



Children and Young People's  
Transformation Programme

# Children and Young People: Enacting our Strategic Priorities

9<sup>th</sup> November 2021



# Case for Change: Health Inequalities

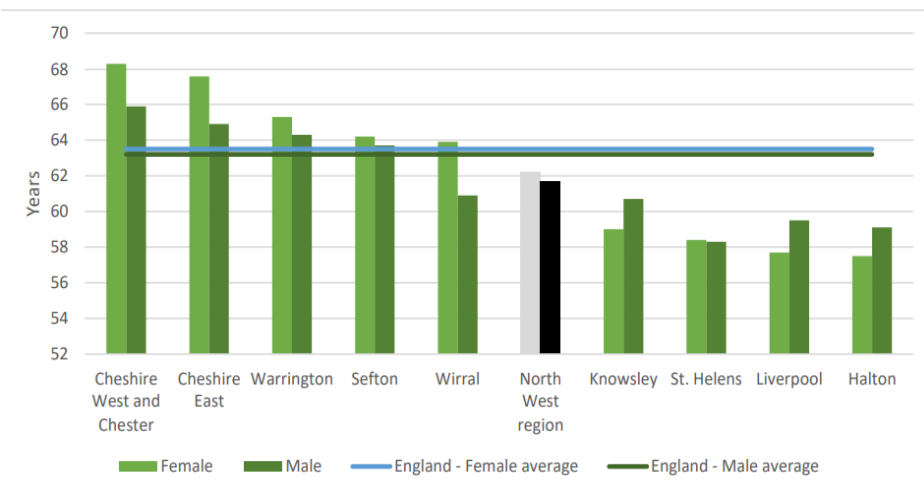
- Children and young people (CYP) across Cheshire & Merseyside (C&M) are impacted severely by poor health outcomes and disproportionately negative health inequalities
- C&M CYP experience poorer than national average outcomes across almost every key indicator
- Issues of concerns include:
  - High levels of childhood obesity,
  - Poor breastfeeding rates
  - Poor emotional health and wellbeing (amongst others)
  - In some parts of C&M, 70% of school children are classified as overweight or obese
  - C&M's asthma prevalence / admissions are significantly higher than the England average
  - Mental Health and anxiety rates in children and teenagers are increasing
  - The lack of support and services for young people with autism has been highlighted by several national bodies
  - Digital exclusion and insufficient living space are also impacting negatively on CYP and their ability to access education, activities and safeguarding support
- Health inequalities have been exacerbated by impact of Covid-19

# Health Inequalities: The Experience of Children in C&M

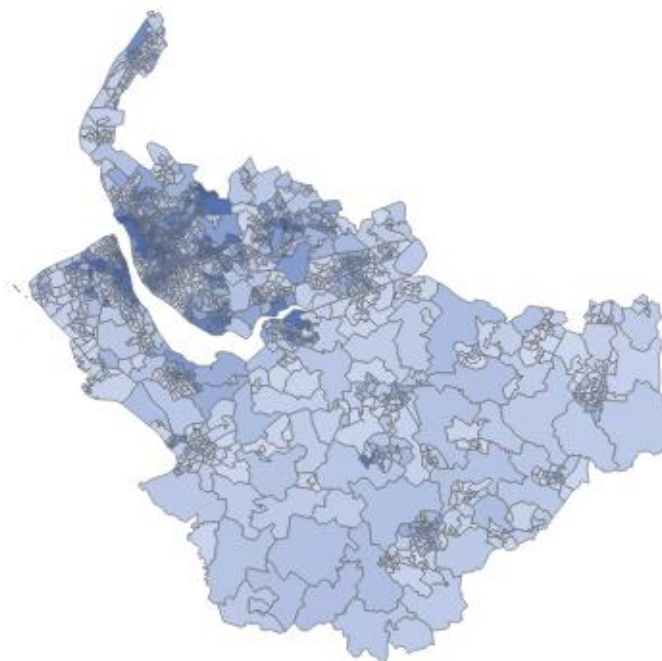


- Nationally, life expectancy is falling and it is falling fastest in areas of highest deprivation
- There is a difference of nearly 10 years of Healthy Life Expectancy across Cheshire and Mersey – and this correlates with data showing areas where children are living in absolute low income families

Healthy Life Expectancy: Cheshire and Mersey 2017-2019



INDEX OF MULTIPLE DEPRIVATION (IMD) SC...



## Children in absolute low income families (under 16s)

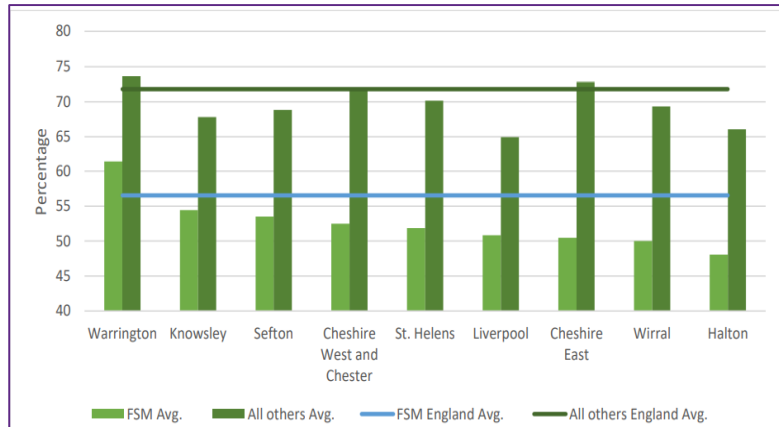
Area Name	Age	Time period	Units	Count	Value	Compared to Engl
England	<16 yrs	2018/19	%	1,644,343	15.3	Not compared
Cheshire East	<16 yrs	2018/19	%	7,613	11.1	Better
Cheshire West and Chester	<16 yrs	2018/19	%	7,612	12.5	Better
Halton	<16 yrs	2018/19	%	4,147	16.1	Worse
Knowsley	<16 yrs	2018/19	%	5,923	19.6	Worse
Liverpool	<16 yrs	2018/19	%	20,338	23.7	Worse
Sefton	<16 yrs	2018/19	%	7,479	15.6	Similar
St. Helens	<16 yrs	2018/19	%	5,821	17.6	Worse
Warrington	<16 yrs	2018/19	%	5,160	13.0	Better
Wirral	<16 yrs	2018/19	%	8,960	14.8	Better

# School Readiness and Attainment

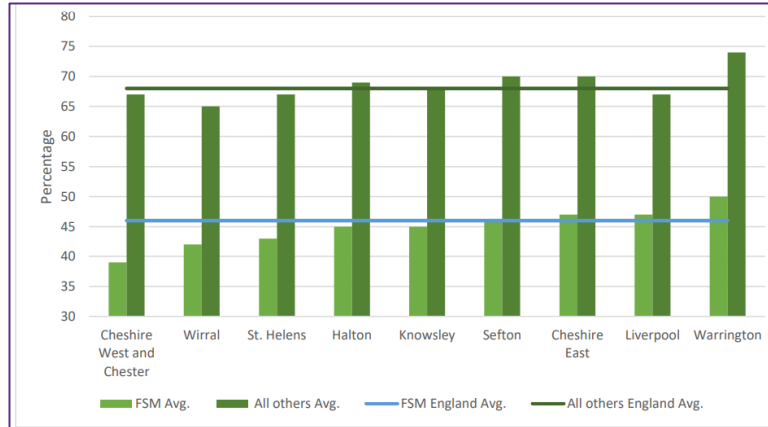


- In general, children across Cheshire and Mersey perform less well in relation to:
  - School readiness at the end of Reception
  - Reaching the expected standard in Key Stage 2
  - Attainment 8 score
- Children who are eligible for Free School Meals perform most poorly, along with those who live in areas where there are greater numbers of absolute low income families

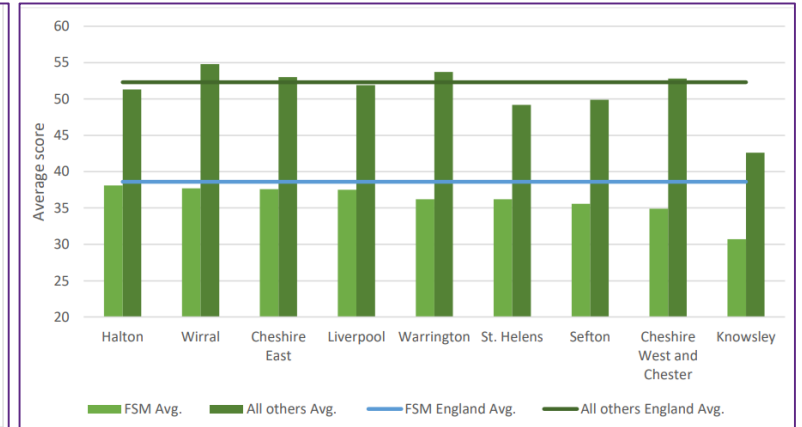
School readiness: FSM status achieving a good level of development at the end of reception, 2018/19.



Pupils (%) reaching the expected standard in KS2 – reading, writing and maths 2018



Average Attainment 8 score per pupil 2019/20

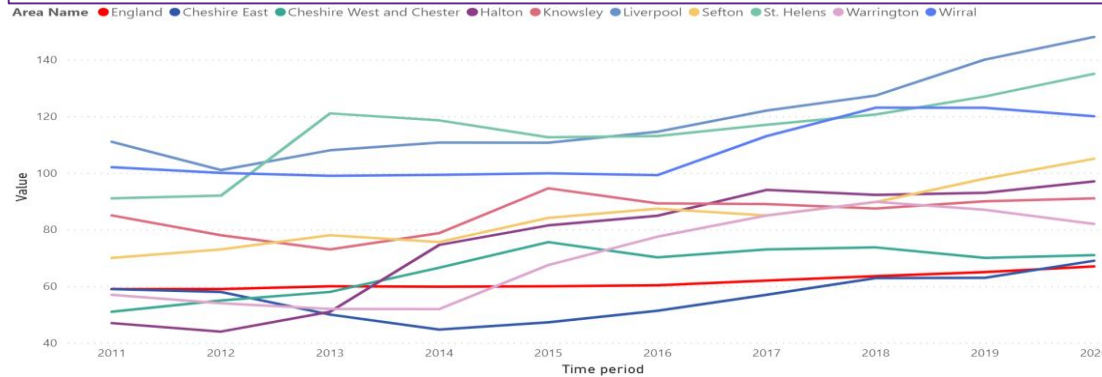


# Safeguarding / Vulnerable Children



- Across C&M, numbers of children in care (per 10,000) are greater than the national average. These numbers have risen over the past decade.

Children in Care



Children in care

Area Name	Age	Time period	Units	Count	Value	Compared to England
England	<18 yrs	2020	Rate per 10,000	80,080	67.0	Not compared
Cheshire East	<18 yrs	2020	Rate per 10,000	535	69.0	Similar
Cheshire West and Chester	<18 yrs	2020	Rate per 10,000	490	71.0	Similar
Halton	<18 yrs	2020	Rate per 10,000	280	97.0	Worse
Knowsley	<18 yrs	2020	Rate per 10,000	305	91.0	Worse
Liverpool	<18 yrs	2020	Rate per 10,000	1,425	148.0	Worse
Sefton	<18 yrs	2020	Rate per 10,000	565	105.0	Worse
St. Helens	<18 yrs	2020	Rate per 10,000	495	135.0	Worse
Warrington	<18 yrs	2020	Rate per 10,000	365	82.0	Worse
Wirral	<18 yrs	2020	Rate per 10,000	810	120.0	Worse

- While fewer children are subject to Child Protection Plans than nationally, there are greater numbers of children identified as being “Children in Need”

Children in need due to abuse or neglect

Area Name	Age	Time period	Units	Count	Value	Compared to England
England	<18 yrs	2018	Rate per 10,000	215,270	181.4	Not compared
Cheshire East	<18 yrs	2018	Rate per 10,000	1,353	178.4	Similar
Cheshire West and Chester	<18 yrs	2018	Rate per 10,000	1,435	213.3	Worse
Halton	<18 yrs	2018	Rate per 10,000	682	240.1	Worse
Knowsley	<18 yrs	2018	Rate per 10,000	541	164.3	Better
Liverpool	<18 yrs	2018	Rate per 10,000	2,534	270.9	Worse
Sefton	<18 yrs	2018	Rate per 10,000	759	141.8	Better
St. Helens	<18 yrs	2018	Rate per 10,000	836	228.1	Worse
Warrington	<18 yrs	2018	Rate per 10,000	875	196.0	Worse
Wirral	<18 yrs	2018	Rate per 10,000	2,259	333.6	Worse

Children on CPP – category of abuse

Area Name	Age	Time period	Units	Count	Value	Compared to England
Wirral	<18 yrs	2018	Rate per 10,000	127	18.8	Similar
Warrington	<18 yrs	2018	Rate per 10,000	110	24.6	Similar
St. Helens	<18 yrs	2018	Rate per 10,000	87	23.7	Similar
Sefton	<18 yrs	2018	Rate per 10,000	156	29.2	Worse
Liverpool	<18 yrs	2018	Rate per 10,000	178	19.0	Similar
Knowsley	<18 yrs	2018	Rate per 10,000	108	32.8	Worse
Halton	<18 yrs	2018	Rate per 10,000	105	37.0	Worse
Cheshire West and Chester	<18 yrs	2018	Rate per 10,000	127	18.9	Similar
Cheshire East	<18 yrs	2018	Rate per 10,000	157	20.7	Similar
England	<18 yrs	2018	Rate per 10,000	25,160	21.2	Not compared

