of the five policy objectives relate directly to children and young people: Objective A is to give every child the best start in life; Objective B is to enable all children, young people and adults to maximise their capabilities and have control over their lives.

- **Priority strategies**
  - Reduce inequalities in the early development of physical and emotional health and cognitive, linguistic and social skills.
  - Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.
  - Build the resilience and wellbeing of children across the social gradient.

- **The big picture**
  - Growing awareness of the influences on positive health, as well as the influences on illness.
  - Health, learning and cognition closely interwoven.
  - Habits learned early affect every dimension of life chances, and are strongly shaped by socio-economic gradient.
  - Welfare and public policy developed with the assumption that all families would provide the essential foundations for life.
  - Provide good quality early years education and childcare proportionately across the social gradient.

- **Recommendations**
  - Shift balance of spending to early years (and recognise that early years support needs to be sustained for full effects to be sustained).
  - Encourage more family engagement as well as formal provision.
  - Focus on psychological strengths and resilience - which can partly be learned - as key contributors to physical and mental health.
  - Orient provision to need - including outreach and innovation to meet the greatest needs.
  - Maintain measurement, evaluation and learning about what works best.

New Horizons Confident Communities, Brighter Futures – A framework for developing wellbeing http://www.nmhdu.org.uk/silo/files/confident-communities-brighter-futures.pdf

- This strategy emphasises the importance of a positive start in life highlighting that around 50% of lifetime mental illness starts before the age of 14 and continues to have a detrimental effect on an individual and their family for many years. Potentially, half of these problems are preventable.
- Under the objective of ensuring a positive start in life, the key interventions for promoting wellbeing are to:

  - Promote good parental mental health – identify and treat poor maternal mental health and relevant risk factors both antenatally and in later years with universal and targeted approaches.
  - Promote good parenting skills – universally as well as targeting high-risk families with more intensive interventions.

- Develop social and emotional skills – for example, via mental health promotion in schools (universal) and targeted skills development in high-risk children.
- Intervene early with conduct and emotional disorders – with parenting programmes, school behaviour approaches, cognitive behavioural therapy and wilderness programmes.

Foundations of existing policy

The Children's Plan: Building Brighter Futures. December 2007[17]

- The Children's Plan is a vision for change to make England the best place in the world for children and young people to grow up. It put the needs and wishes of families first, setting out clear steps to make every child matter. It aims to strengthen support for all families during the formative early years of their children's lives, take the next steps in achieving world class schools, involve parents fully in their children's learning, and help to make sure that young people have safe, interesting and exciting things to do outside of school.

Maternity Matters: choice, access and continuity of care in a safe service. Department of Health, April 2007[18]

- Maternity Matters highlights the Government commitment to developing a high quality, safe and accessible maternity service through the introduction of a new national choice guarantee for women. This sought to ensure that by the end of 2009, all women would have choice around the type of care that they receive, together with improved access to services and continuity of midwifery care and support.

National Service Framework for Children, Young People and Maternity Services. September 2004[19]

- The children's NSF is a 10-year programme that aims for long-term and sustained improvement in children's health. Setting standards for health and social services for children, young people and pregnant women, the NSF aims to ensure fair, high quality and integrated health and social care, from pregnancy right through to adulthood.

Every Child Matters Green Paper, September 2003[20] **and Children Act 2004**[21]

- Since publication, these documents have been hugely influential for all children's services. The Children Act is the legal underpinning for Every Child Matters, which sets out the Government's approach to the wellbeing of children and young people from birth to age 19. The aim of the Every Child Matters programme is to give all children the support they need with a focus on five goals – that a child should:

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[17] The Children's Plan Building brighter futures. Department for children, schools and families, December 2007. http://www.dcsf.gov.uk/childrensplan/

[18] Maternity Matters: choice, access and continuity of care in a safe service. Department of Health, April 2007. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073312

[19] National Service Framework for Children, Young People and Maternity Services. Department of Health, Department for Education and Skills, September 2004. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101

[20] Every Child Matters Green Paper. Department for children, schools and families, September 2003. www.dcsf.gov.uk/everychildmatters/_download/?id=2674

[21] The Children Act 2004. Department for children, schools and families, 2004. http://www.dcsf.gov.uk/childrenactreport/

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing.

3.4 Current activity and services

Much work with children, young people, parents and carers is carried out through multi-agency, multi-disciplinary teams or with significant input through organisations working together.

