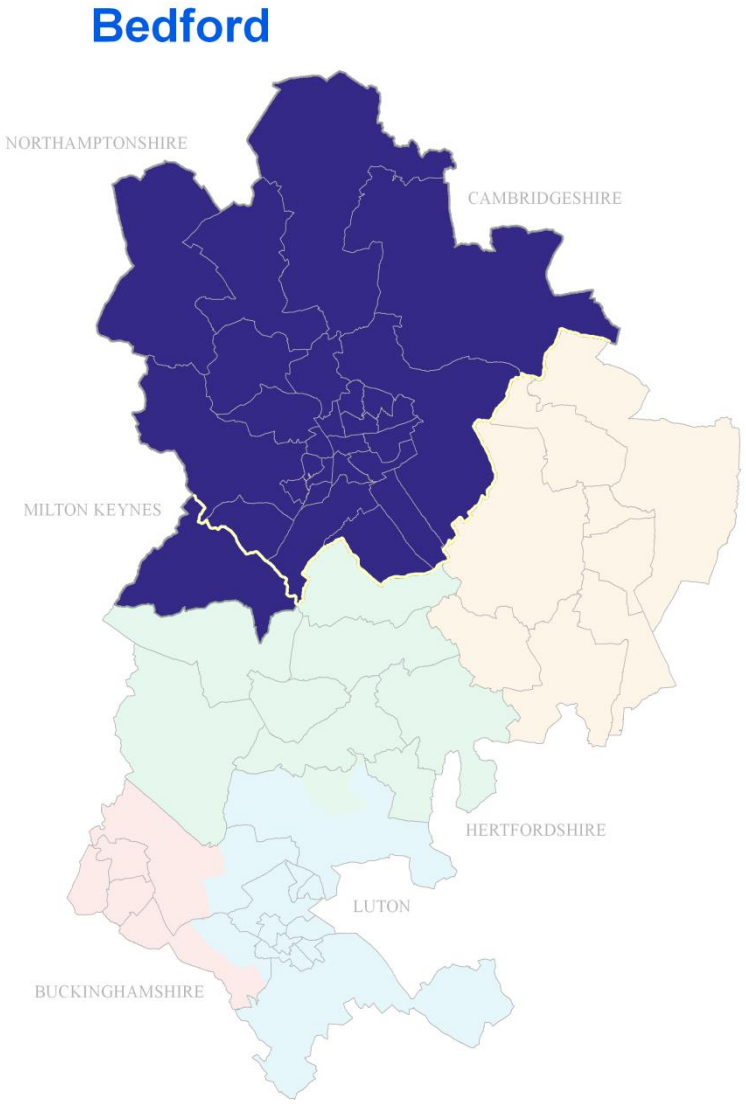
Bedford Borough Council and
Central Bedfordshire Council
working together



Children, Young People & Families

LOCALITY PROFILE

PROFILE FOR
Bedford Locality
2014

Population Health & Public Health Intelligence
Directorate of Public Health
Locality Profile 2014

Version 2.3

1 Foreword

I am delighted to present the first Children and Young People's Locality Profile. It has been designed to support the locality GP commissioners develop their priorities and the Local Authority commissioners assess practice by practice variations, identify inequalities and compliment the JSNA. It brings together GP practice level information about the health needs of our population. The report has been compiled by the Core Public Health team at Bedford Borough and Central Bedfordshire Councils with support from our Local Authority colleagues.

Over the past few years we have seen significant reforms to the health system following the enactment of the Health and Social Care Act 2012. Undertaking these reforms during a period of austerity has presented a particular challenge. However, it has provided an opportunity to take a life course approach to improve the health of our population and enhancing the health and wellbeing of children and young people is central to this. If we get services right for children and young people, in terms of prevention, early intervention, and better health outcomes, then this has not only the potential to improve their opportunity for a long healthy and fulfilled life, but also reduce their future reliance on health and social care services.

One of the Director of Public Health's responsibilities is to reduce health inequalities by ensuring that disadvantaged groups receive the attention they need. Presenting information at GP practice level can unmask important variations in health needs and outcomes that can be addressed.

It is our intention to refresh the Children and Young People's Locality Profile on an annual basis. We welcome your feedback on what you find useful and what other information would help you to improve services and outcomes for your local community.

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Core Public Health Team
Bedford Borough and Central Bedfordshire Councils

October 2014

2 Contents

3 Introduction

The first phase of the Locality Profiles was published in October 2013. It was designed to support locality GP commissioners develop priorities, assess practice-by-practice variations, identify inequalities and compliment the JSNA. It brought together GP practice-level information about the health needs of the population and was focused on the major causes of premature mortality.

It is part of the Director of Public Health's role reduce health inequalities by focussing on disadvantaged groups and ensuring that they receive the attention they need. The phase 1 locality profile report focused on small area data which can reveal local variations in services and health outcomes that are masked in higher level summary data.

4 Aims

The scope for this Locality Profile emphasises the wider determinants of health and shows the degree of integration of health, education and social care services; distilling and triangulating data relating to Children and Young People (CYP), including mental health and Early Help – a way to support families, safeguard children and ensure that our children and young people are happy, healthy and achieve good educational outcomes.

An asset-based approach was used to develop this profile. This involved mobilising the skills and knowledge of individuals and the connections and resources within communities and organisations, rather than focusing on problems and deficits. The approach aims to empower individuals, enabling them to rely less on public services.

For many people, the causes of ill-health are strongly influenced by the adverse social, economic or environmental circumstances in which they live. Unless these underlying determinants of health can be addressed it may be difficult or impossible to tackle the direct causes. An asset-based approach is therefore one which seeks to positively report on the assets, capacities and resources available to individuals and communities which could enable them to gain more control over their lives and circumstances[1,2] – focusing on factors that support well-being rather than factors that cause disease.

This report is for those who have a professional interest in CYP or would like to have a broader understanding of the issues involved, including medical professionals, health and social service commissioners and head teachers.

4.1.1 Approach

An **asset-based approach** seeks positively to report on the assets, capacities or resources available to individuals and communities which could enable them to gain more control over their lives and circumstances – focusing on factors that support well-being rather than factors that cause disease. Assets include:

- Individual assets e.g. resilience, commitment to learning, self-esteem
- Community assets e.g. family and friendship networks, social capital, community cohesion, religious tolerance, intergenerational solidarity
- Organisational or institutional assets e.g. environmental resources for promoting physical health, employment security and opportunities for volunteering, safe housing, political democracy and participation.

Asset mapping – identifying and recording the strengths and contributions of the people and other resources available to a community – is often the first step to enabling individuals and communities to recognise what resources are available to them.

4.1.2 Data sources & confidence intervals

- The data utilised is the most recent available. Often that was 2013/14 data but sometimes we had to rely on older sources
- Occasionally, the data could not be included in the interest of personal privacy
- Where ever possible 2013/14 data were used
- In a few instances data could not be presented because the risk of disclosure of personally identifiable information was considered too high
- Local authority and GP locality group boundaries are not perfectly aligned. The Cranfield and Marsden ward is part of Central Bedfordshire Council but their GP practice is part of Bedford Locality. The Bedford Borough Council social care data summarised here does not include the Cranfield and Marsden ward
- Where error bars occur in graphs, they are always 95% confidence intervals

5 Demography

5.1 Age structure

Table 1 shows that between 2010 and 2013 the number of CYP in Bedford Locality increased by 3.3%. Over the same period the number of CYP in the Bedfordshire Clinical Commissioning Group (BCCG) area increased by 3.0%. The increase in Bedford Locality was largely in children 0-9 years (8.5%). If the proportional change remain the same over the next three years then we predict that by 2016 there will be approximately 12,310 children of 0-4 years and 11,710 5-9 years.

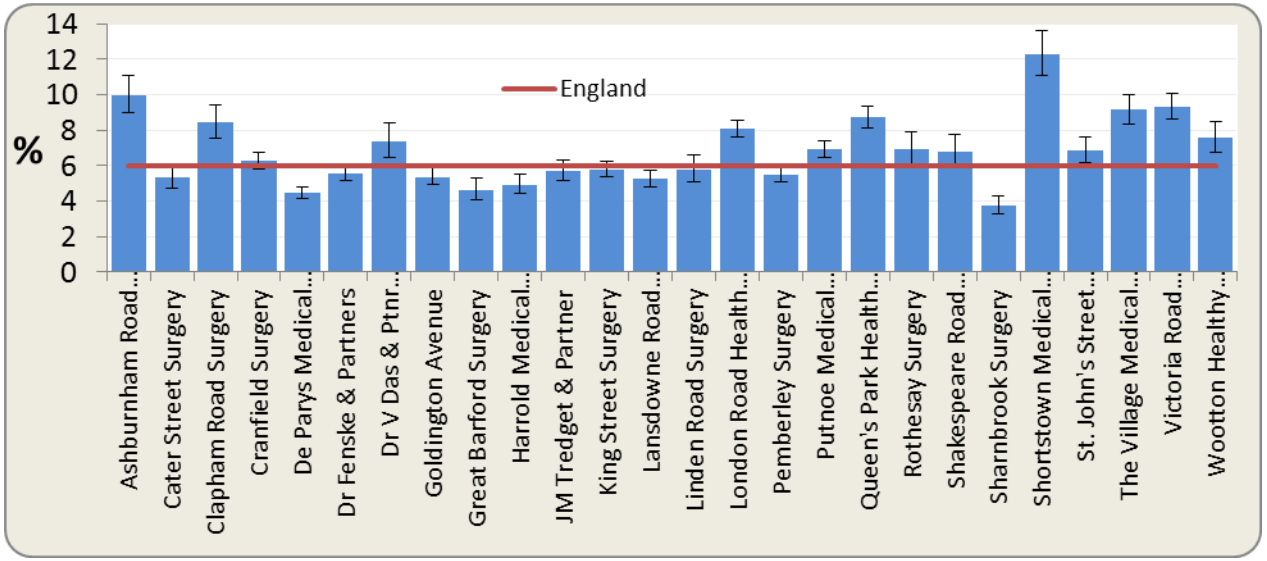
Table 1 Number of children and young people in Bedford Locality, 2010 and 2013 with a projection for 2016

Age group	2010	2013	Difference 2013 - 2010		Projection 2016
			Number	%	
0-4y	10,507	11,374	867	8.3%	12,310
5-9y	9,896	10,766	870	8.8%	11,710
10-14y	10,521	10,288	-233	-2.2%	10,060
15-19y	10,926	10,797	-129	-1.2%	10,670
0-19y	**41,850**	**43,225**	**1,375**	**3.3%**	**44,750**

Source: National General Practice Profiles, Public Health England

In 2013, 6.3% of the BCCG population were 0-4 years old compared to 6.0% in England overall. 12 Bedford Locality practices had a greater proportion of 0-4 year olds than England with 0-4 year olds accounting for 12.3% of the Shortstown Medical Centre and 10.0% of the Ashburnham Road Surgery practice population (see Figure 1). A similar picture is seen for CYP under 18 years: this group accounted for 29.3% of the Ashburnham Road Surgery and 29.1% of the Shortstown Medical Centre.[3] There was variation between practices in Bedford Locality. Appendix A shows the numbers of CYP by age group and GP practice; Appendix B shows the locations of the GP practices in Bedfordshire.

Figure 1 Percentage of the Bedford Locality populations who are 0-4 years old by GP practice, 2013



Source: National General Practice Profiles, Public Health England

5.2 Ethnicity

In 2011, almost 87% of the Bedford Locality population (all ages) were white (GP practice range 66%-98%) and 8% were in the Asian group (GP practice range 0.4%-25%). There is wide variation of the proportions of ethnic groups between the GP practices, see Appendix C.

