

DRAFT Merton JSNA 2013/14

Children, Young People and Maternal
Health: draft headlines 15/11/13

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What is the JSNA?

- It is the 'Big Picture' in terms of the health and wellbeing needs and inequalities for the whole of the local community
- Provides information to guide Local Authority and CCG commissioning of priority services

www.mertonjsna.org.uk

www.merton.gov.uk

The Health and Wellbeing of the People of Merton
(Joint Strategic Needs Assessment)

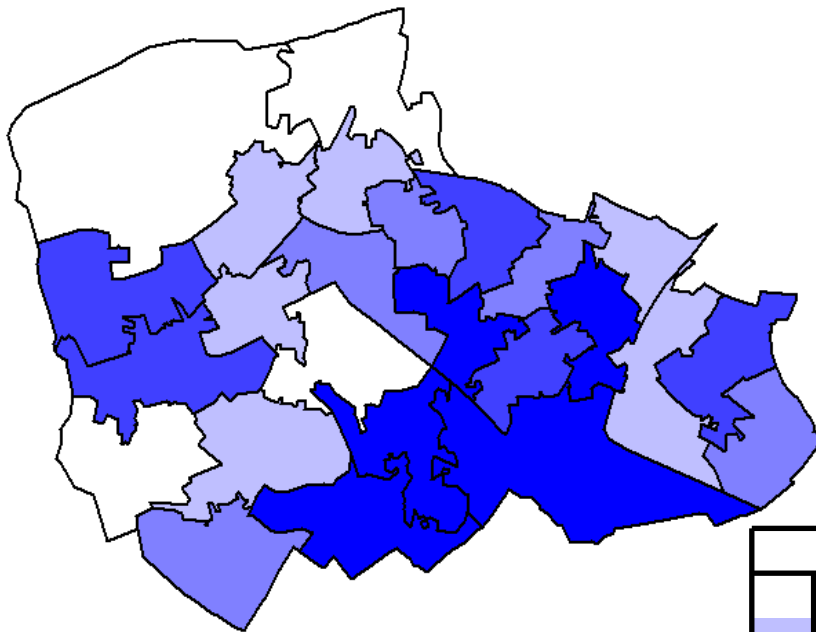


Health Inequalities

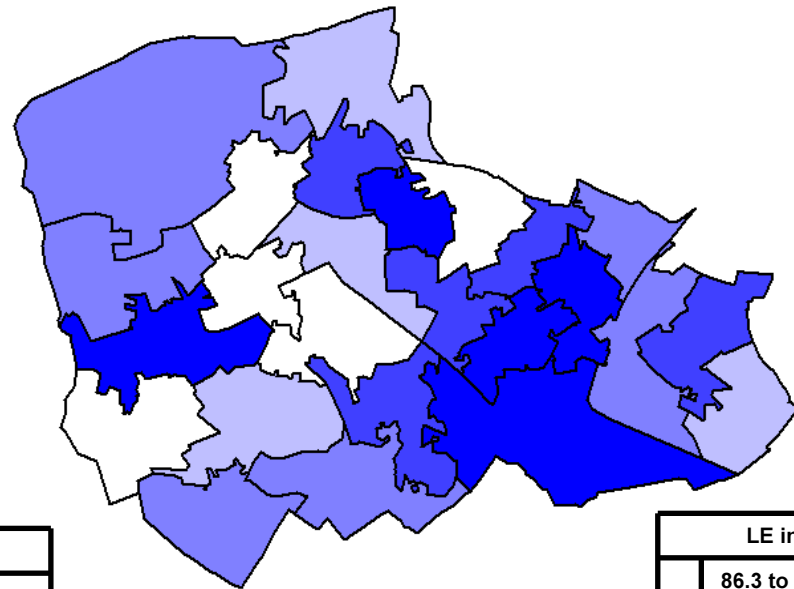
- Significant difference in life expectancy between different communities within Merton at ward and neighbourhood level
 - For men 9 years - no change (71.6 in Ravensbury to 84.8 in Wimbledon)
 - For women 13 years – increase of 2 years from 2005-09 (79.5 in Figge’s March to 92 years in Hillside)

Male Life Expectancy at birth by small area , 2006-10

Female Life Expectancy at birth by small area, 2006-10



LE in Years	
	83.0 to 84.6
	81.5 to 82.9
	80.1 to 81.4
	78.9 to 80.0
	76.3 to 78.8



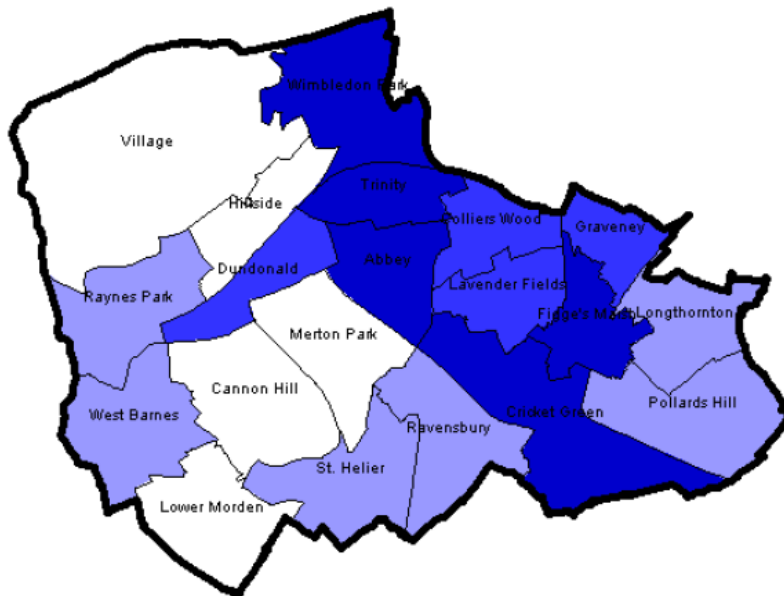
LE in Years	
	86.3 to 91.9
	84.8 to 86.2
	84.0 to 84.7
	82.6 to 83.9
	80.3 to 82.5

