



Bromley Clinical Commissioning Group



THE LONDON BOROUGH
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BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT 2018

Section 4: Children and Young People with Established Needs

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Children and Young People with Established Needs.

This section reviews the needs of children and young people who already have an identified need that is significant. This may be a long term health need or it may be a social care need (such as being Looked After or being the subject of a Child Protection Plan). Prevention for these children and young people, aims to minimise the impact their situation has on their wellbeing and outcomes. This section also includes information on child deaths in Bromley.

- a) [Children with complex or long term health needs](#)
- b) [Children with complex mental health difficulties](#)
- c) [Children with an Education Health and Care Plan](#)
- d) [Children at risk of significant harm](#)
- e) [Deaths in childhood](#)

a) Children with complex or long term health needs

“Long term conditions” is generally used to describe chronic health conditions in childhood. Some of the most common conditions are diabetes mellitus, asthma and epilepsy. Chronic neurodevelopmental conditions include autistic spectrum disorder.

Long term health conditions in childhood are primarily managed within health services, usually by a combination of a Paediatrician with a special interest based in the local hospital, a specialist nurse for that condition (usually working closely with the Paediatrician) and the child’s GP. Diabetes and epilepsy will usually be managed primarily by the Paediatrician with support from the GP. Asthma will generally be managed by the GP and the primary care team, with support from the Paediatrician as required.

The effective pro-active management of long term conditions offers an opportunity to minimise interference of the condition on daily life, and prevent adverse outcomes such as emergency admissions to hospital and longer term complications of the condition.

The data for the following analysis comes from;

- School Nurse records (March 2018),
- the annual SEN census in all schools,
- GP data collected in 2016 (limited range of diagnoses only), and
- national data on prevalence of disease in childhood

The national data is helpful to estimate how many cases of each condition may be expected in the Bromley population.

School Nurse records are reliant on schools collecting information from parents about medical conditions which they then collate for children attending Bromley’s maintained primary and secondary schools and academies. Therefore, they may not be a true picture of the medical conditions in children and young people.

Table C. 1: Prevalence of some long term health conditions in Bromley

Condition	Number of children identified with the condition			
	School nurse data March 18	School SEN data January 18	GP data summer 16	Predicted number of cases
Epilepsy and other seizures	80	-	424	385
Asthma*	1742	-	5846	6470
Autistic Spectrum Disorder	488	669	462	750
Diabetes	72	-	166	133
Hearing impairment	137	142	-	150
Vision impairment	100	78	-	100

Source: School nurse records, 2018; SEN Census, 2018; Bromley GP data 2016

Table C 1 shows the number of cases of some long term health conditions using different sources of information. National level data is used to estimate the number of cases we may expect to see. Comparison of the expected number of cases to the observed number of cases as recorded by the School Nurses shows that there may be underreporting. This is especially marked for children with epilepsy and diabetes. This is especially important as Bromley schools are net importers of children from surrounding areas.

Children with long term health conditions are not equally distributed throughout the borough. GP data shows the number of children with each condition in each ward.

Table C. 2: Distribution of children with long term conditions in Bromley

Ward	Number of cases recorded			
	Asthma	Epilepsy	Diabetes	Autistic Spectrum Disorder
Cray Valley West	411	21	12	29
Hayes and Coney Hall	357	20	9	32
Bromley Common and Keston	321	21	12	32
Farnborough and Crofton	286	22	4	22
Orpington	270	12	5	23
Cray Valley East	263	19	8	29
Bickley	258	20	1	25
Chislehurst	258	23	8	12
Bromley Town	247	34	5	21
Petts Wood and Knoll	232	17	5	27
Chelsfield and Pratts Bottom	227	10	3	26
Kelsey and Eden Park	217	16	3	10
Penge and Cator	211	24	0	19
Plaiestow and Sundridge	210	20	10	12
West Wickham	209	11	4	20
Clock House	199	12	3	23
Copers Cope	165	16	3	16
Crystal Palace	153	10	4	12
Shortlands	142	9	4	12
Biggin Hill	133	9	7	10
Mottingham and Chislehurst North	124	9	5	11
Darwin	57	5	4	4
Bromley	4950	360	119	427

Source: Bromley School Nurse Records, 2018

The number of children with complex needs requiring support from specialist services is set out below (**Table C.3**)

Table C. 3: Children requiring specialist support, Bromley – 2013/2-17

School year	Number of children
2013/14	175
2014/15	163
2015/16	162
2016/17	171

Source: ECHS data

The majority of the children and young people referred to the services have an EHC Plan (or previously had a Statement of SEND). There is a smaller proportion of children referred by virtue of complex health needs only who, if appropriate against criteria, are supported in school through health needs child-specific funding without statutory assessment.

Table C.3 does not show a clear trend in the number of children with complex needs in receipt of specialist services in the last 4 monitoring periods.

1) Diabetes Mellitus (DM)

Nationally, rates of diabetes in children in 2009 applied to the Bromley population identify that, we would expect to see 133 cases of Diabetes in Bromley. Although, up to 97% of those cases are expected to have Type 1 Diabetes, there is a small number who may have Type 2 diabetes, a condition more commonly seen in obese adults.

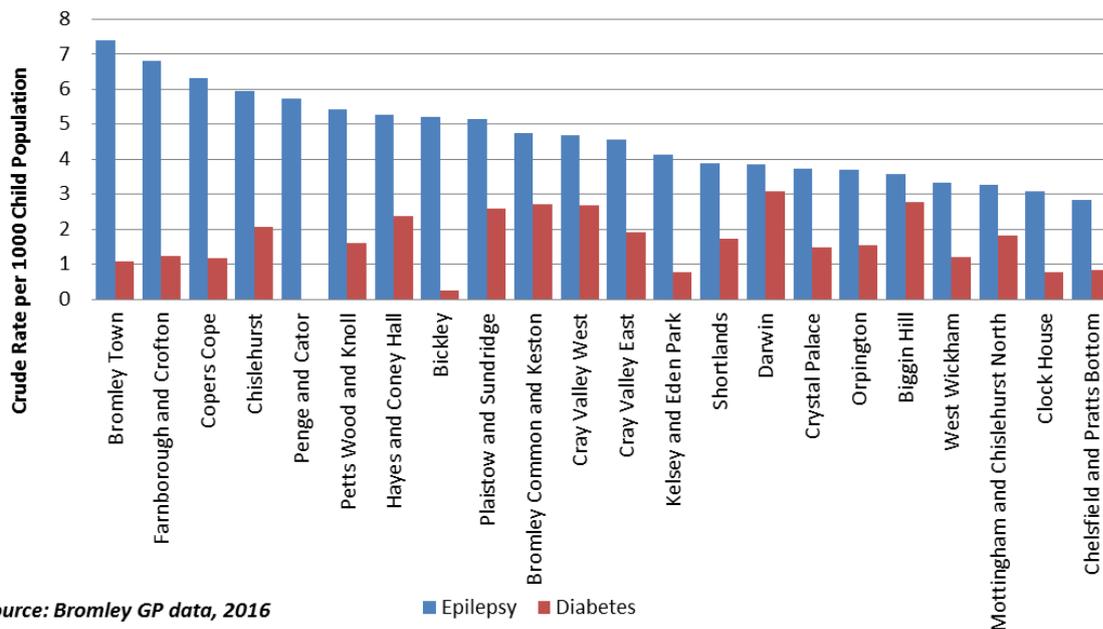
Table C. 4: Predicted vs actual number of diabetic children in Bromley

Age group	Predicted number Type 1 DM	Predicted number Type 2 DM	Actual number of DM (GP data 2016)
0-4	5	<1	3
5-9	29	<1	12
10-14	55	2	37
15-17	40	2	49
Total	129	4	101

Source: *Growing up with Diabetes. Royal College of Paediatrics and Child Health, 2009*

Comparing the expected prevalence with the numbers on the GP database shows that the prevalence of Type 1 Diabetes seen in Bromley is roughly as expected, with slightly higher numbers than expected in 15-17 year olds. The distribution across the borough is not uniform as shown in **Figure C.1**. Rates of diabetes are higher in Darwin, Biggin Hill and Bromley Common and Keston wards, although numbers are small.

Figure C. 1: Crude Rate of GP recorded Diabetes and Epilepsy per 1000 Child Population: wards, 2016

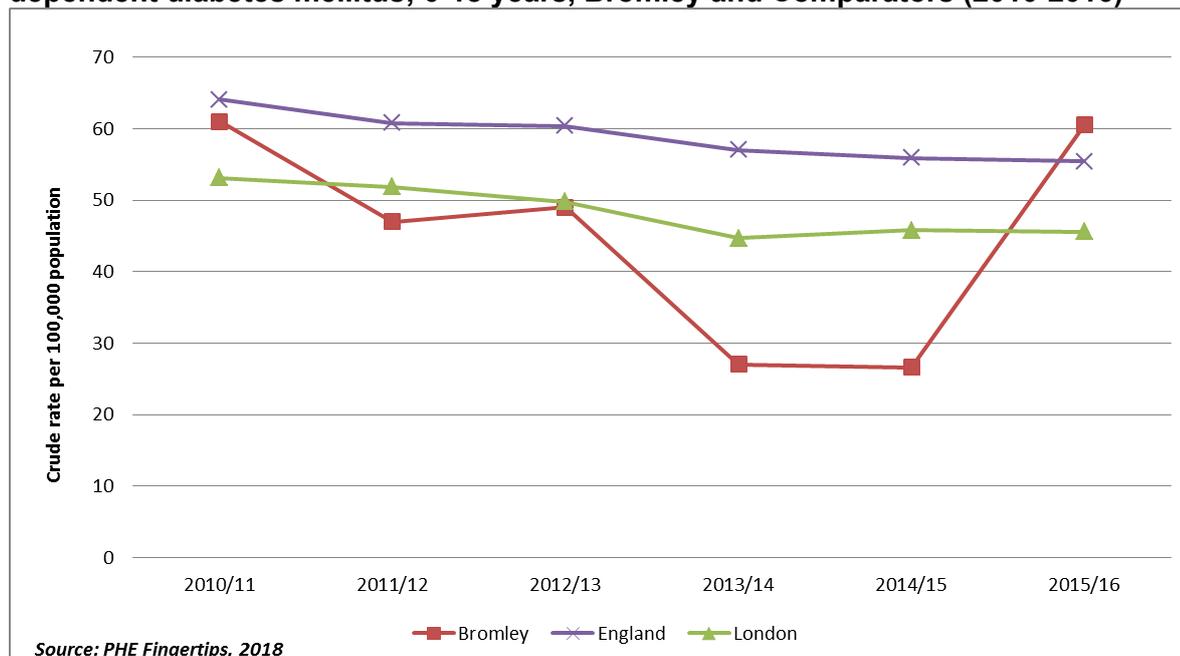


Source: Bromley GP data, 2016

Outcomes for children with diabetes in Bromley

Admission rates for children with diabetes in Bromley have increased recently, relative to the rates in London and England in 2015/16. **Figure C.2** below shows admission rates for all children aged under 19 in Bromley.

Figure C. 2: Emergency hospital admission with a primary diagnosis of Insulin-dependent diabetes mellitus; 0-18 years, Bromley and Comparators (2010-2016)



Source: PHE Fingertips, 2018

The increased admission rate in 2015/16 in Bromley is of concern as it shows a marked change from the previous downward trend and is now higher than the London and national rates (**Figure C.2**). The number of emergency admissions per year has risen from 20 in 2014/15 to 46 in 2015/16.

Haemoglobin A1c (HbA1c), or glycosylated haemoglobin, is an measure of long term blood sugar control and is used to monitor the effectiveness of the management of diabetes. It is measured every 3 months when the child visits the specialist diabetes team based in their local hospital. A national audit of the care of children with diabetes showed that these tests are completed in 99% of children with diabetes at the PRUH. Ideally the level of HbA1c should be maintained at below 58 mmol/mol. In the audit, 70.3% of children achieved this in Bromley compared to 72.6% across London and 72% nationally.

Table C. 5: Diabetes management process measures in Bromley compared to London and England, 2015

Process measure	PRUH	London	England
% missing HbA1c	1	4	1.8
% with HbA1c <58 mmol/mol	70.3	72.6	72

Source: National Paediatric Diabetes Audit 2015

What does this mean for Bromley residents and for children in Bromley

- There are higher emergency admission rates in diabetic children in Bromley compared to London or England and this rate is increasing since the last monitoring period.
- There is good monitoring of blood sugar control, however the control of blood sugar in diabetic children in Bromley is poorer than in London or England.

2) Asthma

There are 5,846 children aged 18 and under with a diagnosis of asthma on the GP disease register in Bromley. Diagnosis of asthma in young children is not straightforward¹. **Table C.6** shows, higher prevalence in the older children, which may be in part indicative of the complexity of diagnosis of asthma in young children.

