Public Health

milton keynes council

Joint Strategic Needs Assessment

Children & Young People

November 2021

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Introduction

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

This JSNA covers the health and wellbeing needs of all children and young people in Milton Keynes. For detailed analysis on children and young people with vulnerabilities there will a specific Vulnerabilities JSNA section presently.

Across Milton Keynes the health and wellbeing of children and young people is similar to the England average. In line with the national picture, there are significant variations in local outcomes, with some groups of children and young people experiencing significantly worse health outcomes than others. These health inequalities start before birth and accumulate throughout life, but they are preventable.

Milton Keynes' overall score for deprivation, using the Index of Multiple Deprivation 2019 relative to all other local authorities in England, puts it in the 3rd least deprived decile. However, there are 9 wards within Milton Keynes which are in the 10% most deprived in England: 4 of these are in Woughton & Fishermead, 3 in Bletchley East, 1 in Bradwell and 1 in Stony Stratford.[2]

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

Experiences and the ability to thrive and develop well during the early stages of childhood relate closely to outcomes in a wide range of areas, including health, throughout the rest of life. For instance, strong communication and language skills in the early years are linked with success in education, higher levels of qualifications, higher wages and better health.
Health equity in England: The Marmot Review 10 years on[3]

A report by the National Children's Bureau into health inequalities in England found that children and young people growing up in more deprived areas tend to have worse health outcomes, yet also found that this is not inevitable.[4] The case for Early Help and intervention is well evidenced as is the need for a skilled, multi-agency workforce that communicates well and works together. No single agency can provide support alone.[5]

1. Department of Health. 2011. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies explained. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf [Accessed 26 July 2021].

2. English Indices of Deprivation 2019. [online] Available at: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019 [Accessed 18 December 2020].

3. Marmot, et al., 2020. Health Equity In England: The Marmot Review 10 Years On. [online] Institute of health equity. [online] Available at: http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf [Accessed 13 January 2021].

4. National Children's Bureau (2015). Poor Beginnings: Health Inequalities Among Young Children Across England. [online] Available at: http://www.ncb.org.uk/sites/default/files/uploads/files/Poor%2520Beginnings.pdf [26 July 2021].

5. Public Health England. 2020. Rapid Review To Update Evidence For The Healthy Child Programme 0–5. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf [Accessed 13 January 2021].

There may be times in childhood and adolescence when additional help and support is needed. Earlier identification enables a timely and effective response before issues escalate. The Healthy Child Programme (HCP) is an example of this additional help and offers a range of interventions for all children, young people and their families in Milton Keynes from pre-birth to 19.

The impact of the COVID-19 pandemic

The COVID-19 pandemic has caused unprecedented disruption to children and young people. This attributed to partial school closures, social distancing strategies, closure of non-essential services, and changes in the delivery of health care. The COVID-19 pandemic has also exposed pre-existing inequalities among young people. These inequalities include:[6]

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

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

Snapshot of children and young adults in Milton Keynes

1. **There are around 3,235 (2019) live births each year.**[7]

2. **8,680 children aged 0-15 (15.1 %) live in poverty (2016)** compared to 17% across England.[8]

3. **350 of 16-17 years olds were not in education employment or training in 2019.** This is higher than local authorities in the same deprivation decile.[9]

4. **In 2017/18 the rate of looked after children aged under 5 years was 31 per 10,000**

This was an increase from 24.6 per 10,000 in 2016.[10]

5. **In 2019, there were 65 under-18 conceptions** and the rate of was 13.8 per 1,000 compared to the England average at 15.7 per 1,000.[11]

6. **In 2019/20 the Year 6 children who were overweight and obese was 33%**

This was lower than local authorities in the same deprivation decile of 35%.[12]

7. Office for National Statistics - Birth characteristics 2019. [online] Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2019 [Accessed 26 July 2021].

8. Central Bedfordshire Insight. [online] Available at: https://centralbedfordshire.communityinsight.org/map/?subregion=18599&indicator=ni_116_u16_dr_20160101# [Accessed 26 July 2021].

9. Department for Education 2018. Public Health England, fingertips. [online] Available at: https://fingertips.phe.org.uk/search/neet#page/4/gid/1/pat/10113/ati/202/are/E06000042/iid/93203/age/174/sex/4/cid/1/tbm/1/page-options/ovw-tdo-0_car-do-0_tre-ao-0_tre-do-0_tre-so-0 [Accessed 21 December 2020].

10. Public Health Outcomes Framework. [online] Available at: https://fingertips.phe.org.uk/search/looked#page/4/gid/1938133238/pat/10113/par/cat-113-8/ati/302/are/E06000042/iid/92270/age/28/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1 [Accessed 12 August 2021].

11. Public Health Outcomes Framework. Section 1 (IMD 2019) [online] Available at: https://fingertips.phe.org.uk/indicator-list/view/tWhIbQL5J0#page/3/gid/1/pat/10113/par/cat-113-8/ati/202/are/E06000042/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1

Section 1: Healthy Pregnancy

Why is this Important?

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

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

What is the local picture?

The most recently compiled and published data, with comparison to other local authorities of similar deprivation, unless stated otherwise, as of April 2021.[14]

Table 1: Healthy pregnancy Indicators as of July 2021

🔴	**Significantly worse than comparator**
🟡	**Not significantly different than comparator**
🟢	**Significantly better than comparator**
○	**No IMD Decile Comparison**

Healthy Pregnancy Indicator	Previous period [Comparator IMD 2019] (Date)	Most recent available period [Comparator IMD 2019] (Date)
1. Smoking at time of delivery (%)	○ 13.3 [NA] (2018/19)	🔴 12.0 [8.7] (2019/20)
2. Under 18s conceptions[15] (Rate per 1,000)	🔴 18.4 [13.8] (2018)	○ 13.8 [N/A] (2019)
3. Under 16s conceptions (Rate per 1,000)	🟡 1.8 [1.6] (2018)	○ 2.3 [N/A] (2019)

13. Children's Commissioner for England. 2019. Childhood vulnerability in England in 2019. [online] Available at: https://www.childrenscommissioner.gov.uk/publication/childhood-vulnerability-in-england-2019 [Accessed 25 January 2021].

14. Public Health Outcomes Framework. Section 1 (IMD 2019) [online] Available at https://fingertips.phe.org.uk/indicator-list/view/tWhIbQL5J0#page/0/gid/1/pat/10113/par/cat-113-8/ati/202/are/E06000042/iid/93085/age/1/sex/2/cid/1/tbm/1 [Accessed 26 July 2021].

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

4. Infant mortality rate up to 1 year (Rate per 1,000)	5.2 [3.5] (2016-18)	4.4 [3.4] (2017-19)
5. Early access to maternity care[16]* (%)	NA [NA] (2017/18)	57.6 [54.5] (2018/19)

Milton Keynes's overall score for deprivation (using the 2019 Index of Multiple Deprivation) relative to all other local authorities in England, puts it in the 3rd least deprived decile. Throughout this report, Milton Keynes performance is compared to other areas of similar deprivation where possible. For comparison to other local authorities of similar deprivation (IMD 2015), please refer to the reference.[17]

Table 1: Healthy pregnancy Indicators as of July 2021 Sources:
Public Health Outcomes Framework. Section 1 (IMD 2019) [online] Available at https://fingertips.phe.org.uk/indicator-list/view/tWhIbQL5J0#page/0/gid/1/pat/10113/par/cat-113-8/ati/202/are/E06000042/iid/93085/age/1/sex/2/cid/1/tbm/1 [Accessed 26 July 2021].

Public Health Outcome Framework. 2018. Public Health Profiles - PHE. [online] Available at: https://fingertips.phe.org.uk/search/early%20access#page/0/gid/1/pat/10113/par/cat-113-8/ati/302/are/E06000042/iid/93583/age/-1/sex/2/cid/1/tbm/1/page-options/car-do-0 [Accessed 12 August 2021]

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

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

Over the last 10 years, there has been significant progress on teenage pregnancy with the under-18 and under-16 conception rates having both fallen by about 58%. However, Smoking at time of delivery is significantly higher when compared with similar local authorities in the same deprivation decile.