Maternal Health

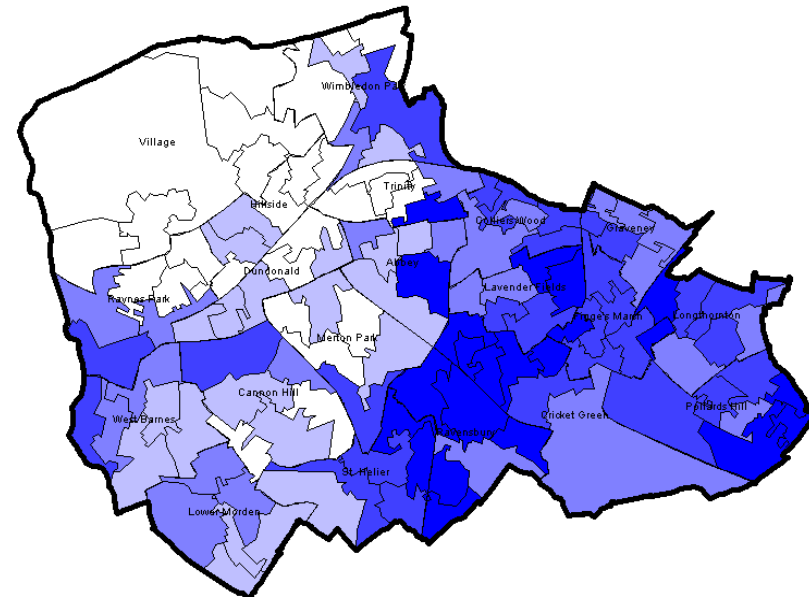
- Around 3,500 births each year, 40% increase since 2002
- Babies born with low birth weight and deaths in the first year of life are lower than for London
- More are breastfeeding than nationally
- Smoking at time of delivery similar to London and lower than England

BUT...variations in LBW and breastfeeding by area and ethnicity, higher rate of delivery by caesarean section than nationally

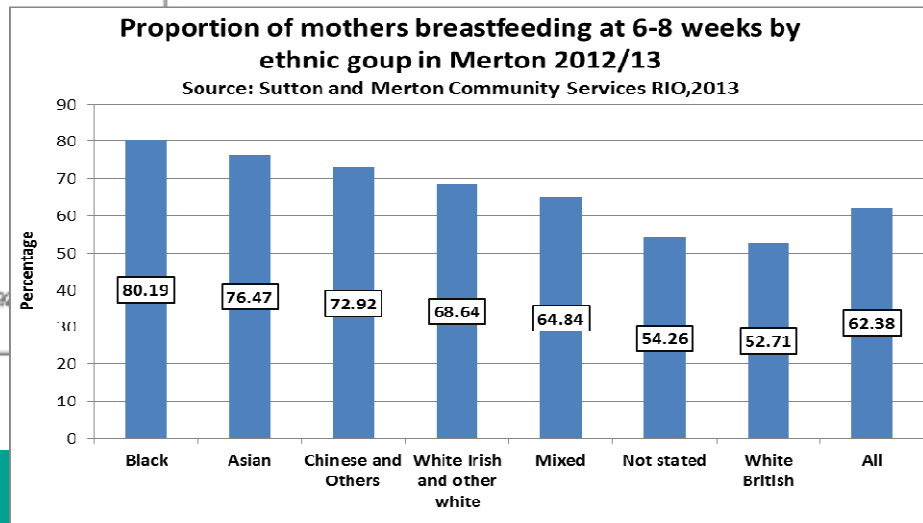
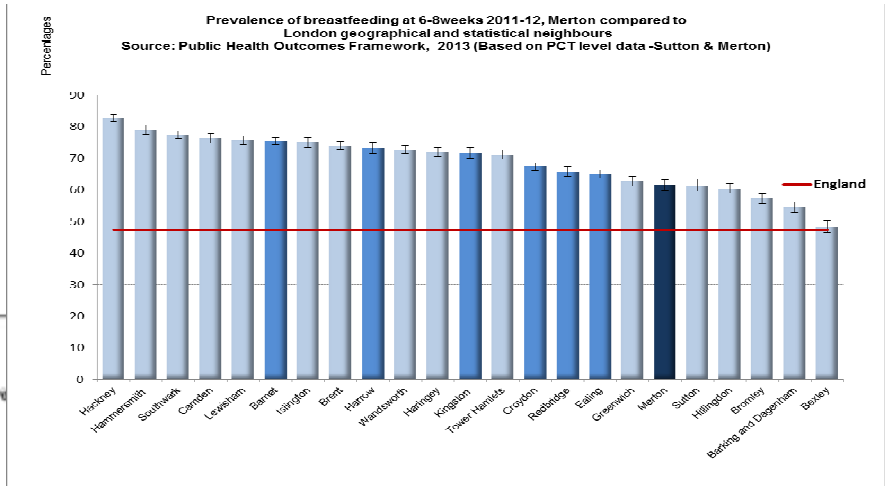
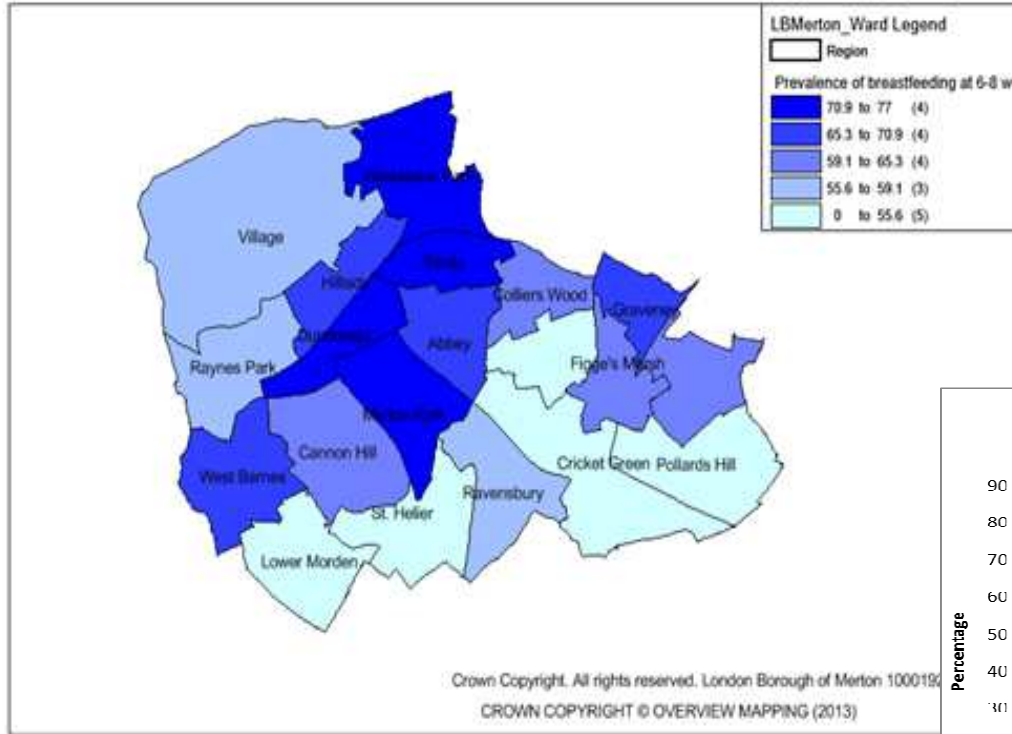
Live births in Merton by ward, 2011



