Agenda Item No: 8

Children and Young People Joint Strategic Needs Assessment

To:	Children and Young Peoples Committee
Meeting Date:	9th September 2025
From:	Executive Director for Children, Education & Families
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not applicable
Executive Summary:	This report presents the work completed by officers in relation to the Children and Young People's Joint Strategic Needs Assessment (JSNA) approved at the 17 January 2025 Cambridgeshire and Peterborough Health and Wellbeing Board.
Recommendation:	Committee is requested to note the contents of this paper.

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1. Creating a greener, fairer and more caring Cambridgeshire

1.1 Ambition 3: Health Inequalities are reduced
The JSNA has a focus on describing the inequalities in outcomes across different population groups

1.2 Ambition 7: Children and young people have opportunities to thrive
The JSNA describes the needs of Children and Young people and makes recommendations to improve outcomes.

2. Background

2.1 The Health and Wellbeing Board has a statutory duty to produce Joint Strategic Needs Assessments (JSNAs) for the local population to provide the evidence-base to improve population health and reduce health inequalities. It is flexible and has a wide scope but in broad terms the aims are to identify current and future needs to inform and guide the planning and commissioning of health, wellbeing and social care services and local policies.

2.2 The ambition of the JSNA is to provide the evidence to inform the strategic direction for the wider system. The Health and Wellbeing Board and partner organisations then need to use it to set their own and the system's strategic direction, priorities and investment. The Integrated Care Partnership and the NHS Integrated Care Board also needs to specifically demonstrate consideration of the JSNA in its work.

2.3 The Children and Young People's JSNA for Cambridgeshire and Peterborough is predominantly based on quantitative data available from open data sources. Interpretation of findings and subsequent recommendations and actions have been agreed with a range of different organisations and people from across the local system. This paper presents a summary of the findings. The Children and Young People JSNA Executive Summary and full report are available at: Cambridgeshire & Peterborough Insight – 2024 Children and Young People JSNA

2.4 The JSNA was approved at the 17January 2025 Cambridgeshire and Peterborough Health and Wellbeing Board (Joint Cambridgeshire & Peterborough Health & Wellbeing Board/ICP | CPICS Website).

3. Main Issues

3.1 Health and wellbeing in childhood is important in its own right. Childhood experiences also have a huge impact in shaping later outcomes across all aspects of life. While there have been improvements in child health over recent decades and Cambridgeshire (and some districts) has many outcomes that are better than the national average, childhood obesity is worsening, childhood immunisation rates have declined, and child development and early education outcomes have not recovered to pre-pandemic levels. Mental health disorders are increasing and follow children into adulthood. Within an increasingly challenging financial context, many poorer outcomes are being driven by child poverty.

3.2 The JSNA highlights the growing diversity and complexity of children and young people's needs. Some of these trends were emerging before the Covid-19 pandemic, but others

were a direct impact of the pandemic response. The increasing levels of needs, alongside population growth for some local areas, have substantial implications for scale of demand, escalating costs, inequalities, and consequently, outcomes for children, young people, and their families. Some of the data is presented in Appendix 1.

3.3 There are five strategic recommendations from this JSNA. Each of these recommendations has 4-6 system-wide implementation actions (summarised in Appendix 2) associated with them. The strategic recommendations and actions have been developed from the evidence and then shaped by those involved with children and young people, including the voluntary and community sector and parent/carers.

3.4 **Strategic Recommendation 1:** Prioritise prevention to give our babies, children, and young people the best start in life.

3.5 **Strategic Recommendation 2:** Address the wider determinants of health to reduce child poverty and health inequalities.

3.6 **Strategic Recommendation 3:** Develop a coordinated multi-agency approach to raising school attendance to improve life chances.

3.7 **Strategic Recommendation 4:** Take a whole systems approach to support children, young people and their families who are facing challenges from poor mental health, neurodivergence, disability, and adverse life experiences.

3.8 **Strategic Recommendation 5:** Strengthen and integrate place-based community services to enable equitable access to support, treatment, and care in the most appropriate setting.

