

Snapshot of Health of our 0-4 year olds

June 2018



53% of mothers-to-be are seen by a midwife before 10 weeks at Bedford Hospital and the Luton & Dunstable Hospital – slightly below the England average (2017/18 Q3).

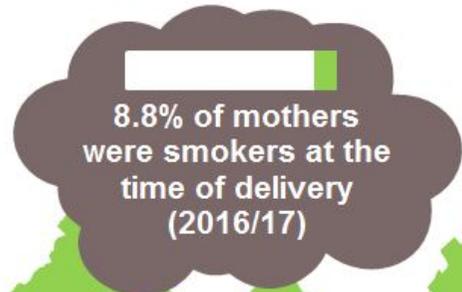


Around 1 in 7 babies born in Central Bedfordshire (13.9%) live with a smoker in the household (2015/16).



Over 96.3% of children receive their first childhood immunisation by age 1. Dtap/IPV/Hib This percentage reduces for the other immunisation with the 5 year Measles, Mumps and Rubella (MMR) vaccination having the lower uptake of 90.7% (2016/17).

Public Health Outcomes Framework



8.8% of mothers were smokers at the time of delivery (2016/17)



77% of mothers who deliver in Central Bedfordshire start breastfeeding (2016/17)

47.7% of babies are still breastfed at 6-8 weeks (2016/17)

Public Health Outcomes Framework

71.7% of children achieved a good level of development at age 5, this is above England at 70.7% (2016/17).



Public Health Outcomes Framework

In 2015 of the total births:

1,180 (36%) were born in the L&D; 765 (24%) in Bedford Hospital, 617 (19%) in the Lister Hospital, Stevenage and the remaining 680 born at other hospitals, at home, or other non-hospital settings.

Health and Wellbeing of children in Central Bedfordshire is generally better than the England average

Public Health Child Health Profile 2017



7,461 children aged between 0-4 went to A&E (2016/17)

Public Health Outcomes Framework

2.3% of babies are born with a low birth weight (2016)

Public Health Outcomes Framework

90% of eligible 2 year olds took up a nursery place in the Autumn Term 2017



Between 2014-2016 22 children under the age of 1 died, and significantly lower than the England rate.

Public Health Outcomes Framework

An estimated 320-480 women are affected by mild to moderate depression during pregnancy and the year following the birth (2015/16)

Public Health Outcomes Framework

Snapshot of Health of our 5-19 year olds

June 2018



Central Bedfordshire children levels of obesity -
8.0% at age 4-5 years and 16.3% at age 10-11 years (2016/17)
NHS Digital



18.1% i.e. 2 in 11 children have a decayed, missing or filled tooth by the age of 5 years (2014/15)
Public Health Outcomes Framework

69 girls aged between 15 and 17 Years became pregnant during 2016
The rate in Central Bedfordshire is 15.0 per 1,000 which is similar to the England rate (2016)
Public Health Outcomes Framework

A Central Bedfordshire Survey of school children (2017) found that 95% of 12-13 year olds and 80% of 14-15 year olds have never smoked.
School Health Education Unit (SHEU) Health Behaviour Survey 2017

92.9% of girls

in school year 8 have received the Human Papilloma Virus (HPV) vaccine (2016/17)
Public Health Outcomes Framework



36 children aged under 18

admitted for alcohol specific conditions (2014/15 – 2016/17)
Public Health Outcomes Framework



An estimated **3,268 children** in Central Bedfordshire aged 5-16 years have a mental health disorder (2015)
Public Health Outcomes Framework

The biggest worries for 8-11 year olds were reported to be: health of someone in their family, the future, being bullied, healthy eating.
The biggest worries for 12-16 year olds were reported to be: career, school work/tests and exams, the health of someone in the family, the way they look.
The SHEU Survey 2017



66% of 8-11 year olds and 50% of 12-16 year olds in Central Bedfordshire reported that they feel 'quite happy' with their life at the moment
The SHEU Survey 2017

A Central Bedfordshire survey of school children (2017) found that 3% of 10-11 year olds, 11% of 12-13 year olds and 25% of 14-15 year olds had at least one alcoholic drink the week before the survey.
The SHEU Survey 2017



74 over 3 years 15-24 year olds Admitted for substance misuse (2014/15 – 2016/17)
Public Health Outcomes Framework



APPENDIX 3

How is Central Bedfordshire Performing?

