

**This meeting  
may be filmed.\***

## Agenda

<b>Meeting Title:</b>	Central Bedfordshire Health and Wellbeing Board
<b>Date:</b>	Wednesday, 25 January 2017
<b>Time:</b>	2.00 p.m.
<b>Location:</b>	Council Chamber, Priory House, Monks Walk, Shefford

1. **Apologies for Absence**

Apologies for absence and notification of substitute members.

2. **Chairman's Announcements and Communications**

To receive any announcements from the Chairman and any matters of communication.

3. **Minutes**

To approve as a correct record the Minutes of the last meeting held on 19 October 2016 and note actions taken since that meeting.

4. **Members' Interests**

To receive from Members any declarations of interest.

5. **Public Participation**

To receive any questions, statements or deputations from members of the public in accordance with the procedures as set out in Part A4 of the Council's Constitution.

**HEALTH AND WELLBEING STRATEGY**

Item	Subject	Page Nos.	Lead
6.	<b>Giving Every Child the Best Start in Life: School Readiness</b>	13 - 18	SH

To provide an update on progress being made in respect of 'School Readiness'.

7. **Health and Wellbeing Strategy Performance** 19 - 30 MS

To present the latest performance data in the priority areas of the Joint Health and Wellbeing Strategy.

<b>OTHER BUSINESS</b>
-----------------------

<b>Item</b>	<b>Subject</b>	<b>Page Nos.</b>	<b>Lead</b>
8.	<b>Winter Planning for Health and Social Care Delivery into 2017</b>	31 - 40	JO
	To update the Board on the winter planning preparations.		
9.	<b>Child and Adolescent Mental Health Services (CAMHS) Transformation Plan</b>	41 - 160	AM
	To receive an update on the refreshed Future in Minds Local Transformation Plan (LTP) for Children and Young People's mental health.		
10.	<b>Sustainability and Transformation Plan 2016-2020</b>	161 - 186	RC
	To update the Health and Wellbeing Board about publication of the draft Sustainability and Transformation Plan for the Bedfordshire, Luton and Milton Keynes Footprint.		
11.	<b>Aiming for the Best for Children, Young People and Families in Central Bedfordshire: Annual Public Health Report by the Director of Public Health</b>	187 - 236	MS
	To highlight key issues and make a series of evidence-based recommendations that have the potential to make a real difference to the lives of children, young people and their families.		
12.	<b>Local Safeguarding Children Board Annual Report - 2015/2016</b>	237 - 296	AC
	To provide the Board with a copy of the 2015/16 Annual Report from the Central Bedfordshire Safeguarding Children Board (LSCB).		

13. **East of England Ambulance Service in Bedfordshire** 297 - 300 MT

To advise the Board of the performance and quality of the East of England Ambulance Service for Bedfordshire Clinical Commissioning Group with an overview of the governance of the contract.

14. **2016 Autism Self Assessment Framework Return** 301 - 310 JO

This report advises the Board about the 2016 Autism SAF which was submitted to Public Health England on 17 October 2016.

15. **Healthwatch Central Bedfordshire Carers Film** DB

To receive a film about carers talking about their experience as a carer.

16. **Work Programme 2017** 311 - 316 RC

To consider and approve the work programme.

A forward plan ensures that the Health and Wellbeing Board remains focused on key priorities, areas and activities to deliver improved outcomes for the people of Central Bedfordshire.

To: Members of the Central Bedfordshire Health and Wellbeing Board

Ms D Blackmun	Chief Executive, Healthwatch Central Bedfordshire
Mr R Carr	Chief Executive, Central Bedfordshire Council
Cllr S Dixon	Executive Member for Education and Skills, Central Bedfordshire Council
Mr C Ford	Director of Finance, NHS Commissioning Board Area for Hertfordshire & South Midlands
Mr M Coiffait	Director of Community Services
Mrs S Harrison	Director of Children's Services, Central Bedfordshire Council
Cllr C Hegley	Executive Member for Social Care and Housing, Central Bedfordshire Council
Cllr M Jones	Deputy Leader and Executive Member for Health, Central Bedfordshire Council
Dr A Low	Chair, Bedfordshire Clinical Commissioning Group
Mrs J Ogle	Director of Social Care, Health and Housing, Central Bedfordshire Council
Mrs M Scott	Director of Public Health
Mr M Tait	Chief Accountable Officer, Bedfordshire Clinical Commissioning Group

please ask for Sandra Hobbs  
direct line 0300 300 5257  
date published 12 January 2017

**\*Please note that phones and other equipment may be used to film, record, tweet or blog from this meeting. No part of the meeting room is exempt from public filming.**

**The use of the arising images or recordings is not under the Council's control.**

**CENTRAL BEDFORDSHIRE COUNCIL**

At a meeting of the **HEALTH AND WELLBEING BOARD** held in Council Chamber, Priory House, Monks Walk, Shefford on Wednesday, 19 October 2016

**PRESENT**

Cllr M R Jones (Chairman)

Mrs D Blackmun	Chief Executive Officer, Healthwatch Central Bedfordshire
Mr R Carr	Chief Executive
Cllr Mrs C Hegley	Executive Member for Social Care and Housing
Dr A Low	Chair, Bedfordshire Clinical Commissioning Group
Mrs J Ogley	Director of Social Care, Health and Housing
Mrs M Scott	Director of Public Health

Apologies for Absence:	Mr M Coiffait
	Cllr S Dixon
	Mr C Ford
	Mrs S Harrison

Members in Attendance: Cllr E Ghent

Officers in Attendance:	Mrs P Coker	– Head of Service, Partnerships - Social Care, Health & Housing
	Mrs S Hobbs	– Committee Services Officer
	Mr B Jay	– Chief Finance Officer, BCCG
	Mrs C Shohet	– Assistant Director of Public Health
	Ms E White	– Safeguarding Vulnerable Adults Manager

HWB/16/14. **Chairman's Announcements and Communications**

The Chairman acknowledged that there were a number of apologies and suggested that the issue of substitutes should be considered.

HWB/16/15. **Minutes**

**RESOLVED**

**that the minutes of the meeting of the Central Bedfordshire Health and Wellbeing Board held on 27 July 2016 be confirmed as a correct record and signed by the Chairman.**

**HWB/16/16. Members' Interests**

None were declared.

**HWB/16/17. Public Participation**

There were no members of the public registered to speak.

**HWB/16/18. Improving Outcomes for Frail Older People**

The Board considered a report that set out progress across a range of initiatives aimed at improving outcomes for frail older people. Current work was focussing on two particular outcomes:

- enabling older people to stay well at home for longer; and
- helping people with dementia and their careers to feel supported to manage their dementia.

A key issue to be tackled was to reduce isolation and loneliness in older people. The Council was about to commence a public consultation on a draft day offer for older people and adults with disabilities. The Council was also working closely with the voluntary sector to find out what other services were being provided with a view to integrating or complementing provision.

**RESOLVED**

- 1. that the progress towards delivering improved outcomes for frail older people, be supported; and**
- 2. that the Board receive an update in a year's time on improving outcomes for frail older people.**

**HWB/16/19. Enabling People to Stay Healthy for Longer - An update on the Excess Weight Partnership Strategy 2016 - 2020**

The Board considered a report that outlined the partnership strategy and implementation plan to reduce excess weight in adults and children. Overweight and obesity in adults was associated with a range of health problems including type 2 diabetes, heart disease and cancer. The percentage of adults overweight in Central Bedfordshire was statistically higher than the England average.

The Strategy identified how the Council, Bedfordshire Clinical Commissioning Group and partner organisations would work with stakeholders e.g. schools, GPs, local food retailers and public protection.

The Excess Weight Implementation Group would be meeting twice a year to monitor progress against the Action Plan. The Government had issued guidance on how obesity would be addressed nationally. Central Bedfordshire's Strategy was supportive of the proposals set out in the national guidance.

#### **RESOLVED**

- 1. that the Excess Weight Partnership Strategy be endorsed; and**
- 2. that the Board receives an update every six months highlighting key issues.**

#### **HWB/16/20. Health and Wellbeing Strategy Performance Monitoring**

The Board considered a report that set out performance for the four key outcomes within the Joint Health and Wellbeing Strategy. The Board discussed each key measure:-

- the Board was due to receive an update on the CAMHS Transformation Plan on 25 January 2017, this would include the work being carried out to address emotional wellbeing;
- a direction of travel to be included in future reports;
- a benchmark figure where no target had been set to be included in future reports;
- the Board would receive an update on school readiness on 25 January 2017 and this measure would give an indication of those parts of Central Bedfordshire struggling with school readiness;
- the proportion of people diagnosed with diabetes not meeting their treatment targets was worse than the England average. To improve these rates the Bedfordshire Clinical Commissioning Group (BCCG) would be delivering a diabetic service during the next financial year to support patients to lose weight, stop smoking etc.
- additional data would be included in the Better Care Fund reports to help explain why the number of falls were increasing; and
- diagnosis of dementia rates whilst improving were below target and the BCCG were in the process of identifying a clinical lead to support this service.

#### **RESOLVED**

- 1. that the progress in delivering the Joint Health and Wellbeing Strategy be noted; and**

2. **that the areas for further focus arising from the performance in each of the key priority areas, as outlined in paragraphs 5-8 in the report, be noted.**

HWB/16/21. **Care Quality Commission Feedback and Report on the Thematic Review of Integrated Care of Older People in Central Bedfordshire**

The Board considered a report that set out the key outcomes of the Integrated Care for Older People thematic review undertaken by the Care Quality Commission (CQC). This involved a number of different systems across England, with Central Bedfordshire being one of the systems studied. The project explored how well care was organised and coordinated for older people and how this affected their experience of care. The CQC had now produced a national report 'Building Bridges, Breaking Barriers' with the outcome of the findings from the review.

An LGA Peer Review of reablement and rehabilitation services had taken place in October 2016.

The Council's Social Care, Health and Housing Overview and Scrutiny Committee had appointed a task force to investigate the integration of health and social care in Central Bedfordshire. The outcome of this review would be reported back to the Board on 29 March 2017.

**RESOLVED**

1. **that the publication of the CQC report on the Thematic Review of Integrated Care of Older People be noted; and**
2. **that the work that was taking place locally to secure better and more integrated care for older people be supported.**

HWB/16/22. **Better Care Fund 2016/17**

The Board considered a report that provided an update on the final outcome of the NHS England assurance process for the Better Care Fund Plan 2016/17 and the quarter one performance monitoring. The Plan for 2016/17 had been awarded full approval and had been endorsed by the NHS Executive on 18 August 2016.

The Chairman confirmed that the Section 75 Agreement to create the pooled budget had been signed.

The Board considered the arrangements for managing implementation of the plan and for monitoring performance against national and local metrics. The plan for 2016/17 would be focussed on three key schemes which aim to deliver improvements, cost efficiency and more streamlined pathways of care to meet national targets.

The three key schemes agreed locally that would deliver more significant benefits were:

- out of hospital care;
- prevention; and
- protecting social services.

The Bedfordshire Clinical Commissioning Group representative confirmed that their financial position was under control.

#### **RESOLVED**

- 1. to note that the Central Bedfordshire's Better Care Fund Plan 2016/17 had received full approval from NHS England;**
- 2. to note that the Section 75 agreement had been signed to create the pooled budget;**
- 3. that the quarter one return on the 2016/17 Better Care Fund Plan to NHS England be noted;**
- 4. that the September 2016 performance report in paragraphs 16 to 24 of the report be noted; and**
- 5. that the performance information provided in future reports to the Board be simplified where possible.**

#### **HWB/16/23. Sustainability and Transformation Plan 2016-2020**

The Board considered a report that provided an update on the development of the Sustainability and Transformation Plan (STP) for Bedfordshire, Luton and Milton Keynes (BLMK). The draft STP had been submitted on 30 June 2016 which set out the Plan's priorities. The feedback from NHS England and NHS Improvement on the draft plan had been positive. Work on the development of the five key priorities was continuing locally.

#### **RESOLVED**

- 1. that the update on the STP be noted;**
- 2. to note that the STP would take forward work on the appropriate configuration of acute services across Bedfordshire and Milton Keynes, building on the work of the Health Care Review; and**
- 3. that the requirement for local involvement and engagement in shaping the plan be noted.**

**HWB/16/24. Local Digital Roadmap**

The Board considered a report that set out the key points on the preparation and implementation of the Local Digital Roadmap (LDR) for the Bedfordshire Clinical Commissioning Group (BCCG).

The LDR was focussed on better use of technology to support residents and patients more effectively e.g. data sharing (in a managed and controlled data environment) between social care, community care, primary and acute care settings.

**RESOLVED**

- 1. that the requirements for LDR to engage with local partners and how this would be achieved be noted;**
- 2. that the key proposals contained within the BCCG LDR be noted; and**
- 3. that the HWB received an update alongside the Sustainable and Transformation Plan on 25 January 2017.**

**HWB/16/25. Bedford Borough and Central Bedfordshire Annual Safeguarding Adults Report**

The Board considered a report that set out the Bedford Borough and Central Bedfordshire Annual Safeguarding Adults Report that detailed what the Safeguarding Adults Board (SAB) had undertaken during the year to achieve its main objective and implement its strategic plan and what each member had done to implement the strategy as well as detailing the findings of any safeguarding adults review and subsequent action.

**RESOLVED**

- 1. that the 2015-2016 Annual Report of the Safeguarding Adults Board be noted.**

**HWB/16/26. Board Development and Work Plan 2016/2017**

The Board considered their work plan for 2016-2017.

**RESOLVED**

**that the work plan be approved, subject to the inclusion of the following items:-**

- the CAMHS Transformation Plan update on 25 January 2017 would include the data from the emotional wellbeing survey;**

- **an update on improving outcomes for frail older people to be timetabled for a year's time;**
- **a review of the key elements in the Excess Weight Strategy be added to the Agenda for 29 March 2017;**
- **that a regular update be provided on the Sustainability and Transformation Plan and the Local Digital Roadmap.**

(Note: The meeting commenced at 2.00 p.m. and concluded at 4.30 p.m.)

Chairman .....

Dated .....

This page is intentionally left blank

## CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

25 January 2017

---

### **Giving Every Child the Best Start in Life: School Readiness**

Responsible Officer: Sue Harrison: Director of Children's Services.

Email: [sue.harrison@centralbedfordshire.gov.uk](mailto:sue.harrison@centralbedfordshire.gov.uk)

Advising Officer: Sue Tyler: Head of Child Poverty and Early Intervention

Email: [sue.tyler@centralbedfordshire.gov.uk](mailto:sue.tyler@centralbedfordshire.gov.uk)

Public or Exempt No

---

#### **Purpose of this report**

1. This report provides the Health and Wellbeing Board with an update on progress being made in respect of 'School Readiness'.

#### **RECOMMENDATIONS**

**The Health and Wellbeing Board is asked to:**

1. **consider and comment on the progress and continuing work in giving every child the best start in life: School readiness.**

#### **Background**

2. This item was last considered by the Health and Wellbeing Board at its meeting held on 27 July 2016.
3. The measure for school readiness is based on an assessment carried out at the end of the reception year at school across seven areas of learning.
4. In 2013 the level of children achieving a 'good level of development' was 49%, 3% below the national average.
5. In 2014 whilst the levels of achievement increased considerably to 57% the gap behind the national figure remained at 3%.
6. Work has progressed on this area through the School Readiness workstream of the Partnership Vision for Education.

### **Current Updated Position**

7. The steady improvement from the baseline of 49% has continued. In 2015 64% of children in Central Bedfordshire achieved a good level of Development , just 2% behind the national average of 66%.
8. 2016 saw another improvement to 68.5%, and whilst the national figure also improved, this is now 69.3%. Central Bedfordshire is now less than 1% behind the national average. The national ranking is 94 out of 151, a rise of 16 places, however this is still in the 3<sup>rd</sup> quartile.
9. This represents a local increase of 19.5 percentage points (ppt) over the period since 2013, against a national increase of 17 ppt.
10. Whilst progress has been made against the national average, within the statistical neighbour cohort Central Bedfordshire still ranks at 9<sup>th</sup> out of 11as in 2015. Statistical neighbours are achieving 71.6% of good levels of development.
11. In 2016 76% of girls achieved a good level of development, a 4% increase over 2015, and a 17 place ranking increase nationally, and an increase of 2 places from 11<sup>th</sup> to 9<sup>th</sup> against statistical neighbours. Nationally the achievement of girls is at 77%.
12. 62% of boys achieved a good level of development, a 6% increase from the previous year, and the same as national achievement levels. The statistical neighbour ranking remains the same at 9<sup>th</sup> out of 11, nationally there has been a 16 place increase.
13. For children who meet the Free School Meals criteria 49% achieve a good level of development, against 70% of children who are not eligible. This is a 21 percentage point (ppts) difference, an improvement of 4 ppts against the 2015 figure. Amongst statistical neighbours the ranking has increased from 10<sup>th</sup> to 9<sup>th</sup>. Nationally the ranking has improved by 16 but at 131/151 Central Bedfordshire remains in the bottom quartile.

### **Work being carried out to perpetuate the improvement journey**

14. The leaflet sent to all parents whose children were starting school, identifying characteristics of school readiness, is now also being distributed through health visitors and all early years settings.
15. Posters along the same lines are also being sent for display in all possible places used by parents of young children.
16. Work is progressing to provide video clips available for parents to enhance the leaflet and posters. Some of these are available on Youtube, and still need to be linked from the CBC website.

17. A similar leaflet explaining the need for high school attendance levels starting in the early years has been drafted and will be circulated following final design and printing.
18. The work carried out on transition documents and assessment tools is being embedded, and regular transition meetings between early years providers and schools is starting to become regularised.
19. Work continues to integrate the courses offered by Children's Services and the Teaching School in the early years area.
20. There has been a significant improvement in the 2/2½ year old checks which are being carried out as part of the Healthy Child Programme. The check at this age is considered crucial to identifying emerging communication difficulties such a delay in developing age appropriate speech and language, or behavioural issues, problems with hearing or sight not previously identified, and other issues around physical development.
21. There had previously been poor performance in the completion of these checks. Since 2015 a new method of carrying out these checks has been piloted, making them an integrated review with a similarly based assessment which education/care settings make – known as the Early Years Progress Check.
22. In the integrated review parents are invited to a child's setting (or Children's Centre if they are not attending a setting). Information is gathered in advance, including a parental questionnaire completed in advance, and these form the basis of discussions between Health and Education professionals with parents/carers about their child's progress. Any issues that emerge can then be considered, and if necessary appropriate support put in place, along with regular monitoring of the child's development and progress.
23. The Integrated 2½ year Review for all children is now being rolled out across all of Central Bedfordshire and the delivery of the 2½ year review has increased from 54.6% at the end of Q2 in 2015-16 to 76.3% at the end of Q2 2016-17. SEPT (the Health Visiting providers) are now actively engaged with all Children's Centres and Nurseries to meet the target for the delivery of >90% integrated 2½ year reviews by the end of 2016.
24. Engaging child-minders further in the process is the priority for development over the next 6 months.
25. Further work is also being undertaken to ensure a smoother handover between Health Visitors and School Nurses.

26. The Two year old Offer for an additional 15 hours for the most vulnerable children (mostly based on income) has a high take-up in Central Bedfordshire. For the last 2 terms take-up figures have been around 80% against a national average of around 65%.
27. National research is being carried out on the impact of the additional hours for this cohort of children, but the expectation is that there will be an overall improvement in outcomes.
28. The annual data continues to be interrogated to ensure that appropriate strategies can be put in place to deal with specific areas that emerge.
29. For children who meet the Free School Meals criteria the small increase in the good level of development between 2015 and 2016 needs to be accelerated.
30. The Early Years Pupil Premium is specifically aimed at this cohort of children. This was introduced in April 2015 at a rate of £300 per year.
31. Providers use the money in ways which will support the specific learning and development needs of each identified EYPP child. This is informed by the understanding of each child's needs and preferences.
32. One such example is the provision of home learning bags to support three areas of learning: Communication, Physical and Mark making. The bags had learning cards for parents to use to play with their children which will support their personal, social and emotional development. This is a good example of settings and parents working together to improve the outcomes for children. My Explorer bags will be provided to all settings with EYPP children in January 2017. These will include a bug catcher, binoculars and information charts, amongst other items, to encourage parents to take their child out on a 'nature' hunt.
33. Another example was a bespoke session for two children with a teaching assistant for two thirty minutes sessions a week. This enabled detailed work on a range of identified needs, assessed on entry to the setting. The impact of this work meant that when the child left the setting they were achieving in line with expectations for their age.
34. Ofsted are monitoring use and impact of Pupil Premium at early years inspections.

### **Governance and Delivery Implications**

35. School Readiness is a workstream of the Partnership Vision for Education Board.

### **Equalities Implications**

36. Central Bedfordshire has a statutory duty to promote equality of opportunity, eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
37. Research compiled by Ofsted indicates that early education for low income and ethnic minority children can contribute important to combating educational disadvantage if certain criteria are met.
38. The plan is fully inclusive to the needs of adults and children within Central Bedfordshire and promotes equality of access for all the children.

### **Conclusion and next Steps**

39. Work will continue with schools, settings, parents and health colleagues to ensure a continuation of the improved results.
40. Data analysis will also continue to ensure that work is targeted to the most appropriate groups.

### **Appendices**

None

### **Background Papers**

None

This page is intentionally left blank

## CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

25 January 2017

---

### Health and Wellbeing Strategy Performance

Responsible Officer: Muriel Scott, Director of Public Health  
Email: [Muriel.Scott@centralbedfordshire.gov.uk](mailto:Muriel.Scott@centralbedfordshire.gov.uk)

Advising Officer: Celia Shohet, Assistant Director of Public Health  
Email: [celia.shohet@centralbedfordshire.gov.uk](mailto:celia.shohet@centralbedfordshire.gov.uk)

Public

---

### Purpose of this report

1. To present the latest performance data in the priority areas of the Joint Health and Wellbeing Strategy.

### RECOMMENDATIONS

**The Health and Wellbeing Board is asked to:**

1. **review the scorecard and assess the progress in delivering the Joint Health and Wellbeing Strategy; and**
2. **to consider the areas for further focus arising from the performance in each of the Priority Areas, outlined in paragraphs 4-9.**

### Background

2. The Joint Health and Wellbeing Strategy has four cross cutting priorities where the Board wants to make the fastest progress:
  - Ensuring good mental health and wellbeing at every age
  - Giving every child the best start in life
  - Enabling people to stay healthy for longer
  - Improving outcomes for frail older people

The scorecard includes the key measures providing an indication of progress against target, direction of travel and a comparison with benchmarks.

3. The scorecard includes a range of measures which have been chosen because they:
  - Directly measure the desired outcome or are a process measure when an outcome measure is not available e.g. access to care measures.
  - Are generally measures already in existence and therefore don't require additional resource to collect.
  - Represent a range in frequency of reporting from monthly to annual.
  - Are available at a CBC level and in some cases at either a locality, practice or ward level.

### **Ensuring good mental health and wellbeing at every age**

4. The performance data this month for access to psychological therapies gives some cause for concern. Although the proportion in need accessing psychological therapies has increased slightly, it remains significantly below target and the recovery rates for those in treatment has fallen slightly. Given that the Board places considerable importance on improving mental health, it will want to understand what actions are planned by the commissioners and providers to address the situation. The Board is also asked to consider ways in which it could help to publicise the Bedfordshire Wellbeing Service ([www.bedfordshirewellbeing.nhs.uk](http://www.bedfordshirewellbeing.nhs.uk)) to which residents can self-refer.

### **Giving every child the best start in life**

5. There are encouraging signs that outcomes in this priority are moving in the right direction with some either at or near target. As anticipated at the last Board update, the indicators for both the assessment of maternal moods and for the integrated 2-2.5 year review have improved and the expectation remains that the targets will be achieved at the end of Q3 16/17.
6. The data for school readiness has now been published and the separate report on progress to the Board provides the detail for this outcome.

### **Enabling people to stay healthy for longer**

7. The performance for premature mortality has fallen slightly but remains better than England and similar to statistical neighbours. It does continue to reinforce the importance of NHS Health Checks, stopping smoking, healthy weight, physical activity and maintaining good blood pressure control.

8. The rising rates of diabetes and low proportion of people with diabetes meeting their treatment targets is of concern. It is therefore recommended that the Board may want a more detailed discussion at a future meeting to understand the issues and action required.

### **Improving outcomes for frail older people**

9. Outcomes for improving outcomes for Frail Older People (many of which form part of the Better Care Plan metrics) show a mixed picture, with some being close to the target and others below target. This reflects the ongoing challenge of meeting the needs an aging population with increasingly complex needs

### **Financial and Risk Implications**

10. There no financial implications directly associated with this proposal.

### **Governance and Delivery Implications**

11. The scorecard will be reported to the Health and Wellbeing Board on a quarterly basis.

### **Equalities Implications**

12. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

### **Implications for Work Programme**

13. The scorecard is currently reported to the Health and Wellbeing Board at each meeting.
14. The Board may want to consider the proposal to consider the outcomes for access to psychological therapies, for diabetes and the outcomes for frail older people in more detail at future meetings.

### **Conclusion and next Steps**

15. The scorecard shows some improving performance and some areas of concern. A number of areas have been identified for further consideration at future board meetings.

**Appendices**

The following Appendix is attached: Summary scorecards for each of the priority areas.

**Ensuring good mental health and wellbeing at every age**

**Outcomes**

Children, Young People and Adults are emotionally resilient

Children, Young People and Adults with poor mental health recover quickly

People with poor mental health live as healthy and for as long as those with good mental health

**Cross Cutting:**  
**Reducing inequalities by tackling the wider determinants**  
**Prevention and Early Intervention**  
**Acting upon patient and customer experience**  
**Safeguarding and ensuring high quality integrated services**

There are estimated to be around 4,000 children and young people affected by a mental health problem and around 26,000 adults with a common mental health condition, affecting one in four people over their lifetime.

	Latest Data	DoT	Latest Data	Target	Current Status	England
Proportion in need accessing psychological therapies	Aug 16	↑	4.82 %	15.00 %	▲	n/a
CAMHS waiting for intervention for more than 18 weeks	Sep 16		0 %	0 %	★	n/a
Hospital admissions for mental health 0-17 years	Dec 15	n/a	73.4		n/a	87.4
Hospital admissions for self-harm 10-24 years	Dec 15	n/a	358.9		n/a	398.8
Emotional wellbeing of looked after children	Sep 16	↑	13.4	13.0	●	n/a
Recovery rates for those completing psychological therapies	Aug 16	↓	48.4 %	50.0 %	●	48.4 %
Premature mortality (<75 years) in adults with serious mental illness	Dec 13	n/a	1,232		n/a	1,319
Proportion of adults in contact with secondary mental health services in paid employment	Sep 15		6.5 %	13.2 %	▲	5.8 %

▲ Target missed by 10% or more    ● Target missed by less than 10%    ★ Target achieved  
 ↑ Performance is improving    ➡ Performance remains unchanged    ↓ Performance is worsening

The proportion in need accessing psychological therapies is improving but currently significantly below the target with a projected year end rate of 15%. A Recovery trajectory is in place to achieve the national threshold by year end. East London Foundation Trust (ELFT) are currently engaged in increasing communications in Bedfordshire for the Wellbeing Service (WBS) to encourage appropriate GP and self referral.

Emotional Wellbeing of looked after children measured through average SDQ scores has improved since the last data but remains above the target of 13. Maintenance of emotional well being for children is achieved through referral to and intervention by CAMHS and further enhanced through having stable placements, consistency of social worker, life story work and care plans that are addressing their needs.

Recovery rates for those completing psychological therapies have fallen and are now below target. This has been raised with ELFT who have confirmed a review of the reasons for the lower than expected performance. Actions carried out within the service will enable the continued high performance to continue throughout the year.

This page is intentionally left blank

**Giving Every Child the Best Start in Life**

**Outcomes**

Babies have the best start in life	Parents or carers are equipped to nurture their child and are not affected by drug or alcohol misuse, domestic abuse or poor mental health	All children arrive at school in a great position to learn
------------------------------------	--	--

**Cross Cutting:**

**Reducing inequalities by tackling the wider determinants**

**Prevention and Early Intervention**

**Acting upon patient and customer experience**

**Safeguarding and ensuring high quality integrated services**

On average 3,250 babies are born each year in Central Bedfordshire and by the time they reach school 2,200 are achieving a good level of development at the early years foundation. To give children the best start we need to ensure that they are not adversely affected by parental drug or alcohol misuses, mental health or domestic abuse and currently 230 people are in treatment for drugs and / or alcohol that are living with children and in approximately 40% of domestic abuse incidents a child is normally resident at the same location.

	Latest Data	DoT	Latest Data	Target	Current Status	England
Smoking at the time of delivery (L&D deliveries only)	Sep 16	↓	17.1 %	15.0 %	▲	n/a
Breastfeeding rate 6-8 weeks	Sep 16	↓	48.8 %	50.0 %	●	n/a
Early access to antenatal care (all L&D deliveries)	Sep 16	↓	83.1 %	90.0 %	●	n/a
Mothers who receive a maternal mood review by the time the infant is 8 weeks	Sep 16	↑	67.7 %	90.0 %	▲	n/a
Successful completions (opiates) of clients who live with children under 18	Sep 16	↑	11.3 %	9.0 %	★	n/a
Successful completions (alcohol) of clients who live with children under 18	Sep 16	↓	32.6 %	34.3 %	●	n/a
No. of Domestic Abuse incidents reported	Sep 16	↑	955		n/a	n/a
Children who received an integrated 2-2.5 year review	Sep 16	↑	76.3 %	90.0 %	▲	n/a
Number of disadvantaged 2 year olds placed in early education/childcare	Jun 16	↓	602	767	▲	n/a
School readiness - % of children achieving a good level of development at the Early Years Foundation	Sep 16	↑	68 %	72 %	▲	69.3 %

- ▲ Target missed by 10% or more
- Target missed by less than 10%
- ★ Target achieved
- ↑ Performance is improving
- ➡ Performance remains unchanged
- ↓ Performance is worsening

In summary, the latest data relating to giving every child the best start in life shows improvements in:

- The proportion of mothers who deliver their baby at the Luton and Dunstable Hospital and smoke during their pregnancy
- Mothers who receive a maternal mood review
- The proportion of children who receive an integrated 2-2.5 year review
- The proportion of children achieving a good level of development at the Early Years Foundation.

However the proportion of mother's breastfeeding at 6-8 weeks and those accessing antenatal care before 12 weeks has fallen.

It is very encouraging that the number of women smoking at the time of delivery continues to reduce with a significant drop from the previous quarter with the status going from red to amber. The ongoing work with the midwifery team and a high level of quits from those mothers who accept help from the stop smoking team are showing success. The rate of improvement for the assessment of maternal moods is also very encouraging with a significant increase on the percent for Q1 and the provider is confident that they will achieve this target and that for the integrated 2/2.5 year check by Q3 of 2016/17.

Breastfeeding rates at 6-8 weeks currently indicate a slight decrease with the status now below target. Increased numbers of antenatal visits by Health Visitors will continue to improve mother's commitment to continue breastfeeding and discussions have taken place with the Director of Nursing at the L&D to see what more can be done to increase the proportion of mothers who start breastfeeding.

The number of domestic abuse incidents has increased but it is not possible to ascertain whether this is a true increase in incidents or a reflective increased confidence to report incidents.

The percentage of children achieving a good level of development at the Early Years Foundation continues to improve and although remains below the England average, the gap is gradually reducing. The increased uptake of the integrated 2-2.5 year check will improve outcomes further.

This page is intentionally left blank

**Enabling People to Stay Healthy Longer**

**Outcomes**

Fewer people develop long term conditions as a result of unhealthy lifestyles

Fewer people have complications as a result of a long term condition

**Cross Cutting:**  
**Reducing inequalities by tackling the wider determinants**  
**Prevention and Early Intervention**  
**Acting upon patient and customer experience**  
**Safeguarding and ensuring high quality integrated services**

Of the 210,500 people aged 18 years and above living in Central Bedfordshire (2014) an estimated 37,000 smoke, 150,000 are above a healthy weight and 56,000 are inactive. These lifestyle behaviours contribute to the development of Long Term Conditions and those already diagnosed include 12,500 people with diabetes, 40,000 with high blood pressure, 8,500 with heart disease, 4,200 with stroke and 4,700 with a serious respiratory condition.

	Latest Data	DoT	Latest Data	Target	Current Status	England
Smoking prevalence 18+	Dec 15	↑	16.7 %		n/a	16.9 %
Adult Excess Weight	Jul 15	↑	67.1 %	68.1 %	★	64.8 %
Percentage of adults classified as inactive	Jan 16	↑	22.7 %	23.3 %	★	28.7 %
Health Checks Delivered % of Target	Sep 16	↑	69.56	100.00	▲	n/a
Recorded diabetes	Nov 15	n/a	6.0 %	5.3 %	▲	6.4 %
% people with diabetes meeting all 3 treatment targets (blood sugar, blood pressure & cholesterol)	Feb 15	↑	37.4 %		n/a	41.3 %
Premature mortality	Dec 15	↑	280	272	●	335
Premature mortality for cardiovascular disease	Dec 15	↓	63.8	57.7	▲	74.6
Premature mortality for respiratory disease	Dec 15	↓	25.2	23.5	●	33.1
Premature mortality for liver disease	Dec 15	↓	12.2	13.2	★	18.0

▲ Target missed by 10% or more   ● Target missed by less than 10%   ★ Target achieved  
 ↑ Performance is improving   ➡ Performance remains unchanged   ↓ Performance is worsening

The outcomes to reduce the number of people developing long term conditions as a result of lifestyle behaviours show a mixed picture.

In summary, the latest data relating to enabling people to stay healthy longer shows improvements in both smoking prevalence and the proportion of Healthchecks delivered.

The rates of premature mortality for cardiovascular disease, respiratory disease and liver disease have all worsened since the last data released. The rates are better than England and similar to statistical neighbours with the exception of cardiovascular disease, where performance is worse in Central Bedfordshire, particularly for women. This has been the focus of discussion at previous Health and Wellbeing Boards which highlighted the importance of NHS Health Checks, stopping smoking, healthy weight, physical activity and maintaining good blood pressure control.

This page is intentionally left blank

## Improving outcomes for Frail Older People

### Outcomes

Older People stay well at home longer

Older people with dementia and their carers feel supported to manage their dementia

**Cross Cutting:**

**Reducing inequalities by tackling the wider determinants**

**Prevention and Early Intervention**

**Acting upon patient and customer experience**

**Safeguarding and ensuring high quality integrated services**

There are around 20,000 people aged 75 years and above in Central Bedfordshire and approximately 1,500 are known to have dementia, thought to represent about 68% of the total number of people affected.

	Latest Data	DoT	Latest Data	Target	Current Status	England
Total non-elective admissions into hospital (general & acute) all-age per 100,000 pop (Monthly)	Sep 16	↓	834	770	●	n/a
Permanent Admissions of Older People (65+) to residential & nursing care homes (BCF)	Sep 16	↓	185.5	217.7	★	n/a
Proportion of 65+ still at home 91 days after discharge from hospital	Sep 16	↓	82.4	95.5	▲	n/a
Emergency hospital admissions due to falls (65+) per 100,000	Mar 15	↓	2,016			n/a
Dementia diagnosis rate (65+)	Sep 16	n/a	60.2 %	66.7 %	●	67.7 %
Social isolation-Adult carers who have as much contact as they would like	Mar 14	↓	41.0 %	41.6 %	●	38.0 %
Delayed transfers of care (days) from hospital per 100,000 pop.	Sep 16	↓	191.6	144.2	▲	n/a

▲ Target missed by 10% or more    ● Target missed by less than 10%    ★ Target achieved  
 ⬆ Performance is improving    ➡ Performance remains unchanged    ⬇ Performance is worsening

Permanent admissions of older people (65+) to residential & nursing care homes remain a focus of the Better Care Plan Schemes with a number of actions in place including scrutiny of packages of care to ensure that all alternatives have been explored to help people to remain in their own homes. The development of more independent living (extra care) accommodation will help to mitigate admissions into residential care.

The proportion of people aged 65+ still at home 91 days after discharge from hospital has previously only reported on the Council's reablement service. An agreement has delivered data for Community Health Services Provider (SEPT). This data is under review for accuracy.

The rate shown for Delayed transfers of care from hospital in September equates to 416 delayed days of which 89 were from Social care and 11 from both health and social care. The reason for 39 of the 89 social care delays were due to waiting to move into a residential home and also 34 waiting for a care package in their own home. The provider with the majority of the social care delays in September and August was Bedford Hospital.

The council has repositioned management support for delayed transfers of care to take account of the challenge of supporting discharges from 7 hospitals.

This page is intentionally left blank

**CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD**

Date of Meeting

25 January 2017

---

**Winter Planning for Health and Social Care Delivery into 2017**

Responsible Officers:

Julie Ogley – Director of Social Care, Health and Housing  
Central Bedfordshire Council  
Email: [Julie.Ogley@centralbedfordshire.gov.uk](mailto:Julie.Ogley@centralbedfordshire.gov.uk)

Donna Derby – Director of Commissioning and Performance  
Bedfordshire Clinical Commissioning Group  
Email: [Donna.Derby@bedfordshireccg.nhs.uk](mailto:Donna.Derby@bedfordshireccg.nhs.uk)

Advising Officer: Emma Hunt-smith  
Head of Emergency Operations – Bedfordshire CCG  
Email: [emma.hunt-smith@bedfordshireccg.nhs.uk](mailto:emma.hunt-smith@bedfordshireccg.nhs.uk)

Public

---

**Purpose of this report**

1. To update the Board on the winter planning preparations.

**RECOMMENDATIONS**

**The Health and Wellbeing Board is asked to:**

1. note the contents of this report.

**Issues**

2. The Health and Social Care system is working under growing pressure regarding demand for services, whilst resources are increasingly tight. This pressure can be particularly evident during the winter months and the impact of seasonal demand on services. This necessitates partnership working and the ability to deliver in new and innovative ways.

### **Background Context**

3. The winter months are challenging for the whole system. The demand for services during the winter months inevitably means that there is additional pressure on both health and care services, including ambulance and hospital services. It is therefore essential from a health and care perspective that there is ongoing emphasis on ensuring people are actively supported within the community in the first instance and that those admitted to hospital can be discharged promptly once they are medically stable directly back home.
4. For some people this could be with additional intermediate care support at home, reablement, package of care, step up/step down and in some cases into a long term care placement. There is an increasing difficulty in sourcing sufficient domiciliary care providers, an issue that is acknowledged locally, regionally and nationally as a supply problem, not just for Central Bedfordshire, although the rurality of the area poses additional problems for providers.
5. To mitigate some of the pressures national campaigns such as Stay Well this winter are promoted locally to minimise reliance on A&E services and to encourage people to seek help and advice community based services such as local pharmacists.
6. In November 2016, Department of Health and Department for Communities and Local Government issued a joint letter acknowledging the joint planning for winter and set out some practical actions and avenues of support that the local authorities could consider to foster resilience over the winter period. (Appendix 1)

### **Accident and Emergency Delivery Boards**

7. In July 2016 the NHS required that A&E Delivery Boards be established (to replace previous System Resilience Group arrangements) to improve A&E delivery and performance and focus solely on Urgent and Emergency Care. The Delivery Groups are chaired by the local Acute Trusts.
8. A&E Delivery Boards are required to coordinate and oversee five mandated areas of focus:
  - Streaming at the front door of A&E– to ambulatory and primary care.
  - NHS 111 – increasing clinical call handler capacity in advance of winter.
  - Ambulances – Disposition on Dispatch and code review pilots.

- Improved flow – ‘must do’s that each Trust should implement to enhance patient flow.
  - Discharge – mandating ‘Discharge to Assess’ (D2A) and ‘trusted assessor’ type models.
9. Central Bedfordshire’s residents currently use up to seven hospitals none of which is within Central Bedfordshire boundary. Currently the Council is represented at the Bedford Hospital and the Luton and Dunstable Hospital A&E Delivery Boards.  
Residents also attend other Hospitals including those in Stevenage (Lister), Cambridgeshire (Addenbrookes and Hinchingsbrooke), Buckinghamshire (Stoke Mandeville) and Milton Keynes. Further arrangements will be needed to ensure adequate representation at the other relevant Delivery Boards.
10. From a joint perspective the Discharge to Assess intervention requires health and social care to work effectively together and there is considerable joint work in both the Bedford and Luton and Dunstable A&E boards to develop effective plans. Discharge to Assess (D2A) demonstrates the following benefits:
- Patients who are discharged home sooner recover better with increased wellbeing
  - Patients with dementia are returned to more familiar settings sooner
  - Assessments can be carried out in the home environment leading to more realistic needs
  - Care Home placements should reduce
  - Demand for domiciliary care should reduce
  - People will be supported to live independently in their own homes
11. Discharge to assess arrangements will need to be considered for Central Bedfordshire residents accessing other hospitals.
12. Seasonal increase in hospital admissions can lead to repeated and sustained breaches of the urgent and emergency care standard, which is that 95% of patients should be seen, treated, admitted or discharged within 4 hours of arrival at A&E. This is an NHS England improvement target of 95% in A&E.
13. It is now well understood that unless patients ‘flow’ through the hospitals are supported by timely and effective discharge processes, performance in A&E drops and the system fails to meet the 95% target.

14. Performance against this target is monitored weekly. In addition to this, Better Care Fund Plan has a key target to reduce non-elective admissions into hospital and delayed transfers of care. These metrics are monitored by the Health and Wellbeing Board.
15. Central Bedfordshire Council participates in weekly teleconferences for the Luton and Dunstable Hospital and colleagues from Bedford Borough participate in a similar for Bedford Hospital on behalf of Central Bedfordshire residents to support wider hospital discharge process. In addition to these, the Council also participates in the regular system resilience teleconference.

### **Market Shaping**

16. **Residential and nursing homes** - there is a joint approach to source additional community beds for Central Bedfordshire residents. These will provide intermediate care nursing beds for people during their rehabilitation and reablement for the winter period. An adult social care process is in place to assess people in a timely way.
17. The Council regularly monitors vacancy and bed capacity rates in residential and nursing care. Currently there is more bed capacity in the south of Central Bedfordshire. For both north and south Central Bedfordshire there is less capacity in nursing beds. Information on bed capacity is shared regularly with the wider system.
18. **Domiciliary Care** - whilst there are some challenges sourcing care packages in the Ivel Valley and West Mid Beds localities, two providers are now active again after period of inactivity and the council is working with colleagues in Cambridgeshire to look at cross boundary arrangement for domiciliary care to ensure all areas covered. As well the issue of capacity, complexity of need often requiring double handed carer input remains a challenge. The situation is continually monitored.
19. The continued arrangements with the Social Work discharge team based on site at the Luton and Dunstable works well and helps expedite discharge. There is a similar ongoing arrangement with Bedford social work colleagues at Bedford Hospital. The Council has also rearranged its adult social care management team to create a role focused on discharge pathways for Central Bedfordshire across all the hospitals accessed by residents.

### **Winter Plan - National campaign for 16/17**

20. Seasonal Flu Vaccination **launched 12 October**.

21. The Council and the CCG promoted the campaign to increase uptake of flu vaccination amongst the health and care workforce. The Campaign also targeted Carers, people with long term conditions such as Common Obstructive Pulmonary Disorders (COPD), bronchitis, heart disease etc. as well as children aged 2-4 years and pregnant women.
22. A secondary audience for the campaign was also parents of children in school years 1, 2 and 3, (age 5-7), to be aware and encouraged to give permission for children to receive the free nasal spray vaccination. Further campaigns are planned as follows:
  - **Flu and First Signs: 7 November- 12 December.**  
To prompt all aged 65 and over or people with long-term health conditions and carers, family and friends to take specific actions to stay well over the winter, including advice from a pharmacist at the first signs of illness and having the flu jab. This phase will consist of TV, print, radio, online, digital, social media, PR, pharmacy partnerships and roadshow events.
  - **Stock up and First Signs: 12 December for two weeks prior to Christmas.**  
Prompts key target audiences to prepare for winter by stocking-up ahead of the cold weather and holiday period closures with food and other essential supplies and getting their prescriptions filled. It will also advise to seek advice from a pharmacist at the first signs of illness.
  - **Support and SWTW - 26 December 2016 to 4 March 2017:**  
This phase prompts all aged 65 and over or people with long-term health conditions and their carers, family and friends to take specific actions to stay well, including seeking advice from a pharmacist at the first signs of illness. TV, print, radio, online, digital, social media, PR, pharmacy partnerships and roadshow events.

### **Financial and Risk Implications**

23. There are potential and significant financial and risk implications associated with winter pressures. The growing demand for services inevitably means that there is pressure on both health and care budgets. These include additional resources and packages of care to keep people at home; cost of meeting the seasonal demand in the Acute settings.

### **Governance and Delivery Implications**

24. Delivery and performance will be monitored by the Accident and Emergency Delivery Board and other reporting governance structures for the CCG and the Council.

### **Equalities Implications**

25. The Council and the CCG have a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

### **Implications for Work Programme**

26. N/A

### **Conclusion and next Steps**

27. A Central Bedfordshire Severe Weather Plan is being updated and will be used to support the initiatives described above. The Plan is aimed at health and social carer services and other public agencies and professions who interact with those most at risk from cold weather in winter.
28. Joint working is ongoing across the system to ensure that residents are being cared for in their own homes wherever possible.
29. Working is continuing with the 7 hospitals to ensure smooth discharges and transitions though this is proving to be challenging.

Appendix 1 - Winter Planning Letter



Department  
of Health



Department for  
Communities and  
Local Government

To:  
Chief Executives  
Directors of Adult Social Services  
Local Authorities, England

Copy:  
Health and Wellbeing Board Chairs  
ADASS National Urgent Care Lead  
ADASS Regional Urgent Care Leads  
Local Government Association  
NHS England Regional Directors  
Emergency Care Improvement Cluster Leads

11 November 2016

Dear Colleague

### **Winter Planning for Adult Social Care and Supporting Delivery into 2017**

We know that everyone in the adult social care system has been planning for the winter months alongside their NHS partners and, first of all, we would like to take this opportunity to thank you for all of your efforts.

We also appreciate that the coming months may be challenging, particularly with a long bank holiday weekend over Christmas, and with January and February usually being difficult months as systems manage the impact of high seasonal demand. Given this, we wanted to write to you to outline some practical actions and avenues of support that local authorities could consider to foster resilience over the period.

#### A&E Delivery Board Plans

Local Authority Chief Executives will have received a copy of a letter sent to Local A&E Delivery Board Chairs on 21<sup>st</sup> October by NHS England and NHS Improvement about priorities and the assurance of winter plans to manage performance. The letter emphasises the importance of ensuring that social services are fully embedded in on-going discussions and implementation of the five improvement initiatives of the 2016/17 A&E Improvement Plan arrangements. This is extremely welcome and we would ask you to continue to do all you can to support implementation, particularly in relation to reducing delayed transfers of care.

## Lessons from 2015/16

Since last winter, we have listened to the views of local government and taken on board some important lessons. We understand that we need to take a proportionate approach and allow local organisations to work together to develop solutions, and that we need to mirror this joint working at national level. That is why we set up the Discharge Board with our partners to co-ordinate a coherent, cross-system approach to improvement. Through the Board, we are working with local government, the NHS and system partners to oversee, coordinate and deliver meaningful approaches to address delays in hospital discharge.

## Market Shaping

The Care Act 2015 introduced new duties on local authorities to shape their local market and to ensure that there is a choice of quality providers for all people in their areas, taking account of ensuring sufficient capacity to support safe, prompt hospital discharge. The Department of Health (DH) has worked with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to produce a wide range of practical approaches to help local authorities to discharge these duties, including work delivered by the Institute of Public Care on best practice in market shaping, and *Commissioning for Better Outcomes: a route map*, a practical tool for self-assessment and peer-review developed with the LGA and sector-led improvement:

<http://ipc.brookes.ac.uk/what-we-do/market-shaping.html>

<http://www.local.gov.uk/search?q=commissioning%20for%20better%20outcomes>

DH is consolidating all of the advice and guidance on market shaping, commissioning and contingency planning onto a Markets Hub as an on-line resource available on GOV.UK, which should be available later in November.

## Sector-Led Improvement

DH has also worked with the LGA and ADASS to put an enhanced sector-led improvement programme in place. We have seen the positive impact of this programme and are very pleased with the support that it is providing – both in individual areas that may be facing significant pressures and in sharing the very best practice. Your Director of Social Care will be aware of the *High Impact Change Model*. It provides practical support options, particularly around patient flow and discharge, and helps to assess how effectively current systems are working:

<http://www.local.gov.uk/documents/10180/7058797/Impact+change+model+managin+g+transfers+of+care/3213644f-f382-4143-94c7-2dc5cd6e3c1a>

Since the *High Impact Change Model* was developed, the LGA and ADASS have also worked with the NHS and system partners to produce a range of tools to help local systems, including a series of *Quick Guides* containing practical approaches, case studies and links to useful documents that identify solutions to commonly experienced issues:

<http://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx>

If your local hospital is part of the Emergency Care Improvement Programme support to address seasonal demand is available through that programme.

Graeme Betts ([graemebetts@yahoo.co.uk](mailto:graemebetts@yahoo.co.uk) or 07789 205 201) leads for the LGA on sector-led improvement support for winter pressures. He is supported by regional Care and Health Improvement Advisors and Regional ADASS Urgent Care Leads who are available to provide specific support to local areas.

<b>Region</b>	<b>Local Government Care and Health Improvement Advisors</b>	<b>ADASS Regional Urgent Care Leads</b>
<i>North</i>	<p>Terry Dafter (North West) <a href="mailto:terrydafter@me.com">terrydafter@me.com</a> 07427 223 383</p> <p>Sandie Keene (North East) <a href="mailto:sandiekeene@me.com">sandiekeene@me.com</a> 07824 512 908</p> <p>Moira Wilson (Yorkshire and Humberside) <a href="mailto:moiral.wilson@ntlworld.com">moiral.wilson@ntlworld.com</a> 07824 512 908</p>	<p>Dwayne Johnson <a href="mailto:dwayne.johnson@sefton.gov.uk">dwayne.johnson@sefton.gov.uk</a></p>
<i>London</i>	<p>Adi Cooper <a href="mailto:dradicooper@gmail.com">dradicooper@gmail.com</a> 07468 511 404</p>	<p>Grainne Siggins <a href="mailto:grainne.siggins@newham.gov.uk">grainne.siggins@newham.gov.uk</a></p>
<i>Midlands and East</i>	<p>Rachel Holynska <a href="mailto:r.holynska@btinternet.com">r.holynska@btinternet.com</a> 07585 328 458</p> <p>Ian James (West Midlands) <a href="mailto:jamesian03@btinternet.com">jamesian03@btinternet.com</a> 07 817 542 255.</p>	<p>David Stevens <a href="mailto:david_stevens@sandwell.gov.uk">david_stevens@sandwell.gov.uk</a></p>
<i>South East and West</i>	<p>Oliver Mills <a href="mailto:oasmills@btinternet.com">oasmills@btinternet.com</a> 07881 820 895</p>	<p>Keith Hinkley <a href="mailto:keith.hinkley@eastsussex.gov.uk">keith.hinkley@eastsussex.gov.uk</a></p>

### Seasonal Influenza

As we are approaching winter, we would also ask you to consider what steps, including with the independent care sector, you need to take to make sure that all front-line staff are vaccinated against seasonal flu. This will protect them and the vulnerable individuals they care for.

