

Summary of Buckinghamshire Children and Young People (CYP) Health Needs Assessment, 2022

Local population for Buckinghamshire



161,820 CYP aged 0-24 years (29.1%) in 2020¹.



1% projected increase in CYP (aged 5 to 19 years) from 2020 to 2030², largest increase in the former district area of Aylesbury Vale



2/3 (69%) of school children were from a White ethnic group (School Census Jan 2021).



82% of pupils living in Buckinghamshire report their **main language** as English. Other more frequently spoken languages are Urdu 3%; Panjabi 2% and Polish 2% (School Census Jan 2021).



11.5% of children (under 16 years) in **relative low-income** families in 2019/20. Significant **increase** over the last 5 years, 10% in 2015/16.



13.2% of the population are at risk of **food insecurity**, which is highest in Aylesbury and High Wycombe (Dec 2020)³.

¹ ONS Mid-Year Estimates, 2020

² ONS 2018 Population Projections

³ University of Southampton 2020: Estimating household food insecurity in England

Infant and maternal health



Overall, Buckinghamshire's birth outcomes are either favourable (with **lower** rates of preterm birth) or at least equivalent (with **similar** infant mortality and low birthweight rates) to comparator areas.

58.6 per 1,000 females (5,543 births) **general fertility rate** in 2020

compared to statistical neighbours⁴ at 56.5 per 1,000; South-East at 55.3 per 1,000; England 55.3 per 1,000.⁵

76.6 per 1,000 total births **premature birth rate** in 2016-18 compared to South-East (78.1 per 1,000 births); England (81.2 per 1,000 total births). This equates to 1,374 premature births during 2016-18.⁵

3.2 per 1,000 live births **infant mortality rate** (deaths in first year) in 2018-20 compared to South-East (3.5); England (3.9). This equates to 54 deaths during 2018-20.⁵

5.0 per 1,000 live and still births **neonatal mortality** (deaths under 28 days) in 2019 compared to statistical neighbours⁴ at 5.4 per 1,000; South East at 6.0 per 1,000; England 6.6 per 1,000 births.⁶



There are fewer maternal risk factors for adverse perinatal outcomes identified in Buckinghamshire compared to nationally, for example with **lower** smoking rates at delivery.

6.1% (306) **smoking at time of delivery** compared to South-East 9.0%;

England 9.6% in 2020/21.⁷



A higher proportion of mothers continue to **breastfeed** at 6-8 weeks in Buckinghamshire than is observed nationally and the rate of **teenage conceptions** remains below national and is significantly decreasing.

58.3% (3,030 infants) **breastfed** at 6-8 weeks in 2020/21 compared to England 47.6%.⁸

⁴ [Children's Services Statistical Neighbour Benchmarking Tool \(CSSNBT\)](#)

⁵ Office for National Statistics (ONS), Office for Health Improvement & Disparities. Public Health Profiles. 2022 [<https://fingertips.phe.org.uk/>]

⁶ Office for Health Improvement & Disparities and NHS Digital. Public Health Profiles. 2022 <https://fingertips.phe.org.uk>

⁷ Office for Health Improvement & Disparities and NHS Digital return on Smoking Status At Time of delivery (SATOD). Public Health Profiles. 2022 [<https://fingertips.phe.org.uk/>]

⁸ NHS England as reported by Office for Health Improvement & Disparities, <https://fingertips.phe.org.uk/>



5.8 (per 1,000 females aged 15-17) **under 18s conception rate** in 2020 compared to statistical neighbours⁹ at 8.0 per 1,000 and the South East at 10.6 per 1,000¹⁰, England at 13 per 1,000 females.



2.9% (150 births) **low birth weight** (less than 2500g) of term births (37+ weeks) in 2020 compared to South-East at 2.6%; England (2.9%).¹¹

There is evidence that outcomes differ in the county according to deprivation, with **higher** proportions of low birthweight infants in the most deprived compared to least deprived areas.