3.9 Officers from across Children's Services, Education and Public Health are now working with colleagues from the wider system to identify the most appropriate ownership for each recommendation. The below table gives some examples of actions that have already been allocated:

	Actions agreed	**System ownership**
Strategic Recommendation 1	• Focused work in Fenland to increase breastfeeding rates • Commitment to regaining or enhancing level of Unicef Baby Friendly accreditation across NHS partners • Expansion of services to support smoking and vaping cessation to young people both in schools and in wider community settings	• Family Hubs Programme • Local Maternity system • School Aged Health Improvement Partnership (SHIPs)
Strategic recommendation 2	• Increase the number of children achieving a good level of development as they start school • Extended roll out of Supervised Toothbrushing for 3-5 years olds in deprived areas of the county • Maintain a focus on reducing teenage pregnancy, through availability of	• Early Years and School Readiness Board • Public Health and Oral Health network • Healthy Schools Service and School

	contraception, education, and sexual health advice	aged Health Improvement Partnership (SaHIP)
Strategic recommendation 3	• Complete evaluation of approaches to support school non-attendance due to anxiety and use recommendations to develop future provision • Work with teams supporting electively home educated and alternative provision to ensure that local health services are designed to be accessible to these children	• Public Health and Education teams • Inclusion for all programme
Strategic recommendation 4	• Complete a review of community mental health services for Children and Young people • Develop a needs-led approach to supporting neurodiversity to improve inclusion	• HWBB/ICB • ICB/ Inclusion for all programme
Strategic recommendation 5	• Continue the development of place-based services that embed a multi-disciplinary team approach to support at a neighbourhood level • Health equity audit on Healthy Child Programme data	• Integrated neighbourhood teams • Public Health

4. Conclusion and reasons for recommendations

4.1 Childhood experiences also have a huge impact in shaping later outcomes across all aspects of life.

4.2 The recommendations of this JSNA are directly relevant to all priorities of the Cambridgeshire and Peterborough Health and Wellbeing Strategy, but particularly Priority 1: Ensure our children are ready to enter education and exit, prepared for the next phase of their lives.

4.3 The JSNA supports a range of statutory responsibilities for partner organisations within the Health and Wellbeing Board, including the Integrated Care Board's responsibilities under the Health and Care Act 2022. Actions are to be taken up across the system.

5. Significant Implications

5.1 Finance Implications

There are no finance implications

5.2 Legal Implications

There are no legal implications

5.3 Risk Implications

There are no risk implications

5.4 Equality and Diversity Implications

Inequalities in outcomes for children and young people were a central focus of this needs assessment, with explicit consideration of equalities characteristics and diversity, socio-economic status and the care experienced.

6. Source Documents

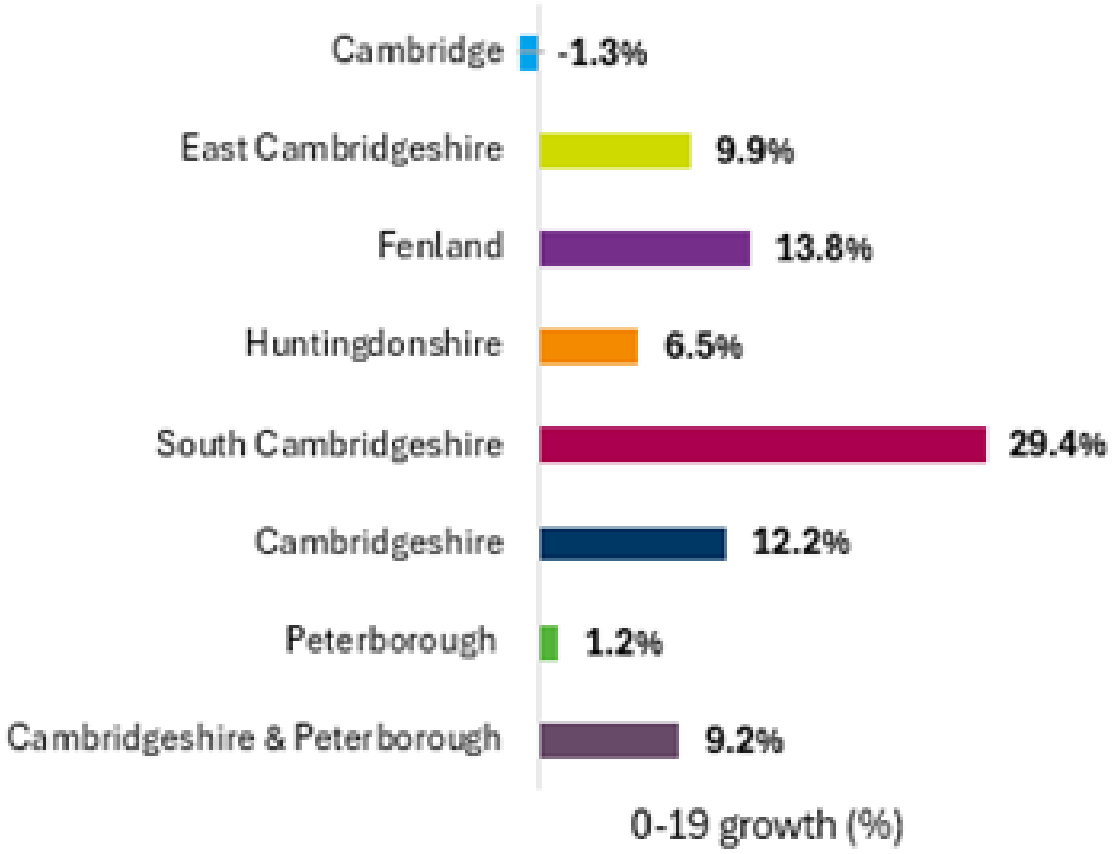
6.1 Joint Cambridgeshire & Peterborough Health & Wellbeing Board/ICP | CPICS Website