The flu fighter campaign delivered by NHS Employers has resources available on-line to help you plan, deliver and evaluate a flu vaccination campaign targeted at increasing the uptake of the vaccine among health and care workers. You can access and download resources, including posters, screensavers and promotional artwork for free at:

[www.nhsemployers.org/flu](http://www.nhsemployers.org/flu)

### Emergency Preparedness

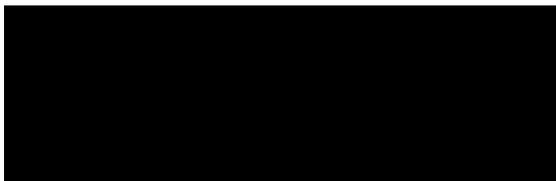
Your local authority should be briefed via your local resilience forum (LRFs) on the wider civil emergency risks you should be planning for this winter. DCLG officials are discussing with LRFs their readiness to respond to severe winter weather and flooding; you may find it helpful to review your own authority's readiness against the check list in the DCLG / Solace Local Authority Preparedness for Civil Emergencies: [A Good Practice Guide](#).

The annual Met Office *Get Ready for Winter* campaign was launched on 7<sup>th</sup> November, and this year's theme is informal carers: looking out for neighbours, family and those vulnerable to the effects of winter weather. The [2016/17 webpages](#) are available now and can be linked to your emergency planning advice for local businesses and residents, along with details of how your communities can contact you in an emergency.

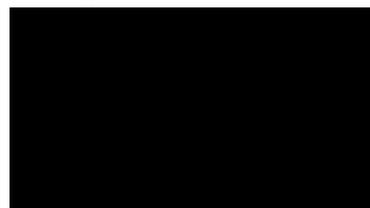
### Conclusion

We appreciate all of the effort going into preparing for winter and the work you are doing with partners on plans and look forward to continuing to work with you.

Yours Sincerely



Tamara Finkelstein  
Director General,  
Community Care  
Department of Health



Jo Farrar  
Director General  
Local Government and Public Services  
Department for Communities and Local  
Government

**CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD**

Date of meeting

25 January, 2017

---

**Child and Adolescent Mental Health Services (CAMHS)  
Transformation Plan**

Responsible Officer: Anne Murray  
Email: [Anne.murray@bedfordshireccg.nhs.uk](mailto:Anne.murray@bedfordshireccg.nhs.uk)

Advising Officer: Karlene Allen  
Email: [Karlene.allen@bedfordshireccg.nhs.uk](mailto:Karlene.allen@bedfordshireccg.nhs.uk)

Public

---

**Purpose of this report**

1. Update on the refreshed Future in Minds Local Transformation Plan (LTP) for Children and Young People's mental health.

**RECOMMENDATIONS**

**The Health and Wellbeing Board is asked to:**

1. review the refreshed local transformation plan (LTP) and agree sign off on the identified priorities. (Appendix A)

**The key priorities identified in the Local transformation plan are:**

- Development of an Eating Disorders community specialist service –Mandatory
- Improvement in access and waiting times to CAMHS through developing crisis and community services – Mandatory
- Embedding Children and Young Peoples IAPT (Improved access to psychological therapies ) – Mandatory
- Development of an all age Early intervention in Psychosis service –Mandatory
- Development of Perinatal Mental Health services
- Development of Early Intervention and schools support
- Development of pathways for Vulnerable groups ie Autistic spectrum disorder /challenging behaviour / complex care, LAC, Children in the criminal justice system.

**Future in mind (2015) – promoting, protecting and improving our children and young people’s mental health and wellbeing’, the report of the government’s Children and Young People’s Mental Health Taskforce.**

2. It provides a broad set of recommendations that, if implemented, would facilitate greater access and standards for CAMHS services, promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.
3. Below are some of the key recommendations from the report:-

**Schools**

- providing a named CAMHS contact in all schools
- involving schools in the local plans devised by Health and Wellbeing Boards
- alternative treatment venues should be made available, in particular for children from vulnerable and hard to reach backgrounds
- promotion of whole-school approach to fostering resilience within schools.

**Commissioning**

- increase co-commissioning for community and in-patient care with a view to moving away from the current 4 tier model
- local lead accountable commissioning body with single separate identifiable budget for children and young people’s mental health
- design and implement a local plan for children and young people’s mental health in each commissioning area with inputs from all agencies, children and young people and their parents
- increased commissioning of home treatment and other flexible services.

**Early Years**

- every birthing unit to have a specialist perinatal mental health clinician by 2017

- increased investment in early years health services and ensuring parents have access to evidence based interventions and support to strengthen attachment and avoid trauma
- local authorities to invest in funding for early support initiatives and invest strategically in mental health services from 0-5 from Oct 2015
- health visitors should receive updated training in mental health.

### **Children and young people from vulnerable backgrounds**

- consider removal of the arbitrary age cut-off especially for Looked After Children and children and young people from vulnerable backgrounds
- need for bespoke care pathways using evidence based interventions for children from minority and vulnerable backgrounds
- alternative treatment venues should be made available, in particular for children from vulnerable and hard to reach backgrounds
- shared assessment, case management and regular multi-agency case review processes for these young people
- designated professionals to liaise with agencies and ensure that services are targeted and delivered in an integrated way for children and young people from vulnerable backgrounds.

### **Improved access**

- developing a nationally branded web based portal for children and young people, parents and teachers to access information and support
- all GPs should have a named CAMHS contact
- improve accessibility by practically applying the Department of Health "You're Welcome" quality criteria for young people friendly health services
- potentially extend CAMHS services to young people up to 25 years of age
- increase in number of one-stop shops with single point of access systems based in the community
- greater access to personal budgets for children and young people and their families

- development of peer-support schemes with professional support.

### **Data and standards**

- the production of the CAMHS dataset which would collate key indicators, patient experience and patient outcomes would be a key priority at a national and local level.

### **Financial and Risk Implications**

#### **Allocated funding**

4. 2015/16 CAMHS LTP funding allocation £795k + Schools pilot £50 K  
2016/17 CAMHS LTP funding allocation £925k +Eating Disorders £227k recurrent until 2020.
5. In addition: £194k split in two parts with the first tranche being available in October 2016 and the second tranche available in February 2017 subject to waiting time's improvement and reduction in waiting lists.
6. Risk -If the Future in Minds Local Transformation plan is not approved by the Health and Wellbeing board there is a risk that further funding will not be released from NHS England to complete the identified changes required to improve outcomes for the mental health and emotional wellbeing for Children and Young people in Bedfordshire.

### **Governance and Delivery Implications**

7. A Monthly Future in Minds steering group has been established with representation from Bedford Borough Council, Central Bedfordshire Council, Luton Borough Council, Bedfordshire Clinical Commissioning group, Parent / Carer forum (SNAP), East London Foundation Trust and CHUMS.
8. The steering group reports to the executive board in BCCG / LCCG and the three Health and wellbeing Boards across Bedfordshire and Luton.
9. The Future in Minds steering group develops and monitors progress against the multi-agency action plan attached to the Local Transformation Plan. See Appendix A.

### **Equalities Implications**

10. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees.

It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

11. The following organisations have been consulted in preparing the local transformation plans:

- Bedford Borough Council (BBC)
- Bedfordshire Clinical Commissioning Group (BCCG)
- East of England Strategic Clinical Network
- Specialist Commissioning – NHS England
- Public Health (BBC/ CBC/ LBC)
- Central Bedfordshire Council (CBC)
- Luton Borough Council (LBC)
- Luton Clinical Commissioning group (LCCG)
- Education sector
- Criminal Justice Sector
- South Essex Partnership trust (SEPT)
- East London Foundation Trust (ELFT)
- Bedford Hospital
- L&D Hospital
- Parent Carer forums
- Children and Young People
- Voluntary Sector

### **Implications for Work Programme**

12. Future reports updating on progress against the LTP action plan to be shared with the Health and Wellbeing Board.
13. This work has been completed in parallel with the work programme related to Emotional health and wellbeing to ensure that they are aligned. Update presented to Children's Trust board on the 5<sup>th</sup> December attached Appendix B.

### **Conclusion and next Steps**

14. Bedfordshire and Luton, in partnership with local stakeholder organisations, are reviewing their current CAMHS strategies to align the requirements of Future in Mind, 2015 and the Five Year Forward View for Mental Health. This requires us to promote, protect and improve our children and young people's mental health and wellbeing whilst driving the transformation of local services and support that is available.

15. It is a national requirement that we develop a local transformation plan identifying how the additional investment from NHSE is being allocated to improve parity of esteem for Children and Young People in Bedfordshire.
16. The local transformation plan and evolving action plan is scrutinised by NHSE on a quarterly basis to ensure the five year funding is being used to build capacity and resilience across the system to improve measurable outcomes for Children and Young people's mental health and emotional wellbeing.
17. This plan provides a vision for Bedfordshire and Luton that recognises the importance we place on supporting and equipping children, young people their parents and families, to recognise their mental health and wellbeing needs, access appropriate and timely support at the earliest opportunity to improve mental and emotional wellbeing and reduce the risk of avoidable escalating need.
18. This plan details investment that we have allocated to each priority from the Future in Minds transformation funding allocation for Bedfordshire and Luton. There is a commitment to fully utilise the funding allocated for CYP mental health to develop services locally for CYP and their families to improve health and wellbeing outcomes. Whilst this is a joint plan it is important to recognise that the two areas of Bedfordshire and Luton do have different needs and this is reflected in the weighting of the investment.
19. This is a dynamic plan has been developed in partnership with parent/carers, children and young people and contributed to by all organisation stakeholders working with the local community to promote, improve and support children and young people at risk of/ with emotional wellbeing and mental health needs. As we deliver what we set out in the plan we will take the opportunities of continuing to engage CYP, their families, their carers and professionals working with them to ensure that we stay ahead of any changing needs and wants of those requiring these services in Bedfordshire and Luton. The plan has been agreed through the Bedfordshire and Luton Mental Health and Wellbeing Strategic Transformation Steering Group.
20. Transforming children and young people's mental health, evidencing the impact that this additional funding from which we are redesigning services, recruiting specialist staff, increasing activity has on the lives of service users in Bedfordshire and Luton is central to what we are aiming to achieve.
21. The delivery of extra capacity and capability across Children's and Adolescent mental health services will improve outcomes for CYP in Bedfordshire and Luton.

22. Our plan is to embed the overarching principles of integration that will allow organisations the opportunity to exploit areas of commonality to extend boundaries and develop seamless ways of working that can be aligned with the wider STP footprint which incorporates Milton Keynes.

## Appendices

### Appendix A – Local Transformation Plan

The local transformation plans have been published on line:

<https://www.bedfordshireccg.nhs.uk/page/?id=4559>

<https://www.lutonccg.nhs.uk/page/?id=4046>.

### Appendix B – Emotional Health and Wellbeing update

#### Background Papers

*Key Documents:*

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

<https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/02/tech-cyped-eip.pdf>

<https://www.england.nhs.uk/mentalhealth/cyp/iapt/>

<http://everyonesbusiness.org.uk/wp-content/uploads/2014/06/Joint-Commissioning-Panel-perinatal-mental-health-services.pdf>

<http://everyonesbusiness.org.uk/wp-content/uploads/2014/06/Joint-Commissioning-Panel-perinatal-mental-health-services.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

This page is intentionally left blank

Bedfordshire (Bedford Borough & Central Bedfordshire) and Luton

Children and Young People's Mental Health and Wellbeing Future in Minds Local Transformation Plan 2015-2020.

Local Transformation Plan Update 2016



Authors

BCCG: Karlene Allen – Head of Children and Maternity Services Redesign

LCCG/ LBC: Kelly O' Neill – Public Health and Children's Joint Commissioning

Version	Date	Comments
Final version 1	October 2015	Signed by HWBB for Bedfordshire and Luton
V5	December 2015	Added to website
Draft V6 refresh 2016	Submitted 7 <sup>th</sup> October 2016 to NHSE	For final submission 31 <sup>st</sup> October
Draft V7	20.10.16	LCCG updates
Draft V7.1	20.10.16	BCCG updates
Draft V8	26.10.16	Circulated to stakeholders and service users
Final refresh	07.12.2016 25.01.2017 January 2017 (TBC)	HWBB Bedford Borough HWBB Central Bedfordshire HWBB Luton
Final refresh	9 <sup>th</sup> November	Uploaded to website <a href="https://www.bedfordshireccg.nhs.uk/home/">https://www.bedfordshireccg.nhs.uk/home/</a> <a href="https://www.lutonccg.nhs.uk/page/?id=4046">https://www.lutonccg.nhs.uk/page/?id=4046.</a>

**Contents Page**

1. Introduction
2. Vision
3. Definition of Tier systems
4. Governance
5. Local need
  - 5.1. Population data
  - 5.2 Prevalence data
  - 5.3 JSNA
  - 5.4 Gaps in provision
  - 5.5 Health Inequalities
  - 5.6 Eating disorders
  - 5.7 Perinatal
  - 5.8 Crisis
  - 5.9 EI
  - 5.10 Vulnerable groups
    - 5.10.1 Youth Offending
    - 5.10.2 Neurodevelopmental
    - 5.10.3 LAC
6. Communications and Engagement
  - 6.1 Children, young people, families and carers.
  - 6.2 Key stakeholders
7. Current Situation (2016)
  - 7.1 CAMHS Model (Tier 2/3)

7.2 Early Intervention (Tier 1)

8. Proposals for change /LTP ambition

- ED service
- Perinatal services
- Crisis services
- Early intervention services
- Vulnerable Groups ie neurodevelopmental , LAC , YOS
- EIP services
- CYP IAPT roll out

9. Outcomes and Key Performance Indicator's (KPI's)

Delivery plans Year 1 (October 2015- March 2016)

Delivery plans Year 2 (April 2016-March 2017)

Delivery plans Years 3-5 (April 2017 – April 2020)

10. Next steps

10.1 Collaborative commissioning

10.2 Workforce development plan

10.3 Data collection

Appendix 1

Future in Minds Local Transformation plan – Action plan

Appendix 2

Risk register ( To be added)

**Bedfordshire and Luton Children and Young People’s (CYP) Mental Health and Wellbeing Local Transformation Plan 2015-2020**

**1. Introduction**

- 1.1. This plan outlines the strategic priorities for promoting and improving the emotional wellbeing and mental health for children and young people (C&YP) in Bedfordshire and Luton.
- 1.2. This plan details investment that we have allocated to each priority from the Future in Minds transformation funding allocation for Bedfordshire and Luton. There is a commitment to fully utilise the funding allocated for CYP mental health to develop services locally for CYP and their families to improve health and wellbeing outcomes. Whilst this is a joint plan it is important to recognise that the two areas of Bedfordshire and Luton do have different needs and this is reflected in the weighting of the investment.
- 1.3. This plan provides a vision for Bedfordshire and Luton that recognises the importance we place on supporting and equipping children, young people their parents and families, to recognise their mental health and wellbeing needs, access appropriate and timely support at the earliest opportunity to improve mental and emotional wellbeing and reduce the risk of avoidable escalating need.
- 1.4. This is a dynamic plan has been developed in partnership with parent/carers, children and young people and contributed to by all organisation stakeholders working with the local community to promote, improve and support children and young people at risk of/ with emotional wellbeing and mental health needs. As we deliver what we set out in the plan we will take the opportunities of continuing to engage CYP, their families, their carers and professionals working with them to ensure that we stay ahead of any changing needs and wants of those requiring these services in Bedfordshire and Luton. The plan has been agreed through the Bedfordshire and Luton Mental Health and Wellbeing Strategic Transformation Steering Group.
- 1.5. Transforming children and young people’s mental health, evidencing the impact that this additional funding from which we are redesigning services, recruiting specialist staff, increasing activity has on the lives of service users in Bedfordshire and Luton is central to what we are aiming to achieve.

- 1.6. This plan is published online and available to stakeholders, community groups, families and individuals.

## **2. Vision**

- 2.1. Building strong resilience, emotional wellbeing and good mental health of children and young people is a priority across Bedfordshire and Luton. All children and young people should be entitled to access appropriate support including opportunities to develop knowledge, understanding and the skills necessary to have good self-esteem, develop personal resilience and build positive relationships.
- 2.2. Bedfordshire and Luton, in partnership with local stakeholder organisations, are reviewing their current CAMHS strategies to align the requirements of Future in Mind, 2015 and the Five Year Forward View for Mental Health. This requires us to promote, protect and improve our children and young people's mental health and wellbeing whilst driving the transformation of local services and support that is available. The revised evidence based strategies will provide assurance that the transformation will deliver clear and co-ordinated whole system pathways.
- 2.3. The delivery of extra capacity and capability across Children's and Adolescent mental health services will improve outcomes for CYP in Bedfordshire and Luton.
- 2.4. Our plan is to embed the overarching principles of integration that will allow organisations the opportunity to exploit areas of commonality to extend boundaries and develop seamless ways of working that can be aligned with the wider STP footprint which incorporates Milton Keynes.

## **3. Definition of Current Tiers( 1-4 ) system in mental health**

Children and young people who are experiencing difficulties that could be related to their mental health are usually first identified within Tier 1 services, for example by a teacher, GP, health visitor or school nurse. Similarly, parents/carers who identify that their child is experiencing difficulties will usually initially seek help from services at that level. Children and young people with an identified need may be subsequently referred into specialist CAMH services (falling within Tiers 2–4) for assessment and intervention if necessary.

The following describes in more detail the services provided at each tier of CAMH service operation.

### **Tier 1**

Child and adolescent mental health services at Tier 1 are provided by practitioners working in universal services who are not mental health specialists but do have an understanding of mental health. This includes:

- GPs
- health visitors
- school nurses
- teachers
- social workers, and
- youth justice workers
- Voluntary agencies.

Tier 1 practitioners are able to offer general advice and treatment for less severe problems. They contribute towards mental health promotion, are trained to identify problems early in the child or young person's development and refer to more specialist services.

### **Tier 2**

Mental health practitioners at Tier 2 level include CAMH specialists working in teams in community and primary care settings and Practitioners in the third sector agencies. They can include, for example:

- Mental health professionals employed to deliver primary mental health work, and
- Psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services.

Tier 2 practitioners offer consultation to families and other practitioners. They identify severe or complex needs requiring more specialist intervention, assessment (which may or may not lead to treatment at a different tier), and training to practitioners at Tier 1 level.

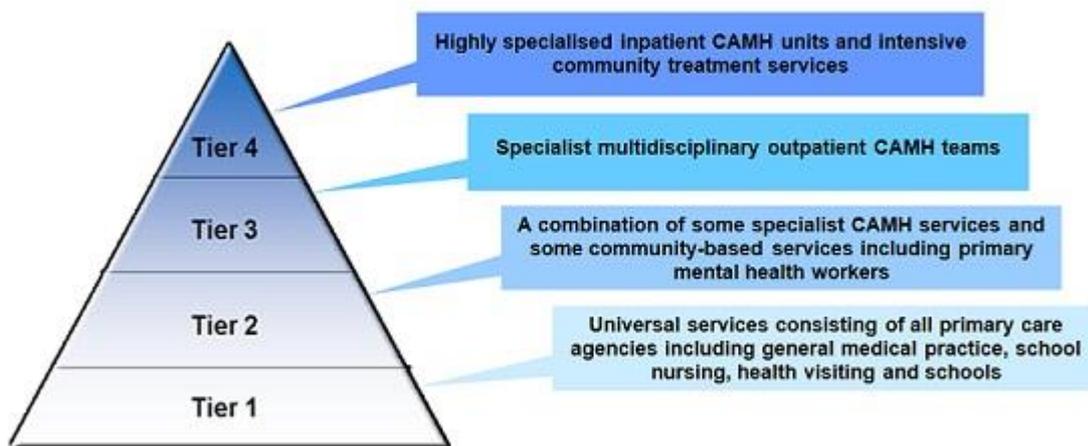
### **Tier 3**

Tier 3 services are usually multidisciplinary teams or services working in a community mental health setting or a child and adolescent psychiatry outpatient service. They provide a service for children and young people with more severe, complex and persistent disorders. Team members are likely to include:

- Child and adolescent psychiatrists
- Social workers
- Clinical psychologists
- Community psychiatric nurses
- Child psychotherapists

### **Tier 4**

Tier 4 covers essential tertiary level services such as intensive community treatment services, day units and inpatient units. These are generally services provided for the small number of children and young people who are assessed to be at greatest risk (of rapidly declining mental health or serious self-harm) and could require a period of intensive input for the purpose of assessment and/or treatment. A consultant child and adolescent psychiatrist or clinical psychologist is likely to have the clinical responsibility for overseeing the assessment, treatment and care for each Tier 4 patient.



#### **4. Governance**

A formal steering group with membership including strategic and operational leads, commissioners, public health, local authorities, service providers and service users has been created to oversee the development, implementation and evaluation of impact of this plan.

The multi-disciplinary, multiagency stakeholders involved provide a forum through which we have started to develop a more comprehensive evidence base for a needs assessment so that we have a shared understanding of who to target, how to engage them and what services they are most likely to access and benefit from and are best placed with service users involvement to plan the services based on what professionals and services users say they want and need. The group has overseen the early stage implementation and as the service starts to mature are able to use developing service activity and outcome data to influence any changes required. Additional specialist support has been sourced to measure the outcomes and impact that are being delivered to provide the basis for sustaining and continually developing the service into maturity with staff who are confident and competent to deliver the services required.

Reporting to the Transformation Steering Group are a number of task and finish working groups to support operational delivery.

The Steering Group reports to Luton and Bedfordshire CCG, Luton Children's Trust, Bedfordshire Children's and Families Commissioning Board, joint Commissioning Groups in both Bedford Borough and Central Beds and both Luton and Bedfordshire Health and Wellbeing Boards.

This plan has been signed off by the Health and Wellbeing Boards (HWBB) for Bedfordshire and Luton and updates are being presented 6 monthly to the HWBB and Children's Trust boards in all organisations.

A driver for our local focus on emotional health and wellbeing services came from the development of Luton CCGs 'Emotional Health and Wellbeing Strategy for children and young people 2014-2016', Bedford Borough 'Early Help Strategy' and Health and Wellbeing priorities in Central Bedfordshire and Bedford Borough and the current CAMHS Strategies. These multi-organisational strategies outline our priorities and have formed the basis for this joint transformation plan.

#### **4.1 Luton CCG approach**

To ensure services are commissioned in a cohesive and coordinated way, a Joint Commissioning Group was set up in Luton between the CCG and Luton Borough Council (LBC) under which there is a joint integrated children's commissioning team. This approach is to ensure a shared commissioning function which enables a more integrated approach to commissioning services for children, young people and their families. This department has recently been restructured and led by the LBC Public Health and Commissioning department, reporting to the Director of Public Health and Commissioning and the CCG Director of Quality who is the lead CCG director for children services. This means that there is a greater focus on need assessment, whole system planning and investment with clear commissioning cycles and intentions. A Section 75 Agreement between the two commissioning organisations formalises this agreement.

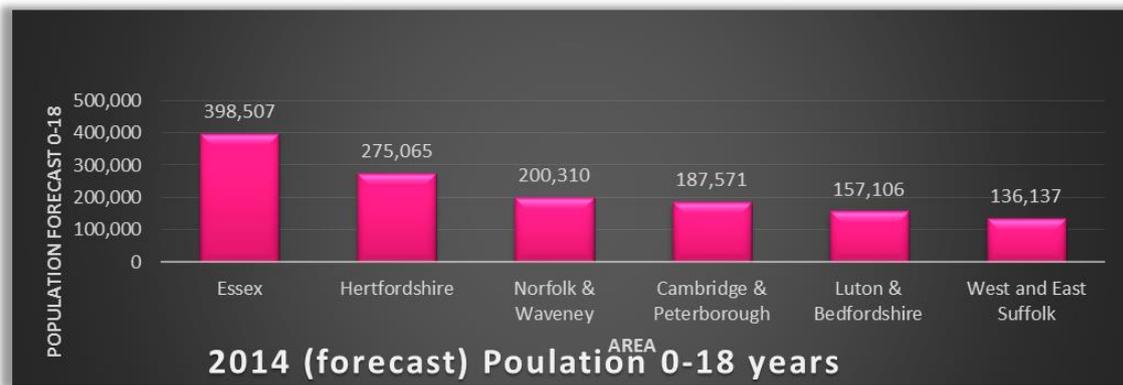
#### **4.2 Joint services BCCG/LCCG approach**

Within the Bedfordshire and Luton joint commissioning arrangements each CCG will remain accountable for meeting their own statutory duties in relation to quality, financial resources, equality, health inequalities and public participation. To ensure effective decision making arrangements are established a robust joint governance framework has been developed. The framework will require all contributory organisations to work collaboratively to reach and act on decisions.

### **5. Local Need**

## 5.1 Population

The following population forecast (taken from Sub National Population Projections for England) has been calculated to reflect the Community CAMHS Provider organisations population areas and is used to show the different size of 0-18 year old population being served by each area.



### 5.1.1 Central Bedfordshire and Bedford Borough population

Bedfordshire (consisting of Bedford Borough Council and Central Bedfordshire Council) have growing child populations. Need assessments and reviews of service provision have been undertaken in 2013/14 by each local authority public health team of Tier 1 and Tier 2 Child and adolescent mental health and wellbeing services.

The data found that:

- 8580 young people will have experienced mental health problems appropriate to a Tier 1 response from CAMHS,
- 4,005 young people will have experienced mental health problems appropriate to a Tier 2 response from CAMHS in Central Bedfordshire (2012)
- An estimated 5420 young people will have experienced mental health problems at tier 2 level in Bedford Borough.

The population of these two areas based on 2014 data is:

- Bedford Borough Council (BBC) = 41,300 (25.2% of population) – increasing to 42,347 in 2016 (25.1% of population)

Central Bedfordshire Council (CBC) = 64,200 (23.9% of population) increasing to 65,439 (23.6% of population)

•

(From PHE Child Health Profile 2016)

The total Registered Population (BCCG) is 468,095 (as of July 2016)

The resident populations for each area are:

- Central Beds projection (2016): 277,271
- Bedford Borough projection (2016): 168,303
- Total projection for: 445,574

### 5.1.2 Luton population

Similar to the rest of Bedfordshire, Luton also has a growing child population. In 2015 there were estimated to be 60,238 children and young people under the age of 19 living in Luton; this number is expected to rise by 1% in 2016, and a further 7%, by 2021.

The Children’s and Young People’s Mental Health and Wellbeing Profile (2014 data) identified that of the 23 risk variables compared to the England average Luton is:

- Significantly higher in 10 risk areas
- There is no significant difference in 8 risk areas
- Significantly lower in 1 area (relationship break-up)
- The area associated with homelessness has no local value, however for Luton homelessness of families is the highest priority for the council.

### 5.2 Prevalence data

#### 5.2.2 Estimated prevalence of mental health disorders in Bedfordshire

Based on CAMHS Needs Assessment -

<http://atlas.chimat.org.uk/IAS/profiles/needsassessments>

Can be broken down by sex, age group and disorder but totals are as follows

Estimated number of children with mental health disorders aged 5-16 years (2014)	
Bedford Borough	2220
Central Bedfordshire	3225
BCCG	5655

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).

Estimated number of children / young people who may experience mental health problems appropriate to a response from CAMHS

	<b>Tier 1 (2014)</b>	<b>Tier 2 (2014)</b>	<b>Tier 3 (2014)</b>	<b>Tier 4 (2014)</b>
<b>NHS Bedfordshire</b>	14,885	6,945	1,840	75

This modelled prevalence of mental health and emotional wellbeing need is greater than the capacity available within current services. This was identified as an issue in two reviews of CAMHS Services in Bedford Borough and Central Bedfordshire undertaken in 2013 (CAMHS Tiers 1 and 2) and 2014 (CAMHS Tier 3). The recommendations from these reviews were for improvements to the CAMHS service to improve access, raise awareness of Tier 1 and 2 support (including School Nursing) and reduced waiting times.

### 5.2.3 Estimated prevalence of mental health disorders in Luton

The prevalence of mental health and wellbeing need for Luton is demonstrated below.

	Period	Local value	Eng. value	Eng. lowest	Range
Estimated prevalence of any mental health disorder: % population aged 5-16	2014	9.8 <sup>A</sup>	9.3	7.1	
Estimated prevalence of emotional disorders: % population aged 5-16	2014	3.7 <sup>A</sup>	3.6	2.8	
Estimated prevalence of conduct disorders: % population aged 5-16	2014	6.1 <sup>A</sup>	5.6	4.0	
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2014	1.7 <sup>A</sup>	1.5	1.1	
Prevalence of potential eating disorders among young people: Estimated number of 16 - 24 year olds	2013	3460 <sup>A</sup>	-	502	
Prevalence of ADHD among young people: Estimated number of 16 - 24 year olds	2013	3670 <sup>A</sup>	-	570	
Children who require Tier 3 CAMHS: estimated number of children	2012	980	-	145	
Children who require Tier 4 CAMHS: estimated number of children	2012	40	-	245	

Based on 2014 data the rates per 100,000 children in Luton were:

- Higher for child admissions for mental health – 95 per 100,000 – compared to England (87.4)
- Lower for self harm among young people aged 10-24 (Luton 211.4; England 352.3)
- Lower for under 18 alcohol admissions (Luton 23.6 – England 42.7)
- Lower admissions for substance misuse ages 15-24 (Luton 56.3 – England 88.8)
- Lower for admissions for unintentional and deliberate injuries.

### 5.3 Joint Strategic Needs Assessment

The JSNA and Annual reports of the Directors of Public Health in each of the three local authority areas have provided a summary of local need.

These reports include recommendations that reflect the unmet mental health and wellbeing need for children young people in Bedfordshire and Luton. Based on local data the priority areas that we identified need address were:

- Developing a service to manage children and young people with eating disorders across Bedfordshire and Luton,
- Providing excellent maternal health services with mental health support
- Helping children and young people become more resilient through the provision of appropriate early intervention provision
- Providing services that effectively respond to young people presenting in crisis.

These recommendations taken together with the outcome data from the Bedford and Luton self-assessment tracker and Emotional Health and Wellbeing Strategy formed the basis of discussions at two 'whole system' stakeholder events, during which current pathways were reviewed, risks and challenges identified and new integrated care pathways were proposed, through which we can address the gap in service provision locally.

This information has informed the development of our transformational plan; the prioritising of the development of a new systems model and integrated pathways for Early Intervention/Prevention; Eating Disorders; Perinatal Mental Health and the need to embed the principles of C&YP IAPT across all services. We have jointly developed services for eating disorders and crisis management that commenced in April 2016.

[http://www.bedford.gov.uk/health\\_and\\_social\\_care/bedford\\_borough\\_jsna/developing\\_well/young\\_people\\_mental\\_health.aspx](http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna/developing_well/young_people_mental_health.aspx)

[https://www.jsna.centralbedfordshire.gov.uk/jsna/info/4/developing\\_well/54/child\\_and\\_adolescent\\_mental\\_health](https://www.jsna.centralbedfordshire.gov.uk/jsna/info/4/developing_well/54/child_and_adolescent_mental_health)

[http://www.luton.gov.uk/Community\\_and\\_living/Lists/LutonDocuments/PDF/JSNA/7.1%20Mental%20and%20emotional%20health%20and%20wellbeing.pdf](http://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/JSNA/7.1%20Mental%20and%20emotional%20health%20and%20wellbeing.pdf)

#### 5.4 Gaps in provision

The review we carried out also identified the following gaps in service provision:

- **Awareness of services** – There was a lack of clarity about current services available locally and a need was identified for a directory of services to be available, which could be used for the development of a pathway for child and adolescent mental health in the longer term
- **CAMHS service and outcomes information** – Outcomes and activity data reported by providers of Tier 1 and 2 services often did not include outcomes data as part of routine monitoring of information or break down data by local authority area. A need for a consistent way of reporting information and outcomes of services was identified
- **Increased early prevention/Tier 1 work** – was identified as an area that could be further strengthened
- **Family based mental health and wellbeing support** – were identified as an area that could be expanded (rather than child only services)
- **Pathway for children with autism** – was identified as an area that needs to be strengthened.

- **Continuity of Care** – between children’s and adults mental health services was identified as an area of weakness as eligibility criteria differ between these services, which can interrupt service provision
- **Communication between Service Providers** – some areas were identified where service providers could better share information

CAMH services in Luton and Bedfordshire are challenged by similar long-term issues that have been identified nationally. Some of the issues include:

- Increasing demand for services which cannot be managed effectively within the current resources and working practices.
- A lack of focus on resilience and wellbeing throughout the network of services for children and young people.
- A lack of awareness among professionals of what services are available locally.
- A lack of integration and clarity on how treatment pathways are structured.
- Gaps in local provision arising from the tiered structure of services.
- Difficulty accessing tier 4 beds.
- Rigid criteria for access to some mental health services.

## 5.5 Health Inequalities in children and young people in Bedfordshire and Luton

Overall, Bedfordshire and Luton children and young people have generally better to mixed levels of wellbeing than the England average; although there are parts of the county where children and young people experience worse outcomes.

There is a direct correlation between the deprivation of an area and mental health and wellbeing need. This is set out in the annual reports of the Directors of Public Health in the three local authorities. Of the 152 local authorities (rank of 1 being the most deprived) the deprivation of each area is:

- Bedford Borough is ranked 96 and 1 in 6 children live in poverty
- Central Bedfordshire is ranked 138; 1 in 8 children live in poverty
- Luton is ranked 47 with 1 in 4 children living in poverty

Therefore if we are to effectively address mental wellbeing we must continue to address inequalities in the health and social conditions that impact children and young people.

## 5.6 Eating Disorders

Eating disorders are estimated to affect more than 1.1 million people in the UK.

They are more common amongst girls who account for more than 90% cases with the peak of the disorder occurring at age 18. Although it is rare in pre-pubescent children there has been documented cases affecting children as young as 7 years.

**Bedfordshire:**

**Bedfordshire**

<b>National and estimated local prevalence of eating disorders in young people Eating Disorder</b>	<b>National prevalence in 2004</b>	<b>Estimated local number* for Central Bedfordshire</b>
--	------------------------------------	---

<b>5-10 yrs old</b>	0.3%	55
<b>11-16 yrs old</b>	0.4%	74
<b>5-16 yrs old</b>	0.3%	110

Unlike other mental health issues, eating disorders are not thought to be associated with social deprivation and evidence suggests there may be higher rates in children attending private girls' school with an estimated prevalence of 1% in contrast to 0-0.2% in state schools.

In January 2014 the Health and Social Care Information Centre (HSCIC) showed an 8% rise in the number of admissions to hospital for an eating disorder nationally. Men and boys account for an estimated 5% to 10% of patients with anorexia or bulimia and an estimated 35% of those diagnosed with binge eating.

There are nine times as many females (91 per cent or 2,320) as males (9 per cent or 240) admitted to hospital for an eating disorder and this is similar to previous years (90 per cent and 10 per cent respectively). (HSCIC)

**Luton:**

Caraline, a third sector organisation provides a community service in Luton for children and young people affected by eating disorders. The service offers an outreach programme that targets higher risk service users to prevent admission/re-admission to out of area eating disorder units. These units are not only costly, an average costing £100,000 per patient per stay, they are also located a distance from the young person's family and can lead to lengthy periods away from important family support.

While it is usually more effective and appropriate to treat an individual with an eating disorder in the community, the nature and risk of the illness inevitably can lead to some patients needing admission to a hospital or specialist unit as a result of their medical need and requiring specialised intervention.

**5.7 Perinatal Mental Health Needs**

Perinatal mental illness (including depression, anxiety and postnatal psychotic disorders) affects approximately 1 in 10 women.

The annual births in the three local authorities areas and the estimated prevalence of each type of disorder is as follows:

Rates of perinatal psychiatric disorder per thousand maternities	Estimated number of women affected in Bedford Borough	Estimated number of women affected in Central Bedfordshire	Estimate number of women affected in Luton
Postpartum psychosis 2/1000	<5	< 10 (n=6)	7
Chronic serious mental illness 2/1000	<5	<10 (n=6)	7
Severe depressive illness 30/1000	60	100	105
Mild-moderate depressive illness and anxiety states 100-150/1000	200-300	330-500	350-525
Post-traumatic stress disorder 30/1000	60	100	105
Adjustment disorders and distress 150-300/1000	300-600	500-1000	525-1050

The table below shows 2014 births in each area (according to ONS) and predicted number of women affected by the various MH conditions, in line with RCPsych expected prevalence. Where RCPsych gives a range of values e.g. 10-15%, the mid-point of the range is used:

	Rate	Bedford	Central Beds	Luton	Total
<b>Live Births 2014</b>		2150	3246	3481	<b>8877</b>
Adjustment disorders and distress	22.5%	484	731	784	<b>1999</b>
Mild to Moderate Depression	12.5%	269	406	436	<b>1111</b>
Severe Depression	3.0%	65	98	105	<b>268</b>
Post-Traumatic Stress Disorder	3.0%	65	98	105	<b>268</b>

Chronic Serious Mental Illness	0.2%	5	7	7	19
Post-partum Psychosis	0.2%	5	7	7	19

A common theme across all the JSNAs' and Early Help Strategies of all three unitaries is the importance of promoting maternal health and wellbeing and preventing mental ill-health by:

- Identifying at the earliest opportunity women with poor mental health through antenatal and postnatal maternal mood assessments.
- Ensuring that the antenatal and postnatal care pathways for maternal mental health are effectively implemented women have access to high quality and timely support for mental health illness
- Recognising The importance of evidence based parenting support programmes to help parents care for their children to minimise the impact of parental mental health on the child's development is recognised and being developed through the Bedford Borough Early Help Strategy (2014), Central Bedfordshire Early Help for All strategic document (2014) and Luton's Early Years Flying Start Strategy 2014-24.
- There is recognition that women who give birth to a baby with complex health needs may need to be routinely linked into the postnatal pathways for Perinatal Mental Health to help support mothers to adjust to the complex needs of their baby.

## 5.8 Crisis Services

### 5.8.1 Responding to the needs of young people who present in crisis

Our gap analysis of service provision for Tier 3 services across the three boroughs has shown that the current prevalence of mental health and emotional wellbeing need in children and young people is greater than the capacity available within the current services; there is therefore unmet need.

Between 2012/13 and 2013/14, the rate of children and young people admitted to hospital for self-harm in Luton and Bedfordshire has increased in all three local authority areas. This is a national trend reported in an article presented by Young Minds (December 2014) which highlighted from the Health and Social Care Information Centre (HSCIC) statistics for 2013/14 that the number of children admitted to hospital for self-harm was at the highest it has been in 5 years.

HSCIC confirmed that the number of girls admitted, aged 10-14, increased by nearly 93% from 3090 in 2009/10 to 5953 in 2013/14. The number of boys admitted rose 45% from 454 to 659 in the same period.

#### Self Harm:

Young Minds (2013) identified self-harm as the number one issue that young people are concerned about amongst their peers in a list including gangs, bullying, drug use and binge

drinking. It is also the one issue that all groups (young people, parents and professionals) feel least comfortable about addressing.. National figures show that:

- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.

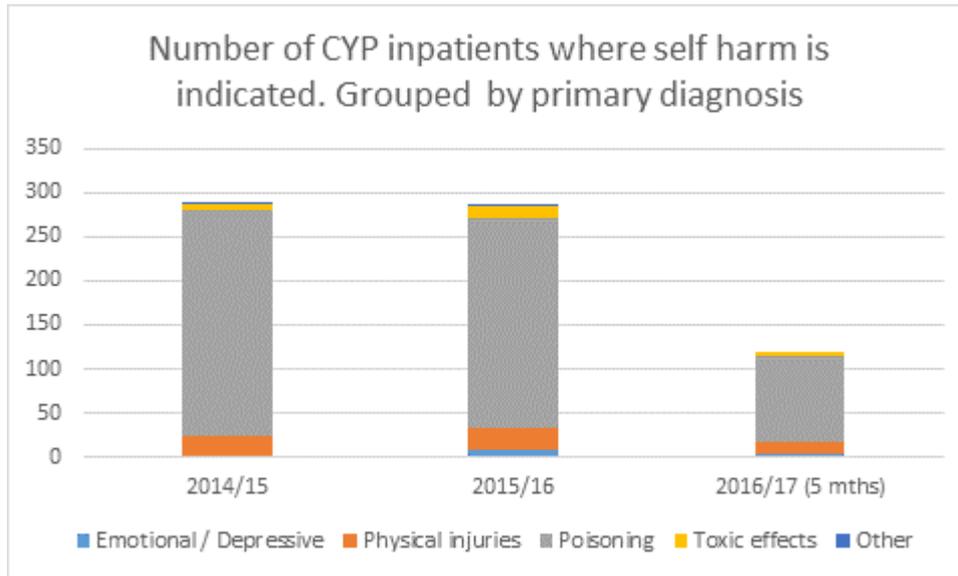
Local data measures the number of hospital admissions as a result of self-harm in Bedford Borough and shows that Bedford Borough has a rate that is similar to the national average, however actual numbers show a 50% decrease between 2010/11 and 2011/12. However hospital admissions would only represent a small proportion of numbers of children self-harming with most acts of self-harm in young people never coming to the attention of care services. A report into unintentional and deliberate injuries undertaken by Public Health (NHS Bedfordshire 2012) found self-harm was the leading cause of emergency hospital admissions in the 15-17 year old age group. In line with national trends significantly more girls were admitted for self-harm than boys.

Higher prevalence of self-harm behaviour is found in more socially deprived areas. Therefore it is expected that there would be more self-harm behaviour in the wards with more social deprivation. Hospital admissions for self-harm:

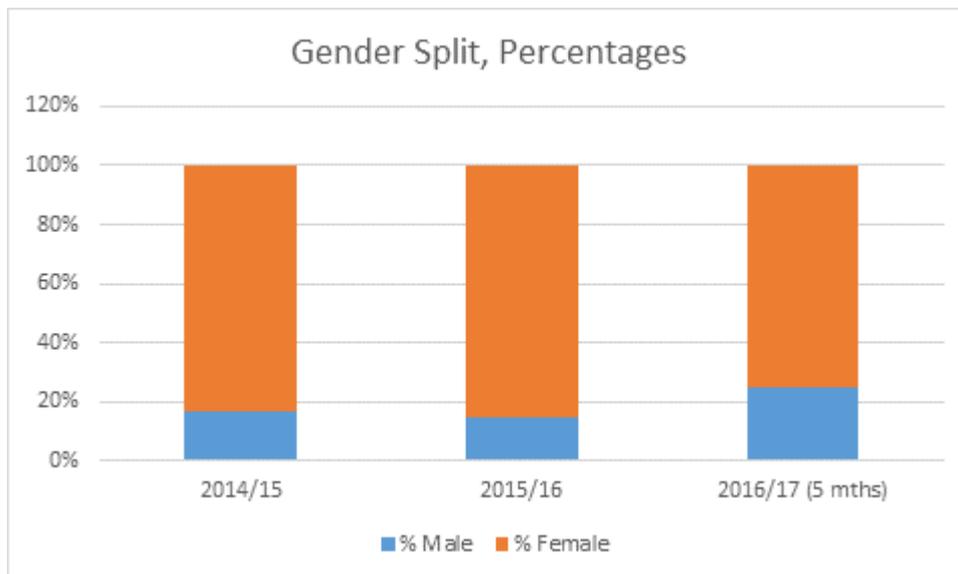
	Local no. per year	Crude rate per 100,000	England Average
2010/11	66	185.2	158.8
2011/12	33	92.0	115.5

For Luton the most recent data shows that hospital admissions for young people aged 10-24 per 100,000 was 211.4 (2010/11 – 12/13) higher than the Bedfordshire areas but lower than the England average (352.3).

The following two graphs identify inpatient admissions for self-harm in Bedford hospital and the Luton and Dunstable Hospital, the acute trusts which serve Bedfordshire and Luton.



This graph shows that the vast majority of inpatients are for poisoning, small number for physical injuries, and a couple for toxic effects. The 16/17 data is for 5 months, but if projected comes out exactly the same as 2014/15 and 15/16. So no overall increase or decrease in self-harm related inpatient admissions (annual average around 290 cases)



Gender splits, percentages instead of absolute numbers showing that the % of boys has increased in 2016/17.

## 5.9 Early Intervention

### **Help Children Become More Resilient through the provision of Early Intervention Services**

Getting a good start in life, building emotional resilience and getting maximum benefit from education are the most important markers for good health and wellbeing throughout life. Significant brain cell development takes place by age three and how we care for infant's shapes their lives. Therefore enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive adulthood and to achieve that we need prevention and early intervention services available to reduce the risk of avoidable escalation of psychological health need and responsive services that can respond to children and young people in crisis.

As part of our plans we therefore want to *support all children to realise their full potential through the coordination of effective early years support.*

The Director of Public Health Reports for Bedford Borough and Central Bedfordshire included recommendations to help children become more resilient including:

- 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 within a given locality
- Ensure practitioners have the knowledge, understanding and skills they need to develop young people's social and emotional wellbeing
- Provide a curriculum that promotes positive behaviour and successful relationships and helps reduce disruptive behaviour and bullying.
- Helping children and young people become more resilient through the provision of appropriate early intervention provision

Local early intervention services do focus on emotional resilience, however it is known that there are limited alternative services to signpost service users to, to access the most appropriate support. The lack of local resource impacts on the ability to respond to needs early and effectively, resulting in the risk of their mental health deteriorating further.

The transformation plans will build upon already existing work that is being delivered by the Early Help strategies across three local authorities.

The second, and often the forgotten surge of significant brain development occurs during the teenage years, these two periods of development are important times to maintain and promote health and wellbeing.

It is recognised that young people want to access their CAMHS worker at their schools. There is also evidence that low level interventions and advice can be successfully delivered by school staff when supported by CAMHS worker. Therefore, our plans will include working with

schools as partners to build on existing pathways and develop good strong and effective relationships with CAMHS to support timely and appropriate referrals to services.

## **5.10 Vulnerable groups**

### **5.10.1 Youth offending**

#### **Children and Young People known to the Criminal Justice System:**

This vulnerable group primarily works with the Youth Offending Service. Bedfordshire has two services; Luton and Bedfordshire services (a shared service covering Bedford Borough and Central Bedfordshire).

As defined by legislation (1998 Crime and Disorder Act) these are multi-agency Services which are made up of staff from the relevant statutory partners (Police; Probation; Social Care; Education and Health). The governance of the YOS is through the two respective Chief Officer's Management Boards with senior officers from each of the statutory partners.

#### **The National Picture:**

More than 6,000 young people under the age of 18 pass through the criminal justice system each year and at any one time there are approximately 1,800 in custody. The issue of unmet mental health support provision for those young people entering the criminal system has been well researched and recorded. The outcomes are that despite a significant number of policy initiatives designed to improve services for young people with mental health problems at risk of, or engaged in offending behaviour, very little improvements have filtered through to young people who report many of the same problems that were experienced by young people 20 years ago.

Statistics vary however they highlight the alarming disparity of these young people compared to their peers in the general population who are outside of the criminal justice Process. Approximate figures are that:

- 85% of those known to the criminal justice system have personality disorders which is eight times higher than the social norm.
- 60% also have speech or language problems,
- 25% have learning difficulties - a figure which rises to 50% for youngsters in custody.
- Cases of depression, anxiety, psychosis and self-harm are also higher than average.

Mental health is nationally recommended to remain a primary focus within the Youth Justice Process. Specialist mental health workers should always be available, however all staff should have on-going training in mental health issues. Access to mental health services should be ongoing and seamless, in terms of transition between custody and community but also after reaching 18.

**The Local Picture:**

Bedfordshire YOS 2014/15 headline statistics:

- 44% of children and young people who received an intervention had an identified emotional or mental health need
- 16% of the overall number of children and young people who received an intervention had a referral to the YOS Mental Health specialist
- (2015/16) 32% had an identified emotional or mental health needs
- 14% of those on an intervention were referred to a YOS Mental Health specialist.

Luton YOS 2014/15 –

- 33% of children and young people who received an intervention had an identified emotional or mental health need
- 24% of the overall number of children and young people who received an intervention had a referral to the YOS Mental Health specialist
- 2015/16 41% had an identified emotional or mental health needs
- 22% of those on an intervention were referred to the YOS Mental Health specialist.

The national research and policy recommendations, regarding the need for specific services for children and young people known to the Criminal Justice system that are delivered as part of a multi-agency framework and with specific complementary interventions, is acknowledged by partners in Bedfordshire. This is reflected in the provision of specialist staff to YOS and in the operational processes around access to services for this group of children and young people.

It is acknowledged that children known to the criminal justice system are:

- Less likely to access universal services;
- Often present at point of crisis;
- More likely to present issues of co-morbidity;
- Have far higher levels of issues of emotional and mental health than the wider same age population
- Have competing and often complex family, social and environmental issues.

The location of specific workers in Bedfordshire within a multi-agency framework (YOS) meets national recommendations: that issues relating to mental health; substance misuse are picked up as early as possible; that there is consistency of relationships for young people; that there are trained staff with the relevant knowledge and skills to balance delivery regarding health and criminal justice using a multi-modal approach; that there is co-ordination between services specifically about pathways into health and appropriate responses including an aim to demonstrate that there is assertive health care pathway management and to aim to ensure that children, young people and their families understand what health services are available and know where to get advice and information. The YOS response to emotional and mental

health includes the facilitated access to all CAMHS services as well as the Early Intervention Psychosis project.

Both YOS work with children and young people across a range of criminal justice interventions including early intervention and Diversion programmes; Health is a critical aspect at all points:

- There is a pro-active response to children and young people detained in Police custody (County wide Triage approach regarding working jointly with Police and CPS regarding outcomes and decisions)
- Work within Court regarding Bail support packages for those at risk of being remanded into custody
- Work in the community regarding Court and out of court disposals (including prevention and diversion); also for those subject to Bail or Licence programmes
- Work within the Secure Estate : joint work with secure estate for those sentenced or remanded: identification of needs; planning and resettlement

Both YOS are signatories to the Crisis Concordat and are part of relevant strategic partnerships across the county in relation to the delivery of both Criminal Justice and Children's Services.

### **5.10.2 Neurodevelopmental**

Autism spectrum disorders occur in at least 1% of children and are commonly associated with comorbidities. Current services are not able to respond in a timely manner to achieve diagnosis at an earlier age and delayed diagnosis impacts the development of a child and has significant social implications for the family.

Each area has established and ASD steering group in line with NICE guidelines and are at different stages of developing referral and treatment pathways to achieve a more effective service for children.

Locally, referrals are only accepted by CAMHS for possible ASD where there is a suspected moderate to severe mental health disorder such as anxiety or depression.

- BCCG - Between Jan to Oct 2016 there have been 78 new referrals for children aged 10 and above for ASD assessment.
- LCCG - Between 1<sup>st</sup> April 2015 and 29<sup>th</sup> February 2015, the Luton Community Paediatric service accepted 335 referrals for suspected autism from Luton and South Bedfordshire.

Waiting times for an initial appointment within the Community Paediatric Service varies between 14 and 18 weeks; however complex or uncertain cases of suspected autism wait up to 3 years for an autism-specific assessment).

Requests for sensory processing interventions are increasing and currently there is no service available.

### **5.10.3 LAC /leaving care**

The adverse health and wellbeing outcomes for looked after children and care leavers is noted as significant, with an increased risk of mental, behavioural and emotional problems often diagnosed with at least one physical health need. This was taken into account during 2014/15 when procuring the new CAMHS service for both Bedfordshire and Luton. Investment from the three Local Authorities to support tier 2 interventions and improving the LAC service was made as part of the contract.

**Luton:**

Luton has a higher rate per 10,000 children who are looked after compared to the East of England, England and statistical neighbours, 361 as at May 2016.

**Bedford Borough:**

The proportion of children from Bedford Borough who are looked after was 66.7/10,000 in March 2016 the rate has decreased in the last two years but remains higher than the national average. <sup>[1]</sup>

In March 2016 there were 253 looked after children, 140 being placed within Bedford and a further 113 in neighbouring Local Authorities. As of the 23 October 2016, 97 children were placed within Bedford by other placing authorities who would access primary care and education. Following the significant rise in numbers experienced from mid-2011 to mid-2014 numbers have steadied and the 12 month average is starting to indicate a small downward trend. <sup>[2]</sup>

**Central Bedfordshire:**

The proportion of children from Central Bedfordshire who are looked after was 48.2/10,000 in March 2016, which was better than the national average (but higher than the best in the country which was 20/10,000<sup>[3]</sup>) *Do not have the up to date figures*

- March 2016 there were 287 children in care. This number is growing slowly: it grew by 4.4% between March 2015 and March 2016<sup>[4]</sup>. 119 looked after children were placed 'in county' and 168 were placed 'out of county'.