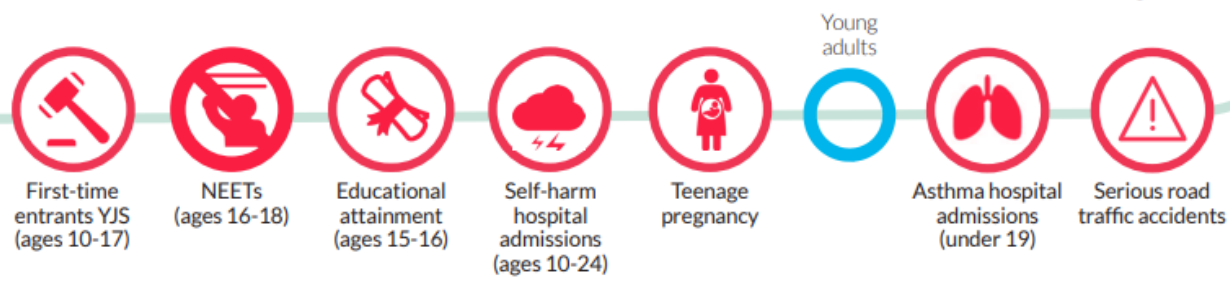
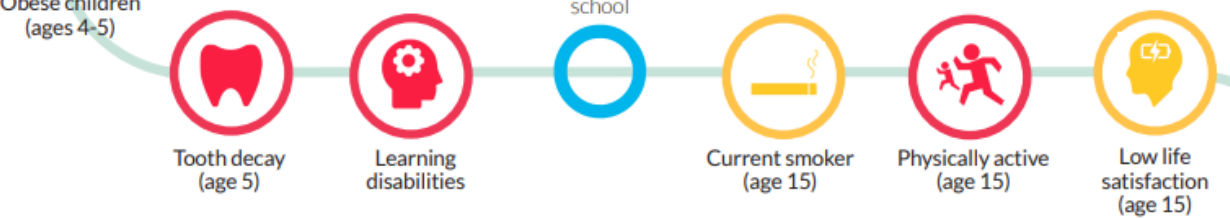
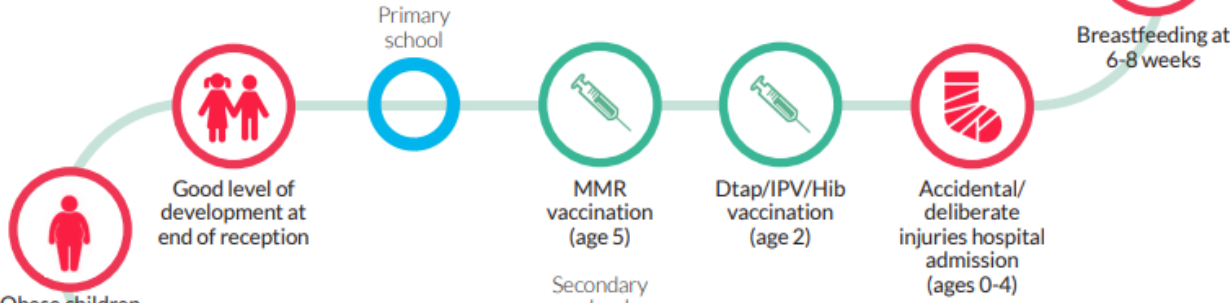
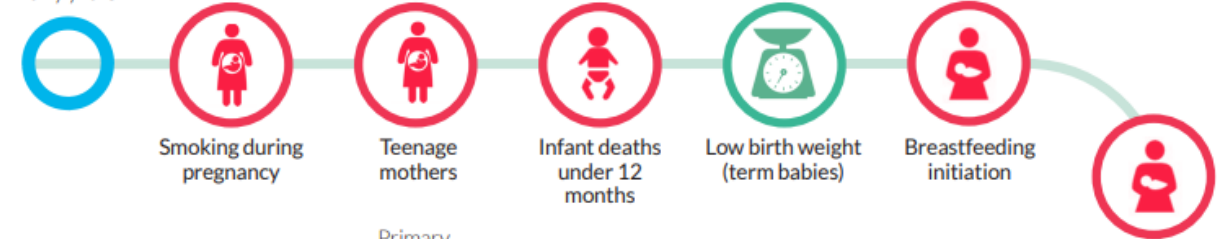
Children on CPP – category of neglect

Area Name	Age	Time period	Units	Count	Value	Compared to England
Wirral	<18 yrs	2018	Rate per 10,000	88	13.0	Better
Warrington	<18 yrs	2018	Rate per 10,000	56	12.5	Better
St. Helens	<18 yrs	2018	Rate per 10,000	40	10.9	Better
Sefton	<18 yrs	2018	Rate per 10,000	70	13.1	Better
Liverpool	<18 yrs	2018	Rate per 10,000	169	18.1	Better
Knowsley	<18 yrs	2018	Rate per 10,000	77	23.4	Similar
Halton	<18 yrs	2018	Rate per 10,000	74	26.0	Similar
Cheshire West and Chester	<18 yrs	2018	Rate per 10,000	88	13.1	Better
Cheshire East	<18 yrs	2018	Rate per 10,000	129	17.0	Better
England	<18 yrs	2018	Rate per 10,000	25,820	21.8	Not compared

# Children and Young Adults in Liverpool City Region

A comparison to England, 2020

Prebirth & early years



## Liverpool City Region Facts

Children and young people represent 29.6% of the total Liverpool City Region population (aged 0-24 years), similar to the England average of 29.8%

Children and young people in the City Region face a difficult start in life, with significantly higher levels of deprivation, lone parent families and children in care in each of the six local authorities, compared to the national average.

## Key

Statistical significance compared to England:

- Better
- Similar
- Worse

This work is based on the latest published data as of June 2020, and was commissioned by the Cheshire & Merseyside Public Health Intelligence Network and Champs Public Health Collaborative.

For more information and data sources please contact Janet Ubido, Champs Researcher, Public Health Institute LJMU email: [j.ubido@ljmu.ac.uk](mailto:j.ubido@ljmu.ac.uk)

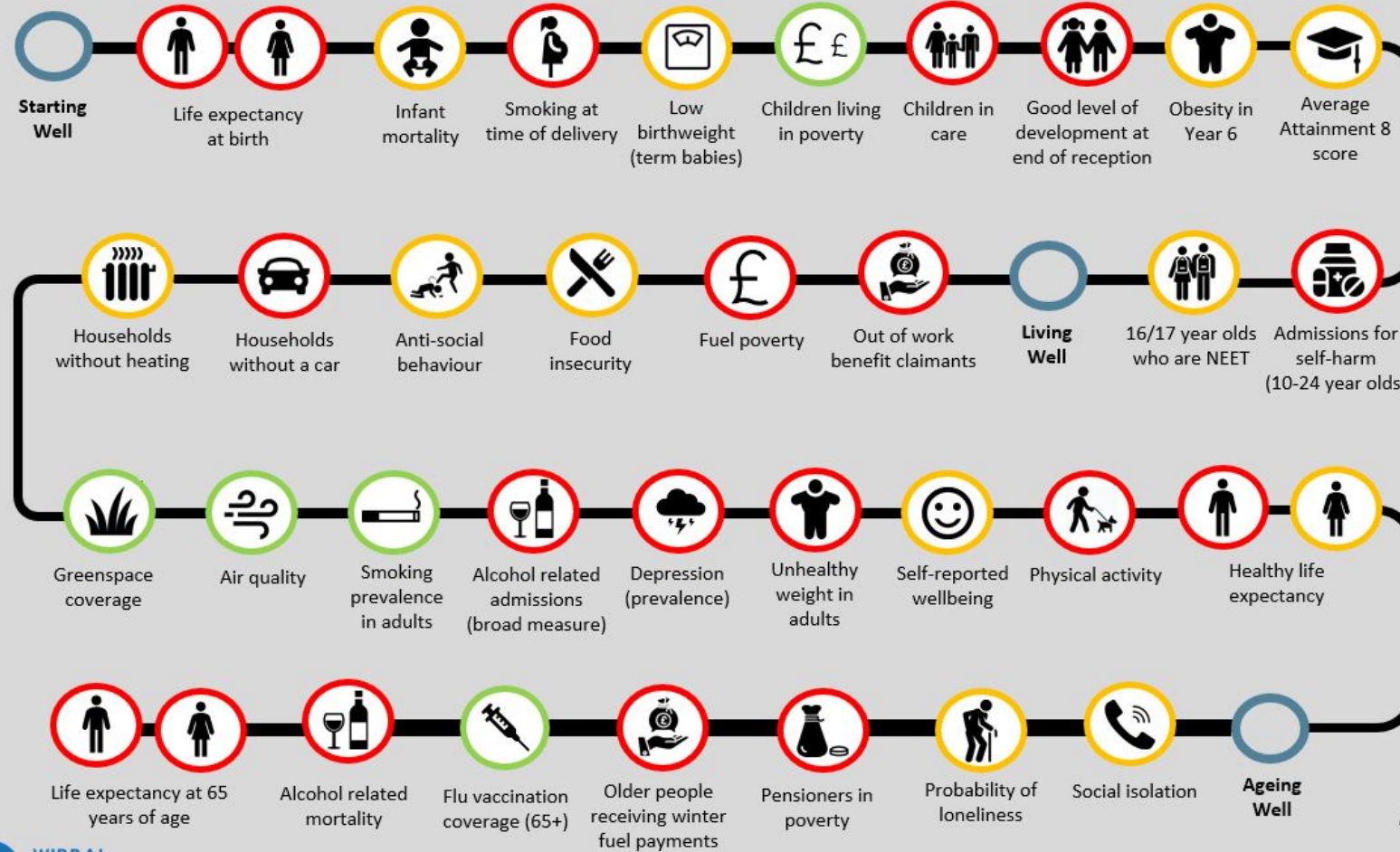
Originally based on a template from Halton Public Health Intelligence Team. Icons made by Flaticon.com.





# Wirral life course statistics 2021

A comparison to England



## Wirral Facts

### Population

\*About **324,000** people live in Wirral

### Deprivation

**35%** of the Wirral population live in the top **20%** most deprived areas in England

### Child Poverty

**15%** of children aged 0 to 15 live in poverty in Wirral

## Key

### Statistical significance to England

- Better
- No significant difference
- Worse

Produced by Wirral Intelligence Service

Some icons were made by FlatIcon and are available here: <https://www.flaticon.com/>



# Case for Change: Workforce

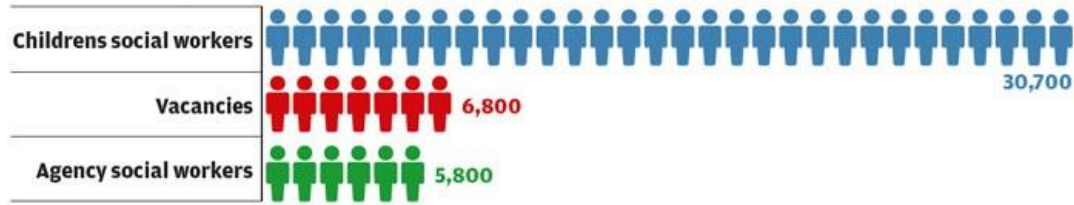
# Workforce Challenge



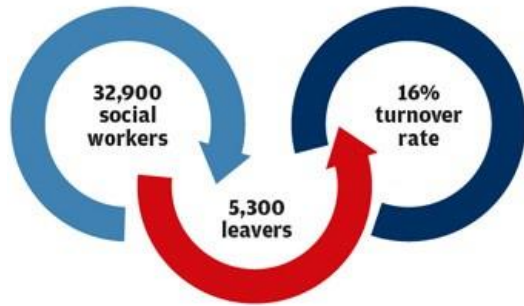
- The Children's workforce is under unprecedented pressure
- Demand for children's social care has risen dramatically whilst the funding has decreased
- Local Authorities are forced to spend significantly more on children's social care than they have budgeted for, and the government funded Early Intervention Grant continues to be cut
- In November 2016, 22% of C&M Paediatric medical roles were vacant; this remains a serious issue in C&M today
- Our region reflects the national picture – the children's workforce faces increasing demand against a backdrop of decreasing resources

## CHILDREN AND FAMILY SOCIAL WORK WORKFORCE IN ENGLAND

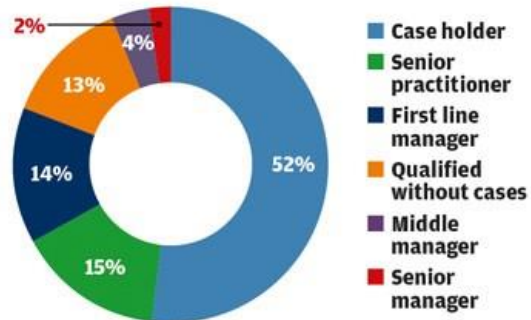
Full-time equivalent workforce and vacancies as of 30 September 2019



Turnover of staff numbers in the year ending 30 September 2019



Percentage of children and family social workers by role



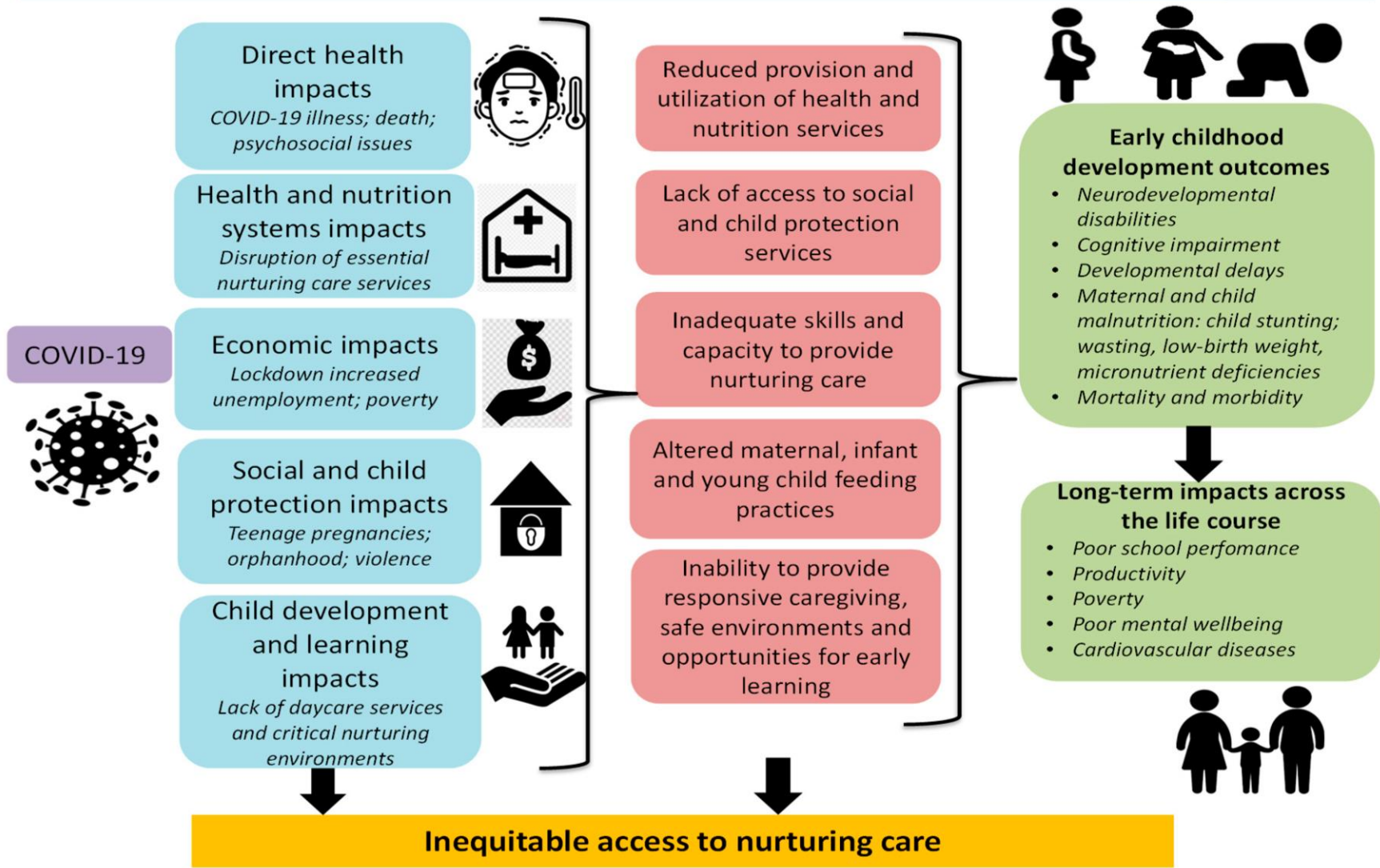
Source: Children and family social work workforce in England, Department for Education, February 2020

NHS hospitals, mental health services and community providers are now reporting a shortage of nearly 84,000 FTE staff. 38,000 of these vacancies are for nurses, representing one in ten posts.



