

DATE	13 June 2024
TITLE OF REPORT	Report of the Children and Young People’s Partnership Board
Organisation and Author	N. Bucktin – Dudley Managing Director, Black Country ICB
Purpose	<ol style="list-style-type: none"> 1. To note matters considered by the Children and Young People’s Partnership Board. 2. To consider matters relating to health equity and the 0 -19 service.
Background	<p>The Children and Young People’s Partnership Board met on 7 May 2024.</p> <p>This report describes the main issues discussed.</p>
Key Points	<ol style="list-style-type: none"> 1. Terms of reference reviewed. 2. Updates received form Sub Groups – Early Help, Infants, Children and Young People Emotional Health and Wellbeing, SEN/D Partnership Board. 3. Report considered on new 0 – 19 service provided by Shropshire Community Health Services NHS Trust.
Emerging issues for discussion	The Board is asked to consider matters in relation to health equity for the 0 -19 service
Key asks of the Board/wider system	As above
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	Improving school readiness
Contribution to Dudley Vision 2030	A place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future.

Neill Bucktin
Dudley Managing Director, Black Country ICB
Chair, Dudley Children and Young People's Partnership Board

neill.bucktin@nhs.net

1.0 PURPOSE OF REPORT

1.1 To note matters considered by the Children and Young People's Partnership Board.

1.2 To consider matters in relation to health equity and the 0 – 19 service.

2.0 BACKGROUND

2.1 The Children and Young People's Partnership Board met on 7 May 2024. This report describes the main issues considered by the Board.

3.0 TERMS OF REFERENCE

3.1 The Board has reviewed its terms of reference, in particular, taking account of the dissolution of Dudley Integrated Health and Care NHS Trust on 1 July 2024 and the award of the Council's contract for 0 -19 services to Shropshire Community Health Services NHS Trust. The Board's membership will be amended to reflect these changes.

4.0 SUB - GROUP REPORTS

4.1 The Board has received reports from its 3 Sub-Groups – Prevention and Early Help, Infant, Children and Young People's Emotional Health and Wellbeing and the SEN/D Partnership Board.

4.2 Prevention and Early Help – the Board has noted progress across the Group's workstreams.

4.3 Infant, Children and Young People's Emotional Health and Wellbeing Group – the Board noted that this Group had just been established and its work plan will focus on:-

- I Thrive model.
- Black Country digital tools
- support via Single Point Of Access for the WHAT Centre, Arts for Change, CAMHS and other support services
- ASD pathways and de-coupling from CAMHS
- mental health in schools.
- Over representation in the youth justice system

4.4 SEN/D Partnership Board – the Board noted that a draft Self Evaluation Framework was to be finalised following further Parent/Carer engagement. Work was taking place in relation to inspection readiness and a multi-agency audit was being prepared.

5.0 0 – 19 INTEGRATED SERVICE

5.1 The Board will be aware that this service, which includes the Health Visiting, Family Nurse Partnership and School Health Adviser services became the responsibility of Shropshire Community Health Services NHS Trust on 1 April 2024, following a Council led procurement process.

5.2 The Board has considered the contribution that each service component makes to the Health Child Programme in the context of the outcomes experienced by Dudley's children and the relationship with this Board's key goal of improving school readiness.

5.3 In addition, the Board has considered health equity audits in relation to:-

- Antenatal checks
- New Birth visits
- 12 month and 2-2 ½ year checks

5.4 This showed that:-

- **Antenatal checks** - there are differences in the percentage of women receiving an antenatal check by Health Visiting team, ranging from half in Stourbridge to one in ten in Brierley Hill and Dudley North.

Deprivation analysis shows that it is approximately the same percentage receiving a check in each deprivation decile.

- **New Birth Visits** - look reasonably equitable by % seen in each deprivation decile (1 = most deprived). However, because there are more babies born in the most deprived areas, there are more babies not checked: 507 in the 20% most deprived areas vs. 12 in the 20% least deprived between Q1 21/22 and Q3 23/24.

The same pattern is observed for the 6–8week check. 391 in the 20% most deprived areas were not checked vs. 75 in the 20% least deprived.

- **12 Month Check** - See larger differences by health visiting team but checks look reasonably equitable by % seen in each deprivation decile . 640 children unchecked in 20% most deprived areas vs. 150 in 20% least deprived.

82% of Black, Asian and Minority Ethnic children have been checked vs. 86% of White children. However, majority of unchecked children are White (238 vs.69).

- With respect to children's outcomes, the inequalities gradient in good levels of development – driven by communication – occurs between 1 year and 2 years of age. At 1 year good level of development is reasonably equitable across Dudley. By 2 years, 78% of children in the most deprived decile have a good level of development compared to 93% in the least deprived decile.

5.5 An Equality and Quality Impact Assessment will be carried out in relation to the potential targeting of resource towards areas of higher relative deprivation to address these differences. The Board is asked to consider if it would support such an approach.

6.0 RECOMMENDATION

6.1 That the matters considered by the Children and Young People's Partnership Board be noted.

6.2 That consideration be given to targeting resource to address the health equity gaps identified.