

Central Bedfordshire Children's Trust

Agenda



Meeting: **CHILDREN'S TRUST BOARD**

Date: **Thursday, 3 December 2015**

Time: **4.00 p.m.**

Venue: **Room 15, Priory House, Monks Walk, Shefford**

Contact: Amanda Coleman, Partnerships and Performance Officer
Tel: 0300 300 4650

This meeting may be filmed.*

1. **Welcome, Introductions and Apologies**
2. **Procedural Business**
 - (a) Declaration of Substitutes – Where Board members, Councillors are unable to attend a meeting, a substitute agreed with the Chair may attend, speak and vote in their place for that meeting.
 - (b) Declarations of Interest by all Members present of any personal interests in matters on the agenda.
 - (c) Exclusion of Press and Public – To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.
3. **Minutes of the Previous Meeting and Matters Arising**

To approve as a correct record the minutes of the meeting of the Children's Trust Board held on 16 September 2015.
4. **2015 Early Indications of Pupil Outcomes**

Helen Redding to present an overview of the provisional outcome data for academic year 2014/15.

5. **Ofsted Inspection Readiness**

Gerard Jones to update Board Members on Ofsted inspection readiness.

6. **Promotion of the 5-19 School Nursing Service in Central Bedfordshire**

Barbara Rooney to brief Board Members on the 5-19 School Nursing Service provision in Central Bedfordshire and how the service is publicised and promoted to children and young people.

7. **Children's Community Services Health Needs Assessment**

Linda Willis to provide a synopsis of the Health Needs Assessment and opportunities to redesign services.

8. **JSNA - Executive Summary Development**

Amanda Coleman will provide an update on the development of the 'Starting Well and Developing Well' sections on the next JSNA Executive Summary.

9. **Standing Item: Update from other Boards**

The Protocol for Joint Working between Strategic Boards including that Chairs and partners will have an ongoing and direct relationship, communicating regularly. This standing item is to provide members of Boards with an opportunity to update the Children's Trust on any matters and to provide comment on any annual reports circulated.

10. **Forward Plan**

The Forward Plan sets out dates of future meetings and proposed agenda items for Board Members to note and consider.

Exempt Reports

Item* *Subject

11. **Update: National Working Group (NWG) Pan Bedfordshire Review of Child Sexual Exploitation**

Sue Harrison to provide Board Members with an update on activity being undertaken in relation to Child Sexual Exploitation following the National Working Group (NWG) Pan Bedfordshire Review of Child Sexual Exploitation.

12. **Children and Young People's Plan - Quarter Two Performance**

Karen Oellermann will present the quarterly monitoring report for Trust Board Members to review and challenge.

Members:

Sue Harrison	Chairman of Children's Trust Board and Director of Children's Services, Central Bedfordshire Council
Cllr Carole Hegley	Vice-Chairman of Children's Trust Board and Executive Member for Social Care and Housing (Lead Member for Children's Services)
Dr Judy Baxter	Clinical Director, Bedfordshire Clinical Commissioning Group
David Boyle	Bedfordshire Police
Linda Bulled	VOCypf Officer, Voluntary Organisations for Children, young people and families
Ellen Burke	Member of Youth Parliament
Oliver Button	Principal, Queensbury Academy
Richard Carr	Chief Executive, Central Bedfordshire Council
Alan Caton	Chair, Central Bedfordshire Local Safeguarding Children Board
Shirley Crosbie	Headteacher, The Chiltern School
Steven Dawkins	Member of Youth Parliament
Peter Haddon	Headteacher, Holywell School
Alison Harding	Assistant Chief Officer, Bedfordshire Probation
Frances Image	Catholic Diocese of Northampton
Gary Jeffery	Head of Community Safety, Bedfordshire Fire Rescue Service
Melanie Mercer	Headteacher, Aspley Guise Lower School
Sarah Mortimer	Vice Principal, Curriculum & Strategic Partnerships, Central Bedfordshire College
David Morton	Diocese of St Albans
Anne Murray	Bedfordshire Clinical Commissioning Group
Stephen Phillips	Executive Head Teacher, The Lawns Nursery School & Children's Centre
Len Simkins	Chair, Voluntary Organisations for Children, young people and families (VOCypf)
Cllr Mark Versallion	Executive Member for Education and Skills
TBC	Bedfordshire Youth Offending Service

Other Attendees:

Amanda Coleman	Partnerships and Performance Officer, Central Bedfordshire Council
Sandra Hobbs	Committee Services officer, Central Bedfordshire Council
Gerard Jones	Assistant Director Operations, Children's Services, Central Bedfordshire Council
Karen Oellermann	Assistant Director, Commissioning and Partnerships, Central Bedfordshire Council
Helen Redding	Assistant Director School Improvement, Central Bedfordshire Council
Barbara Rooney	Head of Public Health – Children & Young People and Inequalities for Central Bedfordshire
Muriel Scott	Director of Public Health
Brian Weatherall	Bedfordshire Youth Offending Service
Linda Willis	Core Public Health Team

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **CHILDREN'S TRUST BOARD** held at Room 14, Priory House, Monks Walk, Shefford on Wednesday, 16 September 2015

PRESENT

Mrs S Harrison (Chairman)	Director of Children's Services, Central Bedfordshire Council
Cllr C Hegley (Vice-Chairman)	Executive Member for Social Care and Housing, Central Bedfordshire Council
Mr S Barker	Area Commander, Bedfordshire Fire and Rescue
Dr J Baxter	Clinical Director, Bedfordshire Clinical Commissioning Group
Ms L Bulled	VOCypf Officer, Voluntary Organisations for Children, young people and families
Miss E Burke	Member of Youth Parliament
Mr O Button	Principal, Queensbury Academy
Mr R Carr	Chief Executive, Central Bedfordshire Council
Mr A Caton	Chair, Central Bedfordshire Local Safeguarding Board
Ms S Crosbie OBE	Headteacher, The Chiltern School
Mr S Dawkins	Member of Youth Parliament
Mr P Haddon	Headteacher, Holywell School
Mrs F Image	Roman Catholic Diocesan Representative
Mrs M Mercer	Headteacher, Aspley Guise Lower School
Mrs A Murray	Director of Nursing and Quality, Bedfordshire Clinical Commissioning Group
Mr L Simkins	Chair, Voluntary Organisations for Children, young people and families
Cllr M A G Versallion	Executive Member for Education and Skills

Others Attendees:	Mr P Fraser	– Head of Partnerships & Community Engagement
	Mrs J Keyte	– Head of Community Safety
	Mr G Lamb	– East London Foundation Trust
	Mr L Manning	– Committee Services Officer
	Ms K Oellermann	– Assistant Director, Commissioning and Partnerships
	Mrs M Scott	– Director of Public Health
	Mr B Weatherall	– Bedfordshire Youth Offending Service

CTB/15/11. Welcome, Introductions and Apologies

The Chairman welcomed everyone to the meeting.

Apologies for absence were received from:

David Boyle, Bedfordshire Police
Alison Harding, Assistant Chief Officer, Bedfordshire Probation
David Morton, Diocese of St Albans

CTB/15/12. Procedural Business**(a) Declaration of substitutes**

Inspector Annita Clarke, Bedfordshire Police was in attendance substituting for David Boyle.

(b) Declarations of interest

There were no declarations of interest.

(c) Exclusion of the press and public**AGREED**

that in accordance with section 100A of the Local Government Act 1972 the Press and Public be excluded from the meeting when considering the following on the grounds that consideration of the item is likely to involve the disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act:

Children and Young People's Plan – Quarter One Performance (Item 8).

(d) Order of business

The Chairman advised the meeting of a change in the running order for the agenda items. Item 8 (Children and Young People's Plan – Quarter One Performance) would now be considered immediately following item 10 (Forward Plan).

CTB/15/13. Minutes of the Previous Meeting and Matters Arising**AGREED**

that the minutes of the meeting of the Children's Trust Board held on 8 June 2015 be confirmed as a correct record and signed by the Chairman.

CTB/15/14. Emotional Resilience of Young People - Future in Mind

The Board received a report which briefed Members on the current issues with regard to young people's mental health with a particular focus on self harm and emotional resilience. The report also set out the current response at both the national and local level and the proposals for future action to improve young people's emotional well being within Central Bedfordshire.

The Board expressed concern at the lower levels of self esteem amongst pupils in Central Bedfordshire when compared to the wider sample. Further, and whilst recognising the value of the measures that had been implemented and proposed in response, concern was also expressed as to whether sufficient resources could be made available to ensure a positive outcome. Particular reference was made to the expected role of school nurses in this context given their limited numbers. The need to improve pupil awareness of school nurse availability and the service they could provide was also raised.

During discussion the importance of establishing the reasons why levels of self esteem amongst young people were lower within Central Bedfordshire was emphasised. The Board was reminded that knowledge of this would help ensure that any services provided in response were suitable. It was also queried whether the Board was expected to undertake an active role in relation to assessing the impact of the measures or merely monitor outcomes.

It was noted that a follow up survey to determine the reasons for the low emotional well being was to be circulated to schools in the Autumn and that the results were due to be available in April 2016. The need to ensure the survey was accessible by all young people was noted. The Chairman urged all schools to complete the survey.

AGREED

- 1. That the Assistant Director Public Health submit an update report on the issues relating to the emotional resilience of young people to a future meeting of the Children's Trust Board.**
- 2. That the Board be provided with an update on the promotion of the school nurse service.**

CTB/15/15. Domestic Abuse

The Board received a report which provided an update on the progress made in developing Central Bedfordshire Council's Domestic Abuse Strategy. Members noted the context in which the Strategy and its accompanying action plan were being developed and the need to adopt a multi-agency approach to ensure the right outcomes were delivered.

The Board noted that the Council had engaged SafeLives, a national charity which had led on transforming the response to domestic violence and abuse by providing practical risk led solutions, to help develop the Strategy and action plan.

Members were advised that the Strategy was being developed in two stages. The first, which had been completed at the end of July, had an internal focus working across Council directorates to establish how best to develop a robust co-ordinated strategy, identify key themes for development and provide proposals for the work needed to develop the themes.

Stage two would see the draft Strategy and plan finalised and a multi agency partnership workshop delivered to consult and test the Council's draft strategic objectives.

A Domestic Abuse Board, chaired by the Director of Children's Services, had met to review and refine the stage one work and work with SafeLives on planning and completing the stage two work which was scheduled to be completed by early November 2015.

Following a query the Head of Community Safety undertook to investigate the status of children present during an incident of domestic abuse and whether, in such circumstances, such children would be classified as victims.

NOTED

- 1 the progress made in preparing Central Bedfordshire Council's Domestic Abuse Strategy and the accompanying action plan;**
- 2 that a further update report would be provided to the Children's Trust Board at a future meeting.**

CTB/15/16. Central Bedfordshire Safeguarding Children Board Annual Report

The Trust Board received the Central Bedfordshire Safeguarding Children Board (CBSCB) Annual Report for 2014-15. The Annual Report provided detail as to how CBSCB partners had worked both together, and as individual bodies, to safeguard and promote the welfare of children in Central Bedfordshire. The Annual Report also provided information on Local Safeguarding Children Board statutory functions and the progress made against the four CBSCB Business Plan priorities for 2014-15.

The meeting noted that the publication of an annual report covering the effectiveness of child safeguarding and promotion of child welfare in the local area was a statutory function under the Children Act 2004.

The Independent Chair of the CBSCB introduced the Annual Report and drew Members' attention to key issues. He referred in particular to when parents made their own arrangements for their children to live away from home or other close family members. Such children were privately fostered and it was a requirement that the local authority be notified of these arrangements. The meeting noted that Central Bedfordshire was aware of only a small number of privately fostered children at the end of March 2015 and the Independent Chair was of the opinion that the numbers were underreported.

The Independent Chair next drew the meeting's attention to the various challenges faced by the Board as it made efforts to improve outcomes for all children and young people and to the priorities and key messages about keeping children safe in Central Bedfordshire. Members considered and commented on aspects of the Report.

AGREED

- 1 that the Central Bedfordshire Safeguarding Children Board Annual Report 1 April 2014 – 31 March 2015 be noted;**
- 2 that the key messages set out within the Annual Report be reported back to all stakeholders and partners.**

CTB/15/17. Careers Advice and Work Experience Opportunities for Young People in Central Bedfordshire

The Board received a report setting out the progress made in meeting the local aspiration set out in the Children and Young People's Plan for partners to:

'Provide early high quality independent career advice and work experience opportunities so that young people understand what their career options and choices are'.

The meeting noted that the provision of careers education and work experience opportunities remained a high priority at national level and this was reflected in Ofsted standards. It was also a very high priority at the local level. Members noted the current position in Central Bedfordshire and that the 'Better Work Experience' campaign by the Central Bedfordshire Youth Parliament had revealed that the quality of opportunities for young people varied significantly across the area. The 'Better Work Experience' report, a copy of which was attached at Appendix A to the officer's covering report, highlighted key recommendations which, it was felt, could have a significant beneficial difference if adopted – including the role of the local authority in setting an example in this area to other employers.

Turning next to careers guidance and the provision of impartial information, advice and guidance Members noted that progress had been made recently in meeting the Children and Young People's Plan aspiration. This had included schools signing up to minimal standards for careers education and emerging practice around the brokerage of employer engagement in schools.

However, it was also recognised that there were significant financial and resource pressures on secondary/upper schools and academies which could have a detrimental impact on their capacity to offer a high standard of careers education and work experience to young people.

Arising from the disappointment expressed by some young people with regard to work experience and the relevancy, timing and type of jobs that they were expected to carry out, discussion took place on the opportunities that were actually available given that young people would be unable to carry out the more complicated or difficult tasks they would, perhaps, like to.

AGREED

- 1 that the current situation regarding careers advice and work experience for young people in Central Bedfordshire be noted;**

- 2 that Board Members promote the recommendations contained in the 'Better Work Experience' report by Central Bedfordshire Youth Parliament and in particular:
- To meet with Central Bedfordshire Council's Director of Children's Services and the Executive Member for Education and Skills
 - To actively promote the benefits of undertaking work experience to young people, schools and employers
 - For Central Bedfordshire Council to lead by example and offer work experience placements in all departments.
- 3 that the briefing is shared with the Secondary/Upper Heads' Forum with a request that all schools/academies are signed up to the Central Bedfordshire careers education minimum standards.
- 4 that Board Members receive a further briefing on careers advice and work experience opportunities by April 2016.

CTB/15/18. **Standing Item: Update from other Boards**

No updates were provided by members of other Boards.