# Case for Change: Impact of COVID-19 - Widening Health Inequalities

**Multifactorial conceptual framework on impacts of COVID-19 and related responses on nurturing care**





# Why this matters

A young boy with short brown hair, wearing a green shirt, is smiling broadly. He is holding a large, triangular slice of watermelon with both hands in front of his chest. The background is a solid, bright yellow color.

GROWING UP

**Healthy kids =  
healthy adults**



**Poverty is associated with adverse developmental, health, educational and long-term social outcomes.**



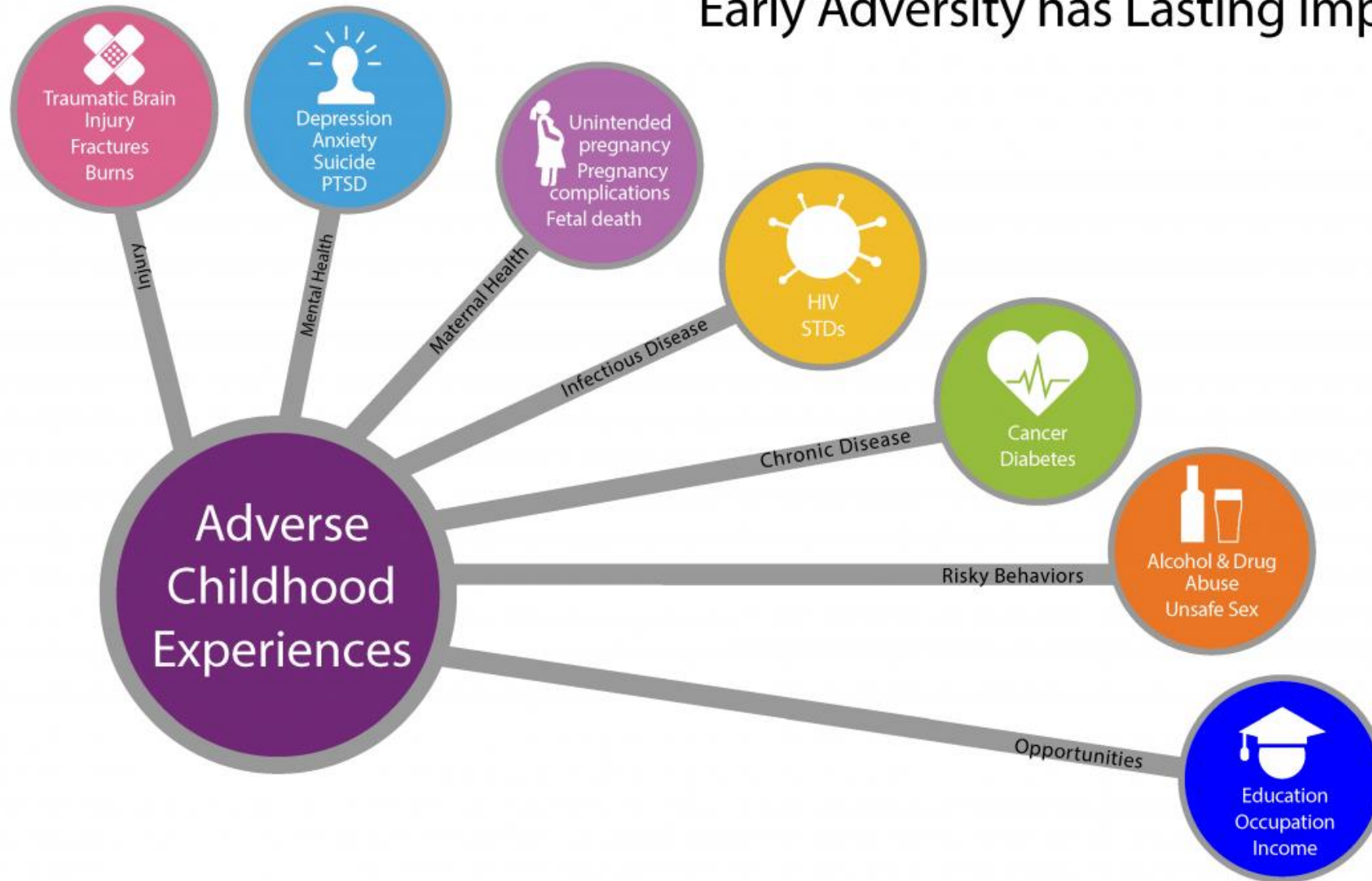
Child poverty is linked to a wide range of poorer outcomes, including:

- Low birth weight (200g lower than affluent counterparts)
- Poor physical health (linked to chronic conditions and obesity)
- Mental health problems / low sense of wellbeing
- Experience of stigma and bullying from peers
- Academic underachievement
- Subsequent employment difficulties
- Social deprivation

# What young people say about how poverty makes them feel



# Early Adversity has Lasting Impacts





# Programme Development & Key Priorities

# The C&M CYP Transformation Programme

- Established April 2020 to meet Long Term Plan objectives
- Population health focus
- Reflective of Place, Partnership, and Programme Priorities - Four key areas developed to reflect JSNAs and Place plans, led by CHAMPS
- Shift Left in delivery to prevention and early intervention
- Multi-agency design and delivery

Learning Difficulties,  
Disabilities and Autism

Respiratory / Asthma

Childhood Obesity

Mental Health and  
Wellbeing

Starting Well  
/ First 1001  
Days

Health  
Inequalities

Transition

SEND

Safeguarding

# Scene setting:



## Focus on:

- The voice of children, young people and their families / carers
- Addressing Health Inequalities & Shift-left of design and delivery
- Effective governance & relationships
- Identifying cross-sectional leadership – Health and Local Authority commitment
- Building task forces / working groups to focus on expected outcome improvements
- Representation from all 9 'Places' / Boroughs in C&M
- Impact measurement expected from 22/23
- Working alongside existing programmes of work to add value and improve outcomes

# Key Objectives: Addressing Health Inequalities



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Improving population health and healthcare including safety and quality improvement

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Tackling unequal outcomes and access

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Enhancing productivity and value for money

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Support broader social and economic development

# Impact and Outcomes



	Healthy Weight / Obesity	Emotional Wellbeing & Mental Health	Respiratory / Asthma	Learning Disabilities and Autism
Reduce avoidable harm / deaths from respiratory conditions	x			
Reduction in BMI for children and young people	x			
Reduction in treatment needed for complications of obesity	x			
Reduction in attendance at A&E		x	x	
Reduction in admission to MH inpatient units		x		x
Reduction in admission to Acute hospitals for children with MH difficulties		x		x
Improve early support to children and families with LD&A				x
Contribution to improved outcomes for SEND		x		x
Increase school attendance / school attainment	x	x	x	x
Improve School readiness		x		x
Increase in breastfeeding onset and continuation rates	x		x	
Reduction in smoking during pregnancy			x	
Improvements in rates of Annual health checks	x		x	
Support for children at risk of admission				x
Contribute to the reduction in the Health Inequality Gap	x	x	x	x





# Stakeholder Engagement



## Engagement with Children, Young People and families / carers



- High quality engagement of CYP and their families/ carers is central to the development and delivery of the C&M CYP transformation programme
- Co-production and insight will form a core part of the delivery of the refreshed C&M CYP Transformation Programme

### **Key progress:**

- Programme Director interviews included CYP panel – and scores were included to reach panel decision
- Young People engaged re: branding and identity
- Engagement with Parent / Carer forum to co-produce programme participation strategy
- Engagement with Young Minds to co-produce programme participation strategy with children and young people

# C&M CYP Programme Board Representation



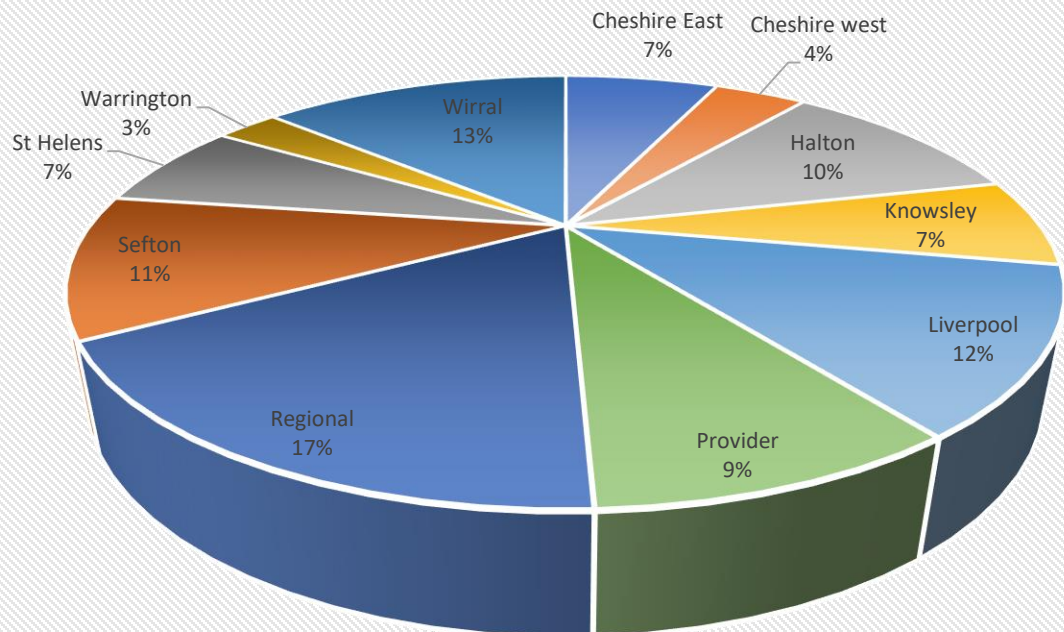
# Workstream roles



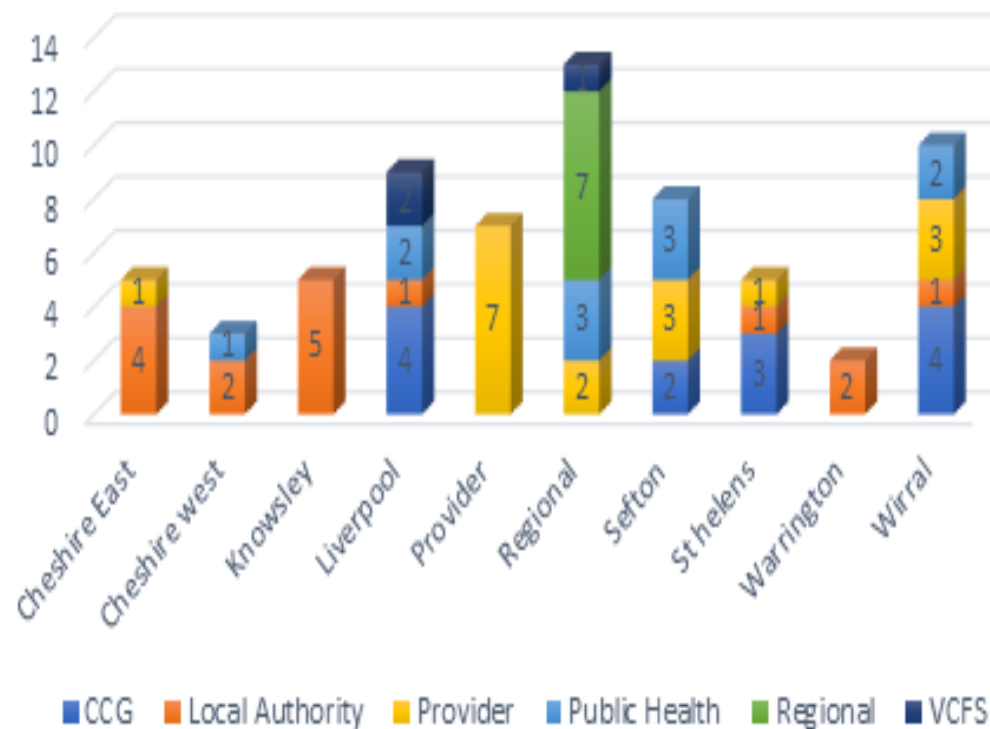
# Engagement across the C&M ICS; Workstreams by place and Organisation types



## Workstream Place Representation



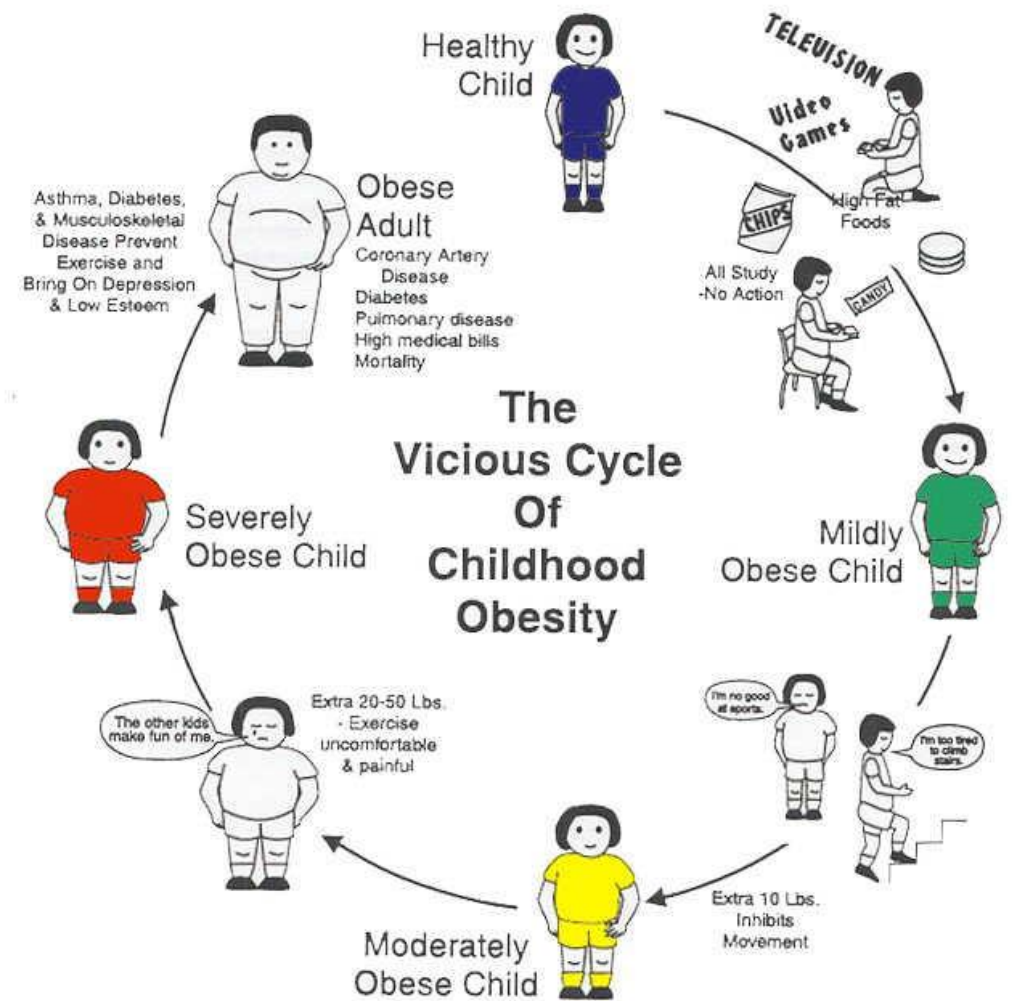
## Workstream Organisation Type





# Healthy Weight and Obesity

# Risk Factors for Pediatric Obesity





## Obesity harms children and young people



Emotional and  
behavioural

- Stigmatisation
- bullying
- low self-esteem



School absence



- High cholesterol
- high blood pressure
- pre-diabetes
- bone & joint problems
- breathing difficulties



Increased risk of  
becoming overweight  
adults

Risk of ill-health and  
premature mortality in  
adult life



- Data shows that Childhood Obesity Rates continue to rise
- Rates of Childhood Obesity are higher in areas of deprivation



Public Health England

Healthmatters Obesity in children



**28%**  
of children  
aged 2 to 15 are  
**overweight  
or obese**

Younger generations are becoming **obese at earlier ages** and staying obese into adulthood



Of every 100 4 & 5 year olds in England there are...



