

# Bexley COVID Impact Assessment 2022

## Ages 5-19 Joint Strategic Needs Assessment

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# 1. Executive Summary and Key Findings

Joint Strategic Needs Assessment (JSNA) is a process which allows the Health and Wellbeing Board to identify key priorities for partner organisations to deliver together. The JSNA is a statutory requirement. Although presented here as a single document, it is a process and can be a series of documents and engagement processes with a wide number of stakeholders.

This 5-19 JSNA was commissioned by the Director of Public Health and overseen by a joint steering group. PHAST, a public health social enterprise which was commissioned to produce the JSNA, worked with the public health team and the steering group. It brings together data from public health, health services, education, and social services, together with local insights from commissioners, providers, and subject experts.

Health is influenced by where we live work and study, with wider determinants influencing 50-60% of health outcomes. These wider determinants in turn influence health behaviours which are responsible for 20-30% of health outcomes. Health services are only responsible for 20% of these outcomes. Hence, the report is structured to first describe the wider determinants, followed by health behaviours, and lastly the use of health and care services. Where data is available, it is analysed by ward and ethnicity.

The Census 2021 data that is expected from June 2022 will provide current measures of the Bexley population. This report uses the most recent mid-year population estimates and projections published by the Office for National Statistics (ONS) for the resident population. For ethnicity the report uses Census 2011 and GLA population projections. For GP registered populations the report uses data provided by NHS South East London CCG. School population data was provided by the Council's education department.

Other indicators are based on data produced by national agencies and government departments, Children's commissioner for England (CCO), Office for National Statistics (ONS), Office for Health Improvement and Disparities (OHID), UK Health Security Agency (UKHSA), and data provided by local public health services, health services, education services, social care, community safety and housing.

## Key Findings

About one in five persons resident in Bexley is 5-19 years old. Over the next 20 years the 5-19 population is predicted to remain stable overall, however its composition is expected to change, with the 15-19 years group expected to increase.

Of all the children and young people aged 5-19 and resident in Bexley, one in three is resident in the four wards in the North of Bexley: Thamesmead East, Erith, Slade Green & Northend, and Belvedere. 25% of the population of Thamesmead East and Sidcup are in the 5-19 age group, compared to 14% in the wards with the lowest proportion.

The 5-19 population in Bexley is more diverse compared with the adult population. Greater London Authority (GLA) estimate that about two in five persons aged 5-19 are from an ethnic minority other than British White. One in two children studying in schools in Bexley is from an ethnic minority other than British White. The largest group after British White is Black African. Eight in ten children reported

English as their first language. Only three in ten Chinese children reported English as their first language. Cultural diversity indicated by variation in English as first language may be a factor for consideration when planning services.

National and international evidence shows that income poverty is linked with school achievement, cognitive development, social and behavioural development, and health in children. Importantly, these adverse health outcomes continue into adulthood. Hence, this report uses income poverty as one of the key wider determinants of health. Poverty is defined as a household income below 60% of the median household income.

There are several different measures for childhood poverty or low-income families. Childhood poverty has been increasing in England, and Bexley is no exception. Bexley has lower child poverty compared with England or London overall, however there are substantial differences between different parts of Bexley. Childhood poverty by ward ranges from one in ten children to one in four children being affected by poverty in Bexley. These have been exacerbated by the COVID pandemic, as indicated by the increasing gap in prevalence of childhood poverty between the ward with the lowest and the ward with the highest prevalence.

The wards in the North of Bexley which are home to more young people have higher levels of childhood poverty. Child poverty after housing costs is more prevalent than when measured based only on income. There are also pockets of childhood poverty in other wards such as Sidcup and East Wickham. Differences in rates of childhood poverty correspond with differences in rates of families with children in temporary accommodation.

The link between poverty and health is evident in Bexley, both in terms of behaviours and outcomes. One exception is alcohol related admissions, which were lowest in the wards in North Bexley and highest in the central wards of Bexley.

There are population health issues that are highly prevalent in all wards and these need to be addressed at a whole population level. Obesity is a key population health issue that affects all wards. One in ten children entering school (reception year) and one in five children leaving primary school (year 6) are obese. Using a broader measure, one in four children in reception year and 2 in 5 children in year 6 have an unhealthy weight.

Income inequalities and deprivation are associated with obesity. Children in the lowest income families are twice as likely to be obese. In Bexley this was true for both reception year and year 6. In year 6, one in three children in the most deprived quintile were obese, compared to less than one in five in the least deprived quintile.

We know from national evidence that during the peak of the COVID pandemic there was a greater impact on the emotional and mental health of children, compared to adults. This is also true for Bexley. During the COVID pandemic, children aged 5-19 presenting in mental health crisis peaked at twice the rate of the pre-COVID period. Since then it has remained above the pre-COVID period.

Seven in ten children presenting in crisis were female, and over half were in the 15-17 age group. The highest rates were from the wards of Barnehurst and Sidcup, followed by East Wickham, Crook Log and Bexleyheath. These may be children and families that were just coping pre-COVID, and the pandemic may potentially have been the stressor that tipped them into crisis.

Data from GP practices show that there are a higher number of children with emotional and mental health needs in the third most deprived decile and the second least deprived decile. The largest increase in need observed locally was in the 15-19 year age group which is in line with modelled estimates based on national data. There were also increased numbers of referrals to the Multi Agency Safeguarding Hub (MASH) where mental health was a factor. A high proportion of these required information and signposting, rather than a more intensive intervention.

It is known from surveys done in other areas that children and young people and their parents found it difficult to navigate and access appropriate support for emotional and mental health during the COVID pandemic, which may explain this.

Vulnerability in children can arise due to many interacting factors and these adverse experiences in childhood can lead to poor social and health outcomes in later life. During the pandemic, although schools were offering online classes to the general school population, in-person teaching was open to vulnerable children and good partnership working provided support to children and parents.

The Children's Commissioner has developed and published a set of indicators on vulnerable children for all local authorities in England. These provide a good base for public health to continue to work more closely with social care to embed population health approaches to prevention in social care. The new guidance on the Healthy Child Programme and the model 0-19 Public Health Nursing Services suggests more integrated working with family hubs as a model. These indicators provide the best estimate based on modelling of various adverse factors that lead to vulnerability in children and young people. Addressing the underlying causes of these vulnerabilities may require a broader and system-wide approach.

Based on the above we recommend three key priorities for the Health and Wellbeing Board and the partners to jointly agree as it will require a joint effort to tackle them:

1. Develop a Bexley system-wide approach to addressing obesity and reducing inequalities in obesity
2. Improve resilience in children and young people by working with schools, children and young people and their parents, primary care, the voluntary and community sector, and leisure services, so that those children with low threshold emotional needs can be supported to recover and cope better with life challenges they may face.
3. Review the current 0-19 services in line with the new model and use the opportunities to explore a more integrated service

## **2. Introduction**

This chapter explains the nature of and statutory requirement for Joint Strategic Needs Assessment (JSNA), and how this specific JSNA was commissioned and delivered.

### **What is a JSNA**

The JSNA is a statutory requirement of the Health and Wellbeing Board. The JSNA is not a single document but a process and can be a series of documents and engagement processes with a wide number of stakeholders.

### **Purpose of this JSNA**

The JSNA supports and informs the priorities for inclusion in the health and wellbeing strategy, which is another secondary responsibility of the Health and Wellbeing Board. It also informs commissioning and planning of services and other health and wellbeing strategies. The purpose of this 5-19 JSNA is to inform the local implementation of the national healthy child programme and the commissioning of the 5-19 services.

### **Approach and how it was developed**

This JSNA was commissioned by the Director of Public Health and overseen by a joint steering group, the membership of which is attached in Appendix 1. PHAST, a public health social enterprise which was commissioned to produce the JSNA, worked with the public health team and the working group to refine the original key lines of enquiry which are attached in Appendix 2.

Data sharing agreements were produced to ensure GDPR requirements were met. Following this data specifications were agreed and data extraction by data suppliers took place between October and December 2021. Appendix 3 provides the list of data providers and the data specification. Data was validated and analyses undertaken between January and March 2022.

Descriptive statistics are presented with 95% confidence intervals for significance testing where appropriate. Similar boroughs were agreed as comparators based on ONS Area Classifications, Children's Services Statistical Neighbour Benchmarking Tool, and the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours Model. A list of comparators is attached in Appendix 4.

Key stakeholders for engagement and questionnaires for semi-structured interviews were identified. The engagement process undertaken for this report is the start of the conversation and more engagement including conversations with residents on COVID impact is planned by the local authority.

## 3. Policy Context

This chapter introduces the national local policy landscape in which the findings and recommendations of the JSNA are situated.

### National policies

There are three national policies of particular relevance

#### 1. Healthy Child Programme

The healthy child programme, launched in 2016, continues to be the national evidence based universal programme for children aged 0-19. The programme provides the key policy for health improvement, public health and supporting families for children aged 0-19 years old through the health visiting and school nursing programme. It should be noted that the first health visitors were employed by local authorities 150 years ago to address high rates of infant mortality<sup>1</sup> and school nursing was introduced in 1905<sup>2</sup> in the school medical services.

The updated healthy child programme<sup>3</sup> aims to bring together health, education, and other main partners to deliver an effective programme of prevention and support. The OHID guidance<sup>4</sup> on delivery models for health visiting and school nursing services identifies six areas where school nurses have the highest impact on the health and wellbeing of school aged children aged 5 to 19 years as:

- Supporting resilience and wellbeing
- Improving healthy behaviours and reducing risk
- Supporting healthy lifestyles
- Reducing vulnerabilities and improving life chances
- Supporting self-care and improving health literacy

#### 2. No Child Left Behind

No Child Left Behind<sup>5</sup> is a public health informed approach to improving outcomes for vulnerable children. It highlights the need for a focus on reducing vulnerabilities and addressing inequalities, together with a comprehensive approach to identifying and addressing the needs of children and families. It highlights the need to consider the impact of COVID on children with existing vulnerabilities and those with new vulnerabilities. The framework for vulnerability to support “child and young person-centred recovery” considers three broad groups which are:

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<sup>1</sup> Adam C <https://ihv.org.uk/about-us/history-of-health-visiting/a-paper-by-cheryll-adams/>

<sup>2</sup> Kelsey A. (2002) Health care for all children: the beginnings of school nursing 1904-1908. *Int Hist Nurs J.* 2002;7(1):4-11.

<sup>3</sup> <https://ukhsa.blog.gov.uk/2021/03/17/giving-every-child-the-best-start-in-life/>

<sup>4</sup> PHE (2021) <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model#high-impact-areas>

- A group of children who may be more clinically vulnerable to COVID-19 because they have underlying health conditions, or the pandemic has in some way delayed or curtailed their access to health services.
- Children and families who are at increased risk due to family and social circumstances where there is a statutory entitlement for care and support (education, health and care plan and those with a social worker).
- Children who may be at higher risk due to being negatively impacted through wider determinants of health and/or family stressors and social circumstances and may not be known to services.

### **3. Transforming children and young people's mental health**

Transforming children and young people's mental health<sup>6</sup> is a priority throughout this life stage. In the 5-19 age group, one in eight had at least one mental disorder. The prevalence increased with age, with one in ten 5-10 year-olds, one in seven 11-16 year-olds, and one in six 17-19 year-olds assessed with at least one mental disorder.

As part of a national programme to transform children and young people's mental health, the government is implementing new Mental Health Support Teams (MHSTs) in schools and colleges and supporting a comprehensive training programme for senior mental health leads in schools and colleges. This approach involves promoting the mental wellbeing of all children and young people, encouraging self-care and resilience as well as more targeted work to prevent mental health problems arising in populations more vulnerable to poorer outcomes and tackling wider social determinants.

## **Regional plans**

There are four regional plans of relevance

### **1. Every child a healthy weight - Ten ambitions for London**

The Mayor of London's Child Obesity taskforce published its plan<sup>7</sup> in 2019. The vision of the plan is that every child in London grows up in a community and an environment that supports their health and weight. It has set a commitment that by 2030 it will halve the percentage of London's children who are affected by unhealthy weight at the start of primary school and by obesity at the end of primary school, and to reduce the gap in childhood obesity rates between the richest and poorest areas in London.

To achieve this, it has set ten ambitions:

- End child poverty in London
- Support Women to breastfeed for longer
- Skill up early years professionals
- Use child measurement to better support parents

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<sup>6</sup> NHSE and NHSI (2022) <https://www.england.nhs.uk/mental-health/cyp/trailblazers/>

<sup>7</sup> London Child Obesity Taskforce (2019) <https://www.london.gov.uk/what-we-do/health/londons-child-obesity-taskforce>



- Ensure all nurseries and schools are enabling health for life
- Make free 'London Water' available everywhere
- Create more playful active streets and public spaces
- Stop unhealthy marketing that influences what children eat
- Transform fast food businesses
- Fund good-food innovation and harness the power of investment

## **2. London Early Years Campaign**

In 2021, the Mayor's London Years Campaign<sup>8</sup> was refreshed, aiming to improve awareness of all parents of children under 5 years about the range of early education and childcare support available to them. As part of this campaign digital packs are available to support the campaign. The campaign will be:

- Running a social media campaign, targeting parents of under 5s via Facebook and Instagram
- Exploring ways that employers and family-facing professionals in London can better support parents to understand and access early education and childcare support offers

## **3. Keeping Children and Young People Safe - 2022/23 Commissioning**

The Deputy Mayor for London, Policing and Crime has identified the following<sup>9</sup> as vital for achieving the Mayor's key aims of supporting young people to exit the harm caused by gangs and serious violence, and supporting young people to recover child sexual abuse, child sexual and/or criminal exploitation:

- London Gang Exit (LGE) - which supports young people to escape the harmful effects of gangs
- Rescue and Response - which supports young Londoners exploited through county lines activity
- Hospital-based youth work - supporting young victims who attend hospitals with injuries from violence
- Empower - which supports young people suffering sexual exploitation in the context of gangs
- The Lighthouse - which supports children and young people who have been sexually abused in North Central London
- Child Sexual Abuse Hubs - which supports children and young people who have been sexually abused in North West, North East, South East and South West London.
- Funding to support local and regional safeguarding activity, including contributory funding to the London Safeguarding Children Partnership

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<sup>8</sup> Mayor of London (2021) <https://www.london.gov.uk/what-we-do/education-and-youth/support-families-and-early-years/early-years-and-childcare/london-early-years-campaign-0>

<sup>9</sup> <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/governance-and-decision-making/mopac-decisions-0/keeping-children-and-young-people-safe-202223-commissioning>

- Information Sharing to Tackle Violence and Safestats – collating violence data from hospitals to improve understanding of where and when violence happens

#### **4. Children and Young People mental health -Thriving Through Culture**

The plan<sup>10</sup> aims to show how culture can support children and young people experiencing mental ill health. The aims of this plan are to:

- Raise awareness of the impact of the arts on children and young people’s mental health
- Raise awareness of groups providing support for children and young people
- Create a key resource to support children and young people with mental ill health
- Understand London’s culture and mental health programmes and share these with our stakeholders (for example schools, link workers, youth services and many others).
- Create a key resource to support children and young people experiencing mental ill health.

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<sup>10</sup> <https://www.london.gov.uk/what-we-do/arts-and-culture/creative-health-and-wellbeing/children-and-young-peoples-mental-health>

## 4. Demographics

In this section we describe the resident population, the GP registered population and the school population. These three populations matter because:

- The local authority has a responsibility to commission/provide appropriate services for all people resident in the borough.
- The NHS is responsible for commissioning/providing services for all people registered with a GP practice located in the area, irrespective of where the person is resident.
- The schools in the borough and public health school services such as health visiting and school nursing are responsible for all children studying in the schools located in Bexley, irrespective of where they reside.

### Chapter Summary

#### Key Message

- 2016 based estimates indicate that the age 5-19 population is more ethnically diverse compared with the adult population. This intelligence should be updated as a priority when the data from the 2021 Census becomes available.

#### Key Priority

- Commissioners and providers will need to ensure services meet the needs of the diverse young residents, as different ethnic groups are culturally diverse.

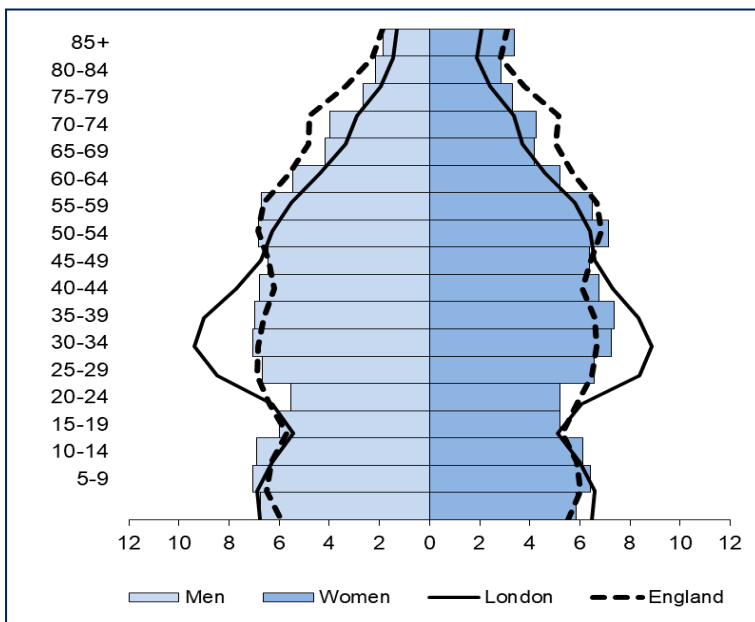
#### Key Facts

- In 2020, the 5-19 age group make up 19% of the population in Bexley.
- This varies from around 24% in Thamesmead East in North Bexley to 16% in Longlands in South Bexley.
- The Office for National Statistics projections based on the 2011 Census predict that the size of the 5-19 population will remain stable over the next ten years, with a small increase in the age 15-19 group offset by a similar decrease in the age 5-14 group. This stability is uncertain given that the GP registered population shows a recent increase.
- The 5-19 age group is more ethnically diverse compared with the adult population. About 40% of the school population is from communities other than White British.
- Overall, 81% of school children reported English as their first language. Less than 50% of children from Asian communities and 30% from other communities reported English as their first language. Language reflects cultural diversity, and this may be an important

## Population structure

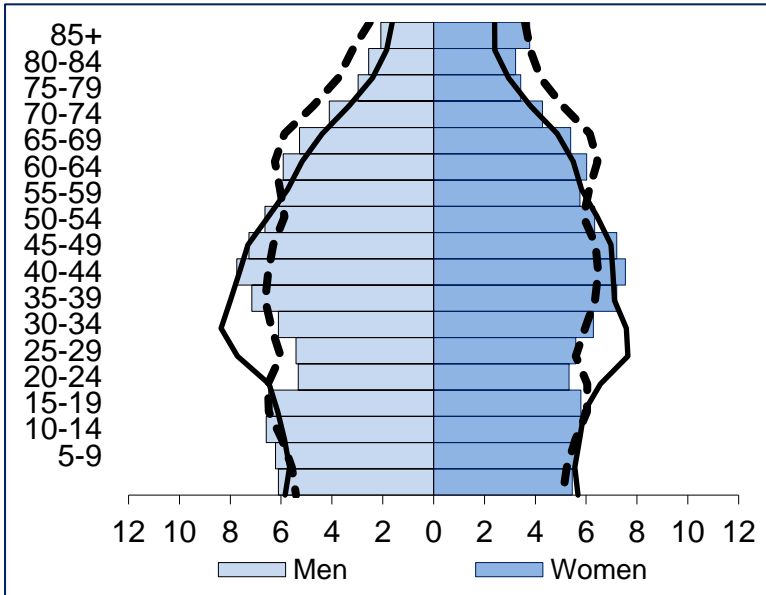
The ONS 2018-based subnational population projection for Bexley in 2020 was 249,600 and is projected to be 260,000 by 2030. About 80% of the change is expected to be due to a natural change (the net difference between births and deaths) and 20% due to net migration. The estimated age structure for the Bexley population in 2020, and the predicted population for 2030, are shown Figure 1 and Figure 2. Compared with London, Bexley has a lower proportion of its population in the age 20–49 group, and slightly a higher ages 50+ group and age 5-19 group. By 2030, it is estimated that the proportion of 40-60 year-olds in Bexley will be similar to the London population.

**Figure 1: Resident Population by Quinary Age Band and Sex (%), Bexley, 2020**



Source: ONS 2018-based subnational population projections,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018basedstatisticalbulletin>

**Figure 2: Resident Population by Quinary Age Band and Sex (%), Bexley, 2030**



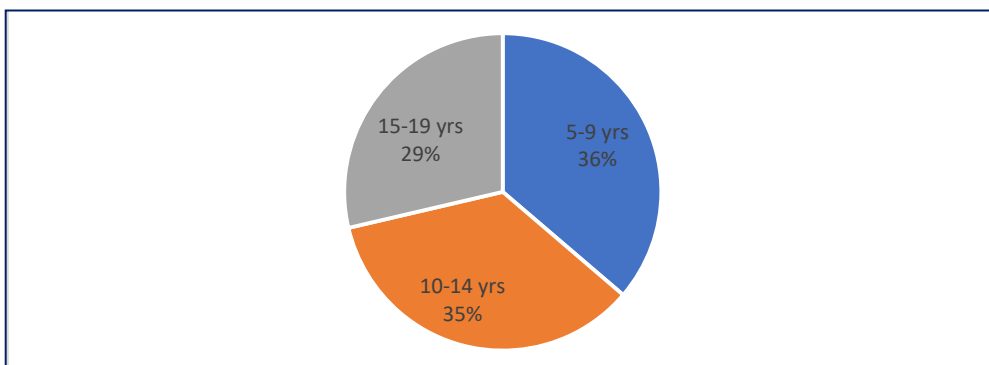
Source: ONS 2018-based subnational population projections, <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018basedstatisticalbulletin>

## 5-19 population

### Resident population

The 2018 based population projection for ages 5-19 in 2020 for Bexley was 46,300, with no significant change in size predicted for the next 10 years. This stability is uncertain given that the GP registered population shows a recent increase. This is around 18% of Bexley’s total population. Within the age 5-19 population, the 5-9 year-old age band makes up the highest proportion, at around 36%, followed by 10-14 year-olds, at 35%, and then the lowest proportion is the 15-19 age band at 29%, as shown in Figure 3.

**Figure 3: Ages 5-19 Resident Population by Quinary Age Band (%), Bexley, 2020**

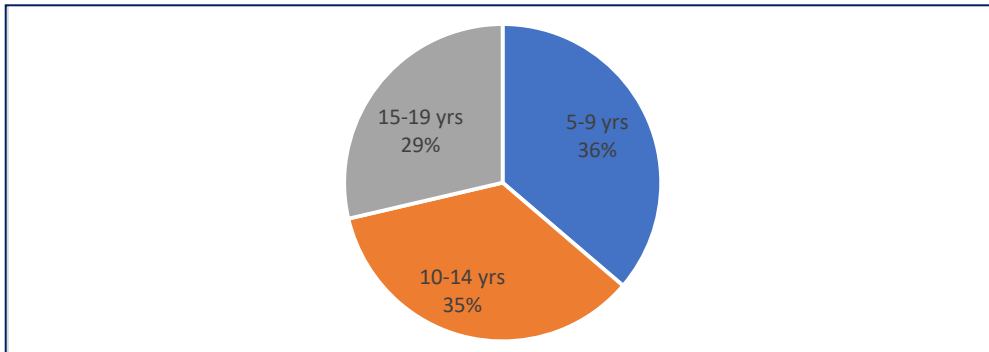


Source: ONS 2018-based subnational population projections,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018basedstatisticalbulletin>

## GP registered population

The GP registered population aged 5-19 was 44,600, which breaks down into around 35% each for ages 5-9 and 10-14, with the 15-19 making up around 30%, as shown in Figure 4.

**Figure 4: Ages 5-19 GP Registered Population by Quinary Age Band (%), Bexley, 2020**

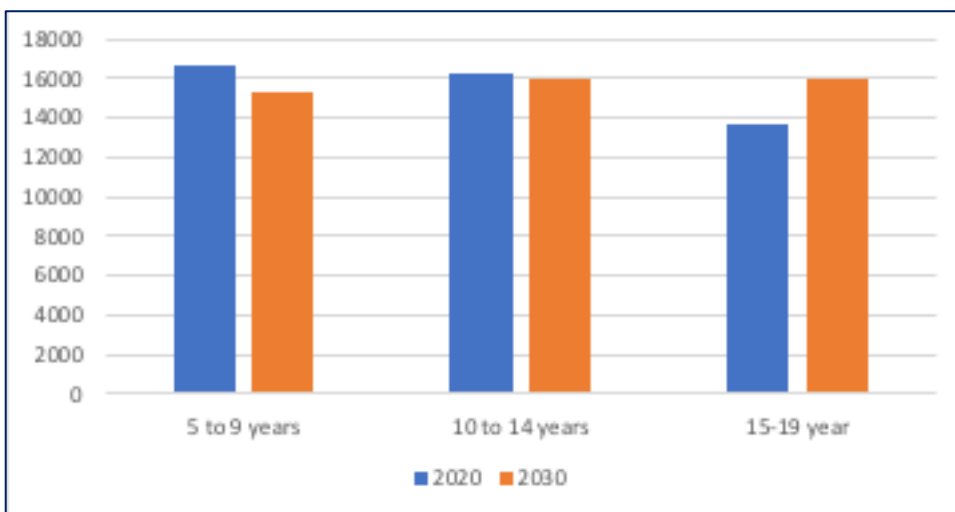


Source: Primary Care Registrations Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group<sup>11</sup>

## Predicted Population Growth

The overall population size of the 5-19 year population is not expected to change between 2020 and 2030 according to the Office for National Statistics. However, the proportion of 15-19 year-olds is expected to increase, whilst the 5-9 year-old population will see a small decrease as shown in Figure 5.

**Figure 5: Ages 5-19 Resident Population Projections by Quinary Age Band, Bexley, 2020-2030**



<sup>11</sup> Please note that Ingleton Avenue and Bellegrove Surgery GP practices in Bexley do not currently use EMIS GP systems. As such, all figures in this report derived from EMIS Enterprise data exclude these two practices.

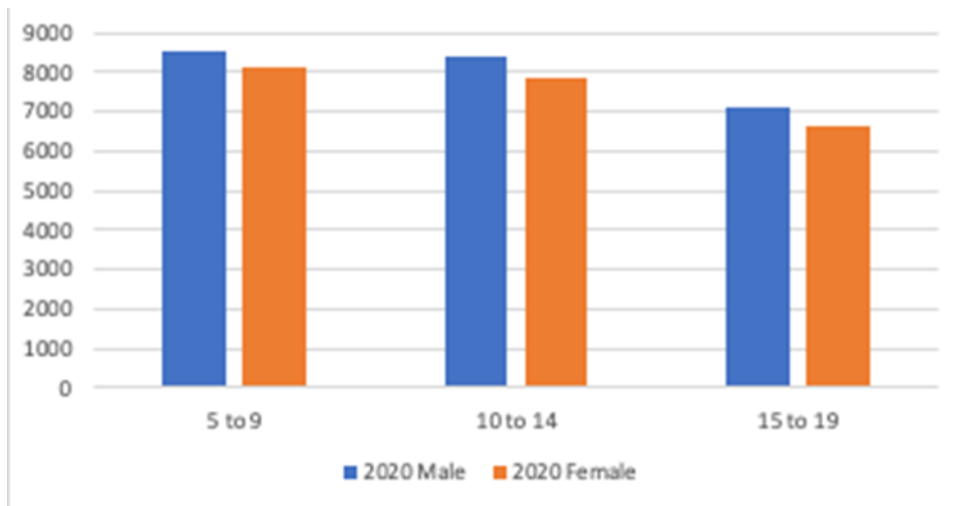
Source: ONS 2018-based subnational population projections,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018basedstatisticalbulletin>

## Population by sex

### Resident population and resident population

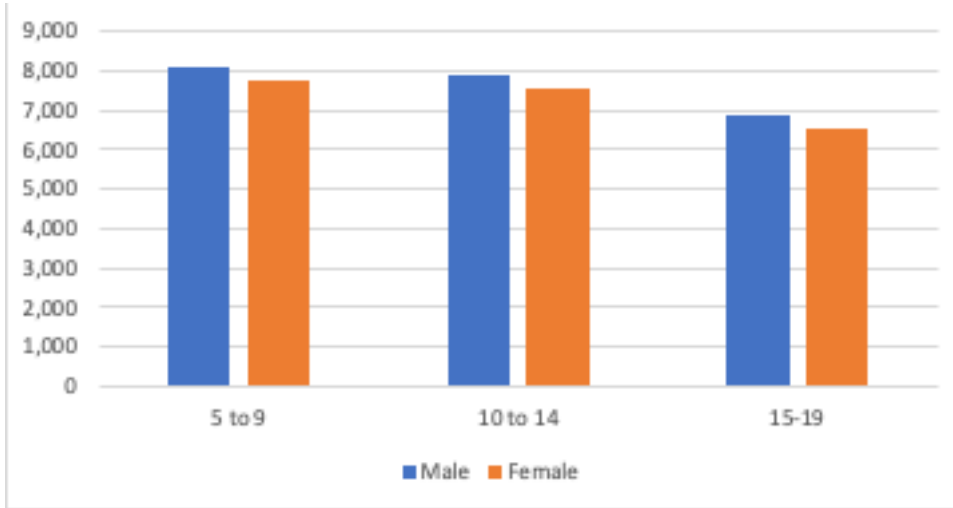
Figures 6 and 7 show the breakdown of the resident and registered population by age and sex. In 2020, males made up 52% and females made up 48% of the total 5-19 year age population in Bexley. This is dissimilar to the total all age population which is made up of 51% of females and 48% males. This difference may be related to the longer life expectancy in females with more females in the elderly population compared with males. The sex composition of the 5-19 year-old population is not expected to change in the next 10 to 20 years.

**Figure 6: Ages 5-19 Resident Population by Quinary Age Band and Sex, Bexley, 2020**



Source: ONS 2018-based subnational population projections,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018basedstatisticalbulletin>

Figure 7: Ages 5-19 GP Registered Population by Quinary Age Band and Sex, Bexley, 2020



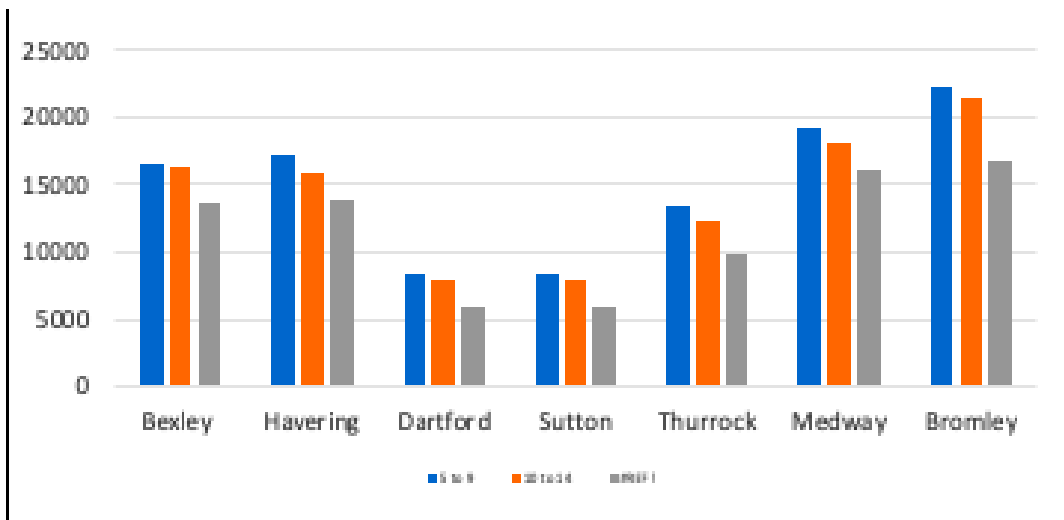
Source: Primary Care Registrations Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

### Bexley 5-19 population compared with similar boroughs

Bexley falls under the “Urban Settlements Supergroup” ONS Classification. The local authority which is most similar to Bexley is Havering, with Dartford and Sutton being the next similar. In the LAIT (Local Area Interactive Tool) for Children Services, Havering is described as very close whilst Thurrock and Medway are also considered close. Bromley is the nearest neighbour in Our Healthier South East London Integrated Care System. Hence, comparators used in this document for Bexley are Havering, Dartford, Sutton, Thurrock, Medway and Bromley. The population for each of these areas is shown in Figure 8 below by 5-year age bands.



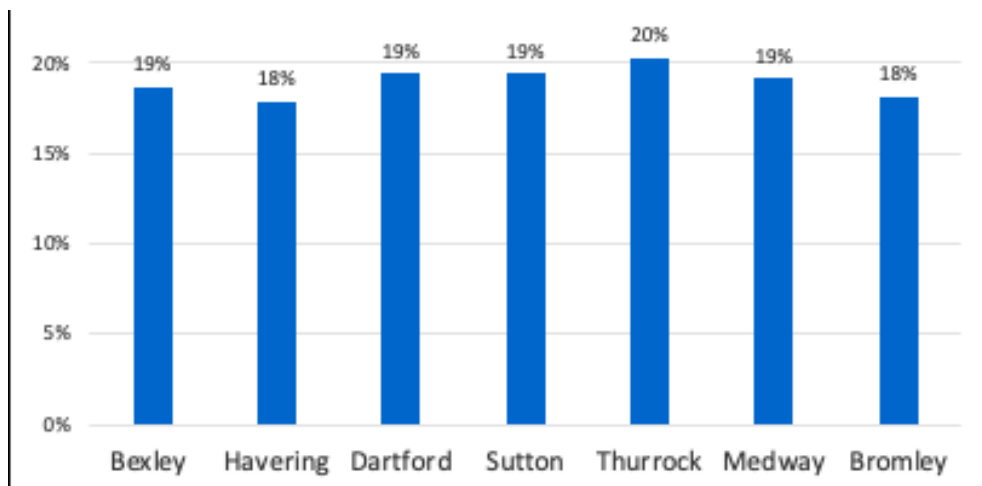
**Figure 8: Ages 5-19 Resident Population by Quinary Age Band, Bexley and Comparator Boroughs, 2020**



Source: ONS 2018-based subnational population projections, <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018basedstatisticalbulletin>

Dartford and Sutton have the smallest ages 5-19 population, whilst Bromley has the largest. However, the 5-19 aged population as a proportion of total population is similar across all comparator boroughs, as shown in Figure 9.

**Figure 9: Proportion of Total Resident Population Aged 5-19 (%), Bexley and Comparator Boroughs, 2020**

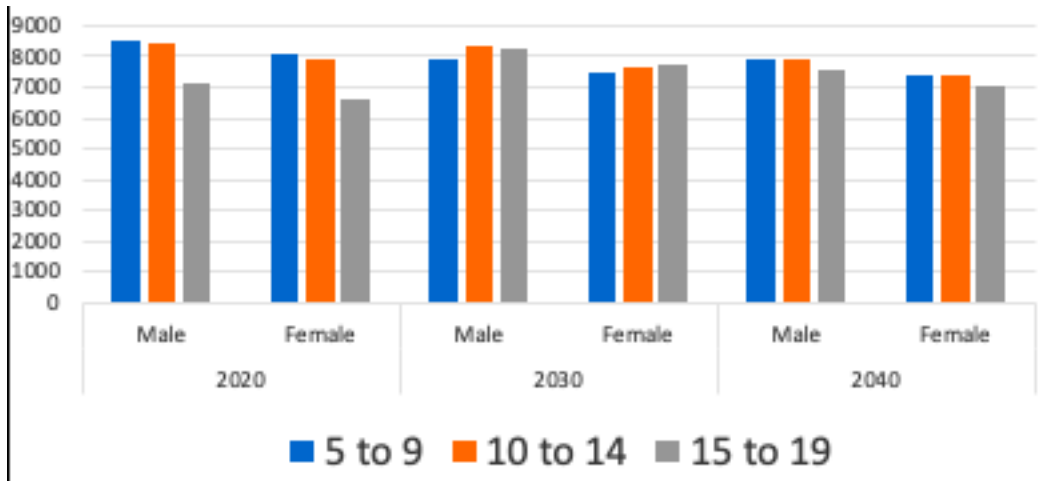


Source: ONS 2018-based subnational population projections, <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018basedstatisticalbulletin>

## Predicted changes in the ages 5-19 population over 10 and 20 years

Figure 10 below shows the 5-19 population by age and sex at a 2020 baseline, and projected estimates for the next 10 and 20 years. Overall, there is no significant change predicted in the total population or in the composition by sex. There is however an expected change in the proportion by five-year age bands in both females and males.

**Figure 10: Ages 5-19 Resident Population Projections by Quinary Age Band and Sex, Bexley and Comparator Boroughs, 2020, 2030, 2040**

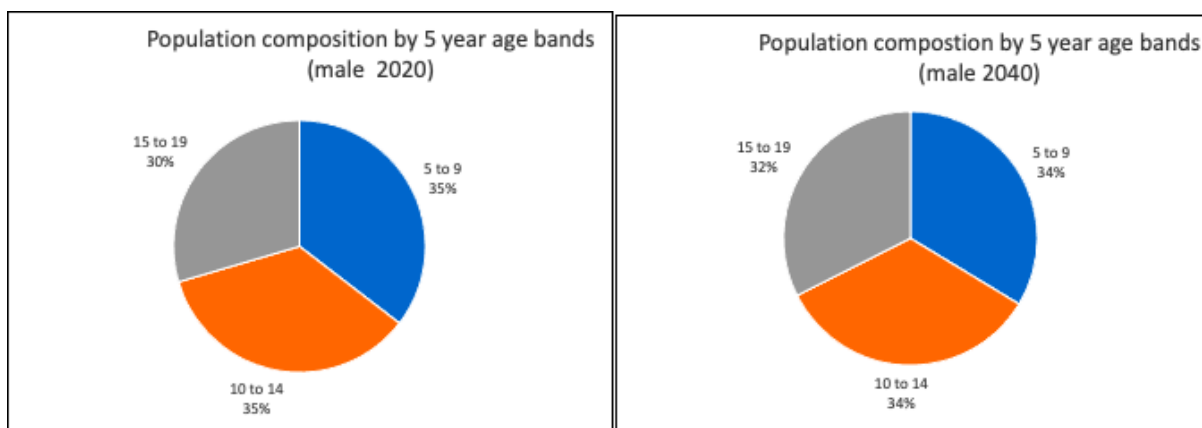


Source: ONS 2018-based subnational population projections,

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018basedstatisticalbulletin>

The 15-19 population is expected to grow, and the 5-9 and 10-14 population is expected to decrease. Hence, by 2040, the 15-19 population will grow proportionally from 30% to 32% of the total population. It is expected that in 10 years the 15-19 male population will grow by 1,100, then decrease from 2030 to 2040, with an overall net change of two percentage points.

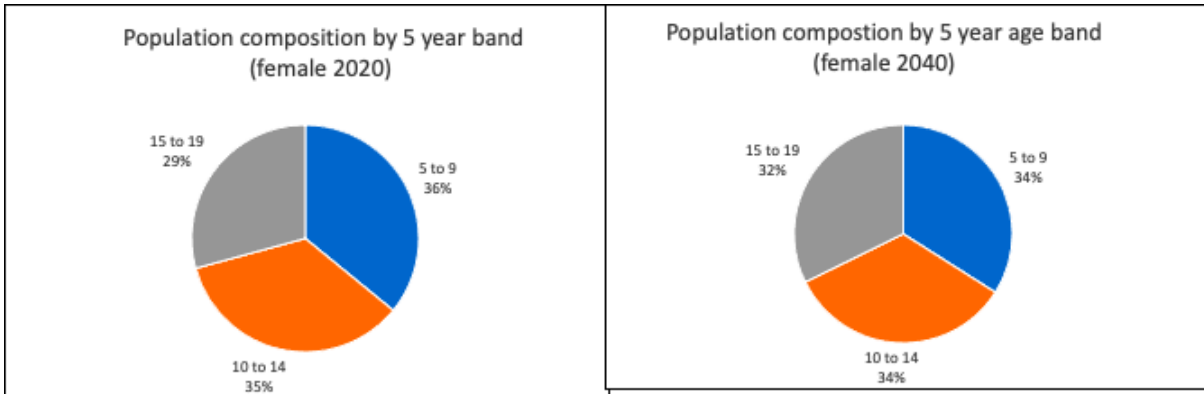
**Figure 11: Male Ages 5-19 Resident Population Projections by Quinary Age Band (%), Bexley, 2020-2040**



Source: ONS 2018-based subnational population projections,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018basedstatisticalbulletin>

A similar change by five-year age bands is expected in females, with the 15-19 year age band growing by three percentage points.

**Figures 12a-b: Female Ages 5-19 Resident Population Projections by Quinary Age Band (%), Bexley, (a) 2020 (b) 2040**



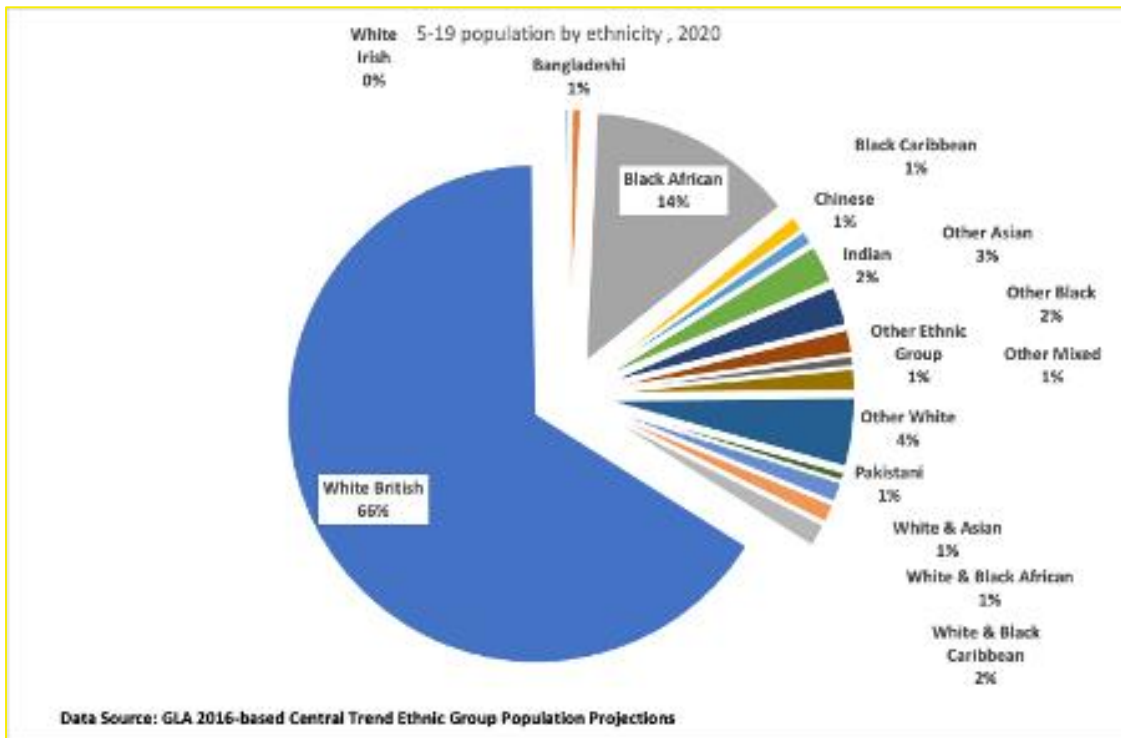
Source: ONS 2018-based subnational population projections,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018basedstatisticalbulletin>

## Population by Ethnicity

### GLA modelled data

2016 based GLA ethnic population estimates indicate that the 5-19 year population is more ethnically diverse compared with the adult population. 65% of 5-19 year-olds are estimated to be White British, compared with 70% in all the age population. Black African are the second largest estimated population at 14% in Bexley.

Figure 13: Ages 5-19 Resident Population by Ethnicity (%), Bexley, 2020



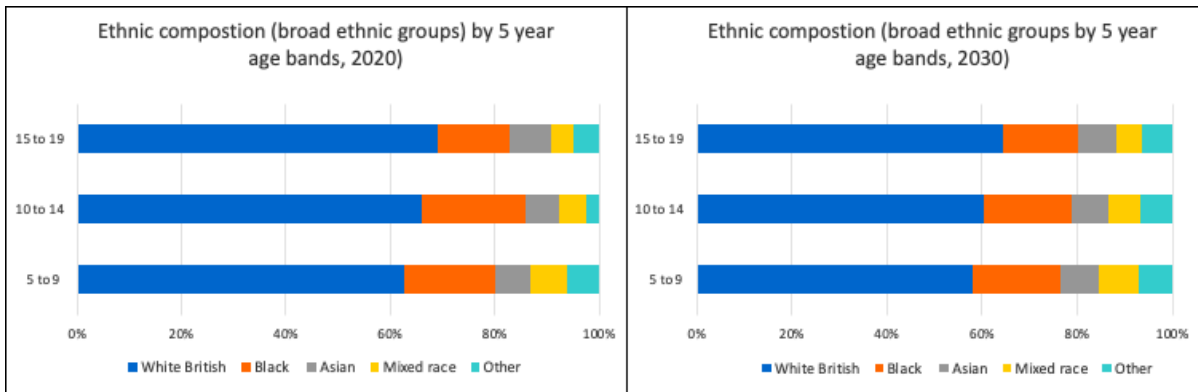
Source: GLA 2016-based central trend ethnic population projections, <https://data.london.gov.uk/dataset/ethnic-group-population-projections>

### Ethnicity by five-year age bands

The ethnic composition by five-year age band shows that the youngest cohort (5-9 years) is more diverse with the White British population making up 63% of the population. The White population for the 10-14 years and 15-19 years age groups is estimated to be 66% and 69% respectively. In the next 10 years, the ages 5-9 years population will become more diverse with the White British population expected to decrease from 63% to 58%.

All other ethnic communities are expected to increase in small numbers. Similarly, the 10-14 and 15-19 years cohort will become more diverse, as the White British population is predicted to reduce from 66% to 60% and 69% to 65%, respectively.

**Figure 14: Ages 5-19 Resident Population Projections by Ethnicity (%), Bexley, 2020-2030**



Source: GLA 2016-based central trend ethnic population projections, <https://data.london.gov.uk/dataset/ethnic-group-population-projections>

## School population by ethnicity

Ethnicity breakdowns of Bexley’s school population show that the White British population made up 59% of the total in 2015/2016, but in 2020/21 it was just over half of the population. The White Other group has increased from 4.7% to 7.1%. Bexley schools serve both those resident in Bexley and those living in neighbouring boroughs.

**Table 1: School Population by Ethnicity (%), Bexley, 2015, 2020**

Ethnicity	2015	2020
White - White British	59.6%	51.7%
Black - Black African	16.1%	15.2%
White - Any other White background	4.7%	7.1%
Asian - Indian	3.3%	4.7%
Asian - Any other Asian background	2.6%	3.3%
Mixed - Any other Mixed background	2.4%	3.1%
Mixed - White and Black Caribbean	1.5%	1.7%
Mixed - White and Black African	1.3%	1.6%
Black - Any other Black background	1.2%	1.7%
Mixed - White and Asian	1.2%	1.7%
Any other ethnic group	1.1%	1.4%
Black - Black Caribbean	1.1%	1.2%
Asian - Chinese	1.1%	1.5%
Unclassified	0.8%	1.5%
Asian - Bangladeshi	0.6%	0.9%
Asian - Pakistani	0.5%	0.7%
White - Gypsy/Roma	0.5%	0.5%
White - Irish	0.3%	0.3%

White - Traveller of Irish heritage	0.1%	0.1%
Total	100%	100.0%

Source: January School Census, London Borough of Bexley

## English as First Language

The school data shows that whilst the school population is ethnically diverse, 81% reported English as first language. Table 2 shows the proportion who reported English as a first language broken down by ethnicity.

**Table 2: Proportion of School Population Reported English as First Language (%), Bexley, 2020**

Ethnicity	% Reported English as First Language
White British	98%
White Irish Traveller	98%
Mixed White Black Caribbean	97%
Black Caribbean	93%
Mixed white Asian	83%
Black Other	80%
Mixed White Black African	80%
Mixed Other	77%
White Romanian	73%
Black African	73%
REFU	72%
NOBT	53%
Asian Bangladeshi	50%
Asian Indian	49%
Asian Pakistani	45%
OOTH	42%
Any other	40%
Chinese	38%
White Other	30%

Source: January School Census, London Borough of Bexley

## Gypsy and Traveller population

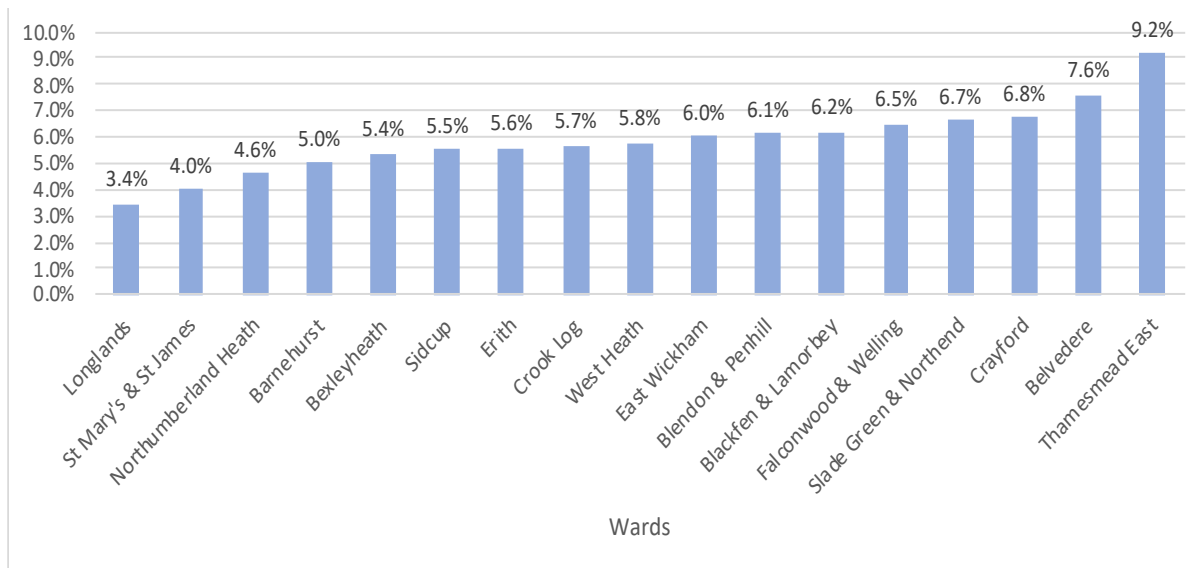
The 2011 census estimated that Bexley had the largest Gypsy and Irish traveller population amongst all the 33 London boroughs, at around 0.3% of the total population. Whilst the GLA 2016 population estimates have not categorised this ethnic group separately in their projections, modelled estimates show that this group will also increase by around 7% and 8% over the next 10 and 20 years.

Data from Bexley education services shows that 0.6% of school children are from Gypsy and Traveller communities. This data indicated that 62% of the children were in the 4-10 years age group, and 35% in 11-15 years age group. 85% of the children were from the Roma community.

## Population by ward

ONS mid-year estimates by ward indicate that of the total 5-19 year-old population in Bexley, the highest proportion were resident in Thamesmead East ward (9.2%) and lowest in Longlands (3.4%). The 5-19 population in Thamesmead East was just over 4,300 whilst Longlands was only around 1,600.

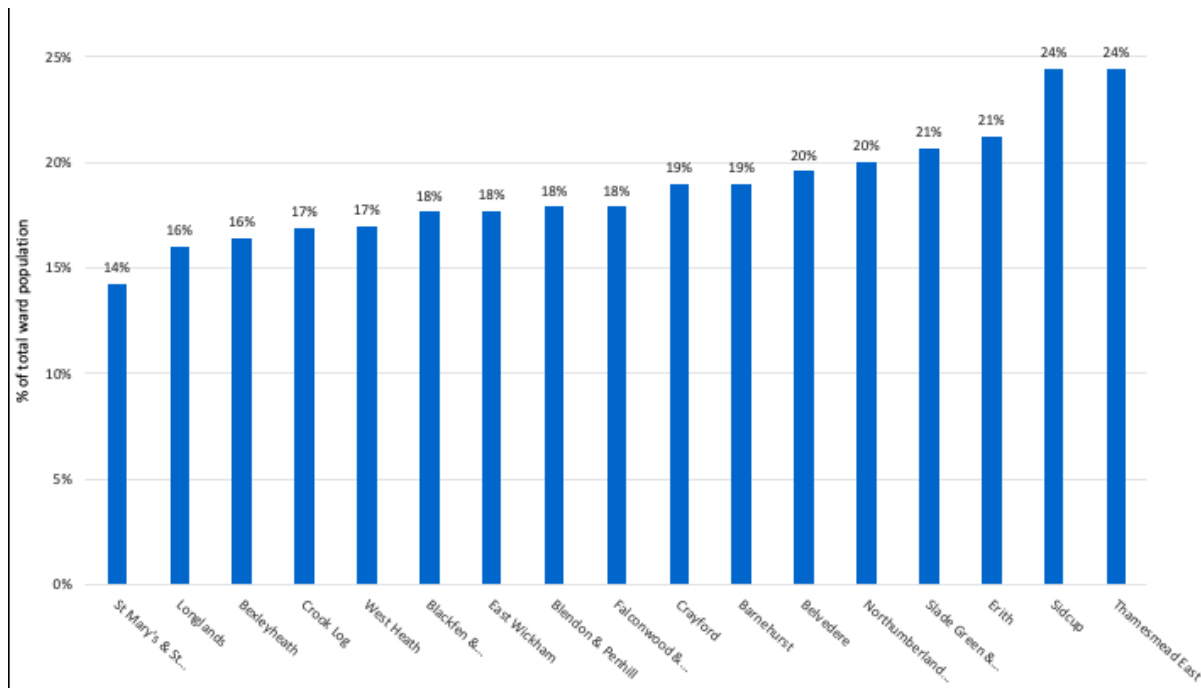
**Figure 15: Ages 5-19 Resident Population by Ward (%), Bexley, 2020**



Source: ONS Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Figure 16 shows the 5-19 aged population as a percentage of each total ward population. In Thamesmead East and Slade Green & Northend wards, just under a quarter of the ward population is aged 5-19 years old, whilst in Bexleyheath and Longlands 16% of the ward population is aged 5-19 years.

**Figure 16: Proportion of Total Resident Population Aged 5-19 by Ward (%), Bexley, 2020**



Source: ONS Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex,

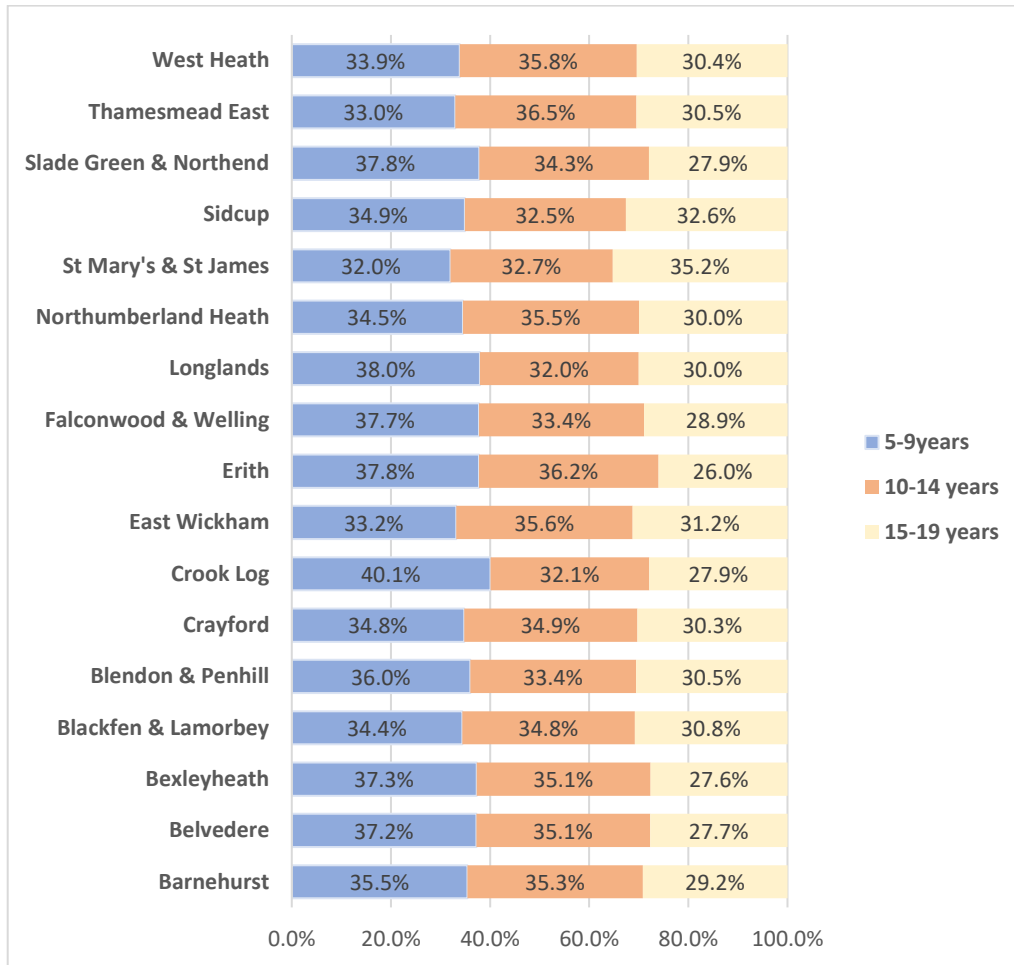
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

The resident population of Bexley wards is reflected in the GP practice population, with GP's belonging to North Bexley PCN having a higher proportion of registered patients under 18 years old compared with the other PCN's.

Further breakdown of the proportions of the 5-19 year-old population split by age band can be seen in the chart below. The highest proportions of 5-9 year-olds are in Crook Log ward at 40.1%, Thamesmead East has the highest proportions of 10-14 year-olds at 36.4% and St Mary's & St James has the highest proportions of 15-19 year-olds at 35.2%.

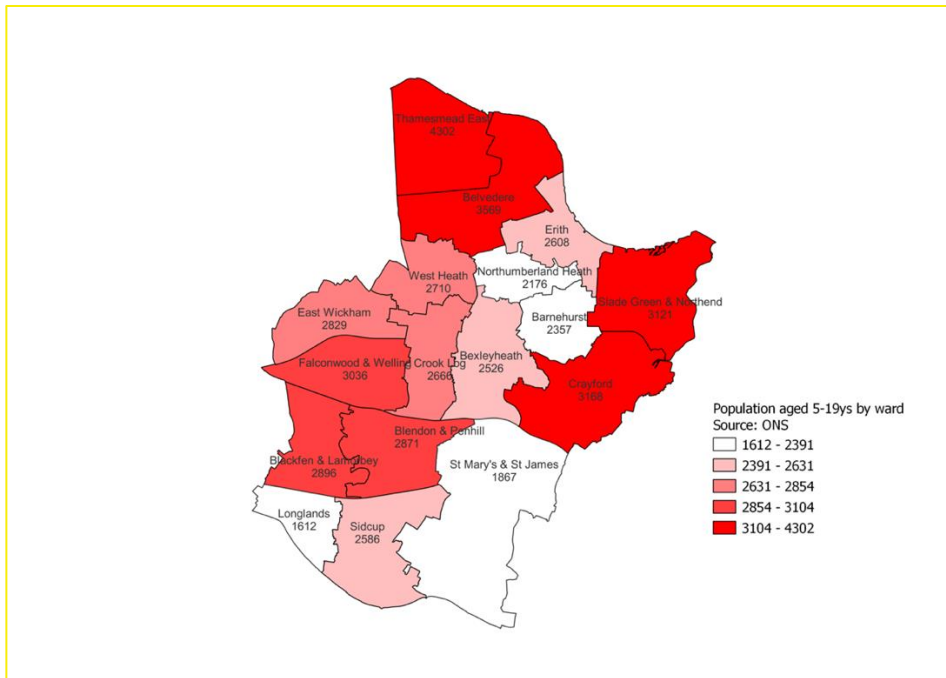


**Figure 17: Proportion of Ages 5-19 Resident Population by Quinary Age Band (%), Bexley Wards, 2020**



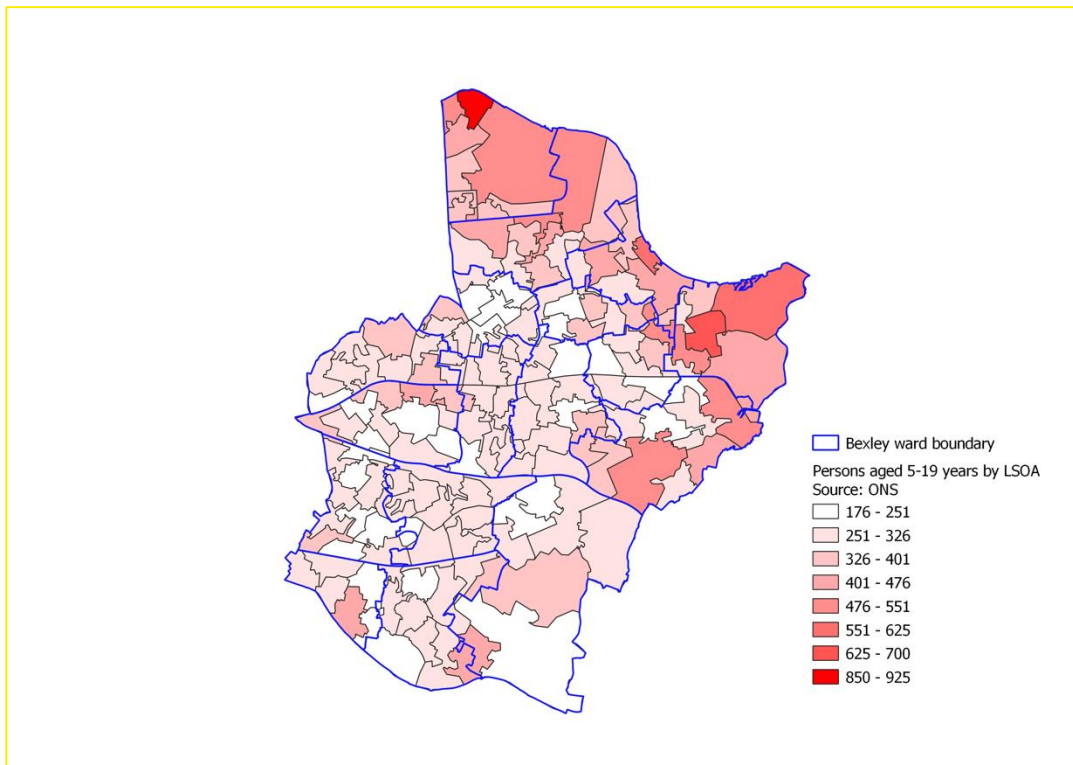
Source: ONS Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

**Figure 18: Ages 5-19 Resident Population by Ward, Bexley, 2020**



Source: ONS Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

**Figure 19: Ages 5-19 Resident Population by Lower Super Output Area, Bexley, 2020**



Source: ONS Mid-2020 Population Estimates for Lower Layer Super Output Areas in England and Wales by Single Year of Age and Sex,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lower-superoutputareamidyearpopulationestimates>

## 5. Wider determinants of health

In this section we describe the wider determinants of health such as income, area deprivation, housing, food poverty, crime and the impacts of COVID on these wider determinants of health.

