

Central  
Bedfordshire

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# Joint Strategic Needs Assessment

Children & Young People

## Executive Summary

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## Introduction

This report is part of the overall Joint Strategic Needs Assessment, focusing on Children and Young People. It sets out the key needs and issues of our local population, and makes a series of evidence-based recommendations to improve health and wellbeing, and to reduce inequalities. Where possible, Central Bedfordshire is compared to local authorities of similar deprivation (the least deprived decile nationally, when ranked by the Index of Multiple Deprivation).

In order to tackle local inequalities and achieve the best outcomes we need to focus on the complex influences affecting children and young people's health, including their family, environment, life skills, knowledge and experience. Preventing or minimising the impact of risk factors, including adverse childhood experiences, is vital. It is equally important to strengthen the protective factors, particularly the resilience (ability to cope) of your children, young people, and their families.

The COVID-19 pandemic has caused unprecedented challenges for the health and wellbeing of children and young people – schools have been partially closed and remote learning implemented, many non-essential services were closed, and social distancing strategies have meant alternative ways of delivering health care were necessary. In addition, although many of these changes were universal there has been a disproportionate impact on children and families, exacerbating pre-existing inequalities.

## Healthy Pregnancy

The circumstances and behaviours of parents and the wider family before the baby is conceived, during pregnancy, and once the baby is born, can either have a positive or negative effect on their child. Babies born to parents with disadvantageous circumstances and unhealthy behaviours have an increased risk of low birth weight, early illness and even early death. Intervening early will have an impact on a child's resilience and their physical, mental and socioeconomic outcomes in later life.

### Key Findings

- Although the percentage of women known to be smokers at the time of delivery has reduced, this remains high at 8.2% of all maternities
- Central Bedfordshire performs significantly better than similar local authorities for women accessing maternity care within 10 completed weeks of pregnancy (65.6%)
- Conceptions in under 18s have continued to decrease (14.1 per 1,000 in 2019). However, no benchmark for deprivation decile is available for 2019 currently, and in Central Bedfordshire this has been significantly higher than these local authorities from 2014 to 2018.

### Impact of COVID-19

- During the first wave of COVID-19, some face-to-face consultations and antenatal education classes were replaced with virtual consultations. Appointments requiring face-to-face antenatal care were provided in children and family centres, encouraging collaborative working across services.
- Although greater attendance by parents has been noted for some virtual health visitor appointments, one consequence of these changes has been the increase in loneliness and isolation, with vulnerable mothers being able to mask their mental health problems.

## Priority actions to deliver better outcomes

1. Roll-out 'Continuity of Carer' for all women, to address many of the pre-existing health inequalities – so that more women are less likely to experience pre-term births, lose their baby in pregnancy or in the first month following birth.
2. All services throughout the maternity journey should listen to women and their partners, ensure that their voices are heard, and respect their informed choices by personalising their care.
3. Improve information sharing systems between maternity and health visiting services so that 100% of pregnant women are referred to the health visiting service by 24 weeks, to ensure prompt access to the full Healthy Child Programme.
4. Develop and co-produce maternal mental health services associated with grief, loss and trauma to meet the current gap in provision.
5. Review the effectiveness and impact of the parental mental health pathway - with a particular focus on ethnic minority families - to address mental illness during the perinatal period.
6. Develop and monitor a training programme to improve skills of service providers to provide a more effective tailored approach to supporting women with reducing tobacco dependence.
7. Ensure effective measurement and recording of BMI, and referral to appropriate weight management services – as per the Maternal Obesity Pathway – in both the antenatal and postnatal periods.

## 2. Healthy Birth and Early Years

Families are the most important influence on a child during these years, and early identification of families who need help combined with evidence-based interventions is key to improving outcomes. We are aiming for parents and carers to feel supported to make decisions to improve their child's health outcomes and life chances, be their child's first educator, and feel confident to manage their child's minor illnesses and health issues.

