



BEDFORD
BOROUGH COUNCIL

Joint Strategic Needs Assessment

Children & Young People

Executive Summary

Introduction

This report is part of the overall Joint Strategic Needs Assessment, focusing on Children and Young People. It sets out the key needs and issues of our local population, and makes a series of evidence-based recommendations to improve health and wellbeing, and to reduce inequalities. Where possible, Bedford Borough is compared to local authorities of similar deprivation (the 4th least deprived decile nationally, when ranked by the Index of Multiple Deprivation).

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

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

1. Healthy Pregnancy

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

Key findings

- Only 8.2% of women are known to be smokers at the time of delivery. This is significantly better than the average for the deprivation decile of 11.9%
- 77.6% of pregnant women had accessed maternity care early (before 10 completed weeks of pregnancy) – this is significantly better than local authorities of similar deprivation (59.9%)
- Although the infant mortality rate is higher in Bedford compared to the deprivation decile (and has increased slightly), this difference is not statistically significant
- The rate of conceptions in under 18s has continued to decrease

Impact of COVID-19

- During the first wave of COVID-19, face-to-face consultations were replaced with virtual consultations, as were antenatal educational classes. Greater attendance by parents were noted for these.
- However, there has been an increase in loneliness and isolation, and increased maternal anxiety associated with these changes.

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 preterm 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 in order to provide a more effective tailored approach to support women in reducing dependence on tobacco.
7. Ensure effective measurement and recording of BMI, and referral to appropriate weight management services - as per the Maternal Obesity Pathway – in both the antenatal and postnatal periods.

2. Healthy Birth and Early Years

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

Key Findings

- Breastfeeding – both initiation (79.7%) and at 6-8 weeks (53.6%) – has improved slightly from the previous year. Although no comparator is available for the deprivation decile, these are both significantly better than the national average
- The rate of A&E attendances in children aged 0-4 years has decreased from the previous year, and remains significantly lower than local authorities in the same deprivation decile at 437.5 per 1,000
- Although the rate of admissions for lower respiratory tract infections in infants under the age of 1 year has increased from 455 per 10,000 to 571 per 10,000, this remains significantly better than local authorities in the same deprivation decile
- The percentage of 5 year olds achieving a good level of development at the Early Years Foundation Stage has decreased very slightly, and is significantly lower than the average for the deprivation decile (69.1% compared to 72%)

Impact of COVID-19

- During the pandemic, although partners have been able to support women during their birth, visits to labour, antenatal and postnatal wards were reduced. There has been a reduction in postnatal midwifery and health visitor's home visits
- Although postnatal visits were changed to telephone or virtual consultations, more mothers were breastfeeding at 6-8 weeks. The reasons for this are unclear.
- Changes to children's services during the pandemic involved the closure of some nurseries, and group activities in Children's Centres being suspended.
- Changes during this time are likely to disproportionately impact children from the poorest families, or those with other vulnerabilities and particular needs.

Priority actions to deliver better outcomes:

1. The ICS/Public Health/NHSE and all key stakeholders in delivering vaccination to children and young people to work together to continually raise the profile of immunisation, monitor activity and identify and address issues such as increased vaccine hesitancy in certain communities, in a timely manner.
2. Support with effective positive messages around immunisations to parents and young people.
3. Using 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. Population awareness of choice of vaccine for the healthy children's flu programme to include non-porcine vaccine.
6. Responsive 7-day services to cater to the needs of children and young people and carers to ensure children get care close to home at the right place at the right time 7 days a week.

3. The School-Aged Years

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

Key Findings

- 2.35% of school pupils in Bedford Borough have social, emotional and mental health needs. This is significantly lower than the average for the deprivation decile (2.58%)
- There has been a marked decrease in the rate of first time entrants into the youth justice system (aged 10 to 17 years) from 194.1 per 100,000 to 118.5 per 100,000. This is now significantly better than similar local authorities (208.0 per 100,000)
- The percentage of 16-17 year olds not in education, employment or training has decreased from 4.6% to 3.3%, and is half the average rate for the deprivation decile
- Bedford Borough is significantly better than the deprivation decile average for the Chlamydia detection rate in 15-24 years olds - 2,917 per 100,000 compared to 1,936 per 100,000 for the deprivation decile
- Although the average Attainment 8 Score in pupils aged 16-17 years has increased from 45.3 to 48.4, this remains significantly lower than similar local authorities

Impact of COVID-19

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

Priority actions to deliver better outcomes:

1. Empower and educate communities to develop programmes to help tackle risk-taking behaviours
2. Encourage co-production with young people (and their families and schools) in order to explore issues related to health and wellbeing and the impact that COVID 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, intensive day care, inpatient provision and local bed management. This is a potential solution for the increased number of CYP needing intensive support for eating disorders

Finding out more

If you would like further copies, a large-print copy or information about us and our services, please telephone or write to us at our address below.

Për Informacion

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Public Health

Bedford Borough Council
Borough Hall
Cauldwell Street
Bedford MK42 9AP



www.bedford.gov.uk