Making improvements to the outcomes of children and young people requires all of the organisations, agencies, voluntary and private sector to work together to provide services and support in a manner that improves effectiveness and reduces inefficiency, steered and supported by the Children's Trust.

Since the last JSNA integrated services have continued to develop and are described in each of the detailed chapters of the JSNA.

Some of the key means of taking forward support are described below:

Children's Centres

- ❖ By 2010, 40 Children's Centres were open in Cambridgeshire. They provide information and access to services for children aged 0-5 years and their families concerning: health, family support, activities, early years education and child care, employment and training advice. Children's Centres may provide all of these services or be able to signpost parents; they act as an important base for multi-agency work and staff working from them should include practitioners from health, the local authority, voluntary and community sector and Jobcentre plus.

Extended services

- ❖ Most schools in Cambridgeshire are involved in providing extended services, based around a core offer of childcare, parenting support, information and access to specialist support and a menu of activities usually including study, play, support, recreational activity.
- ❖ Like Children's Centres, extended services are also provided through a multi-agency approach usually based around the local school (or clusters of schools), voluntary and community or private providers, and locally authority locality teams and seek to provide easy to access information and support.

Schools and colleges

- ❖ Schools and colleges are vitally important to the health and development of children and young people, and in Cambridgeshire are actively involved and engaged with partners to provide effective support. Changes are potentially imminent with the expansion of Academies and Free Schools.

Universal Health Services

- ❖ These services are provided through a variety of NHS and Local Authority settings including hospitals, GP practices, community clinics, children centres and schools and cover midwifery, Health Visiting, Community nursing, GPs and primary care,

specialist services such as Child and Adolescent Mental Health Services (CAMHS) and Physiotherapy, Occupational Therapy and Speech and Language Therapy.

Teenage pregnancy services

- Reducing the teenage conception rate and increasing the number of teenage parents who can access and sustain places in education, employment or training are important to improve outcomes for young people and their babies.
- Support is delivered through health providers, local authority practitioners, the voluntary sector, schools and colleges and there is a detailed multi-agency sexual health and teenage pregnancy strategy which is reviewed annually. Funding for teenage pregnancy support will reduce in 2011 so work is underway to seek to sustain effective support and preventative work.

Family Nurse Partnership

- The Family Nurse Partnership (FNP) is an evidenced based, preventative programme for vulnerable first time teenage mums, delivered from early pregnancy until the child is two years and has funding to 2013.
- The Family Nurse Partnership (FNP) have good working relationships with Children's Centres, Social Care, Connexions and other partner agencies. The FNP was initially delivered in the north Fenland area but has expanded geographically to improve recruitment rates and is now being delivered across the whole County.

Parenting support

- Supporting parents, through information and appropriate advice, guidance and practical support is recognised as being a key building block to improving outcomes for children. A Cambridgeshire Parent Support Strategy – developed with the input of parents – has been drawn up and the resulting commissioning plan is currently being put into place. Parent Support Advisers, Family Intervention Projects, Children's Fund Home-School Support projects all contribute to effective parent support. Much of the funding is based on short term grants and pilot projects.

Special Educational Needs

Children with special educational needs (SEN) all have learning difficulties or disabilities that make it harder for them to learn than most children of the same age. These children may need extra or different help from that given to other children of the same age. Special educational needs can range from a mild and temporary learning difficulty to severe, complex and permanent difficulties that will always effect the child's learning.