The most recent published data for key indicators as of June 2018

Indicator	'Good' is	Central Bedfordshire	Most Recent Trend in Central Bedfordshire *	England Average	Least Deprived 10% (IMD 2015) Average %	Aiming for the Best: 95 th Centile (best 5% LAs in the country) Average %
1. Smoking at time of delivery (BCCG - 2016/17)	Low	8.8%	↓	10.7%	7.1%	3.5%
2. Infant mortality (per 1000 live births) (2014-16)	Low	2.2	Cannot be calculated (Small numbers)	3.9	2.9	2.2
3. Low birth weight of term babies (2016)	Low	2.3%	→	2.6%	2.2%	1.9%
4. Breastfeeding initiation (2016/17)	High	77%	→	74.5%	81.2%	91.9%
5. Breastfeeding @ 6-8 weeks (2016/17)	High	47.7%	Cannot be calculated (new data collection system in place)	44.4%	52%	61.9%
6. Levels of obesity for children in Reception: Age 4-5 yrs (2016/17)	Low	8%	→	9.6%	5.8%	6.9%
7. Levels of obesity for children in Year 6: Age 10-11 yrs (2016/17)	Low	16.3%	→	20%	15.2%	14.3%
8. Under 18 conception rate (per 1,000) (2016)	Low	15.0	↓	18.8	11.9	10.0
9. Children achieving a good level of development at age 5	High	71.7%	↑	70.7%	74.7%	76.6%
10. Hospital admissions as a result of self-harm: ages 10-24 yrs (standardised rate per 100,000) (2016/17)	Low	397.7	↑	404.6	187.6	147

*Recent Trends: ↑ = Increasing/Getting better ↓ = Decreasing/Getting better → = No significant change ↑ = Increasing/Getting worse

APPENDIX 4

Aiming for the best for children, young people and families in Central Bedfordshire

Director of Public Health Report (December 2016)

Update on Progress – ‘Call to Action’: June 2018

Call to Action 1 - Healthy Pregnancy: Midwifery Services should identify vulnerable women and families as early as possible. Relevant information should be shared between professionals to ensure a co-ordinated response and prompt access to services.		
We need to	Progress since 2016	Actions for further improvement
i. Reduce smoking in pregnancy	<ul style="list-style-type: none"> BCCG rate has reduced from 10.4% (2015/16) to 8.8% (2016/17), but this masks the latest rate of 13.5% for Bedfordshire deliveries at the L&D (Q4 – 2017/18). 	<p>a) Midwifery Services at (i) the L&D, and (ii) the 0-5 HV Service must ensure that all pregnant women are tested for carbon monoxide, and identified smokers are promptly referred to local Stop Smoking Services. Action for: (i) Heads of Maternity Services (BLMK); (ii) Children’s Services Director (Cambridgeshire Community Services (CCS))</p> <p>b) Change KPI target for Maternity Services to reflect national ambition of <6% Action for: BCCG</p>
ii. Reduce maternal obesity	<ul style="list-style-type: none"> ‘BeeZee Bumps’ - a specialist 16-week programme is available for all pregnant women with a BMI of >30. Poor number of referrals from Midwifery Services @ the L&D: total of 3 from January 2017 – January 2018. 	<p>a) KPI re: referrals to BZ Bumps programme to be embedded in maternity contracts for both BHT and L&D – currently only BHT. Action for: BCCG.</p> <p>b) Review and improve referral pathways Action for: Public Health</p>
iii. Improve outcomes for teenage parents and their children	<ul style="list-style-type: none"> Under-18 conception rate is reducing in CBC in line with the national trend, but still almost double the rate of the best 5% LAs in the country. Teenage parents are supported by Early Help in Locality Teams 	<p>a) Local review of a ‘whole systems approach to teenage pregnancy prevention’ (PHE January 2018) to be carried out: https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework</p>

	<p>and through the enhanced Universal Partnership Plus (UPP) offer within the 0-5 Health Visiting Service.</p> <ul style="list-style-type: none"> The Walking Alongside You (WAY) programme is now being delivered (Early Help & Public Health) - to break the cycle of mothers having multiple children removed from their care. 	<u>Action for:</u> Public Health
iv. Support good parental mental health	<ul style="list-style-type: none"> A comprehensive perinatal mental health pathway is now in place to identify mothers and families at risk during the perinatal period (up to 1 year for the infant), and offer prompt treatment. Specialist perinatal mental health training has been delivered for HVs, Midwives, Children's Centres and Children's Services staff. 72% of the HV workforce have been trained to date, but uptake from Midwifery staff has been particularly low (total of 4 staff in 2017-2018). BLMK CCGs were successful in securing NHSE funding for a specialist perinatal mental health service. 	<p>a) Fast tracking of women and their families with perinatal mental health needs to be embedded in, and monitored through Midwifery Services contracts for both BHT and L&D. <u>Action for:</u> BCCG</p> <p>b) Midwifery Leads to ensure that all relevant staff access perinatal mental health training. <u>Action for:</u> Heads of Maternity Services (BLMK)</p> <p>c) Audit impact of perinatal mental health pathway in 6 months time. <u>Action for:</u> Public Health</p>

Call to Action 2: - Healthy Birth and Early Years:

We need a highly skilled and motivated Early Years workforce capable of high quality assessment, and working in an integrated way. Professionals working with children and families must be able to recognise key risk factors including adverse childhood experiences (ACEs), sharing information and referring to services where appropriate.

