


Agenda Item: 17.0a

<p>Governing Body Meeting <i>Held in Public</i></p>	<p>Report Date of Meeting: 5.7.18</p>
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Report Title	Update on the progress of the 'Call to Action' declared in the Director of Public Health's Annual report on Children and Young People (December 2016).		
Report Author	Presented By	Responsible Director	
Barbara Rooney Public Health Principal (Children & Young People) Central Bedfordshire Council Seana Perkins Public Health Officer (Children & Young People) Bedford Borough Council	Muriel Scott Director of Public Health Bedford Borough, Central Bedfordshire and Milton Keynes Councils	Signature: 	
Purpose for presenting report	To consider the progress of the 'Call to Action' outlined in the Director of Public Health Report in 2016, and to define the areas and actions for further improvements for partners across the system.		
Action Required:	For information and discussion		
Approval Route:	Central Bedfordshire Health & Wellbeing Board – 21.03.18		
Further Assurance:			
Which Strategic Objectives does this report provide evidence for?			Please Tick ✓
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			✓
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			✓
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			✓
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			
Implications/Assessments	Yes	No	N/A
Have any financial implications been signed off by the Chief Finance Officer?			
Have any quality implications been signed off by the Director of Nursing & Quality?			
Have any privacy implications been signed off by the Head of Information Governance?			
Have any conflicts of interest implications been signed off by the Corporate Office?			
Have any public engagement implications			

been signed off by the Head of Communications & Engagement?			
Has an Equality Impact Assessment been carried out?			
Key Risks	<ul style="list-style-type: none"> • There is the potential risk if actions for further improvement are not implemented, inequalities and resilience in families will be significantly impacted. • There is the potential for future financial and resource pressures across the system if improvements in children and young people's health and wellbeing are not realised. 		
Executive Summary	<p>This report summarises:</p> <ul style="list-style-type: none"> • the key findings and 'call to action' outlined in the Director of Public Health Report published in December 2016; • progress made against each of the specific 'call to action' areas in 2016; • the specific actions that are required for further improvement in each of the priority areas, and which organisation(s) across the system need to take the lead to ensure that those actions are implemented. <p>The report calls for a 'whole systems approach' to achieve the best outcomes for children, young people and families in Bedford Borough and Central Bedfordshire.</p>		

Introduction

This paper was previously presented to the Central Bedfordshire Health & Wellbeing Board on 21st March 2018, where the Board recommended that this paper should be presented to this Governing Body. For completeness an additional report has been included to reflect progress in Bedford Borough.

Background

1. In December 2016, the Director of Public Health Reports were published with a focus on aiming for the best for children, young people and families in Bedford Borough and Central Bedfordshire.
2. The reports presented snapshots of the health of 0-4 year olds and 5-19 year olds respectively, and concluded that overall, the health and wellbeing of children and young people in Bedford Borough was similar to the England average and better than the national average in Central Bedfordshire. However both authorities are well below the best areas in the country.
3. The challenge in both reports is to strive to achieve above average outcomes for children and their families, and to be amongst the best 5% of local authorities in England (the 95th centile).
4. As well as aiming for the best, there are some health inequalities – many of which start before birth - that need to be addressed for some groups of children and young people in

Bedford Borough and Central Bedfordshire. Evidence shows that many of these inequalities are preventable, or can be tackled to build resilience and prevent poor outcomes.

5. A series of evidence-based recommendations and actions were outlined in the report and a 'Call to Action' (see **Appendix 4 Bedford Borough/Central Bedfordshire** for detail on the 'calls to action') was declared to highlight the areas most in need of attention - with all partners working together across the system:

'No single profession or organisation can single-handedly ensure the best outcomes for our children, young people and families. Achieving the best will require an integrated, multi-professional approach to prevention, early intervention, care and support.'