Appendix 1:

Children and Young People JSNA, key data

Cambridgeshire population growth and increasing needs: In 2023, one in five (139,131) residents in Cambridgeshire were under 18, with considerable recent growth concentrated in Cambridge City (+15% 0-19s 2011 to 21, primarily in 5-9yrs and 10-14yrs, 32%/33% respectively). Significant growth of the 0-19 population is expected over the next 10-20 years in South Cambridgeshire due to housebuilding (+29%), with more moderate growth elsewhere (+12% for the county).

Predicted growth in number of children and young people, 2021-41 by district



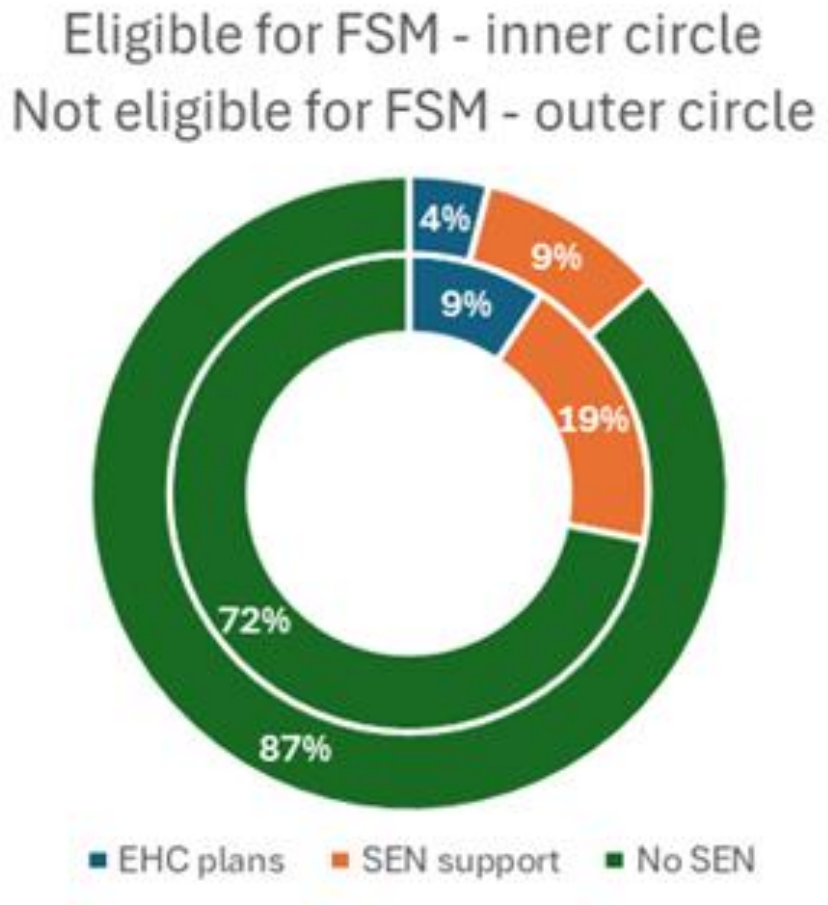
Source: Census

As well as increasing diversity among our children and young people (15.6% of Cambridgeshire school children have English as a second language), data points to increasing complexity and need, most notably mental health, neurodivergence, physical and/or learning disability and adverse childhood experiences. In Cambridgeshire 17.8% of pupils have either an Education, Health and Care Plan (EHCP) or SEN support (2023/24).