### Chapter Summary

#### Key Messages

- There are stark income related disparities within Bexley. About 1 in 4 children living in wards in the North of Bexley live in relative poverty. As described in the previous section, overall, a higher proportion of the 5-19 population lives in the North of the borough, and this is greater for the 5-19 population from BAME communities.
- About 8,000 children living in Bexley entered the pandemic with existing poverty. National evidence indicates that families with low incomes suffered disproportionately from the impact of COVID.

#### Key Priorities

- Bexley Council should plan to reduce childhood poverty in the North of the borough.
- The planned engagement on COVID experiences by communities should consider more extensive engagement with children and young people and their parents in wards in North Bexley.

#### Key Facts

- In 2020, 16% of children in Bexley lived in relative poverty and 13% lived in absolute poverty, which was below the England average and 12th lowest among London Boroughs. After housing costs child poverty was 26%.
- Within Bexley relative childhood poverty ranged from 10% (1 in 10 children) in West Heath ward to 25% (1 in 4 children) in Thamesmead East ward. After housing costs, child poverty in wards in North Bexley ranged from 40-46%.
- The gap in childhood poverty had been widening since 2015.
- The impact of COVID as measured by claimant count was greater in the wards with higher pre-COVID childhood poverty with a larger gap remaining between the wards with lowest and highest claimant count in January 2022 compared with January 2018.
- During the pandemic food poverty increased as indicated from the data of one food bank which saw users increase from 4,000 pre-COVID to 10,000 during COVID. Half of the users were households with children.
- The prevalence of homelessness as measured by living in temporary accommodation varied by 1% to 17%.

- Two thirds of children (76%) were assessed as school ready in 2018/2019 in Bexley. This reduced to 65% in children with free school meals.
- The average attainment score for 15-16 years old (attainment 8) in Bexley in 2019/2020 was 53.5 which was similar to the London score. The score for children in care was 19.4 in Bexley and 20.3 in London.
- Bexley had a lower rate of school absence or NEET compared with London and national figures.
- Youth crime at 3.7 per 1,000 and reoffending (41%) is similar to London

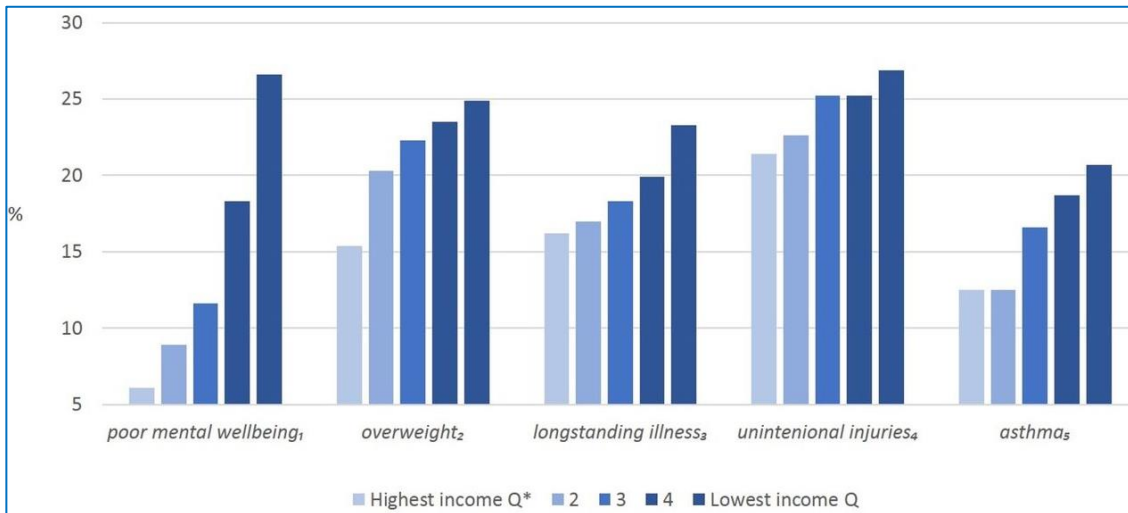
## Introduction

Adverse social factors operating at household and neighbourhood level are associated with adverse child health and development.<sup>12</sup>

## Child Poverty

Child poverty is one of the key causes of health inequalities as shown in Figure 20. There is strong evidence of the association of child poverty with worse health outcomes.

**Figure 20: Child Health Inequalities by Income Quartile, 2008, United Kingdom**



Source: University of London, Institute of Education, Centre for Longitudinal Studies. (2020). Millennium Cohort Study: Fourth Survey, 2008. [data collection]. 8th Edition. UK Data Service. SN: 6411, DOI: 10.5255/UKDA-SN-6411-8

<sup>12</sup> Pillas, D., Marmot, M., Naicker, K. *et al.* Social inequalities in early childhood health and development: a European-wide systematic review. *Pediatr Res* **76**, 418–424 (2014). <https://doi.org/10.1038/pr.2014.122>

A systematic review found links between income poverty and school achievement, cognitive development, social and behavioural development, and health in children.<sup>13,14</sup> Importantly, these adverse health outcomes continue into adulthood.<sup>15</sup> Poor adolescent health is associated with worse educational outcomes, employment status and socioeconomic position in adulthood.

In the UK Millennium cohort study,<sup>16</sup> first transition into income poverty (i.e. when a family first move into income poverty) during early childhood was associated with an increase in the risk of child and maternal mental health problems. These effects were independent of changes in employment status. Transitions to income poverty do appear to affect children's life chances.<sup>17</sup>

Whilst exposure to poverty doubles the risk of poor mental and physical health in children; clustering of poverty and poor parental mental health increase the odds of poor health in children by over six times.<sup>18</sup>

## Measures of child poverty

There are a number of ways to measure the effect of poverty on children. These different measures produce different trends. The official statistics produced in UK annually by ONS use two measures of low income:

- Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits or Housing Benefit) at any point in the year to be classed as low income in these statistics.
- Absolute low income is defined as a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in financial year ending 2011. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits or Housing Benefit) at any point in the year to be classed as low income in these statistics.

The DWP produce statistics on households below average income (HBAI) which is based on the Family Resources annual survey. In this measure, people living in households with income below 60% of median household income are counted as living in low income.

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<sup>13</sup> Cooper, K., Stewart, K. Does Household Income Affect children's Outcomes? A Systematic Review of the Evidence. *Child Ind Res* **14**, 981–1005 (2021). <https://doi.org/10.1007/s12187-020-09782-0>

<sup>14</sup> Cooper <https://www.jrf.org.uk/report/does-money-affect-children%E2%80%99s-outcomes>

<sup>15</sup> Lai ETC, Wickham S, Law C, *et al* Poverty dynamics and health in late childhood in the UK: evidence from the Millennium Cohort Study *Archives of Disease in Childhood* 2019;**104**:1049-1055.

<sup>16</sup> <https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/>

<sup>17</sup> Wickham S, Whitehead M, Taylor-Robinson D, Barr B The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study, *The Lancet Public Health*, Volume 2, Issue 3, 2017, [https://doi.org/10.1016/S2468-2667\(17\)30011-7](https://doi.org/10.1016/S2468-2667(17)30011-7).

<sup>18</sup> Adjei NK, Schlüter DK, Straatmann VS, *et al*, Impact of poverty and family adversity on adolescent health: a multi-trajectory analysis using the UK Millennium Cohort Study, *The Lancet Regional Health - Europe*, Volume 13, 2022, <https://doi.org/10.1016/j.lanepe.2021.100279>.

- Relative low income is defined as people living below 60% median household income in the base year. This measure essentially looks at inequality between low- and middle-income households
- Absolute low income is defined as people living below 60% median in that year compared with 2011. By using an income threshold that is fixed in time, this measure looks at how living standards of low-income households are changing over time
- The DWP measures also define income before housing costs (BHC) and after housing costs (AHC).

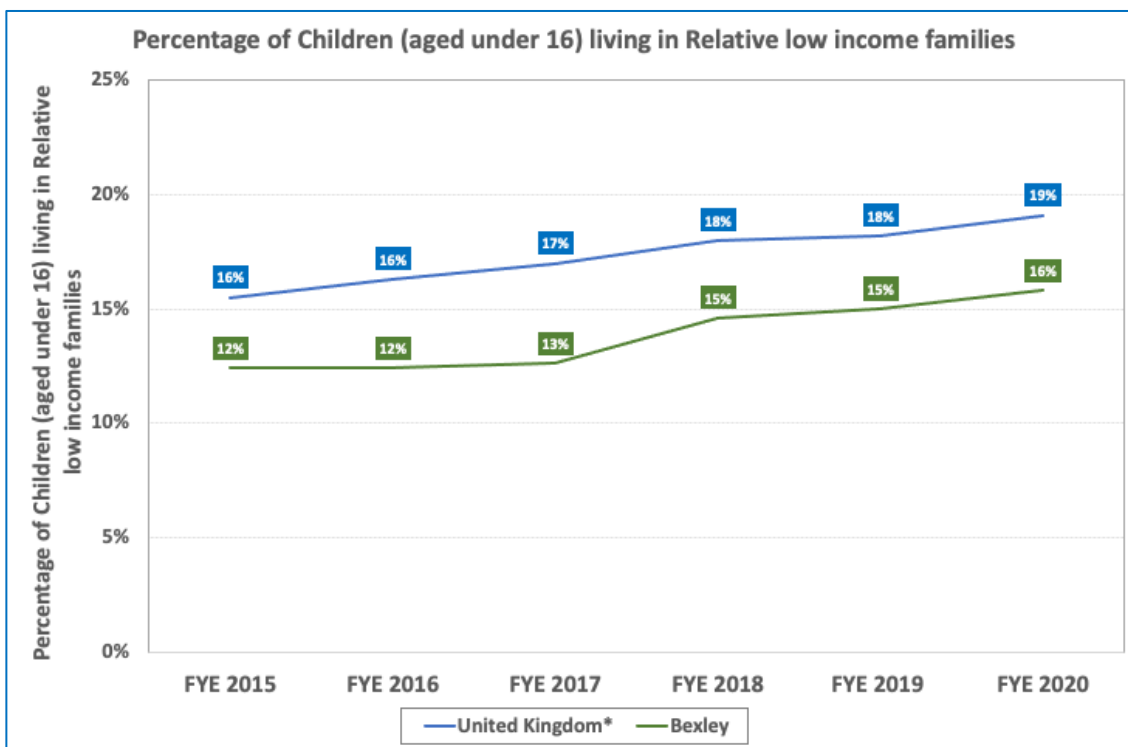
We have used the low-income family statistics published by ONS to describe child poverty in Bexley.

## Trends in low-income families in Bexley

### Relative Low income (ONS definition) in Bexley

Nationally there has been an increasing trend in children living in low-income families and Bexley has seen the same trend as shown in Figure 21. Bexley saw an increase of about 2,000 children (three percentage points) living in low income families from a baseline of 2014/15 to 2019/2020. About 8,000 children living in Bexley entered the pandemic already affected by poverty. National evidence indicates that families with lower income suffered disproportionately from the impact of COVID

**Figure 21: Proportion of Children Under 16 Living in Relative Low-Income Families, Bexley and United Kingdom, 2014/15-2019/20**

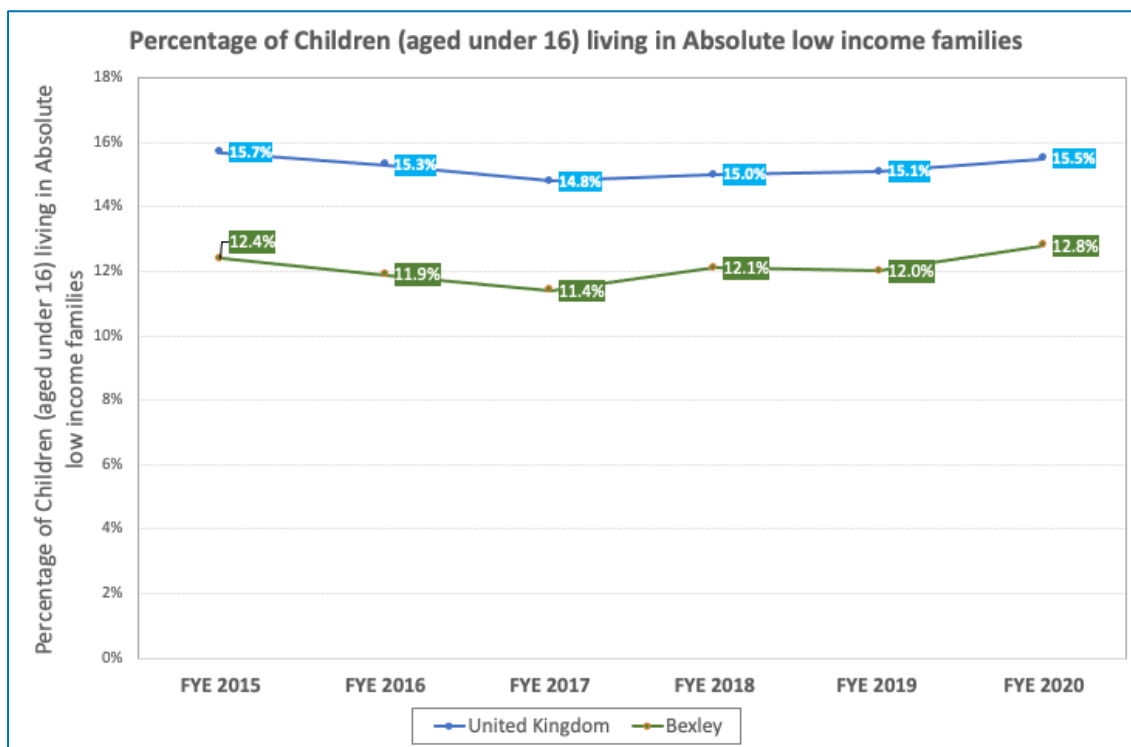


Source: ONS Children in Low Income Families: local area statistics 2020, <https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics>

## Absolute Low Income

In terms of absolute poverty, the national and local trends from 2014/2015 to 2019/2020 do not show a significant increase, however they do equate to about 450 extra children living in absolute low income. At end of financial year ending 2020, there were 6,500 children in Bexley living in absolute low-income families.

**Figure 22: Proportion of Children Under 16 Living in Absolute Low-Income Families, Bexley and United Kingdom, 2014/15-2019/20**



Source: ONS Children in Low Income Families: local area statistics 2020, <https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics>

## Bexley compared with similar boroughs

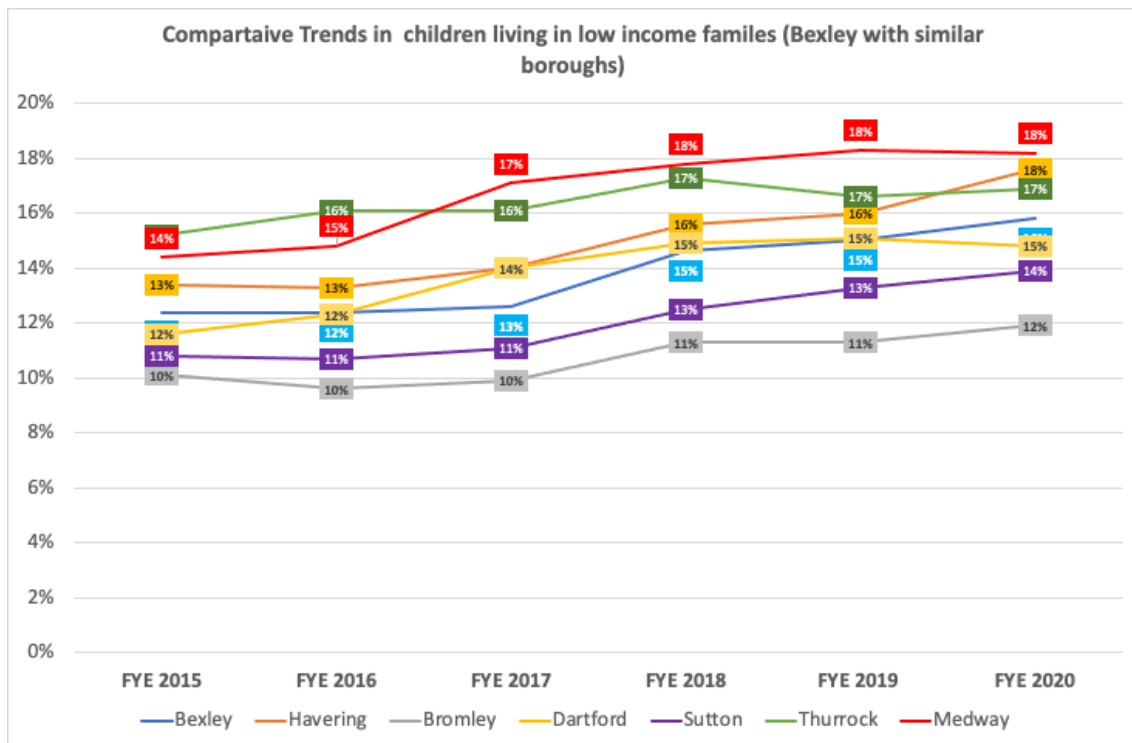
Figure 23 shows the trend in children living in relative low-income families in Bexley compared with similar boroughs<sup>19</sup>.

The increases in these boroughs range from two percentage points to four percentage points. Bexley had an increase of three percentage points. However, percentage increase in number of children living in low-income families from a baseline of 2014/2015 to 2019/20 ranges from 25% to 52%. In Bexley, the increase in number of children was 33% from the baseline.

<sup>19</sup> The most similar boroughs were chosen from the ONS statistical neighbours and LAIT comparators.



**Figure 23: Proportion of Children Under 16 Living in Relative Low-Income Families, Bexley and Comparator Boroughs, 2014/15-2019/20**



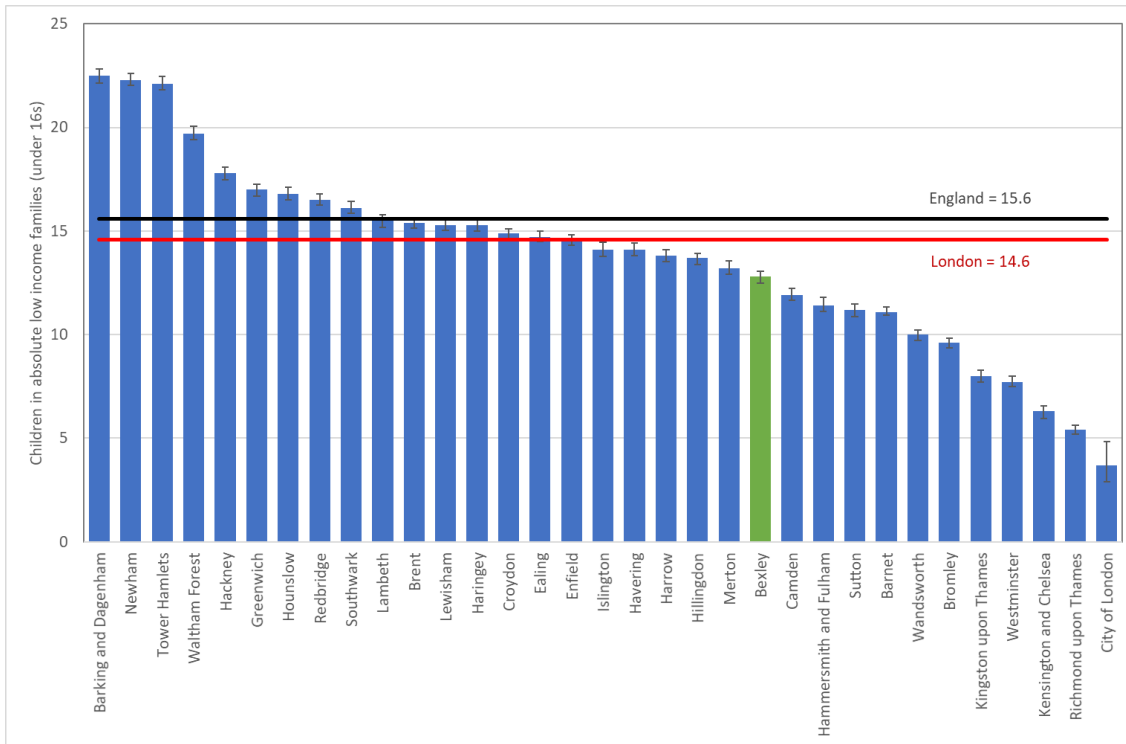
Source: ONS Children in Low Income Families: local area statistics 2020, <https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics>

## Bexley compared with other London boroughs

Bexley has a significantly lower percentage of children in absolute and relative low income compared to both London and England in 2019/2020. It had the 12th lowest child poverty in London on both measures. Child poverty in London boroughs range from 4% (City of London) to 28.5% (Barking and Dagenham) using relative low income. Within the boroughs within South East London ICS, rates ranges from 11% (Bromley) to 21% (Greenwich).

Figure 24 shows the proportion of children living in absolute low-income families in London for 2019/2020. In London this ranged from 3.7% in City of London to 22% in Barking and Dagenham. Within South East London it ranged from 17% in Greenwich to 9.6% in Bromley. Within the six local authorities that are in the South East ICS, Bexley and Bromley have significantly lower child poverty compared with London and England, whilst Greenwich, Lambeth, Lewisham and Southwark have significantly higher rates compared with London and England. London has significantly lower rates compared with England.

**Figure 24: Proportion of Children Under 16 Living in Absolute Low-Income Families, London Boroughs, London and England, 2014/15-2019/20**

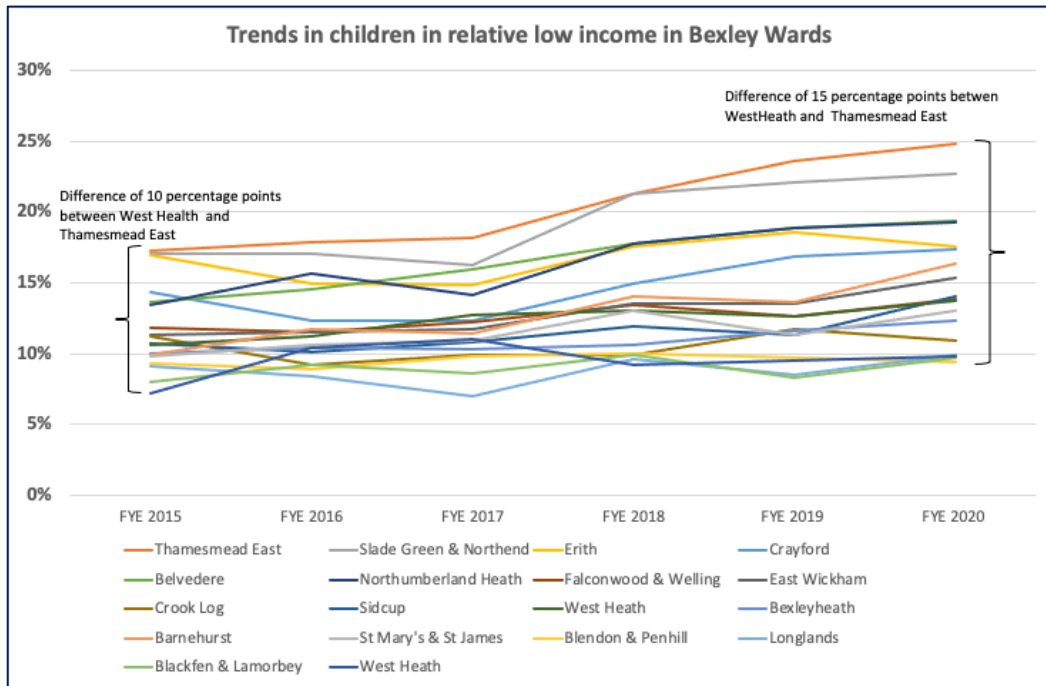


Source: ONS Children in Low Income Families: local area statistics 2020, <https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics>

### Within Bexley differences in trends for child poverty

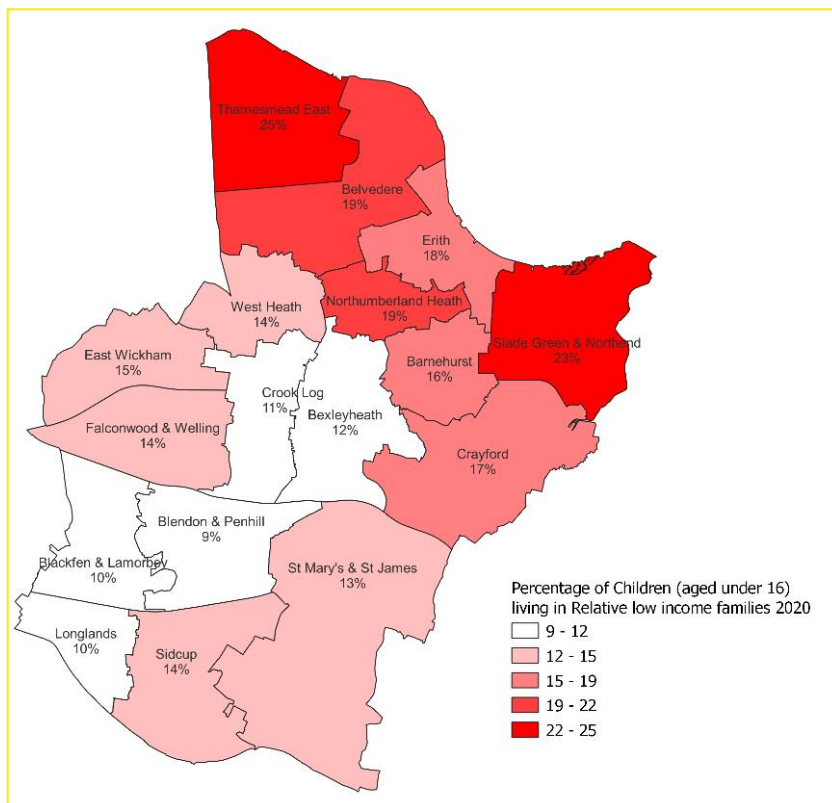
Figure 25 shows the prevalence of child poverty within Bexley varies and the gap between the ward with the lowest proportion of child poverty (West Heath) and highest proportion (Thamesmead East) increased from 10 percentage points (7% vs 17%) to 15 percentage points (10% vs 25%). Thamesmead East experienced the highest increase of 8 percentage points.

**Figure 25: Proportion of Children Under 16 Living in Relative Low-Income Families, Bexley Wards, 2014/15-2019/20**



Source: ONS Children in Low Income Families: local area statistics 2020, <https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics>

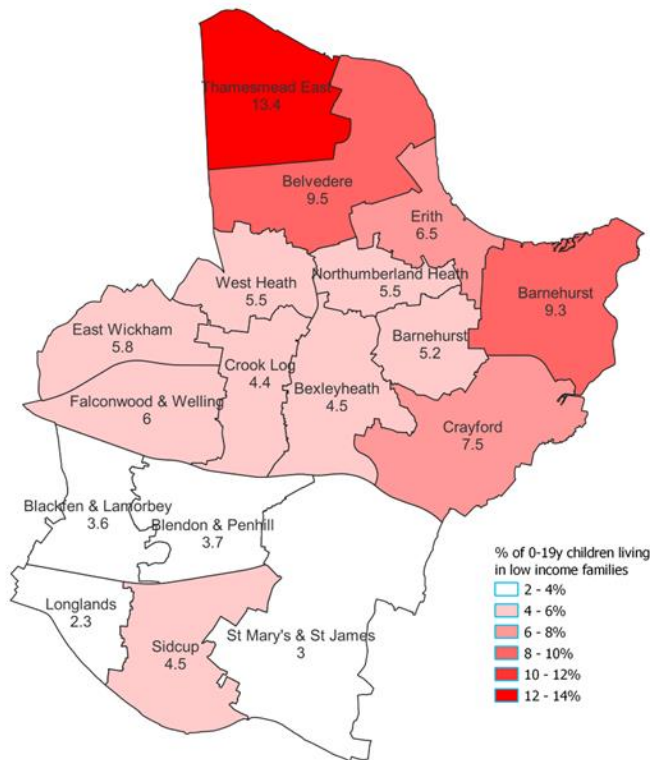
**Figure 26: Proportion of Children Under 16 Living in Relative Low-Income Families, Bexley Wards, 2019/20**



Source: ONS Children in Low Income Families: local area statistics 2020, <https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics>

Percentages are calculated by dividing the number of children aged under 16 years living in low income families in an electoral ward by the population aged under 16 in that ward.

**Figure 27: Proportion of Children Under 19 Living in Relative Low-Income Families, Bexley Wards, 2019/20**

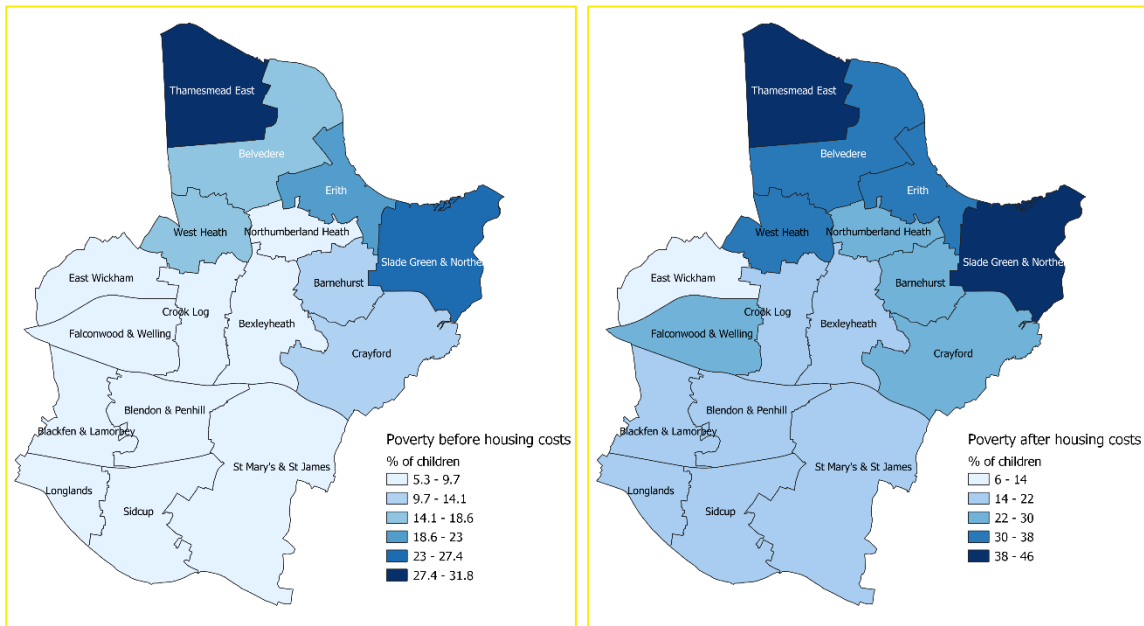


Source: Department for Work and Pensions benefit statistics, StatExplore, <https://stat-xplore.dwp.gov.uk>

### **Child poverty before and after housing costs in Bexley**

After housing costs, the proportion of children living in poverty in Bexley is 26%. This is lower than the national average of 38%, but there are some areas in the borough where the rates are higher than this. Figures 28 a & b show that in Slade Green & North End this is 40%, and in Thamesmead East it is 46%, indicating greater levels of need in these wards.

**Figures 28a-b: Proportion of Children Under 19 Affected by Poverty (a) Before and (b) After Housing Costs, Bexley Wards, 2019/20**



Source: Department for Work and Pensions benefit statistics, StatExplore, <https://stat-xplore.dwp.gov.uk>

## Neighbourhood deprivation

### Index of Multiple Deprivation

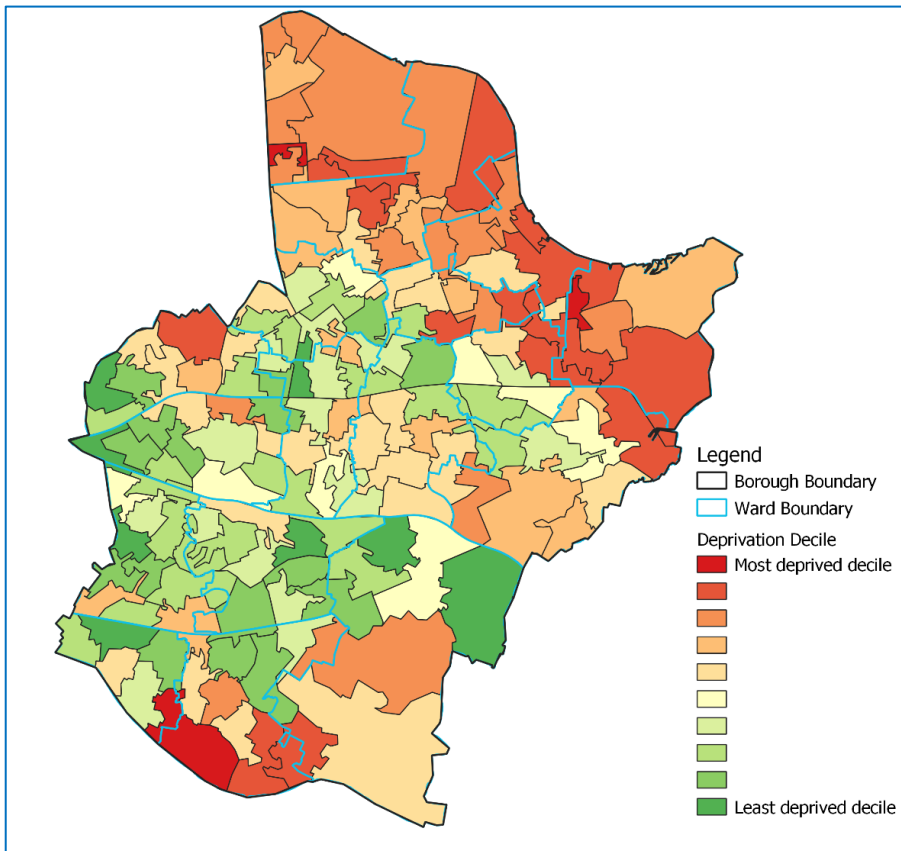
A composite measure of deprivation, the Index of Multiple Deprivation (IMD) is produced to describe a broader context of lack of resources, not just financial resources which describes the neighbourhood context. IMD is a commonly accepted measure of deprivation. Upper tier local authorities are ranked out of the 152 in England, with a rank of 1 indicating the most deprived. The scores are used to group local authorities into 10 deciles of deprivation.

Bexley, with a score of 16.2, is in the third least deprived decile, though it is important to recognise that local variation across the authority exists, with some areas being more deprived than others.

### Income deprivation affecting children index (IDACI) in Bexley

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. There is considerable variation within Bexley with 2% of the smaller areas (LSOA's) falling into the least deprived decile and 5% falling in the most deprived decile. The pattern of deprivation appears to be clustered across the borough rather than presenting a more patchwork pattern.

Figure 29: Income Deprivation Affecting Children Index (IDACI) by Lower Layer Super Output Area, Bexley, 2019



Source: Ministry of Housing, Communities & Local Government English indices of deprivation 2019, <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

## Impact of COVID-19 on families with children

### National picture

Two reports<sup>2021</sup> based on following families before and during COVID-19 reported that:

- Families on low incomes who were already facing constraints and instability at the start of 2020 were more vulnerable to the impacts of the pandemic, with fewer resources to fall back on.
- Lone parents face extra pressures, depending on one income, and balancing work with childcare alone. During the pandemic, the impact of reduced earnings and extra costs was greater without the backup of a partner, and they could also receive less support from an ex-partner whose situation changed.

<sup>20</sup> Hill K and Webber R Staying afloat in a crisis: families on low incomes in the pandemic Joseph Rowntee Foundation 2021 <https://www.jrf.org.uk/report/staying-afloat-crisis-families-low-incomes-pandemic>

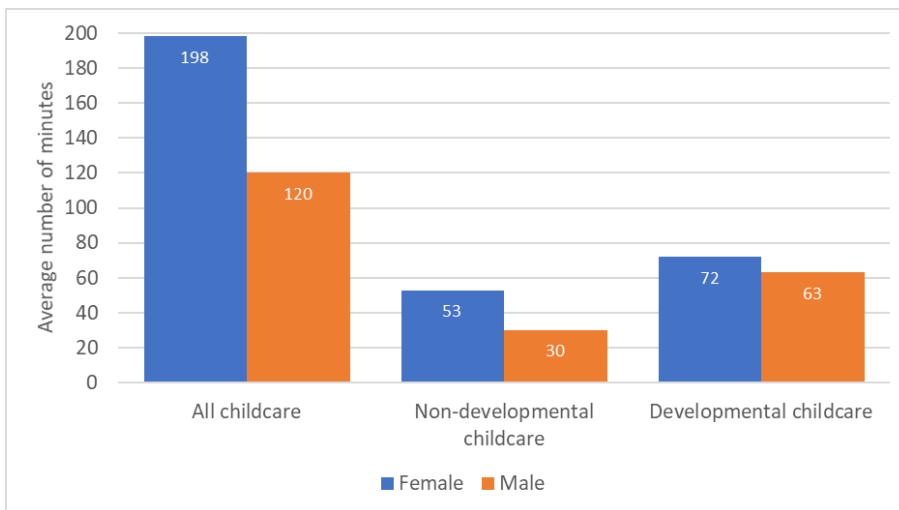
<sup>21</sup> Hill K and Webber R <https://www.jrf.org.uk/report/seeking-anchor-unstable-world-experiences-low-income-families-over-time>

- The digital divide has become even more salient during the pandemic. This affected children who were home-learning without suitable equipment or adequate online access, as well as access to online services and support for parents if they were not confident internet users

During the pandemic parents and children had little or no opportunity to socialise and interact with their peers or attend many of the health clinics and activities where they have access to professionals for support, advice and guidance. During the first weeks of lockdown (28th March to 25th April 2020), in households with children aged under 18 years, women were carrying out on average two-thirds more of the childcare duties per day than men.

Women were delivering on average of 3 hours and 18 minutes of childcare, which includes time spent supervising children, while men contributed 2 hours. Women spent more time on childcare than men, with much more of this focused on non-developmental childcare and supervising children.

**Figure 30: Average Minutes Per Day Spent on Childcare Activity by Type, Great Britain, 2020**



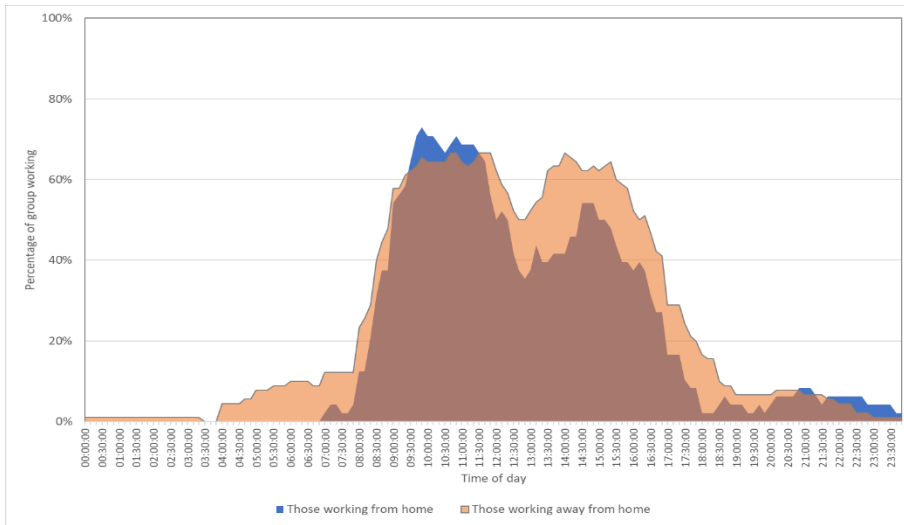
Source: ONS Parenting in Lockdown,

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/parentinginlockdowncoronavirusandtheeffectsonworklifebalance/2020-07-22>

Analysis of hours worked during the day has shown that many parents in Great Britain who were able to work changed their routines to accommodate their new childcare commitments, prompted by the coronavirus lockdown.

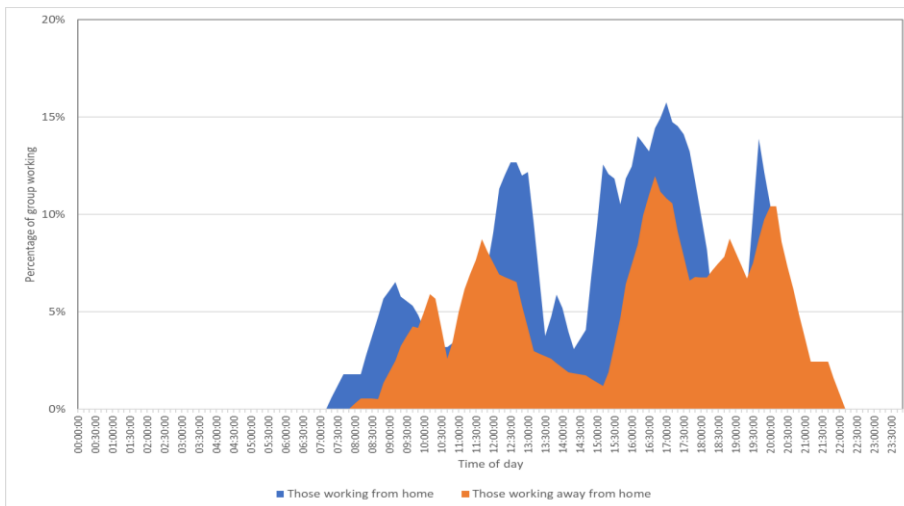
For working parents with school-aged children that said that work had been affected by the coronavirus, 20% said that the disruption was at least in part because of having to work around childcare responsibilities.

**Figure 30: Percentage of People Working by Time of the Day (Weekdays Only) and Work Group, Great Britain, 2020**



Source: ONS Parenting in Lockdown, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/parentinginlockdowncoronavirusandtheeffectsonworklifebalance/2020-07-22>

**Figure 31: Percentage of People Doing Developmental Childcare by Time of the Day (Weekdays Only) and Work Group, Great Britain, 2020**



Source: ONS Parenting in Lockdown, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/parentinginlockdowncoronavirusandtheeffectsonworklifebalance/2020-07-22>

Parents changed their weekly working patterns because of childcare commitments during the pandemic. Those parents who worked outside of the home contributed childcare outside the usual ‘nine to five’ hours, which suggests that they were more likely to be working unsociable hours. More

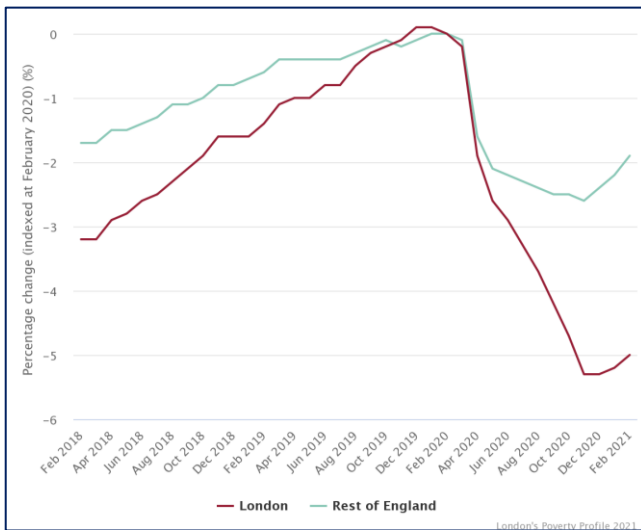


specifically, a larger proportion of those working delivered developmental childcare such as helping with homework in the afternoon, roughly between 3:00pm and 6:00pm.

## Impact of COVID- London picture

London was hardest hit by the pandemic<sup>22</sup> compared with the rest of England, as shown in Figure 32.

**Figure 32: Change in PAYE Jobs (% Indexed to February 2020), London and England, February 2018-21**

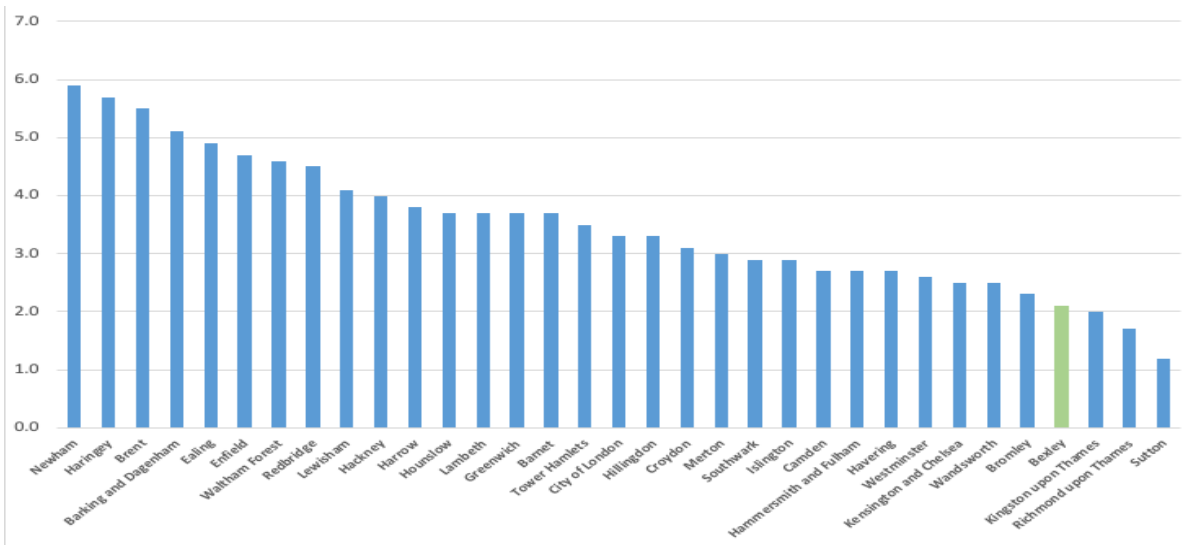


Source: London's Poverty Profile 2021: COVID-19 and poverty in London, <https://www.trustforlondon.org.uk/londons-poverty-profile-2021-covid-19-and-poverty-in-london/>

Figure 33 shows the change percentage points in claimant count in Bexley compared with all London Boroughs. Bexley had the 3rd lowest increase in London. Within South East London ICS, when considering numbers, In Bromley the claimant count at the peak (Jan 2020) was five-fold the pre-COVID-19 numbers (Jan 2018). In Southwark it was three-fold whilst in the rest the claimant count during peak of COVID-19 was four-fold that of pre-COVID

<sup>22</sup> Trust for London and WPI : Economics London's Poverty Profile 2021: COVID-19 and poverty in London <https://www.trustforlondon.org.uk/londons-poverty-profile-2021-COVID-19-and-poverty-in-london/>

**Figure 33: Increase in Claimant Count (% Point), London Boroughs, January 2018-22**

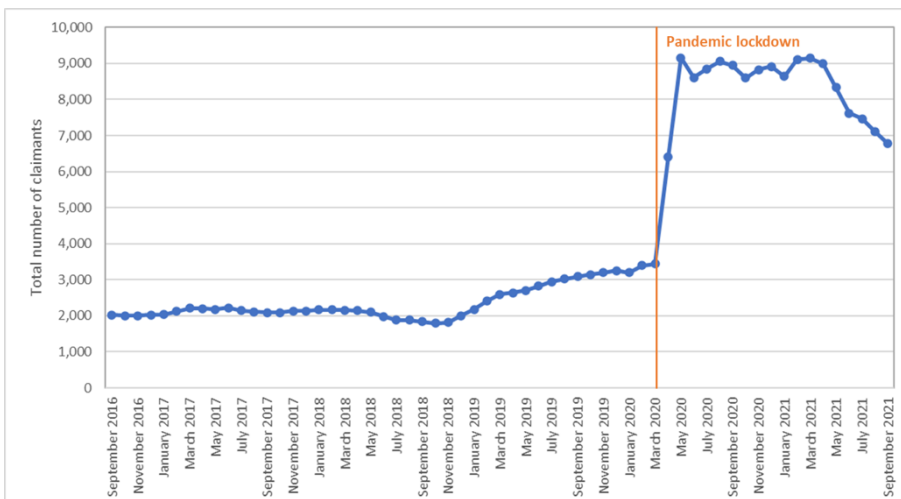


Source: ONS Claimant Counts and Rates by Regions, <https://www.nomisweb.co.uk/datasets/usac>

### Impact of COVID -Local picture

On average, the number of claimants in Bexley averaged around 2,000 per month before the coronavirus pandemic. During the lockdown, the total number of claimants increased to an all-time high over 9,000 per month. This trend dropped when the lockdown was lifted. In January 2022, the claimant count in Bexley was nearly twice that in January 2018.

**Figure 34: Claimant Count by Month, Bexley, September 2016-21**



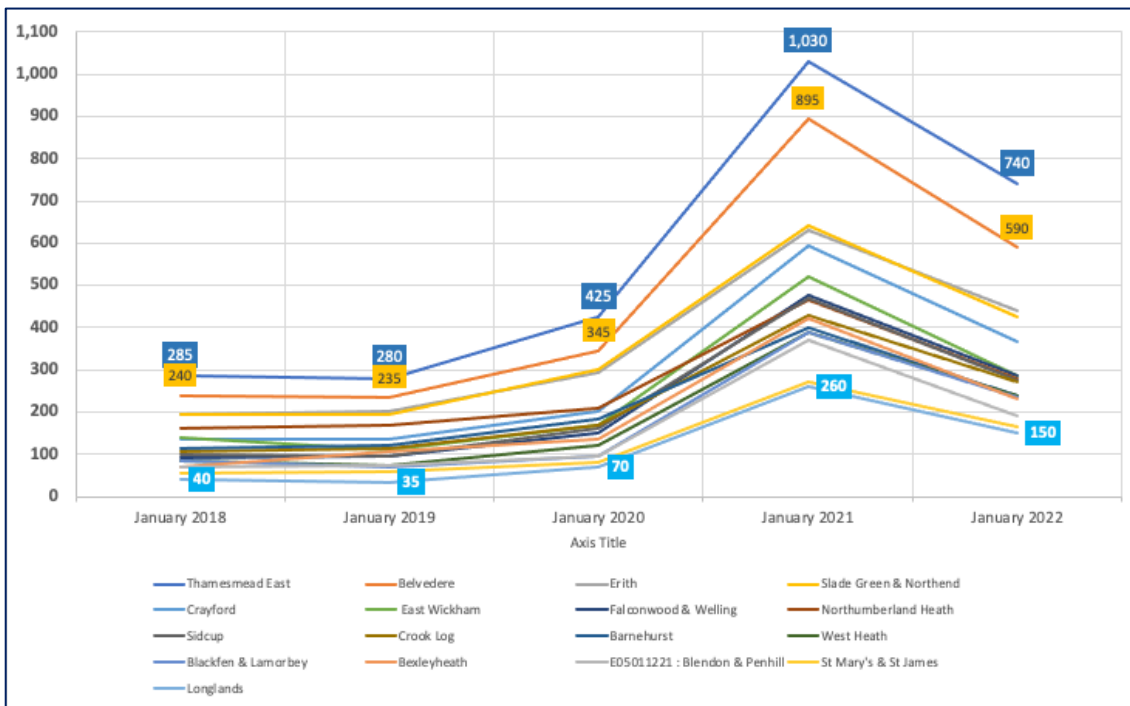
Source: ONS Claimant Counts and Rates by Regions, <https://www.nomisweb.co.uk/datasets/usac>

## Within Bexley trends in claimant counts

There was variation within Bexley both for child poverty and deprivation prior to COVID-19 and as described in the previous sections above. The gap in inequalities had also increased in children in relative low-income families from 2014/2015 to 2019/2020. It would follow from the national and London insights that the negative impact of COVID-19 would have been experienced more in the most deprived areas compared with the wards with less deprivation.

Figure 35 shows trends in claimant counts from January 2018 (Pre-COVID-19) and during the pandemic. Thamesmead East and Belvedere saw the highest increase with numbers in Thamesmead East reaching over 1,000. Thamesmead East has the highest number of children living in the ward (with about 10% of total children aged 5-19 for Bexley), the highest proportion of children living in poverty, and saw the highest increase in claimant count in Bexley during the pandemic, followed by Belvedere.

Figure 35: Claimant Count by Month, Bexley Wards, January 2018-22



Source: ONS Claimant Counts and Rates by Regions, <https://www.nomisweb.co.uk/datasets/usac>

Research<sup>23</sup> identified the extra costs involved in having children at home for longer without access to vital free services, requiring increased spending on food, heating, and occupying children indoors. Over a third of low-income families with children increased their spending during 2020, while 40% of high-income families without children reduced theirs.

<sup>23</sup> Brewer M and Ruth Why families on a low income are spending more during COVID-19 <https://www.resolutionfoundation.org/publications/pandemic-pressures/>

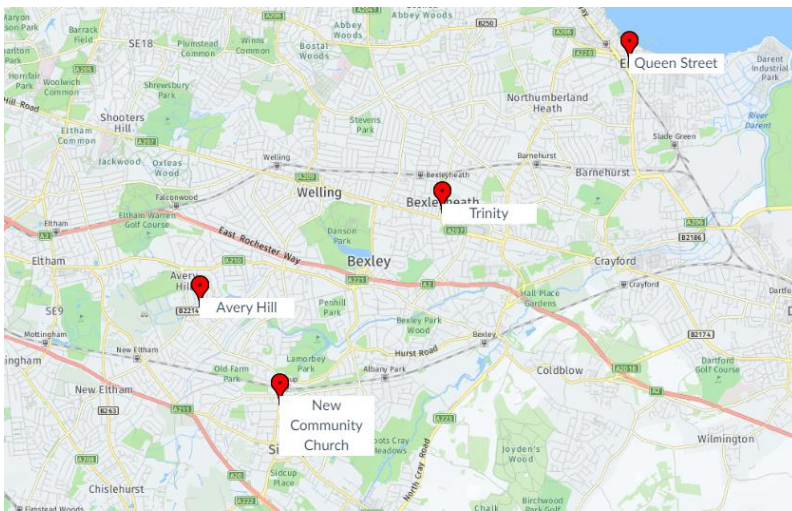
## Food Poverty

A key impact of COVID was on availability and cost of food, with demand on food banks increasing sharply. Low-income families were impacted most<sup>24</sup>, with symptoms of food poverty increasing from 8% pre-COVID-19 to 20% during the pandemic.

## Bexley Food Bank

There are four main locations under the Bexley Food Bank that cover Bexley residents as shown in Figure 36. They are Avery Hill, New Community Church, Queen Street in Erith and Trinity in Bexleyheath.

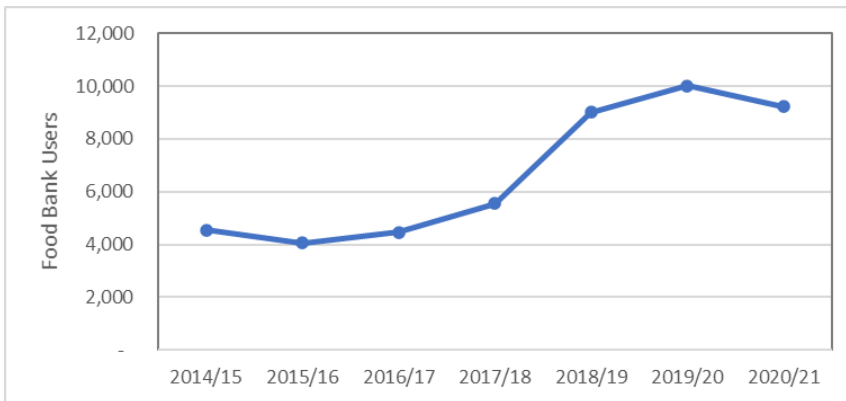
Figure 36: Locations of Bexley Food Banks



Figures 37-40 show the data provided by one of these Food Banks for Bexley residents. Figure 37 shows the increase in use of the food bank from just over 4,000 people pre-COVID-19 to 10,000 at peak of COVID-19 pandemic in Bexley. The service has noticed an increase in referrals from other neighbouring boroughs, as well as an increase in the number of asylum seekers with large families.

<sup>24</sup> pyreli, E., McKinley, M.C., Woodside, J.V. *et al.* A qualitative exploration of the impact of COVID-19 on food decisions of economically disadvantaged families in Northern Ireland. *BMC Public Health* **21**, 2291 (2021). <https://doi.org/10.1186/s12889-021-12307-1>

**Figure 37: Number of Users of One Bexley Food Bank, 2014/15 -2020/21**

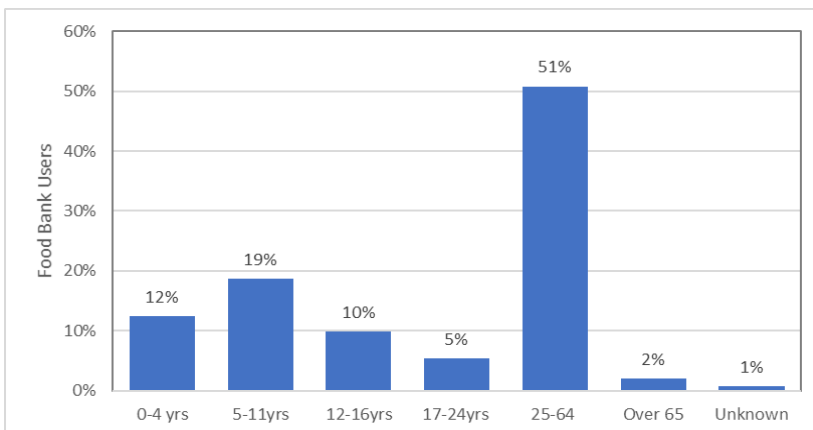


Source: London Borough of Bexley primary data collection

Figure 38 shows 41% of use of one food bank in Bexley in 2020/21 were aged between 0 and 16 years of age.<sup>25</sup> Food Banks do not collect gender or nationality of the users. Figure 39 shows that 63% of those who used this food bank said that it was because of their low income that they needed to use the service. Users reported that they used the food bank as at times it would be a choice between paying the rent and eating.

Figure 40 shows that out of all the types of vouchers that were used at the food bank, 40% were single, 25% were for single parents, 25% were family vouchers, and 11% were couple vouchers.

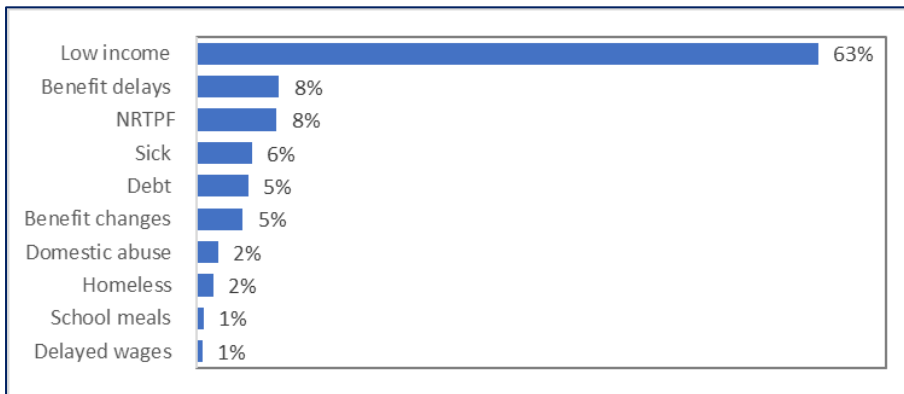
**Figure 38: Users of One Bexley Food Bank by Age Group (%), 2020/21**



Source: London Borough of Bexley primary data collection

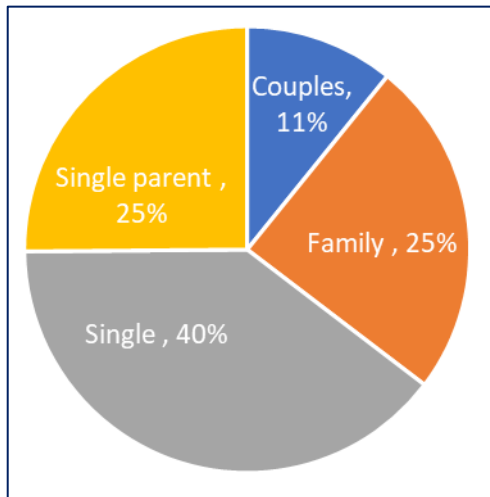
<sup>25</sup> The age is asked when the service users arrive. These service users aged 0 to 16 were part of families or with parents that were also using the food bank

**Figure 39: Users of One Bexley Food Bank by Reason<sup>26</sup> For Use (%), 2020/21**



Source: London Borough of Bexley primary data collection

**Figure 40: Users of One Bexley Food Bank by Voucher Type (%), 2020/21**



Source: London Borough of Bexley primary data collection

## Lone Parent Household in Bexley by ward

According to the Annual Population Survey (2016)<sup>27</sup>, there were an estimated 7,500 lone parents with dependent children in Bexley. Based on the Census 2011:

- 17.1% of all Bexley households were comprised of married or same-sex civil partners with dependent children.