Discussion

6. **Key areas for focus in Bedfordshire CCG include:**

- **Reducing the number of women smoking at time of delivery**
- **Supporting more women to start and continue to breastfeed**
- **Ensuring better support for mothers who are experiencing poor mental health in the perinatal period**
- **Reducing the number of children who are overweight and very overweight (obese)**
- **Continuing the reduction in the number of conceptions to young women aged under 18 years**
- **Maximizing opportunities to promote good emotional health and resilience in children and young people to prevent mental illness, and ensuring early access to high quality services for those who need support**
- **Recognising and supporting our most vulnerable children and young people**

Progress since 2016

7. The latest snapshots of the health of 0-4 year olds and 5-19 year olds respectively (**Appendices 1 & 2 Bedford Borough/Central Bedfordshire**) indicate that the health and wellbeing of children and young people remains similar to the England average in Bedford Borough and is generally better than the national average in Central Bedfordshire, although it should be noted that there is a significant time-lag in some of the data.
8. **Appendix 3 (Bedford Borough/Central Bedfordshire)** summarises how Bedford Borough and Central Bedfordshire are performing compared with England, and with the best 5% local authorities in the country (95th centile), against key health and wellbeing indicators. It also highlights recent trends.
9. **Key highlights** are as follows:

Bedford Borough:

- Breastfeeding initiation has remained higher than the England average and the number of mothers continuing to breastfeed at 6-8 weeks has increased from 51.3% (2015/16) to 54.7% in 2016/17. Breastfeeding rates are higher than similar authorities in the same IMD decile.
- The proportion of children who are obese (very overweight) in Bedford Borough has remained the same for Year 6 (aged 10/11 years) and slightly increased in the younger reception aged children (change not statistically significant). However the number of overweight children has reduced.
- Teenage pregnancy has reduced significantly. In 2014 there were 75 under 18 conceptions and 43 in 2016. This equates to a decreasing rate of 24.7 to 14.7 (per 1,000). This compares to a 95th centile rate of 10 (per 1,000).
- 66.7% of children achieved a 'Good level of development' in 2016/17 compared to 63.5% in 2015/16.
- The rate of hospital admissions for self-harm for 10-24 year olds has increased and remains similar to England average but is significantly higher than the rate of the best 5% LAs in the country.

Central Bedfordshire:

- The rate for smoking at time of delivery for BCCG has reduced from 10.4% (2015/16) to 8.8% (2016/17), but this masks the latest rate of 13.5% (Q4 – 2017/18) for Bedfordshire deliveries at the L&D.
- Breastfeeding initiation and continuation rates both improved in 2016/17, although the rate at 6-8 weeks (47.7%) is significantly below the nationally recommended target of >50%.
- Levels of obesity for children aged 4-5 years and 10-11 years remain significantly better than the England average, but fall short of the best 5% LAs in the country.
- The Under-18 conception rate is reducing in Central Bedfordshire in line with the national trend, but is still higher than the 95th centile.
- 71.7% of children achieved a "Good Level of Development" in 2017, compared to 68.5% in 2016 – but CBC is still 7/11 in the list of statistical neighbours.
- The rate of hospital admissions for self-harm for 10-24 year-olds - although similar to the national rate - has shown an increasing trend over the last five years and is significantly higher than the rate in the best 5% LAs in the country.

10. Details of progress against each, specific 'Call to Action' defined in The Director of Public Health's Annual Report, December 2016 are provided in **Appendix 4: 'Progress since 2016' (Bedford Borough/Central Bedfordshire)**.

11. Whilst there has clearly been commitment from partners to implement some of these key actions, there is still much to be done if a significant and positive difference is to be made to the health and wellbeing outcomes for children and young people in Bedford Borough and Central Bedfordshire.

Actions for further improvement

12. **Appendix 4: 'Actions for further improvement'** details the specific actions that are required for further improvement in each of the priority areas, and which organisation(s) across the system need to take the lead to ensure that those actions are implemented.
13. Directors of services in all partner organisations must ensure that further developments and improvements are implemented within their areas, and that there is sufficient accountability and authority across the system for tangible change to happen, and for progress to be monitored. Allocated actions must be built into relevant service and development plans, with progress reviewed and reported via all relevant mechanisms.
14. Professional leads must ensure that the defined areas and key actions for improvement detailed in **Appendix 4: 'Actions for further improvement'** are embedded within all relevant local strategies and implementation plans for maximum consistency and impact – i.e.:
 - Refreshed Joint Health and Wellbeing Strategy for Central Bedfordshire and Bedford Borough
 - Bedfordshire Luton Milton Keynes (BLMK) Local Maternity Services Transformation Plan;
 - Children's Local Safeguarding Board Annual Plan;
 - Cambridgeshire Community Health Services (Children's) Transformation & Development Plans;
 - Bedfordshire Luton Milton Keynes Sustainability and Transformation Plan – Prevention and Early Intervention.