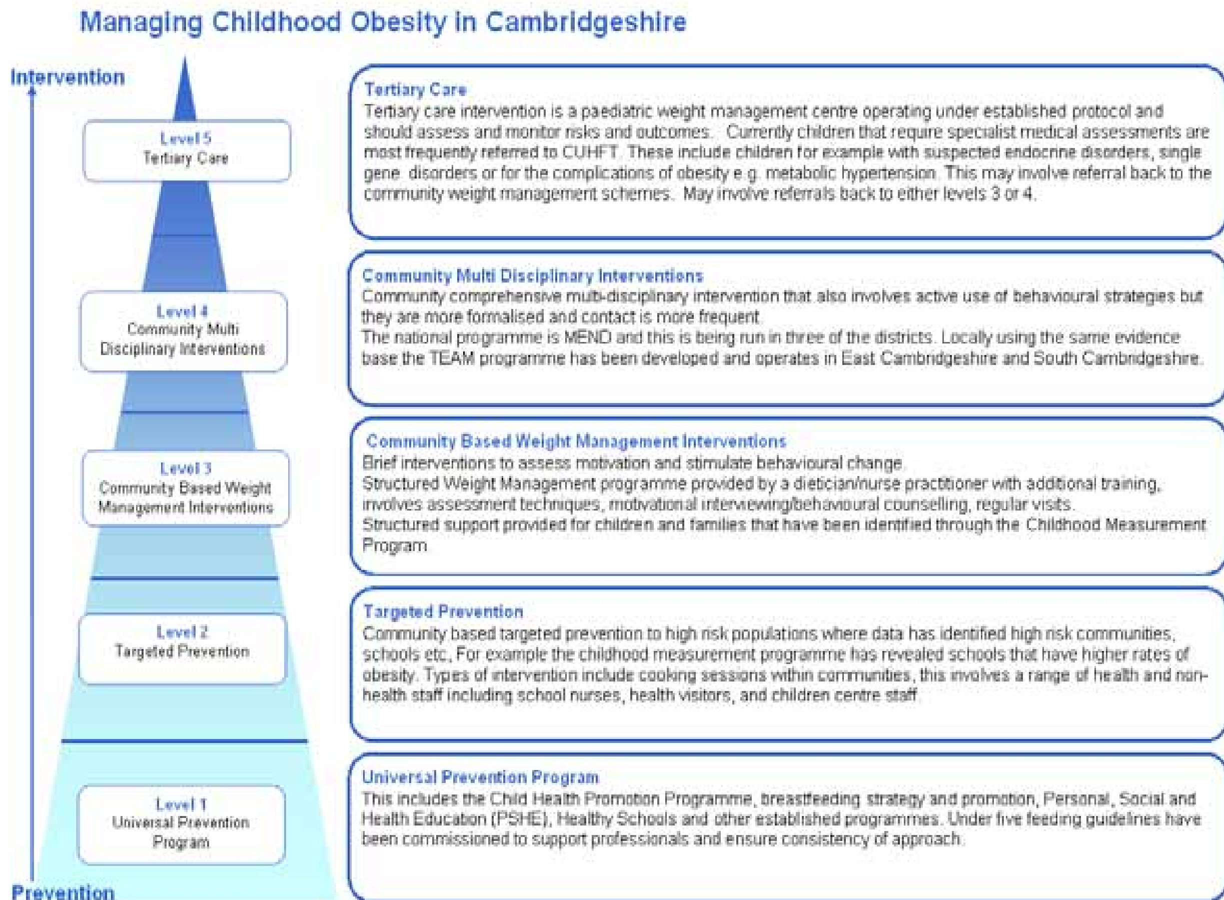
- In Cambridgeshire there is commitment to supporting children with SEN. All schools have responsibilities for helping children, regardless of the nature or severity of their needs. Support includes: guidance and training to schools about how to provide quality support for all children, specialists who offer advice about children and teaching approaches, work with pre-school children when there are particular worries about their educational needs.

Obesity

- Change4Life is England's first ever national social marketing campaign to promote healthy weight. It aims to prevent people from becoming overweight by encouraging them to eat well, move more and live longer. Locally we are supporting this campaign and encouraging local organisations to also. For more information visit http://www.nhs.uk/Change4Life/Pages/change-for-life.aspx

- The diagram below depicts the Cambridge Service Model for managing childhood obesity, with different activity and services available across the spectrum; from universal prevention to community and tertiary intervention.

Figure 5: Managing Childhood Obesity in Cambridgeshire



Breast feeding

- Local support for breastfeeding is provided by a number of different agencies in various venues throughout Cambridgeshire. Currently most support is provided by NHS Staff (Midwives and Health Visitors). Many children's centres provide breastfeeding support and some run peer support groups. In some areas centres provide access to staff from the National Childbirth Trust, La Leche League, the Breastfeeding Network (which aims to be an independent source of support and information for breastfeeding women and those involved in their care) and the Association of Breastfeeding Mothers.
- Start4Life, an extension of Change4Life, is a new NHS campaign which provides up-to-date advice on breastfeeding, introducing solid food, and tips on how to give your baby a better start in life.
- NHS Cambridgeshire is working with partners (Maternity units, community services and Children's Centres) to obtain UNICEF Baby Friendly Initiative (BFI) accreditation across Cambridgeshire. BFI is an evidence based approach to improve breastfeeding rates and involves three assessments conducted by BFI staff, before full accreditation is obtained.