Infant mortality

There are approximately 3,500 live births in Milton Keynes each year, and about 12 babies die each year before their first birthday.[18] The infant mortality rate in Milton Keynes (4.4 deaths per 1,000) is currently similar to other local authorities in the same deprivation decile (3.4 deaths per 1,000 live births).

During 2019/20, there were 15 child death notifications, a decrease from 30 in 2018/19. Of these, 4 were in infants aged 0-28 days, and 5 were infants aged 28-365 days old. Further analysis of these infant deaths indicates a disproportionately high number of deaths in babies born to mothers from black and minority ethnic groups, compared to babies born to mothers of all other ethnic groups in Milton Keynes.

16. Public Health Outcome Framework. 2018. Public Health Profiles - PHE. [online] Available at: https://fingertips.phe.org.uk/search/early%20access#page/0/gid/1/pat/10113/par/cat-113-8/ati/302/are/E06000042/iid/93583/age/-1/sex/2/cid/1/tbm/1/page-options/car-do-0 [Accessed 12 August 2021].

17. Public Health Outcomes Framework: CYP JSNA – Section 1 (IMD 2015): https://fingertips.phe.org.uk/indicator-list/view/tWhIbQL5J0#page/0/gid/1/pat/10105/ati/202/are/E06000042/iid/93085/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1 [Accessed 14 January 2021].

18. Office for National Statistics. 2019. Births In England And Wales: Summary Tables - Office For National Statistics. [online] Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables [Accessed 21 December 2020].

The Child Death Board has taken forward recommendations from its previous Annual Report. This includes continuing to work with services in the local Integrated Care System (ICS) covering Milton Keynes to enable shared learning from child death reviews; strengthening the focus on identifying modifiable factors and addressing them; undertaking a premature mortality review; and reviewing the effectiveness of the palliative care pathway. Recent improvements have included greater consistency and standards for paediatric palliative care, addressing co-sleeping via a campaign, and workshops across services to help raise awareness of consanguinity (e.g. a couple who are relatives by blood or have shared ancestry).

What will the board do next?

- Continue to ensure a focus on identifying and addressing modifiable factors arising during reviews, including consanguinity
- Continue to ensure information about any child deaths reviewed that meet the criteria for LeDeR (Learning Disability Mortality Review Programme) are reported to and shared with LeDeR
- Monitor the palliative care pathway and promote support to bereaved families
- Embed the use of the eCDOP system across the Milton Keynes workforce
- Review and take forward recommendations from the extreme prematurity report

Early access to maternity care

Seeing a healthcare professional early in pregnancy is a key opportunity to assess a mother's health and identify any risks within the family environment. Midwives give advice and offer interventions to support a healthy pregnancy, including weight management during and after pregnancy and support to stop smoking. Currently seven out of ten women access a midwife before 10 weeks.

Ensuring early access to a midwife, preferably by week 10 of pregnancy will equip women with the knowledge and skills they need to modify the preventable risks to their pregnancy. A Cochrane review[19] found that women who received midwife-led continuity of care were less likely to experience preterm births or lose their baby in pregnancy or in the first month following birth as follows:

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

Equally, safety for childbearing women and their partners and families also means emotional, psychological, and social safety. This holistic sense of safety is supported through continuity models of care.

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

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

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

In addition, local maternity services are in the process of implementing the 'Saving Babies' Lives Care Bundle'[20] - a set of guidelines for reducing stillbirth. This includes conducting risk assessments throughout pregnancy and improvements in monitoring foetal wellbeing, with a named obstetrician who has early involvement and input into management plans for women with complex pregnancies.

Smoking in pregnancy

Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK.[21] It also increases the risk of complications in pregnancy and of the child developing several conditions later in life.

Babies living in areas of deprivation are more likely to be born to mothers who smoke, and this is contributing to the gap in health inequalities.[22] Children born to parents who smoke are also more likely to become smokers themselves, which further perpetuates this inequality. In 2019-20, 12% of women in the catchment area of NHS Milton Keynes Clinical Commissioning Group were smoking at time of delivery[23] and around one in seven babies (15.1%) were living in a household with a smoker.[24]

Early identification and effective referral pathways for pregnant women, and their partners to the Stop Smoking Service is vital for producing the best outcomes.[25] Where pregnant women or their partners smoke, they are referred to the local Stop Smoking Service for specialist support: www.thestopsmokingservice.co.uk.

Referrals to the 'Stop Smoking Service'

The stop smoking referral system is an opt-out system for pregnant women. Between April 2019 and March 2020, 222 pregnant women across Milton Keynes were referred to the service for support.

Smokers choosing to opt out of support are still managed on a smokers' pathway for antenatal care, which ensures:

- All women have carbon monoxide (CO) monitoring at booking to determine whether they smoke and again at 36 weeks
- Smokers and those with a CO of >4 ppm are referred to the Stop Smoking Service
- Midwives discuss the implications of smoking during pregnancy
- Smokers are referred for consultant-led care and have serial growth scans from 32 weeks and 4-weekly until delivery
- Smokers and those with a CO >4 ppm have CO monitoring at every antenatal appointment

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

21. Royal Society for Public Health. 2013. RSPH Part of the Smoking in Pregnancy Challenge Group Calling for Carbon Monoxide Screening in Pregnancy. [online] Available at: https://www.rsph.org.uk/about-us/news/rsph-part-of-the-smoking-in-pregnancy-challenge-group-calling-for-carbon-monoxide-screening-in-pregnancy.html [Accessed 8 February 2021].

22. PHE, 2019. Health Of Women Before And During Pregnancy: Health Behaviours, Risk Factors And Inequalities. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/844210/Health_of_women_before_and_during_pregnancy_2019.pdf [Accessed 4 November 2020].

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

24 PHE, 2020. Local Tobacco Control Profiles - PHE. [online] Available at: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0/gid/1938132885/pat/10113/ati/302/are/E06000042/iid/92443/age/168/sex/4/cid/1/tbm/1/page-options/ovw-do-0_car-do-0 [Accessed 4 November 2020].

25. Public Health England, 2020. Local Tobacco Control Profiles - PHE. [online] Available at: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0/gid/1938132885/pat/10113/ati/302/are/E06000042/iid/92443/age/168/sex/4/cid/1/tbm/1/page-options/ovw-do-0_car-do-0 [Accessed 4 November 2020].

The COVID-19 pandemic has led to a reduction in the number of referrals (e.g. between April 20 and March 21 when compared to the previous year). To address this, a virtual training programme has been rolled out to all midwifery staff to ensure that pregnant women who smoke continue to be referred into the service at the earliest possible opportunity.

Maternal obesity

Maternal obesity is defined as having a Body Mass Index (BMI) of 30kg/m^2 or more at the first antenatal appointment. Being obese during pregnancy increases the health risks for both the mother and child during and after pregnancy.[26]

Pregnant women who are obese are at increased risk of:

- Having a stillbirth
- Raised blood pressure and preeclampsia
- Having a large baby or ill baby that needs monitoring
- Developing gestational diabetes
- Having a blood clot in the legs
- Having a caesarean section

Maternal obesity has also been linked to chronic health conditions in children (including asthma and diabetes), and overweight and obesity in childhood. Among adults, 16 and over, 60% of women are overweight or obese.[27]

During pregnancy, diet and exercise interventions can help reduce the amount of weight gain. Advice on how to eat healthily and keep physically active is offered as part of routine antenatal and postnatal care by midwives and health visitors. Pregnant women are referred to the local weight management service in Milton Keynes: More Life. For further details, see www.more-life.co.uk

Teenage parents

Supporting young people who choose to become parents is crucial to improve outcomes for both the parents and child. Evidence shows that poorer outcomes are not inevitable if early, co-ordinated and sustained support is put in place, which is trusted by young parents and focuses on building their skills, confidence and aspirations.

Mothers under 20 years of age are:[28]

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

26. Public Health England (2015). Maternal obesity. [online] Available at: https://www.activematters.org/phe-maternal-obesity/ [Accessed 26 July 2021].

27. NHS Digital. 2018. Health Survey For England - NHS Digital. [online] Available at: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england [Accessed 13 January 2021].