Within Buckinghamshire there has been a **doubling of mental health referrals for mothers in pregnancy** between 2019 and 2021 (359 to 719), potentially indicative of increasing levels of adverse mental health in this population.

Immunisations



The proportion of children receiving the **major childhood vaccinations** is **higher** in Buckinghamshire than the national average and has increased from 2019/2020 to 2020/2021 despite the challenges that the COVID-19 pandemic has brought.

94.4% (target is $\geq 95\%$) for both **DTAP/IPV/Hib/HepB and MenB** courses in infancy and

90.6% (target is $\geq 95\%$) for the **DTAP/IPV booster** at 5 years (April 2020 and March 2021).

Vaccine rates for **routine childhood vaccinations** and against **Covid-19** vary significantly according to deprivation and ethnicity within Buckinghamshire.

82.1% (target is $\geq 90\%$) of year 9 girls (vs 60.6% nationally) and **82.6%** of year 9 boys (vs 54.7% nationally) received a complete **HPV vaccine course** (September 2020 and March 2021).

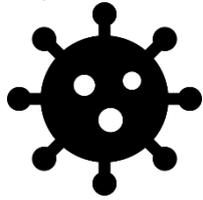
91.7% (vs 76.4%) of year 9 students received a **Td/IPV booster** and **91.6%** (vs 76.5% nationally) were vaccinated against **Men ACWY** (September 2020 and March 2021).

⁹ [Children's Services Statistical Neighbour Benchmarking Tool \(CSSNBT\)](#)

¹⁰ Office for National Statistics (ONS), Office for Health Improvement & Disparities. Public Health Profiles. 2022

¹¹ Office for Health Improvement & Disparities. Public Health Outcomes Framework 2022 <https://fingertips.phe.org.uk>

Uptake of **pre-school boosters** (4 in 1 and MMR) is **lowest** in the most deprived communities across the Thames Valley. There is a 10% gap between the most and least deprived areas.



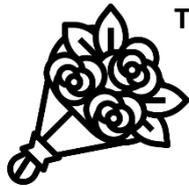
61.7% of children aged 16 to 17 and

42.3% of children aged 12 to 15

received at least two doses of a vaccination against **COVID-19** (as of 28 April 2022) compared to England 56.6% and 34.9%. There is a 39% gap (16-17 years) and a 33% (12-15 years) between the most and least deprived areas.

Global burden of disease

The Global Burden of Disease (GBD) study describes the contribution of fatal and non-fatal conditions to the burden of disease and shows the importance of understanding the variation of disease, risk factors and deprivation geographically. Variation in burden of disease and opportunity to address preventable burden, which is attributed to risk factors, is strongly related to deprivation.¹²



Top 5 causes of death and ill-health in children under 5 in Buckinghamshire in 2019:¹³

Neonatal disorders; Congenital defects; Dermatitis; Endocrine, metabolic, blood and immune disorders; Dietary iron deficiency

Top 5 causes of death and ill-health for those aged 5-14 years in 2019:

Dermatitis; Anxiety disorders; Asthma; Conduct disorder; Headache disorders

Risk factors for death and ill-health in children under 5 in 2019:

Low birth weight and short gestation; Iron deficiency; Air pollution; Child growth failure; Non-exclusive and discontinued breastfeeding

Risk factors for death and ill-health for those aged 5-14 years in 2019:

Low birth weight and short gestation; Iron deficiency; Child growth failure; Bullying; High body mass index



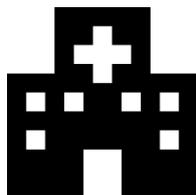
Local resident survey in 2020 showed young people (aged under 30 years) were significantly more likely to report **bad or very bad health** (10%) than other age groups (5.3%) and report a deterioration in physical health during the first lockdown.

¹² [Steel et al, 2018.](#)

¹³ [GBD Compare Visualisation Tool](#)

Hospital admissions

A&E attendances



A&E attendances in children aged under five years in Buckinghamshire are significantly **below** the England and South East average but pre-Covid-19 pandemic was showing a significantly **increasing** trend from 2015/16 to 2019/20.