Table C. 6: Number of children with an asthma diagnosis by age; Bromley

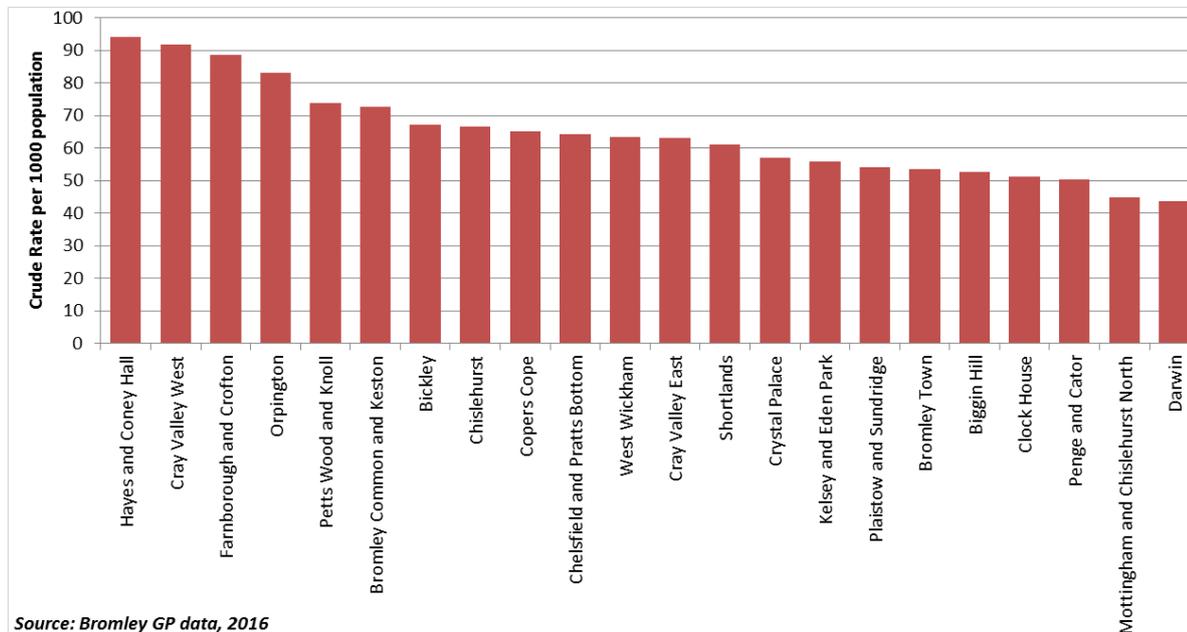
Age	1-4 years	5-9 years	10-14 years	15-17 years
Number of children with asthma	292	1,202	1,869	1,368

Source: Bromley GP data, 2016

¹ <https://www.health24.com/Medical/Asthma/Overview/How-is-asthma-diagnosed-20130205>

The distribution of asthma cases across Bromley is not uniform. **Figure C.3** shows the distribution of cases across Bromley. This shows that, the 4 wards with the highest cases of asthma in Bromley are; Hayes and Coney Hall, Cray Valley West, Farnborough & Crofton and Orpington. This data is adjusted for the number of children living in each ward.

Figure C. 3: Rate of Asthma per 1000 Child Population; Bromley Wards (2016)

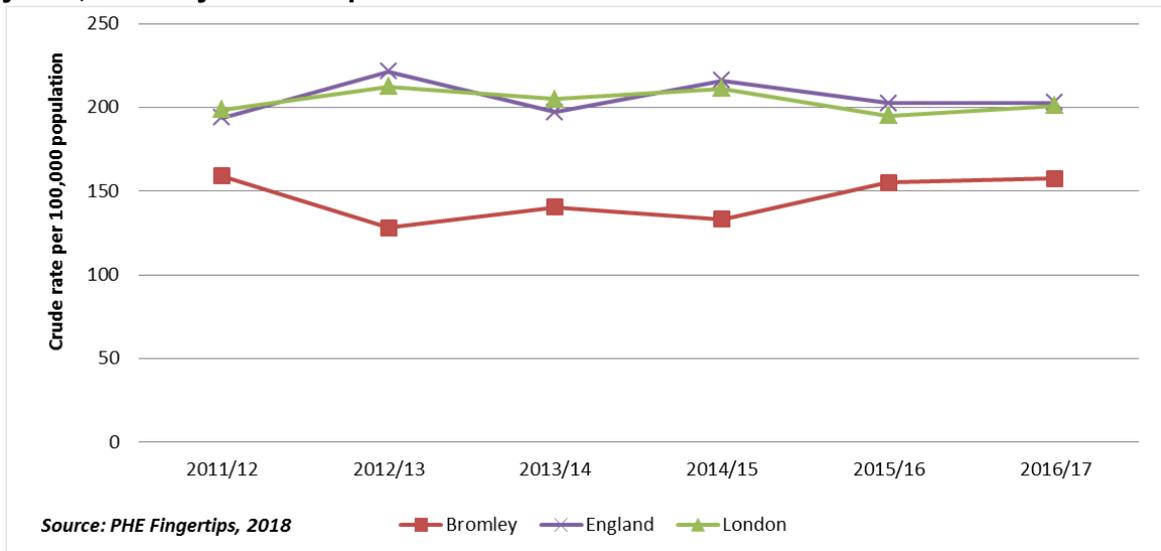


In 2016/17, hospital admission rates in Bromley (157.4/ 100,000) were significantly below the national rate and regional rate (202.8/100,000 and 200.9/100,000 respectively). Trends show that although Bromley rates are still below the region and national averages, there has been an increase to levels similar to 2011/12 rates (**Figure C.4**).

A national audit of the care of asthmatic children against Royal College of Paediatricians standards in 2017 showed some gaps in care. Areas where Bromley services performed poorly included;

- giving the family information leaflets about their condition,
- giving them peak flow meters so that they could monitor the condition at home,
- giving them a store of steroids to give when the condition worsens, and
- assessment of inhaler technique was also rarely done.

Figure C. 4: Emergency hospital admissions with a primary diagnosis of asthma;0-18 years, Bromley and Comparators



A previous audit of asthma care in Paediatric A&E at the Princess Royal University Hospital in 2016 found that 39% of the 47 children audited were re-attenders, but recording of their risk factors for asthma exacerbations was poor and previous A&E attendances had not always been followed up appropriately. This audit also found that follow-up in primary care within 48 hours of discharge from hospital was not happening in some cases.

What does this mean for Bromley residents and for children in Bromley

Although emergency admissions of children with asthma remain relatively low, some processes to prevent future admissions appear quite poor.

3) Epilepsy

Epilepsy syndromes are defined as distinctive disorders identifiable on the basis of a typical age of onset, specific EEG (electroencephalogram) characteristics, seizure types, and other features. A wide range of epilepsy syndromes present throughout infancy, childhood and adolescence from benign self-limiting syndromes to severe epileptic encephalopathies.

Epilepsies are some of the most common chronic neurological conditions of childhood with approximately one in every 200 children affected. **Table C.7** shows that there is no clear relationship between epilepsy prevalence and age.

Table C. 7: Number of children diagnosed with epilepsy in Bromley, by age

Age	0-4 years	5-9 years	10-14 years	15-17 years
Number of children with epilepsy	56	121	133	87

Source: Bromley GP data, 2016

The distribution of epilepsy and diabetes across Bromley varies markedly between wards, with higher rates of epilepsy in Bromley Town, Farnborough and Crofton and Copers Cope (Figure C.1)

Figure C. 5: Emergency hospital admissions with a primary diagnosis of epilepsy or Status epilepticus; 0-18 years, Bromley and Comparators

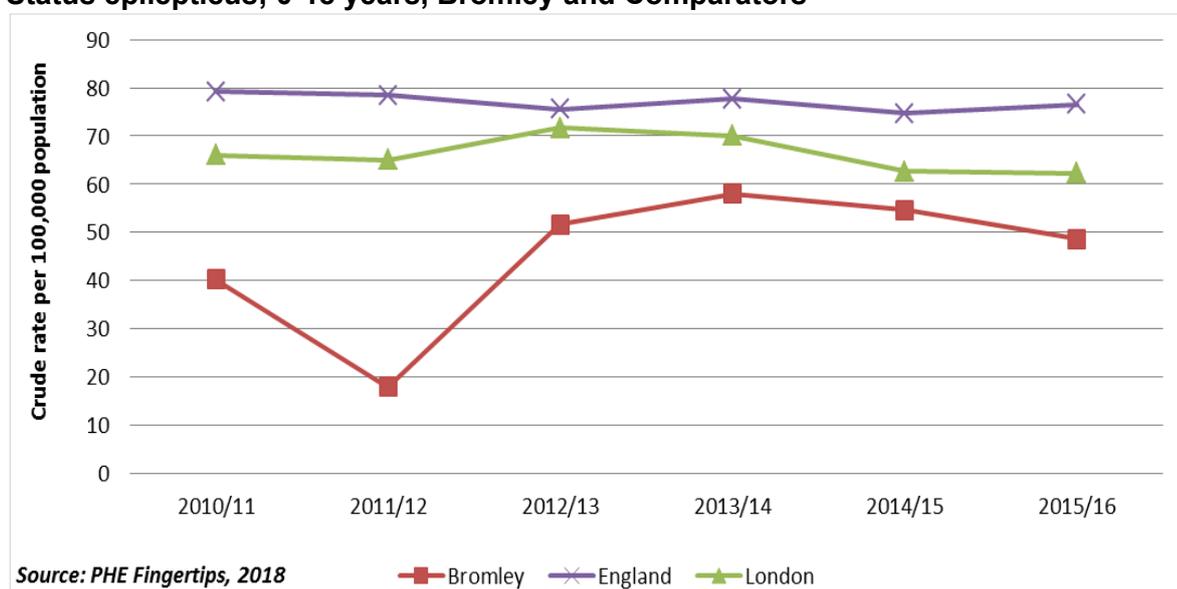


Figure C.5 shows that during the period 2010-16 emergency admissions to hospital with epilepsy for Bromley children were consistently below London and national rates. Data also shows that the rates that had risen in 2011/12 have been declining since the last two monitoring periods. The trends need to be monitored to see if this is enduring.

A child with epilepsy is by definition, at risk of epileptic seizures, but may also have a number of associated neurological, educational or psychosocial problems relating to the cause of their epilepsy or associated co-morbidities.

What does this mean for Bromley residents and for children in Bromley

Based on limited outcome data, the outcomes for children with epilepsy in Bromley are improving. New national standards on care of childhood epilepsy have been published and more detail on the management of children with epilepsy should be available soon.

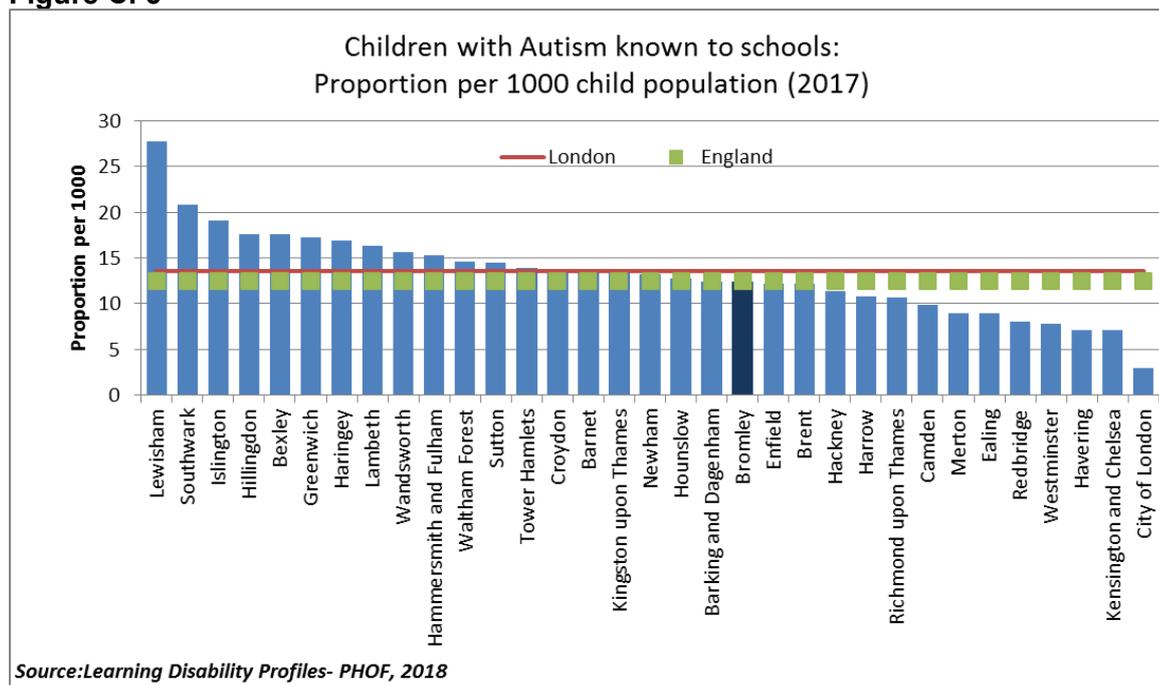
4) Autistic Spectrum Disorder (ASD)

Autism is a lifelong developmental disability that affects how a person communicates and relates to other people, and how they experience the world around them. Those on the Autistic Spectrum experience difficulties with social interaction, social communication and rigidity of thought. They may also be more sensitive to everyday sensory information.

Autistic Spectrum Disorder describes a wide range of needs. Most young people on the Autistic Spectrum are educated in mainstream schools.

The proportion (12.4%) of children with Autism known to schools in Bromley is lower than London (13.5%) but similar to England (12.5%) average (**Figure C.6**). The process by which children are formally assessed to identify the nature of their special educational need has changed recently. At present not all of those identified as ASD in the SEN statistics will have been formally assessed.

Figure C. 6



The Learning Disability Profiles² show a year on year increase in the number of children with Autism known to schools. This trend will be monitored.

Table C.8 shows that, there are 420 children aged 0-17 with ASD recorded with Bromley General Practice in 2016. The number on record in General Practice is 38% less than those identified in Bromley schools in the same year. This may be in part due to the process of assessment in schools discussed on page 13 of this report.

² <https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/0>

The number of 15-17 year olds on the spectrum as shown in **Table C.8** below has implications for the transitional services.