### Key Findings

- In Central Bedfordshire, 50.1% of women are breastfeeding at 6-8 weeks after delivery. This is significantly higher than the England average
- A&E attendances in children aged 0-4 years has decreased to 351.3 per 1,000, and remains significantly better than local authorities in the same deprivation decile.
- Although the rate of admissions for lower respiratory tract infections in infants aged under 1 year has decreased, it remains significantly higher than the deprivation decile average at 949 per 10,000 (compared to 742 per 10,000)
- The uptake of routine vaccinations at 12 months remains above the England and East of England averages, with most vaccine types (other than Rotavirus) sitting consistently above the national COVER target of 95%. Uptake of the 2nd MMR dose at age 5 is below the 95% national target (92.6%)
- The percentage of 5 year olds achieving a good level of development at the Early Years Foundation Stage remains significantly lower than the average for the deprivation decile (72.5% compared to 75.9%). This is also a decrease from the previous year, when it was 73.2%

## Impact of COVID-19

- During the pandemic, partners have been able to support women during their birth, but it has been necessary to limit visitors to labour, antenatal and postnatal wards.
- Although there has been a reduction in postnatal, midwifery and health visiting home visits, during the pandemic more mothers were breastfeeding at 6-8 weeks. However, the reasons for this are unclear.
- There are concerns that with the increase in virtual support, there is the potential to miss opportunities to identify babies who are failing to thrive, and to support those parents and families.
- There has been partial closure of nurseries and face-to-face group activities in Children's Centres, but also collaborative working between Children's Centres, immunisation services, and maternity services to identify vulnerable and at-risk mothers and families earlier. Some children and families with complex home situations may have connections with Children's Centres, but not meet the threshold for other support organisations.
- These changes to services are likely to disproportionately impact children from the poorest families, or those with other vulnerabilities and additional and particular needs.

## Priority actions to deliver better outcomes

1. The ICS/Public Health/NHSE and all key stakeholders in delivering vaccination to children and young people to work together to continually raise the profile of immunisation, monitor activity and identify and address issues such as increased vaccine hesitancy in certain communities, in a timely manner.
2. Support with effective positive messages around immunisations to parents and young people.
3. Use the most appropriate and effective means to communicate messages, for instance, social media and trusted voices.
4. Support with access to appropriate community vaccination venues to provide easy access for all children who have not been vaccinated in a school setting.
5. Raise awareness amongst the wider population of choice of vaccine for the healthy children's 'flu programme to include non-porcine vaccine.
6. Responsive 7-day services to cater to the needs of children and young people and carers to ensure children get care close to home at the right place at the right time.

### 3. The School-Aged Years

The Chief Medical Officer and Professor Sir Michael Marmot have highlighted the importance of giving every child the best start and reducing health inequalities throughout life. They recognise the importance of building on the support in the early years, and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through universal provision and targeted support.

#### Key Findings

- 20.9% of children in Year R are overweight or obese. This is unchanged from the previous year, but is now similar to the national average rather than significantly better.
- Although the percentage of Year 6 children who are overweight or obese has increased slightly from 28.6% to 29.7%, this remains significantly better than the national average of 35.2%.
- 3.22% of school pupils in Central Bedfordshire have social, emotional and mental health needs, which is significantly higher than the average for the deprivation decile (2.60%).
- Hospital admissions for substance misuse in 15-24 year olds have increased slightly, and remain significantly higher than local authorities in the same deprivation decile (120.8 per 100,000 vs 74.5 per 100,000).
- Hospital admissions due to self-harm in young people aged 10-24 years have also increased from 465.2 per 100,000 to 534.0 per 100,000. It is now significantly higher than similar local authorities.
- The average Attainment 8 score at 15-16 years old remains significantly worse than the deprivation decile average, with a score of 48.7 (compared to 53.5).
- Central Bedfordshire performs well with regard to the average number of decayed, missing or filled teeth (an average of 0.40 per child).

#### Impact of COVID-19

- During the coronavirus pandemic, increasing number of children and young people have been suffering from a crisis of mental ill health, learning disabilities, or autism. This increase has been marked with the numbers presenting with eating disorders.
- The increase in children and young people with mental health difficulties has greatly increased the pressure on GPs, Child and Adolescent Mental Health Service (CAMHS) Tier 4 beds, hospital paediatric beds, and crisis teams. It has also presented additional challenges for schools.
- The significant reduction in face-to-face meetings, appointments and contact with professionals has led to fewer safeguarding concerns being raised and a potential increase in child sexual exploitation (which has become hidden) and online exploitation due to increased regular use of technology.

#### Priority actions to deliver better outcomes:

1. Empower and educate communities to develop programmes to help tackle risk-taking behaviours.
2. Encourage co-production with young people (and their families and schools) in order to explore issues related to health and wellbeing, and the impact that COVID has had on access to services and support.
3. Adapt the CAMHS models to focus on higher risk young people and to provide more intensive community support - this may mean raising thresholds.
4. Rapidly explore the potential for step-up and step-down beds and intensive day care (potential solution for the increased number of children and young people needing intensive support for eating disorders), and inpatient provision and local bed management.

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