Already embedded within:

- Bedford Borough Children, Young People and Their Families Plan 2016-2020
- Central Bedfordshire's Children and Young People's Plan: 2018-2021;
- Local Future in Mind Programme Plans.
- Local Maternity Services (BLMK) Prevention Workstream

Recommendation


15. The Governing Body is asked to champion the implementation of defined actions for further improvement across all services and organisations.

Snapshot of Health of our 0-4 year olds


June 2018



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




8.8% of mothers were smokers at the time of delivery – better than the England average (2016/17)



66.7%
of children achieved a good level of development at age 5, this is below England at 70.7% (2016/17).
Public Health Outcomes Framework



79.7%
of mothers who deliver in Bedford Borough start breastfeeding (2016/17)
Child Health Profile 2018

Over **96%** 
of children receive their first childhood immunisation for Dtap/IPV/Hib by age 1. This percentage reduces for the other immunisations with the 5 year Measles, Mumps and Rubella (MMR) vaccination having the lower uptake of 89.3% (2016/17).
Public Health Outcomes Framework



More eligible 2 year olds took up a nursery place in the Autumn 2017/18 – a total of 76.5%
Business Support Report March 2018



Health and Wellbeing of children in Bedford is similar to the England average
Child Health Profile 2018

54.7% of babies are still breastfed at 6-8 weeks (2016/17)
Child Health Profile 2018

Between 2014-2016 27 children under the age of 1 died, similar to the England rate.
Child Health Profile 2018



4,865
children aged between 0-4 went to A&E (2016/17) this is below the England average.
Public Health Outcomes Framework

In 2016 there were 2,209 live births and 11,300 0-4 year olds in Bedford Borough – this was an increase compared to the previous year of 51 and 200 respectively.



The percentage of babies born with low birth weight is 2.7% similar to the England average (2016).
Child Health Profile 2018

An estimated 220-330 women are affected by mild to moderate depression during pregnancy and the year following the birth (2015/16)
Public Health Outcomes Framework

Snapshot of Health of our 0-4 year olds

June 2018



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



Around 1 in 7

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



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

Public Health Outcomes Framework



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

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

Public Health Outcomes Framework



Public Health Outcomes Framework

In 2015 of the total births:

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



Public Health Outcomes Framework



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

Public Health Child Health Profile 2017



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

Public Health Outcomes Framework

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

Public Health Outcomes Framework

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

Public Health Outcomes Framework

Snapshot of Health of our 5-19 year olds



June 2018



Bedford Borough children's levels of obesity - 9.0% at age 4-5 years and 19.9% at age 10-11 years (2016/17)

NHS Digital



92.9% of girls

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

Public Health Outcomes Framework



A downward trend in alcohol consumption amongst 11-15 years has also been seen across England. A Bedford Borough survey (2015) reported **13% of 14-18 year olds drank alcohol once a week or more**

Public Health, Bedford Borough

Hospital admissions for asthma, mental health, Injuries and self-harm are similar to England averages

Child Health Profile 2018



9 children aged under 18 were admitted for alcohol specific conditions (2014/15 – 2016/17)

Child Health Profile 2018



21 15-24 year olds were admitted to hospital for substance misuse (2014/15 – 2016/17)

Child Health Profile 2018



Tests/exams and grades were reported to be pupils' biggest worries amongst children aged between 7-18 years in Bedford Borough. School work was the second biggest worry for 11-18 year olds. For younger children (7-11 years) it was being bullied.

Public Health, Bedford Borough



1 in 3 children (31.3%) have a decayed, missing or filled tooth by the age of 5 years (2016/17)

Child Health Profile 2018



94% of pupils aged between 7-18 in Bedford Borough schools reported feeling OK, Mostly or Very happy most of the time

Public Health, Bedford Borough

An estimated **2,236 children**

in Bedford Borough aged 5-16 years have a mental health disorder (2015)

Public Health Outcomes Framework



Across England, smoking rates amongst young people have fallen and are now at their lowest. A Bedford Borough survey of school children (2015) found that 88% of 11-14 year olds and 73% of 14-18 year olds do not smoke.

Public Health, Bedford Borough

Snapshot of Health of our 5-19 year olds

June 2018



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



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

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

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

92.9% of girls in school year 8 have received the Human Papilloma Virus (HPV) vaccine (2016/17)
Public Health Outcomes Framework



36 children aged under 18 admitted for alcohol specific conditions (2014/15 – 2016/17)
Public Health Outcomes Framework



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

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



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

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



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



APPENDIX 3 – BEDFORD BOROUGH

How is Bedford Borough Performing?