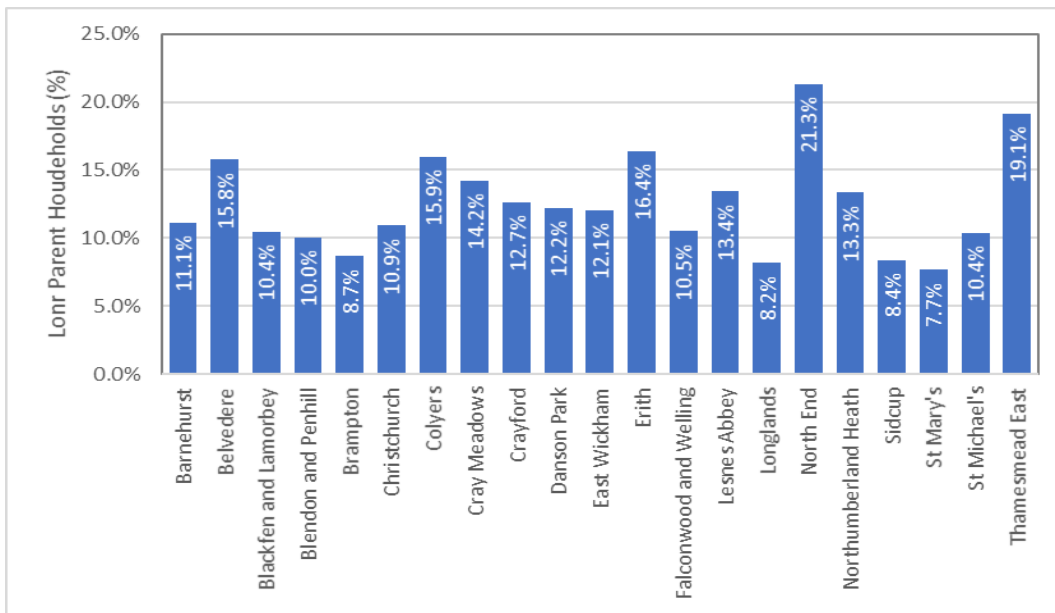
<sup>26</sup> NRTPF: No Resource to Public Funds – applies to those with a temporary or no immigration status

<sup>27</sup> ONS Lone parents with dependent children, London boroughs and England, 2016 user requested data ref 009528

- 4.4% were cohabiting couples with dependent children and 8.3% were lone parents with dependent children.

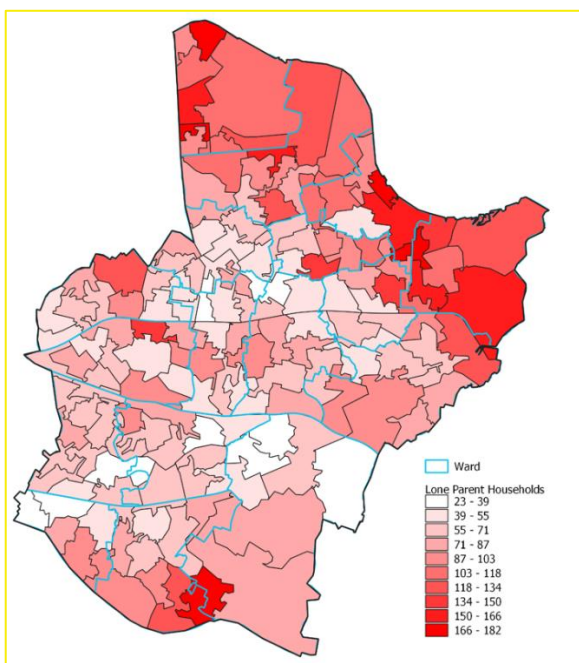
Slade Green & North End (21.3%) and Thamesmead East (19.1%) wards had the highest proportion of lone parent households which potentially reflects the high levels of social housing in these wards (38.4% in Thamesmead East and 37.4% in Slade Green & North End).

**Figure 41: Proportion of Households with Lone Parent (%), Bexley Wards. 2011**



Source: ONS Lone parents with dependent children, <https://www.nomisweb.co.uk/>

**Figure 42: Proportion of Households with Lone Parent (%), Bexley Lower Super Output Areas. 2011**



Source: ONS Lone parents with dependent children, <https://www.nomisweb.co.uk/>

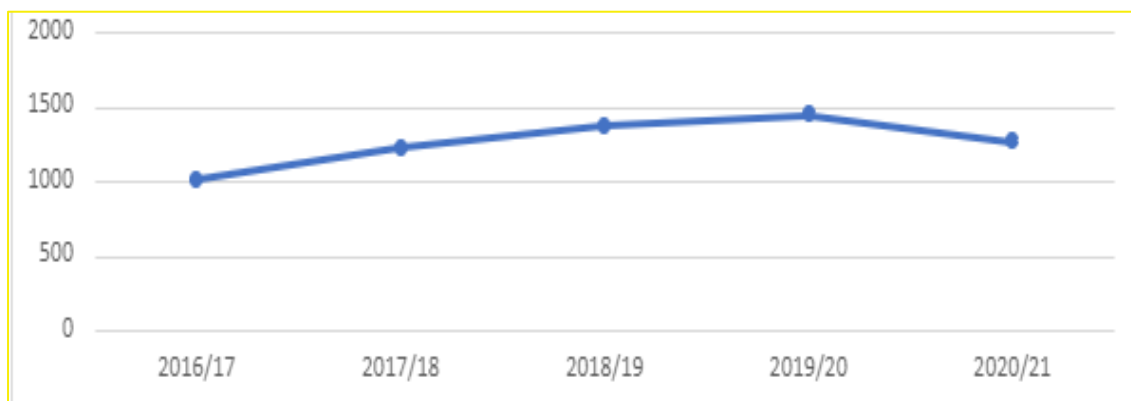
## Housing

Homelessness and living in temporary accommodation have negative impacts on children. Recently various reports have highlighted the size of the problem for children and raised concerns about the plight of such families and the impact it has on every aspect of the child’s life from play to study and health.<sup>282930</sup> Children affected by homelessness often felt an overwhelming sense of displacement, having lost a place that felt like home. This led to a number of practical, emotional and behavioural challenges. Homelessness could also cause severe emotional trauma leading to emotional stress, anxiety, and problematic behaviours. Whereas younger children often became withdrawn, older children could also become angry or aggressive at times.

### Households in temporary accommodation in Bexley

The number of Bexley children living in temporary accommodation at the end of March 2021 equalled 1,460. The equivalent number at the end of September 2021 was 1,570. This includes Bexley children placed in temporary accommodation outside the Borough (about 30% of the total).

**Figure 43: Children in Households in Temporary Accommodation, Bexley, 2016/17 -2021/22**



Source: Housing Management System, London Borough of Bexley

Besides Bexley children in temporary accommodation in Bexley, there are in addition some children placed in temporary accommodation in Bexley by other London Boroughs. The map below does not include these children who are the responsibility of other Boroughs.

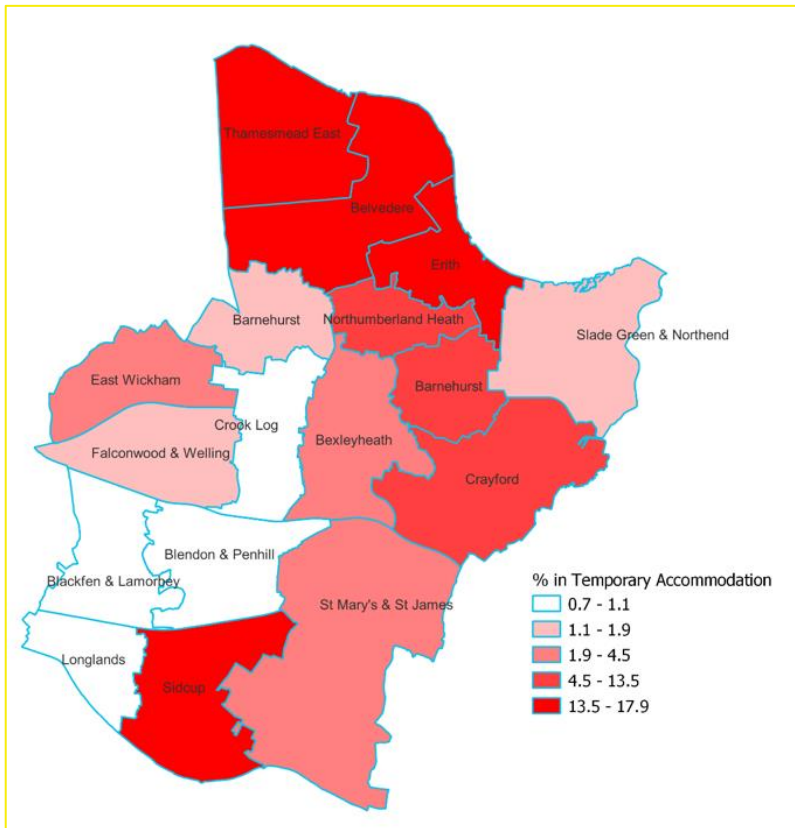
<sup>28</sup> Children’s Commissioner Bleak Houses <https://www.childrenscommissioner.gov.uk/report/bleak-houses/>

<sup>29</sup> Digby Al and Fu E Impacts of homelessness on children – research with teachers Shelter Kantar Public 2017

<sup>30</sup> Reynolds L Generation Homeless Shelter December 2019



**Figure 44: Proportion of Total Children in Households in Temporary Accommodation by Ward (%), Bexley, 2016/17 -2021/22**

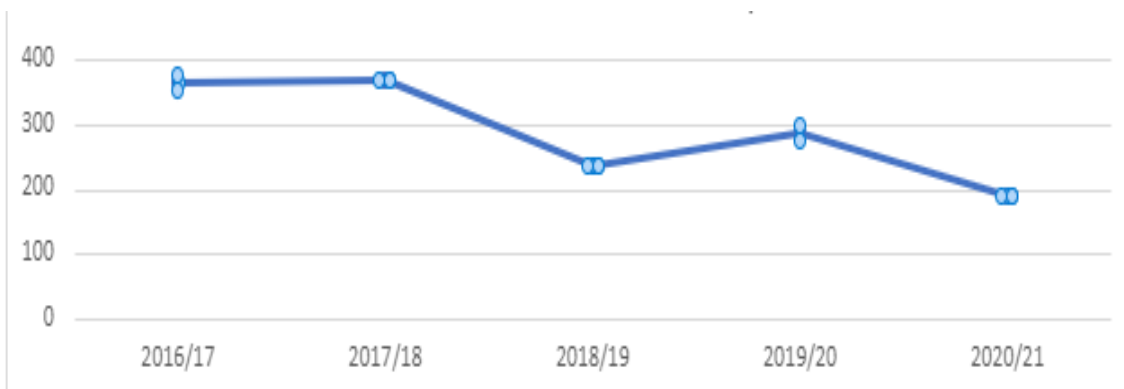


Source: Housing Management System, London Borough of Bexley

### Number of households with children accepted as homeless

The number of households with children accepted as homeless across Bexley has decreased from 365 in 2016/17 to 190 in 2020/21.

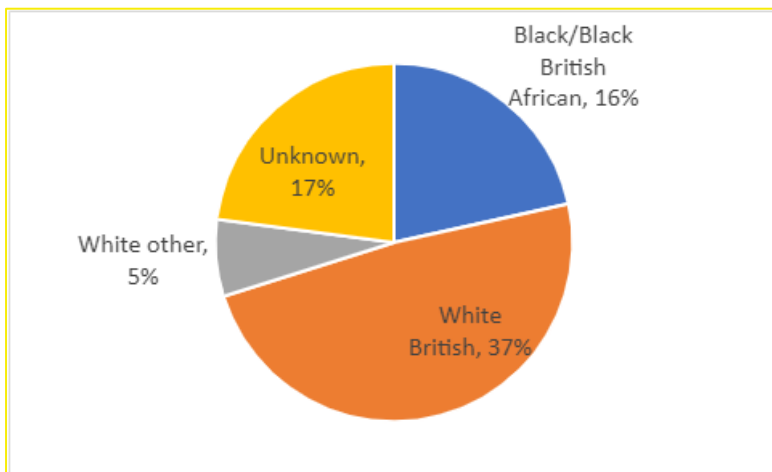
**Figure 45: Households with Children Accepted as Homeless, Bexley, 2016/17 -2021/22**



Source: Housing Management System, London Borough of Bexley

Data collected on the ethnicity of the main applicant of these households is disclosive and small numbers are suppressed to avoid identification. Of those categories that had large enough numbers to report, in 2020/21, the ethnicity of the main applicant of households with children accepted as homeless were from a white British ethnic origin (37%). As shown in Table 3 the age of the main applicant tended to be in the 25-34 age group (34%)

**Figure 46: Households with Children Accepted as Homeless by Ethnicity of Main Applicant (%), Bexley, 2021/22**



Source: Housing Management System, London Borough of Bexley

**Table 3: Households with Children Accepted as Homeless Applications by Age and Year, Bexley, 2019/20-2021/22 YTD**

Age Group	2019/20	2020/21	2021/22 YTD*
18-24	48	52	X
25-34	98	65	13
35-44	105	52	12
45-54	33	19	9
55-64	X	X	X
<b>Total**</b>	<b>230</b>	<b>190</b>	<b>40</b>

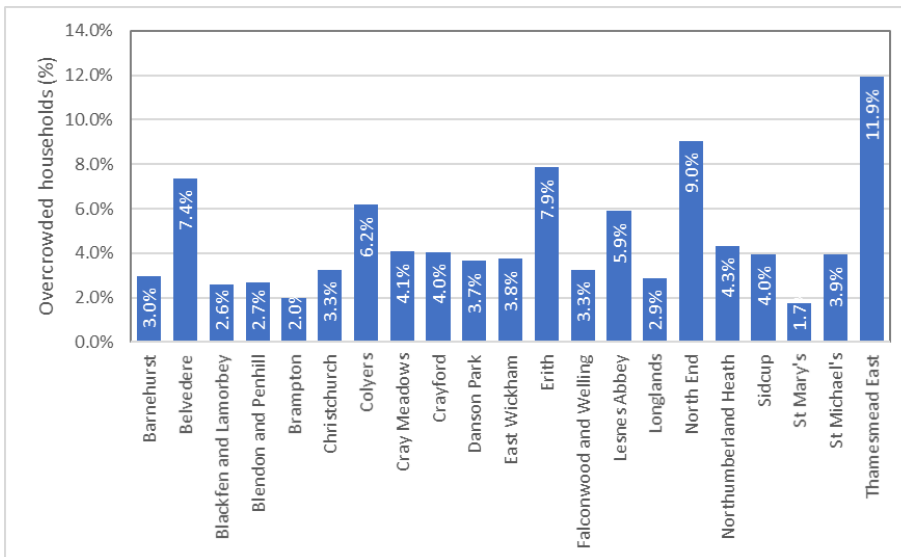
\* for the period 1st April - 31st October 2021 \*\* totals have been rounded

Source: Housing Management System, London Borough of Bexley

## Children living in overcrowded homes

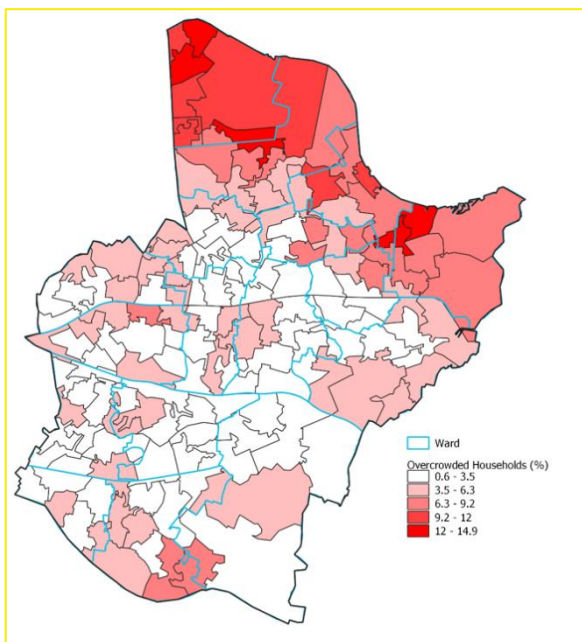
In the 2011 census, Thamesmead East and Slade Green & Northend had the most overcrowded households with children (11.9% and 9% respectively) with St Mary's having the lowest (1.7%). Again, this could be a reflection of the high levels of social housing in Thamesmead East and North End.

**Figure 47: Proportion of Households with Children Overcrowded (%) by Ward, Bexley, 2011**



Source: ONS household overcrowding, <https://www.nomisweb.co.uk/>

**Figure 48: Proportion of Households with Children Overcrowded (%) by Lower Super Output Area, Bexley, 2011**



Source: ONS household overcrowding, <https://www.nomisweb.co.uk/>

## Impact of COVID-19 on domestic abuse and exploitation

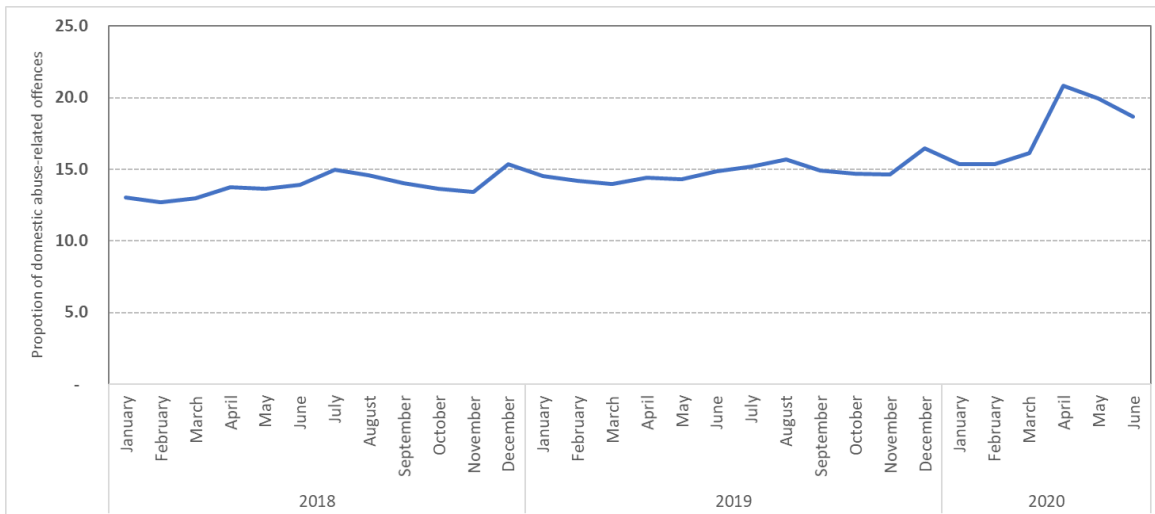
There has generally been an increase in demand for domestic abuse victim services during the coronavirus pandemic, particularly affecting helplines as lockdown measures eased; this does not necessarily indicate an increase in the number of victims, but perhaps an increase in the severity of abuse being experienced, and a lack of available coping mechanisms such as the ability to leave the home to escape the abuse or attend counselling. Using police recorded data, it is possible to get a sense of the monthly differences of domestic abuse offences as national survey data is only recorded on an annual basis.

## National Picture

Although there is limited official data so far on the impact of lockdown on domestic abuse, the Office for National Statistics (ONS) report that in mid-May 2020, there was a 12% increase in the number of domestic abuse cases referred to victim support.

Refuge, the country’s largest single provider of specialist domestic abuse services, reported around 50% increase in demand to its help line during the initial stages of the COVID-19 crisis. Calls and contacts to the Helpline have risen to a weekly average increase of 66% and visits to their website (where victims can request a safe time to be contacted) has seen a 950% rise compared to pre pandemic.<sup>31</sup>

**Figure 49: Proportion of offences recorded by the police in England and Wales that were domestic abuse-related (%), January 2018 to June 2020**

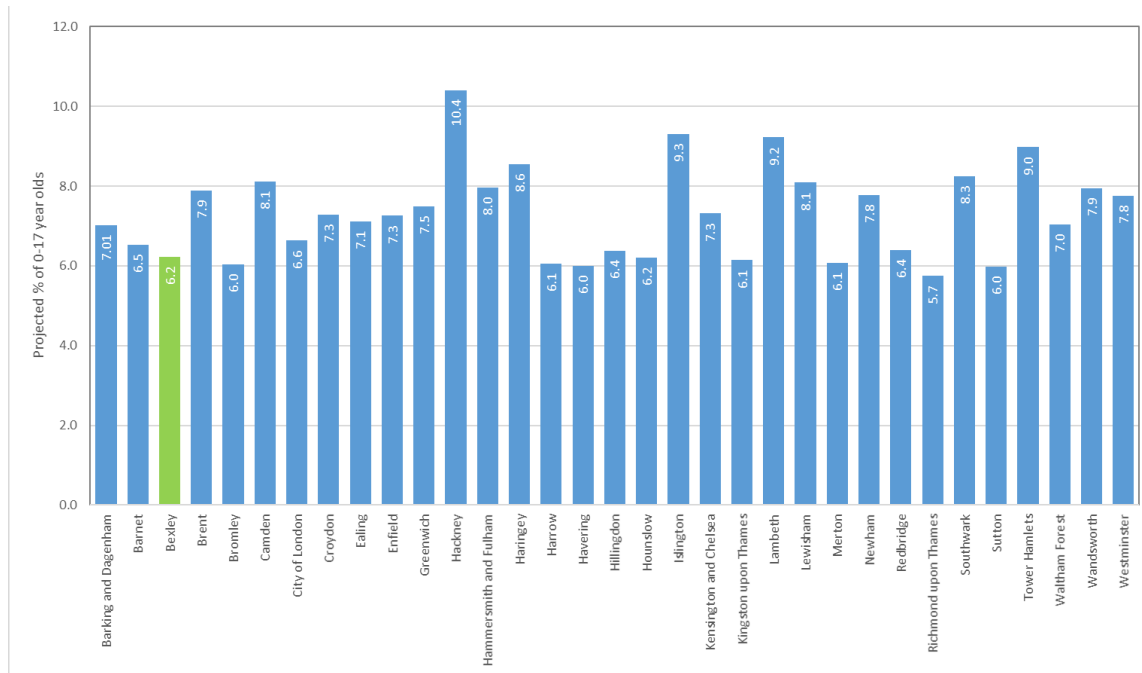


Source: ONS Domestic abuse in England and Wales overview, <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2021#:~:text=Of%20all%20crimes%20recorded%20by,with%2015%25%20the%20previous%20year.>

<sup>31</sup> Refuge press release. Accessed 5th October 2021: <https://www.refuge.org.uk/refuge-reports-further-increase-in-demand-for-its-national-domestic-abuse-helpline-services-during-lockdown/>

## London Picture

**Figure 50: Projected Proportion of Ages 0-17 In a Household Where an Adult Experienced Domestic Abuse in the Last Year (%), London Boroughs, 2019**



Source: Children’s Commissioner’s Annual Vulnerability Report 2019,  
<https://www.childrenscommissioner.gov.uk/chldrn/>

## Education

### Educational attainment

It is important that all children reach their academic potential through education and training, ensuring that a child’s background does not determine his or her future outcomes, and encouraging social mobility. Unfortunately, socio-economic factors mean that not all children currently reach their potential and so action to tackle these underlying factors is needed. As described above areas in Bexley vary in levels of deprivation. A map with locations of schools and levels of deprivation is provided in Appendix 6. Children are assessed at various points, data from which can help inform both the education of individual children but also the planning of services which bring benefit to larger groups in the community.

As children come to the end of reception, their readiness for school is assessed. In Bexley in 2018/19:

- 76.7% of children achieved a good level of development at the end of reception which is better than London region (74.1%) and is better than England (71.8%).
- 64.7% of children with free school meal status achieved this level which is similar to London region (64.1%) and is better than England (56.5%).

Attainment 8 measures the achievement of a pupil at the end of Key Stage 4 (age 15 to 16) and replaced previous indicators based solely on GCSE results in 2017. The most recent attainment 8 scores (2019/20) are shown in the table below, where higher scores represent better average achievement.

**Table 4: Average Attainment 8 Scores, Bexley, London and England, 2019/20**

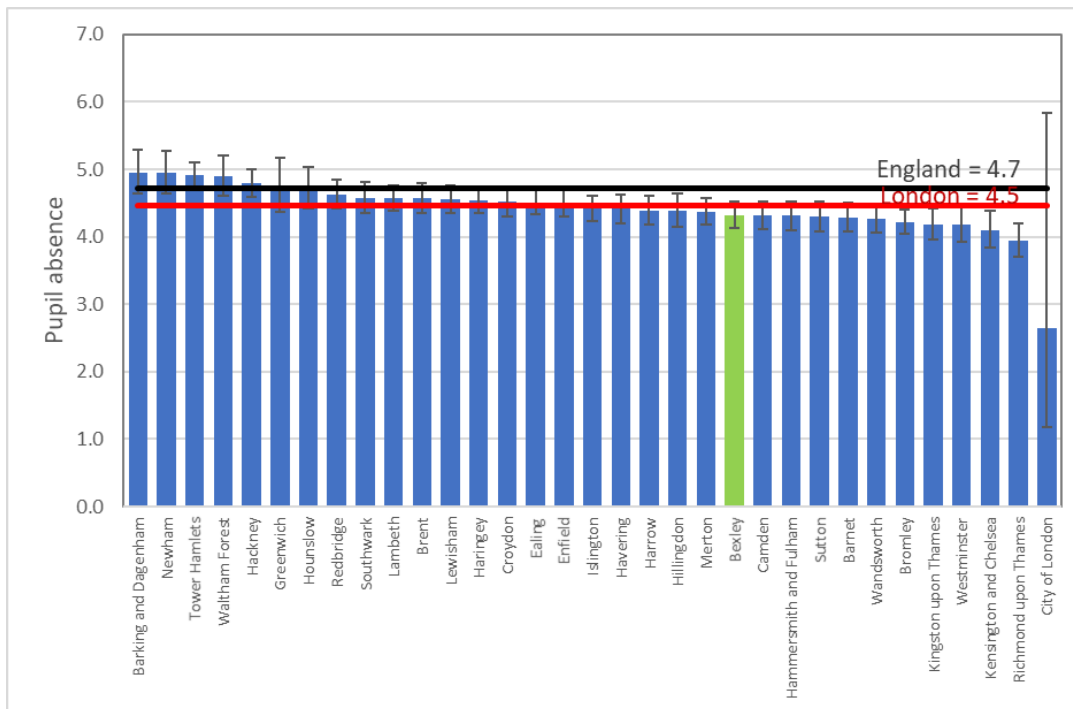
	Average Attainment score	Average Attainment score of children in care
<b>Bexley</b>	53.5%	19.4%
<b>London</b>	53.3%	20.3%
<b>England</b>	50.2%	19.2%

Source: Department for Education, Average Attainment 8 score in England  
[https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=AllRegions\\_England&mod-metric=6014&mod-type=namedComparisonGroup](https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=AllRegions_England&mod-metric=6014&mod-type=namedComparisonGroup)

## School Absence

In 2019/20, Bexley had 4.3% of school absences which was significantly lower than the England average (4.7%) and London average (4.5%).

**Figure 51: Pupil Absence Rate in Schools (%), London Boroughs, London, and England, 2019/20**

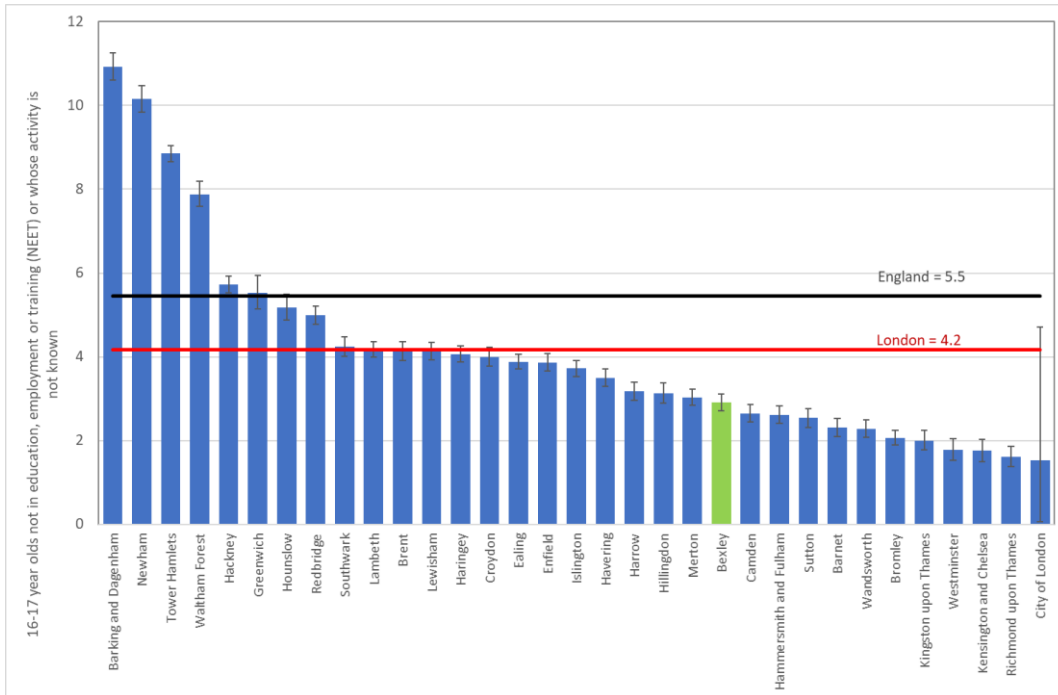


Source: Department for Education, pupil absence, <https://www.gov.uk/government/statistics/pupil-absence-in-schools-in-england-autumn-term-2020>

## Not in education, employment or training

In 2019/20, 2.9% of 16-17 year-olds in Bexley were not in education, employment or training (NEET) or their activity was not known. Bexley's NEET rate was significantly lower than that of London (4.2%) and that of England (5.5%).

**Figure 51: Proportion of Ages 16-17 Not in Education, Employment or Training (NEET) or Whose Activity is Not Known (%), London Boroughs, London, and England, 2019/20**

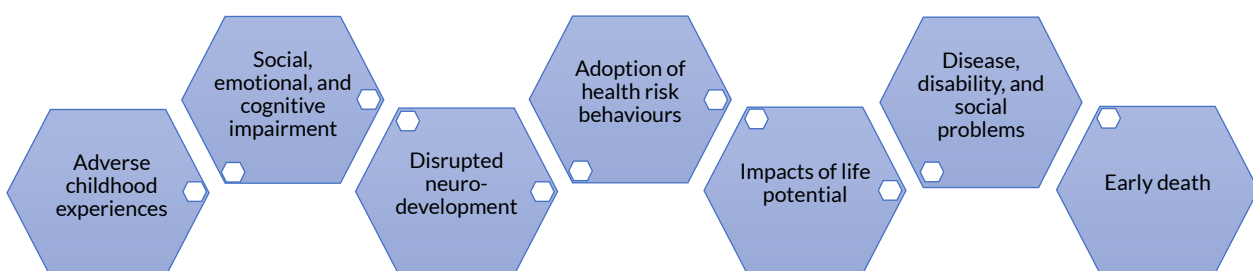


Source: Department for Education, Young people NEET or activity unknown: comparative data scorecard, <https://www.gov.uk/government/publications/young-people-neet-comparative-data-scorecard>

## Adverse Childhood Experiences:

Individuals who have adverse childhood experiences (ACEs) during childhood or adolescence tend to have more physical and mental health problems as adults and ultimately greater premature mortality. ACEs include abuse (physical, sexual, verbal); neglect (emotional, physical); growing up in a household where there are adults with alcohol and drug use problems, mental health problems or domestic abuse or where parents have separated; a household where adults have spent time in prison.

## The Impact of Adverse childhood experiences



Childhood adversity can create harmful levels of stress which impact healthy brain development. ACEs and associated conditions such as living in under resourced neighbourhoods, frequently moving, experiencing food insecurity, and other instability can cause toxic stress. The more adversity a child experiences the more likely it is to impact upon their mental and physical health, with evidence suggesting that children exposed to 4 or more adverse experiences are more likely to participate in risk taking behaviours (such as high risk drinking or substance misuse) and find it more difficult to make changes, which can result in long-term effects on learning, behaviour and health (such as increased risk of injury, sexually transmitted infections, mental health problems, teen pregnancy, involvement in sex trafficking, a wide range of chronic diseases including cancer, diabetes, heart disease, and suicide). Research from national survey in England <sup>32</sup>

found that people who reported experiencing four or more ACEs are:

- 4x more likely to be a high-risk drinker
- 16x more likely to have used crack cocaine or heroin
- 6x increased risk of never or rarely feeling optimistic
- 3x increased risk of heart disease, respiratory disease, and type 2 diabetes
- 15x more likely to have committed violence
- 14x more likely to have been victim of violence in the last 12 months
- 20x more likely to have been in prison at any point in their life

The study suggested that 12% of binge drinking, 14% of poor diet, 23% of smoking, 52% of violence perpetration, 59% of heroin and crack cocaine use and 38% of unintended teenage pregnancy prevalence nationally could be attributed to ACE experience below the age of 18. Reducing these rates would improve health and save money for the health and social care system. Experience of adversity tends to 'cluster' (several ACEs co-occurring). Approximately half of the English population have experienced one or more ACEs.

- Whilst all ACEs are present across society, children growing up in disadvantaged areas, in poverty, or with a lower socioeconomic status are more likely to be exposed to ACEs compared to their more advantaged peers, and more likely to experience 'clustering' of ACEs.
- ACEs can also be 'transmitted' across generations, which perpetuates inequalities in health across generations.

There are certain risk factors which could increase the chance that a child will be exposed to adverse experiences, including:

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<sup>32</sup> Bellis, M.A., Hughes, K., Leckenby, N. et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC Med* 12, 72 (2014). <https://doi.org/10.1186/1741-7015-12-72>

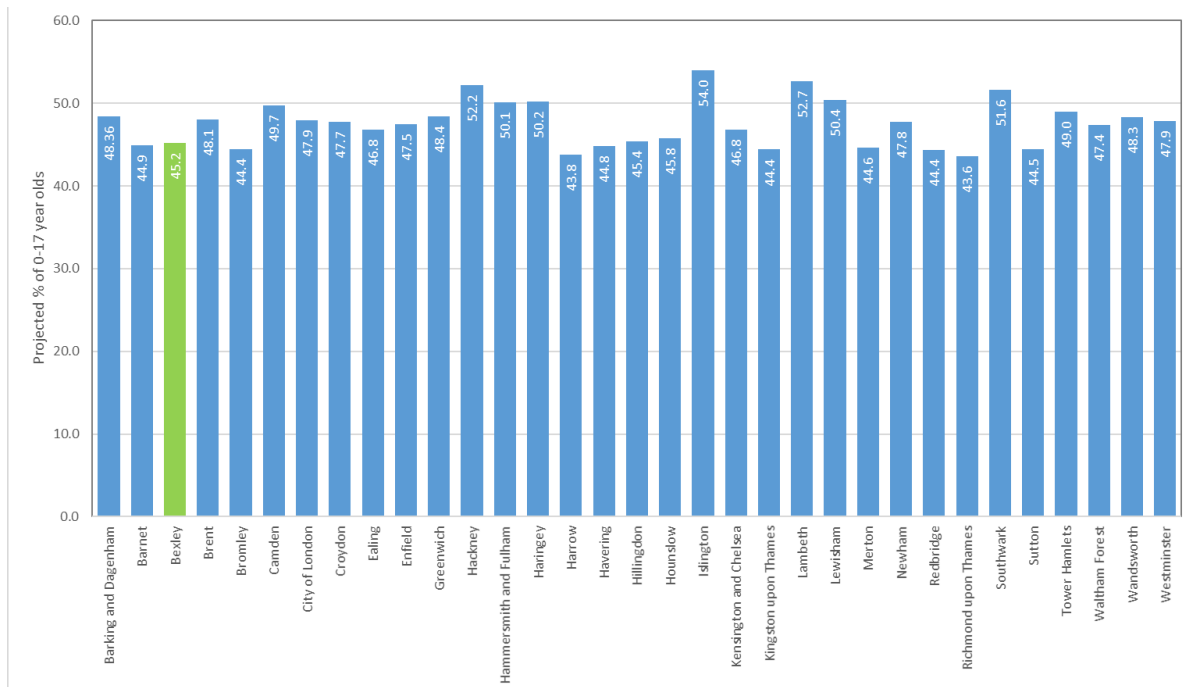


- the context in which families live (such as social isolation, living in poverty or deprived areas, or having a low socioeconomic status),
- parental and family factors (such as poor parenting or low parental age), and household adversity.

## Impact of COVID on ACE

COVID has highlighted the role of partners in protecting vulnerable children. Since 2017, Children’s commissioner for England has published annual childhood vulnerability framework<sup>33</sup>. This framework attempts to measure the number of vulnerable children in England by mapping the full range of difficulties a child might be living with, from physical or mental illness, to going hungry; being homeless or excluded from school; being at risk of neglect; or living with parents with health problems. Using the methodology similar to that used in Public Health Outcomes Framework and the Fingertips, local area profiles of child vulnerability build on long-term programme of work on vulnerable children. Using national data, data on vulnerable children collected from local statutory returns modelled and estimates are provided for each local authority. It provides a way for councils to understand which groups of children are likely to be at risk under lockdown, and how many children in their area fall into those groups. Local authorities can factor this information into their responses to COVID

**Figure 52: Projected Proportion of Ages 0-17 in a Household Where an Adult Has Any of the 'Toxic Trio' Issues (%), London Boroughs, 2019**



Source: Children’s Commissioner’s Annual Vulnerability Report 2019,  
<https://www.childrenscommissioner.gov.uk/chldrn/>

<sup>33</sup> Children’s Commissioner <https://www.childrenscommissioner.gov.uk/chldrn/>

The tables for Bexley are attached in Appendix 7. The table below gives information on some indicators for Bexley and similar boroughs.

**Table 5: Projected Rates of Child Vulnerability (per 1,000), Bexley and Comparator Boroughs, 2019/20**

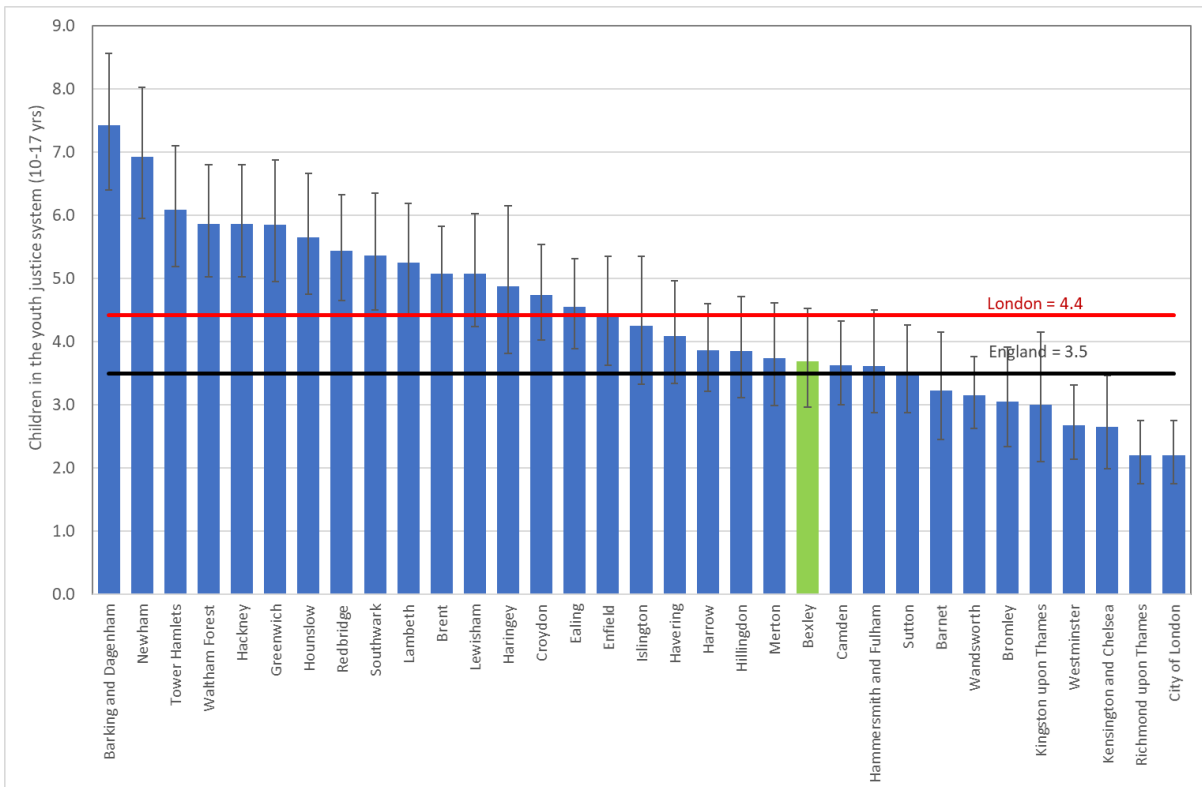
Indicator	Bexley	Havering	Thurrock	Medway	Bromley	Sutton
Children aged 0-17 with any of the so called 'toxic trio' identified as a factor at CIN assessment during the year (excluding looked after children)	20.4	16.7	27.9	38.2	24.6	22.2
Children aged 0-17 with any abuse or neglect identified as a factor at CIN assessment during the year (excluding looked after children)	11.6	10.6	20.5	28.2	20.7	22.7
Children aged 0-17 with a parent or someone else in the household's disability identified as a factor at CIN assessment during the year (excluding looked after children)	2.4	2.0	4.0	3.4	3.0	2.8
Number of children receiving treatment for substance misuse	1.4	0.5	2.0	1.9	1.0	0.9
Children aged 0-17 with emotional abuse identified as a factor at CIN assessment during the year (excluding looked after children)	5.8	4.5	10.1	12.6	12.4	11.7

Source: Children's Commissioner's Annual Vulnerability Report 2019,  
<https://www.childrenscommissioner.gov.uk/childrn/>

## Crime and youth offending

Bexley had a rate of 3.7 per 1000 population of children aged between 10 and 17 years within the criminal justice system in 2019/20. This was lower than the London rate (4.4 per 1000) but higher than the England rate (3.5 per 1000).

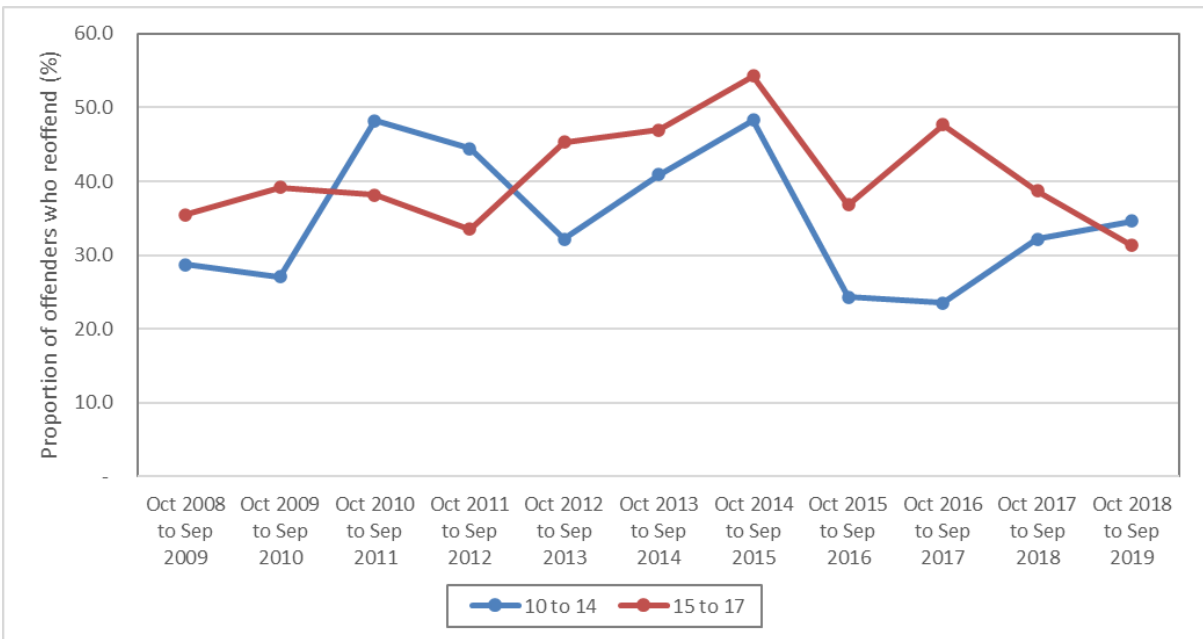
**Figure 53: Rate of Ages 10-17 in the Youth Justice System (per 1,000), London Boroughs, London, and England, 2019/20**



Source: Ministry of Justice, Youth justice statistics, <https://www.gov.uk/government/collections/youth-justice-statistics>

Across the last ten years, children in the youth justice system aged 15 to 17 have high levels of reoffending (ten year average: 40.7%) in Bexley which is similar to the national average of 40.9%. Those aged 10 to 14 years in Bexley averaged 34.9% compared to 39.2% nationally.

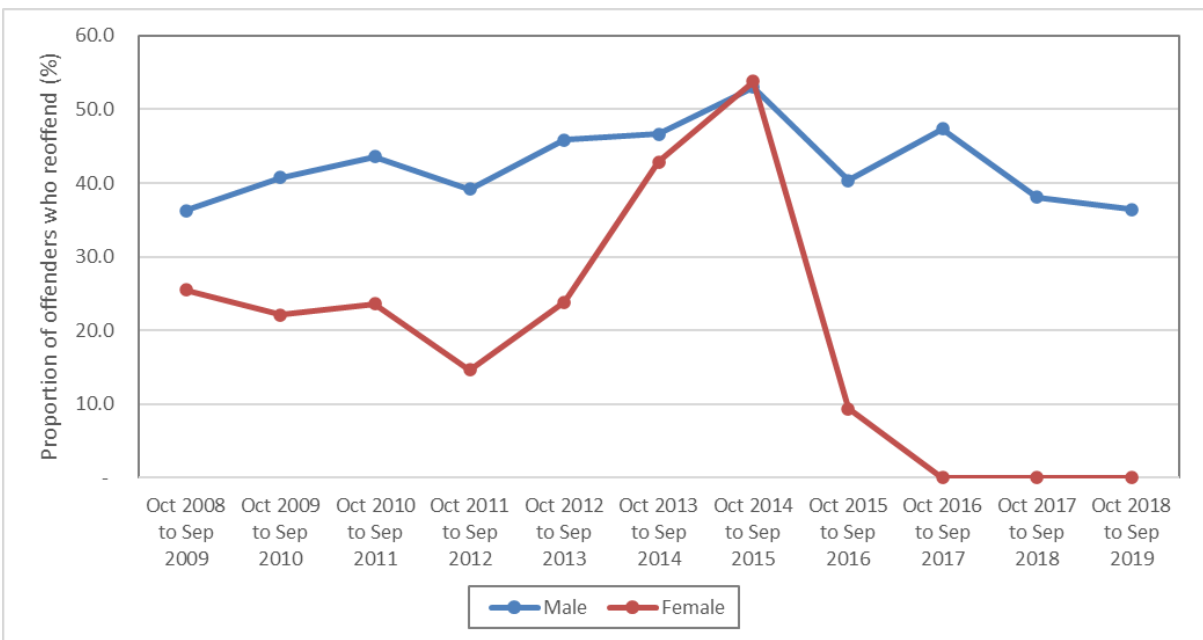
**Figure 54: Proportion of Offenders who Reoffend by Age Group (%), Bexley, 2008/09-2018/19**



Source: Ministry of Justice, Proven reoffending statistics: July to September 2019, <https://www.gov.uk/government/collections/proven-reoffending-statistics>

Males have a higher reoffending rate than females, averaging 42.5% across the last ten years of recorded offences. Caution should be taken when interpreting these results as some youth offending teams have a potential issue with recording some of the data for youth cautions.

**Figure 55: Proportion of Offenders who Reoffend by Sex (%), Bexley, 2008/09-2018/19**



Source: Ministry of Justice, Proven reoffending statistics: July to September 2019, <https://www.gov.uk/government/collections/proven-reoffending-statistics>

## 6. Health Profile

In this section we describe the health profile of children and young people living in Bexley. The first part describes health behaviours such as physical activity and substance misuse, data from substance misuse and sexual health services. This is followed by descriptions of the prevalence of obesity from the national childhood measurement programme, dental decay, and mental health needs identified in primary care and schools.

### Chapter Summary

#### Key Messages

- Low physical activity levels, high levels of overweight and obesity, and rising dental decay in children indicate poor health behaviours. Actions to address health inequalities related to these health behaviours need to include the wider determinants.
- Emotional and mental health needs identified in primary care and schools were increasing prior to COVID, and COVID has triggered a sharper increase in needs, particularly in the 15-19 year population.
- A high proportion of children in substance misuse treatment services live at home with parents and are in mainstream education.

#### Key Priorities

- Commissioning an evidence-based children and young people weight management service to enable children that are obese to reduce their weight.
- Develop and implement an action plan to deliver Bexley's obesity strategy
- Develop a children and young people's public mental health plan to promote mental health and emotional resilience and support recovery in those experiencing low threshold emotional and mental health needs.

#### Key facts

- In 2020/2021, about 53% (just over half) of the school children were active in Bexley which was lower than 57% in 2018/2019. The proportion of school children that were inactive rose from 20% in 2018/19 to 30% in 2020/2021.
- Girls were more active (55% in school year 3-6 and 52% in school years 7-11) compared with boys (48% in year 3-6 and 49% in years 7-11). The proportion of physical active girls in Bexley is 10-15 percentage points compared with national figures whilst boys in Bexley have similar proportion to national figures.

- In 2019/20, about 10% of children in reception year were obese and 22% in year 6 were obese.
- Obesity levels in the more deprived wards is twice that in less deprived wards (14% in reception and 29% in year 6 in most deprived quintile compared with 7.7% and 17.7% in least deprived quintile).
- Obesity levels were highest in children from the Black ethnic group (18% in reception and 32% in year 6). In White and Asian children, the figures were 10% in reception year, and below 23% in year 6.
- In 2019, 22% of 5 year-olds had one or more decayed teeth which was higher than 14.4% in 2017.
- Based on 5 year combined data, of the young people in treatment 52% had an addiction to cannabis, 18% to nicotine and 12% to alcohol. Data on new presentations indicated that 81% were living with parents, 46% were in mainstream education.
- In 2019, 19% of young people in treatment were affected by domestic abuse and 12% had self-harmed.
- Chlamydia screening coverage in Bexley is lower than the national requirement for it to be effective in reducing population chlamydia,
- Teenage conception rates in Bexley are similar to London and national rates however within Bexley the rates are higher in wards in north Bexley.

## Introduction

The health of children and young people is an important indicator of current and future health and care needs. Describing children's current health allows us to draw insights that can support priorities for a prevention strategy. Focusing on 0-5 is important for the best start in life, however, as children start school they are exposed to wider determinants. These wider determinants influence the development of behaviours that continue in young adulthood and beyond. At the same time, they are still developing both physically, emotionally, and socially. The environment in which they grow, study and play can have a positive or negative impact, and may potentially have long-term impact on their health and wellbeing and productivity in society. In the previous chapter we described the wider determinants of health and wellbeing. In this chapter we explore how these wider determinants lead to health inequalities within Bexley.

## Health Behaviours

The rise of behavioural issues linked to the epidemic of chronic conditions has been a growing concern globally. Physical activity, a balanced diet, and good sleep are all behaviours that promote good physical and mental health and protect against ill health now and in future.

The 2009 Chief Medical Officer’s (CMO)<sup>34</sup> report and a report from the Kings Fund<sup>35</sup> highlighted the impact of health behaviours on NHS that year and the importance of prevention.

**Figure 56: Impact of Obesity and Health Behaviours on Health and Wellbeing and Cost to the English Economy and NHS per year**

	<b>Obesity</b>	<b>Inactivity</b>	<b>Smoking</b>	<b>Alcohol misuse</b>
Percentage of adult population affected	26%**	61-71%*	21%**	6-9%*
Impact on health and wellbeing **	Increased risk of chronic disease. Reduces life expectancy by up to 10 years	Causes 10% burden of many chronic diseases and 17% of all cause mortality	Increased risk of chronic disease. Reduces life expectancy on average by 10 years	Increased risk of 60 medical conditions and significant social impact
Estimated cost to the English economy per year*	£15.8 billion	£8.3 billion	£5.2 billion	£20 billion
Estimated cost to the NHS per year*	£4.2 billion	£1-1.8 billion	£2.7 billion	£2.7 billion

\* Department of Health Chief Medical Officer Annual Report 2009; \*\* Estimates by The King’s Fund based on Department of Health, Chief Medical Officer Annual Report 2009 cited from Kings Fund

That year (2009) for many months ‘the swine flu’ dominated news and the first National Pandemic Flu plan was activated. But in his report the CMO also drew attention to the importance of investing in promotion of healthy behaviours that improve health and prevent ill health.

Recently the COVID-19 pandemic has further highlighted the risk of more severe outcomes for people with obesity when infected with the COVID virus. Communities have had different experiences during the pandemic resulting in mixed impact on the health behaviours of populations. This has further widened inequalities in health. Hence, recovery plans will need to include actions to address health behaviours.

## Physical Activity

For this JSNA we define physical activity as doing 60 minutes of appropriate exercise, which has many benefits, whereas sedentary behaviour (physical inactivity) is associated with many chronic conditions. Chief medical officers (CMOs) have played a crucial role in highlighting and addressing the key population health issues of the time. In recent years, all CMOs have highlighted the importance of physical activity

Sir Liam Donaldson in his 2009 CMO report stated

“The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a ‘wonder drug’ or ‘miracle cure’. The benefits of regular physical activity to health, longevity, well being and protection from serious illness have long been established. They easily surpass the effectiveness of any drugs or other medical treatment. The challenge for everyone, young and old alike, is to build these benefits into their daily lives.’

<sup>34</sup> DH [http://www.sthc.co.uk/Documents/CMO\\_Report\\_2009.pdf](http://www.sthc.co.uk/Documents/CMO_Report_2009.pdf)

<sup>35</sup>King’s Fund <https://www.kingsfund.org.uk/projects/time-think-differently/trends-healthy-behaviours>

The four CMOs<sup>36</sup>, in their guidelines on physical activity to the four nations of the United Kingdom stated:

‘The evidence has become more compelling, and the message is clear: If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat. Physical activity is not just a health issue. It brings people together to enjoy shared activities and contributes to building strong communities whilst supporting the economy to grow.’

The guidelines were based on the evidence of how much and what type of physical activity is required to keep people healthy. The illustration below shows the benefits of physical activity for children aged 5 to 18 years and what type and amount of physical activity children and young people should undertake



**Physical activity for children and young people (5-18 Years)**

Benefits of physical activity:

- BUILDS CONFIDENCE & SOCIAL SKILLS
- DEVELOPS CO-ORDINATION
- IMPROVES CONCENTRATION & LEARNING
- STRENGTHENS MUSCLES & BONES
- IMPROVES HEALTH & FITNESS
- MAINTAINS HEALTHY WEIGHT
- IMPROVES SLEEP
- MAKES YOU FEEL GOOD

**Be physically active**

Spread activity throughout the day

Aim for an average of at least **60 minutes per day across week**

All activities should make you breathe faster & feel warmer

Activities to develop movement skills, and muscle and bone strength **ACROSS WEEK**

**Get strong** (INACTIVITY)

**Move more**

Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week

UK Chief Medical Officers' Physical Activity Guidelines, 2019

<sup>36</sup> Professor Dame Sally C Davies Chief Medical Officer, England, Dr Frank Atherton Chief Medical Officer/Medical Director NHS Wales, Dr Michael McBride Chief Medical Officer, Northern Ireland and Dr Catherine Calderwood Chief Medical Officer, Scotland  
CMO's guidelines on physical Activity 2019



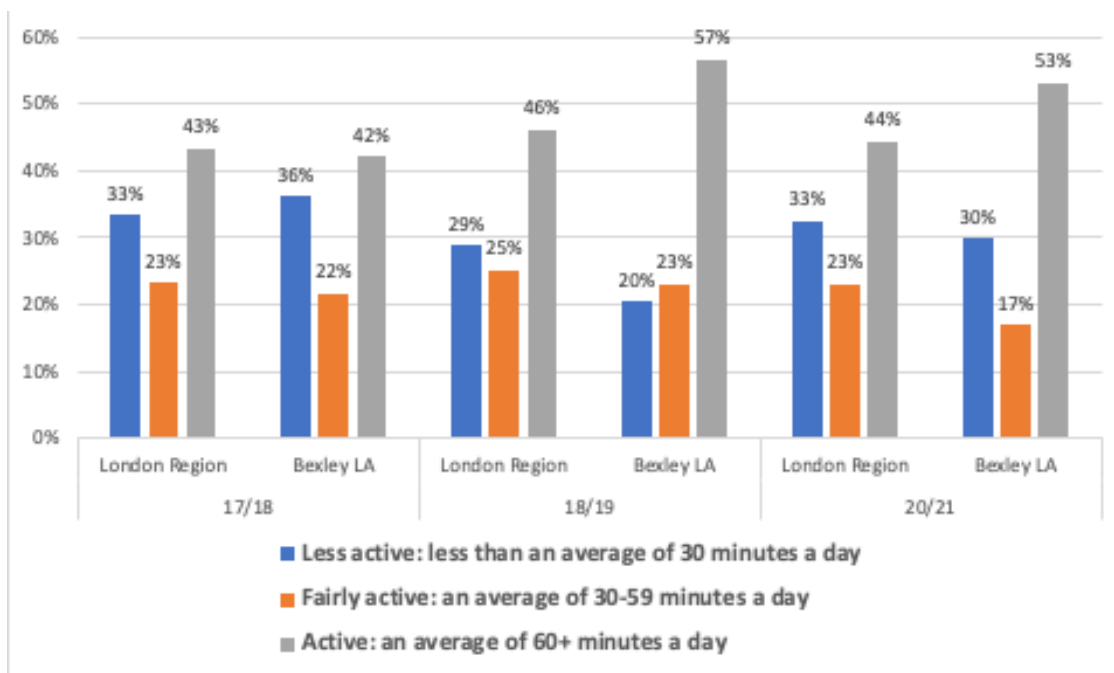
Source: <https://www.gov.uk/government/publications/physical-activity-guidelines-children-and-young-people-5-to-18-years>

## Physical activity levels in Bexley

The Active Lives Survey provides insights into physical activity levels at local authority level. Like all national surveys, this survey is based on a representative sample so normal caveats apply to the data interpretation. However, like other surveys, the information provides useful insights.

Figure 57 shows the trends in Bexley compared with London. For the years 2020/2021 and 2018/2019 Bexley school children had significantly higher (95% confidence levels) rates of physical activity compared with London. Using 2017/2018 as a baseline, there was a significant positive trend for 2018/2019. In 2020/21 there a drop of five percentage points which may potentially be due to restrictions during the COVID pandemic and school closures. This is similar to the national picture on physical activity for school children which indicated that there was a significant reduction in physical activity due to COVID

**Figure 57: Average Levels of Activity of School Children (%), Bexley and London, 2017/18-2020/21**

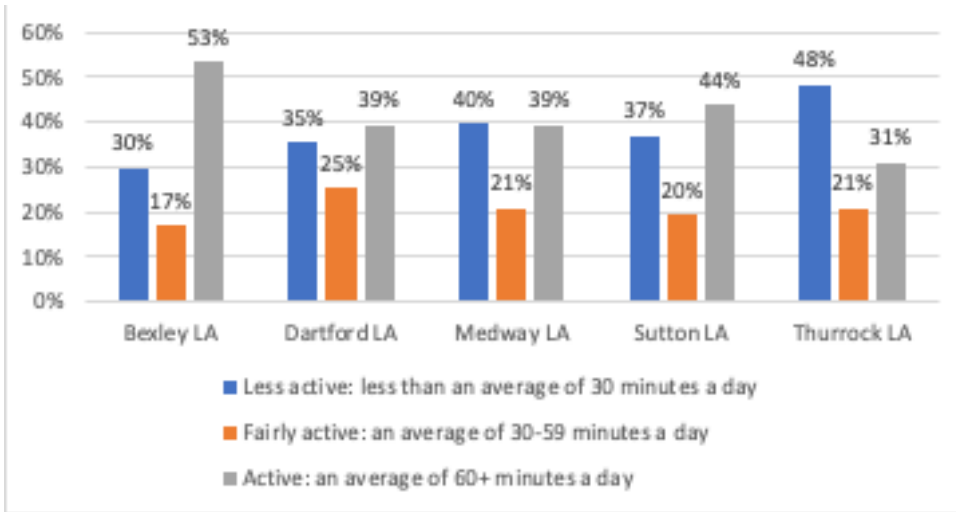


Source: Active Lives Survey (Note there was no data collection in Bexley (2019/20), <https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables>)

Figure 58 compares Bexley with the comparator boroughs. There was no significant difference between Bexley and Sutton, but Bexley had significantly higher levels of physical activity levels compared with other boroughs.

Compared with baseline of 2017/2018, Bexley had a significant increase in school children who were physically active (11 percentage points) whilst there was no significant change in other boroughs.