- In 2009, NHS Cambridgeshire successfully bid for Department of Health funding to promote breastfeeding and employ a full time Breastfeeding Co-ordinator for one year to facilitate this work. The Breastfeeding Co-ordinator, which is a job share between a midwife and health visitor, is working with the partner organisations to achieve Stage 1 of the BFI pathway in 2011. This has involved developing a breastfeeding strategy, a joint Breastfeeding Policy and conducting an audit of staff within maternity and community providers to identify training needs. Stage 2 of BFI accreditation will involve delivery of a consistent breastfeeding education programme to all staff with responsibility for supporting breastfeeding women.

Safeguarding children

- Cambridgeshire's Local Safeguarding Children Board (LSCB) is responsible for safeguarding children and young people in Cambridgeshire and is made up of partner agencies but with an independent Chair. The LSCB have recently revised their structure and membership and established a three year strategic plan. A new Cambridgeshire LSCB website was launched in May 2010 which contains relevant procedures, protocols and training information (www.cambslscb.org.uk).
- Services are provided by partner agencies, including the voluntary sector, with Children's Services leading on the implementation of the Common Assessment Framework (CAF) to co-ordinate care and improve communication between agencies.
- In the Safeguarding Children CYP JSNA chapter there will be more information on the Child Death Overview Panel/Looked After Children/Children in care/Child Protection/Children in Need

Bullying

- Considerable activity has taken place to raise the profile of bullying and encourage reporting, including:
    - A countywide anti-bullying strategy has been developed. Implementing the strategy is an ongoing piece of work.
    - A toolkit to help schools and settings develop anti-bullying policies is in place. This identifies different types of bullying and how they can be tackled
    - An anti-bullying website has been launched: www.cambridgeshire.gov.uk/education/parents/welfare/Bullying
    - Anti-Bullying Input days have been provided for schools to help them enhance local strategies.
    - Locality based events run as part of Anti-Bullying Week and ongoing projects run by schools, locality teams and Voluntary and Community Sector Organisations.
- The findings of the Young Inspectors review into the progress made against our priorities made in the first Big Plan highlighted lots of examples of schools using imaginative ways to help children and young people learn about bullying

Child and Adolescent Mental Health Services (CAMHS)

- The CAMHS consist of a secondary care team based at four localities Huntingdon, Cambridge, Peterborough and Fenland and linked Primary Mental Health Worker teams. The secondary team works with difficulties with high complexity and severity, whereas, the primary team aims to intervene earlier with the milder to moderate cases and advise and consult on the pathways of care for any case.

- The service accepts referrals for children and young people up to their 17th birthday and provides services for a wide range of mental health or behavioural problems that are not amenable to treatment in primary care.

Drug and Alcohol Treatment Services

- The Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) hold the contract to provide drug and alcohol treatment services to under 18s. The service is called CASUS (Cambridgeshire Child and Adolescent Substance Use Service). CASUS work with young people and their families who have drug and alcohol concerns, issues or problems and live in Cambridgeshire.
- CASUS deliver interventions including:

  - Information and advice to young people
  - Advice and support to parents/carers or someone affected by another person's drug or alcohol use
  - Support for PSHE in schools and alternative education settings
  - Work with groups of young people at risk and in vulnerable situations
  - Specialist treatment drug and alcohol treatment for young people, which will include psychosocial interventions, family work, harm reduction and referrals to specialist prescribing.
- CASUS accept self referrals and those from parent/carers or professionals for one to one work with individual young people aged under 18. This type of referral will only be accepted if the young person has agreed to the referral being made.

4. WHAT IS THIS TELLING US?

4.1 What are the Key Inequalities?

There are key inequalities in the outcomes for children and young people across Cambridgeshire, and these are demonstrated in a number of key indicators as examined above, including differences in life expectancy, the rates of young people becoming NEET, attainment rates across all key stages of education, the rates of unhealthy weight and rates of referrals to social care.

Underpinning these outcomes is the significance of deprivation and childhood poverty – the impact of deprivation can reduce the life chances of individuals whether for those living in an area where there is much deprivation or for those from disadvantaged groups found through out the county such as those with disabilities.