Income Deprivation Affecting Children Index 2010



Breastfeeding



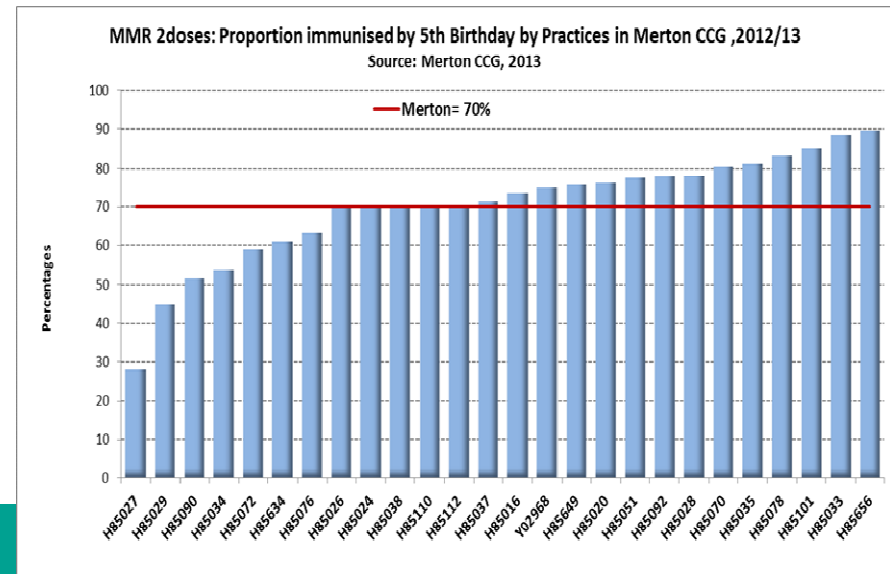
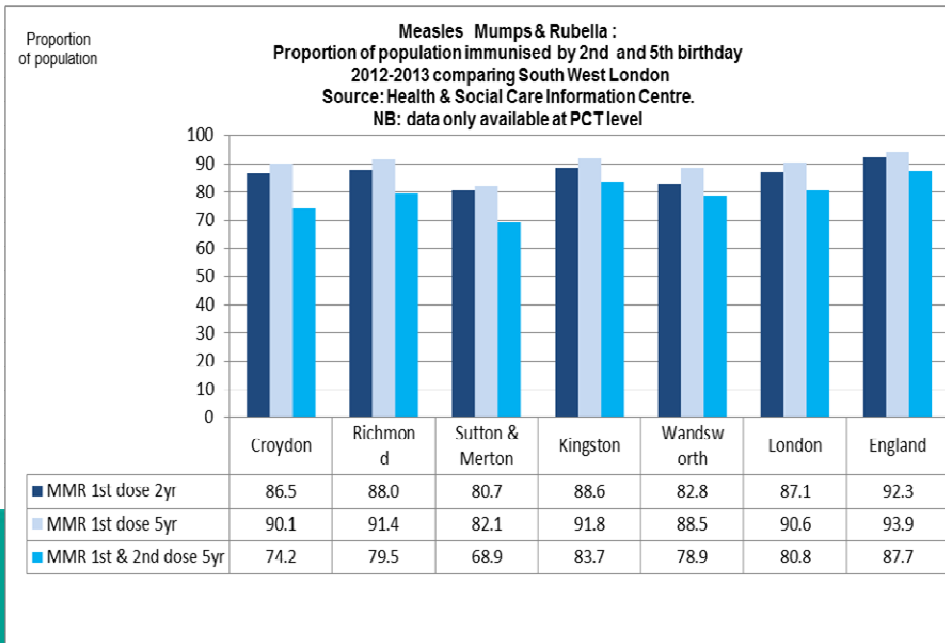
Commissioning Implications:

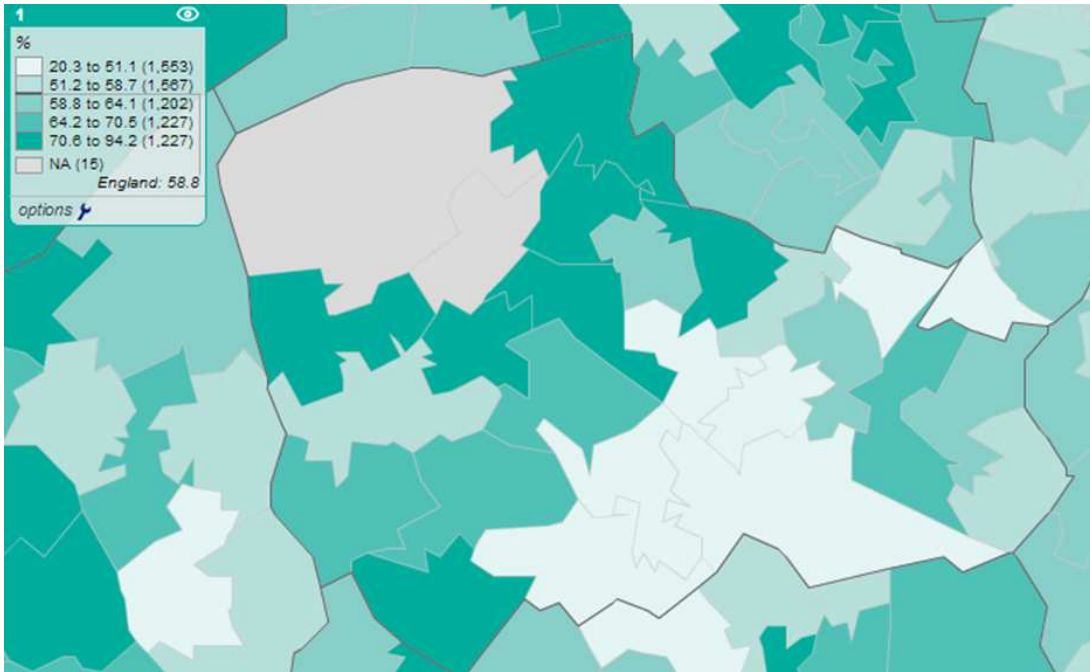
Measures to Improve maternal health and further reduce infant mortality and low birth weight:

- Improve access to maternity care ensuring pregnant women are assessed before 13 weeks of pregnancy and support during the first year of life, particularly in disadvantaged areas and among Black and Minority Ethnic groups.
- Reduce maternal obesity; improving nutrition and access to affordable healthy food;
- Improve breastfeeding rates, targeted particularly within more disadvantaged areas
- Further reduce smoking in pregnancy
- Prevent teenage pregnancy and supporting teenage parents
- Improve housing conditions, especially for children in disadvantaged areas
- Develop culturally sensitive care for women and families

Early Years 0-4

- 15,000 0-4 year olds - expected to rise by nearly 800 by 2017
- More children achieve a good level of development at age 5 than London and England BUT..
- Variation in development at age 5 by area
- Estimated 30% of 5 year olds have tooth decay – increased by over 6% since 2009
- Levels of Childhood Immunisation lower than London and England – variation by GP practice
- Need to drive forward improvements in childhood Immunisation coverage –WHO 95%
- Need to review oral health promotion for early years