5.3 General fertility rate

The general fertility rate (GFR) is the number of live births per 1,000 females aged 15 to 44 years over a given time period. Bedford Borough had a GFR of 66.9 live births in 2012, a slight increase from 66.3 in 2008.[4] The BCCG average from 2006 to 2010 was 64.3. Seven practices in Bedford Locality had a significantly higher GFR rates BCCG: Queen's Park Health Centre (78.5), Ashburnham Road Surgery (78.1), Victoria Road Medical Practice (75.1), London Road Health Centre (73.2), Dr Das & Partner (70.7), Shortstown Medical Centre (70.5) and Shakespeare Road Surgery (69.9)[5]. Anecdotally, new housing developments have been built in Bedford Locality since this data was collected and this is likely to have increased the GFR for those practices nearby.

5.4 Mortality rate

The Office for National Statistics (ONS) publishes routine childhood, infant and perinatal mortality statistics. A 2014 report showed the lowest ever recorded figure for England and Wales: the national infant mortality rate in 2012 was 4.0 deaths per 1,000 live persons compared to 11.1 in 1981.[6] The report highlights a number of factors which are thought to influence infant mortality including age of mother at birth, birth weight, socio-economic status, mother's country of birth and multiple births.

Asthma is one of the conditions that causes child deaths (National Review of Asthma Deaths, 2014).[7] Nationally, the report found that 28 (14%) of the 195 probable asthma deaths were in children and young people under the age of 20 years. Sixteen of these (57%) had been receiving specialist secondary care. The report found that in CYP, 79% in primary care and 31% in secondary care an important avoidable factor was poor recognition of risk. In 13 out of 28 deaths (46%) the overall standard of care was deemed to be inadequate. The paper concluded that asthma deaths in children could be avoided if the risk factors are identified early.[8]

5.4.1 Infant mortality rate (under 1 year)

The infant mortality rate is the number of deaths of infants under 1 year old per 1,000 live births. In 2010-12 the infant mortality rate in Bedford Borough was 5.9 per 1,000 compared to 4.3 per 1,000 in England overall (not statistically significant).

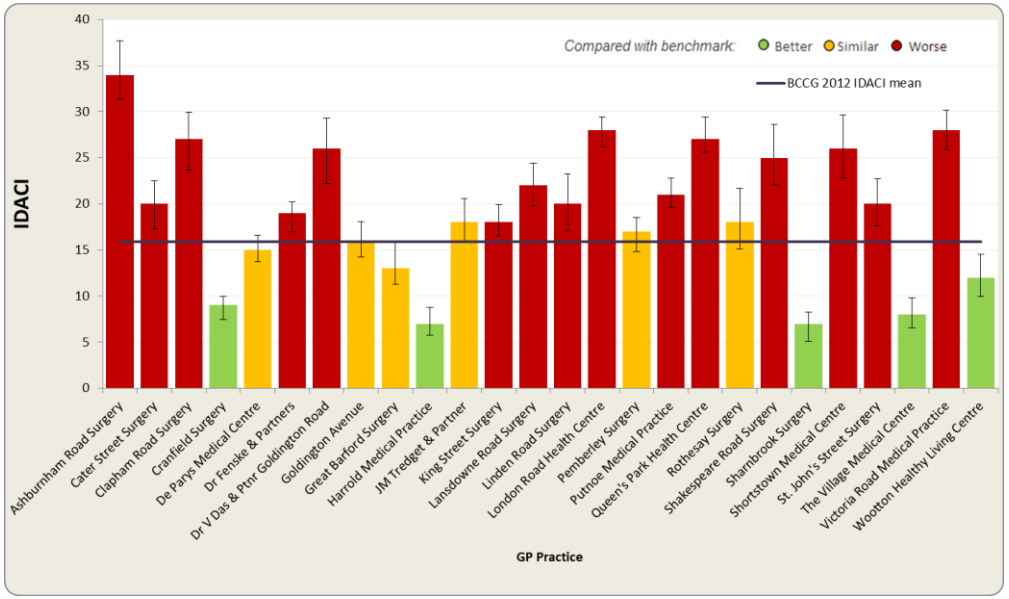
5.4.2 Child mortality rate (1-17 years)

The child mortality rate is the number of deaths between the ages of 1 and 17 years per 100,000 children. In 2010-12 the age standardised child mortality rate in Bedford Borough was 8.8 per 100,000 compared to 12.5 per 100,000 in England overall (not statistically significant). However a recent study indicated that child mortality rates in the UK were among the highest in Western Europe. The under 5s mortality rate in the UK was 4.9 per 1,000 population which was twice rate of Iceland which had the lowest rate in Western Europe[9].

5.5 Child deprivation

The Income Deprivation Affecting Children Index (IDACI) measures the percentage of children under the age of 16 that live in low income households in a local area, with low income defined as families in receipt of income support, income based jobseekers allowance or pension credit or child tax credit with an income below 60% of the national median before housing costs.[10] 15 of the Bedford Locality practices have a higher proportion of children that live in low income households than the average BCCG (15.9, see Figure 2).[11] [12] IDACI correlates with many other indicators in this report but in general the more deprived an area the worse the health outcomes for its population.

Figure 2 Income Deprivation Affecting Children Index (IDACI) for Bedford Locality, 2012

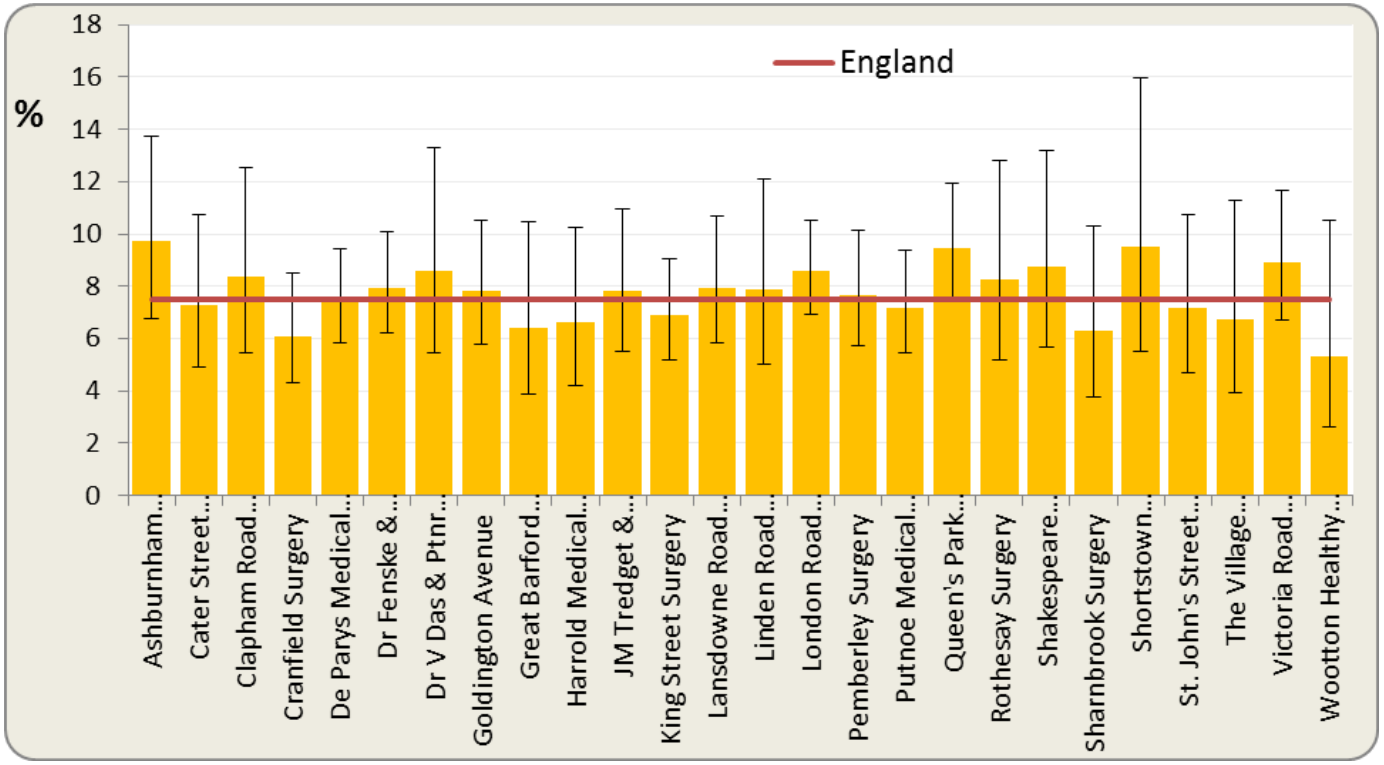


IDACI measures the percentage of children under the age of 16 that live in low income households
Source: Public Health Intelligence, ONS

5.6 Low birth weight births

Low birth weight is defined by the World Health Organization as a birth weight less than 2,500g, and below this threshold birth weight-specific infant mortality begins to rise rapidly. Figure 3 shows that the proportion of low birth weight births in Bedford Locality GP practices is similar to the England average; however, areas of increased low birth weight prevalence may exist in local pockets of deprivation. Low birth weight is linked to lower socio-economic status and it varies widely according to socio-economic status (Figure 5).[13] Other causes include smoking in pregnancy, prematurity and multiple pregnancies.

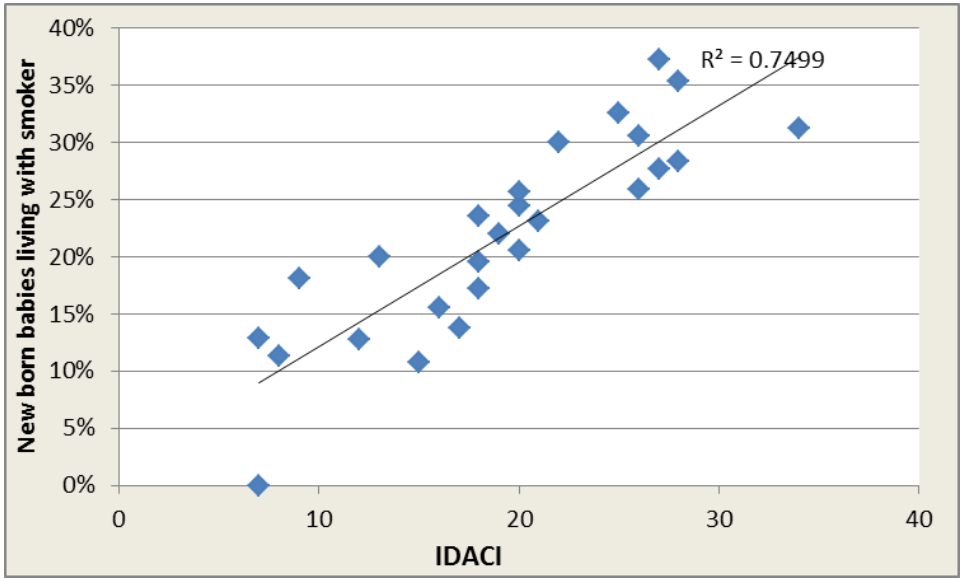
Figure 3 The percentage of low birth weight births in Bedford Locality, by GP practice, 2006-10



Low birth weight is defined as less than 2,500g
Source: National General Practice Profiles, Public Health England

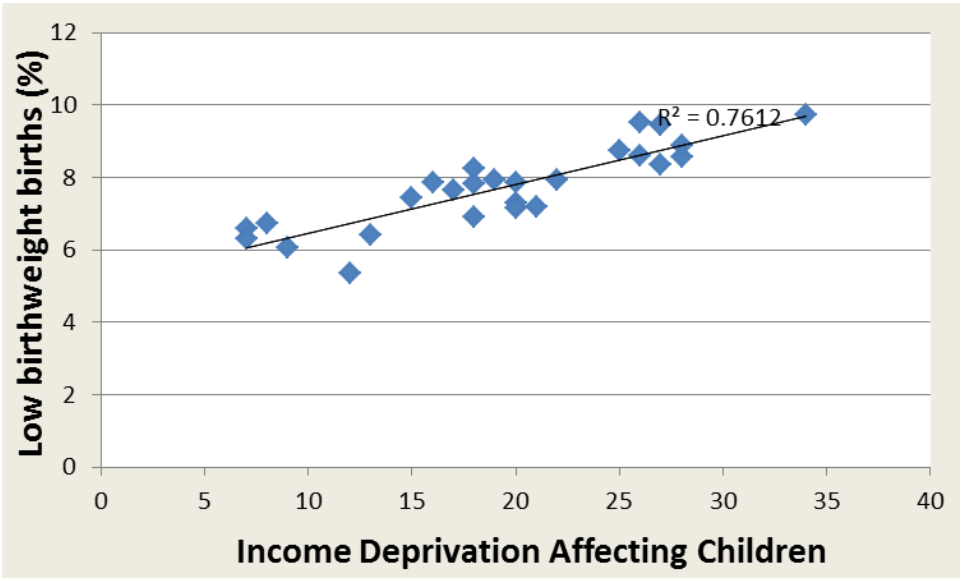
Figure 4 and Figure 5 show the correlation between Income Deprivation and new born babies living with a smoker or low birthweight births respectively. With each indicator the higher the IDACI an area is (ie the more deprived), the higher the proportion of new born babies living with a smoker or low birthweight births.