28. Department for Children, Schools and Families and Department for Health (2010). Teenage Pregnancy Strategy: Beyond 2010.

Babies born to young women under 20 have a:

- 21% higher risk of a low birth weight
- 56% higher risk of infant mortality

In addition, young fathers are more likely to have poor education and have a greater risk of being unemployed in adult life.

The work of Midwifery, Health Visiting & School Nursing Teams is underpinned by a range of guidance to support vulnerable young parents. This includes Milton Keynes Inter-Agency Safeguarding guidance and supporting multi-agency guidance for vulnerable families.[29] The guidance supports work from the disclosure of pregnancy and offers young parents a range of support to improve outcomes for themselves, their partner, and their child.

Maternal mental health

During the perinatal period (pregnancy and the first year following a birth), women are at risk of developing a first episode of mental illness with more than 1 in 10 women affected. Poor maternal mental health has important consequences for the infant's health at birth, and the child's health, emotional, behavioural and learning outcomes. This includes the negative influence on the mother's ability to bond with her baby and subsequently the baby's ability to develop a secure attachment.

The ability to identify risk factors and the symptoms can help with early identification, and timely support and treatment to minimise the impact on the mother, child and family. Maternal depression is also the strongest predictor of paternal depression, which is estimated at 4% during the first year after birth.[30]

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

The impact of COVID-19 on healthy pregnancy

Whilst pregnancy can alter the body's immune system and response to viral infections occasionally causing more severe symptoms, there is currently no evidence that pregnant women have an increased risk of severe disease due to COVID-19 or that there is a risk to their new-born babies.

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

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

29. MK Together. 2020. MK Levels of Need | Milton Keynes Inter-Agency Safeguarding Children. [online] Available at: https://mkscb.procedures.org.uk/ykyxsq/assessing-need-and-providing-help/mk-levels-of-need [Accessed 14 May 2021].

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

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

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

Antenatal educational classes are now carried out virtually, and greater attendance by parents has been noted for these, and for some virtual health visitor appointments. A challenging consequence of the changes to antenatal services has been the increase in loneliness and isolation, with vulnerable mothers being able to 'mask' their mental health symptoms. Maternity services and staff have also highlighted increased maternal anxiety due to changes in how antenatal support and education are delivered.[31]

Priority areas we should continue to build on:

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

Priority actions to deliver better outcomes:

1. Roll-out 'Continuity of Carer' for all women, to address many of the pre-existing health inequalities – and reduce the likelihood of mums having preterm births, losing their baby in pregnancy or in the first month following birth.
2. All Milton Keynes services throughout the maternity journey should listen to women and their partners, ensure their voices are heard, and respect their informed choices, by personalising their care.
3. Improve information sharing systems between maternity and health visiting services to ensure prompt access to the full Healthy Child Programme.
4. Develop and co-produce maternal mental health services associated with grief, loss and trauma to meet the current gap in provision.
5. Review the effectiveness and impact of the parental mental health pathway - with a particular focus on ethnic minority families - to address mental illness during the perinatal period.
6. Ensure services for parents and carers are personalised and are able to provide choices for how they access support, including both face to face and virtual provision
7. Develop and monitor a training programme to improve skills of service providers to provide a more effective tailored approach to supporting women with reducing tobacco dependence.
8. Ensure effective measurement and recording of BMI, and referral to appropriate weight management services both antenatal and postnatal as identified in the Maternal Obesity Pathway.

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

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

Section 2: Healthy Birth and Early Years

A child's earliest years, from their birth to the time they reach statutory school age, are crucial. All the research shows that this stage of learning and development matters more than any other.

Unknown children - destined for disadvantage? - Ofsted[33]

Why is this Important?

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

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

What is The Local Picture?

Table 2: Healthy Birth and Early Years, as of July 2021.[35]

🔴	**Significantly worse than comparator**
🟡	**Not significantly different than comparator**
🟢	**Significantly better than comparator**
○	**No IMD Decile Comparison**

Healthy Birth and Early Years Indicator	Previous period [Comparator IMD 2019] (Date)	Most recent available period [Comparator IMD 2019] (Date)
1. Breastfeeding initiation (%)	🔴	🟢
	58.5 [74.0, England] (2015/16)	80.4 [74.5, England] (2016/17)
2. Breastfeeding at 6-8 weeks (%) **	○	○
	N/A	N/A
3. Low birth weight of all babies (%)	🔴	🔴
	8.1 [6.8] (2017)	8.5 [7.2] (2018)

33. Ofsted. 2016. Unknown Children – Destined For Disadvantage? [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/541394/Unknown_children_destined_for_disadvantage.pdf [Accessed 26 July 2021].

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

35. Public Health Outcomes Framework: CYP JSNA – Section 2 (IMD 2019). [online] Available at: https://fingertips.phe.org.uk/indicator-list/view/wGGsClEvSk#page/0/gid/1/pat/10113/par/cat-113-8/ati/302/are/E06000042/iid/93580/age/309/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1 [Accessed 26 July 2021].

4. A&E attendances aged 0-4 years (Rate per 1,000)	352.4 [560.5] (2017/18)	373.3 [590.3] (2018/19)
5. Early Years Foundation Stage: good level of development at age 5 (%)	73.3 [NA] (2017/18)	73.3 [73.8] (2018/19)
6. Domestic abuse incidents (Rate per 1,000)	15.1 [27.4, England] (2018/19)	16.0 [28.0, England] (2019/20)
7. Admissions for gastroenteritis in infants aged 1 year (Rate per 10,000)	150.6 [93.8] (2018/19)	125.1 [87.2] (2019/20)
8. Admissions for lower respiratory tract infections in infants aged under 1 year (Rate per 10,000)	1,191 [686] (2018/19)	981 [676] (2019/20)
9. Infant immunisations – MMR one dose at 24 months (%) *	90.9 [90.4] (2018/19)	92.5 [90.4] (2019/20)
10. New-born Blood Spot Screening Coverage (%) **	N/A	N/A
11. Hospital admissions for dental caries (0-5 years) (Rate per 100,000) (Persons)	203.3 [209.0] (2016/17-18/19)	201.3 [187.9] (2017/18-19/20)

Milton Keynes's overall score for deprivation (using the 2019 Index of Multiple Deprivation) relative to all other local authorities in England, puts it in the 3rd least deprived decile. Throughout this report, Milton Keynes performance is compared to other areas of similar deprivation where possible. For comparison to other local authorities of similar deprivation (IMD 2015), please refer to the reference.[36]

Table Sources:

Public Health Outcomes Framework: CYP JSNA – Section 2 (IMD 2019). [online] Available at: https://fingertips.phe.org.uk/indicator-list/view/wGGsClEvSk#page/0/gid/1/pat/10113/par/cat-113-8/ati/302/are/E06000042/iid/93580/age/309/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1 [Accessed 26 July 2021].

Public Health Outcomes Framework: CYP JSNA - Section 2 (IMD 2015). [online] Available at: https://fingertips.phe.org.uk/indicator-list/view/3bolzNZxDk#page/0/gid/1/pat/10039/par/cat-39-7/ati/102/are/E06000042/iid/93469/age/284/sex/4/cid/1/tbm/1 [Accessed 1 April 2021].

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

** Data quality issue: does not meet the minimum data quality standard of 95%

36. Public Health Outcomes Framework: CYP JSNA - Section 2 (IMD 2015). [online] Available at: https://fingertips.phe.org.uk/indicator-list/view/wGGsClEvSk#page/0/gid/1/pat/10113/par/cat-113-8/ati/302/are/E06000042/iid/93580/age/309/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1 [Accessed 1 April 2021].

In summary, compared to other local authorities in the same deprivation decile, the data for Milton Keynes highlights the following:

- Significantly worse rates for low-birth weight of all babies, admissions for gastroenteritis in infants aged 1 year and admissions for lower respiratory tract aged under 1 year.
- Significantly better rates for A&E attendances for children aged 0-4 years compared with local authorities in the same deprivation decile and breastfeeding initiation (compared with England).