Increasing child poverty underpins the poorer outcomes for children and young people in some local communities. In Cambridgeshire, the proportion of children living in relative low-income families is 11.1% (ranging from 21.0% in Fenland to 7.6% in South Cambridgeshire, 2022/23). In

2022/23, 20.5% of children are also eligible for free school meals, a figure that has doubled since 2017/18.

Children eligible for Free School Meal are more likely to have an EHCP or receive SEN support

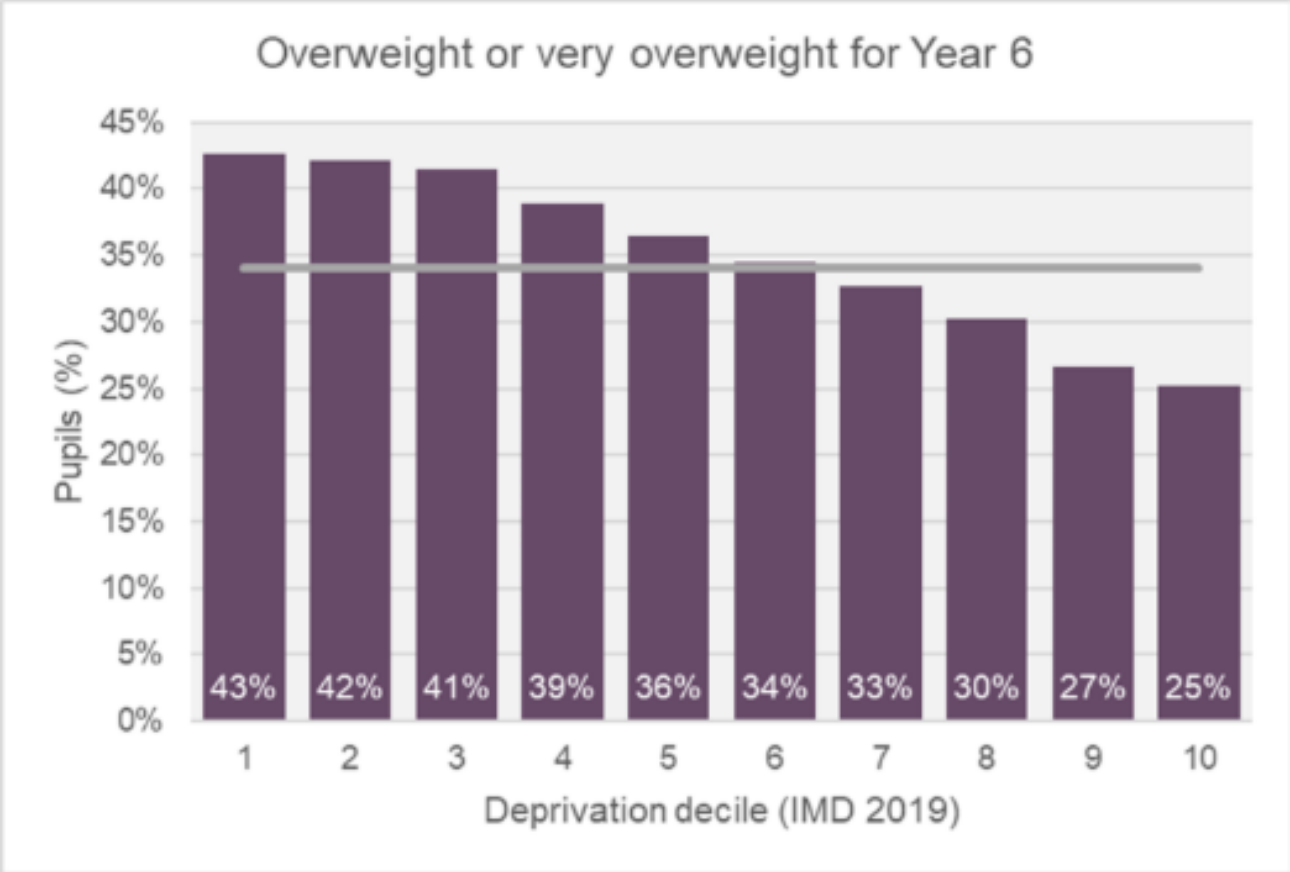


Source: DfE

Important Health indicators and inequalities

