

Sept – April 2012

The health of children and young people in Central Bedfordshire: an update

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This presentation will:

1. Provide an update on the previous presentation using findings from the JSNA
2. Outline the most recent action

The context

The JSNA reveals that the key issues for Central Bedfordshire are:

- Importance of investing in early intervention and prevention.
- Improving mental health and wellbeing remains a high priority.
- Improving educational attainment will have a significant impact on a range of outcomes.
- Reducing inequalities by improving the social determinants of health.

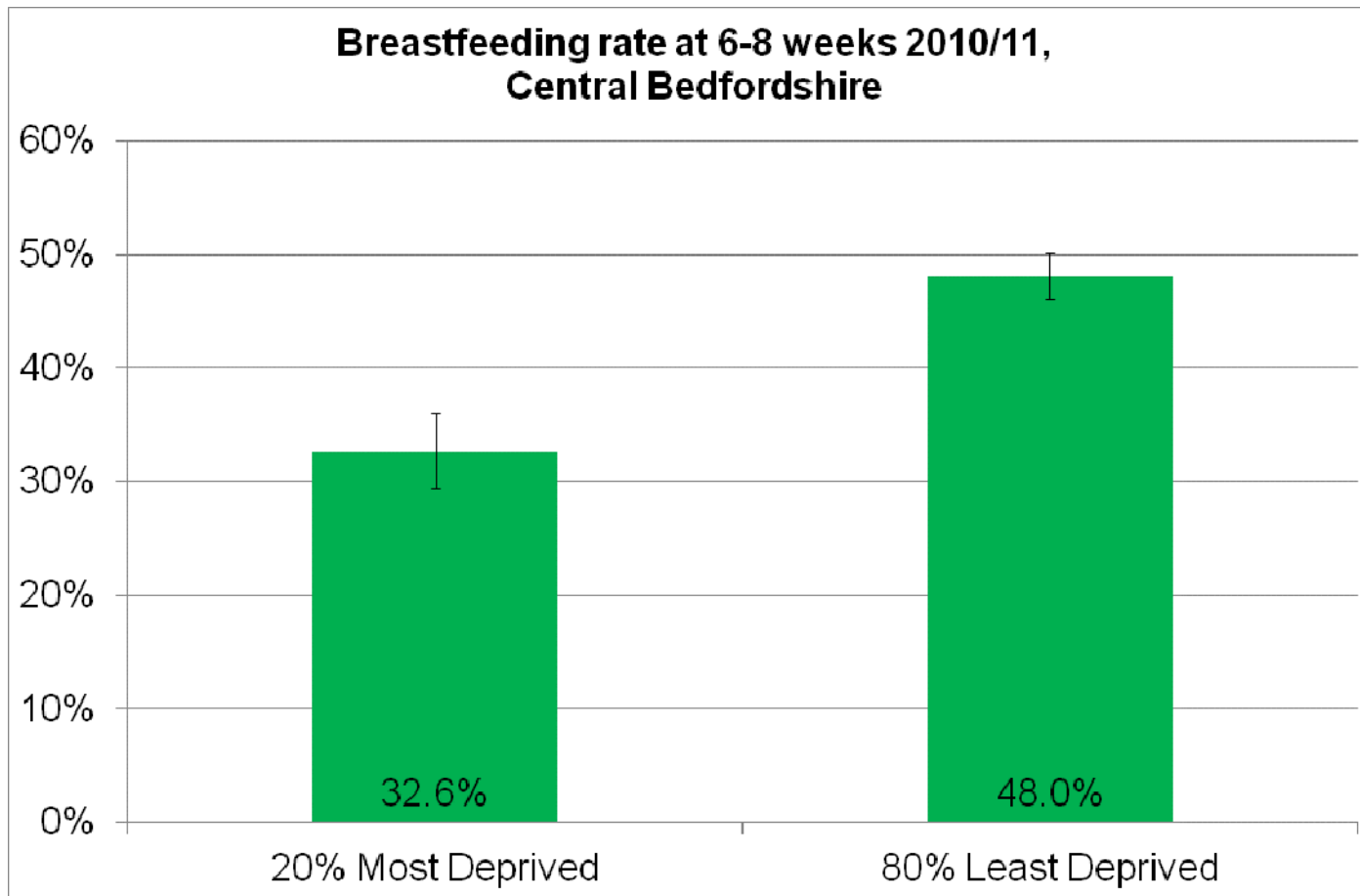
What are we doing well?