A Healthy Childhood

We are aiming for parents and carers to feel supported to make decisions to improve their child's health outcomes and life chances, be their child's first educator, and feel confident to manage their child's minor illnesses and health issues.

The 0-5 year olds element of the Healthy Child Programme[37] is led by the Health Visiting Service (managed locally by CNWL - Central & North West London NHS Trust), and involves integrated working with all partners across the system, including maternity services, children's centres, Early Years settings, children's social care, and GPs. It offers every family a programme of screening tests, developmental reviews, immunisations and guidance to support parenting and healthy choices until the child reaches statutory school age. In addition to universal services, the Healthy Child Programme provides additional support to families who need it to reduce the risk of adverse outcomes for the child.

Ensuring Children Are Ready to Learn

Improvements in development in the early years would be expected to have positive impacts on health, in both the short and long term, but also on education and social wellbeing throughout life. The early years (under 5s) framework aims for all children to be prepared and ready for school and for children starting school to reach the expected level of academic development, as well as personal, social and emotional development, physical, communication and language development.[38]

In 2018/19, 73.3% of children across Milton Keynes reported achieving a good level of development in the Early Years Foundation Stage; this is similar to local authorities in the same deprivation decile.

To support parents in their crucial role as their child's first educator, evidence-based parenting programmes including 'Just what we need' and 'Incredible Years' are available in Children and Family Centres across Milton Keynes.

Development by 5 years

A child's development, and a gauge of their readiness for school, is next measured at age 5, using the Early Years Foundation Stage profile (EYFSP).[39] Improving the number of children who achieve a good level of development when starting school remains a priority for Milton Keynes.

37. Department of Health (2009) The Healthy Child Programme. [online] Available at: https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life [Accessed 13 January 2021]

38. Department of Education Early Years – Ready to Learn. [online] Available at: https://www.education-ni.gov.uk/articles/early-years-education [Accessed 13 January 2021]

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

Adverse Childhood Experiences and Trauma (ACEs)

Adverse Childhood experiences (ACEs) and Trauma[40] are highly stressful, and potentially traumatic, events or situations that occur during childhood or adolescence.

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

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

What Kinds of Experiences are Adverse?

There are a range of experiences that would be considered 'adverse' including:

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

Often risk factors occur together; particularly children living in a family affected by the 'toxic trio' of parental mental illness, substance misuse and domestic violence. Over a quarter (26%) of babies in the UK, have a parent affected by at least one of these issues.[41]

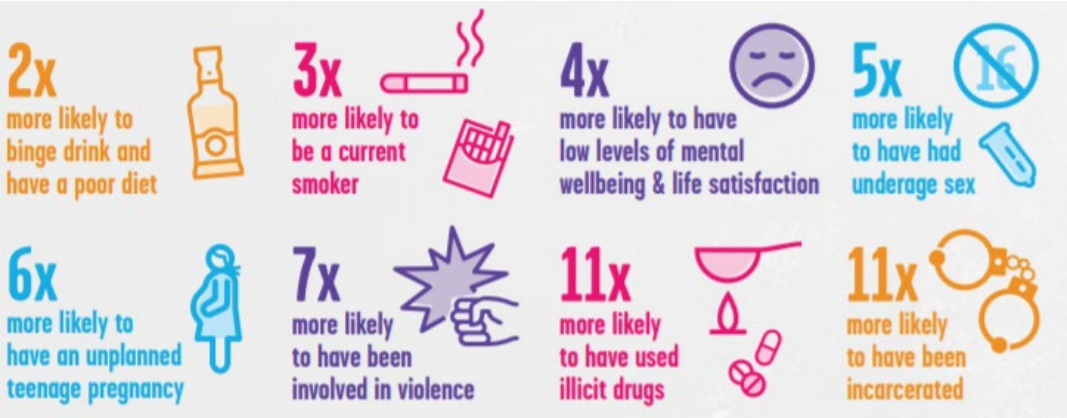
40. "Young Minds Addressing Adversity: Prioritising adversity and trauma-informed care for children and young people in England. Funded by Health Education England 2018". [online] Available at: https://youngminds.org.uk/media/2142/ym-addressing-adversity-book-web.pdf [Accessed 25 January 2021].

41. Wave Trust (2015). 1001 Critical Days. The Importance of the Conception to Age Two Period. [online] Available at: https://www.wavetrust.org/1001-critical-days-the-importance-of-the-conception-to-age-two-period [Accessed 26 July 2021].

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

Individuals who experienced four or more adverse childhood experiences or traumatic events have an increased risk of high-risk behaviours and poorer outcomes as adults, as shown in the graphic below.[42]

Figure 1 : Adverse Childhood Experiences



Source: Young Minds, 2021

Breastfeeding

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

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

In Milton Keynes, 80.4% of new mothers' initiate breastfeeding their babies, this is above the England average of 74.5%. In 2018/19, 1,941 mothers in Milton Keynes were still breastfeeding at 6-8 weeks after giving birth. Data for 2020 shows an increase in mothers who were breastfeeding at 6-8 weeks, which may be attributed to COVID and the associated lockdown.

42. Young Minds 2020. Addressing Childhood Adversity and Trauma. [online] Available at: https://www.youngminds.org.uk/media/cmtffcce/ym-addressing-adversity-book-web-2.pdf [Accessed 16 December 2020].

Preventable Childhood Diseases

Antenatal and new-born screening is in place from pre-conception to 8 weeks after birth[43] as part of the routine maternity care pathway across Milton Keynes. Through the robust programme provided locally, evidence suggests it can help prevent infection of the new-born child and ensure appropriate care is made available.

Vaccination is recognised as one of the most effective public health interventions, with the UK having one of the best immunisation programmes. High coverage protects the whole community, not just those vaccinated, by reducing the likelihood of infectious diseases being able to spread.

Research shows that children under the age of 5 years have the highest rate of hospital admissions of any age group. The purpose of the childhood vaccination programme is to help protect children against preventable diseases including measles, mumps and rubella.

The annual flu vaccination programme includes children; this helps to protect them from catching flu and to prevent spreading infection to their families and the wider community.

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

In relation to childhood vaccinations, Milton Keynes reached all national targets. The exceptions are for MMR at age 5 years (target of 95%) and HPV vaccination coverage for two doses for 13-14 years old females.[44] However, between April 2019 and March 2020 the uptake in Milton Keynes of MMR remained statistically higher compared to others, with the first and second MMR dose reaching 89.7% of children aged 5 compared to 87.3% in local authorities in a similar deprivation decile.

Measles, Mumps and Rubella (MMR) vaccination is usually given in a combined vaccination at 12-13 months old with a booster after age 3yrs 4 months. This is particularly important to monitor, as measles can be fatal but uptake of MMR vaccinations continue to be affected by a public scare based on flawed scientific evidence. Strategies are in place with services that work across the Integrated Care System (ICS), NHSE and the Child Health Information Service, to improve uptake through targeted work, at practice level, for all children across MK with outstanding MMR vaccinations. Full uptake figures can be found in the COVER programme, 2020.[45]

Immunisation appointments have moved to children centres from April 2020. Although vaccination counts fell in March 2020 when physical distancing was introduced, it is now comparable to vaccination rates at this point in 2019 (before the pandemic).

The annual flu vaccination programme includes children; this helps to protect them from catching flu and to prevent spreading infection to their families and the wider community. For Bedfordshire, Luton and Milton Keynes (BLMK) CCG, flu vaccination uptake between April 20 and March 21 in Milton Keynes for the 2 & 3 year olds was on a par with both the England and East of England uptake and a significant improvement on 2019/20.