**Figure 58: Average Levels of Activity of School Children (%), Bexley and Comparator Boroughs, 2020/21**

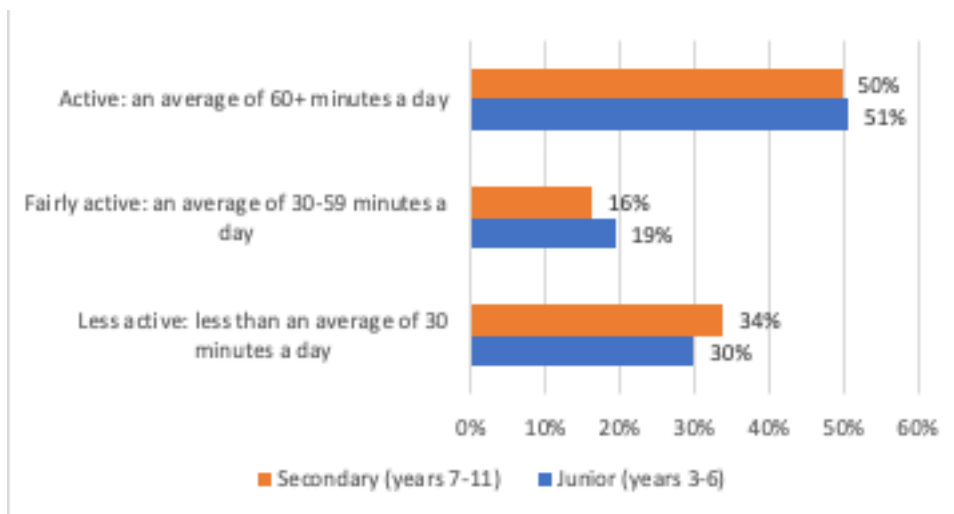


Source: Active Lives Survey (Note there was no data collection in Bexley (2019/20), <https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables>)

### Physical activity level by type of school in Bexley

Figure 59 shows physical activity levels reported by students from junior (school year 3-6) and secondary school (school years 7 to 11). There was a difference in children who were physically active and inactive by school type but because of small sample size, the difference is not significant.

**Figure 59: Average Levels of Activity of School Children by School Stage (%), Bexley, 2020/21**

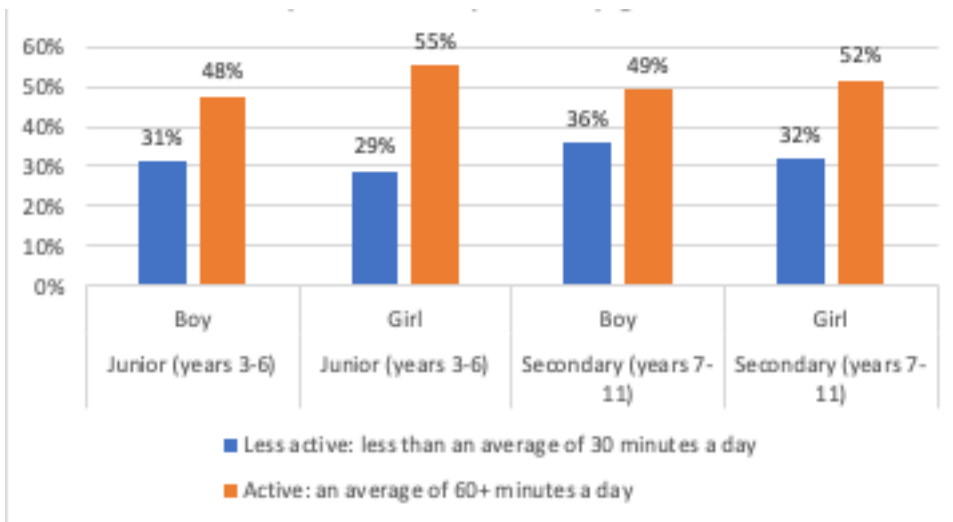


Source: Active Lives Survey (Note there was no data collection in Bexley (2019/20), <https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables>)

## Physical activity by gender

Figure 60 described physical activity level by gender and school type in Bexley. Girls in junior school and secondary school were more active compared with boys. Boys in junior and secondary school had similar levels of activity. Girls in junior school reported the highest levels of physical activity. Compared to the national data on physical activity, boys in Bexley had similar levels, however girls in Bexley had significantly higher levels of physical activity. The difference was about 15 percentage points for junior school girls (Bexley 55% compared with 41 % national average) and about 10 percentage points for girls in secondary school (52% for Bexley compared with 42% national average).

**Figure 60: Average Levels of Activity of School Children by Gender (%), Bexley, 2020/21**

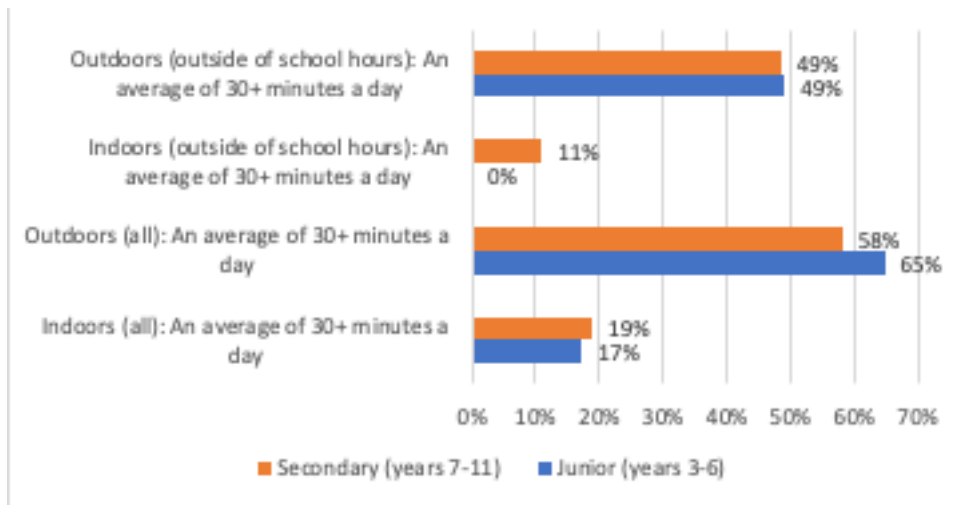


Source: Active Lives Survey (Note there was no data collection in Bexley (2019/20), <https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables>)

## Physical activity by site

A higher proportion of children reported being active outdoors compared to inside. About half of the children's reported outdoor activities were done outside school hours as shown in Figure 61.

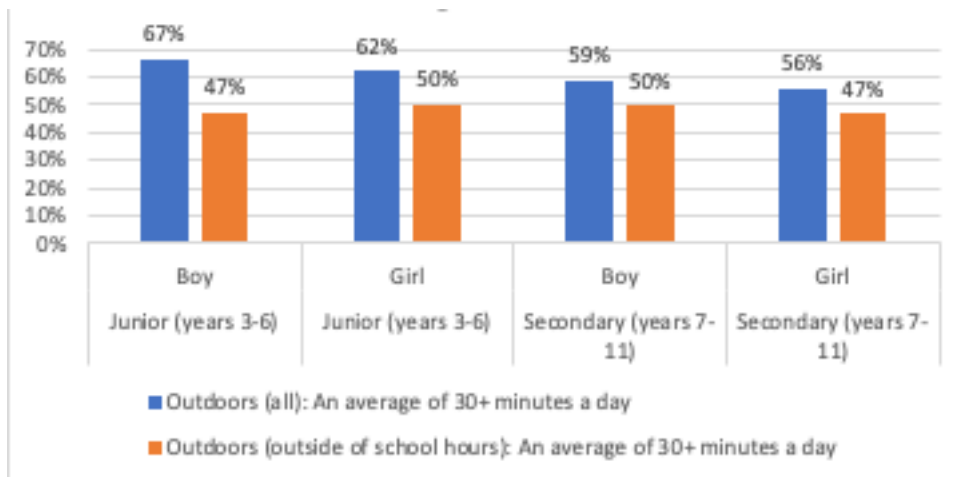
**Figure 61: Average Levels of Activity of School Children by Site (%), Bexley, 2020/21**



Source: Active Lives Survey (Note there was no data collection in Bexley (2019/20), <https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables>)

Figure 62 shows outdoor activity across junior and secondary school and in boys and girls. Boys in junior school had the highest proportion reporting outdoor activity. Half of the girls in junior school and boys in high school reported doing outdoor activity outside school hours.

**Figure 62: Average Levels of Outdoor Activity of School Children by Gender and School Stage (%), Bexley, 2020/21**



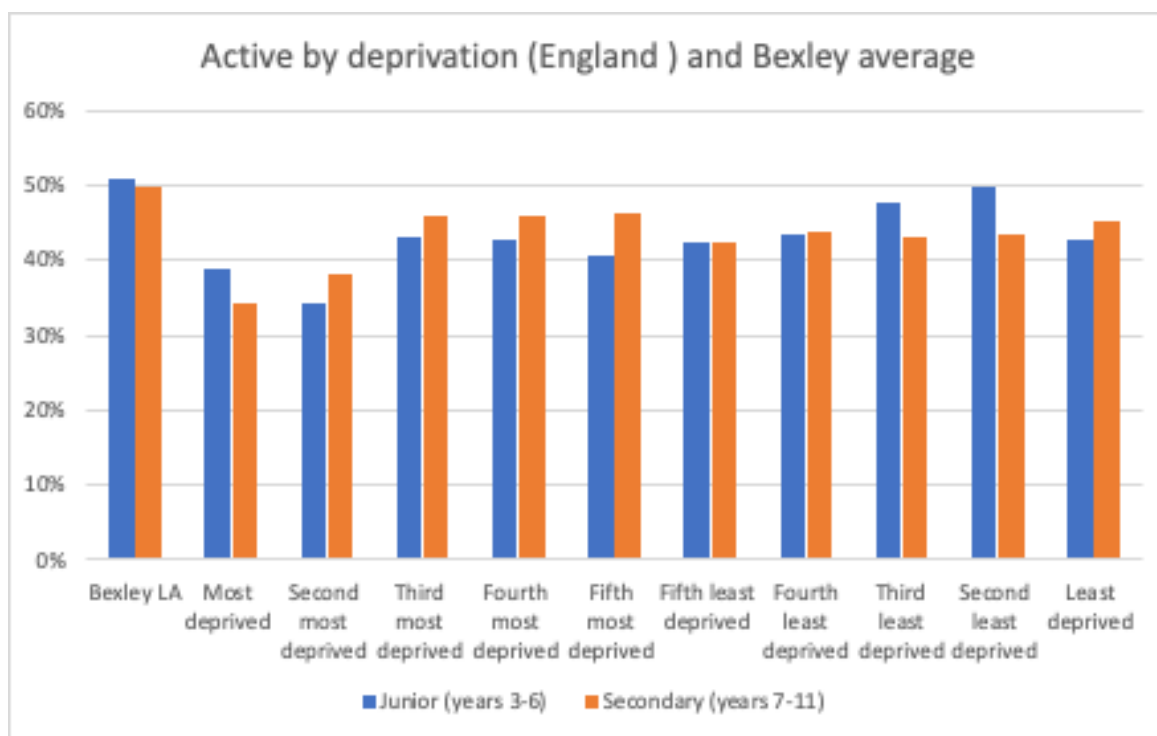
Source: Active Lives Survey (Note there was no data collection in Bexley (2019/20), <https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables>)

## Physical activity by deprivation

The local sample size does not allow further segmentation by deprivation decile. Figure 63 compares the Bexley average activity levels of 30 plus minutes with the national data by segmented by

deprivation. The data indicate that the Bexley average for junior school is similar to the second least deprived decile. Bexley’s secondary school average is higher than the second least or least deprived decile. Nationally, school children in the most deprived and second most deprived areas had the lowest physical activity levels. Like other indicators of health, it can be expected that there will be a similar difference within Bexley associated with different levels of deprivation.

**Figure 63: Average Levels of Activity of School Children by School Stage (Bexley) and by School Stage and Deprivation Decile (England) (%), 2020/21**



Source:

Active Lives Survey (Note there was no data collection in Bexley (2019/20), <https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables>)

## Physical activity by ethnicity

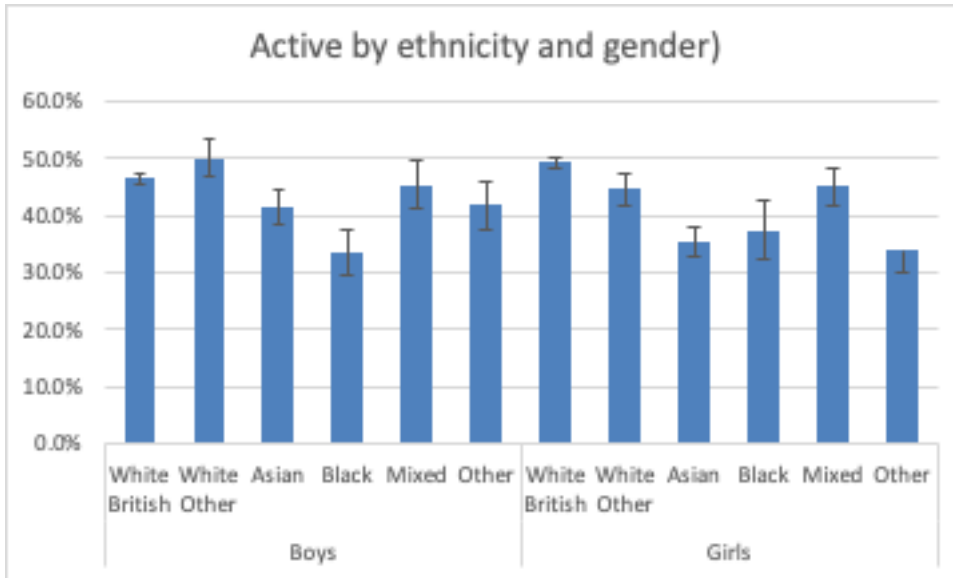
Data at national level indicates that school children from Black and Asian communities had significantly lower levels of physical activity compared with White and Mixed communities.

Further analyses by gender in Figure 64 shows that boys from Black communities reported the lowest level of physical activity at 33%, which was significantly lower than all other communities. Boys from Asian communities also had lower physical activity (42%) compared with boys from White British (47%) and White Other communities (50%) although it was significantly higher compared with boys from Black communities.

Girls from Asian communities had significantly lower physical activity levels (35%) compared with boys from the same community. There was no significant difference between girls from Asian and Black communities. Girls from White British communities had significantly higher levels of physical activity (49%) compared with boys from the same communities. There was no significant difference in physical

activity levels between girls from White British and Other White communities. They had significantly higher level of physical activity compared with girls from all other communities.

**Figure 64: Average Levels of Activity of School Children by Ethnicity, England, 2020/21**



Source: Active Lives Survey (Note there was no data collection in Bexley (2019/20), <https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables>)

### **Physical activity and special needs**

National data suggests that children with neurodiversity, visual impairment or other special need had significantly higher levels of physical activity and generally children with other impairments reported similar activity compared with the national average. Children with asthma also had higher levels of physical activity.

### **Impact of COVID-19 on physical activity levels of school children**

The Active Lives Survey measured the impact of COVID on physical activity levels. At the national level there was a significant decrease in physical activity level. This was seen across all levels of family affluence and ethnicity. There were gender differences with girls more likely to report a significant increase or no change.

## Risky behaviours

Alcohol consumption, smoking, taking drugs and having unprotected sex are all harmful to health and wellbeing. Risky behaviours develop during adolescence due to a number of environmental and individual factors.

## Drugs, alcohol and nicotine addictions in young people

Data on numbers of young people that have alcohol drug and smoking related risky behaviours is not available at local level, although the NHS does a national survey every 2 years to collect data on children aged 11 to 15 years by randomly selecting 1 in 7 secondary schools<sup>37</sup>.

The survey includes information on:

- prevalence of smoking, drinking and drug taking among school children
- use of e-cigarettes and emerging drugs
- types of alcohol and drugs taken
- how often pupils smoke, drink and take drugs
- where pupils obtain cigarettes, alcoholic drinks and drugs
- pupils' attitudes to these behaviours
- predictors of the likelihood of smoking, drinking and drug use among school
- from 2018, the survey also collects some information about well-being, and the relationship to risky behaviours

A detailed health needs assessment<sup>38</sup> on substance misuse in children and young people in Bexley summarised key findings from the 2021 national survey:

- 16% of pupils had ever smoked cigarettes (down from 19% in 2018 and 49% in 1996)
- 5% were current smokers, down from 22% in 1996
- 10% of pupils said they had drunk alcohol in the last week. This varied from 24% of 11 year-olds and 3% of 12 year-olds to 23% of 15 year-olds
- 22% of 15 year-olds reported having been drunk in the last 4 weeks
- 24% of pupils reported they had never taken drugs. This varied from 9% of 11 year-olds to 38% of 15 year-olds
- 9% said they had taken drugs in the last month
- Low life satisfaction was reported by 33% of pupils who had taken drugs in the last month and 28% of pupils who had drunk alcohol in the last week
- 31% of pupils perceived it to be easy to get illegal drugs, with no significant variation over the last 10 years
- Over half of the 15 year-olds (55%) thought it would be easy to get illegal drugs, compared with 8% of 11 year-olds

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<sup>37</sup> <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/smoking-drinking-and-drug-use-among-young-people-in-england#top>

<sup>38</sup> Bexley Public Health Young people substance misuse Health Needs Assessment (2021)

The source from where drugs were obtained by pupils who had taken drugs on more than one occasion:

- On the first occasion they tried drugs, 57% said that they had got the drugs from a friend, with most of these being from a friend of the same age
- Overall, 11% said they got drugs from a dealer, but this was 29% where a class A drug was taken
- 44% of pupils said they were outdoors (in a street, park or other outdoor area) when they last obtained drugs, by far the most common type of location. 12% said they obtained drugs whilst at school.

In terms of young people's attitudes to drugs:

- On the first occasion pupils took drugs, they were most likely to say they did so; 'to see what it was like' (50%), whilst on the most recent occasion they were most likely to say, 'to get high or feel good' (42%)
- Though acceptance of drug use remains fairly low amongst those surveyed, attitudes have eased somewhat what since 2011
- 13% of pupils agreed it was OK for someone of their own age to take cannabis to see what it was like; compared to 10% for sniffing glue and 3% for taking cocaine
- 30% of 15 year-olds thought it was OK to try cannabis and 17% thought it was OK to use it once a week.

In terms of smoking and vaping specifically:

- Smoking rates among young people in England continue to decline – 16% of young people in 2019 aged 11- 15 years have ever smoked and 5% are classed as current smokers
- Experimenting with tobacco use is a key risk factor for future regular smoking
- Concerns have been raised that e-cigarettes may be acting as a route into smoking for young people, however there is no evidence that this is the case
- Experimentation with e-cigarettes is fairly common among young people, with 15.4% of 11 – 18 years olds having tried them. However, regular use is very low, with only 1.6% using e-cigarettes at least weekly and a further 3.3% using them less than weekly. Young people regularly using e-cigarettes is almost exclusively the same cohort as young people regularly smoking or former smokers.



## Young People’s Substance Misuse Treatment Service

This is a dedicated service for Bexley funded by the PH grant, commissioned through the CCG and delivered by Oxleas NHS Foundation Trust. Trained staff who have the expertise and knowledge necessary for working with children and young people, deliver interventions such as structured treatment and harm reduction interventions to young people up to the age of 18. The latest local drug strategy was published just before Christmas 2021. Contract and funding is managed by Bexley Public Health. The National Drug Treatment Monitoring System (NDTMS) data is used to monitor the quality and performance of the service and helps the local commissioners demonstrate the outcomes achieved.

Data is collected and reported by national drug monitoring system which provides information on number of children and young people in treatment. The information presented here is based on the data extracted by the Bexley Public Health team from the NDTMS to help understand the profile of children in treatment.

Table 1 provides data on number of children in treatment by year and age. Over the five-year period there were 321 in treatment of which 62% were new presentations.

Table 2 shows the number in treatment by gender. Overall, over five years, about 77% of the children in treatment were boys. However, in 2017/18, the year when new presentations were highest, nearly one in three children in treatment were girls.

**Table 6: Incidence (%) and Number of Ages < 18 in Substance Misuse Treatment, Bexley, 2015/16-2019/20**

Year	All in treatment			New Presentations			
	under 15	16-17	Total	under 15	16-17	Total	% New Presentation
2015/16	26	53	79	13	34	47	59%
2016/17	22	26	48	9	11	20	42%
2017/18	15	37	52	13	26	39	75%
2018/19	20	56	76	17	34	51	67%
2019/20	24	42	66	16	27	43	65%
<b>Total</b>	107	214	321	68	132	200	62%

Source: Data extracted from the National Drug Treatment Monitoring System by the London Borough of Bexley

**Table 6: Number of Ages < 18 in Substance Misuse Treatment by Gender, Bexley, 2015/16-2019/20**

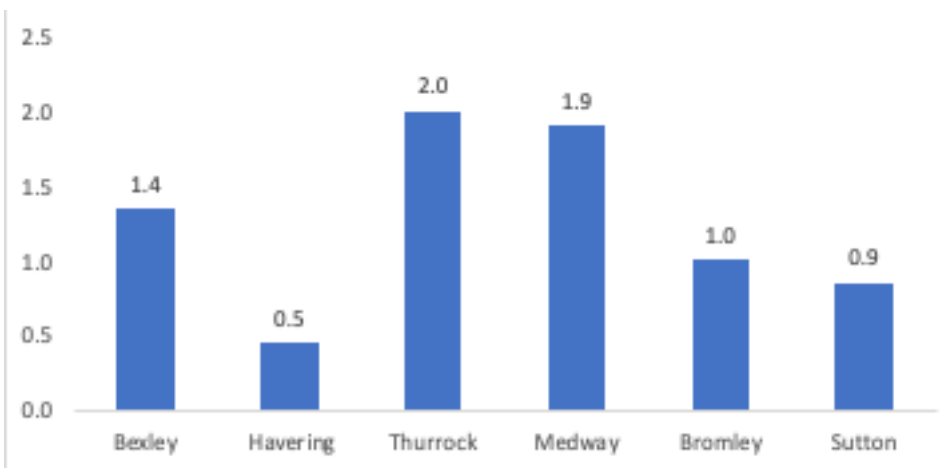
Year	Girls	Boys	Girls % of total	Boys % of Total
2015/16	20	59	25.3%	74.7%
2016/17	10	38	20.8%	79.2%
2017/18	15	37	28.8%	71.2%
2018/19	16	60	21.1%	78.9%
2019/20	14	52	21.2%	78.8%

<b>Total</b>	75	246	23.4%	76.6%
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Source: Data extracted from the National Drug Treatment Monitoring System by the London Borough of Bexley

Figure 65: shows how Bexley rates compared with similar boroughs. Like other indicators that have been described, Bexley is not an outlier.

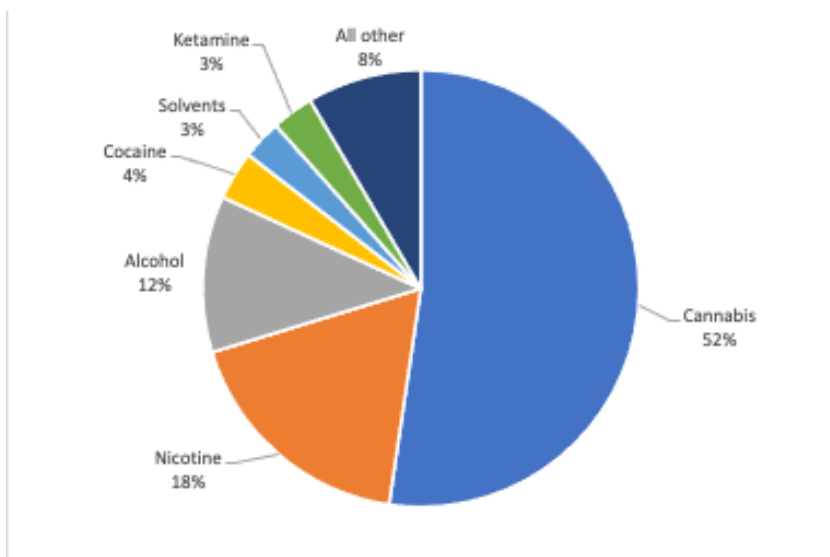
**Figure 65: Rate of Children in Substance Misuse Treatment (per 1,000), Bexley and Comparator Boroughs, 2018/19**



Source: Children’s Commissioner’s Annual Vulnerability Report 2019,  
<https://www.childrenscommissioner.gov.uk/chldr/>

Figure 66 shows reasons for treatment in all children as percentage of total over 5 years. Over half of the children were addicted to Cannabis and about 18% were addicted to nicotine and 12% alcohol. Bexley profile was different from the national profile where cannabis addiction accounted for 77% and nicotine only 0.4%. In Bexley cocaine accounted for 4% compared with 1.6% nationally.

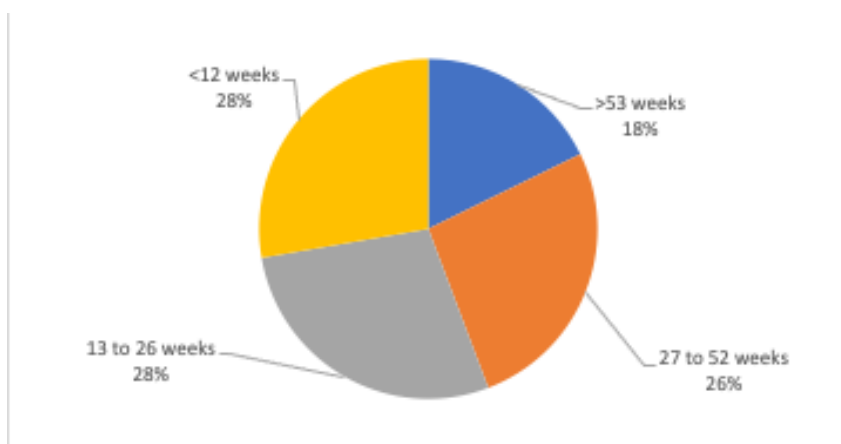
**Figure 66: Proportion of Ages <18 in Substance Misuse Treatment by Cited Addiction (%), Bexley, 2015/16-2019/20**



Source: Data extracted from the National Drug Treatment Monitoring System by the London Borough of Bexley

Figure 67 gives the length of treatment over 5 years. About 44% were in treatment for 6 to 12 months.

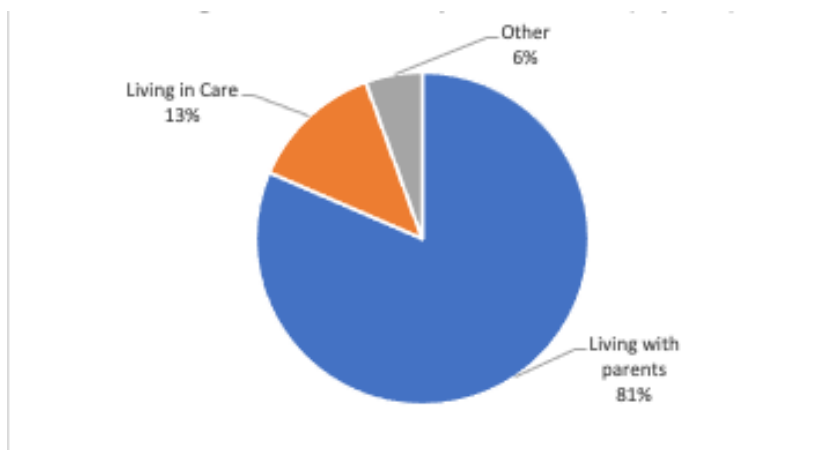
**Figure 67: Proportion of Ages <18 in Substance Misuse Treatment by Length of Treatment (%), Bexley, 2015/16-2019/20**



Source: Data extracted from the National Drug Treatment Monitoring System by the London Borough of Bexley

Figure 68 shows that 81% of new presentations were living with parents which was comparable to the national profile of 82%.

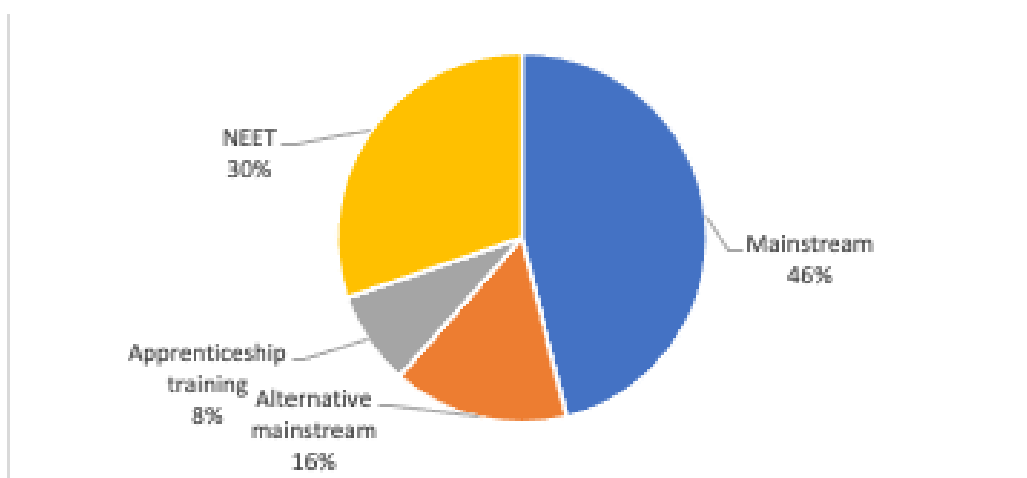
**Figure 68: Proportion of Ages <18 New Presentations to Substance Misuse Treatment by Housing Situation (%), Bexley, 2015/16-2019/20**



Source: Data extracted from the National Drug Treatment Monitoring System by the London Borough of Bexley

Figure 69 shows 46% were studying in main stream schools and 30% were not in education, employment or training (NEET). This was different to the national profile of 55% attending mainstream education and 18% NEET.

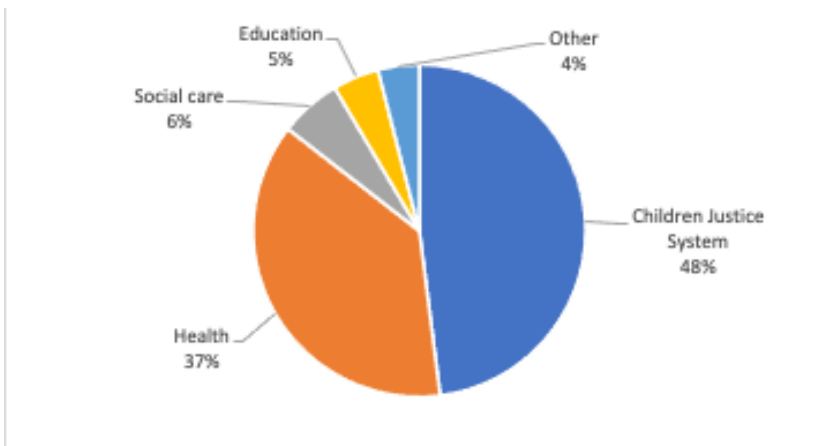
**Figure 69: Proportion of Ages <18 New Presentations to Substance Misuse Treatment by Place of Study (%), Bexley, 2015/16-2019/20**



Source: Data extracted from the National Drug Treatment Monitoring System by the London Borough of Bexley

Figure 70 shows that the child justice system (48%) and health services (37%) were the main source of referrals for new presentations. Referrals from social care (8%) and education (5%) were lower than the national figures for referrals from social care (25%) and education (18%).

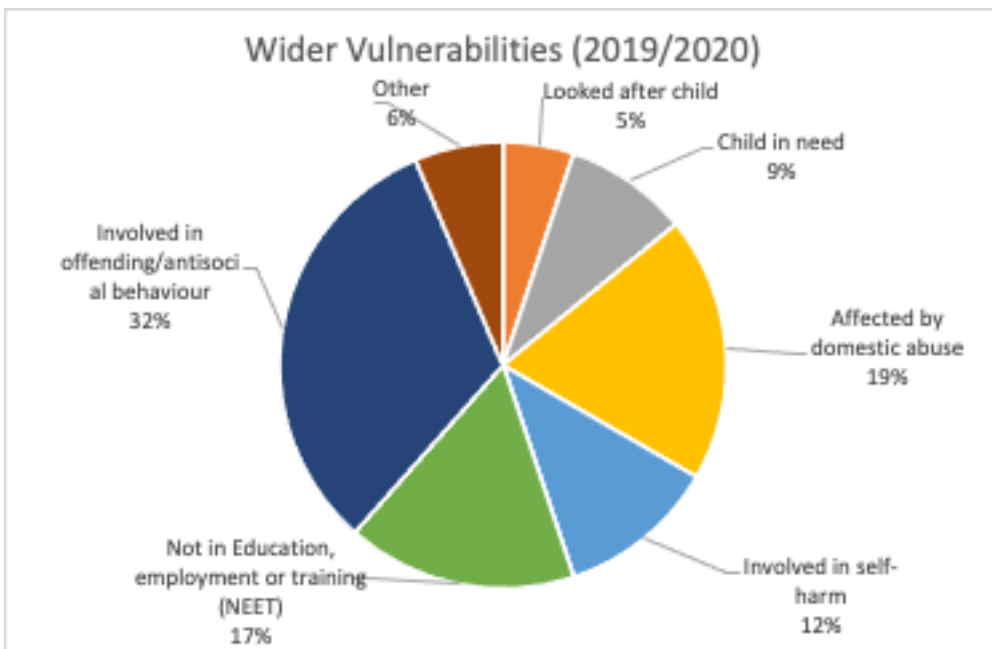
**Figure 70: Proportion of Ages <18 New Presentations to Substance Misuse Treatment by Referral Source (%), Bexley, 2015/16-2019/20**



Source: Data extracted from the National Drug Treatment Monitoring System by the London Borough of Bexley

Figure 71 describes the wider vulnerabilities cited in children in treatment in Bexley in 2019/2020. The highest proportion of children were involving in offending and antisocial behaviour. Just about 1 in 5 children were affected by domestic abuse and 12% had self-harmed.

**Figure 71: Proportion of Ages <18 in Substance Misuse Treatment by Wider Vulnerability (%), Bexley, 2019/20**

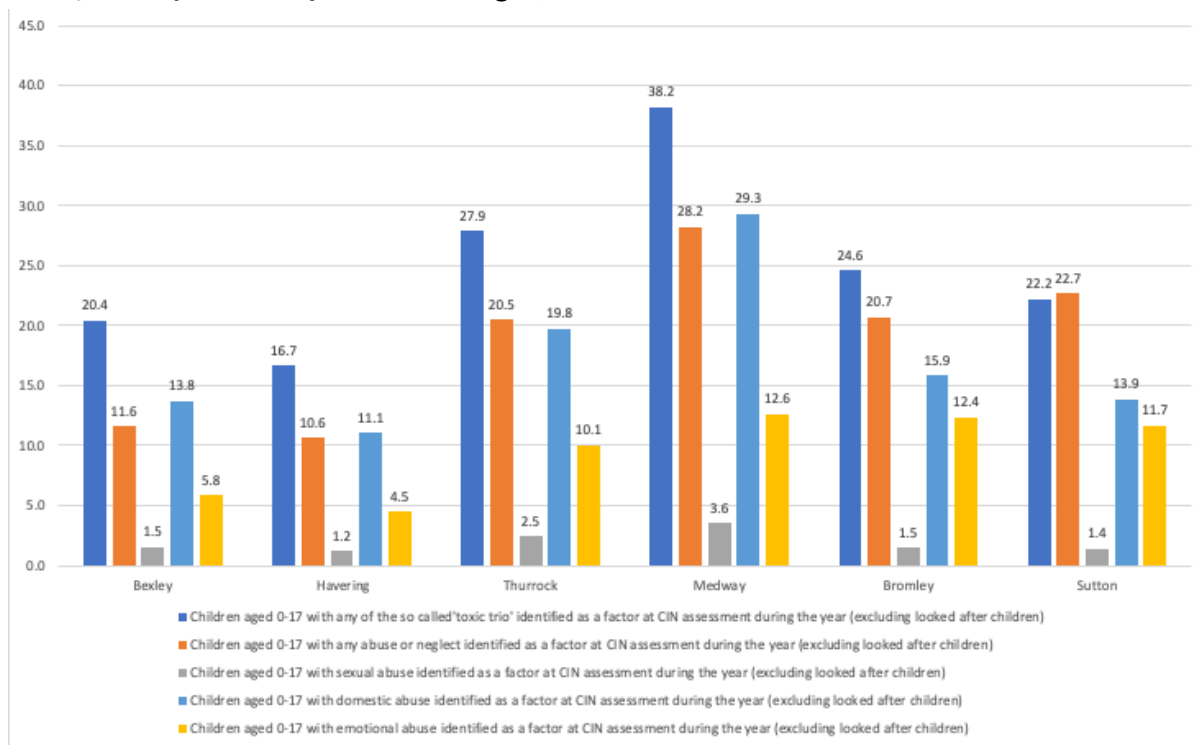


Source: Data extracted from the National Drug Treatment Monitoring System by the London Borough of Bexley

It is well established that adverse childhood experiences are risks for smoking, drinking and taking drugs. Research from Wales<sup>39</sup> found that people who reported experiencing four or more ACE's were 4x more likely to be a high-risk drinker and 16x more likely to have used crack cocaine or heroin. An English longitudinal study<sup>40</sup> found that there were associations of ACE's with lower educational attainment and higher risk of depression, drug use, and smoking. For example, odds ratios (ORs) for 4+ ACEs compared with no ACEs after adjustment for confounders were depression, 2.4 (1.6-3.8, p < 0.001); drug use, 3.1 (2.1-4.4, p < 0.001); and smoking, 2.3 (1.7-3.1, p < 0.001).

Figure 72 shows the adverse childhood experiences in children in Bexley compared with similar boroughs. These are individual vulnerabilities, and many children will have suffered more than one vulnerability.

**Figure 72: Rate of Modelled Adverse Childhood Experiences (ACE) in Children Aged 0-17 Years (per 1000), Bexley and Comparator Boroughs, 2019**



Source: Children's Commissioner's Annual Vulnerability Report 2019,  
<https://www.childrenscommissioner.gov.uk/chldrn/>

<sup>39</sup> M.A. Bellis, K. Hughes, N. Leckenby, et al **Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey**

*Journal of Public Health*, Volume 37, Issue 3, 1 September 2015,

<sup>40</sup> Houtepen LC, Heron J, Suderman MJ, Fraser A, Chittleborough CR, Howe LD. Associations of adverse childhood experiences with educational attainment and adolescent health and the role of family and socioeconomic factors: A prospective cohort study in the UK. *PLoS Med*. 2020 Mar 2;17(3):e1003031. doi: 10.1371/journal.pmed.1003031.

## Sexual health behaviours

### Chlamydia

In young people sexually transmitted infections (STI) are a good proxy of risky sexual behaviour. Chlamydia is one of the most common STI's diagnosed in young people.

A national programme of opportunistic chlamydia screening was implemented in 2003 in England for early detection in asymptomatic young people. To make it an effective population level opportunistic screening programme, a detection rate  $>2,300/100,000$  is the expected goal. The aims of the programme are to:

- prevent and control chlamydia through early detection and treatment of asymptomatic infection
- reduce onward transmission to sexual partners
- prevent the consequences of untreated infection
- raise awareness and skills of health professionals to screen for chlamydia, and provide the information young adults need to reduce the risk of infection and transmission

Chlamydia infections are commonly asymptomatic but untreated Chlamydia infection can have serious health complications in women including pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility (TFI).

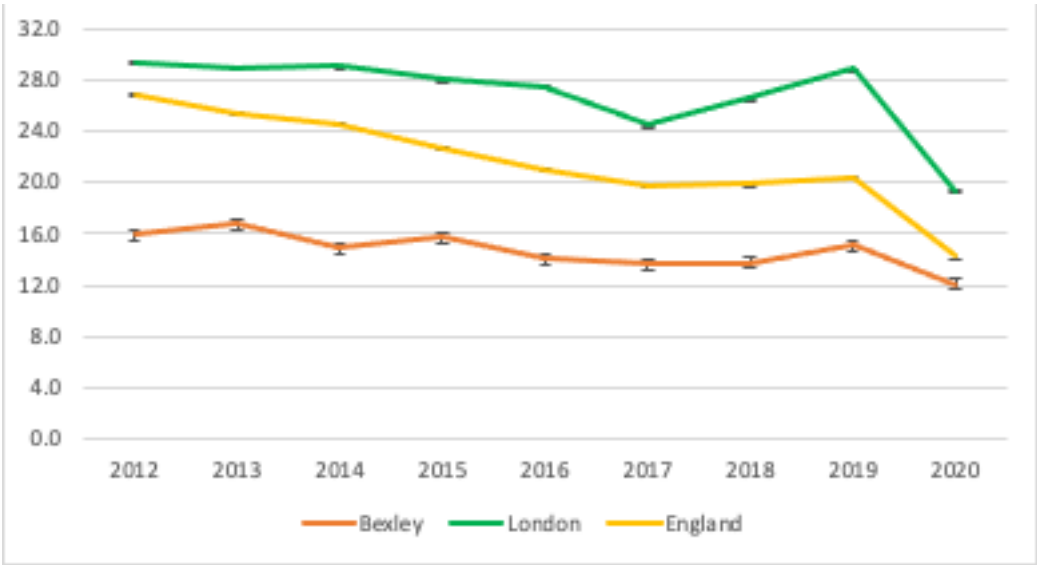
National data <sup>41</sup> indicates that chlamydia infections rates are highest in the young people aged 15-19 (1,050/100,000) and 20-24 (1729/100,000) compared to the 25+ age group, higher in girls aged 15-19 (1,567/100,000) compared with boys (12,61/100,000) and within men having sex with men (MSM) rates in 15-19 years were 1,704/100,000).

Figure 73 shows that the local programme has a significantly lower coverage compared to London and England. In the years during pandemic there has been a decrease in the coverage due to restrictions and access to services, although online services were available.

**Figure 73: Chlamydia Screening Coverage (%), Bexley, London and England, 2012-2020**

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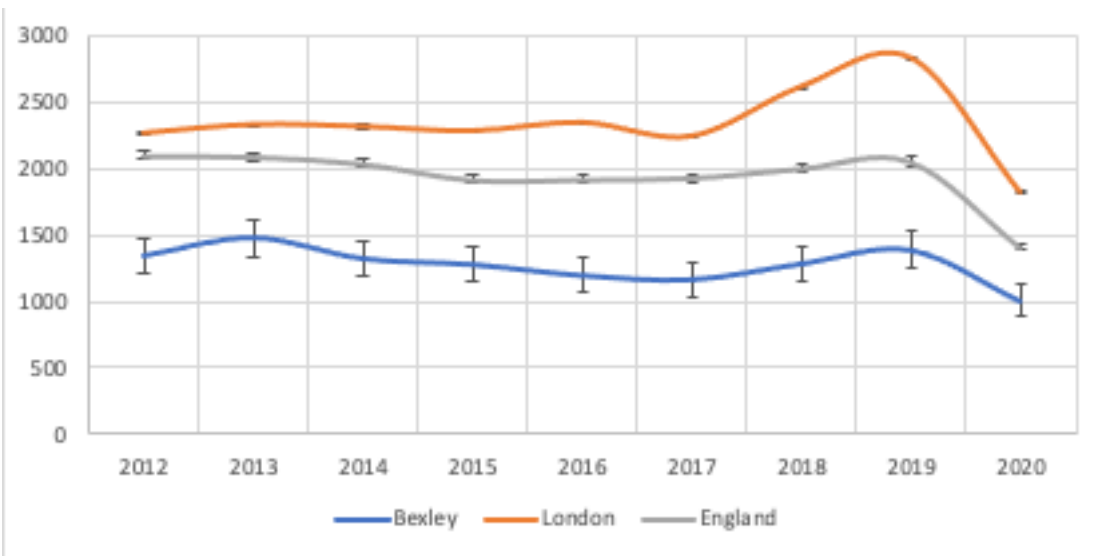
<sup>41</sup> <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>



Source: Office for Health Improvement & Disparities, Sexual and reproductive health profiles, <https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data>

The detection rate for Bexley is lower than London and England and it has not met the national goal for the rate.

**Figure 74: Chlamydia Detection Rate (per 100,000), Bexley, London and England, 2012-2020**

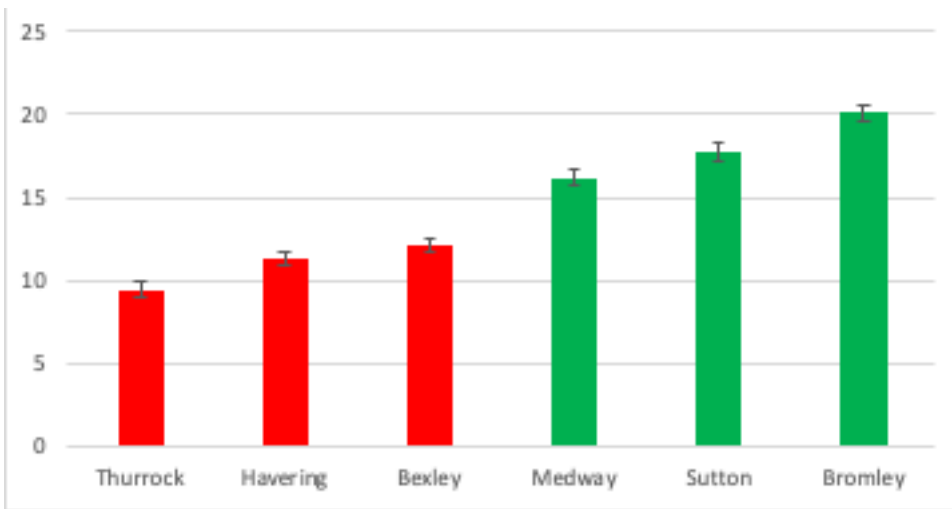


Source: Office for Health Improvement & Disparities, Sexual and reproductive health profiles, <https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data>

Figure 75 compares Bexley with comparator boroughs. Bexley, Havering and Thurrock have significantly lower coverage compared with Medway, Sutton and Bromley. The red bars also indicate that in these boroughs the coverage is significantly lower than the national average.



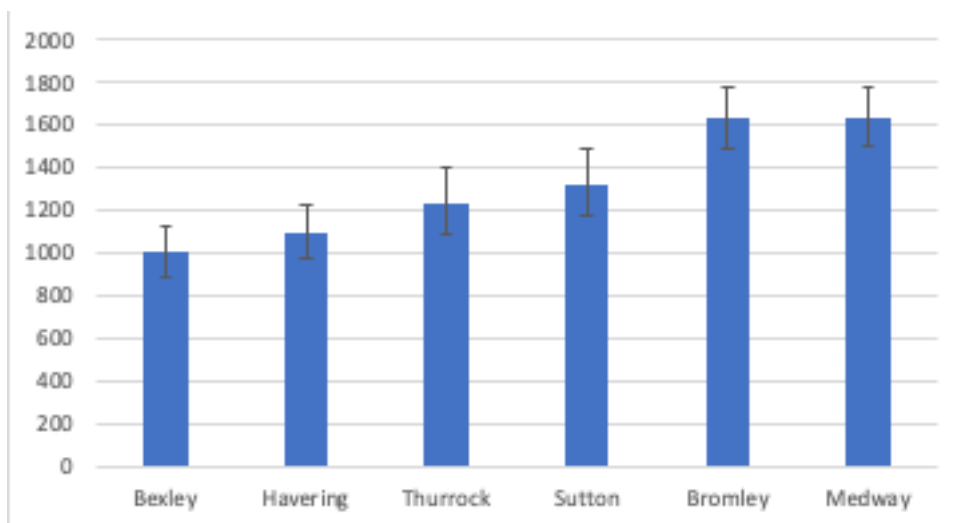
**Figure 75: Chlamydia Screening Coverage (%), Bexley and Comparator Boroughs, 2020**



Source: Office for Health Improvement & Disparities, Sexual and reproductive health profiles, <https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data>

Figure 76 shows the chlamydia detection rate in Bexley is the lowest among all the comparator boroughs although it is not significantly different to Havering and Thurrock,

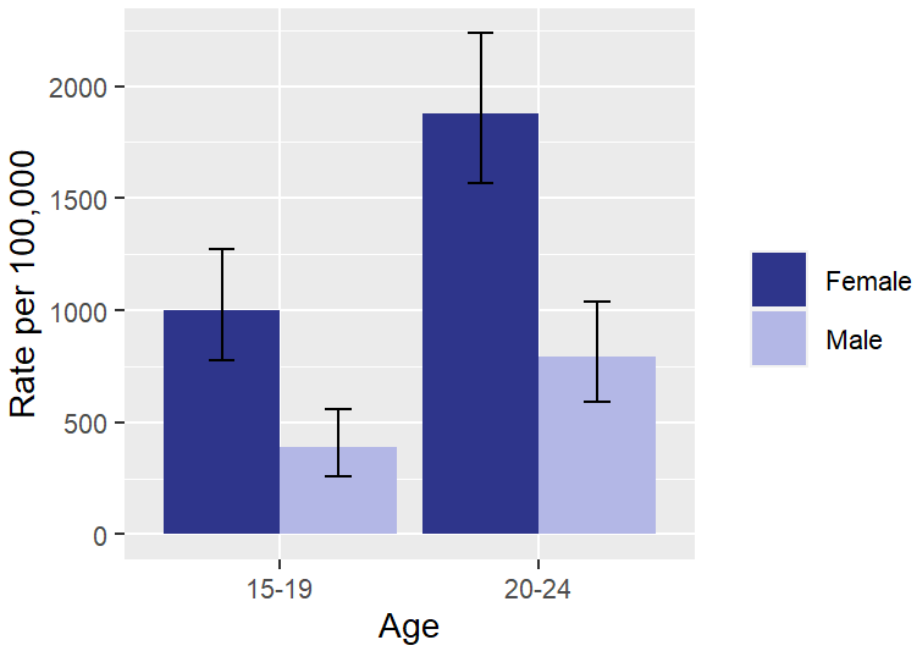
**Figure 76: Chlamydia Detection Rate (per 100,000), Bexley and Comparator Boroughs, 2020**



Source: Office for Health Improvement & Disparities, Sexual and reproductive health profiles, <https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data>

As was the case at England level, breaking down Bexley's 2017-20 detection rate by age and sex reveals higher rates of detection in the 20-24 age group, and significantly higher rates of detection for females across both the 15-19 and 20-24 age groups:

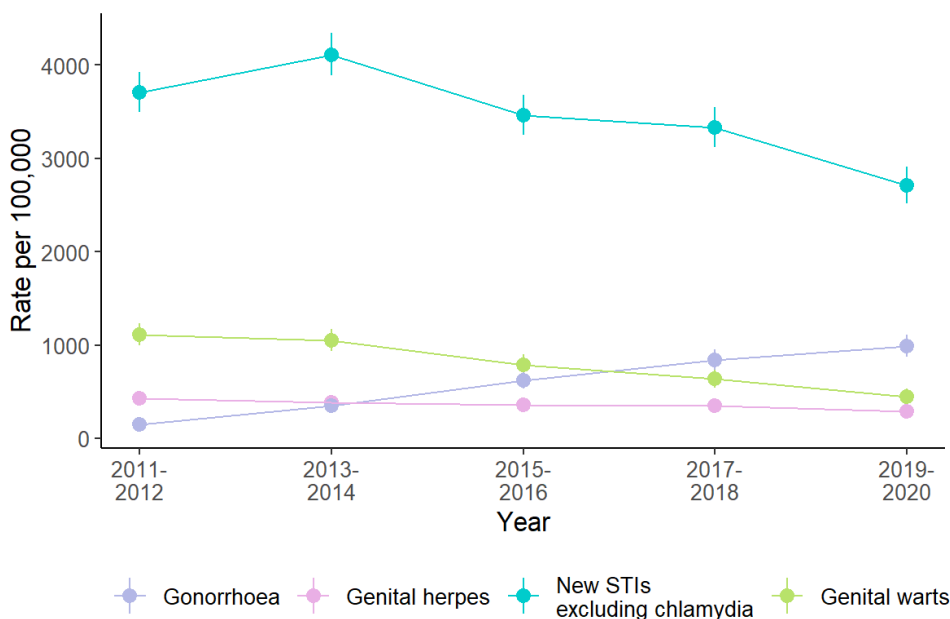
**Figure 77. Chlamydia Detection Rate by Age Group and Sex (per 100,000), Bexley, 2017-2020**



Source: GUMCAD STI and CTAD Chlamydia Surveillance Systems

Excluding chlamydia, the diagnostic rate for all new STI's has decreased significantly in Bexley from 2011 to 2020. Condition-specific rates however show more variability, and whilst the rate for genital warts has also decreased significantly, the rate for genital herpes shows no significant change, and the rate for gonorrhoea has shown a significant increase:

**Figure 78. STI Detection Rate by Condition (per 100,000), Ages 15-24, Bexley, 2011-2020**

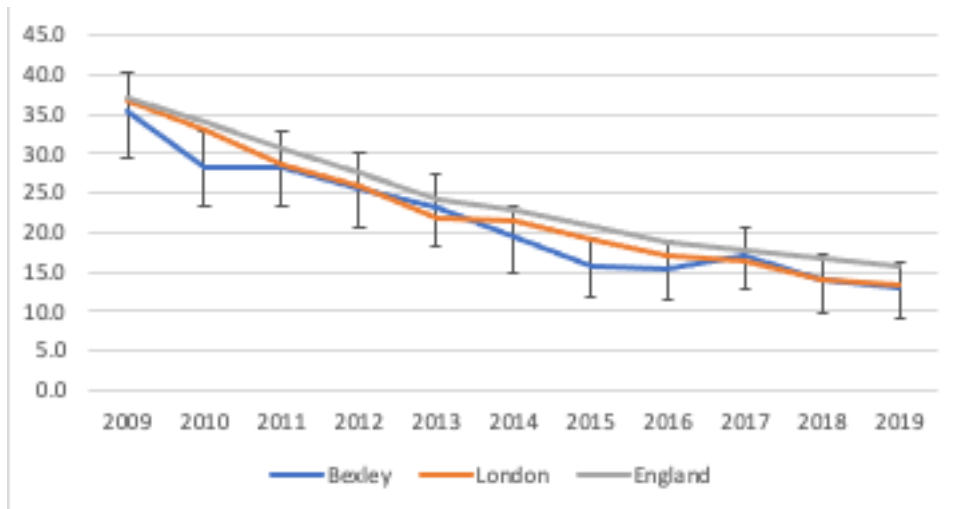


Source: GUMCAD STI Surveillance System

## Teenage conceptions

Teenage conceptions have been dropping nationally, regionally and locally as shown in Figure 79. Bexley teenage conception rates are not different from national and regional rates.

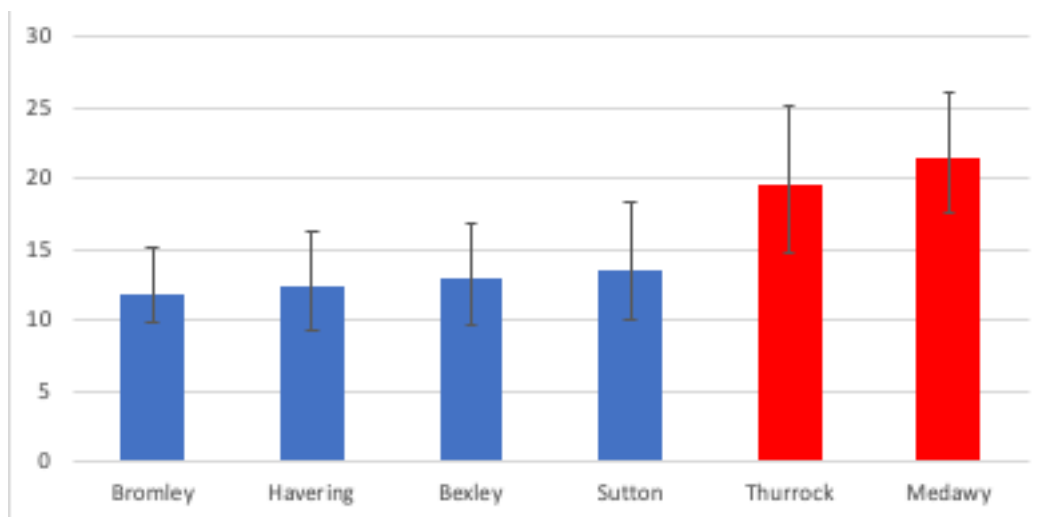
**Figure 79: Teenage Conception Rates (per 1,000), Bexley, London, and England, 2009-2019**



Source: ONS Conceptions in England and Wales,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables>

Bexley has similar rates to its comparator boroughs of Sutton, Havering and Bromley. The red bars indicate that the figures are significantly higher than the national rates.

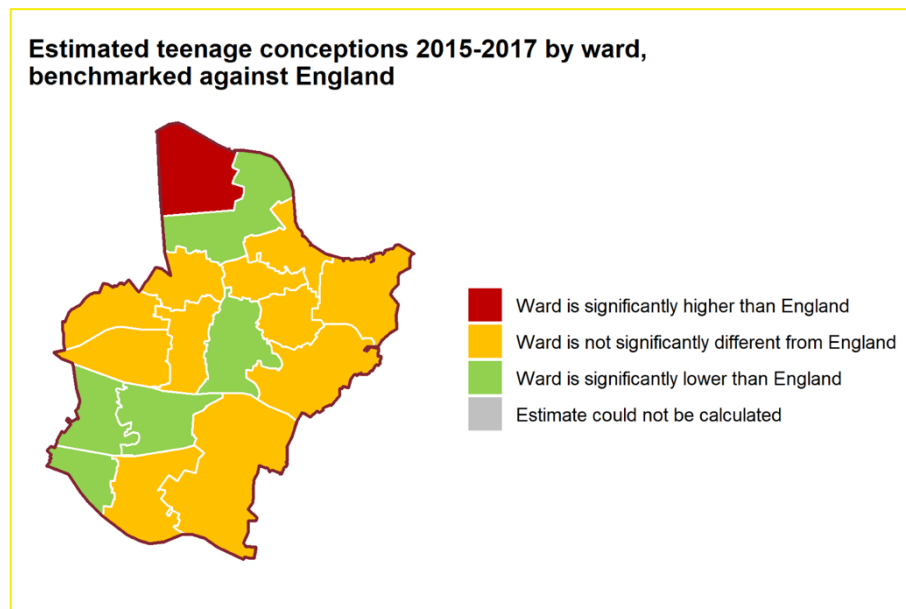
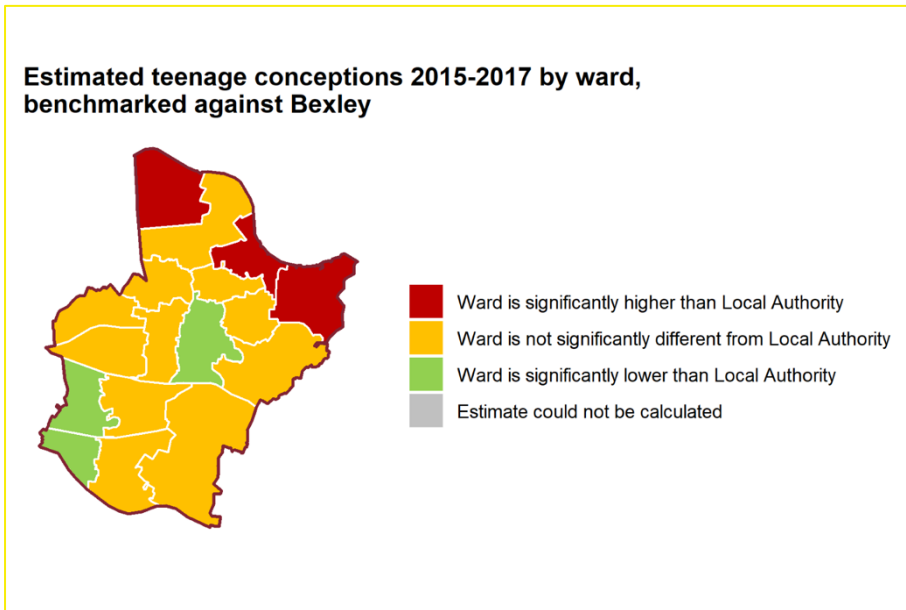
**Figure 80: Teenage Conception Rates (per 1,000), Bexley and Comparator Boroughs, 2019**



Source: ONS Conceptions in England and Wales,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables>

Figures 81a & b present ward estimates produced by Public Health England using under 18 conceptions by MSOA, ONS, 2019. Estimated conception rates for wards which include MSOAs whose figures were suppressed due to small numbers of conceptions are provided, however estimates for wards which include MSOAs whose figures were suppressed due to small population could not be calculated.

**Figures 81a-b: Estimated Teenage Conceptions by Ward, Benchmarked Against (a) Bexley (b) England, 2015-17**



Source: Public Health England

## Obesity

Having excess weight is a major risk factor for many diseases and premature mortality in adulthood. For children and young people some of the immediate health risks are type 2 diabetes, low self-esteem, depression, and bullying.

Excess weight is a complex issue affected by both diet, physical activity and genetics. Overweight parents often have overweight children and lifestyle habits of children are likely to reflect and be influenced by those of the wider family.

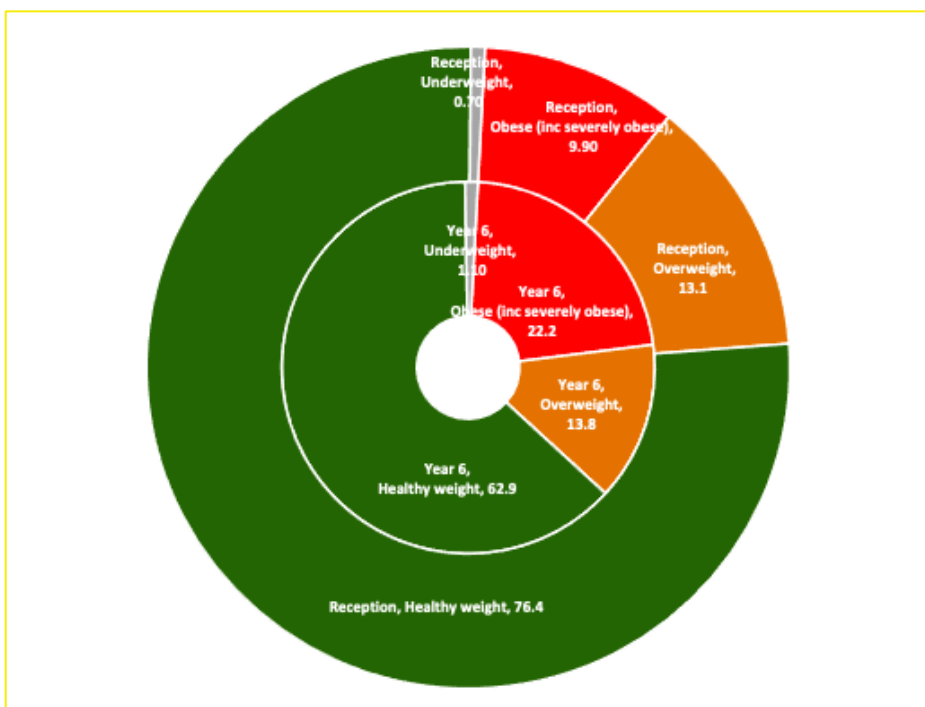
The National Child Measurement Programme (NCMP) is an annual programme that measures the height and weight of children in Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) in England. Although the NCMP only covers certain age groups, it includes the majority of children in those year groups.