Figure 4 Scatter plot of Income Deprivation Affecting Children Index (IDACI) (2012) against new born babies living with a smoker by practice (2013/14)



Source: Public Health Intelligence: ONS & SEPT, data from Health Visitor at 10 day check

Figure 5 Scatter plot of Income Deprivation Affecting Children, 2012, against low birthweight births by practice (2006-10)



Source: National General Practice Profiles, Public Health England & Public Health Intelligence

5.7 Children and young people-specific Mosaic data, 0-24 years

Mosaic allocates people in the UK to a set of socio-economic and socio-cultural groups using a wide variety of public and commercial data sources. The Mosaic groups were determined from the postcodes of the people aged 0-24 years registered with Bedford Locality GP practices. The most common mosaic types in Bedford Locality were 'Middle income families' (28%) and 'Lower income residents' (24%).[14] As an individual's Mosaic group is determined by characteristics of the small areas in which they live and not the characteristics of the individual themselves the results should be interpreted with caution.

6 Assets

The causes of ill-health are strongly influenced by the social, economic and environmental circumstances in which people live. Unless these underlying determinants of health can be addressed, focusing on factors that support wellbeing as well as those that cause disease, tackling the direct causes may be difficult or impossible. [15,16] This section outlines some of the assets that help community resilience: building social support, social networks and social capital within and between communities, particularly with respect to mental health.

6.1 Children's centres

The 0-19 team covers the Children's Centres and schools. Children's Centres provide good quality services to children, young people and their families, in order to give every child the best possible start in life and have a broad and lasting impact on children, their families and the wider community. Each Children's Centre has their own activity programme and the range of services each provides will vary.[17] There are 18 Children's Centres in Bedford Locality and they are shown in Appendix D.

The Sure Start Children's Centres programme is based on the principle that providing high quality integrated services (health, education, family support and care), particularly in disadvantaged areas, leads to benefits for children, families and their communities, including:

- opportunities for children to develop and learn through play
- advice and guidance for parents
- access to health services including midwives and health visitors

6.2 The Healthy Child Programme 0-5 years

The Healthy Child Programme (HCP) 0-5 years is an early intervention and prevention programme, which is offered universally to every family with children of appropriate age. It offers screening, immunisations, developmental reviews and information to support the healthy development of children and of parenting. It is founded on the principle of progressive universalism, to ensure that all children are given the opportunity to receive care appropriate to their needs. Although Health Visitors lead on the delivery of the 0-5 HCP, it is delivered in partnership with a wide range of professionals, for example midwives, GPs and staff in Early Years and Social Care.

The local 0-5 HCP Health Visiting Service is currently delivered through an integrated 0-19 years service across Bedford Borough and Central Bedfordshire. Service provision is through a Community based model in line with a national service specification for universal and targeted provision. The service is structured as Locality Teams, with a named Health Visitor(s) integrated into every GP Practice and Children's/Surestart Centre. Bedford Locality's teams are:

Bedford West:

- Queen's Park Health Centre – Tel. (01234) 310849 Email: bedford.team1@nhs.net
- Kempston Clinic – Tel. (01234) 310336 Email: bedford.team4@nhs.net

Bedford East:

- Enhanced Services Centre – Tel. (01234) 897401 Email: bedford.team2@nhs.net
- London Road Health Centre – Tel. (01234) 310419 Email: bedford.team3@nhs.net

6.3 Schools & Nursery schools

There are 30 Day Care Nurseries and 37 Pre-school Playgroups in Bedford Borough. More information can be found on Bedford Borough's website.[a] The total number of state-funded schools within Bedford Locality is shown in Table 2. Appendix E contains more detailed information.

Table 2 State-funded Bedford Locality schools, 2014

Schools by Phase	Total
Nursery Schools	3
Lower/ primary	55
Middle	15
Upper / Secondary / Free School / University Technical College (UTC)	8
Special Educational Need	3
Pupil Referral Unit	1
Total	**85**

Source: Education Performance Report, Bedford Borough

[a] Bedford Borough website: http://www.fis.bedford.gov.uk/results.aspx?EYC=1 [accessed 11/06/2014]

6.4 School nurses

The School Nursing Service is provided by the SEPT 0-19 Service in Bedford Borough. Currently the service provides:

- Comprehensive school entry Health Assessment – reached 75% children in 2013/14 with a plan to reach 95% by July 2014
- In 2014/15 a subsequent Health Review at school transition year (Year 6/8) is planned
- Referrals are made to a range of specialist services following identification of specific needs
- Children are measured for their height and weight in Year R (currently >93% measured) and Year 6 (currently >93% measured)
- By the end of the academic year 2014/2015, all Bedford Borough schools which have pupils in Year 7 and above will have a weekly school drop-in. Children can access confidential advice, information, signposting and support. This is being implemented in a phased approach with schools who reside in wards of higher deprivation already having established drop-in sessions
- Chlamydia screening for CYP attending drop-ins; target 75% for 15-24 year-olds
- Medical Needs Training for school staff
- Public health sessions in schools
- School nursing service are responsible for delivery of school-aged immunisations programmes for HPV (Human Papilloma Virus), MenC (Meningitis C) and TD/IPV (tetanus (T), diphtheria (d) and polio (inactivated polio vaccine))
- Tier 1 and 2 emotional and behaviour management

6.5 Food banks

Every day people in the UK go hungry for reasons including redundancy and receiving an unexpected bill on a low income. Care professionals such as doctors, health visitors, social workers, CAB (Citizens' Advice Bureau) and police identify people in crisis and issue them with a food bank voucher that can be redeemed for three days emergency food. Last year food banks in the UK fed over 128,000 people experiencing food poverty.[18]

6.5.1 Bedford Foodbank

Bedford Foodbank has distribution centres through which they distribute the food. They work with 130 referral agencies including three GP surgeries and the people Bedford Foodbank fed were:

2012/13	2,400	
2013/14	5,711	Total of 49.7 Tonnes of food out for the year

For 2013/14 they fed:

Adults	3,855	68%
Children	1,856	32%
Total	5,711	

The majority of reasons clients give are Benefit delays, Unemployed, Low income and Debt. In an emergency, Bedford Foodbank can be contacted on 01234 268569.

7 Housing & households

Poor housing environments contribute to ill health through poor amenities, shared facilities and overcrowding, poor ventilation, inadequate heating and energy inefficiency. The highest risks to health in housing are related to cold and damp conditions and it has been shown that these increase the rates and severity of respiratory infections, asthma, allergic rhinitis, and atopic dermatitis. Vulnerable groups, including the very young and those suffering from long-term ill health, are at particular risk. These groups also have the greatest exposure to many specific hazards due to the lengthy periods that they spend indoors and those in very poor housing are more likely to suffer from poor mental health and physical health than those whose housing is of higher quality.[19 20 21]

7.1 Family homelessness

In England people who are designated as 'statutory homeless' are entitled to housing. This means you are eligible for public funds if you:

- have a connection to the area covered by the local authority
- can prove that you are unintentionally homeless and
- can prove you are in ‘priority need’ (e.g. a pregnant woman or you have dependent children).

In 2012/13 the number of statutory homeless households with dependent children or pregnant women was 191 families in Bedford Borough (2.8 per 1,000). This is lower than the England average and slightly lower than in 2011/12 (178 families). However, the overall number of homelessness people is much larger than just those who are designated as 'statutory homeless' and it is recognised nationally that data is not well collected.

7.2 Overcrowding

In the 2011 Census overcrowding was measured two ways in: by number of rooms and by number of bedrooms. The bedroom measure is considered to be a more useful indicator. Each household has an occupancy rating based on the ages and sex of the household members and their relationship to each other, and the number of bedrooms available to the household. Households which are considered to have an inadequate number of bedrooms are assigned an 'occupancy rating of -1 or less'.

In 2011, 4.1% of Bedford Locality households had a rating of -1 or less. This compares with England (4.6%) and the East of England (3.4%).

There is a direct relationship between levels of overcrowding and deprivation (and so ill health), and also between overcrowding and the prevalence of minority ethnic groups. The highest level of overcrowding in Bedford Locality was in Queens Park (13.2%), Cauldwell (9.5%), Castle (7.3%) and Kingsbrook (7.0%) (see Appendix F).

Overcrowding levels are much lower in owned (2.1%) than in social rented (8.8%) or private rented (7.7%) housing in Bedford Locality.

Overcrowding levels are highest among lone parent families and 'other household types' which comprises a wide range of living arrangements, including families living with relatives, two or more family households sharing and households comprised of individuals who are not married, not in a same-sex civil partnership, or not a cohabiting couple.

More than 10% of lone parent households with dependent children are considered to be overcrowded, rising to 35% of 'other household types' with dependent children in Bedford Locality.

8 Health

8.1 Primary and secondary health services

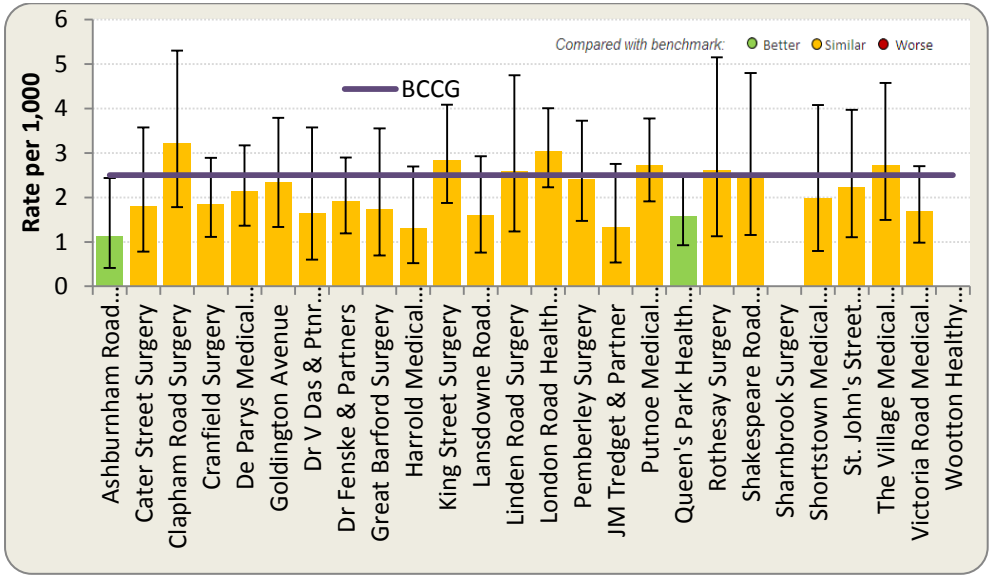
8.1.1 Emergency respiratory admissions

Figure 6 shows the rate of emergency respiratory admissions among children 0-17y in Bedford Locality for 2007/08 to 2011/12. The rate at Ashburnham Road Surgery and Queens Park Health Centre are significantly lower that the BCCG average. A recent study[22] found that living in a smoking household significantly increases:

- risk of future regular smoking in children
- strong association between second-hand smoke exposure and several serious health conditions including asthma

Interventions include referrals to 'Smoke Free baby and me' programme which supports pregnant women from referral (whilst pregnant) until 6 months after birth and is delivered in partnership with Children Centres. Additionally, the Stop smoking service, Making Every Contact Count (MECC) and motivational interviewing in primary care are available.