CTB/15/19. **Forward Plan**

The Board noted that the following matters would be added to the Board's Forward Plan for consideration:

Child Poverty Strategy – Update (3 December 2015)

Promotion of school nurse service– Update (3 December 2015)

School results data – possible use of Improvement Board report if available (to be agreed)

Careers Advice and Work Experience Opportunities (by April 2016).

(Note: Minute CTB/15/20 below also refers)

CTB/15/20. **Children and Young People's Plan - Quarter One Performance**

The Board considered a report which provided Members with an update on Quarter One progress in delivering the priorities contained within the Children and Young People's Plan. The Plan had been approved and adopted at the Board's meeting on 3 March 2015 and covered the two year period until March 2017. A performance framework had been developed to monitor progress against the new measure set. The performance for Quarter One was set out at Appendix A to the report.

The Board worked through the update. With regard to the priority for 'Improved educational attainment and progress' comment was passed by some Members on the difficulty experienced in recruiting suitable teaching staff. The possible reasons for how this situation had arisen were considered and a comparison was drawn with that of social worker recruitment and the action which had been taken to overcome recruitment difficulties.

A Member queried the absence of recent referrals to the Special Educational Needs Service despite the requirement by some children for this support.

AGREED

- 1 that the new reporting style for the new measure set within the Children and Young People's Plan be noted;**
- 2 that the progress made in delivering the priorities and targets together with the action taken to address issues where performance is not on track to meet targets be noted;**
- 3 that the feedback from the Children's Services Overview and Scrutiny Committee on the Children's Trust Annual Report be noted;**
- 4 that the work of the Partnership Vision for Education to support the delivery of the priority 'Improved Educational Attainment and Progress' within the Children and Young People's Plan be noted;**
- 5 that a report be submitted to a future meeting of the Board setting out an explanation for the current difficulties in recruiting suitable teaching staff within Central Bedfordshire and the possible means of overcoming this and that this be included on the Board's forward plan.**
- 6 that a report be submitted to a future meeting of the Board setting out an explanation for the lack of take up of the Special Educational Needs Service despite the known requirement by some children for this and that this item be included on the Board's Forward Plan.**

(Note: The meeting commenced at 4.00 p.m. and concluded at 5.55 p.m.)

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2015 Early Indications of Pupil Outcomes

PURPOSE

1. The report outlines the provisional outcome data for academic year 2014/2015.

RECOMMENDATIONS

2. That Board Members understand the current Central Bedfordshire outcome data and consider actions being taken through the Partnership Vision For Education to collectively improve outcomes at each Key Stage.

PUBLIC/EXEMPT: Public

CONTACT: Helen Redding, AD School Improvement

BACKGROUND

3. Central Bedfordshire's Partnership Vision for Education clearly articulates our aspiration to be performing in the top quartile at every Key Stage (Appendix 1).
4. As at end October 2015, 85% of schools in Central Bedfordshire had good or better Ofsted judgements.
5. As at end October 2015, 82% of pupils attend good or better schools in Central Bedfordshire.
6. The 2014 data at each Key Stage is attached as Appendix 2.
7. The 2015 Key Stage 2 and Key Stage 4 results are provisional and are subject to change.
8. Summary data by localities is also provided as Appendix 3
9. Central Bedfordshire has some Bedford Locality population. In addition, some postcodes remain unmatched. Reasons for this could include that children reside outside of Central Bedfordshire but attend a Central Bedfordshire school.
10. The Locality analysis is based on where the pupil resides (home address). Postcode list provide by Public Health.

EARLY YEARS FOUNDATION STAGE DATA

11. Percentage of children achieving a 'Good Level of Development' is 64%, 7% point increase from 2014.
12. Central Bedfordshire is 4 percentage points (ppts) below the statistical neighbour (SN) average and 2% points below the national average (NA).

13. Central Bedfordshire is ranked 9/11 against SN, compared to 11/11 in 2014.
14. Central Bedfordshire is ranked 110/151 against the national ranking, compared to 107/152 in 2014.
15. Central Bedfordshire children have better outcomes than the NA in Communication and Language, mathematics, Understanding of the World, Physical Development and Arts Design and Making, but lower in literacy.

Achievement Gap

16. The achievement gap for Central Bedfordshire children is 26.9 ppts, 2.2 ppts wider than 2014, but 1.2 ppts narrower than the SN average, and 5.2 ppts narrower than the NA.
17. Central Bedfordshire is ranked 4/11 against SN, compared to 6/11 in 2014.
18. Central Bedfordshire is ranked 24/151 against the national ranking, compared to 33/152 in 2014.

YEAR 1 PHONICS ASSESSMENT

19. 77% of children in Central Bedfordshire achieved the expected standard in the phonics Screening Check, compared to 72% in 2014.
20. This is in line with the SN average and NA.
21. Central Bedfordshire is ranked 8/11 against SN, compared to 10/11 in 2014.
22. Central Bedfordshire is ranked 82/150 against the national ranking, compared to 116/150 in 2014.

Percentage of Children achieving expected level by FSM

23. The Free School Meals (FSM) achievement gap is 23 ppts, 4ppts wider than 2014.
24. Central Bedfordshire's FSM/Non FSM Gap is 3 ppts wider than our SN gap (20ppts) and 8 ppts wider than the national gap (15ppts).
25. Percentage of pupils who are eligible for FSM meeting the required standard of phonic decoding in Central Bedfordshire is 56%; 1 ppt increase from 2014 (55%).
26. Central Bedfordshire LA is 4 ppts below the SN average (60%) and 9 ppts below the NA (65%).
27. Central Bedfordshire is ranked 8/11 against the statistical neighbours for FSM pupils; compared to our ranking of 9/11 in 2014.

28. Central Bedfordshire is ranked 138/150 for FSM pupils against the national ranking; compared to a ranking of 132/150 in 2014.

KEY STAGE 1

Level 2 or above in Reading

29. Percentage of pupils achieving L2+ Reading in Central Bedfordshire is 92%; a 1% decrease from 2014 (93%).
30. Central Bedfordshire is in line with the SN average (92%) and 2 ppts above the national average (90%).
31. Central Bedfordshire is ranked 3/11 against the SN; compared to our ranking of 2/11 in 2014.
32. Central Bedfordshire is ranked 20/150 against the national ranking; compared to a ranking of 9/150 in 2014.

Level 2 or above in Writing

33. Percentage of pupils achieving L2+ Writing in Central Bedfordshire is 90%; this has remained the same as last year (90%).
34. Central Bedfordshire is 1 ppt above the SN average (89%) and 2 ppts above the NA (88%).
35. Central Bedfordshire is ranked 2/11 against the SN; the same as in 2014.
36. Central Bedfordshire is ranked 9/150 against the national ranking; the same as 2014.

Level 2 or above in Mathematics

37. Percentage of pupils achieving L2+ Mathematics in Central Bedfordshire is 94%, a 1% decrease from 2014 (95%).
38. Central Bedfordshire is in line with the SN average (94%) and 1 ppt above the NA (93%).
39. Central Bedfordshire is ranked 3/11 against the SN; the same as 2014.
40. Central Bedfordshire is ranked 19/150 against the national ranking; compared to a ranking of 14/150 in 2014.

Percentage of Children achieving expected level in Reading by FSM

41. The ppt gap between pupils eligible for FSM and other pupils achieving the expected level in Reading is 9 ppts; 1 percentage points narrower than 2014 (10 ppts).
42. Central Bedfordshire's FSM/Non FSM Gap is 4 ppts narrower than the SN gap (13ppts) and 1 ppt narrower than the national gap (10ppts).
43. Central Bedfordshire is ranked 2/11 for FSM pupils against SN; compared to our ranking of 1/11 in 2014.
44. Central Bedfordshire is ranked 33/150 for FSM pupils against the national ranking; compared to a ranking of 31/150 in 2014.

Percentage of Children achieving expected level in Writing by FSM

45. The ppt gap between pupils eligible for FSM and other pupils achieving the expected level in Writing is 11 ppts; 3 ppts narrower than 2014 (14 ppts)
46. Central Bedfordshire's FSM/Non FSM Gap is 5 ppts narrower than the SN gap (16ppts) and 2 ppts narrower than the national gap (13ppts).
47. Central Bedfordshire is ranked 1/11 for FSM pupils against SN; compared to our ranking of 2/11 in 2014.
48. Central Bedfordshire is ranked 28/150 for FSM pupils against the national ranking; compared to a ranking of 42/150 last year.

Percentage of Children achieving expected level in Maths by FSM

49. The ppt gap between pupils eligible for FSM and other pupils achieving the expected level in Maths is 5 ppts; 1 percentage points narrower than 2014 (6 ppts)
50. Central Bedfordshire's FSM/Non FSM Gap is 5 ppts narrower than the SN gap (10ppts) and 3 ppts narrower than the national gap (8ppts).
51. Central Bedfordshire is ranked 1/11 for FSM pupils against SN; the same as 2014.
52. Central Bedfordshire is ranked 16/150 for FSM pupils against the national ranking; an 8 place decrease compared to a ranking of 8/150 in 2014.

KEY STAGE 2 (Provisional)

Level 4 or above in Reading, Writing and Mathematics

53. Percentage of pupils achieving Level 4 or above in Reading, Writing and Mathematics in Central Bedfordshire is 77%; same as 2014 (77%).

54. Central Bedfordshire is 3 pts below the SN average (80%) and 3 pts below the NA (80%).
55. Central Bedfordshire is ranked 9/11 against the SN; the same as in 2014.
56. Central Bedfordshire is ranked 121/150 against the national ranking; compared to a ranking of 105/152 in 2014.
57. This has moved Central Bedfordshire into the bottom quartile nationally (compared to being in the 3rd quartile in 2014).

Level 4 or above in Reading

58. Percentage of pupils in Central Bedfordshire achieving Level 4 or above in reading is 88%; the same as in 2014.
- 59.
60. Central Bedfordshire is 2 pts below the SN average (90%) and 1 ppt below the NA (89%).
61. Central Bedfordshire is ranked 9/11 against the SN; compared to 11/11 in 2014.
62. Central Bedfordshire is ranked 97/150 against the national ranking; compared to a ranking of 101/152 in 2014.

KS1-2 Expected Progress in Reading

63. Percentage of pupils making expected progress KS1-2 in Reading in Central Bedfordshire is 86%; 1 ppt increase from last year (85%).
64. Central Bedfordshire is 4 pts below the SN average (90%) and 5 pts below the NA (91%).
65. Central Bedfordshire is ranked 11/11 against SN; the same as in 2014.
66. Central Bedfordshire is ranked 149/150 against the national ranking; compared to a ranking of 152/152 in 2014.

Level 4 or above in Writing

67. Percentage of pupils in Central Bedfordshire achieving Level 4 or above in writing is 88%; compared to 87% in 2014.
68. Central Bedfordshire is 1 ppt above the SN average (87%) and 1 ppt above the NA (87%).
69. Central Bedfordshire is ranked 4/11 against the SN; the same as in 2014.

70. Central Bedfordshire is ranked 51/150 against the national ranking; compared to a ranking of 39/152 in 2014.

KS1-2 Expected Progress in Writing

71. Percentage of pupils making expected progress in Writing in Central Bedfordshire is 92%; 2 ppts increase from 2014 (90%).
72. Central Bedfordshire LA is 2 ppts below the SN average (94%) and 2 ppts below the NA (94%).
73. Central Bedfordshire is ranked 10/11 against the SN; compared to our ranking of 11/11 in 2014.
74. Central Bedfordshire is ranked 139/150 against the national ranking; a 5 place increase from 2014.

Level 4 or above in Mathematics

75. Percentage of pupils in Central Bedfordshire achieving Level 4 or above in mathematics is 84%; the same as in 2014.
76. Central Bedfordshire is 3 ppts below the SN average (87%) and 3 ppts below the NA (87%).
77. Central Bedfordshire is ranked 9/11 against the SN; compared to 11/11 in 2014.
78. Central Bedfordshire is ranked 132/150 against the national ranking; compared to a ranking of 128/152 in 2014.

KS1-2 Expected Progress in Maths

79. Percentage of pupils making expected progress in Maths in Central Bedfordshire is 83%; same as 2014 (83%).
80. Central Bedfordshire is 5 ppts below the SN average (88%) and 7 ppts below the NA (90%).
81. Central Bedfordshire is ranked 11/11 against the SN; the same as in 2014.
82. CBC is ranked 149/150 against the national ranking; compared to a ranking of 149/152 in 2014.

KEY STAGE 4 (GCSE) Including Special Schools (Provisional)

5 A*- C Including English and Maths

83. Percentage of pupils achieving 5A*- C including English and Maths GCSE in Central Bedfordshire is 57.2%; 0.1 ppts increase from 2014 (57.1%).

84. Central Bedfordshire is 1.1 ppts below the SN average (58.3%) and 4.4 ppts above the England (All Schools) average (52.8%) and 0.9 percentage points above the England (State-funded Sector) average (56.3%).
85. Central Bedfordshire is ranked 9/11 against the SN; compared to our ranking of 7/11 in 2014.
86. Central Bedfordshire is ranked 60/151 against the national ranking; compared to a ranking of 72/151 last year.
87. This has kept Central Bedfordshire in the second quartile nationally.

Pupils Making Expected Progress in English

88. Percentage of pupils making expected progress in English in Central Bedfordshire is 71.1%; 1 percentage point increase from 2014 (70.1%).
89. Central Bedfordshire is 0.1 ppts above the SN average (71.0%) and 1.1 ppts above the England (All Schools) average (70.0%) and 0.9 percentage points above the England (State-funded Sector) average (70.2%).
90. Central Bedfordshire is ranked 5/11 against the SN; compared to our ranking of 9/11 in 2014.
91. Central Bedfordshire is ranked 67/149 against the national ranking; compared to a ranking of 105/151 in 2014.

Pupils Making Expected Progress in Maths

92. Percentage of pupils making expected progress in Maths in Central Bedfordshire is 69.1%, 2.9 ppts increase from 2014 (66.2%).
93. Central Bedfordshire is 0.1 ppts above the SN average (69.0%) and 2.5 ppts above the England (All Schools) average (66.6%) and 2.5 ppts above the England (State-funded Sector) average (66.6%).
94. Central Bedfordshire is ranked 6/11 against the SN; compared to our ranking of 7/11 last in 2014.
95. Central Bedfordshire LA is ranked 48/151 against the national ranking; compared to a ranking of 67/151 in 2014.