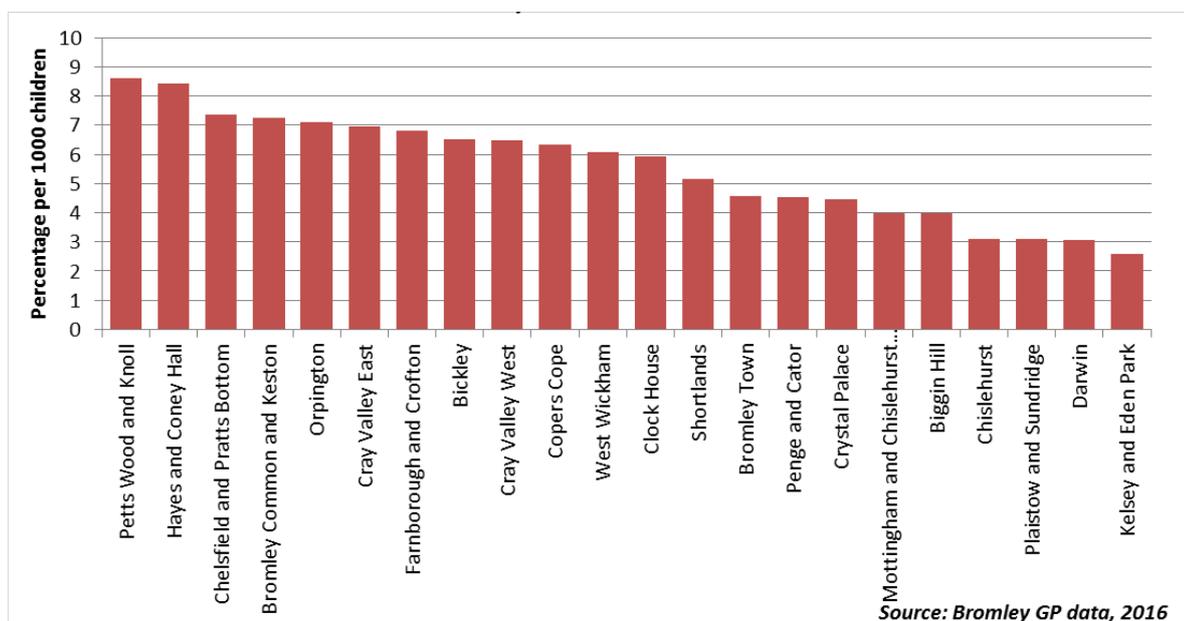
Table C. 8: Number of children diagnosed with ASD in Bromley, by age

Age	0-4 years	5-9 years	10-14 years	15-17 years	0-17 years
Number of children on the Autistic Spectrum	15	127	164	114	420

Source: Bromley GP data, 2016

Children on the Autistic Spectrum are not evenly distributed across the borough, with higher rates in Hayes and Coney Hall, Petts Wood and Knoll (**Figure C.7**). Standardisation has not been possible to enable controlling for population variation across the wards.

Figure C. 7: Percentage of Children on the Autistic Spectrum per 1000: Bromley Wards



Between April 2016 and July 2017, 75 young people with ASD were seen in specialist CAMHS. Some of these will have been as part of the diagnostic process. See section on [Children with complex mental health difficulties](#) for more information

What does this mean for Bromley residents and for children in Bromley

The Learning Disability Profiles show a year on year increase in the number of children with Autism known to schools, although not all of those children have been formally assessed as being on the Autistic Spectrum.

5) Other long term conditions

Some other long term conditions that affect the life of a child in school are collected by schools and collated by the School Nurses. It is important that schools are aware of children who have long term health conditions in their schools so that they can support the child and family and respond appropriately if the child becomes unwell in school.

Table C. 9

Condition	Number of children identified with the condition		
	School nurse data (March 18)	School SEN data (January 18)	Predicted number of cases
Allergies and anaphylaxis	1598	-	
Cystic Fibrosis	7	-	23
Dyslexia	528	1059*	
Cardiac issues	76	-	
Sickle Cell Disease	35	-	36
Hypermobility	122	-	
Eczema	511	-	
Migraines	102	-	
Dyspraxia	47	-	

**Not all children with Specific Learning Difficulties have dyslexia but it is the most common condition in this group*

Source: School nurse records, 2018

b) Children with complex mental health difficulties

A number of children and young people have emotional needs that require specialist services. The vast majority of those needs are addressed by CAMHS out-patient services, although each year a small number of young people are admitted to an inpatient ward for treatment. Children and young people with less severe mental health needs are described in Section 3: Children and Young People with Emerging Needs.

1. Specialist CAMHS

Most specialist CAMHS services in Bromley are provided by Oxleas NHS Trust. Around half of the referrals to specialist CAMHS services come via the Wellbeing Service, where there has been a Single Point of Access (SPA) for CAMHS services since December 2014. Direct referrals to specialist CAMHS come from A&E referrals for attempted suicide, direct referrals from other CAMHS services, and hospital Paediatricians.

The following **Table C.10** shows an analysis of the changes in referrals to specialist CAMHS with the introduction of the Wellbeing service and the Single Point of Access in December 2014. Most “Tier 2” referrals are seen in the Wellbeing service. Most of the fall in numbers seen in specialist CAMHS services is due to the reduction in children whose needs are assessed as being at “Tier 2” level.

Table C. 10: Referrals to Specialist CAMHS before and after the introduction of the Single Point of Access (SPA)

	All accepted referrals	All referrals : variance from baseline*	Tier 2 cases: Number & % of accepted referrals	Tier 3 cases: Number & % of accepted referrals	Tier 3 cases: Variance from baseline *
Dec 13 - Nov 14 <i>Year prior to introduction of SPA</i>	706		176 (25%)	530 (75%)	
Dec 14 - Nov 15 <i>Year post introduction of SPA</i>	736	+ 4.2%	129 (17.5%)	607 (83%)	+14.5%
Dec 15 - Nov 16	696	-1.4%	109 (15%)	587 (84%)	+10.75%
Dec 16– Nov 17	662	-6.2%	72 (11%)	590 (89%)	+11%

*Baseline = December 2013-November 14 – year prior introduction of the SPA

Tier 2 breakdown: Tier 2 cases include joint neurodevelopmental cases with Community Paediatrics.

Source: Children and Adolescents Mental Health Services, 2018

Table C.10 shows that the number seen in specialist CAMHS services at “Tier 3” level in 2016/17 (i.e. children and young people with complex needs requiring specialist CAMHS services) is 11% above the rate in 2013/14. Service data indicates that those children and young people accessing specialist services have increasingly complex needs.

Figure C.8 shows that the age and gender split of children and young people accessing specialist CAMHS services in 2017.

Figure C. 8 Number of Referral to Oxleas by Age and Gender, 2017

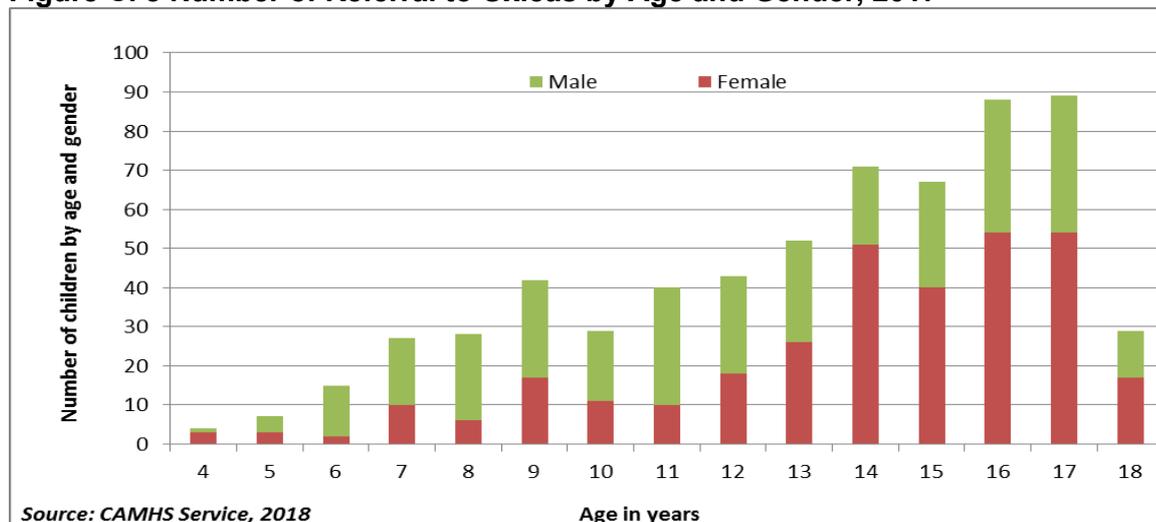


Table C.11 below shows some of the wider issues mentioned by the 687 young people accessing specialist CAMHS between 01/4/2016 and 31/7/2017. Although most of these relate to circumstances around the child (home or school issues, parental health issues, experience of abuse), a small proportion of these risk factors relate to pre-existing conditions within the child such as neurological or developmental issues.

Table C. 11: Wider Issues Identified in CYP Accessing Specialist Oxleas CAMHS Services

Risk factors	Number	%
Home issues	263	38
School issues	248	36
Community issues	160	23
Parental health issues	112	16
Engagement issues	89	13
Experience of abuse	84	12
Pervasive Developmental Disorder	68	10
Financial difficulties	37	5
Learning disability	30	4
Child in Need	28	4
Young Carer	25	4
Physical health issues	22	3
Neurological	20	3
Current Child Protection Plan	18	3
Contact with youth justice service	11	2
Experience of war	5	1

* Small numbers

Source: Oxleas Children and Adolescents Mental Health Services, 2018

Following assessment, each child or young person will be given a diagnostic code using the National CAMHS Data Set (NCDS) descriptors. Each child may have more than one descriptor. The NCDS descriptors presented in **Table C.12** represent data from most of the 687 children and young people seen by the service between April 2016 and July 2017 inclusive, and gives a sense of the numbers of children and young people seen with each condition.

Table C. 11: National CAMHS Data Set descriptors used by Oxleas CAMHS service

NCDS descriptors	Number of young people with this descriptor	% with this descriptor (n=687)
Emotional Disorders, includes OCD, PTSD	295	43
Autism Spectrum Disorders	75	11
Deliberate Self Harm, includes overdose	66	10
Conduct Disorders, inc anti-social beh'r	60	9
Hyperkinetic Disorders includes ADHD etc	43	6
Other	38	6
Developmental Disorders	22	3
Learning disabilities, moderate - severe	19	3
Eating Disorders, inc preschool problems	12	2
Habit Disorders, includes tics, soiling	8	1
Substance Abuse, drug and alcohol misuse	5	1
Psychotic Disorders	1	0

Source: Oxleas Children and Adolescents Mental Health Services, 2018

2) Mental Health crisis presentations via A&E

Oxleas specialist CAMHS see all young people who present to A&E with a mental health crisis. These numbers are increasing as shown in **Table C.13** below.

Table C.13: A&E mental health crisis presentations, Bromley, 2013-18

	13/14	13/14	15/16	16/17	17/18
Number of presentations	136	181	234	244	297
% increase - annual	-	+33%	+29%	+4%	+22%
% increase - from baseline in 2013/14	-	+33%	+72%	+79%	+118%

Source: Oxleas Children and Adolescents Mental Health Services, 2018

3) In-patient CAMHS

The total number of occupied bed days in CAMHS inpatient units has increased most years for which we have data. However, the number of young people admitted to a CAMHS inpatient unit has fallen in recent years to a level similar to that seen in 2012.

Table C. 12: In- Patient Bed Use, Trends (2010- 2018)

Financial Year	Number of young people admitted	Total Occupied Bed Days	% Increase/Decrease in Occupied Bed Days
2010/2011	-	1091	-
2011/2012	16	1403	↑ 29%
2012/2013	24	2003	↑ 43%
2013/2014	26	2669	↑ 33%
2014/2015	31	2373	↓ 11%
2015/2016	43	3615	↑ 65%
2016/2017	28	-	
2017/2018	24	-	

Source: Oxleas Children and Adolescents Mental Health Services, 2018

4) Eating Disorder

There is a specialist Eating Disorder Service for Children and Young people at the South London and Maudsley (SLAM) NHS Foundation Trust. The following three tables use data from SLAM to show referrals to this service from Bromley and other local London boroughs.

Table C.15: Accepted referrals to Eating Disorder service, 2016-2018

	2016/17				2017/18				2018/19
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Bromley	13	25	10	17	12	9	16	28	23
Bexley	8	<5	7	7	<5	8	6	11	<5
Croydon	8	8	7	18	13	9	9	7	10
Greenwich	6	7	<5	7	5	8	13	7	<5
Lambeth	6	9	8	14	12	11	14	8	9
Lewisham	9	6	8	4	8	9	13	5	6
Southwark	5	<5	12	7	8	6	13	9	9

Source: SLAM Children and Adolescents Mental Health Services, 2018

Table C.15 clearly shows a relatively high number of referrals to the Eating Disorder service from Bromley since 2016. **Table C.16** analyses this data, allowing for the size of population of children in each borough.

Table C.16: Referral rates to Eating Disorder service, Bromley and comparators

	0-18 population, mid-2017	Total referrals accepted 2016-2018	Referral rate per 1,000 population aged 0-18	Number of urgent referrals 2016-2018	Urgent referral rate per 10,000 population aged 0-18
Bexley	59543	59	1.0	<5	0.8
Bromley	77624	153	2.0	17	2.2
Croydon	99505	89	0.9	6	0.6
Greenwich	71357	59	0.8	9	1.3
Lambeth	65427	91	1.4	10	1.5
Lewisham	71286	68	1.0	6	0.8
Southwark	67403	70	1.0	<5	0.7

Source: SLAM Children and Adolescents Mental Health Services, 2018; population data ONS

This clearly shows a high rate of referrals, including urgent referrals to this service. The service now takes referrals from young people, their parents, schools and other professionals as well as GPs and other CAMHS services. GPs now account for just over a quarter of referrals (**Table C.17**)

Table C.17: Referral source for Eating Disorder service, 2016-18

Referral source	% of referrals
GP	27
CAMHS	16
Self	4
Parent	17
School	4
Other professional	32

Source: SLAM Children and Adolescents Mental Health Services, 2018

What does this mean for Bromley residents and for children in Bromley?

- Children and young people accessing specialist services have increasingly complex needs
- Referrals of Bromley children to Eating Disorder services are high compared to other London boroughs
- The number of young people admitted to a CAMHS inpatient unit has fallen in recent years

c) Children with an Education Health and Care Plan (EHCP)

The existence of an EHC Plan is an indicator of significant need. It is a plan put in place to ensure that a young person reaches their full potential, not just in education.

