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Bedfordshire

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Joint Strategic Needs Assessment

Children & Young People

November 2021

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Introduction

The purpose of a Joint Strategic Needs Assessment (JSNA) is to support the work of the Council's Health and Wellbeing Board by summarising key local needs and services, and providing a series of evidence-based priorities to improve the health of our population. It acts as a useful reference to inform high quality and co-ordinated local commissioning and provision of services shaped to the needs of their users, as well as to inform the wider council and members of the public.¹

This JSNA covers the health and wellbeing needs of children and young people in Central Bedfordshire. For detailed analysis on children and young people with special educational needs and disabilities (SEND), there is a specific SEND JSNA.

The health and wellbeing of children and young people in Central Bedfordshire are generally similar to other local authority areas with similar levels of deprivation.² Central Bedfordshire's overall score for deprivation (using the 2019 Index of Multiple Deprivation) relative to all other local authorities in England, puts it in the least deprived decile (IMD 2019). Throughout this report, Central Bedfordshire's performance is compared to other areas of similar deprivation where possible. The others in the least deprived decile are: Bath and North East Somerset, Bracknell Forest, Buckinghamshire, Isles of Scilly, Kingston upon Thames, Oxfordshire, Richmond up Thames, Rutland, South Gloucestershire, Surrey, West Berkshire, Windsor and Maidenhead, Wokingham and York.

We need to tackle the significant variation in outcomes within Central Bedfordshire; some groups of children and young people have significantly worse health outcomes than others. These health inequalities start before birth and accumulate throughout life, but they are preventable.

Experiences and the ability to thrive and develop well during the early stages of childhood relate closely to outcomes in a wide range of areas, including health, throughout the rest of life. For instance, strong communication and language skills in the early years are linked with success in education, higher levels of qualifications, higher wages and better health.

Health equity in England: The Marmot Review 10 years on³

A report by the National Children's Bureau into health inequalities in England found that children and young people growing up in more deprived areas tend to have worse health outcomes, but also found that this was not inevitable (National Bureau 2015).⁴ In order to tackle local inequalities, we need to focus on the complex influences affecting children and young people's health and wellbeing, including their family, environment, life skills, knowledge, and experience. Preventing or minimising the impact of risk factors, including adverse childhood experiences and trauma, is vital. It is equally important to strengthen the protective factors, particularly the resilience (ability to cope) of our children, young people, and their families.

1. Department of Health. 2011. Joint strategic needs assessment and joint health and wellbeing strategies explained. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf [Accessed 11 December 2020]

2. Ministry of Housing, Communities & Local Government. 2019. The English indices of deprivation 2019 – Frequently asked questions 2019. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/853811/loD2019_FAQ_v4.pdf Accessed 11 December 2020]

3. Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison. 2020. Health equity in England: The Marmot Review 10 years on. Institute of Health Equity. [online] Available at: <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf> [Accessed 16 December 2020].

4. National Children's Bureau. 2015. Poor Beginnings: Health Inequalities among Young Children Across England. [online] Available at: <http://www.ncb.org.uk/sites/default/files/uploads/files/Poor%2520Beginnings.pdf> [Accessed 16 December 2020].

The Healthy Child Programme (HCP) offers a range of interventions for all children, young people and their families in Central Bedfordshire from pre-birth to 19 years.⁵ There may be times in childhood and adolescence when additional help and support is needed. Earlier identification enables a timely and effective response before issues escalate. The case for Early Help and intervention is well evidenced, as is the need for a skilled, multi-agency workforce that communicates well and works together. No single agency can provide support on its own.⁶

The impact of the COVID-19 pandemic

The COVID-19 pandemic has caused unprecedented disruption to children, young people, and their families. This is attributed to partial school closures, social distancing strategies, closure of non-essential services, and changes in the delivery of health care. The COVID-19 pandemic has also exposed pre-existing inequalities, among children, young people, and expectant mothers: these key weaknesses and inequalities include:⁷

Increased maternal anxiety during pregnancy

- Challenges associated with isolation, including reduced access to face-to-face services and support, and reduced insight into home environments
- Food and fuel poverty
- A decrease in pupils returning to schools due to anxiety and vulnerabilities
- A higher number of families choosing to home educate children
- Increased volume and complexity of safeguarding referrals
- Additional pressure on the children and young people workforce
- People from ethnic minorities are less likely to seek perinatal mental health support and are more likely to be affected
- People from ethnic minorities are more likely to suffer severe effects of COVID-19 (admissions to ICU) and are less likely to seek early medical help

5. Public Health England. 2020. Rapid Review to Update Evidence for the Healthy Child Programme 0–5. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf [Accessed 16 December 2020].

6. Public Health England. 2019. Healthy Beginnings: Applying All Our Health. Available at: <https://www.gov.uk/government/publications/healthy-beginnings-applying-all-our-health/healthy-beginnings-applying-all-our-health> [Accessed 16 December 2020].

7. The Impact of the COVID-19 upon Children, Young People & Expectant Mothers: Phase 1, Hasna Dulfeker, Bedford, 2020.

Snapshot of the children and young adults in Central Bedfordshire

1. There are **68,200** 0-19 year olds (2019).⁸

This is a quarter of the total population of all ages.



2. There are **17,700** children aged 0-4 years living in Central Bedfordshire and **50,500** children and young people aged 5-19 years (2019).



3. By 2029, there are projected to be **16,700** 0-4 year olds and **55,000** 5-19 year olds.




4. Central Bedfordshire has no wards in the top 10% most deprived wards in England. The wards with the most deprived areas are Dunstable-Manshead, Parkside and Flitwick.⁹



5. There are around **3,360** (2019) live births each year.⁹




6. In 2019, there were **65** under-18 conceptions.




7. **4.1%** of 16-17 years olds (240 people) were not in education, employment or training in 2019. This is better than local authorities in the same deprivation decile.¹⁰



8. **5,765** children aged 0-15 years old in poverty compared to 17% across England.¹¹



9. In 2017/18 the rate of looked after children aged under 5 years was **21.7 per 10,000**. This was a decrease from 31.3 per 10,000 in 2016-17.¹²



8. Office for National Statistics- Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2018. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2018> [Accessed 16 December 2020].

9. Office for National Statistics- National population projections: 2018-based. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018based> [Accessed 16 December 2020].

10. Public Health England, 2020. Public Health Profiles - PHE. [online] Available at: <https://fingertips.phe.org.uk/search/neet#page/4/gid/1/pat/10113/par/cat-113-10/ati/202/are/E06000056/iid/93203/age/174/sex/4/cid/1/tbm/1> [Accessed 12 May 2021].

11. Central Bedfordshire Insight. [online] Available at: https://centralbedfordshire.communityinsight.org/map/?subregion=18599&indicator=ni_116_u16_dr_20160101# [Accessed 11 May 2012]

12. Public Health Outcomes Framework. [online] Available at: <https://fingertips.phe.org.uk/search/looked#page/4/gid/1/pat/10113/par/cat-113-10/ati/302/are/E06000056/iid/92270/age/28/sex/4/cid/4/tbm/1/page-options/car-do-0> [Accessed 25 May 2021].

Section 1: Healthy Pregnancy

Why is this period important?

The first 1001 days of a child's life represent a critical phase of heightened vulnerability, but also a window of enormous opportunity. The offering of advice and support to parents and carers provides an opportunity to help them to set the pattern for effective parenting and a nurturing environment during the early years of a child's development.¹³





The circumstances and behaviours of parents/carers 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's development and future life chances.





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.

What is the local picture?

The most recently compiled and published data is compared with other local authorities of similar deprivation, unless stated otherwise, as of April 2021.¹⁴

Table 1: Healthy pregnancy in Central Bedfordshire

	Significantly worse than comparator
	Not significantly different than comparator
	Significantly better than comparator
	No IMD Decile Comparison

Healthy Pregnancy Indicator	Previous period [Comparator IMD 2019]	Most recent available period [Comparator IMD 2019]
	(Date)	(Date)
Smoking at time of delivery (%)		
	8.6 [NA]	8.2 [7.1]
	(2018/19)	(2019/20)
Under 18s conception (Rate per 1,000)		
	14.5 [10.2]	14.1 ¹⁵ [N/A]
	(2018)	(2019)

13. Children's Commissioner for England. 2019. Childhood Vulnerability in England 2019 | Children's Commissioner for England. [online] Available at: <https://www.childrenscommissioner.gov.uk/publication/childhood-vulnerability-in-england-2019/> [Accessed 16 December 2020].

14. Public Health Outcomes Framework. Section 1 (IMD 2019) [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/tWhIbQL5J0#page/0/gid/1/pat/10113/par/cat-113-10/ati/202/are/E06000056/iid/93085/age/1/sex/2/cid/1/tbm/1/page-options/car-do-0> [Accessed 26 July 2021].

Under 16s conception (Rate per 1,000)	●	○
	1.9 [1.2] (2018)	2.6 ¹⁶ [N/A] (2019)
Infant mortality rate up to 1 year (Rate per 1,000)	●	●
	3.4 [3.2] (2016-18)	3.4 [3.2] (2017-19)
Early access to maternity care* ¹⁷ (%)	○	●
	NA [NA] (2017/18)	65.6% [59.6%] (2018/19)

Central Bedfordshire's overall score for deprivation (using the 2019 Index of Multiple Deprivation) relative to all other local authorities in England, puts it in the least deprived decile. Throughout this report, Central Bedfordshire's performance is compared to other areas of similar deprivation where possible. For comparison to other local authorities of similar deprivation (IMD 2015), please refer to the reference.¹⁸

Table 1: Healthy pregnancy in Central Bedfordshire sources:

Public Health Outcomes Framework. CYP JSNA - Section 1 (IMD 2019) [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/tWhlbQL5J0#page/0/gid/1/pat/10113/par/cat-113-10/ati/302/are/E06000056/iid/93085/age/1/sex/2/cid/1/tbm/1> [Accessed 26 July 2021].