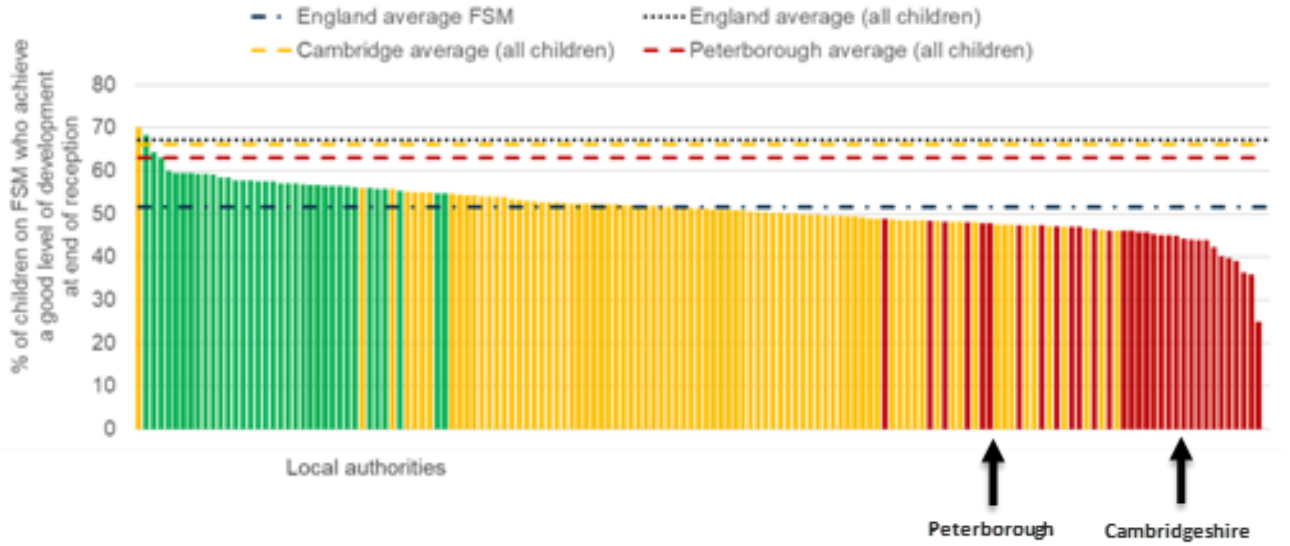
Immunisations: The coverage of childhood immunisations is higher than those reported for East of England and England, though remains below the 95% level required for herd immunity for many key vaccinations. At age 5, approximately one-in-ten children in Cambridgeshire are not fully vaccinated. However, district-level data on vaccination uptake shows that Cambridge City and Fenland have lower uptake rates than other areas of Cambridgeshire.

Obesity: More than 40% of year 6 children in the most deprived areas have excess weight.