**6. Communication and Engagement**

<sup>[1]</sup> Public Health England Child Health Profiles 2015

<sup>[2]</sup> Bedford Borough Safeguarding Children Board Assurance Report Looked After Children 16.9.15

<sup>[3]</sup> Public Health England Child Health Profiles 2015

<sup>[4]</sup> Central Bedfordshire Council Looked After Children Annual Report July 2015, published by Bedfordshire Clinical Commissioning Group

## 6.1 Children, Young people, their families and carers

### Key demographics:

- Luton is ethnically diverse population with around 55% of the population from black minority ethnic groups and 75% of school pupils from black minority ethnic groups. Half of Luton's children do not speak English as their first language. As part of the organisations core business Luton CCG and Luton Borough Council actively source representation from the ethnic minority groups at all stakeholder events.
- Across Luton and Bedfordshire there has been a number of engagement events over the last few years which have gained the views of children, young people, their families and carers, including:
- In 2014, the Child and Adolescent Mental Health Services (CAMHS) were part of procurement for Mental Health services. Healthwatch, service users and carers played an integral part of the process. This included:
  - attendance at CYP focus groups, engagement in the 'open dialogue' sessions between commissioners and potential providers
  - Compiling appropriate weighted questions for inclusion in the provider 'bids' as part of the moderation process.
- Health related behaviour surveys were carried out across Bedford Borough and Central Bedfordshire schools in 2014 and provided an opportunity for pupils to report on their emotional health and wellbeing. The reports on the findings highlighted the number of children affected and the issues that are worrying them.
- Luton Young Person's 'Take over Day' focus on CAMHS services. Service provision from children and young people's perspective and their proposals for improving services.
- Bedfordshire and Luton Stakeholder completed the Self-Assessment tool. Findings from this were reviewed and discussed at the Stakeholder event. The whole system was represented including ELFT, Cambridge Community Services (Luton); Luton Borough Council, Youth Offending Service, Police, Schools, Early Years, Voluntary Organisations, Third Sector Provider and the Patient Forum.
- Luton Commissioners and CAMHS provider attended CAMHS Patient Forum event to hear about patient experience from their perspective, Quality and Assurance on current service provision and proposals for improving services across the system.
- Luton schools participated in a SHEU survey in 2015 with 3000 participants that asked their views on their health, wellbeing and lifestyle choices. This survey has just been completed with greater numbers of children for 2016.
- Bedfordshire and Luton Commissioners and CAMHS provider attended CAMHS Patient Forum event, to hear about patient experience from their perspective, be involved in Q & A on current service provision and proposals for improving services across the system. Mental health and emotional wellbeing of children and young people has

been a priority. The engagement has provided a wealth of information on how young people view mental health, emotional wellbeing, their expectations of how professionals should support and work with young people, what services they would like to see and how these are delivered. This qualitative information is fundamental to informing our current strategy and transformation plan development. In order to enhance this we will develop a young person's forum to ensure joint development of outcomes thus ensuring they meet the needs of our local children, young people and their families/carers.

- In Bedfordshire, the CAMHS consultation that took place in preparation for procuring a new mental health provider gave local children, families and communities the opportunity to have their say on improving mental health, emotional wellbeing and learning disability services across Bedfordshire (Bedfordshire Borough and Central Bedfordshire). This was completed through a series of focus groups, surveys and attendance at local youth forums. The views shared at these events were collated into outcomes for the new service which was then shared with the various groups to test that these reflected what was shared.
- Another follow up event has been planned for October 2016 which will be an annual event to test the market and ensure that the outcomes remain the same or need updating in preparation for the next contracting round. Bringing together the experiences of service users and parent carers is vital in helping to make our services better.
- LCCG/LBC worked in partnership to undertake a mapping/scoping exercise to develop an integrated service and associated pathways. This included hosting a number of stakeholder events that provided a forum for joint working to co-produce an integrated model.

The most common areas of concern or improvement identified were;

### **1. A reduction in waiting times for first time appointments**

- Respondents felt that a reduction in waiting times for first appointments was needed and quicker referral processes particularly via schools. They wanted CAMH services to identify problems early, not just following hospital admission. Both children/young people and parent/carers felt their wait should be no more than 3 weeks and patients should be seen as quickly as possible with minimal delays. They also wanted a quicker response for more serious mental health issues so that the health need would not escalate.

### **2. Accessing services:**

- Having a single point of access for service users was highlighted as a priority to have in place since referral services were often fragmented and difficult to navigate.
- Young people want shorter referral times. A maximum wait of 3 weeks was recommended.

- Most young people reported using SEPT (50) followed by Sorted (26) and CHUMS (15), and Bedford Open Door (9). A minority used other centres such as Beech Close Resource Centre.

### **3. An improved appointments and referral system:**

- Need for an increased number/ longer sessions and regular appointment times, no clock watching and appointments made with parents present
- Later evening sessions or weekend appointments and an open appointment systems so that service users are seen when needed and when they choose.
- More awareness of services locally in schools. However it was noted that focus group participants felt that seeing CAMHS workers in schools was not appropriate due to the underlying peer pressure and stigma associated with mental health
- Appointment times preferred by respondents were Monday – Friday, and Saturdays 1pm – 8pm, followed by Monday – Friday 9am – 5pm and then Monday to Friday 9am – 10pm.
- Parents/carers also want short referral times, a maximum of 3 weeks. They also needed a single point of access

### **4. Location of service**

- The preferred location for young people to see their CAMHS worker was at their local CAMHS clinic, followed by school and at home.
- On average most parent/ carers want to be seen at CAMHS clinics followed by meeting at home.
- Need for neutral environments to meet counsellors/CAMHS workers. Make consultation rooms more welcoming and homely
- Travelling to appointments – most services were located locally so reduced the journey time.
- Some children and young people wanted a much more flexible service with regards to location and type of treatment needed.

### **5. Positive relationships with CAMHS workers**

- increase availability of therapists who are empathetic, non-condescending and respect the service user
- Consistent health professional; staying with the same CAMHS worker so no need to keep repeating their diagnosis or story

These issues raised by children and young people will continue to be developed as part of our work to support the transformation plan. An engagement and communication plan is being developed which will include all stakeholders, children, young people their families and carers and detail how we will engage with them.

There are a number of forums and opportunities for ongoing engagement with children young people, families and carers. These include:

- Healthwatch Luton Borough Council/Bedford Borough/Central Bedfordshire
- Bedford Borough Parent carer Forum, SNAP(Central Bedfordshire)
- Local Parents and Parent/Forums
- Youth Commissioners
- Young Researchers
- Children in Care Council

**LCCG:**

To address this LCCG/LBC have worked together to commission Enable East to undertake a mapping/scoping exercise to develop an integrated service with integrated pathways. This included hosting a number of stakeholder events attended by representatives from Local Authority, Public Health, Social Care, Youth Offending Service, CAMHS provider, community services, Parent Forum and users. This work continues to move forward to further integrate service/pathways.

The planned outcomes of this work will lead to:

- **Improvements in transition:** Luton has a whole system transition group and commissioners have agreed a transition model with physical health community services to roll out a transition model that includes joint working with adult service at age 14yrs. The intention will be to develop this initiative to include CAMHS services.
- **Early intervention (EI):** Both early identification and early treatment, for example Train, support and consolidate the care pathway between Early Help Social Care Services and CAMHS EI. This includes Children in Need, Stronger Families team (nationally known as Troubled Families); with intensive support for families.
- **Toxic Trio:** Aligned with the above, review the potential to develop and deliver training for school/Children Centre staff on two of the three 'Toxic Trio', (domestic violence, drugs/alcohol and parental mental health,) which has been identified locally as a priority. Benefits include greater awareness of the impact of abuse and developmental trauma on children's/families mental health and wellbeing.

In 2015 Luton also commissioned a survey of 1500 people to understand the impact of Adverse Child Experiences on health and we are currently working on implementing the ethos of ACE in our assessments of service users.

**6.2 Stakeholder engagement**

To commence the development of our local plan for Transforming Children and Young People’s Mental Health and Wellbeing, commissioners have facilitated two whole system stakeholder events. JSNA messages together with the outcome from the Bedford and Luton self-assessment tracker formed the basis of lengthy discussion and debate. In the first workshop, current pathways were scoped, risks and challenges identified and in the second workshop, participants began to develop whole system pathways, identify outcomes, KPIs and deliverable actions.

This work will form an integral part of our local Children and Young people’s mental Health and Wellbeing Transformation Plan. Working in partnership we propose that:

- Children’s commissioners are engaged in the Operational Group of the Crisis Care Concordat and committed to plans to deliver all age services, seamless transfers from children to adult services, equity of access through, in particular, Liaison Psychiatry and seven day services. The Police Lead for Crisis Care Concordat has also been engaged in all the workshops delivered to date.
- CAMHS EI is a member of a multi-agency Task and Finish Group whose purpose is to develop and implement a whole system strategy. The strategy aims to improve the emotional well-being of LAC and increase awareness and detection of mental health problems. Fundamental to the strategy is the development of a whole system emotional well-being care pathway for all LAC including those in kinship care arrangements.

As part of our engagement and communication plan we will address health inequalities by initially undertaking bespoke work with children and their families from our vulnerable communities, including children with a learning disability, looked after children and children from BME communities. Models will reflect where adjustments need to be made to ensure services are accessible to all of our populations and an Equality Impact Assessment will be completed to monitor this through implementation of the Transformation Plan.

## **7. Current Situation (2016)**

### **BCCG:**

In February 2013, BCCG launched its Mental Health Strategic Objectives which describes its commitment to the improvement of Mental Health services in Bedfordshire.

See - <https://www.bedfordshireccg.nhs.uk/page/?id=3713>

Within the Mental Health Strategic Objectives, BCCG have committed to a programme of transformation which has already started to redesign mental health services, to improve quality, improve health outcomes, increase capacity and reduce gaps in provision.

Progress requires integrated services that are jointly commissioned whenever possible. BCCG is aiming to increase the volume and range of services for people with mild to moderate mental health issues, which are provided in primary care, enabling people to receive help earlier with the aim to prevent more severe problems developing.

Changes also need to be made to secondary care services. This will ensure that services for people with more serious or complex needs are more accessible and quicker to respond. Generally, there is a need for greater access to psychological therapies across the whole mental health pathway.

The Commissioning Organisations (including BCCG, Bedford Borough Council and Central Bedfordshire Council) have developed a model for delivery of care across both the health and social care systems that identified high quality, safe, fit for purpose and sustainable services.

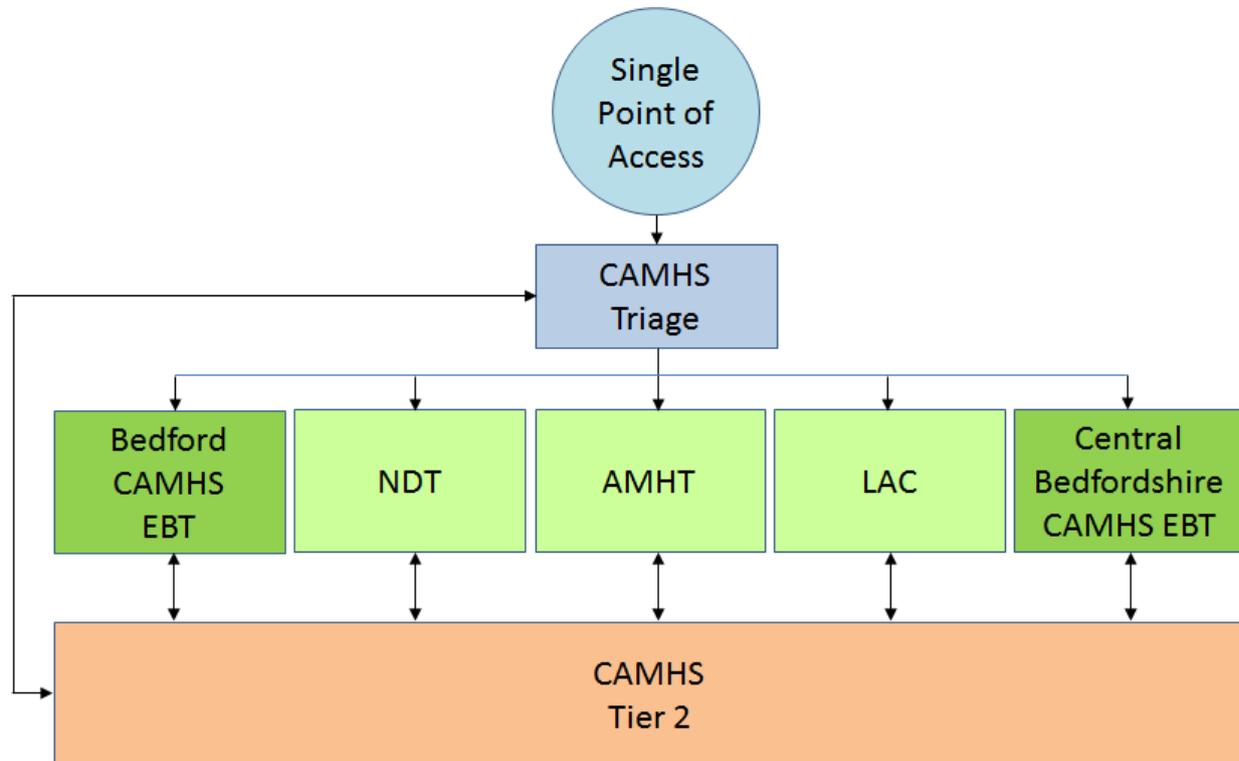
To achieve the necessary transformation of services and to enable the Commissioning Organisations to achieve a strengthened, integrated framework of services for Mental Health Services, the BCCG Governing Body approved the Executive Team recommendation for a formal procurement process. In addition both the Bedford Borough Council and Central Bedfordshire Council included services commissioned through Section 75 arrangements to be part of the procurement process.

### **Child and Adolescent Mental Health (CAMH) Service**

As part of the procurement Bedfordshire CCG has developed its vision for Children's services. This was based on an integrated partnership multi-disciplinary approach with all community based services. This work reflected NHS England's and Operating Framework 2014/15 vision of integrated working between health and social care. Children's services both in and outside hospitals are also being reviewed and a model will be developed to support the vision, which will include the integration of services. With this in mind the CAMH Service model was developed in line with this approach to ensure there is a strategic fit within this vision.

East London Foundation Trust (ELFT) successfully took over as the provider of mental health services for Bedfordshire and Luton and have implemented a new model for managing CAMHS services since April 2016.

**Bedfordshire CAMHS Clinical Service Model**



EBT = Emotional and Behavioural Team  
 NDT = Neurodevelopmental Team  
 AMHT = Adolescent Mental Health Team  
 LAC = Looked After Children

- Increase the capacity of the service, and shift capacity from Tier 3 (Specialist) to Tier 2 (Targeted), with an increased focus on early intervention and preventative work
- Provide services to those clients of greatest need in the environment, most likely to benefit from service uptake, and close to home as possible
- Provide evidence-based practice, eg. NICE compliant.

**REFERRALS and ACCESS**

The service:

- Integrates referral pathways for Tier 2 and 3 services, and also accept self-referrals
- Has a single point of entry
- Provides same day screening all referrals, with a CAMHS MDT Filter Group triage of referrals and allocation of first appointments
- Manages a maximum 5 week wait for assessment, and 4 hours for emergency assessments.

## **ASSESSMENT**

All referred CYP receive an assessment using standardised CAMHS Assessment and Risk Assessment pro-forma, or are redirected to an appropriate partner agency for further intervention.

## **TREATMENT and INTERVENTIONS**

The service integrates clinical pathways for delivery of Tier 2 and 3 services, where appropriate co-delivered with the 3<sup>rd</sup> sector. This includes:

- A stepped care model of service delivery
- Shared care protocols with GPs
- In Step 2, embedding staff within partner agencies (LAC, Social care, PRU, YOS, CCH) to provide training, consultation and assessment
- Embedding the use of Goal Based Outcomes.

Services are provided within designated teams, with case-management by clinical leads:

### **Two Emotional and Behavioural Teams**

- Bedford Emotional & Behavioural Team will be based in Bedford town, and Central Bedfordshire Emotional & Behavioural Team will be based in Dunstable
- Provides assessment and treatment service for CYP with emotional and/or behavioural difficulties, unless already managed within one of the three specialist CAMHS teams
- Includes a Paediatric Liaison service to provide input in the local catchment area hospital
- Supports the work of targeted CAMHS staff embedded within partner agencies teams, including Youth Offending Service, and Special Schools.

### **Adolescent Mental Health Team**

- A multi-disciplinary team for 13 – 18 years, providing assessment and treatment to young people with developing severe mental health problems, including mental illness
- This includes home treatment (HTT)
- By provision of such specialist input, treatment is maintained in the community wherever possible, thereby reducing the need for adolescent in-patient treatment.

### **Neurodevelopmental Team, including CLDT**

- A comprehensive multi-disciplinary neurodevelopmental assessment and treatment service, in partnership with local Community Child Health Provider

- Includes an assessment and treatment service for CYP presenting with ASD and/or moderate to severe LD with comorbid mental health problems
- Includes an assessment and treatment service for CYP presenting with significant symptoms of ADHD.

**Looked After Children Team**

- A multidisciplinary target CAMHS team providing mental health and network support service to children and young people in the care of Central Bedfordshire and Bedford Borough Councils, and to their carers
- The team provides consultation to social workers as well as mental health assessment of the child and family, cognitive and neuropsychological assessment, and state of mind assessment when indicated
- The team provides short and long-term mental health treatment where appropriate, as well as support to birth and foster families for placements, preventing breakdown wherever possible.

**DISCHARGE and TRANSITION SERVICES**

To ensure a smooth transition from hospital to community care, or when discharged or transitioned from our CAMHS services, planning arrangements include where appropriate:

- Discharge planning meetings with ward staff, education staff, school nursing and social care
- Following discharge from hospital, follow-up appointments are offered within 7 days with CAMHS PLT or AMHT/HTT
- Timely meetings with our adult mental health services to ensure smooth transitions of care at the appropriate age. Transfer of clients with acute mental health difficulties is completed according to an established Transfer protocol, using the Care Programme Approach where indicated.

**CLINICAL LEADERSHIP**

Bedfordshire CAMHS has an Associate Clinical Director/Lead Clinician, accountable to the Clinical Director Bedfordshire.

The Bedford and Central Bedfordshire *Emotional and Behavioural Teams* are each jointly led by a Consultant Child and Adolescent Psychiatrist, and consultant level clinician from another core CAMHS profession.

The *Neurodevelopmental and Adolescent Mental Health Teams* are led by a Consultant Child and Adolescent Psychiatrist.

The Looked After Children *Team* is led by a Senior Clinical Psychologist or other Senior Therapist.

### **Schools /early education**

#### **Luton**

Luton operates a 'Traded Service' relationship with schools. The model delivers a successful community-based, non-stigmatising and accessible early intervention service to schools across Luton with an emphasis on broadening closer partnership working with early year's settings and schools and to provide a seamless service across the local social and emotional health and well-being economy.

The Take Over day focussed on CAMH and the transfer of commissioning responsibilities for the NHS 5-19 services in 2013 led to a review of PSHE in Luton schools in 2014. This identified a variation in the scope and quality of health and wellbeing education in schools and the lack of local evidence for schools upon which they could and should prioritise their curriculum. To coordinate and respond and raise standards across all schools led to the funding of an education service post to develop a more consistent approach to health and wellbeing education in Luton schools with each secondary school having access to a school health profile to evidence their student population need and through coordination of quality assured providers access to a core PSHE programme for health areas, this has included drugs and alcohol, CSE, mental health resilience and mental health first aid, awareness of radicalisation

In 2013 a two year funded health and wellbeing programme targeting the most vulnerable young people at Luton pupil referral unit was implemented that looked at health and health resilience and moved young people from self-assessed baseline through bespoke programmes for the individual and their family to a self-assessed return to main stream school and using a self-star showed personal resilience improvement. 40 young people were funded and what we learnt is that targeting the most vulnerable children and young people through prevention and early intervention with dedicated resource helped to create personal awareness and start to break the cycle of need locally.

As part of the Luton Early Years Strategy 'Flying Start' the need for more focus on perinatal mental in line with the recommendations of the Luton Perinatal Mental Health Needs Assessment (2014), with one of three outcome areas of the strategy being social and emotional attachment and parenting. The target for the strategy is that more Luton children are securely attached and emotionally resilient with improved school readiness and in the longer term the impact of poor maternal mental health and associated risk factors on child outcomes will be reduced. There has been multi-agency five to thrive training in Luton as part

of this strategy and a multi-agency learning and development programme has been developed for 0-19 services to develop the workforce.

**Bedfordshire**

BCCG were successful in their bid to be a pilot site for the CAMHS and schools link training pilot scheme. The intention is to help improve access to effective mental health support, including having a named contact with CAMHS and a named lead within each school. The named lead in school would be responsible for mental health and wellbeing developing good strong and effective relationships with CAMHS to support timely and appropriate referrals to services.

**Bedford Borough**

Over 30 schools involved in the Bedford Borough Wellbeing strategy working with Young Minds, Early Excellence and Schools of Tomorrow.

Since April 2015 483 cases have been discussed at Early Help allocations these have been broken down into the following presenting issues

- 16 – Mental Health
- 25 – Other Health
- 178 – Behaviour (which often has a wellbeing dimension)
- 27 – School refusal (which often has a wellbeing dimension)

Between September and the End of October 50 Early Help Assessments were sent in from secondary schools with 41 related to behaviour, Mental Health or school refusal.

**8. Proposals for Change**

Our proposals for change in Bedfordshire and Luton will improve the outcomes for our children with mental health needs and will be based on the following principles:

- We will endeavour to understand the profile and needs of our children, young people and their families
- We will be proactive rather than reactive
- We will get actively involved to support children, young people and their families and communities to build resilience and problem solving skills so that any new problems can be successfully managed.
- We will change the way that we deliver services so that we work in ways that children young people and their families need us to

Our transformation plans will be based upon working with our new provider, our local authorities and other partners such as hospitals and the voluntary sector to improve outcomes for the children, young people and their families across Bedfordshire and Luton.

We will address the health inequalities across all areas of the transformation plans and monitor the impact by:

1. Ensuring that children, young people or their parents who do not attend are not discharged from services they require
2. Commissioners and providers working across health, education, social care and youth justice sectors working together to address bespoke pathways
3. Making multi-agency teams available with flexible eligibility criteria for vulnerable children and young people
4. Mental Health assessments will make sure that sensitive enquiry is made around abuse, neglect and violence.
5. Services are sensitive that those who are sexually abused have specialist input
6. Specialist services are adequately represented in multi-agency hubs so that vulnerabilities in children are identified early and addressed
7. For the most vulnerable young people with multiple and complex needs we will continue to monitor the outcomes for the above areas. We will also ensure that the plans address the mental health needs of children that are most excluded from society such as those involved in gangs, homeless, sexually exploited, looked after children and those that are in contact with the youth justice system

**How we will measure impact:**

We will use the baseline of 15/16 to determine our key performance indicators moving forward as set out in the action plan see p 78. We will focus on the baseline of finances, staffing and activity.

All our public health teams are working with us and we have the support of Associate Solutions who are working with us through a commissioned arrangement by the Strategic Clinical Network who together will provide the specialist support to achieve this.

**Challenges and priorities:**

The challenges that we face in Bedfordshire and Luton are not unique. The funding of statutory services in the current economic climate is reducing year on year and as savings are being made there is often a short termism view that fails to tackle 'whole systems' rather focus on individual organisations and a narrow interpretation of impact.

As part of this often silo working we remain data poor. We know that schools are reporting greater need in their student population and that thresholds for service provision are geared towards the upper tiers rather than prevention and early intervention. We also recognise that the gap between health inequalities, in particular vulnerable groups that evidence tells

us are more affected by mental health, will not narrow unless we can put services in place that target those groups .

The development of STP's provides us with a forum through which we have system leaders working together to raise the status of Mental health as a greater priority and we have the influence and motivation to be able to get the outcomes we need.

Our priorities are set out below however fundamentally what we need to do is ensure the principles of CYP IAPT, social prescription and making every contact count are embedded. We will achieve this through the 'Prevention' work stream of the STP.

In addition, upskilling and raising awareness of frontline staff who work with CYP and their families on mental health and personal resilience to be proactive and focus on prevention and early intervention rather than crisis management.

Priority – Eating Disorders Service (Bedfordshire has invested £227k recurrently in eating disorders services; Luton has invested a £113k.)

**Background:**

A dedicated specialist community eating disorder service for children and young people has recently been established across Bedfordshire and Luton. The Provider (ELFT) CAMHS teams are developing the workforce expertise in identifying and supporting young people who are suffering from eating disorders, particularly the most common eating disorders, Anorexia Nervosa and Bulimia Nervosa.

The majority of young people who have an eating disorder as their primary presenting problem treated by the existing CAMH services will now have access to this new service.

Although the majority of young people can be treated on an outpatient basis, a small minority with very severe problems (approximately 5-6 each year) are admitted to specialist Tier 4 provision for Adolescent Mental Health that can be located anywhere in the UK. These patients are likely to have significant physical health issues due to advanced malnutrition, repeated vomiting and often require nasogastric feeding and/or supervised eating. Once admitted, young people may remain in specialist units for a significant period of time. Closer working relationships are being established with specialist commissioning to support early discharge and reduce length of stay for CYP with and ED admitted to tier 4 beds.

Local Need has been highlighted in the first section of this document for Bedford Borough, Central Bedfordshire and Luton Borough councils.

The service is working alongside partner agencies across primary care, education, social care and third sector to develop psycho-education and training programmes. These training programmes will be delivered across partner agencies and communities in order to increase

awareness of eating disorders and promote standardised screening tools to ensure symptoms are identified as soon as possible and appropriate intervention sought.

Although CEDS-CYP may not have capacity and hold responsibility for direct delivery of these interventions, the service will offer training, consultation and supervision in order to ensure that children and young people are accessing standardised NICE concordant evidence-based interventions at all levels of severity and need.

More specifically, the team will be taking a lead on the direct delivery of interventions for children and young people presenting with moderate and severe presentations of eating disorders; providing NICE concordant evidence-based interventions for eating disorders.

The CEDS-CYP is part of a quality assurance network to remain abreast of recommended interventions and quality indicators.

**Managing a single point of entry into Tier 4 services:**

Although one of the main aims of establishing a CEDS-CYP is to limit the need for referral to Tier 4 services, there may be a very limited number of cases where consultation and consideration of referral to Tier 4 service will still be required.

It would also be important to maintain a link with this National Tier 4 service to ensure that opportunities for quality assurance and contributing to research within the field of eating disorders in children and young people can be utilised as they arise.

**Supporting transition to adult Eating Disorder services:**

The CEDS-CYP contribute to establishing transition protocols for young people over 18 years old who continue to require support with eating disorders. Some of these young people may require transition to adult eating disorder services. However there may be many more that have progressed to a point where they may not meet criteria for adult mental health or adult eating disorder services. It is likely that these young people will continue to access support from primary care colleagues e.g. GPs, practise nurses etc. Therefore it will be important for CEDS-CYP to establish partnerships with relevant agencies that will be able to continue delivering interventions to young people with eating disorders. This may include third sector providers who will require training and or consultation as part of a transition from CEDS-CYP to adult support services.

**Training, Supervision & Consultation:**

The CEDS-CYP is developing partnerships with local providers to offer interventions to children and young people presenting with mild presentations of eating disorders. At every level of severity it will be important to ensure the quality of and effectiveness of interventions being delivered. Therefore CEDS-CYP will play a role in designing and delivering training to

increase awareness of eating disorders and evidence based interventions that are recommended.

The CEDS-CYP team members should offer supervision and consultation to colleagues across agencies to ensure the provision of high quality evidence based interventions. Consultation could also be offered so that as soon as a child or young person presents with concerning behaviours related to their eating colleagues across agencies can access a named clinician within the CEDS-CYP to consider the most appropriate response to ensure that the young person's needs are met and intervention is accessed as soon as possible.

**Estimated activity:**

Across the two CCG areas, we anticipate that around 50 patients each year will be referred to specialist Eating Disorder services; the service will support patients within the wider CAMHS and/or paediatric services in Bedfordshire and Luton who have mild-to-moderate eating disorders, including where it is a secondary diagnosis. We are monitoring what numbers are accessing the service.

In addition the team will also raise awareness and skills across partners across healthcare, social care and education. This will help to ensure that young people in need of help can be recognised early and supported to access appropriate services before their eating disorders escalate to a crisis.

**In future we will be monitoring:**

- Delivery of psycho education and training as part of the prevention and early intervention aspects of the service model and partnership working
- Further analysis and of measures will be incorporated into performance indicators to ensure that effective interventions are being delivered.

**We will be evaluating impact and effectiveness:**

- Robust baseline monitoring and review have been built into service model as they have developed. This includes clinical reviews and outcome measuring as part of the clinical reviews.
- The access and waiting times guidance highlights a number of outcome measures that should be incorporated into the service model. These include measures that collect information about the severity of eating disorder features, general mental health problems, general functioning and wellbeing, physical health, as well as coexisting mental health problems such as depression and anxiety disorders. These measures will be both patient reported outcome measures (PROMS) and clinician-rated outcome measures.

- Information about the attitudes and experiences of the child or young person and their family towards the treatments and service is being collated as part of the suite of outcome measures.
- Effectiveness of the CEDS-CYP care pathway, clinical practice and service development, design and usage information, including clock starts and stops, referral pathways, and specific information about the treatment provided and appointments attended.
- While many of the PROMS and clinician-rated outcomes measures are already part of the CYP-IAPT outcome tools, additional measures relating specifically to symptoms of eating disorders e.g. Eating Disorder Examination Questionnaire (EDE-Q) will also need to be incorporated into the outcome measurements across the CEDS-CYP.

We are currently developing standardised protocols for the measurement of outcomes and reporting and analysis of outcomes data across the CEDS-CYP and partner agencies who will be working alongside the service. It is suggested that CEDS-CYP should hold responsibility for the implementation of a robust monitoring system across the service and its partners. All outcome measures will also need to be mapped onto the Mental Health Services Data Set (MHSDS) which includes data from CYPIAPT and CAMH services.

Further monitoring of the service provision and modifications will be required as a result of the establishment of the service. For example, review of staffing levels and competencies etc. will ensure we have the right skills mix to deliver an effective service.

It will be important to establish links with specialist eating disorder third sector organisations such as Beat. Beat is the UK's leading charity supporting anyone affected by eating disorders or difficulties with food, weight and shape. It is imperative that CEDS-CYP develops such partnerships to ensure that it is able to work alongside such established organisations in the field of eating disorders.

**Priority – Perinatal mental health ( a Bid for new investment submitted in September 2016 )**

This includes the need to develop and enhance Perinatal Mental Health provision, recognising that this is core to building better outcomes for both mothers and their children at this crucial time of nurture and development. This will include additional specialist support within maternity units, improved signposting and access, as well as training in teams and wider multi-disciplinary working in both Bedford and Luton & Dunstable hospitals.

The project team will be responsible for proposing a detailed plan to comply with the standards identified in the guidance.

**Initial proposal:**

Two additional posts to provide (one attached to the L&D and one attached to Bedford Hospital):

- Parent-infant psychotherapy Groups
- Teaching/supervision
- Assessment and treatment of infants including working closely with assessed treated
- Liaison/network meetings & sessions offered at the hospitals, Mother and Baby Unit and in the community
- Outcome research

**Luton:**

In Luton a perinatal mental health needs assessment was completed in 2014, and aimed to understand the estimated need in Luton for women affected by mental ill-health, the current level of service provision and to identify any gaps in prevention, early intervention and treatment provision. The assessment found that there are a high proportion of women with risks that contribute to perinatal mental health. Based on estimates, in Luton:

- 4% of mothers who give birth (approx. 140 women) will require advice and support from a specialist perinatal mental health service, resulting in roughly 14 women admitted to a specialist mother and baby unit
- 8% (280 women) will require and accept referral for psychological therapies
- 8% (280 women) will experience mental ill-health but will not require, or do not accept the offer of treatment.

The assessment found a lack of local data regarding the number of women diagnosed with perinatal mental illness, although recognised that this was a local and national issue. Current information databases capture information regarding 'at risk' rather than capturing data regarding diagnosis and severity of illness. The main data source was L&D Hospital midwifery data, 'cause for concern'. Over a 24 month period (2011-13) 15% of women giving birth were identified in this category, with 9% (over a 6 month period) as having antenatal mental ill-health and 4.5% having mental ill-health in the post-natal period. This information was shared at the two whole system stakeholder events and influenced the discussion and debate relating to scoping current perinatal pathways, risks and challenges and the development of new models of care. (Appendix D).

**Bedford Borough JSNA:**

Women are at risk of developing a first episode of mental illness, commonly depression, during pregnancy or in the postnatal period. In Bedford Borough an estimated 200-300 women are affected by mild to moderate depression during the perinatal period each year. Women with pre-existing mental illnesses are at a much higher risk of a worsening or relapse of their illness. Poor maternal mental health during pregnancy and the first year can affect

attachment and bonding, and is associated with behavioural, social or learning difficulties as the child grows up.

**Central Bedfordshire JSNA:**

The 2013/14 Tier 1 and 2 services review looked at the current provision in Central Bedfordshire and highlighted early prevention as an area that could be further strengthened. Increased support at early stages is important. It can prevent mental health illness from developing or reduce the severity of existing mental health illness by intervening early. This will both improve mental wellbeing of the population through acting early and also reduce costs associated with the need to treat more severe mental health illness. Children born to mothers who experience antenatal stress, anxiety or depression are more likely to experience emotional difficulties themselves. The early identification of poor maternal mental health and provision of interventions is also critical. One of the recommendations from the CBC JSNA is :Ensuring the early identification of poor maternal mental health, helping children become more resilient and increasing identification of children who are at risk of poor mental health early and ensuring that they have access to appropriate services. There is a significant link between children and young people’s mental health and parental alcohol or substance misuse; therefore services must be effective in supporting families affected by these issues

**Priority – crisis support (24 % of overall investment allocated with an additional subsequent first investment of a 194K for Bedfordshire and £98K for Luton received in October 2016)**

**Crisis services:**

Crisis services are a priority –both within the commissioning intentions and crisis concordat. We expect to see stepped improvement on the support people/families get to plan ahead to avoid crisis (joint crisis plans) and greater resource/response in the community, including street triage, to resolve crisis and reduce inpatient care. This I would want to see in the plans for children too.

In association with the hospital Psychiatric Liaison Services (PLS), the CAMHS Crisis Service is starting to provide a working hours and out of hours CAMHS mental health crisis assessment service which is responsive to meet a young person’s and their family’s needs in a crisis.

The funding is being used to reduce waiting lists in year and deliver a 7 day service. This will reduce the number of people admitted into Acute Hospitals and Tier 4 placements.

Priority – Schools & Early Intervention (52% allocated from Bedfordshire CCG ,33% allocated from LCCG funding )

**Early Intervention:**

In Bedfordshire and Luton, parents who need support will have access to the most appropriate parenting programme that will support them to be better parents and across the system, the workforce will be trained to promptly recognise the need then either deliver the right intervention or be able to access the most appropriate support.

Bedfordshire Early Help Strategy;- the transformation plans will support and work with the early help offer in Bedford Borough, Central Bedfordshire and Luton Local Authorities.

The relationship with core CAMHS and our local schools will be improved, through closer partnership working, building resilience and developing skills and practice to enable early identification of mental health issues and improved access to CAMHS teams as and when appropriate. This approach will ensure that intervention is available at the earliest opportunity and that health needs are met before they escalate.

As part of the Flying Start strategy in Luton the Family and Childbirth Trust were commissioned to look at all universal and targeted parenting programmes and the impact they were delivering. Since October 2015 a parenting coordinator has been in post and consolidated and reviewed the parenting programme offer, identifying thresholds and inclusion criteria for each programme and their targeted intervention level to deliver a consistent evidence based catalogue of programmes that maximises resources and matches the right programme to the family/ parent.

A comprehensive workforce plan will ensure that a range of professionals will be trained across the system, to enable them to identify mental health needs early and be able to provide early intervention to children, young people and their families. . In Luton this will include 0-19 services as a new integrated health service model and core offer to families is being developed that puts assessment, physical, emotional and mental health need at its centre for early years and families with older children for whom the school aged children will have access to a first line nurse service based in schools who will work with students and direct them to more accessible services at the earliest opportunity.

**Early Intervention:**

Within Bedford Borough a CAMH Practitioner (funded at a senior practitioner level - Band 8 – jointly funded with the Council) is embedded into the Early Help & Intervention Service. In addition there is a 0.5 Band 7 post which is shared between Bedford Borough and Central Bedfordshire Councils. The Band 8 Post provides advice and guidance to colleagues and has a clinical caseload working with families where there are mental health concerns. Training and service development will also form part of this role as well as being the IAPT Supervisor for colleagues undertaking the EEBP IAPT course from Early Help. By having an IAPT supervisor within Early Help the IAPT model can continue to grow and build capacity. The Band 8 will also work closely with the school project workers and ensure there is a clear pathway for mental health throughout all early help support.

The Band 7 will support with training of staff, workforce development and support the school project workers.

**School Project:**

Each secondary school in Bedford Borough and Central Bedfordshire will as the programme develops have an assigned CAMH professional. These practitioners will spend one day a fortnight within the school, working on a bespoke offer dependent on the schools need. It is expected that the school based time will be used for student assessments and consultations, and staff training. The model to be achieved is a ‘team around the School’ with Early Help Staff, Mental Health and school nursing services all work together in supporting the school.

Within Primary Schools CHUMS are providing an offer for school clusters. There will be a named CHUMS worker linked to each school cluster through which the school can access advice and guidance. CHUMS will look to foster a whole school approach to mental health and wellbeing and support with training of staff within the clusters of schools.

**Priority – Vulnerable groups**

**Neurodevelopmental:**

A working group is established to review the recently redesigned pathway for ADHD and ASD services across Local Authority, Community Health and Specialist CAMHS services. This will ensure appropriate services are available in all areas.

The service is being delivered through a partnership approach, building on current and newly commissioned services provided by CAMHS and adult mental health services, acute health care and Local Authorities bringing together all elements of mental health and wellbeing.

People with learning disabilities, who have mental health needs, experience a wide range of problems and therefore require a wide range of services. They can have the full range of mental illnesses seen in the general population such as schizophrenia, bipolar disorder, depression, anxiety disorders, specific phobias, agoraphobia, obsessive compulsive disorder and dementia.

A significant number of people with learning disabilities display behaviour problems that are described as challenging. Some of these behaviours may be sufficiently severe to lead to contact with the criminal justice system.

There is a high prevalence of autism spectrum disorders in people with learning disabilities who have mental health and behavioural problems.

The complexities of support for these children are significant – with relationships with social care, housing, education and other agencies, as well as health services.

#### **Learning Disabilities:**

Children and young people with learning disabilities are likely to encounter the same range of mental health issues as their non-learning disabled peers although the known risk factors for mental health problems in young people are often multiple in those with learning disabilities, including, in addition to their learning disability (Alcorn, A, 2007)

- Co-morbidity: 50% of young people with learning disability present with co-morbid disorders
- Abuse (Parliamentary Hearings on Disabled Children Oct 2006)
- Poverty: 50% of young people with learning disability live in poverty
- Unemployment
- Parental ill-health
- Certain psychiatric disorders are more common than others in children and young people with learning disabilities such as (Bernard and Turk, 2009)
- Autism Spectrum Disorder
- Hyperactivity and attention-deficit hyperactivity disorder
- Depression
- Psychosis – including schizophrenia and bipolar disorder
- Tourette syndrome
- Challenging behaviour
- Self-injury

The incidence of children with severe learning disability alone is expected to rise by 1% year on year for the next 15 years. There will be at least as high a rise in incidence of children with mild and moderate learning disability due to the following:

- Increased survival and life expectancy, especially among people with Downs syndrome

- Growing numbers of children and young people with complex and multiple disabilities who now survive into adolescence and adulthood
- A sharp rise in the reported numbers of school age children with autistic spectrum disorders, many of whom will have learning disabilities
- *Valuing People White Paper 2001*
- The increased survival rate of low birth weight babies (50% of whom show later cognitive impairments)
- Ethnic minority populations are rising in some areas and there is a greater prevalence of learning disability among some minority ethnic populations of South Asian origin
- *(Full Parliamentary Hearings on Services for Disabled Children Oct 2006)*
- Young people with LD are 6 times more likely to have conduct disorder, 8 times more likely to have ADHD, 4 times more likely to have an emotional disorder, and 33 times more likely to have Autistic Spectrum Disorder, than their peers who do not have LDs (Emerson and Hatton, 2007). Research shows that a significant number of individuals typically show more than one type of challenging behaviour; therefore what we commission to support the mental health needs of children with LD needs to be supported by an integrated behavioural and neurological care pathway.

#### Autism:

Around 70% of people with autism also meet diagnostic criteria for at least one other (often unrecognised) psychiatric disorder that further impairs psychosocial functioning, for example, attention deficit hyperactivity disorder (ADHD) or anxiety disorders. It is planned to develop:

- Seamless local pathway; by mapping local care pathways for children and young people with learning disabilities and mental health difficulties to ensure a seamless experience of care for all children in their local area. This may involve reconfiguring services or commissioning additional local provision where there are gaps.
- Effective multi-agency working; working closely with Community Paediatrics when screening referrals and undertaking assessments, there will be an effective strategic link between CAMHS LD/ND services and SEND services, to ensure coordinated assessment and planning of EHC plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be put in place as well as close working amongst frontline services with clearly defined lead professionals and shared care plans.
- Accessible specialist services; vulnerable groups find it more difficult to access specialist services when they need them, so it is crucial that all measures included in the wider plan to improve accessibility of specialist mental health services (such as single point of access, user involvement etc) apply equally to young people with LD and neurodevelopmental difficulties. To reduce health inequalities we will ensure that young people with protected characteristics are not turned away from receiving effective, evidence-based interventions.

- Links with the third sector; CCG commissioners will explore opportunities with the local voluntary and community sector to promote local support services, groups and opportunities young people with LD/ND and their families.

**By 2020 we aim to deliver the following:**

- The transitions of young people who require on-going healthcare including into adult learning disability, ADHD and autism services will be seamless within the model of service delivery. To achieve this:
- We will adopt a lifespan approach with services to ensure the smoothest transition for service users from the CAMHS specialist to the adult service provision
- All young people with learning disabilities will have a Person Centred Plan to inform and support transition plans
- These will be undertaken by skilled and trained staff recognising Person Centred Planning Work is very intense, however, and will impact on clinician caseload capacity
- CAMH Specialist services will have clearly defined transition arrangements and protocols with Adult LD, ADHD and Autism Services, including transparent referral criteria
- CAMHS Specialist service should be part of any transition policy groups within their organisation and within their localities

We will make address health inequalities across all areas of the transformation plans. This will be monitored by:

1. Ensuring children, young people or their parents who do not attend are not discharged from services
2. Commissioners and providers working across health, education, social care and youth justice sectors working together to address bespoke pathways
3. Making multi-agency teams available with flexible acceptance criteria for vulnerable children and young people
4. Mental Health assessments will make sure that sensitive enquiry is made around abuse, neglect and violence
5. Services are sensitive that those who are sexually abused have specialist input
6. Specialist services are adequately represented in multi-agency hubs so that vulnerabilities in children are identified early and addressed
7. Continuing to monitor the outcomes for the above areas. We will also ensure that the plans address the mental health needs of children that are most excluded from society such as those involved in gangs, homeless, sexually exploited, looked after children and those that are in contact with the youth justice system.

**Priority – Early Intervention in Psychoses (EIP) services**

The refresh of this plan has allowed us to focus on how we ensure that access and waiting times for EIP services are embedded.

This has been identified as a commissioning intention for BCCG / LCCG.

We have started implementing a plan to meet the requirements for this priority and expect to have this fully in place by 2017/18.

The aim is to develop the 14+ EIP service to see more than 50% of people referred with suspected psychosis within two weeks.

**Priority – CYP IAPT (the funding requirements to deliver this priority are being negotiated and will be published as soon as it is formally agreed)**

Bedfordshire and Luton have recently become part of an existing Children and Young People Improving Access to Psychological Therapies (CYP IAPT) Collaborative (London and South East).

The Collaborative has developed a programme to support the embedding of the principles of CYP IAPT into CAMHS services. The programme includes training, site visits and development days. Our local CAMHS provider and CHUMS has named CYP IAPT leads for Bedfordshire and Luton. The leads are fully engaged with the Collaborative and as a result a number of staff have already accessed training to deliver evidence based practice and are routinely using outcome measures in the care they provide.

Both CCG's have re-procured our CAMHS services based on the principles of CYP- IAPT being embedded throughout all areas. The provider, in partnership with the CCG's is reviewing those services currently utilising the IAPT model to ensure compliance with the standards to engage all children and young people in developing their own goals and outcomes .

As part of our Children and Young People's Mental Health and Wellbeing services, Bedfordshire and Luton teams will increase access to Children and Young People's IAPT, operating an integrated model that ensured the use of trusted assessment and multi-disciplinary, flexible working to meet the individual needs of children and young people. This approach will address the issues that are commonly identified within our existing service pathways, by improving communication, the use of common language for both families and professionals. An able workforce that is confident in the model and are able to ensure that children and young people have access to the support they require.

The pathway for CYP IAPT will be fully embedded , providing support quickly and in a way that is underpinned by the Principles of Thrive, enabling the child or young people person to make

decisions about their treatment and support. Several staff have been trained in the principles of CYP IAPT and additional staff have been identified to undertake training next year.

Bedfordshire and Luton are a 4<sup>th</sup> wave CYP IAPT site, service development work continues to embed the regular use of Patient Reported Outcome and Experience Measures (PROMS & PREMS) within the service.

The team are members of the Consortium for Outcomes and Research in CAMHS (CORC) and as such collect data routinely including the SDQ and CGAS. There are a number of practical challenges not least the lack of suitable IT systems to support both data entry and data analysis. This is being developed and forms part of ongoing work, this is particularly important to develop working as part of wider integrated teams

Managers are also encouraging a greater uptake from senior clinical staff in applying for Supervisor training to ensure sustainability is built into the service and scope to work with/ support other partnership agencies to train staff in the future.

Bedford Borough Council will be signing up to the local CYP IAPT collaborative and placing members of the Early Help and Intervention workforce on the Postgraduate Diploma in Evidence-Based Psychological Approaches (EEBP) for Children & Young People. It is envisaged that up to 5 members of the workforce will undertake the training whilst being supervised by the Early Intervention worker. This will further increase the access to evidence based psychological therapies with these workers being able to work with a family up to 5 times a week.

## **9. Outcomes**

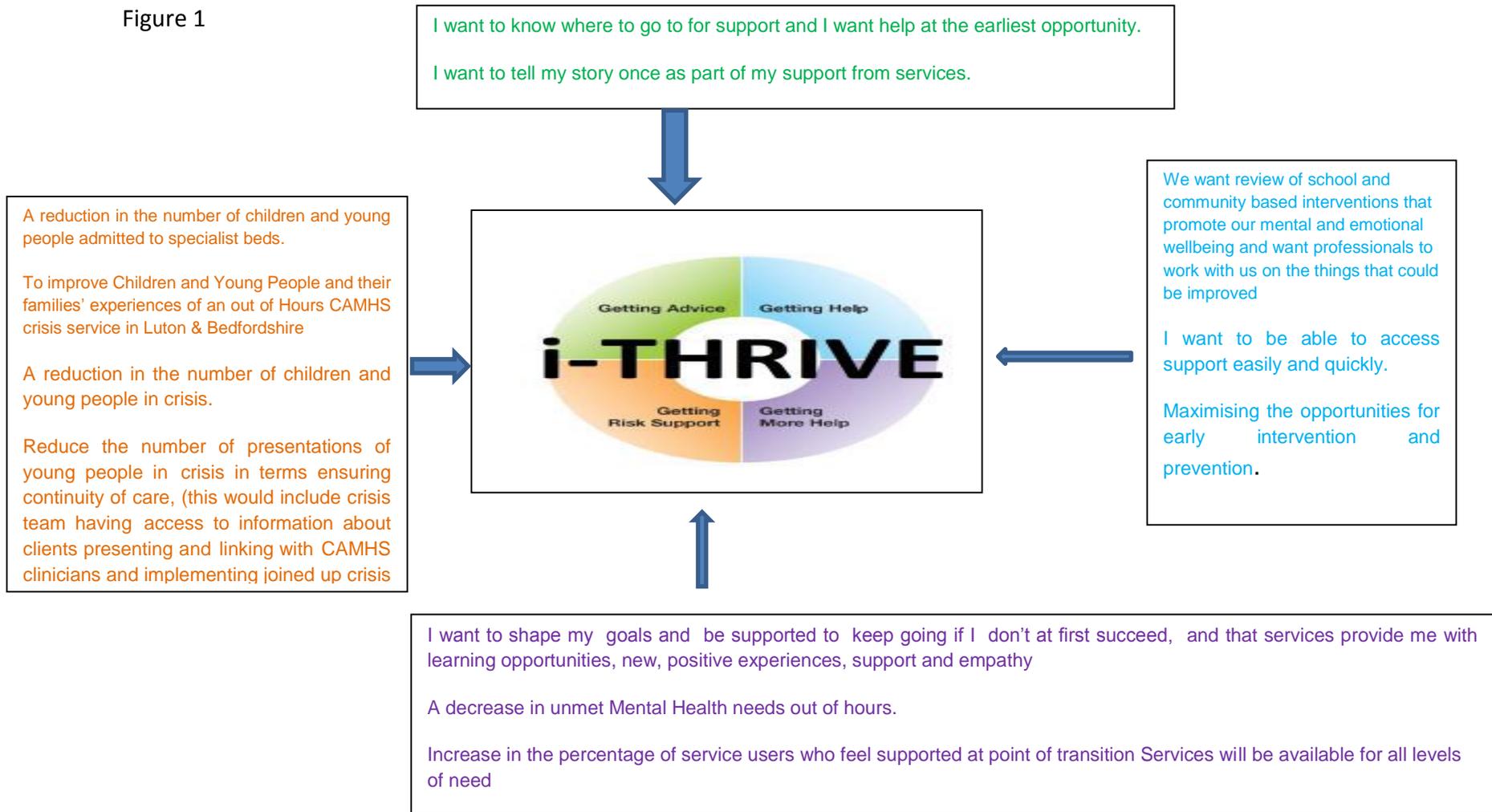
As part of the procurement of mental health services and development of the Transformation plans we have worked with children, young people their families and carers to ask what they would like from services. These have been captured in an I-Thrive format in figure one.

In collaboration with our providers these requirements were translated into CYP focussed outcomes, tested out with CYP and their families and different ways of measuring their impact were identified. This has been captured in Table 2.

Children, Young people and their families have been invited to a stakeholder event on the 26<sup>th</sup> October 2016, the aim is to:

- test if these outcomes remain applicable
- influence development of any new outcomes for Bedfordshire CAMHS services
- provide feedback on our Local CAMHS transformation plan refresh.