A&E attendances in children and young people aged 5 to 14 years and 15 to 24 years were also significantly **below** the England average and with significantly **decreasing** trends in the 5 years before the Covid-19 pandemic (2015/16 to 2019/20).

There are significantly **increasing** trends in most community boards for under 5s but in all age groups for Aylesbury and Wendover¹⁴.

Emergency admissions



The emergency admission rate for under 5s and children aged 5 to 14 years in Buckinghamshire, before the Covid-19 pandemic, was significantly **higher** than the England and South East average. This trend had been significantly **increasing** over the 5 years from 2015/16 to 2019/20. The rate was highest in the most deprived areas.

Pre- Covid-19 pandemic, most community board areas were showing significantly **increasing** trends in the under 5s and 5 to 14 year olds. Winslow & Villages Community Board was seeing increasing emergency admission trends in all age groups.

Both A&E attendances and emergency admissions have seen large **reductions** in the first year of the Covid-19 pandemic (2020/21).

The **high** and **increasing** rates of emergency admissions in the under 5s is largely driven by high rates of lower respiratory tract infections but also high rates (smaller numbers) for gastroenteritis in Buckinghamshire compared to England.

The older age groups have **higher** rates for self-harm and eating disorders. Both are showing increases in the first year of the Covid-19 pandemic (2020/21).¹⁴

¹⁴ Office for Health Improvement and Disparities (OHID) or extracted directly from the hospital episode statistics (HES).

Early years and school ages



The proportion of 2 to 2½ year olds in Buckinghamshire receiving a **health**

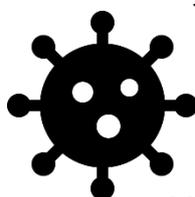
visitor led child development review in 2021/22 has improved to **75%** since the dip seen over the first pandemic year compared to England (71.5%) and South East (71.4%).



9,010 pupils receiving **SEN support**

3,807 with an **Educational Health and Care Plan**

In January 2021 there had been a 6.9% **increase** since 2020. Nearly half (42%) of children and young people with an EHC plan maintained by Buckinghamshire are placed in mainstream settings, compared to 39.9% nationally.



The **impact of the Covid-19** pandemic is still being measured, early assessments in September 2021 have suggested some children have maintained their learning but others have fallen behind.

National evidence shows progress was most disrupted for: Year 1 pupils, Mathematics, disadvantaged children, those with SEND in year 1, younger children with a slower recovery.



56.7 performance score (attainment 8) is significantly **higher**

compared to England (50.9) and the South East (52.1)¹⁵ in 2020/21. The proportion of children eligible for Free School Meals who are achieving expected levels in phonics is significantly **below** the England average.

(2018/19).



40.2 performance score (attainment 8) for disadvantaged pupils is **above** the South East average (38.5) however **below** the rest of pupils in Buckinghamshire pupils (60.7). There is a larger absolute inequality gap for Buckinghamshire compared to England between the two groups. The gaps have also widened since the previous year.



7.0% (870 children) of 16 to 17 year olds not in education, employment or training (**NEET**) or whose activity is not known in 2020 compared to England 5.5% and South East 6.4%.

¹⁵ Data is based on pupil residence

Lifestyle



18% One in five children in **Reception** (4-5 year olds) are overweight or obese 2019/20 compared to England 23% and South East 21.9%.



31% One in three in **Year 6** (10-11 year olds) are overweight or obese, significantly **below** the England average (35.2%) and **similar** to South East (31.7%). There is a significantly **increasing** rate in year 6 children since 2015/16.



1/4 (25%) of Year 6 children that are living in more **deprived** areas are obese, which is significantly **higher** than the least deprived areas (11%). There are variations by ethnic group with higher rates in Black and Asian ethnic groups for Year 6.



High Wycombe and Wing & Ivinghoe have the **highest** percentage of **Reception** children who were overweight or obese.