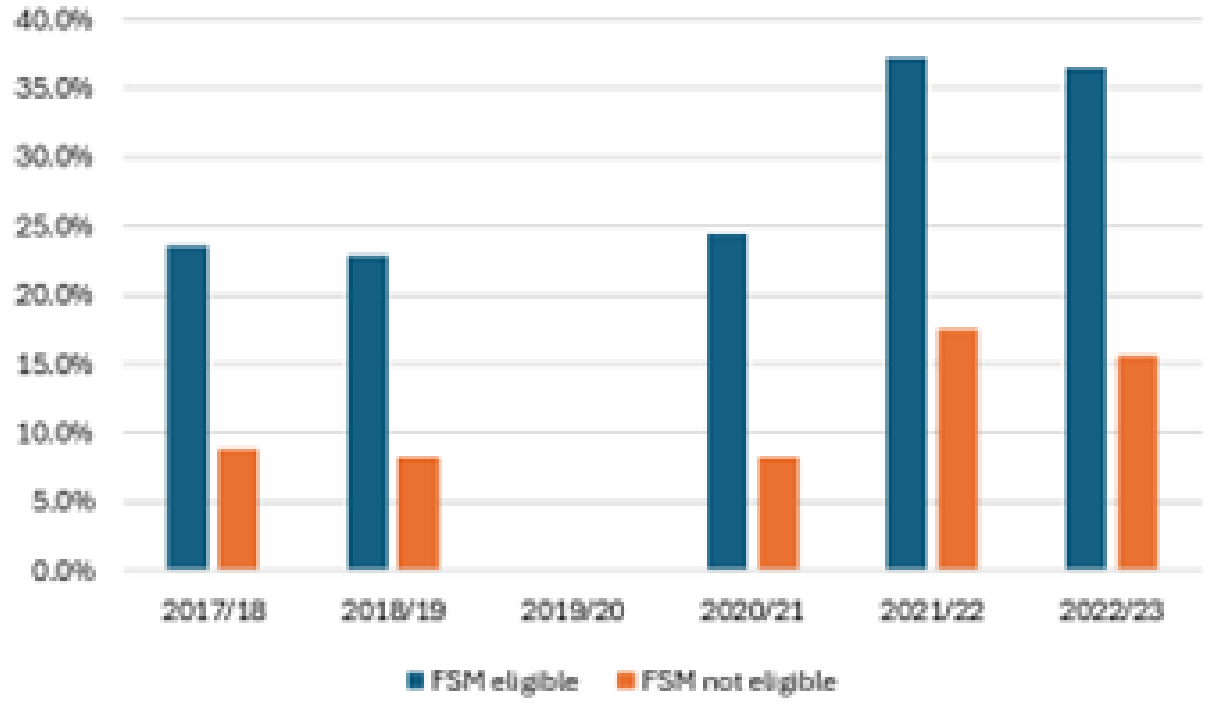
Source: Data for Cambridgeshire and Peterborough, NCMP 2021/22 – 2022/23

School Readiness: Cambridgeshire children on free school meals have low levels of development.