Figure 6 Emergency respiratory admissions for CYP 0-17y, rate per 1,000 age-related population, 2007/2008-2011/2012



Source: National General Practice Profiles, Public Health England

8.2 Hospital admissions caused by unintentional and deliberate injuries in children and young people

The crude (unadjusted) hospital admission rate for unintentional and deliberate injuries for CYP in Bedford Borough in 2012/13 varied with age[23]:

0-4 years:	106.0 per 10,000 population	significantly lower than England overall
0-14 years:	86.9 per 10,000 population	significantly lower than England overall
15-24 years:	116.9 per 10,000 population	not significantly different than England overall

Furthermore, the age-standardised hospital admission rate for self-harm in CYP aged 10-24y in Bedford Borough in 2012/13 was 90/10,000 population, not significantly different than England overall.[24]

8.3 Ambulatory care sensitive conditions

Many hospital admissions are avoidable if people with pre-existing conditions are given high quality preventive and primary care. These conditions are known as ambulatory care sensitive conditions. Three such conditions are prevalent in children: ear, nose and throat (ENT) conditions, asthma and epilepsy.[25] Table 3 shows the rate of emergency hospital admissions from 2010/11 to 2012/13 for ENT, asthma and epilepsy combined by GP practice; more details are in the Health Care Data Supplementary, 2014. This is available through the BCCG. Although numbers of admissions for individual practices were small there was a variation in the rate of admissions per 1,000 population. For Bedford Locality there were 301 admissions in 13/14 at a total cost of over £230K.

A report from the Clinical Outcome Review Programme, part of Child Health Reviews UK (CHR-UK)[26] has explored the epilepsy care of 162 children and how a child's epilepsy can affect or be affected by another condition. It found that over 85% of the children who had been taken to intensive care or who had died were living with developmental problems. This means that they were being treated for more than one condition – and had more than one medical professional involved in their care. This can make it difficult to have adequate communication between professionals so that the child's care is well coordinated. The report recommends an 'epilepsy passport'. This would be a document that clearly identifies which health professional is responsible for the overall coordination of a child's care and it would also name each professional involved in that child's care. The passport would serve as a starting point for better communication not only between medical professionals but also between them and the child's family.

Table 3 Hospital emergency admissions ('spells') for ambulatory care-sensitive conditions: ENT, asthma and epilepsy combined

GP Practice (Derived)	2011/2012			2012/2013			2013/2014			Total for 3 years		
	No. of Spells	Spells per 1000	Total Cost	No. of Spells	Spells per 1000	Total Cost	No. of Spells	Spells per 1000	Total Cost	No. of Spells	Spells per 1000	Total Cost
ASHBURNHAM ROAD SURGERY - E81615		3	£2,729		4	£4,433		5	3,842	15	4	£11,004
CATER STREET SURGERY - E81023		3	£3,406		5	£5,719		5	5,905	19	5	£15,030
CLAPHAM ROAD SURGERY - E81062		8	£9,421		5	£10,466		5	8,302	25	6	£28,189
CRANFIELD SURGERY - E81043		4	£9,822		7	£14,557		7	9,646	47	6	£34,025
DE PARYS MEDICAL CENTRE - E81037		2	£7,507		3	£7,973		3	10,333	37	3	£25,813
GOLDINGTON AVENUE SURGERY - E81047		3	£9,459		4	£9,644		5	9,277	36	4	£28,380
GOLDINGTON ROAD DR DAS - Y00328		7	£3,883		6	£3,135		5	1,399	13	6	£8,417
GOLDINGTON ROAD DR TOOVEY - E81011		6	£22,744		7	£20,064		7	13,056	65	7	£55,864
GREAT BARFORD SURGERY - E81031		8	£8,645		6	£6,076		8	2,658	22	7	£17,379
HARROLD MEDICAL PRACTICE - E81007		1	£5,580		4	£5,861		5	6,290	18	3	£17,731
KING STREET SURGERY - E81038		3	£7,106		8	£17,599		8	12,712	52	6	£37,417
LANSDOWNE ROAD SURGERY - E81020		8	£13,187		3	£4,670		3	10,260	37	5	£28,117
LINDEN ROAD SURGERY - E81060		8	£5,100		4	£2,791		4	1,899	14	5	£9,790
LONDON ROAD HEALTH CENTRE - E81019		8	£25,834		6	£21,351		5	24,955	91	6	£72,140
PEMBERLEY SURGERY - E81017		7	£10,649		7	£12,673		7	9,382	48	7	£32,704
PRIORY MEDICAL CENTRE - E81049		7	£11,713		7	£11,187		6	14,136	52	6	£37,036
PUTNOE MEDICAL CENTRE PARTNERSHIP		6	£6,325		12	£13,134		11	11,422	36	10	£30,881
QUEENS PARK HEALTH CENTRE - E81021		4	£13,819		6	£19,213		6	28,819	64	5	£61,851
ROTHSAY SURGERY - E81611		3	£6,215		4	£9,067		4	12,977	40	4	£28,259
SHAKESPEARE ROAD SURGERY - E81030		4	£2,045		2	£1,164		2	3,419	9	3	£6,628
SHARNBROOK SURGERY - E81024		6	£3,830		5	£3,922		5	5,704	21	5	£13,456
SHORTSTOWN MEDICAL CENTRE - Y00561		1	£1,929		4	£4,270		4	2,562	12	3	£8,761
ST. JOHN'S STREET SURGERY - E81056		3	£1,969		5	£4,427		5	3,799	14	4	£10,195
THE VILLAGE MEDICAL CTR - Y00522		3	£3,577		10	£9,987		9	5,222	25	7	£18,786
VICTORIA ROAD SURGERY - E81626		6	£4,699		5	£4,640		4	7,229	25	5	£16,568
WOOTTON VALE HEALTHY LIVING CENTRE		6	£8,155		3	£3,537		4	6,996	20	4	£18,688
	254	**5**	**£209,349**	**302**	**6**	**£231,560**	**301**	**6**	**232,201**	**857**	**5**	**£673,110**

Source: MedeAnalytics 2011-14 (produced by Public Health Intelligence, Bedford Borough Council & Central Bedfordshire Council)

8.4 Smoking

In the Schools Health Education Units Health Related Behaviour and Perception Survey for Bedford Borough, 2012, (Balding Survey), 75% of Year 8 and 10 school-children (12-13 and 14-15 year-olds) said they had never smoked and 9% that they had had one or more cigarettes within the last seven days. Half of the regular smokers say they would like to give up smoking. 8% of pupils said an adult at home smoked.

Breathing in second-hand smoke is particularly harmful to children.[27] Children who breathe in second-hand smoke have an increased risk of:

- cot death (sudden infant death syndrome, or SIDS) – this is twice as likely in babies whose mothers smoke
- developing asthma, and smoking can trigger asthma attacks in children who already have the condition
- serious respiratory (breathing) conditions such as bronchitis and pneumonia. Younger children are also more likely to be admitted to hospital for a serious respiratory infection
- meningitis
- coughs and colds
- middle ear disease, such as otitis media (a middle ear infection), which can cause hearing loss

Children who grow up with a parent or family member who smokes are three times as likely to start smoking themselves

Prevention programmes in Bedford Borough include:

- Kick Ash (Peer Led) is running in schools to help reduce young smokers, aged 15 and younger
- Smokefree Homes and Cars was re-launched in June 2014, working with children centres, GP practices and Health Visitors. This will be extended to other services as the programme is developed

8.5 Smoking in pregnancy & new born babies living with a smoker

The health risks for babies living with a smoker are substantial. Those born to women who smoke are on average 200–250g lighter than babies born to mothers who do not smoke; the more cigarettes smoked, the greater the probable reduction in birth weight. This can increase the risk of death and disease in childhood; smoking in pregnancy increases infant mortality by about 40% and more than a quarter of the risk of sudden unexpected death in infancy is attributable to smoking.[28]

As the child grows up, they are at a higher risk of having accidents, several serious health conditions including asthma and wheezing, dental caries and becoming a smoker themselves.[29]

The proportion of women known to be smokers at time of delivery by hospital is given in the table below[b]. The average for BCCG was 13% but there were wide variations between hospitals, from 5% for Lister Hospital (East & North Hertfordshire NHS Trust) and Milton Keynes Hospital to 20% for Luton & Dunstable Hospital (L&D).

Table 4 Proportion of women known to be smokers at time of delivery by hospital for BCCG residents, Quarter 1 to Quarter 3 2013/14

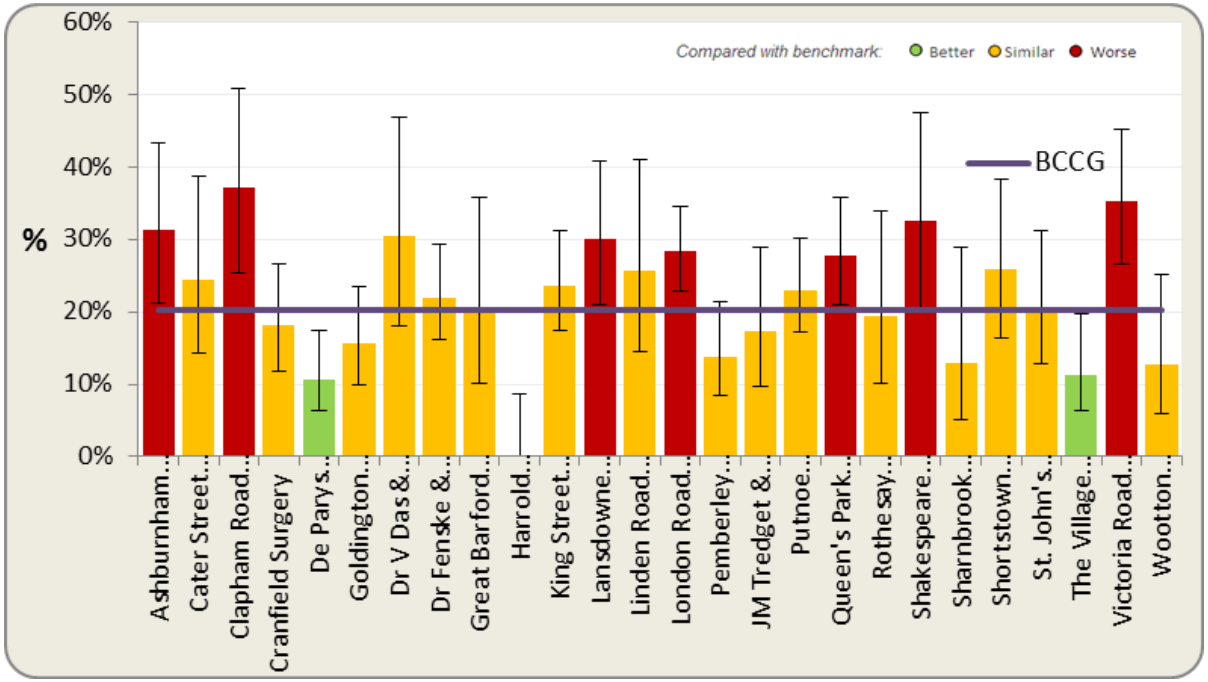
	Bedford Hospital	Luton & Dunstable Hospital	Lister Hospital	Milton Keynes Hospital	Cambridge University Hospital (Adden-brookes)	Total
Number of women known to be smokers at the time of delivery	269	159	14	9	7	**458**
Total number of deliveries	2,159	793	262	183	94	**3,491**
Percentage known to be smokers at the time of delivery	12%	20%	5%	5%	7%	**13%**

Source: Health & Social Care Information Centre

[b] No results from Buckinghamshire Hospital

In 2012/13, 22.3% of babies born to families in Bedford Locality were living with a smoker, compared to 20.2% in BCCG overall.[30] The proportion for Ashburnham Road Surgery, Clapham Road Surgery, Lansdowne Road Surgery, London Road Health Centre, Queens Park Health Centre, Shakespeare Road Surgery and Victoria Road Medical Practice were statistically higher that the BCCG average (see Figure 7). More information is given in Appendix G.