Figure 1



**Table 2 -CAMHS Outcome Measures:**

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	Clinical Effectiveness (1,3)	Safety (5)	Recovery (2)
<b>1: I want an integrated service which provides the right help at the right time</b>	<ul style="list-style-type: none"> <li>Services work together to provide holistic care</li> <li>Children and young people will receive individualized and seamless care</li> <li>Children and young people are supported to access wider services</li> </ul>	Support given to tier 1 providers		Surveys of Training Effectiveness		
		Joint appointments	% of total appointments	➡	➡	➡
		Integrated working				
		Appointments outside of a clinic setting	% by location		% by location	
<b>2: A clear single point of access, which means that it is simple and easy to get help</b>	<ul style="list-style-type: none"> <li>Clear, easy to access information</li> <li>All Children and young people have equitable access</li> </ul>	Referral Number	Monthly report	➡	➡	➡
		Referral Processing Time	Monthly report	➡	➡	➡
		Referral Demographics	Monthly report	➡	➡	➡

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	Clinical Effectiveness (1,3)	Safety (5)	Recovery (2)
	throughout Bedfordshire <ul style="list-style-type: none"> <li>Families at risk of non – engagement are identified and have access to and engage with services</li> </ul>	Waiting times and treatment	Monthly report on crisis referral waiting on: - Referral to patient contact - Referral to assessment - Assessment to treatment			
		Referral Outcome	Monthly Report Number and % received / accepted / rejected (incl. reason) -Presenting need?	➔	➔	➔

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	Clinical Effectiveness (1,3)	Safety (5)	Recovery (2)
<b>3: I want a focus on early intervention so that problems can be dealt with before they get worse</b>	<ul style="list-style-type: none"> <li>Prevention and early intervention to reduce the number of children/young people needing more specialist care</li> <li>Children and young people at risk of difficulties are identified early</li> </ul>	Presenting issues and severity	Quarterly Report			
<b>4: I want a service where</b>			Service User Forums			

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	Clinical Effectiveness (1,3)	Safety (5)	Recovery (2)
children, young people, parents and carers are to shaping how services are delivered	<ul style="list-style-type: none"> <li>Informed choices about treatment</li> <li>Parents/carers supported to develop knowledge and skills in relation to appropriate interventions for their child or young person</li> <li>Service users and parents/carers involved/consulted on service development/delivery</li> </ul>	Development of an Engagement Framework	Quarterly reports on <ul style="list-style-type: none"> <li>Chi-ESQ measures</li> <li>Friends and Family test results</li> <li>CYP IAPT outcomes measures</li> </ul>			
5: I want a service that offers a choice of	<ul style="list-style-type: none"> <li>Families are able to access advice and support at times and</li> </ul>	Location of activity	Quarterly Report - location			

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	Clinical Effectiveness (1,3)	Safety (5)	Recovery (2)
			community / locality based appointments that are timely to meet my needs	in locations that best meet their needs and balances the best use of resources		Chi-ESQ
6: I want a quick response when I experience a mental health crisis	<ul style="list-style-type: none"> <li>• Rapid response Home Treatment Team</li> <li>• Prevention of admissions to acute hospitals or psychiatric inpatient units</li> </ul>	Waiting times for assessment in crisis	Monthly report on crisis referral waiting -Referral to Patient contact -Referral to Assessment - Assessment to treatment			

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	Clinical Effectiveness (1,3)	Safety (5)	Recovery (2)
		Inpatient Admissions Feedback from stakeholder's, particularly the acute providers	Monthly report on - Number admitted - Number currently in Tier 4 -Length of inpatient stay -Length of acute hospital stay prior to transfer			
<b>7: I want the provider to focus on services for</b>	<ul style="list-style-type: none"> <li>The concerns of service users are</li> </ul>	Service User satisfaction	Friends and family test Chi-ESQ			

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	Clinical Effectiveness (1,3)	Safety (5)	Recovery (2)
vulnerable groups, so that they have improved life chances	appropriately addressed <ul style="list-style-type: none"> <li>Services are targeted (e.g. LAC, LD, YOT)</li> </ul>	Engagement activities with specific groups	Monthly team activity report (incl LAC, LD and YOT) what do we mean? Activity report for each service?			
		SDQ monitoring for LAC	Quarterly Baseline and review SDQ – total score reduction			
		Monitoring	Quarterly CYIAPT measures			

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	Clinical Effectiveness (1,3)	Safety (5)	Recovery (2)
<b>8: I want services that run in an efficient and effective way</b>	<ul style="list-style-type: none"> <li>CAMHS model delivered using a Choice and Partnership Approach (CAPA)</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive development plan and audit on an annual basis</li> <li>Evidence of CAPA training and implementation plan</li> <li>Evidence demonstrating adherence to the 11 CAPA components</li> </ul>		Development plan and annual audit of CAPA components		
<b>9: I want services to be based on the children and young people's IAPT model</b>	<ul style="list-style-type: none"> <li>CAMHS model delivered uses CYP IAPT principles</li> </ul>	Reporting on full CYP IAPT measures including participation and use of technology		Quarterly report on CYP-IAPT measures		

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	Clinical Effectiveness (1,3)	Safety (5)	Recovery (2)
<b>10: I want a service that supports parents and carers</b>	<ul style="list-style-type: none"> <li>Vulnerable adults are protected from harm and abuse</li> </ul>	Development and implementation of resources	Friends and family test Chi-ESQ			
	<ul style="list-style-type: none"> <li>The concerns of children, young people and their parents or carers are heard</li> </ul>					
<b>11: I want a service where am treated in a non-judgmental, non – condescending and respectful way, and have some choice in who I see where possible</b>	<ul style="list-style-type: none"> <li>Standards developed with service users</li> </ul>	Audit implementation and impact of the same	Chi-ESQ			

**Delivery Plans Year 1 (October – March 2016)**

1. Recruitment of the joint project team will commence in October 2015 and the Lead will be responsible for the delivery of the plan .The Clinical support Project Team will include a Voluntary Sector Liaison post to ensure wider service inclusion - **ACHIEVED**
2. Work will continue with the Enable East project where local partners have agreed to redesign the pathway for children’s emotional health and wellbeing. Feedback from Professionals and service users is that the current services is not seamless, is not equitable across the locality.
  - a. Commissioners will continue to work with our CAMHS provider to dovetail the re-procurement redesign work with that proposed as part of our transformational plan. Redesigning the Emotional Health and Wellbeing pathways will take place as a priority and involve all stakeholders including children and young people, their parents, families and carers. This will involve services currently commissioned by the CCG and Local Authority commissioned services.
3. The future model of service delivery proposed is based upon the ITHRIVE model and in Year 1 work will commence to improve the understanding of this approach locally and to integrate into the detailed modelling for Year 2.
4. The Eating Disorder Services will be enhanced, providing a countywide core team and locality teams to support local demand and it is proposed that this will be available in Q4 - **ACHIEVED**
5. The Transformation Steering Group has been set up and it will meet regularly to monitor progress of the delivery of the plans and will ensure that the governance for reporting progress across the system is maintained. Membership of the Transformation Steering group will include representation from the project group, public health, both CCGs, Local authorities x3, early years, CAMHS provider community provider education, social care, third sector, communications and engagement, finance, quality and Parents/carers. The steering group will oversee the development and implementation of the transformation plans, receive updates from the task and finish groups allocated to the four work streams, monitor any risks through a programme management approach and escalate any issues up through the relevant Health and Wellbeing boards – **ACHIEVED**
6. Additional staff will be trained in CYP IAPT as part of the national training programme and this will include 0-19 services, especially services working with school aged children and young people - **ACHIEVED**

7. Funding for additional capacity to reduce all CAMHS waiting times will be available and additional resources will be available within the teams in November 2015. In addition, a pilot 7 day working for CAMHS will commence and be reviewed in March 2016 - **ACHIEVED**
8. The local offer will be available on the internet by the end of December 2015 for both BCCG and LCCG and a dashboard to monitor performance will also be developed and shared publicly - **ACHIEVED**
9. Scoping of perinatal mental health services and early intervention services will continue and detailed plans will be developed by December 2015 to support the need for development of perinatal mental health services the following has been identified through the JSNA - **ACHIEVED**
10. In Bedfordshire, nominated Schools will access training as part of the CAMHS Training Pilot and report on outcomes. In Luton there will be a more extensive offer to all schools focusing on increasing mental health resilience - **ACHIEVED**

#### **Delivery Plan Year 2 (April 2016-March 2017)**

1. ELFT CAMHS will implement new model of care, providing Adolescent Mental Health Teams in Bedfordshire and Luton.
2. Partners have agreed to develop single point of access to services (including specialist CAMHS) as part of the re-procurement process this work will include all the priorities within this plan. Our intention is that this work will take place during 2015/16 ready for implementation in early 2016/17.
3. Implementation and monitoring of new access to waiting times for Eating Disorder pathways will commence.
4. Feedback on Healthy Schools Pilot will be received and wider roll out anticipated. There will be more school nurses trained to support young people accessing drop in services based in schools.
5. Perinatal mental health pathway will 'go live' (subject to funding allocated by NHSE).
6. Model for early intervention will be implemented over a phased plan. There will be continued multi-agency learning and development with commitment to emotional health and resilience in line with early year's strategies and the development of an integrated 0-19 model (Luton).
7. The business case for Liaison Psychiatry will be presented to BCCG for agreement.
8. Working with Associate Solutions who will be providing consultancy commissioned by the Strategic Clinical network we will:

Planned specific project: *Development of a plan to complete, in-service, an impact assessment on the new crisis service* (helping the service staff to gather the information to measure the impact and own the impact process) with the following day allocations:

- Meeting with commissioners to detail scope
- Development of impact evaluation plan for staff to follow
- Preparation for workshop
- Delivery of workshop
- Data analysis after 6 months, or on-going consultancy support

9. We will work with our partners to commence the develop of a local integrated pathway for CYP requiring beds, including crisis support, admission prevention and safe discharge

Engagement by commissioners with the Health and Justice board to develop local integrated pathways, (including transitioning in or out of secure settings, SARCs and liaison & diversion). A good joint plan will identify: the aim; the pathways concerned; the partners involved with a joint commitment to deliver; a project plan including planning structures; resources (including resource transfer); time scale; benefits and outcomes and; risk assessment and potential barriers.

10. Guidelines for Care and Treatment reviews are being developed locally and this will be approved and operational.-
11. Further work to align outcomes in plans with SEND EHCPs will take place.
12. The dashboard for monitoring progress will be developed and this will include protected measures to monitor impact for our vulnerable children and young people.
13. The plan for years 3 – 5 will be developed and agreed through the identified governance structures.

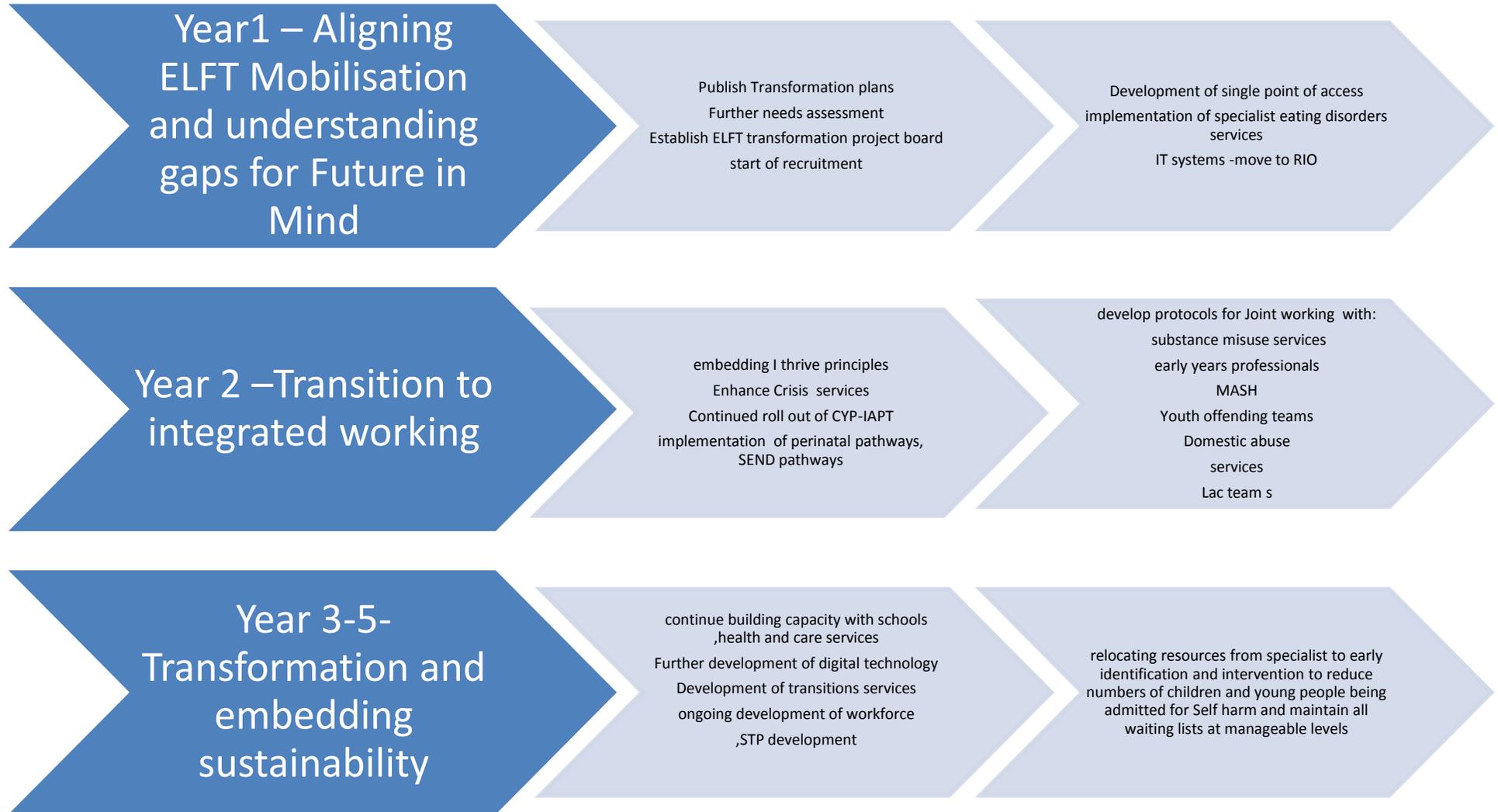
#### **Delivery Plan Years 3-5 (April 2017 – March 2020)**

1. Over the following 3 years 2017-2020, we will focus on transforming other parts of the existing services to the new model, continue to embed the new model, relocate resources from specialist to early identification and intervention to reduce numbers of children and young people being admitted for self-harm and maintain all waiting lists at manageable levels. We will ensure that services delivered adapt to the changing demographics and local needs and monitor performance to ensure investment is appropriate.
2. As part of embedding the new model significant workforce culture change and development will be required to ensure shared decision making based services across all levels of services. We will work with Health Education England to secure a

competent workforce that has both the capacity and capability to meet the needs of the changing population.

3. We will make the development and system leadership of the STP work for us to promote mental health across and through all organisations. Through working together we will be able to mitigate the impact on mental health that changes in organisational structure and activity can have in and between organisations

As part of the STP a considerable funded work-stream is focused on digitalisation, the benefits of which for mental health have yet to be fully appreciated. This is an opportunity for us to influence that work-stream to build on the principles of telemedicine, social media and app development so that we can increase opportunities for access and engagement, for education and awareness for service users and for the training for staff in order for there to be a more sustainable delivery that does not just rely on face to face contact.



## **10. Next Steps:**

There is a system-wide commitment to work in an integrated way to identify more effective and efficient ways of working which will be overseen through the transformation steering group. (See Appendix 1 )

Currently we are consolidating the CAMHS commissioning arrangements across Bedfordshire and Luton. The development of a joint Transition Plan provides an opportunity to work together to identify current services, gaps in provision and to identify and develop local solutions supported by aligned budgets where appropriate. For example eating disorders specialist services and perinatal mental health in the L&D hospital which is accessed by South Bedfordshire patients and Luton Patients.

There is a commitment to develop across the wider STP footprint and a joint funding bid for additional perinatal funding has been submitted.

### **10.1 Collaborative commissioning:**

#### **EoE SCN events**

Bedfordshire and Luton Commissioners have been fully engaged in the East of England Strategic Clinical Network (SCN) events which have been supporting local areas in the development of transformation plans, which have included:

- Providing general guidance relating to the planning process.
- How NHS England will interface and work with CCG's particularly around crisis pathways, home treatment teams and rapid discharge planning.
- Access to self-assessment tools that provide a local and regional Mental Health and Wellbeing picture.

An interface discussion with our local Specialist Commissioning reached agreement to:

- Review opportunities for co-commissioning
- Develop a whole system pathway to bring care closer to home
- Provide a forum for regional CCGs to participate in the monthly NHS England (Midlands and East) parity of esteem telecons.

#### **Specialist commissioning**

In addition to working with Specialist Commissioning as members of the SCN we have sought the views of Specialist Commissioners on our proposed new models of care, and in the development of our transformational plan to ensure a seamless model of care between commissioned services. To ensure a sustainable working partnership we have invited a representative from Specialist Commissioning to be a member of our local joint mental health and wellbeing steering group.

## 10.2 Workforce Development:

A competent workforce is an essential part of the delivery of an effective, efficient high quality service and LCCG and BCCG are now engaged with Health Education England, to agree how Health Education England will work with LCCG and BCCG to deliver this service transformation. There have been challenges recruiting the right calibre of staff to deliver this transformation as we compete for the same finite skill base of health professionals as other areas.

We are also working with our CAMH provider and all key stakeholders to develop the workforce we need locally to deliver the services that we need and we change in service model and priorities set out in this plan. Considerable progress has been made to understand any skills gaps that will require up-skilling staff in early years and education settings to recognise problems early and refer and signpost on to the right service appropriately.

We will ensure that all staff whether they are existing or new, are trained in their area of expertise and are fully aware of the needs of the local communities to be as effective practitioners delivering services.

Mental health practitioners will be actively encouraged to take up CYP IAPT training and we are using this opportunity to extend tier1 training to our universal services .This provides an opportunity for some health professionals who are currently not working in mental health to develop a special interest and become more closely aligned with our mental health providers and provide opportunities for career development.

PWPs will be recruited by CHUMS, (Mental Health and Emotional Wellbeing Service for Children and Young People) using a variety of sources. CHUMS are able to advertise via NHS Jobs but also have well established links with both the University of Bedfordshire and University of Hertfordshire, who regularly send students on placement.

Additionally CHUMS has a number of networks with which they can advertise and as well as a staff team of 50, has a volunteer network of approximately 80, who also have their own networks. CHUMS also uses its' website, Facebook, Twitter and LinkedIn pages when recruiting to new posts.

Whilst these training posts would initially be a fixed term contract the PWP project is in line with the transformation plans for Luton and Bedfordshire and therefore sustaining these posts is the goal.

These posts have the backing of BCCG and are considered to be an important aspect to the long term transformation of services, particularly the increased early access to support for service users.

The formation of a Single Point of Entry (SPOE) for CAMHS referrals, which includes ELFT

and CHUMS, regularly identifies the need for this level of intervention which falls outside the scope of existing services.

Current transformation plans include the development of early intervention services in conjunction with Local Authorities and includes an integrated project to get clinicians into school settings. The PWP's would offer evidence based intervention for children, young people and their families including parenting approaches and behaviour management for anxiety and depression that may not have been identified, by school, as a problem.

This is in line with plans to increase the number of one to one contacts with young people and families who are in need of support and currently unable to access help because of the low intensity of the presenting problems. Future funding is expected to cover the costs incurred in providing this PWP service and it is anticipated that this funding will help to reduce further strains on the current higher levels of psychological support by providing more timely interventions for families.

**Perinatal early intervention training - Champions models for staff training provided through IHV:**

We recommend a ratio of 1 Champion per 50 staff to be trained via the cascade and that the Champions provide the cascade training in pairs (i.e. 2 champions: 100 staff to be trained). The cascade will see the Champion pairs providing the one day cascade training to their colleagues, providing the awareness training in groups of up to 20 colleagues at a time.

You have requested a proposal for 20 Champions – thus the cascade of training from this cohort could have a potential reach of up to 1000 staff annually, dependent on a pair of Champions being supported to roll out the cascade on alternate months to groups of 20.

**10.3 Local data collection**

From the first iteration of this plan where the ability to extract reliable information and data has been a challenge, this refresh has shown us that data collection is significantly better but there are still gaps in data availability that need to be filled if we are to deliver and evidence an improved service for children and young people and inform service redesign.

East London Foundation Trust (ELFT), the CAMH service provider for Bedfordshire and Luton has implemented a new IT system from which data collection and reporting structure and this will enable us to complete further work to collate more comprehensive data can be obtained.

This is particularly important for us to be able to identify potential opportunities for co-commissioning with Specialist Commissioning Team, (particularly the developing of 'step-up, step-down' models for children and young people requiring inpatient care) and to develop the workforce to ensure appropriate competency, skills, capabilities and capacity to meet the needs of the population.

From January 2016 all services delivering children and young people's mental health care including CEDS were required to return data to the Mental Health Services Data Set (MHSDS).

In the long term access to treatment and outcomes will be monitored using MHSDS data, however a recent assessment of coverage and data quality has shown that the data set is not sufficiently mature to provide a baseline at this early stage of development. Therefore the Standardised Committee for Care Information (SCCI) has endorsed an interim NHS England collection via UNIFY (SCCI2185 Amd 25/2016). This is a mandatory Provider quarterly collection.

In addition, Associate Development solutions (ADS) commissioned by the East of England Clinical Network are working with us on a local performance dashboard.

Appendix 1 - Future in Minds Local Transformation Plan Action Plan, 2015-2020.

Appendix 2- Risk register (to be added following FIM steering group held on 21.11.2016)

**NHS**  
Bedfordshire  
Clinical Commissioning Group

**NHS**  
Luton  
Clinical Commissioning Group



**NHS**  
Luton  
Clinical Commissioning Group

## Future in Minds Local Transformation Plan Action plan 2016-2020

**LTP Action Plan**

**A Partnership Framework for LTP  
 Monitoring Template)**

Rag Status:

**R/red** = not achieved to time scale lead to review at mtgs, **A/amber** = In progress but not complete, **G/green** = Completed to time scale

actions	Lead Organisation	Completion By:	Rag Status	Evidence/Commentary
Future in Minds Steering group established	ALL	2015/16	G/green	
TOR developed	All	2015/16	G/green	
Risk register established	All	2015/16	G/green	
Workforce development strategy	All	2016-18	A/amber	
Communication and engagement strategy	All	2016/17	A/amber	
Development across STP footprint	BCCG/LCCG/MKCG	2017/18	A/amber	Perinatal bid across STP footprint submitted

QIPP schemes to be developed	CCG's	Annually		
Link in with CQUIN schemes	CCG's	Annually		

Partnership Themes and Priorities

	<b>Theme 1: Eating Disorders</b>
	<b>Aim:</b> lead on the direct delivery of interventions for children and young people presenting with moderate and severe presentations of eating disorders to improve access and waiting time standards
	<p style="text-align: center;"><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Rapid Access to specialist support</li> <li>• Improved patient experience</li> <li>• Reduced hospital admissions for Eating disorders</li> <li>• Increased awareness across our communities of children, young people and families, agencies and communities of the presentation and prevalence of eating disorders.</li> <li>• Joining up services locally through collaborative commissioning approaches between CCGs, local authorities and other partners enabling all areas to accelerate service transformation.</li> </ul>

	<ul style="list-style-type: none"> <li>• Where eating disorders are diagnosed, to ensure that the children, young people and families have access to high quality NICE concordant evidence based interventions within the access and waiting time frames set out by guidance for presentations assessed as routine and urgent.</li> <li>• Children and young people accessing the CEDS-CYP care pathway should show measurable improvements in the presentation of their eating disorder symptoms against an agreed range of outcome measures</li> <li>• The CEDS-CYP will continue to incorporate the experiences of children, young people and families to continue to improve the quality and effectiveness of the all aspects of the service. Service users will remain at the heart of continuing service delivery and developments.</li> </ul>
<b>Baseline</b>	
	<p>2014/15 ED data Bedfordshire data n=27 (mild), n=23 (moderate), n=3 (severe). Inpatient n=9.          2015/16 ED data (Q3/Q4 only) n= 7 inpatients .n= 36 on current caseload.</p>
<b>Trajectory</b>	
	<p>Across the two CCG areas, we anticipate that a minimum of 70 patients each year will be referred to the CEDS- CYP service, with activity levels in 2015/16 expected to be higher than those in 2014/5 based on increase in population size, increased morbidity and the maturity of the service. The anticipated trajectory for 2015/16 is 98 cases. This will meet the needs of those with moderate and severe ED. The service will also support patients within the wider CAMHS and/or paediatric services who have mild to moderate eating disorders, including where it is a secondary diagnosis. In addition the team will also raise awareness and skills across partners in health and social care and education. This will</p>

	help to ensure that young people in need of help can be recognised early and supported to access appropriate services before their eating disorder escalates to crisis.				
	<b>Supporting data</b>				
	<p>Manual Baseline data commenced from November 2015 as per KPI requirement. RIO software installed across CAMHS service for BCCG and went live on the 1st may. This has been set up to record the relevant data to assure commissioners that the agreed waiting times and access targets are being met as per ED access and waiting times guidance. The service model has been developed to incorporate information about severity of the eating disorder features, general mental health problems, general functioning and wellbeing, physical health, as well as co-existing mental health problems such as depression and anxiety disorders. The measures involve Patient reported outcome measures (PROMS) and clinician rated outcome measures. Measures to be used; At assessment are:- SDQ - YP , EDI/EDQ, SDQ -parent , CGAS , W4H, BP , Pulse ,BMI , Blood sugar, bloods, Score 15; During therapy:- Score 15 GBO's ORS ( 13+) ORS(6-12)W4H , BP etc ;At review and last session:- SDQ -YP , SDQ- Parent, CGAS EDI/ EDQ , W\$H , BP etc , score 15, GBO , ORS 13+ , ORS 6-12,CHI-ESQ YP , CHI - ESQ - parent . In addition Eating disorder examination questionnaire (EDE-Q) will be incorporated along with attitude and experience measures. In addition activity data will be collated related to clock starts and stops, referral pathways, treatment interventions, appointments attended and waiting times .</p>				
	<b>KPIs(proposed TBC)</b>				
	2015/16(baseline )	2016/17	2017/18	2018/19	2019/2020
Number of people accessing community eating disorders service	Updated by Q4				
Reduction in Length of time to assessment	Updated by Q4	75%	80%	90%	95%



Bedfordshire

Clinical Commissioning Group



Luton

Clinical Commissioning Group

service 1 week or less					
Reduction in Length of time to start NICE compliant treatment 4 weeks or less	Updated by Q4	75%	80%	90%	95%
Reduction in Number of CYP –ED admitted to acute trusts	Updated by Q4	20%reduction	30% reduction	60% reduction	85% reduction
Length of stay	Updated by Q4				
Reduction in Number of CYP-ED admitted to Tier 4 bed	Updated by Q4	30% reduction	50% reduction	80% reduction	85% reduction
Length of stay	Updated by Q4				
Discharge planning in place on admission	Updated by Q4	75%	85%	90%	95%
	Updated by Q4	80%	85%	90%	95%

Numbers accessing NICE compliant interventions ie family therapy					
--	--	--	--	--	--

**Actions to achieve this**

Develop model for community eating disorders service	ELFT	March 2016		Completed
Funding agreement	BCCG/ LCCG	April 2016		BCCG – £225k allocated recurrently LCCG -£113k allocated recurrently
Define KPIs/performance monitoring/ Trajectories	BCCG/LCCG	May 2016		Under final development
Train staff on RIO data base	ELFT	May 2016		
Data cleansing	ELFT	By Q4		
Recruit staff	ELFT	July 2016		Staff recruited
Implement model	ELFT	July 2016		Model commenced. Baselines being identified.
Marketing and communications		September 2016		CYP event on the 26 <sup>th</sup> October to test out outcomes and refreshed LTP.
Contractual monitoring commences	CCG's	September 2016		Currently still monitored through the FIM steering group whilst baselines and trajectories established.

Establish pathways for the service to work with school nurses.	ELFT / SEPT / CCG	August 2017		
Risk register Monitored	BCCG	Ongoing		

<b>Theme 2: Perinatal mental health</b>	
<b>Aim:</b>	
<b>Outcomes</b>	
<ul style="list-style-type: none"> <li>• Reduction in attachment difficulties resulting in stronger emotional resilience and better mental health outcomes in the longer term</li> <li>• Avoidance of early trauma</li> <li>• Parents feeling better supported</li> <li>• Reduction in mental health crisis</li> <li>• Effectiveness of interventions monitored through use of outcome monitoring.</li> <li>• Sustain model of learning over the next years through the use of the champions facilitating training thereafter. All current and future staff to attend training to ensure competence and confidence .</li> </ul>	
<b>Baselines</b>	
<b>Trajectory</b>	

- Champions training to provide a cascade for Infant Mental Health/ Perinatal Mental Health (PMH) training for multi-professionals  
 Following commissioning in September 2016 you have confirmed that the proposed training will include at least 11 HVs (including a Practice Development HV), 2 Social Workers, 4 Early Help team members, 4 Midwives from the 2 hospitals. We discussed stretching the numbers to 22 to meet this.

**Champions models for staff training**

We recommend a ratio of 1 Champion per 50 staff to be trained via the cascade and that the Champions provide the cascade training in pairs (i.e. 2 champions: 100 staff to be trained). The cascade will see the Champion pairs providing the one day cascade training to their colleagues, providing the awareness training in groups of up to 20 colleagues at a time.

You have requested a proposal for 20 Champions – thus the cascade of training from this cohort could have a potential reach of up to 1000 staff annually, dependent on a pair of Champions being supported to roll out the cascade on alternate months to groups of 20

	KPIs( proposed TBC )				
	2015/16(baseline )	2016/17	2017/18	2018/19	2019/2020
Numbers of health visitors trained		12	300	600	1200
Number of midwives trained		4	100	200	400
Numbers referred for perinatal interventions		To be established			
Numbers of pregnant mothers					



Bedfordshire

Clinical Commissioning Group



Luton

Clinical Commissioning Group

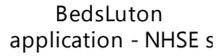
receiving rapid access to adult IAPT services					
Numbers of fathers with mental health problems receiving rapid access to IAPT					
Continue to report outcomes through KPi reporting of number of mothers assessed and number of babies/children assessed at usual milestones ie. 8 weeks, 9 months and 2½ years.					
Continue to report					

<p>outcomes through KPI reporting of number of mothers assessed and number of babies/children assessed at usual milestones ie. 8 weeks, 9 months and 2½ years.</p>					
<p>Continue to report number of early interventions and attendance at these within the HV service for mothers with identified depression</p>					

--	--	--	--	--	--

**Actions to achieve this**

actions	Lead Organisation	Completion By:	Rag Status	Evidence/Commentary
Recruit CAMHS parent/infant psychotherapist	ELFT Bedfordshire	September 2017		£75k allocated by BCCG recurrent
Identify appropriate course for both perinatal and infant mental health using a train the trainer model creating 20 champions/key workers to become trainers and also knowledgeable experts in their workplace thereafter				
Roll out perinatal training to Health visitors / midwives / early years staff. Develop 20 champions to cascade training. Ensure the complete workforce has attended the training over year 2016/17 and record and report attendance to verify.	SEPT / LA's ( CBC / BBC)	March 2017		£94 K allocated by BCCG for training, venues and backfill of staff. Non recurrent.
Train the Midwives, Health Visitors and children's centre staff at an appropriate level for their role with an approved training course to ensure competence in assessment/detection, early intervention where				

required and appropriate referral on within the agreed pathway for perinatal mental health in Bedfordshire.				
Define KPIs/performance monitoring/ Trajectories	BCCG/LCCG	December 2016		
Develop model for perinatal specialist community services	ELFT	September 2016		 Bid submitted 
Recruit staff – subject to successful funding bid	ELFT	March 2017		
Implement model Phase 1	ELFT	March 2017		
Define KPIs/performance monitoring/ Trajectories	CCG's	March 2017		
Marketing and communications	CCG's	March 2017		
Contractual monitoring commences	CCG's	April 2017		

### Theme 3: Crisis Services

**Aim:** This proposal is to provide a service for children and young people up to the age of 18 years who present in crisis in the community in Luton or Bedfordshire or are in the care of Luton & Dunstable or Bedford hospitals.

#### Outcomes

The service is to be delivered through a partnership approach, building on current and newly commissioned services provided by CAMHS and adult mental health services, acute health care and Local Authorities.

In association with the hospital Psychiatric Liaison Services (PLS), the CAMHS Crisis Service will provide a working hours and out of hours CAMHS mental health crisis assessment service which is responsive to meet a young person's and their family's needs in a crisis.

outcomes:

- Develop and improve effective pathways to manage crisis
- Develop and improve CAMHS of hours access to advice and assessment
- Decrease unmet Mental Health needs out of hours.
- Reduce the number of presentations of young people in crisis in terms ensuring continuity of care, (this would include crisis team having access to information about clients presenting and linking with CAMHS clinicians and implementing joined up crisis planning.
- To improve Children and Young People and their families' experiences of an out of Hours CAMHS crisis service in Luton & Bedfordshire.

- Prevent unnecessary inpatient admissions

**Baselines**

- 44 patients assessed following crisis referral, 41 patients assessed following urgent GP referrals, 30 targeted referrals on waiting list.

**Trajectory**

Reduction in current waiting lists to five weeks maximum wait  
 Reduction in admissions to Tier 4 and acute hospitals

**KPIs(proposals TBC)**

	2015/16(baseline )	2016/17	2017/18	2018/19	2019/2020
Number of CYP seen out of office hours	To be confirmed by Q4				
Reduction in Numbers of repeat presentations	To be confirmed by Q4	10% reduction	25% reduction	50 % reduction	75% reduction
Numbers of MH patients seen and assessed within 2 hours of presentation at A+E	To be confirmed by Q4	50%	75%	85%	95%

length of waiting times ( in weeks)	To be confirmed by Q4				
Numbers attending A+E	To be confirmed by Q4				
Reduction in Numbers admitted to inpatient ( acute trusts split by BHT and L&D)	To be confirmed by Q4	50%	75%	85%	95%
Reduction in Numbers admitted to Tier 4	To be confirmed by Q4	50%	75%	85%	95%
Reason for admission	To be confirmed by Q4				
Discharge plan in place		80%	85%	95%	100%
Length of stay	To be confirmed by Q4				

**Actions to achieve this**

Central Midlands	NHS Bedfordshire	194
Central Midlands	NHS Luton	98

Please find attached the Midlands and East region’s funding splits out of the additional £25m to reduce waiting times in CYP MH.

The splits per CCG are across the whole funding period and, therefore, the first tranche of funding will be half of what is stated in the attached. The second tranche (i.e. the other half), as you are aware, will be released in January dependent on submission of CCG baselines and trajectories and assurance of CCG plans.

actions	Lead Organisation	Completion By:	Rag Status	Evidence/Commentary
Develop model for crisis services	ELFT	March 2016		

Crisis pathway refresh	all			 crisi pathways.docx
Funding agreement	BCCG/ LCCG	April 2016		BCCG allocated £225k recurrent LCCG allocated £xxx K recurrent
Additional crisis funding to reduce waiting times and improve access application	CCG's	October 2016		Submission end of October
Define KPIs/performance monitoring/ trajectories	BCCG/LCCG	May 2016		
Recruit staff	ELFT	July 2016		Staff recruitment ongoing. Risk identified as first phase of recruitment did not fill all vacancies. Agency staff being used.
Implement model	ELFT	July 2016		
Marketing and communications	ELFT / CCG	September 2016		
Contractual monitoring commences	CCG's	September 2016		Currently still monitored through the FIM steering group whilst baselines and trajectories established .
Crisis concordat partnership group established	CCG's	Ongoing		
Street triage				The service has so far seen 438 patients, of which 7.08% are U18, so 31

				 Mental Health Street Triage Perfori
Develop pathways/protocol for admission to tier 4				<a href="http://www.camhsbedavailability.nhs.uk/">http://www.camhsbedavailability.nhs.uk/</a>
Develop protocol for delayed discharges				
<p>ADS on behalf of the East of England Clinical Network working with Beds and Luton will:</p> <p><b>Development of a plan to complete, in-service, an impact assessment on the new crisis service</b> (helping the service staff to gather the information to measure the impact and own the impact process) with the following day allocations:</p> <ol style="list-style-type: none"> <li>1. Meet with commissioners to detail scope</li> <li>2. Develop impact evaluation plan for staff</li> <li>3. Preparation for workshop</li> <li>4. Delivery of workshop</li> <li>5. Data analysis after 6 months</li> </ol>				
Development of co –commissioning arrangements with specialist commissioning	CCGs/ NHSE	December 2016		

**Theme 4: Early Intervention lead: Bedford Borough Council , Central Bedfordshire Council**

**Aim:** To increase access to evidenced based interventions at the earliest point to decrease the number of young people requiring Tier 3 or tier 4 support. Improving advice and guidance to frontline family practitioners and embedding mental health professionals within Local Authority Early Help Teams and Secondary Schools.

**Outcomes**

- Reduction in CAMH waiting times
- Increased access to mental health support
- Embedded mental health workforce within Early Intervention teams and schools
  - Improved family based support
- Increased awareness across our communities of children, young people and families, agencies and communities of the presentation and mental health disorders.
- Joining up services locally through collaborative commissioning approaches between CCGs, local authorities and other partners enabling all areas to accelerate service transformation.
  - Training provided to school staff
  - Assessments being undertaken within school settings at earlier point

- Increased workforce using IAPT Principles

**Baselines**

**Trajectory**

**KPIs**

	2015/16(baseline )	2016/17	2017/18	2018/19	2019/2020
	<b>To be established by Q4</b>				
Number of people accessing parenting classes					
Numbers accessing voluntary sector support services					
Number of teachers trained in mental health					

Number of schools with a CAMHS link worker					
--	--	--	--	--	--

**Actions to achieve this**

actions	Lead Organisation	Completion By:	Rag Status	Evidence/Commentary
Develop model for early intervention and schools pathways across Bedfordshire	ELFT/ LA's	September 2016		
Funding agreement	BCCG	September 2016		BCCG – £188k early intervention /£297k schools support. Recurrent funding.
Define KPIs/performance monitoring/ trajectories	BCCG/LA's	October 2016		Under final development
<u>EarlyYears</u> Provision of training and skills development for the staff within the local authority teams to enable them to be able to assess emotional issues and to intervene to support and maintain placements.				



Bedfordshire

Clinical Commissioning Group



Luton

Clinical Commissioning Group

Provide easy and quick access to interventions to prevent placement breakdowns for Looked After Children where there are emotional / behavioural issues threatening the placement stability				
To ensure problems do not escalate to become more acute, and more costly, to the detriment of children and families, by investing in effective community services and multi-agency coordination				
Schools Increasing access to specialist advice and support to staff working with vulnerable groups				
Implement CHUMS emotional wellbeing project model across lower middle and upper schools ; to develop awareness of emotional well-being issues in schools, and to provide training to enable staff to better identify and deal with issues involving mental health				
Increasing access to specialist support for young people presenting with emotional needs and signposting to appropriate treatment options				

Increase awareness and knowledge of mental health problems amongst school staff				
Improve skills and competencies for assessing and providing first-line interventions amongst school staff				
Increase school staffs' confidence of dealing with such problems within schools				
Develop clear pathways within staff working with vulnerable groups for access to more specialist CAMHS support if / when required				
Increase appropriate referrals / decrease inappropriate referrals to specialist CAMHS				
Develop local protocols for joint working across schools and CAMHS which supports feedback from children and young people who participated in focus groups for the mental health procurement and identified a requirement for early intervention.				
Recruit staff	ELFT/ LA's	September 2016		Staff recruited
Implement model	ELFT/ LA's	September 2016		Model commenced. Baselines being identified

Marketing and communications	BCCG	October 2016		
Contractual monitoring commences	CCG's	September 2016		Currently still monitored through the FIM steering group whilst baselines and trajectories established.
Review and implement -Measuring and monitoring children and young people's mental wellbeing: a toolkit for schools and collages				

**Theme 5 Vulnerable Groups**

**Aim:** To ensure all vulnerable CYP and CYP in high risk groups are given optimum opportunity to access services at the right time, in the right place by the right people to meet their needs.

**Outcomes**

- Alignment with LD transforming Care plans to enable people with LD to live in the community and not be admitted to inpatient settings.
- Alignment to the SEND agenda.
- Close working relationships and information sharing between education, health, social care, and youth justice sector.
- Co-ordinated ways of working.
- Integrated services being developed across seamless pathways.
- Roll out of CYP IAPT principles across all agencies with routine outcomes monitoring established.
- Person centred approach with engagement from CYP and their families involved in decision making.
- Reduction in health inequalities
-

Baselines					
Trajectory					
KPIs					
	2015/16(baseline )	2016/17	2017/18	2018/19	2019/2020
	<b>To be established by Q4</b>				

**Actions to achieve this :**

actions	Lead Organisation	Completion during	Rag Status	Evidence/Commentary
Neurodevelopmental pathways established	ELFT /SEPT / BCCG	2017		BCCG funded 100 ADOS assessments to support ASD diagnosis. Non Recurrent BCCG - £40k allocated for ASD facilitator post .Recurrent funding BCCG allocated £70 K for clinical psychologist post. Recurrent funding.

Alignment to Transforming Care / SEND	CCG's / LA's	2017		
Development of processes/ protocols for care and treatment review process	CCG's LA's	2017		
Funding agreement	BCCG/ LCCG	2017		
Define KPIs/performance monitoring	BCCG/LCCG	2017		
<p>A comprehensive multi-disciplinary neurodevelopmental assessment and treatment service, in partnership with local Community Child Health Provider</p> <ul style="list-style-type: none"> <li>• An assessment and treatment service for CYP presenting with ASD and/or moderate to severe LD with comorbid mental health problems</li> <li>• An assessment and treatment service for CYP presenting with significant symptoms of ADHD.</li> </ul> <p>Looked After Children Team-</p> <ul style="list-style-type: none"> <li>• A multidisciplinary target CAMHS team providing mental health and network support service to children and young people in the care of Central Bedfordshire and Bedford Borough Councils, and to their carers Provision of consultation to social workers as well as mental health assessment of the child and family,</li> </ul>				

cognitive and neuropsychological assessment, and state of mind assessment when indicated <ul style="list-style-type: none"> <li>Provision of short and long-term mental health treatment where appropriate, as well as support to birth and foster families for placements, preventing breakdown wherever possible.</li> </ul>				
Workforce development	ELFT/ CCG	2017		
Implement model	ELFT	2017		
Marketing and communications	ELFT /CCG's	2017		
Contractual monitoring commences	CCG's	2017		

**Theme 6: EIP**

**Aim:** to meet the national access and waiting time standards as per NICE Guidance

**Outcomes**

Specialist EIP service in line with NICE recommendations

Baselines					
Trajectory					
More than 50% of people with first episode of psychosis are treated with a NICE approved package of care within two weeks of referral.					
KPIs(proposed TBC )					
	2015/16(baseline )	2016/17	2017/18	2018/19	2019/2020
%of people receiving treatment in 2 weeks	50%	50%	53%	56%	60%
Specialist EIP service in line with NICE recommendations	Define baselines	Complete baseline self-assessment	Achieve Grade at level 2	Achieve grade at level 3	Achieve grade at level 3 or more



Bedfordshire

Clinical Commissioning Group



Luton

Clinical Commissioning Group

35% receiving early treatment are in employment compared with 12% in traditional care		<b>Establish baselines</b>			
Reduced likelihood of an individual receiving compulsory treatment from 44% to 23% during first two months of psychosis					
Reduced suicide risk from 15% to 1%					
Reduced numbers detained under mental health act					

Referral to treatment time					
----------------------------	--	--	--	--	--

**Actions to achieve this:**

actions	Lead Organisation	Completion during	Rag Status	Evidence/Commentary
EIP standards scoped	ELFT /SEPT / BCCG	2016/17		
Model /Pathway developed	CCG's / LA's	2017		
Funding agreement	BCCG/ LCCG	2017		
Define KPIs/performance monitoring	BCCG/LCCG	2017		
Workforce development	ELFT/ CCG	2017		
Implement model	ELFT	2017		
Marketing and communications	ELFT /CCG's	2017		

Contractual monitoring commences	CCG's	2017		.

**Theme 7 – CYP IAPT**

**Aim:** Improve access rate to Children and Young people with mental health

**Outcomes**

- Upskill/ develop workforce in CYP IAPT interventions
- Improved outcomes monitoring and measurement
- Increased access to NHS funded community health services for Children and young people

**Baselines**

**Trajectory**

**KPIs**

	2015/16(baseline )	2016/17	2017/18	2018/19	2019/2020
	<b>Establish baselines</b>				
Atleast 35 % of CYP with a diagnosable MH condition receive treatment from Community MH services		20%	25%	30%	35%
Number of additional CYP treated		7% increase on baseline	Increase of additional 7%	Increase of additional 7%	Increase of additional 7%
Number of staff trained in CYP IAPT					

**Actions to achieve this:**

actions	Lead Organisation	Completion during	Rag Status	Evidence/Commentary
Change of collaborative	ELFT /SEPT / BCCG	2016		

Set up task and finish group	CCG's / LA's / Chums	2016		
Funding agreement	BCCG/ LCCG	2016/17		
Define KPIs/performance monitoring	BCCG/LCCG	2017		
Workforce development	ELFT/ CCG	2017		
Implement model	ELFT	2017		
Marketing and communications	ELFT /CCG's	2017		
Contractual monitoring commences	CCG's	2017		



*Bedfordshire*

*Clinical Commissioning Group*



*Luton*

*Clinical Commissioning Group*

This page is intentionally left blank

## Appendix B

Central Bedfordshire Children's Trust Board

### **Title of Report: Ensuring Good Mental Health and Wellbeing for Children in Central Bedfordshire Council**

**Meeting Date:** 5<sup>th</sup> December

**Presented by:** Dr. Sanhita Chakrabarti

Lead Clinician Bedfordshire Clinical Commissioning Group

---

### **Recommendation**

1. That the Board considers an update on a range of activities taking place across organisations and partners to improve emotional resilience and mental health and wellbeing in children across Central Bedfordshire.
2. This update includes reference to the work of the multi-agency partnership task and finish group - set up following the Children's Trust Board meeting of 6th June 2016.
3. This update includes a short reference to the indirect impact of being overweight on children's mental health and the difficulties in resolving overweight prevalence in families.

### **Background**

4. The Director of Public Health's Report on Mental Health in 2014 identified the need to improve mental health and wellbeing for all children to prevent the long lasting negative impact of mental illness. The report identified action in key areas: ensuring the best start in life; strengthening emotional resilience and wellbeing; detecting and treating illness early and ensuring

children have access to high quality services to support them and their families to become more resilient.

5. The recommendations were to:

5.1 Ensure excellent maternal mental health.

5.2 Help children to become more resilient.

5.3 Increase the early identification of children who are at risk of poor mental health.

5.4 Ensure children, young people and their carers receive high quality, safe, accessible, equitable and timely mental health services.

**To ensure excellent maternal mental health**

6. Maternal mental health disorders following childbirth are common and often serious. Pregnancy and childbirth are major life events, with potential consequences on maternal mental wellbeing. Women may develop mental illness for the first time during the perinatal period or may experience an exacerbation of a pre-existing illness. The risk for severe mental illness is higher in women with pre-existing mental illness.

**Update:**

7. Q2 data suggests 67.7% of mothers received maternal moods assessment by health visitors. The ambition is to increase the proportion of mothers receiving maternal moods assessment to >90% by the end of Q3.

8. Evidence based pathways are now established to support mothers who have been identified to have a mental health issue in the antenatal and postnatal period. Adult mental health services provided by East London Foundation Trust will support mothers when they are identified to have mental health problems. Adult mental health services will fast track any referrals for mothers who need support for their mental health needs.

9. Bespoke training will be made available to health visitors, children's centre staff and community midwives to enhance skills around early identification of mental health problems in mothers; the effect on the mother/baby attachment;

and support for mothers with low grade mental health problems. This is planned for January 2017 and 20 professionals across the system have been identified.

10. An infant psychotherapist post has been established within the CAMHS service to support mothers and babies who have been diagnosed to have attachments issues.

### **To help children become more resilient**

11. Children need to build skills early in life to be able to increase their resilience for future life events. This will help to prevent behavioural problems (including substance misuse) and mental illness. Resilience results in the ability to be autonomous, problem-solve and manage emotions. There are several aspects that work within the life course of a child to make them emotionally resilient. Below is an update on all areas of work that are geared to make our children resilient.
12. 68.5% of children are found to be “school ready” therefore achieving a Good Level of Development by the end of the Early Years Foundation Stage (2016 provisional results).
13. In Q1 2016 92% of Year R children received a comprehensive School Entry Health Assessment. These are conducted by school nurses. In Q2 66% received a Year 6 Health Assessment. As a result of a significant number of issues identified through the Year 6 Health Review, clinics are now being run in some schools to support young people’s emotional wellbeing.
14. To date the School Nursing Service supported 38 children and young people in Central Bedfordshire through the Tier 1 /2 Emotional Health and Wellbeing Support Pathway (numbers are monitored quarterly). A total of 11 children and young people were referred on to CHUMS/CAMHS in Q2.
15. 40 schools are participating in a feedback project to measure the impact of actions taken following the results of their SHEU survey report. These actions involve the development of plans to improve self-esteem and emotional resilience in children attending their schools.
16. Aspire program is a 14 week coaching workshop programme with 12 month tracking aimed at vulnerable young people. This delivers

measurable, improved outcomes in behaviour, education and health and wellbeing and provides a holistic, needs led model of approach for vulnerable children in schools and other settings. Four Aspire programs are being delivered for children in Central Bedfordshire. There is particular work to deliver the programme to Looked after children.

17. All Secondary/Upper school, college and primary schools within Central Bedfordshire will have a CAMHS worker who will be responsible for mental health training of staff and parents in school. They will run consultation clinics in school for children who have been identified to have issues with mental health.
18. A multi-agency partnership group has been set up to develop a strategy to improve emotional resilience and mental health and wellbeing for all children across Central Bedfordshire. A series of meetings have been planned so that a system wide response can be developed for children in all educational settings, families and vulnerable children and their families. A multi-agency group comprising of head teachers from schools, members of CCG, front line practitioners from school nursing, health visiting, Children and mental health services, looked after children, youth offending service, voluntary sector and parent carers forum have come together to support development of this strategy. So far two meetings have taken place and further meetings are planned with focussed work on looking at specific case studies of children and families to enhance the early intervention offer from all partners. The final strategy will be ready by April 2017. However, a lot of work is underway to embed evidence based interventions in service contracts for 2017/18 for maternity services, health visiting service and CAMHS services geared to improving emotional resilience in children. The group has heard presentations on the evidence of interventions that help children and families become more emotionally resilient. Partners have already identified a portfolio of enabling approaches and programs to help children and families across Central Bedfordshire such as the role of CHUMS to work with families early to promote emotional literacy. National expert Dr. Ann York, National Professional Advisor for CAMHS, Dr. Cathy Lavelle, Clinical Director East London Foundation Trust (Bedfordshire) are working as advisory partners

to the group to help with learning from the national best practice.

19. A programme is being developed in partnership with head teachers of primary and secondary schools which schools can practically deliver. This is based on recently published national guidance published by Department of Education. Particular training programmes such as Social and Emotional Aspects of Learning (SEAL), mental health first aid are being considered.