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

Indicator	'Good' is	Bedford Borough	Most Recent Trend in Bedford Borough *	England Average	Fourth Less Deprived 10% (IMD 2015) Average %	Aiming for the Best: 95 th Centile (best 5% LAs in the country) Average %
1. Smoking at time of delivery (BCCG - 2016/17)	Low	8.8%	↓	10.7%	12%	3.5%
2. Infant mortality (per 1000 live births) (2014-16)	Low	4.1	↓	3.9	3.7	2.2
3. Low birth weight of term babies (2016)	Low	2.7%	→	2.8%	2.3%	1.9%
4. Breastfeeding initiation (2016/17)	High	79.7%	↑	74.5%	75.4%	91.9%
5. Breastfeeding @ 6-8 weeks (2016/17)	High	54.7%	Cannot be calculated (new data collection system in place)	44.4%	46.4%	61.9%
6. Levels of obesity for children in Reception: Age 4-5 yrs (2016/17)	Low	9%	→	9.6%	9.3%	6.9%
7. Levels of obesity for children in Year 6: Age 10-11 yrs (2016/17)	Low	19.9%	→	20%	18.6%	14.3%
8. Under 18 conception rate (per 1,000) (2016)	Low	14.7	↓	18.8	17.9	10
9. Children achieving a good level of development at age 5 (2016/17)	High	66.7%	↑	70.7%	71.8%	76.6%
10. Hospital admissions as a result of self-harm: ages 10-24 yrs (per 100,000) (2016/17)	Low	469.9	↑	404.6	n/a	147

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

APPENDIX 3 - CENTRAL BEDFORDSHIRE

How is Central Bedfordshire Performing?

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

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

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

APPENDIX 4 - BEDFORD BOROUGH

Aiming for the best for children, young people and families in Bedford Borough

Director of Public Health Report (December 2016)

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

Call to Action 1 - Healthy Pregnancy:		
Midwifery Services should identify vulnerable women and families as early as possible. Relevant information should be shared between professionals to ensure a co-ordinated response and prompt access to services.		
We need to	Progress since 2016	Actions for further improvement
i. Reduce smoking in pregnancy	<ul style="list-style-type: none"> BCCG rate has reduced from 10.4% (2015/16) to 8.8% (2016/17). Bedford Hospital has exceeded its target of <11%. 	<p>a) i) Maternity Services at Bedford Hospital and (ii) the 0-5 HV Service must ensure that all pregnant women are tested for carbon monoxide, and identified smokers are promptly referred to local Stop Smoking Services. Action for: (i) Heads of Maternity Services (BLMK); (ii) Children’s Services Director (Cambridgeshire Community Services (CCS))</p> <p>b) Change KPI target for Maternity Services to reflect national ambition of <6%. Action for: BCCG</p>
ii. Reduce maternal obesity	<ul style="list-style-type: none"> ‘BeeZee Bumps’ - a specialist 16-week programme is available for all pregnant women with a BMI of >30. However the number of referrals from Maternity Services was low in 2017/18. 	<p>a) KPI re: referrals to BZ Bumps programme to be embedded in maternity contracts for both BHT and L&D – currently only BHT. Action for: BCCG.</p> <p>b) Review and improve referral pathways. Action for: Public Health</p>
iii. Improve outcomes for teenage parents and their children	<ul style="list-style-type: none"> Under-18 conception rate is reducing in BBC in line with the national trend and is below comparable LAs. Teenage parents are referred to Early Help for assessment and support. The enhanced Universal Partnership Plus (UPP) offer for vulnerable families within the 0-5 Health Visiting Service provides ongoing family support from pregnancy. 	<p>a) Local review of a ‘whole systems approach to teenage pregnancy prevention’ (PHE January 2018) to be carried out: https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework Action for: Public Health</p>