Public Health Outcomes Framework: CYP JSNA – Section 1 (IMD 2015): <https://fingertips.phe.org.uk/indicator-list/view/3bolzNZxDk#page/0/gid/1/pat/10039/par/cat-39-10/ati/102/are/E06000056/iid/93469/age/284/sex/4/cid/1/tbm/1> [Accessed 14 January].

Public Health Outcome Framework. 2018. Public Health Profiles - PHE. [online] Available at: <https://fingertips.phe.org.uk/search/early%20access#page/0/gid/1/pat/10113/ati/302/are/E06000056/iid/93583/age/-1/sex/2/cid/1/tbm/1/page-options/car-do-0> [Accessed 12 August 2021].

Office of National Statistics. 2019. Conceptions in England and Wales - Office for National Statistics. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables> [Accessed 12 August 2021].

* Local Authority Value- Percentage of pregnant women who have their booking appointment with a midwife within 10 completed weeks of their pregnancy

Our rates of smoking at time of delivery in Central Bedfordshire are significantly higher (worse) when compared with local authorities in the same deprivation decile. However, we are significantly better compared to this decile for early access to maternity care.

15. Office of National Statistics. 2019. Conceptions in England and Wales - Office for National Statistics. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables> [Accessed 12 August 2021].

16 Office of National Statistics. 2019. Conceptions in England and Wales - Office for National Statistics. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables> [Accessed 12 August 2021].

17. Public Health Outcome Framework. 2018. Public Health Profiles - PHE. [online] Available at: <https://fingertips.phe.org.uk/search/early%20access#page/0/gid/1/pat/10113/ati/302/are/E06000056/iid/93583/age/-1/sex/2/cid/1/tbm/1/page-options/car-do-0> [Accessed 12 August 2021].

18. Public Health Outcomes Framework: CYP JSNA – Section 1 (IMD 2015): <https://fingertips.phe.org.uk/indicator-list/view/3bolzNZxDk#page/0/gid/1/pat/10039/par/cat-39-10/ati/102/are/E06000056/iid/93469/age/284/sex/4/cid/1/tbm/1> [Accessed 14 January 2021].

Infant mortality

There are approximately 3,363 live births in Central Bedfordshire each year and about 11 babies die each year before their first birthday. We have a similar infant mortality rate (3.4 per 1,000) as other local authorities in the same deprivation decile (3.2 deaths per 1,000 live births).¹⁹

During the period 1st April 2019 to 31st March 2020 across Bedfordshire and Luton, out of 47 child deaths reviewed by the Child Death Overview Panel (CDOP), modifiable factors were identified in 29% of cases (14/47). Although this is a decrease compared to previous years, the main modifiable factors identified remain similar: service provision (9 deaths), consanguinity (4 deaths), and maternal BMI (4 deaths). Unexpected deaths accounted for 19 out of 50 of the total deaths reported in 2019–20, and 35 deaths were of infants under 1 year of age.

The CDOP Action Plan for the coming year will focus on the following, through partnership working with all agencies:

- Maternal healthy weight
- Service-related modifiable factors
- Consanguinity
- Linking with other work streams, including Local Maternity Services, to share the wider learning, particularly from perinatal deaths where service modifiable factors have been identified

Early access to maternity care

Seeing a healthcare professional early in pregnancy is a key opportunity to assess a mother's health and identify any risks within the family environment. Midwives provide advice and offer interventions to support a healthy pregnancy, including weight management during and after pregnancy and support to stop smoking.

Ensuring early access to a midwife, preferably by week 10 of pregnancy, will equip women with the knowledge and skills they need to modify the preventable risks to their pregnancy. Currently almost 7 out of 10 women access a midwife before 10 weeks of their pregnancy in Central Bedfordshire.

A Cochrane review²⁰ found that women who received midwife-led continuity of care were less likely to experience pre-term births or lose their baby in pregnancy or in the first month following birth:

- 16% less likely to lose their baby
- 19% less likely to lose their baby before 24 weeks
- 24% less likely to experience pre-term birth

Equally, safety is not just about whether a baby lives or dies; safety for childbearing women, their partners and families also means emotional, psychological, and social safety. This holistic sense of safety is what pregnant women and their families receive through continuity models of care.

Locally, maternity services prioritise geographical areas where there are high levels of deprivation, and where women from ethnic minorities live. This targeted approach is proportionate to the level of disadvantage.

19. Office of National Statistics. 2019. Conceptions in England and Wales - Office for National Statistics. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables> [Accessed 12 August 2021].

20. Sandall, J., Soltani, H., Shennan, A. and Devane, D., 2019. Implementing midwife-led continuity models of care and what do we still need to find out? - Evidently Cochrane. [online] Evidently Cochrane. [online] Available at: <https://www.evidentlycochrane.net/midwife-led-continuity-of-care/> [Accessed 1 February 2021].

Ensuring that the care provided is personalised for all women, will help the focus to shift from what is important to the care provider to what is important to the mother and her family. Maternity services need to listen to women and their families, and ensure that their voices are heard. Women need to be equal partners in their care and their choices respected. Local maternity services are implementing a co-produced Personalised Maternity Journey document to help to facilitate this.

Local maternity services are in the process of implementing the 'Saving Babies' Lives Care Bundle'²¹ - a set of guidelines for reducing stillbirth. Risk assessments need to be undertaken throughout pregnancy and improvements made to monitoring fetal wellbeing. Women with complex pregnancies need to have a named obstetrician who has early involvement and input into management plans.

Smoking in pregnancy

Smoking is the single most important risk factor in pregnancy; maternal smoking during pregnancy is a cause of ill health for both mother and baby, and infant deaths.

Smoking increases the risk of complications in pregnancy and of the child developing a number of conditions later in life including:

- Premature birth
- Low birth weight
- Problems of the ear, nose and throat
- Respiratory conditions
- Obesity
- Diabetes

Babies from less affluent backgrounds are more likely to be born to mothers who smoke, and this is contributing to the gap in health inequalities. Children born to parents who smoke are also more likely to become smokers themselves, which further perpetuates this inequality.²²

Pregnant women and their partners are referred to the local Stop Smoking Service for specialist support www.thestopsmokingservice.co.uk.

The stop smoking referral system is an opt-out system for pregnant women and in 2019-2020, it is estimated that 118 pregnant women across Central Bedfordshire were referred to the service for support. Early identification and effective referral pathways for pregnant women who smoke and their partners to the Stop Smoking Service is vital for producing the best outcomes. In 2019-20, 8.2% of women in Central Bedfordshire were still smoking at time of delivery and around one in seven babies (13.7%) live in a household with a smoker.²³

The COVID-19 pandemic has had an impact on the number of referrals in 2020-21, which have decreased on the year before. A virtual training programme has been rolled out to all midwifery staff to ensure that pregnant women who smoke continue to be referred into the service at the earliest possible opportunity.

21. NHS England, Saving Babies Lives Care Bundle Version 2. [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-care-bundle-version-two-v5.pdf> [Accessed 12 May 2021].

22. Towards a Smokefree Generation – A Tobacco Control Plan for England 2017-2022. [online] Available at: <https://www.ncsct.co.uk/usr/pub/Towards%20a%20Smoke%20free%20Generation%20-%20A%20Tobacco%20Control%20Plan%20for%20England%202017-2022.pdf> [Accessed 18 May 2021].

23. PHE, 2020. Local Tobacco Control Profiles - PHE. [online] Available at: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000036/iid/92443/age/168/sex/4/cid/4/tbm/1/page-options/ovw-do-0_car-do-0 [Accessed 4 November 2020].

Maternal obesity

Maternal obesity is defined as having a Body Mass Index (BMI) of 30kg/m² or more at the first antenatal appointment. Being obese during pregnancy increases the health risks for both the mother and child during and after pregnancy.²⁴

Pregnant women who are obese are at increased risk of:

- Having a stillbirth
- Raised blood pressure and pre-eclampsia
- Having a large baby or ill baby that needs monitoring
- Developing gestational diabetes
- Having a blood clot in the legs (DVT)
- Needing a caesarean section

Maternal obesity has also been linked to chronic health conditions in children (including asthma and diabetes), and childhood excess weight and obesity. Amongst all women in England of childbearing age (16-44 years), around half are overweight or obese (BMI greater than or equal to 30).²⁵

During pregnancy, diet and exercise interventions can help to reduce the amount of weight gain. Advice on how to eat healthily and keep physically active is offered as part of routine antenatal and postnatal care by midwives and health visitors. Pregnant women are referred to the local weight management services. MoreLife is a weight management programme offered in Central Bedfordshire: <https://www.more-life.co.uk/>.

Teenage parents

In 2019, there were 65 under-18 conceptions in Central Bedfordshire. From 2014 to 2018 the rate of conceptions in under 18s has been significantly higher than local authorities in the same deprivation decile, and although there is no deprivation decile benchmark available currently, this has decreased slightly from 14.5 per 1,000 (2018) to 14.1 per 1,000 (2019).²⁶ Supporting young people who choose to become parents is crucial to improve outcomes for both the parents and child. Evidence shows that poorer outcomes are not inevitable, if early, co-ordinated and sustained support is put in place, which is trusted by young parents and focused on building their skills, confidence and aspirations. This requires a range of support services, co-ordinated by a lead professional.

Mothers under 20 years of age are:

- 3 times more likely to smoke throughout pregnancy
- 50% less likely to breastfeed at 6-8 weeks
- At higher risk of postnatal depression and poor mental health for up to 3 years after the birth
- 22% more likely to be living in poverty at age 30, and less likely to be employed or living with a partner
- 20% more likely to have no qualifications at age 30. Of all young people who are not in education, employment or training, 12% are teenage mothers²⁷

24. Public Health England (2015). Maternal obesity. [online] Available at: <https://www.activematters.org/phe-maternal-obesity/> [Accessed 29 April 2020].