CONCLUSION AND NEXT STEPS

96. A Partnership Vision For Education Board has been set up (Terms of Reference attached as Appendix 4).

Central Bedfordshire Children's Trust
Trust Board meeting
Date: 3 December 2015

97. Actions are being identified through the delivery plan of the Partnership Vision For Education to focus on priority areas and support our aspiration to be performing in the top quartile nationally at each Key Stage.
98. Progress on the workstream plans will be reported to the Children's Trust Board.
99. The final results will be available for Key Stage 2 in December 2015 and Key Stage 4 in February 2016, and Board members may wish to look at key areas at this stage.

Appendix 1: Partnership Vision For Education

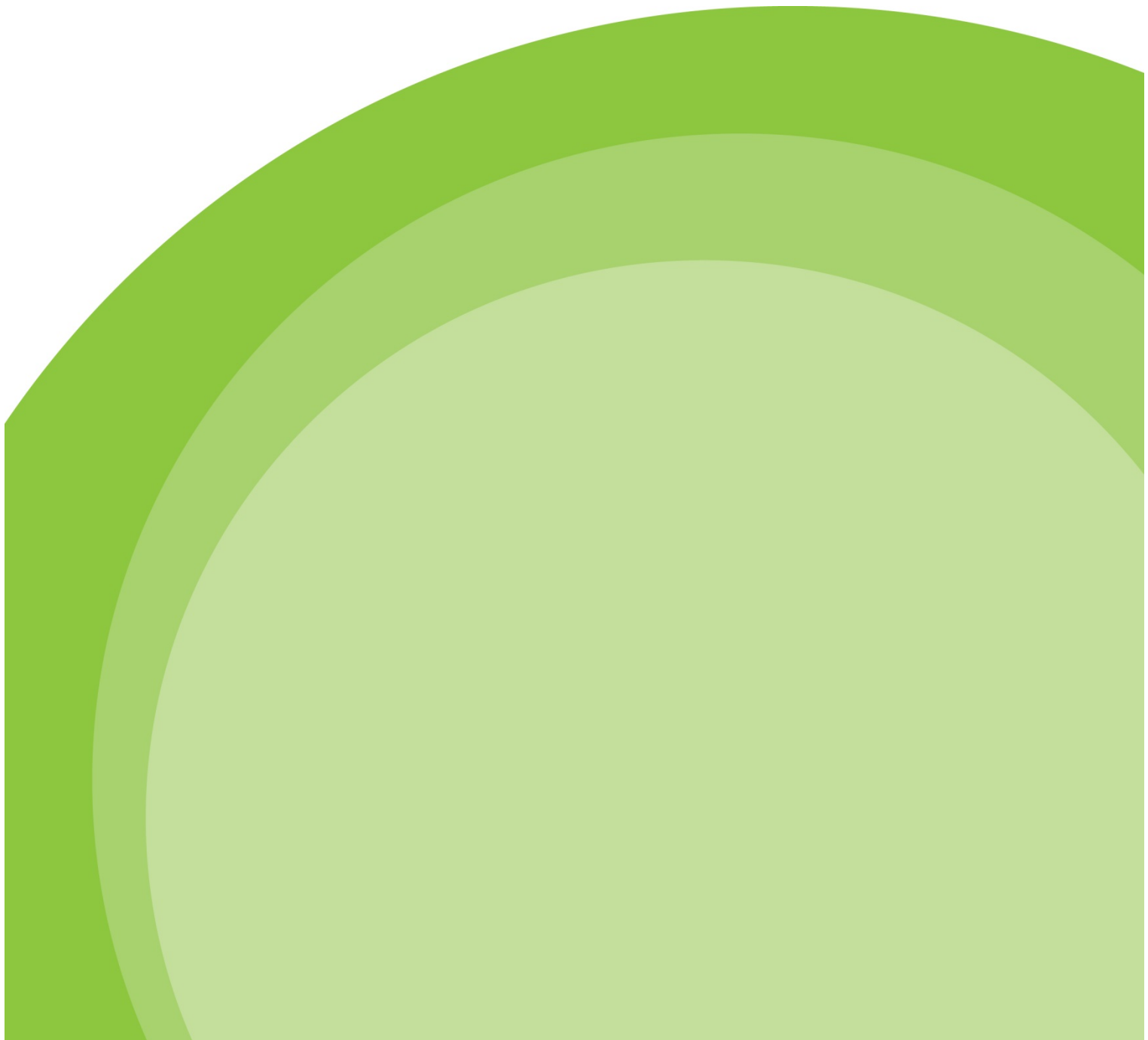
Appendix 2: 2014 data summary

Appendix 3: Data by Locality

Appendix 4: Terms of Reference Partnership Vision For Education Board.

Appendix 1

Partnership Vision for Education 2015 - 2019



PARTNERSHIP VISION FOR EDUCATION IN CENTRAL BEDFORDSHIRE

Central Bedfordshire Council's Executive last agreed to a renewed statement of the Council's Education Vision at its meeting on 27 March 2012. The Principles agreed at that time have been refreshed in line with the Vision and Priorities outlined in the 2015 – 2017 Children and Young People's Plan.

Our Vision

We want every child in Central Bedfordshire to enjoy their childhood and have the best possible start in life. We want every child to do well in education, make friends and build strong relationships with their family. As young adults, we want every young person to have the knowledge, skills and qualifications that will give them the best chance of success, so that they are prepared to take their full place in society as a healthy, happy, contributing and confident citizen.

Central Bedfordshire Council recognises that to achieve our vision we must take a collaborative approach across its own services and with a range of partners, including young people and their families, settings, schools, the diocese, academy sponsors, colleges and universities, health partners, local employers and the wider community.

'Alone we can do so little; together we can do so much.'

Helen Keller

For this to be successful, partners all need to:

- share the goal – to improve the learning, attainment and progress of all children and young people in Central Bedfordshire
- sign up to taking their part, contributing to the agreed priorities and outcomes and tackling underperformance.
- contribute to providing and sharing high quality local information and data that can be scrutinised.
- take collective actions to address the issues.
- share best practice with each other.
- contribute to, work in partnership with and access the work of the two Teaching Schools (Central Bedfordshire Teaching School Partnership (CBTSP) and The Acorn Teaching School (TATS) who are key to the improvement of schools and improvement of outcomes for children and young people in Central Bedfordshire.

Principles

In Central Bedfordshire, all partners will work together, share information and develop successful approaches to learning which have the following principles at their heart:

- 1) School leadership has the biggest impact on outcomes for children and young people.**
- 2) That there is a need to improve achievement, progress and outcomes for young people.**

- 3) **That schools should be based around communities and the needs of their learners, ensuring continuity and breadth of provision across the age range, from birth to leaving education, creating a 'one phase' approach to learning.**
- 4) **That what is best for children and families should be at the centre of any change, with children, young people and their families having the opportunity to engage and participate in the shaping of services.**
- 5) **That different models of leadership and governance for schools are encouraged and supported.**
- 6) **That all partners will capture what is working well and publish this in ways that allow others to learn from the success.**
- 7) **That all stakeholders will use this vision to inform the way they respond to changes in local and national educational policy contexts and set revised priorities.**

We will utilise these principles in delivering the outcomes set out in the Children and Young People's Plan and reflected below:

- Children and young people at the heart of everything we do.
- All children and young people fulfil their aspirations and potential.
- Well led and managed settings, resulting in:
 - Improved attainment and progress
 - The right skills to be school ready, secondary education ready and work ready
 - Excellent behaviour
 - Early help easily accessible for all who need it
 - Wider opportunities for learning, including extra curricular activities
 - Multi agency learning and shadowing opportunities promote shared understanding of work.

Education Landscape

Central Bedfordshire has 50 Academies (2 special schools, 1 alternative provision free school, 16 lower schools, 8 primary schools, 12 middle schools, 5 secondary schools and 6 upper schools).

Central Bedfordshire also has 88 maintained schools (2 special schools, 4 nursery schools, 62 lower schools, 11 primary schools, 5 middle schools, 1 secondary school and 1 upper school).

There is a strong emphasis on autonomous schools taking increased responsibility for the development of local improvement capacity.

We now need to demonstrate good system leadership and as the local authority exert different influences and levers both directly and indirectly with schools to tackle underperformance and improve outcomes, making effective partnership even more important.

The local authority works increasingly closely with Regional School Commissioner. This is a new role introduced from 2014 to challenge and support underperforming academies. The Regional School Commissioner reports to central government but does not have statutory powers of intervention.

The Director of Children's Services holds statutory powers of intervention for schools maintained by the local authority i.e. those schools that are not academies or independent schools.

The Director of Children's Services is responsible for commissioning sufficient numbers of school places.

The Director of Children's Services is responsible for the quality of education provided by all schools in Central Bedfordshire.

Ongoing curriculum reforms require significant changes in curriculum design in schools.

There are significant changes in assessment processes from 2015, which will impact upon every stage of education, and make comparisons with performance pre 2014 on a like for like basis impossible.

A reduction in 6th form funding and increase in employer contribution is having significant impact on secondary and larger school/special school budgets due to their larger staffing complement. This significant budget pressure will need to be managed effectively by the secondary and upper schools.

Where are we now? (2014 data)

3rd Quartile at the end of Early Years Foundation Stage

1st Quartile at the end of Key Stage 1

3rd Quartile at the end of Key Stage 2

2nd Quartile at the end of Key Stage 4

2nd Quartile for young people not in education, employment or training

84% schools good or better compared to 81% national average and statistical neighbour average (December 2014)

Local employers report an issue with young people entering employment with the right skills to be work ready

What will make the Difference?

Six key elements

1. School Leadership

We recognise the impact of inspirational, high quality school leaders, including school governors, and the best teachers in driving educational achievement and progress for all pupils. We recognise that there is a national difficulty in recruiting head teachers and therefore strongly advocate different models of leadership across schools that support school improvement and improved outcomes for children and young people.

What we will do

- Work with the teaching schools, academy sponsors, head teachers and National Leaders of Governance (NLGs) to support the development of outstanding head teachers, school leaders and governors, ensuring secure succession planning eg, Leadership Ladder, mentoring scheme, enabling good and outstanding leaders from within and outside Central Bedfordshire to provide school to school support.
- Explore routes to support schools in improving results.
- Provide advice and support for schools considering changed models of leadership.
- Work with schools and their Governing Bodies in improving school governance by commissioning high quality training opportunities and providing communication forums/mediums that support the changing and increased accountabilities of school governors.
- Work with National Leaders of Governance to provide advice and support to Governing Bodies.
- Encourage and support council staff and local employers to become school governors so that schools have an increased pool of people with the range of skills sets schools need to fulfil their governance responsibilities and achieve our collective ambition.
- Provide local authority governors with briefings about their schools.
- Ask schools for feedback on the attendance and performance of local authority governors.
- Provide head teachers and chairs of governors the opportunity to discuss their school performance and the quality and impact of support they have accessed with the Director of Children's Services.
- Ask chairs of governors and head teachers to share succession plans with the local authority.
- Key Stage 4 Standards Improvement Board, chaired by the Executive Member to be established.

Intended Outcomes

- Highly effective leadership in schools, evidenced through Ofsted judgements of Leadership and Management demonstrating continued improvement.
- Pupil achievement and progress will improve and reach the top quartile at the end of every key stage of education.
- Feedback on Governor training will be at least consistently 'Good'.
- Governors report that they feel equipped to carry out their role.

2. Achieving results in the top quartile in Key Stage tests, including GCSEs and A Levels

Central Bedfordshire Council wants every child to achieve their potential, including achieving well at school. Outcomes at the end of every key stage of education should be in the top quartile, we are aspirational and ambitious for our children and young people. Central Bedfordshire Council wants every school to be at least a good school. Schools are self-managing and autonomous and therefore responsible for their own performance and improvement and we recognise that the majority of schools are able to identify what is working well and what they need to do to improve. Some schools will need some focussed support or intervention.

As champions of children and parents, we tackle underperformance rigorously and broker support where required and, when necessary, use our powers of intervention to protect standards, should the provision and quality for children and young people be seriously compromised. Detail is outlined in our School Intervention Strategy.

We maintain a strong drive to narrow the gap in performance between children who are disadvantaged and those who are not, including our looked after children and those children eligible for Free School Meals.

What we will do

- Work with the Teaching Schools to ensure best practice is shared and outstanding leaders, governors and teachers are recruited, identified and supported to provide school to school support.
- Share successful practice of schools coming together to support cross school moderation and ensure confidence in and accuracy of data.
- Ensure that school leaders and Governors have access to timely performance data that can be used to drive improvement.
- Ensure that governing bodies have access to training opportunities in order to effectively challenge and support school leadership teams regarding all pupils' achievement and progress.
- Ensure that governing bodies have access to training opportunities in order to effectively challenge and support school leadership teams regarding the quality of teaching and learning in classrooms.
- Ask upper and secondary schools to share headline school level predictive GCSE attainment data at two points during the academic year.
- Ask primary and middle schools to share predictive Key Stage 2 data at two points during the academic year.
- Intervene early in schools that are at risk of low performance, including performance of disadvantaged groups.
- Secure/commission a Pupil Premium Champion who will work directly with schools to challenge impact of Pupil Premium and identify and share best practice.
- Work with the Teaching Schools to ensure targeted CPD is available in areas of issue for schools and that best practice is shared.
- Draw on the community and voluntary organisations to support schools with their interventions for children and young people.
- Work together to publicise Central Bedfordshire as a Great Place to Live and Work, and utilise our housing growth to develop provision of available housing for new teachers.

Intended Outcomes

- We will be in the top quartile nationally at the end of each Key Stage.
- The Free School Meals Gap and other Vulnerable Pupils Gap will narrow.
- We will increase the percentage of good and outstanding schools.

3. School Readiness

We recognise that 'The quality of a child's early experience is vital for their future success. It is shaped by many interrelated factors, notably the effects of socio-economic status, the impact of high-quality early education and care, and the influence of 'good parenting'. What parents and carers do on a daily basis with their children is important. Providers who forge strong partnerships with parents and carers, and work in partnership to develop the home learning environment, help them to improve their child's progress and make a better start at school'.

Ofsted April 2014

What we will do

- Make every contact count – agree key messages relating to school readiness which all professionals will reinforce upon contact with families.

- Health Visitors and Early Years professionals will work together in an integrated way with families to ensure that children in Central Bedfordshire get the best start in life. (School Readiness Partnership Plan).
- Share key health and education information with schools, in partnership with the School Nursing Service, as part of a seamless transition process into Reception in schools.
- Monitor the impact of the Early Years Pupil Premium.