We need to	Progress since 2016	Actions for further improvement
i. Minimise the impact of adverse childhood experiences.	<p>a) CBC's Children's LSCB priorities for 2017-19: 4 key themes - underpinned by pan-Bedfordshire multi-organisation training:</p> <ol style="list-style-type: none"> Domestic Abuse Child Sexual Exploitation & Missing Neglect Children's Mental Health & Wellbeing 	<p>a) Multi-organisation specific training to be provided across the system on tackling ACEs together and breaking the cycle. <u>Action for:</u> Public Health</p>
ii. Protect against childhood diseases.	<ul style="list-style-type: none"> Coverage for most childhood immunisations in CBC continues to be above the national target, although improvement is still required for MMR for children aged 2 and aged 5. 	<p>a) GPs must ensure effective call/recall and chase-up systems in place. <u>Action for:</u> Screening and Immunisations Lead (Central Midlands Area Team, NHS England)</p>

<p>iii. Increase the numbers of children who are ready to learn and ready for school.</p>	<ul style="list-style-type: none"> 71.7% of children in CBC achieved a “Good Level of Development” (2017) - compared to 68.5% in 2016 – but CBC is still 7/11 in the list of statistical neighbours. 76.9% of children are now having an integrated health and education review at 2½ years (2017-18), compared with 74% in 2016-17. Integrated working needs to continue to strengthen through Locality Teams to increase numbers of children who have an Integrated Health & Education Review @ 2½ years. 	<p>a) Development and progress to be monitored in localities. Action for: CBC Children’s Services.</p> <p>b) Full implementation of the 0-5 integrated Universal Partnership Plus (UPP) Offer for vulnerable families – through the new children’s community health services contract. Action for: Children’s Services Director (CCS)</p>
<p>Call to Action 3 - School Years: Schools must 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 Personal Social & Health Education, Sex & Relationships Education and Physical Education.</p>		
We need to	Progress since 2016	Actions for further improvement
<p>i. Ensure a healthy weight and promote physical activity.</p>	<ul style="list-style-type: none"> Latest rates of excess weight for children in both Year R and Year 6 in CBC (2016/17) are lower than the national rates, but there has been no significant change since 2015/16. Flitwick Leisure Centre opened in March 2016 providing modern, fit for purpose and extended facilities. Unlimited access to free swimming is now provided to all LAC and Care Leavers at all CBC owned leisure centres. Weekly, free Junior Parkrun events - every Sunday in Leighton Buzzard and Houghton Regis, each attracting 50-60 participants per week. The Transport Team engage young people through schemes including Bikeability, Scootability, Walking to school Programmes and school travel planning. 	<p>a) Embed the <i>‘Making Every Contact’</i> approach to promoting and advising on healthy nutrition and lifestyles for infants and young children, in the planned re-commissioning of Children’s Centres. Action for: Children’s Services</p> <p>b) Refresh the Physical Activity Strategy: update priorities; identify opportunities for increased engagement across the system; embed physical activity in newly-commissioned children’s services. Action for: Sustainable Communities, Leisure & Lifestyles and Children’s Services</p>
<p>ii. Ensure that young people develop positive relationships, healthy lifestyles and resilience.</p>	<ul style="list-style-type: none"> CBC’s Personal, Social and Health Education (PSHE) Health & Wellbeing Network is now available online and on Facebook – providing up-to-date information on resources and training opportunities: http://www.centralbedfordshire.gov.uk/schools-portal/online-resources/pshe-network/overview.aspx Multi-organisation <i>Central Bedfordshire Children and Young People’s Emotional Health, Wellbeing and Resilience Action Plan</i> 	<p>a) Senior Leadership Teams in schools and colleges must prioritise health and wellbeing – using a whole school/college approach. Appropriate policies, resources and adequate curriculum time for high quality and purposeful Personal, Social and Health Education (PSHE) - including Relationships & Sex Education (RSE) and Drug & Alcohol – to be provided.</p>