The percentage of pupils with an EHCP in Bromley schools has declined over the last decade to levels similar to the national and London average. It is not clear whether this is due to a real change or a difference in the application of thresholds. Comparison with statistical neighbours is shown in **Figure C.9** below, and Bromley rates have consistently tracked higher over the same ten year period. The vast majority of these pupils are in mainstream maintained schools or academies or special schools.

Figure C. 9: Percentage of pupils with statements/EHC Plans based on where they attend school, Bromley and comparators, 2007-2017

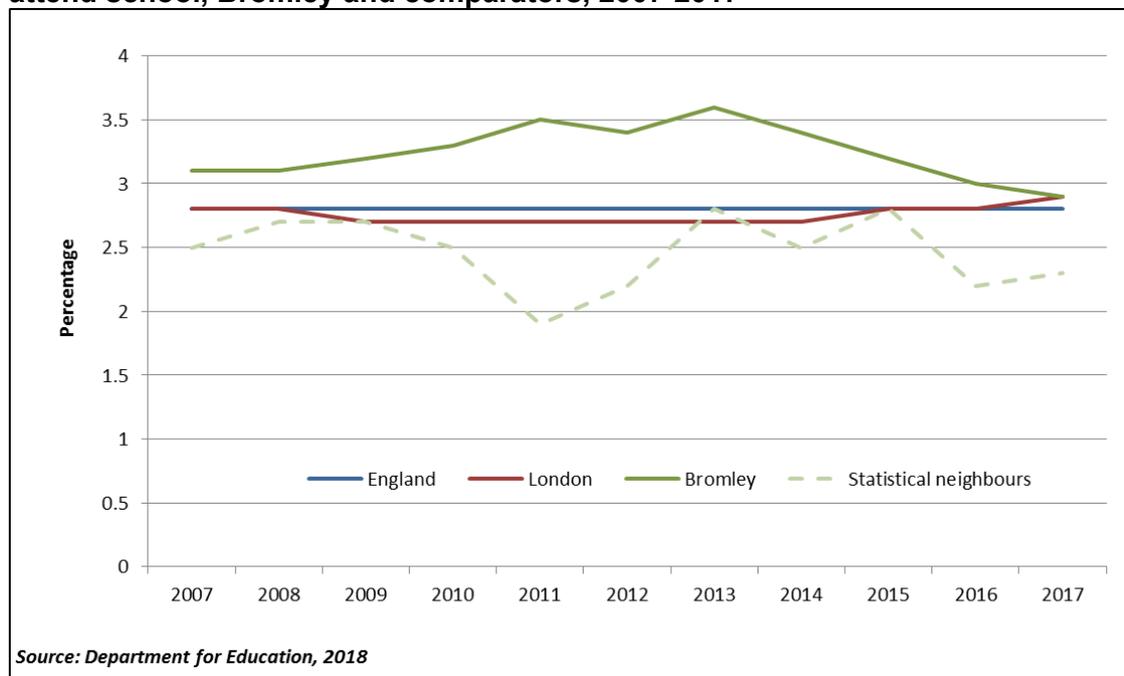


Table C.18 shows that, the top four types of needs in children with SEN in order of highest, are;

- Speech, Language and communication Needs,
- Social Emotional and Mental Health Difficulties,
- Moderate Learning Difficulty, and
- Specific Learning Difficulty.

It is worth noting that, the number of pupils with a recorded Specific Learning Difficulty and Other Difficulty/Disability in Secondary school doubles that in Primary School. It is unclear, what drives the current picture.

Table C. 13: Children with SEN by type of need in maintained schools and academies, 2017

	Primary school	Secondary school	Special school	Pupil referral unit	Total
Speech, Language and Communications Needs	1353	416	20	15	1,804
Social Emotional and Mental Health Difficulties	686	489	149	131	1,455
Moderate Learning Difficulty	595	346	78	-	1,022
Specific Learning Difficulty	391	659	-	7	1,059
Autistic Spectrum Disorder	328	272	67	-	669
Other Difficulty/Disability	181	310	-	-	494
SEN support needed but no specialist assessment	128	18	0	0	146
Physical Disability	107	81	-	-	192
Severe Learning Difficulty	68	0	203	-	272
Hearing Impairment	63	77	-	0	142
Visual Impairment	38	38	-	0	78
Multi-Sensory Impairment	11	-	0	0	12
Profound & Multiple Learning Difficulty	7	-	123	0	131

(-)small numbers

Source: School Census January 2018

Table C. 14: Percentage of Children with SEN by type of need, Bromley and comparators, 2017

	England (%)	London (%)	Bromley (%)	Statistical Neighbours (%)
Speech, Language and Communications Needs	29.0	37.5	31.6	25.2
Moderate Learning Difficulty	23.3	14.8	17.6	23.2
Social, Emotional and Mental Health	15.7	16.0	17.5	16.4
Specific Learning Difficulty	9.7	8.0	9.9	12.6
Autistic Spectrum Disorder	6.7	8.7	8.7	7.6
SEN support but no specialist assessment of type of need	4.6	4.7	3.0	3.8
Other Difficulty/ Disability	4.2	4	4.7	4.8
Physical Disability	2.9	2.6	2.7	2.7
Hearing Impairment	1.7	1.6	1.5	1.8
Visual Impairment	0.9	0.7	0.9	1.0
Severe Learning Difficulty	0.7	0.7	1.8	0.6
Profound & Multiple Learning Difficulty	0.3	0.3	0.1	0.3
Multi-Sensory Impairment	0.3	0.3	0.1	0.3

Source: Department for Education, 2018

The top three most represented needs across the spectrum of SEN in each geographical area are; Speech Language and Communication (SLC), Moderate Learning Disability (MLD) and Social, Emotional and Mental health need (SEMH). These three combined, contribute two thirds of all special education need in children.

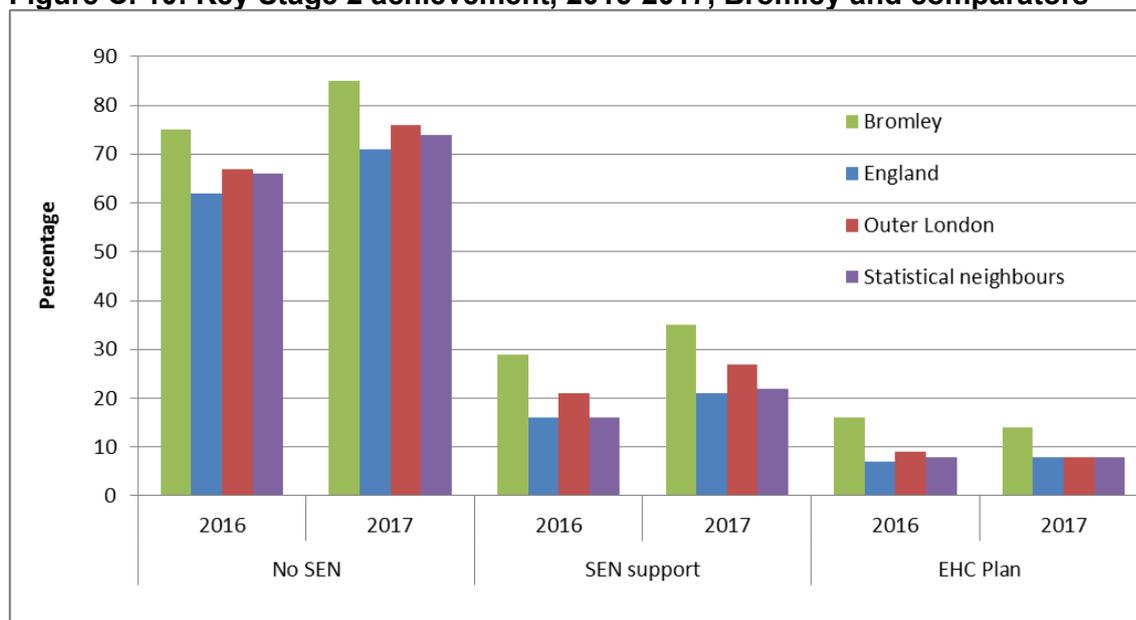
Comparing Bromley to England, London and statistical neighbours shows that;

- Bromley has high rates of SLC compared to statistical neighbours and England,
- Bromley has the highest rates of SEMH,
- the rate for MLD is lower in Bromley than statistical neighbours and England.

Bromley has higher rates (9.9%) of Specific Learning Difficulty than England (9.7%) and London (8.0%) but not the statistical neighbours (12.6%). The rates in Bromley are particularly driven by the high numbers in secondary school.

1. Educational Attainment in Children with Special Educational Needs

Figure C. 10: Key Stage 2 achievement, 2016-2017, Bromley and comparators



Source: Department for Education, 2018

Figure C.10 shows that, achievement in Key Stage 2 in Bromley has improved in all groups except for children with an Education Health Care Plan. Furthermore, the pupils in Bromley are achieving better in all groups than pupils in comparator areas. However **Figure C.11** shows that, pupils at GCSE level are achieving better than Bromley in all comparator areas except for England.

Figure C. 11: Percentage of pupils achieving score 5-9 at GCSE in English and Maths, 2016/17, Bromley and comparators

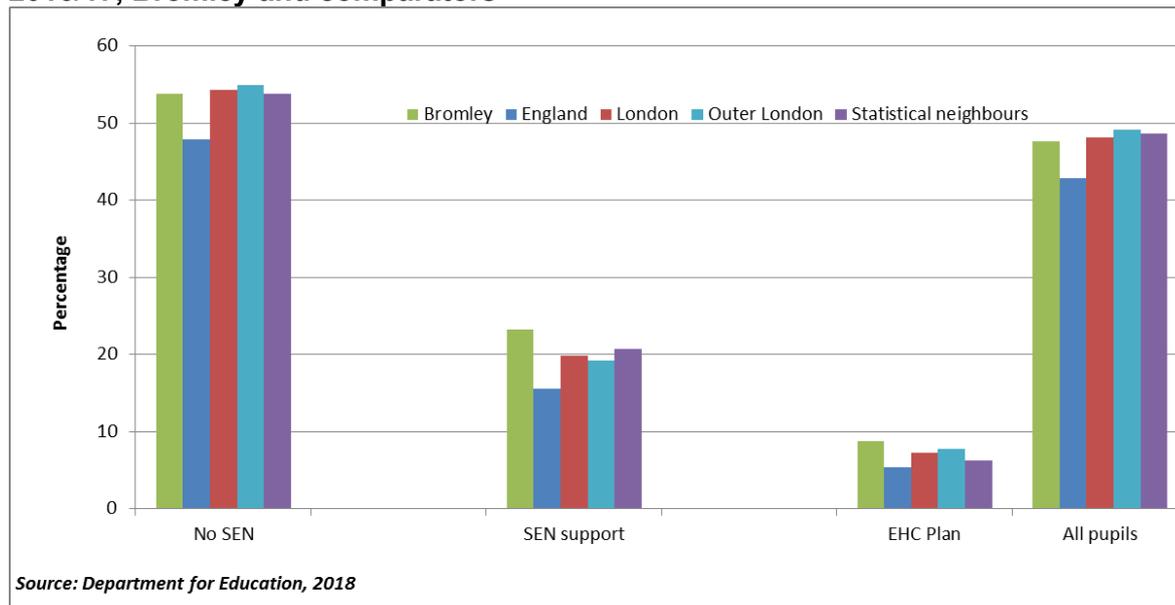


Figure C. 12: Percentage of 16-17 year olds in education and training as at 31st December, Bromley and comparators

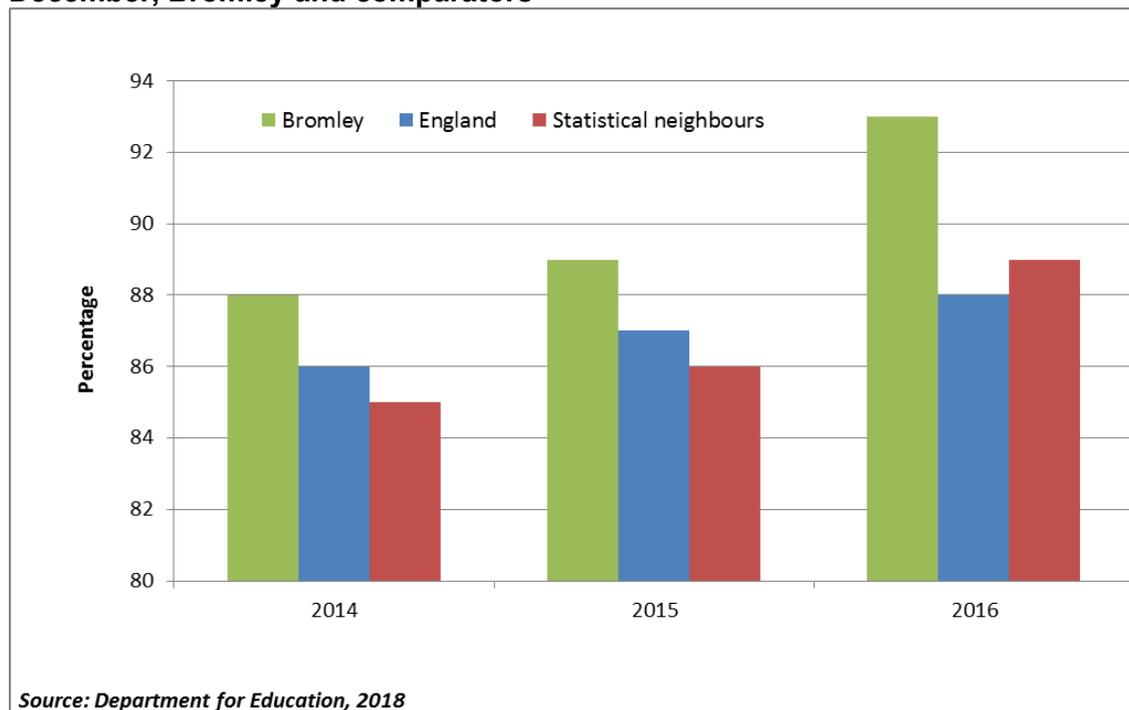


Figure C. 12 shows that Bromley has a higher percentage (93%) of pupils with special education needs who were in education or training in 2016 compared to England (88%) and statistical neighbours (89%). Furthermore, the data shows year on year improvement in the last three monitoring periods.