25. NHS Digital. 2018. Health Survey For England - NHS Digital. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england> [Accessed 16 December 2020].

26. Office of National Statistics. 2019. Conceptions in England and Wales - Office for National Statistics. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables> [Accessed 12 August 2021].

27. Parents as First Teachers. 2020. Parents As First Teachers. [online] Available at: <https://parentsasfirstteachers.org/> [Accessed 16 December 2020].

Babies born to young women under 20 have a:

- 30% higher risk of a low birth weight
- 60% higher risk of infant mortality
- 63% higher risk of experiencing child poverty²⁸

Young fathers are more likely to have poor education and have a greater risk of being unemployed in adult life.

To support young parents in Central Bedfordshire, there is a local Support Pathway for Parents under 20. The pathway offers young parents a range of support to improve outcomes for themselves, their partner, and their child. The Support Pathway begins from the very first booking appointment with the midwife where young parents complete a consented referral form for further support.

Maternal mental health

The effects of poor mental health go beyond the parent. During the perinatal period (pregnancy and the first year following birth), poor maternal mental health has important consequences on the infant's mental health, their general health, and their emotional, behavioural and learning outcomes. Women are at risk of developing a first episode of mental illness during this time, with more than 1 in 10 women affected.²⁹

Mental health issues can affect the mother's ability to bond with her baby and affect the baby's ability to develop a secure attachment. Knowing the risk factors and the symptoms can help with early identification, and in providing timely support and treatment to minimise the impact on the mother, child and family.

Maternal depression is also the strongest predictor of paternal depression, which is estimated at 4% during the first year after birth.³⁰

Key government investment into local perinatal mental health services has supported the identification of gaps in current care provision and led to the development of integrated pathways of care. This has resulted in an increase in specialist mental health care from 12-24 months, improved access to psychological therapies and mental health checks for partners. The co-production of maternity outreach services is in development for women with associated loss and trauma. This will include birth trauma, post-traumatic stress disorder (PTSD) following perinatal loss, parental separation, and severe fear of childbirth (tokophobia).

28. NHS Digital. 2020. Maternity Services Monthly Statistics December 2019, Experimental Statistics - NHS Digital. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/maternity-services-monthly-statistics/december-2019> [Accessed 16 December 2020].

29. NHS. Postnatal depression. [online] Available at: <https://www.nhs.uk/mental-health/conditions/post-natal-depression/overview/> [Accessed 12 May 2021].

30. Davé, S., Petersen, I., Sherr, L. and Nazareth, I., 2010. Incidence of Maternal and Paternal Depression in Primary Care. Archives of Paediatrics & Adolescent Medicine/

The impact of COVID-19 on healthy pregnancy

Pregnancy can alter the body's immune system and response to viral infections, occasionally causing more severe symptoms. This may be the same for COVID-19, but there is currently no evidence that pregnant women have an increased risk of severe disease, or that there is a risk to new-born babies.

However, in response to the data which indicates that ethnic minority communities are disproportionately affected by COVID-19. Local maternity services have implemented the challenge set by the National Chief Midwifery Officer, Professor Jaqueline Dunkley-Bent, to implement 4 key areas to help to address these inequalities:

1. Co-produced operational policy and implementation to manage the risks of COVID-19 for ethnic minorities and at-risk pregnant women
2. Co-produced, tailored communication to reassure ethnic minority women to seek help if they have any concerns
3. Routine discussion of vitamins, supplements and nutrition in pregnancy
4. Record data on maternity information systems

During the first wave of COVID-19 in early 2020, there were changes to the antenatal pathway which included the replacement of some face-to-face consultations with virtual consultations. This was to assist women practising social distancing measures and reduce the risk of transmission between women, staff and other clinic/hospital visitors. Greater attendance by parents has been noted for some virtual health visitor appointments.

Those appointments requiring face-to-face antenatal care were provided in children and family centres, encouraging collaborative working across services. A local co-produced 'stepping stones' pictogram was published widely on social media to help families to navigate the changes to services made during the COVID-19 pandemic.

Some antenatal education classes are still being carried out virtually, and a challenging consequence of the changes to antenatal services has been the increase in loneliness and isolation, with vulnerable mothers being able to mask their mental health problems. Maternity services and staff have also highlighted increased maternal anxiety due to changes in how antenatal support and education are delivered.³¹

31. The Impact of the COVID-19 upon Children, Young People & Expectant Mothers: Phase 1, Hasna Dulfeker, Bedford, 2020.

Priority areas we should continue to build on:

1. Promote early access to maternity care (by 10 weeks) and monitor where mothers are presenting later to identify if there are any additional needs.
2. Embed a 'Think Family' approach to identify and support needs, and ensure services encompass partners and significant adults within the family.
3. Transform and improve local maternity services in line with 'Better Births'³² drivers; ensure services continue to be co-produced locally, and that Maternity Safety Champions are represented at trust board level.

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% 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 the 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.

32. NHS England. 2017. Better Births Improving outcomes of maternity services in England. [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf?PDFPATHWAY=PDF> [Accessed 12 March 2021].

Section 2: Healthy Birth and Early Years

A child’s earliest years, from their birth to the time they reach statutory school age, are crucial. All the research shows that this stage of learning and development matters more than any other. Unknown children - destined for disadvantage?, Ofsted, 2016³³

Why is this period important?





Families are the most important influence on a child – particularly in the early years - and identifying those families who need help as early as possible opens opportunities to offer evidence-based interventions. Several, related protective factors can be optimised to support a healthy birth and the early years including:³⁴







- Authoritative parenting combined with warmth, with an affectionate bond of attachment being built between the child and the primary care-giver from infancy
- Parental involvement in learning
- Protective health behaviours e.g., stopping smoking
- Breastfeeding
- Psychological resources including self-esteem

What is the local picture?

The most recently compiled and published data is compared with other local authorities of similar deprivation, unless stated otherwise, as of April 2021.

Table 2: Healthy Birth and Early Years in Central Bedfordshire³⁵

	Significantly worse than comparator
	Not significantly different than comparator
	Significantly better than comparator
	No IMD Decile Comparison

Healthy Birth and Early Years Indicator	Previous period [Comparator IMD 2019] (Date)	Most recent available period [Comparator IMD 2019] (Date)
Breastfeeding initiation (%)		
	75.3 [74.0, England] (2015/16)	77.0 [74.5, England] (2016/17)
Breastfeeding at 6-8 weeks (%)		
	50.2 [46.2 England] (2018/19)	50.1 [48.0 England] (2019/20)
A&E attendances aged 0-4 years (Rate per 1,000)		
	430.0 [540.9] (2017/18)	351.3 [565.9] (2018/19)

33. Ofsted. 2016. Unknown Children – Destined For Disadvantage?. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/541394/Unknown_children_destined_for_disadvantage.pdf [Accessed 28 December 2020].

34. Public Health England (2015). Promoting Children and Young People’s Emotional Health and Wellbeing. [online] Available at: <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing> [Accessed 29 April 2020].

Low birth weight of all babies (%)	●	●
	7.1 [6.5] (2017)	6.1 [6.3] (2018)
Admissions for gastroenteritis in infants aged 1 year (Rate per 10,000)	●	●
	100.3 [79.8] (2018/19)	102.7 [77.1] (2019/20)
Admissions for lower respiratory tract infections in infants aged under 1 year (Rate per 10,000)	●	●
	1,124 [738] (2018/19)	949 [742] (2019/20)
Infant immunisations – MMR one dose at 24 months (%) *	●	●
	94.5 [91.3] (2018/19)	94.0 [92.8] (2019/20)
New-born Blood Spot Screening Coverage (%)	Bedford Hospital: L&D: [England:	99.6% 99.1% 98.0%
	(Q2 2019-20)	
Domestic abuse incidents and crimes (Rate per 1,000)	○	○
	24.4 [27.4, England] (2018/19)	27.6 [28.0, England] (2019/20)
Early Years Foundation Stage: good level of development at age 5 (%)	○	●
	73.2 [NA] (2017/18)	72.5 [75.9] (2018/19)
Hospital admissions for dental caries 0-5 years (Rate per 100,000)	○	○
	31.0 [251.8] (2016/17-18/19)	23.2 [218.8] (2017/18-19/20)

* Benchmarked against <90% 90% to 95% ≥95%

Central Bedfordshire's overall score for deprivation (using the 2019 Index of Multiple Deprivation) relative to all other local authorities in England, puts it in the least deprived decile. Throughout this report, Central Bedfordshire's performance is compared to other areas of similar deprivation where possible. For comparison to other local authorities of similar deprivation (IMD 2015), please refer to the reference³⁶

Table 2: Healthy Birth and Early Years in Central Bedfordshire Sources:

Public Health Outcomes Framework: CYP JSNA - Section 2 (IMD 2019). [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/kUrXDRCgk#page/0/gid/1/pat/10113/ati/202/are/E06000056/iid/93469/age/284/sex/4/cid/1/tbm/1> [Accessed 12 May 2021].

Public Health Outcomes Framework: CYP JSNA - Section 2 (IMD 2015). [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/3bolzNZxDk#page/0/gid/1/pat/10039/ati/102/are/E06000056/iid/93469/age/284/sex/4/cid/1/tbm/1> [Accessed 1 April 2021].

36. Public Health Outcomes Framework: CYP JSNA - Section 2 (IMD 2015). [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/3bolzNZxDk#page/0/gid/1/pat/10039/ati/102/are/E06000056/iid/93469/age/284/sex/4/cid/1/tbm/1> [Accessed 1 April 2021].