Key areas of inequality are shown in:

- Deprivation and child poverty – across all districts
- Attainment – Foundation Stage Profile– across all districts
- Unhealthy weight children – all districts rates increase from Reception to Year 6, and are higher in Fenland and East Cambridgeshire in Reception.
- Teenage conceptions – although all of the district rates are better than the England average, rates are highest in Fenland but are dropping, while the absolute number of conceptions is highest in Huntingdonshire and remaining fairly static.
- Emergency admissions to hospital in Fenland and Huntingdonshire
- Child mortality from accidents; Cambridgeshire is higher than the England average
- Achievement of GCSE five A*-C grades (including English and Maths) are poorest in Huntingdonshire and Fenland
- NEET rates across each district and particularly in Cambridge City and Fenland, and for young people with Learning Disabilities and Difficulties

Increasingly therefore the role of the area partnerships and effective representation from primary care will become important factors in determining direction of travel. The move to localised delivery will also require localised commissioning and it is likely that there will be an emerging picture of geographical variation. The challenge will be to narrow not increase the inequalities in outcomes.

4.2 What are the gaps in knowledge/services?

There are several areas, such as alcohol, substance misuse and mental health, where we have limited data and the data we have tends to be focussed on treatment rather than outcomes. This makes it difficult to judge the effectiveness of prevention, early intervention or even treatment initiatives. In addition, in children's health service records, parental or family information cannot be readily linked to allow analysis of the impact of parental problems on outcomes for children.

The JSNA uses the 'deficit' approach focussing on needs and deficiencies in a community such as deprivation, illness and health damaging behaviours. We then design services to fill gaps and fix problems. This can disempower the local community with people becoming passive recipients of services rather than active agents in their own and their families lives.[22] The Marmot Review stresses that effective local delivery requires

[22] A glass half-full: how an asset approach can improve community health and wellbeing. Improvement and Development Agency, March 2010. http://www.idea.gov.uk/idk/aio/18410498

effective participatory decision making at the local level which can only happen by empowering individuals and local communities. We need to start by working with local communities to map community assets and engage them in service redesign.

With the recent NHS White Paper, primary care engagement in commissioning and delivery of children and young people's services will also be essential.

4.3 Is what we are doing working?

Since the last JSNA was developed, the Big Plan 2, the plan to improve outcomes for children and young people in Cambridgeshire was put in place.

In 2010, a review of progress was undertaken and found the following:

- The first year of the Big Plan 2 was delivered against an uncertain and in many ways difficult background. The economic climate had an impact on priorities as the Trust sought to work with others to manage in an environment where planned and expected housing development had been delayed. Budgetary implications were clear as a decline in funding from Section 106 agreements (A developer's obligations for community infrastructure) and reduced income from planning applications was accompanied by a greater demand for social housing. Family needs change as economic problems place pressures on parents/carers. Difficulties in the labour market restricted both the availability of employment opportunities and the ability of employers to support work related learning for students. Increased awareness of child protection has had an impact on partners involved in social care and higher numbers of children are being looked after.
- Funding pressures on partners were significant, with changes or expected changes to funding regimes from central government. For the voluntary and community sector this was already becoming apparent with, for example, the prioritisation of the Olympics by many funders. The Trust was acutely aware of the need to manage funding changes to ensure budget pressures on individual partners do not have unintended consequences on children and young people. In anticipation of changes to government funding for local authority children's services, work was underway to manage a move to the provision of services focused on targeted and early intervention work rather than preventative and universal services.
- The review highlighted a wide range of excellent work to improve outcomes for children and young people, however, much of this it was fragile and based on services where finance and capacity were in short supply or at risk.

Themes that emerged from the review were as follows:

- **Commitment:** The review team found high levels of commitment to and enthusiasm for the Big Plan 2 priorities from managers and practitioners alike. The majority of people the review team talked with welcomed the opportunity to discuss the plan, their work and future action. Although the review involved many, a small number of partners did not take part and the review team was concerned to understand the reasons and implications of this.
- **Communications**: Communication at all levels were identified as needing to be improved to ensure both greater understanding of the Trust's strategic direction and how its decisions were informed by understanding of front line practice and current innovations as well as operational difficulties.