What does this mean for Bromley residents and for children in Bromley?

- Rates of severe learning difficulties and speech, language and communication needs are higher in Bromley than in statistical neighbours.
- The percentage of pupils with an EHCP in Bromley schools has declined over the last decade to levels similar to the national and London average.

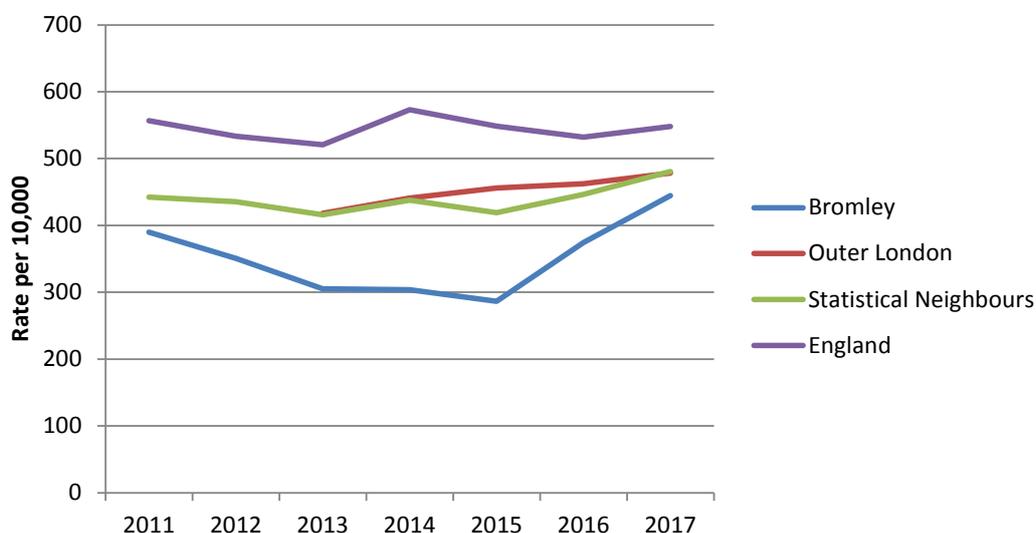
d) Children at risk of significant harm

The risks can be broadly of two kinds:

- a) Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child/ young person's health or development, or
- b) A chronic and long-term risk of harm to the child's health or development.

This small group of children/young people will have needs which may meet the threshold for statutory intervention at the highest level. Children at this level may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention.

Figure C. 13: Referral rates to Children's Social Care, Bromley and comparators



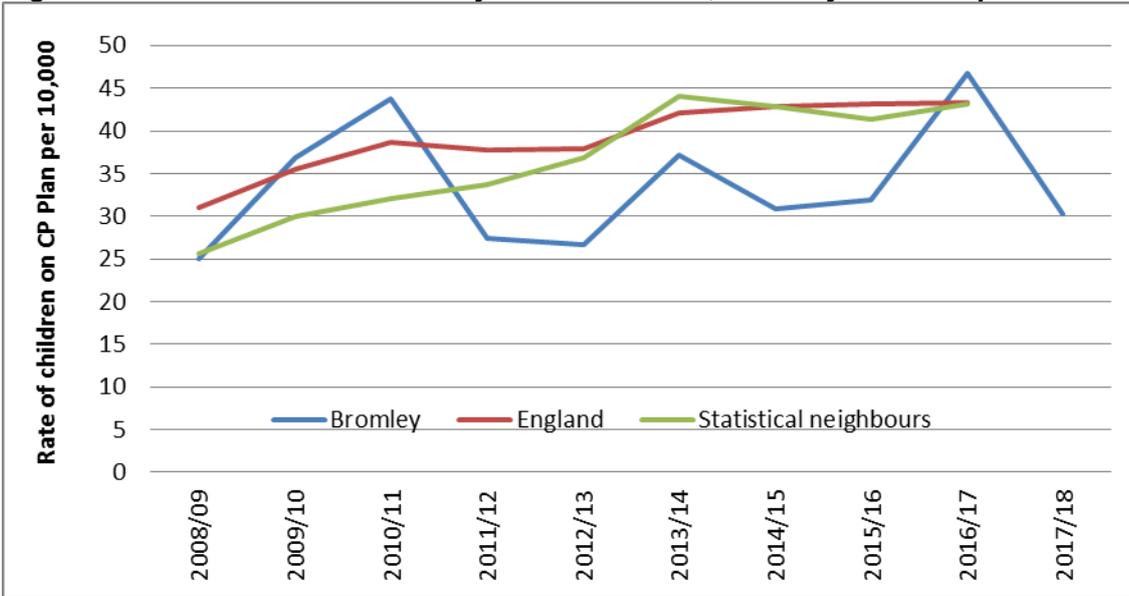
Source: LAIT

Although the referral rate in Bromley has increased in the last three reporting periods, it is still lower in Bromley compared to the comparator areas as shown in **Figure C.13**.

1. Children who are the subject of a Child Protection Plan

There are currently 225 children subject to a Child Protection Plan (CPP). This is equivalent to a rate of 30.2 per 10,000 population, which is considerably lower than the rate in 2016/17 when it was 46.7, but similar to the rate in the previous 2 years (**Figure C.14**). It is lower than national rates and those of statistical neighbours. It is worth noting that, the rates would be subject to random variation due to small numbers.

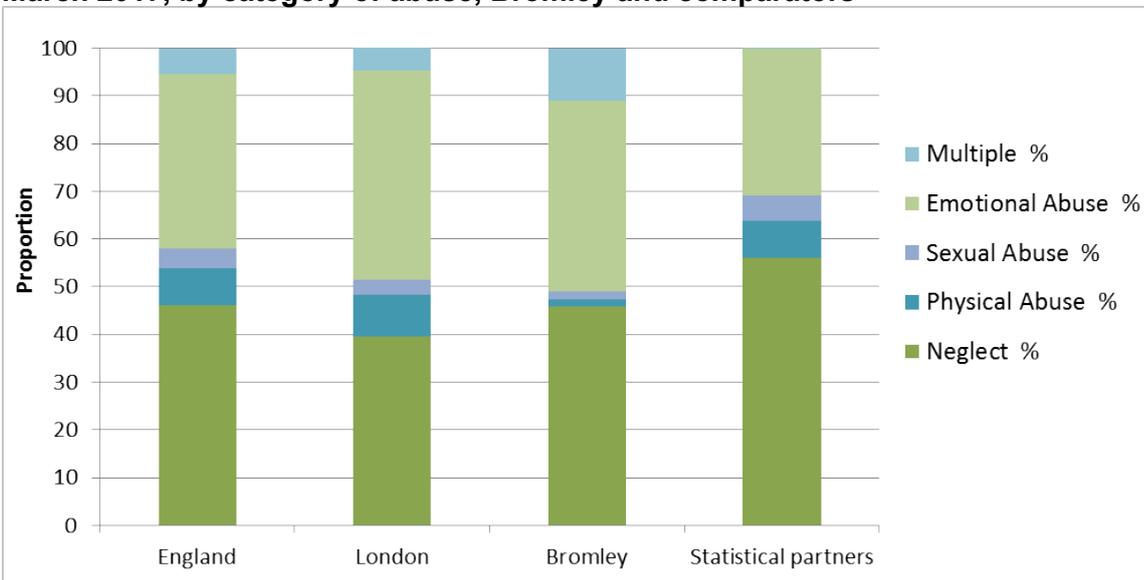
Figure C. 14: Rate of Children subject to a CP Plan, Bromley and Comparators



Source: LAIT

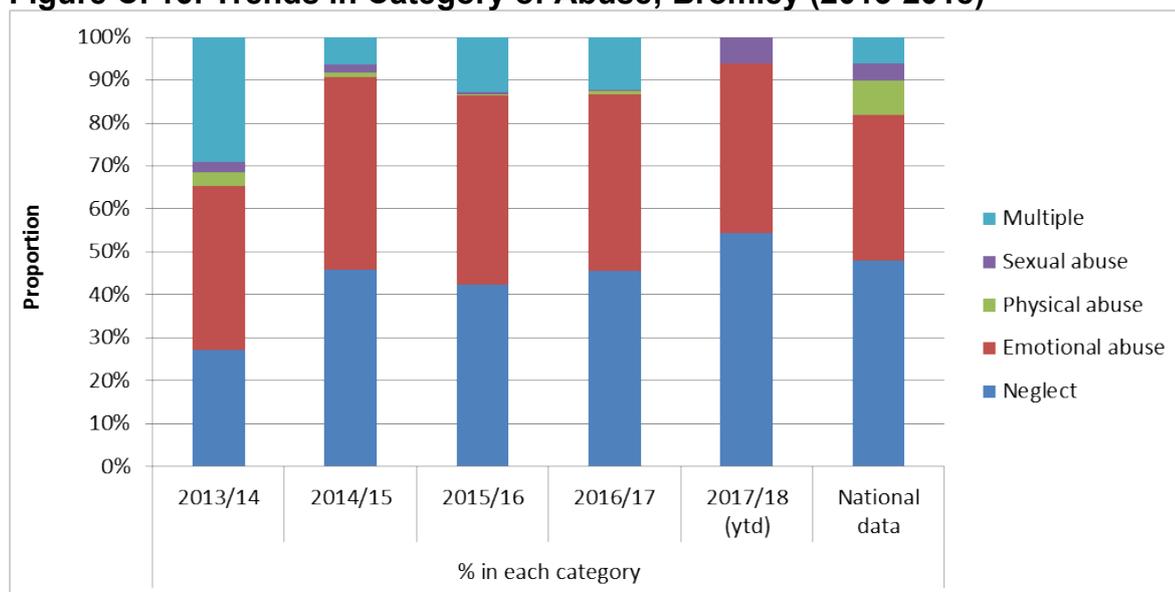
Figure C.15 shows that Neglect and Emotional Abuse are the categories of abuse most represented in children subject to a CPP across all geographical areas. Rates of children subject to a CPP due to neglect in Bromley, are similar to England but higher than London and lower than the statistical neighbours.

Figure C. 15: Proportion of child protection plans starting during the year ending 31 March 2017, by category of abuse, Bromley and comparators



Source: Statistics: children in need and child protection

Figure C. 16: Trends in Category of Abuse; Bromley (2013-2018)



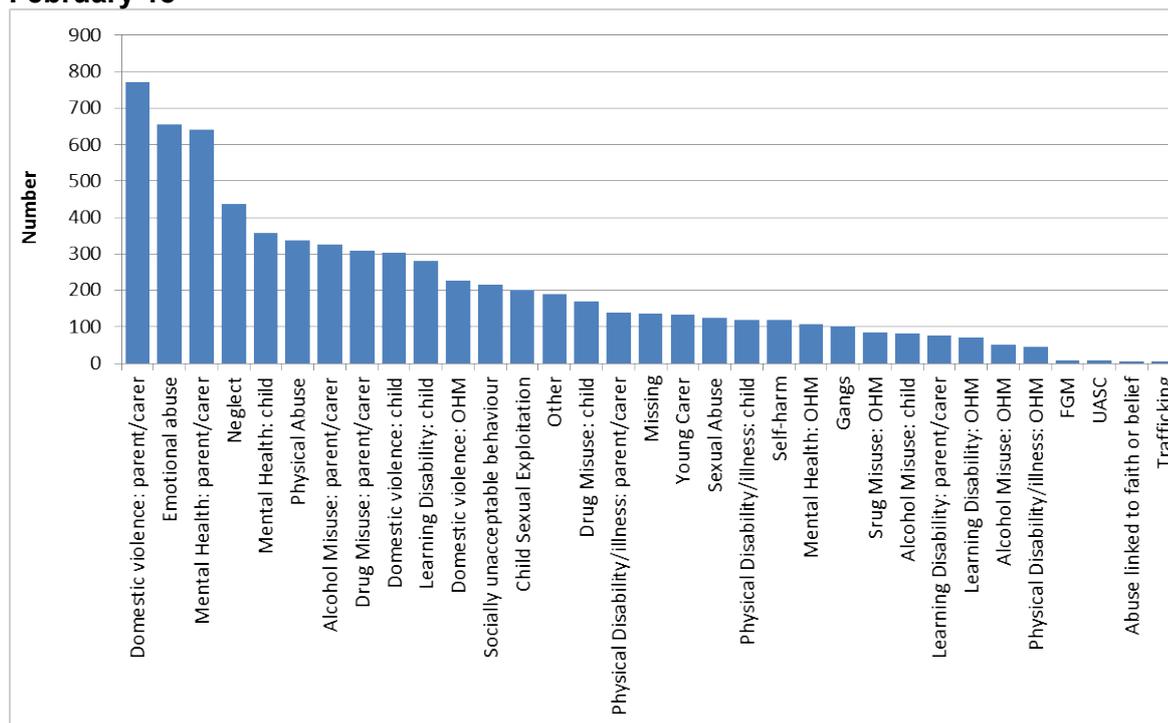
Source: Statistics: children in need and child protection

The primary category of abuse when made subject to a Child Protection Plan is shown in **Figure C.16**. This shows variation in categories over time which may represent changes in practice. National data from 2016/17 is presented for comparison. Relative to the national categories, more children in Bromley are subject to a Child Protection Plan due to neglect, emotional abuse or sexual abuse. The data further emphasises an increase in the proportion of children subject to a CPP due to sexual abuse in the last reporting period.

If a family is referred to Children’s Social Care, risk and protective factors are identified as part of the Social Work Assessment. The risk factors identified during these assessments in April 2017 to February 2018 are presented in **Figure C.17**

This data is not available in such detail at national level for comparison.