	<p>developed in 2017 – but still needs much greater partner commitment to implement actions.</p> <ul style="list-style-type: none"> • A toolkit - <i>Promoting Emotional Health & Wellbeing and Resilience: a whole school/college approach</i> - is being developed by Public Health in partnership with CBC schools, colleges and Educational Psychologists in 2018. • 'ASPIRE'- type programmes (extended into Primary schools) to strengthen resilience in vulnerable young people will be commissioned until 2021 to build resilience in children and young people. • 50% schools have retained their 'Health in Education' status, providing evidence of good practice in a comprehensive range of health and wellbeing policies and practice. • Emotional and mental health interventions for children and young people are provided through: <ul style="list-style-type: none"> ○ Tier 1/2 (Early Help): School Nursing Service – 4-6 sessions; ○ Tier 1&2 CHUMS: Early Intervention Therapeutic Group Programmes; 1:1 sessions; ○ Tier 3 CAMHS: Specialist services e.g. Eating Disorders. 	<p>Action for: School Improvement to promote, emphasising links to Ofsted: Director of Children's Services to champion.</p> <p>b) Implementation of '<i>The C&YP's Emotional Health, Wellbeing & Resilience Action Plan - a 'key passion' in the CBC C&YP's Plan 2018'- 2021.</i></p> <p>Action for: Children's Leadership Board</p> <p>c) Senior Leadership Teams in schools and colleges to ensure implementation of the toolkit - <i>Promoting Emotional Health & Wellbeing and Resilience: a whole school/college approach</i>.</p> <p>Action for: School Improvement</p>
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Call to Action 4 - Vulnerable Children and Young People:
All professionals working with children, young people and families must use learning from reviews, audits and inspections to improve practice and outcomes. Progress should be monitored by the Local Children's Safeguarding Board.

We need to	Progress since 2016	Actions for further improvement
<p>i. Ensure that the learning from Serious Case Reviews, local inspections, case conferences and reviews is embedded across services to improve outcomes for children and young people. Improvements are required to:</p> <ul style="list-style-type: none"> ○ Strengthen the role of the professional working more 	<p>Since 2016 – 3 Serious Case Reviews have been completed and published in CBC, resulting in a number of key actions and outcomes:</p> <ul style="list-style-type: none"> • 12 CBC social workers trained in completing PAMS - specialist assessment of the parenting capacity of parents with special learning needs. This means prompt and coordinated assessments of parents with learning difficulties are now routinely provided for families at the earliest opportunity. • New pathway between Adult and Children's Services has led to joint supervision on a number of complex cases – including mental 	<p>a) The GCP2 must be used in a consistent way to inform decision making around thresholds across the 3 local authorities. Policy to be defined and disseminated.</p> <p>Action for: Pan Bedfordshire Neglect Group</p> <p>b) Multi-organisation specific training to be provided across the system on tackling ACEs together and breaking the cycle (as per 'Call to Action' 2a).</p> <p>Action for: Public Health</p>

<ul style="list-style-type: none"> effectively in partnership; ○ Embed the voice/experience of the child and family in decision making; ○ Embed consistent and effective organisational processes and systems – to ensure appropriate and effective interventions and avoid duplication. 	<p>health - to ensure more effective and efficient services provided to the family.</p> <ul style="list-style-type: none"> • The Graded Care Profile 2 (GCP2) - an assessment tool for neglect - has been rolled out with all frontline practitioners in CBC. As a result, numbers of identified cases of neglect have increased, enabling earlier intervention and greater consistency across the workforce. • Commissioners and providers of CAMHS to ensure that appropriate and accessible services are available to children and young people who are victims of abuse or neglect. The Single Point of Access (SPOA) and triage by the Clinician of the Day (COD) systems ensure that daily referrals are managed appropriately and in a timely manner. Parents/carers will have access to the CAMHS COD daily if needed whilst they are waiting for their child's appointment. • CBC Children's Safeguarding Board to ensure that its procedures include appropriate guidance on the management of bruising. A Bruising Protocol has now been published for all frontline professionals to use: http://bedfordscb.proceduresonline.com/pdfs/man_bruisies_bites_marks.pdf <p>Both Acute Trusts are now using the protocol and it has been incorporated into safeguarding training at all levels and it is on the staff intranet for easy access by hospital staff.</p>	
<p>ii. Improve support and outcomes for vulnerable young people.</p>	<ul style="list-style-type: none"> • 5 Locality Groups established – integrating the early help offer with social care, health and education. • Co-located, multi-agency teams – based on a Domestic Abuse prototype in Dunstable - are stabilising the number of looked after children in the context of a rising population. • Adolescence Hub being set up (by December 2018) to respond to challenges and prevent demand to social services. • Implementation of 'Empowering Parents Empowering Communities' (EPEC) programme planned for 2018-19 – to build parenting expertise and community resilience in the most socially disadvantaged communities. 	<p>a) All partners – system-wide - to commit to integrated working to ensure early identification and most effective support for vulnerable young people and their families – through full implementation of <i>The Children and Young People's Plan 2018-2021</i>. Action for: Director of Children's Services</p>