- Childhood obesity - stable and below regional and national levels. However 1 in 7 children in Central Bedfordshire are obese by 10-11 years of age.
- 90% of pregnant women access antenatal services before 13 weeks of pregnancy.
- Continued upward trend in childhood immunisations with levels largely above national and East of England averages. Targets for HPV immunisation of over 90% have been met for the second year.

What needs to be improved?

- Increase percentage of women breastfeeding
- Reduce number of women smoking during pregnancy
- Health outcomes for Looked After Children
- Reduce teenage pregnancies

Inequalities in breastfeeding prevalence



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Central Bedfordshire Children's Health and Wellbeing Board

The four child health priorities that the HWBB will focus on are as follows:

1. Childhood obesity
2. Teenage pregnancy
3. Improvement in mental health for children and parents
4. Health of Looked After Children

1. Childhood obesity

NCMP 3 year obesity data for Central Bedfordshire (validated)

•All dates relate to school year.

School Year	08/09	09/10	10/11	Actual No. ≈	Diff 09/10 -10/11	ONS average	10/11 EoE	10/11 Eng
Year 6 Prevalence	16.0% (1.4%)	14.3% (1.8%)	16.2% (1.4%)	411*	+43*	17.0%	16.8%	18.7%
Year 6 Participation	89.0%	90.7%	94.2%	n/a	n/a	n/a	91.6%	91.8%
Year R Prevalence	7.3% (1.0%)	8.5% (1.0%)	8.1% (1.1%)	240*	-10*	8.3%	9.2%	9.8%
Year R Participation	92.6%	93.3%	96.2%	n/a	n/a	n/a	94.1%	93.4%