Compared to other local authorities in the same deprivation decile, we are significantly worse for the rate of admissions for lower respiratory tract infections in infants aged under 1 year, and for children achieving a good level of development at age 5 (EYFS). We have significantly better rates for breastfeeding at 6-8 weeks compared with national rates, and significantly better A&E attendance rates for children aged 0-4 years, compared with the deprivation decile.

A healthy childhood

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; feel confident to manage their child's minor illnesses and health issues.

The 0-5 years element of the Healthy Child Programme³⁷ is led by the Health Visiting Service and involves integrated working with all partners across the system, including maternity services, children's centres, Early Years settings, children's social care and GPs. It offers every family a programme of screening tests, developmental reviews, immunisations and guidance to support parenting and healthy choices until the child reaches statutory school age. In addition to universal services, The Healthy Child Programme provides additional support to families who need it to reduce the risk of adverse outcomes for the child.

Ensuring children are ready to learn

In Central Bedfordshire, an Integrated Education and Health Review is now offered to all children at the age of 3 years and 3 months, which incorporates a health and development review and the Early Years Foundation Stage check. Collaboration between Health Visiting and Early Years professionals ensures high quality and comprehensive assessment of need, that includes the child, their family and the wider context. The review provides an opportunity to discuss and assess a child's health, wellbeing and development and to identify those children and families who may need additional support.

To support parents and carers in their crucial role as their child's first educator, evidence-based parenting programmes such as Parents as First Teachers,³⁸ Triple P,³⁹ Parent Puzzle and Mellow Parenting⁴⁰ are offered in Central Bedfordshire.

Development by 5 years

A child's development, and a gauge of their readiness for school, is next measured at age 5, using the Early Years Foundation Stage Profile (EYFSP).⁴¹ Improving the number of children who achieve a good level of development when starting school remains a priority for Central Bedfordshire.

Reduced emergency hospital attendances and admissions

The main causes of Accident & Emergency (A&E) attendances and hospital admissions amongst children and young people are acute illnesses (such as gastroenteritis and upper respiratory tract infections), and injuries caused by accidents in the home. Unintentional injuries are the main cause of death in children and young people.

37. GOV.UK. 2019. Healthy Beginnings: Applying All Our Health. [online] Available at: <https://www.gov.uk/government/publications/healthy-beginnings-applying-all-our-health/healthy-beginnings-applying-all-our-health> [Accessed 16 December 2020].

38. Parents as First Teachers. 2020. Parents As First Teachers. [online] Available at: <https://parentsasfirstteachers.org/> [Accessed 16 December 2020].

39. Parenting Puzzle (Family Links). [online] Available at: <https://www.familylinks.org.uk/parenting-puzzle-workshops-programm>. 2020. Home - Triple P UK Ltd. [online] Available at: <https://www.triplep.uk.net/uken/home/> [Accessed 16 December 2020].

40. Mellow Parenting. 2020. Parenting And Relationship Programmes | Mellow Parenting. [online] Available at: <https://www.mellowparenting.org/> [Accessed 16 December 2020].

41. Department of Education. Early years foundation stage profile handbook [online] Available at: <https://www.gov.uk/government/publications/early-years-foundation-stage-profile-handbook> [Accessed 12 May 2021].

In the UK, 1 in 11 children have asthma, and every 20 minutes a child is admitted to hospital due to an asthma attack.⁴² BLMK CCG has developed a systems approach to improving the management of asthma in children and young people. This includes GPs, the 0-19 Healthy Child Programme Service, schools and hospitals.

Adverse childhood experiences and trauma

Adverse childhood experiences (ACEs) and trauma⁴³ are highly stressful, and potentially traumatic, events or situations that occur during childhood or adolescence.

These can be a single event, or prolonged threats to, and breaches of a young person's safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaptation.

Adaptations are children and young people's attempts to:

- Survive in their immediate environment
- Find ways of mitigating or tolerating the adversity by using available resources
- Establish a sense of safety or control
- Make sense of the experiences they have had

What kinds of experiences are adverse?

1. **Maltreatment:** including physical, sexual, emotional and financial abuse and neglect.
2. **Violence and Coercion:** including experiencing, or directly witnessing, domestic abuse, assault, harassment or violence, sexual exploitation, sexually harmful behaviour, being the victim of crime or terrorism, experience of armed conflict, gang or cult membership and bullying.
3. **Adjustment** including moving to a new area where there are no social bonds, migrating, seeking and gaining refuge or asylum and the ending of a socially significant, or emotionally important relationship.
4. **Prejudice:** including discrimination, victimisation, hate incidents and crime, other attitudes, chronic exposure to behaviours and institutional processes driven by LGBT+ prejudice, sexism, racism or disablism.
5. **Household or family adversity:** including living in a household with adults or adolescents who misuse substances, engage in criminal activities, are not supported to manage their mental ill health, making sense of intergenerational trauma (e.g. experiences of genocide). It also includes living in poverty, destitution or facing significant social, material and emotional deprivation. It also includes being looked after, leaving care, being detained in a secure children's service (e.g. young offenders' institution), and family or placement breakdown.
6. **Inhumane treatment:** including torture, forcible imprisonment, confinement or institutionalisation, non-consensual and coercive scarification and genital mutilation.
7. **Adult responsibilities:** including being the primary carer of adults or siblings in the family, taking on financial responsibility for adults in the household, and engaging in child labour.
8. **Bereavement and survivorship:** including death of care giver or sibling (including through suicide or homicide), miscarriage, acquiring or surviving an illness or injury, and surviving a natural disaster, terrorism or accident.

42. Asthma UK. [online] Available at: <https://www.asthma.org.uk/about/media/facts-and-statistics/> [Accessed 12 May 2021].

43. Young Minds Addressing Adversity: Prioritising adversity and trauma-informed care for children and young people in England. Funded by Health Education England 2018". [online] Available at: <https://youngminds.org.uk/media/2142/ym-addressing-adversity-book-web.pdf> [Accessed 25 January 2021]

Often risk factors occur together - particularly children living in a family affected by the 'toxic trio' of parental mental illness, substance misuse and domestic violence. Over a quarter (26%) of babies in the UK, have a parent affected by one of these issues.⁴⁴

Children and young people who witness and live with these stressful incidents are more likely to have low self-esteem, attachment issues and difficulties managing their emotions.

Individuals who experience 4 or more Adverse Childhood Experiences or traumatic events have an increased risk of high-risk behaviours and poorer outcomes as adults,⁴⁵ as shown in the graphic below.



Figure 1: Adverse Childhood Experiences

Source: Young Minds, 2021

Breastfeeding

Supporting families to breastfeed and increasing the number of babies who are breastfed gives babies the best possible start and is considered to be a public health priority. There is extensive evidence on the breastfeeding benefits to mothers, and to their babies' health, as well as evidence on how breastfeeding increases the level of attachment and bonding between mothers and their babies. The longer breastfeeding continues, the longer the protection lasts and the greater the benefits. The World Health Organization and the Department of Health recommend exclusive breastfeeding for the first 6 months of life.

Breastfed babies have lower rates of gastroenteritis, respiratory infections, sudden infant death syndrome, obesity and allergies. The health benefits of breastfeeding for the mother include lower risks of breast and ovarian cancers, cardiovascular disease, osteoporosis and obesity in later life.

Breastfeeding rates at 6-8 weeks have increased slightly in Central Bedfordshire over recent years and are now better than the national average. However, there is still work to do to increase these rates, and there is significant variation across Central Bedfordshire localities.

44. Wave Trust (2015). 1001 Critical Days. The Importance of the Conception to Age Two Period. (2015). [online] Available at: <https://www.wavetrust.org/1001-critical-days-the-importance-of-the-conception-to-age-two-period> [Accessed 16 December 2020].

45. Bellis et al. (2013) Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in the UK population. Journal of Public Health. [online] Available at: <https://www.ncbi.nlm.nih.gov/pubmed/23587573> [Accessed 12 May 2021]

Preventable childhood diseases

Antenatal and new-born screening is part of the routine maternity care pathway. Through the robust programme provided locally, screening can help to prevent infection of the new-born child, and ensure that appropriate care is made available. The antenatal and new-born screening timeline goes from pre-conception to 8 weeks after birth.⁴⁶ Vaccination is recognised as one of the most effective public health interventions in the world, and the UK has one of the best immunisation programmes. Coverage of over 95% protects the whole community – not just those vaccinated – by reducing the likelihood of infectious diseases being able to spread. Research shows that children under the age of 5 years have the highest rate of hospital admissions of any age group. The purpose of the childhood vaccination programme is to help to protect children against preventable diseases, including measles, mumps and rubella.

Central Bedfordshire, for the 12-month indicators of Diphtheria/tetanus/Pertussis/Polio/Hib Influenza/Hepatitis B, Rotavirus, Pneumococcal and Meningitis B vaccines, are all above the England and East of England average for Q1-3 2020-21. Most vaccines types, other than Rotavirus, have sat consistently above the national COVER target of 95%, even within the constraints of the COVID-19 pandemic. Sustaining uptake is very much attributed to the work of both General Practice and the support of the redeployed Community and School Age Immunisation team.

Considering the 2nd MMR dose at age 5, Central Bedfordshire has performed above the England and East of England average, although has not reached the 95% target. It is currently at 92.6% for Q3 2020-21. Strategies are in place with the ICS, NHSE and the Child Health Information Service, to improve uptake through targeted work at practice level, for all children with outstanding MMR vaccinations. Full uptake figures can be found in the COVER programme, 2020.⁴⁷

The annual 'flu vaccination programme now includes children; this helps to protect them from catching 'flu, and also helps to prevent them spreading infection to their families and the wider community. Reporting as Bedfordshire CCG, 'flu vaccination uptake in 2020-21 for 2 & 3 year olds was above both the England and East of England uptake and a significant improvement on 2019-20.