Participation rates in Bexley have been good as seen by figures in 2018/2019 (Pre-COVID), The number of children measured in Bexley in 2018/19 was 2,931 in Reception, and 3,124 in Year 6. The participation rate in Bexley in 2018/19 was 96.9% in Reception children and 95.2% for children in Year 6. During COVID not all children were measured. This section describes obesity in Bexley in reception year and year 6.

## Prevalence of overweight and obesity in Bexley

The difference between rates of obesity amongst children aged 4-5 years (reception) and 10-11 years (Year 6) are illustrated in the Figure below.

**Figure 82: Proportion of Children by Weight Category and School Stage (%), Bexley, 2019/20**

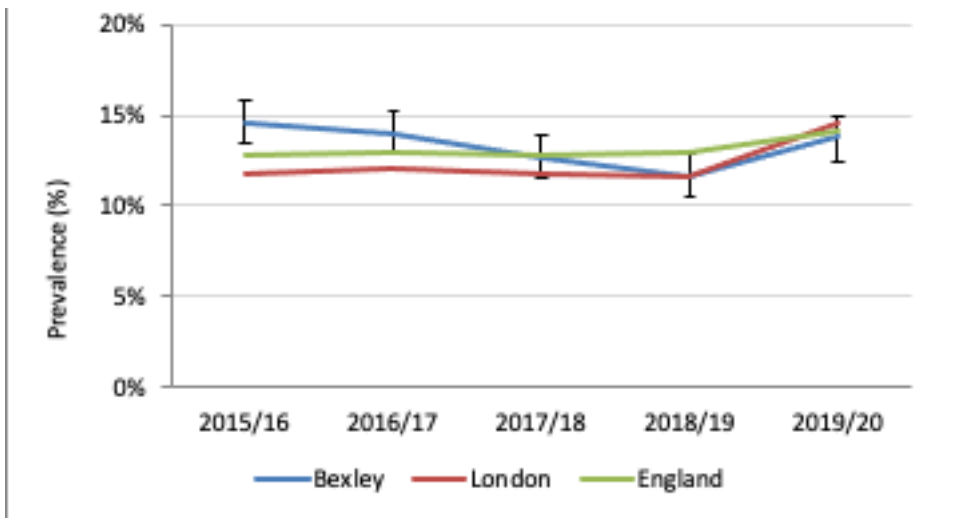


Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

## Trends in overweight and obesity

Figure 83 shows the trends in overweight in Bexley in reception year compared with national and regional trends.

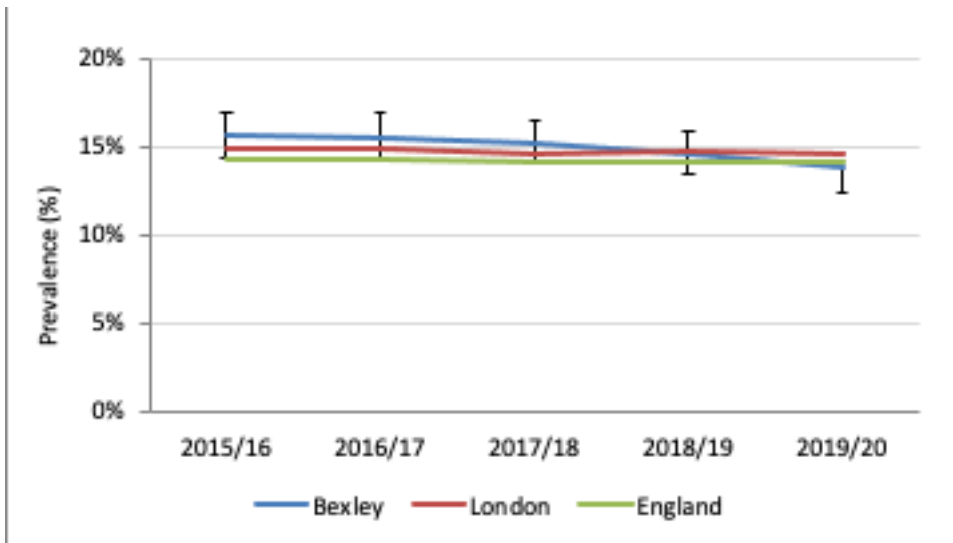
**Figure 83: Proportion of Reception Age Children Overweight (%), Bexley, London and England, 2015/16-2019/20**



Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

In 2015/16, the rates in Bexley were significantly higher than national and London figures but the rates are similar since 2017/2018. The most recent data (2019/20) shows that 13.1% of reception age children were overweight in Bexley. This is the same as the national (13.1%) and the regional London (11.6%). Figure 82 shows the trend of overweight in Year 6. At the baseline, the figures were similar to national and regional figures but in 2019/2020 Bexley figures are lower than the regional figures.

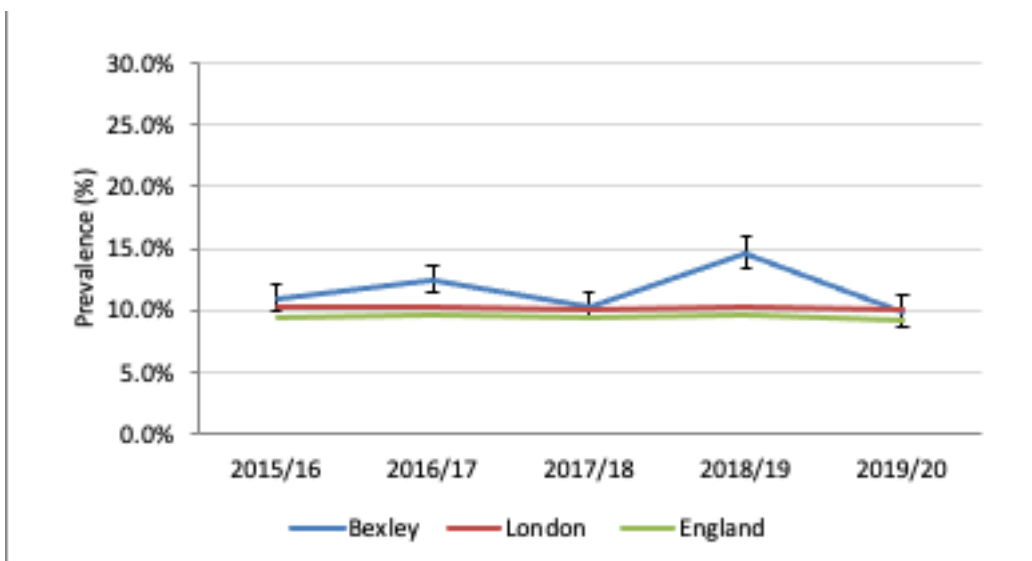
**Figure 84: Proportion of Year 6 Age Children Overweight (%), Bexley, London and England, 2015/16-2019/20**



Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

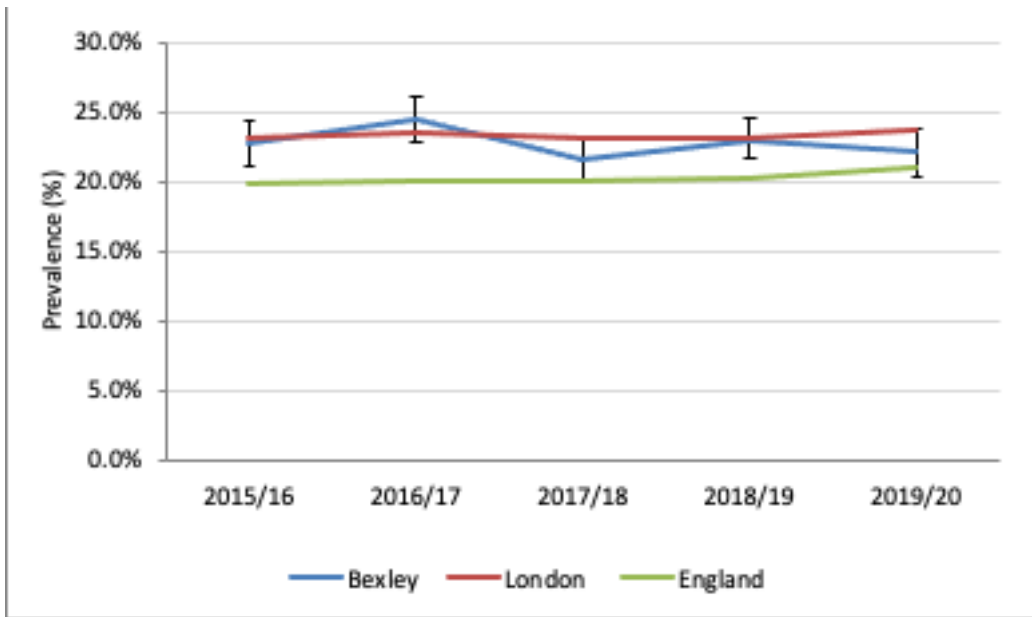
Obesity levels have seen some fluctuation in the last 5 years the, but overall there is a decrease in obesity for reception children in Bexley; 9.9% in 2019/20 compared with 11% in 2015/16. This is similar to the prevalence in London and England overall; trend data has shown a decrease in obesity prevalence over the last 5 years from 10.2% to 10% and 9.9% to 9.3% respectively.

**Figure 85: Proportion of Reception Age Children Obese (%), Bexley, London and England, 2015/16-2019/20**



Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

**Figure 86: Proportion of Year 6 Age Children Obese (%), Bexley, London and England, 2015/16-2019/20**

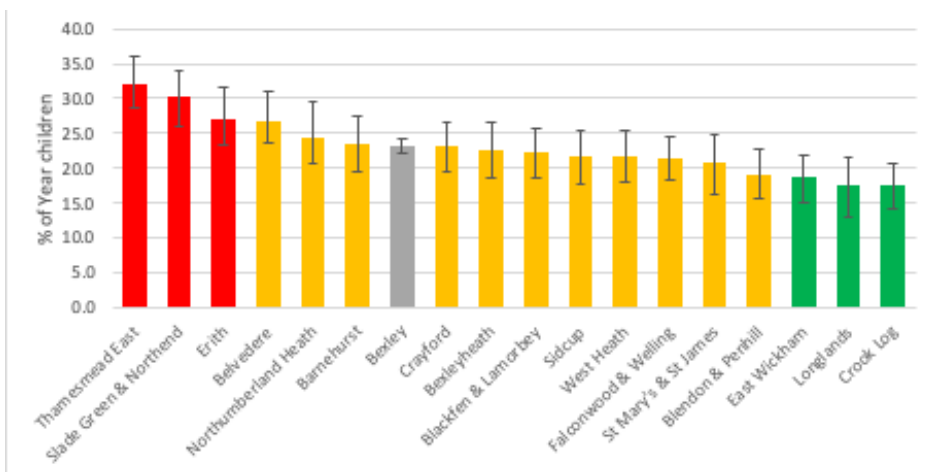


Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

## Overweight and Obesity levels by ward

There is considerable variation in overweight and obesity levels between wards in Bexley as shown in Figure 87. The wards with the highest overweight prevalence in Bexley - Thamesmead East, Slade Green & Northend and Erith (all shown as red bars) - have significantly higher rates than Bexley (shown as grey bar). Three wards, East Wickham, Longlands, and Crook Log, have significantly lower rates than Bexley. This health inequality in obesity reflects the differences in levels of deprivation in Bexley as described in the previous chapter.

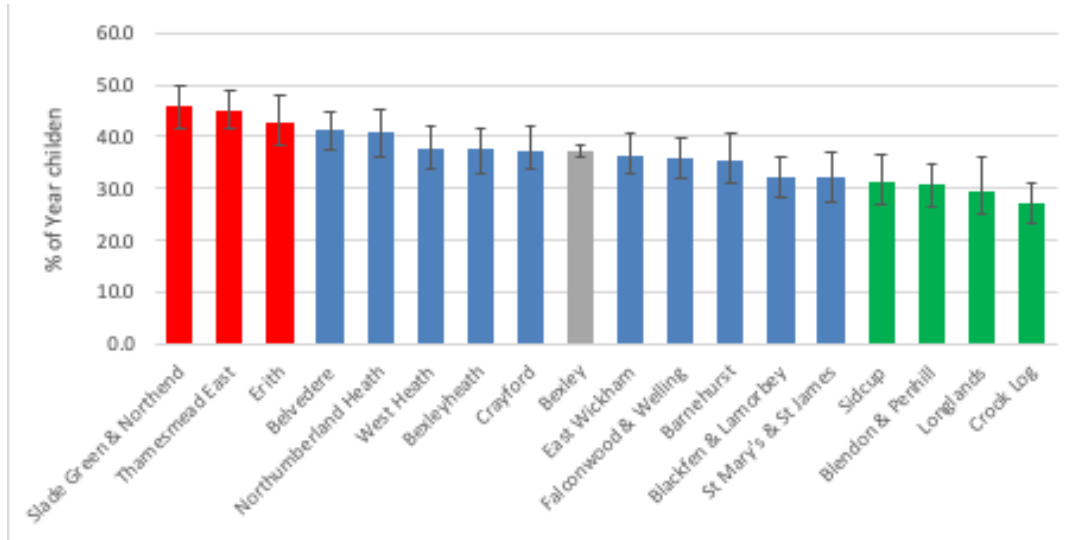
**Figure 87: Proportion of Reception Age Children Overweight by Ward (%), Bexley, 2019/20**





Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

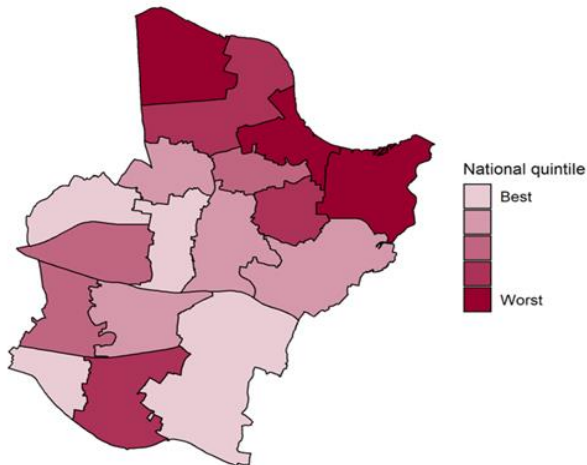
**Figure 88: Proportion of Year 6 Age Children Overweight by Ward (%), Bexley, 2019/20**



Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

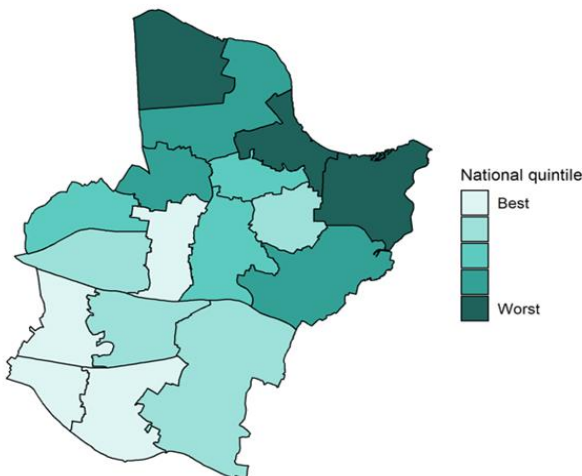
**Figures 89a-b: Proportion of (a) Reception (b) Year 6 Age Children Obese Ward (National Quintile), Bexley, 2015/16-2019/20**

Children in Reception (aged 4-5 years)



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Contains National Statistics data © Crown copyright and database right 2021.

Children in Year 6 (aged 10-11 years)



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Contains National Statistics data © Crown copyright and database right 2021.

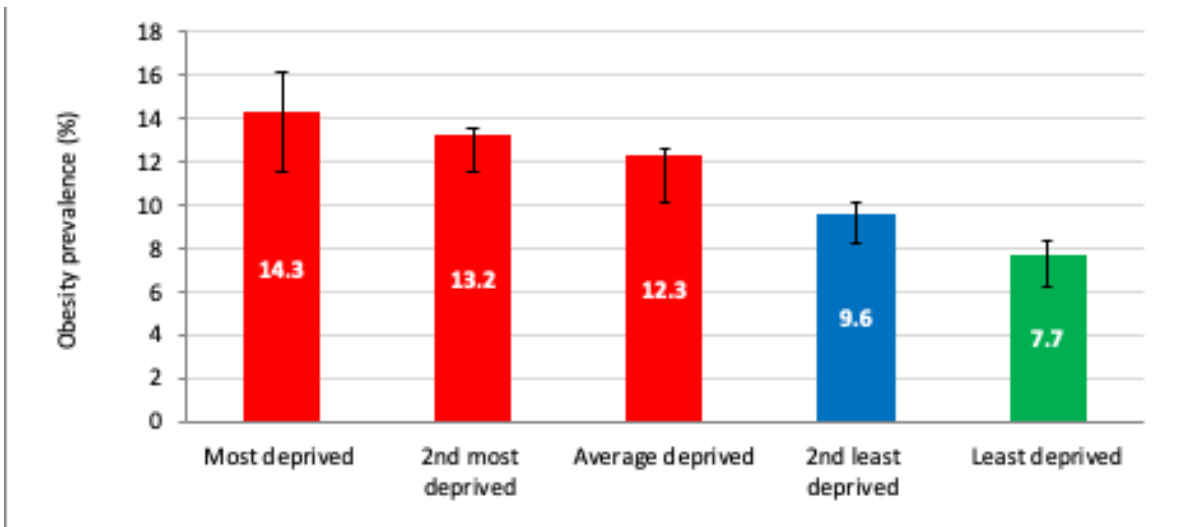
Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

## Obesity by deprivation

There has been a considerable amount of work undertaken on the correlation between obesity and deprivation. The Index of Multiple Deprivation 2007 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Figures 86 and 87 using five years combined NCMP data (2015/16 to 2019/20) for Bexley shows a significant difference between obesity levels for children living in the most and least deprived area and that the relationship is linear.

Figure 90 shows that the prevalence of obesity in reception year in the most deprived area of Bexley is almost twice as high (14.3% ) compared with the least deprived area in Bexley, (7.7%). The red bars indicate a significant difference compared to the average for Bexley and compared with the least deprived areas. in Bexley.

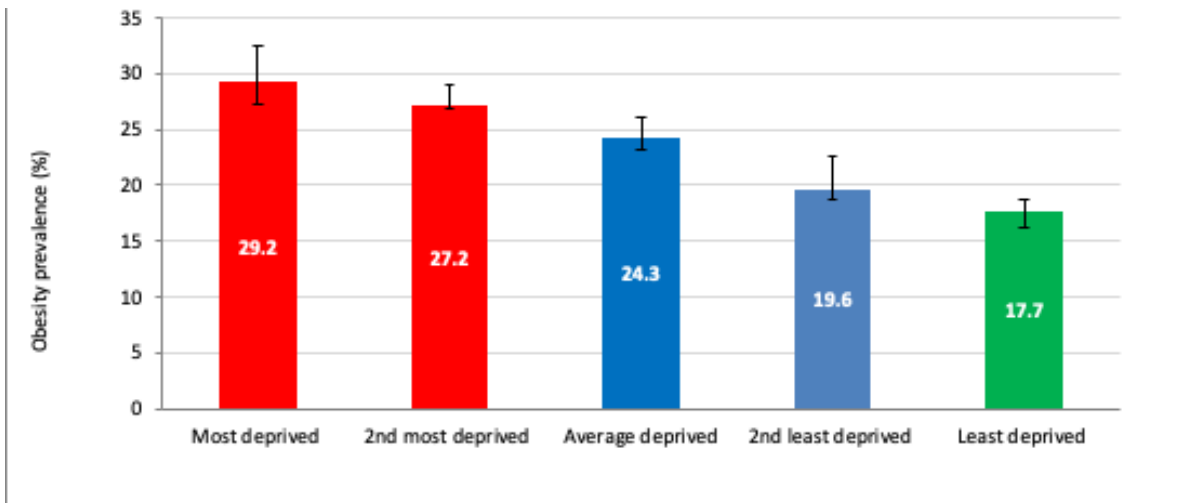
**Figure 90: Proportion of Reception Age Children Obese by Deprivation Quintile (%), Bexley, 2015/16-2019/20**



Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

Bexley Year 6 school pupils living in the most, 2nd most and average deprived area had significantly higher obesity levels than those in the least and 2nd least deprived areas.

**Figure 91: Proportion of Year 6 Age Children Obese by Deprivation Quintile (%), Bexley, 2015/16-2019/20**



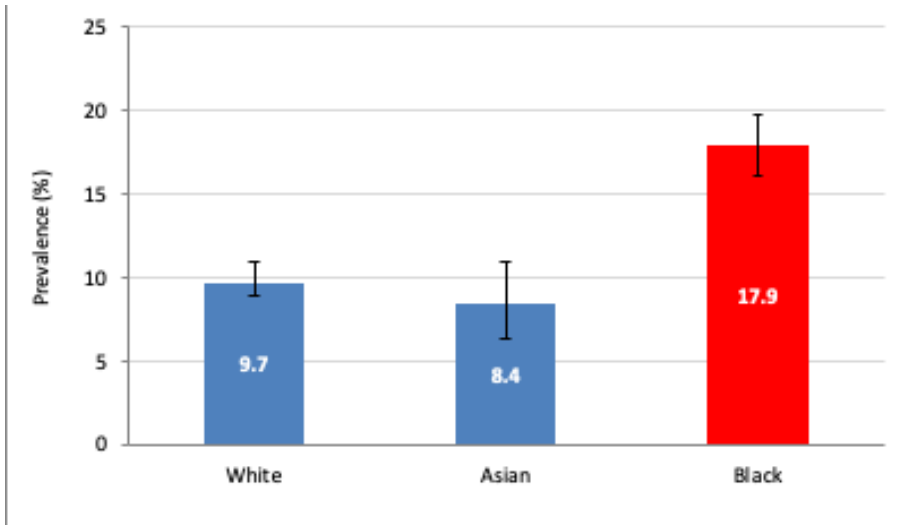
Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

Obesity prevalence for those in the most deprived (29.2%), 2nd most deprived (27.2%) and average deprived areas (24.3%) is respectively 60%, 55% and 37% higher than those in the least deprived quintile (17.7%). The least deprived quintile also has a significantly lower obesity rate than all other quintiles. The 2nd most and average deprived areas (24.3% and 19.6% respectively) have significantly higher obesity rate than Bexley's least deprived.

## Obesity by ethnicity

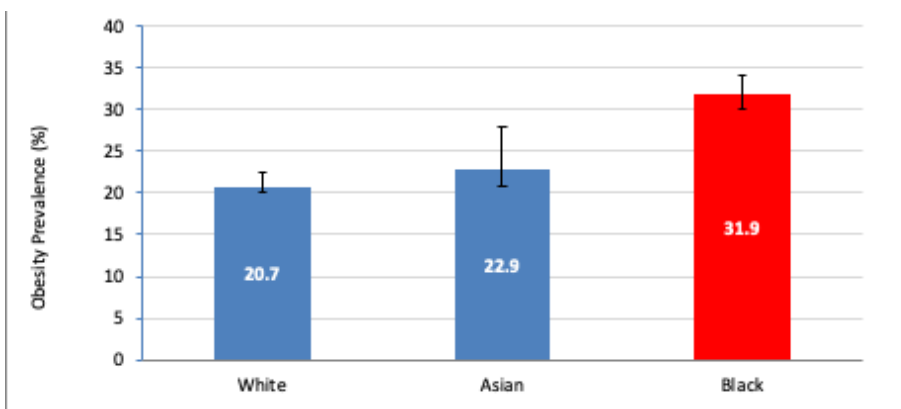
Figures 92 and 93 show obesity levels by broad ethnic group. The data shows that children from Black communities have a significantly higher rates compared with both White and Asian communities in reception and Year 6. This is similar to the levels of physical activity by ethnicity described in the previous section.

**Figure 92: Proportion of Reception Age Children Obese by Broad Ethnic Group (%), Bexley, 2015/16-2019/20**



Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

**Figure 93: Proportion of Year 6 Age Children Obese by Broad Ethnic Group (%), Bexley, 2015/16-2019/20**



Source: National Child Measurement Programme, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

## Oral health

### Background

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable.<sup>42</sup> Although oral health is improving, the oral health survey of 5-year-olds in 2019 showed that just under a quarter have tooth decay.<sup>43</sup>

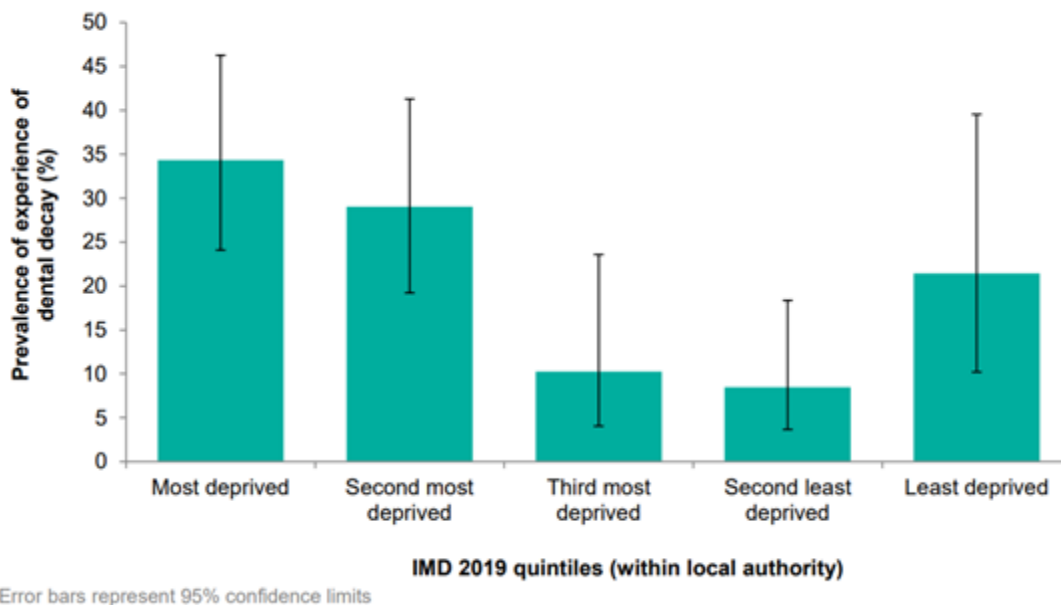
Each child with tooth decay will have on average 3 to 4 teeth affected. For those children at risk, it can happen early in life. The oral health survey of 3-year-olds in 2020 found that 11% had visible tooth decay, with on average 3 teeth affected.

### Inequalities in oral health

Despite improvements in oral health, significant regional inequalities remain – with children from the most deprived areas having more than twice the level of decay, and wide variation in both prevalence and severity of experience of dental decay by geographical area, level of deprivation and ethnic group.

Figure 89. below shows the prevalence of experience of dental decay in 5-year-olds in Bexley, by local authority Index of Multiple Deprivation (IMD) 2019 quintiles.

**Figure 94: Prevalence of Experience of Dental Decay at Age 5 by IMD Quintile (%), Bexley**



Source:

Office for Health Improvement and Disparities

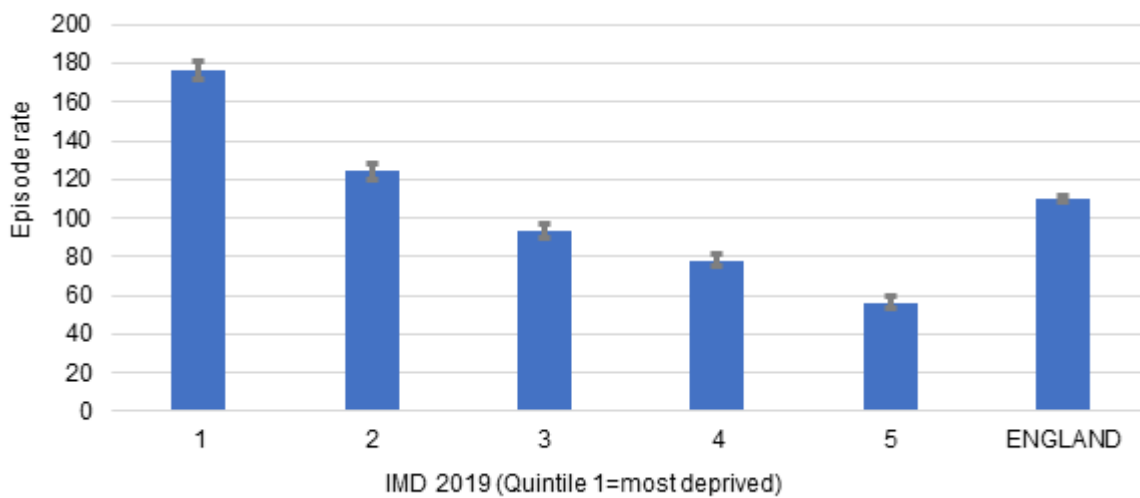
Tooth extractions among children aged 0 to 5 years are still the most common hospital procedure in 6- to 10-year-olds, according to data up to 2019. And inequalities persist with the 2020/21 hospital

<sup>42</sup> <https://www.gov.uk/government/collections/oral-health>

<sup>43</sup> [National Dental Epidemiology Programme for England, 2019](#)

extractions data set<sup>44</sup> reporting that rates for tooth extraction for children and young people living in the most deprived communities was three times that of those living in the most affluent communities. The chart below (Fig. 90) portrays the caries-related tooth extraction episode rate per 100,000 population for 0- to 19-year-olds split across deprivation quintiles. Quintile 1 is the most deprived quintile. As with deprivation it describes a social gradient.

**Figure 95: Rate of Caries-Related Tooth Extractions by IMD Quintile (per 100,000), England, 2020-21**



Source:

Office for Health Improvement and Disparities, Hospital tooth extractions of 0 to 19 year-olds 2021, <https://www.gov.uk/government/statistics/hospital-tooth-extractions-of-0-to-19-year-olds-2021>

Research on children looked after (CLA) has shown that they were significantly more likely to have poorer oral health including dental caries and at increased risk of tooth fractures. It has also reported that a significantly higher proportion of teenage CLA had experience of dental decay in permanent teeth compared to children of the same age who were not in care.

## Prevalence and severity of poor oral health

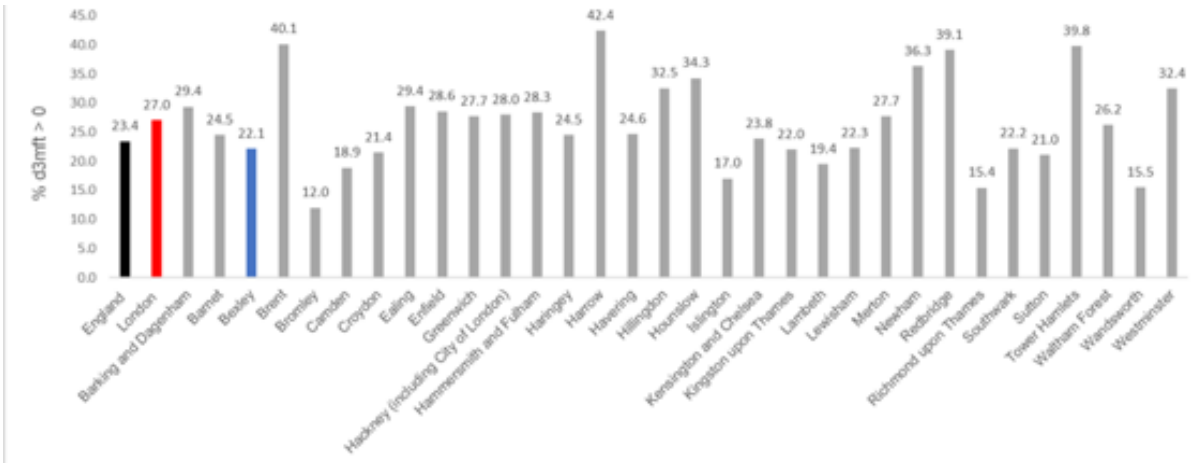
The prevalence of dental decay is a good direct measure of dental health and an indirect, proxy measure of child health and diet. Figures 96-98<sup>45</sup> show some of the indicators of poor oral health in Bexley.

The tables below show that Bexley has lower prevalence of 5-year-olds with experience of dental decay compared to London and England. In 2019, the proportion of 5-year-olds with experience of dental decay (d3mft) in Bexley was 22.1% compared to 27% across London boroughs and 23.4% in England. However, trend data shows that this an increase from 14.4% in 2017.

<sup>44</sup> Hospital tooth extractions of 0- to 19-year-olds 2021 - GOV.UK ([www.gov.uk](http://www.gov.uk))

<sup>45</sup> <file:///H:/london%20files/local%20authorities/Bexley/Bexley%20OH%20Profile%205yr2019%20v1.2.pdf>

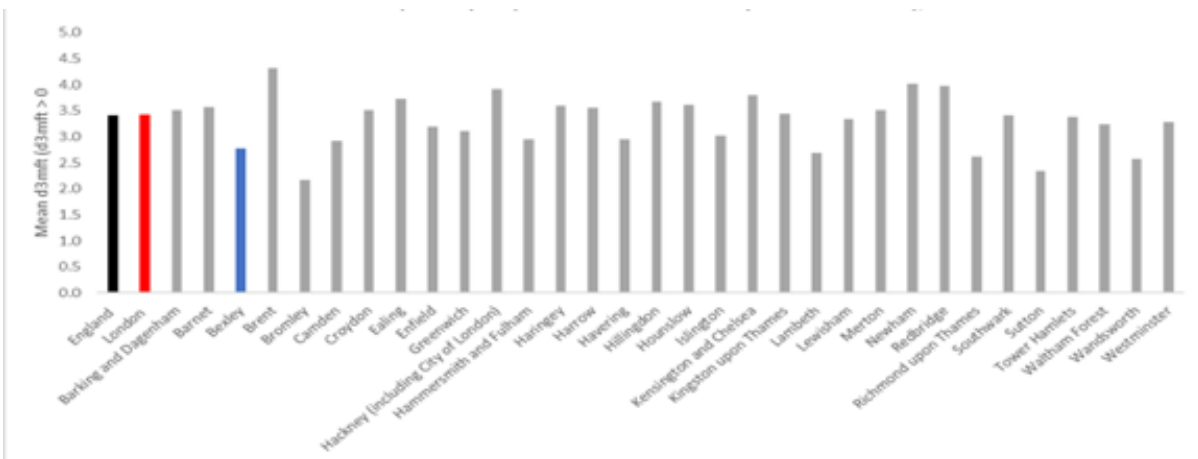
**Figure 96: Prevalence of Experience of Dental Decay at Age 5 (%), London Boroughs, London, and England, 2019**



Source:

Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2019, <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>

**Figure 97: Average Number of Decayed, Missing, or Filled Teeth at Age 5, London Boroughs, London, and England, 2019**

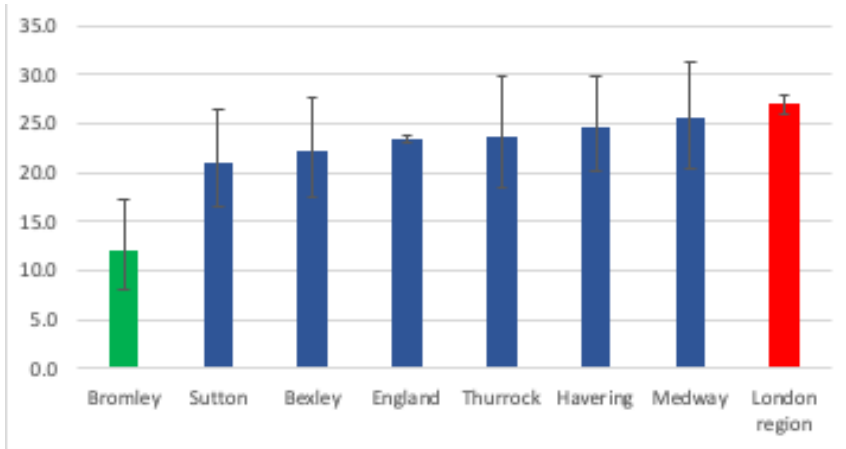


Source:

Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2019, <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>



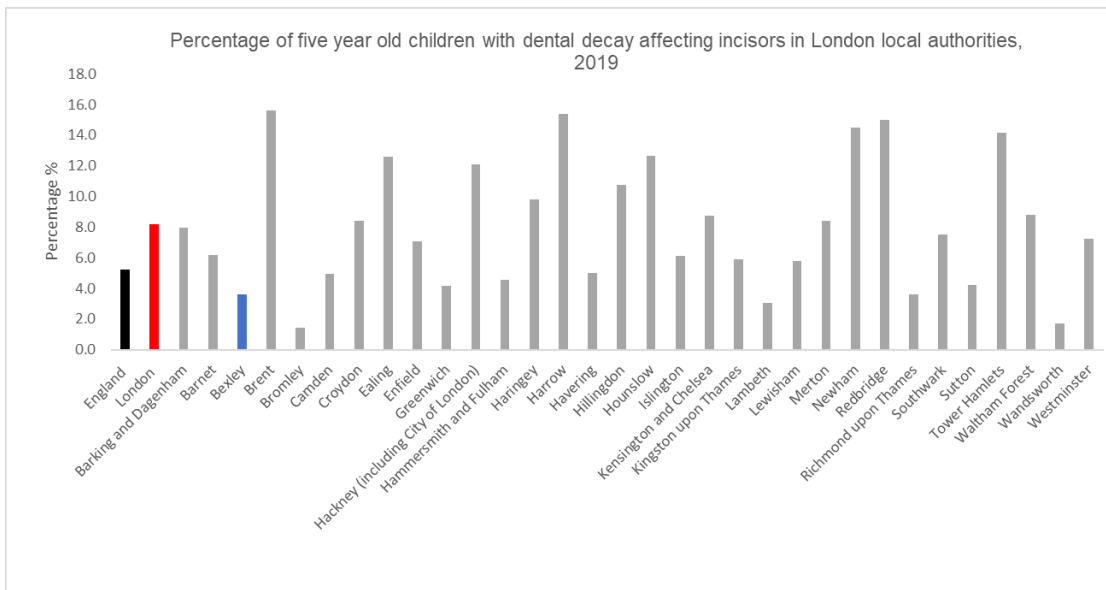
**Figure 98: Prevalence of Experience of Dental Decay at Age 5 (%), Bexley and Comparator Boroughs, 2019**



Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2019, <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>

Dental decay affecting incisors is associated with long term bottle use with sugar-sweetened drinks, especially when these are given overnight for long periods of the day. The proportion of children with decay affecting incisors may be a good indication of over consumption of sugar intake and long-term bottle use. Bexley local authority reports 3.6% of 5-year-old affected, lower than for neighbours, London and England.

**Figure 99: Prevalence of Experience of Dental Decay Affecting Incisors at Age 5 (%), London Boroughs, London, and England, 2019**



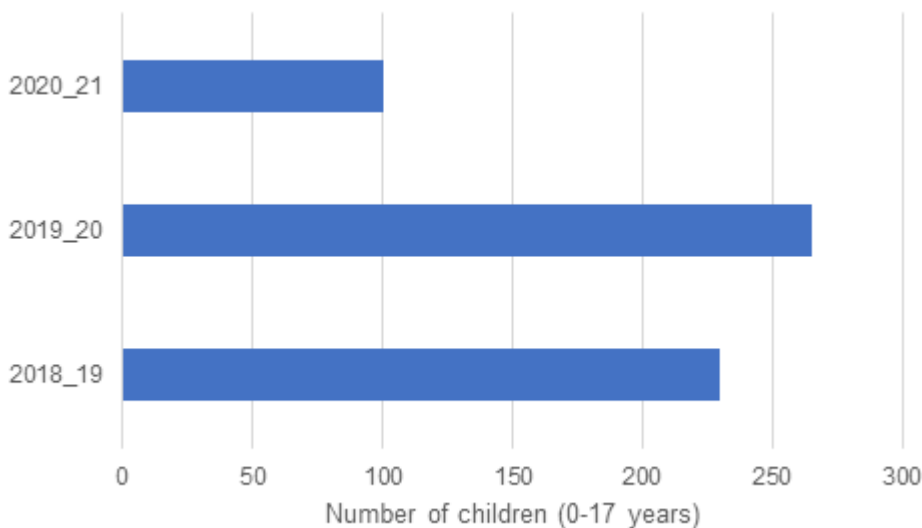
Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2019, <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>

Although the prevalence of dental decay in Bexley local authority (22.1%) is below that of London (27%) and England (23.4%) this still equates to over 1 in 5 children aged 5-years experiencing dental caries that may impact health and wellbeing as well as school readiness. Inequalities in oral health exist within the borough. In 2019, an enhanced sample of 5-year-old children highlighted poorer oral health in three of the five selected wards. It showed that almost 1 in 3 children in Belvedere (32.8%), Slade Green & Northend (29.6%) and Thamesmead East (28.4%) had experience of dental caries.

### **Tooth caries-related tooth extractions in hospital**

The figure below describes the trend in caries-related tooth extractions over time. The drop in activity in 2020-21 is likely due to the continued impact of the COVID outbreak on non-COVID related hospital episodes, rather than sudden reduction in need or demand.

**Figure 100. Number of Caries-Related Tooth Extractions in Ages <18, Bexley, 2018-21**

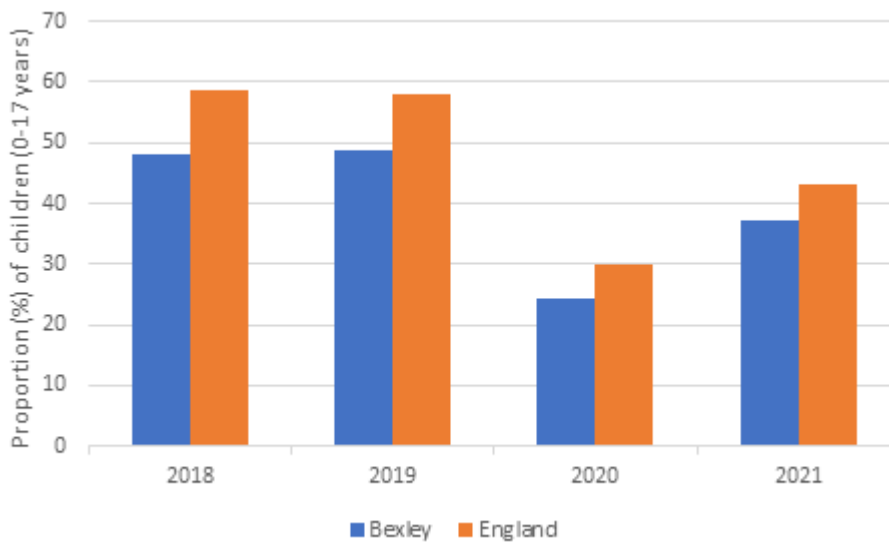


Source: Office for Health Improvement and Disparities

### **Access to dental care**

The figure below shows the proportion of children (aged 0-17) over time who have received NHS dental care in the preceding 12 months. It demonstrates the impact of the Covid-19 pandemic on the proportion of children accessing dental care.

**Figure 101. Proportion of Ages <18 Who Have Received NHS Dental Care in the Preceding 12 Months, Bexley and England, 2018-21**



Source: Office for Health Improvement and Disparities

## Impact of tooth decay

Tooth decay can cause problems with eating, sleeping, communication and socialising, and results in days being missed from school. Poor dental health impacts not just on the individual’s health but also their wellbeing and that of their family. Children who have toothache or who need treatment may have to be absent from school and parents may also have to take time off work to take their children to a dentist or to hospital. Oral health is therefore an important aspect of a child’s overall health status and of their school readiness.

Evidence shows that poor oral health may also be indicative of dental neglect and wider safeguarding issues. Dental neglect is defined as ‘the persistent failure to meet a child’s basic oral health needs, likely to result in the serious impairment of a child’s oral or general health or development’<sup>46</sup>.

Children who have high levels of disease in primary teeth have an increased risk of disease in their permanent teeth. If treated, these teeth will require long term maintenance throughout life.

## Causes of tooth decay

Children are more at risk of developing tooth decay if they are regularly consuming food and drinks containing sugar. Excessive consumption of free sugars can also lead to an increased risk of obesity and type 2 diabetes. And the likelihood of having dental caries is significantly higher for children who are overweight or very overweight<sup>47</sup>.

<sup>46</sup> <https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health>

<sup>47</sup> <https://www.gov.uk/government/publications/dental-caries-and-obesity-their-relationship-in-children>

Children also have a greater risk of poorer oral health if they are from deprived backgrounds and if they brush their teeth less than twice per day with fluoride toothpaste. Social deprivation is also a risk factor both for dental caries and obesity with it accounting for forty per cent of the risk for decay experience. Children are still consuming more than the recommended daily limit.

## Preventing tooth decay

Tooth decay could be prevented by cutting down on sugar, as well as brushing teeth with fluoride toothpaste. Evidence suggests that increasing fluoride availability to individuals and communities is effective at reducing dental caries levels<sup>48</sup>. There have been several reviews on the clinical effectiveness and cost effectiveness of interventions for improving dental health including the NICE guidance on oral health. A Public Health England review of the evidence of the cost-effectiveness of interventions to improve the oral health of children aged 0 to 5 years and an ROI tool includes a number of fluoride delivery programmes that are clinically effective and reduce the levels of tooth decay in 5-year-olds.

Fluoride availability can be increased on an individual basis and can involve a range of behaviours and modes of delivery, linking closely, but not exclusively, to oral hygiene practices. Concentration, frequency, and mode of delivery of fluoride are important. Toothbrushing with a fluoride toothpaste - moving from brushing once a day to twice a day lowers an individual's risk of developing dental caries by 14%.

As children and young people progress through transition stages in their lives, as part of the journey to adulthood, they may experience changes or be exposed to situations which may positively or negatively impact on their health and wellbeing. Evidence suggests that the outcomes for children and adults are strongly affected by experiences during this transition period, particularly as they take more control of their own health and wellbeing, including the choices they make about their health<sup>49</sup>. There are major transition points between 10 to 14 years, including moving from primary to secondary school; this can also provide an opportunity to provide advice to support positive oral health choices and oral health-related behaviours.

## Emotional and mental health

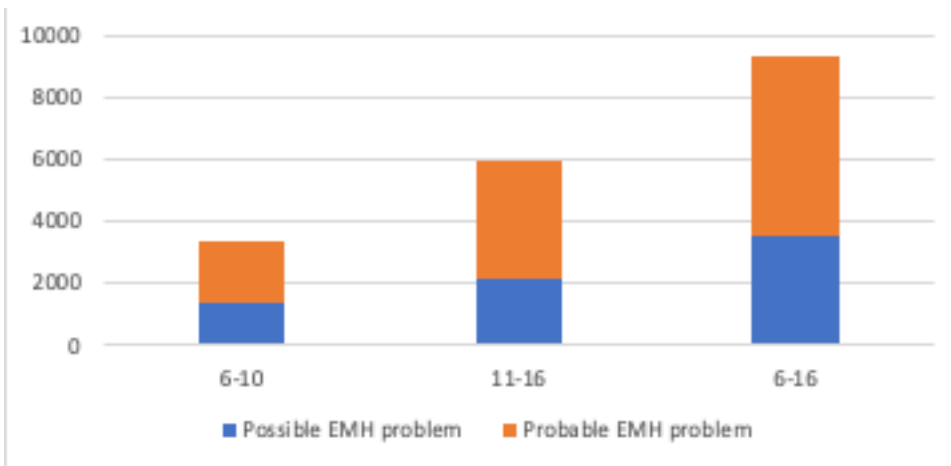
Unlike physical health, emotional and mental health problems are more likely to develop during the adolescent years. The national survey on mental health in children and young people in England is the most robust information on prevalence of mental health in children and young people. This is used to model prevalence at local level.

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<sup>48</sup> [Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/delivering-better-oral-health)

<sup>49</sup> <https://www.gov.uk/government/publications/early-adolescence-applying-all-our-health/early-adolescence-applying-all-our-health>

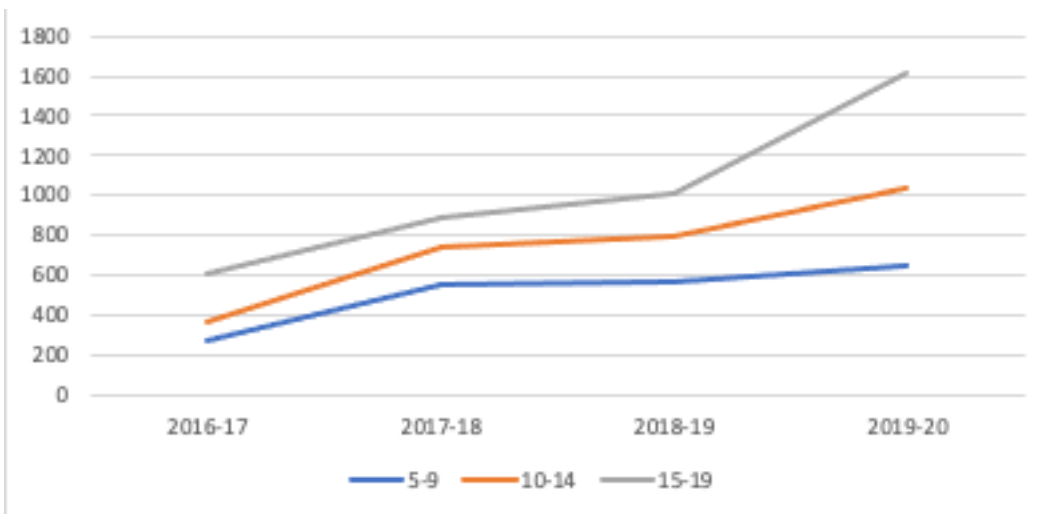
**Figure 102: Modelled Prevalence of Mental Health Problems by Age, Bexley**



Source: OHID Children and Young People's Mental Health and Wellbeing, <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1>

Data extracted by CCG colleagues from the GP systems provided further insights and are described below

**Figure 103: Number Aged 5-19 with Emotional and Mental Health Needs by Quinary Age Band, Bexley Primary Care, 2016/17-2019/20**

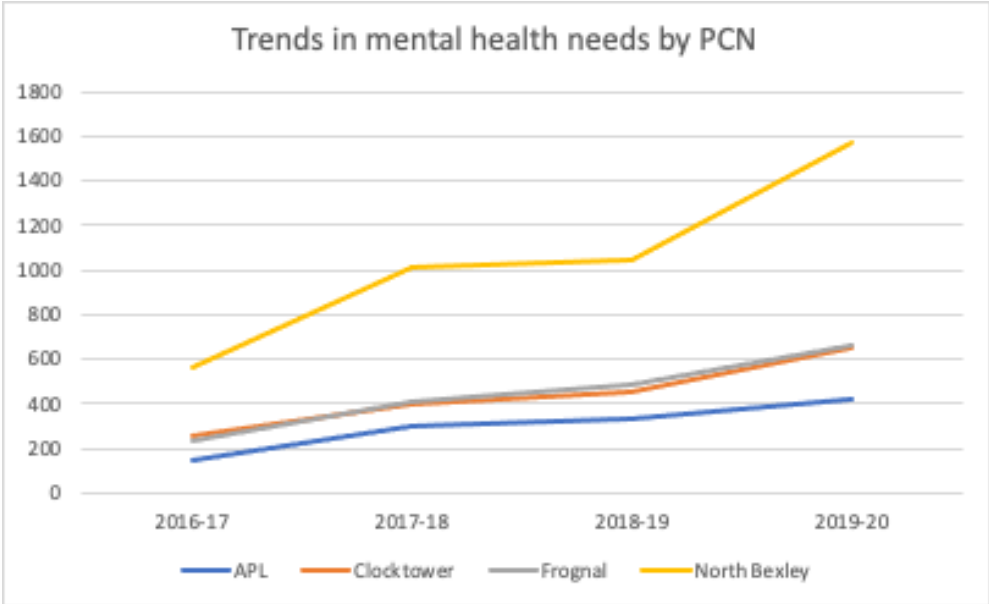


Source: Primary Care Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

Figure 103 shows that the numbers with emotional and mental needs are increasing in each age group but the highest needs and increase are in the 15-19 age group. During COVID national data also suggests that the 15-19 age group had the highest anxiety and depression due to restrictions, school closures and uncertainty about exams and future.

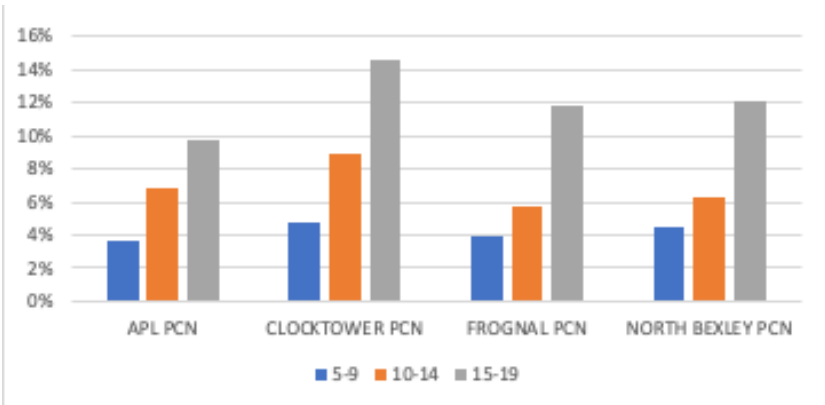
Figure 104 shows that the needs are highest in North Bexley which have increased to more than twice that of baseline. Previous chapters on demography and wider determinants help to explain these differences as mental health is also impacted by the social determinants of health.

**Figure 104: Number Aged 5-19 with Emotional and Mental Health Needs by Primary Care Network, Bexley Primary Care, 2016/17-2019/20**



Source: Primary Care Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

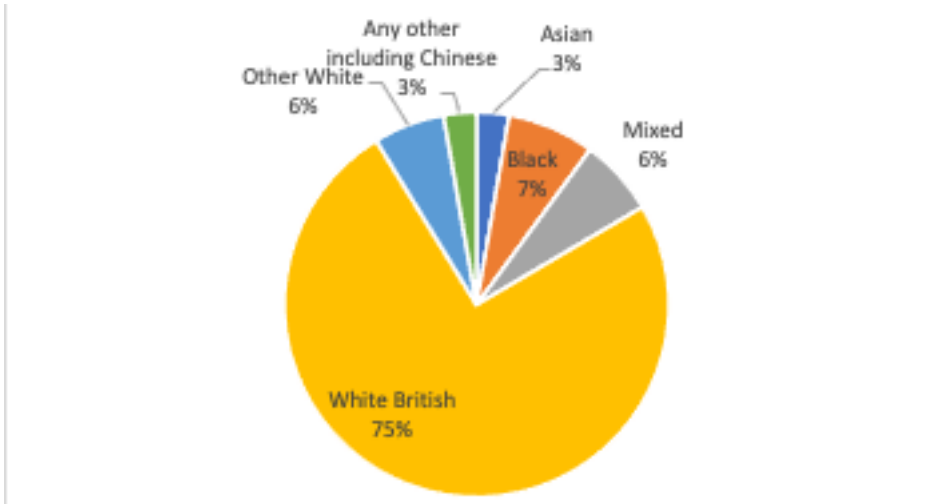
**Figure 105: Proportion Aged 5-19 with Emotional and Mental Health Needs by Quinary Age Band and Primary Care Network, Bexley Primary Care, 2019/20**



Source: Primary Care Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

Figure 106 shows the proportion by ethnicity which indicates lower presentation to GP practices by BAME communities and this may need further investigation to understand and cultural aspects of mental health in these communities.

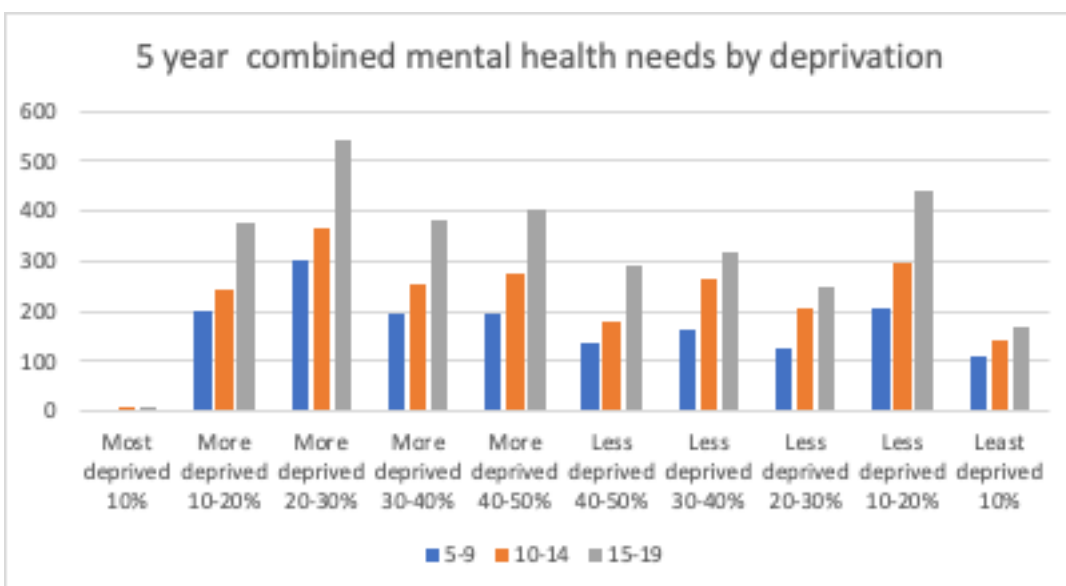
**Figure 106: Proportion Aged 5-19 with Emotional and Mental Health Needs by Recorded Ethnicity, Bexley Primary Care, 2019/20**



Source: Primary Care Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

Figure 107 shows that when grouped by deciles of deprivation, the need is observed at each decile except the most deprived, which may be because Bexley does not have areas that fall within 10% most deprived decile

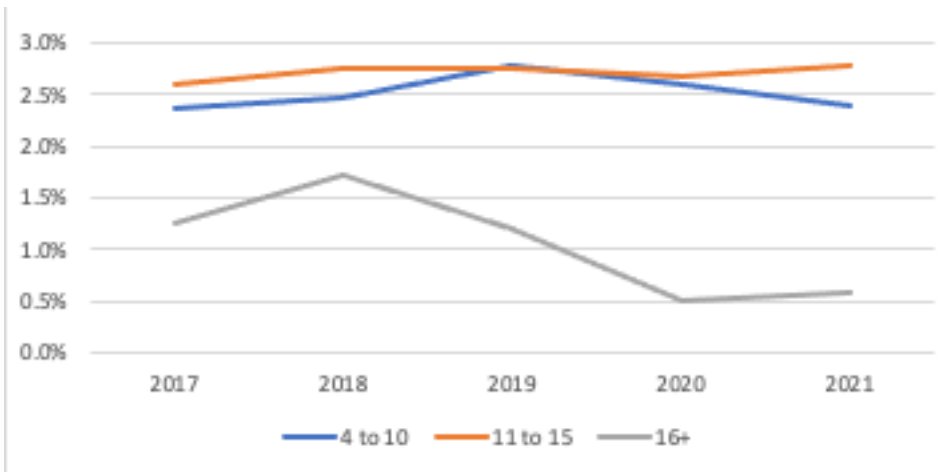
**Figure 107: Number Aged 5-19 with Emotional and Mental Health Needs by Deprivation Decile and Quinary Age Band, Bexley Primary Care, 2016/17-2019/20**



Schools also identify children with emotional and mental health needs. The following section looks at data from Bexley School population.

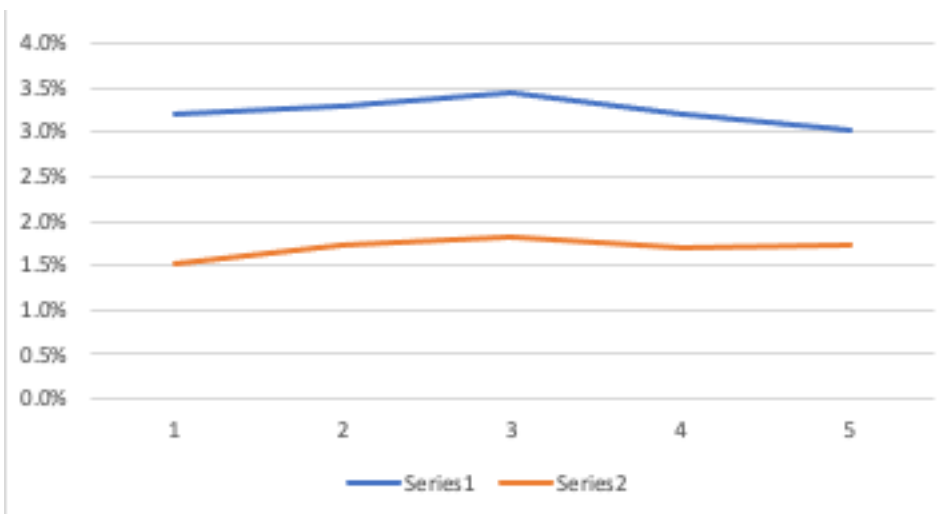
Figure 108 shows that the proportion identified in 4-15 is higher and 16+ is lower which is not similar to the GP data. These differences may be due to a number of reasons – with younger children in school assessed at entrance to primary and secondary schools.