Figure C. 17: Risk factors identified during Social Work Assessments, April 17 to February 18



Source: Children Social Care data, LBB

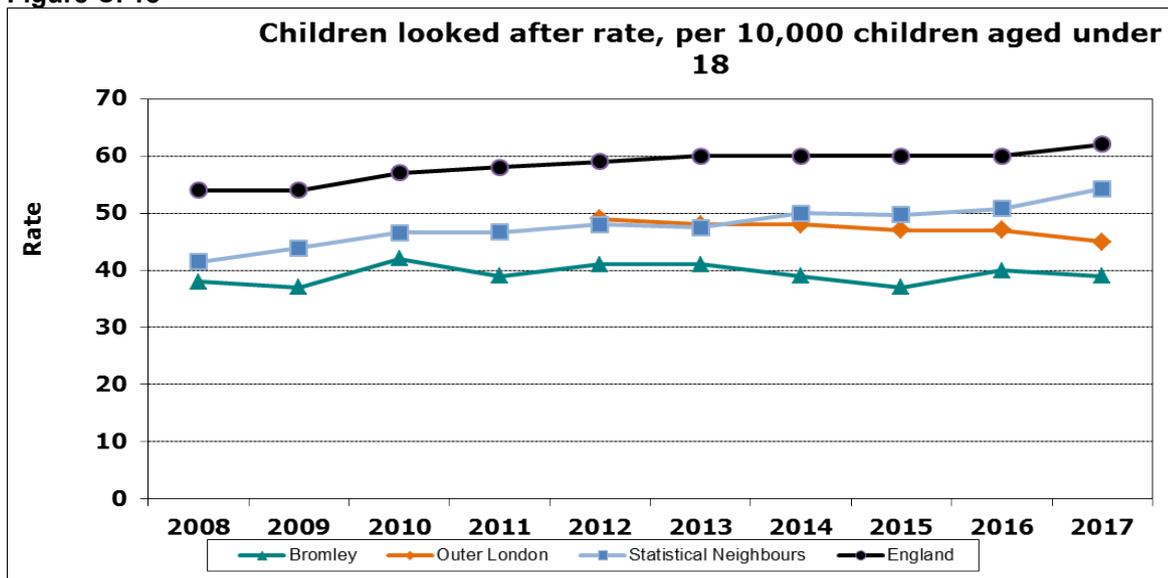
What does this mean for children in Bromley?

Bromley has a lower rate of children subject to a Child Protection Plan than national rates or statistical neighbours.

2. Looked After Children (Children in Care)

- The number of looked after children ranges between 250 - 302 over the last seven years, and is currently at the top of this range (302 in February 2018).
- The rate of 40.6 looked after children per 10,000 population under 18 is lower than comparator groups. The rate is 48/10,000 for outer London and 60/10,000 nationally (**Figure C.18**).
- There are currently 20 unaccompanied asylum seeking children in Bromley and this number remains stable.
- 71% of looked after children are in foster placements (March 18).
- The percentage of looked after children placed out of the borough and more than 20 miles from where they used to live is currently 25% of the looked after children population compared to 15% of children in statistical neighbour authorities, and 13% nationally. This rate has increased from 18% in 2016/17.

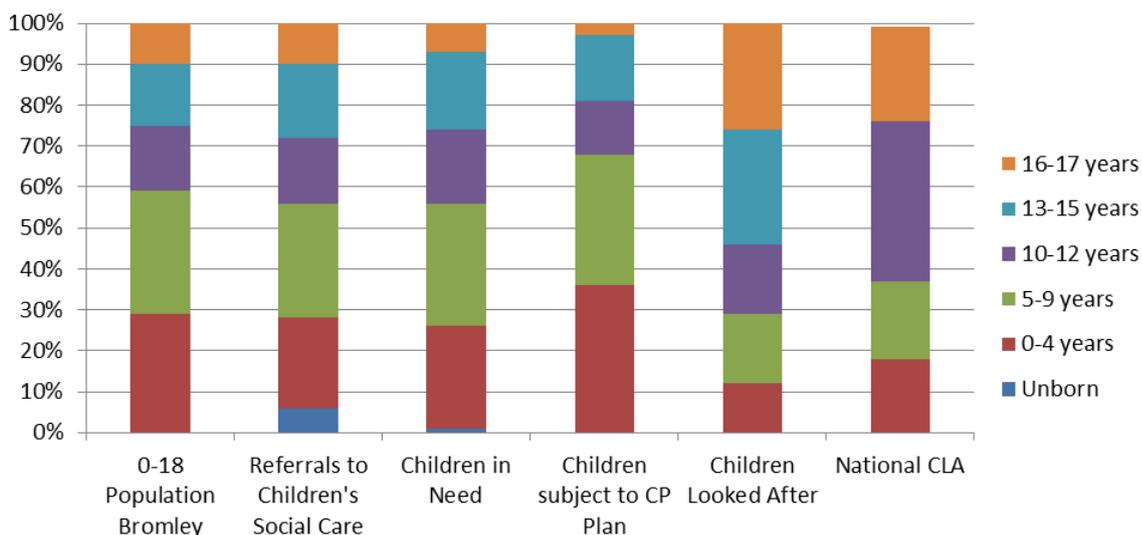
Figure C. 18



Source: LAIT, 2018

Bromley has a relatively low proportion of children under 5 years who are Looked After. The comparison of the proportions of CLA in each age group is compared to national data from 2016/17 in **Figure C.19**. The national data does not separate the 10-15 year old age group into two groups as the internal Bromley data does. Overall the proportion of children aged 10 and over in Bromley is slightly higher than the national data.

Figure C. 19: Children known to Children’s Social Care by age group

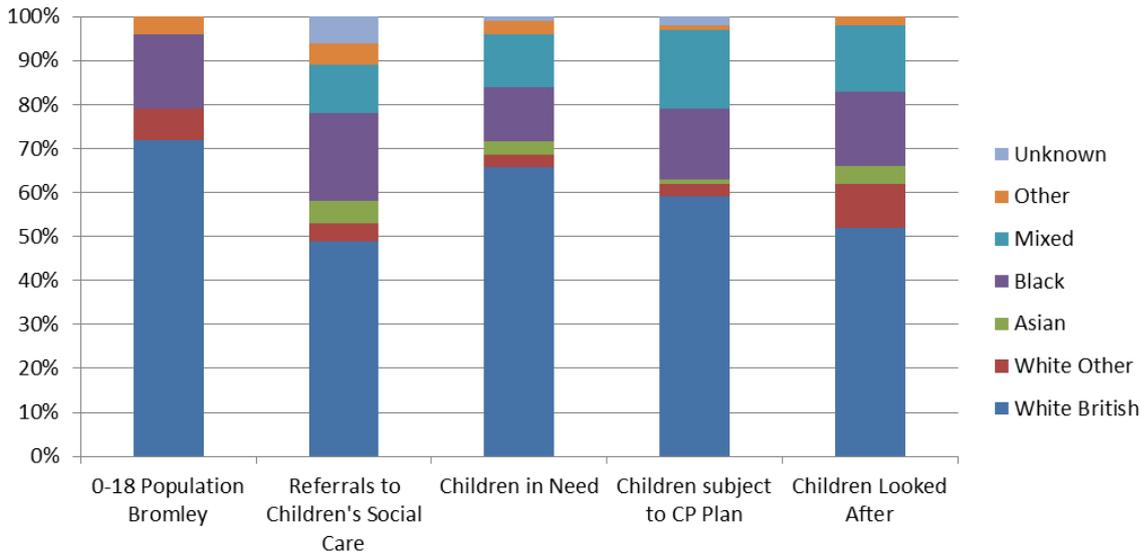


Source: Children Social Care data, LBB- 2018

Ethnicity of LAC

The number of LAC from BME groups fluctuates. This rate is higher than the resident population BME proportion, but does reflect the BME population demographic for the areas where LAC are coming from within the borough.

Figure C. 20

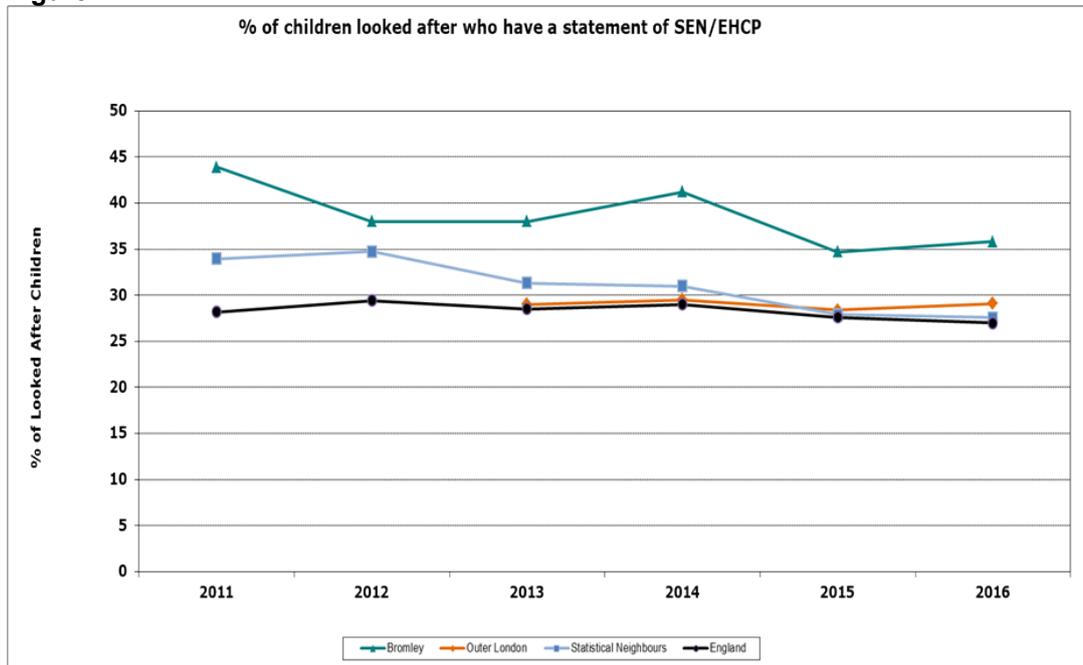


Source: Children Social Care data, LBB-2018

Special Education Needs of LAC

These fluctuate from year to year but a much higher proportion of LAC have SEN compared to the rest of Bromley children. The proportion of CLA who have special educational needs in Bromley is also higher than London, national and statistical neighbour rates.

Figure C. 21



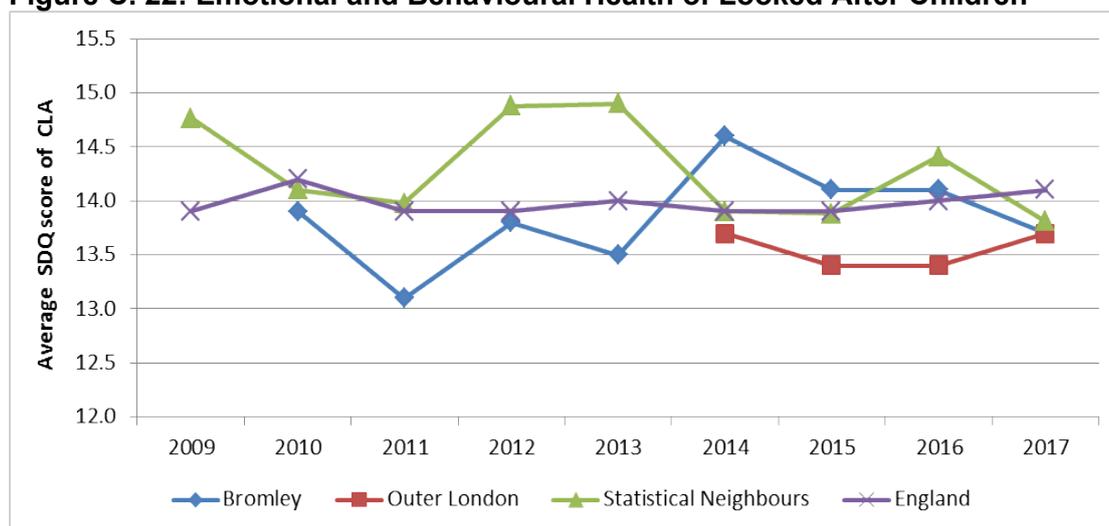
Source: LAIT, 2018

Emotional Health needs of Bromley LAC

An audit by the Bromley CAMHS Looked After and Adopted Children's (LAAC) Specialist Mental Health Team in 2015 found that, the most common presenting problems were extreme neglect and emotional abuse, with 43% of referrals having experienced at least one of these. Eleven per cent of referrals were known to social care to have sexual abuse histories. Almost 30% of children had been physically abused, while 20% had witnessed domestic violence in the family. Eleven per cent of children had a parent with mental health difficulties and almost 30% of children had at least one parent with substance abuse difficulties. 20% of children referred had also experienced multiple placement breakdowns since being in foster care.

There has been a reduction in Bromley's emotional health (SDQ) questionnaire score in the last four reporting periods, since 2014, to levels similar to statistical neighbours but lower than England average. Although the score is distinctly erratic year on year, this represents an improvement in the emotional health of LAC in Bromley.