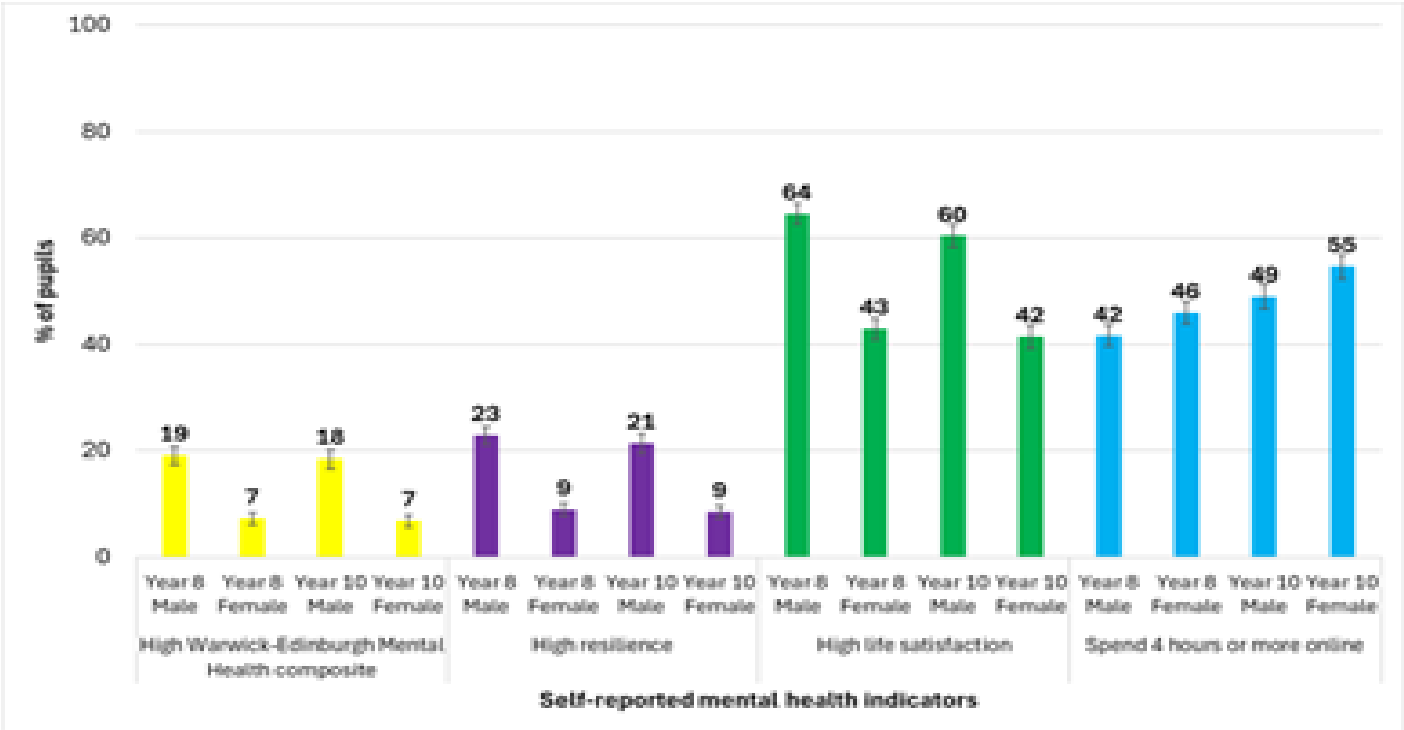
Source: PHOF 2025

Absenteeism: Persistent absenteeism is much higher among free school meal eligible pupils.



Source: Data for Cambridgeshire and Peterborough, DfE

Mental Health: Mental health and wellbeing is poor and high resilience is low, particularly in girls.



Source: Cambridgeshire and Peterborough Health Related Behaviour Survey, 2024

Appendix 2:

Children and Young People JSNA Strategic Recommendations and Actions:

Strategic Recommendation 1: Prioritise prevention to give our babies, children, and young people the best start in life.

Action 1.1: All services to continue to prioritise and promote childhood immunisation uptake and accessibility, particularly in Peterborough, Fenland and Cambridge City to achieve herd immunity.

Action 1.2: Through the Best Start in Life / Family Hubs Partnership, give infants the best start in life, by supporting pregnant women, pregnant people, and their families with adopting and maintaining healthy behaviours before, during and after pregnancy, and to initiate and continue breastfeeding. This must be underpinned by effective and simple information sharing between services to enable joined up support and with integration into Early Help.

Action 1.3 *[shared with the Mental Health JSNA]*: Align Integrated Care System work and planning to deliver the 7 priorities for perinatal mental health that have been identified by The Cambridgeshire and Peterborough Perinatal and Infant Mental Health Network

Action 1.4 *[shared with the Healthy Places JSNA]*: Create a healthy environment for children so that making healthy choices becomes easier. This should include embedding Healthier Streets principles into new and existing localities and developments and ensuring that Local Plans have policies around green spaces, opportunities for play and learning, active travel, fast food / takeaways and healthy food provision.

Action 1.5: Through the School Aged Health Improvement Partnership, deliver effective and evidence-based interventions and education for children and young people to promote healthy behaviour (oral health, healthy eating, physical activity, mental health and wellbeing, self-esteem and identity) and reduce risky behaviours (smoking/vaping, alcohol, drugs, unprotected sex) with an increased focus on those from more deprived backgrounds and those at risk of health inequalities.

Strategic Recommendation 2: Address the wider determinants of health to reduce child poverty and health inequalities.

Action 2.1: Address the wider determinants that can be influenced in the short-term and identify investment priorities to improve transport, education, employment and housing for children in poverty or at risk of health inequalities.

Action 2.2: Starting from conception and through the integrated services offered through our Family Hubs and Early Help offers, provide support to infants and children from low-income families to improve early language development and other skills to close the gap in school readiness (particularly in Cambridgeshire) between children on free school meals and all children.

Action 2.3: Develop shared approaches to reducing and mitigating the impacts of child poverty, which includes community engagement and coproduction of solutions, informed by

Cambridgeshire's Poverty Commission and in Peterborough's Poverty Truth Commission and system-wide work addressing poverty with a place-based approach to maximise local provision.

Action 2.4: Promote better oral health and greater access to routine NHS dentistry for children and young people, with a focus on the most deprived communities.