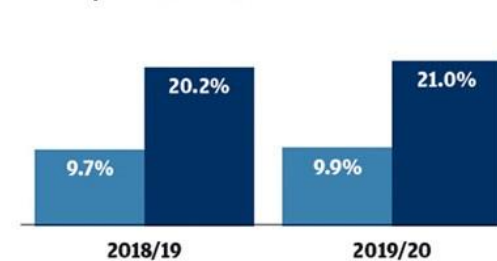
Of every 100 10 & 11 year olds in England there are...



## LEVELS OF CHILDHOOD OBESITY IN ENGLAND

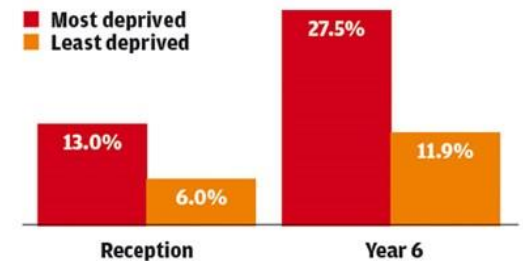
Percentage of children classed as obese

■ Reception ■ Year 6



Prevalence of child obesity according to levels of deprivation in 2019/20

■ Most deprived  
■ Least deprived

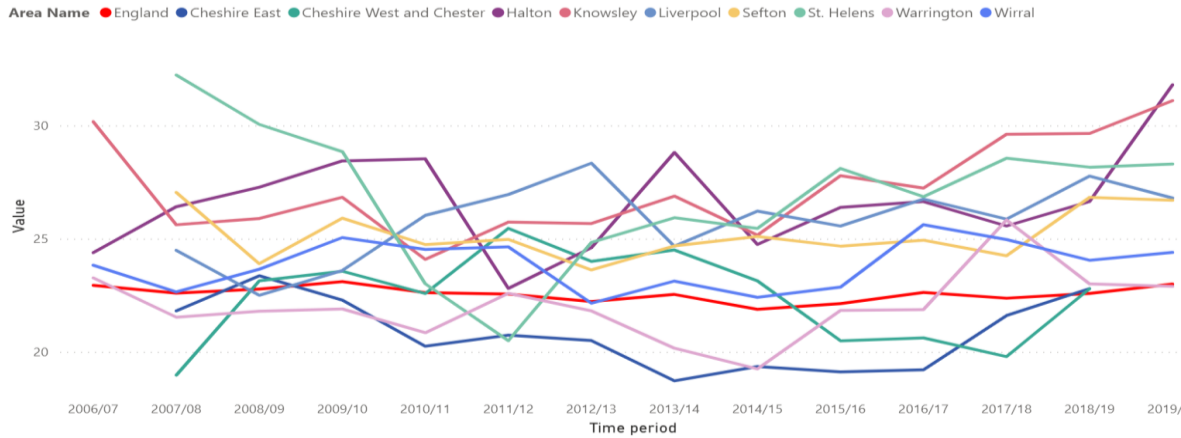


Source: National Child Measurement Programme, England 2019/20 School Year, NHS Digital

# Obesity Rates in C&M

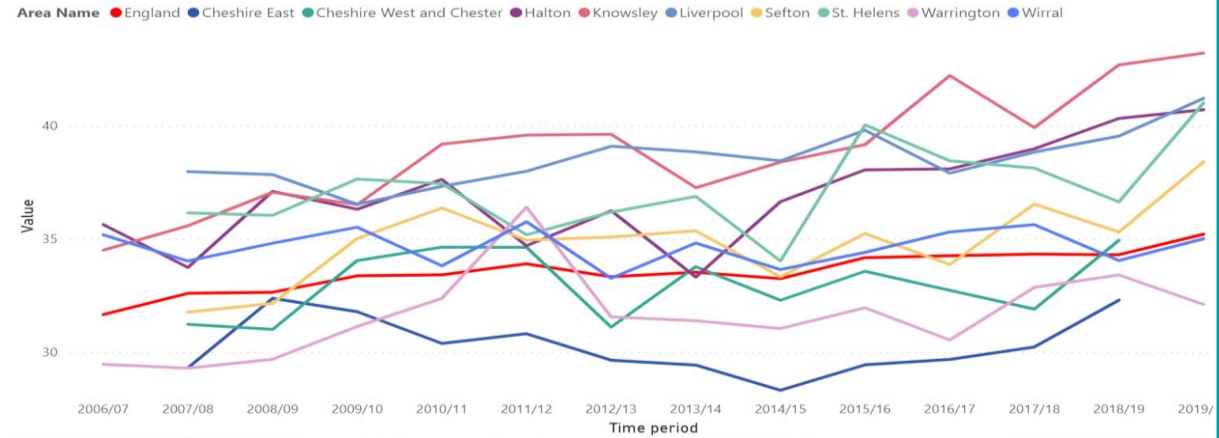


## Reception data



Area Name	Age	Time period	Units	Count	Value	Compared to England
Wirral	4-5 yrs	2018/19	%	851	24.1	Worse
Warrington	4-5 yrs	2018/19	%	531	23.0	Similar
St. Helens	4-5 yrs	2018/19	%	548	28.2	Worse
Sefton	4-5 yrs	2018/19	%	784	26.8	Worse
Liverpool	4-5 yrs	2018/19	%	1,456	27.8	Worse
Knowsley	4-5 yrs	2018/19	%	526	29.7	Worse
Halton	4-5 yrs	2018/19	%	393	26.6	Worse
Cheshire West and Chester	4-5 yrs	2018/19	%	821	22.8	Similar
Cheshire East	4-5 yrs	2018/19	%	855	22.8	Similar
England	4-5 yrs	2018/19	%	135,020	22.6	Not compared

## Year 6 data

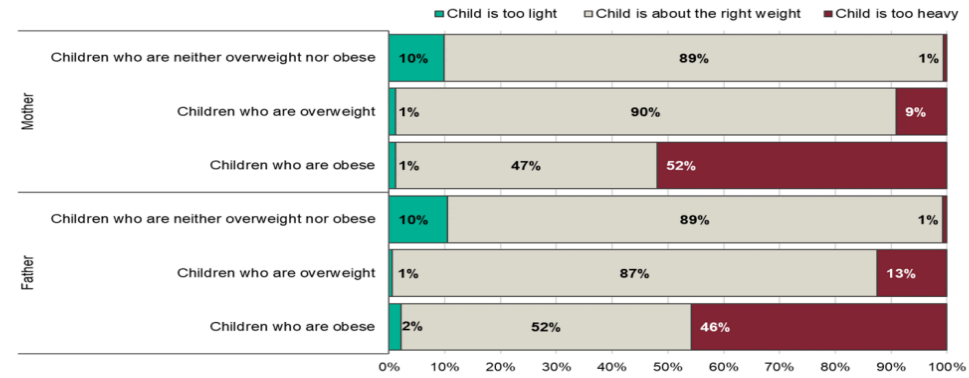


Area Name	Age	Time period	Units	Count	Value	Compared to England
Wirral	10-11 yrs	2018/19	%	1,191	34.0	Similar
Warrington	10-11 yrs	2018/19	%	826	33.4	Similar
St. Helens	10-11 yrs	2018/19	%	741	36.6	Worse
Sefton	10-11 yrs	2018/19	%	959	35.3	Similar
Liverpool	10-11 yrs	2018/19	%	1,989	39.5	Worse
Knowsley	10-11 yrs	2018/19	%	726	42.7	Worse
Halton	10-11 yrs	2018/19	%	641	40.3	Worse
Cheshire West and Chester	10-11 yrs	2018/19	%	1,252	34.9	Similar
Cheshire East	10-11 yrs	2018/19	%	1,231	32.3	Better
England	10-11 yrs	2018/19	%	205,923	34.3	Not compared

# Family Factors

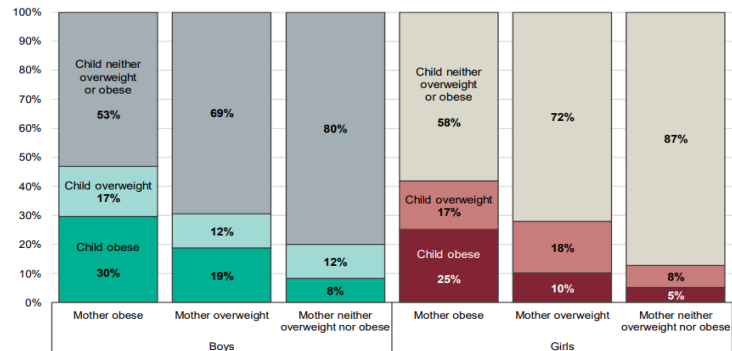


## Parents' perception of child's weight: by child's BMI status Health Survey for England 2015 and 2016

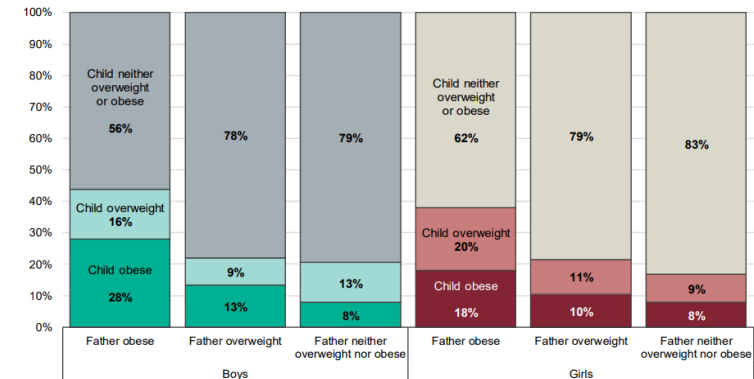


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## Child overweight and obesity by mother's BMI status and sex of child: Health Survey for England 2018 and 2019



## Child overweight and obesity by father's BMI status and sex of child: Health Survey for England 2018 and 2019





## Common areas of obesity activity identified as part of a whole systems approach to obesity



# What needs to be done to meet the standards?

Leadership within  
and across the ICS

Addressing food  
poverty / food  
deserts / fast food

Healthy schools

Development of  
“Place based”  
prevention / early  
intervention services

Making every  
contact count –  
supportive  
conversations

Access to active lives  
/ green spaces

Dashboards and  
data

# Workstream Leadership from Public Health

## Initial Workstream Priorities

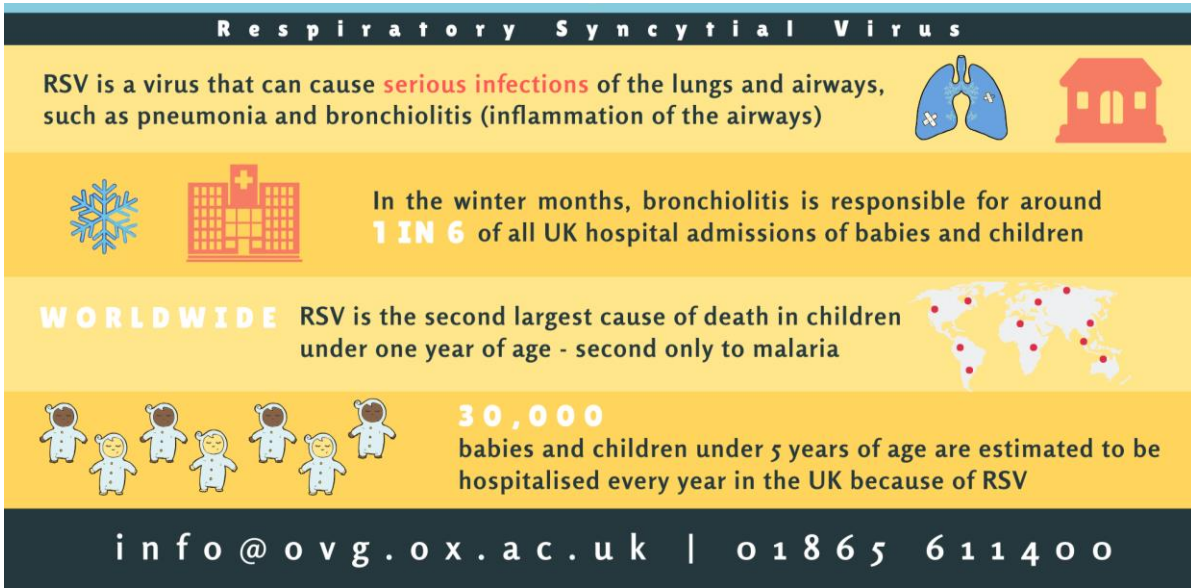
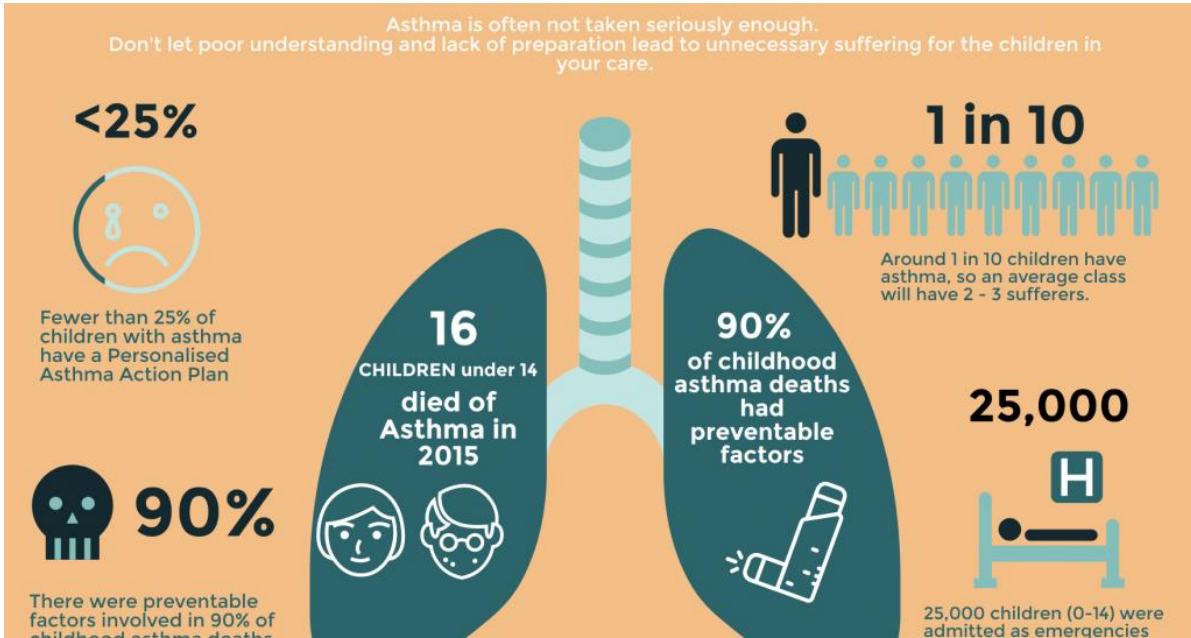
- Mapping of T1 / T2 healthy weight / obesity services across C&M
- Development of minimum criteria for T1 services
- Reviewing Cheshire & Mersey “Healthy Schools” approach
- Development of complications of Excess Weight (CEW) Clinics