Beaconsfield & Chepping Wye, Missendens and Wing & Ivinghoe have the **highest** percentage of **Year 6** children who were overweight or obese.



29% of those aged under 30 said they were **eating less healthily** during the lockdown in a local resident survey (August 2020).



39.7% of children **physically active** compared to England (44.6%) and South East (45.4%). The trend shows a larger drop in physical activity in Buckinghamshire during the first year of the COVID-19 pandemic than was seen in England and South-East.



Nationally, increases have been observed in **alcohol consumption**, particularly for the 11 to 18 year age group. In 2019, alcohol and drug use ranked in the top 10 risk factors in Buckinghamshire children aged 5 to 14 years for ill-health and death.

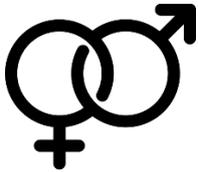
6.3% of secondary age children said they had an alcoholic drink quite often/most days, which increased to a **third** in sixth formers¹⁶.

¹⁶ Buckinghamshire Oxwell Health and Wellbeing Survey 2021



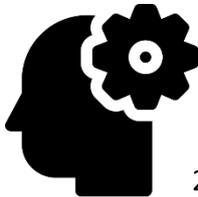
Second-hand **smoking** ranked 11th highest for 5 to 14 year olds in Buckinghamshire as a risk factor for the ill-health and death in 2019.¹⁷

98.5% of secondary school children reported (in a local survey) they had never or not often smoked cigarettes, this reduced slightly to 93.4% in sixth formers¹⁸.



In 2020, there was a **lower** screening and detection rate for **chlamydia**, and a lower detection rate for other STIs amongst 15 to 24 year olds living in Buckinghamshire than is observed either regionally or nationally.

Mental health and wellbeing



Nationally poorer **mental health and wellbeing** has **increased** for children and young people over the Covid-19 pandemic with the proportion of 6 to 16 year olds with a probable mental disorder **increasing** from 11.6% in

2017 to **17.4%** in 2021.



Nationally numbers being referred and waiting times for **eating disorders** have **increased**, a picture that is replicated within Buckinghamshire.

In Buckinghamshire there are **4 times** the number of children with an eating disorder waiting to start treatment in 2021 compared to 2019²⁰.

The OxWell Buckinghamshire Health and Wellbeing Survey 2021 offers an insight into mental health and wellbeing in children since the start of the COVID pandemic. This found that:



One fifth of primary age children, **one third** of secondary age children and greater than a **half** of sixth forms students reported **low wellbeing**.



23.9% of secondary children, who responded to the survey, reported having previously deliberately **self-harmed**.



20.5% of secondary children, who responded to the survey, reported having taken an **overdose**. One in ten children needed medical treatment and 9 out of 10 stated they never or rarely told anyone.

10.4% of primary children and **6.8%** of secondary children reported having been **bullied** in the last week.

¹⁷ Global Burden of Disease, 2019

¹⁸ Buckinghamshire Oxwell Health and Wellbeing Survey 2021

Safeguarding and vulnerable groups



Children In Need, on average, have poorer outcomes in education and a widening gap as the child ages. The rate of Children In Need in Buckinghamshire is **similar** to comparator areas, however has **increased** by 18% from April 2020 to March 2022, with **1,318 Children In Need** in March 2022.



The rate of children (under 18 years) recorded on **Child Protection Plans** is **similar** to the national average but **significantly above** statistical neighbours. Since April 2020 there has been a **40% increase** from 542 to 759 in March 2022.



Mental health is the most prevalent issue identified on assessments for children starting Child Protection Plans, particularly for school ages (10-15 years), followed by emotional abuse and domestic abuse and violence, the latter being the most common risk to children aged 1 to 4 years.



504 Children Looked After (March 2022). Since April 2020 the numbers **increased** by 7%. Children and young people in care have significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.¹⁹

257 Care leavers (March 2022).



Domestic abuse and violence have serious consequences for children in the household on their mental and physical health, safety and educational attainment.