### **Excess weight in children and impact on children's mental health**

20. Being overweight as a child or adolescent has been found to have an adverse effect on a young person's self-esteem, self-image, and self-concept, with physical appearance and athletic/physical competence being most affected. Obesity has also been associated with depression in adolescents. The health-related quality of life of severely obese children treated in clinical settings has been reported to be particularly poor and has been found to be similar to those diagnosed with cancer.
21. Longitudinal studies have also found that depression can predict obesity in adolescents and young adults. Some research studies indicate that obesity in adolescence may lead to depression in adulthood, and that adolescent depressive symptoms, especially among girls, may put individuals at risk for the onset of obesity later in life.
22. Studies suggest in obese children and adolescents' weight loss is found to increase in general self-esteem or quality of life. Weight management programmes have the potential to equip obese young people with positive self-evaluations that may enhance their future well-being, even if weight loss is not apparent in the short-term.
23. In Central Bedfordshire, A healthy lifestyle programme for young families called HENRY which includes physical activity, healthy eating and parenting support is made available through children's centers. This program is free and is open to all families. In addition there is Beezeebodies, which is a family weight management programme for 5 to 15 year olds and their families. Groups are run for the following age groups - 5 to 8, 7 to 11 and 12 to 15. The programme is delivered through 17 weekly sessions, which are run in:
  - Houghton Regis / Dunstable

- Leighton Buzzard
- Sandy / Biggleswade

24. The programme covers: advice and ideas about how to live a healthy lifestyle, help to manage your child's weight, sessions for parents / carers and child / young person, ways to enhance children's self-confidence, practical healthy eating sessions including quick, easy and cheap recipe ideas, advice about portion sizes, activities like basketball, street dance and tennis.

25. The latest excess weight data for Year R and Year 6 children will be available for this Children's Trust Board meeting.

### **To help vulnerable children becoming resilient**

26. Risk factors for onset and exacerbation of mental ill-health in children and young people can be wide ranging and include:

- i) child-related factors such as genetic background, low birth weight, physical health problems, neurodevelopmental disorders (e.g. Autism or ADHD) and substance misuse.
- ii) parent-related factors such as maternal stress during pregnancy, poor parental mental health, unemployment and social deprivation; environmental factors incorporating a wide range of adverse life events including physical, emotional or sexual abuse and family breakdown.

27. A combination of any of the above factors can potentially amplify the detrimental effect on a child's mental health and wellbeing.

28. It is therefore important to support our vulnerable children to develop emotional resilience to achieve their potential.

### **Looked after children**

29. The Strength and Difficulty Questionnaire is used with looked after children as a measure of wellbeing. SDQs are completed on all Looked after Children and Young People aged 4-16 who have been looked after longer than a year. The year to date figure (as of October 2016) shows 105 children completing SDQs - with an average SDQ score for Central Bedfordshire children of 13.82. A low SDQ score is good and Central Bedfordshire is performing better than statistical neighbours (14.6 2014/15) and just below the national (13.9

2014/15) average. Work continues to support this group of vulnerable children.

30. A pilot project in one of the social work teams has been established to use Education and self-completed SDQs alongside Carers' SDQs. Clinicians from CAMHS service are now embedded in the Corporate Parenting Service including co-location with Social Work, Fostering and Adoption Teams so that comprehensive assessment and response is available to all looked after children.

### **Future in Mind steering group across CCG and local authority**

31. From April 2016 additional investment has been made available to Bedfordshire CCG from national Future in Mind Transformation Funding. The following services have been developed across Bedfordshire and Luton with this transformation funds:

- A community Eating Disorder Service for children and young people.
- A seven day Crisis Assessment Team to support children and young people presenting to Bedfordshire hospitals and to provide alternative routes to emergency CAMHS support.
- CAMHS worker(s) embedded within Central Bedfordshire Early Intervention Team.
- CAMHS psychologist embedded within the local Child Development Teams to improve access to appropriate assessment for Autism and related neurodevelopmental conditions.
- Single Point of Entry (SPOE) to all CAMHS has been established by East London Foundation Trust. Every referral received into the service is screened for risk by a qualified clinician on a daily basis before being discussed at the SPOE. High risk referrals are responded to the same working day. The SPOE panel then meets weekly and consists of a cohort of managers and senior clinicians from both CAMHS and CHUMS who discuss and agree outcomes for all referrals into the services. After each case has been considered, all suitable cases are accepted into the most clinically appropriate service/team and then allocated an individual clinician. An initial assessment date is then agreed and a letter inviting the family to the clinic is distributed explaining the assessment. If the panel

recommend alternative interventions by other services more appropriate at this stage then the referral is signposted on the same day to another service for consideration (i.e. parenting, children's health or local authority support).

- The benefits of this model ensure a consistent approach to managing referrals is maintained and has improved record keeping and communication sharing with our tier 2 partners.
- All schools and colleges which have year 9 pupils and above within Central Bedfordshire will have a named CAMHS worker who will be responsible for mental health training of staff and parents in school. They will work in partnership with schools and where necessary, run consultation clinics in school for children who have been identified to have issues with mental health.
- All schools with year 8's and below will have named CHUMS staff to offer training to school MH leads and run consultation clinics.

**CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD**

Date of Meeting

25 January 2017

---

**Sustainability and Transformation Plan 2016-2020**

Report of Councillor Maurice Jones, Executive Member for Health  
([Maurice.Jones@centralbedfordshire.gov.uk](mailto:Maurice.Jones@centralbedfordshire.gov.uk))

Advising Officers: Richard Carr, Chief Executive ([Richard.Carr@centralbedfordshire.gov.uk](mailto:Richard.Carr@centralbedfordshire.gov.uk))

**Public or Exempt No**

---

**Purpose of this report**

1. To update the Health and Wellbeing Board about publication of the draft Sustainability and Transformation Plan (STP) for the Bedfordshire, Luton and Milton Keynes (BLMK) Footprint.
2. Draft plans for BLMK were submitted to national regulators of health services in June, then October and formally published on 15 November 2016. Plans continue to be developed with involvement from all 16 partner organisations
3. The STP, summary document and detailed communication, engagement and involvement plans are expected to go to the boards, governing bodies, executive committees or the equivalent of all 16 partner organisations.
4. The report also seeks the endorsement of the Health and Wellbeing Board for the emerging STP Plan for the Bedfordshire, Luton and Milton Keynes Footprint.

**RECOMMENDATIONS**

**The Health and Wellbeing Board is asked to:**

1. **to note publication of Draft Sustainability and Transformation Plan.**
2. **to endorse the STP on the basis that the priorities reflected in the Plan align with the Council's aspirations for greater emphasis on prevention; reduced reliance on acute services; strengthened primary care services delivered close to where people live and integrated wherever possible with social care and other services.**

## Overview and Scrutiny Comments/Recommendations

5. A report and update on the initial draft STP was presented at the Council's Social Care, Health and Housing (SCH&H) Overview and Scrutiny Committee meeting on 24 October 2016. The Committee expects the STP to:
  - help drive a way forward regarding the review of services provided in Bedford and Milton Keynes and Luton & Dunstable Hospitals and looks to see positive outcomes for the residents of Central Bedfordshire
  - see financial balance across the local health system and an improvement in the efficiency of National Health services.
6. The SCH&H Overview and Scrutiny Committee is currently undertaking an enquiry on the emerging approach to integration of health and care services in Central Bedfordshire.
7. As the SCH&H Overview and Scrutiny Committee has taken the lead on the plan, it is suggested that all other scrutiny engagement on the STP is channelled through this route to ensure a cohesive approach.

## Background

8. The NHS Shared Planning Guidance for 2016/17- 2020/21, 'Five Year Forward View' published on the 22nd December 2015, required health and care systems to develop a Sustainability and Transformation Plan (STP). These place-based, multi-year plans, built around the needs of local populations, are seen as a means to build and strengthen local relationships, enabling a shared understanding of local issues and challenges, and should define the ambitions for 2020.
9. To do this, local health and care systems have been asked to work together in STP "footprints". There are 44 of these in England. Central Bedfordshire is part of the Bedfordshire, Luton and Milton Keynes Footprint.
10. In June 2016, the STP made a submission to NHS England establishing five priorities and outlining initial ideas for transforming local health and care. This was followed by a more comprehensive submission in October 2016. The draft Plan, which is strategic in nature and covering the period between October 2016 and March 2021; will be underpinned with detailed implementation plans which will be subject to a programme of engagement and consultation.
11. A summary of the draft STP is attached. A website providing more information, news and details of engagement events has also been launched <http://www.blmkstp.co.uk/>. The full technical document can also be accessed via the same link.

12. An earlier report setting out the requirement to produce an STP and the emerging priorities was considered at the Health and Wellbeing Board meeting in June 2016.

### **STP Overview**

13. The Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan sets out a number of priorities which must address current and future challenges within the health and care system by delivering NHS England's triple aim:
  - I. Sound health and wellbeing of the local population
  - II. High quality health and social care supplied to local people, with service users, their family carers and others in receipt of care, acknowledging a positive experience
  - III. Living within the resources available.
14. The five year Plan outlines the ideas that the 16 STP partners have developed so far for transforming publicly-funded health and social care services in Bedfordshire, Luton and Milton Keynes. The remit of the plan extends beyond hospital services, and building on good practice, includes social and community care, GP services, ambulance services, urgent and emergency care across the BLMK footprint. The BLMK STP priorities are:
  - **Priority 1: Illness prevention and health promotion:**  
Preventing ill health and promoting good health by giving people the knowledge and ability, individually and through local communities, to manage their own health effectively.
  - **Priority 2: Primary, community and social care:**  
Delivering high quality and resilient primary, community and social care services across Bedfordshire, Luton and Milton Keynes.
  - **Priority 3: Secondary care:**  
Delivering high quality and sustainable secondary (hospital) care services across Bedfordshire, Luton and Milton Keynes.
  - **Priority 4: Digital programme:**  
Working together to design and deliver a digital programme, maximising the use of information technology to support the delivery of care and services in the community and in primary and secondary care.
  - **Priority 5: Demand management and commissioning:**  
Working together to make sure the right services are available in the right place, at the right time for everyone using health and social care in Bedfordshire, Luton and Milton Keynes.

15. These five priorities signal an ambitious and far-reaching overhaul of the health and social care landscape in BLMK. It is anticipated that delivery of change against these priorities will help to build a high quality health and care system that is financially sustainable, now and into the future.

### **Next steps**

16. Although the STP provides the overarching ambition for Bedfordshire, Luton and Milton, work is already underway in Central Bedfordshire to introduce new ways of working and to secure early improvements in how people are cared for.
17. A key part of this is the 'place based' multidisciplinary approach with health and social care teams centred on GP Practices in each of the four Central Bedfordshire localities. These place based teams will become the focal point for locality Integrated Health and Care Hubs, which are central to securing cohesive community and out of hospital based services for Central Bedfordshire's population.
18. The draft STP Plan is currently being reviewed by NHS England and NHS Improvement.
19. A programme of engagement with other key stakeholders and the public to share the Initial thinking and priorities set out in the submission is commencing and will continue, in the first instance till 31 January 2017. Feedback from these events will be used to further refine and shape the Plans.
20. Any further change proposals will be subject to a programme of formal public engagement and consultation.

### **Council Priorities**

21. STPs are an opportunity to develop a local route map to an improved, more sustainable health and care system. The Health and Social Care Act 2012 introduced significant new responsibilities for local government for Public Health and as system leader or place shaper in Health and Wellbeing Boards. STPs are a whole systems plan which requires system leadership to develop a shared vision to reduce inequalities in health, improve the quality of care and create a sustainable health and care system. The proposed action supports the Council's priorities, listed below:
  - promote health and well being and protect the vulnerable

### **Legal Implications**

22. CBC is acting in accordance with NHS Shared Planning Guidance in engaging in the process for the preparation of the STP.

### **Financial Implications**

23. The Sustainability and Transformation Plan must set out how the health and care system will achieve financial balance over the next 5 years and will form the basis of the application process to access transformational funding for 2017/18 onwards.
24. Currently, the Better Care Fund holds a pooled budget of £20.5m across Central Bedfordshire's health and social care system for 2016/17. A risk sharing agreement setting out how financial risks are shared across the whole system has been agreed.

### **Equalities Implications**

25. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
26. The STP aims to address the whole health and care system to enable a rebalancing towards prevention, early intervention; supporting independence and wellbeing. A whole systems focus, with engagement of the local communities will help to deliver improved clinical outcomes and patient experiences.

### **Conclusion**

27. Although relatively new, Sustainability and Transformation Plans will have a significant ongoing role in the NHS and will influence the future shape of local health and care services.
28. Central Bedfordshire is part of the BLMK footprint and implementation of the STP priorities will have an impact on the how local people access and experience health and care services.
29. The STP priorities are also being considered as part of the Overview and Scrutiny Committee's Enquiry into an emerging approach on integration of health and care services for Central Bedfordshire's population.

### **Appendices**

Appendix 1 BLMK STP – Public Summary

This page is intentionally left blank



# Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan

October 2016 submission to NHS England

Public summary



15 November 2016



# Contents

- 1 Introduction – what is the STP all about? ..... 3**
- 2 Health and social care in BLMK ..... 4**
- 3 Why do we need to change?..... 6**
- 4 How the BLMK plan could address local health and social care challenges ..... 7**
  - 4.1 Our vision for the future ..... 8**
  - 4.2 Transforming health and social care – our five priorities.....10**
  - 4.3 Transforming health and social care – our ideas .....11**
- 5 What has happened so far? .....17**
- 6 What happens next? .....17**
- 7 How we will be involving you .....18**

## About this summary

This document summarises the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan (BLMK STP) submission to NHS England in October 2016. You can find more detail in the draft technical STP submission that is available on our website at [www.blmkstp.co.uk](http://www.blmkstp.co.uk).

The five year BLMK plan outlines the ideas that the STP partners have developed so far for transforming publicly-funded health and social care services in BLMK, building on already existing good practice. And it’s not just about hospital services; the STP has a broad remit that includes social and community care, GP services, ambulance services, urgent and emergency care across the whole of Bedford Borough, Central Bedfordshire, Luton and Milton Keynes.

We have produced this summary to share our ideas with you and invite feedback from everyone with an interest in our services, including those who use them and those who work within them.

It’s important to note that we are at an early point in the process and no decisions have been made as yet. At this stage, we want to gather your thoughts – what do you think of our ideas? Are we on the right lines? Is there anything else we need to be considering? Your input will help to shape the STP’s development and no decisions will be made without further discussions with patients, the public, staff, local politicians and voluntary sector organisations, as well as formal consultation on any major service changes or decisions that impact on staff.



# 1. Introduction

## What is the STP all about?

Sustainability and Transformation Plans (STPs) are an NHS England initiative. They give local NHS organisations and councils the opportunity to work together to improve the way health and social care is designed and delivered, so that local people receive the best possible service. Our staff and population are proud of our services, but we all know we can make them much better.

In Bedfordshire, Luton and Milton Keynes, 12 NHS organisations and four local councils<sup>1</sup> have been working together to find ways of improving and modernising services to meet the ‘triple aim’ – set out in NHS England’s *Five Year Forward View*<sup>2</sup> – of delivering improved health and wellbeing, transforming quality of care delivery and making NHS finances sustainable.

Almost one million people live in Bedfordshire, Luton and Milton Keynes (BLMK) – three very different places that are also diverse within themselves. These differences affect what local people need from their health and social care services. For example in Milton Keynes, services must meet the needs of one of the most rapidly growing populations in the country. In Bedford Borough and Central Bedfordshire, services must meet the needs of a population with a higher than average number of people aged over 75. And in Luton, services must meet the needs of one of the most vibrant and ethnically diverse populations outside of London.

There are also significant differences in general health and wellbeing, depending on where people live. For example, there is a 10 year life expectancy gap between women from the most and least deprived areas of Bedford Borough, and a 12 year gap for men from the most and least deprived areas in Luton. This is unacceptable and we are committed to tackling these inequalities to ensure everyone lives longer, healthier lives.

We have to respond to rising demand for health and social care services, making sure that patients and their needs are at the heart of the care we plan and provide. We want to improve our services by working with you more effectively and must plan for the different ways that people want to access and use services. We also want to help people take greater control of their own health and wellbeing, and we must do all of this with the money we have available to us.

This summary sets out our vision for future health and social care in BLMK and outlines our ideas for responding to the challenges we face. It also sets out our commitment to involve you, the people who use our services, to further develop our plans and proposals for the future of local health and social care services.

In five years’ time, if we deliver this plan, we will see people staying in good health for longer, with better care and more of it delivered closer to home. If someone does become unwell, they’ll have access to the best possible services to get on their feet again, or manage their condition so they can have the best quality of life possible.



We see this as an exciting opportunity to develop health and social care services for the communities we serve. As users of the services we deliver, we want you to help us get it right.

**Pauline Philip**

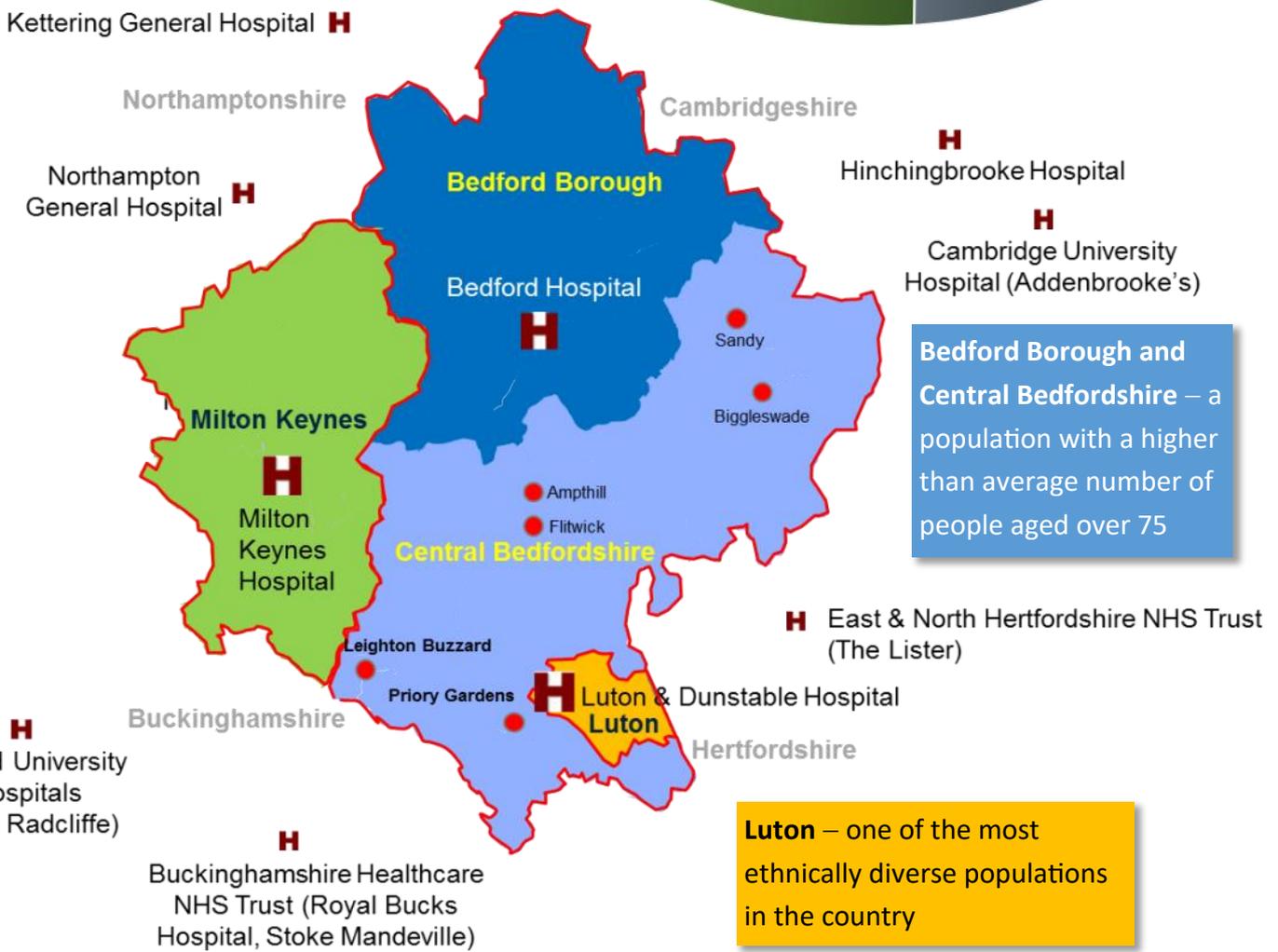
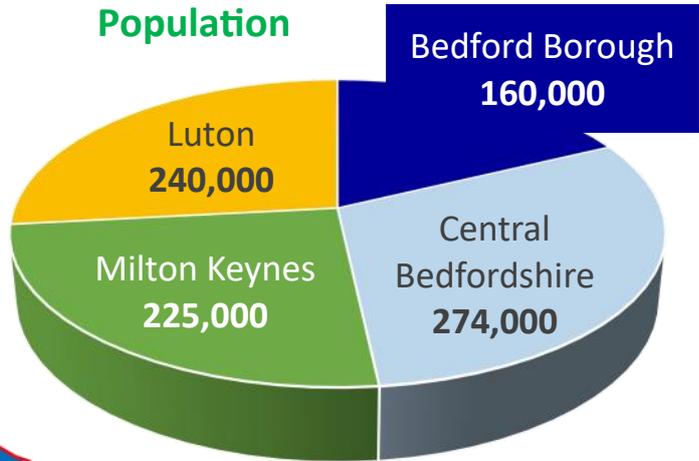
Chief Executive, Luton and Dunstable University Hospital NHS Foundation Trust and Lead for the BLMK Sustainability and Transformation Plan

1. For a list of the BLMK STP partners, see section 4 of this document (page 7)  
 2. *NHS Five Year Forward View* (23 October 2015), available at [www.england.nhs.uk/ourwork/futurenhs](http://www.england.nhs.uk/ourwork/futurenhs)

## 2. Health and social care in BLMK

Almost one million people live in the BLMK area – 160,000 in Bedford Borough, 274,000 in Central Bedfordshire, 240,000 in Luton and 225,000 in Milton Keynes.

**Milton Keynes** – one of the fastest growing populations in the country



As with many areas of the country, the BLMK health economy is facing a number of challenges. We have a growing population which is also getting older. More people are living with long term health challenges, such as diabetes and arthritis, that cannot be cured but can be effectively managed. The quality of healthcare that people receive and also their general health and wellbeing vary across BLMK. We are also facing workforce shortages and significant financial pressures.

# Some facts and figures

## Health and wellbeing across BLMK

- Life expectancy is better than the national average in Bedford Borough and Central Bedfordshire, and worse or similar in Luton and Milton Keynes, but there are large inequalities in life expectancy across BLMK, depending where people live.
- One in five children are overweight or very overweight by the age of five, rising to one in three by the age of 11.
- Smoking remains the single greatest preventable cause of ill health and early death, and 1 in 10 expectant mothers smoke.
- Alcohol-related hospital admissions are rising across BLMK.
- The four main causes of early death are diabetes, cardiovascular disease, cancer and chronic obstructive pulmonary disease (COPD).
- Depression and severe mental illness is rising.
- The 85+ age group is predicted to grow faster than the rest of the population in the next 20 years.

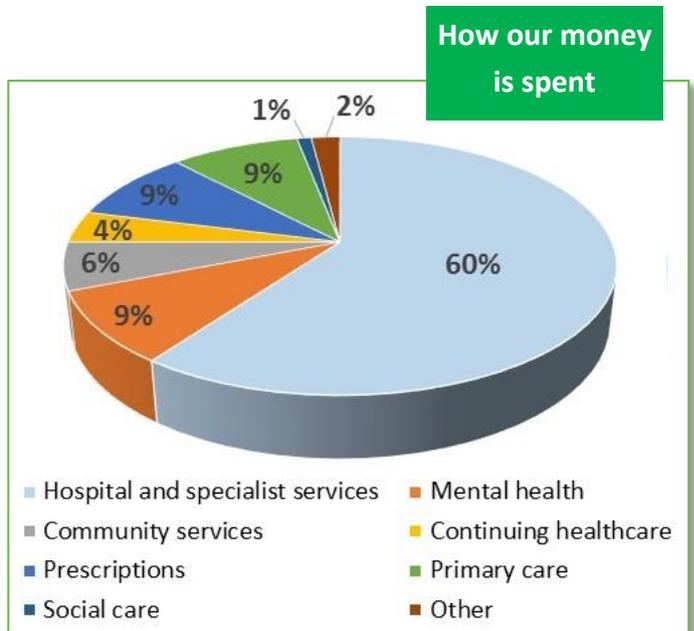
**Ageing population**



**The 85+ age group is expected to grow fastest in the next 20 years**

## Care and quality across BLMK

- GP practices in BLMK have more registered patients per GP than the national average, which can mean some patients have difficulty getting an appointment.
- Our workforce is ageing and we face challenges recruiting health professionals in primary, community and social care.
- Patients are not always clear how to access urgent care services, with a number of different organisations operating NHS 111 and GP out-of-hours services across BLMK.
- Hospitals are struggling to meet demand while maintaining national standards.
- Ambulance performance, in particular their ability to meet national standards for attending emergencies, is under severe pressure.



## Funding and finance across BLMK

- The current combined annual budget for health and social care is £1.33bn (see the above chart for a breakdown of how this budget is used).
- The good news is that we expect to see this funding rise to 1.67bn by 2020/21, an increase of 26%. The not so good news is that, if we don't change anything, this increase will be absorbed by rising demand for services.
- If we don't make changes, by 2020/21 our spending will exceed our income by £311m a year.

**Financial challenge**



**If we don't make changes, by 2020/21 our spending will exceed our income by £311m a year**

### 3. Why do we need to change?

The NHS has a ‘triple aim’ – set out in NHS England’s *Five Year Forward View*. It involves:

- Delivering improved health and wellbeing
- Improving the quality of care provided
- Making NHS finances sustainable, year on year

It is our responsibility to balance these three aims.

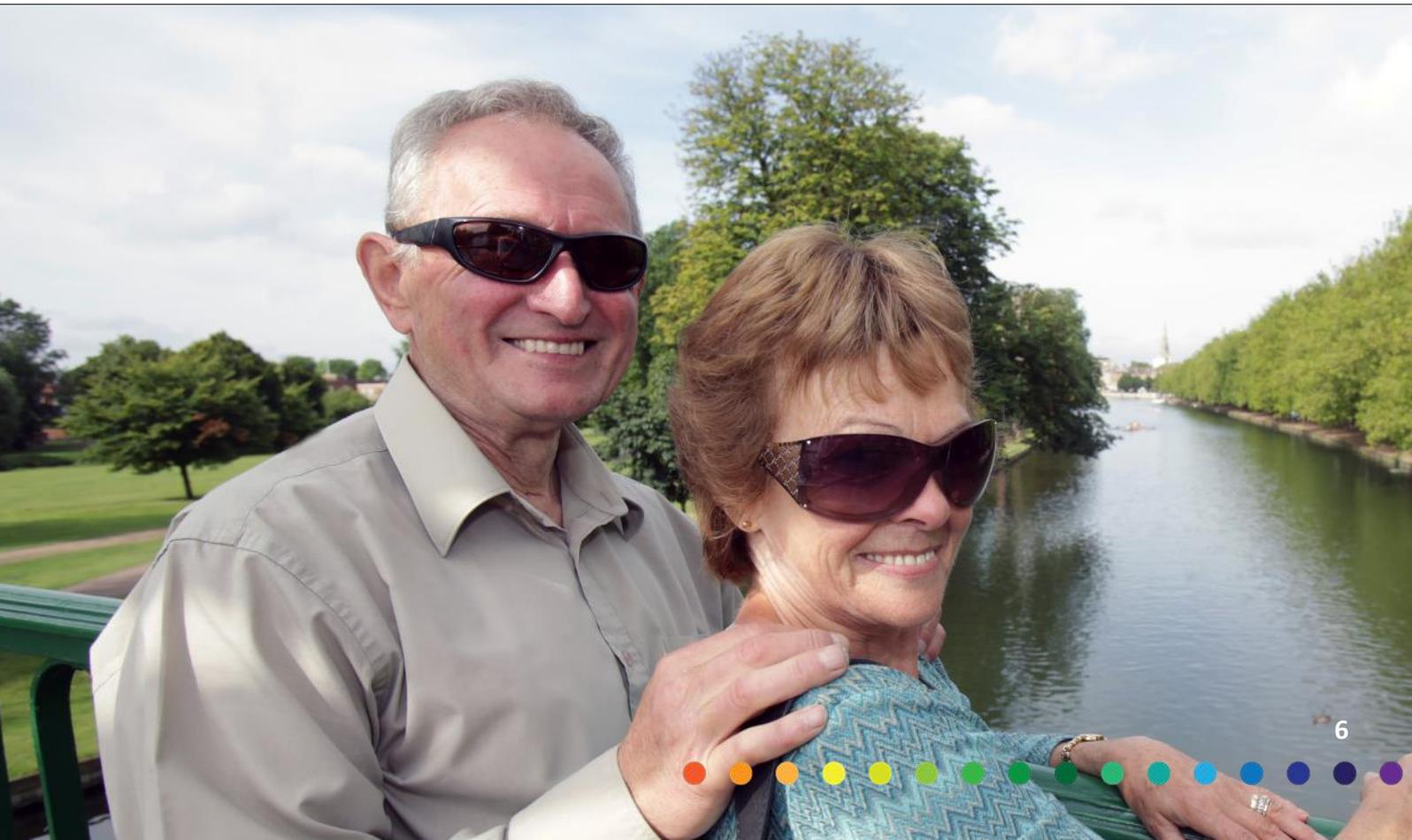
The health and social care system across BLMK has a significant financial challenge. If we do nothing, by 2020/21 the cost of meeting demand will far exceed the money that will be available to us. We must do something about this and, together, we need to determine what that is, and then work together to get on and achieve it.



**NHS triple aim**

In developing our plans to work together and work differently, we will need to show how those plans improve the quality of care we provide, the health and wellbeing of local people and how we can afford to do this with the funds available to us.

We, of course, need to deliver the best value possible for each taxpayer pound, but we will also ensure that we make informed, considered decisions involving local people, clinicians and other interested parties about how best to use the money available to us, while investing in and improving the care and services we provide.

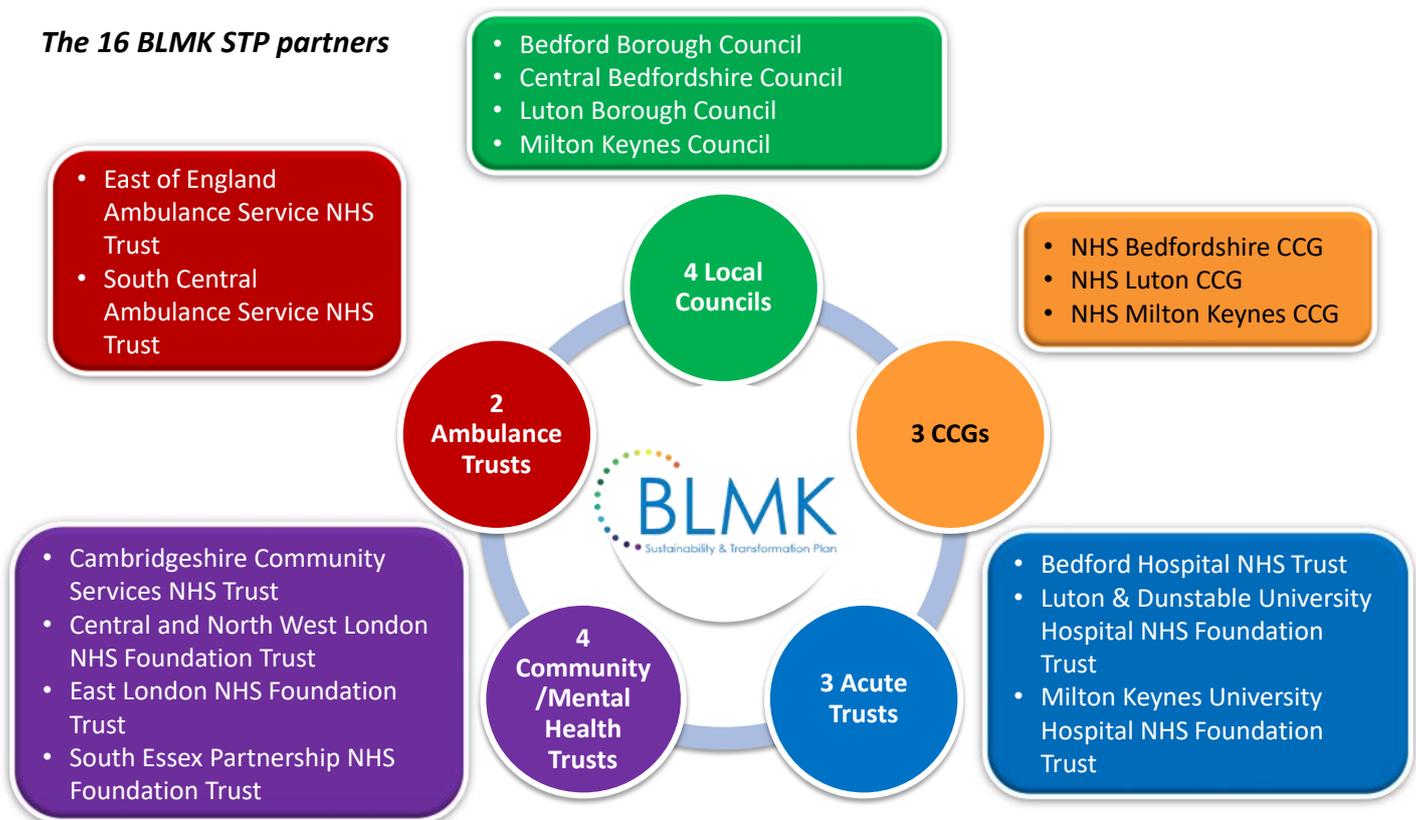


## 4. How the BLMK plan could address local health and social care challenges

The BLMK plan has brought together 16 partners to look collectively at how we can:

- Break down the boundaries between our local health and social care systems
- Address problems that threaten our clinical and financial sustainability
- Develop ideas and priorities to transform local services

### The 16 BLMK STP partners



Note: our local councils provide social care services and the CCGs (Clinical Commissioning Groups) buy healthcare services for local people.



## 4.1 Our vision for the future

The BLMK partners have developed a shared vision for the future of local health and care services. This vision is grounded in an honest assessment of the effectiveness, fitness for purpose and affordability of existing services.

We have much to be proud of, some good things to build on and a strong appetite for improvement. However, there is some way to go if we are to achieve clinical and financial sustainability in the coming years.

### What does the future of health and social care look like in BLMK?



People have the **knowledge** they need to make informed choices about their own health and wellbeing. People are aware of the local health and care services that are available, what these services offer and how to access them.

Our **GPs** act as the crucial gatekeeper for people needing to access physical and mental health services. They lead specialist teams of health professionals including community and specialist nurses, care co-ordinators, therapists, pharmacists, dietitians and other clinical and support professionals. Our GPs spend their own time with those most in need, for example those who are chronically ill or who have complex diseases. Our GPs and their teams use technology to co-ordinate the safe, effective delivery of care and services to patients in their local communities.



**Community physical and mental health services** are given equal focus and work together in partnership with GP practices for better patient care. Community care workers have mobile technology at their fingertips so they can spend more time out in the community with their patients. Having immediate access to securely shared care plans and digital technology and communication will allow more time to be spent providing hands-on care and support. Social workers, clinicians and clinical support teams work in an integrated way, meaning patients benefit from co-ordinated packages of care and not multiple separate visits from individual professionals.



Staff in **nursing and residential care homes** are treated as vital members of the wider integrated team, having immediate access to shared care plans. They are able to play a more proactive role in the care of their residents. Care home residents are supported by community clinicians who proactively manage their physical and mental health and wellbeing. NHS bodies and local councils collaborate closely to meet the demand for care home places and home support in a timely manner, and everyone supports the timely discharge of patients.



People are educated and informed so they understand the difference between an **urgent care need and a life threatening emergency**, supported by the development of responsive, trusted and well signposted urgent care services. Such services reach into people's homes, with community paramedics and rapid response community health teams providing urgent care and support for those who are unable to use the networks of walk-in urgent care centres that are in place. Only those who need emergency care and treatment for serious illness and injury feel the need to use hospital emergency departments.



Fewer people need to be admitted to hospital and are instead treated in community settings. When **local hospital services** are required, high quality hospital care is available in a timely way on BLMK's three existing hospital sites. These hospitals are no longer isolated from each other, but work in an integrated way. As a result, between the three of them, they are able to deploy the latest advances in medical practice and technology to provide a safe, high quality service, delivering the very best clinical outcomes. Hospitals support and care for patients' needs beyond their walls, making maximum use of technology to support patients and clinicians in the community. People don't stay in hospital any longer than they need to.



## 4.2 Transforming health and social care – our five priorities

The STP partners have identified **five priorities** that we intend to focus on immediately to transform our local health and social care systems and achieve our vision for the future.

Taken together, these five priorities signal an ambitious and far-reaching overhaul of the health and social care landscape in BLMK. Delivery of change against these priorities will help us build a high quality health and care system that is financially sustainable, now and into the future.

There are three ‘front line’ priorities (focused on health, wellbeing and patient care), combined with two ‘behind the scenes’ priorities (technology and system changes) that are required to support the transformation process. As this is a system-wide approach, each of the five priorities are reliant on each other, so they will all be worked on at the same time.



## Three ‘front line’ priorities

**P1**

**Prevention**

Encourage healthy living and self care, supporting people to stay well and take more control of their own health and wellbeing.



**P2**

**Primary, community and social care**

Build high quality, resilient, integrated primary, community and social care services across BLMK. This will include strengthening GP services, delivering more care closer to home, having a single point of access for urgent care, supporting transformed services for people with learning disabilities and integrated physical and mental health services.



**P3**

**Sustainable secondary care**

Make our hospital services clinically and financially sustainable by working collaboratively across the three hospital sites, building on the best from each and removing unnecessary duplication.



## Two ‘behind the scenes’ priorities

**P4**

**Technology**

Transform our ability to communicate with each other, for example by having shared digital records that can be easily accessed by patients and clinicians alike, using mobile technology (e.g. apps), for better co-ordinated care.



**P5**

**System redesign**

Improving the way we plan, buy and manage health and social care services across BLMK to achieve a joined up approach that places people’s health and wellbeing at the heart of what we do.



## 4.3 Transforming health and social care – our ideas

In this section, we look at some of the specific ideas we are considering to deliver change against our five priorities.

### P1

## Prevention



### A focus on prevention

The STP partners need to ensure that a focus on prevention is embedded within their organisations and plans. This way, we can deliver major improvements in prevention and early intervention across the health and care system.



### Prevention services

We are also considering development of specific prevention services including a fracture liaison service and a social prescribing hub.



P2

# Primary, community and social care



## Better care, closer to home

So we can provide better care, closer to home and ensure a joined up approach, we are considering the following:



### Enhanced, supported GP services

Family doctors are the first port of call for most people when they are feeling unwell, but we also know that people can sometimes struggle to get a GP appointment.

To address this, we are looking to build a wider team of health professionals, such as clinical pharmacists and health coaches, aligned around GP practices so that family doctors can concentrate on managing the care of those patients with the most complex needs. We are also looking to remove from general practice work that is better undertaken elsewhere, so our GPs can concentrate on the work which only they can do.

To enable GP practices to deliver certain services for our growing population, some mergers, partnerships or other collaboration between GP practices may be required. We also need to improve and streamline the information available to GPs, so they have all the guidance at their fingertips to effectively refer patients to specialist physical and mental health providers in hospital, community or voluntary settings.



### Co-ordinated, joined up care

A lack of joined up care between different parts of the health and social care system is an issue that's often raised by patients. To help address this, we are looking to bring together hospital specialists, primary care (GPs), community health and social care providers to deliver care at home, or close to home, and to locate other council services (such as housing) alongside healthcare services, for example in community hubs. We would also look to work more closely with voluntary organisations, charities etc to support local people's health and social care needs.





### Co-ordination of hospital discharge

Patients tell us that another area where co-ordination of care can fall short is when they are waiting to be discharged from hospital. We are therefore proposing to provide dedicated teams to work between hospitals, GPs and social care providers to get people out of hospital quicker and reduce readmissions.

### Improved care for patients with complex or multiple conditions

With people living longer and the number of people with long term conditions increasing, we are looking to recruit more than 80 additional healthcare workers across BLMK to enhance the care provided for patients with complex needs, with advanced illnesses or who are nearing the end of their lives. This care would most often be provided at home, in residential care homes and in community hospitals, supported by specialist GPs or community-based physical and mental health specialists for highly complex conditions.



### Better use of medicines

To make sure we are prescribing the right medicines for the right people at the right time, we are looking to work in a more co-ordinated way to focus on innovative approaches and the effective, efficient and safe use of medicines across the health and care system.

### Improved self care

We are looking to strengthen community support and develop individuals' and families' ability to look after their own health and wellbeing.



## Single point of access (SPoA) for urgent care



We are looking to improve the quality and responsiveness of urgent care that takes place outside hospitals by creating a single hub dealing with urgent and non-urgent enquiries (calls, texts, chats, etc) that brings together 111, 999, NurseLine and other provider services. This service, which will require almost 100 additional staff, will offer informed, professional advice and guide patients to the most appropriate physical or mental health services for their particular needs.

This service will fully integrate with GP out-of-hours and other appropriate services to enable direct booking of phone consultations and face-to-face appointments.



## Sustainable secondary care



- The BLMK plan has now assumed responsibility for developing proposals to modernise the care provided at our local hospitals, so they can provide high clinical standards that are both fit for the future and financially sustainable. While the work of the previous Bedfordshire and Milton Keynes Healthcare Review has been fed into the STP process, the STP is looking more broadly across BLMK and more deeply at services outside of hospitals which significantly affect hospital demand.
- Our three local hospitals have committed to work together to plan, develop and provide a unified service across BLMK which reduces unnecessary duplication, with hospital services being located on the three existing sites in Bedford, Luton and Milton Keynes.
- The hospitals' chief executive officers, medical directors and directors of nursing are working closely together to create an integrated model of leadership, management and operations across the three hospitals, covering clinical services, support services and workforce requirements.
- We will fully discuss and consult with local people and staff on any significant changes to hospital-based care that might emerge from this work, before any decisions are made.



P4

## Technology



- People have told us it can be frustrating to have to re-tell their story as they move through different parts of the health and social care system. To help address this, we are looking to introduce a Health Information Exchange to enable the safe, secure sharing of information, including the convergence of hospital records onto a single system across all three sites.
- Giving patients improved access to their own records, using mobile technology (e.g. apps), will enable them to better take ownership of their own health and wellbeing.
- Improved technology will also provide better evidence for clinical decision making and will help clinicians get a head start by, for example, managing and predicting the likelihood of a patient’s condition worsening.



P5

## System redesign



The STP partners have concluded that the current arrangements for analysing and assessing healthcare needs, and for buying and providing health and social care in BLMK, needs simplifying and streamlining.

A number of benefits are expected to arise from this:

- Commissioners will become more focused on the health and wellbeing of local people and on clinical outcomes where services are provided, rather than inputs and processes.
- Incentives between individual commissions and also between organisations delivering care will become better aligned, meaning service users and patients receive a more joined up service.
- More of BLMK’s health budget will be spent on front line services and we will see administration costs fall.



## 5. What has happened so far?

Clinicians, public health professionals and senior managers from the 16 STP partner organisations started working together in March 2016. They have been looking at how can we can address the challenges faced by our local health and social care systems and have developed ideas and priorities to transform services so that our hospitals, GPs, primary, community and social care services can meet the needs of today’s generation and the generations to follow.

In June 2016, the STP made a submission to NHS England establishing our five priorities and outlining initial ideas for transforming local health and care. This was followed by a more comprehensive submission in October 2016, which is summarised in this document. You can find more detail in the draft technical STP submission that’s available on our website at [www.blmkstp.co.uk](http://www.blmkstp.co.uk).

The STP has been developed with strong input and involvement from local hospital, primary care and community clinicians. Our initial ideas for moving more care closer to home have also been discussed directly with local GPs and other healthcare workers.

## 6. What happens next?

Both NHS England and NHS Improvement are reviewing our October 2016 submission and will provide us with their feedback on our developing proposals.

The initial thinking and direction contained in the submission will now be shared more widely with interested parties so we can further refine and shape our plans. The more detailed technical STP submission that’s available on our website at [www.blmkstp.co.uk](http://www.blmkstp.co.uk) will be considered by STP partner boards and governing bodies. It will also be discussed with local authority scrutiny committees, Health and Wellbeing Boards, our local Healthwatch organisations and partnership forums.

During this time, we will continue to develop our plans, including fully working through the financial aspects associated with our proposals, adding detail around our priorities and establishing how we can start to effect some of the changes we have identified.

The chart below shows the proposed timeline for the STP and how we are planning to involve you at each stage.



The publication of this summary marks the start of a period of engagement with local people, staff and other interested parties to gather your thoughts and feedback on our current thinking.

## 7. How we are involving you

We want to make sure you are involved and engaged in developing plans for transforming health and care services across Bedfordshire, Luton and Milton Keynes.

We are planning a series of events over the coming months across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes where we will be discussing our plans with you, give you the opportunity to meet the team involved in the STP and ask any questions you may have. Details of these events will be available on the STP website [www.blmkstp.co.uk](http://www.blmkstp.co.uk).

We will be keeping you informed through online channels, social media, information documents such as this summary and through our local newspapers.

We would stress that no decisions have been made as yet. Furthermore, no decisions will be made without further discussions with the public, staff, politicians and voluntary sector organisations. We will also consult formally on any major service changes or decisions that impact on staff.

### Make your feedback count

As a first step, we are looking to gather your feedback on the thoughts and ideas contained within this summary to inform the next stages of the STP’s development. By giving us your feedback, you can help shape the transformation of our local health and social care services for today, and for tomorrow.

#### Please tell us:

- What do you think of the ideas we have presented in this summary?
- Do you have any additional comments or suggestions around the ideas we have presented?
- Is there anything else you think we need to be thinking about?

### You can give us your views in a number of ways



**Online** – complete the online feedback survey at [www.blmkstp.co.uk](http://www.blmkstp.co.uk)



**By post** – you can print off a hard copy feedback form at [www.blmkstp.co.uk](http://www.blmkstp.co.uk) and post it to us, or send a letter to Bedfordshire, Luton and Milton Keynes STP, Milton Keynes University Hospital, H8 Standing Way, Eaglestone, Milton Keynes MK6 5LD



**Email us** at [communications@mkuh.nhs.uk](mailto:communications@mkuh.nhs.uk)



**Call us** on **01908 996217**

**The deadline for sending us your feedback is 15 December 2016**



## Working in partnership

A grid of logos for various partners. The logos include:

- NHS Bedfordshire Clinical Commissioning Group**: NHS logo above the text.
- NHS Luton Clinical Commissioning Group**: NHS logo above the text.
- NHS Milton Keynes Clinical Commissioning Group**: NHS logo above the text.
- Bedford Hospital NHS Trust**: NHS logo to the right of the text.
- Milton Keynes University Hospital NHS Foundation Trust**: NHS logo to the right of the text.
- Luton and Dunstable University Hospital NHS Foundation Trust**: NHS logo to the right of the text.
- SEPT**: A purple and orange square logo with the letters 'SEPT' in white.
- NHS Central and North West London NHS Foundation Trust**: NHS logo above the text.
- East London NHS Foundation Trust**: NHS logo to the right of the text.
- Cambridgeshire Community Services NHS**: NHS logo to the right of the text.
- East of England Ambulance Service NHS Trust**: The ambulance service crest to the left of the text.
- South Central Ambulance Service NHS Trust**: The ambulance service crest to the left of the text.
- BEDFORD BOROUGH COUNCIL**: The council's coat of arms to the left of the text.
- Central Bedfordshire**: A green circular logo with the text inside.
- LUTON BOROUGH COUNCIL**: A dark blue rectangular logo with the text inside.
- MILTON KEYNES COUNCIL**: A green circular logo with a leaf to the left of the text.





# BLMK

Sustainability & Transformation Plan



Website: [www.blmkstp.co.uk](http://www.blmkstp.co.uk)

If you would like this document as an audio file or in a different language, please contact us at [communications@mkuh.nhs.uk](mailto:communications@mkuh.nhs.uk) or call us on 01908 996217.



**CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD**

Date of Meeting

25 January 2017

---

**Aiming for the Best for Children, Young People and Families  
in Central Bedfordshire: Annual Public Health Report by the  
Director of Public Health**

Responsible Officer: Muriel Scott, Director of Public Health  
Email: [Muriel.scott@centralbedfordshire.gov.uk](mailto:Muriel.scott@centralbedfordshire.gov.uk)

Advising Officer: Kiran Loi, Assistant Director of Public Health  
Email: [kiran.Loi@bedford.gov.uk](mailto:kiran.Loi@bedford.gov.uk)

Public

---

**Purpose of this report:**

1. To highlight key issues and make a series of evidence-based recommendations that have the potential to make a real difference to the lives of children, young people and their families.

**RECOMMENDATIONS**

**The Health and Wellbeing is asked to:**

1. **endorse, champion and ensure that, together with Children Young People and their families, we achieve our aspiration of aiming for the best for children, young people and families in Central Bedfordshire; and**
2. **use this report, particularly the Call to Action and areas for improvement, to influence the refinement of the Joint Health and Wellbeing Strategy.**

**Background**

2. The previous report of the Director of Public Health focused on Mental Health and an update on progress is included in section 5. The focus of this this report is achieving the best outcomes for children and young people.

3. Ensuring that every child and young person has the best start in life is a priority: the benefits of a healthy and happy childhood and adolescence can last a lifetime, and should be achievable in Central Bedfordshire. As OFSTED stated in 2016, if we get the early years right, we pave the way for a lifetime of achievement. If we get them wrong, we miss a unique opportunity to shape a child's future.
4. A recent health needs assessment revealed that, overall, the health and wellbeing of children and young people in Central Bedfordshire is good but we can do better. Therefore the report makes a series of recommendations to improve outcomes for all and importantly to reduce inequalities. Disadvantage can start before birth and can accumulate throughout life so we need to take action now to break the link between disadvantage and poor outcomes.
5. Through prevention and early intervention children, young people and their families can be helped to be more resilient. Promoting resilience and the ability to cope is just as important as delivering services that deal with problems once they arise.
6. The report provides a picture of the health and wellbeing of children and young people, what good looks like, how Central Bedfordshire compares and how we can improve.

### **Improving outcomes**

7. If we compare outcomes in Central Bedfordshire with the England average, the picture looks good for our children and young people. If we compare ourselves with the very best in the Country, then there are areas where we could and should do better. These are highlighted within the report but include emotional resilience, teenage pregnancy, variation in breastfeeding rates, maternal obesity, early years foundation profile, excess weight and hospital admissions in the under fives.

### **Call to Action**

8. Throughout, the report identifies areas for improvement but it also highlights a call to action in each area – these need significant attention and must be areas of considerable focus. The Health and Wellbeing Board should champion the actions for local children and particularly those most vulnerable.

<b>Call to Action</b>	
<b>Pregnancy</b>	Midwifery services need to consistently identify, as early as possible, risk factors for women and families e.g. poor mental health, domestic abuse, maternal obesity, drugs and alcohol, smoking. They must ensure that they share information and utilise all referral support pathways to local services, including the Access and Referral Hub, to result in a safe and healthy pregnancy and birth.
<b>Early Years</b>	All individuals working with children need to be skilled to recognise the key risk factors, including Adverse Childhood Experiences, share information and work effectively with partner organisations and families to address challenges.
<b>School Years</b>	Senior Leadership Teams in schools, working with governors, partner agencies and parents, must support pupils, particularly those at risk of poor outcomes, to develop positive relationships, healthy lifestyles and resilience. This will need to be delivered through a whole school approach with access to support, resources and curriculum time.
<b>Vulnerable Children</b>	System-wide partners working with young people and families must use learning from reviews, audits and inspections to improve practice, monitored by the Central Bedfordshire Safeguarding Children Board. Commissioning partners must agree measures of success in early identification of risks and vulnerabilities, and monitor these to improve outcomes.
<b>Mental Health</b>	Commissioners and providers must work together to ensure <ul style="list-style-type: none"> <li>i) A comprehensive parental mental health pathway is in place to identify parents with, and at risk of, mental illness during the perinatal period (pregnancy to the first year following birth) and offer prompt support, including for the infant and wider family where necessary.</li> </ul>

	<p>ii) Across the system, professionals working with children, young people and families are focused on the early identification of mental health issues, with prompt access to high quality CAMHS.</p>
--	---

### Financial and Risk Implications

9. There are no additional resources specifically to deliver this plan therefore it must be delivered by sharing resources and integrating care where possible as well as by focusing on prevention and early intervention.