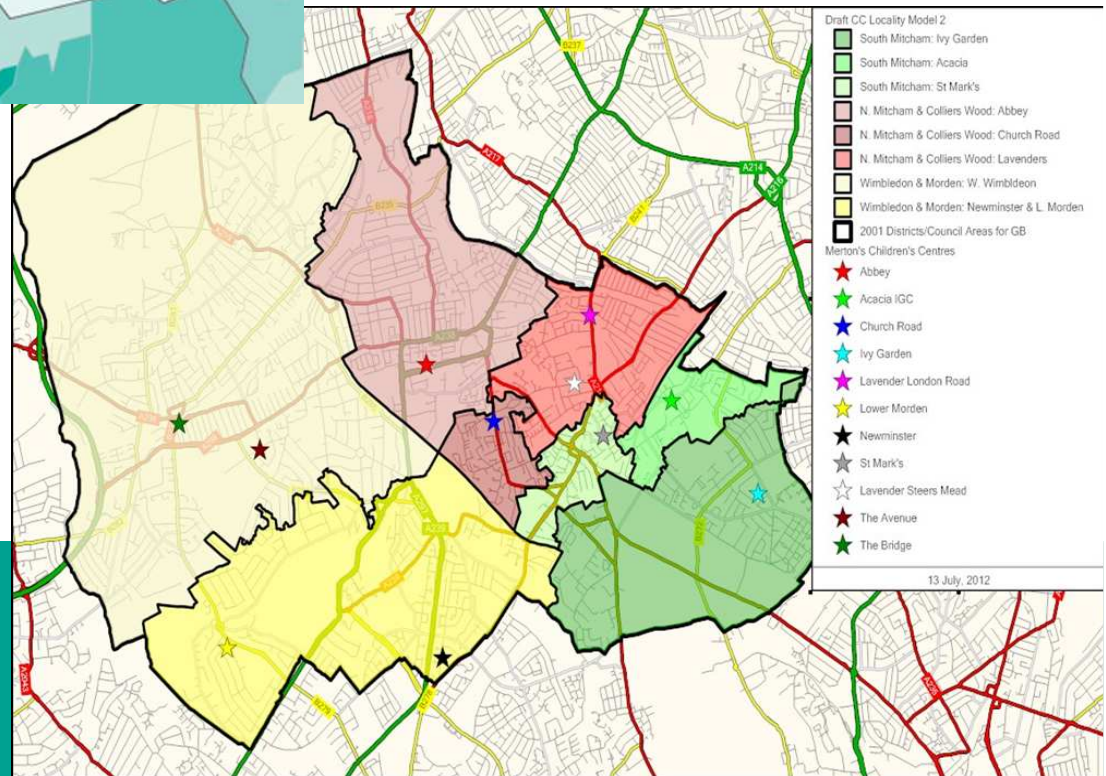




- Child Development at age 5, by MSOA, 2011
- 30% gap between highest and lowest achievers

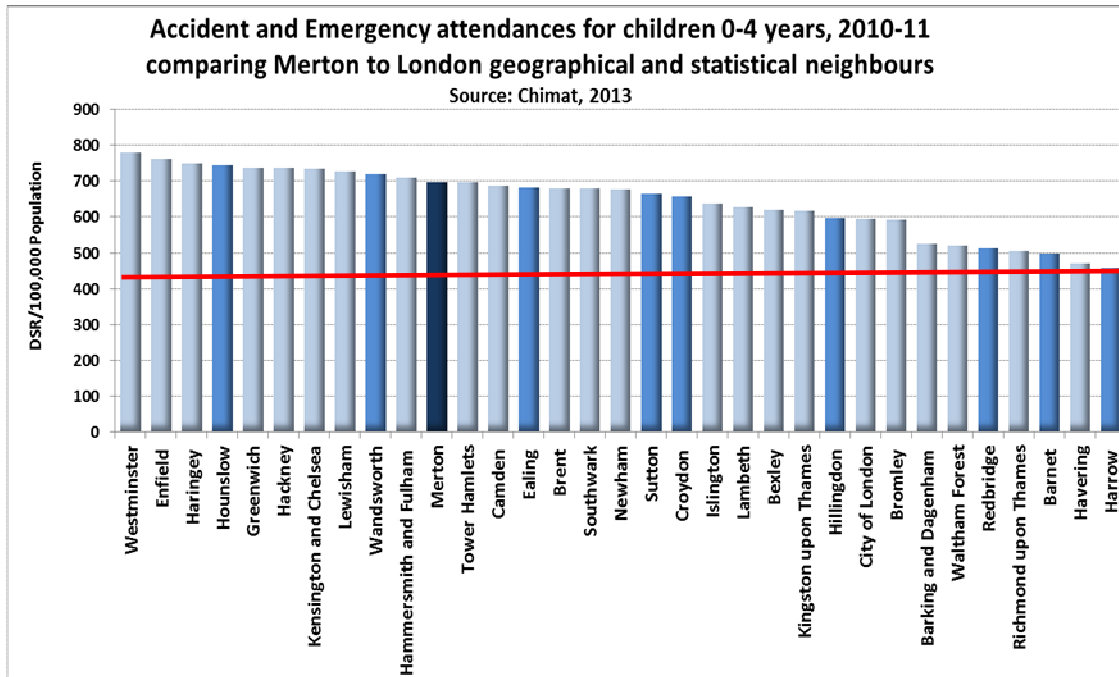
Merton Children's Centres Locality model

- Develop an outcomes model of commissioning for Early Years, underpinned by strong data systems.
- Develop Early Years intervention and prevention pathways, with clear referral routes for all partners.



A&E Attendances—under 5s

- Higher than England average, variation by GP practice



England ———

- Ensure that in majority of cases children with both acute and long term conditions are supported in the community as much as possible
- the local pathway for unplanned care underpinned by a consistent model of care for all organisations
- Review data on hospital attendances for children age 0-17, including a focus on 0-4 age group, review progress on local initiatives

Children and Young People

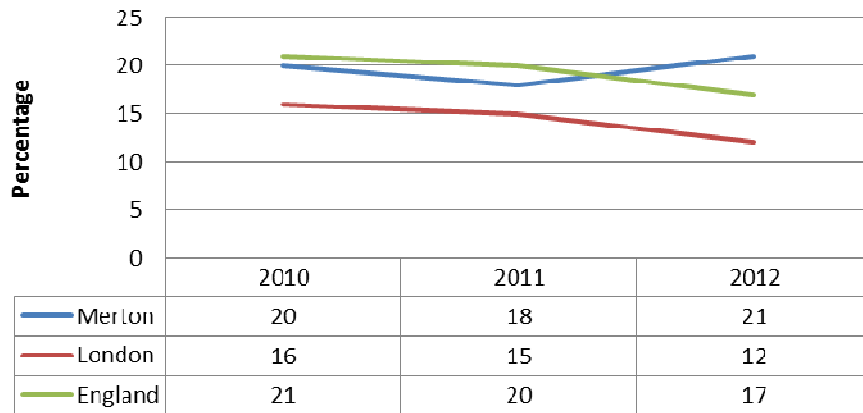
- 32,500 children and young people aged 5-19 –expected to rise by 1/5 by 2021
- Overall fewer children living in poverty
- Educational attainment improving more rapidly than 90% of LAs at Primary and 86% of LAs at Secondary level

BUT...