Intended Outcomes

- Children will have the skills to be ready for school on admission.
- Central Bedfordshire will be in the top quartile at end of Early Years Foundation Stage.
- The Free School Meals gap will narrow.

4. Improving health outcomes to support improving educational outcomes

The health and wellbeing of children and young people contributes to their ability to benefit from good quality teaching and to achieve their full potential. (Gutman L and Vorhaus J (2012). The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes. London: DfE).

We recognise that promoting the health and wellbeing (including mental health) of pupils and students within settings, schools and colleges has the potential to improve their educational outcomes *and* their health and wellbeing outcomes.

- Pupils with better health and wellbeing are likely to achieve better academically.
- Effective social and emotional abilities are associated with greater health and wellbeing, better achievement and work readiness.
- A positive association exists between academic attainment and physical activity levels of pupils.

What we will do

School Improvement Services, Public Health Services, settings and schools will work together by:

- Ensuring that the School Nursing Service health offer is embedded across the whole school community.
- Ensuring all schools sign up to the 2016 School Health Education Behaviour Survey and collectively use its outcomes to inform changes in practice.
- Sharing best practice case studies of impact of Pupil Premium and Primary Sports Premium.
- Developing School Safeguarding Process self evaluation tool.
- Developing the Central Bedfordshire PSHE/SRE Partnership Network.

Intended Outcomes

- We will be in the top quartile nationally at end of each Key Stage.
- The Free School Meals Gap and Vulnerable Pupils Gap will narrow.
- School attendance rates will improve.
- Childhood obesity will reduce.
- Children's health and wellbeing will improve, and indicators will be in the top quartile nationally.

5. Young people have the skills to be work ready

We recognise the importance of access early high quality independent career advice and work experience opportunities for all young people so that they understand what their further and higher education and career options and choices are.

We recognise the importance of preparing young people to understand and respond to the needs of the employment market.

We recognise the importance of working with local employers to ensure that young people have opportunities to develop the skills they need for work and are able to enter the local work place successfully.

What we will do

- Support high aspirations throughout every pupil's learning journey.
- Strongly encourage all middle, upper and secondary schools to sign up to the Minimum Standards for Careers Education, Information Advice and Guidance (CEIAG), and review the effectiveness of this.
- Carry out an analysis of Post 16 learning provision with schools and FE Providers to inform whether we are making the best use of resources to meet the needs and aspirations of young people and the emerging requirements of the local labour market.
- Work across directorates to deliver the Employment and Skills Strategy, supporting employer engagement in schools, the development of Apprenticeship/Traineeship opportunities and improving access to support for our most vulnerable young people.

Intended Outcomes

- Young people will value the Information, Advice and Guidance they receive.
- Young people will have the work skills to secure and maintain employment.
- There will be clear progression routes for all young people for the next level of training/learning and into work.
- The percentage of young people achieving a level 3 qualification will improve.

6. Commission new school places from good or outstanding providers to serve growing communities

- Central Bedfordshire retains its responsibility for commissioning sufficient school places and will continue to apply the following nine policy principles adopted by the Council's Executive in February 2013 for pupil place planning in schools which also support the Council's statutory responsibilities to promote parental preferences, diversity and fair access.
 - Local schools for local children, ensuring a sense of community belonging and also promoting sustainable modes of travel.
 - Creating schools that are of appropriate size to be financially and educationally viable.
 - Support the expansion of local popular and successful schools or to link expanding schools with popular and successful schools.
 - Further promote and support robust partnerships and learning communities.
 - The ambition to achieve a single phase of education 0 -19 and reduce the negative impact of school transfer points.
 - To support the Raising of the Participation Age (RPA).



A great place to live and work

Contact us...

by telephone: 0300 300 8304

by email: customer.services@centralbedfordshire.gov.uk

on the web: www.centralbedfordshire.gov.uk

Write to Central Bedfordshire Council, Priory House,
Monks Walk, Chicksands, Shefford, Bedfordshire SG17 5TQ

Appendix 2

Education Outcome Data 2014

EYFS

- Percentage of children achieving a 'Good level of development' was 57%, 8 percentage points increase from 2013.
- Central Bedfordshire LA was 5 percentage points below the statistical neighbour average (62%) and 3 percentage points below the national average (60%).
- Central Bedfordshire was ranked 11/11 against the statistical neighbours; compared to our ranking of 9/11 in 2013.
- CBC was ranked 107/152 against the national ranking; compared to a ranking of 95/152 in 2013.
- 71 schools/academies out of possible 97 showed a percentage increase
- All schools/academies involved in the EYFS Project saw an improvement

EYFS Free School Meals (FSM) Gap

- The 2014 percentage point gap between pupils eligible for FSM and other pupils achieving a "Good Level of Development" was 24 ppts; 1 percentage point wider than 2013 (23 ppts)
- In 2014 36% of pupils eligible for Free School Meal (FSM) achieved a good level of development in the early years foundation stage compared with 60% of other pupils (national 45% compared to 64%).
- Central Bedfordshire's FSM/Non FSM Gap was 1 percentage point wider than the statistical neighbour gap (23ppts) and 5 percentage points wider than the national gap (19ppts).
- Central Bedfordshire was ranked 10/11 against the statistical neighbours; compared to our ranking of 9/11 in 2013 and 138/150 against the national ranking; compared to a ranking of 121/150 in 2013.

Year 1 Phonics Assessment

- 3 year upward trend in CB of children achieving the expected standard in the Phonics Screening Check
- 2014: 72% (national average 2014 74%)

Key Stage 1

Reading

- There was a three year upward trend in attainment in reading with 93% achieving Level 2 and above.
- Central Bedfordshire was 1 percentage points above the statistical neighbour average (92%) and 3 percentage points above the national average (90%)
- Central Bedfordshire remained 3/11 against the statistical neighbours and was ranked 9/149 against the national ranking

Writing

- Percentage of pupils achieving L2+in writing was 90%; the same as 2013
- Central Bedfordshire was 2 percentage points above the statistical neighbour average (88%) and 4 percentage points above the national average (86%).

- Central Bedfordshire was ranked 2/11 against the statistical neighbours; compared to our ranking of 1/11 in 2013 and was ranked 9/149 against the national ranking; compared to a ranking of 3/150 in 2013.

Maths

- Percentage of pupils achieving L2+ Mathematics in Central Bedfordshire was 95%, 1 percentage point increase from 2013 (94%)
- Central Bedfordshire was 1 percentage point above the statistical neighbour average (94%) and 3 percentage points above the national average (92%).
- Central Bedfordshire was ranked 3/11 against the statistical neighbours; compared to our ranking of 2/11 in 2013 and was ranked 14/149 against the national ranking; compared to a ranking of 7/150 last in 2013.

Key Stage 1 FSM Gap - Reading

- The 2014 percentage point gap between pupils eligible for FSM and other pupils achieving at the expected level in Reading was 10 ppts; 3 percentage points narrower than 2013 (13 ppts)
- Central Bedfordshire's FSM/Non FSM Gap was 3 percentage points narrower than the statistical neighbour gap (13ppts) and 1 percentage point narrower than the national gap (11ppts).
- Central Bedfordshire was ranked 1/11 against the statistical neighbours; compared to our ranking of 2/11 in 2013 and 31/150 against the national ranking; compared to a ranking of 41/148 in 2013.

Key Stage 1 FSM Gap – Writing

- The 2014 percentage point gap between pupils eligible for FSM and other pupils achieving a the expected level in Writing was 14 ppts; 2 percentage points narrower than 2013 (16 ppts)
- Central Bedfordshire's FSM/Non FSM Gap was 2 percentage points narrower than the statistical neighbour gap (16ppts) and on par with the national gap (14ppts).
- Central Bedfordshire was ranked 2/11 against the statistical neighbours; similar to 2013 and 42/150 against the national ranking; compared to a ranking of 36/148 in 2013.

Key Stage 1 FSM Gap – Maths

- The 2014 percentage point gap between pupils eligible for FSM and other pupils achieving a the expected level in Maths was 6 ppts; 4 percentage points narrower than 2013 (10 ppts)
- Central Bedfordshire's FSM/Non FSM Gap was 4 percentage points narrower than the statistical neighbour gap (10ppts) and 3 percentage points narrower than the national gap (9ppts).
- Central Bedfordshire was ranked 1/11 against the statistical neighbours; compared to our ranking of 4/11 in 2013 and 8/150 against the national ranking; compared to a ranking of 49/148 in 2013.

Key Stage 2

Improvement in the percentage of pupils achieving Level 4+ in reading, writing and maths from 71% to 77% in 2014.

Central Bedfordshire was 3 percentage points below the statistical neighbour average (80%) and 2 percentage points below national average (79%).

CBC was ranked 9/11 against statistical neighbours; compared to 11/11 in 2013, and ranked 105/152 against the national ranking; an increase of 37 places compared to 142/152 in 2013

Key Stage 2 FSM Gap

- The 2014 percentage point gap between pupils eligible for FSM and other pupils achieving a L4+ in Reading ,Writing and mathematics was **26 ppts**; 5 percentage point narrower than 2013 (31 ppts)
- Central Bedfordshire's FSM/Non FSM Gap was 3 percentage points wider than the statistical neighbour gap (23ppts) and 8 percentage points wider than the national gap (18ppts).
- Central Bedfordshire's was ranked 9/11 against the statistical neighbours; compared to our ranking of 11/11 in 2013 and 144/151 against the national ranking; 5 place increase compared to a ranking of 149/150 in 2013.

Key Stage 4

The percentage of pupils achieving 5 A*- C GCSEs including English and Maths in Central Bedfordshire was 57.1% in 2014.

Central Bedfordshire was ranked 7/11 against the statistical neighbours; compared to our ranking of 10/11 in 2013, and was ranked 72/151 against the national ranking; 42 place increase compared to a ranking of 114/151 in 2013. This moved CBC into the 2nd quartile nationally.

Central Bedfordshire was 0.9 percentage points below the statistical neighbour average (58.0%) and 3.7 percentage points above the national average (53.4%).

Key Stage 4 FSM Gap

- The 2014 percentage point gap between pupils eligible for FSM and other pupils achieving 5+ A*-C including English and Maths was **35.6 ppts**; 1.3 percentage point wider than 2013 (34.3 ppts)
- Central Bedfordshire's FSM/Non FSM Gap was 4.3 percentage points wider than the statistical neighbour gap (36.3ppts) and 8.6 percentage points wider than the national gap (27.0ppts).
- Central Bedfordshire was ranked 9/11 against the statistical neighbours; compared to our ranking of 10/11 in 2013 and 138/150 against the national ranking; compared to a ranking of 142/150 in 2013.

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*Locality based on where Pupil resides

2015 Early Years Foundation Stage Profile		
Locality	% of children classed as having "a Good Level of Development"	Total Cohort
BEDFORD	68	348
Chiltern Vale	59	860
Ivel Valley	65	895
Leighton Buzzard	61	576
West Mid Beds	68	589
Unmatched*	63	235
Central Bedfordshire LA	64	3503
England	66	-

Source: Early Years Foundation Stage, Data collection 2015

2015 Key Stage 1				
Locality	Reading L2+	Writing L2+	Maths L2+	Total Cohort
BEDFORD	95	92	95	317
Chiltern Vale	92	89	94	855
Ivel Valley	92	90	94	831
Leighton Buzzard	91	89	95	592
West Mid Beds	95	94	96	632
Unmatched*	90	89	92	272
Central Bedfordshire LA	92	90	94	3499
England	90	88	93	-

Source: Key Stage 1, Data collection 2015, Postcodes matched to 2015 Spring Census

2015 Key Stage 2 Provisional		
Locality	Level 4+ in Reading, Writing and Mathematics	Total Cohort
BEDFORD	84	256
Chiltern Vale	71	768
Ivel Valley	80	688
Leighton Buzzard	77	447
West Mid Beds	79	543
Unmatched*	78	218
Central Bedfordshire LA	77	2920
England	80	-

Source: Key Stage 2, Provisional Data collection 2015, Postcodes matched to 2015 Spring Census

2015 Key Stage 4 Provisional		
Locality	5A*-C (or equivalent) including English and Maths GCSE	Total Cohort
BEDFORD	52.2	138
Chiltern Vale	49.2	723
Ivel Valley	56.9	687
Leighton Buzzard	61.4	420
West Mid Beds	67.4	565
Unmatched*	52.9	187
Central Bedfordshire LA	57.2	2720
England	52.8	-
England (Sate funded Sector)	56.3	-

Source: Key Stage 4, Provisional Data collection 2015, Postcodes matched to 2015 Spring Census

*Central Bedfordshire has some Bedford Locality population. In addition, some postcodes remain unmatched. Reasons for this could include that children reside outside of Central Bedfordshire but attend a Central Bedfordshire school.

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Appendix 4

Partnership Vision for Education Board

TERMS OF REFERENCE

Introduction

The Partnership Vision was developed with partners, including schools, from the 2012 Education Vision and approved by the Council's Executive in August 2015. In order to oversee delivery of the vision and provide professional challenge and support to all partners, the previously named Head Teachers and Partners Reference Group will be reconstituted as the Partnership Vision for Education Board

This Board is responsible for monitoring delivery and the impact of the actions of the work streams of the Partnership Vision for Education Strategy. The group will do this by overseeing the actions of the six work streams as follows:

1. School Leadership
2. Improving Educational Outcomes
3. School Readiness
4. Improve Health Outcomes
5. Young People and Skills
6. School Places

Specific Responsibilities

1. Receive highlight report for each work stream on progress to date
2. Provide challenge and support to work stream leads
3. Review data and identify trends
4. Identify additional actions required to implement successful change
5. Through appropriate communication ensure a two-way progress of the vision
6. Agree the communication plan

Membership

The Partnership Vision for Education Board will be chaired by Central Bedfordshire Council's Director of Children's Services. This will be undertaken by the Assistant Director for School Improvement in her absence.