### Governance and Delivery Implications

10. As no single profession or organisation can deliver all of the actions required this will require partnership commitment and will be overseen by the Children’s Services Leadership Board on behalf of the Health and Wellbeing Board. The Joint Health and Wellbeing Strategy and the Children’s Plan with their associated scorecards will monitor progress and outcomes. It is proposed that the following indicators will be added to the HWB performance scorecard:
- Under 18s conception rates
  - Year R children overweight or obese
  - Maternal Obesity (L&D only) at booking appointment

### Equalities Implications

11. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
12. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

In developing the annual public health report, consideration has been given to the relationship between health inequalities and protected characteristics. The findings are reported throughout the document.

### **Implications for Work Programme**

13. An update of progress on implementing the call to action should be presented to the Board in six months.

### **Conclusion and next Steps**

14. The report highlights the areas where Health and Wellbeing for Children and Young People in Central Bedfordshire can be further improved. It identifies specific recommendations for improvement and importantly a 'Call to Action' to highlight the areas most in need of attention.
15. A joint partnership approach is required and the Health and Wellbeing Board will play an important role in ensuring that progress is made. This will be monitored through the dashboard and update reports to the Board.
16. The Board is asked to endorse, champion and oversee the progress to aim for the best for children, young people and families in Central Bedfordshire.

### **Appendices**

The following Appendix is attached: Public Health Report by the Director of Public Health – Aiming for the Best for Children, Young People and Families in Central Bedfordshire.

### **Background Papers**

None

This page is intentionally left blank

**Director of  
Public Health  
Report**

December 2016

Central  
Bedfordshire

**great**  
lifestyles

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



**A great place to live and work.**

Find us online  [www.centralbedfordshire.gov.uk](http://www.centralbedfordshire.gov.uk)  [www.facebook.com/letstalkcentral](https://www.facebook.com/letstalkcentral)  [@letstalkcentral](https://twitter.com/letstalkcentral)

# Contents

---

Foreword .....	p.3
Executive Summary .....	p.5
<b>Section 1</b> Healthy Pregnancy .....	p.9
<b>Section 2</b> Healthy Birth & Early Years .....	p.15
<b>Section 3</b> The School Years .....	p.22
<b>Section 4</b> Vulnerable Children & Young People .....	p.31
<b>Section 5</b> Mental Health: summary of progress against 2014 Director of Public Health Report .....	p.34
Useful Documents .....	p.38

# Foreword

---

## **Aiming for the best for every child and young person in Central Bedfordshire**

Ensuring that every child and young person has the best start in life is a priority: the benefits of a healthy and happy childhood and adolescence can last a lifetime, and should be achievable here in Central Bedfordshire.

Unfortunately, the repercussions of poor health and adverse childhood experiences are also far reaching. There are a number of common risk factors that occur in childhood that can have devastating impacts on the health, wellbeing and life chances of a child. These can include parental mental health issues, substance misuse and domestic abuse – and they often cluster together. Understanding the risk factors, recognising when a child or young person is at risk and acting upon it is crucial if we are to prevent and minimise future harms.

Through prevention and early intervention we can help our children, young people and their families to be more resilient, as well as identify those who need extra support. Promoting resilience and the ability to cope is just as important as delivering services that deal with problems once they arise.

This report brings together local data and the views of children and young people to highlight key issues, and makes a series of evidence-based recommendations that have the potential to make a real difference.

Listening to our children and young people is key to understanding their needs. Through a series of school surveys, local pupils have had the opportunity to tell us about their health and wellbeing and what is important to them. The findings are used throughout this report.

Central Bedfordshire has the potential to achieve the best health and social outcomes for our children and young people. We have a diverse, well-educated population and among the lowest levels of deprivation in the country, yet our health outcomes do not always reflect this. I want us to strive to be better.

Public sector budgets are exceptionally stretched and there are no additional resources to deliver this. We must make the most of what we have by sharing resources where we can, by focusing on prevention and early intervention, and by ensuring our services deliver the best outcomes and value. We must make the most of new funding opportunities such as the national ‘Future in Mind’ programme.

No single profession or organisation can single-handedly ensure the best outcomes for our children, young people and families. Achieving the best will require an integrated multi-professional approach to prevention, early intervention, care and support. Our ‘Children and Young People’s Plan 2015-2017’ outlines our partnership commitment and together with this report, embodies our ambition to aim for the best for every child and young person in Central Bedfordshire.



**Muriel Scott**  
Director of Public Health

# Summary of

## • 0-19 Population • Characteristics



0-19 year olds

**64,200**

(23.9%) of the overall population (2014)  
 – similar to England (23.8%)

Number of 0-4 year olds 17,200 = 6.4% (2014)  
 – similar to England (6.3%)

**0-19 Population estimated to increase to 71,800 (23.8%) by 2025**

Central Bedfordshire has 2 areas in the top 10% most deprived areas in England, for children living in low income households (2015). These are Houghton Hall and Dunstable North-fields wards.

There are around

**3,240**

live births each year.

This figure has increased slightly since 2009 but remained fairly stable since 2011.



**4,948**

(14.1% in 2015)

School children from ethnic minorities. Significantly fewer than the England average of 28.9%



**12,490 (21.4%)**  
 Children in lone parent households (2014)



**5,560 (10.3%)**  
 Children in 'out of work' households (2014)



**£ 6,375 (12.7%)**  
 Children in poverty (2013)



**270 (3.1%)**  
 of 16-18 year olds are not in education, employment or training



**5,996**  
 Children with SEND



**1,461 Children In Need**  
 (March 2016)



**287 Children are Looked After**  
 (March 2016)



**225 Children are subject to a Child Protection Plan**  
 (March 2016)



**In 2014 there were 85 under 18 conceptions**



**1 in 10**  
 Children have experienced neglect



**26%** of babies have a parent affected by domestic violence, mental health or drug/alcohol problem



**Safeguarding priorities for children and young people in 2016/17 are:** Domestic abuse; Child Sexual Exploitation (CSE); children who are missing; risks to adolescents; radicalisation; Female Genital Mutilation (FGM); neglect; homelessness.

# Executive Summary

## Purpose of this Report

The Director of Public Health's report shines a light on a different aspect of health and wellbeing in Central Bedfordshire. This report focuses on our most important asset: our children and young people. It sets out the key local issues and makes a series of evidence-based recommendations.

**If we get the early years right, we pave the way for a lifetime of achievement. If we get them wrong, we miss a unique opportunity to shape a child's future.** (Ofsted, 2016)<sup>1</sup>

## The Challenge

A recent health needs assessment<sup>2</sup> revealed that, overall, the health and wellbeing of children and young people in Central Bedfordshire is better than the national average; however, for many measures Central Bedfordshire is well below the best areas in the country. Considering our local demographics, we have the potential to be amongst the best for health and social outcomes. Throughout this report Central Bedfordshire's performance is compared to the best outcomes in England. Comparison to the 95th centile (i.e. the best 5% of local authorities in the country) has been used to highlight opportunities to achieve above average.

As well as aiming to be the best, we need to tackle the significant variation in outcomes within Central Bedfordshire; some groups of children and young people have significantly worse health outcomes than others. These health inequalities start before birth and accumulate throughout life, but they are preventable.

A report by the National Children's Bureau into health inequalities in England<sup>3</sup> found that children and young people growing up in more deprived areas tend to have worse health outcomes, yet also found that this was not inevitable. Some very deprived areas are bucking the trend and children are doing as well as, or better than, the national average.<sup>3</sup>

**Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken. That is our ambition for children born in 2010.** (Marmot, 2010)<sup>4</sup>

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

The Healthy Child Programme<sup>5</sup> offers a range of interventions for all children, young people and their families in Central Bedfordshire from pre-birth to 19 years. There may be times in childhood and adolescence when additional help and support is needed. Earlier identification enables a timely and effective response before issues escalate. The case for Early Help is well evidenced<sup>6</sup> as is the need for a skilled, multi-agency workforce that communicates well and works together. No single agency can provide the support alone.

The following diagram illustrates the key elements to achieving better outcomes for our children and young people.

A joint partnership approach across all services and agencies working with children, young people and families is being supported by the Central Bedfordshire Children and Young People's Plan (2015-2017). The Children's Leadership Board, as a partnership, is focused on delivering on a shared vision:

**'We want Central Bedfordshire children and young people to be happy, healthy and safe.'**

A key principle driving our work is listening to the voices of our children, young people and families and ensuring they are at the heart of decision making.

Throughout the report the priorities and recommendations for next steps have been highlighted. These have been informed by the recent health needs assessment<sup>2</sup> and the Joint Strategic Needs Assessment (JSNA): [www.jsna.centralbedfordshire.gov.uk](http://www.jsna.centralbedfordshire.gov.uk).



**A 'Call to Action' has been declared to highlight the areas most in need of attention.**

These are provided for each section and are summarised below.



	<b>Call to Action</b>
<b>Pregnancy</b>	Midwifery services should identify vulnerable women and families as early as possible. Relevant information should be shared between professionals to ensure a co-ordinated response and prompt access to services.
<b>Early Years</b>	We need a highly skilled and motivated Early Years workforce capable of high quality assessment, and working in an integrated way. Professionals working with children and families must be able to recognise key risk factors including adverse childhood experiences, sharing information and referring to services where appropriate.
<b>School Years</b>	Schools must be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach that includes high quality Personal Social & Health Education, Sex & Relationships Education and Physical Education.
<b>Vulnerable Children and Young People</b>	All professionals working with children, young people and families must use learning from reviews, audits and inspections to improve practice and outcomes. Progress should be monitored by the Local Children's Safeguarding Board.
<b>Mental Health</b>	Commissioners and providers must work together to ensure that <ul style="list-style-type: none"> <li>i) a comprehensive perinatal mental health pathway is in place. Parents at risk of mental illness during the perinatal period (pregnancy to the first year following birth) should be identified and timely support offered, including for the infant and wider family where appropriate.</li> <li>ii) all professionals working with children, young people and families are able to identify mental health issues and refer promptly to accessible, high quality mental health support at the appropriate level.</li> </ul>

# Snapshot of Health of our 0-4 year olds




 More than **90%** of mothers-to-be are seen by a midwife early in pregnancy


 Around **1 in 7** babies born in Central Bedfordshire (13.9%) live with a smoker in the household

Over **97%**

 of children receive their first childhood immunisations by age 1-2 years. This percentage reduces for the other immunisations with the 5 year Measles, Mumps and Rubella (MMR) vaccination having the lowest uptake of 90.9% (2015/16)


**10.4%** of mothers were smokers at the time of delivery


**76.4%** of mothers who deliver in Central Bedfordshire start breastfeeding  
**46.8%** of babies are still breastfed at 6-8 weeks

**63.6%** of children achieved a good level of development at age 5, this is significantly below the England average of 66.3%
 

**In 2015 of the total births:** 1,180 (36%) were born in the L&D; 765 (24%) in Bedford Hospital, 617 (19%) in Lister Hospital, Stevenage and the remaining 680 born at other hospitals, at home, or other non-hospital settings.

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

Children's Health Needs Assessment 2015<sup>1</sup>


**6,213** children aged between 0-4 went to A&E (2014/15)

**2%** of babies are born with a low birth weight (2014)

**82%**

 of eligible 2 year olds took up a nursery place in 2015/16.

Between 2013-2015 **20 children under the age of 1 died, giving the lowest rate in England**  
 Public Health England  
<http://www.phoutcomes.info>

**An estimated 330-500 women are affected by mild to moderate depression during pregnancy and the year following the birth (2013/14)**

# Section 1: Healthy Pregnancy

## Why is this Period Important?

**Pregnancy and the birth of a baby is a critical 'window of opportunity' when parents are especially receptive to offers of advice and support. It provides an opportunity to help parents get off on the right foot, and crucially to help set the pattern for effective parenting later on.** (Cuthbert et al., 2011)<sup>7</sup>

The first 1001 days from conception to age 2 is widely recognised as a crucial period that will have an impact and influence on the rest of the life course<sup>8</sup>. The foundations for good physical health throughout life occur in pregnancy and infancy.

There is a significant body of evidence that demonstrates the importance of sensitive, attuned parenting on the development of the baby's brain and in promoting secure attachment and bonding. Preventing and intervening early to address attachment issues will have an impact on resilience and physical, mental and socioeconomic outcomes in later life.

## What are we Aiming for?

The kind of lifestyles parents and the wider family have before the baby is conceived, during pregnancy and once the baby is born, can either have a positive or negative affect on their child.

Babies born to parents with unhealthy lifestyles have an increased risk of low birth weight, early illness and even early death. There are around 3,200 live births in Central Bedfordshire each year. Sadly a small number do not live to see their first birthday – between 2013 and 2015, 20 babies died in their first year of life. We have a significantly lower infant mortality rate compared to

## Encouraging a healthy pregnancy

The best outcomes for both mother and baby happen when mothers are:

 **Not socio-economically disadvantaged**

 **Managing stress or anxiety**

**In a supportive relationship - and not experiencing domestic violence**



**Not smoking, consuming alcohol or misusing illegal substances**



 **Enjoying a well-balanced diet**

 **Not in poor physical, mental or emotional health**

England: 2.0 deaths compared to 3.9 deaths per 1,000 live births. In 2014/15 modifiable factors were identified in 40% of child deaths in Bedfordshire, which included smoking, raised maternal body mass index (BMI) and unsafe sleeping (Child Death Overview Process Panel Annual Report 2014/15). Continuing to prevent these deaths, by reducing risk factors where possible, is a priority.

Seeing a healthcare professional early in pregnancy is a key opportunity to assess a mother's health and identify risks. Midwives give advice and offer interventions to support a healthy pregnancy, including weight management during and after pregnancy and support to stop smoking.

Ensuring early access to a midwife, by the 13th week of pregnancy, will equip women with the knowledge and skills they need to modify the preventable risks to their pregnancy. Local data shows that over 90% of women are booked in by their 13th week of pregnancy; however this can be further improved upon.

## What are the Risk Factors?

### Smoking in Pregnancy

Smoking is the single most important risk factor in pregnancy; maternal smoking during pregnancy is a cause of ill health for both mother and baby and infant deaths.

**Smoking in pregnancy**

It also increases the risk of complications in pregnancy and of the child developing a number of conditions later on in life such as:

- Premature birth
- Low birth weight
- Problems of the ear, nose and throat
- Respiratory conditions
- Obesity
- Diabetes

Smoking during pregnancy causes up to **9 premature births**, **21 miscarriages** and **1 perinatal death** every year in Central Bedfordshire

Smoking in pregnancy in Central Bedfordshire costs the NHS up to £275,000 a year for pregnancy-related complications and up to £101,000 per year for health effects on infants<sup>9</sup>.

Data from the Public Health Outcomes Framework (PHOF) demonstrates the number of mothers who were smokers at the time they gave birth has been declining and was 10.3% in 2015/16. Babies from less affluent backgrounds are more likely to be born to mothers who smoke, and this is contributing to the gap in health inequalities.

In 2015/16, 13.9% of babies in Central Bedfordshire lived in a household with a smoker. Exposure to second-hand smoke is particularly harmful to children; extrapolating UK estimates<sup>10</sup> to Central Bedfordshire suggests that each year exposure to second-hand smoke causes:

- 90 cases of lower respiratory tract infection (in children under 3 years)
- 536 cases of middle ear infection
- 100 new cases of wheeze and asthma
- 3 cases of bacterial meningitis
- 1 or 2 sudden infant death every 10 years.

### What can we do to reduce smoking in pregnancy?

- Ensure that all pregnant women receive a carbon monoxide test at their booking visit and their antenatal visit with the Health Visitor.
- Ensure prompt onward referral for pregnant women and their partner to appropriate support services including the Stop Smoking Service.

## Maternal Obesity

Maternal obesity is defined as having a Body Mass Index (BMI) of 30kg/m<sup>2</sup> or more at the first antenatal appointment. Being obese during pregnancy increases the health risks for both the mother and child during and after pregnancy.<sup>11</sup>

### Maternal obesity

Pregnant women who are obese are at increased risk of:



**Having a still birth or intra-uterine death**



**Developing gestational diabetes**

**Raised blood pressure and pre-eclampsia**



**Having a blood clot in the legs (DVT)**



**Having a large baby or ill baby needing increased monitoring**



**Having a caesarean section**

Maternal obesity has also been linked to chronic health conditions in children (including asthma and diabetes) and childhood excess weight and obesity.

Amongst all women in England of child bearing age (16-44 years) around half are overweight or obese<sup>12</sup> (BMI  $\geq$  30). One study of maternity services in England found that 15% of women were obese in their first three-months of pregnancy. Local data<sup>14</sup> showed that 24% women from Central Bedfordshire who delivered at the Luton and Dunstable Hospital were obese.

## Obesity affects approximately 295 women in Central Bedfordshire, who deliver at The Luton and Dunstable Hospital each year

Diet and/or exercise interventions during pregnancy can help reduce the amount of weight gain. Advice on how to eat healthily and keep physically active is offered as part of routine antenatal and postnatal care by midwives and health visitors. BeeZee Bumps is a specialist programme offered in Central Bedfordshire, which delivers a 16 week programme during and after pregnancy for women with a BMI of 30 or over.

### What do we need to do to reduce maternal obesity?

- Ensure that midwives and other health professionals are able to identify and discuss excess weight with pregnant women, and signpost them to services that can help.
- Increase referrals to weight management services.
- Work with partners to implement the Central Bedfordshire Excess Weight Partnership Strategy 2016-2020 to help children and families eat more healthily and be more active.

## Teenage Pregnancy

Young parents and their children experience poorer outcomes. **Mothers under 20 years of age are:**

- Three times more likely to smoke throughout pregnancy
- 50% less likely to breastfeed
- At higher risk of postnatal depression and poor mental health for up to three years after birth
- 22% more likely to be living in poverty at age 30 and less likely to be employed or living with a partner
- 20% more likely to have no qualifications at age 30. Of all young people who are not in education, employment or training, 15% are teenage mothers<sup>15</sup>

**Young fathers** are more likely to have poor education and have a greater risk of being unemployed in adult life.

**Babies born to young women under 20 have a:**

- 15% higher risk of a low birth weight
- 44% higher risk of infant mortality
- 63% higher risk of experiencing child poverty<sup>16</sup>

The latest data (2014) shows a rate of 18.8 conceptions per 1,000 women aged under 18, which is equal to 85 pregnancies in 2014 that resulted in either a live birth or an abortion. The rate is lower than the England and East of England rates, but not significantly.

Supporting young people who choose to become parents is crucial to improve outcomes for both the parents and child. Evidence shows that poor outcomes are not inevitable if early, coordinated and sustained support is put in place, which is trusted by young parents and focused on building their skills, confidence and aspirations. This requires a range of services providing support coordinated by a lead professional.

To support young parents there is a Support Pathway for Parents Under 20 in Central Bedfordshire. The pathway offers all pregnant women under the age of 20 a range of support to improve their own outcomes, their partner's and their child's.

**Further details can be found in 'Teenage Parents' section in Section 3.**



What do we need to do to improve outcomes for teenage parents and their children?

- Ensure effective implementation of the Support Pathway for Parents under 20 including swift referral processes and coordinated care that responds to the needs of young parents.

## Parental Mental Health

The effects of poor mental health go beyond the parent. During the perinatal period (pregnancy to the first year following a birth) poor maternal mental health has important consequences on the infant's health at birth and the child's health, emotional, behavioural and learning outcomes. Women are at risk of developing their first episode of mental illness during this time, with more than 1 in 10 women affected.

Mental health issues can impact on the mother's ability to bond with her baby which can affect the baby's ability to develop a secure attachment. Knowing the risk factors and the symptoms can help with early identification and timely support and treatment to minimise the impact on the mother, child and family.

In Central Bedfordshire an estimated 300-500 women are affected by mild to moderate depression during the perinatal period each year. Maternal depression is also the strongest predictor of paternal depression which is estimated at 4% during the first year after birth.

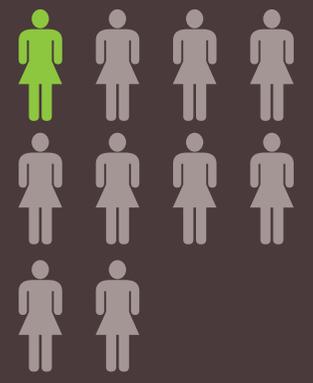


### What do we need to do to support good parental mental health?

- Ensure that perinatal mental health is discussed and reviewed at all key contacts with maternity staff and Health Visitors.
- Ensure a comprehensive pathway is in place to identify mothers at risk during the perinatal period and offer prompt treatment, including for the infant and father where necessary.

## Postnatal depression

Postnatal depression affects more than **1 in every 10 women** within a year of giving birth



Health professionals should be alert to the increased risk of experiencing mental health problems among teenage mothers and women who have experienced:

Previous history of mental illness



A traumatic birth



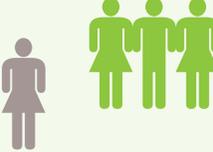
A history of stillbirth or miscarriage



Relationship difficulties



Social isolation



## How is Central Bedfordshire Performing?

The most recent compiled and published data as of November 2016

Indicator	Central Bedfordshire	England Average	Aiming for the Best: 95th centile
Smoking at time of delivery (2015/16)	10.3% *	10.6%	3.4%
Maternal obesity (2015/16)	24% (Luton & Dunstable only) at booking appointment	16.1% at booking appointment	2.7% at booking appointment
Under 18s conception rate (2014)	18.8 per 1,000 females aged 15-17	22.8 per 1,000 females aged 15-17	12.8 per 1,000 females aged 15-17
Under 16s conception rate (2014)	3.3 per 1,000 females aged 13-15	4.4 per 1,000 females aged 13-15	2.0 per 1,000 females aged 13-15
Infant mortality (2013-2015)	2.0 per 1,000 live births	3.9 per 1,000 live births	2.3 per 1,000 live births

\* Bedfordshire CCG level: covers both Bedford Borough and Central Bedfordshire

We could be performing better in smoking in pregnancy, under 18 and under 16 conception rates, and maternal obesity. Incidentally, the infant mortality rate is the lowest in the country.

## How Can We Improve?

1. Midwifery services need to consistently identify, as early as possible, risk factors for women and families e.g. poor mental health, domestic abuse, maternal obesity, drugs and alcohol, and smoking. They must ensure that they share information and utilise all referral support pathways to local services, including the Access and Referral Hub, to result in a safe and healthy pregnancy and birth.
2. We must all expand our focus from the mother to encompass the whole family.
3. Providers should continue to promote the importance of early access to maternity care and monitor where mothers are presenting later to identify if there are any additional needs.
4. We need to implement robust preparing for parenthood schemes, with multi-agency involvement.
5. Commissioners must ensure a comprehensive parental mental health pathway is in place to identify parents with, and at risk of, mental illness during the perinatal period (pregnancy to the first year following birth) and offer prompt support, including for the infant and wider family where necessary.

### Call to Action

Midwifery services should identify vulnerable women and families as early as possible. Relevant information should be shared between professionals to ensure a co-ordinated response and prompt access to services.



# Section 2: Healthy Birth and Early Years

**A child's earliest years, from their birth to the time they reach statutory school age, are crucial. All the research shows that this stage of learning and development matters more than any other. (Ofsted, 2016)<sup>17</sup>**

## Why is this Period Important?

Families are the most important influence on a child in the early years, and identifying those families who need help as early as possible opens opportunities to offer evidence based interventions.

There are a number of protective factors that can be optimised to reduce risks and improve outcomes. These are:

### Protective Factors

Authoritative parenting combined with warmth, with an affectionate bond of attachment being built between the child and the primary caregiver from infancy

Parental involvement in learning

Protective health behaviours e.g. stopping smoking

Breastfeeding

Psychological resources including self-esteem

Source: Department of Health, Healthy Child Programme (2009)

## What are we Aiming for?

### A Healthy Childhood

The Healthy Child Programme<sup>5</sup> is led by Health Visitors and involves integrated working across all partners including maternity, children's centres and GPs. It offers every family a programme of screening tests, developmental reviews, immunisations and guidance to support parenting and healthy choices, until the child reaches statutory school age. They provide additional support to families who need it to reduce the risk of poor child outcomes.

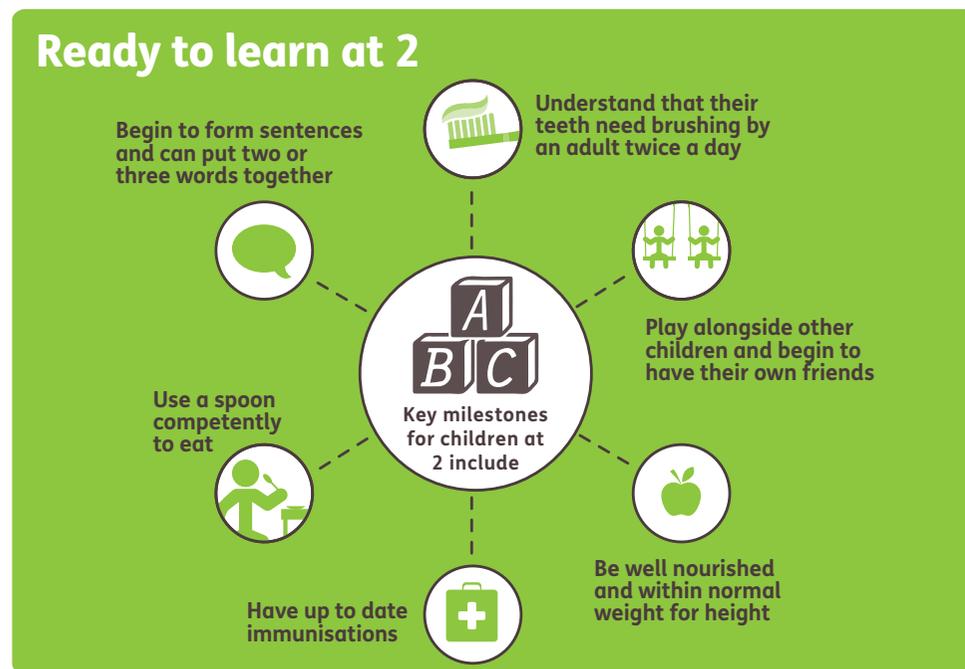
**We are aiming for parents to feel supported to make decisions to improve their child's health outcomes and life chances, by being their child's first educator and feeling confident to manage their children's minor illnesses.**

### Ensuring Children Are Ready To Learn

In Central Bedfordshire an Integrated Two Year Review is now offered to all children between the ages of 2 and 2½ years, and incorporates a health and development review and the Early Years Foundation Stage check.

Collaboration between Health Visitors and Early Years providers ensures a high quality and comprehensive assessment of need that includes the child, family and wider context. The review provides an opportunity to discuss and assess a child's health and development, and identify those children and families who may need additional support.

To support parents in their crucial role as their child's first educator, evidence-based parenting programmes such as Parents as First Teachers<sup>18</sup>, Triple P<sup>19</sup> and Mellow Parenting<sup>20</sup> are offered through Central Bedfordshire's Parenting Teams.



A child's development is next measured at age 5, using the Early Year's Foundation Stage Profile (EYFSP). In Central Bedfordshire, in 2015/16, 68.5% of children achieved a good level of development, which is an increase of 4.9% compared to 2014/15. This is now close to the England average of 69.3% and maintaining and improving the number of children who achieve a good level of development remains a key priority for Central Bedfordshire.

## Reduced Emergency Hospital Attendances and Admissions

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

In Central Bedfordshire the rate of A&E attendances amongst 0 to 4 year olds is below the England average (2014/15). For hospital admissions, local data produced by Bedfordshire Clinical Commissioning Group (CCG) comparing Central Bedfordshire and Bedford Borough to ten similar CCG areas shows:

- High numbers of emergency admissions for under 1s for both gastroenteritis and respiratory tract infections
- Higher emergency admissions rates for <5s

In the UK, one in 11 children have asthma and every 20 minutes a child is admitted to hospital due to an asthma attack. Hospital admissions for asthma in those age under 19 years from Central Bedfordshire was 132.8 per 100,000 in 2014/15, which although significantly lower than the England rate of 216.1 per 100,000 varied significantly across the authority. Asthma has caused 3 deaths in under-19s over the last 10 years across Central Bedfordshire and Bedford Borough.

NHS Bedfordshire CCG is developing a systems approach to improve the management of asthma in children and young people. This will include GPs, Health Visitors, schools and hospitals.

## What are the Risk Factors?

### Adverse Childhood Experiences (ACEs)

Adverse childhood experiences include a range of risk factors that impact on a child, including neglect or abuse. They are one of the strongest predictors of poor health and social outcomes in adults.



#### Adverse childhood experiences

The term adverse childhood experiences (ACEs) incorporates a wide range of stressful events that children can be exposed to. These include harms that affect the child directly, such as neglect and physical, verbal and sexual abuse; and harms that affect the environment in which the child lives, including exposure to domestic violence, family breakdown, parental loss, and living in a home affected by substance abuse, mental illness or criminal behaviour. (Ford et al., 2016)<sup>21</sup>

Often risk factors occur together; particularly children living in a family affected by the 'toxic trio' of parental mental illness, substance misuse and domestic violence. Over a quarter (26%) of babies in the UK have a parent affected by one of these issues<sup>8</sup>.

**In over 70% of cases where a baby has been killed or seriously injured, at least one of parental mental health, substance misuse and domestic violence is present.**

Studies are increasingly exposing relationships between childhood trauma and the emergence of health damaging behaviours and poor health and social outcomes in adulthood<sup>22</sup>. Children and young people who witness and live with these stressful incidents are more likely to have low self-esteem, attachment issues and difficulties managing their emotions.

Individuals who experienced four or more Adverse Childhood Experiences have an increased risk of having poorer outcomes as adults<sup>22</sup>, as shown in the table below.

A person with 4 or more ACEs is:	At greater risk of:
4 x more likely to be a regular heavy drinker or smoker	Poor educational and employment outcomes
3 x more likely to be morbidly obese	Low mental wellbeing and life satisfaction
9 x more likely to be in prison	Involvement in recent violence
	Chronic health conditions



#### What do we need to do to minimise the impact of adverse childhood experiences?

- All agencies working with children and families to understand and recognise the risk factors for ACE and ensure early intervention and support for parents to minimise the impact on the child/ren

**Preventing ACEs in future generations could reduce levels of:**

- Early sex (before age 16) by 33%
- Unintended teen pregnancy by 38%
- Smoking (current) by 16%
- Binge drinking (current) by 15%
- Cannabis use (lifetime) by 33%
- Heroin/crack use (lifetime) by 59%
- Violence victimisation (past year) by 51%
- Violence perpetration (past year) by 52%
- Incarceration (lifetime) by 53%
- Poor diet (current guidelines) by 14%

*Break the cycle to prevent ACE in future generations*

*As adults, more likely to expose own children to ACE*

**Adverse Childhood Experiences (ACE):**

**When a child experiences:**

- Physical abuse
- Emotional abuse
- Sexual abuse

**Or a child grows up with:**

- Drug / alcohol misuse in household
- A household member incarcerated
- Witnessing domestic abuse
- Parents separated/divorced
- Mental illness in household

**4+ ACE = as adults, increased risk of:**

- Becoming a teenage parent
- Misusing drugs or alcohol
- Obesity
- Smoking
- Low mental wellbeing and life satisfaction
- Being hit or hitting someone
- Having a sexually transmitted infection
- Poor educational and employment outcomes
- Chronic health conditions
- Hospital admission
- Being in prison

*Become vulnerable children and young people*

**Breastfeeding Duration**

The longer breastfeeding continues, the longer the protection lasts and the greater the benefits. Breastfeeding increases the level of attachment and the bond between mothers and their babies, as well as having health benefits for both the mother and child. The World Health Organization and the Department of Health recommend exclusive breastfeeding for the first six months of life.

**Promoting Breastfeeding**

**Benefits of breastfeeding**

Breastfeeding has health benefits for the mother, and the longer she breastfeeds, the greater the benefits. Breastfeeding lowers the risk of:

- **breast cancer**
- **cardiovascular disease**
- **osteoporosis (weak bones) in later life**
- **ovarian cancer**
- **obesity**

**The Department of Health recommends exclusive breastfeeding for the first 6 months**

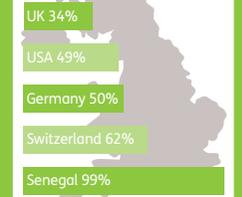
Breastfed babies have lower rates of:

- gastroenteritis
- respiratory infections
- sudden infant death syndrome
- obesity
- allergies



**The UK has some of the lowest breastfeeding rates in the world**

Rates of any breastfeeding until 6 months:



Breastfeeding initiation rates have fallen slightly and the rate of breastfeeding at 6-8 weeks after birth have remained fairly steady in Central Bedfordshire over recent years and are now better than the national levels:

- In 2014/15, 76.4% of mothers initiated breastfeeding, which compared to the England average of 74.3%
- In 2015/16, 46.8% of mothers continued to breastfeed to 6-8 weeks, which is higher than the England average of 43.2%.

There is still work to do, as there is significant variation across Central Bedfordshire. Ward level data shows breastfeeding continuation rates at 6-8 weeks ranged from 22.7% to 62.6% in 2015/16.



### What do we need to do to protect against childhood diseases?

- Ensure effective call/recall and chase up systems to ensure completion of recommended doses of all childhood vaccinations.

### Preventable Childhood Diseases

Antenatal and new-born screening is part of routine maternity care. Through the robust programme provided locally it can help prevent infection of the new-born child and ensure appropriate care is made available. The antenatal and new-born screening timeline<sup>23</sup> goes from pre-conception to 8 weeks after birth.

In 2015/16, both Bedford and Luton & Dunstable Hospitals reached national standards for pregnant mothers and new-borns screened. The only exception was the new-born hearing assessment at Bedford Hospital, which at 88.2% was better than England average but fell short of the national target of 90%.

Vaccination is recognised as one of the most effective public health interventions in the world and the UK has one of the best immunisation programmes. Coverage of over 95% protects the whole community, not just those vaccinated, by reducing the likelihood of infectious diseases being able to spread.

For most childhood immunisations, coverage in Central Bedfordshire is over 95%. The exceptions in 2015/16 were the 2 year-old pneumococcal vaccine (PCV) uptake (94.8%) and 2 year-old Measles/Mumps/Rubella (MMR) uptake (94.0%). There is a further fall off in the preschool vaccinations for Diphtheria/Tetanus/Pertussis/Polio (DTaP/IPV) (91.7%) and MMR (90.9%), offered at around 3 years 4 months. Measles can be fatal but uptake of MMR continues to be affected by a public scare based on a flawed study.

## Importance of Immunisation

Age due	Diseases protected against
8 weeks	1st dose of 5 in 1 Diphtheria, tetanus, pertussis (whooping cough) polio and Haemophilus influenzae type b (Hib) 1st dose of Pneumococcal (13 serotypes) 1st dose of Meningococcal group B (MenB) 1st dose of Rotavirus gastroenteritis
12 weeks	2nd dose of 5 in 1 Diphtheria, tetanus, pertussis polio and Hib Meningococcal group C (MenC) 2nd dose of Rotavirus
16 weeks	3rd dose of 5 in 1 Diphtheria, tetanus, pertussis polio and Hib 2nd dose of MenB 2nd dose of Pneumococcal (13 serotypes)
1 year	Hib and MenC Booster dose of Pneumococcal (13 serotypes) 1st dose of Measles, mumps and rubella (German measles) Booster dose of MenB
2 years	Influenza (each year from September from age 2 to 6)

## How is Central Bedfordshire Performing?

The most recent compiled and published data as of November 2016

Indicator	Central Bedfordshire	England Average	Aiming for the Best: 95th centile
New-born Blood Spot Screening Coverage (2014/15)	97.9% *	95.8%	99.6%
New birth visits within 14 days by Health Visiting (2015/16)	88.4%	87.0%	95.1%
Breastfeeding: initiation (2014/15)	76.4%	74.3%	90.8%
Breastfeeding: 6-8 weeks (2015/16)	46.8%	43.2%	65.4%
ASQ-3 (Ages and Stages Questionnaire-3) age 2-2½ (2015/16)	100%	81.3%	100%
MMR two doses by age 5 (2014/15)	92.4%	88.6%	95.4%
Early Years Foundation Stage: good level of development at age 5 (2015/16)	68.5%	69.3%	75.8%
Domestic abuse incidents (2014/15)	21.4 ** per 1,000 population	20.4 per 1,000 population	14.8 per 1,000 population

\* Bedfordshire CCG level: covers both Bedford Borough and Central Bedfordshire

\*\* Local police area i.e. Luton, CBC and BBC combined

We are falling short of the national average in the Early Years Foundation Stage: 'good levels of development' and instances of domestic abuse. However, as the domestic abuse indicator includes both Luton and Bedford the rate for Central Bedfordshire might be lower than this. We could be performing better in new-born screening, new birth visits by a Health Visitor, breastfeeding, and childhood immunisations.

### How Can We Improve?

1. All individuals working with children need to be skilled to recognise the key risk factors, including Adverse Childhood Experiences, share information and work effectively with partner organisations and families to address challenges.
2. We must all ensure parents and carers of children under 5 have access to early support, to act as their child's first teacher and access free early education places when needed.
3. All organisations should strengthen integrated working and develop skills across early years and health to ensure children and families are identified and offered support earlier, including through effective use of the Early Help Assessment and implementation of the Integrated Two Year Review.
4. Health and early years providers must ensure consistent messages are provided to promote breastfeeding, bottle hygiene, smoke-free environments and immunisation uptake.

### Call to Action

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



# Snapshot of Health of our 5-19 year olds



## Central Bedfordshire children levels of obesity -

7.1% at age 4-5 years and 15.8% at age 10-11 years (2015/16)  
NHS Digital



16.4% i.e. 1 in 6 children have a decayed, missing or filled tooth by the age of 5 years

Public Health England, Child Health Profile 2016

85 girls aged between 15 and 17 years became pregnant during 2014. The rate in Central Bedfordshire is 18.8 per 1,000 is similar to the England rate

Joint Strategic Needs Assessment, Central Bedfordshire

A Central Bedfordshire survey of school children (2014) found that 97% of 12-13 year olds and 71% of 14-15 year olds have never smoked.

School Health Education Unit (SHEU) Health Behaviour Survey 2014

94.3% of girls

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

South Essex Partnership Trust



14 children aged under 18 admitted to hospital for alcohol specific conditions each year



Public Health England, Child Health Profile 2016



An estimated **3,225 children** in Central Bedfordshire aged 5-16 years and 1,640 16-19 year olds have a mental health disorder

The biggest worries for 8-11 year olds were reported to be: being bullied, healthy eating and school work/exams and tests. The biggest worries for 12-16 year olds were reported to be: school work/exams and tests; the way they look and careers and jobs.

School Health Education Unit (SHEU) Emotional Health and Wellbeing Survey 2015



75% of 8-11 year olds and 60% of 12-16 year olds in Central Bedfordshire reported that they feel 'quite happy' with their life at the moment

Public Health, Central Bedfordshire

A Central Bedfordshire survey of school children (2014) found that 5% of 10-11 year olds, 11% of 12-13 year olds and 29% of 14-15 year olds had at least one alcoholic drink the week before the survey.



**25** 15-24 year olds admitted to hospital for substance misuse

Public Health England, Child Health Profile 2016

# Section 3: The School Years

## Why is this Period Important?

Over the past 10 years there has been significant research emerging around young people's brain development. Puberty is a time of a major 'second wave' of brain activity where the brain is developing its skills to make decisions, empathise and reasoning<sup>24</sup>. At the same time, the body achieves its maximum potential for fitness, physical strength and reproductive capacity. This is a crucial time to embed healthy behaviours and minimise risky ones.

## What are we Aiming for?

There is good evidence that a key approach to promote health and wellbeing is to strengthen children's social and emotional skills and build resilience. This can be achieved by strengthening health assets (protective factors) around the child.

**For children, better social and emotional skills, communication, the ability to manage your own behaviour and mental health mean a stronger foundation for learning at school, an easier transition into adulthood, better job prospects, healthier relationships and improved mental and physical health.** Early Intervention Foundation (2016)<sup>25</sup>

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

- **Pupils with better health and wellbeing are likely to achieve better academically**
- **Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement**
- **The culture, ethos and environment of a school influences the health and wellbeing of pupils and their readiness to learn**
- **A positive association exists between academic attainment and physical activity levels of pupils.**

(Public Health England, 2014)<sup>26</sup>

## Improving emotional health and wellbeing and building resilience

The 2014 Director of Public Health report focused on mental health; an update can be found in Section 5. This section looks at broader emotional health and wellbeing. Good emotional health and wellbeing amongst children and young people promotes healthy behaviours, good attainment and helps prevent behavioural and mental health problems.<sup>27</sup>

## What does good emotional health look like?

- Good thinking skills
- Healthy secure relationships
- Ability to regulate own emotions
- Good self-efficacy and self-esteem

Action for Children (2007)<sup>28</sup>



Most children and young people are part of happy and healthy families, and their parents/carers are the providers of their emotional support. Sometimes though, children and young people need support. The results of the 2015 Central Bedfordshire Schools' Emotional Wellbeing survey tell us that most children and young people are happy most of the time<sup>29</sup>.

## Emotional wellbeing

 **75%** of pupils aged 8-11 years old said they are 'quite a lot' or 'a lot' happy with their life at the moment.

 **70%** of male pupils and **50% of female** pupils aged 12-16+ years said they feel at least 'quite' happy with their life at the moment.

 **4%** of pupils aged 8-16+ years old said they are 'not at all happy' with their life at the moment

 **13%** of pupils aged 8-11 years old said that they find it hard to concentrate on anything due to worries

 **10%** of pupils aged 12-16+ years old said that they find it hard to concentrate on anything due to worries

Families, schools and local health and social care organisations have a vital role in helping children and young people to build resilience and supporting them through life's adversities.

**Our School Nursing Service reported that nearly half of the young people attending drop-ins are presenting issues around emotional wellbeing and anxiety. (2015/16)**

## We are aiming for children and young people to have good levels of resilience to enable healthy relationships and life choices

Central Bedfordshire's Whole School Review encourages schools and colleges to work towards a 'whole systems' approach, that prioritises the emotional health and wellbeing of children and young people. This is aligned to Public Health England's eight key principles to promote a whole school and college approach to emotional resilience, self-esteem and interpersonal skills.

### Eight key principles to promoting emotional health and wellbeing

## Emotional wellbeing



Source: PHE (2015) Promoting children and young people's emotional health and wellbeing: A whole school and college approach

## What are the Risk Factors?

### Excess Weight

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

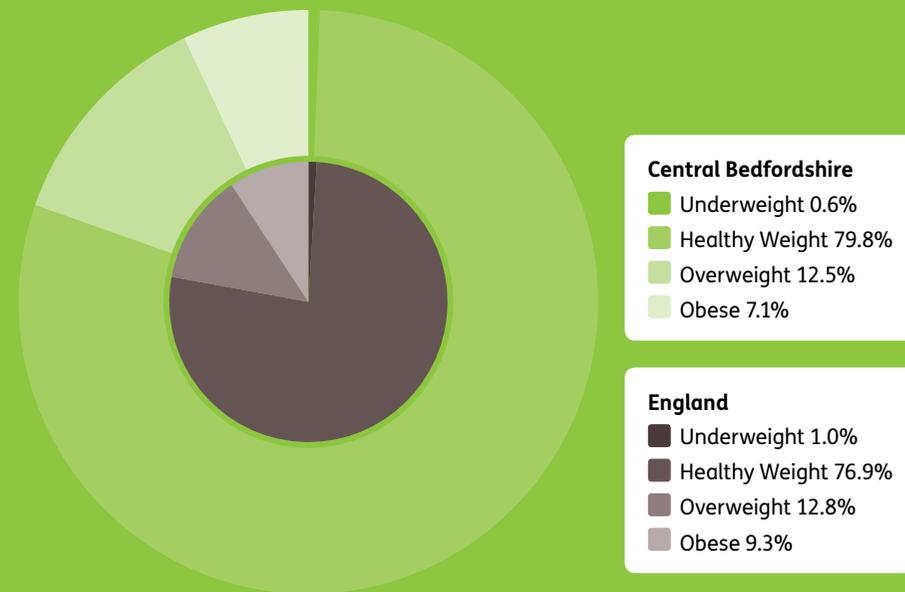
**Lower numbers of children who are overweight or obese would result in lower levels of a wide range of health problems, including diabetes, and could help improve educational and social outcomes.**

The National Child Measurement Programme (NCMP) weighs and measures children in their first year at school (Year R) and again in Year 6. The NCMP is used to identify children who are underweight, overweight and obese so that they can be offered support, as well as being used to monitor trends.

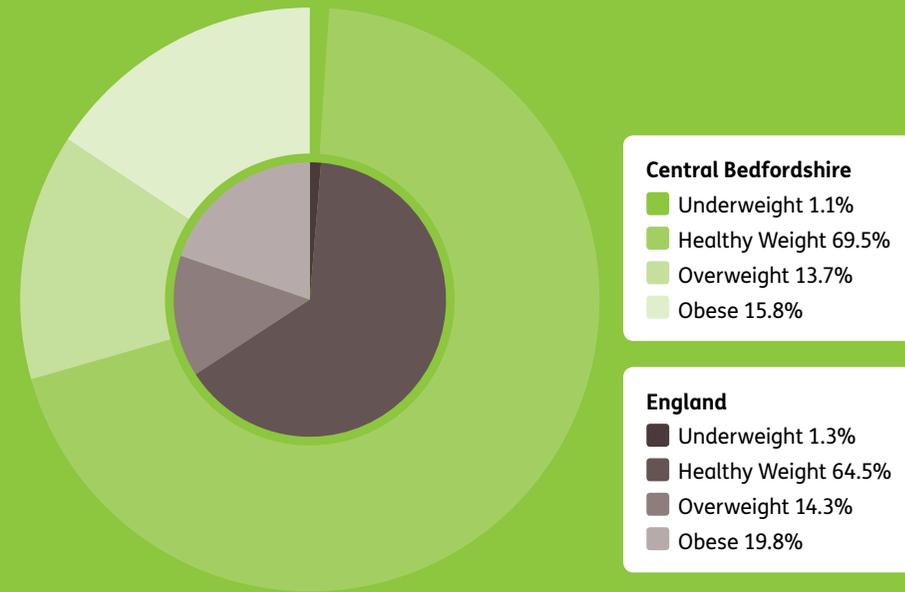
In Central Bedfordshire, 19.6% of Year R school children were overweight or obese ('excess weight') in 2015/16, compared to 22.1% in England. In school Year 6, 29.4% of children were of excess weight which was also below the England value of 34.2%. This contrasts the adult obesity levels in Central Bedfordshire, which is above the national average (although not significantly). Tackling childhood obesity, as a preventative measure, is a priority.

**In a recent survey of around 3000 12 -18 year olds in Central Bedfordshire, 33% reported that comments and attitudes of friends are one of the main things that affect the way they feel about themselves.**

## Reception (aged 4-5 years)



## Year 6 (aged 10-11 years)



As well as helping children and young people maintain a healthy weight, there is increasing evidence of the mental health benefits of exercise in children and young people. Regular activity helps children and young people to feel good about themselves and concentrate better, as well as many other benefits.

**BeeZee Families is an excess weight management service in Central Bedfordshire for overweight and obese children. The 16-week programme is designed to enhance self-confidence, increase activity levels and the practice of healthy eating. A group of specialists deliver sessions throughout the course to both parents and children.**

Beezee Bodies (2015)

Tackling excess weight requires a 'whole systems' approach, including health, local planning teams and education. Plans to create strong links with stakeholders to tackle obesity are formalised in the Central Bedfordshire Excess Weight Partnership Strategy 2016-2020 and Implementation Plan.

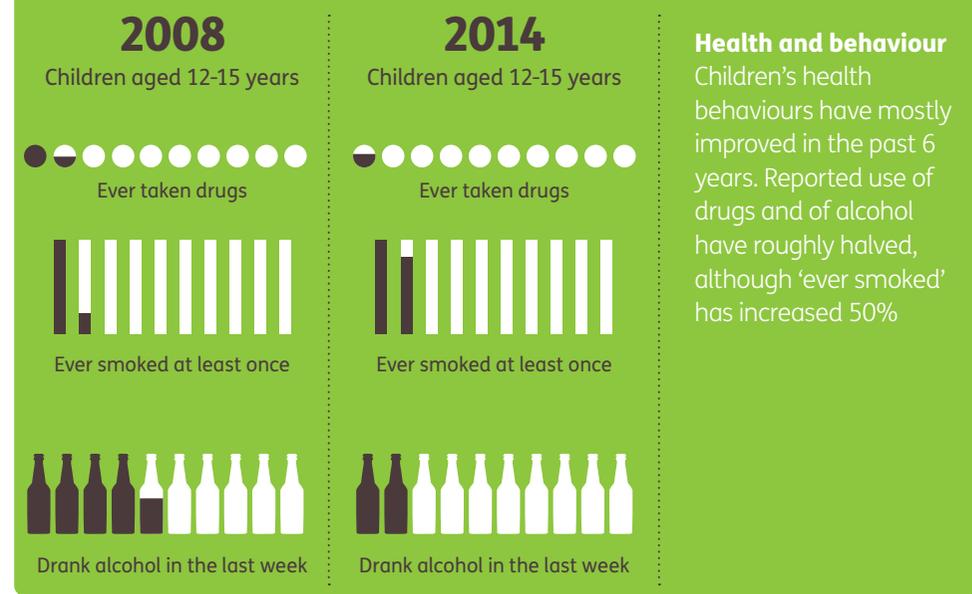
What do we need to do to ensure a healthy weight and promote physical activity?

- Create environments that promote physical activity and healthier lifestyle choices.
- Ensure excess weight is everybody's business by working in partnership, and by developing a workforce which is confident and competent in addressing excess weight.

## Reducing Health-Related Risk Taking Behaviours

Young people's risk taking behaviour is a public health concern due to the short and long term risks to health. It includes smoking, substance misuse and risky sexual behaviour. Whilst the majority of research is showing that risk taking behaviours amongst young people are on the decline, there seems to be an upward trend of children and young people experiencing poor emotional health. There is also evidence of a link between risk taking behaviours and poor mental health.

### Children's Health and Behaviour



Risky behaviours can 'cluster' and are linked to poor outcomes, such as low educational attainment, being bullied and emotional health problems<sup>30</sup>. Effective interventions during adolescence have the potential to reduce multiple risk taking behaviours.

## Smoking

Smoking continues to be a major cause of ill health, particularly heart and lung disease. Many people start smoking as adolescents and some will continue to smoke into adulthood. However, across England the number of young people who reported trying smoking has fallen and is now at the lowest levels since 2003<sup>31</sup>.