## Expected Outcomes

- Understanding gaps in delivery and increasing access
- Creating minimum standards for services to ensure quality of services and drive improvement
- Support schools to increase activity / healthy lifestyles approach to healthy weight
- Services developed to support children with excess weight
- Shift Left in approach to support early intervention and prevention



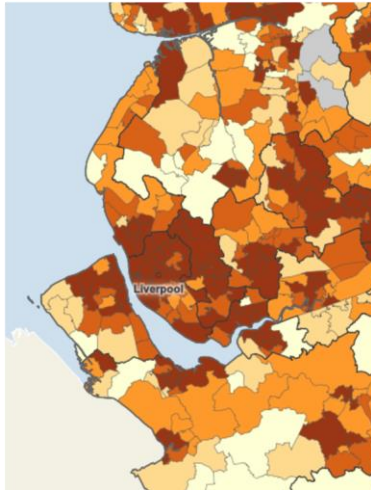
# Respiratory and Asthma



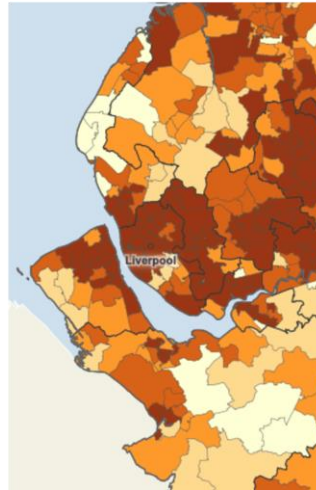


# CYP asthma

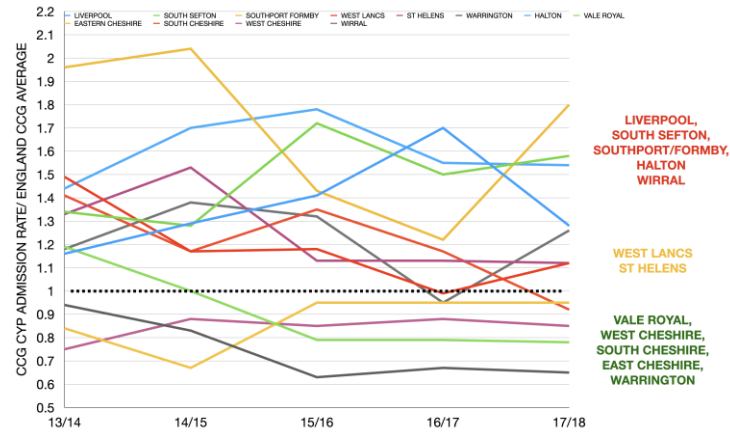
Incidence of Lung Cancer



Deaths from respiratory disease



Hospital name	Cases audited	Steroids* within 1 hour	Patient tobacco dependency addressed	Parent/carer tobacco dependency addressed	Inhaler technique checked	Personalised asthma action plan					
Alder Hey Children's Hospital	101	26	29%	<5	100%	<5	29	29%	21	21%	
Countess of Chester Hospital	50	20	47%	NA	NA	7	47%	47	94%	16	32%
Leighton Hospital	42	7	21%	0	0%	<5	—	19	45%	38	90%
Whiston Hospital	107	41	43%	<5	—	<5	—	64	60%	15	14%
Arrow Park Hospital	40	19	59%	NA	NA	<5	—	30	75%	33	82%
Ormskirk District General Hospital	63	31	60%	NA	NA	0	0%	22	35%	17	27%
Warrington District General Hospital	35	13	45%	NA	NA	<5	—	28	80%	<5	—



Royal College of Physicians | NACAP

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)

### Children and young people asthma clinical audit 2019/20

Children and young people with asthma attacks admitted to hospitals in England, Scotland and Wales from 1 June 2019 and discharged by 31 January 2020

Benchmarked key indicators

Published May 2021

# Early life predictors of COPD

## Childhood predictors of lung function trajectories and future COPD risk: a prospective cohort study from the first to the sixth decade of life

Dinh S Bui, Caroline J Lodge, John A Burgess, Adrian J Lowe, Jennifer Perret, Minh Q Bui, Gayan Bowatte, Lyle Gurrin, David P Johns, Bruce R Thompson, Garun S Hamilton, Peter A Frith, Alan L James, Paul S Thomas, Deborah Jarvis, Cecilie Svanes, Melissa Russell, Stephen C Morrison, Iain Feather, Katrina J Allen, Richard Wood-Baker, John Hopper, Graham G Giles, Michael J Abramson, Eugene H Walters, Melanie C Matheson\*, Shyamali C Dharmage\*

Lancet Respir Med 2018; 6: 535-44

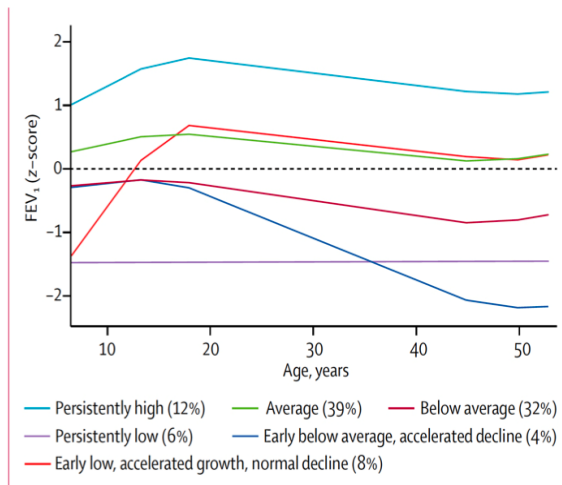


Figure 1: Trajectories of lung function (FEV<sub>1</sub>, z-score) from 7 to 53 years of age. The six trajectories represent the latent growth patterns of lung function. The group prevalences do not add up to 100% because of rounding.

### Characteristics of trajectories associated with COPD

- Asthma
- Eczema
- Allergic rhinitis
- Bronchitis
- Pneumonia
- Maternal smoking

Underweight (borderline, risk reduced with weight gain 7-11 years)

### Lung function trajectories from pre-school age to adulthood and their associations with early life factors: a retrospective analysis of three population-based birth cohort studies

Danielle C M Bellizzi, Neelofa Grand, Steve W Turner, John A Curtis, Iain E Buchan, Peter H Li, Sarah J Taylor, Angela Simpson\*, A John Henderson\*, Adrian Costello\*

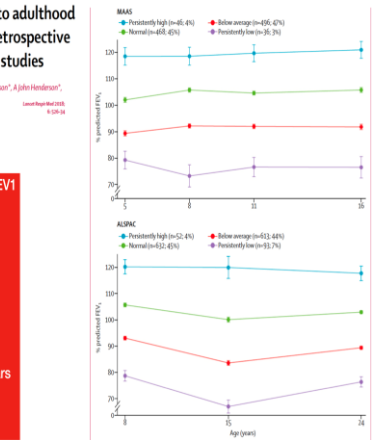


Figure 2: Mean % predicted FEV<sub>1</sub> over time by FEV<sub>1</sub> trajectory for BMAS and ALSPAC cohorts

- Characteristics of below average and low FEV<sub>1</sub>
  - Asthma
  - Allergic sensitisation by 3 years
  - Severe wheeze
  - LRTI
  - Exposure to environmental smoke by 3 years
  - Genetics

### CORRESPONDENCE

#### Low Lung Function in Young Adult Life Is Associated with Early Mortality

American Journal of Respiratory and Critical Care Medicine Volume 195 Number 10 | May 15 2017

Monica M. Vasquez, M.P.H.,  
Muhun Zhou, M.P.H.,  
Changcheng Hu, Ph.D.,  
Fernando D. Martinez, M.D.,  
University of Arizona  
Tucson, Arizona

"In models adjusted for sex, age, body mass index, smoking status, and pack-years at baseline (Table 1), every 10% decrease in baseline FEV<sub>1</sub> percentage predicted levels was associated with an increase in mortality risk of 15% (P = 0.052) for all causes, 72% (P = 0.002) for heart disease, and 67% (P = 0.002) for cardiopulmonary mortality."

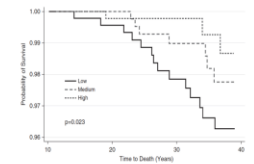


Figure 3: Survival curves for cardiopulmonary mortality by tertiles of FEV<sub>1</sub> percentage predicted at baseline. Low tertile, FEV<sub>1</sub> percentage predicted, <math>< 33.33\%</math>; median tertile, FEV<sub>1</sub> percentage predicted, <math>33.33\%</math> and <math>< 66.66\%</math>; high tertile, FEV<sub>1</sub> percentage predicted, <math>> 66.66\%</math>.

# The injustice of air pollution

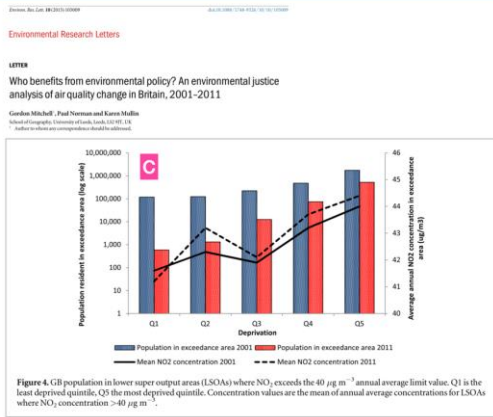
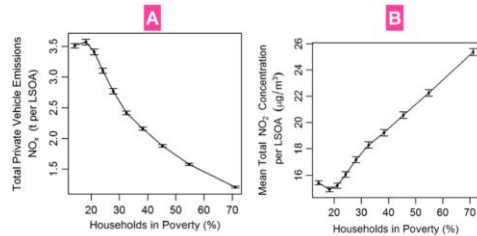
People in poverty generate the **least** air pollution, are exposed to the **most** air pollution, and **benefit least** from environmental policies



Emissions vs exposure: Increasing injustice from road traffic-related air pollution in the United Kingdom

Joanna H. Barnes<sup>a</sup>, Tim J. Chatterton<sup>a</sup>, James W.S. Longhurst<sup>a</sup>

<sup>a</sup>Air Quality Management Research Centre, University of the West of England, UK



# Children are especially vulnerable to air pollution

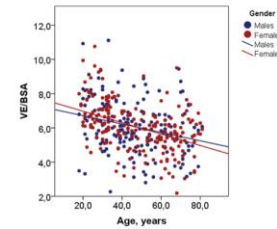
They are the right height to breathe traffic fumes



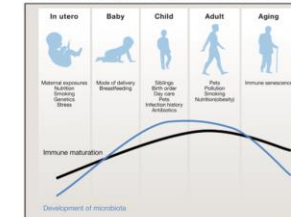
Their bodies are still developing



They breathe proportionately more air



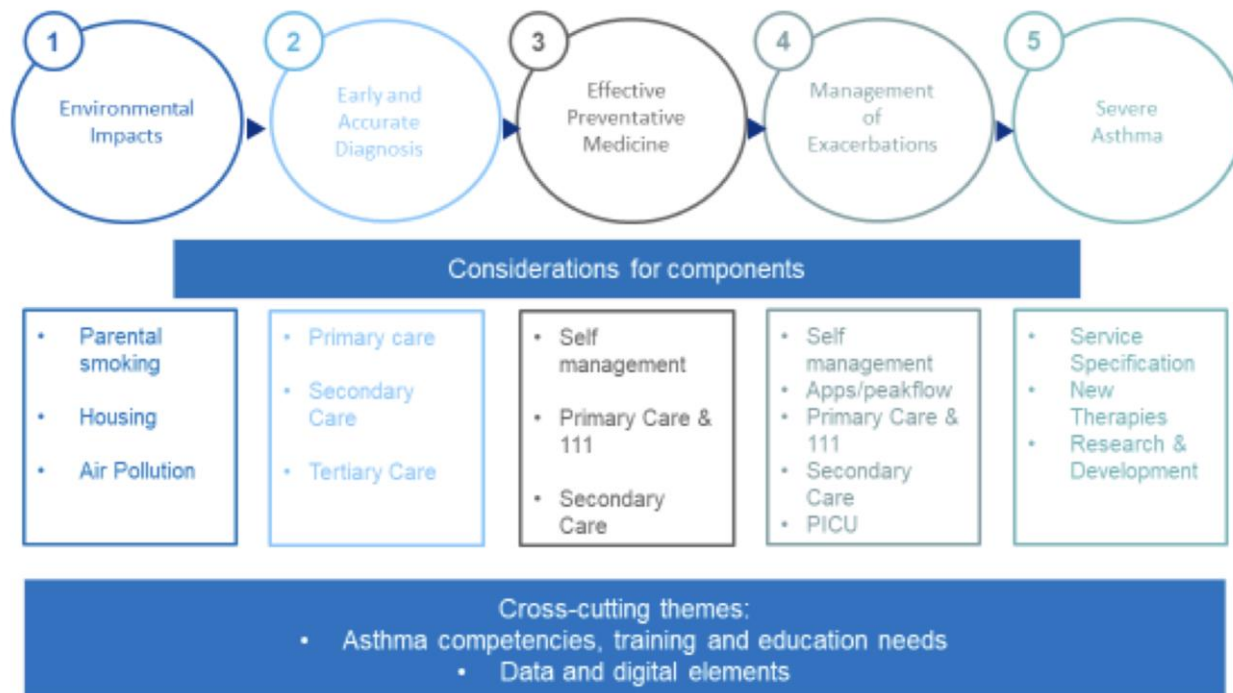
Their immune system is less equipped to deal with air pollution