*Number presented subject to confidence interval range at 95%

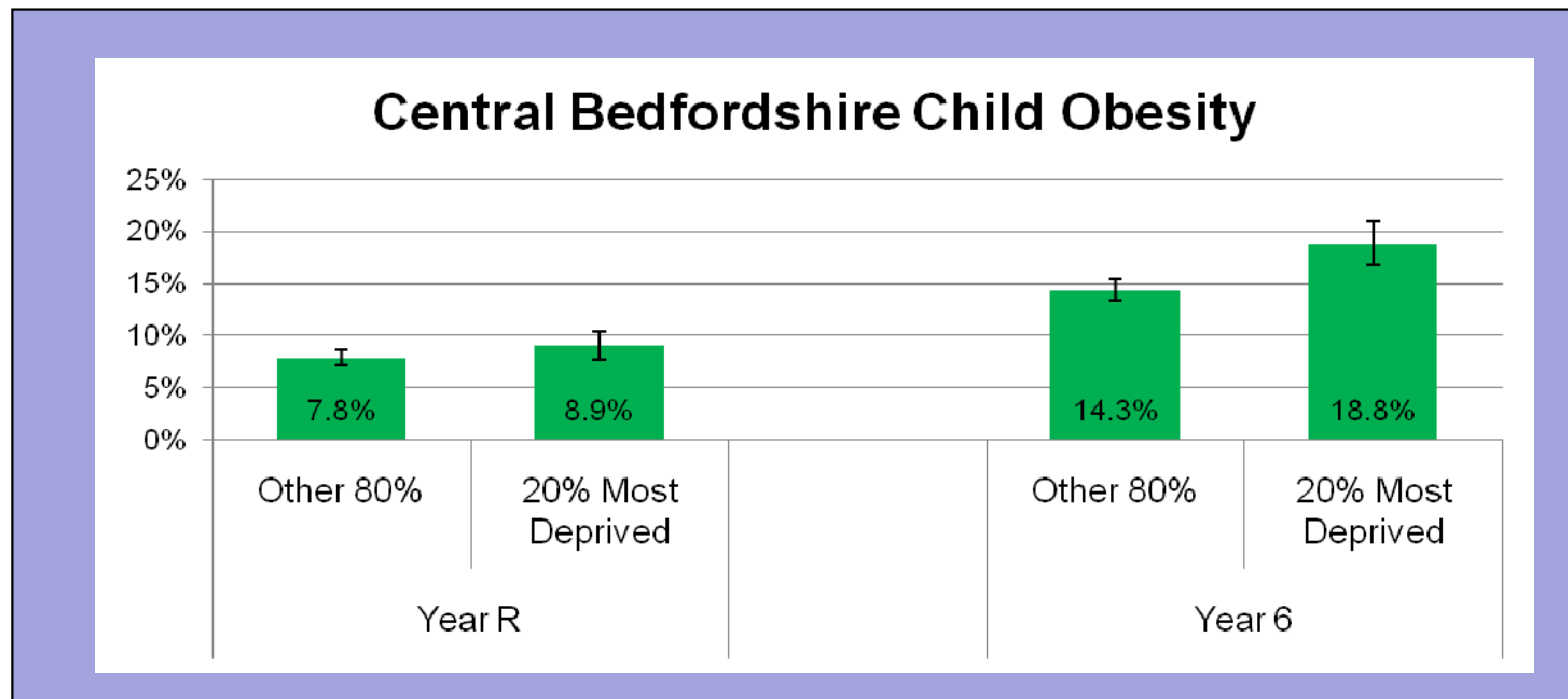
Year 6 prevalence shows significant variation between the old districts of Mid Bedfordshire and South Bedfordshire:

Mid Bedfordshire	15.0%
South Bedfordshire	17.2%

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Childhood obesity - inequalities

- Obesity rates are lower in both year groups when compared to the East of England, England and ONS statistical neighbour averages.
- However there is a clear link between inequalities and obesity with higher rates of obesity seen in the 20% most deprived wards.



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What are we doing?

- Beezee Bodies Programme (for 7-15 year olds) at Dunstable Leisure centre - a multi-disciplinary intervention that leads to a follow on academy giving a total of 30 weeks contact.
- The Beezee Tots programme (for 2-4 year olds) at Parkside Children's Centre, interacts with families at risk of having overweight or obese children and teaches/supports through healthy living behaviours.
- Making The Most of Me, a programme running in schools identified from NCMP data profiling. Teaching and delivery of physical activity and healthy eating sessions.

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Key actions going forward

- Extend intervention with Year R children including the Making The Most Of Me programme in schools and BeeZee Bodies.
- Improve access to high quality and affordable food in deprived areas.
- Improve access to open play areas and use of active transport.
- Support play programmes and physical activity schemes in deprived areas.
- Monitor/restrict approvals for food stores and cafes serving foods high in fat, sugars and salt, particularly near schools and Children's Centres.

2. Teenage Pregnancy

**Under 18 conception rates in Central Bedfordshire
displayed using three year averages**

1998-2000	2001-2003	2004-2006	2007-2009	2008-2010
34.8	32.0	28.5	33.0	33.3

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2. Teenage Pregnancy

Trends

- ❖ Nationally, conception rates decreased in women aged under 20, between 2009-2010. (ONS 2012).
- ❖ Within the Eastern Region; Central Bedfordshire, Luton and Hertfordshire have all seen slight increases in rates from 2009 to 2010.
- ❖ In comparison to our statistical neighbours, Central Bedfordshire and Hertfordshire were the only areas to see increases from 2009-2010. The actual increase in Central Bedfordshire between 2009 and 2010 was 13 conceptions (153 to 166).