**Figure 108: Proportion of School Children with Emotional and Mental Health Needs (%) by Age, Bexley Schools, 2017-21**



Source: London Borough of Bexley

**Figure 109: Proportion of School Children with Emotional and Mental Health Needs (%) by Sex, Bexley Schools, 2017-21**

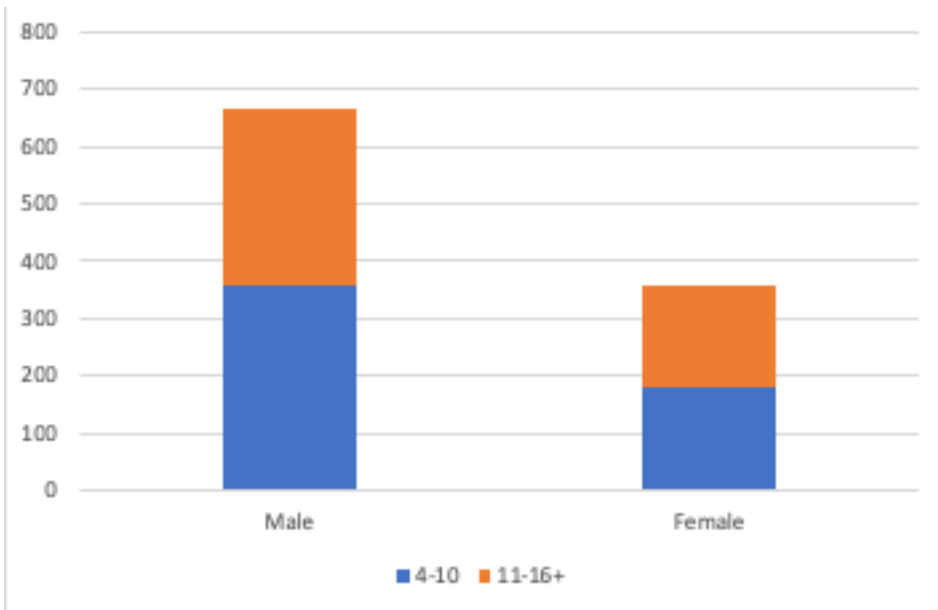


Source: London Borough of Bexley

Figure 110 shows that there was greater need in boys and girls and Figure 105 shows breakdown by age for boys and girls.



**Figure 110: Proportion of School Children with Emotional and Mental Health Needs (%) by Sex and Age, Bexley Schools, 2021**

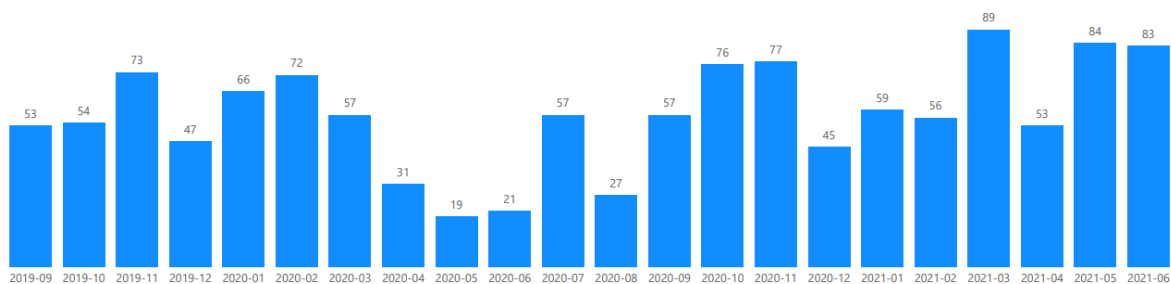


Source: London Borough of Bexley

## Children presenting to MASH

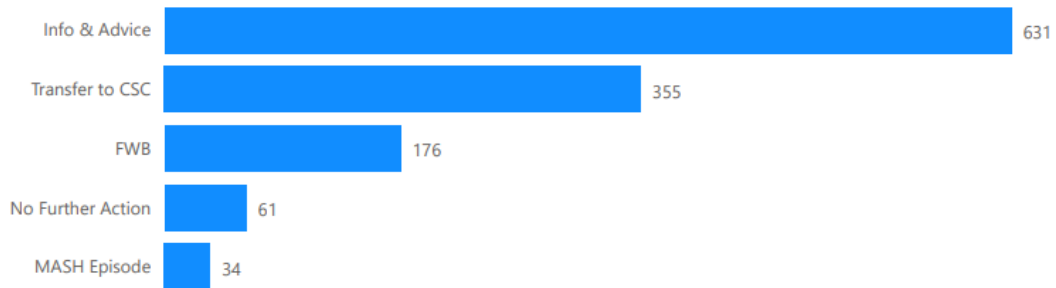
Bexley contacts presenting with mental issues to the multi-agency safeguarding hub (MASH) have been increasing gradually over the last few years. MASH caters for all ages but generally the majority of contacts are within the 14-17 years age range (36.72%).

**Figure 111: Number of Contacts Received by Bexley MASH Where the Presenting Issue Was Mental Health, 2019 -21**



Source: London Borough of Bexley

**Figure 112: Number of Contacts Received by Bexley MASH Where the Presenting Issue Was Mental Health by Outcome, 2019 -21**



Source: London Borough of Bexley

The main outcome for those using the MASH service and presented with an issue of mental health was the receipt of information and advice. Other MASH contacts were transferred to CS C and FWB with a small proportion of contact receiving no further action or were admitted as a MASH episode.

## 7. Health and Care use

### Introduction

The burden of ill health in a population is the key driver for the demand of health and care services. The use of health and care services is also a proxy of current need in the population. This chapter looks at the use of public services commissioned by the Clinical Commissioning Group (CCG), NHS-E/I, and commissioned or provided by Bexley Council Children's Services

### Chapter Summary

#### Key Messages

- Childhood immunisation rates in Bexley do not meet the 95% coverage standard to achieve herd immunity. Bexley has the lowest rates when compared with similar boroughs, Of particular concern is the worsening of coverage in MMR vaccine coverage which is around 85.7%
- Rates of hearing and vision screening improved in 2018 but dropped in 2019 and 2020. Whilst this may be due to COVID , it is of concern since 82% of children passed hearing tests and 70% of children passed vision tests on average between 2017 and 2020.
- GP practices in Bexley are in lower numbers in areas of need
- Hospital admission rates vary by ward of residence which is not fully reflective of deprivation
- Rates of children in mental health crisis have been increasing pre-COVID but there was a sharp increase in October 2020 and rates have remained higher compared with pre-COVID.
- Rates of children in need have increased and vary by ethnicity and ward with the most deprived wards in North Bexley having more than 3 times the need compared with the less deprived wards in South Bexley

#### Key Priorities

- The local health protection board should request the DPH and NHS-E/I for a plan to be developed by January 2022 for improving the rate of childhood immunisations and in particular reduce health inequalities.
- Public health should undertake a review of primary care and community care access in North Bexley to be completed by March 2023
- Public Health should work closely with children's social care to agree evidence based interventions to reduce the burden of children in care on services and agree a prevention plan by March 2023.

## Key Facts

- Rates of recorded asthma per 10,000 for 0-19 by GP practices ranges from 6.3/10000 to 97.3/10,000 with about 11 practices recording an increased numbers which may be either due to improved recording or true increase in incidence.
- The rates of contact with MASH decreased from 2,389/10,000 in 2020 to 2,192/10,000 in 2021
- The 3 top reasons for contact were family relationships/parental (25%) difficulties, domestic abuse in household (16%) and mental health in household (11%).
- The highest rates of contact were in other mixed communities ( 378/10,000) and White and Black Caribbean (369/10,000)
- The rates of children in need increased from 254/10000 in 2018 to 279/10000 in 2021. The rates for 5-9 remained stable over the period but increased in 10-19 year-olds
- The rates for children in need were highest in other mixed (65/1000), Black African (52/1000) and White Irish (49/1000) and lowest in Chinese (13/1000), Indian (17/1000) and White British (20/1000) ethnic groups.
- The rates were highest in Slade Green & Northend (43/1000), Thamesmead East (39/1000) and Erith (38/1000) and lowest in Longlands (12/1000) West Heath (13/1000) and Crook Log (13/1000) and Blendon & Penhill (13/1000)

## Preventative services

### Immunisations

#### Trends in childhood immunisations in Bexley

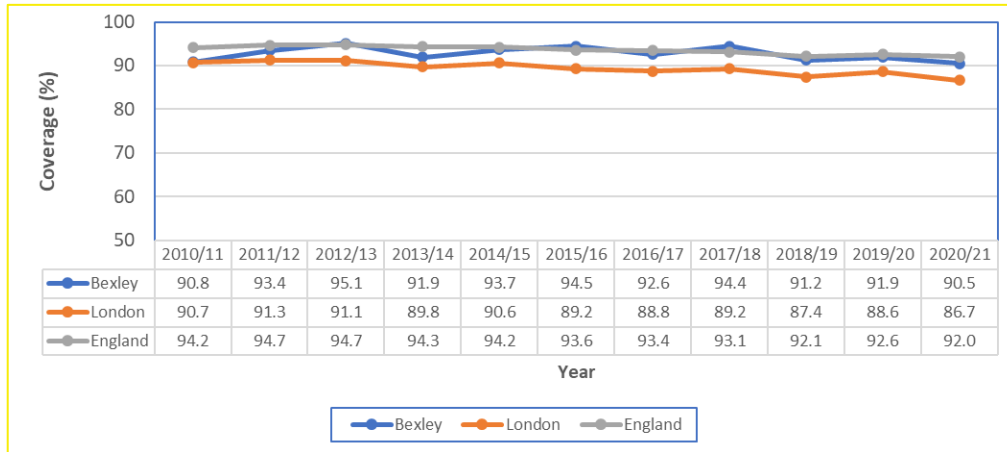
Vaccines have played a crucial role in preventing childhood diseases. In the UK the Joint Committee on vaccinations and immunisations (JCVI) reviews the evidence on vaccines and advises the government on policy for population programmes on immunisations. The services are commissioned by NHS-E/I and provided by primary care for the 0-5 age group and for school aged vaccinations provided by school nursing or community services.

The childhood immunisation programme schedule starts at age 12 weeks when the first dose against Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus, influenzae type b (Hib) and hepatitis B is given to age 13 and above when the vaccine against Cancers and genital warts caused by specific human papillomavirus (HPV) types and a vaccina against Meningococcal groups A, C, W and Y is given. A coverage of 95% is required to provide herd immunity.

#### DTaP /IPV/Hib

Between 2010/11 and 2020/21, Bexley averaged 92.7% coverage of Dtap/IPV/Hib vaccinations for 1-year-olds, compared to 89.4% for London and 93.5% for England.

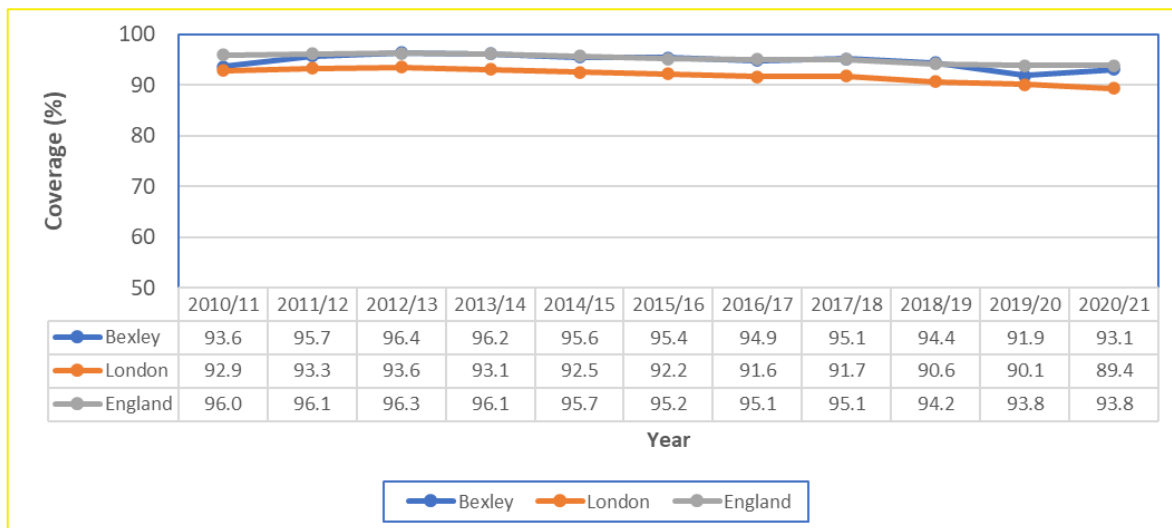
**Figure 113: DTaP /IPV/Hib Coverage (%), Aged 1 year, Bexley, 2010/11-2020/21**



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

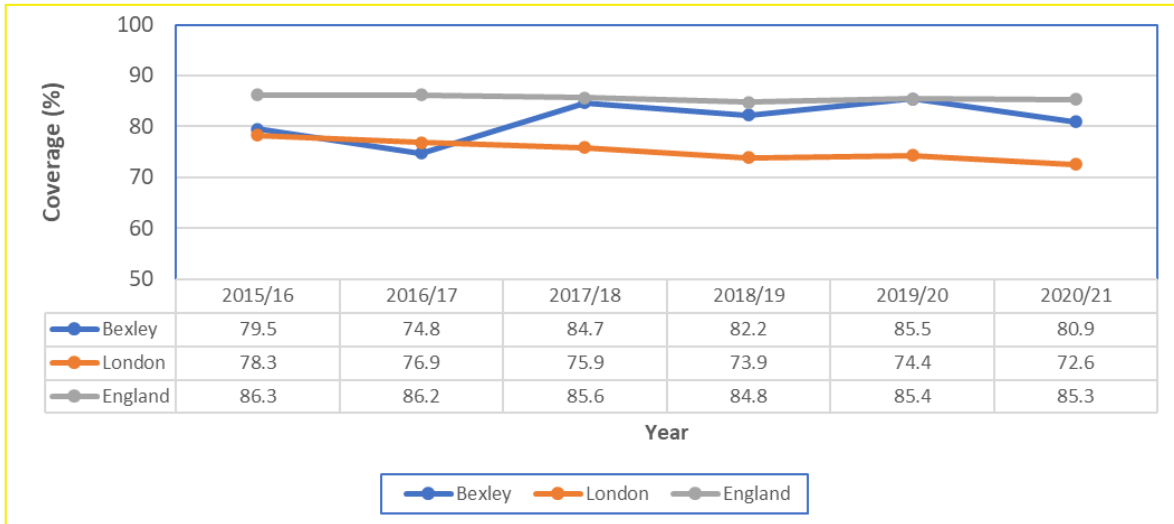
Between 2010/11 and 2020/21, Bexley averaged 94.8% coverage of Dtap/IPV/Hib vaccinations for 2-year-olds, compared to 91.9% for London and 95.2% for England.

**Figure 114: DTaP/IPV/Hib coverage (%), Aged 2 Years, Bexley, 2010/11-2020/21**



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

**Figure 115: DTaP/IPV Booster Coverage (%), Aged 5 Years, Bexley, 2010/11-2020/21**

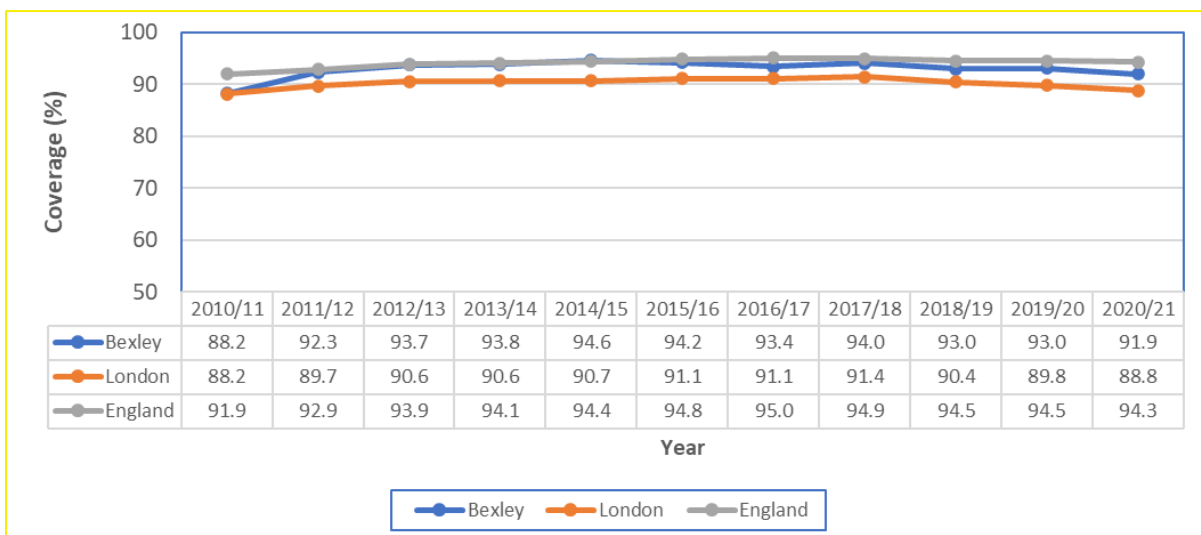


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

## MMR

This vaccine protects against Measles, mumps and rubella (German measles). The 1st dose of MMR is given by two years of age and Bexley has seen worsening rates of coverage in 2019/20 and 2020/21 at 85.4% and 85.7%. The second dose of MMR is given by age 5. The figures below show coverage by age 5 of dose 1 and dose 2. Between 2010/11 and 2020/21, Bexley averaged 92.9% coverage of MMR (one dose) vaccinations for 5-year-olds, compared to 90.2% for London and 94.1% for England.

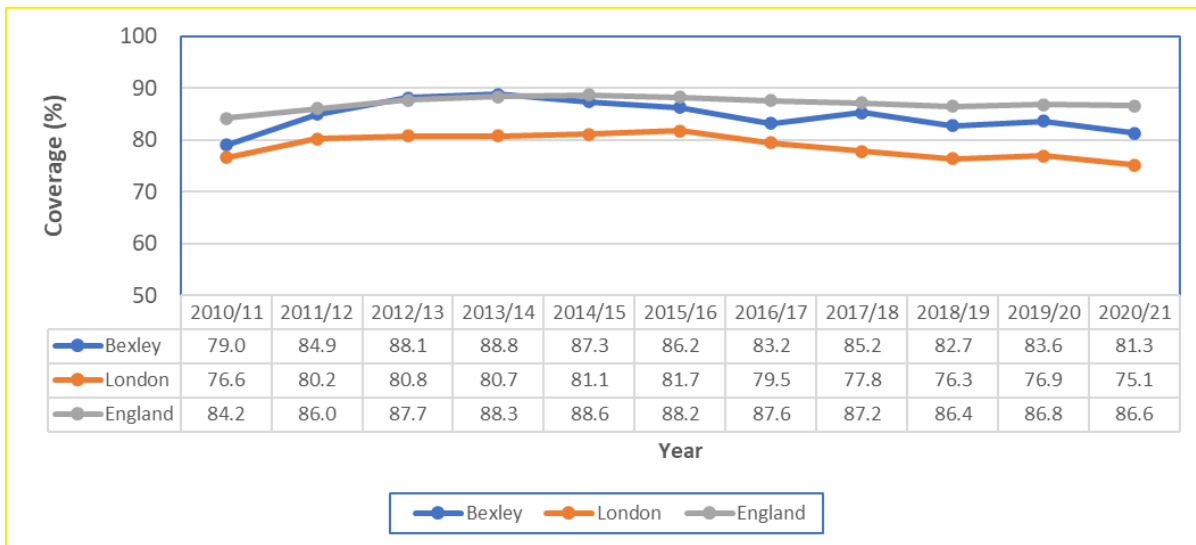
**Figure 116: MMR One Dose Coverage (%), Aged 5 Years, Bexley, 2010/11-2020/21**



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

Between 2010/11 and 2020/21, Bexley averaged 92.9% coverage of MMR (one dose) vaccinations for 5-year-olds, compared to 90.2% for London and 94.1% for England. This has further fallen to 81.3% in 2020/2021.

**Figure 117: MMR Two Doses Coverage (%), Aged 5 years, Bexley, 2010/11-2020/21**

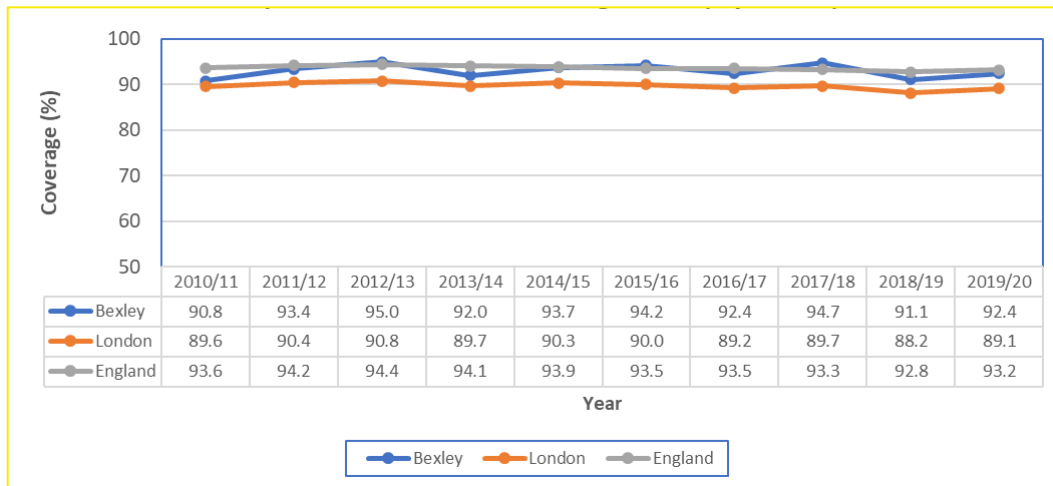


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

### PCV vaccine against pneumococcal disease

Between 2010/11 and 2019/20, Bexley averaged 93% coverage of PCV vaccinations for 1-year-olds, compared to 89.7% for London and 93.6% for England.

**Figure 118: PCV Coverage (%), Aged 1 Year, Bexley, 2010/11-2020/21**

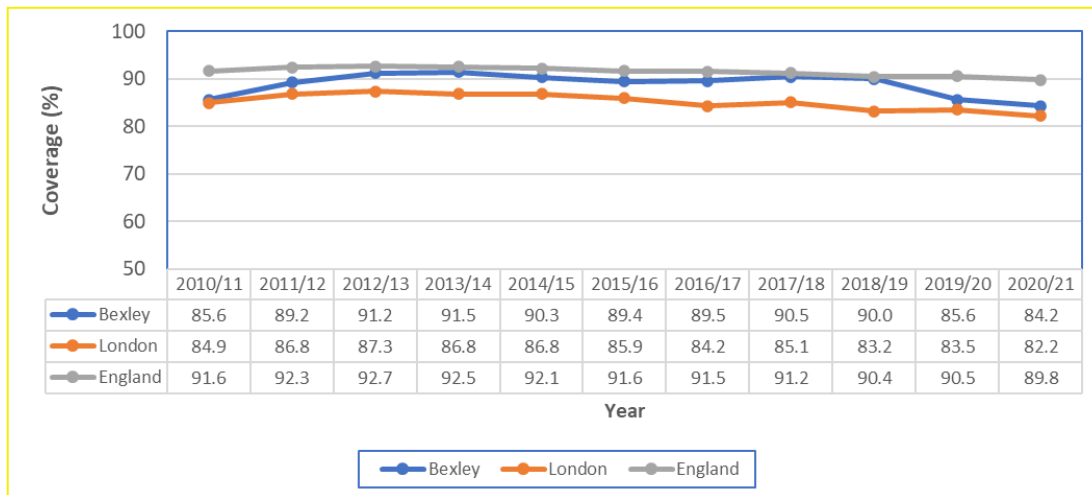


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

## Hib/MenC

Between 2010/11 and 2020/21, Bexley averaged 88.8% coverage of Hib/MenC booster vaccinations for 2-year-olds, compared to 85.2% for London and 91.5% for England.

**Figure 119: Hib/MenC Booster Coverage (%), Aged 2 Years, Bexley, 2010/11-2020/21**

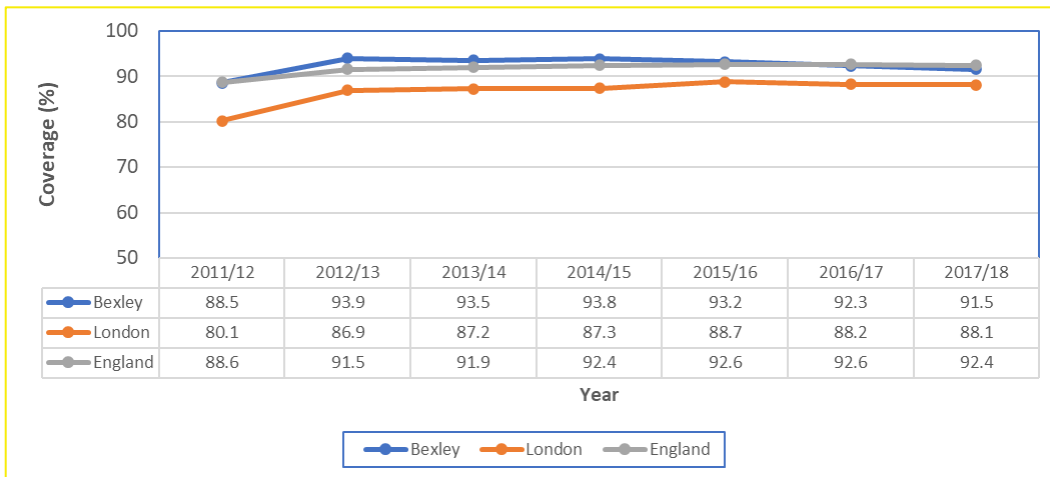


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

Between 2011/12 and 2017/18, Bexley averaged 97.4% coverage of Hib/Men C booster vaccinations for 5-year-olds, compared to 86.6% for London and 91.7% for England.



**Figure 120: Hib/MenC Booster Coverage (%), Aged 5 Years, Bexley, 2011/12-2017/18**

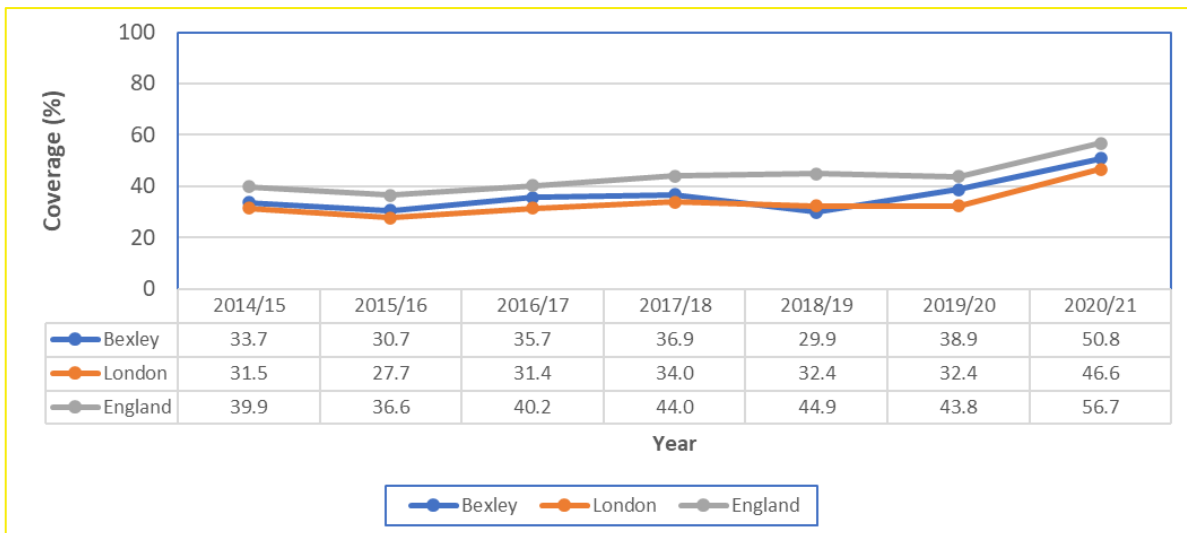


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

## Influenza (Flu) vaccine

Between 2014/15 and 2020/21, Bexley averaged 36.6% coverage of flu vaccinations for 2-3-year-olds, compared to 33.7% for London and 43.7% for England.

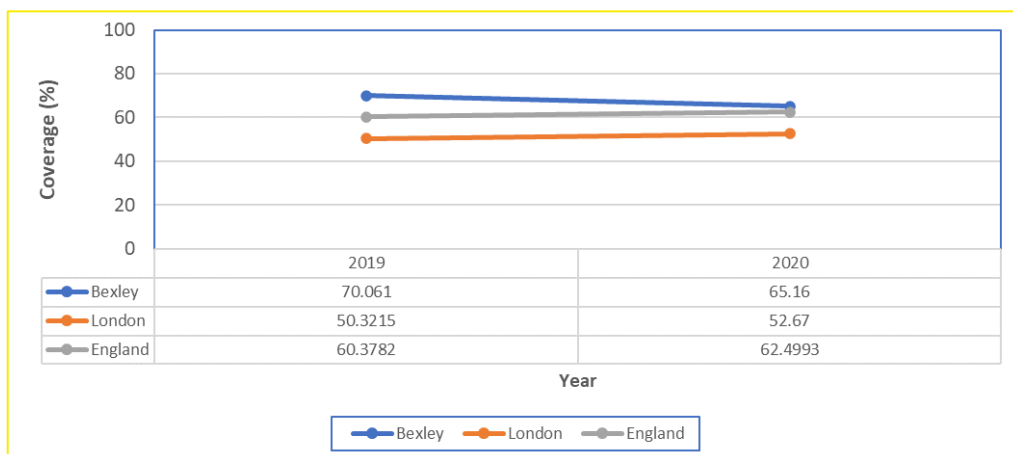
**Figure 121: Flu Coverage (%), Aged 2-3 Years, Bexley, 2014/15 to 2020/21**



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

Between 2019 and 2020, Bexley averaged 67.6% coverage of flu vaccinations for 4-11-year-olds, compared to 51.5% for London and 61.4% for England.

**Figure 122: Flu Coverage (%), Primary School Aged Children Aged 4-11, Bexley, 2019 to 2020**

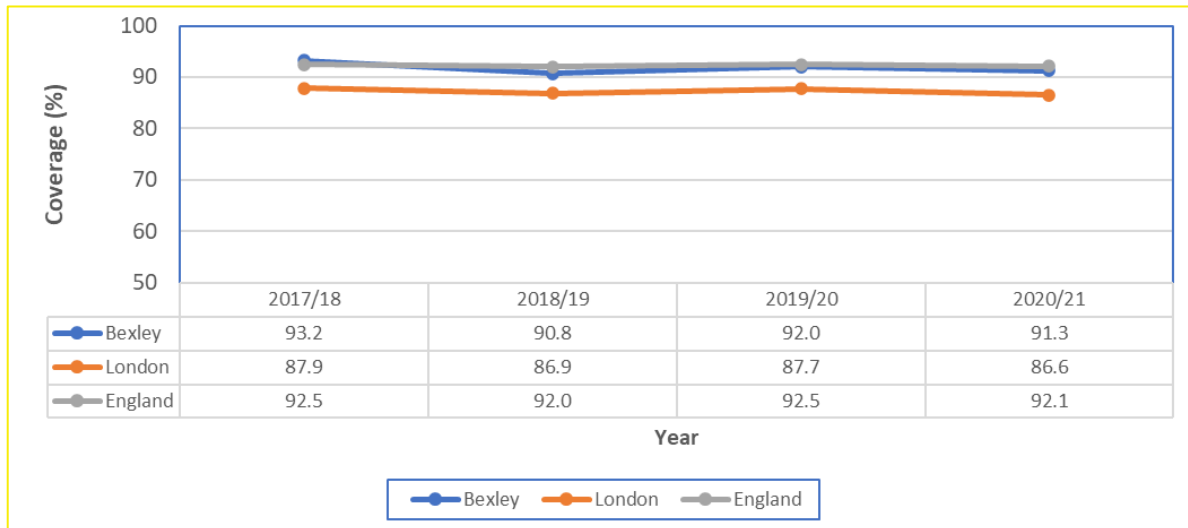


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

## MenB

Between 2017/18 and 2020/21, Bexley averaged 91.8% coverage of MenB vaccinations for 1-year-olds, compared to 87.3% for London and 92.3% for England.

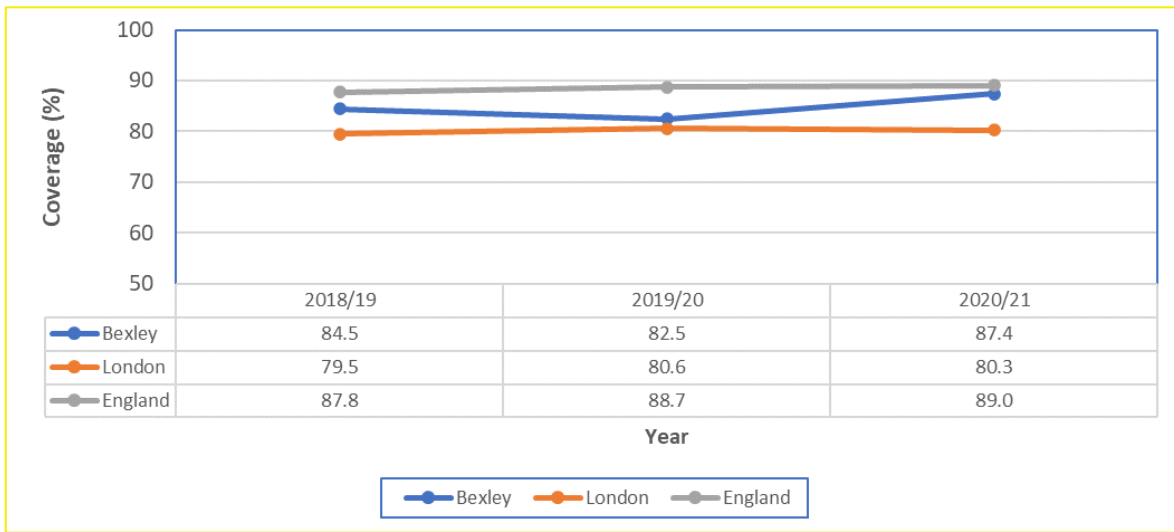
**Figure 123: MenB Coverage (%), Aged 1 Year, Bexley, 2018/19 to 2020/21**



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

Between 2018/19 and 2020/21, Bexley averaged 84.8% coverage of MenB booster vaccinations for 2-year-olds, compared to 80.1% for London and 88.5% for England.

**Figure 124: MenB Booster Coverage (%), Aged 2 Years, Bexley, 2018/19 to 2020/21**

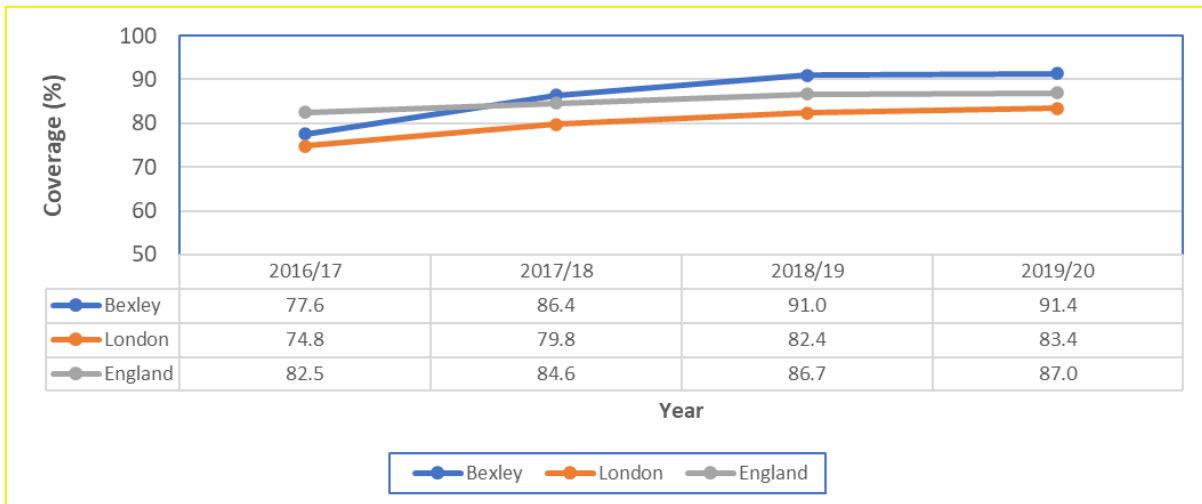


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

## MenACWY

Between 2016/17 and 2019/20, Bexley averaged 86.6% coverage of MenACWY vaccinations for 14-15-year-olds, compared to 80.1% for London and 85.2% for England.

**Figure 125: MenACWY Coverage (%), Aged 14-15 Years, Bexley, 2016/17 to 2019/20**

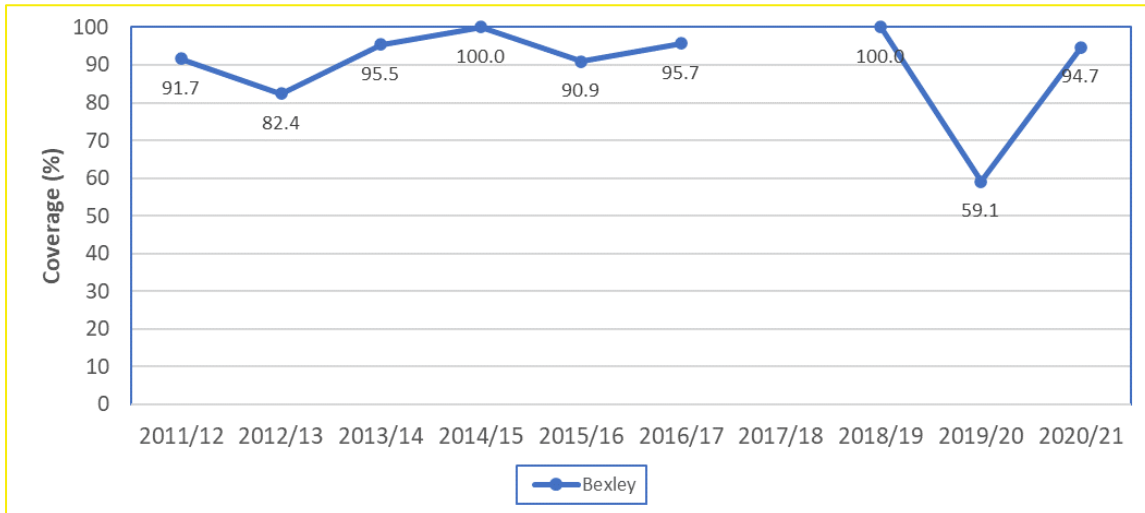


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

## Selective vaccination Hep B

Infants born to hepatitis B virus (HBV) infected mothers are at high risk of acquiring HBV infection themselves. Babies born to infected mothers are given a dose of the hepatitis B vaccine after they are born. This is followed by another two doses (with a month in between each) and a booster dose 24 months later. Over the last ten years, the Bexley average for hepatitis B coverage amongst 2 year-olds was 93.8%. In 2014/15 and 2018/19, Bexley managed to achieve 100% coverage. No data was recorded for 2017/18 for Bexley.

**Figure 126: Hepatitis B Coverage (%), Aged 2 Years, Bexley, 2011/12 to 2020/21**

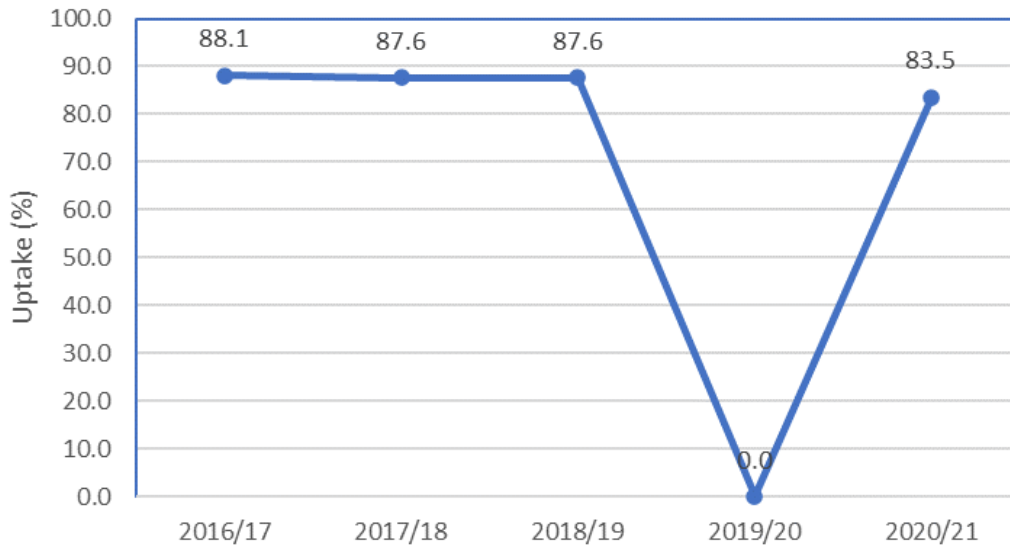


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID), <https://fingertips.phe.org.uk>

## Human Papillomavirus (HPV) vaccine uptake

Between the years of 2016 and 2019, the HPV vaccine was offered to only girls. From September 2019, the national Human papillomavirus vaccination programme became universal with 12- to 13-year-old males becoming eligible alongside females.

**Figure 127 HPV Vaccine Uptake (%), Bexley, 2016/17 to 2020/21**



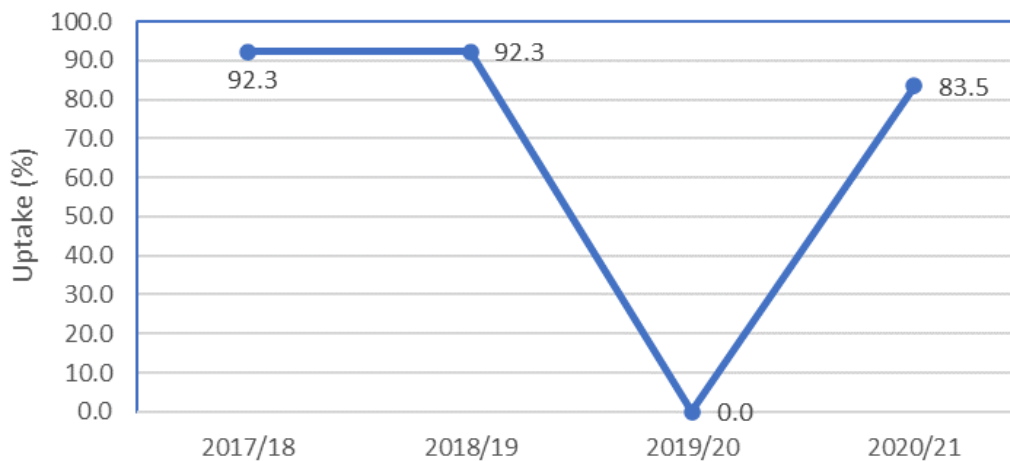
Source: London Borough of Bexley

### **Factors affecting HPV vaccine coverage estimates in academic year 2019 to 2020**

The COVID-19 pandemic led to all educational settings closing from March 23rd 2020 (some schools remained partially open for children of key workers) and the delivery of all school-aged immunisation programmes, including HPV were paused in line with UK government COVID advice.

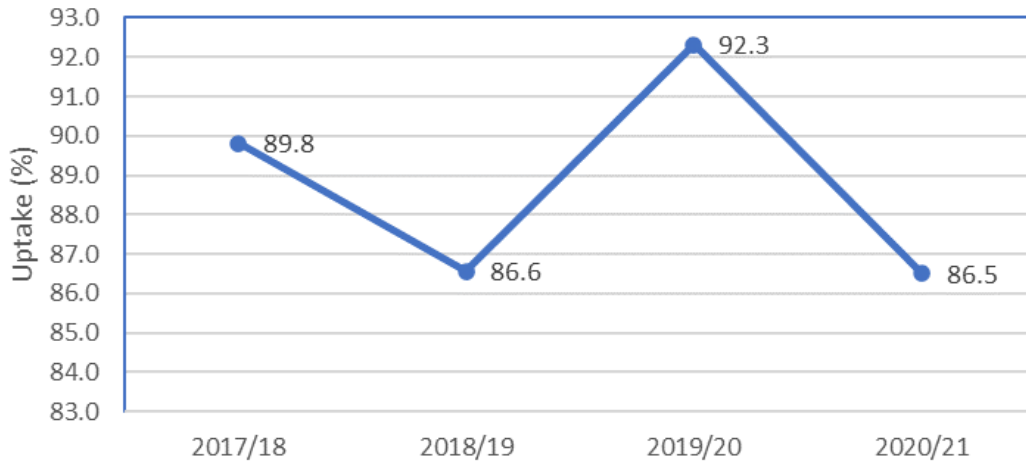
From 1 June 2020, some schools partially re-opened for some year groups for a mini summer term and all schools fully re-opened in Summer for the 2020/21 academic year.

**Figure 128: HPV and MenACWY and Td/IPV Booster Uptake (%), Aged 12-13 years, Bexley, 2017/18 to 2020/21**



Source: London Borough of Bexley

**Figure 129: HPV and MenACWY and Td/IPV Booster Uptake (%), Aged 13-14 Years, Bexley, 2017/18 to 2020/21**

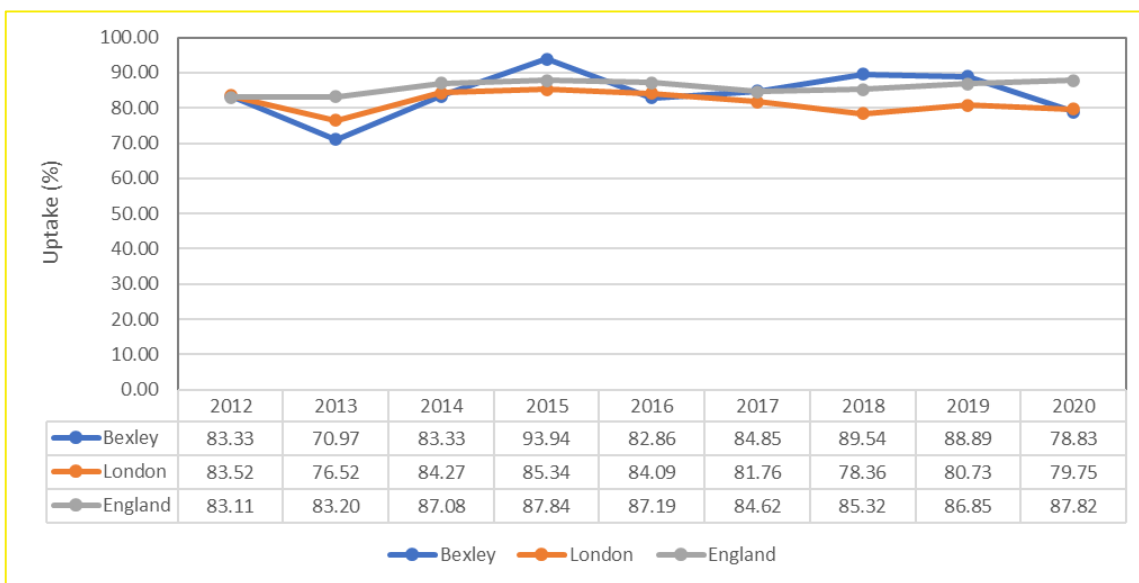


Source: London Borough of Bexley

### Vaccination coverage in Children in Care

Vaccination coverage in children in care is lower than the general child population. The following charts show Bexley's vaccination coverage in children in care compared to London and England where available. The decrease in the immunisation uptake seen across Bexley in 2020 is likely to be due to the changes in services during COVID. The 2021 data in the recently updated OHID child profile shows a further drop with a coverage of 69% which is of concern.

**Figure 130: Total Immunisation Uptake of Children in Care (%), Aged <18 Years, 2012-2020**

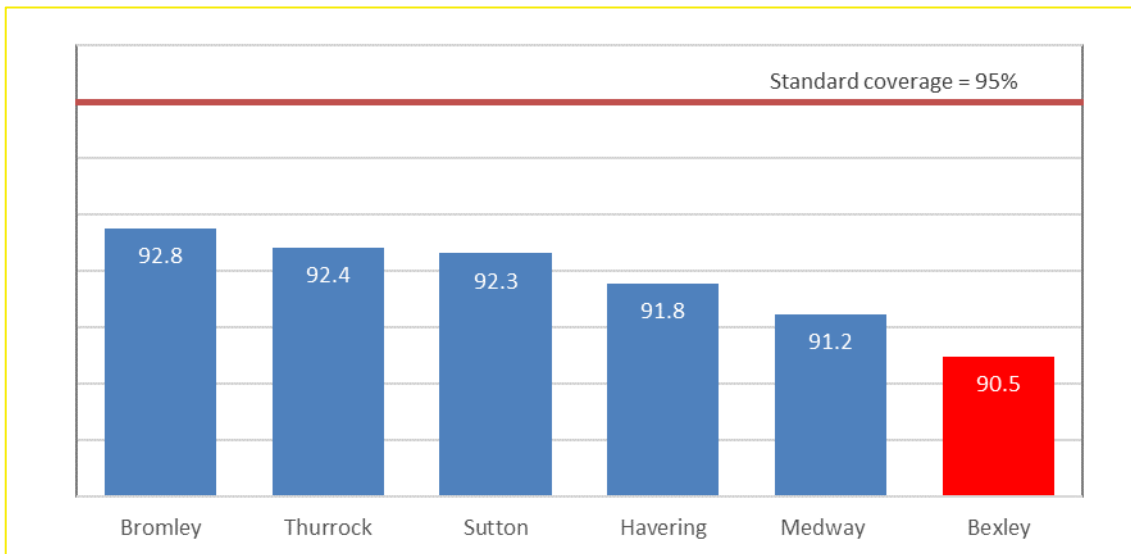


Source: Department for Education, looked-after children, <https://www.gov.uk/government/collections/statistics-looked-after-children>

### Bexley vaccinations compared with similar areas

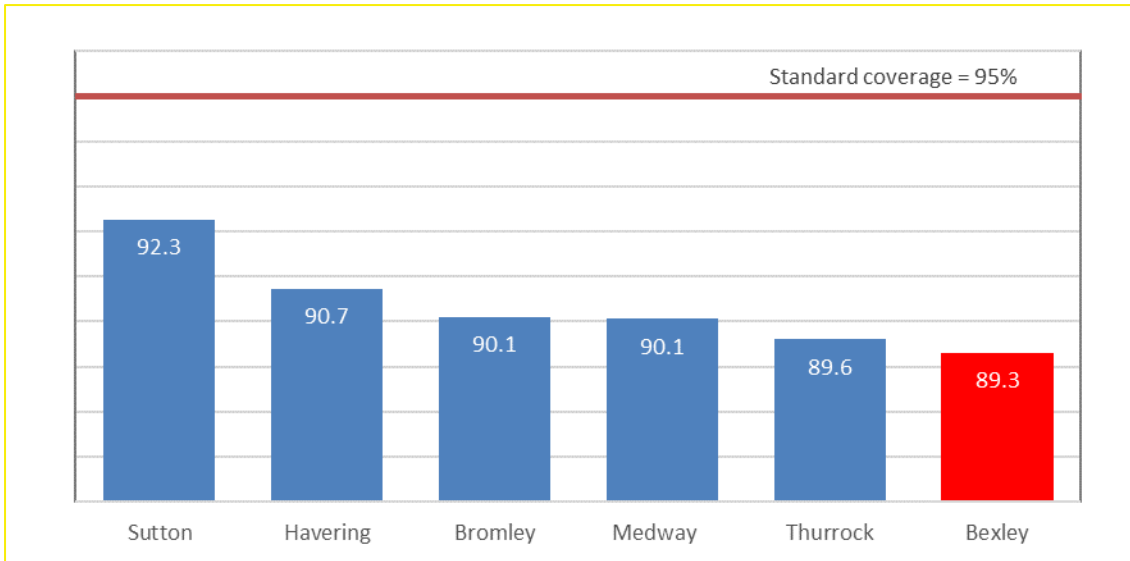
Bexley has a lower rate of childhood immunisation coverage when compared to its comparative neighbours; Bromley, Havering, Medway, Sutton and Thurrock. All of the boroughs were not successful with achieving the 95% coverage standard.

**Figure 131: Percentage of Children Vaccinated for DTaP/IPV/Hib/HepB by their First Birthday (%), Bexley and Comparator Boroughs, 2020-21**



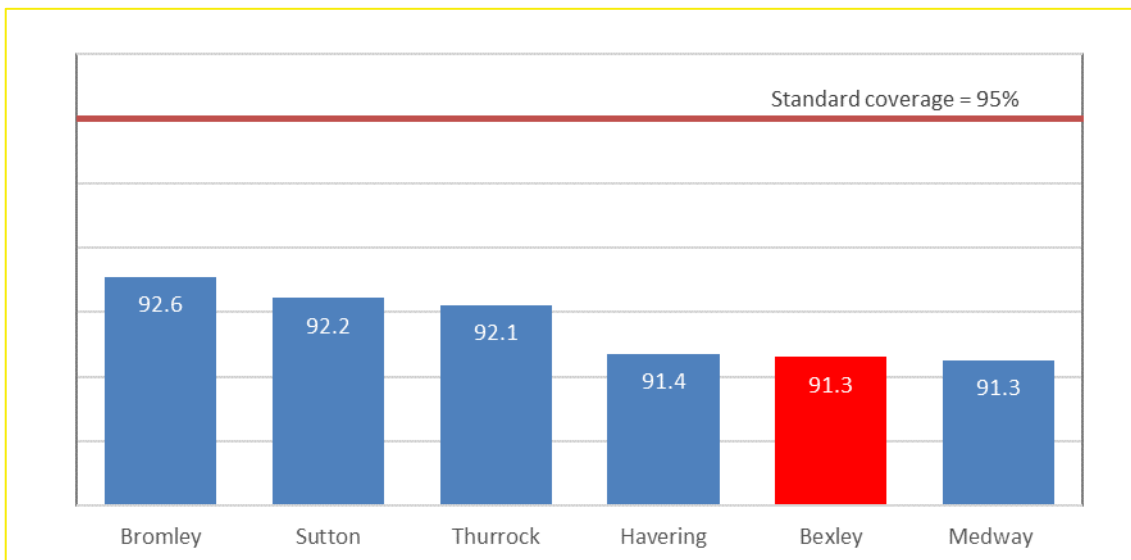
Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

**Figure 132: Percentage of Children Vaccinated for Rotavirus by their First Birthday (%), Bexley and Comparator Boroughs, 2020-21**



Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

**Figure 133: Percentage of Children Vaccinated for MenB by their First Birthday (%), Bexley and Comparator Boroughs, 2020-21**

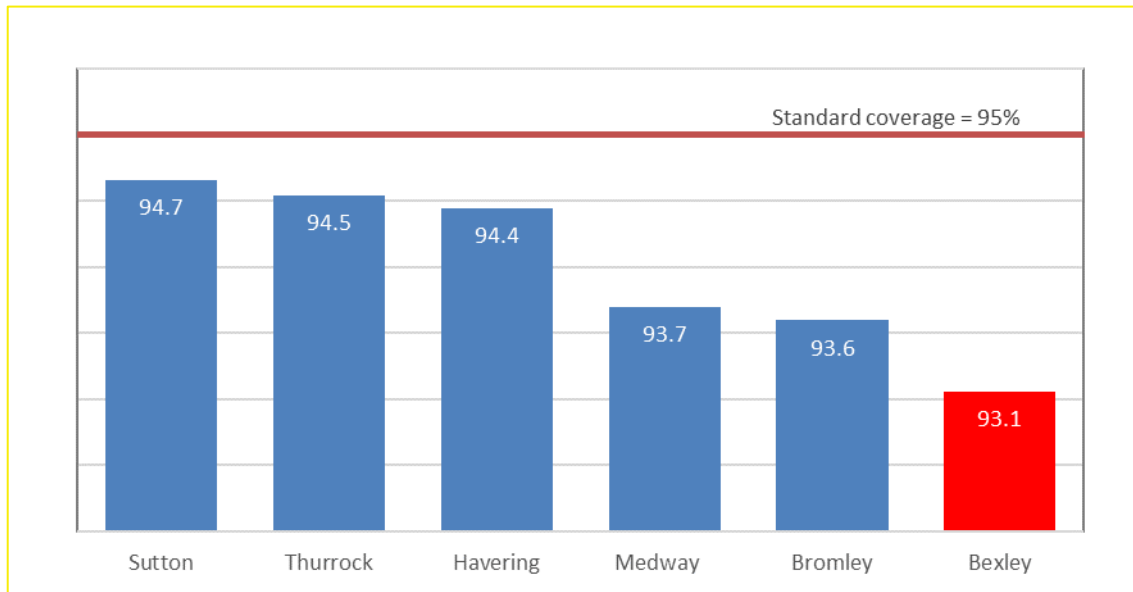


Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

Bexley has a lower rates of childhood immunisation coverage by second birthday when compared to its comparative neighbours.