46. Public Health England. 2020. Antenatal and newborn screening timeline – optimum times for testing. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768805/ANNB_Timeline_v8.4.pdf [Accessed 16 December 2020].

47. Public Health England. 2020. Cover of vaccination evaluated rapidly (COVER) programme: annual data. [online] Available at: <https://www.gov.uk/government/publications/cover-of-vaccination-evaluated-rapidly-cover-programme-annual-data> [Accessed 23 June 2021]

The NHSE Screening & Immunisation Team continue to update all members of the wider team, in partnership with Public Health: this includes 0-19 Healthy Child Programme Teams, Looked After Children teams, General Practice staff - both clinical and non-clinical, pharmacists, Foster Carers, Childminders, and Early Years staff, on the changes in the UK Routine Vaccination Schedule, strategies on improving uptake, the role of Child Health Information Service and reducing inequalities.

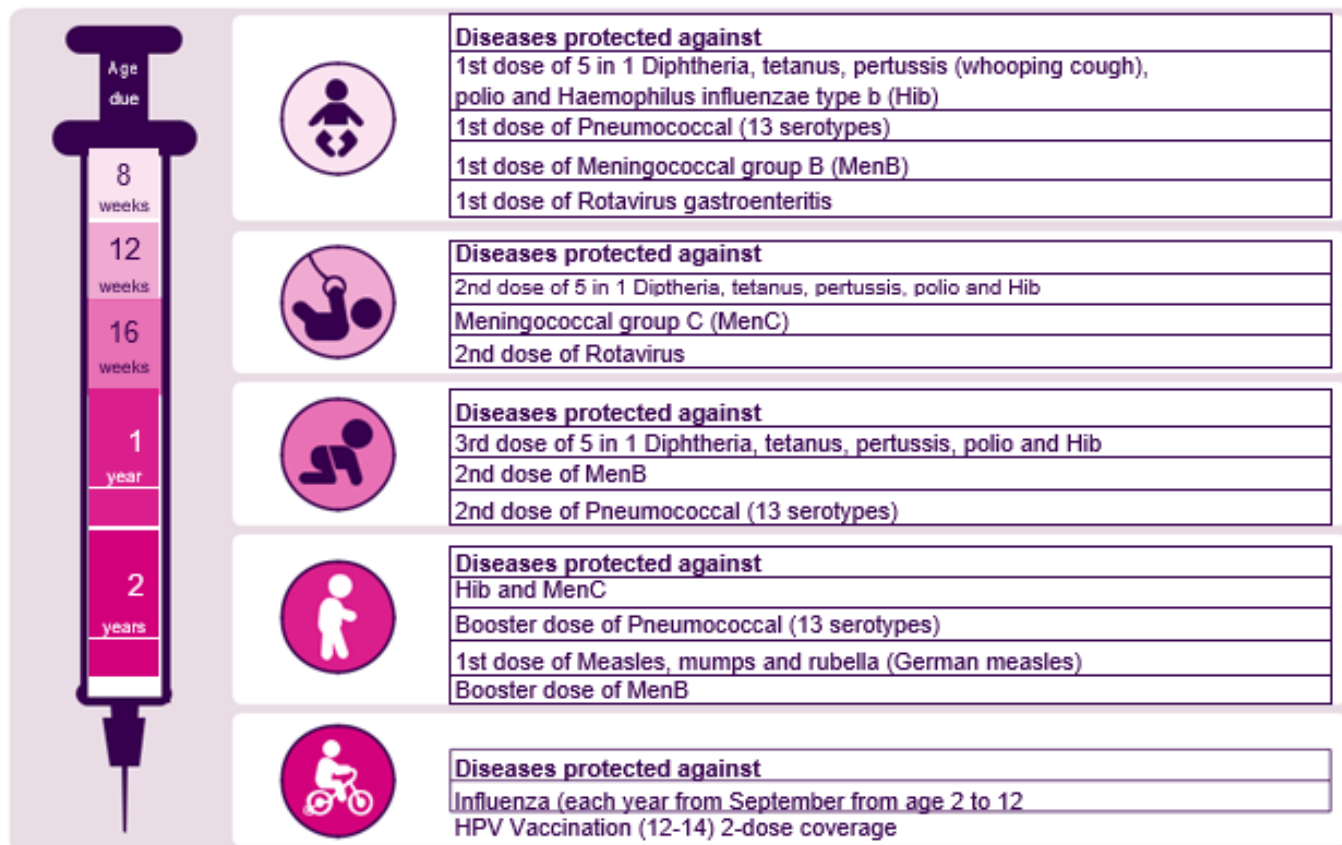


Figure 2: Importance of immunisation in children and young people

Oral Health

Poor oral health can affect children’s ability to speak, eat, sleep, play and socialise and can negatively impact on a child’s school attendance and wellbeing. In the UK, tooth decay is still the commonest cause of admission to hospital in 5-19 year olds. Through the locally commissioned Oral Health Promotion (OHP) Service, health education advice, information and training is provided in various settings, to a range of groups in Central Bedfordshire, which includes:

- Nursery Schools
- Pre-Schools
- Foster carers
- Other groups by request

The team, who are part of Cambridgeshire Community Services (CCS), also provide training to other CCS children’s teams including the 0-19 HCP Service, specialist school nurses and the Looked After Children (LAC) health team. Oral health is discussed by the HCP team in all 0-5 mandated contacts, with staff using activities and materials provided by the OHP team. The training delivered to 5-19 teams covers specific areas - i.e., interdental cleaning, HPV awareness, piercings etc.

Professionals in oral health promotion offer health protection messages for families to promote the importance of good oral health using a range of evidence based approaches such as: apps and websites through Start4Life and Change4Life; encouraging children and their families to register and attend a dentist if they have not done so already; making every contact count by delivering brief intervention and advice to parents/carers including making the link between healthy eating (low sugar diet/drinks) and good oral health; promoting good oral health practices such as effective tooth brushing, and the use of fluoride paste.

The OHP team also deliver the 'My Smile' accredited programme for early years' settings and Children's Centres. The programme guides settings in the application of the 4-step approach to providing a tooth-friendly environment for children within their care, including a supervised tooth-brushing programme. The 'My Smile' accreditation is given to settings that can demonstrate to the 'My Smile' team that all 4 steps are in fully in place and are being implemented effectively.

The impact of COVID-19 on healthy births and early years

In Central Bedfordshire, there have been several changes to labour and post-natal services. To protect families during the pandemic, there has been a reduction in postnatal, midwifery and health visiting home visits. Although partners have been able to support women during their birth, it has been necessary to limit visitors to labour, antenatal and postnatal wards.

Immunisation appointments moved to children's centres in April 2020. Although vaccination counts fell in March 2020 when social distancing was introduced, it is now comparable to vaccination rates at this point in 2019 (before the COVID-19 pandemic).

One of the major impacts of pre-term deliveries is necrotising enterocolitis (NEC). Depending on the severity, neonates with NEC may require both neonatal services in maternity settings and surgical services in paediatric units. Studies have shown that breastmilk is one of the most effective ways to prevent or reduce the severity of NEC. Supporting breastfeeding provides an opportunity to promote neonatal health, and it appears that during the pandemic more mothers were breastfeeding at 6-8 weeks. In order to sustain this unexpected improvement, we need to understand why this increase has been seen.

There have been increased demands on neonatal and paediatric services. During the initial wave of COVID-19, there was a requirement to protect mothers and babies by reducing visitors to their homes, and so much of the postnatal visiting by midwifery and health-visiting staff was changed to telephone or virtual consultation. Breastfeeding support leaflets were co-produced to enable women to access support when they needed it.

In Central Bedfordshire, the Baby-Friendly Support team are continuing to encourage and support mothers in breast-feeding, through virtual consultations. This has encouraged an increase in breastfeeding rates. To protect families during the pandemic, the Well-Baby health visitor clinics have stopped. In addition, 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.⁴⁸

The pandemic has influenced the development and well-being of children and young people. The largest impact is likely to fall on children from the poorest families, or those with vulnerabilities and additional or particular needs.⁴⁹

48. The Impact of the COVID-19 upon Children, Young People & Expectant Mothers: Phase 1, Hasna Dulfeker, Bedford, 2020.

49. Sutton Trust. 2020. Covid-19 Impacts: Early Years - Sutton Trust. [online] Available at: <https://www.suttontrust.com/our-research/coronavirus-impacts-early-years> [Accessed 16 December 2020].

In Central Bedfordshire, there has been partial closure of nurseries and face-to-face group activities in Children's Centres. During the pandemic, there has been collaborative working between Children's Centres, immunisation services, and maternity services to identify vulnerable and at-risk mothers and families earlier.

Changes to services have also caused some challenges due to group activities being suspended. Children and families with complex home situations, such as overcrowded housing or lack of play spaces, are unable to access safe places to play, and nurture positive social networks. These families may have some connections with Children's Centres but not meet the threshold for other support organisations.

Both 'flu and COVID-19 will likely be circulating at the same time, which means that it is more important than ever to help to protect against 'flu. The 'flu vaccination will not protect against COVID-19, but it is critical to protect the general health of the population, particularly those at high risk from COVID-19. The numbers attending vaccination clinics during March 2020 dramatically reduced, with the pandemic cited as a principal factor. In an effort to combat this, several changes were introduced to ensure that vaccination coverage for new-born babies, pregnant women and children under 1 year was not adversely affected.

Public Health England re-deployed the NHS providers of local school-aged immunisation services (SAIS) temporarily to support GPs to deliver immunisation services in the community. The local authority health protection team worked in collaboration with the NHS and early years and education teams within Central Bedfordshire, to secure community-based immunisation sites to reduce pressure on GP practices at the height of the pandemic between April and July 2020. Analysis of the results and impacts of the programme are expected in the coming months.