## The National Bundle of Care will focus on improving these components of the asthma pathway

Classification: Official

Publications approval reference: PAR606

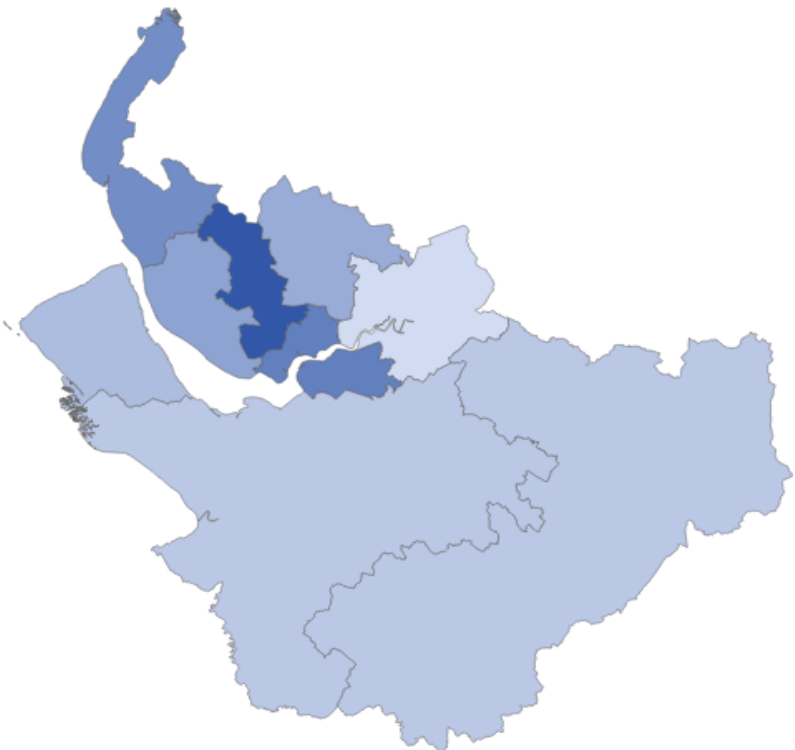


# National Bundle of Care for Children and Young People with Asthma: Phase one

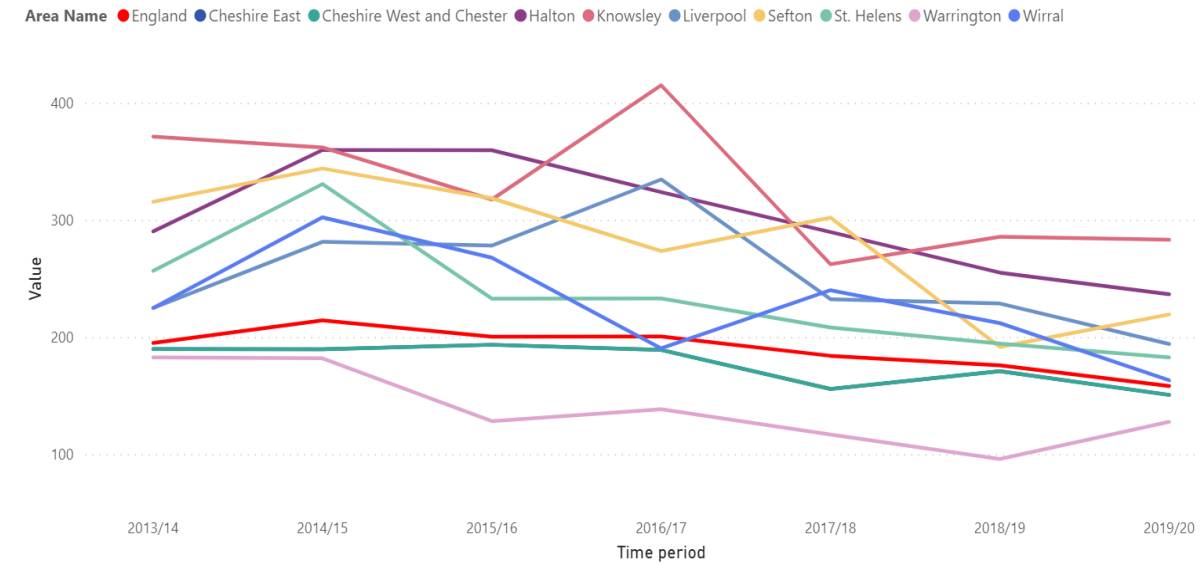
Version 1, September 2021

# Hospital Admissions for Asthma (under 19 yrs)

INDICATOR GEOGRAPHICAL HEAT MAP



Area Name	Age	Time period	Units	Count	Value	Compared to England
England	0-18 yrs	2019/20	Rate per 100,000	20,370	158.3	Not compared
Cheshire East	0-18 yrs	2019/20	Rate per 100,000	235	150.6	Similar
Cheshire West and Chester	0-18 yrs	2019/20	Rate per 100,000	235	150.6	Similar
Halton	0-18 yrs	2019/20	Rate per 100,000	70	236.5	Worse
Knowsley	0-18 yrs	2019/20	Rate per 100,000	105	283.1	Not compared
Liverpool	0-18 yrs	2019/20	Rate per 100,000	215	194.1	Worse
Sefton	0-18 yrs	2019/20	Rate per 100,000	120	219.4	Worse
St. Helens	0-18 yrs	2019/20	Rate per 100,000	75	182.8	Similar
Warrington	0-18 yrs	2019/20	Rate per 100,000	60	127.7	Similar
Wirral	0-18 yrs	2019/20	Rate per 100,000	115	163.1	Similar



# What needs to be done to meet the standards?

Leadership within  
and across the ICS

Air pollution and  
housing

Schools

Diagnostic Hubs  
and better coding

Primary care  
annual review:  
focus on self-  
management

Better  
management of  
acute attacks

Dashboards and  
data

Severe asthma  
services

# Workstream Leadership from Public Health / Respiratory specialists

## Initial Workstream Priorities

- Delivery of the Asthma Bundle
- Development of minimum air quality standards for Housing
- Employing Parent Champions to advise re Bronchiolitis
- Clear air policies for Schools
- Making every contact count – Smoking Cessation
- Providing annual review in Schools – Asthma Friendly School Accreditation
- Training pharmacies to check inhaler techniques – “Pharmacy Champions”

## Expected Outcomes

- Understanding gaps in delivery and increasing access
- Supporting parents to be “experts” in their child’s health
- Supporting schools / housing to improve air quality
- Increase access to annual Asthma checks / increase number of children with Personal Asthma Plans
- Reduction in smoking in expectant mothers, and in young people
- Prevention of avoidable harm to children and young people from respiratory illness
- Shift Left in approach to support early intervention and prevention

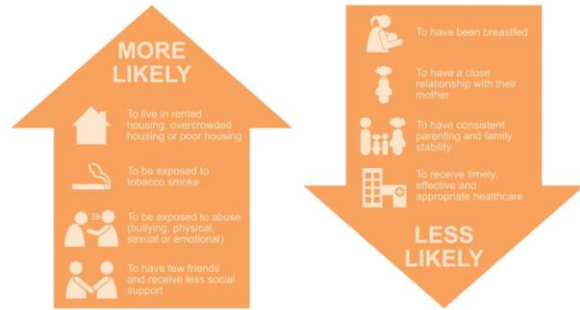


# Learning Difficulties and Autism



## ▲ Inequalities for CYP with learning disabilities

Compared to their non-disabled peers, children with learning disabilities are:



Picture credits: Dr Mariëna Korkodios

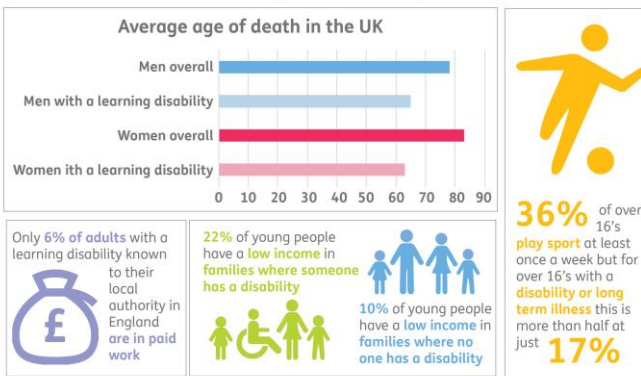
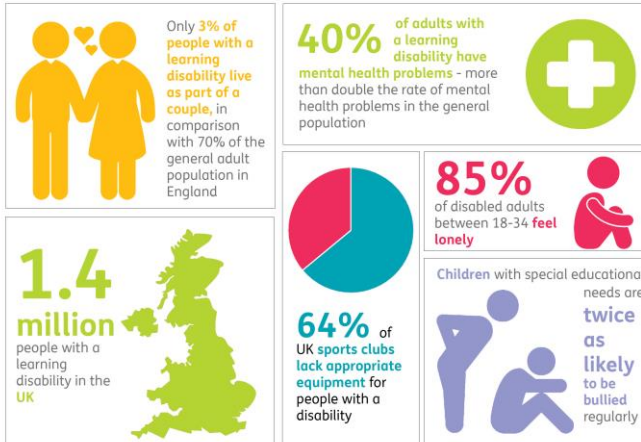
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## ▲ Risk factors for disability in CYP

The causes of childhood disability are not always clear. Many conditions result from **social and genetic factors coming together** in complex ways

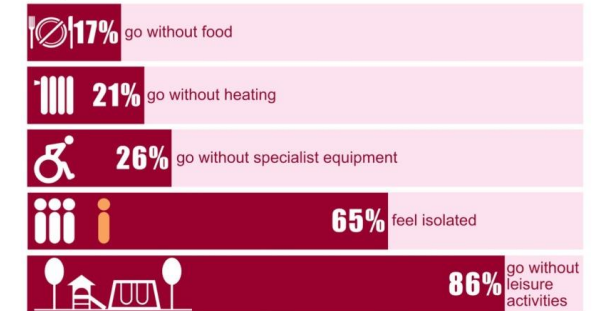


## Learning Disability Statistics (via The Royal Mencap Society 2018)



## ▲ Disadvantage in families of disabled CYP

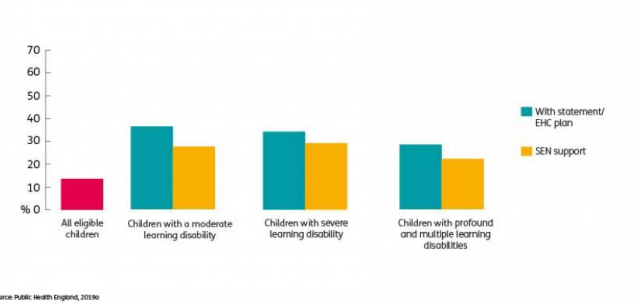
Proportion of families with disabled children



Picture credits: Dr Mariëna Korkodios

6

## Percentage of pupils known to be eligible for and claiming free school meals by special educational needs



Source: Public Health England, 2019c

## Autism in the UK

### Scale

1% of the population are on the autism spectrum



That's  
**140,000**  
school age  
children

And  
**2.8m**  
lives that are  
touched by  
autism every day

### Education

**40%**  
of children on the autism spectrum have  
been bullied at school



**1 in 5**  
children on the autism spectrum have been  
excluded more than once from school



### Relationships

**72%**  
of children on the autism spectrum  
reported being  
judged or  
misunderstood



**700,000**

on the autism  
spectrum in the UK  
– that's more than  
1 in 100. If you  
include their  
families, autism is  
a part of daily life  
for 2.8 million  
people [1]



**21.7%**

of adults with autism in  
the UK are in any form of  
paid employment [2]



**3x**

Autism is 3  
times more  
prevalent in boys  
than girls [3]



**646**



state-funded or non-maintained  
schools approved for provision  
type autism [4]

**143,500**

school aged children with autism  
stated as their primary type of  
need in Special Educational Needs  
Support and Education, Health  
and Care Plans [5]

**£32bn**

Each year the UK spend around  
£32bn in care and lost earnings to  
support children and adults with  
autism. With the right  
early intervention and  
support people with  
autism can live more  
independently [6]

**£1.5m**  
per  
lifetime

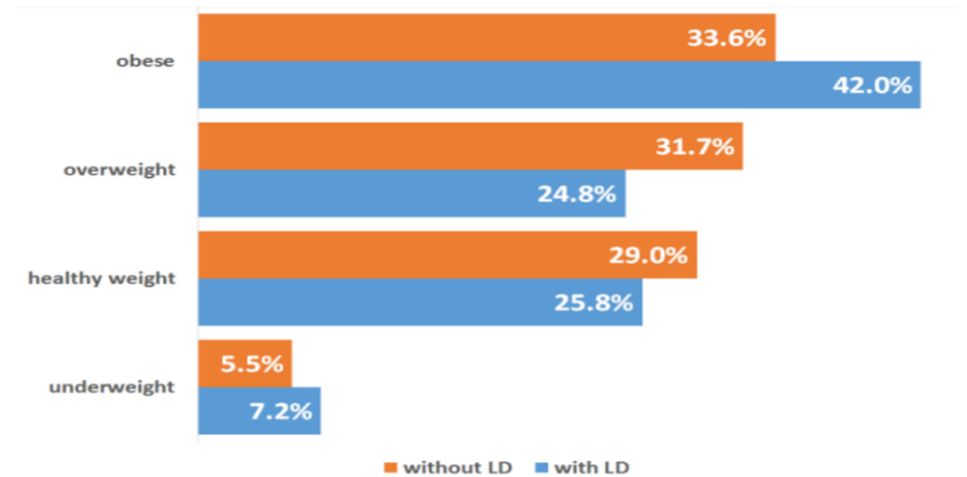
# Educational Impact



- In 2018, 67,765 children in England had a statement of Special Educational Needs (SEN) or Education and Health Care plan (EHCP)
- An increasing proportion of children with Moderate, Severe and Profound Learning Disabilities are being educated in special schools
- Children with a Learning Disabilities are more likely to be excluded from school
- Attendance rates for children with an EHCP are 77% compared with 83% of all pupils
- Some children and young people who experienced prolonged absence from education are exposed to increased levels of abuse and neglect while at home or in care
- Even where children and young people with SEND are attending settings, most are not able to access the full curriculum. Barriers to a full curriculum include: –
- Part-time timetables
  - A focus on core subjects
  - Difficulties with following COVID-19 (coronavirus) guidance in some subjects

# Physical Health Impact

- Death rate for those with LD is *four-times* higher vs. general population
- Higher mortality rate from COVID-19 (Public Health England, 2020)
- Higher rates of obesity
- Greater rates of epilepsy, severe mental illness (e.g. depression), dementia, non-type 1 diabetes and asthma
- 50% of people with LD will have at least 1 significant health problem





- 60% of CYP with learning disabilities live in poverty
- 8 out of 10 are bullied
- LD & Autism Spectrum Conditions (ASC) rates are rising locally, inconsistency in data recording
- People with a LD face severe health inequalities throughout their life – which can begin even before birth
- CYP > 14 years with a LD are eligible for an Annual Health Check via their GP
- People with a LD are disproportionately affected by COVID-19
- In a recent *Cheshire East* poll, 38% living with LD reported feeling 'scared' or 'nervous' about going outside
- 60% believe they will require extra support post-COVID to access their community
- Wellbeing Regression: Attributed to the loss of contact with friends/family/community
- CYP with ASC are at risk of MH problems
- 7 in 10 autistic children have a MH condition. 4 in 10 autistic children have more than one
- Anxiety disorders are the most common type of mental health problem for autistic CYP to develop, affecting more than 4 in 10