- **Using data:** Effective use was being made of data, consultation and research evidence to base work plans on good practice, and target work and resource to maximise impact and improvement. There were occasions where the drive to understand data seemed to be inhibiting or delaying action but these were very few.
- **Involvement and consultation:** There were very good examples of involving children, young people, parents and practitioners in designing and developing delivery plans. However, managers identified difficulties in knowing what consultations had taken place and there was a risk of duplicating effort or not using views as there was not yet a means of easily accessing information across the Trust. Equally, the link between participation and consultation work with children, young people and parents and community engagement strategies was not yet clearly in place.
- **Children Centres:** These were seen as a very positive way of delivering multi-agency work and successfully providing support to parents. Expectations of what they can offer needed to be balanced with the understanding of their different stages of development.
- **Relationships:** There was a strong commitment to an effective relationship of challenge and support between the Local Safeguarding Children Board and the Children's Trust, however, as for many LSCBs and Trusts, detailing the expectations of this and how both will effectively support each other will be beneficial.
- **Size and scale of priorities:** Some priorities seemed to be too large, particularly "Priority 2" - to improve outcomes. Although it was appreciated that the action plan was necessarily large and complex, the review questioned whether a smaller plan focused on activities requiring partner activity might simplify it.
- **Funding:** Budget pressures as outlined above were identified by many. Those involved in delivery of work priorities recognised the difficulties, some were seeking ways of actively trying to do more with less or to try to secure other sources of funding. The review team noted that fragility of funding may put at risk the success of priorities.
- **Role of the Trust and Trust Board:** Consistent with the Trust Board replacing the Children and Young People's Strategic Partnership in late 2009 part-way through delivery of year 1 of the Big Plan, the Trust was understandably not yet seen as driving the agenda. However, the review identified a general desire amongst partners for a mature Trust and Trust Board, with the ability to lead the way in setting standards and expectations, and the influence and support to enable partners to work together to improve outcomes.

The Big Plan focuses on four big priorities, split into nine areas of activity. The review identified good progress as well as areas for development. An overview of what is working and where development is needed is given below and more detail is available from www.thebigplan2.co.uk

Priority 1.1 – Safe places to play and access to positive activities This priority is focused on providing and maintaining places for children and young people to go and things to do, ensuring that information is readily accessible, opportunities are inclusive and enabling parents to feel more confident about play. Generally progress is good and there is real enthusiasm and commitment to deliver combined with a sound knowledge of what work is needed to be achieved. To improve progress, providing consistent support at strategic and operational level across all geographic areas is required.

Priority 1.2 – Tackling Bullying and discrimination Reducing bullying or the fear of bullying is one of the priorities identified as important to children and young people. An anti-bullying strategy group is in place and a wide range of work is underway, with some research focused on bullying in community spaces. In order to develop the work further, increased capacity to manage the work and ensure it is focused on evidenced based activity would help improve progress.

Priority 1.3 – Reducing accidents and intentional injuries to children and young people Good use is being made of data to understand the type of accidents and injuries that are affecting children of different ages, genders and geographical areas. This has the potential to inform and develop practices to target particular districts and behaviour. To make progress, this understanding now needs to be translated into action with clarity around respective roles and responsibility for delivery.

Priority 1.4 – Reducing the number of children and young people involved in anti-social behaviour and criminal activity This action plan focuses on delivering preventative work to reduce the number of young people involved in criminal activity, and supporting them once they are involved in order to prevent re-offending. There is evidence of strong partnership working to resource and deliver key activities and work in place to support both children and their parents.
To improve progress, reviewing the activities to ensure there is a coherent approach in place, is driven by data and evidence is necessary, with an aim to consider how best to embed motivational issues in all aspects of work

Priority 1.5 – Promoting positive images of young people This priority is based on involving young people in getting effective messages out about them, to other young people and to adults and the media. Working in conjunction with the priority above to help improve the public perception of young people in the eyes of the general public around anti-social behaviour would be beneficial.

Priority 2.1 – Improving achievement for all and narrowing the gap for specific groups of children & young people

Priority 2.2 – Improving health for all and narrowing the gap in health outcomes for specific groups of children and young people
The Trust sees priority 2.1 and 2.2 as key, with a number of action plans and focused on the important areas of improving achievement and educational attainment and improving health outcomes. Underpinning both of these is work to reduce the affect of deprivation and poverty.

There is much effective work in place to focus on reducing inequalities, although work to tackle deprivation, as set out in the action plan, has been delayed as the Trust wished to secure support to enable the development of a robust child poverty strategy. The timescale to complete an initial strategy is December 2010 but it is recognised that there will be much work across the county and in each district to really ensure effective work is in place.