<p>iv. Support good parental mental health</p>	<ul style="list-style-type: none"> • A comprehensive perinatal mental health pathway is now in place to identify mothers and families at risk during the perinatal period (up to 1 year for the infant), and offer prompt treatment. • Specialist perinatal mental health training has been delivered for HVs, Midwives, Children’s Centres and Children’s Services staff. 72% of the HV workforce has been trained to date, but uptake from Midwifery staff has been particularly low (total of 4 staff in 2017-2018). • BLMK CCGs were successful in securing NHSE funding for a specialist perinatal mental health service. 	<p>a) Fast tracking of women and their families with perinatal mental health needs to be embedded in, and monitored through Maternity Services contracts for both BHT and L&D. Action for: BCCG</p> <p>b) Midwifery Leads to ensure that all relevant staff access perinatal mental health training. Action for: Heads of Maternity Services (BLMK)</p> <p>c) Audit impact of perinatal mental health pathway in 6 months time Action for: Public Health</p>
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Call to Action 2: - Healthy Birth and Early Years:
We need a highly skilled and motivated Early Years workforce capable of high quality assessment, and working in an integrated way. Professionals working with children and families must be able to recognise key risk factors including adverse childhood experiences (ACEs), sharing information and referring to services where appropriate.

We need to	Progress since 2016	Actions for further improvement
<p>i. Minimise the impact of adverse childhood experiences.</p>	<ul style="list-style-type: none"> • Identified as a theme in the Operational Workplan which delivers the outcomes in the Children, Young people and Their Families Plan 2016-2020. 	<p>a) Multi-organisation specific training to be provided across the system on tackling ACEs together and breaking the cycle. Action for: Public Health</p>
<p>ii. Protect against childhood diseases.</p>	<ul style="list-style-type: none"> • Coverage for most childhood immunisations in BBC continues to be good at 12 months but slightly below target (95%) for 24 month PCV, Hib/Menc C and MMR. At age 5, coverage drops slightly for the pre-school boosters and in particular the second dose of MMR with the lower uptake of 89.7%. 	<p>a) GPs must ensure effective call/recall and chase-up systems in place. Action for: Screening and Immunisations Lead (Central Midlands Area Team, NHS England)</p>
<p>iii. Increase the numbers of children who are ready to learn and ready for school.</p>	<ul style="list-style-type: none"> • 66.7% of children in BBC achieved a “Good Level of Development” (2017) - compared to 63.5% in 2016 – however BBC is below the England average and the average for the deprivation decile. • 85% of children are now having an integrated health and education review at 2½ years (Q3 2017-18), compared with 78.8% in Q3 2016-17. 	<p>a) Development and progress to be monitored Action for: BBC Children’s Services</p> <p>b) Full implementation of the 0-5 integrated Universal Partnership Plus (UPP) Offer for vulnerable families – through the new children’s community health services contract. Action for: Children’s Services Director</p>

	<ul style="list-style-type: none"> Integrated working needs to continue to strengthen in order to increase numbers of children who have an Integrated Health & Education Review @ 2½ years. 	(CCS)
Call to Action 3 - School Years: Schools must be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach that includes high quality Personal Social & Health Education, Sex & Relationships Education and Physical Education.		
We need to	Progress since 2016	Actions for further improvement
i. Ensure a healthy weight and promote physical activity.	<ul style="list-style-type: none"> The percentage of obese (very overweight) children in both Year R and Year 6 in BBC has not changed significantly since 2015/16, but the percentage of overweight children is falling. Robinson Pool and the Bunyan Centre have been accredited with the Healthier Options Food Award. Weekly free Junior Parkrun events in Bedford Park. Sports Development Team offer a range of physical activity and sport for young people, including mindful yoga The Transport Team engage young people through schemes including Bikeability, Scootability, Walking to School Programmes and school travel planning. Schools Games Organisers work with schools to increase physical activity through interschool events and ensure the School Sports Premium is spent effectively. 	a) Refresh the operational plan that supports the Excess Weight Strategy: update priorities; identify opportunities for increased engagement across the system. Action for: Public Health. b) Explore options for utilising NCMP data and targeting work where required. Action for: Public Health
ii. Ensure that young people develop positive relationships, healthy lifestyles and resilience.	<ul style="list-style-type: none"> A toolkit - <i>Promoting Emotional Health & Wellbeing and Resilience: a whole school/college approach</i> – has been developed and disseminated to schools. A survey is currently (June 2018) out to BBC schools to explore the provision of PSHE & RSE. 5'ASPIRE'- programmes (17/18) in specific schools to strengthen resilience in vulnerable young people. Schools self review their Health and Wellbeing provision via the Health and Wellbeing Self Review tool biennially. Emotional and mental health interventions for children and young people are provided through: 	a) Senior Leadership Teams in schools and colleges are supported to prioritise health and wellbeing – using a whole school/college approach. Appropriate policies, resources and adequate curriculum time for high quality and purposeful Personal, Social and Health Education (PSHE) - including Relationships & Sex Education (RSE) and Drug & Alcohol – to be provided. Action for: Early Help, School Improvement and Public Health to promote, emphasising links to Ofsted. b) Senior Leadership Teams in schools and