Core membership of the group will include:

Director of Children's Services

Assistant Director School Improvement

Central Bedfordshire Teaching School Partnership (CBTSP)

The Acorn Teaching School (TATS)

Head teacher - Aspley Guise Lower School (LLE)

Head teacher - Parkfields Middle School (NLE)

Draft Version 1

Head teacher - Redborne Upper School (LLE)
Head teacher - Manshead Upper School (Chair Schools Forum)
Head teacher - Weatherfield Special School (Special School Rep)
NLG Rep
Early Years Rep
Public Health Rep
Post 16 Rep
Local Academy Sponsor
Voluntary Organisations for Children, young people and families

It is expected that the work streams leads will be members of the Board. The seniority of these roles is fundamental and it is expected that deputies will only be sent in exceptional circumstances. Where a Partnership Vision for Education Board member needs to send a deputy it is expected they will be:

- of sufficient seniority
- able to speak with authority
- able to commit resources
- able to make decisions
- suitably briefed

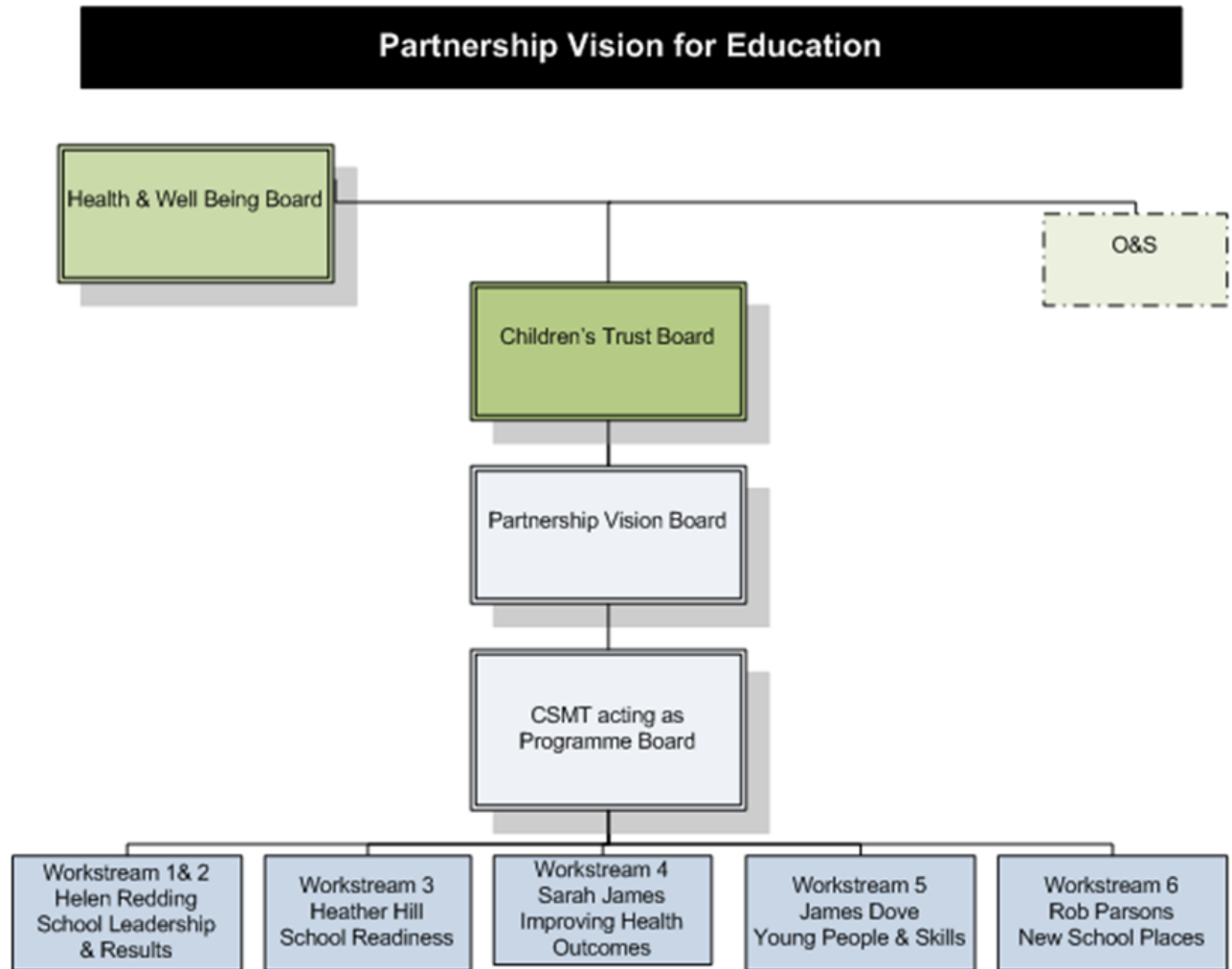
The meeting will be deemed to be quorate if there is representation from at least fifty percent of the Board member.

Frequency of meetings

The Partnership Vision for Education Board will meet half-termly/six times a year.

Governance

This Board is accountable to the Children's Trust. The Board will receive highlight reports on the six work streams focusing on actions, risks and issues this will be by exception reporting.



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Promotion of the 5-19 School Nursing Service in Central Bedfordshire

PURPOSE

1. To brief Board Members on the 5-19 School Nursing Service provision in Central Bedfordshire.
2. To inform Board Members on how the service is publicised and promoted to children and young people.

RECOMMENDATIONS

3. That Board Members consider and comment on current and planned strategies for the continued promotion of the 5-19 School Nursing Service, in order to increase access and support to the service, for children and young people in Central Bedfordshire.

PUBLIC/EXEMPT: Public

CONTACT: Barbara Rooney, Head of Public Health for Children & Young People

Email: barbara.rooney@centralbedfordshire.gov.uk

BACKGROUND

4. On 16 September 2015 the Children's Trust Board raised some queries regarding the School Nursing Service in Central Bedfordshire:
 - i. Details on the number of school nurses, and whether each school has one;
 - ii. How often they are there;
 - iii. The communication that takes place with children and young people to raise awareness of school nurses.

HEADLINES

5. The 5-19 School Nursing Service staffing allocation for Central Bedfordshire is:
 - 12.0 FTE School Nurses;
 - 8.26 FTE Community Staff Nurses;
 - 5.69 FTE Health Care Assistants;
6. Every mainstream school, special school (non complex medical needs) and alternative provision in Central Bedfordshire has a named School Nurse (133 schools). School Nurses work in partnership with schools, parents/carers and pupils to ensure that children and young people with additional and/or complex health needs are supported as required.

They provide public health interventions (including health promotion and intervention), training and support for school communities as appropriate.

7. School Nurses offer early help to support young people, including being available to give advice from an early age on matters such as puberty, drugs and alcohol, healthy relationship, sexual health, smoking, healthy weight and mental health and wellbeing.
8. The School Nursing Service also leads on the delivery of School Entry Health Assessments in Year R, Health Reviews in Year 6, the National Child Measurement Programme (NCMP) in Years R & Year 6, and all school-based immunisations.
9. A weekly 'School Nurse Drop-In session' is provided for all schools with children in Year 7 (ages 11/12) upwards, including special schools and alternative provision (37 schools). As part of the 'Drop-In' service, School Nurses provide advice and support on: emotional health and wellbeing; sexual health; reducing and stopping smoking; healthy weight; reducing misuse of drugs and alcohol; managing stress and anxiety at exam times and offering general support with the school's PSHE/SRE curriculum.
10. The School Nursing Service also provides Tier 1/2 Emotional Health and Wellbeing interventions for children and young people where a specific issue has been identified, i.e. anger, anxiety, sleep difficulties, eating disorder, alcohol or drug issues etc. A School Nurse provides immediate advice and/or further in-depth assessment or referral to other agencies with interim support. The team are skilled to provide up to 6 contacts as appropriate, followed by review and evaluation of the intervention, with onward referral if required.

HOW THE SERVICE IS PROMOTED

11. In July 2015 2 School Nursing Service events were held to launch the full service offer to schools and to showcase some of the work of the service to schools. School Nurses presented some case studies that highlight their role in early help and intervention, and successful multi agency working in supporting students' attainment and wellbeing.
12. All schools have been asked to sign a partnership agreement with the service which outlines the service offer and also provides details of staff contacts; the service's short referral form, and a schedule of all the Drop-Ins held in schools. The partnership agreements will be re-issued in November to any schools that have not yet returned the signed agreement.
13. Presentations have been delivered by the School Nurse Practice Development Lead to a range of multi-agency groups – e.g. The Positive Parenting Network, the Missing Children and Young People's Panel.

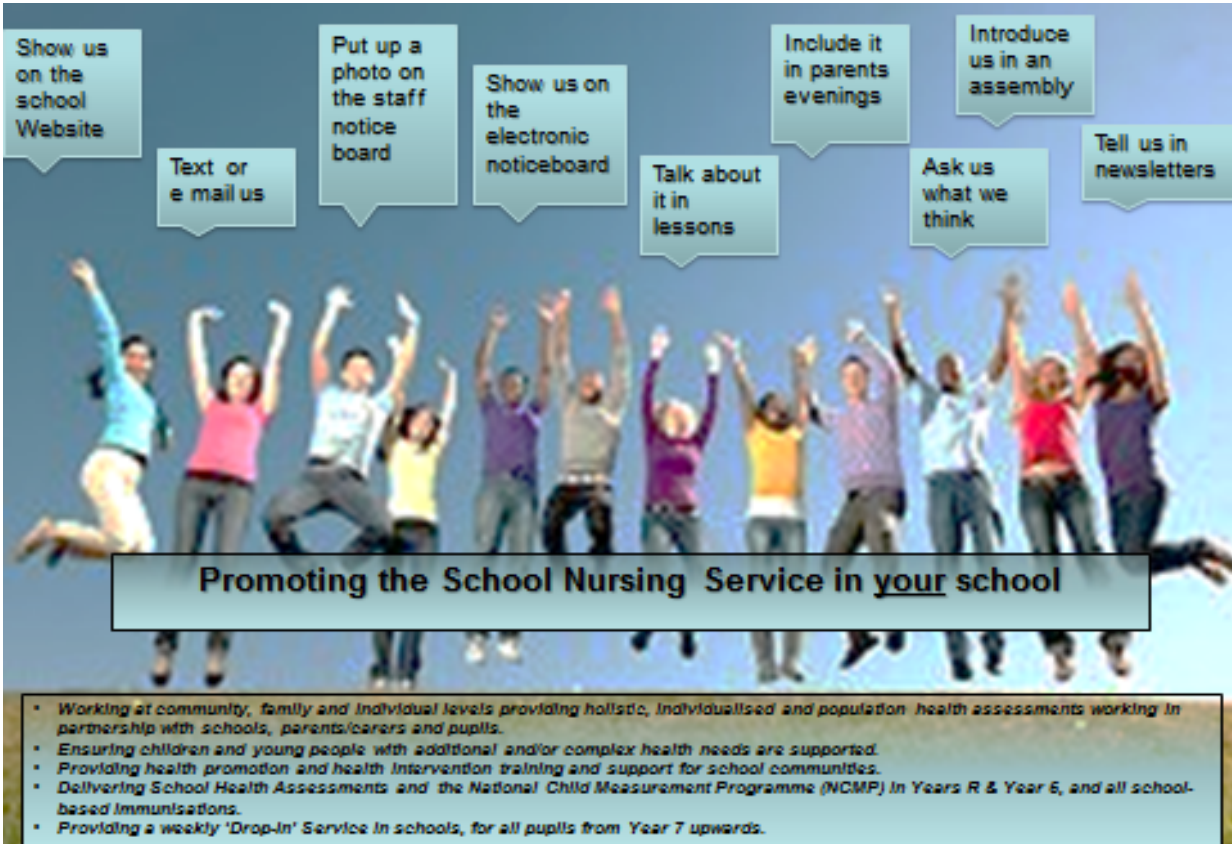
14. Contact details for each School Nursing Team are provided for parents/carers in the covering letter that accompanies the Year R and Year 6 Health Assessments. Results to parent/carers are accompanied by a School Nursing Service leaflet.
15. School Nursing Service staff deliver assemblies in schools - outlining the service and providing an opportunity for pupils to meet with the School Nurse(s). They also present at Parents/Carers' Evenings to promote the service.
16. Public Health ensures that the School Nursing Service is actively promoted to schools through the PSHE/SRE Partnership Network, Central Essentials, Governors' Essentials, and Head Teachers' Forum meetings.
17. Public Health has recently disseminated some key prompts for schools to ensure that they are working in partnership to actively and continuously promote the School Nursing Service to young people and their families in their school community (see Appendix 1).

NEXT STEPS

18. The service – in partnership with young people - is currently developing a texting service for young people to access the service directly. This will be piloted in the summer term 2016, with full roll-out planned for September 2016.
19. A local School Nursing Service website is also being developed, which will link with other relevant agencies and organisations. Once the website is live, schools will be encouraged to include a link to this website on their own school website.

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Appendix 1



Callout boxes containing promotional ideas:

- Show us on the school Website
- Text or e mail us
- Put up a photo on the staff notice board
- Show us on the electronic noticeboard
- Talk about it in lessons
- Include it in parents evenings
- Introduce us in an assembly
- Ask us what we think
- Tell us in newsletters

Promoting the School Nursing Service in your school

- Working at community, family and individual levels providing holistic, individualised and population health assessments working in partnership with schools, parents/carers and pupils.
- Ensuring children and young people with additional and/or complex health needs are supported.
- Providing health promotion and health intervention training and support for school communities.
- Delivering School Health Assessments and the National Child Measurement Programme (NCMP) in Years R & Year 5, and all school-based immunisations.
- Providing a weekly 'Drop-In' Service in schools, for all pupils from Year 7 upwards.

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Health and Wellbeing of Children and Young people in Central Bedfordshire

December 2015

Linda Willis- Public Health

Headlines Central Bedfordshire

Health of our children and young people compared to the England average

Better than average

- Immunisations
- Breastfeeding initiation
- Childhood Obesity
- Children with one or more decayed/missing/filled teeth
- A&E Attendances (0-4 yrs)
- Hospital admissions for asthma, injuries in children (0-14 yrs) and alcohol specific conditions

64,200 Children & Young People (0-19 Years) increasing to 67,700 by 2020



0 LSOAs in the 10% most deprived
5 LSOAs are in the 10-20% most deprived in England

Average or below

- Children in care Immunisations
- Children killed or seriously injured in road traffic accidents
- Teenage pregnancies
- Hospital admissions for mental health, self-harm or injuries (15-24yrs)
- Good level of development at the end of reception

13.7% of under 16s live in child poverty

274 Children who are Looked After
(March 2015)

Central Bedfordshire



There are 72% of under-fives registered at our 9 Children's Centres

What matters to Children and Young People?