Figure 7 Percentage of new born babies living with a smoker, 2012/13



Source: Public Health Intelligence: SEPT, data from Health Visitor new birth review at 10-14 day check

Stop Smoking Service interventions available to pregnant women who smoke include dedicated tailored clinics for pregnant women and their partners. They take place in a range of community settings such as GP practices and referrals from pharmacy outlets. Furthermore, the 'Smoke Free baby and me' programme supports pregnant women from referral (whilst pregnant) until six months after birth. The programme is delivered in partnership with Children Centres. It uses an incentive scheme to engage smokers and improve their chances of achieving a sustained quit.

8.6 Excess weight (includes Overweight and Obesity)

'Excess weight' includes both overweight and obesity in recognition of the health risks posed by overweight *in addition* to obesity. There are no targets in relation to 'Excess weight' but there is a national ambition of 'a downward trend in the level of excess weight in adults and children by 2020'.

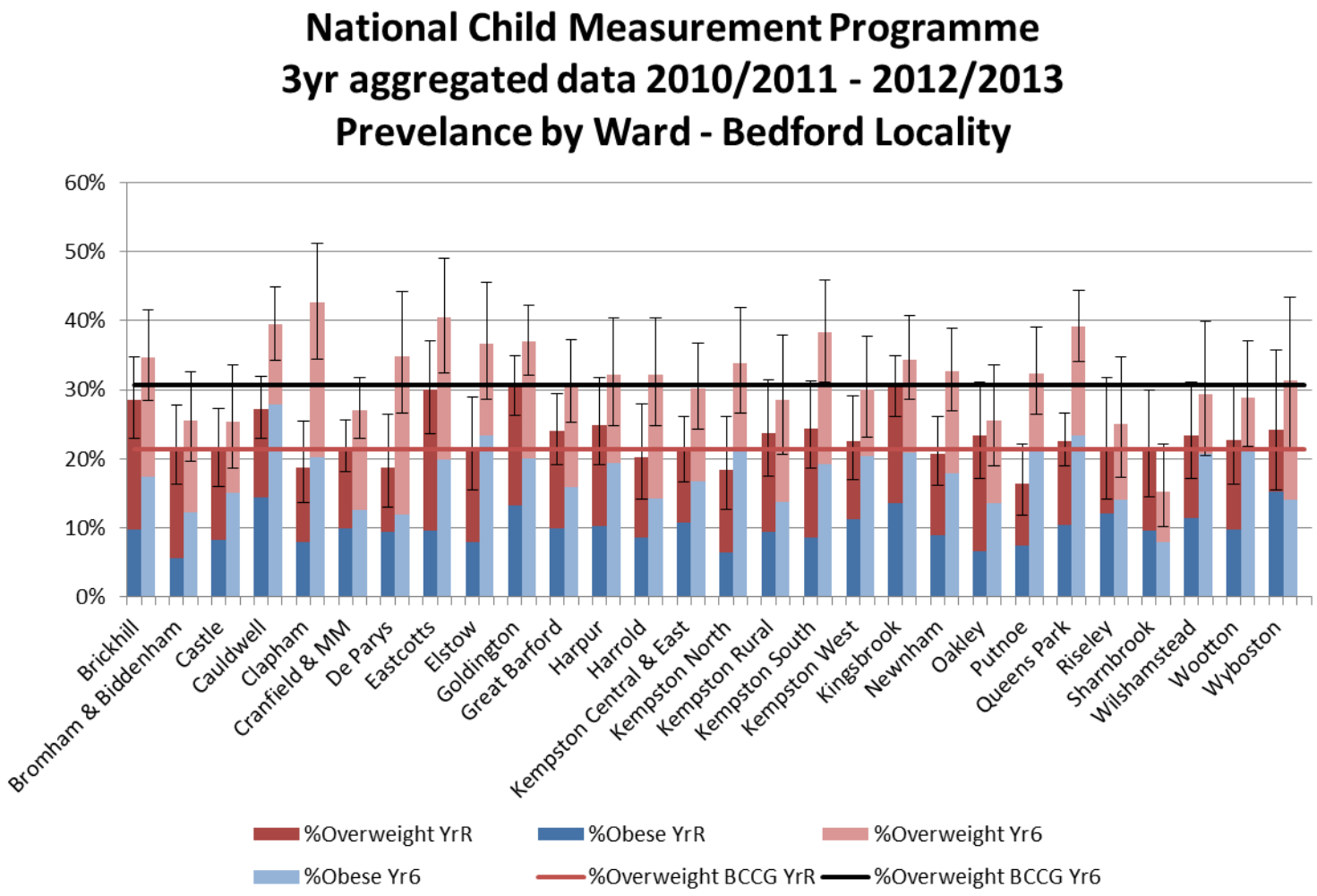
The results of the National Child Measurement Programme for Bedford Locality 2010/11 to 2012/13 are shown in Figure 8. The proportion who had significantly higher excess weight were, for Year R children, Brickhill, Cauldwell, Eastcotts, Goldington and Kingsbrook wards and Year 6 Cauldwell, Clapham, Eastcotts, Goldington, Kempston South and Queen's Park than BCCG overall.

BeeZee Bodies is a Bedfordshire programme designed to help overweight children between 2-4 years old and 5-15 years (http://www.beezeebodies.co.uk/). The national Change 4 Life programme (www.nhs.uk/change4life) provides life-style interventions that schools can include in their curriculum.

Childhood obesity increases the risk of a range of diseases commonly found in adulthood including insulin resistance and type 2 diabetes. A systematic review of the evidence on obesity and educational attainment[31] argued that obesity should not be understood solely as a health issue as the most marked way in which children are affected is in their social relationships.

Overweight or obese children are significantly more likely to be victims of bullying, which is likely to have a negative impact lasting beyond childhood and adolescence.[32] In addition, obese children are more likely to become obese adults, who are more likely to be subject to social discrimination including reduced earning ability, financial consequences for the wider economy as a result of working days lost due to ill health and increased benefits payments.[33]

Figure 8 National Child Measurement Programme, Bedford Locality 2010/11 – 2012/13



Error bars are 95% confidence intervals, which were calculated using 'excess weight' figures
Source: National Child Measurement Programme

8.7 Alcohol & drugs

The Schools Health Education Units Health Related Behaviour and Perception Survey for Bedford Borough, 2012, (Balding Survey) data shows that Year 8 and 10 (12-13 and 14-15 year olds) 25% had a drink (not just a sip) within the last seven days; the older the child the more likely they are to have had a drink. 36% of pupils said they never drink alcohol. 38% of the pupils said their parents always know if they drink alcohol, 11% said they usually know but 10% of pupils their parents 'never' or only 'sometimes' knew. 6% said that they don't drink alcohol at home. Furthermore, 23% of pupils have been offered cannabis, 13% of pupils said they had been offered other drugs and 6% said they have used cannabis within the last month.

The hospital admission rates for alcohol specific and alcohol related conditions for 0-24 year-olds are shown in Figure 9. Great Barford Surgery is significantly above the BCCG average.

Alcohol misuse is linked to a range of behaviours that may put a young person at risk, for example of unsafe sex, violence and other criminal behaviours. In a survey of nearly 10,000 young drinkers aged 15-16 years taken in North West England, 28% reported that they had experienced violence when drunk, 13% had regretted alcohol-related sex and 45% had forgotten things after drinking.[34]

In 2009 the Chief Medical Officer issued guidance on alcohol consumption in children and young people, advising that an alcohol-free childhood is the healthiest and safest approach. As well as potential long term harms including certain cancers and heart disease there are immediate health risks to drinking such as memory loss, risky behaviours and alcohol poisoning. The recommendations included:

- Not drinking alcohol until the young person is at least 15 years.
- When consuming alcohol, 15 to 17 year olds should be in a supervised environment.
- 15 to 17 year olds should not consume alcohol on more than one day a week

Research suggests that parents and family play the most important role in children and young peoples' understanding of alcohol. Children growing up in families where parents are dependent on drugs or alcohol are seven times more likely to become addicted adults.[35] Young people are less likely to drink if their parents disapprove and more likely to drink if this is tolerated by their parents.[36]

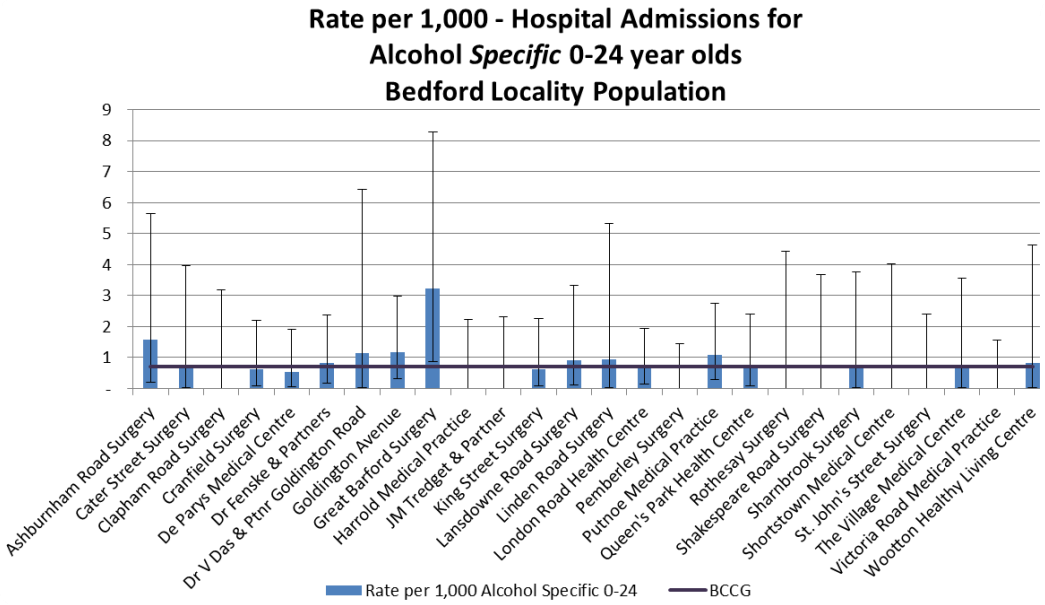
Drug and alcohol misuse among vulnerable teenagers is usually a symptom rather than a cause of their vulnerability. Many have broader difficulties in their lives that drugs and alcohol compound – family breakdown, inadequate housing, offending, truancy, anti-social behaviour, poor educational attainment and mental health concerns such as self-harm. Data published in 2011[37] confirms that those who need help with drugs and alcohol have a range of other emotional and social problems. Some of these problems relate to the intensity of their substance misuse, such as using combinations of drugs, or drinking daily. Others add to the young person's vulnerability, such as self-harming, offending, not being in education or employment, being pregnant, or being a young parent. Some 70% of the young people in specialist services recorded between two and four of these factors.