# The NHS Long Term Plan: Key requirements

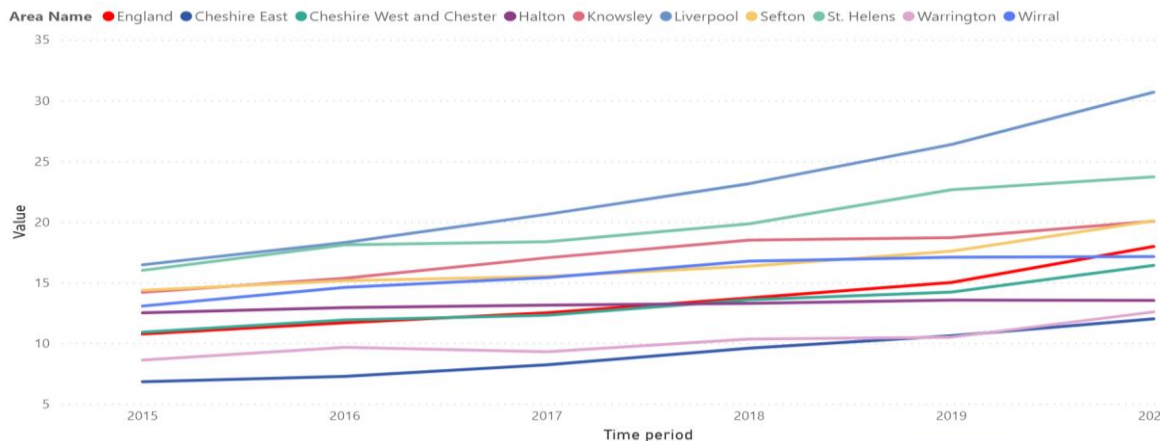


- Preventing avoidable admissions to mental health inpatient care via intensive community support to meet the needs of CYP with LD and/or autism prior to crisis
- Reduce Health Inequalities:
  - Improving uptake of annual health checks
  - Reducing over-medication of children and young people with a learning disability, autism or both
  - Taking action to prevent avoidable deaths through learning from deaths reviews (LeDeR)
- Identifies autism as a key clinical priority with commitments to:
  - provide designated keyworker support to autistic CYP with the most complex needs
  - rolling out “reasonable adjustment flags” for autistic people by 2023/24 to promote access to health care

# Rates in C&M

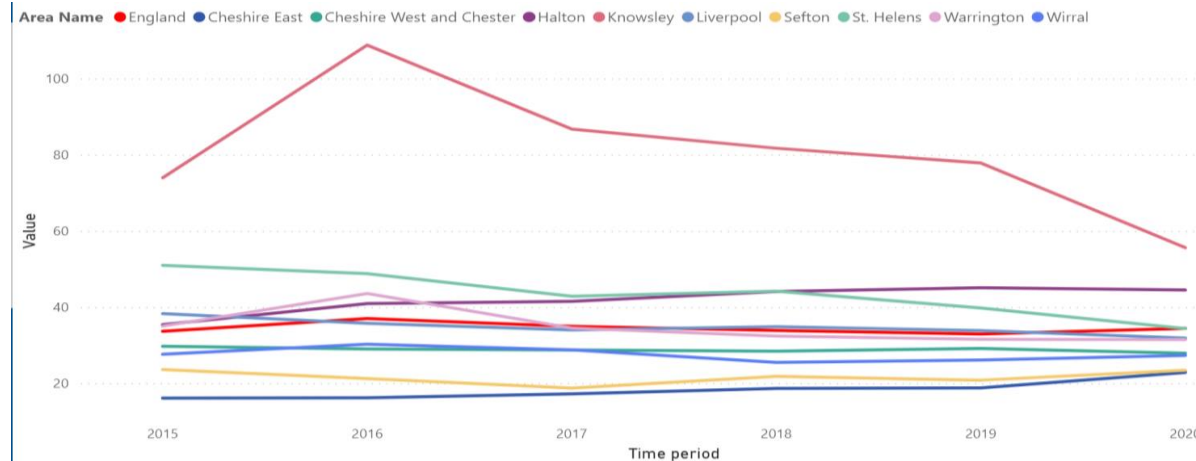


## Children with Autism known to schools



Area Name	Age	Time period	Units	Count	Value	Compared to England
Wirral	School age	2020	Rate per 1,000	859	17.1	Similar
Warrington	School age	2020	Rate per 1,000	407	12.6	Better
St. Helens	School age	2020	Rate per 1,000	634	23.7	Worse
Sefton	School age	2020	Rate per 1,000	795	20.1	Worse
Liverpool	School age	2020	Rate per 1,000	2,262	30.7	Worse
Knowsley	School age	2020	Rate per 1,000	414	20.1	Worse
Halton	School age	2020	Rate per 1,000	259	13.5	Better
Cheshire West and Chester	School age	2020	Rate per	831	16.4	Better

## Children with LD known to schools



Area Name	Age	Time period	Units	Count	Value	Compared to England
England	School age	2020	Rate per 1,000	284,205	34.4	Not compared
Cheshire East	School age	2020	Rate per 1,000	1,251	22.9	Better
Cheshire West and Chester	School age	2020	Rate per 1,000	1,414	27.9	Better
Halton	School age	2020	Rate per 1,000	852	44.5	Worse
Knowsley	School age	2020	Rate per 1,000	1,148	55.6	Worse
Liverpool	School age	2020	Rate per 1,000	2,349	31.9	Better
Sefton	School age	2020	Rate per 1,000	927	23.4	Better
St. Helens	School age	2020	Rate per 1,000	919	34.4	Similar
Warrington	School age	2020	Rate per 1,000	1,018	31.5	Better
Wirral	School age	2020	Rate per 1,000	1,369	27.3	Better

# What needs to be done to meet the standards?

Leadership within  
and across the ICS

Access to early  
diagnosis / post  
diagnostic support  
for ASD / LD

Dashboards and  
data

Dynamic Support  
Databases

Positive Behaviour  
Support

Key Workers

Personalised Short  
Breaks

Intensive Support  
Functions



# Workstream Leadership from Local Authority / Health

## Initial Workstream Priorities

- Social Work roles to be included in Intensive Support Functions
- Development of crisis solutions
- Review of existing waits / pathways for diagnosis
- Mapping of existing services and waits
- Roll out of best practice for waiting list support
- Anxiety management programmes for yp with ASD post COVID

## Expected Outcomes

- Improving multi-agency co-ordination when supporting young people in crisis
- Avoiding inappropriate hospital admissions to children in crisis
- Understanding gaps in delivery and increasing access
- Supporting parents to be “experts” in their own child
- Supporting young people in schools to manage anxiety
- Reducing waiting times for diagnosis
- Increasing post diagnostic support
- Shift Left in approach to support early intervention and prevention



# Emotional Wellbeing and Mental Health

# Mental Health Facts:

20% of kids ages 13-18 live with a mental health condition

50% of all mental health conditions begin by age 14 and 75% by age 24

1 in 4 parents find it difficult to get their child mental health services

The average delay between onset of symptoms and intervention is 8-10 years

Over **3,500** children are admitted to hospital each year because of mental health problems



NHS England response to FOI request

Nearly half are aged 15 or under

**45%**  
0-15  
years old

**55%**  
16-17  
years old

NHS Mental Health Bulletin 2018-19



Around 1/3 of children in hospital are detained under the Mental Health Act 1983

NHS Mental Health Act Statistics

Last year, over **1,000** children were placed in a hospital outside of the area in which they lived, some as far as 300 miles from home.



NHS England response to FOI request



**1,049** children and young people under 20 were subject to physical, chemical, mechanical restraint and/or being kept in isolation

NHS Mental Health Bulletin 2018-19

**592** children were placed in adult mental health wards in 2019/20, 3 times more than the year before



NHS Mental Health Dashboard 2019-20

The number of children with learning disability and/or autism in inpatient units has doubled since 2015



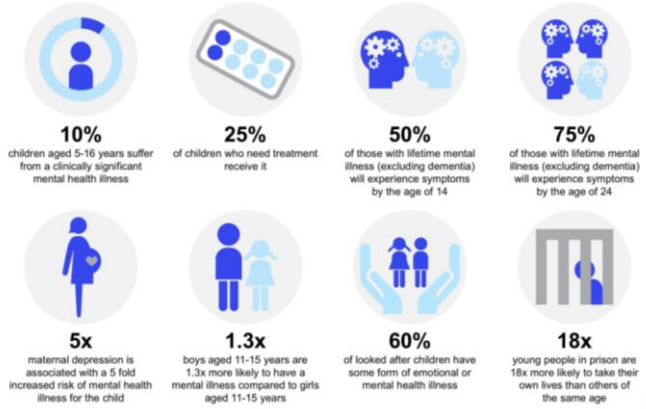
**205**  
(March 2020)

**110**  
(March 2015)

NHS Assuring Transformation data 2018-19



## Facts about mental health illness in CYP



About **695,000** children aged 5 to 16 years in England have a clinically significant mental health illness

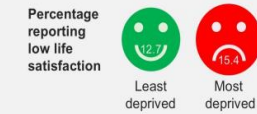


## Inequalities in reporting low life satisfaction (2014/15)

About **1 in 7** young people (YP) aged 15 years in **England** reports low life satisfaction



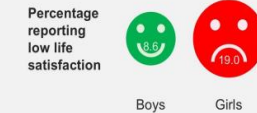
YP from the **most deprived** group are **1.2x more likely** to report low life satisfaction than the **least deprived** group



YP who are black are **1.3x more likely** to report low life satisfaction compared to YP who are white



Girls are **2.2x more likely** to report low life satisfaction compared to boys

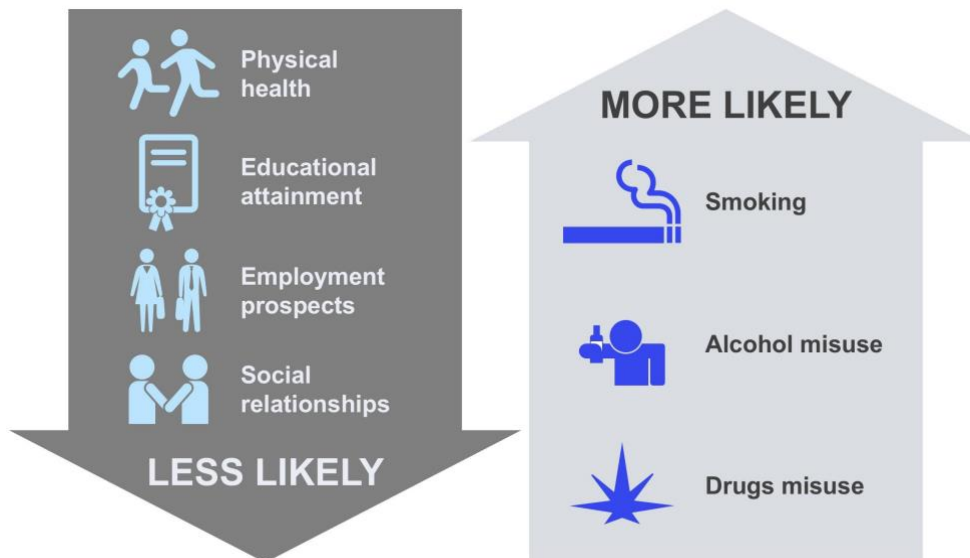


YP who are bisexual are **3.3x more likely** to report low life satisfaction compared to YP who are heterosexuals

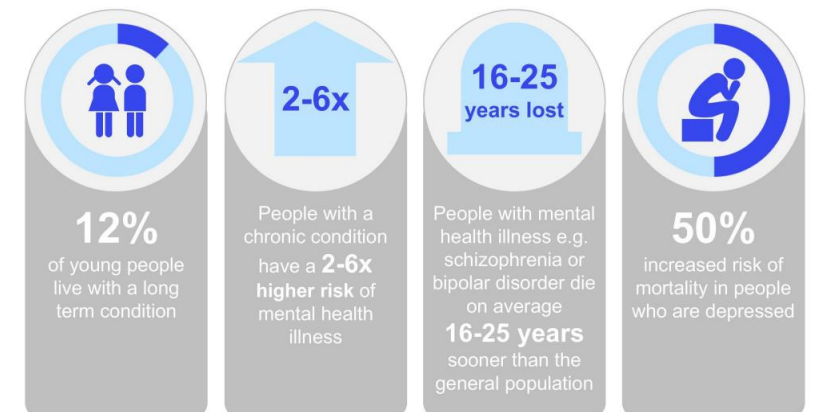


Better Similar Worse  
Compared to England ■ ■ ■ Source: fingertips.phe.org.uk 12

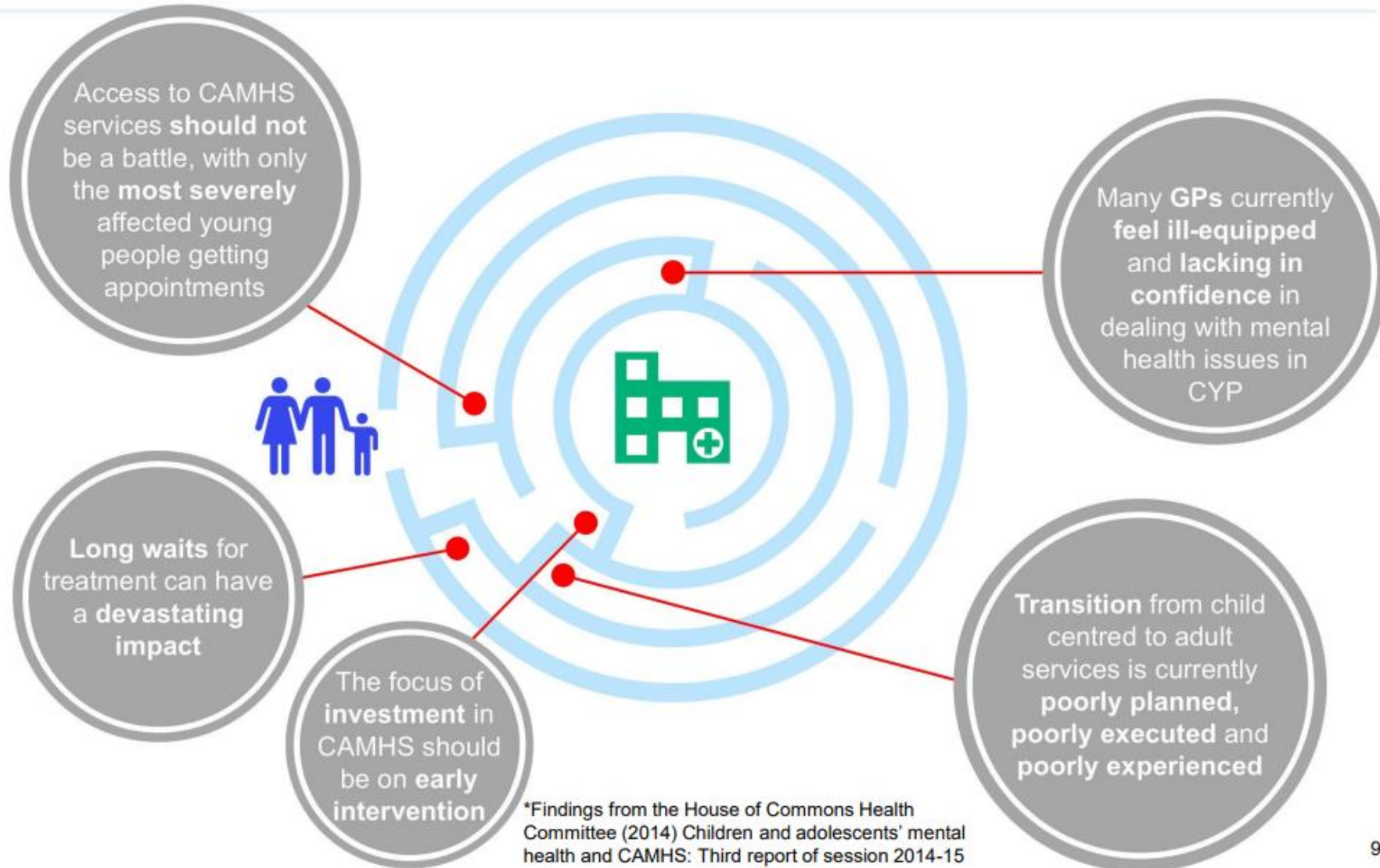
Mental health illnesses are a **leading** cause of health-related disabilities in CYP and can have **adverse** and **long-lasting** effects



## The relationship between mental and physical health



# There are **serious problems** with the **commissioning** and **provision** of children's and adolescents' mental health services\*



\*Findings from the House of Commons Health Committee (2014) Children and adolescents' mental health and CAMHS: Third report of session 2014-15

# National picture of children's emotional wellbeing and mental health

*(National Benchmarking Report, October 2021)*

Referrals to CYPMHS are above pre-covid levels

35% access target – no NHS funding for 65% of young people with mental health conditions

There is no significant gender difference between boys and girls using community CYPMHS

70% of admissions for inpatient care are for girls

The average national cost of a CYPMHS contact is £259

The average cost of a CYPMH inpatient admission is £75,000. A secure admission is approximately £700,000.