Priorities areas we should continue to build on:

1. Develop and retain our highly skilled and motivated 0-5 workforce across the system, supporting integrated working across health, social care and education.
2. Provide training for all professionals working with children and families to: recognise key risk factors (including adverse childhood experiences and trauma); improve information sharing; intervene early and refer to appropriate services.
3. Support parents and carers to ensure their children are ready to learn. This includes increasing uptake of the integrated education and health review at 3 years and 3 months, and of free nursery places at 2 and 3 years where applicable.
4. Ensure consistent messages across all health and early years' providers to continue to promote and support responsive breastfeeding, responsive bottle-feeding and smoke-free environments.
5. Reduce unintentional injuries in under 5s.

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. Provide responsive 7-day services to cater to the needs of children and young people and carers to ensure that children get care close to home at the right place at the right time.

Section 3: The school-aged years

Why is this period important?





The Chief Medical Officer and Professor Sir Michael Marmot⁵⁰ have highlighted the importance of giving every child the best start in life, 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. There will be challenges within a child's or a young person's life, and times when they need additional support. Universal and targeted public health services provided by health visiting and school nursing teams, are crucial to improving the health and wellbeing of all children and young people.





Over the past 10 years, there has been significant research emerging around young people's brain development. Puberty is a time of a major 'second wave' of brain activity, where the brain is developing its skills to make decisions, empathise and reason.⁵¹ At the same time, the body is developing its potential for fitness, physical strength and reproductive capacity.⁵²

What is the local picture?

The most recently compiled and published data is compared with other local authorities of similar deprivation, unless stated otherwise, as of April 2021.

Table 3: The School-aged years in Central Bedfordshire⁵³

	Significantly worse than comparator
	Not significantly different than comparator
	Significantly better than comparator
	No IMD Decile Comparison

School-Aged Indicator	Previous period	Most recent available period
	[Comparator IMD 2019] (Date)	[Comparator IMD 2019] (Date)
1. Reception children age 4-5 overweight and obese (%)		
	20.7 [22.6, England] (2018/19)	20.9 [23.0, England] (2019/20)
2. Year 6 children overweight and obese (%)		
	28.6 [34.3, England] (2018/19)	29.7 [35.2, England] (2019/20)

50. Chief Medical Officer's Annual report: <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays> [Accessed 09 March 2021]

51. Unicef. 2017. The Adolescent Brain: A Second Window Of Opportunity. [online] Available at: https://www.unicef-irc.org/publications/pdf/adolescent_brain_a_second_window_of_opportunity_a_compendium.pdf [Accessed 29 April 2020].

52. Brown, K. A., Patel, D. R., & Darmawan, D. (2017). Participation in sports in relation to adolescent growth and development. *Translational paediatrics*, 6(3), 150–159. <https://doi.org/10.21037/tp.2017.04.03> [Accessed 29 April 2020].

53. Public Health Outcomes Framework: CYP JSNA – Section 3 (IMD 2019). [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/8WDJSm5kGD#page/0/gid/1/pat/10113/par/cat-113-10/ati/202/iid/10301/age/193/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1> [Accessed 13 January 2021].

3. Smoking prevalence at age 15 - current smokers (%)	○	●
	NA	7.1 [8.2, England] (2014/15)
4. School pupils with social, emotional and mental health needs (%)	●	●
	2.70 [2.36] (2019)	3.22 [2.60] (2020)
5. Hospital admissions: mental health conditions aged 0-17y (Rate per 100,000)	●	●
	112.0 [101.5] (2018/19)	94.2 [100.7] (2019/20)
6. Hospital admissions: alcohol-specific conditions, under 18 (Rate per 100,000)	●	●
	24.4 [31.1] (2016/17 – 18/19)	37.3 [31.8] (2017/18 – 19/20)
7. Hospital admissions: substance misuse aged 15-24 (Rate per 100,000)	●	●
	111.7 [69.7] (2016/17 – 18/19)	120.8 [74.5] (2017/18 – 19/20)
8. Hospital admissions caused by unintentional & deliberate injuries in children aged 0-14 years (Rate per 10,000)	●	●
	84.6 [87.5] (2018/19)	83.8 [81.4] (2019/20)
9. Hospital admissions as a result of self-harm in children aged 10-24 (Rate per 100,000)	●	●
	465.2 [446.2] (2018/19)	534.0 [457.9] (2019/20)
10. MMR vaccination coverage for two doses (5 years old) (%) *	●	●
	90.7 [85.3] (2018/19)	92.1 [88.0] (2019/20)
11. Hospital admissions for asthma (under 19 years) (Rate per 100,000)	●	●
	99.3 [125.7] (2018/19)	104.9 [109.9] (2019/20)
12. First-time entrants to the youth justice system aged 10-17 (Rate per 100,000)	●	●
	94.1 [240.9, England] (2018)	118.3 [208.0, England] (2019)

13. Pupil absence (Persons 5-15 years): percentage of half-days missed (%)	○	●
	4.84 [NA] (2017/18)	4.63 [4.49] (2018/19)
14. Average attainment 8 score (Persons, 15-16 years)	●	●
	45.5 [50.4] (2018/19)	48.7 [53.5] (2019/20)
15. Not in Education Employment or Training (NEET): 16-17 year olds (%)	●	●
	5.1 [4.8] (2018)	4.1 [4.1] (2019)
16. Chlamydia detection rate aged 15-24 (Rate per 100,000) **	●	●
	1,242 [1,346] (2018)	1,675 [1,371] (2019)
17. Under 18 conceptions (Rate per 1,000)	●	○
	14.5 [10.2] (2018)	14.1 ⁵⁴ [N/A] (2019)
18. Year 9 Diphtheria/Tetanus/Polio booster (%)	○	○
	93.20 (2018/19) Recovery over into academic year 2020/21	62.0 (2019/20) Recovery over into academic year 2020/21
19. Year 9 Meningitis ACWY (%)	○	○
	93.50 (2018/19) Recovery over into academic year 2020/21	61.7 (2019/20) Recovery over into academic year 2020/21
20. Children with one or more decayed, missing or filled teeth (5 years, mean dmft per child)	●	●
	0.46 [0.78, England] (2016/17)	0.40 [0.80, England] (2018/19)

54. Office of National Statistics. 2019. Conceptions in England and Wales - Office for National Statistics. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables> [Accessed 12 August 2021].

* Benchmarked against	<90%	90% to 95%	≥95%
** Benchmarked against	<1900	1900 to <2300	≥2300

Central Bedfordshire’s overall score for deprivation (using the 2019 Index of Multiple Deprivation) relative to all other local authorities in England, puts it in the least deprived decile. Throughout this report, Central Bedfordshire’s performance is compared to other areas of similar deprivation where possible. For comparison to other local authorities of similar deprivation (IMD 2015), please refer to the reference⁵⁵

Table 3: The School-aged years in Central Bedfordshire sources:

Public Health Outcomes Framework: CYP JSNA – Section 3 (IMD 2019). [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/8WDJSm5kGD#page/0/gid/1/pat/10113/par/cat-113-10/ati/202/iid/10301/age/193/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1> [Accessed 13 January 2021].

Public Health Outcomes Framework: CYP JSNA – Section 3: (IMD 2015) [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/omJFPcH50G#page/0/gid/1/pat/10039/ati/102/are/E06000056/iid/10301/age/193/sex/4/cid/1/tbm/1> [Accessed 1 April 2021].

Compared to local authorities in the same deprivation decile, we have significantly worse rates of: school pupils with social, emotional and mental health needs; hospital admission rate due to substance misuse in 15-24 year olds; self-harm admissions in 10-24 year olds; average attainment 8 score for pupils aged 15-16: chlamydia detection, and under 18 conceptions.

Excess weight

Children with excess weight (either overweight or obese) are more likely to become overweight and obese adults, and have a higher risk of poor health, disability and premature mortality in adulthood. There is also a link between obesity and poor mental health in teenagers, with weight stigma increasing vulnerability to depression, low self-esteem, poor body image and maladaptive eating behaviours. Nationally, by the age of 11, almost a third of children are overweight or obese, and this proportion is predicted to rise if concerted action is not taken.⁵⁶

The National Child Measurement Programme (NCMP) measures children’s weight and height in their first year at school (Year R) and again in Year 6. The NCMP is used to identify children who are underweight, overweight and obese so that they can be offered support, as well as the data being used to monitor national and local trends.

In Central Bedfordshire, 20.9% of Year R school children were overweight or obese (‘excess weight’) in 2019-20 (similar to the England rate).⁵⁷ In school Year 6, 29.7% of children were of excess weight (significantly better than the England rate).⁵⁸

In 2019-20 in Central Bedfordshire, there were 245 4-5 year olds, and 910 10-11 year olds identified who were living with overweight or obesity levels.

The impact of obesity on a child’s health, now and in the future

Obesity has a profound effect on children’s physical and mental health. It can frame children’s life chances – not just their health, but also their employment, opportunities.

55. Public Health Outcomes Framework: CYP JSNA – Section 3: (IMD 2015) [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/omJFPcH50G#page/0/gid/1/pat/10039/ati/102/are/E06000056/iid/10301/age/193/sex/4/cid/1/tbm/1> [Accessed 1 April 2021].

56. RCPCH. Available at: <https://www.rcpch.ac.uk/key-topics/nutrition-obesity> [Accessed 12 May 2021].

57. Public Health Outcomes Framework: CYP JSNA – Section 3 (IMD 2019). [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/8WDJSm5kGD#page/0/gid/1/pat/10113/ati/202/are/E06000056/iid/10301/age/193/sex/4/cid/1/tbm/1> [Accessed 13 January 2021].