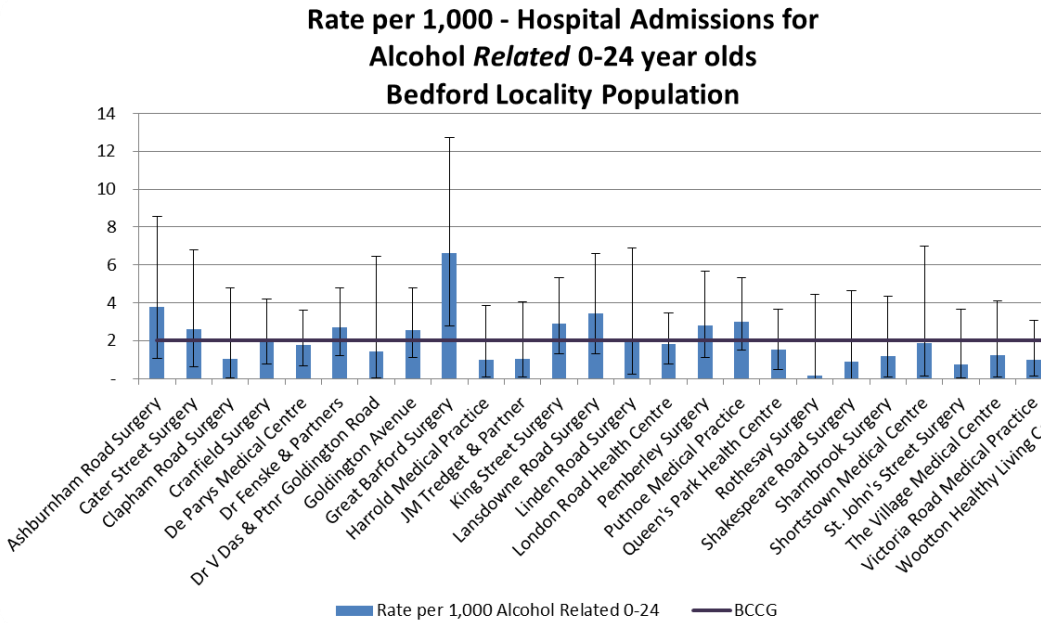
CAN Young People Bedfordshire offers a range of support, information and advice to young people aged between 5 and 18 who use drugs and/or alcohol and also supports young people affected by someone else's use (http://can.org.uk/). CAN YP engages with a wide range of partners including schools, youth clubs and community groups, to ensure that we raise awareness of the hazards of alcohol or drug use for young people.

From data drawn from our treatment services, we know that across Bedfordshire approximately 80 to 100 young people access treatment services for emerging drug and alcohol issues (Tier 2) each year. Approximately 50 young people access Tier 3 services.

Figure 9 shows the rate of alcohol specific and related admissions in CYP 0-24 years old in 2012/13. Alcohol *specific* admission is a narrow measure and includes only those cases where alcohol is the *primary* reason for admission, whereas alcohol *related* admission is a broader measure which includes those cases where alcohol is a primary or secondary reason for admission. In Bedford Locality, Great Barford Surgery is significantly higher for both the alcohol specific and related measures from BCCG overall.

Figure 9 Alcohol specific & related admissions in 0-24 year-olds, Bedford Locality 2012/13





Source: Public Health Intelligence

8.8 Mental health

A good start in life and positive parenting promotes good mental health in children and throughout adult life.[38] Many mental health problems start early in life and 50% of mental health conditions (excluding dementia) begin by 14 years of age.[39] Early intervention is at the heart of the government's approach to improving outcomes for children and young people. This is clearly set out in the Public Health White paper- 'Healthy lives, Healthy People'[40] and the Mental Health Strategy 'No Health without Mental Health'[41].

The National Institute for Health and Care Excellence (NICE) has produced guidelines for primary schools and secondary schools on early years emotional and social wellbeing of including vulnerable children. The guidance states that in building wellbeing it will help to prevent behavioural problems (including substance misuse) and mental illness. NICE describes three aspects of wellbeing: emotional wellbeing, psychological wellbeing and social wellbeing.

The prevalence of mental health disorders in children aged 5 to 16 years has been estimated.[42] It varies by age and sex, with boys more likely to have experienced or be experiencing a mental health problem than girls (11.4% vs. 7.8%). Children aged 11 to 16 years olds are also more likely than 5 to 10 year olds to experience mental health problems (11.5% vs. 7.7%) (see Table 5). The numbers have been broken down further by estimates of conduct, emotional, hyperkinetic and less common disorders.[43]

Table 5 Estimated number of children in Bedford Locality with mental health disorders by age group and sex: Bedford Locality, 2012

	Estimated number of children aged 5-10 yrs with mental health disorder	Estimated number of children aged 11-16 yrs with mental health disorder	Estimated number of children aged 5-16 yrs with mental health disorder	Estimated number of boys aged 5-10 yrs with mental health disorder	Estimated number of boys aged 11-16 yrs with mental health disorder	Estimated number of boys aged 5-16 yrs with mental health disorder	Estimated number of girls aged 5-10 yrs with mental health disorder	Estimated number of girls aged 11-16 yrs with mental health disorder	Estimated number of girls aged 5-16 yrs with mental health disorder
Bedford Locality*	920	1,465	2,365	625	840	1,470	295	625	915

Calculated from national prevalence; these are estimates and may not add up due to rounding
Source: CHIMAT: CAMHS Needs Assessment, 2012

Risk factors for mental ill health in children and young people include:

- substance misuse and maternal stress during pregnancy
- poor parental mental health
- parental unemployment
- social deprivation
- low birth weight
- child abuse
- being a looked after child

8.8.1 Toxic Trio

Domestic violence and abuse, substance misuse and mental illness have been shown together to have a multiplicative negative effect on the health and wellbeing of children and families. This combination of adverse conditions has been termed the "Toxic Trio".[44] The presence of factors from the Toxic Trio can adversely affect parenting capacity and extra support for parents should be considered in these circumstances. It is estimated that 26% of babies in the UK have a parent who is affected by one or more factors of the "Toxic Trio".[45]

8.9 Oral health

The proportion of children aged 5 years with one or more decayed, missing or filled teeth in Bedford Borough in 2011/12, was 25.2%, statistically similar to the England average (27.9%).[46] Children, as well as adults, should brush their teeth using fluoridated toothpaste at least twice daily.[47] [48] [49] In 2014 Public Health England published 'Local authorities improving oral health: commissioning better oral health for children and young people'.[50] The document aims:

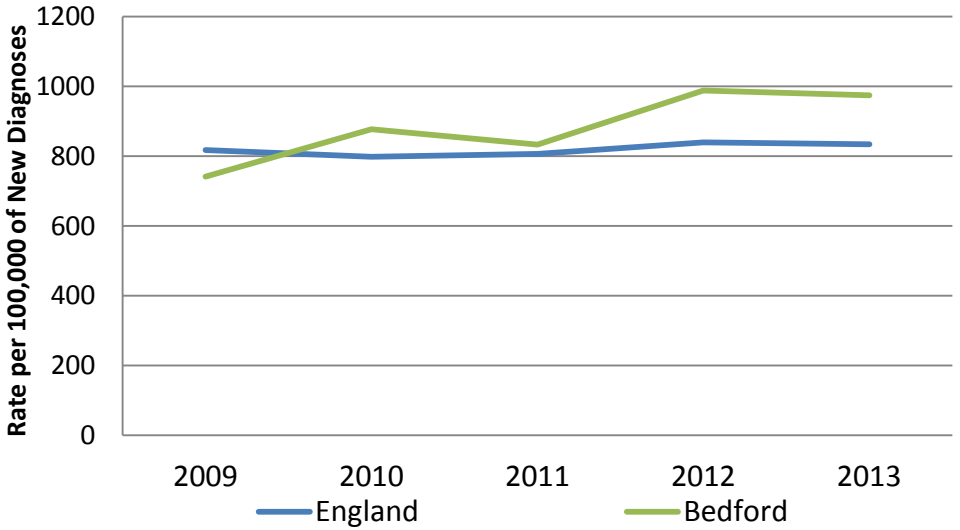
- to support local authorities to commission oral health improvement programmes for children and young people aged up to 19 years
- to enable local authorities to review and evaluate existing oral health improvement programmes and consider future commissioning intentions
- to provide an evidence-informed approach with examples of good practice

8.10 Acute sexually transmitted infections including Chlamydia

Figure 10 shows the trend in new diagnoses of all-age acute Sexually Transmitted Infections (STI) from 2009 to 2013. The diagnosis rate has increased in Bedford Borough over this period from 742 to 974 per 100,000 and is now higher than the England rate. Rates of diagnosis of gonorrhoea, syphilis, genital herpes and genital warts in Bedford Borough are similar to England.

STIs can have a long lasting impact upon people's lives; good sexual health is important to individuals and society and therefore being able to access the right support and services and promoting good sexual health is essential. Local sexual health services are delivered through a variety of providers including Bedford Hospital Trust, Luton and Dunstable Foundation Trust, Terence Higgins Trust and Brook, GPs and community pharmacists. These services are free, open access and confidential.

Figure 10 Diagnoses of all acute Sexually Transmitted Infections

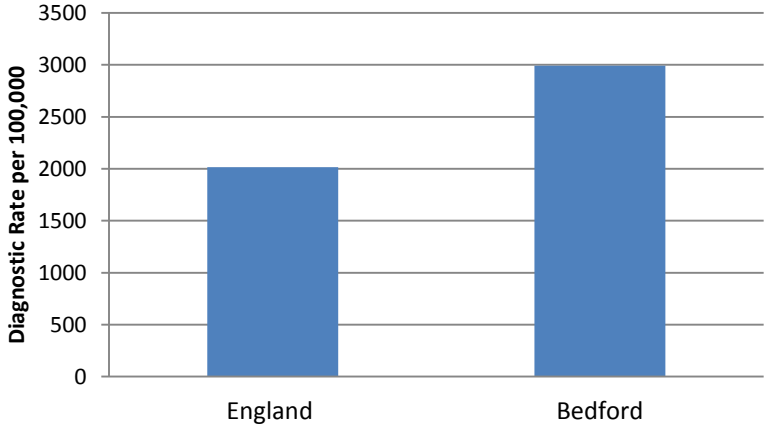


Source: Public Health England, 2013

8.10.1 Chlamydia

Chlamydia is the most commonly diagnosed STI in the UK. Most people have no symptoms but it can have serious long term health implications and may lead to infertility. The National Chlamydia Screening Programme aims to find and treat chlamydia in sexually active CYP under 25 years old. An effective Chlamydia screening programme should achieve a diagnostic rate of at least 2,300 per 100,000, and this ensures that the programme is reaching those young people at highest risk of infection. The diagnostic rate for Chlamydia in Bedford Borough in 2013 was 2,993 per 100,000, which was higher than the recommended diagnostic rate and higher than England overall (Figure 11).

Figure 11 Diagnostic rate for chlamydia aged 15-24, 2013



Source: Public Health England, 2013

8.11 Teenage pregnancies

Teenage pregnancy is a significant public health issue. Teenage parents are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates. Their health, and that of their children, is likely to be worse than average. Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. The children themselves run a much greater risk of poor health, and have a much higher chance of becoming teenage mothers themselves.

Nationally, a 9.8% reduction in the under 18 year-old (U18) conception rate was observed from 2011 to 2012, a reduction of 40.6% since 1998. There was an increase from 2011 to 2012 in U18 conception rates in Bedford Borough from 26.9 to 28.9 per 1,000 women. The U18 conception rates were higher the England rate and the East of England rate (see Table 6).