	<ul style="list-style-type: none"> ○ Tier 1/2 Early Help support and School Nursing Service – 4-6 sessions; ○ Tier 1&2 CHUMS: Early Intervention Therapeutic Group Programmes; 1:1 sessions. ○ Tier 3 CAMHS: Specialist services e.g. CBT, Eating Disorders. 	<p>colleges to ensure implementation of the toolkit - <i>Promoting Emotional Health & Wellbeing and Resilience: a whole school/college approach</i>’.</p> <p>Action for: Schools, School Improvement, Public Health, CAMHS (CCG)</p> <p>c) Review findings of PSHE/RSE survey in schools and provide additional support/advice where identified.</p> <p>Action for: Public Health</p>
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Call to Action 4 - Vulnerable Children and Young People:

All professionals working with children, young people and families must use learning from reviews, audits and inspections to improve practice and outcomes. Progress should be monitored by the Local Children’s Safeguarding Board.

We need to	Progress since 2016	Actions for further improvement
<p>i. Ensure that the learning from Serious Case Reviews, local inspections, case conferences and reviews is embedded across services to improve outcomes for children and young people. Improvements are required to:</p> <ul style="list-style-type: none"> ○ Strengthen the role of the professional working more effectively in partnership; ○ Embed the voice/experience of the child and family in decision making; ○ Embed consistent and effective organisational processes and systems – to ensure appropriate and effective interventions and avoid duplication. 	<p>Since 2016 – 7 Serious Case Reviews have been completed and published in BBC, resulting in a number of key actions and outcomes.</p> <ul style="list-style-type: none"> • The Graded Care Profile 2 (GCP2) - an assessment tool for neglect - has been rolled out with all frontline practitioners in BBC. As a result, numbers of identified cases of neglect have increased, enabling earlier intervention and greater consistency across the workforce. • Commissioners and providers of CAMHS to ensure that appropriate and accessible services are available to children and young people who are victims of abuse or neglect. The Single Point of Access (SPOA) and triage by the Clinician of the Day (COD) systems ensure that daily referrals are managed appropriately and in a timely manner. Parents/carers will have access to the CAMHS COD daily if needed whilst they are waiting for their child’s appointment. • A Bruising Protocol has now been published for all frontline professionals to use: http://bedfordscb.proceduresonline.com/pdfs/man_bruisies_bites_marks.pdf <p>Both Acute Trusts are now using the protocol and it has been incorporated into safeguarding training at all levels and it is on the staff intranet for easy access by hospital staff.</p>	<p>a) The GCP2 must be used in a consistent way to inform decision making around thresholds across the 3 local authorities. Policy to be defined and disseminated.</p> <p>Action for: Pan Bedfordshire Neglect Group.</p> <p>b) Multi-organisation specific training to be provided across the system on tackling ACEs together and breaking the cycle (as per ‘Call to Action’ 2a).</p> <p>Action for: Public Health.</p>

<p>ii. Improve support and outcomes for vulnerable young people.</p>	<ul style="list-style-type: none"> • Created 2 Early Action Teams working across the Borough to undertake short, focussed interventions with children, young people and their families. • Developed a suite of evidenced-based parenting programmes for those who need targeted support. • Trained school based staff to be confident and knowledgeable about Domestic Abuse and how it impacts on children and their learning. • Established the SPACE youth group for young people who have been affected by living in a household where domestic abuse is present. • Become an active member of the Children and Young Peoples IAPT Collaborative creating an opportunity for 4 members of the Early Help and Intervention service to undertake the Evidence Based Practice PGDip. 	<p>a) All partners – system-wide - to commit to integrated working to ensure early identification and most effective support for vulnerable young people and their families – through full implementation of <i>The Children, Young People and Their Families Plan 2016-2020</i>.</p> <p><u>Action for:</u> Director of Children’s Services</p>
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APPENDIX 4 - CENTRAL BEDFORDSHIRE

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

Director of Public Health Report (December 2016)

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

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

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

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

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

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

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

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

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

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