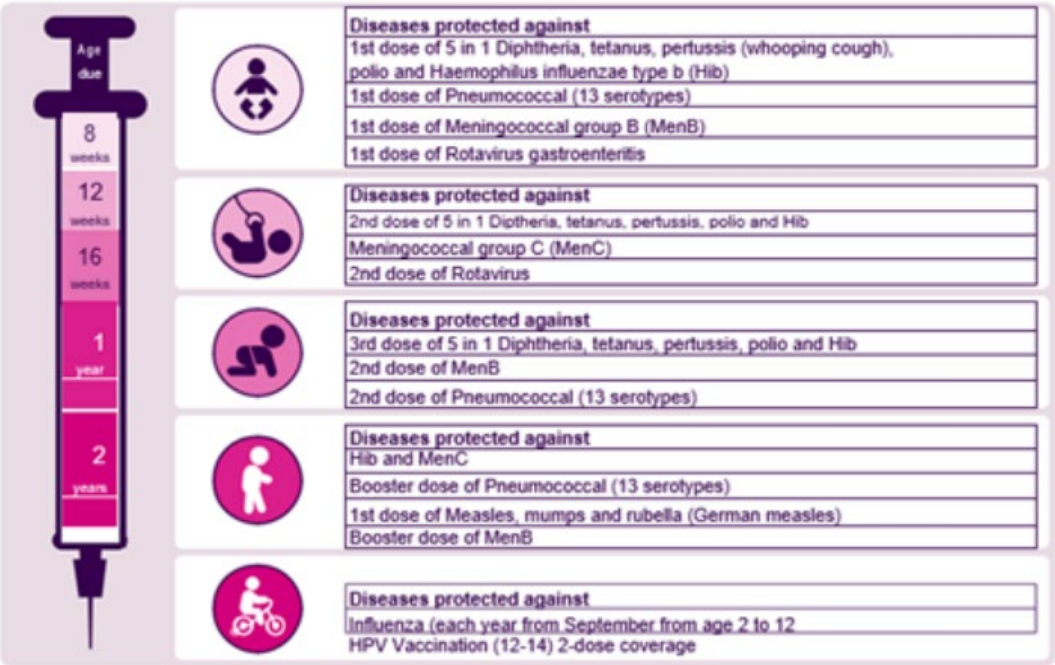
43. Public Health England. 2020. Antenatal and New-born Screening Timeline – Optimum Times For Testing. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768805/ANNB_Timeline_v8.4.pdf [Accessed 13 January 2021].

44. (PHE), P., 2021. Public Health Profiles - PHE. [online] Fingertips.phe.org.uk. [online] Available at: https://fingertips.phe.org.uk/search/hpv#page/3/gid/1/pat/6/par/E12000008/ati/202/are/E06000042/iid/92896/age/296/sex/2/cid/4/tbm/1/page-options/car-do-0 [Accessed 25 May 2021].

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

The NHSE Screening & Immunisation Team continue to update all members of the wider team, alongside Public Health, including 0-19 teams including Looked After Children teams, General Practice staff both clinical and non-clinical, pharmacists, Foster carers, Childminders and Early Staff on the changes in the UK Routine Vaccination Schedule, strategies on improving uptake, the role of Child Health Information Service and reducing inequalities.

Figure 2: Importance of immunisation for children & young people



Oral Health

Poor oral health can affect children's ability to speak, eat, sleep, play and socialise and can negatively impact on a child's school attendance and wellbeing. In the UK, tooth decay is still the most common cause of admission to hospital in 5-19 year olds. Our Oral Health Promotion (OHP) is embedded in a number of contracts (e.g. 0-19 and Children & Family Centres) which provide health education advice and information to parents and carers.

There is no discrete contract commissioned for oral health promotion. The current work is embedded within annual work programmes. At present this is an annual ongoing piece of work with Children & Family Centres, with the view that the oral health work is embedded as good practice, including local 0-19 health and wellbeing awards. Top Tips for teeth and other key promotional messages (e.g. Children and Family Centre tooth brushing sessions.[46]) are also cascaded by PH Practitioner (CYP) to the local Children's Network, which has over 60 organisations/teams in it who work with CYP across Milton Keynes.

Reduced Emergency Hospital Attendances and Admissions

The main causes of A&E attendances and hospital admissions amongst children and young people are acute illnesses, such as gastroenteritis and upper respiratory tract infections, and injuries caused by accidents in the home particularly in the under 5's. Unintentional injuries are the main cause of death in children and young people.

46. Local.gov.uk. 2016. Tackling poor oral health in children. [online] Available at: https://www.local.gov.uk/sites/default/files/documents/tackling-poor-oral-health-d84.pdf [Accessed 14 May 2021].

In the UK, one in 11 children has asthma, and every 20 minutes a child is admitted to hospital due to an asthma attack.[47]

Bedfordshire, Luton and Milton Keynes (BLMK) CCG has developed a systems approach to improving the management of asthma in children and young people. This includes GPs, the 0-19 Healthy Child Programme service, schools and hospitals.

The impact of COVID-19 on a Healthy Birth and the Early Years

In Milton Keynes, there have been several changes to labour and post-natal services. This has been driven by the need to protect families during the pandemic there has been a reduction in postnatal midwifery and health visitor's home visits. Although partners have been able to support women during their birth, it has also been necessary to reduce visitors to labour, antenatal and postnatal wards.

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

One of the major impacts of preterm deliveries is necrotising enterocolitis (NEC), a condition where intestines become inflamed and can lead to infection. Depending on the severity, neonates with NEC may require both neonatal services in maternity settings and surgical services in paediatric units.[48] Studies have shown that breastmilk is one of the most effective ways to prevent or reduce the severity of NEC. Supporting breastfeeding provides an opportunity to promote neonatal health and it appears that during the pandemic more mothers were breastfeeding at 6-8 weeks. In order to sustain this unexpected improvement we need to understand why this increase has been seen.

In Milton Keynes, the Baby-Friendly Support team are continuing to encourage and support mothers in breast-feeding through virtual consultations. This has encouraged an increase in breastfeeding rates. To protect families during the pandemic, the well-baby health visitor clinic has stopped. In addition, there are concerns that with the increase in virtual support there is the potential to miss opportunities to identify babies who are failing to thrive, and to support those parents and families.[49]

The pandemic has influenced the development and well-being of children and young people. The largest impact is likely to fall on children from the poorest families or those with vulnerabilities and particular needs.[50]

In Milton Keynes, there has been partial closure of nurseries and face-to-face group activity in Children's Centres. During the course of the pandemic, there have been collaborative working between Children's Centres, immunisation and maternity services to identify vulnerable or at-risk families earlier.

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

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

48. Smith (2020). Impact of COVID-19 on neonatal health: Are we causing more harm than good? European Journal of Midwifery. [online] Available at: https://www.researchgate.net/publication/340609002_Impact_of_COVID-19_on_neonatal_health_Are_we_causing_more_harm_than_good [Accessed 11 January 2021].

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

50. Sutton Trust. 2020. Covid-19 Impacts: Early Years - Sutton Trust. [online] Available at: https://www.suttontrust.com/our-research/coronavirus-impacts-early-years [Accessed 26 July 2021].

As in previous years, the majority of children will be offered a nasal spray as it is quick, painless and is more effective in children than an injectable vaccine. Children who cannot have the nasal spray because of pre-existing medical conditions or treatments may be offered an injected vaccine instead delivered either at school or by their GP practice.

The numbers attending vaccination clinics during March 2020 dramatically reduced, with the pandemic cited as a principal factor. In an effort to combat this, several changes were induced to ensure vaccination coverage for new-born babies, pregnant women and children under 1 year were not adversely affected.

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

Priority areas we should continue to build on:

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

Priority actions to deliver better outcomes:

1. The ICS/Public Health/NHSE and all key stakeholders in delivering vaccination to children and young people to work together to continually raise the profile of immunisation, monitor activity and identify and address issues such as increased vaccine hesitancy in certain communities, in a timely manner.
2. Support with effective positive messages around immunisations to parents and young people.
3. Using the most appropriate and effective means to communicate messages, for instance, social media and trusted voices.
4. Support with access to appropriate community vaccination venues to provide easy access for all children who have not been vaccinated in a school setting.
5. Population awareness of choice of vaccine for the healthy children's flu programme to include non-porcine vaccine.
6. Responsive 7-day services to cater to the needs of children and young people and carers to ensure children get care close to home at the right place at the right time.
7. Continue to ensure a focus on identifying and addressing modifiable factors arising during reviews.
8. Continue to ensure information about any child deaths reviewed that meet the criteria for a Learning Disabilities Mortality Review are reported to and shared with LeDeR.
9. Monitor the palliative care pathway and promote support to bereaved families.
10. Embed the use of the eCDOP system across the Milton Keynes workforce.