23% of all social care referrals were for domestic violence (2020/21)

and there was a 31% **increase** in recording as a primary concern compared to the previous year. Half of all children who became looked after during 2020/21 had domestic abuse mentioned as a factor in their assessment.

Crime and safety



157.2 (89 young people) per 100,000 10-17 year olds were **first-time entrants to the youth justice system** compared to England (169.2) and South-East (156.7) in 2020.

¹⁹ OHID Indicator definition, [Fingertips](#).



The number of young people receiving a **substantive outcome** (i.e. a Youth Caution, Youth Conditional Caution or Court outcome) from the Buckinghamshire Youth Offending Service has decreased over the last three years. This reflects the national picture, which is in part due to Covid-19, but also due to the success of schemes aimed to divert young people from the youth justice system.

National impact of COVID-19 on CYP

Although the direct effects of COVID-19 on children and young people are usually milder compared to the older age groups, there is evidence that the COVID-19 pandemic's effects are still extensive for the younger generation. According to Quality Watch, a programme from the Nuffield Trust and Health Foundations²⁰, **nationally** there has been:



81% increase in demand for **mental health services**.

1 in 5 children and young people waited more than 12 weeks for a follow up appointment between April 2020 and March 2021.



CYP starting treatment for **eating disorders** is increasing but there are 4 times the number of children with an eating disorder waiting to start treatment in 2021 compared to 2019.

A&E attendances for eating disorders for children and young people have doubled from October 2019 to October 2021.



6% drop in young people (16 to 24 years) **feeling supported with their long-term conditions** since 2018.



79% reduction in **referrals from GPs** to hospital care in April 2020 which has since been followed by a 47% increase in urgent GP referrals in December 2021.



Waiting lists for paediatric hospital care are growing, increasing a further **22%** from April to November 2021.

There are also impacts identified for children's learning needs as well as their social and emotional wellbeing needs with increases identified in areas such as low wellbeing, self-harm and eating disorders.

²⁰ [Growing problems, in depth: The impact of COVID-19 on health care for children and young people in England | The Nuffield Trust](#)

The Healthy Child Programme in Buckinghamshire

The Healthy Child Programme (HCP) includes:

Health Visiting
School Nursing
Family Nurse Partnership
+Healthy Start vouchers and vitamins

A **preventative** programme with all elements provided by Buckinghamshire Healthcare NHS Trust

Also linked are

- Childhood immunisation services
- Community Paediatrics
- Speech and Language
- Services for children with a learning disability and complex needs
- Child and adolescent mental health services (CAMHS)
- and more



Healthy Child Programme activity in Buckinghamshire 2019/20 to 2021/22

Activity:
2019/20 compared to 2021/22

 **9.2%** of eligible mothers **had contact with a health visitor** during the antenatal period in 2021/22, **a reduction from 38.7%** in 2019/2020.

75.6% had **new baby reviews** within 14 days in 2021/22, **a reduction from 95.9%** in 2019/2020.

No major changes were observed in health visitor caseload over this period.



School nurse drop-in sessions fell from 89 in 2019/2020 to 20 in 2020/21.

Number of referrals to school nurses for assessment and **number of one-to-one interventions** conducted **fell** significantly during this period.



Large reduction in the school nurse workforce.

The **Family Nurse Partnership supported 82 families** in 2021/22 compared to 94 families in 2019/2020.

There was no obvious change in outcomes for Family Nurse Partnership over this period except for a possible increase in the proportion partially or exclusively breast feeding at 6-8 weeks (but small numbers).

Findings from a survey of children, young people, parents and carers

Survey respondents



64 survey respondents:

4 aged 16-29

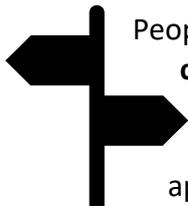
58 aged 20+

2 of unknown age



Health Visiting Service

People had mixed experiences of the service, partly because of the impact of COVID-19. They were mostly positive about the quality of the service, particularly the **communication**, but sometimes found **location** inconvenient or the **venue** was not ideal.