Local data tells us that the majority of young people do not smoke and there are fewer young smokers compared to the England average; however, there has been an increase in 'ever smoked at least once' and a significant number are affected by second-hand smoke. Findings from a Schools Health Education Unit (SHEU) Health Behaviour Survey conducted in Central Bedfordshire Schools<sup>32</sup> in 2014 found:

- 97% of 10-11 year-olds, 93% of 12-13 year-olds and 71% of 14-15 year-olds reported that they have never smoked

**School Nurses are trained to deliver Level 2 smoking advice; which is delivered in drop-ins. Bedfordshire Stop Smoking Service specialist advisors offer free advice and support across Bedfordshire**

## Alcohol and Substance Misuse

Drug and alcohol misuse can have significantly harmful impacts on young people, beyond the immediate effects. This can affect educational outcomes, employment, relationships, and increase the likelihood of criminal behaviour.

The England survey<sup>31</sup> reported that 16% of pupils aged 11-15 years had taken drugs at least once; cannabis was the most likely drug to be used. In our local schools' survey data (2014) 1% of 12-13 year-olds (Year 8) and 11% of 14-15 year-olds (Year 10) reported that they had 'taken an illegal drug in the last year'.

Data for England also showed that there has been a downward trend in the number of young people who drink alcohol. This was reflected in our local schools' survey data in 2014. Hospital admissions due to i) alcohol related conditions in under 18 year olds and ii) substance misuse in 15-24 year olds are relatively rare but are a useful indicator as the 'tip of the iceberg' of use.

- For under 18s, the hospital admission rate due to alcohol specific conditions is 24.2/100,000 and is significantly better than the national average of 36.6/100,000. (2012/13-2014/15)
- For 15-24 year olds, the rate of hospital admissions due to substance misuse is 85.3/100,000, which is similar to the national average of 88.8/100,000 (2012/13-2014/15)

**Aquarius (previously CANYP) Bedfordshire offers a range of support, information and advice to young people aged between 5 and 18 who use drugs and/or alcohol and also supports young people affected by someone else's use.**

## Sexual Health

As young people become sexually active they are at risk of sexually transmitted infections (STIs), such as chlamydia, gonorrhoea or HIV, and unintended pregnancies.

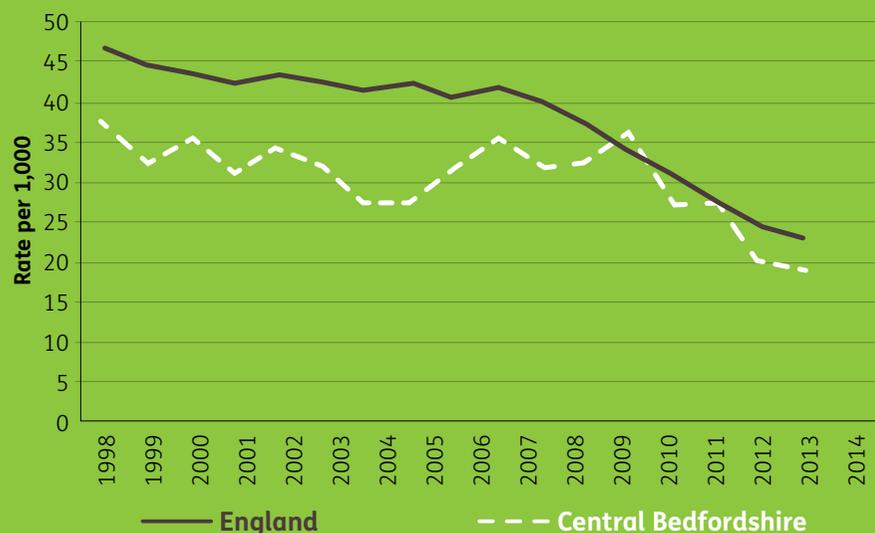
Chlamydia is the most common, curable sexually transmitted infection in the UK. If left untreated it can result in pelvic inflammatory disease and infertility. The national Chlamydia screening programme for 15-24 year olds seeks to improve detection and offer treatment. While the detection rate and numbers being screened in Central Bedfordshire are below those recommended by PHE, positivity is within the recommended range (5-12%); therefore, the local programme is an effective approach in detecting positive cases. Treatment and partner notification levels are optimal resulting in fewer untreated infections circulating in the community.

In **Central Bedfordshire** there were:

- 1,252 new diagnoses of Chlamydia infection per 100,000 people aged 15-24 in 2015, significantly lower than the England average of 1,887/100,000.
- 483 new diagnoses of sexually transmitted infections per 100,000 people aged under 25 in 2015. This is significantly lower than the England average of 815/100,000

**There is school based sexual health provision in the majority of upper schools in Central Bedfordshire. Targeted outreach work is delivered to young people identified as more vulnerable, this includes looked after children, young people from areas of high teenage pregnancy and young people not in employment, education or training.**

### Under 18 conception rates 1998-2014



Teenage pregnancy is a complex issue, affected by personal, social, economic and environmental factors. Under-18 conception data is used to monitor rates;

it includes all conceptions that result in either a live birth or abortion. Since 1998 there has been a 51% reduction in under 18 conceptions across England.

In **Central Bedfordshire**:

- The 2014 conception rate amongst under 18s was 18.8 per 1,000 (actual number 85), which is a decrease from the 2013 rate of 19.9 per 1,000 (actual number 92). Overall there has been a downward trend in rates in Central Bedfordshire since 2010<sup>33</sup>.
- This is lower than the England rate of 22.8 per 1,000,
- There were 2 higher rate wards in 2012-2014: Northfields and Manshead

**ASPIRE is a school-based programme, which is commissioned to raise levels of self-esteem and aspirations in pupils who had been identified as vulnerable or high risk; this is part of a wider aim to continue to reduce teenage pregnancy and to improve young people's health and well-being.**

The Framework for Sexual Health Improvement<sup>34</sup> recommends that in order to reduce teenage conception rates, improve sexual health and support young people to develop healthy and safe relationships, it is vital to have the provision of high quality comprehensive sex and relationships education (SRE) in schools and youth settings delivered by trained educators. This should be complemented by open discussion with parents/carers, and the provision of easy access, young people friendly, sexual health and contraception services.

To support young parents there is a Support Pathway for Parents Under 20 in Central Bedfordshire. The pathway offers all pregnant women under the age of 20 a range of support to improve their own outcomes, their partners and their child's.

## How is Central Bedfordshire Performing?

The most recent compiled and published data as of November 2016

Indicator	Central Bedfordshire	England Average	Aiming for the Best: 95th centile
15 year olds eating 5 fruit or vegetables a day (2014/15)	48.2%	52.4%	62.3%
Year R children overweight and obese (2014/15)	19.6%	22.1%	17.9%
Year 6 children overweight and obese (2014/15)	29.4%	34.2%	28.0%
Pupil absence: percentage of half days missed (2014/15)	4.75%	4.62%	4.1%
Not in Education Employment or Training (NEET): 16-18 year olds (2015)	3.1%	4.2%	2.0%
Chlamydia detection rate (2015)	1,252 per 100,000 aged 15-14	1,887 per 100,000 aged 15-14	3,558 per 100,000 aged 15-14
Smoking prevalence at age 15 (2014/15)	7.1%	8.2%	4.4%
Hospital admissions: alcohol-specific conditions, crude rate (2012/13 – 2014/15)	24.2 per 100,000 under 18	36.6 per 100,000 under 18	15.3 per 100,000 under 18
Hospital admissions: substance misuse (directly standardised rate) (2012/13 – 2014/15)	85.3 per 100,000 aged 15-24	88.8 per 100,000 aged 15-24	44.5 per 100,000 aged 15-24
Hospital admissions: mental health conditions, crude rate (2014/15)	73.4 per 100,000	87.4 per 100,000	39.8 per 100,000
Rate of hospital admissions caused by injuries in children (2014/15)	108.8 per 10,000 aged 0-14 years	109.6 per 10,000 aged 0-14 years	68.2 per 10,000 aged 0-14 years
Hospital admissions as a result of self-harm in children (2014/15)	358.9 per 100,000 aged 10-24	398.9 per 100,000 aged 10-24	150.9 per 100,000 aged 10-24
First time entrants to youth justice system (2015)	207 per 100,000 aged 10-17	369 per 100,000 aged 10-17	202 per 100,000 aged 10-17

We are falling short of the national average in pupil absence, Chlamydia detection rate and teenagers eating 5-a-day. We could be performing better in all of the above indicators compared to the best 5% in the country. In particular, we have improvements to make in the mental health outcomes of our children and young people.

## How Can We Improve?

1. Senior Leadership Teams in schools, working with governors, partner agencies and parents, must support pupils, particularly those at risk of poor outcomes, to develop positive relationships, healthy lifestyles and resilience. This will need to be delivered through a whole school approach with access to support, resources and curriculum time.
2. We must all help parents, carers and families to build emotional resilience in children and young people to develop the healthy behaviours that will continue in adult life.
3. All organisations need to support the implementation of the Central Bedfordshire Excess Weight Partnership Strategy 2016-2020 to address childhood and adult excess weight.
4. Providers must tackle risky behaviours by supporting parents and families and informing children of the impacts.



### Call to Action

Schools must be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach that includes high quality Personal Social & Health Education, Sex & Relationships Education and Physical Education.

# Snapshot of Health outcomes of vulnerable children and young people



Children in care are **4 times more likely** than their peers to have a mental health difficulty

Office of National Statistics (2015)

**Young carers could be looking after a parent who is alcohol or drug dependant**

Young carers have significantly lower educational attainment at GCSE level Department of Health (2014)



**Mothers under 20 are:**

**22% more likely** to be living in poverty at age 30 and less likely to be employed or living with a partner

**20% more** likely to have no qualifications at age 30. Of all young people who are not in education, employment or training, 15% are teenage mothers

**Young fathers** are more likely to have poor education and have a greater risk of being unemployed in adult life



Central Bedfordshire Joint Strategic Needs Assessment



## Living in a household with domestic violence and abuse:

- impacts on the child's mental, emotional and psychological health and their social and educational development.
- affects their likelihood of experiencing or becoming a perpetrator of DV&A as an adult, as well as exposing them directly to physical harm

Public Health, Central Bedfordshire



**Children in care** are less likely than their peers to do well at school.

Department for Education (2014)



**Children with learning disabilities are six times more likely to**

have mental health problems than other children. CHIMAT (2011)

**Children living with a parent with mental health problems are more likely to develop mental health problems themselves.**

Better Mental Health for All 2016

## Children who are sexually exploited are more likely to be affected by:

- teenage parenthood
- failing examinations or dropping out of education altogether
- mental health problems
- alcohol and drug addiction
- criminal activity

CHIMAT (2011)

## Children and young people in the criminal justice system

are far more likely to experience mental health problems than their peers

Department of Health (2014)

## Children who offend

have health, education and social care needs, which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour

Prison Reform Trust / Young Minds

# Section 4: Vulnerable Children and Young People

## Why Is This Group Important?

Identifying children and young people with vulnerabilities and strengthening professional curiosity.

**Being professionally curious means looking to identify indicators of neglect and not being reliant on legal thresholds alone. Professionals should instead explore the significance of one or a number of indicators of neglect when investigating an incident in a home setting or elsewhere.** (National Multi Agency Child Neglect Strategic Work Group. October 2015)

Vulnerable children and young people are those facing additional challenges that can impact negatively on their lives. They may be at risk of harm and face poorer outcomes unless they are offered support through early intervention. The risk factors are broad and often interrelated, so understanding and recognising when a child or young person is at risk relies upon a culture of professional curiosity across all services. It is also crucial that there are appropriate referral mechanisms in place and that these are understood by all.

While there are statutory responsibilities for some, including those in social care and those with special educational needs and disabilities (SEND), there are many who are not in the social care system with warning signs that they are becoming at risk of harm. All agencies working with children are required to meet the requirements of the statutory guidance Working Together to Safeguard Children<sup>35</sup>. This clearly states the importance of early identification and intervention.

## What Are We Aiming For?

### Implementing the Early Help Offer

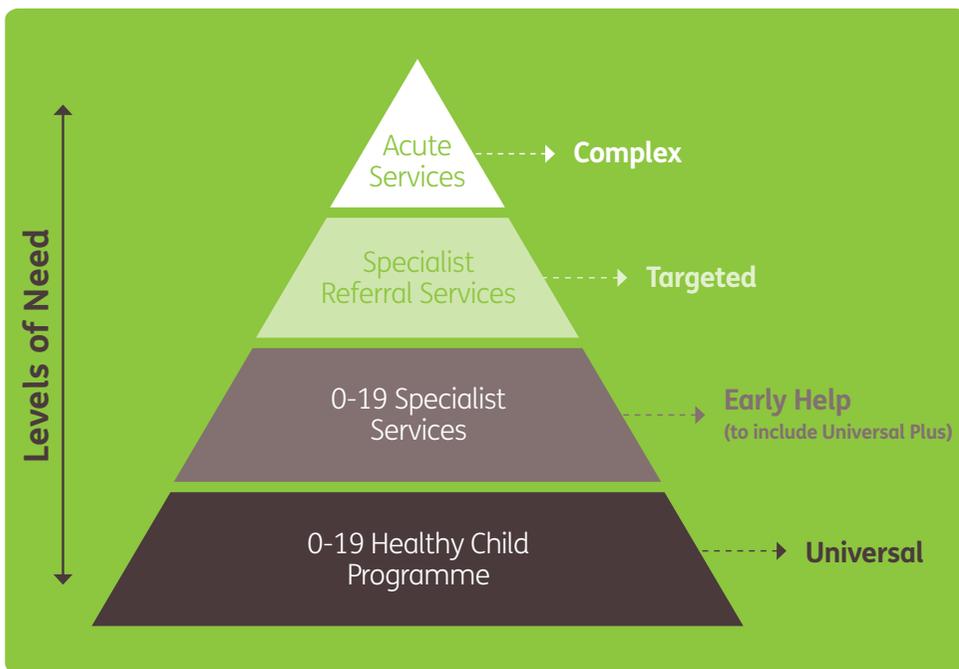
The range of risk factors affecting vulnerable children and young people indicates the varied response and support that may be needed.

### Children and Young People Needs Assessment (2015)<sup>2</sup>

It should not be the expectation that our vulnerable children and young people will experience poorer educational and health outcomes in Central Bedfordshire. Across all partners we want to ensure that all children, young people and their families receive the care and support they need in order to thrive, regardless of their circumstances.

Every child, young person and family will access universal services over their lifetime, through the delivery of the Healthy Child Programme; however, some will need additional support. The diagram on page 32 illustrates the different levels of need and the corresponding health services that are offered.

Early help means, as a partnership, we will identify and provide support to a child, young person or family, as soon as a difficult situation surfaces. Early help is especially important for the particularly vulnerable groups, to tackle emerging problems as soon as possible and prevent their situations becoming more serious. Narrowing the gap in outcomes for vulnerable children and young people needs a long-term focus.



## How Can We Improve?

Learning from serious case reviews, local inspections, case conferences and reviews have identified that we will have a dramatic impact on the outcomes for children and young people if we strive collectively to improve the following:

### Theme 1: Role of the professional working effectively in partnership

- Ongoing professional curiosity
- Up to date training to identify signs, risk factors (including Adverse Childhood Experiences that may affect parent/carer) and safeguarding
- Effective referrals and confidence to escalate issues when appropriate
- Role of the father (positive or negative)
- Understanding and respecting the roles and responsibilities of other professionals
- Understanding statutory responsibilities for safeguarding and SEND

### Theme 2: Embedding the voice/experience of the child and family in decision making

- Involving and acting on :
  - Voice of the child – verbal and pre-verbal
  - Voice of the father
  - Voice of the wider family and community

### Theme 3: Consistent and effective organisational processes and systems

- Systems in place to enable efficient and effective information sharing
- Effective supervision
- Ongoing tracking – including being clear of ongoing responsibilities when another professional/agency is involved
- Effective pathways in place e.g. late booking
- Accurate records to identify “hidden” children – including those home schooled and privately fostered
- Mutual understanding that an escalation process is not a sign of failing

## What Are The Risk Factors?

Vulnerable young people can be:

- **Disabled and have specific additional needs**
- **A young carer**
- **Have special educational needs**
- **Showing signs of engaging in anti-social or criminal behaviour**
- **In challenging family circumstances such as substance abuse, adult mental health problems and domestic abuse**
- **Those returned home to their family from care**
- **Showing early signs of abuse and/or neglect.**
- **A Looked After Child (LAC)**
- **A young parent**
- **At risk of/experienced Child Sexual Exploitation (CSE)**
- **At risk of/ been a victim of Female Genital Mutilation (FGM)**
- **An asylum seeker, refugee or new migrant**

Working Together to Safeguard Children (2015)<sup>35</sup>

## What do we need to do to support our vulnerable young people?

1. System-wide partners working with young people and families must use learning from reviews, audits and inspections to improve practice, monitored by the Central Bedfordshire Safeguarding Children Board.
2. Commissioning partners must agree measures of success in early identification of risks and vulnerabilities, and monitor these to improve outcomes.
3. All agencies must work in partnership to identify children and young people who are experiencing issues early to ensure they are able to access support, advice and opportunities to improve their health and wellbeing and enable them to reach their potential.
4. Organisations should offer shared training to develop professional curiosity and strengthen a consistent integrated approach.
5. All organisations must ensure that the broadest range of services and support are available to meet the needs of particularly vulnerable groups, in the most effective and cost efficient way.

### Call to Action

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



# Section 5: Summary of progress against 2014 Director of Public Health Report

In 2014, the Director of Public Health Report focused on mental health and recommended a number of key actions to improve mental health and wellbeing in our population.

## Child and Adolescent Mental Health (CAMH)

One in ten children need support or treatment for mental health problems. This means that in a class of thirty school children, three will suffer with a mental disorder such as conduct disorders, anxiety, depression and hyperkinetic disorders (e.g. Attention Deficient Hyperactivity Disorder).

**Over half of all mental ill health starts before the age of 14 years, and 75% has developed by the mid-twenties.**

Joint Commissioning Panel for Mental Health (2015)<sup>36</sup>

In Central Bedfordshire it is estimated that:<sup>37</sup>

- 3,225 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 1,640 will have a disorder

Poor mental health in during childhood and adolescence can have a number of consequences including:

- Greater risk of physical health problems
- Increased risk of disruption to education and school absence
- Poorer educational attainment
- Poorer employment prospects
- Increased risk of smoking, drug and alcohol use<sup>38</sup>

In 2014, the Director of Public Health Report focused on mental health, with a specific sub-section around children and young people. The three key recommendations to improve outcomes for children and young people were:

Recommendations	Rationale
Ensure excellent maternal mental health	Up to 20% of women develop a mental health problem during pregnancy or within the first year after having a baby. As well as the clear stresses for the mother, resultant poor bonding can disrupt the child's emotional development.
Helping children become more resilient	Once they reach school age, 1 in 20 children have developed a mental health problem. Positive and secure relationships with family and peers from an early age are vital for emotional and social development and resilience building.
Increase identification of children who are at risk of poor mental health earlier and ensure that they have access to appropriate services	Most children spend a high proportion of their waking lives in school and so the school ethos is vital. Supporting schools to take a 'whole school approach' to promoting mental wellbeing is a priority.

## Progress against the recommendations

Promoting resilience, emotional wellbeing and good mental health of children and young people is a priority across Central Bedfordshire. These priorities are expressed in the Health and Wellbeing Strategy 2012–2016, Children and Young People’s Plan 2015–2017, and Partnership Vision for Education 2015–2019. Progress has been made leading to changes in service delivery for children and extra capacity and capability across Children’s and Adolescent Mental Health Services (CAMHS).

In response to the Future in Mind report<sup>38</sup> the Bedfordshire and Luton Local Transformation Plan 2015–2020 set out the strategic priorities and service transformation plans for improving the emotional wellbeing and mental health for children and young people in Bedfordshire and Luton over the five year period.

In April 2016 East London Foundation Trust (ELFT) took over as the provider of mental health services across Bedfordshire and has implemented a new model for managing CAMHS services.

Additional funding has been made available for specific priority areas including: eating disorders, children’s psychological therapy programmes (IAPT), perinatal care and early intervention and crisis.

	Progress made since 2014
Perinatal Mental Health	Work to develop and enhance the perinatal mental health provision is underway. This will include additional specialist support within maternity units, improved signposting and access to support, as well as training in teams and wider multi-disciplinary working in both Bedford and Luton & Dunstable Hospitals.
Early Intervention and Schools	<p>Within Central Bedfordshire a CAMH Practitioner will provide advice and guidance to colleagues within the Early Help &amp; Intervention service as well as undertaking clinical work with families where mental health is an identified concern.</p> <p>Parents who need support will have access to the most appropriate parenting programme that will support them to be better parents. Across the system, the workforce will be trained to promptly recognise the need, and deliver the right intervention or access the most appropriate support.</p> <p>Following a pilot project, closer partnership working with core CAMHS and our local schools will be improved, through development of skills and practice to enable early identification of mental health issues and improved access to CAMHS when appropriate. This approach will ensure interventions are available at the earliest opportunity and that health needs are met before they escalate.</p> <p>Future in Mind CHUMS support: within primary schools in Bedford Borough and Central Bedfordshire, CHUMS are providing an offer for school clusters. There will be a named CHUMs worker linked to each school cluster through which the school can access advice, guidance and staff training.</p>

Progress made since 2014 (continued)	
Crisis Services	In association with the hospital Psychiatric Liaison Services (PLS), the CAMHS Crisis Service will provide a working hours and out of hours CAMHS mental health crisis assessment service which is responsive to meet a young person's and their family's needs in a crisis. The funding will be used to reduce waiting lists in year and deliver a 7 day service. This will reduce the number of people admitted into Acute Hospitals and Tier 4 placements.
Eating Disorders	<p>A dedicated specialist community eating disorder service for children and young people has been established across Bedfordshire and Luton. CAMHS teams are developing the workforce expertise to identify and support young people who are suffering from eating disorders, particularly the most common eating disorders, anorexia nervosa and bulimia nervosa.</p> <p>The majority of young people who have an eating disorder as their primary presenting problem treated by the existing CAMH services will now have access to this new service.</p>
Improving Access to Psychological Therapies	As part of our Children and Young People's Mental Health and Wellbeing services, Bedfordshire and Luton teams will increase access to Children and Young People's IAPT, operating an integrated model that ensures the use of trusted assessment and multi-disciplinary, flexible working to meet the individual needs of children and young people.

## Adults and Older People

People with mental health disorder have poorer physical health and often are subject to discrimination and stigma. Males with mental illness die on average 16 years earlier and women with mental illnesses die 12 years earlier than those without mental ill-health.

The **3 key recommendations** from the report to address mental health in adults and older people were to:

- Improve the physical health of those with mental health illness by ensuring good access to healthy lifestyle support
- Support employers to participate in workplace health initiatives and signpost to relevant resources
- Increase understanding of mental health and wellbeing and reduce stigma of mental health.

### Progress against the recommendations

Progress made since 2014	
Five Ways to Wellbeing	<p>The 'Five Ways to Wellbeing' campaign launched earlier this year to promote key mental wellbeing messages:</p> <ol style="list-style-type: none"> <li><b>1. Connect</b> – With the people around you; with family, friends, colleagues and neighbours.</li> <li><b>2. Be Active</b> – Discover a physical activity you enjoy that suits your level of mobility and fitness.</li> <li><b>3. Take Notice</b> – Be curious. Be aware of the world around you and what you are feeling.</li> <li><b>4. Keep Learning</b> – Try something new. Set a challenge you will enjoy achieving.</li> <li><b>5. Give</b> – Do something nice for a friend, or a stranger. Join a community group. Carry out a random act of kindness.</li> </ol>

	Progress made since 2014 (continued)
	<p>The campaign highlighted the close links between mental and physical health. The main aims were to:</p> <ul style="list-style-type: none"> <li>• raise awareness of the importance of the mental health and wellbeing and how small lifestyle changes can have a big impact upon living well for longer</li> <li>• encourage local residents to try something new, by changing behaviour to increase wellbeing</li> <li>• support residents who need specific help to seek advice and support from appropriate organisations</li> </ul> <p>Campaigns included press releases, messages through social media, internal communications within organisations, resident magazines, local libraries, the Job Centre, Mind, the Rufus Centre and Citizens Advice Bureau.</p>
Self-help guides	<p>NHS Bedfordshire CCG introduced self-help guides online with resources and links for various mental health conditions. The online tool is a set of 23 guides which are evidence based, written by clinicians and designed for members of the public.</p> <p>For more information visit: <a href="http://www.selfhelpguides.ntw.nhs.uk/bccg/">http://www.selfhelpguides.ntw.nhs.uk/bccg/</a></p>
Break the Stigma campaign	<p>The campaign was launched alongside World Mental Health Day to break the stigma associated with mental health issues.</p>
Mental Health Lite Training	<p>Public Health offered Mental Health Lite training to around 150 frontline staff members across Bedfordshire to raise awareness of mental health in the workplace and enable them to feel more confident to discuss mental health issues.</p>

	Progress made since 2014 (continued)
Workplace Wellbeing in Central Bedfordshire	<p>The management group within Central Bedfordshire Council is promoting workplace wellbeing to all employees through the Staff Wellbeing Action Programme (SWAP). An annual programme of wellbeing events has taken place for the last 2 years linked to 5 key public health priorities: 1. healthy eating and excess weight; 2. physical activity; 3. mental health; 4. Smoking; 5. Alcohol.</p> <p>There is an organisational development group to drive this agenda forward across the Council.</p>



**Call to Action**

Commissioners and providers must work together to ensure that

- i) a comprehensive perinatal mental health pathway is in place. Parents at risk of mental illness during the perinatal period (pregnancy to the first year following birth) should be identified and timely support offered, including for the infant and wider family where appropriate.
- ii) all professionals working with children, young people and families are able to identify mental health issues and refer promptly to accessible, high quality mental health support at the appropriate level.

# Useful Documents

---

## Local Documents

A full range of indicators related to child health can be found in the Joint Strategic Needs Assessments for Bedford Borough and Central Bedfordshire. Locality based reports of local child health are also available.

- Commissioning Community Health Services for Children and Young People in Bedford Borough and Central Bedfordshire (2015). Needs Assessment – Informing future priorities, plans and services for children and young people. Public Health Bedford Borough and Central Bedfordshire Councils (October 2015).
- Child Health Profiles: <http://www.chimat.org.uk/profiles>
- Joint Strategic Health Needs Assessment summaries, Central Bedfordshire Council: <https://www.jsna.centralbedfordshire.gov.uk/>
- Annual Safeguarding Report (CDOP & Serious Case Reviews) : <http://www.bedfordshirelscb.org.uk/lscb-website/home-page>
- Central Bedfordshire's School Surveys: <http://www.centralbedfordshire.gov.uk/children/health-wellbeing/info/articles-reports.aspx>

## National Documents

Allen, G., 2011. Early Intervention - Smart Investment.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/61012/earlyintervention-smartinvestment.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61012/earlyintervention-smartinvestment.pdf) [Accessed 2016].

Cuthbert C., et al., 2011. All Babies Count - Prevention and protection of vulnerable babies. NSPCC.

<https://www.nspcc.org.uk/services-and-resources/research-and-resources/pre-2013/all-babies-count/> [Accessed 2016].

Department for Education, 2014. Outcomes for children looked after by LAs.

<https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-local-authorities> [Accessed 2016].

Department of Health, 2009. Healthy Child Programme.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf) [Accessed 2016].

HM Government, 2015. Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children

Joint Commissioning Panel for Mental Health, (updated 2015) 'Guidance for commissioning public mental health services'

<http://www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf> [accessed 2016]

Marmot, P. S. M., 2010. Fair Society – Healthy Lives The Marmot Review.  
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> [Accessed 2016].

National Children’s Bureau, 2015. Poor Beginnings Health Inequalities among young children across England.  
[http://www.ncb.org.uk/sites/default/files/uploads/documents/Policy\\_docs/ncb\\_poor\\_beginnings\\_report\\_final\\_for\\_web.pdf](http://www.ncb.org.uk/sites/default/files/uploads/documents/Policy_docs/ncb_poor_beginnings_report_final_for_web.pdf) [Accessed 2016].

Ofsted, 2016. Unknown children – destined for disadvantage.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/541394/Unknown\\_children\\_destined\\_for\\_disadvantage.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/541394/Unknown_children_destined_for_disadvantage.pdf) [accessed 2016]

Public Health England , 2014. The link between pupil health and wellbeing and attainment. A briefing for head teachers, governors and staff in education settings.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/370686/HT\\_briefing\\_layoutvFINALvii.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf) [Accessed 2014].

Public Health England , 2016. Smoking in Pregnancy.  
<https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955385277/1> [Accessed 2016].

Public Health England, 2016. Encouraging a Healthy Pregnancy.  
<https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955381593/1> [Accessed 2016].

Public Health England, 2016. Importance of Immunisation.  
<https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955399537/1> [Accessed 2016].

Public Health England, 2016. Postnatal depression affects more than 1 in 10 women.  
<https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955388841/1> [Accessed 2016].

Public Health England, 2016. Promoting Breastfeeding.  
<https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955396789/1> [Accessed 2016].

Public Health England, 2016. Ready to learn at 2.  
<https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955406301/1> [Accessed 2016].

# References

---

1. Ofsted (2016). Unknown children - destined for disadvantage?  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/541394/Unknown\\_children\\_destined\\_for\\_disadvantage.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/541394/Unknown_children_destined_for_disadvantage.pdf)  
[accessed 2016].
2. Commissioning Community Health Services for Children and Young People in Bedford Borough and Central Bedfordshire (2015). Needs Assessment – Informing future priorities, plans and services for children and young people. Prepared by Public Health Bedford Borough and Central Bedfordshire Councils October 2015.
3. National Children’s Bureau (2015). Poor Beginnings: Health inequalities among young children across England  
[https://www.ncb.org.uk/sites/default/files/uploads/documents/Policy\\_docs/ncb\\_poor\\_beginnings\\_report\\_final\\_for\\_web.pdf](https://www.ncb.org.uk/sites/default/files/uploads/documents/Policy_docs/ncb_poor_beginnings_report_final_for_web.pdf)  
[accessed 2016].
4. Marmot, P. S. M. (2010) Fair Society - Healthy Lives The Marmot Review.  
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> [accessed 2016].
5. Department of Health (2009) The Healthy Child Programme: pre-birth and the first five years
6. Allen, G. (2011) Early Intervention - Smart Investment.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/61012/earlyintervention-smartinvestment.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61012/earlyintervention-smartinvestment.pdf)  
[accessed 2016].
- Public Health England (2016) Encouraging a Healthy Pregnancy.  
<https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955381593/1> [accessed 2016].
- NSPCC (2011). All Babies Count - Spotlight Perinatal Mental Health.  
<https://www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-spotlight-perinatal-mental-health.pdf>  
[Accessed 2016].
7. Cuthbert C., et al. (2011) All Babies Count - Prevention and protection of vulnerable babies. NSPCC.  
<https://www.nspcc.org.uk/services-and-resources/research-and-resources/pre-2013/all-babies-count/> [accessed 2016].
8. 1001 Critical Days. The Importance of the Conception to Age Two Period. (2015)  
[www.wavetrust.org/our-work/publications/reports/1001-critical-days-importance-conception-age-two-period](http://www.wavetrust.org/our-work/publications/reports/1001-critical-days-importance-conception-age-two-period)
9. Godfrey C, et al. (2010) ‘Estimating the costs to the NHS of smoking in pregnancy for pregnant women and infants’ PHR, Public Health Research Consortium, Department of Health Sciences, The University of York,  
[http://phrc.lshtm.ac.uk/papers/PHRC\\_A3-06\\_Final\\_Report.pdf](http://phrc.lshtm.ac.uk/papers/PHRC_A3-06_Final_Report.pdf)  
[accessed 28/4/2016].
10. Department of Health (2011) ‘Healthy Lives, Healthy People – A Tobacco Control Plan for England’

11. Public Health England (2015). Maternal obesity.  
[https://www.noo.org.uk/NOO\\_about\\_obesity/maternal\\_obesity\\_2015](https://www.noo.org.uk/NOO_about_obesity/maternal_obesity_2015)  
[accessed 2016]
12. Health and Social Care Information centre (2014). Health Survey for England 2013.  
<http://www.hscic.gov.uk/catalogue/PUB16076> [accessed 2016].
13. Heslehurst N, Rankin J, Wilkinson JR, et al. (2005) A nationally representative study of maternal obesity in England, UK: trends in incidence and demographic inequalities in 619 323 births, 1989–2007. International journal of obesity (2005) 2010;34(3):420–8. 4.
14. Local data from The Luton and Dunstable Hospital Records: 01.01.15–31.12.15
15. Department for Children, Schools and Families and Department for Health (2010). Teenage Pregnancy Strategy: Beyond 2010.  
[https://www.education.gov.uk/consultations/downloadableDocs/4287\\_Teenage%20pregnancy%20strategy\\_aw8.pdf](https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf) [accessed 2016].
16. Local Government Agency (2016). Good progress but more to do. Teenage pregnancy and young parents.  
[http://www.local.gov.uk/publications/-/journal\\_content/56/10180/7661314/PUBLICATION](http://www.local.gov.uk/publications/-/journal_content/56/10180/7661314/PUBLICATION) [accessed 2016].
17. Ofsted (2016) Ofsted - Monthly Commentary.  
<https://www.gov.uk/government/speeches/hmcis-monthly-commentary-july-2016> [accessed 2016].
18. [www.parentsasfirstteachers.org.uk](http://www.parentsasfirstteachers.org.uk)
19. [www.triplep.net](http://www.triplep.net)
20. [www.mellowparenting.org](http://www.mellowparenting.org)
21. Ford K. et al. (2016). Adverse Childhood Experiences in Hertfordshire, Luton and Northamptonshire.  
[http://www.cph.org.uk/wp-content/uploads/2016/05/Adverse-Childhood-Experiences-in-Hertfordshire-Luton-and-Northamptonshire-FINAL\\_compressed.pdf](http://www.cph.org.uk/wp-content/uploads/2016/05/Adverse-Childhood-Experiences-in-Hertfordshire-Luton-and-Northamptonshire-FINAL_compressed.pdf) [accessed 2016].
22. Bellis et al. (2013). Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in the UK population. Journal of Public Health
23. <http://cpd.screening.nhs.uk/timeline>
24. Giedd et al (1999) Brain development during childhood and adolescence: a longitudinal MRI study. nature neuroscience • volume 2 no 10 •
25. Early Intervention Foundation (2016) [www.eif.org.uk/what-is-early-intervention](http://www.eif.org.uk/what-is-early-intervention) [accessed 2016]

26. Public Health England (2014) The link between pupil health and wellbeing and attainment. A briefing for head teachers, governors and staff in education settings. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/370686/HT\\_briefing\\_layoutvFINALvii.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf) [accessed 2016].
27. NICE (2013) Social and emotional wellbeing for children and young people. <https://www.nice.org.uk/guidance/lgb12/resources/social-and-emotional-wellbeing-for-children-and-young-people-60521143067845> [accessed 2016].
28. Action for Children (2007) Literature Review: Resilience in Children and Young People. [https://www.actionforchildren.org.uk/media/3420/resilience\\_in\\_children\\_in\\_young\\_people.pdf](https://www.actionforchildren.org.uk/media/3420/resilience_in_children_in_young_people.pdf) [accessed 2016].
29. Schools Health Education Unit (SHEU) Emotional Health and Wellbeing Survey, 2015
30. Risk Behaviours and negative outcomes Cabinet Office (2014) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/452169/data\\_pack\\_risk\\_behaviours\\_and\\_negative\\_outcomes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/452169/data_pack_risk_behaviours_and_negative_outcomes.pdf) [accessed 2016].
31. HSCIC (2014) Smoking, drinking and drug use among young people in England in 2013. London: Health and Social Care Information Centre. <http://content.digital.nhs.uk/catalogue/PUB17879/smok-drin-drug-young-peop-eng-2014-rep.pdf> [accessed 2016].
32. Schools Health Education Unit (SHEU) Health Behaviour Survey (2014)
33. Sexual Health Needs Assessment 2015. Bedford Borough and Central Bedfordshire.
34. Department of Health (2013) A framework for Sexual Health Improvement. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW\\_ACCESSIBLE.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf) [accessed 2016].
35. HM Government, (2015) Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children
36. Joint Commissioning Panel for Mental Health, (updated 2015) 'Guidance for commissioning public mental health services' <http://www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf> [accessed 2016].
37. ChiMat CAMHS Needs Assessment. [http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34&geoTypeId=4&geolds=\\_867](http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34&geoTypeId=4&geolds=_867) [accessed 2016].
38. Department of Health (2015) Future in Mind Promoting, protecting and improving our children and young people's mental health and wellbeing. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf) [accessed 2016].



# Central Bedfordshire in contact

Central  
Bedfordshire

**great**  
lifestyles

## Find out more

For more information about this publication, further copies, or a large print copy, get in touch.

## Please recycle me!

When finished with, please put me in your recycling bin or bag.



[www.centralbedfordshire.gov.uk](http://www.centralbedfordshire.gov.uk)



[www.facebook.com/letstalkcentral](https://www.facebook.com/letstalkcentral)



[@letstalkcentral](https://twitter.com/letstalkcentral)



[customers@centralbedfordshire.gov.uk](mailto:customers@centralbedfordshire.gov.uk)



0300 300 8000

**CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD**

Date of meeting

25 January 2017

---

**Local Safeguarding Children Board (LSCB) Annual Report - 2015/2016**

Responsible Officer: Alan Caton – Independent Chair of the LSCB  
Email: [Alan.caton@centralbedfordshire.gov.uk](mailto:Alan.caton@centralbedfordshire.gov.uk)

Advising Officer: Phillipa Scott – Strategic Safeguarding Partnership Manager  
Email: [Phillipa.scott@centralbedfordshire.gov.uk](mailto:Phillipa.scott@centralbedfordshire.gov.uk)

Public

---

**Purpose of this report**

1. This report provides the Health and Wellbeing Board with a copy of the 2015/16 Annual Report from the Central Bedfordshire Safeguarding Children Board (LSCB). The Annual Report provides the Health and Wellbeing Board with a detailed account of the work undertaken by the LSCB throughout the year, progress made against the priorities contained within the LSCB Business Plan and the outcomes achieved.

**RECOMMENDATIONS**

**The Health and Wellbeing Board is asked to:**

1. **note the information contained within the 2015/16 Annual Report.**

**Issues**

2. The Statutory Guidance Working Together to Safeguard Children 2015 (Chapter 3 Point 16 and 17) States:

*The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the health and well-being board.*

*The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period*

3. The Annual Report for 2015/16 is contained within Appendix A

### **Financial and Risk Implications**

4. There are no financial implications in relation to producing the LSCB Annual Report.
5. Working Together to Safeguard Children 2015 (Chapter 3 Point 19) States:

*The report should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.*

6. The LSCB is funded by multi-agency partners on an annual basis and the contributions and LSCB spend for 2015/16 are contained within the Annual Report.

### **Governance and Delivery Implications**

7. There are no governance and delivery implications

### **Equalities Implications**

8. There are no equalities implications

### **Implications for Work Programme**

9. There are no implications for the work programme.

### **Conclusion and next Steps**

10. The LSCB Annual Report for 2015/16 was agreed by the LSCB Strategic Board at its meeting on the 27th September 2016 and was presented to the Council's Children's Services Overview and Scrutiny Committee on the 18 October 2016.

A copy has also been provided to the Chief Executive, Leader of the Council and the local Police and Crime Commissioner. A copy of the report is also available on the Central Bedfordshire LSCB website.

11. The Health and Wellbeing Board are asked to note the Central Bedfordshire LSCB Annual Report for 2015/16.

### **Appendices**

**Appendix A:** Central Bedfordshire LSCB Annual Report for 2015/16

### **Background Papers**

12. None

This page is intentionally left blank



# Annual Report 2015 - 2016

Central Bedfordshire Safeguarding Children Board

Author	Strategic Safeguarding Partnership Manager
Consultation	Core Business and Improvement Group and Board Members
Agreed by:	Central Bedfordshire Safeguarding Children Board
Date Agreed:	27 <sup>th</sup> September 2016
Date reviewed:	Not applicable



<b>Content</b>	<b>Page</b>
<b>1. Foreword from the Independent Chair</b>	<b>3</b>
<b>2. Central Bedfordshire</b>	<b>4</b>
<b>3. Safeguarding in Central Bedfordshire</b>	<b>5</b>
<b>4. Progress on priorities in 2015 – 2016</b>	<b>12</b>
<ul style="list-style-type: none"> <li>● Priority 1 – Ensure children in dangerous settings have faster, easier access to safeguarding support</li> </ul>	<b>13</b>
<ul style="list-style-type: none"> <li>● Priority 2 – Ensure the effectiveness of safeguarding and early help support to children living in vulnerable families</li> </ul>	<b>15</b>
<ul style="list-style-type: none"> <li>● Priority 3 – Ensure the effectiveness of the Board and its Partners</li> </ul>	<b>17</b>
<b>5. Challenges ahead and priorities for 2016 – 2017</b>	<b>32</b>
<b>6. Priorities and key message for keeping children safe in Central Bedfordshire</b>	<b>32</b>
<b>7. Governance and accountability</b>	<b>34</b>
<b>8. Conclusion</b>	<b>39</b>
<b>Appendices</b>	<b>40</b>
<ul style="list-style-type: none"> <li>● <b>Appendix A – Monitoring key learning and challenges and the impact of actions taken as a result</b></li> </ul>	<b>40</b>
<ul style="list-style-type: none"> <li>● <b>Appendix B – Diagram of governance arrangements</b></li> </ul>	<b>46</b>
<ul style="list-style-type: none"> <li>● <b>Appendix C – Board members</b></li> </ul>	<b>48</b>

## 1. Foreword from the independent chair

I am pleased to present the Central Bedfordshire Safeguarding Children Board (CBSCB) Annual Report covering the period April 2015 to March 2016.

This, like previous years, has been a challenging one for partners who are still working in a context of shrinking budgets and resources; however this report provides evidence of the commitment and determination among agencies and professionals to keep children and young people, across Central Bedfordshire safe.

This report highlights the performance and effectiveness of agencies to safeguard and promote the welfare of children and young people. It also outlines the difference we have made as a Board and the impact that those differences have had on children, young people and their families in Central Bedfordshire.

The Board can evidence how it has influenced and shaped service delivery through effective multi-agency case audit. During this reporting period multi-agency audits were completed in relation to Child Protection cases where domestic abuse was known, along with an audit in relation to Child Sexual Exploitation (CSE) cases. Learning points identified from both these audits have been translated into multi-agency action plans which have been implemented and monitored through the Boards Learning and Improvement framework.

Further, during this reporting period the Board has commissioned three Serious Case Reviews (SCR's), all of which have provided significant learning to agencies across Central Bedfordshire. Learning from these reviews is communicated to the children's workforce through practitioner events led by the Safeguarding Children Board.

As a Board we continue to face a number of challenges as we strive to constantly develop front-line practice with a view to improving outcomes for all children and young people. These challenges are highlighted in this report and include;

- Understanding the risks to adolescents in a holistic way that supports practitioners in tackling child sexual exploitation and radicalisation
- Hearing the child's voice and ensuring it shapes improvement
- Continuing to embed robust and rigorous quality assurance activity and learning that supports the Board's priorities
- Continuing to develop a comprehensive and rigorous performance framework that supports the Board's priorities
- Implementing actions to tackle Child Sexual Exploitation
- Implementing actions to tackle neglect

Included at the rear of this report there are a number of key messages for all partner agencies and strategic partners. These messages are to ensure that safeguarding and protecting children in Central Bedfordshire remains a priority for all.

Finally, may I take this opportunity to thank on behalf of CBSCB all of the organisations and individuals in the public, voluntary and private sectors who work tirelessly across Central Bedfordshire to improve the safety and quality of life of our children, young people and families.

I commend this report to you and invite you to feedback your thoughts on how we can continue to develop and improve in order to keep all of Central Bedfordshire's children safe.

Alan C Caton OBE CBSCB Independent Chair

## 2. Central Bedfordshire

### Local demographics

Central Bedfordshire has a population of 264,500 people. This is forecast to increase to around 287,300 people by 2021, with a 35% increase in the number of people aged 65 and over compared to 2011.

Central Bedfordshire is less diverse than England as a whole, and has a greater proportion of people who are White British (79.8%). The biggest ethnic minority groups in Central Bedfordshire were White Other (not White British, White Irish or Gypsy or Irish Traveller), White Irish and Indian. More than 95% of pupils of compulsory school age in Central Bedfordshire speak English as a first language. However, more than 60 different first languages are recorded among the remaining children.

None of our neighbourhoods are in the 10% most deprived nationally, however pockets of deprivation do exist – mainly in Houghton Regis and Dunstable.

The rate of serious acquisitive crime is higher in Central Bedfordshire than in similar authorities.

61% of Central Bedfordshire residents live in areas classified as urban.

Unemployment is low in Central Bedfordshire compared to England, and house prices are higher than the national average.

Central Bedfordshire residents are less likely to have higher level qualifications compared to the national average, but GCSE results are above the England average.

Life expectancy and overall health are both slightly better than the national average, and children are less likely to be obese.

### Vulnerable groups

Although the majority of children and young people in Central Bedfordshire live healthy lives and are safe within their family networks and communities, there are a proportion of vulnerable children who are at risk of poorer health and well-being outcomes.

All partners of the LSCB are committed to seeking out vulnerable children and supporting them and their families whilst acknowledging the difficulties as some abuse or neglect may be hidden despite the work of agencies and partners to identify those who are in need of services and who are being harmed or at risk of being harmed.

The following section of the Annual Report sets out those categories of children and young people in Central Bedfordshire who have been identified by the local authority and other agencies as in need of protection or help to promote their welfare as they are more vulnerable.

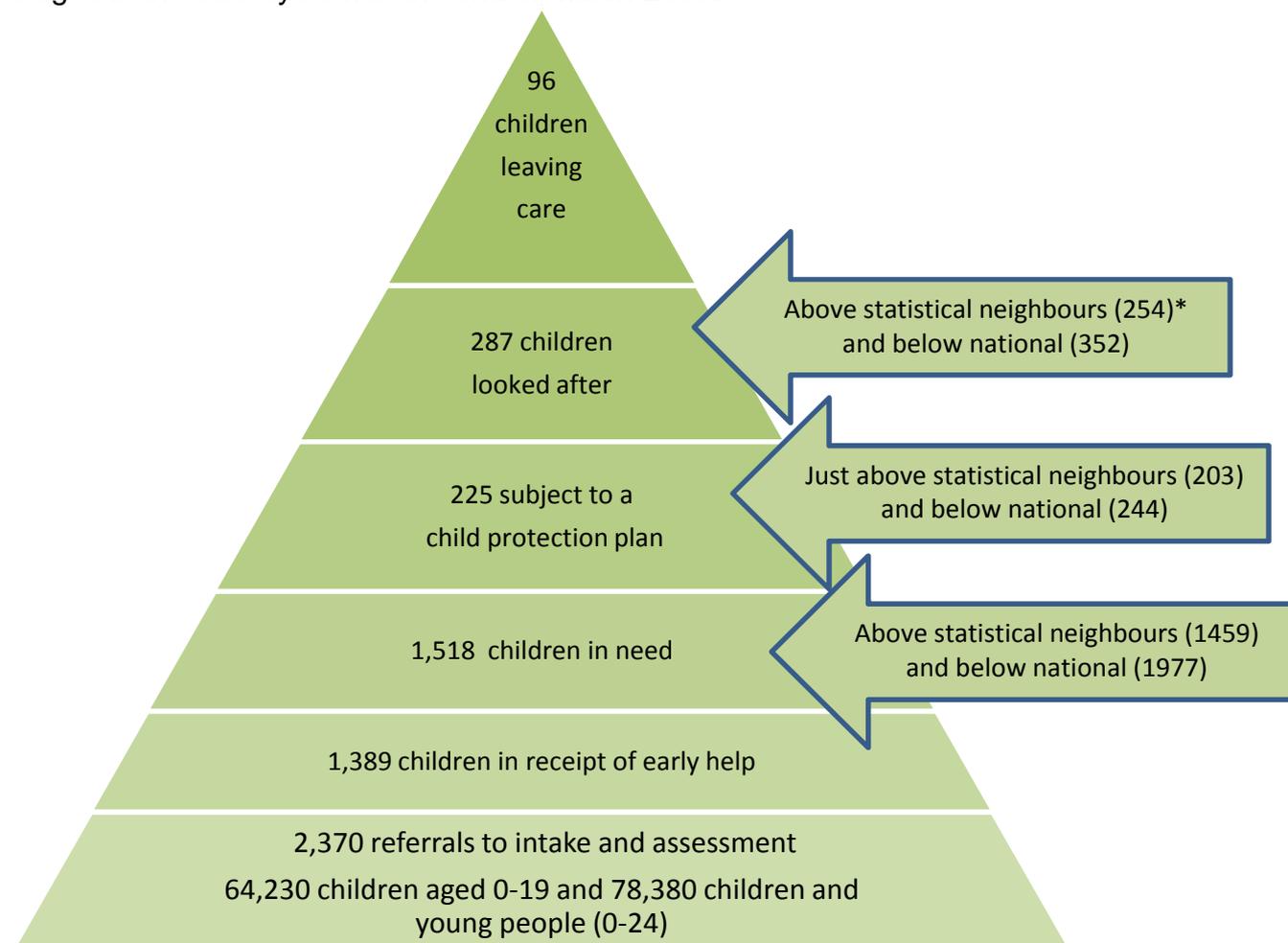
These categories of vulnerability are not exhaustive and many factors such as going missing from home and living in households where there is domestic abuse, substance misuse and/or parents who are mentally ill can place children at increased risk of harm from abuse and neglect.

### 3. Safeguarding in Central Bedfordshire

Safeguarding of children in Central Bedfordshire continues to be good and the Central Bedfordshire Safeguarding Children Board routinely scrutinises child safeguarding activity to look at what is happening and to understand any specific trends or issues impacting on safeguarding activity.

#### The child's journey in Central Bedfordshire

This section analyses performance using key indicators in relation to child protection. It examines data at key points in decision making from the point of referral through to child protection plans. It aims to help us understand the flow of cases through early help and referral and assessment within the context of multi-agency working. Below are the numbers of children at various stages in the care system at the end of March 2016.



\*statistical neighbour and national figures have been calculated to provide population comparisons. These are based on 14/15 outturn figures as 15/16 data is not yet available.

## **One front door**

In April 2014 the Access and Referral Hub was launched – a single front door for everyone needing information about services for children and young people including early help, family youth information for parents, those concerned about a child and professionals needing to refer a child.

During 2014/15 the Access and Referral Hub dealt with 10,898 enquiries and during 2015/16 it dealt with 12,012 which was a 10% increase.

## **Early help**

Early help for children and families involves taking action as soon as possible to tackle problems that have already emerged. Central Bedfordshire's Early Help Offer identifies the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. The Early Help Offer is not just for very young children as problems may also emerge at any point throughout childhood and adolescence. The Early Help Offer includes universal and targeted services designed to reduce or prevent specific problems from escalating or becoming entrenched. In other words it is all about offering the right help at the right time.

An Early Help Assessment (EHA) is completed and a plan is put in place to support the child and family. Where the assessment identifies support needs that cannot be met by a single agency or service, there needs to be a co-ordinated response with local agencies working together to support the family. The Team around the Child (TAC) model is used locally to bring together a range of different practitioners from across the children and young people's workforce and sometimes from adult services to support an individual child or young person and their family. The members of the TAC develop and deliver a package of solution focused support to meet the needs identified through the Early Help Assessment with a lead professional identified to co-ordinate the support and act as the key point of contact for the family and professionals/services.

From the 12,012 enquiries coming through the Access and Referral Hub, there were 1,389 early help assessments received. The number of children who had an early help assessment completed per 10,000 0-17 of the population had risen over the previous last three years and then decreased last year as follows:

- 69.2 in 2012/13 to
- 151.2 in 2013/14 to
- 244.7 in 2014/15 and slightly decreased to
- 232.2 in 2015/16

At the end of March 2016 there were a total of 1,389 children in receipt of early help.