58. Public Health Outcomes Framework: CYP JSNA – Section 3 (IMD 2019). [online] Available at: <https://fingertips.phe.org.uk/indicator-list/view/8WDJSm5kGD#page/0/gid/1/pat/10113/ati/202/are/E06000056/iid/10301/age/193/sex/4/cid/1/tbm/1> [Accessed 13 January 2021].

Once established, obesity is notoriously difficult to treat. Children with obesity are 5 times more likely have obesity as an adult and are more likely to develop cardio-metabolic disease, some cancers and musculoskeletal conditions in adult life.⁵⁹

The causes of obesity are complex and multi-faceted driven by biological factors such as genetics, social factors such as the built environment and transport systems; values, culture and norms around eating; leisure centres and green space; education and schools; and poverty. Finally, obesity is influenced by commercial factors such as the production, supply, marketing and sale of high calorie sugar and fat foods. The combination of these things can lead to obesity.

As well as helping children and young people maintain a healthy weight, there is increasing evidence of the mental health benefits of exercise in children and young people. Regular activity helps children and young people to feel good about themselves and to concentrate better, as well as bringing physical health benefits.

Health inequalities

There is a strong association of deprivation with childhood obesity and being overweight. Families living in deprived communities experience multiple, interacting exposures to material, psychosocial and behavioural risks for childhood obesity across the life-course. Obesity prevalence is highest amongst some of the most deprived wards in Central Bedfordshire. This is consistent with the national pattern where children in the most deprived parts of the country are more than twice as likely to be obese as their peers living in the least deprived areas are.⁶⁰ This is sowing the seeds of adult diseases and health inequalities in early childhood.

What are we aiming for?

Nationally, the Government have committed to halving childhood obesity and reducing obesity inequalities by 2030.⁶¹ With the recent spotlight on obesity due to COVID-19, key actions include work on sugar reduction, food labelling, calorie and sugar reduction, restrictions on advertising and food promotions as well as the 'Better Health' campaign to help people lose weight, get active and eat better after COVID-19 'wake-up call'.⁶²

The causes of excess weight are complex and multi-faceted, driven by: biological factors; built environment and transport systems; norms around eating and physical activity; access to leisure facilities and green space; education; poverty; and the commercial and fiscal systems, which affect these. Tackling excess weight requires a whole systems approach to change the environment in which we are born, live, learn, play, work and age. Working with multiple partners including health colleagues, local planning teams and education the council has already begun to follow a whole system approach to identify ways we can change the local obesogenic environment.

The approach should be complemented by local weight management services. We need to maximise attendance of these services to effectively support those living with overweight or obesity including families, pregnant women and prevention work in schools.

59. CDC. Overweight and Obesity. [online] Available at : <https://www.cdc.gov/obesity/childhood/causes.html> [Accessed 12 May 2021]

60. NHS Digital. 2019. National Child Measurement Programme, England 2018/19 School Year [NS] - NHS Digital. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2018-19-school-year> [Accessed 12 March 2021].

61. Assets.publishing.service.gov.uk. 2018. Childhood obesity: a plan for action. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf [Accessed 12 March 2021].

62. GOV.UK. 2020. Tackling obesity: empowering adults and children to live healthier lives. [online] Available at: <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives> [Accessed 12 March 2021].

School aged vaccinations

The delivery of school aged vaccinations by the Community and School Aged Immunisations team was severely affected by school closures due to the COVID-19 pandemic from March 2020. Social distancing, bubbles and school closures resulted in a more time-consuming and complicated delivery of the programme. The academic year (from September 2020) has been focussing on restoration and recovery and up until May 2021, uptake of Meningitis ACWY was 71.15% and Diphtheria/Tetanus/Polio 70.80% and the team continues to offer these vaccines both in school and community clinics.

'Flu was the most challenging programme to deliver. It has a time-limited delivery model and staff had to work around all the complexities of school closures, social distancing, bubbles, pupil absence and parental concern. Uptake in 4-10 year olds for 2020-21 was 57.4%, slightly above the East of England average.

Reducing health-related risk-taking behaviours

Adolescence is recognised as the most significant time for introducing behaviours that can have long term health impacts, for example, smoking and substance and alcohol misuse. Health during adolescence is strongly linked to educational outcomes, including attainment and employment.

Whilst most research is showing that risk-taking behaviours amongst young people are on the decline, there seems to be an upward trend of children and young people experiencing poor emotional health. There is also evidence of a link between risk-taking behaviours and poor mental health.

Smoking

Smoking continues to be a major cause of ill health, particularly heart and lung disease. Many people start smoking as adolescents and some will continue to smoke into adulthood. However, across England, the number of young people who reported trying smoking has fallen and is now at the lowest levels since 2003.⁶³

Local data tells us that the majority of young people do not smoke and there are fewer young smokers compared to the England average; however, there has been an increase in 'ever smoked at least once' and a significant number are affected by second-hand smoke. Smoking tobacco is associated with an increased prevalence of all mental disorders, with smokers 50% more likely to suffer from a mental disorder than non-smokers are and more than twice as likely to attempt suicide. It is therefore crucial that people with mental disorders have appropriate access to support services.

The Stop Smoking Service specialist advisors offer free advice and support across Bedfordshire and Nicotine Replacement Therapy can be provided to children over the age of 12.

Tobacco remains the main cause of preventable morbidity and premature death in England.⁶⁴ Beyond the well-recognised effects on health, tobacco also plays a role in perpetuating poverty, deprivation and health inequalities.

63. NHS Digital. 2019. Smoking, Drinking and Drug Use among Young People in England 2018 [NS] - NHS Digital. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018> [Accessed 8 January 2021].

64. Public Health England. Smoking and tobacco: applying All Our Health. [online] Available at: <https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health#:~:text=Despite%20a%20continued%20decline%20in,people%20in%20England%20each%20year.> [Accessed 13 January 2021]

Drug and alcohol misuse

Drug and alcohol misuse can have significantly harmful impacts on young people, beyond the immediate effects. This can affect educational outcomes, employment, housing, relationships, and increase the likelihood of criminal behaviour. There is also evidence to suggest that young people who use recreational drugs and alcohol are at risk of poor mental health outcomes, including depression, disruptive behaviour disorders and suicide. Cannabis and alcohol are the most common substances used by young people,⁶⁵ although there is evidence that young people also use new psychoactive substances (NPS), also known as 'legal highs'.⁶⁶ Young people who misuse substances may be at a greater risk of both criminal and sexual exploitation and may be more likely to be involved in criminal and gang behaviour.

Nationally, the 2018 England survey⁶⁶ reported that 24% of pupils aged 11-15 years had taken drugs at least once, ranging from 9% of 11 year olds, to 38% of 15 year olds. 9% of pupils surveyed reported taking drugs in the month prior to the survey. Of those who had taken drugs in the past year, 33% reported taking cannabis only, however, 35% reported taking two or more types of drug. Data for England also showed that there has been a downward trend in the number of young people who drink alcohol,⁶⁶ however 6% of children and young people reported drinking alcohol weekly, 11% reported drinking alcohol between fortnightly and monthly and 9% reported being drunk in the 4 weeks previous to completing the survey.

The Young People's Substance Misuse Treatment Statistics 2019-2020 report⁶⁷ demonstrates that:

- There were 3% fewer young people accessing drug and alcohol services between April 2019 – March 2020 compared to the previous year
- 76% of those accessing treatment reported that they started using substances before the age of 15
- 37% of those accessing treatment reported a mental health need; this was higher in girls compared to boys (49% compared to 30%)
- 22% of young people in the service were affected by others' substance use, and 21% were affected by domestic violence
- Child Sexual Exploitation (CSE) was reported by 4% of those in treatment; this was more common in girls (10%) than boys (1%)

Findings from Central Bedfordshire Children and Young People's Substance Misuse Snapshot, 2019:⁶⁸

- 11.5% of those young people in Central Bedfordshire drinking alcohol do so at least once a week
- A similar number of young people in Central Bedfordshire are admitted to hospital for alcohol-specific conditions than the national average

65. Public Health England- National Drug Treatment Monitoring System (NDTMS) young person executive summary. [online] Available at: <https://www.ndtms.net/ReportViewer> [Accessed 1 March 2021]

66. NHS Digital. 2019. Smoking, Drinking and Drug Use among Young People in England 2018 [NS] - NHS Digital. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018> [Accessed 8 January 2021].

67. Young people's substance misuse treatment statistics 2019 to 2020: report. [online] Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-statistics-2019-to-2020/young-peoples-substance-misuse-treatment-statistics-2019-to-2020-report#contents> [Accessed 1 March 2021]

68. Central Bedfordshire Children and Young People's Substance Misuse Snapshot 2019, Central Bedfordshire, 2019.

Findings from the PHE young people specialist substance misuse interventions⁶⁹ - executive summary report included:

- 44% more young people were in treatment compared to March 2019
- 89% of young people in the service were affected by one or more substance-specific vulnerability and 68% by wider vulnerabilities (Q3 2019/2020).
- Almost a third of young people in the service were affected by others' substance misuse
- Locally, hospital admissions due to alcohol-specific conditions in under 18 or substance misuse in 15-24-year-olds are relatively rare but are the 'tip of the iceberg', pointing to wider substance misuse and its impacts.

Drug and alcohol services for young people

Aquarius Bedfordshire offers a range of confidential and accessible support, information, and advice to young people aged between 5 and 18 who use drugs or alcohol, and provides support for young people affected by someone else's use, for instance, a parent/carer's or sibling's use.

An evaluation was carried out in 2018⁷⁰ to identify areas of best practice, and development for drug and alcohol support for children and young people.

Aquarius also offers drug and alcohol training to schools, and provides parenting interventions, sharing evidence-based information to widen the support network available to children and young people. Children and young people are monitored through follow-up reviews after discharge, and those with complex needs receive treatment for longer to address these complexities in a 'needs led' approach.