- Need to continue to address family poverty in east of the borough and narrow the gap in educational attainment

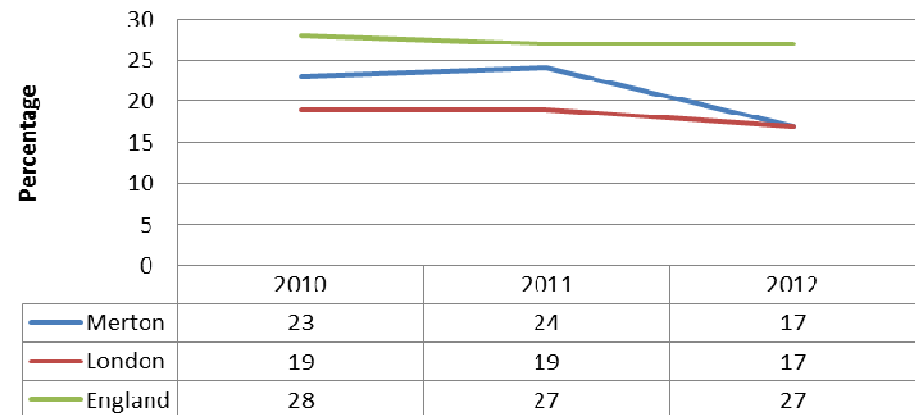
Attainment gap between Y6 pupils eligible for free school meals and their peers: Level 4+ KS2 including English and Maths

Source: DfE Dec 2012

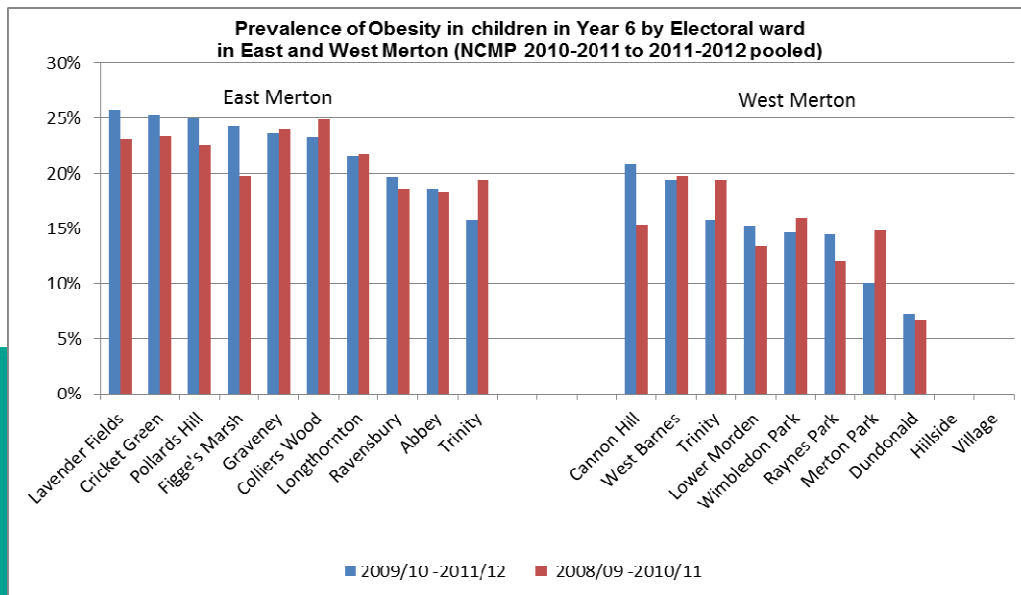
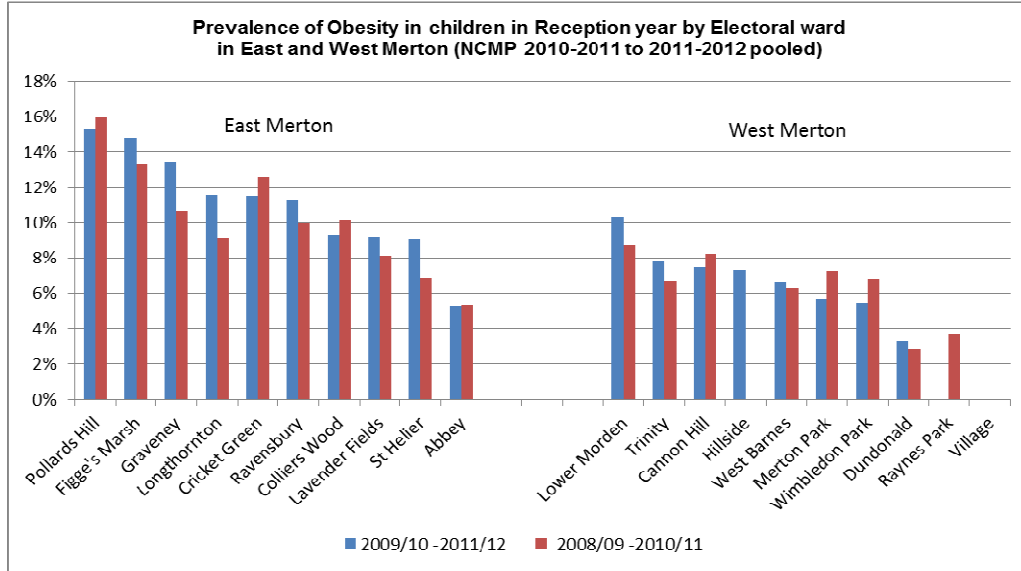


Attainment gap between Y11 pupils eligible for free school meals and their peers: 5 or more A*-C GCSEs including English and Maths