Figure C. 22: Emotional and Behavioural Health of Looked After Children



Source: LAIT, 2018

Health Protection of LAC

Table C. 20:

	England	Bromley		
	2016/17	2015/16	2016/17	2017/18*
CLA aged under 5 with up to date health checks	82%	100%	100%	88%
CLA with up to date health checks	89%	92%	97%	74%
CLA with up to date dental checks	83%	91%	87%	74%
CLA with up to date immunisations	84%	88%	97%	61%

*Provisional data

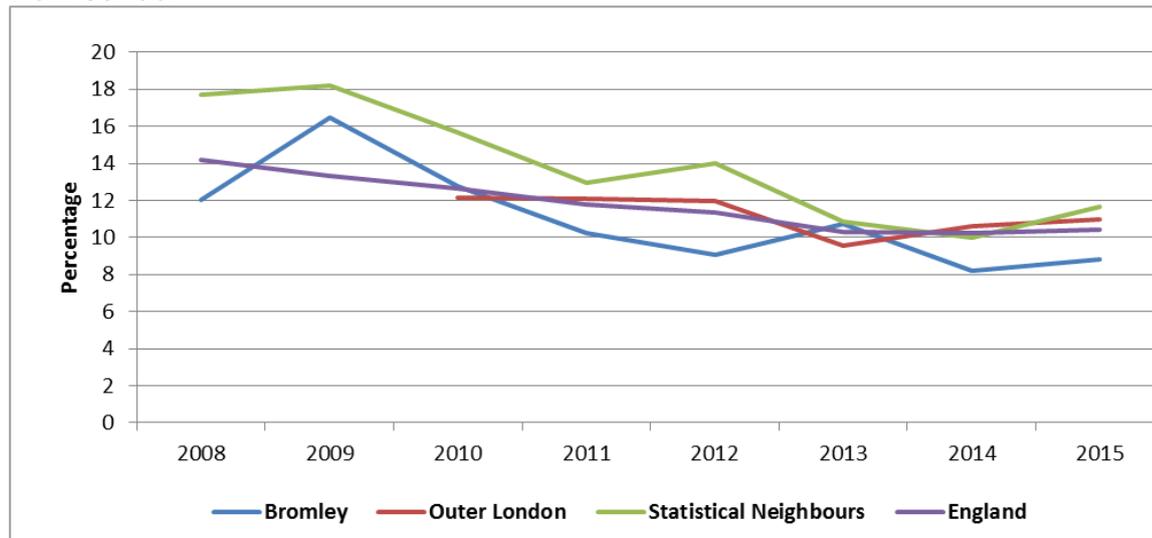
Source: Statistics: children in need and child protection

Table C.20 shows that coverage of routine health protection in Bromley seems to have declined in 2017/18, especially immunisations. The figures will need updating with the final national publication later on in the year.

Exclusions and School Attendance

There has been one Bromley LAC permanently excluded from school in 2017/18. Bromley’s fixed term exclusion rate had been decreasing and is now lower than statistical neighbours, London and national rates (**Figure C.23**).

Figure C. 23: Percentage of children looked after with at least one fixed term exclusion from school



Source: LAIT

Children looked after and young people in Bromley have an overall attendance rate in line with our statistical neighbours and national comparators. However, the level of persistent absence is higher. The level in 2016/17 was 17%, compared to 9.1% nationally in 2016. Year on year erratic rates are due to small numbers.

Not in education, employment or training (NEET)

In 2017, 33% of Bromley Care Leavers were NEET, 46% were in education employment and training (EET) and 6% were in higher education. Bromley has a lower percentage of NEET than our statistical neighbours and London.

Care Leavers in Suitable Accommodation

Table C.21 shows that the proportion of Care leavers in suitable accommodation is lower in Bromley (74%) than statistical neighbours (82%), Outer London boroughs (82%) and England (84%). The table further shows that, the trend which was declining in the last two periods, has improved.

Table C. 21: Percentage of Care Leavers in suitable accomodation

	Percentage of care leavers in suitable accommodation			
	2014	2015	2016	2017
Bromley	83	75	70	74
Statistical neighbours	81	83	81	82
Outer London	80	84	81	82
England	78	81	83	84

Source: LAIT, 2018

Substance Misuse in CLA

In 2017, of the 180 young people who had been LAC for longer than 12 months, 10 were identified as having a substance misuse problem. This represents 7% of the Bromley LAC population (**Table C.22**).

Table C. 15

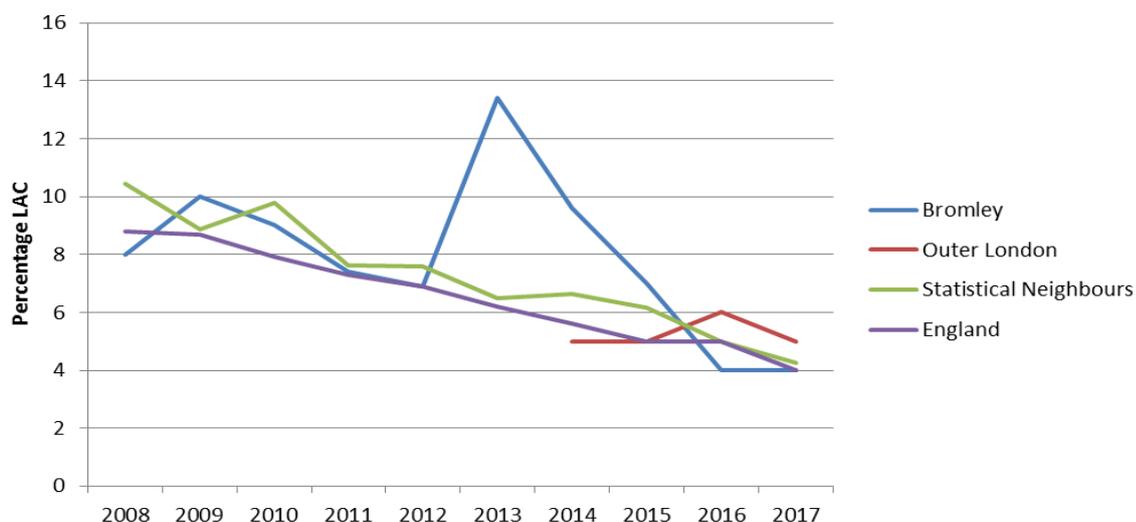
	Percentage of LAC with a substance misuse problem			
	2014	2015	2016	2017
Bromley	4.4	-	7.0	7.0
Statistical neighbours	8.03	7.0	5.4	5.8
Outer London	6.2	4.0	4.9	5.0
England	3.5	4.0	4.0	4.0

Source: LAIT, 2018

Children looked after - offending data update

In 2017, 4% of 10-17 year old CLA young people in Bromley were convicted or subject to a final warning or reprimand during the year, a drop from 13.4% in 2012/13. This is lower than our statistical neighbours and outer London and equal to the rate for England. The rate is subject to random variation due to small numbers.

Figure C. 24: Percentage of children looked after (CLA) subject to a conviction, final warning or reprimand during the year



Source: LAIT, 2018

Unaccompanied Asylum Seekers (UASC)

There are currently approximately 20 unaccompanied asylum seeking children in Bromley. These young people are automatically “Children Looked After”. Studies of refugees of all ages have found that 1 in 6 has significant health problems and over two thirds suffer with anxiety or depression.

What does this mean for Bromley residents and for children in Bromley?

- Bromley has a relatively low rate of LAC compared to London and national rates
- The proportion of CLA with SEND is higher in Bromley than comparators

e) Deaths in childhood

Deaths in childhood are rare. Analysis of data on child death is important to prevent future ill health and deaths.

1) Gender and ethnicity of child deaths

Analysis of data 2008-2014 shows that 58% of child deaths in Bromley were boys, which is similar to the England rate of 56%. 5 years’ worth of data has been aggregated to bring the deaths to numbers that allow for meaningful statistical analysis.

Table C. 16: Comparison of ethnicity of Bromley deaths 2011-2018 with death rates in England, 2016/17

	Bromley 6 year average child deaths 2011-2018 (% of deaths by ethnicity)	Bromley general population - % aged 0-24 by ethnicity (2011 census)	All child deaths England 2016/17 (% of deaths by ethnicity)
White British	45	73	61
White other	9	5	
Black African	12	5	7
Black Caribbean	7	3	
Asian	13	5	15
Mixed	16	8	5
Not recorded	1	0	11

Source: Child Deaths database, LBB

Aggregate data of the ethnicity of children dying in Bromley 2011-2018 shows some differences to those dying in England in 2016/17 and the general Bromley population aged 0-24 years (2011 census data). It is worth noting the small numbers in Bromley, even with 7 years’ worth of aggregated data.

2) Age of child at time of death

Summarising all the child death data in Bromley 2008-2018 and comparing to national data shows similar rates of death in all age groups except adolescents aged 15-17 years (**Figure C.25**). The death rate in this group has been low in recent years, so this

rate is coming closer to the national rate. Overall, deaths in children are rare in Bromley.

Figure C. 25: Comparison of age at death in Bromley 2008-2018 and England, 2016/17

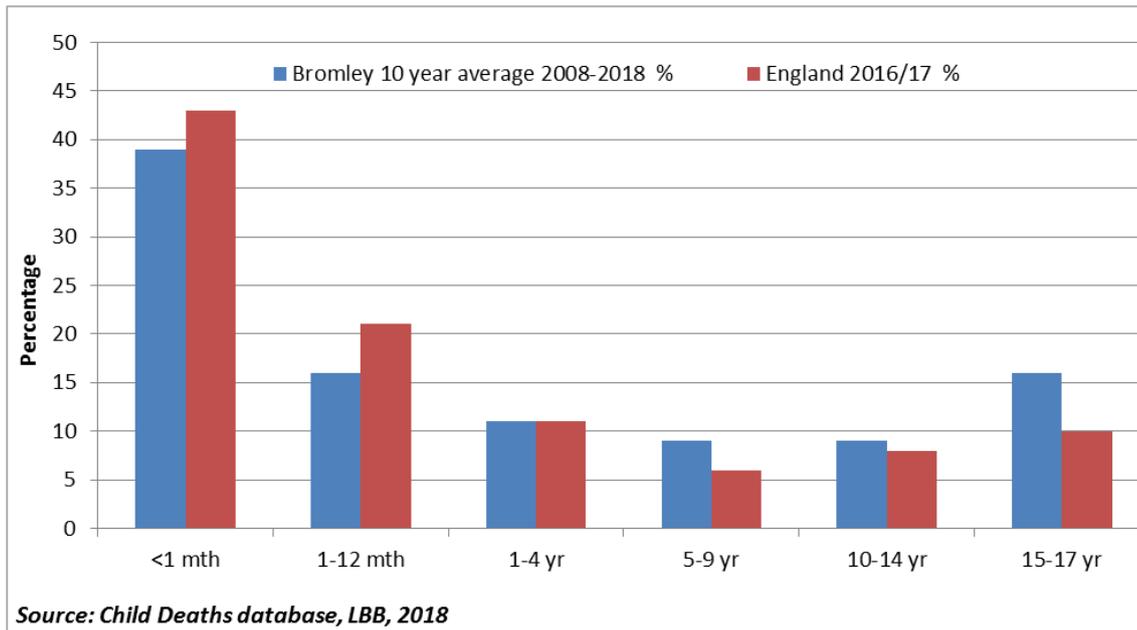


Figure C.26 shows that, the majority of child deaths in Bromley and England are due to chromosomal, genetic or congenital anomalies and perinatal or neonatal events. The data also shows that, Bromley has higher rates of child death than England in all categories except the top two aforementioned categories.

Figure C. 26: Categories of death recorded; Bromley and England.

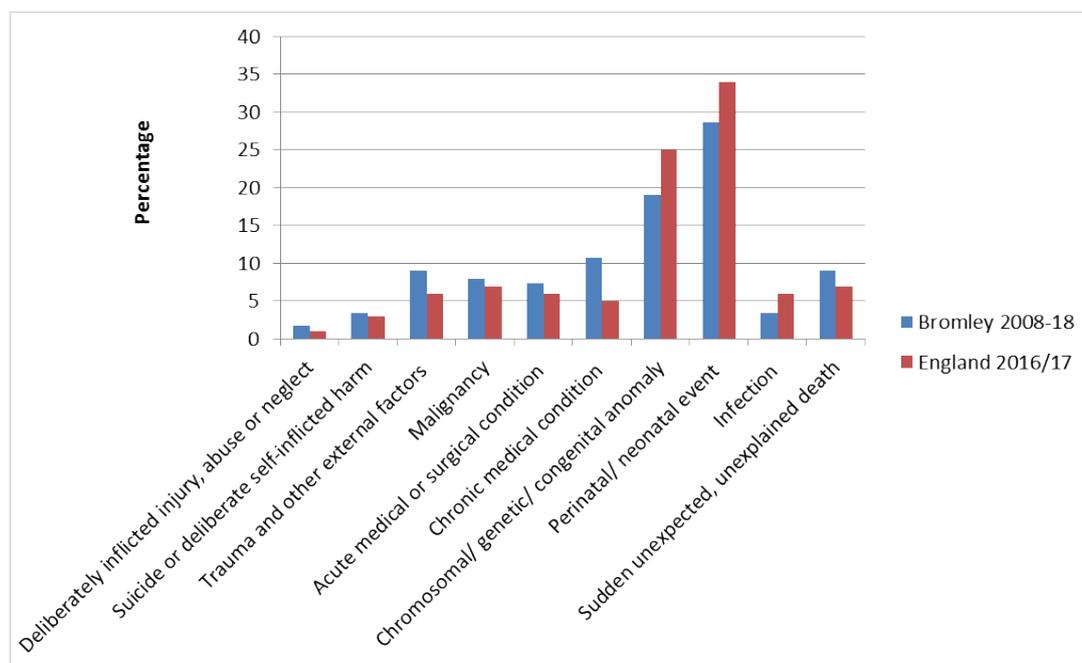


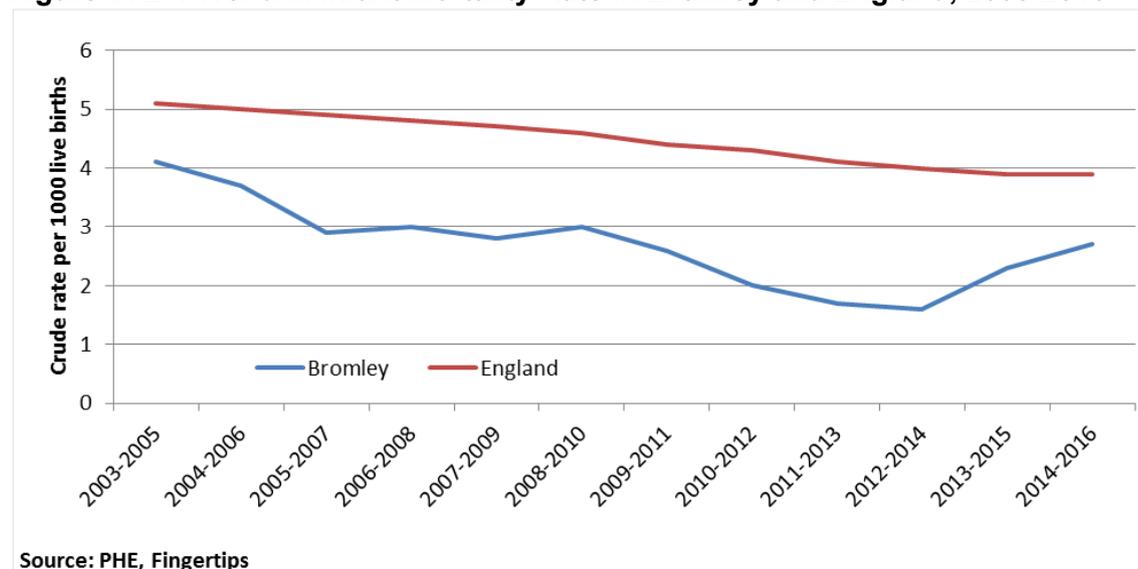
Table C. 17: Child death rates^{3 4} in Bromley and comparators in 2014-16

	Bromley	London	England
Infant Mortality Rate ³	2.7	3.2	3.9
Death rate children aged 1-17 years ⁴	10.7	11.6	11.6

Source: PHE Fingertips

The death rates are measured as a rolling average over three years. Infant mortality has been rising in Bromley recently.