Priority 3 – To improve the outcomes for children and young people with learning difficulties and disabilities and complex needs Good progress is being made in developing services for children and young people with complex needs and learning difficulties and disabilities. There is a strong multi-agency and multi-disciplinary Every Disabled Child Matters (EDCM) working group tasked to ensure that Aiming High criteria are met. The criteria focus on: accessibility to services, transparent eligibility criteria for services are transparent, assessment processes, parent and young people consultation and participation in decision making. An integrated care pathway for children with complex needs is currently under development and Trust support will be required to ensure this can be successfully commissioned.

Priority 4 – To meet the needs of children and young people in areas of growth and demographic change. Although the current financial situation is having an impact on growth, there is a clear sense of the importance of ensuring the needs of the first generation of young people growing up in a new community are not lost and a strong commitment to anticipating social needs and ensuring these are met at an early stage when families first move in to new developments. Work to improve progress on this priority includes the need to better share information on the release of social housing to enable more timely facilities and services to be made available.

> **Developing the workforce to enable them to deliver on the priorities of the Trust is imperative and the Children's Workforce Strategy sets out how this is done. However, as training budgets reduce across the partnership, the Trust will need to improve how it coordinates development activity in order to make best use of the remaining resource.**

A recent example of development work around the workforce is the review of how the Common Assessment Framework is used. The Children's Trust has finalised a more consistent and robust approach that will come into place in the Autumn of 2010.

5. RECOMMENDATIONS

Recommendations from the last JSNA as presented to the Children and Young People's Strategic Partnership (CYPSP) priority setting forum in March 2008 are as follows:

1. Priority is given to full implementation of the Child Health Promotion Programme (CHPP) (now Healthy Child Programme) across Cambridgeshire:

    - starting the Family Health Needs Assessment process antenatally;
    - completing by the time the child is a year old;
    - taking the same holistic needs led approach whenever a child's progress begins to falter.

    This will enable early intervention and prevention of poor outcomes and the targeting of additional services to those with the greatest needs.

2. Integrated children's services should be provided through partnership working in Children's Centres and Extended Schools.

3. Key priorities for these services should be reducing:

    - family smoking,
    - obesity,
    - alcohol related harm,
    - sexually transmitted infections and teenage pregnancies.

4. Focus on preventing as well as tackling health inequalities; Priority groups are:

    - Gypsy and Traveller children,
    - Children in Care (Looked After),
    - Vulnerable children,
    - Parents with problems or low self esteem,
    - Families in areas of high deprivation: Wisbech and North Fenland, North Huntingdon, North and East of Cambridge City

These were included in Cambridgeshire's Sustainable Community Strategy and the Big Plan 2 from 2009 and progress has been made on these areas. However, they should not be lost with this refreshed JSNA and should be considered along with the recommendations made as a result of this new assessment.

The recommendations made as a result of this JSNA are that the Children's Trust and partners should:

- Ensure all children get a good start in life as an increasing body of evidence shows that the first few years will impact lifelong.
- Support good mental health and emotional wellbeing which are fundamental to achieving good health and outcomes across all 5 Every Child Matters domains (be healthy, stay safe, enjoy and achieve, make a positive contribution, economic wellbeing).
- Prevent/reduce the negative impact of alcohol and substance misuse, obesity and overweight, childhood accidents, child poverty, domestic violence and disabilities and the consequent inequalities in outcomes.
- Consider a more radical multi agency approach to workforce and service redesign;

- ensure that schools, colleges, GP clusters, and partners within the Children's Trust understand the needs and issues for children in their areas and know what they should be doing to improve the outcomes for their children and young people.
- Consider how best to support localised delivery through localised commissioning while preventing geographic variation leading to inequality in outcomes.

And specifically, the Children's Trust and its partners should:

1. Work in partnership to tackle child poverty and deprivation to reduce inequalities in outcomes for children and young people across all districts and between particular areas and the rest of Cambridgeshire, eg Fenland, particularly Wisbech, north Cambridge and parts of Huntingdon and for vulnerable groups of children and young people wherever they live.

2. Ensure the Healthy Child Programme is delivered effectively to all children and young people though the NHS, Children's Centres and supported by schools and colleges

3. Ensure a positive start in life and promote good emotional health and wellbeing

4. Give the Children's Trusts Area Partnerships, GPs clusters (primary and community care) and schools clear messages about their roles and responsibilities, devolving decisions and planning to the area level wherever feasible.

5. Adopt a community assets approach to tackle inequalities with local communities and the voluntary sector.