Section 3: The School- Aged Years

Why is this Period Important?

The Chief Medical Officer and Professor Sir Michael Marmot[51] have highlighted the importance of giving every child the best start and reducing health inequalities throughout life. They recognise the importance of building on the support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through universal provision and targeted support. There will be challenges within a child's or a young person's life and times when they need additional support. Universal and targeted public health services provided by health visiting and school nursing teams are crucial to improving the health and wellbeing of all children and young people.

Over the past 10 years, there has been significant research emerging around young people's brain development. Puberty is a time of a major 'second wave' of brain activity, as young people develop skills to make decisions, empathise and reason.[52] At the same time, the body is developing its potential for fitness, physical strength and reproductive capacity.[53]

What is the local picture?

Table 3: The school-aged years as of July 2021[54]

🔴	**Significantly worse than comparator**
🟡	**Not significantly different than comparator**
🟢	**Significantly better than comparator**
○	**No IMD Decile Comparison**

Healthy Birth and Early Years Indicator	Previous period [Comparator IMD 2019] (Date)	Most recent available period [Comparator IMD 2019] (Date)
1. Reception children age 4-5 overweight and obese (%)	🟡 21.7 [22.6, England] (2018/19)	🟢 21.2 [23.0, England] (2019/20)
2. Year 6 children overweight and obese (%)	🟡 34.3 [34.3, England] (2018/19)	🟢 33.2 [35.2, England] (2019/20)

51. Chief Medical Officer's Annual report: https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays [Accessed 26 July 2021]

52. UNICEF. 2017. The adolescent brain: a second window of opportunity. https://www.unicef-irc.org/publications/pdf/adolescent_brain_a_second_window_of_opportunity_a_compendium.pdf [Accessed 16 December 2020].

53. Brown, K. A., Patel, D. R., & Darmawan, D. (2017). Participation in sports in relation to adolescent growth and development. Translational paediatrics. doi.org/10.21037/tp.2017.04.03 [Accessed 16 December 2020].

54. Public Health Outcomes Framework: CYP JSNA – Section 3 (IMD 2019). [online] Available at: https://fingertips.phe.org.uk/indicator-list/view/8WDJSm5kGD#page/0/gid/1/pat/10113/par/cat-113-8/ati/202/are/E06000042/iid/10301/age/193/sex/4/cid/1/tbm/1

3. Pupil absence (Persons 5-15 years): percentage of half-days missed (%)	○	●
	4.75 [NA] (2017/18)	4.64 [4.62] (2018/19)
4. Not in Education Employment or Training (NEET): 16-17 year olds (%)	●	●
	4.7 [4.0] (2018)	5.7 [4.2] (2019)
5. Under 16s conception rate per 1,000 females aged 13-15	●	○
	1.8 [1.6] (2018)	2.3 [N/A] (2019)
6. Under 18 conceptions (Rate per 1,000)[55]	●	○
	18.4 [13.8] (2018)	13.8 [N/A] (2019)
7. School pupils with social, emotional and mental health needs (%)	●	●
	2.08 [2.40] (2019)	2.22 [2.54] (2020)
8. Hospital admissions for Asthma (Under 19 years) rate per 100,000	●	●
	168.2 [160.2] (2018/19)	153.2 [145.7] (2019/20)
9. GCSE: average attainment 8 score (mean score)	●	●
	46.4 [48.3] (2018/19)	48.8 [51.6] (2019/20)
10. MMR vaccination coverage for two doses (5 years old) (%) *	●	●
	90.7% [86.7%] (2018/19)	89.7% [87.3%] (2019/20)
11. Year 9 Diptheria/Tetanus/Polio booster (%)	○	○
	93.40% (2018/19) Recovery over into academic year2020/21	86.20% (2019/20) Recovery over into academic year 2020/21

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

12. Year 9 Meningitis ACWY (%)	○ 93.10% (2018/19) Recovery over into academic year 2020/21	○ 85.80% (2019/20) Recovery over into academic year 2020/21
13. Smoking prevalence at age 15 (%)	○ NA	● 9.6 [8.2, England] (2014/15)
14. First-time entrants to the youth justice system aged 10-17 (Rate per 100,000)	● 255.3 [240.9, England] (2018)	● 157.2 [208.0, England] (2019)
15. Children with one or more decayed, missing or filled teeth (5 years, mean dmft per child)	● 0.72 [0.78, England] (2016/17)	● 0.71 [0.80, England] (2018/19)
16. Hospital admissions: alcohol-specific conditions under 18 years (Rate per 100,000)	● 22.1 [28.0] (2016/17 – 18/19)	● 19.5 [27.8] (2017/18 – 19/20)
17. Hospital admissions: substance misuse aged 15-24 years (Rate per 100,000)	● 71.2 [74.6] (2016/17 – 18/19)	● 62.9 [75.4] (2017/18 – 19/20)
18. Hospital admissions caused by unintentional & deliberate injuries in children aged 0-14 years (Rate per 10,000)	● 88.3 [91.4] (2018/19)	● 75.3 (84.9) (2019/20)
19. Hospital admissions caused by unintentional & deliberate injuries in 15-24-year-olds (Rate per 10, 000)	● 119.8 [128.5] (2018/19)	● 105.8 [121.9] (2019/20)
20. Hospital admissions: mental health conditions (Under 18 years) (Rate per 100,000)	● 73.2 [80.0] (2018/19)	● 87.2 [81.4] (2019/20)

21. Hospital admissions as a result of self-harm in children aged 10-24 (Rate per 100,000)	289.0 [407.1] (2018/19)	279.4 [395.5] (2019/20)

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

Milton Keynes' overall score for deprivation (using the Index of Multiple Deprivation 2019) relative to all other local authorities in England, puts it in the 3rd least deprived decile. Throughout this report, Milton Keynes' performance is compared to other areas of similar deprivation where possible. For comparison to other local authorities of similar deprivation (IMD 2015), please refer to the reference.[56]

Table 3: The school-aged years as of July 2021 sources:

Public Health Outcomes Framework: CYP JSNA – Section 3 (IMD 2019). [online] Available at: https://fingertips.phe.org.uk/indicator-list/view/8WDJSm5kGD#page/0/gid/1/pat/10113/par/cat-113-8/ati/202/are/E06000042/iid/10301/age/193/sex/4/cid/1/tbm/1 [Accessed 13 January 2021].

Public Health Outcomes Framework: CYP JSNA – Section 3: (IMD 2015) [online] Available at: https://fingertips.phe.org.uk/indicator-list/view/8WDJSm5kGD#page/0/gid/1/pat/10105/ati/202/are/E06000042/iid/10301/age/193/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1 [Accessed 1 April 2021].

In summary, compared to other local authorities in the same deprivation decile, the data for Milton Keynes highlights the following:

Compared to other local authorities in the same deprivation decile, we have a higher percentage of young people not in education, employment or training, lower attainment 8 scores for pupils aged 15-16 and a lower percentage of two doses for MMR by 5 years (below 90%).

We are improving against indicators for children being overweight, pupils with social, emotional and mental health needs and hospital admissions caused by injuries, self-harm and alcohol specific conditions.

Excess Weight

Children with excess weight (either overweight or obese) are more likely to become overweight and obese adults and have a higher risk of poor health, disability and premature mortality in adulthood. There is also a link between obesity and poor mental health in teenagers, with weight stigma increasing vulnerability to depression, low self-esteem, poor body image and maladaptive eating behaviours. Nationally, by age 11, almost a third of children are overweight or obese, and this proportion is predicted to rise if concerted action is not taken.[57]

The National Child Measurement Programme (NCMP) records the height and weight of children in their first year at school, reception (Year R), aged 4-5 years and again in Year 6, aged 10-11 years. This is then translated into a BMI centile to identify children who are underweight, overweight and obese so that they can be offered support, as well as being used to monitor trends.[58] Between April 2019 and March 2020, the rates of excess weight (overweight and obesity) in children who live in Milton Keynes were similar to the England average:[59]

- In Year R 21.2%* of children were overweight or obese (including severe obesity); this is better than the England average at 23.0%.