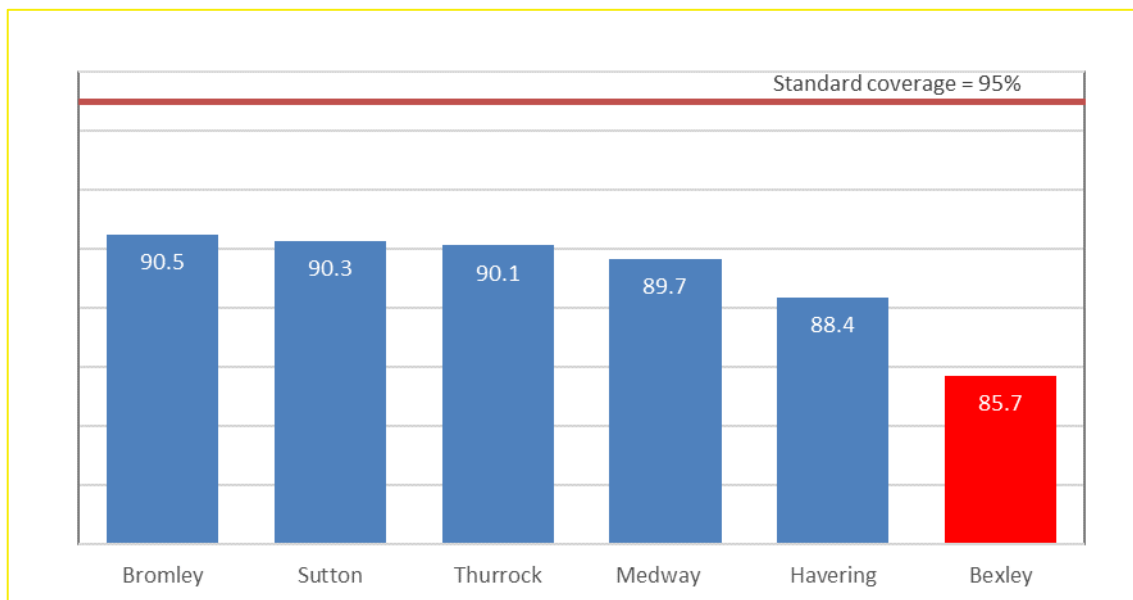


**Figure 134: Percentage of Children Vaccinated for DTaP/IPV/Hib/HepB by their Second Birthday (%), Bexley and Comparator Boroughs, 2020-21**



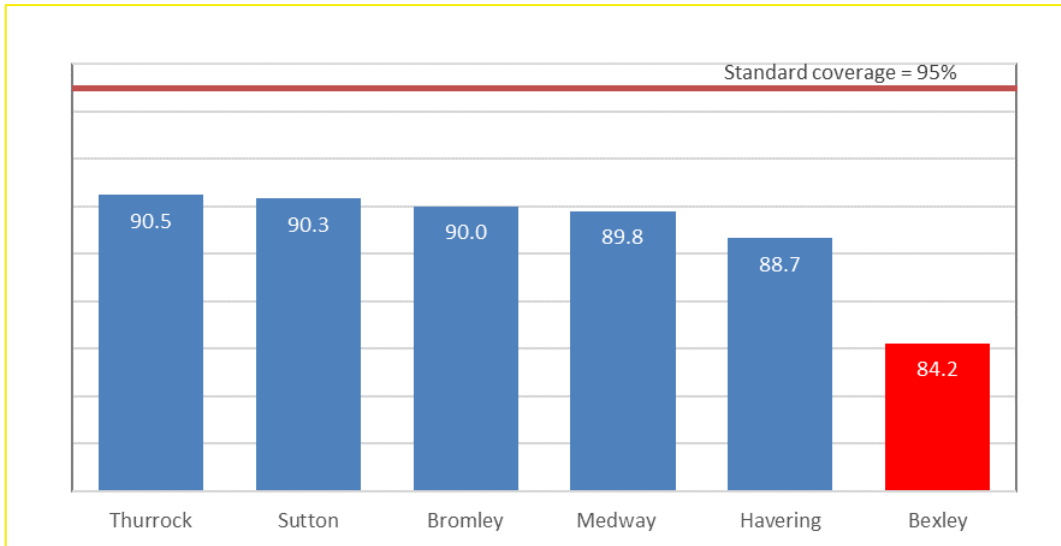
Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

**Figure 135: Percentage of Children Vaccinated with MMR 1<sup>st</sup> Dose by their Second Birthday (%), Bexley and Comparator Boroughs, 2020-21**



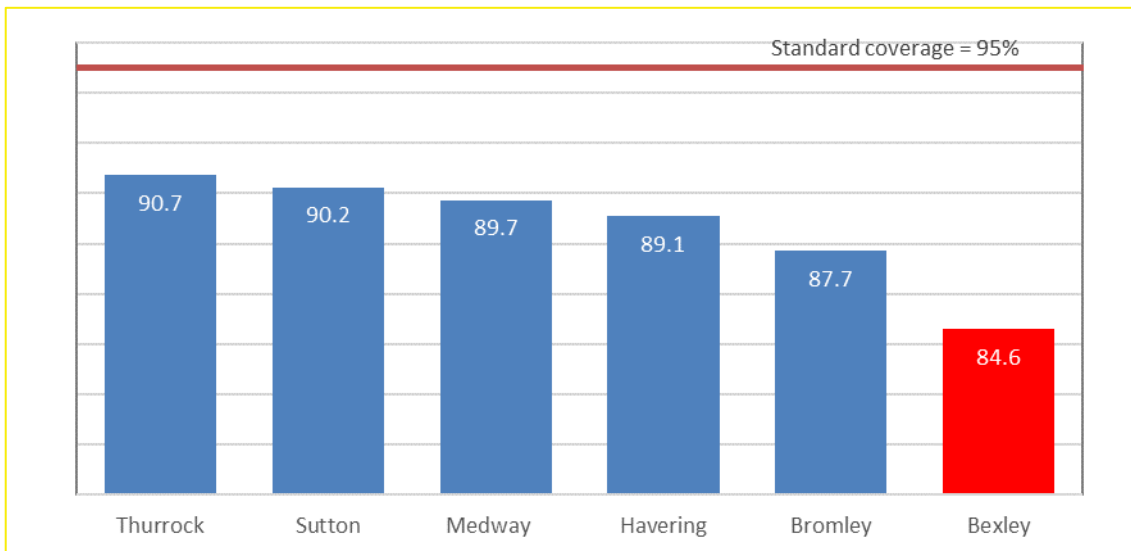
Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

**Figure 136: Percentage of Children Vaccinated for Hib/MenC by their Second Birthday (%), Bexley and Comparator Boroughs, 2020-21**



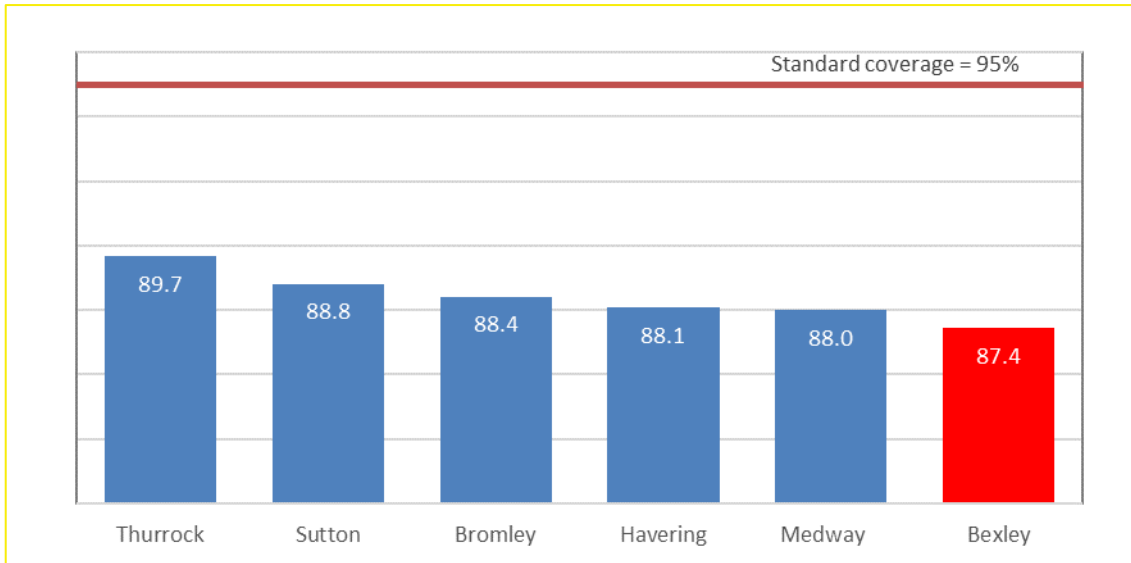
Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

**Figure 137: Percentage of Children Vaccinated for PCV by their Second Birthday (%), Bexley and Comparator Boroughs, 2020-21**



Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

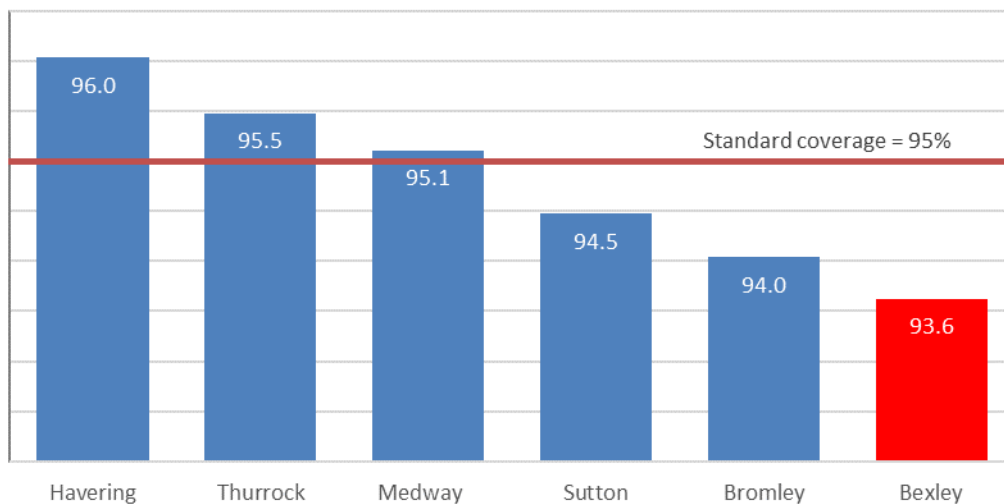
**Figure 138: Percentage of Children Vaccinated for MenB by their Second Birthday (%), Bexley and Comparator Boroughs, 2020-21**



Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

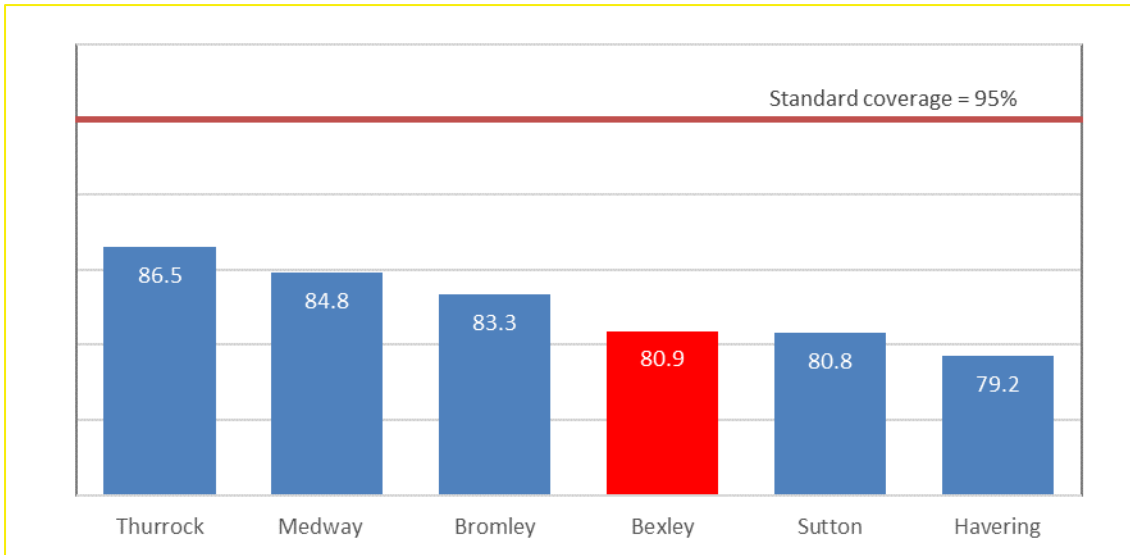
Bexley has a lower rates of childhood immunisation coverage by fifth birthday when compared to its comparative neighbours.

**Figure 139: Percentage of Children Vaccinated for DTaP/IPV/Hib/HepB by their Fifth Birthday (%), Bexley and Comparator Boroughs, 2020-21**



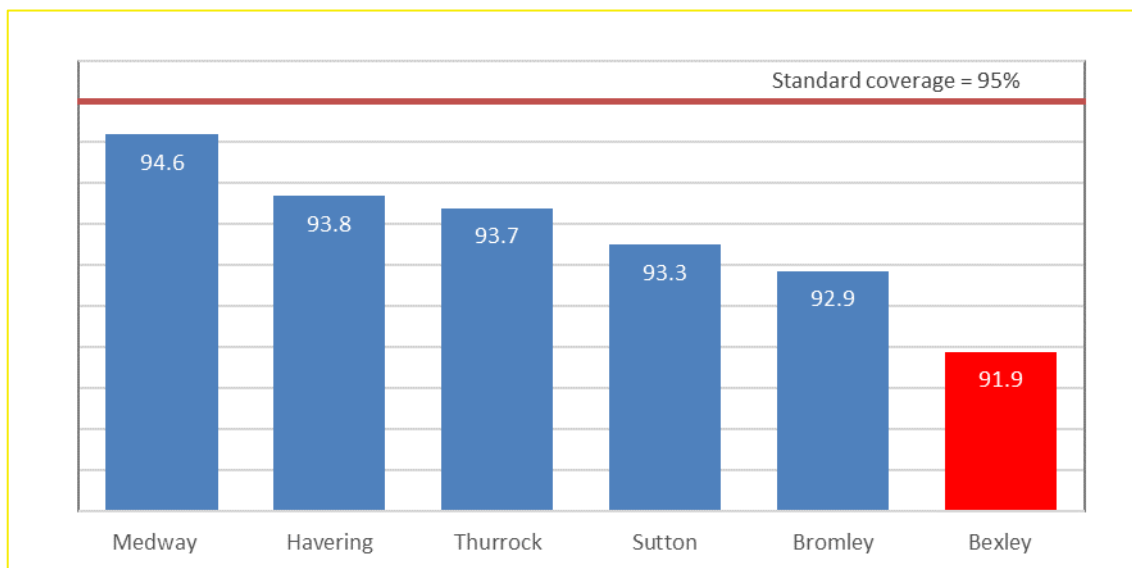
Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

**Figure 140: Percentage of Children Vaccinated for Pertussis by their Fifth Birthday (%), Bexley and Comparator Boroughs, 2020-21**



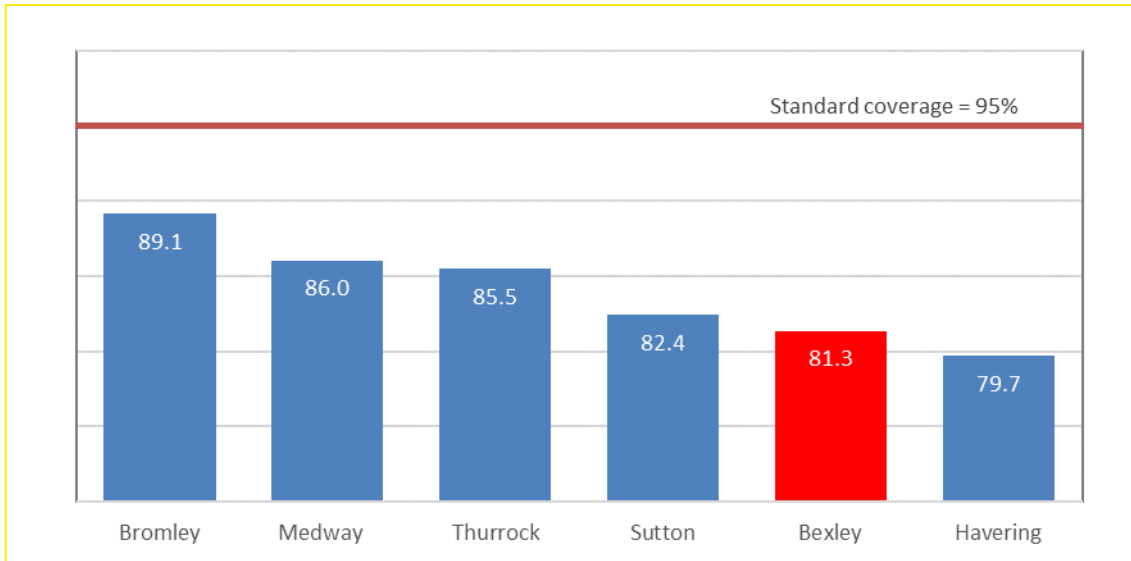
Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

**Figure 141: Percentage of Children Vaccinated with MMR 1<sup>st</sup> Dose by their Fifth Birthday (%), Bexley and Comparator Boroughs, 2020-21**



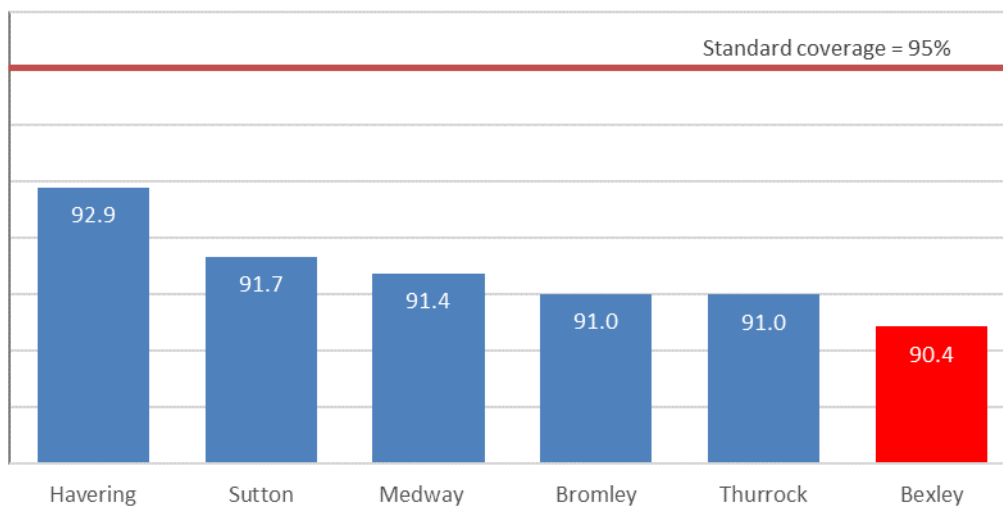
Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

**Figure 142: Percentage of Children Vaccinated with MMR 1<sup>st</sup> and 2<sup>nd</sup> Doses by their Fifth Birthday (%), Bexley and Comparator Boroughs, 2020-21**



Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

**Figure 144: Percentage of Children Vaccinated for Hib/MenC by their Fifth Birthday (%), Bexley and Comparator Boroughs, 2020-21**



Source: NHS Digital, Childhood Vaccination Coverage Statistics, England - 2020-21, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

## Screening

### Hearing and vision screening

Children are screened in reception at age 4-5 years in schools. Prior to the tests being carried out by the school health team, parents will receive a letter. The screening exercise will be carried out by trained healthcare staff usually in a private room/area in the school.

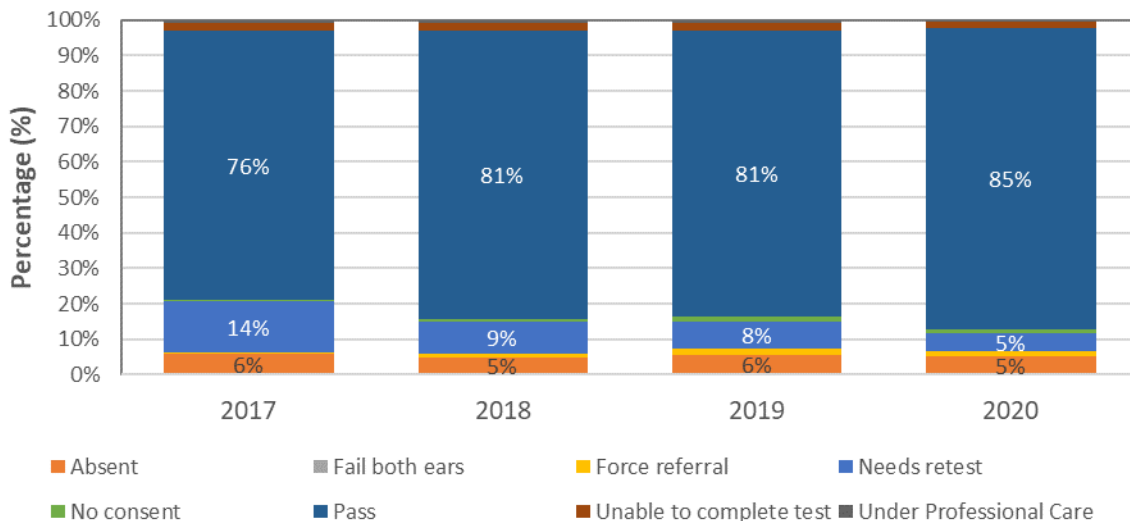
The screening is safe; it seems more like a game to the child. If a child wears glasses or is currently receiving hearing treatment they are excluded from screening.

The result is given to the child on the same day of the screening to bring home to parents, and if the results are unusual the team will reach out to the parents. Children who fail the hearing tests have to repeat these tests within 6-8 weeks; while for the vision screening if the result raises a concern, the child can be referred to an optician.

In 2017, there was a total of 968 children in reception who had undergone hearing screening. This rose to 3,795 in 2018, dropped to 3,251 in 2019 and dropped even further to 2,220 in 2020. 2021 figures have not been included as the figures do not reflect a full year of data.

The chart below shows the results of reception children in Bexley who were part of the hearing and vision screening programme.

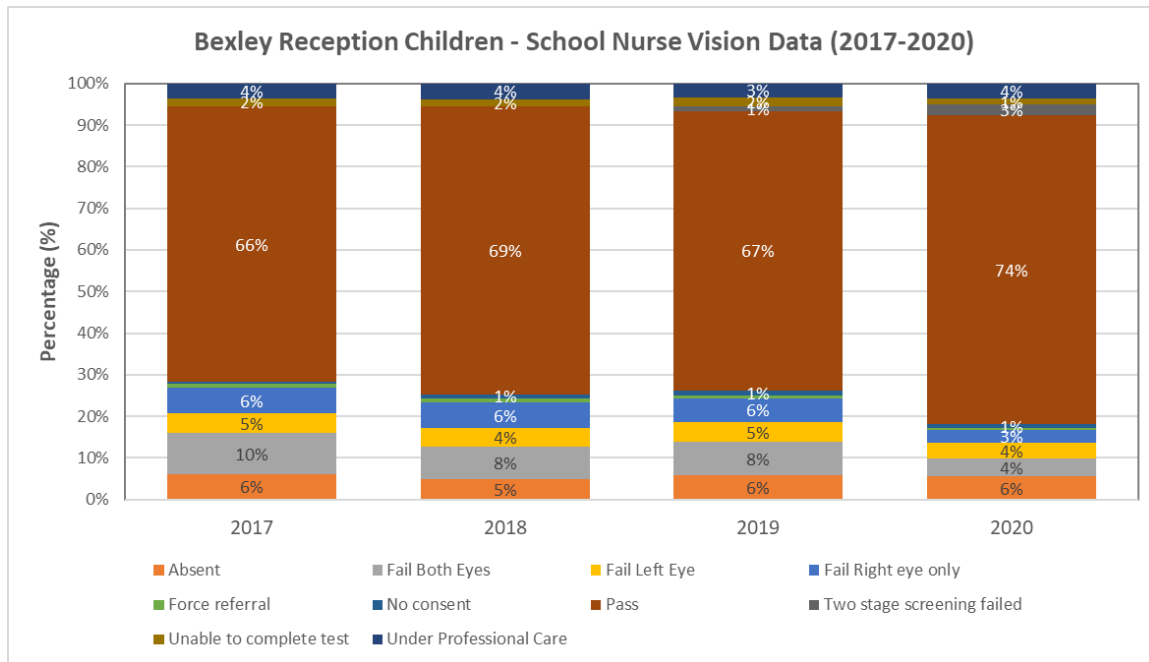
**Figure 145: Reception Age School Nurse Hearing Screening by Outcome (%), Bexley, 2017-2020**



Source: Bromley Healthcare

On average, 82% of reception children between 2017 and 2020, passed the hearing screening test.

**Figure 146: Ages 4-6 School Nurse Vision Screening by Outcome (%), Bexley, 2017-2020**



Source: Bromley Healthcare

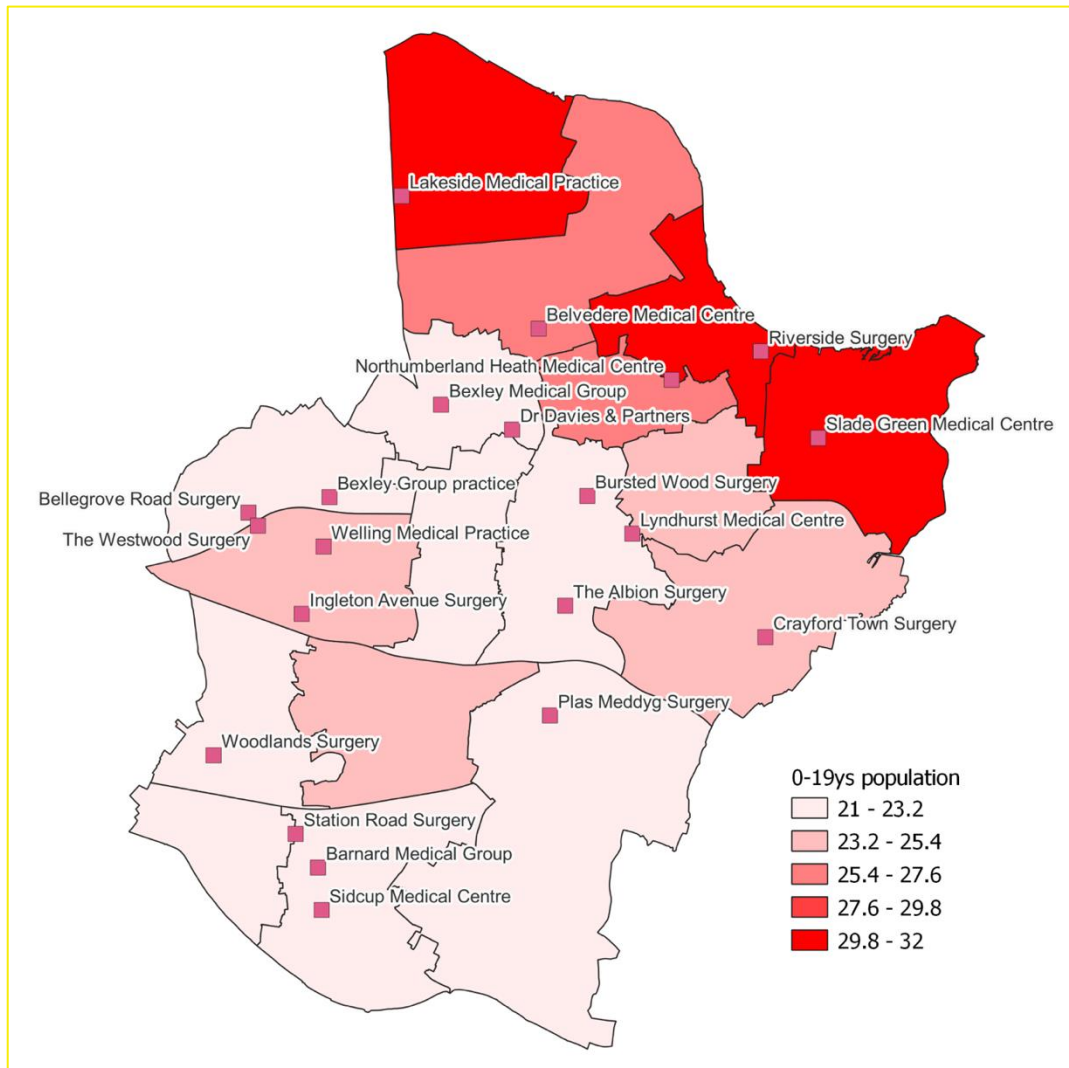
On average, 70% of reception children between 2017 and 2020, passed the vision screening test.

## Primary care use

### Location of GP practices in Bexley

The map above shows the location of GP practices in relation to the population of 0-19 year-olds. There are a lower number of GP practices located in wards with higher proportion of children and young people. These wards as described in the previous sections are more deprived and have higher number of BAME communities resident in the wards.

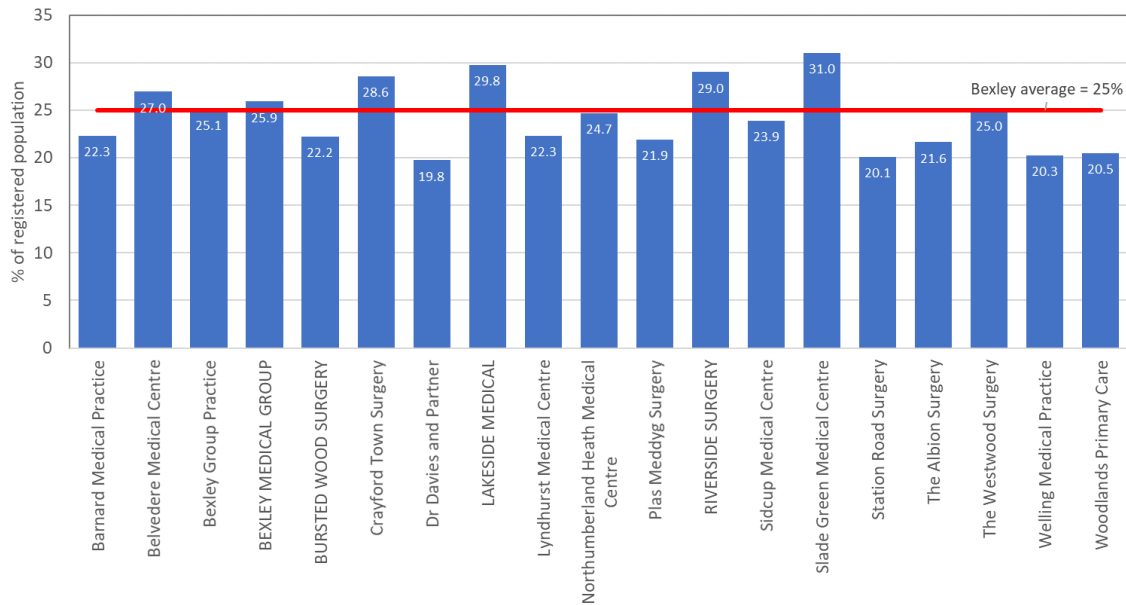
**Figure 147: Resident Population of Ages 0-19 by Ward, with GP Main Surgery Locations, Bexley, 2020**



Source: ONS Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>



**Figure 148: Proportion of Registered Patients Aged 0-19 Years by GP Practice (%), Bexley, 2022**

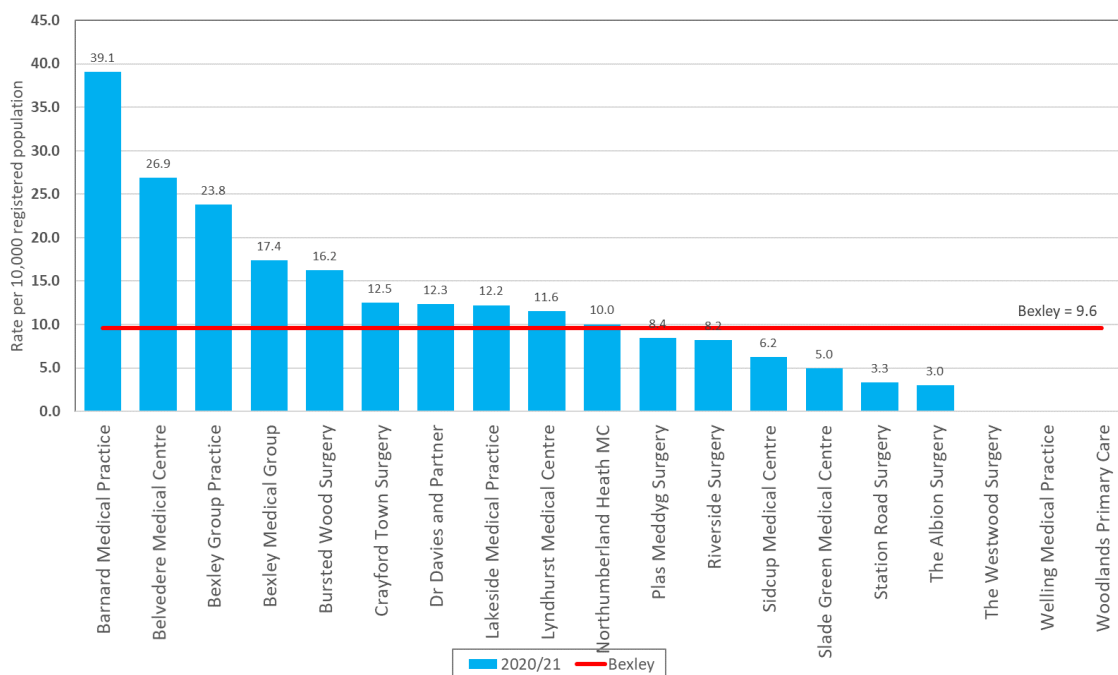


Source: Primary Care Registrations Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

The GP practices that are located in the wards with higher levels of 0-19 year-olds, have more registered patients of the same age group. These are Lakeside Medical, Riverside Surgery and Slade Green Medical Centre.

















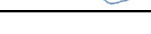


### Children with an asthma diagnosis by GP Practice

**Figure 149: Proportion of Ages 0-19 Years with a Diagnosis of Asthma by GP Practice (%), Bexley, 2020/21**



Source: Primary Care Registrations Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

**Figure 150: Rate of Ages 0-19 Years with a Diagnosis of Asthma by GP Practice (per 10,000), Bexley, 2017/18-2020/21**

Practice	2017/18	2018/19	2019/20	2020/21	2021/22	Trend
Barnard Medical Practice	12.5	12.5	6.2	6.2	9.4	
Belvedere Medical Centre	14.8	52.7	33.7	19.0	19.0	
Bexley Group Practice	18.7	21.8	12.5	9.3	28.0	
Bexley Medical Group	40.7	24.4	12.2	12.2	28.5	
Bursted Wood Surgery	24.3	48.7	32.4	16.2	97.3	
Crayford Town Surgery	10.0	23.4	13.4	10.0	16.7	
Dr Davies and Partner	26.9	17.9	9.0	9.0	35.8	
Lakeside Medical Practice	26.2	26.2	18.1	8.0	16.1	
Lyndhurst Medical Centre	13.0	39.1	21.7	17.4	39.1	
Northumberland Heath MC	5.8	14.5	11.6	2.9	23.1	
Plas Meddyg Surgery	6.3	6.3	0.0	6.3	6.3	
Riverside Surgery	16.4	38.3	24.6	13.7	27.4	
Sidcup Medical Centre	20.6	16.5	8.3	8.3	10.3	
Slade Green Medical Centre	16.7	20.0	10.0	10.0	26.7	
Station Road Surgery	14.9	5.0	5.0	0.0	19.9	
The Albion Surgery	39.4	15.2	15.2	0.0	21.2	
The Westwood Surgery	12.3	24.7	8.2	16.4	8.2	
Welling Medical Practice	21.7	17.4	4.3	13.0	21.7	
Woodlands Primary Care	38.1	38.1	38.1	0.0	19.0	

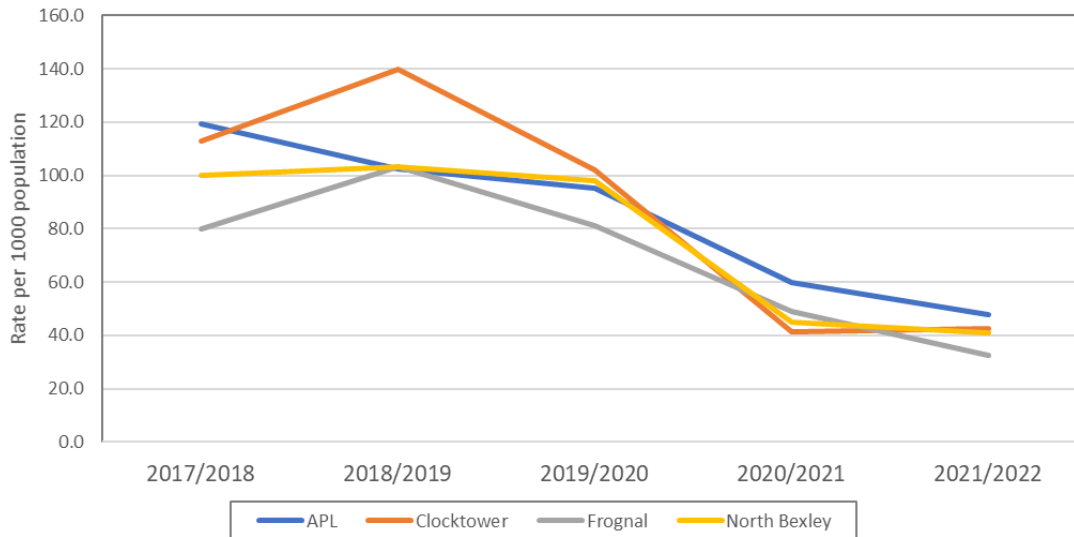
Source: Primary Care Registrations Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

11 practices in Bexley have experienced an increase in the number of asthma diagnoses amongst their 0-19 registered population. Of these practices, Bursteds Wood Surgery has experienced the most significant increase (24.3 per 10,000 patients in 2017/18 increasing to 97.3 in 2021/22). Plas Meddyg Surgery has maintained the lowest rate of diagnosed asthma patients.

## Secondary care use

### Planned care

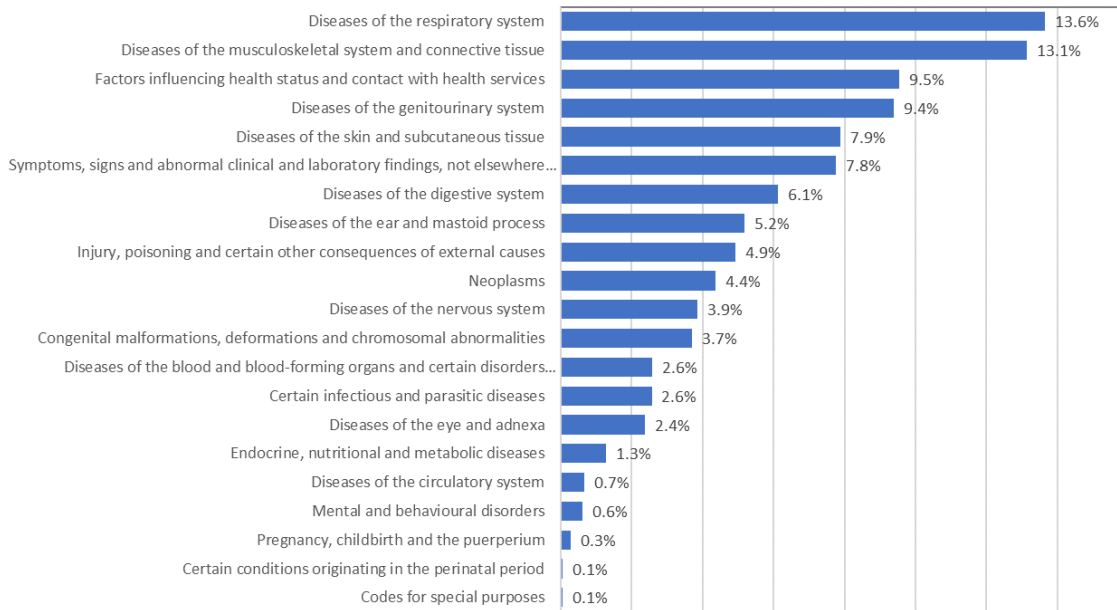
Figure 151: Rate of Elective Admission to Hospital Ages 5-19 by Primary Care Network (per 1,000), Bexley, 2017/18-2021/22



Source: Primary Care Registrations Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

The number of elective hospital admissions for 5- to 19-year-olds in Bexley has declined over the last year however this is likely to be a result of the pandemic and that elective procedures were cancelled. Overall, those practices in the Clocktower primary care network (PCN) had the greatest rate of hospital admissions during the last 5 years.

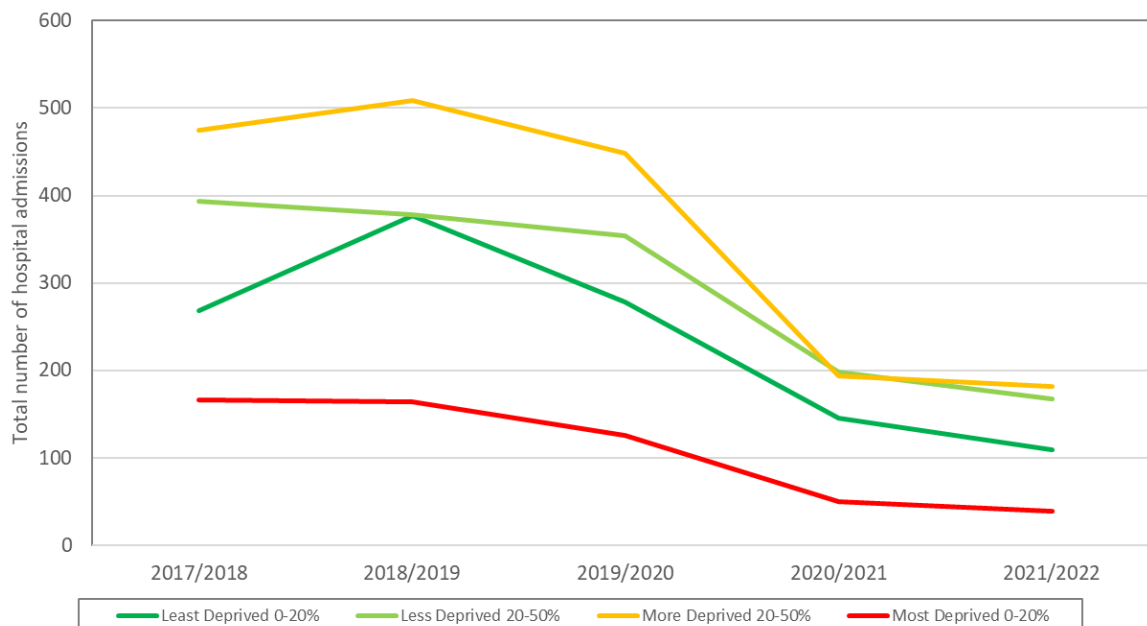
**Figure 152: Proportion of Elective Admission to Hospital Ages 5-19 by Reason (%), Bexley, 2017/18-2021/22**



Source: Primary Care Registrations Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

The top three main reasons for childhood hospital admissions for Bexley residents has been for respiratory conditions musculoskeletal conditions and factors influencing health status.

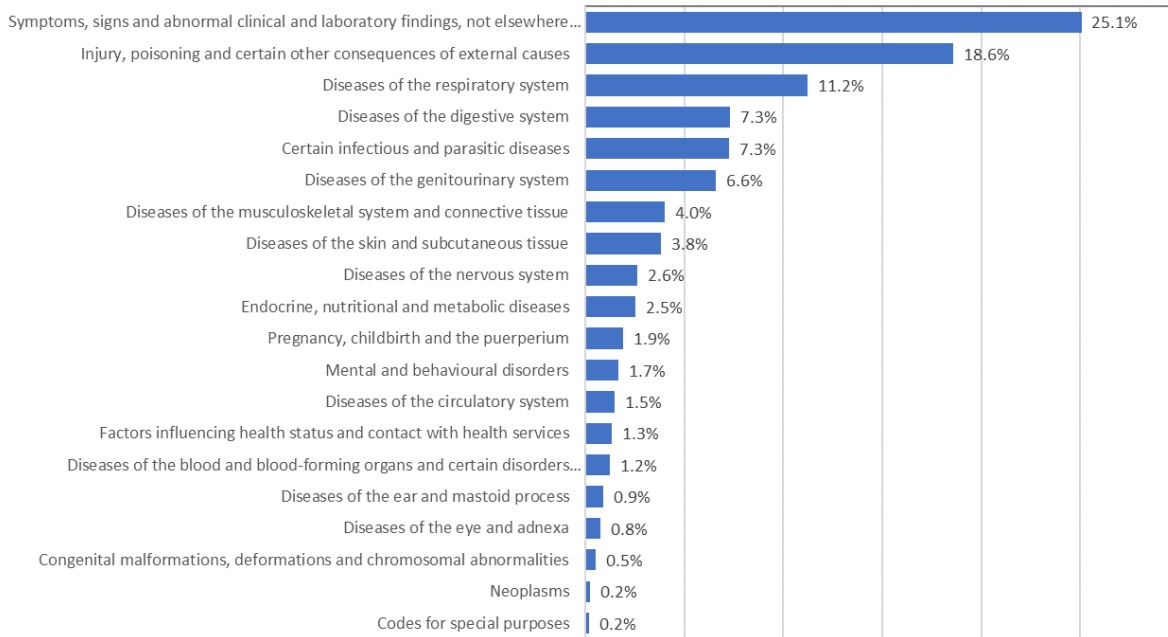
**Figure 153: Number of Elective Admission to Hospital Ages 5-19 by Deprivation, Bexley, 2017/18-2021/22**



Source: Primary Care Registrations Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

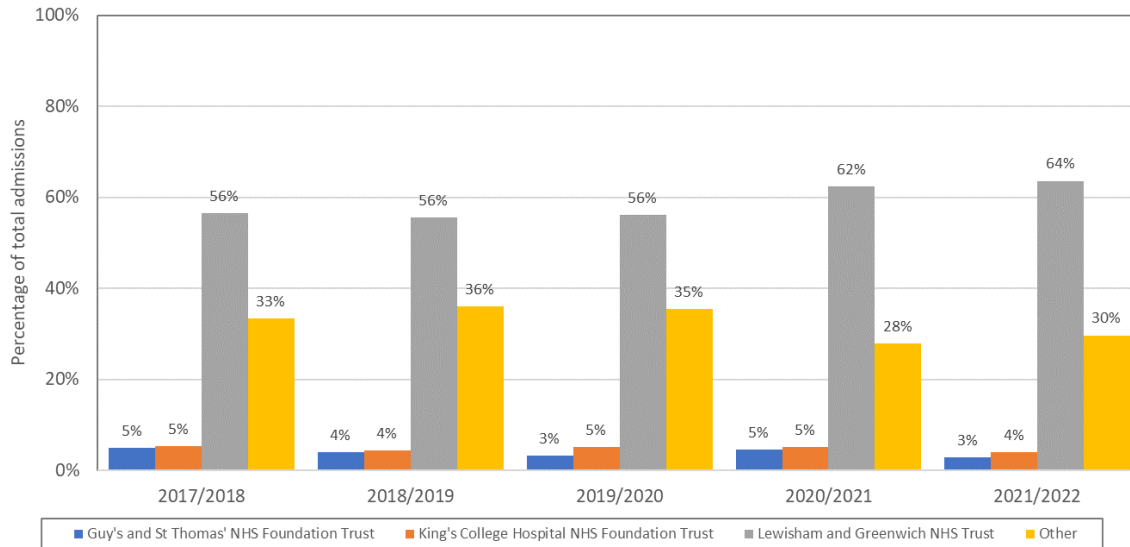
## Unplanned care

**Figure 154: Proportion of Unplanned Admissions to Hospital Ages 5-19 by Reason (%), Bexley, 2017/18-2021/22**



Source: Primary Care Registrations Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

**Figure 155: Proportion of Unplanned Admissions to Hospital Ages 5-19 by Provider (%), Bexley, 2017/18-2021/22**

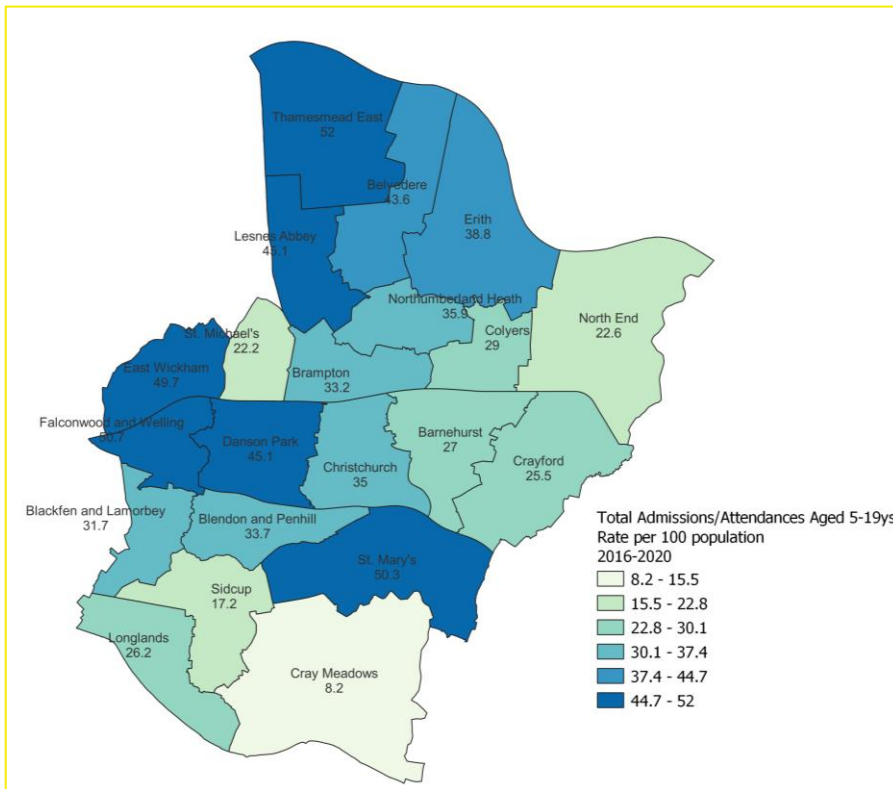


Source: Primary Care Registrations Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

### Admissions by ward

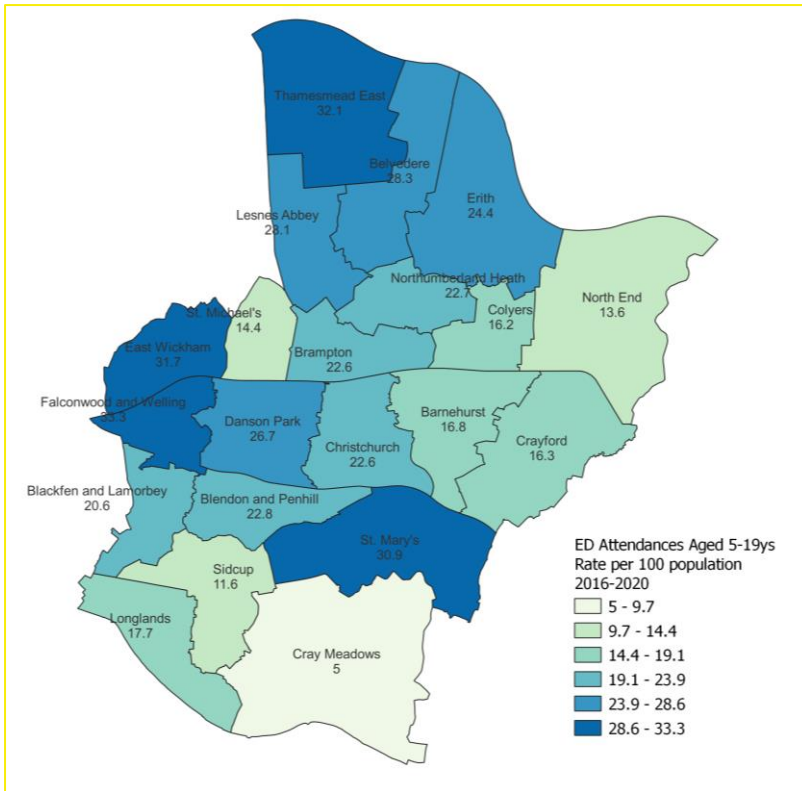
Unplanned hospital admissions for Bexley residents mainly occur at Lewisham and Greenwich NHS Trust. Almost half of all unplanned hospital admissions are at this provider. 'Other' accounts for over a third of unplanned hospital admissions which maybe due to location and out of borough providers being easier to access in an unplanned situation.

**Figure 156: Rate of Admission to Lewisham and Greenwich NHS Trust Only (elective and emergency) Aged 5-19 Years by Ward (per 100), Bexley, 2016-2020**



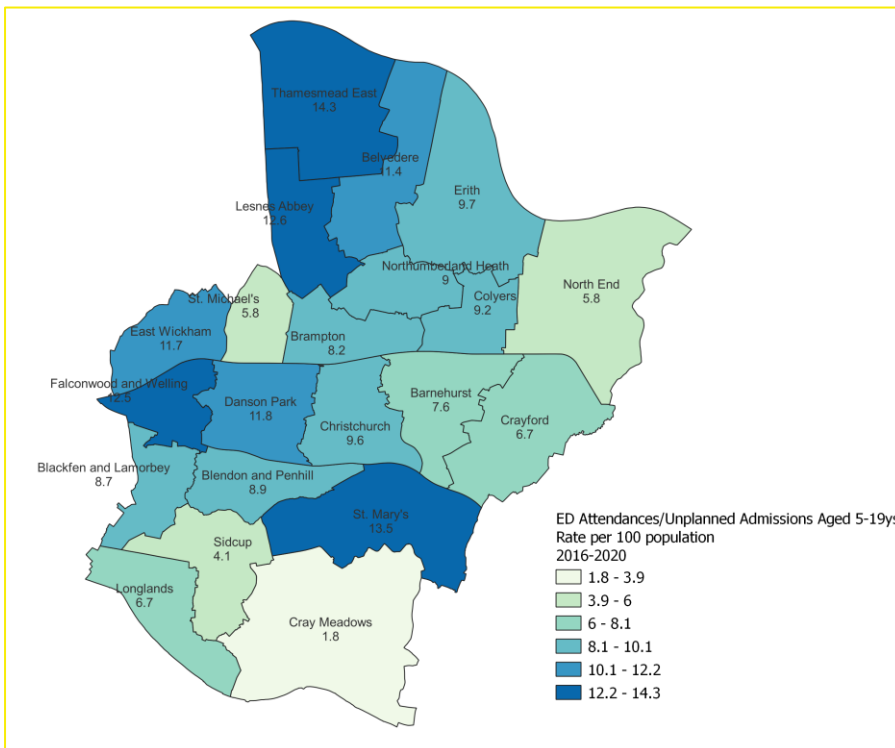
Source: Lewisham and Greenwich NHS Trust

**Figure 157: Rate of A&E Attendance at Lewisham and Greenwich NHS Trust Only Aged 5-19 Years by Ward (per 100), Bexley, 2016-2020**



Source: Lewisham and Greenwich NHS Trust

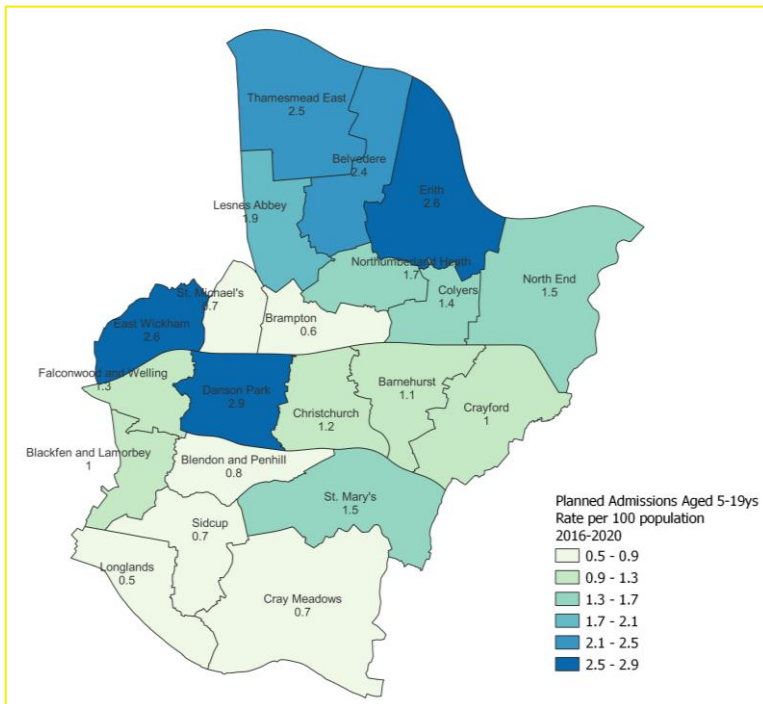
**Figure 158: Rate of A&E Attendance or Unplanned Admission at Lewisham and Greenwich NHS Trust Only Aged 5-19 Years by Ward (per 100), Bexley, 2016-2020**



Source: Lewisham and Greenwich NHS Trust

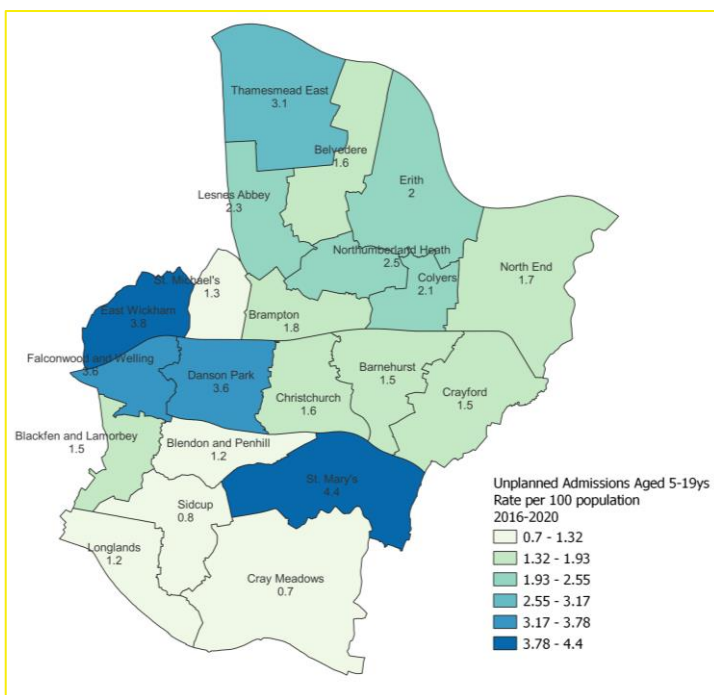


**Figure 159: Rate of Elective Admission at Lewisham and Greenwich NHS Trust Only Aged 5-19 Years by Ward (per 100), Bexley, 2016-2020**



Source: Lewisham and Greenwich NHS Trust

**Figure 160: Rate of Unplanned Admission at Lewisham and Greenwich NHS Trust Only Aged 5-19 Years by Ward (per 100), Bexley, 2016-2020**



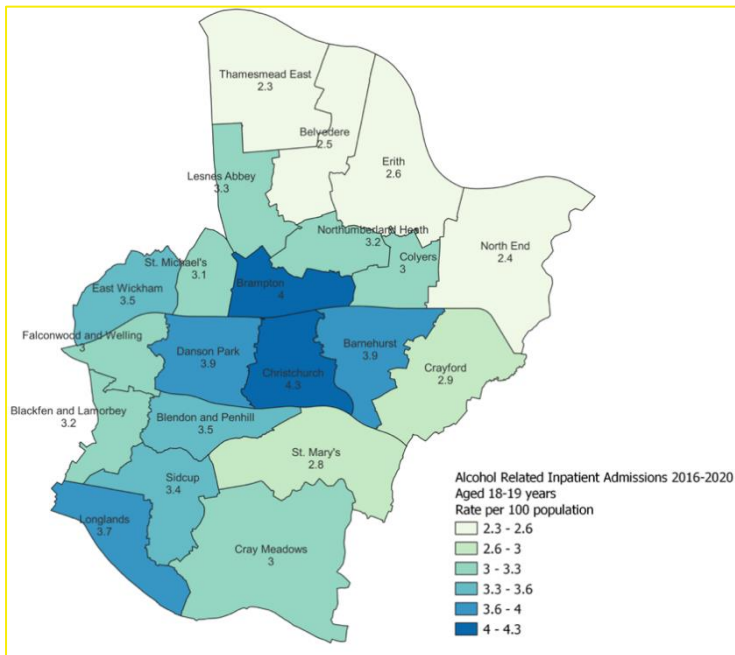
Source: Lewisham and Greenwich NHS Trust

## Admissions by cause

### Alcohol related hospital admissions

The total number of 18 to 19 year-olds who were admitted to hospital for alcohol reasons totalled 160 across 2017 and 2021. This equates to approximately 3% of the Bexley 18-19 year-old population.

**Figure 161: Rate of Alcohol Related Inpatient Admission at Lewisham and Greenwich NHS Trust Only Aged 18-19 Years by Ward (per 100), Bexley, 2016-2020**

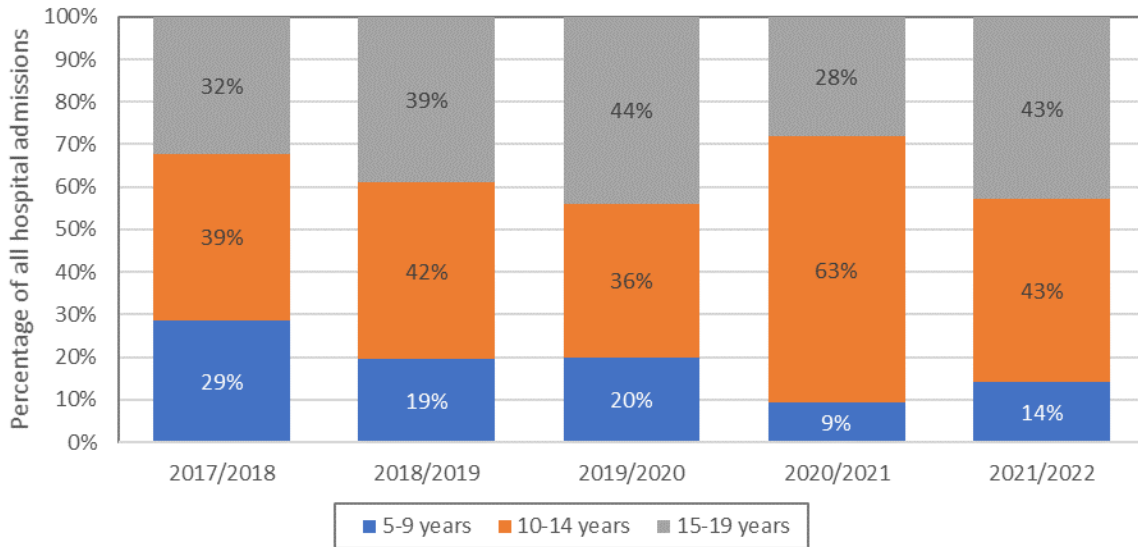


Source: Lewisham and Greenwich NHS Trust

### Road traffic accident (RTA) hospital admissions

In 2017 and 2021 there were a total of 142 road traffic accident hospital admissions for Bexley residents aged between 5 and 19. The most RTA hospital admissions were in 2018/19 (n=36) compared to the yearly average of 28.

**Figure 162: Proportion of Road Traffic Accident Hospital Admissions for Ages 5-19 by Quinary Age Band (%), Bexley 2017/18-2021/22**



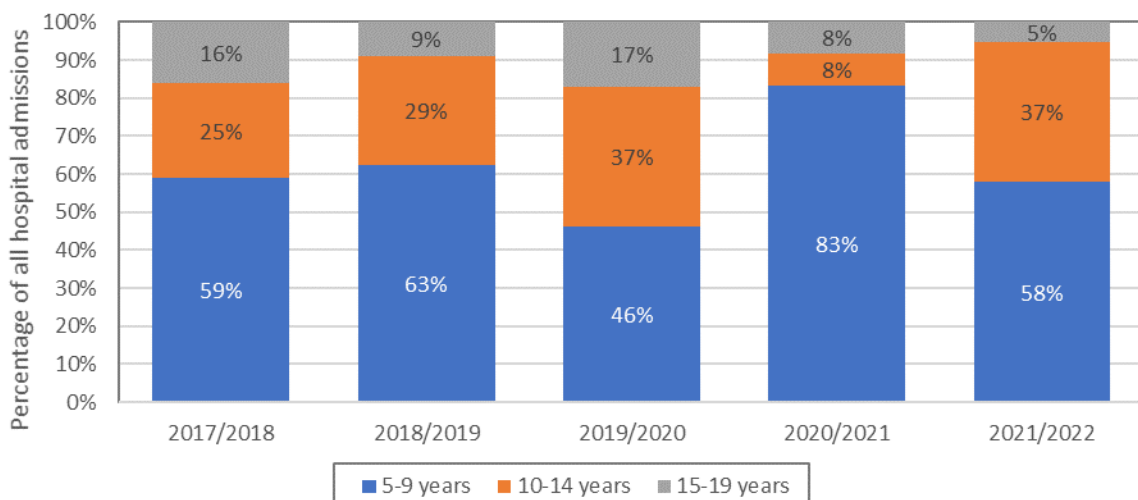
Source: Primary Care Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

Hospital admissions for RTAs are seen more frequently in those aged 10-14 years of age. Across the five year period, males aged 5-19 made up for 73% of all RTA related hospital admissions compared to 27% females.

#### Asthma related hospital admissions

In 2017 and 2021 there were a total of 196 hospital spells related to asthma for Bexley residents aged between 5 and 19. 2017/18 and 2018/19 had the most asthma related admissions, totalling 56. This decreased to a total of 41 in 2019/29 and again to 24 in 2020/21.