In Bedford Borough there were four wards with a markedly higher U18 conception rate in 2009-2011 which had a rate of 50 or above U18 conceptions per 1,000 women:

- Kingsbrook
- Goldington
- Cauldwell
- Kempston South

Table 6 2011 & 2012 *U18* conception rates per 1,000 women: Bedford Borough, England & the East of England

Year	Bedford Borough		England		East of England	
	Rate (Number)	% leading to abortion	Rate	% leading to abortion	Rate	% leading to abortion
2012	28.9 (85)	47.1%	27.7	49.1%	23.2	49.2%
2011	26.9 (81)	46.9%	30.7	49.3%	26.6	50.2%

Source: ONS 2014

Conception rates in the under 16s (U16) had increased from 2011 to 2012 in Bedford Borough from 3.0 to 5.1 per 1,000 women. The Borough is below the England but above East of England rates (see Table 7). U18 and U16 conceptions are increasing in Bedford Borough in contrast to the national picture.

Table 7 2011 & 2012 *U16* conception rates per 1,000 women: Bedford Borough, England & the East of England

Year	Bedford Borough		England		East of England	
	Rate (Number)	% leading to abortion	Rate	% leading to abortion	Rate	% leading to abortion
2012	5.1 (15)	68.4%	5.6	60.1%	4.4	58.0%
2011	3.0 (9)	54.8%	6.1	60.5%	5.4	58.3%

Source: ONS 2014

There are a number of programmes preventing teenage pregnancies in Bedfordshire including Brook and THT Contraceptive and Sexual Health Services. Early Intervention Programmes (Aspire) address some of the underlying causes of teenage pregnancy across targeted Middle and Upper Schools within each of the higher conception rate wards, which are currently Kingsbrook, Castle and Harpur. Brook delivers targeted outreach work to young people aged 13 and above within schools in the higher conception rate areas and among vulnerable groups such as Looked After Children and young people not in education, employment or training (NEETs).[51]

9 Maternity

9.1 Early access to antenatal care

What happens during the early years of life, starting in the womb, has lifelong effects on a range of health and wellbeing outcomes including obesity, heart disease, mental health, educational attainment and economic status.[52]

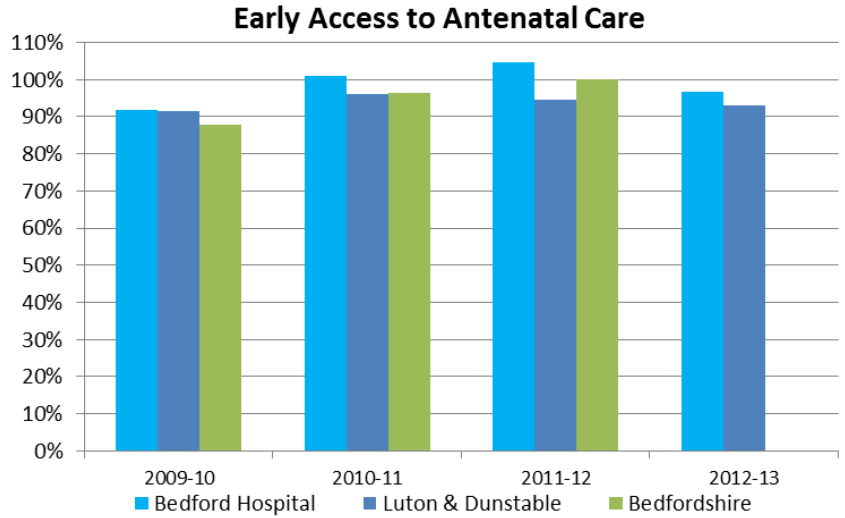
A healthy pregnancy and the first three years of life are vital to a child's development, life chances and achievement. Healthy mothers tend to have healthy babies and a mother who receives high quality maternity care throughout pregnancy is well placed to provide the best possible start for her baby.

The care and support provided to mothers and babies during pregnancy, childbirth and the postnatal period has a significant effect on children's healthy development and on their resilience to problems encountered later in life.[53] NICE guidance on antenatal care[54] recommends that women should have access to maternity services for a full health and social care assessment of needs, risks and choices ideally by 10 weeks of pregnancy. This ensures women are able to participate in antenatal screening programmes and an appropriate care plan can be developed. Late booking and poor attendance for antenatal care are associated with poor outcomes.

The Healthy Child Programme[55] was developed to set out a universal preventive service to support a healthy pregnancy and the foundations for future health and wellbeing. The assessment in early pregnancy is the starting point for the Healthy Child Programme.[56]

Figure 12 shows the percentage of Bedfordshire women who accessed antenatal care before 12 weeks and 6 days by hospital 2009-13. Access to maternity care is no longer reported nationally or regionally however BCCG continue to monitor rates locally and have retained the national target of 90% as part of their performance monitoring.

Figure 12 Accessed Antenatal Care before 12 weeks and 6 days, 2009-13



Bedfordshire women only
Bedfordshire women also gave birth at other hospitals including Lister, Milton Keynes, Addenbrooke's and Buckinghamshire Hospitals
Source: NHS England: Breastfeeding & 12 week maternal assessment

9.2 Maternal mental health

Pregnancy and childbirth are major life events with potential consequences for maternal mental wellbeing. Maternal mental disorders can impact the woman, her children and the rest her family and pose an important public health challenge. Not only are women at risk of developing mental illness during the pregnancy and in the post-natal period, but women are also prone to suffer exacerbation or relapses of any pre-existing mental illnesses,[57] which can have potentially serious consequences. The perinatal period is defined by most as pregnancy and the first three to 12 months following birth, and 'perinatal mental illness' is an umbrella term[58] encompassing a range of conditions of differing levels of severity. Estimates of the prevalence of maternal mental ill health are given in Table 8.[59]

Table 8 National estimates of the prevalence of mental health conditions

Condition	Estimated prevalence	Estimate of number of women in Bedford Locality
Baby blues	80%	1,600
Major postnatal depression (research diagnostic criteria)	10%	200
Moderate to severe depressive illness	3-5%	60-100
Referrals to psychiatry – new episodes of postnatal mental health illness	2%	40
Referrals to psychiatry – total pregnancy and child birth related mental health problems	3.50%	70

**Calculations were based on an annual birth rate of 2,000 deliveries for Bedford Locality, 2013*
Source: Postnatal Mental Health Royal College of Psychiatrists[60]

9.3 Breastfeeding

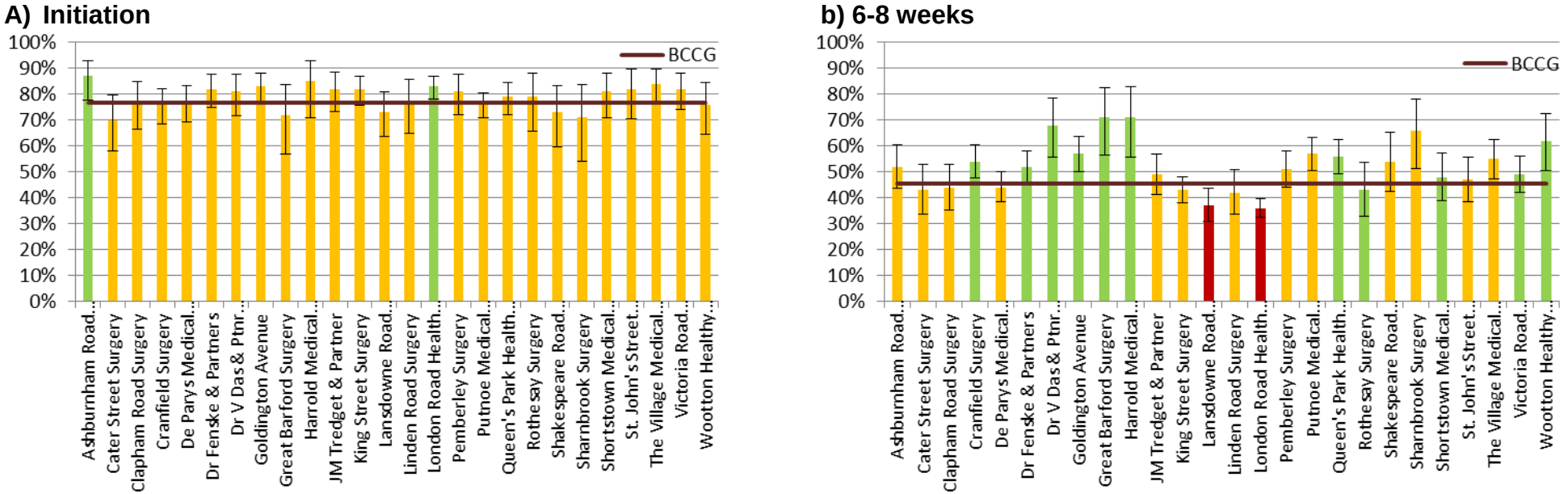
Breastfeeding promotes health and prevents disease in both the short and long term for both infant and mother and plays an important role in reducing health inequalities. Infants who are not breastfed appear more likely to suffer with conditions such as gastroenteritis and respiratory disease requiring hospitalisation. In the longer term the child could be at greater risk of having higher levels of blood pressure and blood cholesterol in adulthood and may be at a greater risk of type 2 diabetes and obesity. Breastfeeding is also associated with a reduction in the risk of breast and ovarian cancers for mothers.[61]

A recent report commissioned by UNICEF[62] found a modest increase in breastfeeding rates could save at least £40 million pounds annually, reducing hospital admissions, GP consultations, childhood obesity and cases of Sudden Infant Death Syndrome.

Breastfeeding rates in Bedford Locality at initiation and 6-8 weeks have continued to increase since 2008 but there is a significant 'drop-off' between the number of women who start to breastfeed and are still breastfeeding 6 weeks later. Whilst universal support needs to be available to all women both antenatally and postnatally, support should also be targeted at mothers least likely to breastfeed including women from lower socio-economic groups and teenage mothers.[63]

Figure 13 shows the proportion of mothers breastfeeding at initiation and 6-8 weeks by GP practice. At initiation, no practice was statistically lower than the average of Bedfordshire CCG; at 6-8 weeks Lansdowne Road Surgery and London Road Surgery are statistically lower Bedfordshire CCG.

Figure 13 Proportion of mothers breastfeeding at initiation and 6 to 8 weeks in Bedford Locality, 2013/14



Source: NHS England, Breastfeeding initiation and prevalence at 6 to 8 weeks

9.4 Childhood immunisations & screening

The UK National Screening Committee recently announced its recommendation to screen every newborn baby in the UK for four new genetic disorders. This expands the NHS Newborn Blood Spot Screening programme to include screening for the following serious but treatable disorders:[64]

- homocystinuria (HCU)
- maple syrup urine disease (MSUD)
- glutaric aciduria type 1 (GA1)
- isovaleric acidaemia (IVA)

Childhood immunisations are one of the most effective and safe public health interventions, preventing illness, disability and death from infectious diseases once common in childhood. From September 2014 the schedule for Human Papilloma Virus (HPV) vaccination, routinely offered to girls aged 12 and 13, changed from three to two doses. This was the result of research that showed the protection provided to adolescent girls by two doses was as good that provided by three. Girls who have not had their first dose of HPV vaccine by the time they are 15 years old should be offered the three dose schedule because the antibody response in older girls is not as good. The results for HPV are not complete for the financial year.

Also, from September 2014 a Meningitis C booster vaccination was offered to Year 10 pupils as part of the childhood immunisation programme. The new Meningitis B vaccine is not currently offered as part of the NHS childhood immunisations programme but GPs may supply it privately.