- Being informed and having a say in their care
- Child-friendly personalised care
- Access to age appropriate services as they grow and support through transition to adult services
- Understanding their roles and responsibilities
- The role of the school (CMO, 2013)

1495 Children in Need cases-

164 Children and young people were subject to Child Protection Plans
(March 2015)

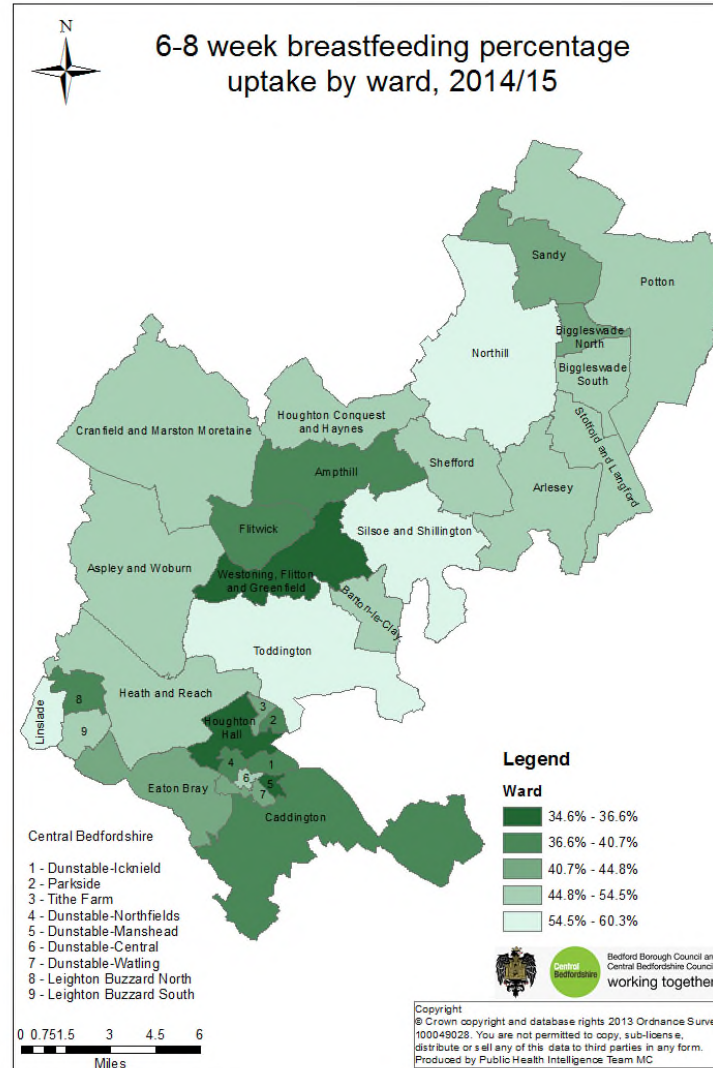
5737 children with SEND

Six High Impact Pathways- full and effective delivery of the Healthy Child Programme

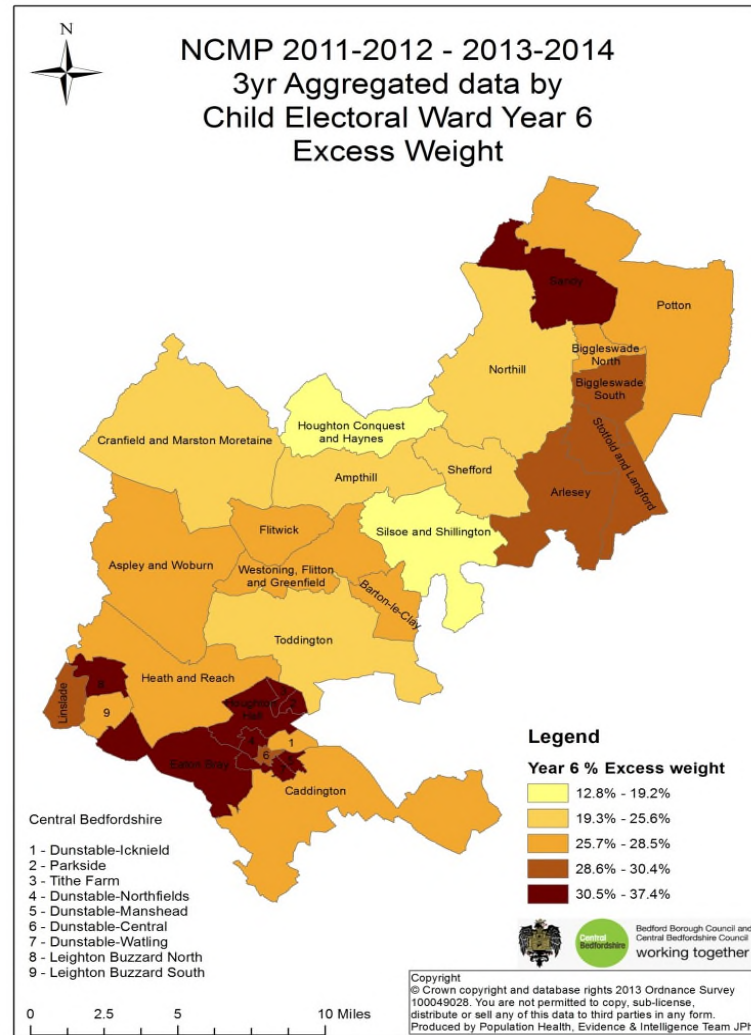
- Transition to parent hood and the early weeks
- Maternal mental health
- Breastfeeding
- Healthy weight, healthy nutrition
- Managing minor illness and
- reducing accidents
- Health wellbeing and development of the child at age 2- two year old review



High Impact pathways-Breastfeeding



High Impact Pathways-Healthy Weight, Healthy Nutrition

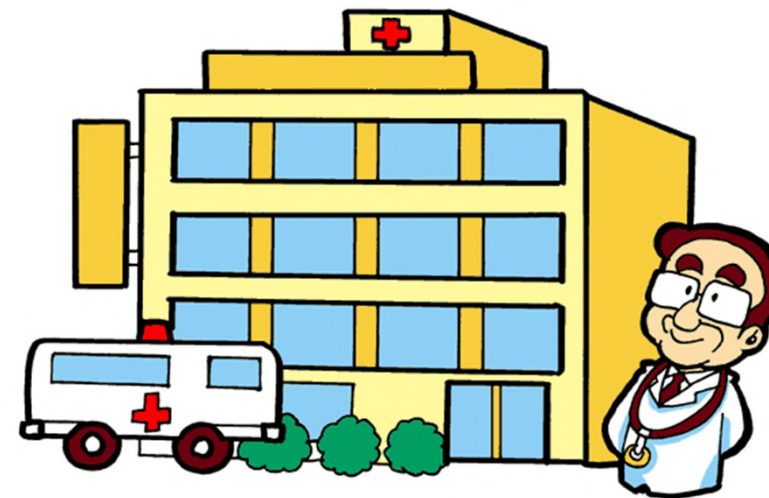


High Impact Pathways-managing minor illness and reducing accidents (reducing hospital attendance/admissions)

Central Bedfordshire:

- There were 5753 A&E attendances (0-4 years) in 2013/14: 338.6 per 1,000
- Best in the country is 252.7 per 1,000

- 460 emergency hospital admissions caused by injuries in children (0-14 years) in 2013/14. Rate of 95.3 per 10,000
- Best in the country is 64.4 per 10,000



hospital

Key Indicators of child health-Health, Wellbeing and Development of the Child at Age 2 – Two year old review (integrated review) and support to be ‘ready for school’

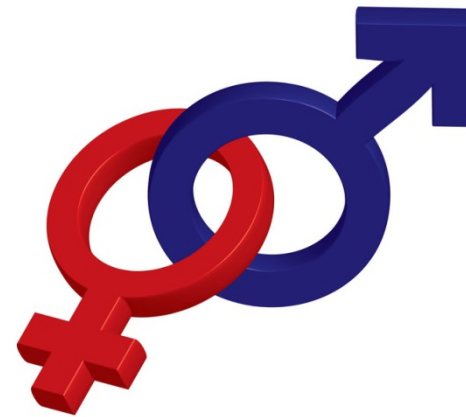
Central Bedfordshire:

- In 2013/14, 57.2% children achieved a good level of development at the end of reception
- 2014/15 to improvement to 63.6%
- Below the national level of 66.3%
- best area in the country 77.5%.



Key Indicators of child health

- Vaccinations
- Dental health
- Mental health
- Smoking
- Drugs and alcohol
- Sexual health
- Teenage pregnancy



Key Indicators of child health

Vaccinations

Measles, Mumps and Rubella

- First dose is 95.8% -national average 92.7%
- Best area in the country 98.3% (2013-14)

Human Papilloma Virus

- Better than the England average; 91.2% (2013/14),
- Best areas over 95%.



Dental health

- Children aged 5 with one or more decayed, missing or filled teeth-16.4% (national average 25% 2012)
- Best area-12% (2012)



Mental health

- 3585 children aged 5-16 have a mental disorder, with a higher number seen in the 11-16 year old age group and in boys.
- Amongst 16-19 year olds a further 1,650 will have a disorder

Key Indicators of child health

Smoking

- 7.1% of 15 year olds are estimated to currently smoke -similar to the national average

Drugs and alcohol

- The hospital admission rate due to **alcohol related conditions** is 21/100,000
- National average 40.1/100,000 - best rate in the country is 13.7/100,000.
- The rate of hospital admissions due to **substance misuse** is 76.3/100,000 which is similar to the national average -best in the country -22.8/100,000

Sexual health

- 2,397 new diagnoses of sexually transmitted infections per 100,000 people aged 15-24 in 2013 -England average - 3433/100,000.

Teenage pregnancy

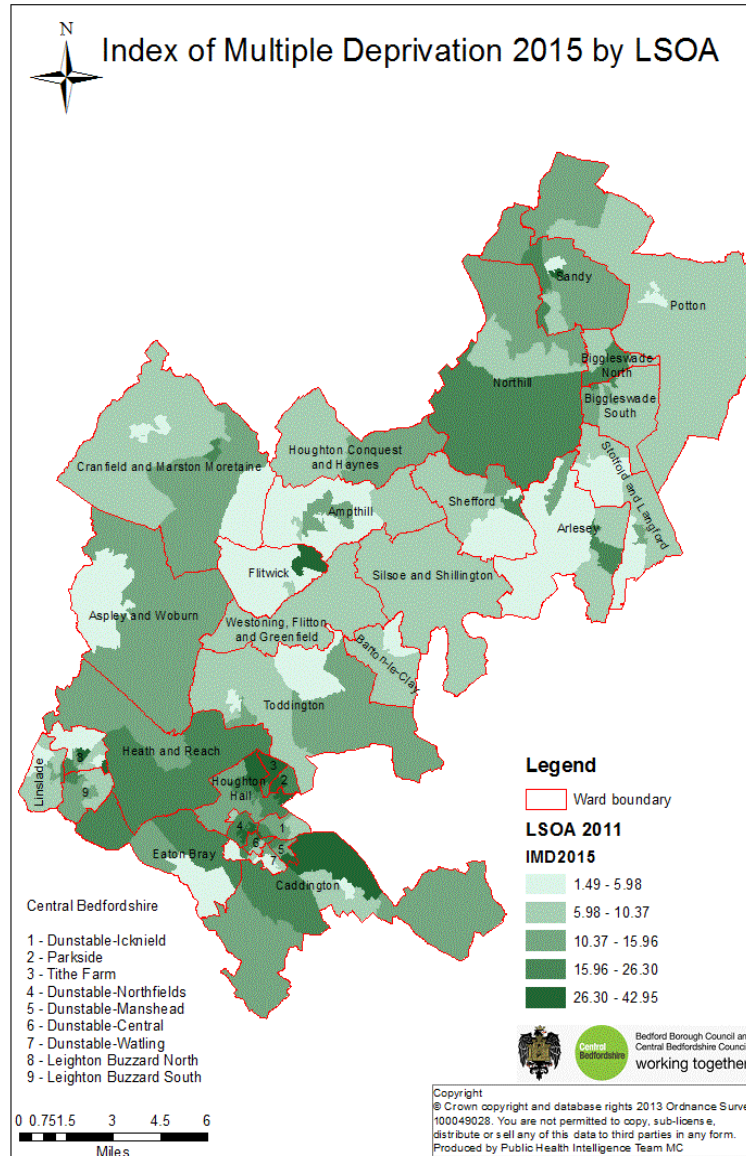
- The 2013 rate was 19.9 per 1000 (actual number 92)
- This is a reduction of 26% from the 2012 rate of 26.7 per 1000 (actual number 125)
- Rates are slightly lower than the South Midlands and Hertfordshire Public Health England Centre rate and the national rate.
- There are 3 higher rates wards. These are Manshead, Tithe Farm and Northfields.

Worse than England average for Central Bedfordshire Council in the 2015 Child Health Profile

Number	Indicator	2015				Trend 2011-2015 profiles	Central Bedfordshire Values				
		CB Value	England Average	England Worst	England Best		2011	2012	2013	2014	2015
6	New sexually transmitted diseases (including chlamydia) per 100,000 (2013)	2,397.1	3,432.7	8,098.4	1,899.8				2,610	2,250	2,397
7	Children achieving a good level of development at the end of reception % (2013/14)	57.2	60.4	41.2	72.3			55.0	62.3	49.1	57.2
24	Smoking status at time of delivery % (2013/14)	12.6	12.0	27.5	1.9			12.6	14.1	13.0	12.6
26	Breastfeeding prevalence at 6-8 weeks after birth % (2013/14)	44.6	-	19.4	77.4				45.8	46.4	44.6
31	Hospital admissions for mental health conditions per 10,000 (2013/14)	87.9	87.2	391.6	25.6			47.9	44.4	94.5	87.9

- There is only one indicator of the 32 in the national child health profiles which is significantly below the national average and that is the proportion of children achieving good development at the end of reception. Although this has gone up by 8.1 percentage points it remained rag rated red as the England average went up by 8.7 percentage points.
- ‘Hospital admissions for mental health conditions’ has gone down from 94.5 to 87.9 per 10,000 population age 0-17 years, but it is still about double what it was in 2013. It is slightly worse than the England rate of 87.2 per 10,000.

Inequalities



Aiming for best- average is not good enough!