Source: DfE Dec 2012



Inequalities in Obesity by age and area



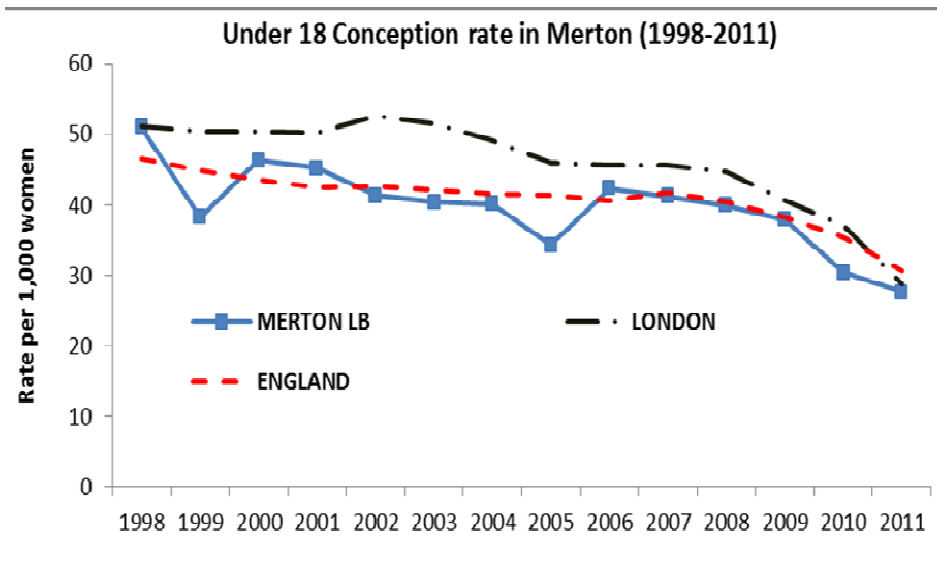
- Develop a sustainable, community-wide, multi-agency approach to increasing levels of healthy weight for children young people and their families – NICE evidence.
- Target of resources in areas with children with higher levels of excess weight.
- Develop local obesity pathways for children and young people
- Re-commission Weight Management services for children and young people, including an increased focus on prevention.

Young People

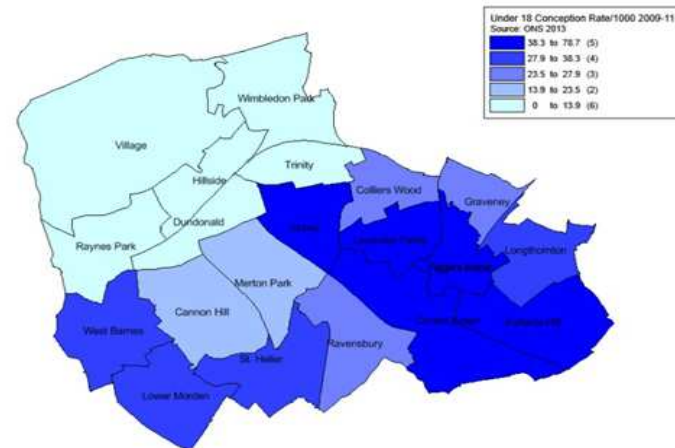
- Teenage pregnancy rates have reduced significantly over the past 10 years
- Hospital admissions due to drugs misuse (15-24 years) and for injury (under 18s) are lower than London and England
- Hospital admissions for under 18 year olds as the result of self harm are lower than London and England

BUT...

Teenage pregnancies higher in east of the borough; hospital admissions for alcohol are higher than London; there has been increase in under 18s presenting for treatment for substance misuse.



Under 18 conception rates, 2009-2011, by electoral ward.
Source: Office for National Statistics. 2013



Commissioning Implications

Teenage pregnancy:

- improve access to contraceptive services, condoms, emergency contraception and STI testing for young people.
- Improved training for front-line professionals on talking to children, young people and parents about sensitive issues
- need to further integrate sexual health activities with substance misuse prevention

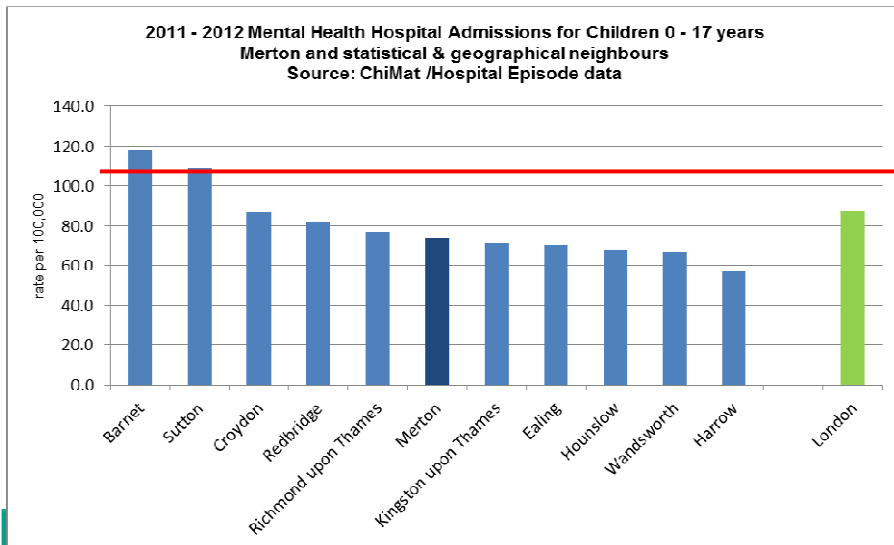
Substance misuse:

- strengthen preventive support – including drugs and alcohol
- Work with schools and youth settings
- increasing training to improve early identification and increase referrals to specialist services.