Areas of development were identified, including working closely with schools to develop targeted PSHE lessons, and support drug and alcohol policy development. In addition, enhancing joint working protocols and improving use of technology in the service were identified as important development areas.

Sexual Health

As young people become sexually active, it is important that have easy access to contraception and sexual health services. Chlamydia is the most common, curable sexually transmitted infection in the UK. If left untreated it can cause infertility in both women and men. An effective screening programme for chlamydia aims to screen young people between the ages of 15 and 24 years, to achieve a detection rate of at least 2,300 per 100,000. This ensures that the programme is effectively targeting those young people at highest risk of infection.

Areas achieving this rate should aim to maintain or increase it. Such a level can only be achieved through the ongoing commissioning of high volume, good quality screening services across sexual health services and primary care.

While the detection rate and numbers being screened in Central Bedfordshire are below those recommended by Public Health England, positivity is within the recommended range (5-12%); therefore, the local programme is an effective approach in detecting positive cases. Optimal treatment and partner notification levels result in fewer untreated infections circulating in the community.

69. Young People's Substance Misuse Treatment Statistics 2018 to 2019: Report. 2019 [online] Available at: <https://www.gov.uk/government/publications/substance-misuse-treatment-for-young-people-statistics-2018-to-2019/young-peoples-substance-misuse-treatment-statistics-2018-to-2019-report> [Accessed 13 January 2021].

70. 2018 Drug and Alcohol Health Needs Assessment.

There is support for schools around contraception and sexual health in the majority of schools in Central Bedfordshire. Targeted outreach work is delivered to young people identified as more vulnerable; this includes looked after children, young people from areas of high teenage pregnancy, and young people not in employment, education or training.

Teenage pregnancy

Teenage pregnancy is a complex issue, affected by personal, social, economic and environmental factors. Under-18 conception data includes all conceptions that result in either a live birth or abortion. Since 2009, there has been a 58% reduction in under 18 conceptions across England (2019).

The Integrated Contraception and Sexual Health service (iCaSH) provides an integrated contraceptive and sexual health service for all ages, including services specifically for young people.

To support young parents, there is a Support Pathway for Parents Under 20 in Central Bedfordshire. The pathway offers all pregnant women under the age of 20 a range of support to improve their own outcomes, their partner's, and their child's.

LGBT+

As part of growing up, all young people will spend time exploring their identity and developing a sense of who they are. This will include thinking about who they are attracted to (their sexual orientation), how they feel about their gender (their gender identity), and the different ways they express their gender.⁷¹

LGBT+ (lesbian, gay, bisexual, trans and those questioning their sexual or gender identity) children and young people realise they are lesbian, gay, bisexual or trans at different stages in their lives, but will often know at an early age.

Growing up, LGBT+ young people face specific challenges in addition to wider factors that lead young people in general to face additional difficulties. These include homophobic, biphobic and transphobic discrimination, and a lack of support and inclusion in education, training and work.⁷² In addition, nearly half of LGBT+ young people are still bullied at school simply for being who they are.⁷³

Being LGBT+ can feel like an extra pressure for young people, particularly at school, depending on the extent to which staff, peers and the wider school community are supportive. Creating an inclusive environment is a key part of making sure that LGBT+ young people feel welcome and valued in any environment.⁷⁴ The principles around supporting LGBT+ young people are the same at any age. This includes helping young people to talk about how they feel, ensuring they are providing age-appropriate information to answer any questions they have.

71. Stonewall.org.uk. 2017. An introduction to supporting LGBT young people. [online] Available at: https://www.stonewall.org.uk/system/files/cymru_introduction_to_supporting_lgbt_young_people_english.pdf [Accessed 1 April 2021].

72. Stonewall. 2020. Shut out: the experiences of LGBT young people not in education, training or work. [online] Available at: <https://www.stonewall.org.uk/resources/shut-out-experiences-lgbt-young-people-not-education-training-or-work> [Accessed 1 April 2021].

73. unesco.org. 2017. School report: the experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017 | UNESCO HIV and Health Education Clearinghouse. [online] Available at: <https://hivhealthclearinghouse.unesco.org/library/documents/school-report-experiences-lesbian-gay-bi-and-trans-young-people-britains-schools> [Accessed 1 April 2021].

74. Stonewall.org.uk. 2017. An introduction to supporting LGBT young people. [online] Available at: https://www.stonewall.org.uk/system/files/cymru_introduction_to_supporting_lgbt_young_people_english.pdf Accessed 1 April 2021].

Personal, social, health education (PSHE)

Today's children and young people are growing up in an increasingly complex world and living their lives seamlessly on and offline. This presents many positive and exciting opportunities, but also challenges and risks. In this environment, children and young people need to know how to be safe and healthy, and how to manage their academic, personal and social lives in a positive way. This is why high quality and effective Relationships Education has been made compulsory in all primary schools in England, and Relationships and Sex Education in all secondary schools; Health Education has also been made compulsory in all state-funded schools.

Mental health

Children suffering from mental ill health are at risk of poor physical health outcomes, poor educational attainment, and are at greater risk of unhealthy behaviours such as taking up smoking.

There is relatively little data about prevalence rates for mental health disorders in pre-school age children, but by the time they reach school age, 1 in 10 children need support or treatment for mental health problems. This means that in a class of 30 schoolchildren, 3 are likely to suffer from a mental health disorder such as depression, conduct disorders, anxiety, and hyperkinetic disorders (e.g. Attention Deficient Hyperactivity Disorder).

Young people have been uniquely impacted by the pandemic and lockdown, with NHS research suggesting 1 in 6 may now have a mental health problem, up from 1 in 9 in 2017.⁷⁵

A whole systems approach will be needed to address the challenge and provide care and support to local children and young people in the wake of the pandemic. Addressing the priorities therefore needs to be a collaborative programme across the commissioning and provider system, inclusive of local authorities, educational partners and the voluntary and community sector.

Improving emotional health and wellbeing and building resilience

Good emotional health and wellbeing amongst children and young people promotes healthy behaviours, good attainment and helps prevent behavioural and mental health problems.⁷⁶ Most children and young people are part of happy and healthy families, and their parents or carers are the providers of their emotional support. Sometimes children and young people need extra support.

Families, schools, local health, and social care organisations have a vital role in helping children and young people to build resilience and supporting them through life's adversities. We are aiming for children and young people to have good levels of resilience to enable healthy relationships and positive life choices.

75. Department of Health and Social Care, 2021. [online] Available at: <https://www.gov.uk/government/news/79-million-to-boost-mental-health-support-for-children-and-young-people> [Accessed 23 March 2012].

76. NICE. 2019. Social and Emotional Wellbeing for Children and Young People - NICE Pathways. [online] Available at: <https://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people> [Accessed 16 December 2020].

The impact of COVID-19 on school-aged children

On the 20th of March 2020, schools in England closed except for vulnerable pupils and children of key workers. National exams were also cancelled for 2020 and 2021. From March 2020, remote education was rolled out to support children and young people to continue their learning at home. Remote learning became statutory from mid October 2020 for any pupils unable to attend school or college due to the pandemic.

During the coronavirus pandemic we have seen both increasing numbers and increasing acuity of children and young people suffering crisis, whether it is due to mental ill health, or related to learning difficulties and /or autism. This has included an unprecedented surge in the numbers of children and young people presenting with eating disorders.

There has been increasing pressure on CAMHS (Child and Adolescent Mental Health Services) Tier 4 beds, our local hospital paediatric beds and the CAMHS crisis teams. Young people are often admitted to a paediatric ward whilst awaiting admission to a Tier 4 unit. They also frequently present at A&E and are admitted to a paediatric ward in the event of a social crisis, family or placement breakdown. As well as being unsuitable environments for these young people, this also causes immense pressures on the acute paediatric staff. Due to the lack of Tier 4 beds we have also recently seen children and young people admitted inappropriately to adult mental health beds.

GPs are also seeing an increased number of children and young people with mental health difficulties and have less capacity to support these young people. Schools are similarly challenged with decreased resilience in the teaching and support staff leading to increased stress in the pupil populations.

Following the first lockdown there was a surge in mental health referrals when children and young people went back to school. It is expected this surge will continue, adding further pressure on services across the system that are already extremely stretched.

The national lockdowns in 2020-21 have led to children and young people losing their usual routines including walking to schools, clubs, PE and school meals and some are spending more time doing sedentary activities including an increase in screen time, consuming more calories and eating unhealthier food.

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 areas we should continue to build on:

1. Schools must continue to be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole-school approach that includes high-quality and effective Personal Social & Health Education, Relationships & Sex Education, Health Education, and Physical Education.
2. Support should continue to be provided for parents, carers, and families to access services to help to build emotional resilience in children and young people - particularly at transition points - to develop the healthy behaviours that will continue in adult life.
3. Ensure that the details of services that support children and young people, parents and carers are clear, accessible, and effectively communicated to all.
4. Create environments that promote physical activity and healthier lifestyle choices, and use the NCMP data as a measure to focus outcomes to tackle excess weight in children and young people.
5. Ensure excess weight is everybody's business by working in partnership, and by developing a workforce which is confident and competent in addressing excess weight.

6. Continue to use evidence from local, validated surveys with young people to inform commissioning and provision of services.
7. Ensure easy access and promotion of contraception and sexual health services.
8. Ensure effective implementation of the Support Pathway for Parents under 20.
9. Ensure that children and young people are supported to transition between and into educational stages, and into employment and training.
10. Strengthen the non-CAMHS offer, be clear about what is available, increase capacity, and communicate clearly to primary care, schools and families.

Priority actions to deliver better outcomes:

1. Empower and educate communities to develop programmes to help to 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-19 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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