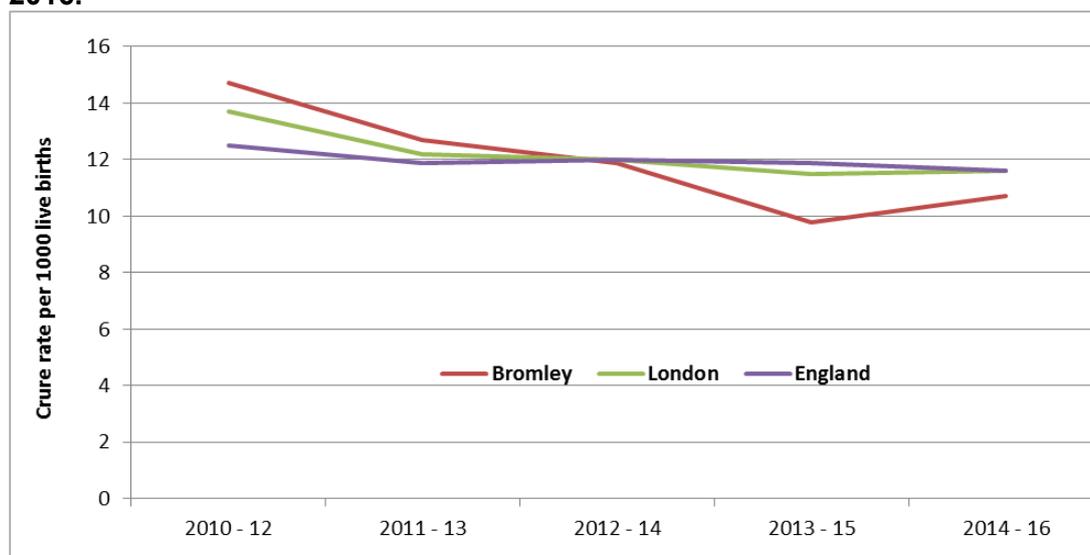
Figure C. 27: Trend in Infant Mortality Rate in Bromley and England, 2003-2016



Source: PHE, Fingertips

The trend in deaths of older children is downward, although the rates are closer to those in London and England.

Figure C. 28: Trend in Child Mortality (1-17 years) rate, Bromley and England, 2010-2016.



Source: PHE Fingertips 2018

³ Infant Mortality Rate is the number of deaths of babies under 1 year of age per 1000 live births, per year

⁴ Directly standardised death rate per 100,000 children aged 1-17 years

3) Infant deaths⁵ in Bromley 2008-2018

Deaths of infants in the first year of life, as demonstrated by the infant mortality rate, continues to be lower in Bromley than the rate for all England. This rate has been falling for many years before a recent upturn.

Infant mortality can be divided into neonatal mortality rates (deaths under 28 days) and post-neonatal mortality rates (deaths between 28 days and 1 year).

Deaths occurring during the first 28 days of life in particular are considered to reflect the health and care of both mother and newborn and are often largely caused by perinatal and biologic conditions (endogenous causes).

In contrast, post-neonatal deaths are more likely to be linked to non-perinatal conditions such as injuries and socio-environmental causes (exogenous causes).

Figure C. 29: Analysis of infant deaths and stillbirths 2010-2016 using rolling three year averages

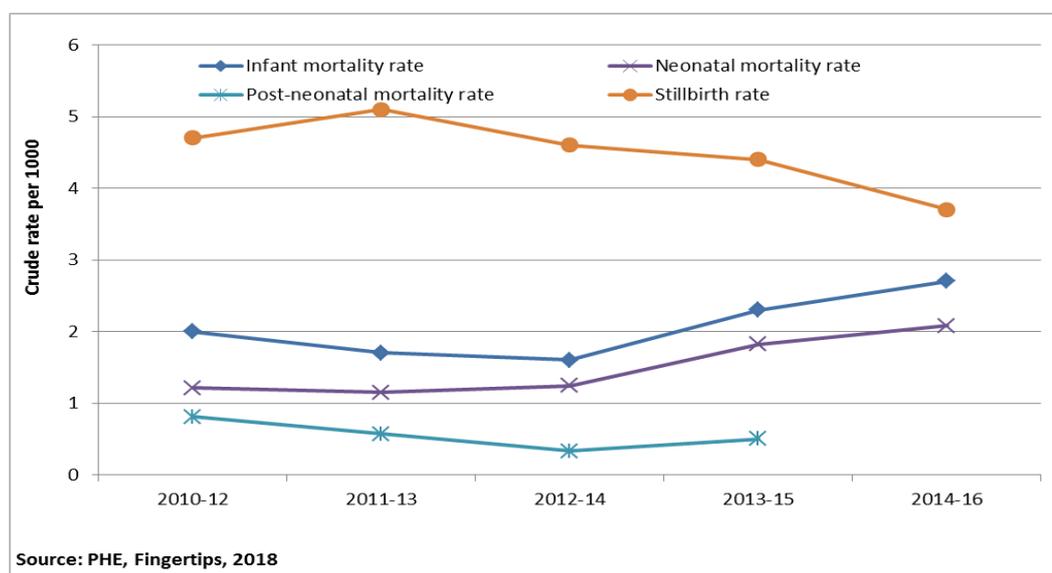


Figure C.29 does indicate that the increase in infant mortality rates shown in Figure 1 is largely due to neonatal mortality. However, it is interesting to note the falling stillbirth rate which mirrors the rising neonatal mortality rate.

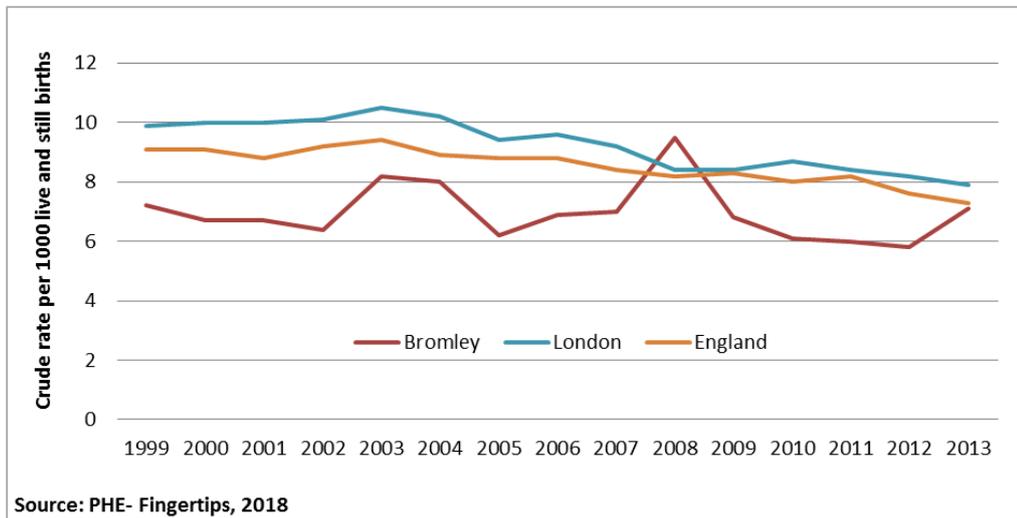
There is potential overlap between the descriptors “stillbirth” and “neonatal death”. If a newborn baby shows any sign of life it should be described as a neonatal death rather than a stillbirth. In practice, it may be classified as a stillbirth rather than a neonatal death, especially if the baby is very premature.

A combined analysis of stillbirth and neonatal deaths together is published by Public Health England. **Figure C.30** shows the long term trends of this combined indicator. As expected, there is more variability in the Bromley rates because of small numbers. However, the overall picture is that the combined rate is below the rate for England

⁵ Definitions of infant mortality, neonatal mortality, post-neonatal mortality and stillbirths in Appendix

and London, which would be expected for Bromley. What it is not possible to say at the moment is whether the recent upturn is a short-term change as in 2008 or a general trend.

Figure C. 30: Combined neonatal and stillbirth rates, Bromley, London and England, 1999-2013



Another key analysis to interpret a possible rise in infant mortality rates is to compare all infant mortality measures with statistical partners for health across England. The measures in **Figure C.31** all relate to the period 2014-16 apart from the post-neonatal measure which is currently only available for the period 2013-15.

Figure C. 31: Infant mortality measures in Bromley compared to health statistical partners

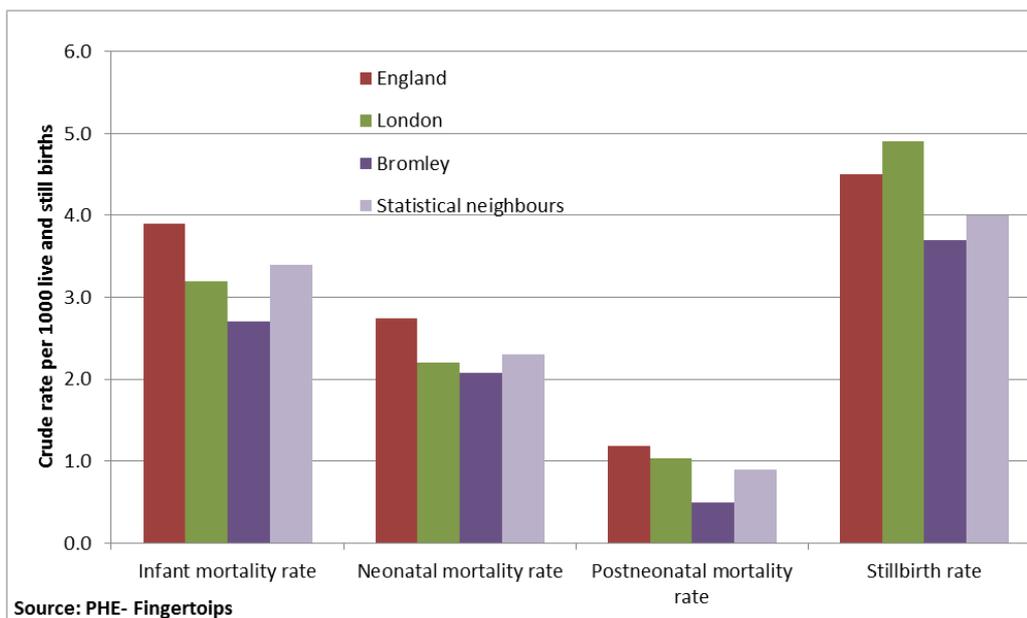


Figure C.31. shows that Bromley still compares favourably with similar areas for all measures of infant mortality. It is possible that the Infant Mortality Rate in Bromley

really is rising and that the recent increase represents a significant change in life chances of babies born in Bromley. However, there are several reasons to conclude that this is not currently a significant problem:

- The variations due to small numbers of infant deaths in Bromley,
- The recent data on infant deaths in Bromley which indicate that numbers are falling again,
- The evidence from comparison with statistical partners that the deaths in infancy in Bromley are still very low.

What does this mean for Bromley residents and for children in Bromley?

Death rates in Bromley are low, although infant mortality has risen recently from a very low level.

Key findings from Section C

Children with complex or long term health needs

- Children with diabetes in Bromley are being admitted more than those in London or England and this rate is increasing. Blood sugar control in children in Bromley is poorer than in London or England.
- Although nationally standardised outcomes of care for children with asthma (hospital admissions) indicate good care, some processes to prevent future admissions still appear quite poor.
- Based on limited outcome data the outcomes for children with epilepsy in Bromley are good. New national standards on care of childhood epilepsy have been published and more detail on the management of children with epilepsy should be available soon.
- The Learning Disability Profiles show a year on year increase in the number of children with Autism known to schools, although not all of those children have been formally assessed as being on the Autistic Spectrum.

Children with an Education Health and Care Plan

- Rates of severe learning difficulties and speech, language and communication needs are higher in Bromley than in statistical neighbours.
- Rates of Social, emotional and mental health difficulties and ASD are rising in Bromley.

Children at risk of significant harm

- Bromley has a lower rate of children subject to a Child Protection Plan than national rates or statistical neighbours.
- Bromley has a relatively low rate of CLA compared to London and national rates.
- The proportion of CLA with SEND is higher in Bromley than comparators.

Deaths in childhood

- Death rates in Bromley are low, although infant mortality has risen recently from a very low level.