56. Public Health Outcomes Framework: CYP JSNA – Section 3: (IMD 2015) [online] Available at: https://fingertips.phe.org.uk/indicator-list/view/8WDJSm5kGD#page/0/gid/1/pat/10105/ati/202/are/E06000042/iid/10301/age/193/sex/4/cat/-1/ctp/-1/ yrr/1/cid/1/tbm/1 [Accessed 1 April 2021].

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

58. National Child Measurement Programme data. [online] Available at: https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/ati/302/cid/4/tbm/1 [Accessed 26 July 2021].

59. Public Health England- Obesity Profile, 2019/20 https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/8000011/pat/6/par/E12000008/ati/302/are/E06000042/cid/1/page-options/ovw-do-0 [Accessed 13 January 2021].

- In year 6, 33.2% of children were overweight or obese (including severe obesity); this is better than the England average at 35.2%.
- There had been a decrease to all the indicators except year R for overweight children. There were no significant changes identified.

The Impact of obesity on a child's health, now and in the future

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

Once established, obesity is notoriously difficult to treat. Children with obesity are five times more likely to be obese as an adult[60] and are more likely to develop cardio-metabolic disease, some cancers and musculoskeletal conditions in adult life.[61]

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

As well as helping children and young people maintain a healthy weight, there is increasing evidence of the mental health benefits of participating in regular physical activity for children and young people. including feeling good about themselves, better concentration in addition to physical health benefits.

Health Inequalities

There is a strong association between deprivation and being overweight or obese as a child, with children is disadvantaged areas twice as likely to be obese as their peers living in more advantaged areas. Families living in deprived communities experience multiple interacting exposures to material, psychosocial and behavioural risks for childhood obesity across the life-course. Obesity prevalence is highest amongst some of the most deprived wards in Milton Keynes, including Woughton, Fishermead and Bletchley East. This is sowing the seeds of adult diseases and health inequalities in early childhood.

What are we aiming for?

Nationally the Government have committed to halving childhood obesity and to reduce the obesity inequalities by 2030.[62] With the recent spotlight on obesity due to COVID-19, key actions include interventions to support a reduction in consumption of sugar, food labelling, calorie and sugar reduction, restrictions on advertising and food promotions as well as the 'Better Health' campaign to help people lose weight, get active and eat better after COVID-19 'wake-up call'.[63]

60. Simmonds M, Llewellyn A, Owen CG, Woolacott N. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. Obes Rev. 2016; 17(2):95-107. doi:10.1111/obr.12334.

61. Hayes M, Baxter H, Müller-Nordhorn J, Hohls JK, Muckelbauer R. The longitudinal association between weight change and health-related quality of life in adults and children: a systematic review. Obes Rev. 2017;18(12):1398-1411. doi:10.1111/obr.12595.

* The 2019/20 NCMP data collection stopped in March 2020 when schools were closed due to the Covid-19 pandemic. The data at local authority level and below are not as robust because of the fewer measurements than usual. The data for YR was deemed 'fit for publication but interpret with caution – coverage of between 25% and 75%'.

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

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

Tackling excess weight requires a whole systems approach to change the environment in which we are born, live, learn, play, work and age. Working with multiple partners including health colleagues, local planning teams and education the council has already begun to follow a whole system approach to identify ways we can change the local obesogenic environment. The approach should be complemented by local weight management services. Commissioners and partners need to maximise attendance of these services to effectively support those living with overweight or obesity including families, pregnant women and school pupils.

School age vaccinations

From March 2020, the delivery of school aged vaccinations by the Community and School Aged Immunisations team was severely affected by school closures due to the Covid 19 pandemic. Social distancing, bubbles and school closures resulted in a more time consuming and complicated delivery of the programme. The academic year that has just ended (Summer 21) has been focused on restoration and recovery. Between April 2019 and March 2020, the uptake of Meningitis ACWY is 85.8% and Diphtheria/Tetanus/Polio 86.2% and the team continues to offer these vaccines both in school and community clinics.

Flu was the most challenging programme to deliver and it has a time limited delivery model and had to work around all the complexities of school closures, social distancing, bubbles, pupil absence and parental concern. Uptake in 4-10 year olds for 2020/21 was 52.8%, slightly below the East of England average.

Reducing health-related risk-taking behaviours

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

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

The Adverse Childhood Experiences (ACE) study in Hertfordshire, Luton and Northamptonshire[64] detailed the harmful impacts of childhood adversity on local populations. Findings were consistent with those of ACE studies carried out elsewhere, showing that almost half of adult residents had experienced at least one ACE before the age of 18 years and almost one in ten experienced four or more. A list of adverse experiences is outlined earlier on P18.

As adults, these individuals are more likely to engage in harmful behaviours, and are at greater risk of exploitation, poor physical and mental health, chronic diseases, and premature mortality. Compared to people with no ACEs, people who have experienced four or more ACEs are:

- 2 times more likely to currently binge drink
- 2.2 times more likely to have visited A&E
- 3 times more likely to be a current smoker
- 4 times more likely to have had sex while under 16 years old or to have smoked cannabis
- 8 times more likely to have been a victim of violence

64. National Drug Treatment Monitoring System. [online] Available at: (NDTMS) young person executive summary https://www.ndtms.net/ReportViewer [Accessed 2 March 2021].

Smoking

Smoking continues to be a major cause of ill health, particularly heart and lung disease. Many people start smoking as adolescents and some will continue to smoke into adulthood. However, across England, the number of young people aged 11-15 who reported trying smoking has fallen and is now at the lowest levels since 2003.[65]
Tobacco remains the main cause of preventable morbidity and premature death in England.[66] Beyond the well-recognised effects on health, tobacco also plays a role in perpetuating poverty, deprivation and health inequalities.

Drug and Alcohol Misuse

Drug and alcohol misuse can have significant harmful impacts on young people, beyond the immediate health impacts. This can affect educational outcomes, employment, housing relationships, and increase the likelihood of criminal behaviour. There is also evidence to suggest that young people who use recreational drugs and alcohol are at risk of poor mental health outcomes, including depression, disruptive behaviour disorders and suicide. Cannabis and alcohol are the most common substances used by young people.[67] Although there is evidence that young, people also use new psychoactive substances (NPS), also known as 'legal highs'. Young people who misuse substances may be at a greater risk of both criminal and sexual exploitation and may be more likely to be involved in criminal and gang behaviour.

Nationally, the 2018 England survey[68] reported that 24% of pupils aged 11-15 years had taken drugs at least once; ranging from 9% of 11 year olds, to 38% of 15 year olds. Nine percent of pupils surveyed reported taking drugs in the month prior to the survey. Of those who had taken drugs in the past year, 33% reported taking cannabis only; however, 35% reported taking two or more types of drug.

The Young people's substance misuse treatment statistics 2019 to 2020 national report[69] demonstrates that:

- there were 3% fewer young people accessing drug and alcohol services between April 2019 – March 2020 compared to the previous year.
- 76% of those accessing treatment reported that they started using substances before the age of 15.
- 37% of those accessing treatment reported a mental health need; this was higher in girls compared to boys (49% compared to 30%).
- 22% of young people in the service were affected by others' substance use, and 21% were affected by domestic violence.
- Child sexual exploitation (CSE) was reported by 4% of those in treatment; this was more common in girls (10%) than boys (1%).
- A local survey conducted in five Milton Keynes secondary schools, in 2013, found that 4% of pupils had taken some form of illegal drug in the month before the survey and 6% said they had taken illegal drugs at some point, most commonly cannabis.

65. NHS Digital. 2018. Smoking, Drinking And Drug Use among Young People in England 2018. [online] Available at: digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018 [Accessed 16 December 2020].

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

67. National Drug Treatment Monitoring System (NDTMS) young person executive summary. [online] Available at: https://www.ndtms.net/ReportViewer [accessed 2 March 2021].

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

69. Young people's substance misuse treatment statistics 2019 to 2020. Available at https://digital.nhs.uk/data-and-information/publications/statistical/health-and-wellbeing-of-15-year-olds-in-england/main-findings---2014 [Accessed 1 March 2021].