The absolute numbers of children with different health problems reveals there are still far too many who have poorer health than they could have. Compared to the best in England:

- **Not Breastfeeding at 6-8 weeks**
around 50% **The best- 18.5%**
- **Overweight or obese children**
around 20% **The best-12%**
- **A&E attendances age 0-4 (2013-14)**
35% **The best-25%**
- **Children not achieving a good level of development at the end of reception (2014-15)**
36.4% **The best-24.7%**

Children with Complex Needs

- Some children have a complex collection of medical problems. Examples of these are children with some chromosomal abnormalities, severe learning difficulties or with neurological problems such as severe cerebral palsy. These children require high levels of specialist care
- A number of children are not able to access the care they need in Bedfordshire and are placed in provision in other areas.
- The majority of these placements involve needs relating to learning disabilities, autism and behavioural, emotional or social difficulties. The gaps in local services that result in these out of area placements mostly relate to the intensity and complexity of the services needed and the lack of ability to provide out of hours services to families in crisis locally.
- Conditions needing input from Speech and Language Therapy, Epilepsy support, Physiotherapy and Occupational Therapy services are the most often identified and we need to ensure that there is good access to these services locally for children with SEND aged 0-25.

What young people say

How you feel mentally is very important and there should be services to help with this

Young people need support to build good relationships and know who to trust

Families need support to help the young people around them

Young people should be able to **access health services easily and know it will be confidential**

People who work in young people health services should **know how to be/talk with young people and not judge them**

People who work in health services **need to support young people to ask for help** because it is very difficult

It should be **quick and easy** to access health support

Health services should be available to **help young people help themselves** before things get too tricky/get really bad

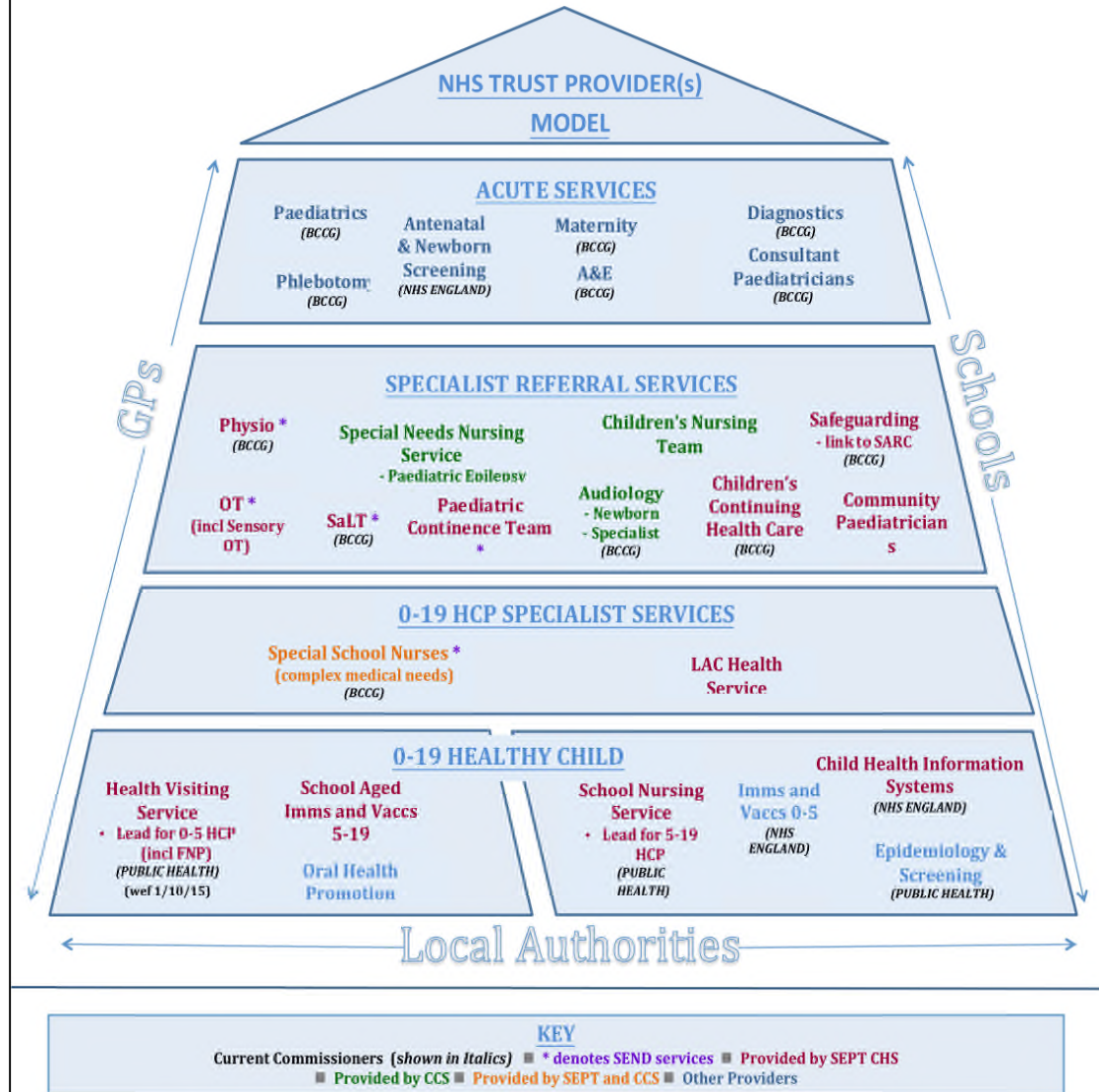
Health services should **use the internet and different types of media**

Schools should provide lots of opportunities to learn/talk about health and wellbeing including relationships

Health services should **share important information with other health services** so that a young person does not have to keep telling their story over and over again

Health services should **ask young people what they think and then really listen** and make changes if necessary

**Health Services
for Children and Young People
0-19 (25 years SEND) across
Bedford Borough and Central Bedfordshire
Scope of Commissioning for Community Health Services**



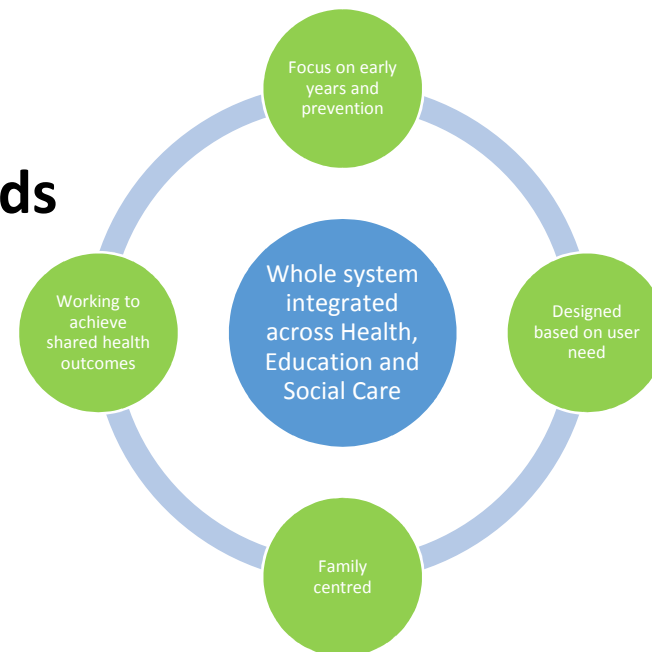
Opportunities



- Commission services for children and young people in a more joined up way
- Make the most of opportunities to integrate health services with education and social care – services are not all family centred
- Reduce avoidable attendances to A and E and admissions to hospital
- Pathways and communication with acute services can be improved
- Establish more robust pathways between services
- Make services more accessible, with a single point of access
- Make services less fragmented - there are currently eighteen different services in operation.
- Share information more effectively between organisations and services
- Reduce variation in services across and between Local Authority areas

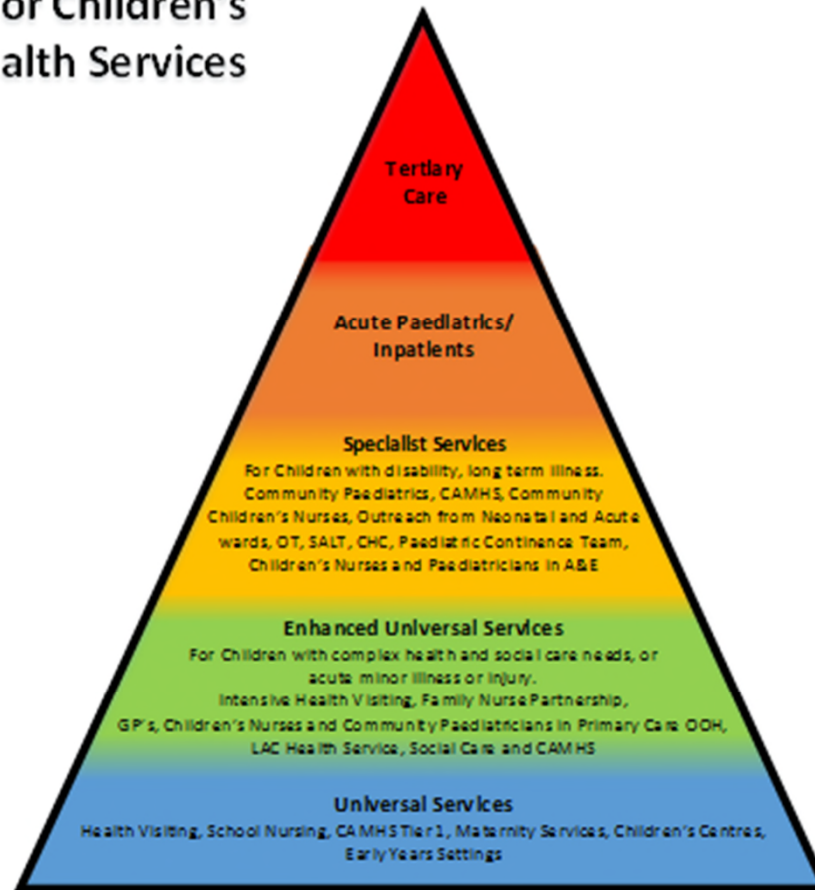
Improving health outcomes- best practice: Characteristics of an Effective Community Health System for Children and Young People

- **Focus on Early Years and Prevention**
- **Integration**
- **Family Centred**
- **Flexible Design Based on User Needs**
- **Shared Outcomes**



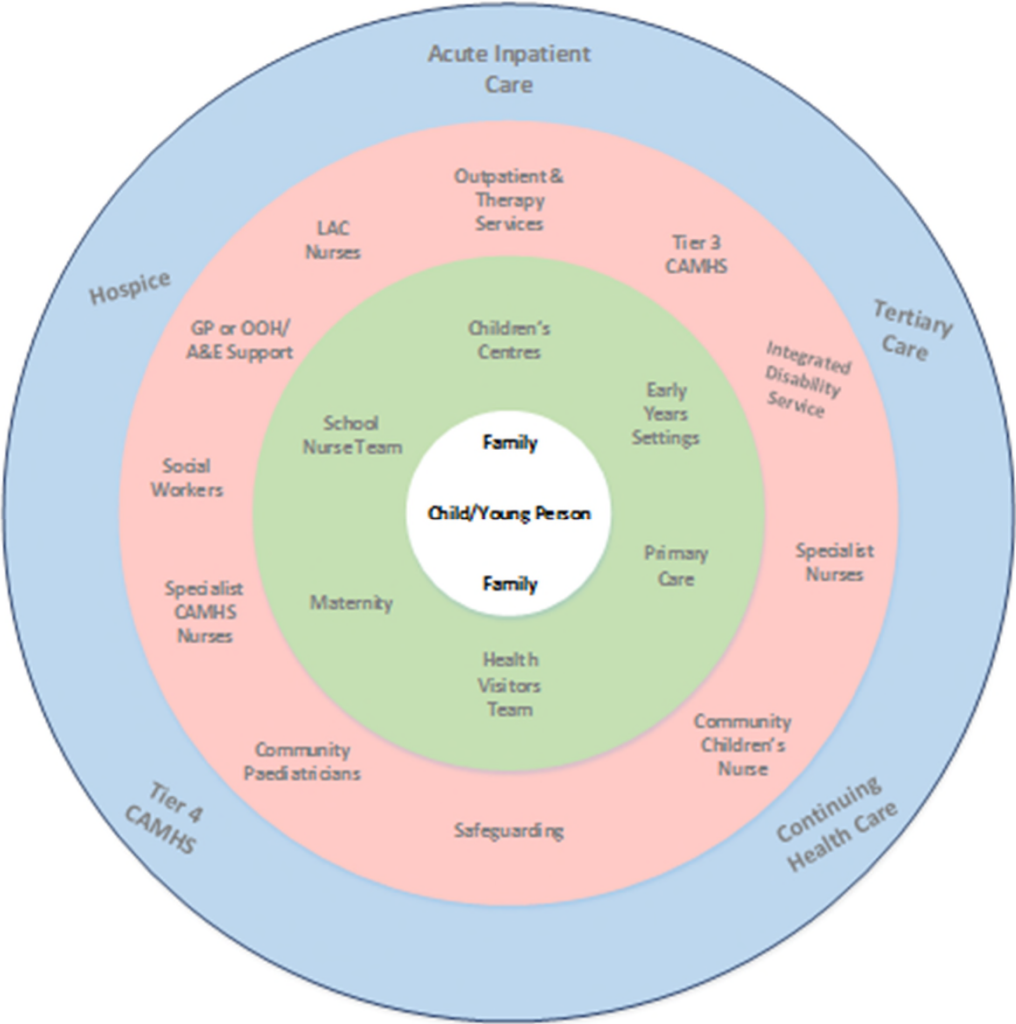
Levels of care

Future Model for Children's Community Health Services

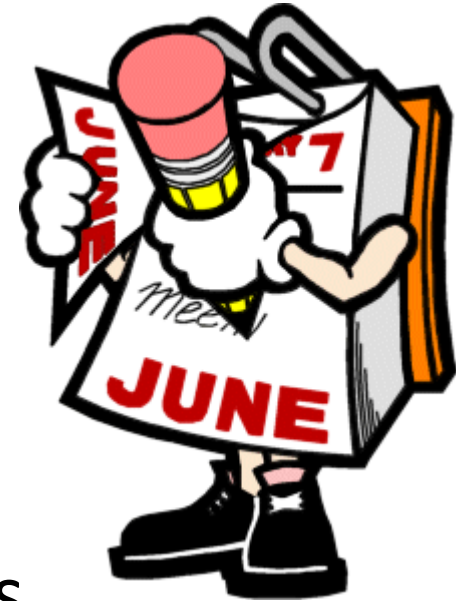


October 2015

Designing a model



Timescales



- Develop new service specifications
November – January 2015
- Procurement process- start by March 2016
- New service go live April 3rd 2017

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Development: Joint Strategic Needs Assessment (JSNA) Executive Summary

PURPOSE

1. To provide opportunity to consider and contribute to the development of the next JSNA Executive Summary.

RECOMMENDATIONS

2. To consider the list of key areas identified for possible inclusion in the 'Starting Well and 'Developing Well' sections of the Executive Summary – **Appendix A**
3. To identify any further health and well-being needs for inclusion.