People were keen to see a return to 'normal' post-COVID-19, particularly **drop-in clinics** for weighing etc. They found that **information** provided by different professionals in the team was not always consistent, and wanted a **better understanding** of when they should see a health visitor and when a GP appointment would be more appropriate.

School Nursing Service



The School Nursing service was impacted by COVID-19 and school closures, but in some cases the pandemic made people more aware of the service e.g. through association with the COVID **vaccination programme** and supporting children with **anxiety**.



Several respondents felt they did not know enough about the School Nursing service, whether they could **access** it directly or if so, how to make **contact**.

Family Nurse Partnership



The Family Nursing Partnership is a small service targeted at a particular population of parents aged 19 and under.

Survey respondents were, without exception, **positive** about the service they received, including the easy access, listening and reassuring support provided, and help from a trusted individual with finding solutions to problems.

Other services mentioned by CYP and their parents and carers



People understood the **pressure** that services were under. They felt strongly about this, especially where there were perceived to be **inefficiencies or inequalities** in delivery.

Survey respondents were concerned about access to CAMHS and to services that support young people with eating disorders. There was a suggestion that the weighing programme focussed on obesity, risking stigma, and that it might miss or exacerbate eating disorders in children.

Findings from interviews and a survey with corporate stakeholders

Interviews and survey respondents

13 interviews were held with **17** corporate stakeholders working mainly in strategic or senior operational roles in the NHS Trust or Buckinghamshire Council.



37 surveys were completed. Some respondents worked in strategic roles, but most were in operational roles including nurses, family support workers, GPs and Special Educational Needs and Disabilities (SEND) coordinators

Staffing pressures and staff recruitment, retention and skill mix



Staff in the HCP teams are viewed as a **major strength and asset**.

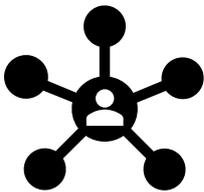
Issues include **recruitment, retention, national shortage of skilled staff**, high cost of living in Buckinghamshire and impact of COVID-19 pandemic.

National **shortage** of health visitors, school nurses, occupational therapists, community paediatricians and others.

The COVID-19 pandemic increased issues relating to staff retention, and the relatively small size of some teams exacerbated these issues.

Suggestions for addressing this included:

Reviewing **skill mix** in teams



Greater **awareness** of wider health and wellbeing services, improved **inter-service communication** and updated **service specifications**

Use of **technology** to reduce administration time and duplication

Increasing **flexibility in the timings** of health visitor and midwife visits so that those with greatest need are more supported



Clinics in **community venues** to reduce time spent by staff travelling to individual homes

Staff **training and career progression** to improve morale

Increased use of **volunteers** where appropriate

It was emphasised that safety of CYP must take precedence when considering changes.

The COVID-19 pandemic

Positives included the **flexibility and willingness of staff to adapt** during the COVID-19 pandemic and the effects of **improved digital technology**.

Some **service and pathway changes** should be retained and others reversed e.g. reinstating 'drop-in' and 'stay and play' sessions and increasing home visits as soon as practicable.

Need to address increasing prevalence and complexity of **mental health** issues with longer waiting times with prioritisation of the most vulnerable.



Some **learning** from rapid implementation of digital/ virtual communications and consultations will be taken forward but limitations and safeguarding concerns are recognised.

The impact of the COVID-19 pandemic in regards to vulnerable CYP and safeguarding will continue to be seen and should be **monitored**.

Safeguarding

Governance structures for managing risk are working well and safety always comes first.



Use of the **same Electronic Patient Record** by the Safeguarding, School Nurse, Health Visitor and Therapies teams was seen as positive.

Safeguarding concerns were **exacerbated** by the increase in mental health issues during the pandemic, fewer family contacts, staff shortages and the shortage of secure beds.



Staff capacity issues made early intervention and prevention more challenging, along with increasingly **long waiting times** for Therapies and CAMHS.