Locally, hospital admissions due to alcohol-specific conditions in under 18s or substance misuse in 15-24 year olds are relatively rare but are the 'tip of the iceberg', pointing to wider substance misuse and its impacts:

- For under 18's, the hospital admissions due to alcohol-related conditions is 19.5 per 100,000 and is significantly lower than the local authorities in the same deprivation decile at 27.8 /100,000 (2017/18 – 2019-20).[70]
- For 15-24 year old, Hospital admissions due to substance misuse were 62.9/100,000 which is similar to local authorities in the same deprivation decile at 84.9/100,000 (2017/18-2019/20).[71]

Drug and Alcohol Services for Young People

Since April 2020, the Young People Drug and Alcohol Service in Milton Keynes has been providing support for children and young people under the age of 18 who are experiencing problematic drug and/or alcohol misuse or are affected by the use of others. By the end of Q2 2020-21, 65 young people were accessing treatment support from the service.

Sexual Health

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

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

In 2019 in Milton Keynes:

- The Chlamydia detection rate was 2,385 per 100,000 for people aged 15-24, better than the deprivation decile average (1,736 per 100,000).
- Milton Keynes has reached the recommended detection rate of 2,300 per 100,000
- 1,138 new STIs were diagnosed (excluding chlamydia) in under 25 year olds – a rate of 661 per 100,000, which is significantly better than the deprivation decile average

There is support for secondary schools around contraception and sexual health across Milton Keynes. Targeted outreach work is delivered to vulnerable young people including looked after children, young people from areas of high teenage pregnancy and young people not in employment, education or training.

70. Public Health England- Fingertips. Available at: https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132984/pat/10039/ati/102/are/E06000042/iid/92904/age/173/sex/4/cid/4/tbm/1/page-options/car-do-0 [accessed 1 March 2021].

71. Public Health Outcomes Framework: CYP JSNA – Section 3 (IMD 2019). [online] Available at : https://fingertips.phe.org.uk/indicator-list/view/8WDJSm5kGD#page/0/gid/1/pat/10113/par/cat-113-8/ati/202/are/E06000042/iid/10301/age/193/sex/4/cid/1/tbm/1 [Accessed 13 January 2021].

Teenage Pregnancy

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

In Milton Keynes:

- The 2019 conception rate amongst under 18s was 13.8 per 1,000 (actual number 65). This is a decrease of 25% from the 2018 rate of 18.4 per 1,000.
- The overall trend shows a downward trend in rates in Milton Keynes since 2009.
- Bletchley East and Woughton & Fishermead wards have significantly higher rates of teenage pregnancy than England for the three years 2016-2018.[72]

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

LGBT+

As part of growing up, all young people will spend time exploring their identity and developing a sense of who they are. This will include thinking about who they are attracted to (their sexual orientation), how they feel about their gender (their gender identity), and the different ways they express their gender.[73]

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

Growing up, LGBT+ young people face specific challenges in addition to wider factors that lead young people in general to face additional difficulties. These include homophobic, biphobic and transphobic discrimination, and a lack of support and inclusion in education, training and work.[74] In addition, nearly half of LGBT+ young people are bullied at school, simply for being who they are.[75]

Being LGBT+ can feel like an extra pressure for young people, particularly at school, depending on the extent to which staff, peers and the wider school community are supportive. Creating an inclusive environment is a key part of making sure that LGBT+ young people feel welcome and valued in any environment.[76] The principles around supporting LGBT+ young people are the same at any age. This includes helping young people to talk about how they feel, ensuring they are providing age-appropriate information to answer any questions they may have.

72. Estimates produced by Public Health England from Office for National Statistics 2016-18 (2020).

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

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

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

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

Personal, Social, Health Education

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

Mental health & wellbeing

Children suffering from mental ill health are at risk of poor physical health outcomes, poor educational attainment, and are at greater risk of unhealthy behaviours such as taking up smoking. There is relatively little data about prevalence rates for mental health disorders in pre-school age children but by the time they reach school age, 1 in 10 children need support or treatment for mental health problems. This means that in a class of 30 school children, three are likely to suffer from a mental health disorder such as depression, conduct disorders, anxiety, and hyperkinetic disorders (e.g. Attention Deficient Hyperactivity Disorder).

Young people have been uniquely impacted by the pandemic and lockdown, with NHS research suggesting 1 in 6 may now have a mental health problem, up from 1 in 9 in 2017.[77]

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

Improving Emotional Health and Wellbeing and Building Resilience

Positive emotional health and wellbeing amongst children and young people promote healthy behaviours, good attainment and helps prevent behavioural and mental health problems.[78] A majority of children and young people are part of happy and healthy families, and their parents/carers are the providers of their emotional support. Sometimes though, children and young people need support.[79]

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

Milton Keynes Health and Wellbeing Awards and the Healthy Young People's Network encourage all organisations working with Children and Young People in Milton Keynes to work towards a 'whole system' approach, which prioritises the emotional health and wellbeing of children and young people.

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

78. NICE. 2019. Social And Emotional Wellbeing For Children And Young People - NICE Pathways. [online] Available at: https://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people [Accessed 13 January 2021].

79. Department for Education. 2019. State of the Nation 2019: Children and Young People's Wellbeing. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/906693/State_of_the_Nation_2019_young_people_children_wellbeing.pdf [Accessed 18 May 2021].

The Impact of COVID-19 on School-Aged Children

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

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

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

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

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

The national lockdowns through 2020 and 2021 have led to children and young people losing their usual routines including walking to schools, clubs, PE and school meals and some are spending more time doing sedentary activities including an increase in screen time, consuming more calories and eating more unhealthy food.

'With the onset of the pandemic there was a significant reduction in face-to-face meetings, appointments and contact with professionals which has potentially led to fewer safeguarding concerns being raised. This is particularly of note with children and young people not being physically in educational settings as schools and colleges are the highest referees into safeguarding systems. There maybe a potential increase in child exploitation in all forms, in particular online exploitation due to increased regular use of technology.' Professionals are very mindful of this and are building capacity to take account of the projected increase in demand on services as systems begin to return to normal.

Priority areas we should continue to build on:

1. Schools in Milton Keynes must continue be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole-school approach that includes high-quality and effective Personal Social & Health Education, Relationships & Sex Education, Health Education and Physical Education.
2. Ensure parents, carers and families in Milton Keynes have access to services to help build emotional resilience in children and young people particularly at transition points to develop the healthy behaviours that will continue in adult life.
3. Ensure that the details of services in Milton Keynes that support children and young people, parents and carers are clear, accessible and effectively communicated to all.

4. Create environments that promote physical activity and healthier lifestyle choices and use the NCMP data as a measure to focus outcomes to tackle excess weight in children and young people across Milton Keynes.
5. Ensure excess weight is everybody's business by working in partnership, and by developing a workforce, which is confident and competent in addressing excess weight.
6. Continue to use evidence from local validated surveys with young people to inform commissioning and provision of services, including the Milton Keynes Oxwell Survey
7. Ensure easy access and promotion of contraception and sexual health services.
8. Ensure effective implementation of Milton Keynes Inter-Agency safeguarding guidance and guidance that supports work with vulnerable families
9. Children and young people are supported to transition between into educational stages and into employment and training.
10. Strengthen non CAMHS offer, be clear about what's available, increase capacity, and communicate clearly to primary care, schools and families.
11. Empower and educate communities to develop programmes to help tackle risk-taking behaviours.

Priority actions to deliver better outcomes:

1. Encourage coproduction with young people (and their families and schools) across Milton Keynes in order to explore issues related to health and wellbeing and the impact that COVID on access to services and support.
2. Ensure services for young people are personalised and are able to provide choices for how they access support, including both face to face and virtual provision
3. Adapt the CAMHS pathways to focus on higher risk young people, provide more intensive community support and reduce waiting times.
4. Rapidly explore the potential for step up and step down beds/ intensive day care (potential solution for the increased number of CYP needing intensive support for eating disorders) inpatient provision and local bed management.

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