PUBLIC/EXEMPT: Public

CONTACT: Amanda Coleman – Partnerships and Performance Officer
amanda.coleman2@centralbedfordshire.gov.uk Tel 0300 300 4650

BACKGROUND

4. The Joint Strategic Needs Assessment (JSNA) brings together what we know about the health and wellbeing of the people living in Central Bedfordshire. It is a process that identifies the current and future health and well-being needs of the population; assembling a wide range of quantitative and qualitative data, including local views. It leads to agreed commissioning priorities that will improve outcomes and reduce inequalities.
5. The Central Bedfordshire JSNA includes the following:
 - Executive Summary –which highlights key issues from the main JSNA (over 80 chapters) and their implications for commissioning;
 - 80 detailed chapters – which include chapters on the profile of Central Bedfordshire, lifestyle, and children and young people / adults and older people;
 - Locality profiles;
 - Annual Director of Public Health Report.

Link to Central Bedfordshire JSNA:

<http://www.centralbedfordshire.gov.uk/health-and-social-care/jsna/default.aspx>

Link to the last Executive Summary:

[http://www.centralbedfordshire.gov.uk/Images/CB%20JSNA%20Summary%202014%20\(2\)_tcm6-58568.pdf#False](http://www.centralbedfordshire.gov.uk/Images/CB%20JSNA%20Summary%202014%20(2)_tcm6-58568.pdf#False)

JSNA - EXECUTIVE SUMMARY DEVELOPMENT

6. The JSNA Executive Summary is published annually, describing the headline findings from the main JSNA. Work is now commencing on the development of the next Executive Summary which will include information on:
 - Population and Place
 - Starting Well
 - Developing Well
 - Living and Working Well
 - Ageing Well
 - Vulnerable Groups
 - Wider determinants of health
7. In order to prompt discussion on key areas to be referenced in the 'Starting Well' and 'Developing Well' sections of the JSNA Executive Summary, a list of key issues has been prepared. (Appendix A.) This is a work in progress.
8. The issues have been identified from a number of sources including the Central Bedfordshire JSNA (individual chapters and the Annual Director of Public Health Report 2014), Children's Community Services Health Needs Assessment and Central Bedfordshire Key Facts and Figures October 2015. The Partnership Vision for Education, Central Bedfordshire Safeguarding Children Board Annual Report 2014/15 and Children's Trust Board Performance Reports have also been used where more recent data / information is available.
9. Engagement on the Executive Summary has taken place with:
 - Joint Commissioning Group
 - Director of Children's Services Management Team
 - Executive Member for Education and Skills (and Deputy)
 - Executive Member of Social Care and Housing (and Deputy)
 - Central Bedfordshire Safeguarding Children Board Core Business and Improvement group.
10. Where possible, consideration needs to be given to the following when considering items for inclusion: numbers affected; data pertaining to severity of harm; projected future position; scope for improvement; resource impact; local views and health inequalities.

CONCLUSION AND NEXT STEPS

11. The JSNA Executive Summary directly informs the Health and Wellbeing Strategy, Bedfordshire Clinical Commissioning Group's strategic plans and the annual commissioning cycle. It has also informed the Children and Young People's Plan and the Central Bedfordshire Safeguarding Children Board Annual Report.

12. It is recommended that the Children's Trust Board considers the list of key areas identified in Appendix A and identifies any further health and well-being needs for inclusion.

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Appendix A

**Development of the next JSNA Executive Summary
(Identified issues for possible inclusion)**

Link to Central Bedfordshire JSNA:

<http://www.centralbedfordshire.gov.uk/health-and-social-care/jsna/default.aspx>

Link to the last Executive Summary:

[http://www.centralbedfordshire.gov.uk/Images/CB%20JSNA%20Summary%202014%20\(2\)_tcm6-58568.pdf#False](http://www.centralbedfordshire.gov.uk/Images/CB%20JSNA%20Summary%202014%20(2)_tcm6-58568.pdf#False)

1. Section: Starting Well

A child's experience in the early years has a major impact on their future life chances and is crucial to reducing health inequalities across the life course. Starting well is about meeting needs from pregnancy to birth and through the first few years of life. *Current Executive Summary*.

Key Issue	Starting Well: Points to be considered
Smoking at the Time of Delivery (SATOD)	<ul style="list-style-type: none"> Q2 monitoring of this measure by the Trust Board shows that this measure is on track (with good performance at BCCG level) – however, consideration may need to be given to the rates at Luton and Dunstable Hospital (referenced in the JSNA chapter). <p>Under review with chapter lead.</p>
Maternal Obesity	<ul style="list-style-type: none"> Increasing the take up of Maternal Obesity Programmes to improve outcomes for mother and baby. (The last Executive Summary references that ‘in the southern part of Central Bedfordshire, fewer pregnant women access maternal obesity support.’) <p>Under review with Chapter Lead.</p>
Maternal Mental Health Perinatal Mental Health	<ul style="list-style-type: none"> Annual Director of Public Health Report 2014 recommends action in a number of key areas to improve children and young people’s mental health including: <ul style="list-style-type: none"> <i>Ensure excellent maternal mental health:</i> <ul style="list-style-type: none"> Identify women early who have poor mental health through antenatal and postnatal maternal mood assessments Ensure that the ante and postnatal pathways for maternal mental health are followed and women have access to high quality and timely support for mental health illness Future in Minds publication and Local Transformation Plans.
Breastfeeding Rates	<ul style="list-style-type: none"> There is a ‘drop-off’ between the number of women who start to breastfeed and are still breastfeeding 6 weeks later. Breast feeding rates at 6-8 weeks in Central Bedfordshire show a decrease with increased deprivation.

Childhood Excess Weight	<ul style="list-style-type: none"> Review 2014/15 data to be published mid December 2015.
Teenage Pregnancy	<ul style="list-style-type: none"> There has been a downward trend in the under 18 conception rates in Central Bedfordshire since 2010, with the greatest reductions seen in the under 16s. Targeted work within the hotspot wards continues to be a priority.
Child Poverty	<p>Reference to the latest data for children in low income families (recently published 'As at' 31 August 2013) and review geographical neighbour performance.</p> <p>Include reference to:</p> <ul style="list-style-type: none"> Those eligible for Free School Meals Levels / areas of deprivation
School Readiness	<ul style="list-style-type: none"> Good Level of Development 2015 provisional results. Reference to 3 key areas identified through Children's Trust research considered important to improving outcomes: <ul style="list-style-type: none"> Improve communications with parents and professionals Improve assessment and observation Develop clear pathways for children who are identified as needing support in order to be ready for school Include reference to the School Readiness workstream as a key element within the Partnership Vision for Education 2015-19. 3 key areas above are being considered by this workstream.
<ul style="list-style-type: none"> TBC – antenatal care, ensuring all eligible two year olds will be able to attend high quality childcare providers. 	

2. Section: Developing Well

Developing well is about understanding the needs of the population between the ages of 5 and 19. This includes understanding the anticipated needs for children and young people in schools and colleges and the developing health of this age group. *Current JSNA Executive Summary.*

Key Issue	Developing Well: Points to be considered
Attainment:	<ul style="list-style-type: none"> Considering latest data across key stages. Include narrowing the gap in performance between children who are disadvantaged and those who are not / Looked After Children / Children eligible for Free School Meals.
Early Help - TBC	<ul style="list-style-type: none"> In April 2014 the 'single front door' Access and Referral Hub was launched. Since it was launched the Access and Referral Hub has dealt with 10,898 enquiries. Need to consider the further development of the 'one front door' with partners (Access and Referral Hub). Consider emerging population growth and needs, and whether the right Early Help services are in place.
Looked After Children	<ul style="list-style-type: none"> The main reason for children and young people entering care in the year ending March 2014 was abuse or neglect (reported in 84% of cases referred

Key Issue	Developing Well: Points to be considered
	<p>to Children's Social Care).</p> <ul style="list-style-type: none"> • Improving placement stability for looked after children and support to care leavers. • Children and Young People's Voice report 2015: key issues identified include the importance of maintaining relationships when Looked After Children change placements and the important role that placement stability plays in emotional well-being. • Links to health services – Looked After Children nurse, specialist needs. • Mental health of Looked After Children
Unaccompanied Asylum Seeking Children	<ul style="list-style-type: none"> • There has been an increase in the arrival of Unaccompanied Asylum Seeking Children in Central Bedfordshire - include information on needs and implications for the Local Authority.
Referrals to Children's Social Care	<ul style="list-style-type: none"> • Abuse and neglect is the highest primary need for those children referred to Central Bedfordshire Children Social Care.
<p>Child and Adolescent Mental Health /</p> <p>Eating Disorders /</p> <p>Self Esteem /</p> <p>Self Harm/</p>	<ul style="list-style-type: none"> • National data estimates the rates of mental health problems in males between the ages of 5-10 years is almost twice that of females (10.4% vs 5.9%) and the rate in females increases to narrow this gap by the ages of 11-15 years (12.8% for males and 9.65% for females). There are an estimated 1,100 males and 595 females aged 5-10 years with a mental health problem in Central Bedfordshire and 1,260 males and 905 females aged 11-15. <i>Calculated from applying national prevalence to Central Bedfordshire population (Exeter database 2014).</i> • The Annual Director of Public Health Report 2014 recommends action in three key areas to improve children and young people's mental health including: Help children to become more resilient: <ul style="list-style-type: none"> - Health and early years practitioners should develop and agree pathways and referral routes that define how practitioners will work together, as a multidisciplinary team, across different services (NICE guideline PH40) - Ensure practitioners have the knowledge, understanding and skills they need to develop young people's social and emotional wellbeing (NICE guideline PH20) - Provide a curriculum that promotes positive behaviour and successful relationships and helps reduce disruptive behaviour and bullying (NICE guideline PH20 Mental health and behaviour in schools: Department for Education. June 2014) <p>Increase the early identification of children who are at risk of poor mental health earlier and ensure that they have access to appropriate services.</p> <ul style="list-style-type: none"> • Reference Future in Mind / Transformation Plan. • Health related behaviour and perception survey (SHEU Survey) Spring 2014 showed that pupils (Year 6, 8 10) in Central Bedfordshire who took part were less likely to get high self-esteem scores compared to the wider SHEU sample. 3099 pupils were involved in the survey. Consider by gender. • In Autumn 2015 schools are being invited to take part in a health related behaviour survey for children in years 4, 6, 8, 10 and 12 focusing on their emotional health and wellbeing. Consider results once available. • A small proportion of self-harming behaviour has life-threatening consequences resulting in emergency hospital admission and sometimes death. In 2013/14 there were 115 A&E admissions for self-harm in Central Bedfordshire (children and young people 10-19 years old). In previous years, admissions for self-harm were three to four times more common in girls than boys, consistent with national findings. In 2013/14 however the gap appeared

Key Issue	Developing Well: Points to be considered
	<p>widen and admissions for self-harm were nearly eight times more common in girls than boys.</p>
Alcohol	<ul style="list-style-type: none"> Balding Survey results collected spring term 2014 from a sample of Year 10 (14 – 15 year olds), Year 8 (12 – 13 year olds) and Year 6 (10 – 11 year olds).
<p>Parental Issues</p> <p>Domestic Abuse / Substance Misuse / Parental Mental Health</p>	<ul style="list-style-type: none"> The Central Bedfordshire Safeguarding Children Board Annual Report 2014/15 provides details of challenges faced including ‘ensuring the effectiveness of safeguarding support for children living with the consequences of domestic abuse, parental mental ill health and parental substance misuse’. <p>Domestic abuse:</p> <ul style="list-style-type: none"> In Central Bedfordshire the Relay Project supported by Bedfordshire Police and the local authority continues to alert schools to children whose parents have been involved in a domestic violence incident. 1749 alerts were made to schools by the end of March 2015 and 133 out of 139 schools have received a notification from the Relay Team. The Relay Team deals with an average of 25 domestic violence incidents a week (and more than 40 children). Further information on the difference the Relay service is making. Ensuring that domestic abuse in families with children and young people is identified as early as possible and improving support to the whole family to reduce repeat incidents and their impact on children and young people. Current JSNA Executive Summary. <p>Substance misuse:</p> <ul style="list-style-type: none"> The percentages of clients in treatment for substance misuse living with children or pregnant are lower in CBC than nationally and this may indicate further work needs to take place to review how this is recorded and that assessment and recording of those living with children is being under-reported. Review with chapter lead. <p>Adult Mental Health:</p> <ul style="list-style-type: none"> The number of people with a mental health condition in Central Bedfordshire is predicted to rise, primarily as a result of the changing population structure. To the period 2016, the largest absolute increase is in neurotic disorders where it is estimated that 1 in 6 adults experience some sort of neurotic disorder over their lifetime, the most prevalent type being mixed anxiety and depression.
Child Sexual Exploitation	<ul style="list-style-type: none"> Consider the broader issue of ‘risks to adolescents’ and harmful sexual behaviour. During 2014/15, in 72 assessments of young people, child sexual exploitation was identified as a factor and 35 young people were referred to the Child Sexual Exploitation Panel. Tackling child sexual abuse by ensuring all agencies working with children and young people are aware of risk factors, signs of abuse and exploitation and what to do if they suspect that it is taking place.
<p>TBC - Youth Offending, Children with Special Educational Needs and Disabilities, Young Carers, Sexual Health.</p>	

Central Bedfordshire Children's Trust Board: Forward Plan

Meeting Date 8 March 2016	Meeting Date TBC
<ul style="list-style-type: none">• Q3 2015/16 Performance• Domestic Abuse update• Special Educational Needs and Disabilities Service (take up)• Careers Advice and Work Experience Opportunities• Emotional resilience of young people• Update from other Boards - standing item	

Future items to be scheduled:

- Child Poverty Strategy
- Recruiting teaching staff

In addition: Formal sharing of Annual Reports between partnerships as detailed in the Joint Protocol:

- Central Bedfordshire Local Safeguarding Children Board
- Central Bedfordshire Health and Wellbeing Board
- Bedford Borough and Central Bedfordshire Adult Safeguarding Board
- Central Bedfordshire Community Safety Partnership
- Central Bedfordshire Children's Trust

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