# National picture of children's emotional wellbeing and mental health

*(Young Minds, 2021)*

One in six children aged 5 to 16 were identified as having a probable mental health problem in July 2020, a huge increase from one in nine in 2017. That's five children in every classroom

The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19

80% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse

In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and seven per cent reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress

Suicide was the leading cause of death for males and females aged between five to 34 in 2019

Nearly half of 17-19 year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point, rising to 52.7% for young women

The C&M vision for children and young people is for them to have a great start in life and get the support they need.

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Having a population health focus on prevention of mental health difficulties in children

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Ensuring access to timely support, especially for children and families from the most deprived communities

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Focusing on evidence-based interventions and young person-centred outcomes

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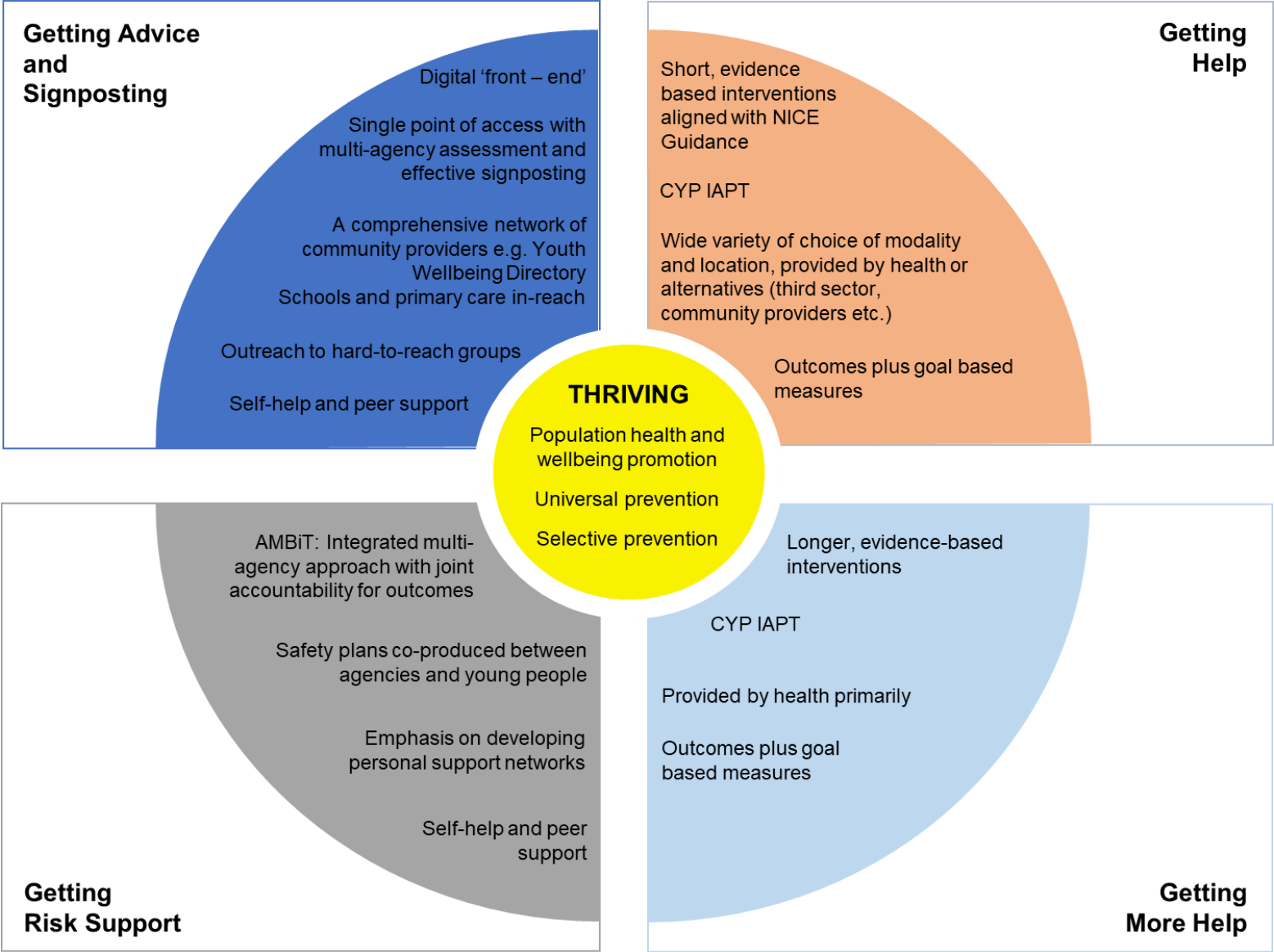
All agencies and sectors working in partnership across a seamless pathway of care



# The THRIVE model

We use the THRIVE model across Cheshire and Merseyside to take a system-wide approach to CYPMH and emotional wellbeing

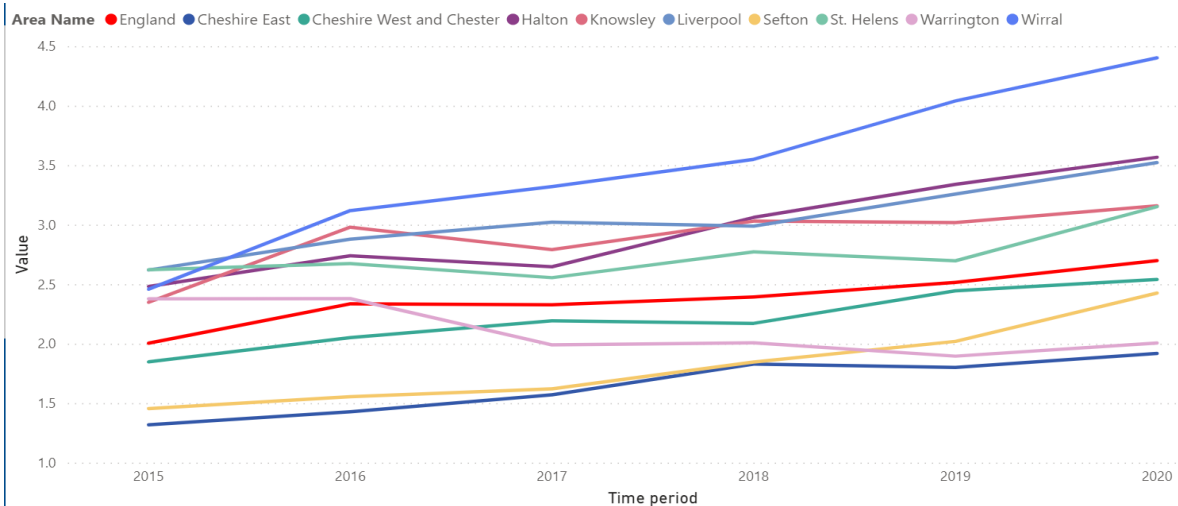
We aspire to have seamless pathways of support for young people and families with a focus on timely access to young-person centred interventions that are sustainable and outcome-focused.



# Rates in C&M

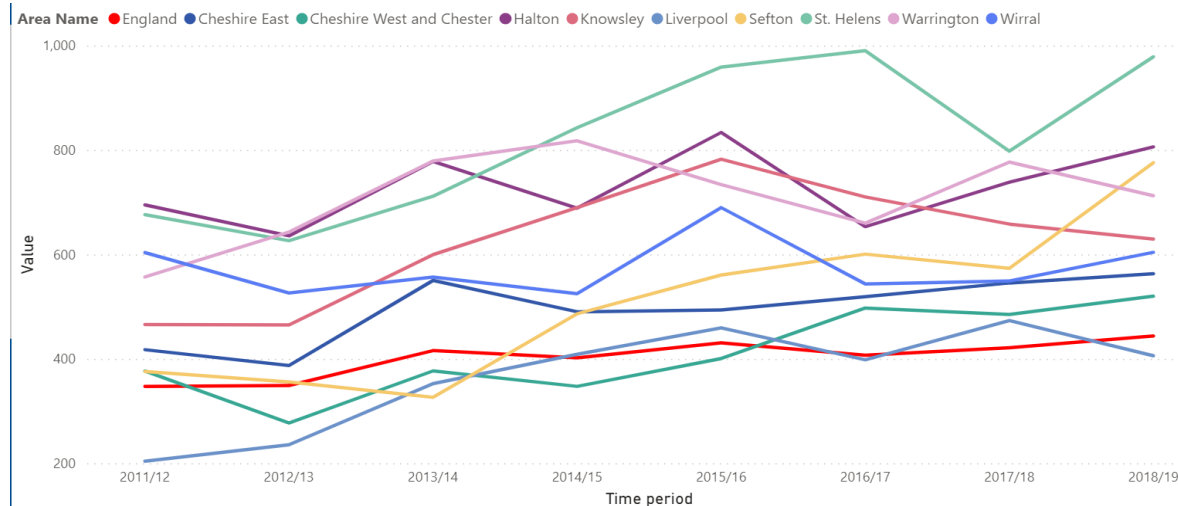


## % of pupils with social, emotional and mental health needs



Area Name	Age	Time period	Units	Count	Value	Compared to England
England	School age	2020	%	222,595	2.7	Not compared
Cheshire East	School age	2020	%	1,049	1.9	Better
Cheshire West and Chester	School age	2020	%	1,286	2.5	Better
Halton	School age	2020	%	683	3.6	Worse
Knowsley	School age	2020	%	652	3.2	Worse
Liverpool	School age	2020	%	2,597	3.5	Worse
Sefton	School age	2020	%	960	2.4	Better
St. Helens	School age	2020	%	843	3.2	Worse
Warrington	School age	2020	%	649	2.0	Better
Wirral	School age	2020	%	2,207	4.4	Worse

## Hospital admissions as a result of self-harm (10-24 year olds)



Area Name	Age	Time period	Units	Count	Value	Compared to England
England	10-24 yrs	2018/19	Rate per 100,000	43,496	444.0	Not compared
Cheshire East	10-24 yrs	2018/19	Rate per 100,000	325	563.2	Worse
Cheshire West and Chester	10-24 yrs	2018/19	Rate per 100,000	290	520.1	Worse
Halton	10-24 yrs	2018/19	Rate per 100,000	175	806.1	Worse
Knowsley	10-24 yrs	2018/19	Rate per 100,000	165	629.4	Worse
Liverpool	10-24 yrs	2018/19	Rate per 100,000	440	406.0	Similar
Sefton	10-24 yrs	2018/19	Rate per 100,000	325	775.8	Worse
St. Helens	10-24 yrs	2018/19	Rate per 100,000	280	978.7	Worse
Warrington	10-24 yrs	2018/19	Rate per 100,000	240	712.4	Worse
Wirral	10-24 yrs	2018/19	Rate per 100,000	310	604.1	Worse

# What needs to be done to meet the standards?

Leadership  
within and across  
the ICS

Increased access  
to early support

Dashboards and  
data

Dynamic Support  
Databases for  
complex children

Positive  
Behaviour  
Support

Key Workers

Personalised  
Short Breaks

Intensive  
Support  
Functions

# Workstream Leadership from Local Authority / Health

## Initial Workstream Priorities

- Development of C&M CAMHS strategy with principles for service delivery
- Mapping of existing delivery in early years / early help
- Review national / international best practice
- Develop minimum standards for emotional wellbeing delivery
- Develop C&M digital Single Point of Access
- Gateway co-ordination for young people in crisis
- Development of crisis solutions
- Review of existing waits / pathways
- Training for Acute hospital staff in MH

## Expected Outcomes

- Understanding gaps in delivery and increasing access
- Improving multi-agency co-ordination when supporting young people in crisis
- Avoiding inappropriate hospital admissions to children in crisis
- Improve access to digital support
- Increase skills / knowledge in supporting young people with MH presentations
- Improve emotional literacy and resilience in children
- Shift Left in approach to support early intervention and prevention



# Summary

# Impact and Outcomes



	Healthy Weight / Obesity	Emotional Wellbeing & Mental Health	Respiratory / Asthma	Learning Disabilities and Autism
Reduce avoidable harm / deaths from respiratory conditions	x			
Reduction in BMI for children and young people	x			
Reduction in treatment needed for complications of obesity	x			
Reduction in attendance at A&E		x	x	
Reduction in admission to MH inpatient units		x		x
Reduction in admission to Acute hospitals for children with MH difficulties		x		x
Improve early support to children and families with LD&A				x
Contribution to improved outcomes for SEND		x		x
Increase school attendance / school attainment	x	x	x	x
Improve School readiness		x		x
Increase in breastfeeding onset and continuation rates	x		x	
Reduction in smoking during pregnancy			x	
Improvements in rates of Annual health checks	x		x	
Support for children at risk of admission				x
Contribute to the reduction in the Health Inequality Gap	x	x	x	x

# The ask of the HCP Board...

...Address the needs of Children and Young People in Cheshire and Merseyside by;

- Being advocates for CYP and the programme
- Ensuring that developments are informed by the needs of CYP
- Recognising CYP as a priority and sustaining as an HCP programme
- Embedding CYP needs into system data developments, allowing co-creation of C&M-level CYP ambitions
- Embedding effective interventions and models of care into core commissioning / baselines in future

If we get it right for Children,  
we get it right for the Adults they become





# Thank you

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