**Figure 163: Proportion of Asthma Related Hospital Admissions for Ages 5-19 by Quinary Age Band (%), Bexley 2017/18-2021/22**

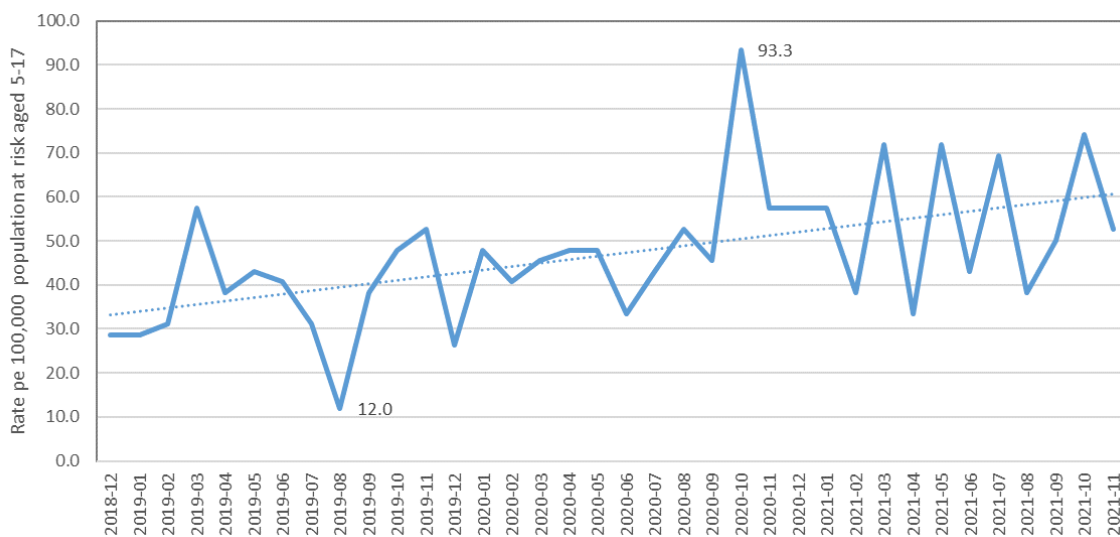


Source: Primary Care Data extracted via EMIS Enterprise by NHS South East London Clinical Commissioning Group

The number of asthma related hospital admissions can be seen to be more prevalent in those aged 5-9 years of age when compared to the 10-14 and 15-19 year-olds. The gender split of 5-19 year-olds is fairly even but can fluctuate year on year. Overall, the proportion of male hospital admissions due to asthma is marginally higher (56% across 2017/18 to 2021/22) than compared to females (44% for the same time period).

## Children Mental Health Crisis

Figure 164: Rate of Children Presenting in Mental Health Crisis (per 100,000), Bexley, 2018-2021

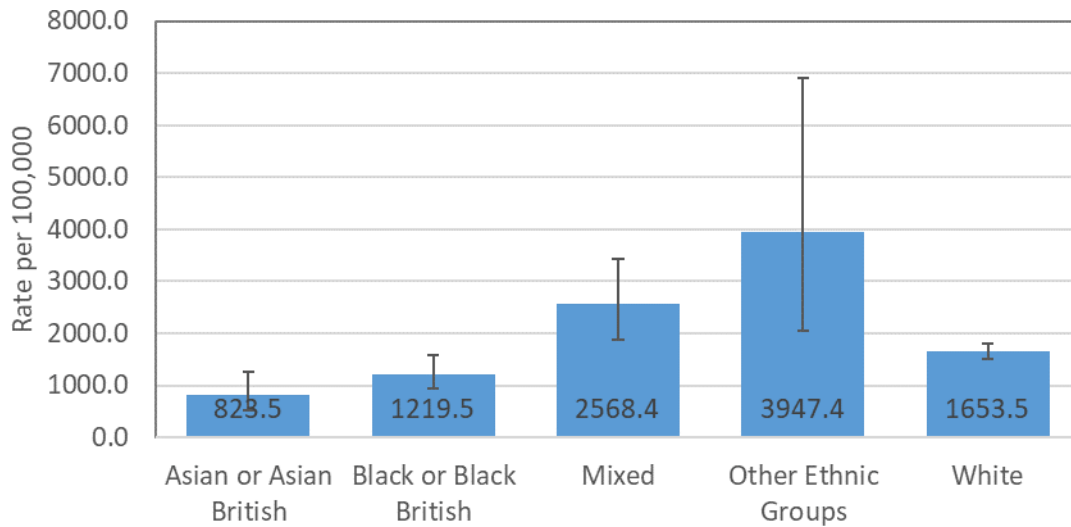


Source: Oxleas NHS Foundation Trust

The rate of children aged 5 to 17 reporting to Bexley CAMHS has been steadily increasing since 2018. In October of 2020, the rate reached its peak of 93.3 per 100,000 population (aged 5-17), which may have a relationship to that of the COVID pandemic at this time.

Of those children presenting to crisis, 70% were female compared to 30% male. 57% of this cohort were aged 15-17 years, compared to 40% aged 10 to 14 and only 3% who were aged 5 to 9 years.

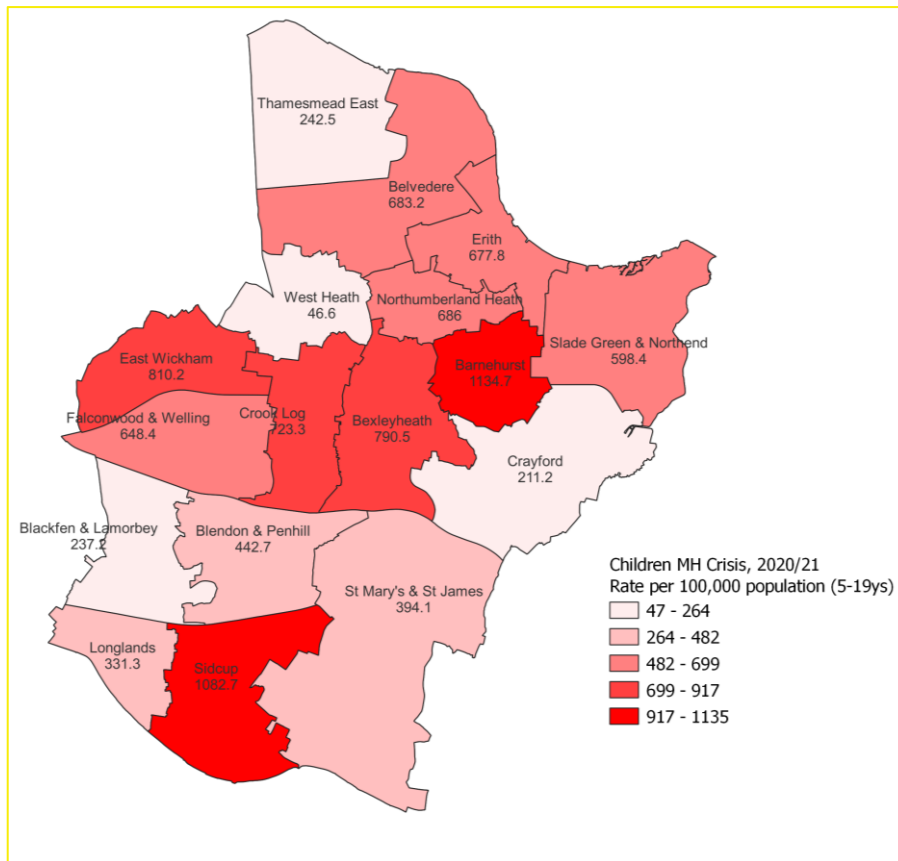
**Figure 165: Rate of Children Presenting in Mental Health Crisis by Ethnicity (per 100,000), Bexley, 2018-2021**



Source: Oxleas NHS Foundation Trust

The recording of ethnicity is not mandatory and is also a sensitive data collection where many patients may choose to select the 'other ethnic group' box as they feel that they wish to not disclose this information. 81 referrals out of a total of 706, were classified as 'unknown'. Some of the variation between wards may be due to the small numbers causing random variation.

**Figure 166: Rate of Children Presenting in Mental Health Crisis by Ward of Residence (per 100,000), Bexley, 2018-2021**



Source: Oxleas NHS Foundation Trust

## Safeguarding and child protection

### Levels of Vulnerability

Marmot Ten Years on found since 2010 evidence has repeatedly shown that positive experiences early in life are closely associated with a range of beneficial long-term outcomes, including better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy. Conversely, less positive experiences early in life, particularly experiences of adversity, relate closely to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours, and poor mental and physical health. Since 2010 IHE and other organisations have continued to assess the growing body of evidence describing the associations between experiences in early years, education, and short- and long-term health outcomes.

Rates of child poverty, a critical measure for early child development, have increased in England since 2010 and are now back to their pre-2010 levels. The report found child poverty rates, after housing costs, increased between 2012/13 and 2015/16, and rates before housing cost have also experienced a steady rise since 2013/14. Absolute numbers of children in poverty have increased proportionately to now exceed four million after housing costs.

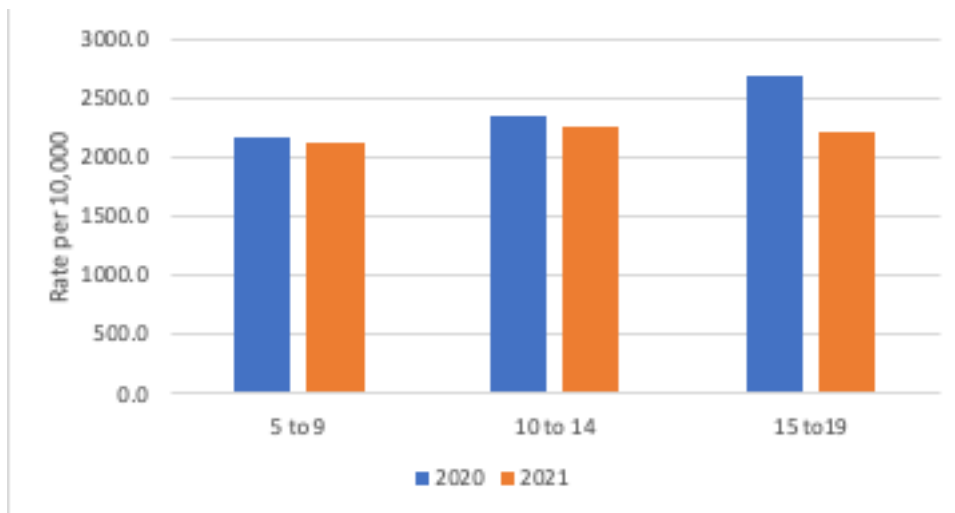
All data in this section was provided by the Bexley children social care services.

## Contacts with multiagency safeguarding (MASH)

Data is presented for the last two years because of changes in recording of data. The contact represents an episode and not individual person. The rate of contacts with MASH were 2,378/10,000 in 2020 and 2,191/10,000 in 2021.

Figure 167 shows the rate of contacts by age and year. The highest rates of contact were in the 15-19 age group which also had a greater drop from 2020 to 2021

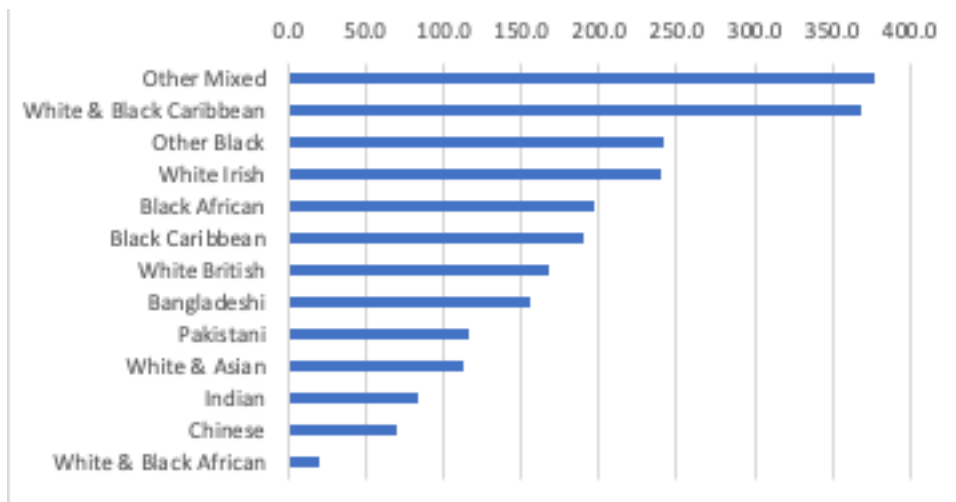
**Figure 167: Rate of Ages 5-19 Contacts with Bexley MASH by Quinary Age Group (per 1000), 2020-2021**



Source: London Borough of Bexley

Figure 168 shows the rate of contacts by ethnicity. This ranged from 20/1000 in mixed White and Black African to 378/1000 in mixed other.

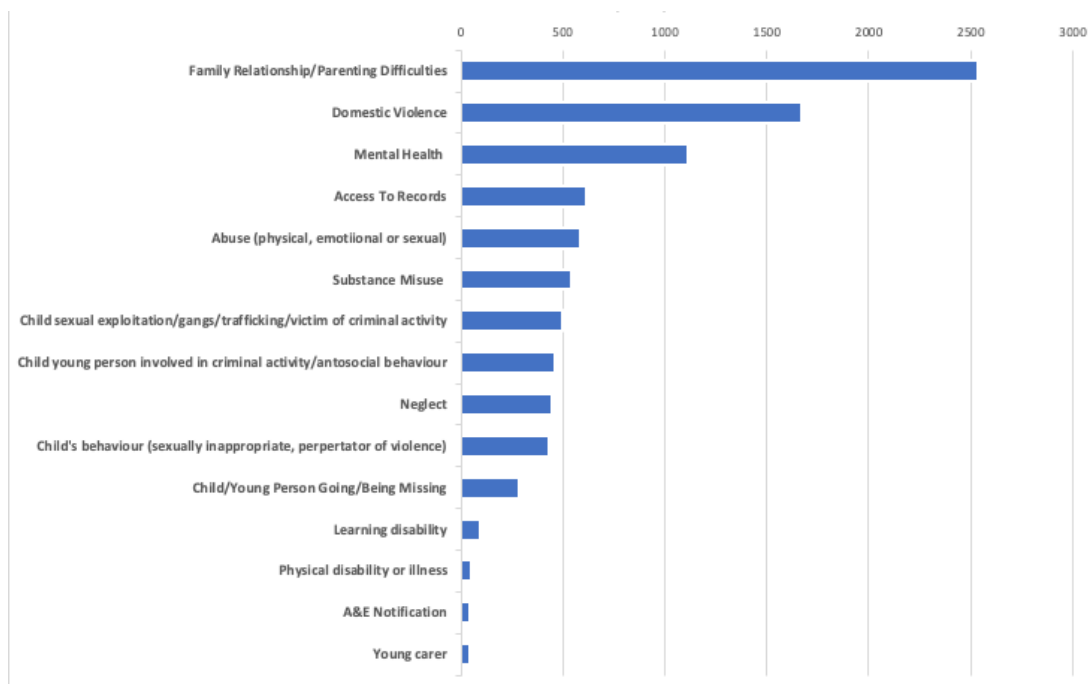
**Figure 168: Rate of Ages 5-19 Contacts with Bexley MASH by Ethnicity (per 1000), 2020-2021**



Source: London Borough of Bexley

Figure 169 shows the reason that contacts were made in numbers. There may be more than one reason however only one is counted per contact. The three main reasons (highest numbers) were due to family relationship and/or parenting difficulties, followed by domestic abuse in household and mental health condition in household member. Household could be parent, child, another member

Figure 169: Rate of Ages 5-19 Contacts with Bexley MASH by Reason (per 1000), 2021



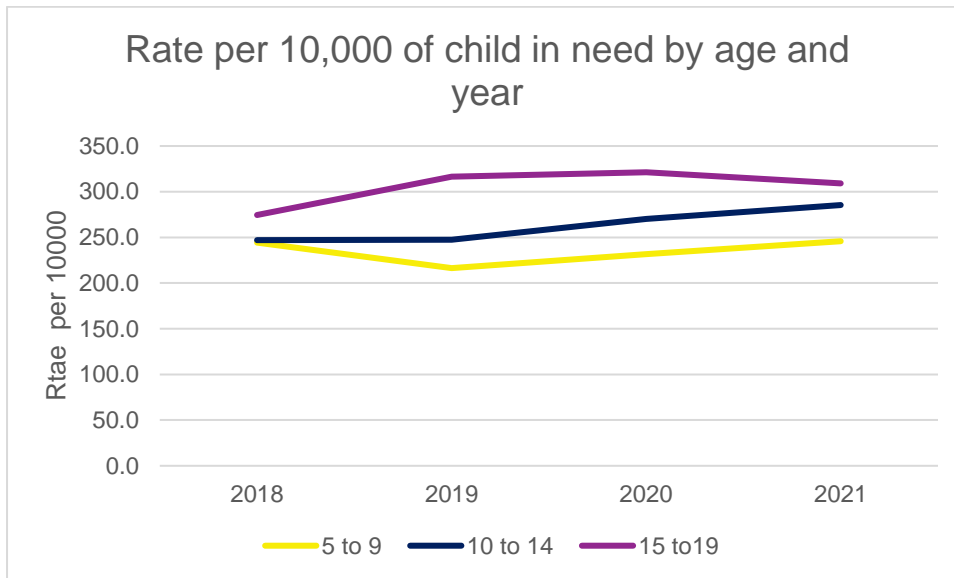
Source: London Borough of Bexley



## Children in Need

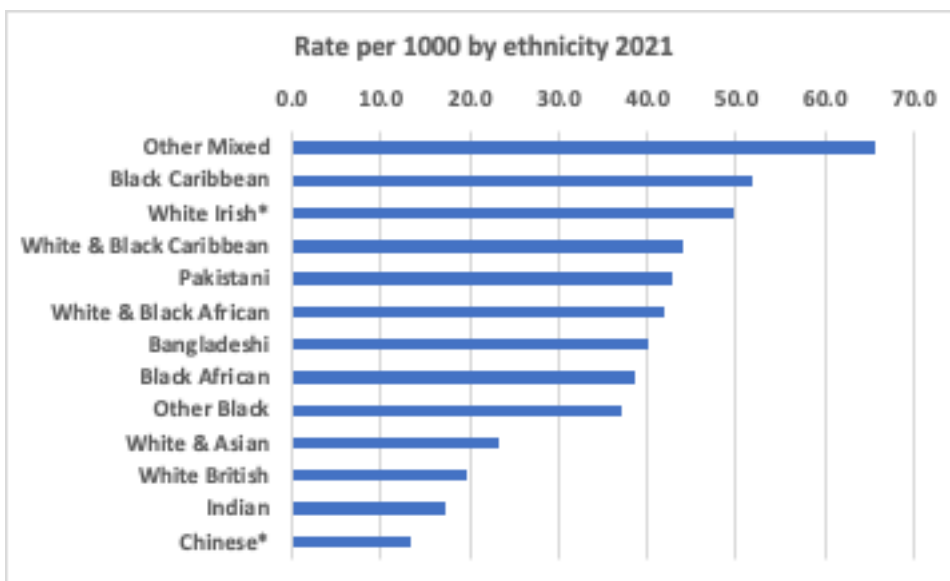
The rate of children in need has increased from 254/10000 in 2018 to 279/10000 in 2021. The trend by age is shown in Figure 170. The highest rates were in the 15 to 19 age group but the rates in the younger age groups are also increasing.

**Figure 170: Rate of Ages 5-19 in Need by Quinary Age Band and Year (per 10,000), Bexley, 2018-21**



Source: London Borough of Bexley

**Figure 171: Rate of Ages 5-19 in Need by Ethnicity (per 10,000), Bexley, 2021**

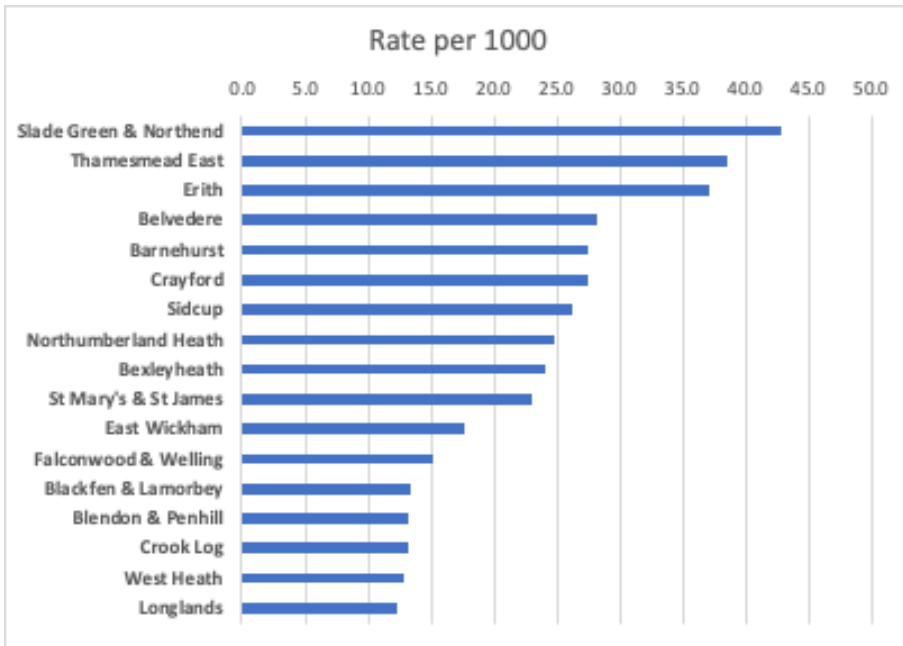


Source: London Borough of Bexley

\*Rates for 2020

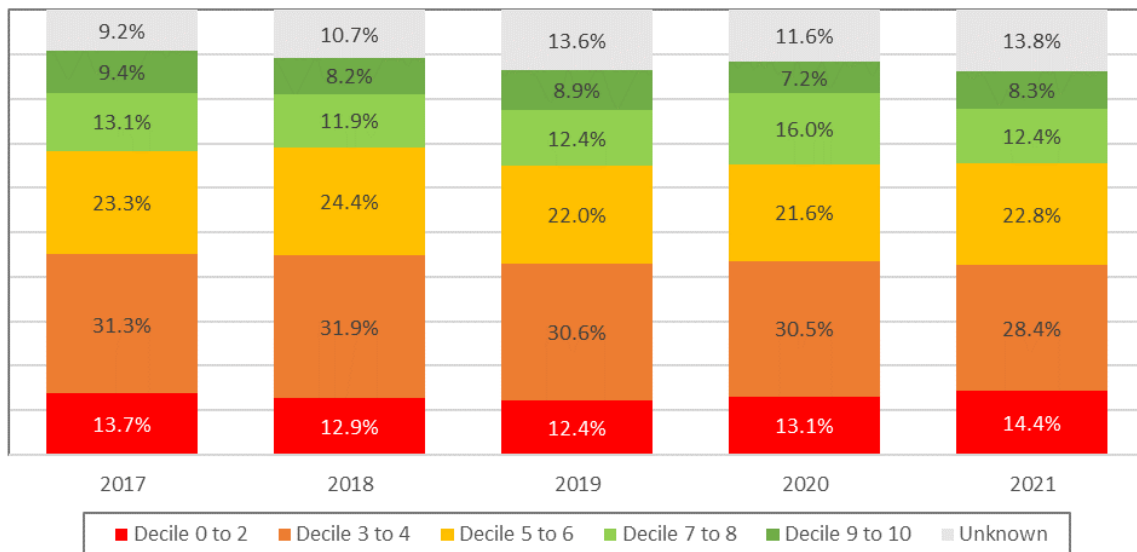
Figure 172 shows the rate per 1000 by ward. The rates range from 12.4/1000 to 42/1000. The wards that are in the North with higher deprivation including child poverty, have higher rates of children who are in need. Figure 165 shows breakdown of proportion by deprivation decile by year.

**Figure 172: Rate of Ages 5-19 in Need by Ward (per 10,000), Bexley, 2021**



Source: London Borough of Bexley

**Figure 173: Proportion of Ages 5-19 in Need by Deprivation Decile (%), Bexley, 2021**

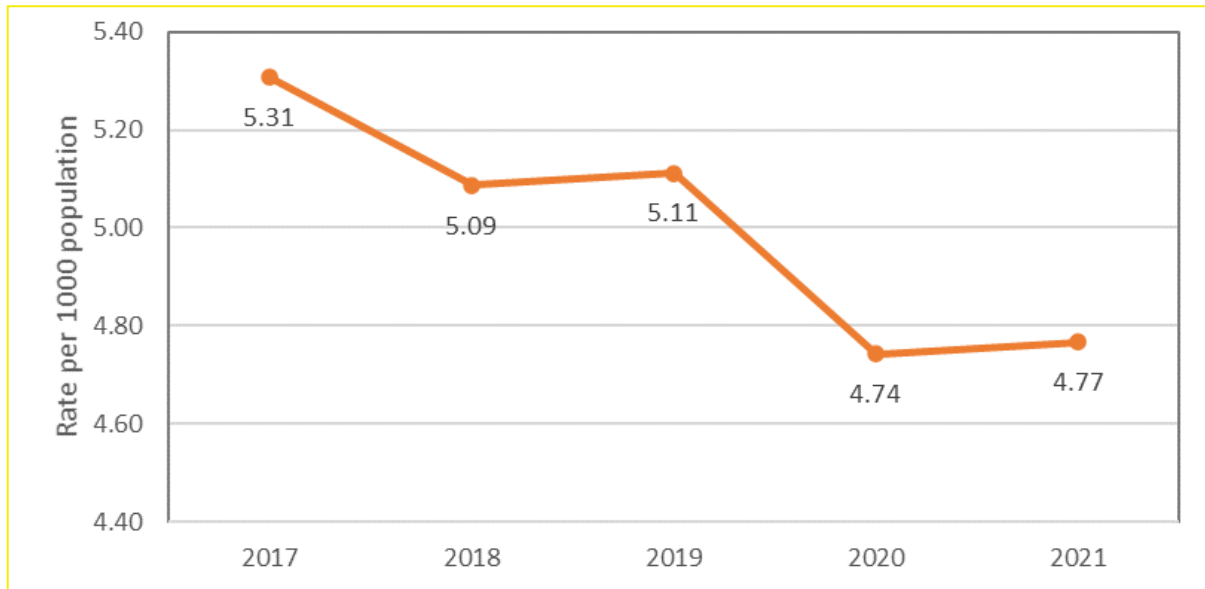


Source: London Borough of Bexley

## Children in care

The rate of children who are classified as looked after has been decreasing over the last five years.

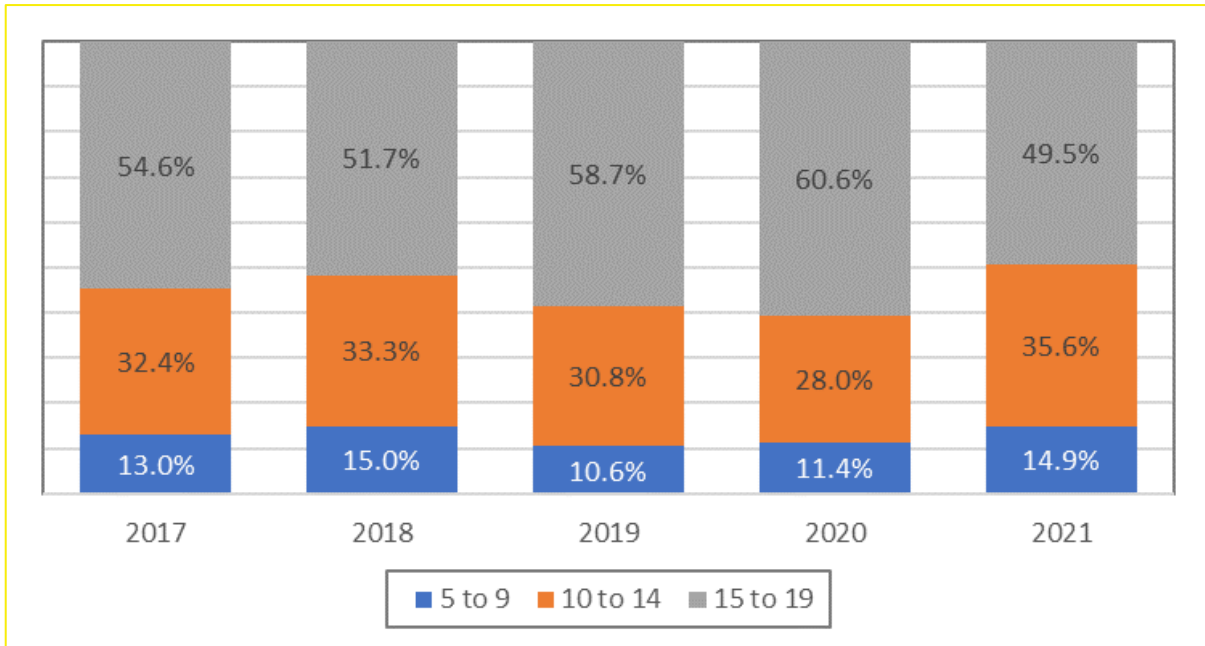
**Figure 174: Rate of Looked After Children Ages 5-19 (per 1,000), Bexley, 2017-2021**



Source: London Borough of Bexley

There is a higher proportion of looked after children in Bexley aged 15 to 19 years compared to those who are younger. In 2020, over 60% of children in care were aged 15 to 19.

**Figure 175: Proportion of Looked After Children Ages 5-19 by Quinary Age Band (%), Bexley, 2017-2021**



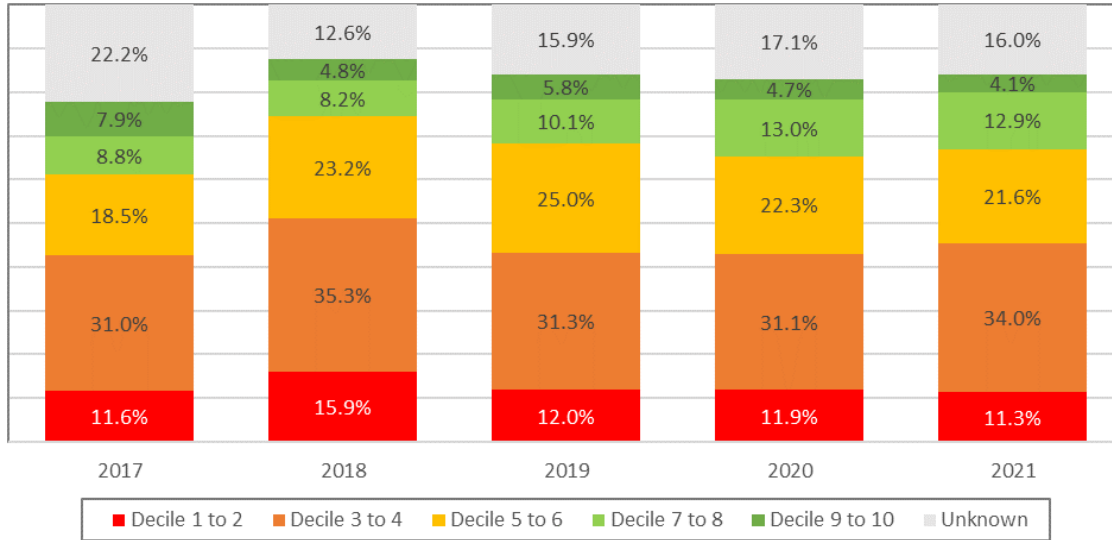
Source: London Borough of Bexley

There is a higher proportion of looked after children in Bexley aged 15 to 19 years compared to those who are younger. In 2020, over 60% of children in care were aged 15 to 19.

Deprivation scores are broken down into deciles, where a decile of 1 refers to higher levels of deprivation. The tenth decile is considered the least deprived.

The proportion of looked after children in Bexley is higher in areas of higher deprivation (bars decile 0 to 2 and decile 3 to 4). This has remained static over the last five years.

Figure 176: Proportion of Looked After Children Ages 5-19 by Deprivation Decile (%), Bexley, 2017-2021

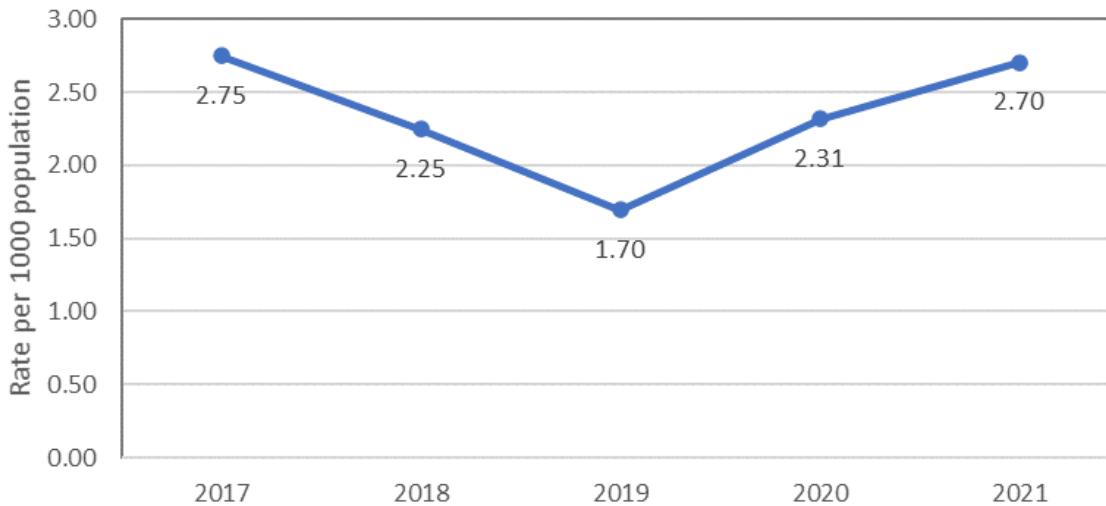


Source: London Borough of Bexley

## Children with Child protection plan

The rate of children who are subject to a child protection plan decreased from 2.75 per 1000 population in 2017 to 1.70 in 2019 but has since increased to 2.7 per 1000 population in 2021.

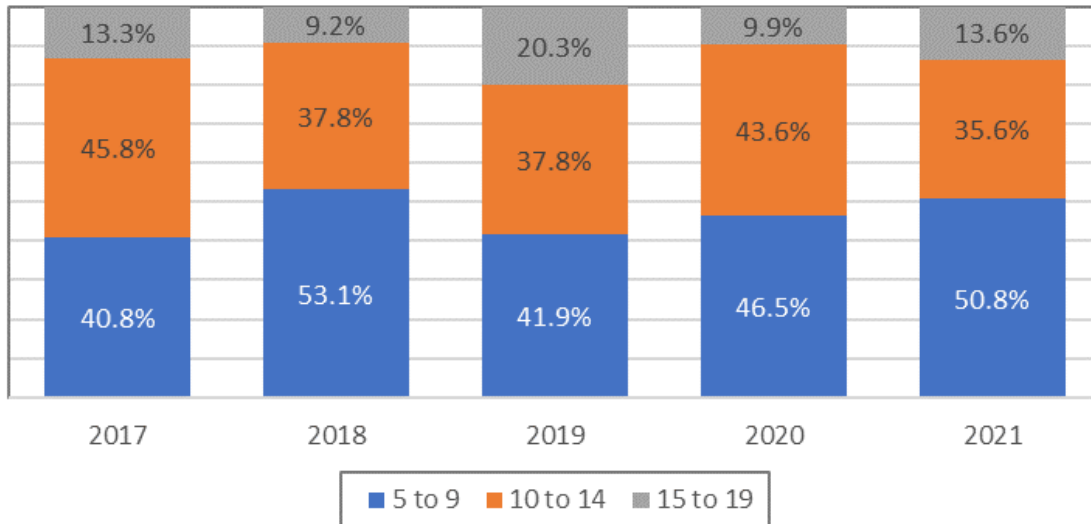
**Figure 177: Rate of Children Subject to a Child Protection Plan Ages 5-19 (per 1,000), Bexley, 2017-21**



Source: London Borough of Bexley

The rate of children who are subject to a child protection plan decreased from 2.75 per 1000 population in 2017 to 1.70 in 2019 but has since increased to 2.7 per 1000 population in 2021.

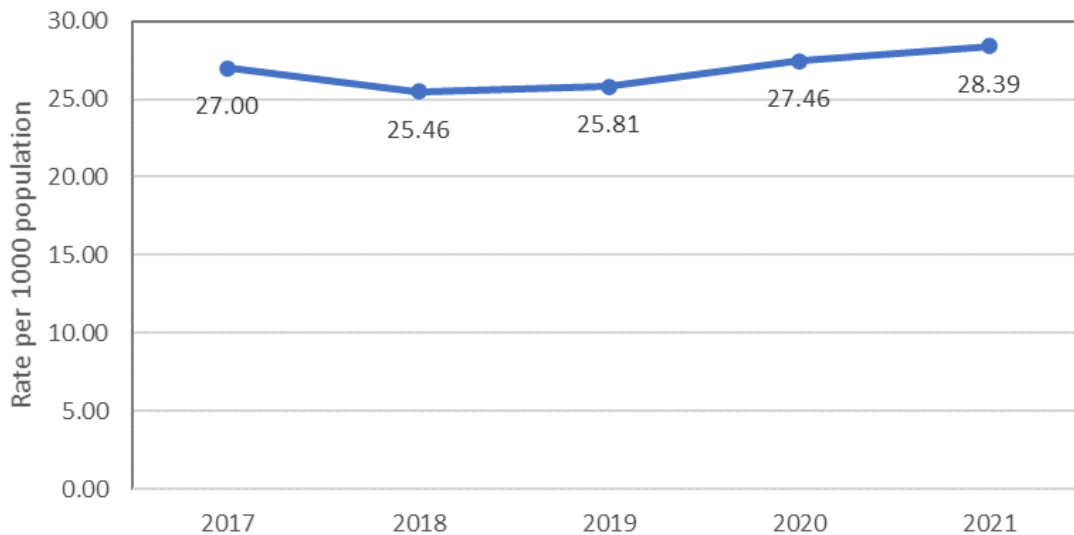
**Figure 178: Proportion of Children Subject to a Child Protection Plan Ages 5-19 by Quinary Age Band (%), Bexley, 2017-21**



Source: London Borough of Bexley

Of those children aged 5 to 19 who are subject to a child protection plan, over 50% in 2021 were aged 5 to 9 years of age. 36% were aged 10 to 14 compared 14% who were 15 to 19.

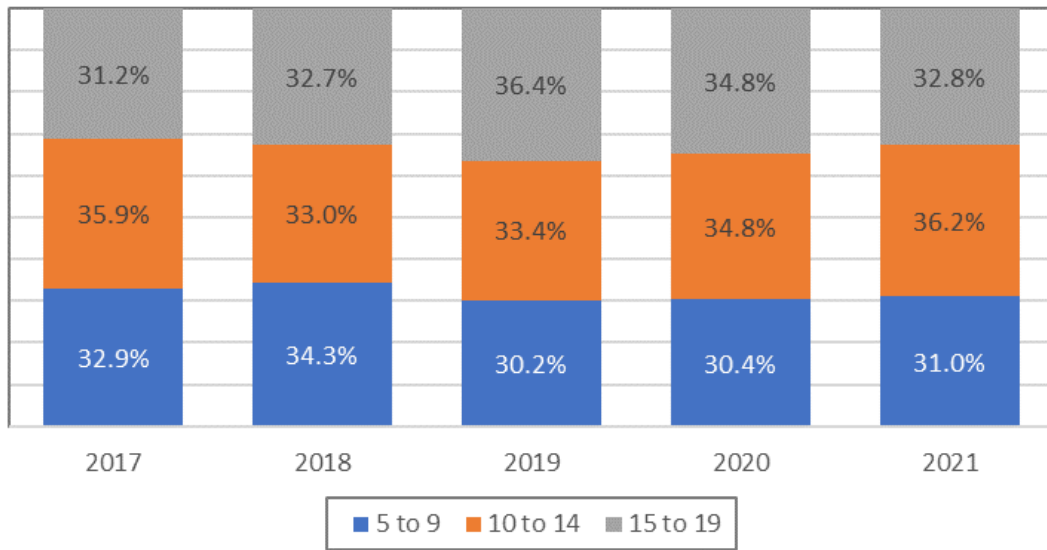
**Figure 179: Rate of Ages 5-19 in Need by Year (per 10,000), Bexley, 2018-21**



Source: London Borough of Bexley

The rate of children in need aged 5 to 19 years has been increasing since 2018, from 25.5 per 1000 population to 28.4 in 2021.

**Figure 180: Proportion of Ages 5-19 in Need by Quinary Age Band (%), Bexley, 2021**

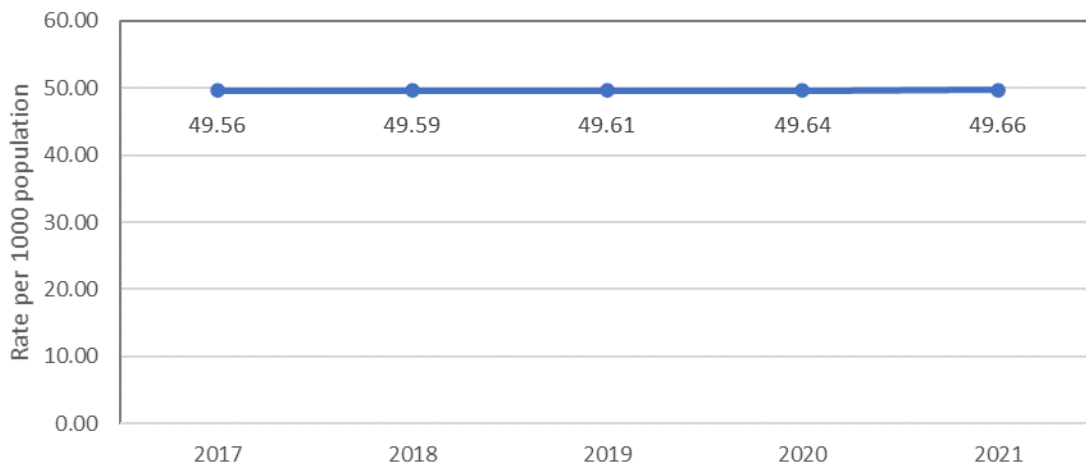


Source: London Borough of Bexley

The age breakdown of children in need across Bexley is evenly split across the three age bands. Generally, it has been seen that approximately 30% of those aged 5 to 19 will be in the age categories 5-9, 10-14 or 15-19.

Higher proportions of children in need area are from deprived areas of Bexley compared to the lower deprived areas. This trend has remained constant over the last five years.

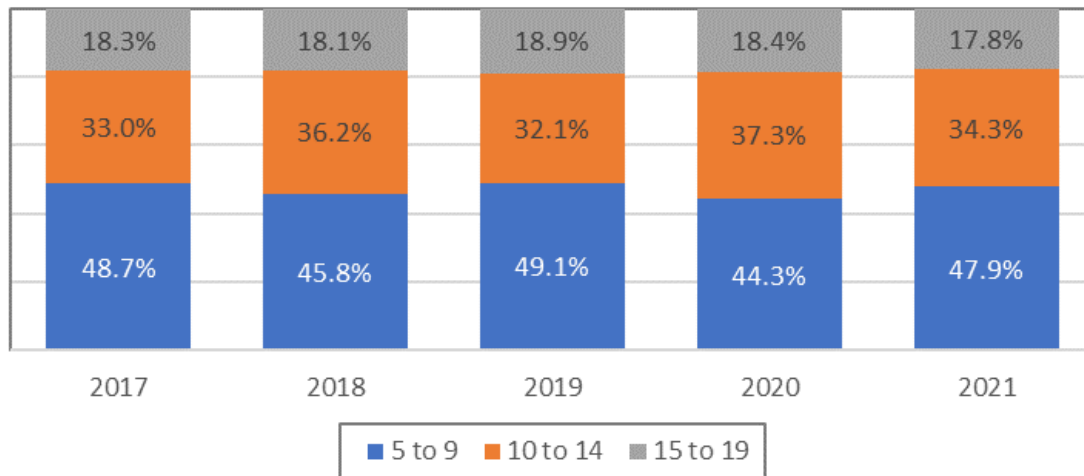
**Figure 181: Rate of Assessments Completed Where Domestic Abuse is Identified as a Factor Ages 5-17 (per 1,000), Bexley, 2017-21**



Source: London Borough of Bexley

The rate of assessments completed where domestic abuse has been identified as a factor towards children aged 5 to 17 years has remained constant at a rate 49 per 1000 population.

**Figure 182: Proportion of Assessments Completed Where Domestic Abuse is Identified as a Factor Ages 5-17 by Quinary Age Band (%), Bexley, 2017-21**



Source: London Borough of Bexley

Over the last five years it has been recorded that approximately 50% of children aged 5 to 9 out of those aged 5 to 17, have been identified as a potential domestic abuse risk.

## Special Education Needs and Disabilities (SEND)

The Education and Health Care Plan (EHCP) sets out the education, healthcare and social care needs of a child or young person for whom extra support is needed in school and is beyond what the school can provide. The EHCP was formerly known as the ‘statement of special education needs’.

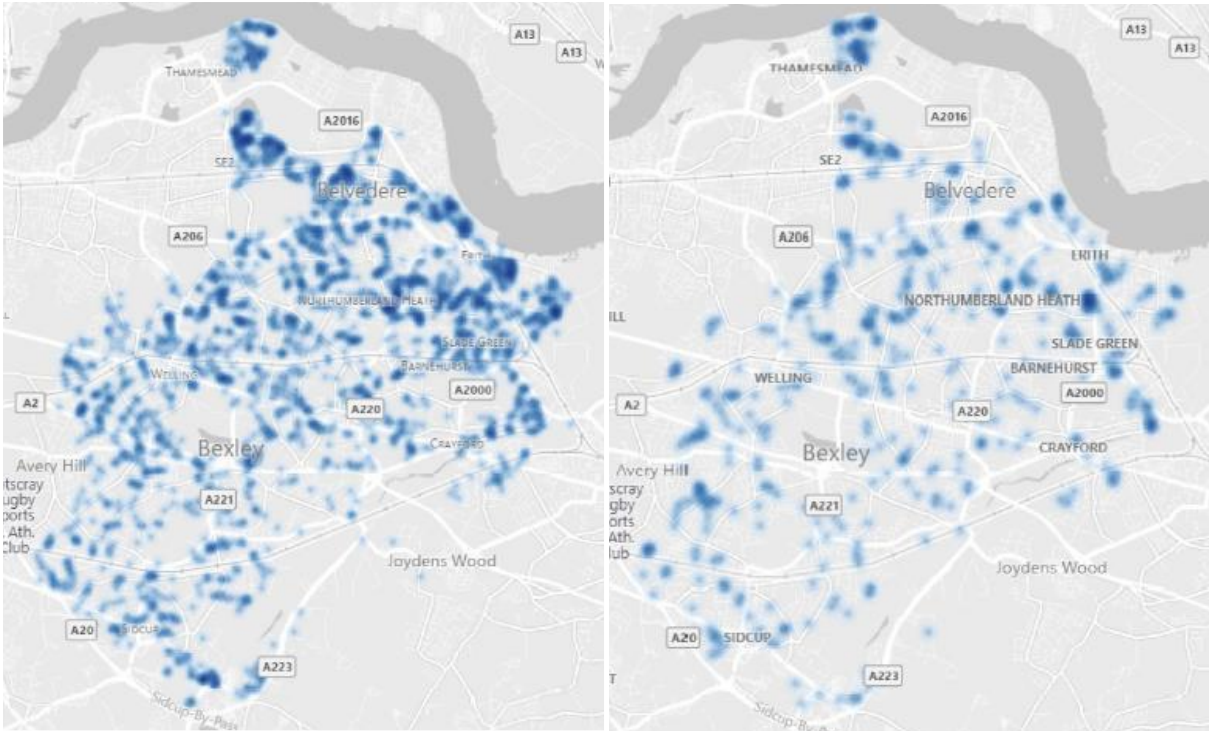
In 2019:

- 2.8% of children in Reception had an EHCP in Bexley, equating to 87 children
- 78% of these children are in mainstream schools.
- 0.3% of children aged under 5 had an EHCP in Bexley (41 children)
- 71% of those with an EHCP were identified with Speech, Language & Communication Need (SLCN) as their primary need
- 17% were identified with Autistic Spectrum Disorder

The following maps show that children with SEN Support or EHCP are more likely to live in the north of the borough.

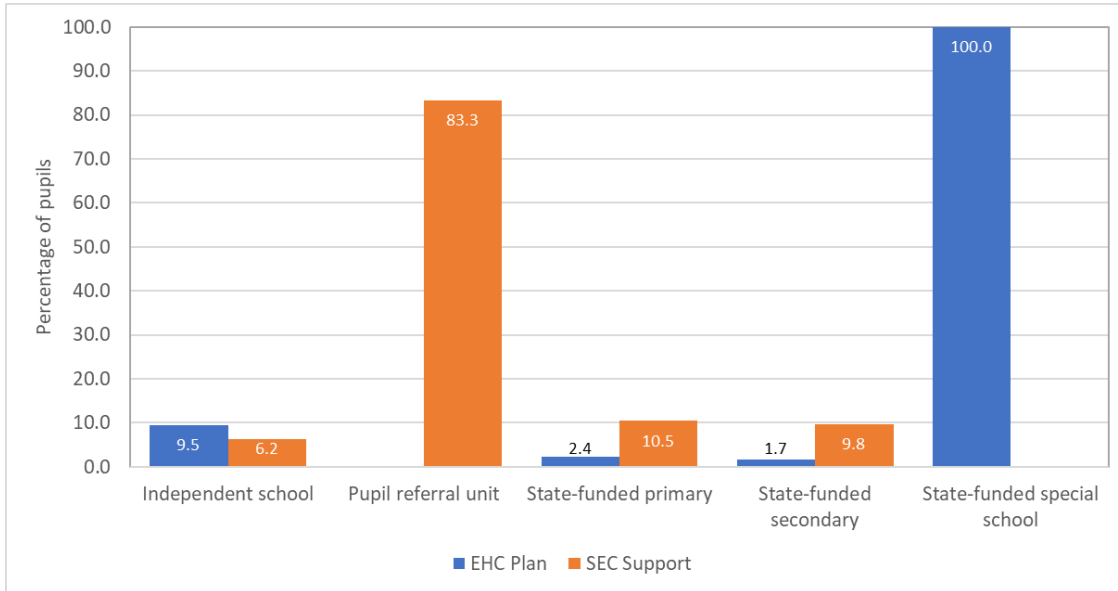
**Figures 183a-b: Bexley Residents Attending Bexley Primary Schools with (a) SEN support (b) EHC Plans, 2021**





Source: London Borough of Bexley

**Figure 184: Proportion of Plans Offered to Bexley Pupils by Type of School and Plan, 2021**



Source: Department for Education, Special educational needs in England, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

\*SEC Support: The Special Education Consortium (SEC) is a group of organisation who protect the rights of disabled children and children with special educational needs to a high quality education which meets their needs.

## Bexley Picture

Bexley mainstream schools identified 819 children and young people with social, emotional, and mental health needs, requiring a Special Educational Needs support plan (2020/21 SEN2 data). An additional 205 Bexley children and young people have social emotional mental health as their primary special educational need, requiring an Education, Health and Care Plan. Many other children and young people with special educational needs, experience episodes of emotional or mental health difficulties, requiring assessment and support whether from universal, targeted or specialist approaches.

Since 2019 more children and young people of Bexley with social, emotional, and mental health needs have had their needs assessed and provision planned through an Education Health and Care Plan. This is in part a qualitative development due to multi-agency awareness that emotional and mental health needs can result in significant educational loss for children unless needs and contributing factors are identified, and appropriate provision made. There has been an increase in requests for advice from mental health professionals contributing to the statutory education, health, and social care (EHC) needs assessment.

For children and young people with special educational needs and disabilities, accessing support for emotional health and wellbeing should not be different. However, where there are more difficulties with communication and self-expression, access to specialism within services is needed, for example emotional and mental health services for young people who are deaf and rely on sign language, or evidence-based approaches for children with autism and learning disabilities.

MIND in Bexley Cognitive Behavioural Therapy (CBT) service have not accepted 19-year-old with autism/ vice versa, a question here is if there is scope to develop programmes further with the voluntary sector for Autism approaches. Social Prescribing data is not collected on whether someone has learning difficulties / Autism so it is difficult to report if these young adults are being referred and if their social or health activities are being accepted. For example: park walks for health; or running.

The national data on primary type of needs met through an Education Health and Care Plan is the same as Bexley, with Autism being the most frequent special educational need, speech, language communication needs (SLCN), social emotional mental health (SEMH) being the second and third most frequent type of need.

**Table 7: Number of EHC Plans Maintained by Type of Primary Special Educational Need, Bexley, 2021**

EHCP Needs	Apr-14	Apr-15	Apr-16	Apr-17	Apr-18	Apr-19	Apr-20	Apr-21	2014-2020 % Increase
ASD	416	446	509	547	630	739	787	Not available	47%
Severe Learning Disability	131	124	137	146	141	148	157		17%
Social Emotional	173	156	165	169	174	239	272		36%

<b>Mental Health</b>									
<b>All EHCP Needs</b>	1309	1310	1410	1489	1654	2022	2189	2347	<b>40%</b>

Source: Department for Education, Special educational needs in England,  
<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

More children and young people have accessed an Education Health and Care Plan since legislation in 2014. This is due to more than one factor including:

- Extension of EHC needs assessment 18 to 25 years for young people with SEN and disability, who continue to have special education needs above those of most young people.
- Strengthened law to protect rights to educational outcomes for children and young people with disabilities
- Recognition of mental illness and acquired disability as a reason for special educational arrangements for some children and young people
- Increase in acuity of needs which can be met in educational settings due to advances in medical science, equipment, and environmental adaptations.
- Increase in child and young people population, increase in school places

In 2020/21, of the 2400 children and young people with an EHCP, 36 young people have been unable to attend their educational setting on site due to an escalation of emotional health needs. Independence in the community is also limited, affecting progression to further education or vocational training. Almost all the young people have Autism and are of secondary school age. Requested how many children with SEN Support Plans are not attending education due to EHWPB. This need is not new, however, the pandemic has heightened anxieties about learning in a social context and community participation for some of the young people.

## 8. Insights from Stakeholder Engagement

### Main findings

- Local communities, existing partnerships and strategies are vital assets.
- Services were flexible and responsive during the pandemic.
- Holistic approaches help to address the growing needs for 5-19 years.

The interviewees were eager to share their experiences and offer their insight. Some offered additional time and signposted to local strategies and other stakeholders which led to further requests for participants. Participants spoke genuinely and passionately about the local effort and the role communities and professionals alike have played to maintain good quality services and required levels of provision throughout the pandemic. There was a consensus to prioritise service users' needs with a strong emphasis on the benefit of strengthening local partnerships and collaborative working led by communities. Many described the barriers to achieving existing local strategy in the face of historic challenges, the impact of COVID-19 including restrictions and limited resources such as staffing and funding.

Every participant felt optimism for the future and this was buttressed with the urgent need to focus local attention on reversing the impact of COVID-19 particularly on children and young people's emotional and mental health and their overall wellbeing. Participants cited several examples of good practice and potential building blocks positioned during the pandemic on previous foundations which had been laid across the borough. These foundations exist as examples of projects and interventions led by the schools, the NHS, children's social services (CSC), voluntary services, local authority and by the communities themselves.

- Local communities, existing partnerships and strategies

There are a number of local strategies, universal and targeted healthcare services for 5 to 19 year olds in Bexley. These services are commissioned based on local need and through the course of the COVID-19 pandemic, service delivery became intermittent due to the restrictions resulting in constant disruptions over a period of nearly two years. The Bexley Prevention System-wide Strategy<sup>50</sup> (2021 to 2025) has an overarching People domain focussing on prevention across the life course 'from cradle to grave'. There are three priorities within the children and young people theme aimed at improving the health of children through supporting parents to become the best parents they can be, helping children to a flying start in life to develop, thrive and achieve and supporting school-aged children to achieve their fullest potential.

The strategy recognises the central role that parents play and the need for the local system to support parents in addressing the needs of their CYP by tackling those wider determinants such as employment opportunities and housing which are vital to reducing child and family poverty. Schools are also referred to as key players as they can provide a healthy and supportive environment to learn in, improve the

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<sup>50</sup> <https://www.bexley.gov.uk/sites/default/files/2021-10/Bexley-Prevention-Strategy.pdf>

health behaviours of children and young people, give them resilience and ensure high levels of achievement and ambition. There are other linked strategies mentioned within the strategy including Family Wellbeing Strategy, Obesity Prevention Strategy, Preparing for Adulthood Strategy, Looked After Children and Leaving Care Strategy, Transformation Plan for Children and Young Peoples' Mental Health and Emotional Wellbeing – Refresh, Domestic Abuse Strategy.

There is a commitment to continued joint planning and communications involving communities and local experts coming together from a wide range of disciplines to make plans and operationally deliver services and community development outreach. There is motivation and buy-in across local partner organisations with a 'Can do' attitude between the local authority, Clinical Commissioning Groups, SEL Communications and across departments. Public health leadership enabled coordination across directorates which helps information sharing and problem solving. There is dedication and leadership from the voluntary organisations who are involved with little or no financial reward and who take a proactive altruistic approach to supporting local communities. Many of their volunteers are directly impacted and may use services themselves and therefore have direct experience and insight which enables them to be empathetic in their support and delivery of their offer to those in need particularly the most vulnerable and marginalised.

- Responsive and flexible services

There is sustained energy to build trust in the community by going to places where underserved communities reside, and have meaningful conversations with them about how they want to be engaged, understanding the types of support, information and guidance that would be helpful and appropriate.

Most services evolved due to the restrictions and as commissioners and providers worked in partnership with the service users and various local stakeholders, services were adapted to ensure service continuity particularly with a focus on harm reduction and minimising the risk of spreading COVID. This led to majority of services moving from physical face-to-face delivery to online virtual appointments and sessions. The impact of this model on service users is yet to be fully understood

There were indications that staff changes and flux had occurred during the pandemic since many remote working staff working in temporary or interim roles moved to other local areas who could offer a more competitive wage. This trend is not unique to Bexley. It was reported that some services for 5 to 19 year-olds do not achieve expected levels of referral. For example, the substance misuse service which perhaps is linked to a lack of awareness across the local health and social care system or stigma associated with the nature of the services offered to young people. The data in the earlier sections of this report support these views.

- Holistic approaches help to address the growing needs for 5-19 years.

The services offered to children and young people are expected to benefit them as well as their families and the wider community including schools, where a large amount of the developmental, educational and social attainment outcomes for CYP are assessed. There are service areas which are successfully delivered across the borough and the service providers offering these services work closely with key

stakeholder particularly schools. Some stakeholders expressed a need for more buy-in from other services or organisations to promote these services through referrals, targeting those most in need. It was also connoted that barriers may exists in some areas largely due to a lack of awareness amongst some communities and that working with parents and wider communities may help to address any stigma associated with accessing services.

## 9. Discussion and Conclusions

About 1 in 5 people in Bexley are in the 5-19 age group. This varies from around 1 in 2 in the wards in the North of Bexley, to around 1 in 6 in wards such as Longlands.

The 5-19 age group is more ethnically diverse compared with the adult population. Population estimates indicate that about 60% are British White with Black African being the second largest community at 14%. Around half of the of the school population is from British White communities and 15% are Black African. Eight in ten children report English as their first language. Chinese students are less likely to report English as their first language. Cultural diversity indicated by variation in English as a first language may be a factor to consider in planning children and young people's services.

Another key factor for consideration in planning services is childhood poverty. Although Bexley is a comparatively less deprived borough, disparities in wider determinants of health exist at a smaller scale within the Borough.

In Bexley, there are large inequalities in proportions of children living in relative and absolute low income families (a measure of childhood poverty). Childhood poverty is the key driver of other wider determinants such as housing, educational attainment, and health outcomes. 1 in 10 children in Bexley live in Thamesmead East, where 1 in 4 children live in poverty. Slade Green & Northend and Erith also have higher proportions of children living in poverty. On the other hand, in wards such as Blackfen & Lamorbey and West Heath, only 7-8% of children live in relative poverty. The difference between Thamesmead East and West Heath has been increasing since 2015, and COVID has potentially widened the gap. The claimant count during COVID in Thamesmead East increased rapidly compared to West Heath.

Obesity is a key health issue that affects a high proportion of children in Bexley. 1 in 10 children entering school (reception year) are obese and 1 in 5 children leaving primary school (year 6) are obese. Moreover, 1 in 4 children in entering school have an unhealthy weight (overweight including obese) and 2 in 5 children leaving primary school have an unhealthy weight.

Inequalities in income and deprivation are linked to obesity. Children in the lowest income families are twice as likely to be obese. In Bexley this was true for both reception year and year 6. In year 6, 1 in 3 children in the most deprived quintile are obese whilst in the least deprived quintile it is less than 1 in 5.

The second key population health issue is emotional and mental health: overall 7.5% children aged 5-19 years had an emotional and mental health need. This varied by age, with children in the 15-19 age group having the highest rate of need, at 12% of the 15-19 population. Furthermore, in this age group need is increasing. This fits the national picture, where data indicates that the impact of COVID on emotional and mental health is highest in this age group. Data from CAMHS provided locally show that rates of children presenting in crisis has been increasing and this reached a peak in October 2020, potentially reflecting the impact of COVID. Wards in Central Bexley had higher admission rates for mental health crisis, and Sidcup in the South. This may be because children who were coping previously were tipped into crisis by the pandemic. Vulnerable children are an important cohort for consideration in any population health planning. There were a large number of MASH contacts from children with emotional and mental health needs, needing information only. This may potentially be avoided by better access to information at a single point which both front line professionals and families can access readily.

Information on vulnerabilities provided by the Children's Commissioner should enable public health to work more closely with children's social care to apply population health approaches to prevention and planning. New guidance on the Health Child Programme and the model 0-19 public health nursing services suggest more integrated working with family hubs as a model.

Based on the above we recommend three key priorities for the Health and Wellbeing Board and partners to jointly agree, as it will require a joint effort to tackle them:

- Develop a Bexley system wide approach to addressing obesity and reducing inequalities in obesity
- Improve resilience in children and young people by working with schools, children and young people and their parents, primary care, voluntary and community sector, leisure services so that those children with low threshold emotional needs can be supported to recover and cope better with life challenges they may face.
- Review the current 0-19 services in line with the new model and use the opportunities to explore a more integrated service that address different levels of need.