Safeguarding more of an issue in some communities, particularly those that have less contact with HCP professionals.

Concerns in relation to **Looked After Children placed outside Buckinghamshire** and living on county borders where responsibilities tend to be less clear.

Equity of service provision

In some areas of the county, users of services did not always **reflect the diversity** of the community.

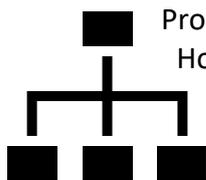


There is ongoing work to address this, for example by **working with community organisations** and reviewing **communication strategies**.

There are examples of improved engagement with Traveller communities, and ongoing work to address other marginalised groups.

Governance

Stability of leadership is very important and relationships with governance leads are key.



Processes were described as sometimes **complex, but broadly strong**. However there were elements of governance that the **Executive Team** may wish to consider around the quorum of attendees and presentation of risk management projects.

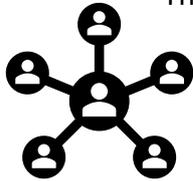
Any **impact of ICS implementation** on the currently clear lines of accountability and hence, potentially, governance, should be addressed as soon as possible.

Integration and co-location of services

Benefits of integration and co-location of services were frequently highlighted, as was the advantage in Buckinghamshire of having the **acute and community services all within a single trust**, and of many services using the same electronic patient record.



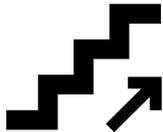
Opportunities for more **collaborative** working were suggested, particularly with teams outside Buckinghamshire Healthcare NHS Trust e.g. **more joint working** between Early Help and Family Support teams and both the School Nursing service and the voluntary sector, including, for example, the development of peer-to-peer led groups and work in youth centres.



There are some **countywide multidisciplinary groups**, such as the mental health / emotional health strategy group, and others are being or could be developed.

There were suggested gains from **co-location** of services, providing a single point of contact with the centre used not only as a 'clinic venue' but as a hub for providing more cohesive integrated services.

Transition



Some people highlighted transition from children to adult services as an area that needs improving, although some initiatives in this area were commended. E.g. the 'Ready Steady Go' programme and 'Hello' sessions for **young people with diabetes**, and the designated clinical officer for **SEND** who is very involved in transition work.

Areas where suggestions were made for improvement included transition for vulnerable young people, Looked After Children, CYP under the CAMHS team, CYP with eating disorders, and CYP with an unclear diagnosis, such as 'global developmental delay'.

It was suggested that School Nursing teams, if they had sufficient capacity, could usefully work with **sixth form students** to support the more general preparation for adulthood.

Extension of services to 19-25 year olds



Positive responses to the proposal to extend HCP services to **19 to 25 year olds**, particularly in relation to more **vulnerable young people**, including those with a learning disability, those without a formal diagnosis,

Looked After Children, care leavers, and unaccompanied CYP asylum seekers. It was noted that the SEND agenda already extends to age 25.

Some **concerns** about whether the services could cope with a potentially large influx of referrals, and that it may be better to focus on getting current provision right. Physical space was also mentioned as a potential issue but opportunities for virtual/online appointments for this age group could help.

Health, social care and education **pathways should be aligned** wherever possible.

Pathways and diagnoses

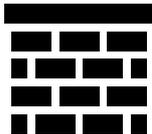
The Local Authority Early Years Service was commended, as were several multidisciplinary forums.



School Nurse shortages and waiting lists for CAMHS are felt to lead to difficulty supporting **children with complex needs**. There were specific challenges with mental health support and assessment due to lack of staff, high referral thresholds and long waiting lists.

Challenge of **increasing complexity of presentations following COVID-19** pandemic and lockdowns.

Better mapping of pathways and assets was suggested.



Diagnosis waiting times are a barrier to accessing help, as are **non-specific diagnoses**.

It was suggested that providing other support, including **signposting** while families waited, would be helpful.

Building resilience and independence



Building **resilience and independence** in CYP and their parents and carers was highlighted as a need, both in terms of parenting skills and mental and emotional health.