Vulnerable CYP

- By 2021 expect a 20% increase in children born each year with future special needs – in line with increase in births
- Increase in the number of children with statements of Special Educational Needs with Autistic Spectrum Disorder over the past 3 years – ¼ of all Statements
- Admissions for mental health conditions is lower than London and England, number of CYP accessing Tier 3 CAMHS is lower than estimated prevalence of mental health conditions

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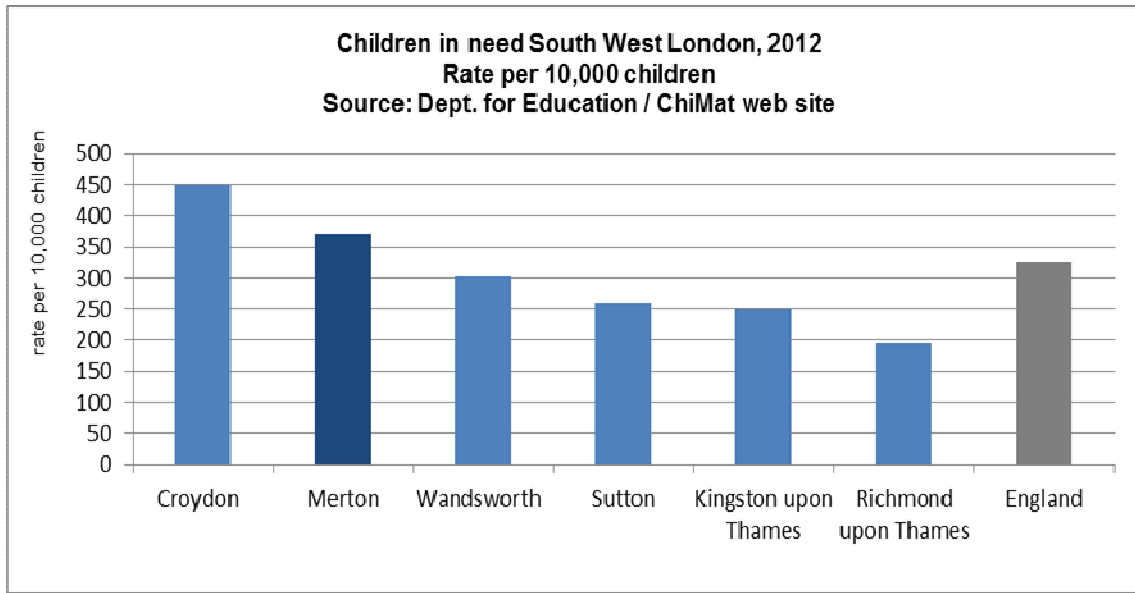
Estimated number of children with a mental health problem appropriate for CAMHS response. Source: ChiMat

	% of Children (17 and under)	Merton (ONS mid-year estimates 2012)
Tier 1 - CAMHS	15.00%	6,670
Tier 2 - CAMHS	7.50%	3,115
Tier 3 - CAMHS	2.50%	825
Tier 4 - CAMHS	0.50%	222

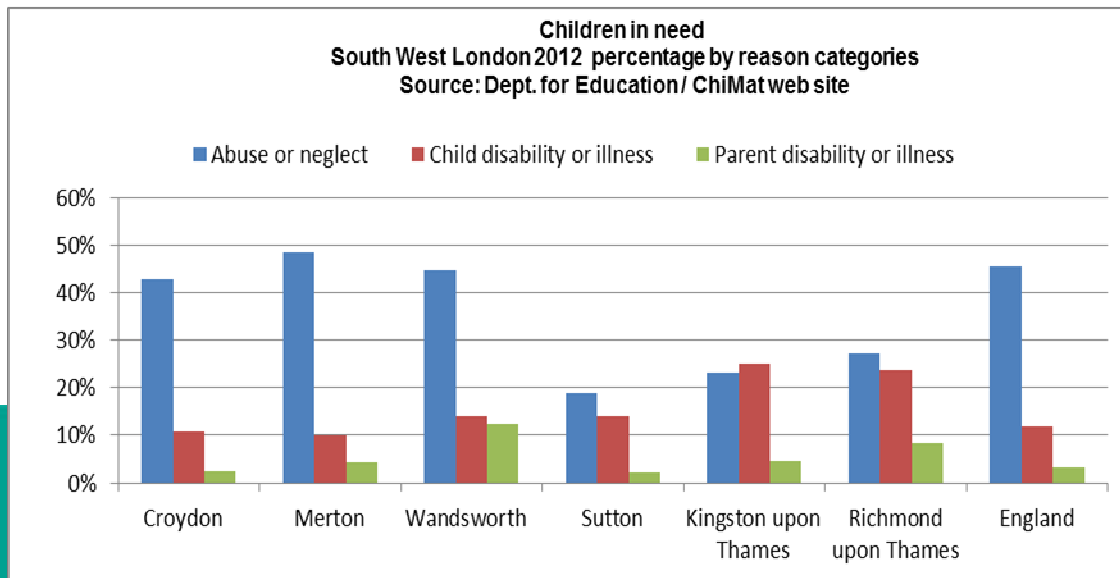
England



Children in Need



- Nationally and in Merton there has been an increase in children in need, children in care and on a child protection plan
- There has been an increase in the number of Looked After Children (LAC)



Commissioning Implications

- Understanding impact increasing numbers of LBW babies on demand for services
- Needs Assessment of mental health and wellbeing and Review of CAMHS
- Develop an autism pathway for CYP linked to the autism strategy
- Ensure children with long term conditions are supported to access the full curriculum in schools and have smooth transitions to adult services
- Ensure effective pathways across services to ensure access and intervention for CYP on threshold of care
- Consider impact on health services of increasing numbers of LAC

Next Steps

- JSNA is ‘process not a product’
- Circulate draft for further discussion with commissioners
- Present draft to HWBB January
- Updated version on-line by March 2014
- Rolling programme of updates

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