Table 9 shows the uptake of childhood immunisations by locality. In 2013/14 Bedford Locality as a locality met nearly all the targets for 1 and 2 year olds but three of the targets for 5 year olds were not achieved. Data for Bedford Locality GP practices is given in Appendix H. De Parys Medical Centre, Lansdowne Road Surgery, and Linden Road Surgery have the greatest opportunity to improve.

Table 9 Total number of children and uptake of childhood immunisations, Quarter 1 to Quarter 3 2013/14

Locality	Target	1 Year DTaP		1 Year Hib/MenC		1 Year PCV		2 Year DTaP		2 Year Hib/MenC		2 Year PCV		2 Year MMR	
Bedford Locality	95%	2,162	97%	2,158	97%	2,155	97%	2,218	98%	2,207	97%	2,158	95%	2,133	94%
Chiltern Vale	95%	906	96%	906	96%	903	96%	939	97%	936	97%	917	95%	911	94%
Ivel Valley	95%	1,142	98%	1,141	98%	1,140	98%	1,172	99%	1,170	98%	1,146	96%	1,138	96%
Leighton Buzzard	95%	590	98%	590	98%	592	99%	672	99%	672	99%	662	98%	658	97%
West Mid Beds	95%	599	98%	599	98%	601	98%	605	99%	605	99%	596	98%	590	97%

Locality	Target	5 Year DTaP		5 Year Hib/MenC Booster		5 Year PCV Booster		5 Year MMR	
Bedford Locality	95%	2,176	94%	2,204	96%	2,179	94%	2,156	93%
Chiltern Vale	95%	955	93%	965	94%	960	94%	945	92%
Ivel Valley	95%	1,053	97%	1,054	97%	1,054	97%	1,040	96%
Leighton Buzzard	95%	551	93%	552	93%	554	94%	545	92%
West Mid Beds	95%	678	96%	688	97%	674	95%	665	94%

DPaT: Diphtheria, Percusses, Tetanus Hib: H. influenza B
MenC: Meningitis C PCV: Pneumococcal vaccine
MMR: Mumps, Measles, Rubella
1 Year: before first birthday; 2 Year: after first and before second birthdays; 5 Year: the pre-school booster that include the ages of 3-5 year
Legend: Red cells are lower than the target
Source: Public Health Intelligence, NHS England

10 Education

In the Child Health Profile for Bedford Borough, 2014, the following education indicators are detailed as being significantly worse than the England average:[65]

- Children achieving a good level of development at the end of reception
- 16-18 year olds not in education, employment or training

10.1 Foundation stage attainment

School readiness is gaining currency as an outcome that may help to reduce persistent inequalities in educational attainment, improve children's capacity for lifelong learning and help them to fulfil their developmental potential. School readiness is a measure that applies to all children, including the vulnerable and disadvantaged, children with disabilities, ethnic minorities and those living in rural areas. The ability of young children to manage their emotions and behaviours is an important prerequisite for social adjustment and school readiness. With an increase in early-onset behavioural difficulties in children, understanding changes in child behaviour during the preschool years, and the factors that influence it, is a priority for policy and practice.

There can be many reasons why a child fails to attain competence in literacy and grapho-motor skills, some of which are already addressed by services within the education system and initiatives to support development in the early years. Nevertheless, there remains a significant percentage of children whose mastery of basic skills continues to fall below expected levels at the end of primary education. Children from poorer backgrounds are more likely to lack these basic skills. This is an important contributor to broader inequalities. One area that has not received sufficient attention in recent years is developmental and physical 'readiness' for formal education.[66]

In 2013, 47.8% of children in Bedford Borough achieved a good level of development at the end of reception aged 5y which was lower than England overall (51.7%).

Readiness for school requires much more than a child simply reaching the chronological age required for school entry. Growth and physical development are important to education but have been largely overlooked by the educational system since the phasing out of routine developmental tests for all children.

10.2 Not in education, employment or training (age 16-18 years)

Young people who are Not in Education, Employment or Training (NEET) are more likely to be involved in delinquency and crime. Being out of work can lead to poor mental health (for example depression) and make them more likely to turn to drugs and alcohol.[67] A report by the University and College Union (Young Minds 2013) states that a third of NEET young people have suffered depression and 15% have a mental health problem.

In 2013, 6.2% of young people in Bedford Borough were reported to be NEET. The number of young people who are NEET in Bedford Borough has decreased since 2011 in line with the national trend. However, the Bedford Borough rate is statistically higher than England's average (5.3%) and the regional average (5.1%).

11 Early help

The aim behind Early Help is that every child and young person who lives in Bedford Borough is given the best start in life and is supported to reach their full potential: socially, emotionally and academically. Early Help is a way of working that aims to support families, safeguard children and ensure that our children and young people are happy, healthy and achieve good educational outcomes. It is how universal and targeted services work together to identify issues or needs early on and intervene promptly to increase resilience and prevent the situation from escalating to the point where specialist and statutory services are needed.

The early help offer builds on the growing body of evidence on the effectiveness of early help and intervention strategies in reducing costs and obtaining better outcomes for children, young people and their families. The strategy is based on prevention and early intervention and is outlined in the Partnership Framework for Bedford Borough's Children, Young People and families 2014-2017 for individual children, their families and the local community.[68] All services from Children's Centres to schools, from GPs to midwifery services and Health visitors have a part to play in prevention, for example an effective anti-bullying policy in schools, midwife and health visitor visits in the ante natal and early post natal periods and parent support groups in Children's Centres.

Early intervention can happen at any point during a child's or young person's life and it tackles emerging problems for unborn babies, children, young people and their families as soon as possible, to prevent situations becoming more serious. It could be anything from confronting problems with a baby's feeding to advising on healthy eating for an older child. It could include targeted programmes for young people around alcohol and drug misuse or supporting adults who have mental health, learning difficulties/disabilities or substance/alcohol dependency. Early Help takes a whole family approach and recognises that the outcomes for children and young people are heavily determined by other factors many of which are adult related.

Early Help is safeguarding but it is not the same as Child Protection where a child or young person is at risk of harm.

11.1 Troubled Families

The Government set out robust national criteria for referral to the Troubled Families programme:

- any adult in the family on benefits (incapacity benefit, carers allowance, income support, severe disablement allowance
- poor school attendance and exclusion
- offending behaviour including Anti-Social Behaviour which includes Warning letters about tenancy conditions, other breaches of tenancy conditions and police call outs

Local authorities were able to set local criteria; in Bedford Borough this was designated as:

- a family where a child or children are Child in Need
- local authority is considering accommodating a child
- frequent police call outs (three call outs within a 12 month period or more)
- evidence of the presence of ***'Toxic Trio'*** which contain:
    - Domestic violence
    - Substance misuse
    - Mental ill health

To meet criteria for referral to the Troubled Families Programme the family/young person has to meet two of the national criteria plus another of the local criteria.

At the beginning of the Troubled Families programme in 2012, each local authority was assessed by the Troubled Families Unit as to the number of Troubled Families in the local area. Bedford Borough was designated to work with 245 families of which payments by results will apply to 204 of the families. To date Bedford Borough turned around the lives of 198 families and there are a further 47 families currently to work with by the end of the programme. In May 2014 the results were:

- a tendency to have three or more children per household.
- social renters housing was greater than the national average
- lone parents greater than the national average
- 81% of families were unemployed
- 71% of families have health problems
- 80% of families have problems with education
- 32 of families were Children In Need (CIN), Child on a Protection Plan (CPP) or Looked after Children (LAC)
- 64% families were causing Anti-Social Behaviour (ASB) or known within the criminal justice system

On average each family had at least eight problems per family; where there was no family intervention service this could mean there are over eight different services going into each family.

The report of the Children and Young People's Health Outcomes Forum, 2013/13, said:[69]

> *Not listening to families and thus not providing the right sort of services can have huge consequences. For example, children with long term conditions who are not effectively treated may miss school thus limiting their future career opportunities and their parents may need to stay at home thus prohibiting them from taking on full time jobs. GPs may be well placed to understand the needs of the whole family, sometimes in a way that a specialist clinician or team may not be.*

11.2 Children in Need

A child is a Child in Need if:[c]

- They are unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- Their health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/She is a Disabled Child.

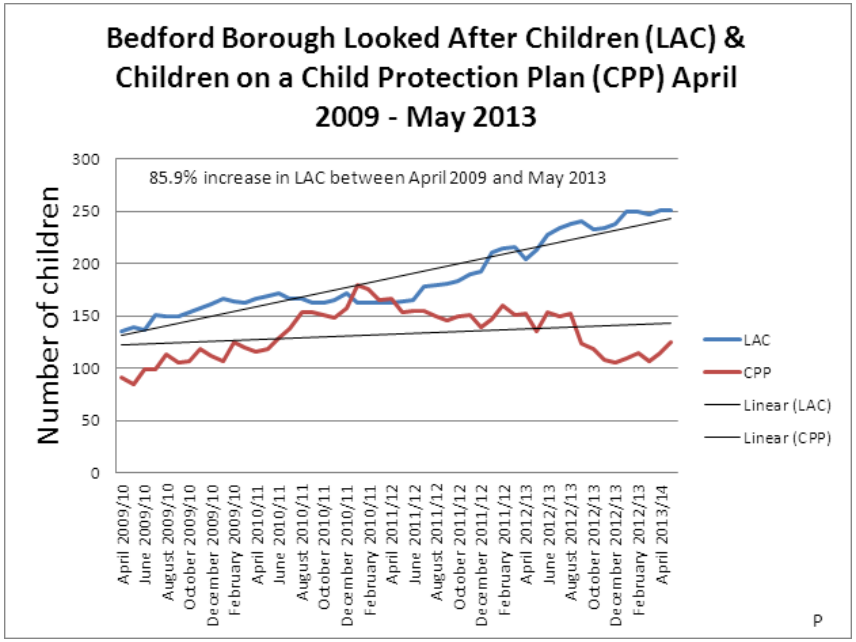
Part of Children in Need is Looked After Children (LAC) (those whom the state looks after) and children subject of a Child Protection Plan (CPP) (Section 47). CPPs tend to be more common in boys, children aged 0-11, those who have been neglected or have experienced emotional abuse, and the CPPs tend to apply for a period of less than two years.

[c] Section 17 (10) of the Children Act 1989

Figure 14 shows Bedford Borough Looked after Children and Children on a Child Protection Plan. LAC was steadily rising at 86% between April 2009 to May 2013 but the CPP seemed to be decreasing after 2011.

In March 2014 the highest number of LACs where the children were originally resident are Cauldwell (33), Queens Park (32), Goldington (29) and Kingsbrook (28) out of 264 CYP. Overall, the LAC rate was 73.7 per 10,000 in Bedford Borough. 10.9% of these had three or more placements and an increased percentage over six months; 45.0% were in a long term stable placement.

Figure 14 Bedford Borough Looked After Children & Children on a Child Protection Plan, 2009-13



Source: Prevention and Early Intervention Briefing Paper

11.3 Young carers

This year NHS England published NHS England's Commitment to Carers 2014. Amongst the recommendations was a national event for young carers to take place in the Autumn 2014 by NHS England in partnership with NHS Improving Quality. This will be to show how young carers can be better supported and the wellbeing of young carers promoted by the NHS.

The "Carers in Bedfordshire" group is a provider of support to all local carers and include carers for people with mental health illness. The Hub Young Adult Carers (YAC) is for those aged 16 to 25. It is one of the specialist services run by Carers in Bedfordshire which have free emotional and practical support, information, advice, advocacy and training.

11.4 Youth Justice System

In 2013 there were 61 children aged 10-17y in Bedford Borough who were first time entrants to the youth justice system, receiving either their first reprimand, warning or conviction. When expressed as a proportion of the total number of CYP this was similar than England overall. In 2012/13, across the county of Bedfordshire, 23 CYP were taken into custody. All were male, 2 were 10-14y, 4 were 15y, 7 were 16y and 10 were 17y.

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