Action 2.5: Maintain a focus on reducing teenage pregnancy, particularly in Peterborough, through availability of contraception, education, and sexual health advice. Ensure that teenage parents receive support to complete their education to improve their employment opportunities and life chances.

Strategic Recommendation 3: Develop a coordinated multi-agency approach to raising school attendance to improve life chances.

Action 3.1: Undertake a deep dive into school absence (including persistent absence) and exclusions, in partnership with schools (including alternative provision), families and young people. This should include a review of existing local work and analyses to understand the drivers and root causes of absence and exclusions, alongside evidence around what works to improve attendance.

Action 3.2: Use findings of the deep dive to inform a whole systems approach early intervention approaches with children and families to tackle issues before they become entrenched and reduce the number of young people in alternative provision because of exclusion.

Action 3.3: In line with Department of Education expectations, develop a proactive, multi-agency response to attendance, including the expanded role of the virtual school, and embed approaches to inclusion to ensure that schools are safe, suitable places for all students to thrive in education.

Action 3.4: To support a reduction in emotion-based school non-attendance, strengthen the whole-school approach to mental health across Cambridgeshire and Peterborough and address the barriers to this being implemented effectively *[from the Mental Health JSNA]*

Action 3.5: Recognise the expertise of parents and carers in relation to the support needs of their children to increase school attendance and attainment, and ensure support is available for their own mental health and to maintain family resilience given their roles as parent carers.

Action 3.6: Ensure that the growing numbers of children who are electively home educated or in alternative provision are fully considered when designing and delivering child health services. This includes equitable access to school nursing and health improvement programmes (e.g. sexual health, substance misuse, immunisation services).

Strategic Recommendation 4: Take a whole systems approach to support children, young people and their families who are facing challenges from poor mental health, neurodivergence, disability, and adverse life experiences.

Action 4.1: Ensure that the proposed roadmap with system partners to extend services across the system meets the mental health needs of young people up to the age of 25, both with common mental health conditions and severe mental illness *[from the MH JSNA recommendation]*

Action 4.2: System partners across Cambridgeshire and Peterborough have co-produced an All-Age Autism Strategy that has identified 8 key priorities ranging from early identification to support with employment and accessing health care. These recommendations should be implemented.

Action 4.3: The children's learning disability health needs assessment has highlighted system improvement actions around diagnosis, annual health checks, reasonable adjustments, support for physical health needs, data collection and special schools that should be implemented.

Action 4.4: Look at opportunities to strengthen local approaches to Preparing for Adulthood, including across organisational boundaries, between children's and adults' services (including PIP), and between physical health and mental health, to ensure that young people with SEND can gain employment, become independent and live long, fulfilling and healthy lives.

Action 4.5: All services should be aware of the increased complexity of children in care and where possible prioritise children who are care experienced, including unaccompanied Asylum seekers (UASC), to improve outcomes. This includes agreeing responsibility for access and response for physical, emotional health and learning needs; shared funding to access appropriate services; and having the right placement and provision.

Action 4.6: Strengthen our system-wide approach and the integration of preventative and targeted support for children and young people at risk of offending, exploitation or drug/alcohol use, to reduce the disproportionality of young people from minority ethnic groups and marginalised communities in contact with the justice system and to ensure equity of access to early support to improve their life chances.

Strategic Recommendation 5: Strengthen and integrate place-based community services to enable equitable access to support, treatment, and care in the most appropriate setting.

Action 5.1: Acute, specialist and community services should work together with existing local services (e.g. schools and GPs) so that children and young people's needs can be met closer to home. Services should be person-centred, prevention-focussed and promote healthy behaviours.

Action 5.2: All services should maximise educational attendance which may include seeking opportunities to deliver care within a school setting or offering different appointment times so that children are not missing out on school. If children need multiple specialist appointments, these should be co-ordinated to minimise school absence.

Action 5.3: There should be promotion of family friendly policies across local employers so that parents and carers can take time off work to take children to medical appointments.

Action 5.4: To reduce health inequalities, services should routinely collect data on protected characteristics and undertake equity audits to ensure that they are providing equitable access and opportunity for all children and young people.

Action 5.5: As plans for the new children's hospital progress, the implications for other services must be considered and likely changes in demand understood.