What are we doing?

- **Brook** sexual health services operates clinics and drop in sessions – including schools and hostels.
- Bedfordshire **Under-Cover** condom card scheme supports young people to access free condoms.
- Teenage parents support pathway developed for professional and schools.
- Cluster support groups meet termly in hotspot ward Upper Schools to co-ordinate and improve sexual health and wellbeing.
- Targeted work with vulnerable groups of young people delivered by Brook, Plan B and 4YP.

Key actions going forward

Benchmarking against other Local Authorities where effective practice and impact has been identified

- Most of the effective interventions highlighted in other LA's are taking place in Central Bedfordshire
- Exception: relationship programmes delivered across all Upper Schools and specific support for parents of teenagers around these issues.

Recent investment in preventative programmes:

- Aspire to be delivered in three middle schools in the teenage pregnancy hot spot areas in the Spring Term 2012.

3. Looked after children

- A recent Ofsted/CQC Inspection reported that health services for looked after children in Central Bedfordshire need to be significantly improved and outlined a number of specific areas to be addressed including:
- Health agency awareness of their responsibilities towards looked after children.
- Access to health information by looked after children.
- No specific health service for care leavers or health after care service.
- The content and quality of health files.
- No permanent designated doctor or nurse for looked after children in place.

Performance against national targets

Description	Regional Average 09/10	National Average 10/11	Central Bedfordshire 2010/11	Target 2011/12	Central Bedfordshire Draft outturn 2011/12
% LAC looked after continuously for 12 months and who had annual health assessment during previous 12 months	83.3%	84%*	84.7%	85%	87.2%
% LAC looked after continuously for 12 months and who have had teeth checked by a dentist during the previous 12 months	86.5%		87.30%	85%	91.5%
% LAC up to date on immunisations	68.5%	79%	52.1%	70%	92.3%

*National average for combined health assessment and Dental checks (10/11) = 84%

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Key actions going forward

- Working with BCCG to ensure GPs and independent health contractors are aware of their statutory responsibility to LAC.
- Age appropriate health promotion information pack for LAC developed and being distributed at initial and review health assessments.
- Core training for foster carers includes public health input on health promotion.
- Interim Leaving Care Nurse has been appointed and is consulting with young leavers on their health needs and working with Head of Social Care to access health histories.
- Packs produced for care leavers on local health services/information.
- Interim designated doctor and interim designated nurse in place.
- National expert currently peer reviewing initial health assessments.

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4. Mental health

Key facts:

- ❑ One in ten children aged between 5 and 16 years has a mental health problem. This equals 3682 children in Central Bedfordshire.
- ❑ Half of those with lifetime mental health problems first experience symptoms by age 14.
- ❑ Self-harming in young people is not uncommon (10-13% of 15-16 years olds have self harmed) = 796 in Central Bedfordshire.
- ❑ One in ten new mothers experience postnatal depression.

What are we doing?

- Development of home treatment team – intensive work with families with children with mental illnesses to prevent admissions.
- Home Treatment team expansion for young people with eating disorders – to provide greater resource and expertise to reduce in-patient admissions.
- Redesigned CAMH learning disability service – operational since March 2012.

Key actions going forward

- **Introduction of a new early intervention CAMH service (CHUMS)** - operational since the end of November 2011.
- **Maternal depression** – gap analysis of services to identify opportunities for early intervention.
- **Behaviour problems** – define and identify range of children affected, map current services, identify evidence based models of care, in order to ensure an integrated service.
- **Transition to adult services** – review currently commissioned services to identify issues and ways forward to use existing resources differently, so as to reduce the impact of transition.

In summary

- The JSNA states that:
 - For children in Central Bedfordshire, outcomes on average are fairly good
 - However, there appears to be a clustering of issues in areas of higher deprivation and in the most vulnerable groups of children.
 - Demands on children's services are going to increase with the numbers of children increasing, and the likely effects of the economic turndown.