The rate of children in need per 10,000 of the population under 18 in Central Bedfordshire has increased slightly from last year, with a 1.5% increase. The overall children in need numbers for the past four years can be seen below:

- 1631 in 2012/13 to
- 1541 in 2013/14 to
- 1495 in 2014/15 and
- 1461 in 2015/16. (Provisional figure excluding LAC and CP – Figure including LAC and CP is 1518)

The rate is below the England, statistical neighbour and regional averages. Early indications are that this decrease does not match the trends in other areas.

From the 12,012 enquires there were 2,370 referrals to intake and assessment. The percentage of referrals leading to an assessment at the end of March 2016 was 89.5% (2121/2370).

During the year 2015/16 the Police referred 32% of all referrals to Children's Social Care a significant number of which related to concerns around domestic abuse. Schools referred 20% of all children to Children's Social Care services and health professionals 11%. (This figure for health professionals is in line with national data).

Where identified at the point of assessment, abuse and neglect is the highest primary need for those children assessed by Central Bedfordshire Children Social Care.

Final data indicates that at the end of March 2016 the referral rate (per 10,000 of the child population) will have remained steady and is consistent with statistical neighbour and regional averages for 2015/16, with the repeat referral rate decreasing and falling below statistical neighbour and national averages.

94.7% of assessments were completed in 45 days and the Safeguarding Board challenged the Local Authority and requested an audit of those that did not receive assessments in timescale and noted the findings and actions taken. As a result of this a number of actions were taken by Children's Social Care to rectify recording errors and deal with staff performance issues. This measure continues to be monitored closely by managers in Children's Social Care.

The Access and Referral Hub continues to add greater stability to the referral process and enables all contacts to Children's Social Care to receive a service and/or signposting to other services where appropriate. By providing a prompt and effective response to emerging issues within families the aim is to reduce the number of children who require safeguarding interventions at a later stage in their lives.

The Board has been assured that the right families are getting the right service at the right time and that families are benefiting from a single front door and do not have to wait too long for a service.

## **Children with a child protection plan**

Children who have a child protection plan are considered to be in need of protection from either neglect, physical, sexual or emotional abuse or a combination of one or more of these. The child protection plan sets out the main areas of concern, what action will be taken to reduce these concerns and by whom. The plan will also set out how we will know when progress is being made.

In respect of children with child protection plans the rates per 10,000 child population have increased in Central Bedfordshire by 37% in March 2016 compared to March 2015, but still remains below the peak reported in 2013.

Over the last four years the actual number of children with a child protection plan has been as follows:

- at the end of 2012/13 there were 266 children with a child protection plan (45.4 per 10,000 population)
- at the end of 2013/14 there were 192 children with a child protection plan (32.8 per 10,000 population)
- at the end of 2014/15 there were 164 children with a child protection plan (27.9 per 10,000 population) and
- at the end of 2015/16 there were 225 children with a child protection plan (38.4 per 10,000 population)

The figures indicate that this will be above statistical neighbour and regional averages at the end of March 2016, however will remain below the national average.

## **Children in care**

Children in care are those looked after by the local authority. Only after exploring every possibility of protecting a child at home will the local authority seek a parent's consent or a court's decision to move a child away from his or her family. Such decisions, whilst very difficult, are made in the best interests of the child.

Below are the annual numbers of children in care, which has seen an increase in the last year. At the

- end of 2011/12 there were 208 children in care and
- at the end of 2012/13 this increased to 246
- at the end of 2013/14 there were 268 children in care,
- at the end of 2014/15 there were 274 children in care, and
- at the end of 2015/16 there were 287 children in care.

(In particular there was an increase in the number of Unaccompanied Asylum Seeking Children becoming looked after by the local authority, with an increase from 18 at the end of March 2015 to 37 at the end of March 2016, which is a 105.6% increase)

The LSCB Board originally received the looked After Children Annual Report at its meeting in January 2016, but there were several lines of follow up enquiries made and therefore a further report was presented to the Board at its meeting in June 2016. The following information provides a summary (some of the information provided in the report related to 2014/15).

As at February 2016 the total number of Central Bedfordshire pupils of statutory school age who are part of the Virtual School was 187 (Reception to Year 11). This did not include 56 year 12 and Year 13 young people still in care who are being monitored and supported by the Virtual School in partnership with the Corporate Parenting Team and Youth Support Services. A further 16 pupils left care in the last 6 months.

There is a direct correlation between attendance and pupil's achievement and this is a key focus for the Virtual School.

### **Exclusions**

During 14/15 there was one permanent exclusion for serious misconduct and following effective joint working the student is now making good progress. There had been no permanent exclusions of a looked after child (as at February 2016).

There has been a reduction in fixed term exclusions for looked after children attending settings in Central Bedfordshire from 86 days (13/14) to 55.5 days (14/15). This reflects the effective cross agency working to reduce the need to exclude. For looked after children attending settings outside of Central Bedfordshire there has been an increase in days lost as a result of fixed term exclusions from 26.5 (13/14) to 127 days (14/15). 5 young people (all male) contributed to 53 days of this figure and in most cases these are our young people with the most complex needs, some with several placement breakdowns over a relatively short period of time. This increase is unacceptable and there was not a robust process in place to collect data. In 14/15 the process has been improved and not only has the data collection process been improved but there is now the opportunity to offer support and advice. This remains a key priority for the Virtual School.

### **Attendance**

Although overall attendance in 14/15 has fallen, the majority of pupils' attendance is over 95% (106/174) with 19 pupils achieving 100%. Attendance in years 9, 10 and 11 still remains the key challenge and therefore a key priority for the Virtual School. There is a Personal Advisor that is jointly funded by the Youth Support Service and the Virtual School who works directly with these young people at risk of dis-engaging from learning. Creative packages are put in place to support young people to get the best possible outcomes.

### **Placement stability**

In collaboration with fostering and social work teams there has been a significant measureable improvement in the placement stability for looked after children and young people. The following two key measures demonstrate this:

- a. The percentage of looked after children and young people who have had 3 or more placement moves in the last year has improved from 13.5% (March 2015) to 12.2% (March 2016).
- b. The percentage of looked after children and young people who have been looked after for 2 and a half years or more who have been in the same placement for at least 2 years has improved from 51.9% to 63% in March 2016.

Placement stability remains a priority and targets of 11% and 70% have been set for these measures respectively going forward.

### **Achievement**

For those young people who have been looked after for over 12 months on 31 March 2015 (this is the national measure), the following results were achieved:

- Key Stage 1 – 10 out of 12 pupils (83%) achieved level 2 or above in reading, 9 out of 12 pupils (75%) level 2 or above in writing and 10 out of 12 pupils (83%) level 2 or above in maths.
- Key Stage 2 – 13 out of 16 pupils (81%) achieved level 4 or above in reading, 11 out of 16 (69%) in writing and 11 out of 16 (69%) in maths.
- Key Stage 4 – There were 13 students who had been in care for more than 12 months on 31<sup>st</sup> March 2015. 6 students achieved at least 1A\*-C at GCSE, 8 students achieved at least one pass at GCSE, 3 students achieved 3 A\*-G including English and mathematics.

### **Participating and staying on in education, employment and training**

There is strong joint working between the Virtual School, the Youth Support Services and the Corporate Parenting Team to support young people to remain or engage in education, employment or training. There are monthly managers meetings in order to provide oversight of cases and look at young people's progress. These inform joint planning and resource allocation for young people who are not engaging in education, employment or training. There is also co-ordination and liaison with schools, colleges and training providers to ensure ongoing engagement. At any one time the services are supporting up to 60 looked after children aged 13-16 and 120 looked after children and care leavers aged 16-21.

The key measure of success in relation to this joint working is the percentage of care leavers engaged in education, employment or training. This has shown significant improvement over the last year when it was 41.1% in March 2015/16 to 70% in 2015/16.

### **Conclusions**

Looked after children are now in more stable placements, progress in Key Stages 1 and 2 continues to improve and the number of days lost to fixed term exclusions from pupils placed in CBC schools continues to drop. The percentage of care leavers aged 17- 21 year olds in employment, education and training has seen a significant improvement during the year. However the attendance of pupils in Years 9, 10 and 11 continues to be a priority as does attainment at Key Stage 4.

## **Children at risk of sexual exploitation**

Child sexual exploitation is a form of child abuse. It occurs where anyone under the age of 18 is persuaded, coerced or forced into sexual activity in exchange for, amongst other things, money, drugs/alcohol, gifts, affection or status. Consent is irrelevant, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and may occur online. The child/young person may think that their abuser is their friend, or even their boyfriend or girlfriend.

Children who run away from home or care could be running from a number of situations and problems where they are vulnerable or at risk of harm. Going missing can increase a child's risk of further danger as a result of becoming involved in crime, child sexual exploitation and potentially child trafficking.

Central Bedfordshire have a team dedicated to responding to the needs of children at risk as a result of going missing and a multi-agency panel reviews the situations of those children who persistently go missing to ensure interventions are in place to deal with the root causes which lead them to run away and ensure measures are put in place to divert them from this activity and minimise the risks they are exposed to.

Agencies have referred 21 children to the Child Sexual Exploitation Panel as being at risk of exploitation in Central Bedfordshire during 2015/16, and to support prevention work there were 21 disruptions carried out by Bedfordshire Police and 5 abduction notices were issued.

## **Children who are privately fostered**

Parents may make their own arrangements for their children to live away from home or other close family members. These are privately fostered children. The local authority must be notified of these arrangements.

At the end of March 2016 the local authority was aware of three privately fostered children (there were 5 new reports during the year with 2 cases ending). This was the same as the number in 2014/15, with 5 new reports throughout the year and 3 in place at the end of March 2015. Numbers remain low despite the efforts of the local authority, partner agencies and the Central Bedfordshire Safeguarding Children Board to raise awareness of the need to notify the local authority of these arrangements. Work with schools, children's centres, health care settings, the voluntary sector and a range of childcare settings involves the distribution of a range of communications materials, including leaflets and flyers.

## **Service user feedback**

Children's Services Social Care complaints handling practice in 2014/15 (this data was reported in December 2015):

- There was a decrease in the number of complaints recorded compared to last year, from 104 to 92. The number of complaints suggests effective recognition and recording of complaints by service teams.

- Complaints were seen as important customer feedback and a means of identifying how practices may be changed for the better. Services were receptive to customers' views and complaints, with 70% of complaints either upheld fully or in part.
- The good practice of using conciliation meetings to resolve ongoing dissatisfaction continued this year. The approach focussed on resolution of complaints through face to face meetings and was successful in remedying seven cases without the need for lengthy formal investigations.

Key themes from complaints:

The services for Looked After Children and Care Leavers were the areas most complained about, and saw the most significant rise in complaints compared to last year. The service received 27 new complaints compared to 19 recorded the previous year. The three top reasons for complaints were; concerns about care placements; case handling issues; and delay providing services. In the period the Senior Management Team supported the Customer Relations Team to engage with the Corporate Parenting Service on a programme to review and improve complaints handling, with a focus on valuing feedback from looked after children and identifying the root cause in complaints. The work included a refresh on the value of complaints and resolution, to improve practice around recognising when concerns should be addressed as complaints. This led to an increase in complaints being recognised and registered.

### **Child's voice**

At the Board Development session in January 2014 Board members agreed that hearing the voice of the child should be a priority during 2014-15 and this continued to be a priority during 2015- 2016 as well. Therefore Board reports were amended to require all authors to consider and ensure the child's voice has informed their reports. In addition to this a Voice of the Child sub group was also established and has been led by a Board member from an education setting with high level engagement from the Board partners. Further information regarding the group's work can be found within the progress on priorities section of this report.

## **4. Progress on priorities in 2015 – 2016**

The Board agreed the following set of priorities for 2015 – 2016:

- Priority 1 – Ensure children in dangerous settings have faster, easier access to safeguarding support
- Priority 2 – Ensure the effectiveness of safeguarding and early help support to children living in vulnerable families
- Priority 3 – Ensure the effectiveness of the Board and its Partners

The Board took forward several actions within its Business Plan in relation to the above priorities and details are contained below under each of the priority headings.

**Priority 1 – Ensure children in dangerous settings have faster, easier access to safeguarding support**

**Ensure Children and young people’s voices are heard:**

During the year the Voice of the Child Sub-group was established and work began to develop a self assessment tool for agencies to use and assess the participation of young people with their services. The toolkit was finalised in March 2016 and circulated during April 2016. Results from the survey will be collated during 2016 and will feed in to the Young People’s Conference which is scheduled for September 2016.

**Consider and respond to the recommendations of the Multi Agency Safeguarding Hub (MASH) review:**

A multi agency MASH Strategic Steering group was set up and has taken forward the development of a Central Bedfordshire MASH which is due to go live during May 2016. The MASH steering group will continue to monitor the MASH implementation and its outcomes during 2016.

**Ensure the plan developed in response to the domestic abuse review is agreed and implemented:**

*(In 2014/15 it was clarified that the Community Safety Partnership is the lead in Central Bedfordshire in relation to Domestic Abuse - In February 2015 the Board received the findings of a review by an independent expert into the services for children and families subject to domestic abuse - Transforming service delivery and achieving the best for children and young people affected by domestic abuse in Bedfordshire. These recommendations are informing the development of a broader partnership plan being led by the Community Safety Partnership which the Board will keep under review in 2015/16)*

The Community Safety Partnership has developed a Domestic Abuse Strategy and Action Plan and will update the LSCB Strategic Board in June 2016 on progress with its implementation.

The RELAY Project continues to alert schools to children whose parents have been involved in a domestic violence incident. During 2015/16 there were a total of 1,821 RELAY notifications made to schools compared to 1,749 during 2014/15

The Relay Team deals with an average of 25 domestic violence incidents a week (and more than 40 children).

The LSCB Strategic Board continues to monitor the number of cases referred to the MARAC process and during 2015/16 there were a total of 276 cases referred for support compared to 305 during 2014/15. In relation to the 276 cases referred for support during 2015/16 there were 472 children in total living within these homes.

During January 2016 the LSCB Learning and Improvement Sub-group completed a multi-agency audit into 5 cases where the children were on a child protection plan and domestic abuse was a known issue. The group has since taken forward an action plan in relation to the learning and further

information has been included with the multi-agency audit section of this report.

**Consider and develop a response to the Child Sexual Exploitation Review ensuring the revised strategy and plan are implemented:**

Following a review from the Nation Working Group in relation to CSE work in Bedfordshire, the Pan Bedfordshire CSE and Missing Strategic Group has developed a multi-agency CSE Strategy and a reflective practice workshop carried out during the year has also strengthened the strategic oversight around this issue. A CSE problem profile has been under development and is due to be completed during May 2016. This profile will help develop a multi-agency action plan to further implement the CSE Strategy across Bedfordshire.

A CSE Co-ordinator for Bedfordshire has also been recruited to take forward the implementation of the multi-agency strategy and action plan.

Regular updates have been provided to the Board and the Case Review Group in relation to ongoing investigations and actions.

As part of a proactive approach to the national CSE agenda and to increase the awareness of CSE with young people within Central Bedfordshire the LSCB commissioned the production of Chelsea's Choice for schools and education settings where age appropriate. (For younger children, a production called looking for Lottie has begun to be rolled out). 6500 young people have accessed Chelsea's Choice during 2015/16 and are now more aware of what child sexual exploitation is. As part of an ongoing communications campaign, leaflets were also distributed across Central Bedfordshire and articles were placed in the council's community and residents magazines.

To help raise awareness of CSE within the children's workforce the LSCB organised workshops in relation to the recommendations from the independent review, commissioned CSE E-learning training which has been rolled out to frontline staff and organised face to face CSE events/workshops including teen dating violence workshops.

During 2015/16, 241 people have accessed CSE e-learning and approximately 100 Central Bedfordshire Council front line staff attended the CSE Briefing. 84 professionals reported back that they are now better equipped to support young people as their before and after knowledge rates raised by 35%.

**Understand the risks to adolescents in Central Bedfordshire:**

This action has been transferred to the new Business Plan for 2016/17, a needs assessment around adolescents has been completed and will be presented to the Strategic LSCB Board in June 2016 and an audit around vulnerable adolescents has also been scheduled by the Learning and Improvement Group for later in the year.

**Agree and implement an annual audit programme:**

During 2015/16 multi-agency audits were completed in relation to Child Protection cases where domestic abuse was known and an audit in relation to

Child Sexual Exploitation cases. Learning points identified from both these audits have been translated into multi-agency action plans which are now being implemented and monitored through the Learning and Improvement Group. The next multi-agency audit which will focus on neglect is due to be completed in June 2016.

**Agree a performance framework that provides data and intelligence that supports partners in identifying and addressing these performance issues:**

The LSCB performance framework has been reviewed and strengthened to include:

- Domestic abuse, mental health and substance misuse;
- Child sexual exploitation including missing children;
- Looked after children
- Homeless families and homeless 16-17 year olds

The framework is monitored by the Board and its sub-groups quarterly enabling the board to challenge partners' performance on a regular basis.

**Priority 2 – Ensure the effectiveness of safeguarding and early help support to children living in vulnerable families**

**Review the early help offer, evaluating the effectiveness and impact of early help to vulnerable young people by hearing children and young people's voices that receive these services:**

Measures to help monitor the performance of early help services are included within the LSCB performance framework and are reviewed on a quarterly basis by the Performance Sub-Group and the Strategic Board. A report detailing the work undertaken throughout the year in relation to early help was presented to the Strategic Board in September 2015 enabling the board and its members to evaluate the effectiveness and impact of local early help services. The Board received the following updates:

*In the last 6 months:*

- 40% of all incoming enquiries (2,871) were dealt with by Early Help
  - 54 EHAs received as step down / access to Early Help
  - 101 requests for Early Help services were received from social work teams
  - 721 Early Help Assessments (EHAs) were received from the community
  - 1995 families/professionals offered immediate info and advice
- 12% of all contact and referrals (550) ended up with Early Help
  - In 406 cases support through Early Help was progressed
  - In 134 cases further Information and Advice was offered
  - In only 10 instances was Early Help Support declined by families

*Getting out to families and getting Early Help support in place – since Nov 2014: (some examples of the work carried out by the service)*

- 102 referrals received, most of them direct from the Hub
- Families are contacted within 48 hrs and visited within 10 working days
- 60 Early Help Assessments completed with families
- Over 225 contacts with families – home visits, one to one work, support at Team Around the Child meetings
- Varied work – domestic abuse, adolescent neglect, children with long standing illness and disabilities/Special Education Needs, self harm, sexual abuse/assault and housing and poverty
- One week visiting a mother fleeing domestic abuse in a local Bed & Breakfast to deliver a food parcel and to see what support was needed
- Next week supporting a young person following a disclosure of sexual abuse

*Working with professionals in the community to get Early Help in place:*

- 4 Locality Co-ordinators in place since Nov 14 with oversight of 1705 open Early Help Assessments – 1210 managed by Lead Professionals in community, and the rest by Lead Professionals from within Central Bedfordshire Council.
- In an average month the team:
  - Broker support for over 100 EHAs
  - Attend 29 Team around the Child meetings
  - Meet with 25 professionals to talk about the Early Help process
  - Support 16 professionals to complete EHAs
- 720 EHAs closed this year– in May 2015
- 76% of closed cases were due to needs being met

*Social work expertise and patrolling Early Help thresholds:*

- Currently one Team Leader and 2 Early Help Practice Advisors are in place.
  - Supporting practice in working with families with higher levels of need not meeting thresholds for social care, but are still in the community
  - Supporting cases not meeting threshold for intervention following Assessment
  - Supporting cases stepping down from Family Support Teams
- In an average month the team:
  - Offer continuous consultation and advice to both Child Poverty and Early Intervention, Social Work teams and professionals in the community e.g. schools
  - Support quality case management and discussions e.g. children's centres
  - Attend 20 Team Around the Child meetings where there are complex family situations
  - Support 9 step down discussions (up to March, and over 18 since April 2015)
  - Support 3 discussions as to whether step up is needed.

**Review the Looked After Children Annual Report:**

The Annual Report for Looked after Children was reviewed by the Strategic Board in January 2016, when the Board noted that key measures relating to looked after children had improved since the last annual report. There was further lines enquiry/follow up requested which was presented to the Board in June 2016. Further information relating to the 2015/16 Annual Report can be found in the Looked After Children Section of this report which starts on page 8.

**Understand and raise awareness of private fostering:**

Awareness of Private Fostering has been raised amongst partners and new cases were reported throughout the year, however numbers remain low and therefore work to continue promoting the awareness across the partnership of private fostering will continue. New leaflets to further raise awareness with partners and the public are now being produced.

**Understanding the issues of homelessness for children in Central Bedfordshire and the support provided to parents:**

This is on track as the performance framework includes a comprehensive suite of measures in relation to homelessness which is routinely monitored on a quarterly basis. There is also an action plan around this issue managed by the Housing Services Team, a progress update of this plan is due to be presented to the Strategic Board in June 2016, which is in line with timescales set within the Business Plan.

There has been a general increase in the number of homeless households in the last few years. Data shows that the number of approaches to Housing Solutions by homeless families with children has averaged 162 in each quarter of 2015/16 with Central Bedfordshire Council accepting a duty to house on average of 23 families each quarter. Although some families are housed in B&B accommodation, the action plan aimed to minimise the length of stay in B&B accommodation and numbers at the end of each quarter in this type of accommodation were low during 2015/16.

**Priority 3 – Ensure the effectiveness of the Board and its Partners**

**Joint Targeted Area Inspection**

The multi agency response to the way in which vulnerable children are protected was subject to additional scrutiny during 2015/16. In March 2016 Ofsted, the Care Quality Commission, HMI Constabulary and HMI Probation undertook a joint inspection of the multi agency response to abuse and neglect in Central Bedfordshire. This inspection included a ‘deep dive’ focus on the response to child sexual exploitation and those missing from home, care or education.

Details of the inspection outcome (including key strengths and areas for improvement) can be viewed here:

<https://www.gov.uk/government/publications/joint-inspections-of-child-sexual-exploitation-and-missing-children-february-to-august-2016>

A case study of highly effective good practice was included in the inspection findings which noted the co-location of Early Help services, the Missing,

Homeless and Child Sexual Exploitation teams as a significant strength resulting in effective information-sharing and joint work.

At the time of preparing this report, the local authority is co-ordinating the proposed actions in response to the findings.

**Keep the governance of the LSCB under review to ensure the two key statutory objectives are being delivered:**

During the last year, the Board has developed and implemented a new structure of sub-groups (Please see Appendix B for a copy of the Structure Chart); the structure now includes the following:

Core Business Group which acts as an Executive Group to the Strategic Board, meeting in between Board meetings and driving forward the business plan and monitoring its progress.

Learning and Improvement Group, which is responsible for carrying out multi-agency audits and taking forward improvement action plans, reviewing single agency audits and monitoring the implementation of single agency section 11 audit recommendations/actions.

Training and Development Group, that is responsible for implementing the annual LSCB training programme and developing new training courses when required, along with evaluation and monitoring the impact of training activities.

Performance Group, that is responsible for monitoring the LSCB's performance scorecard and highlighting to the board areas of improved performance or areas where performance has dropped and further information or assurance is needed.

Voice of the Child Group, which is responsible for reviewing, creating, actioning and recommending processes for ensuring that the Voice of the Child is heard in a timely, effective and appropriate manner.

Pan Bedfordshire Policy and Procedure group, that is responsible for developing reviewing and updating the Child Protection Procedures in line with new legislation and learning obtained from case reviews and case audits.

Pan Bedfordshire Child Sexual Exploitation and Missing Children Strategic Group, that has been responsible for developing a Pan Bedfordshire CSE strategy which has now been signed off and is in the process of being implemented, taking forward the development of a CSE Profile and action plan and implementing a CSE Communications Strategy.

The Board has also developed a joint working protocol to outline the working relationships between the following local partnerships/boards:

- Health and Wellbeing Board
- Children's Trust Partnership
- Adult Safeguarding Board
- Community Safety Partnership

A copy of the protocol can be viewed by clicking [here](#). The Chair of the Board also has regular Joint Chair meetings with the Chairs from the other strategic boards to ensure work around cross cutting priorities is joined up. The Board managers also meet regularly to support this work and deliver joint approaches to shared priorities.

The Strategic LSCB Board has also developed and agreed a constitution for the LSCB.

**The Learning and Improvement Framework drives improvement in practice and outcomes for children:**

The LSCB has a Learning and Improvement Framework in place which sets out how learning will be obtained through:

- A comprehensive performance framework with a wide range of measures with developing analysis and commentary
- An innovative multi-agency audit toolkit which delivers learning on the day and an audit programme linked to Board priorities
- Section 11 audits by single agencies
- Learning from single agency audits
- Learning from case reviews considered through the Case Review Group and facilitated learning events to embed the lessons
- Learning through the Training and Development Programme
- Learning from the Child Death Overview Panel
- Inspection reports

**Implement training strategy and evaluate impact:**

The LSCB has a Training and Development Strategy in place that outlines how the LSCB will implement, evaluate and monitor the effectiveness of its training. Throughout the year training on specific topics such as Female Genital Mutilation has been developed through a task and finish group. Further information around the training which has been carried out throughout the year can be found within the training strategy section of this report which begins on page 21.

**Develop, review and revise policies and procedures to ensure they are fit for purpose, up to date and effective:**

The Pan Bedfordshire Policy and Procedure Group has now been set up to ensure there is a robust approach to reviewing and ensuring the online child protection procedures are up to date in line with any changes in legislation and learning from case reviews and audits.

**Ensure that the workforce and people living in Central Bedfordshire know how to keep children and young people safe:**

Raising awareness of safeguarding priorities remained a key priority during 2015- 2016.

The key actions within the CBSCB Communications Strategy (Sept 2014) continued to be delivered and remain under review during 2015-16 and actions included:

- Launch of the Board's new website which continues to receive positive feedback.
- The publication of LSCB Essentials continued which is always well received.
- The 'what's new' section of the website continued to communicate national research and local lessons
- The Voice of the Child subgroup provided feedback on the Board's new website.
- Hit rates were reported to Performance subgroup and showed increased activity following the summer CSE campaign.

**Update around work with schools and other educational establishments:**

Bedfordshire Police continues to work in schools and other educational settings and once again this years work has mainly focussed on digital safety (unwanted contact, cyberbullying and self-generated indecent images), Child Sexual Exploitation, gangs and weapons, personal safety and around the PREVENT agenda (Counter terrorism and domestic extremism).

In addition Bedfordshire Police has been working towards a [new national strategy for policing of children and young people](#)

The strategy focuses on four priority areas

- a) Stop and search
- b) Looked after Children (Children in care)
- c) Detention, custody and the criminalisation of children and young people
- d) The relationship between young people and the police

In relation to the digital safety between April 2015 and March 2016 Bedfordshire Police has delivered inputs across Bedfordshire to:

- 20 630 Children and young people (14,084 primary children and 6,546 secondary school age children). This brings the total number of children and young people in Bedfordshire who had had a cyber-safety input since September 2011 to 90,720
- 45 parent/guardian sessions have been run across the county with around 1,500 attendees
- 18 sessions have been run for professionals who work with children and young people i.e. social workers, youth workers, school staff

Specific work has also been undertaken to look at the Bedfordshire Police policy and procedures around peer-to-peer self-generated indecent images as the amount of incidents around this issue called into force has increased notably alongside the age of individuals involved dropping dramatically. This includes additional training for police control room staff around cyber related incidents involving children and young people.

Day to day support to schools and other educational settings has continued with a range of specific incidents including weapons in schools, drugs in schools, violent incidents, sexual offenses, hate crimes and numerous low level digital based incidents.

Bedfordshire Police continue to hold a half termly school liaison meeting predominantly aimed at upper and secondary schools (and educational equivalents). The meeting gives attendees an opportunity to receive a briefing on the incidents the local community teams have been responding to around children and young people as well as an opportunity to discuss and raise any concerns they may have that police can support them with. This meeting has been very useful in identifying early vulnerabilities in individuals and has allowed partnership working to tackle specific community youth related issues.

Workshops to raise awareness of Prevent (WRAP) have been delivered to all staff in 31 schools across the county.

Three PROJECT GRIFFIN sessions were also held across the county and gave an opportunity for 170 key staff from schools and other educational establishments across the county to have a three hour input from the Eastern Counter Terrorism Intelligence Unit to give up-to-date advice on

- Current threat levels
- How to recognise and respond to suspicious packaging
- Thinking about dealing with certain types of counter terrorism incidents and emergencies
- Identifying insider threats and how to protect establishments.
- Understanding hostile reconnaissance and how to report it
- Looking at lockdown and evacuation procedures.

Once again Bedfordshire Police supported each local authority with the Alter Ego performance of Chelsea's Choice which focuses on Child Sexual Exploitation. A number of officers attended each performance and were able to support young people who wanted to make a disclosure following the performance.

In addition Bedfordshire Police commissioned Solomon Theatre Company to deliver their Skin Deep performance at six schools across the county (two of which were from Central Bedfordshire). The input tells the powerful and moving story of two teenage girls who are attracted to boys from rival gangs and focuses on the role of myths in creating a culture of fear, the reasons for the existence of gangs and extremist behaviour, the consequences of carrying knives and the nature of intolerance and prejudice. Ultimately, the aim is to challenge thinking and change attitudes, giving young people the confidence and self-belief they need to become active citizens in their local communities.

A specific Twitter account focussing on the work of Bedfordshire police with children and young people has been launched. @YouthBedsPolice provides followers resources for professionals as well as promoting good practice and giving details of some of the work the force undertakes. To date the account has sent out 2109 tweets and has 851 followers.

An innovative competition was launched for schools alongside the Eastern Region Special Operations Unit (ERSOU), British Computing Society (BCS) and Cranfield University giving young people and opportunity to produce an online game focussing on online behaviour and security.

A specific stream of work focussed on hate crime with schools receiving a hate crime input and officers and staff working with vulnerable young people encouraging them to report any incidents directly. A youth hate crime conference was also held in the county with representatives attending from Central Bedfordshire schools.

Bedfordshire Police had also undertaken a number of specific operations during the year which have directly involved schools and other educational establishments:

- Operation Spectre (Knife crime)
- Operation Tinwald (Counter terrorism and domestic extremism)
- Operation Meteor (ASB around mini motos)
- Operation Fuchsia (Psychoactive substances)
- Operation Boson (Gangs and guns)
- Operation BigWing (Engagement)
- Operation Avicenna (Gangs)
- Operation Ayrshire (Halloween related ASB)
- Operation Hematite (CSE)

Work has continued with supplementary schools specifically around the Tamil, Muslim, African Caribbean, African and Polish communities with officers attending their settings and delivering key messages to the young people attending whilst using the opportunity to engage with them and build positive relationships (again several of these locations have been within Central Bedfordshire).

The work that Bedfordshire Police undertakes in schools and other educational settings was featured in the BBC one Crimewatch Roadshow programme during the summer.

The police's work in schools was also featured in the Times & Citizen newspaper at the end of November 2015.

### **The Learning and Improvement Framework drives improvement in practice and outcomes for children.**

The Learning and Improvement framework was strengthened and developed during 2014/2015 in line with national drivers and continued to be implemented during 2015/16 and included:

- A comprehensive performance framework with a wide range of measures with developing analysis and commentary
- An innovative multi-agency audit toolkit which delivers learning on the day and an audit programme linked to Board priorities
- Learning from single agency audits
- Learning from case reviews considered through the Case Review Group and facilitated learning events to embed the lessons
- Learning through the Training and Development Programme

A further revised Learning and Improvement Framework was agreed by the Board in March 2016.

### **Implementation of the Training and Development Strategy and evaluation of impact:**

The Training and Development Strategy is monitored quarterly and the model for assessing effectiveness of learning and development as agreed in the Training and Development Strategy is as follows:

- Reaction - end of day satisfaction - Feedback evaluation Trainer – Online evaluation, post training
- Learning – 28 days after the training a dip sample of workers across all agencies will be identified to secure feedback on the learning from the training through an online survey. This might for example be driven by the need to assess new training provision or a new trainer.
- Behaviour - 1-3 months after the training a sample of workers will be interviewed by telephone to evaluate the impact the training has had on their behaviour, skills and practice.
- Results - 6 months after the training a sample of managers who have had workers attend training will be interviewed by telephone to assess the impact on practice and performance

Regular observation of course delivery, with focus on new training/trainers and training that has been updated or refreshed.

Key performance measures show that at the end of March 2016:

- 74 learning events were delivered to 1934 delegates
- 88.5% of places were filled
- 6 learning events were cancelled
- 94% satisfaction with face-to-face learning
- 4196 learners registered to complete an e-learning course and 3784 completed (85.5%)
- 93% satisfaction with e-learning

Courses generally have been full or nearly full with a need to provide additional module 1 and module 2 training to alleviate pressures on waiting lists throughout the year. The LSCB training unit continues to be challenged to ensure a good mix of agencies on training. Quarterly Briefing events have been opened up to larger audiences but have not attracted the number of applications expected. This has been reviewed for 2016/17 and will be offered termly free of charge.

There were 2,175 places offered over 74 courses in total. This is 1,012 more places than was offered in 2014/15. It is estimated that only 8% of places offered remained un-booked.

The newly formed Training and Development Sub-Group provided a section 11 audit return to gain an understanding of the reach and impact of single agency training and additional learning needs not met by the LSCB programme. Unfortunately the audit report was not refined enough to provide the data in a format that was able to be collated and this is being reviewed and developed further for 2016/17 year.

E-learning uptake and completion continues to improve and with new contractual arrangements in place from September 2016, this provided access to unlimited licences for 37 E Learning courses. There were 4,196 registrations and 3,784 completions during 2015/16 compared to 2014/2015 with 2,685 allocations and 2,631 passes. The decision to make E Learning a free to all option has been a welcome and well received arrangement, especially to those who find access to face to face learning difficult. E learning has also been used as pre-learning for the modular and other courses offered.

Satisfaction rates for the Working Together modular training programme continue to remain high. Comments received about the module 2 programme have reflected well on the style of teaching through the evolution of a case study during the day. It has been agreed that a review of the modular training will need to be carried out to refresh content and ensure it is kept up to date.

There has been the development of local pathways for female genital mutilation which supported a highly successful Female Genital Mutilation Briefing event which was held on 26th February 2016 with 268 attendees, 96.75% of available places were taken up. Feedback following the event has been very positive from attendees who were moved by the insight the event gave to this difficult and under-discussed subject.

With the move to a Pan Bedfordshire Training Unit from 1<sup>st</sup> April 2016, there has been a need to review and restructure the service to meet future needs. Once the new team are established, they will review training activity with a view to improving areas relating to length of delivery, accessibility – types of training offered and range.

**Learning from case reviews** – Central Bedfordshire Safeguarding Board has a Case Review Group chaired by an Independent Chair and there is an agreed process for referring cases of concern. During 2015- 2016 two new cases were referred to the group and were progressed to Serious Case Reviews. One existing local multi-agency review was also escalated to a Serious Case Review during the year.

**Tara's story** – This review was ongoing from the 2014/15 period and examined the services provided to Tara and her family. She lived in a neglectful environment for most of her childhood and there is suspicion of sexual abuse. The case was progressing as a multi-agency review, but following clear evidence that she had suffered serious harm, the Case Review Group decided to progress the case as a Serious Case Review.

**Bethany's story** – Bethany's case was referred to the case review group during 2015/16 following her tragic death. The case was reviewed by the Case Review Group and was also agreed as a Serious Case Review. Bethany lived in a neglectful environment and was cared for by parents with vulnerabilities. The case review is examining the services provided to Bethany and her family and reviewing agencies understanding of the family and their needs.

**Nolan's story** – Nolan's case was also referred to the Case Review Group during 2015/16 following his untimely death. The Case Review Group reviewed his case and also agreed it was to be carried out as a Serious Case Review. Nolan and his family were known to agencies prior to his death and the review is examining the services and responses provided to them.

Learning from cases is communicated to the children's workforce through Practitioner events led by the Safeguarding Children Board. Bedfordshire Clinical Commissioning Group coordinates and chairs a health wide safeguarding children group and learning from Serious Case Reviews and other multi-agency reviews are discussed and embedded into commissioning arrangements and practice. Learning from national Serious Case Reviews and local reviews have been shared with both General Practitioners and key health providers and incorporated into GP training programmes.

### **The Child Death Overview Process**

The Child Death Overview Panel (CDOP) work continues to be co-ordinated by the CDOP Manager. The post is jointly funded by health and local authority commissioners across Bedfordshire (including Luton) and is hosted by the NHS Bedfordshire Clinical Commissioning Group.

The CDOP function provides a clear interface between the work of health to review child deaths, and improve the public health focus. CDOP continues to report to the LSCB and links with other subgroups to ensure that safeguarding issues are fully addressed and learning achieved to prevent future deaths and improved outcomes.

The Designated Paediatrician for child deaths and the CDOP Manager have a training programme in place to update agencies on process and issues arising from cases. These training sessions are well attended by partners agencies with good evaluations received. In addition the CDOP process is included in Level 3 training on safeguarding for all General Practitioners in Bedfordshire.

In September 2015 the LSCB Board considered the Annual Report of the Child Death Overview Process for 2014/15 which has the following function laid down in statutory guidance:

- Reviewing the available information on all deaths of children up to 18 years (including deaths of infants aged less than 28 days) to determine whether there were any modifiable factors identified
- Collecting, collating and reporting on an agreed national data set for each child who has died.
- Meeting regularly to review and evaluate the routinely collected data on the deaths of all children, and thereby identifying lessons to be learnt or issues of concern.
- Referring to the Chair of the Local Safeguarding Children Board (LSCB) any deaths where the panel considers there may be grounds to consider a serious case review
- Identifying any public health issues and considering, with the Directors of Public Health, how best to address these and their implications for the provision of both services and training.

The 7th Annual Report of the Bedford Borough, Central Bedfordshire and Luton Child Death Overview Panel (CDOP) gave a summary of the deaths reported to the panel during 2014-2015 and analysis of the data and emerging themes for 2009-2015.

During 1st April 2014 to 31st March 2015 the panel met on 9 occasions and completed full reviews on 44 children residing in Bedford Borough, Central Bedfordshire and Luton. These cases were from 2012-2013, 2013-2014 and 2014-2015. There can be a delay to reviewing cases as CDOP is not able to fully review a death until all information is gathered and other processes have been completed such as post mortem reports and coronial inquests.

During the period April 2014 until March 2015 there were 51 deaths reported across Bedfordshire. This is made up of 12 (24%) in Bedford; 26 (51%) in Luton and 13 (25%) in Central Bedfordshire. Unexpected deaths accounted for 13 (25%) in 2014/2015. The number of deaths was 10 % greater than the previous year (46 against 51), but less than each of the previous 4 years.

25% (13/51) of the deaths were unexpected, which was a decrease on the previous year where 39% were unexpected. 66% (34/51) of the children died at local hospitals, 21% (11/51) of the children died outside of Bedfordshire at tertiary centres where these children were receiving specialist care. 12% (6/51) children died either at home or in a hospice. 77% (33/51) of the deaths were in children less than 1 year of age. The CDOP Panel identified modifiable factors of the cases, and these included, smoking, raised maternal body mass index, unsafe sleeping practices, consanguinity and factors related to service provision.

CDOP ensure through awareness raising that midwives are aware of the modifiable factors and are working with Public Health to ensure pathways are in place for pregnant women to promote healthier lifestyle choices. Women with a raised BMI (Body Mass Index) are offered access to information and support to make healthy living choices and weight management in pregnancy. For pregnant women who smoke, access to stop smoking services and campaigns to raise awareness of the risk of smoking in pregnancy are in place.

#### **Learning from single agency audits**

Children's Services presented a single agency audit to the Board early in 2015/16 regarding the percentage of single assessments completed within 45 working days of them commencing. The purpose of the audit was to assure the board that the 8-10% not completed within timescales at the time was not due to drift but due to exceptional circumstances.

The following areas were identified as reasons for late assessments

#### **Recording errors:**

21 (38.9%) cases had recording errors where a start date had not been entered on the case management system, some had just been missed and others were where Team Managers who did not routinely authorise assessments or were new Managers and did not know of its importance.

On correction this brought the total of late assessments down to 33.

**Database Error:**

There were 3 (5.5%) examples of errors which are more complex and difficult to resolve and calls have been made to the system provider for corrective action, one is a duplicate and the other two were in time but pulling from an incorrect episode.

This brought the total number of Assessments down to 30.

The following are the reasons for the 30 Child and Family Assessments which were actually late.

**Case Complexity:**

This was the reason for 15 late assessments 50%, reasons varied for this and included:

- Children on the edge of care
- Complex professional involvement
- Non- engagement
- Complex family situations
- Counter allegations between parents
- Prioritisation

Other difficulties which can lead to delay, although not in this audited sample are new information or incidents within the Assessment process i.e. further Domestic violence incident and/or adult checks reveal something concerning.

**Staff competence:**

This was evident in 11 late assessments 36.7% which included scenarios from serious human resource process to simple miscounting.

**Staffing pressures:**

There were 4 late assessments 13.3% due to staff illness or staff leaving.

The Board received assurance that action had been taken to address all the issues raised.

**Section 11 audits highlighted the following learning**

The greatest confidence in safeguarding effectiveness was within *Standard 5: There is effective training on safeguarding and promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children and families* where all agencies evaluated themselves as compliant with or exceeding the standard.

There was less confidence in the self-assessment for *Standard 4: Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families* where only five agencies responded that the standard was met.

**Learning from multi-agency audits**

During 2015/16 two multi-agency audits were carried out, one in relation to child protection cases which were known to have domestic abuse as a concern/element and the second audit was on cases where there was a concern in relation to Child Sexual Exploitation.

The following learning emerged from each of multi-agency audits and action plans have been developed to take these recommendations forward and are being monitored through the Learning and Improvement Sub-Group.

#### **Learning from multi-agency domestic abuse audit:**

- Early help to review how it applies the thresholds for domestic abuse and its response. This is to include communication means with parents who have been identified as a possible victim of domestic violence and abuse
- Professionals to understand the importance and context of historical information relating to previous experience of domestic abuse (by both victim and perpetrator) and its likely impact on parenting in making robust assessments of risk to the child.
- Before cases are closed there is a need to ensure a robust multi-agency pre-birth assessment, which includes consideration of any presenting mental issues or problems in both the mother and those who will be caring for the child.
- Professionals need to be alert to disguised compliance, the potential for minimisation of domestic abuse and the influence perpetrators may have on the engagement by non-perpetrating parents.
- Workers to ensure they seek and record the view and wishes of all children regardless of their age or level of understanding.
- In developing sound child protection plans all professionals need to be alert regarding the possible risks to children and to the non-perpetrating parent in expecting or allowing them to manage contact arrangements for the child.
- The Learning and Improvement group to review the audit tool and guidance to ensure it incorporates the learning from the audit and best practice.

#### **Learning from multi-agency CSE audit:**

- In two cases the minutes of a Strategy Meeting or CIN meeting were not received by some partners. Children's Services have reviewed the process and issued further instructions to ensure this always occurs promptly. Partners agree they will chase if there is a delay or omission.
- One young person was felt to have specific learning difficulties that may make it hard for her to understand the work that has taken place on safety and protecting herself. This may mean specialist assessments are required – e.g. psychology.
- Information surrounding a young person can be held on a number of Police computer systems and this can often make it problematic to ascertain the most up to date and accurate picture about that young person. However markers for all young people at risk of CSE is sent to the Force Control room so that risks are known.
- In one case an alert that the young person was subject to a Child

Protection Plan was not added to her hospital record so this information was not available when she presented at A&E. The hospital in question will review their procedure for adding this alert to minimise the risk of this happening again.

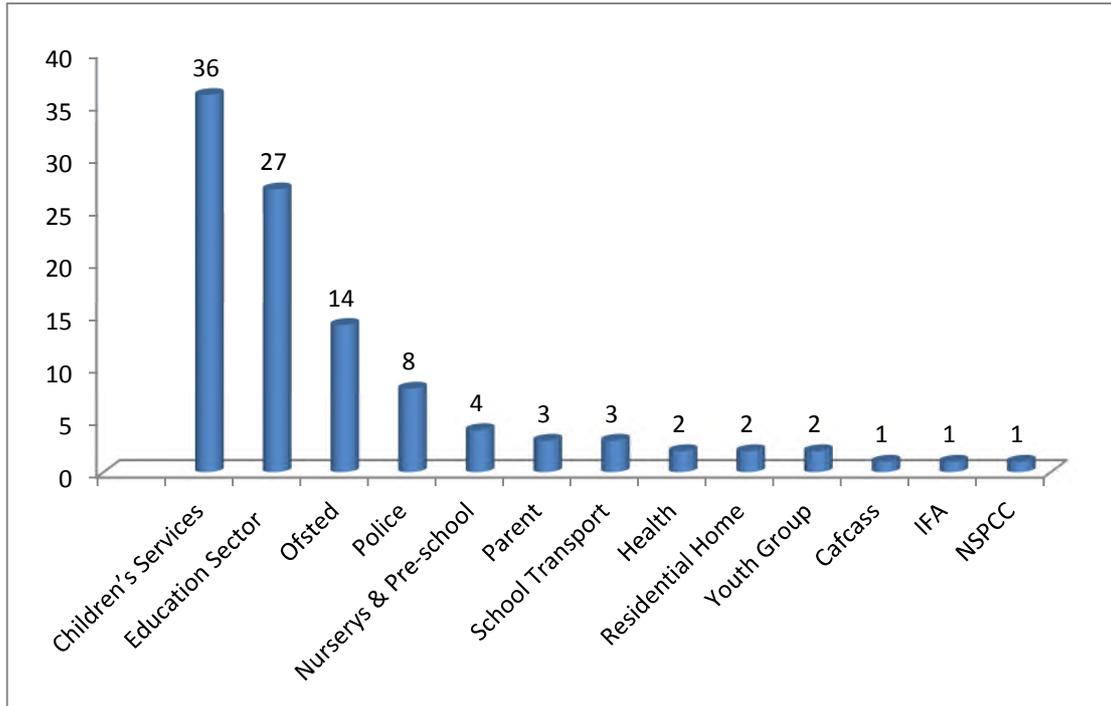
- For 2 young people there was a lack of clarity about their drug use. To some extent this may be inevitable because of reluctance to admit to criminal activity and/or disengagement from professionals, but we need to ensure that suspicions about drug use are shared and young people are referred to appropriate services. We will remind front line professionals that repeat referrals to specialist services are appropriate even when the first referral was unsuccessful, e.g. sexual health or substance misuse services.
- For young people who move address frequently there may be a delay in the new GP receiving records from the previous GP Practice. This appears to be a national issue and more obvious in regards to those looked after children who have a number of short term placements. The constant in this issue is that LAC health reviews are coordinated and collated by the local LAC health team.
- Some young people are challenging to engage or at certain times have been. We need to constantly search for creative and flexible ways of engaging young people.
- The CSE Risk Assessment tool used across many agencies has been recognised as needing improvement. (A new tool has since been launched)

### **Managing allegations**

In September 2015 the Board reviewed the arrangements for the effectiveness and outcomes of allegations management in Central Bedfordshire from April 2014 to March 2015. The annual figures showed an increased referral rate, but with the majority of contacts (57%) continuing to be managed through the provision of advice, demonstrating that cases are being considered at an early stage using proportionality, judgement and expertise.

In 2014/15 there were 182 contacts to the LADO (Local Authority Designated Officer who receives and investigates allegations), compared to 136 the previous year. 104 of the 182 contacts were concerns / consultations and 78 were allegations proceeding to a Joint Evaluation Meeting (JEM). The main sources of referral were Children's Services and schools with other sources set out in the table below.

**Source of Referrals dealt with through Consultation / Advice**



The referral organisation is the source of the original referral to the Allegations Manager. The Education Sector (schools, special schools, colleges and independent / alternative provision) represents 40% and Children's Services 27% and it is these settings that continue to be the main source of referrals. This reflects the fact that the role of the Allegations Manger is well embedded in practice and the professionals within these services who are in direct regular contact with families and children and so a natural point of initial contact.

Nationally and locally referrals are rarely made by the Health Sector. Those allegations relating to health professionals have been referred in through other sources. The Allegations Manager continues to report any referrals relating to health professionals to the Designated Nurse for Safeguarding Children & Young People in NHS Bedfordshire Clinical Commissioning Group, allowing for cases to be monitored.

The outcomes of the LADO process are set out in the table below:

Conclusion of LADO Process	2014/15	2013/14	2012/13
Substantiated	32	22	19
Unsubstantiated	19	20	19
Unfounded (category removed)	0	7	1
Malicious	0	1	1
Cases not yet concluded	11	7	7
Not Applicable	0	2	2
False	16	4	0

Of those cases referred back to the employer the majority are managed through training, advice and or support. However, where there is a case to answer under gross misconduct, and the outcome is dismissal these cases are referred to the Disclosure and Barring Service. The outcomes of

The outcomes of allegations during 2014/15	
Advice / Support / Training	37
Dismissal	11
Final Written Warning	3
No Further Action	5
Case not concluded	11
Resigned	10
Ceased Trading	1

The annual LADO report for 2015/16 is due to report to the Board in September 2016. This will report on the period 1st April 2015 to 31st March 2016.

The Central Bedfordshire Safeguarding Children Board will be asking Board members to assure the Chair that they have suitable mechanisms in place to identify matters that need to be referred to the LADO.

### **Learning from national research and guidance on Child Sexual Exploitation**

The following key learning from national research and guidance on child sexual exploitation has continued to be communicated through briefings, newsletters and the website:

- Professional attitudes towards children who were being abused and exploited.
- These children were sometimes seen as offenders
- Were often referred to as being either 'promiscuous' or 'prostitutes'
- Children should have been seen as victims. Children do not make informed choices to enter or remain in sexual exploitation, but do so from fear, coercion, enticement or desperation.
- Young people who are, or at risk of being sexually exploited will have varying levels of needs.
- They may have multiple vulnerabilities requiring an appropriate multi-agency response which is effectively coordinated.
- The need for appropriate systems in place to identify victims at an early stage, provide them with the necessary support.
- The need to ensure that perpetrators are identified and held to account.

### **Review and revise policies and procedures to ensure they are fit for purpose, up to date and effective:**

The reviewing of local policies is completed across Bedford, Luton and Central Bedfordshire through a Pan Bedfordshire Policies and Procedure Sub-group. The group takes forward a programme for reviewing and updating procedures throughout the year to ensure they are up to date and in line with government legislation and guidance or changes are made due to learning from case reviews.

During 2015/16 the following procedures were produced as new chapters or updated:

- Female genital mutilation
- Agencies roles and responsibilities
- Safeguarding children who may have been trafficked
- Age assessment information sharing for unaccompanied asylum seeking children
- Safeguarding children and young people against radicalisation and violent extremism
- Neglect

## 5. Challenges ahead and priorities for 2016 – 2017

The Board has agreed the following priorities for 2016- 2017.

- Priority 1: Ensure children and young people in dangerous settings have faster, easier access to safeguarding support
- Priority 2: Ensure the effectiveness of safeguarding and early help support to children and young people living in vulnerable families
- Priority 3: Ensure the effectiveness of the Board and partners

These priorities include issues being driven nationally in Working Together 2015, such as:

- Understanding the risks to adolescents in a holistic way that supports practitioners in tackling child sexual exploitation and radicalisation
- Hearing the child's voice and ensuring it shapes improvement

For the Board key challenges include:

- Continuing to embed robust and rigorous quality assurance activity and learning that supports the Board's priorities
- Continuing to develop a comprehensive and rigorous performance framework that supports the Board's priorities
- Implementing actions to tackle Child Sexual Exploitation
- Implementing actions to tackle neglect

## 6. Priorities and key messages about keeping children safe in Central Bedfordshire

**Key Messages for all partner agencies and strategic partners:**

- Support and champion staff sharing and recording information at the earliest opportunity and proactively challenge decisions that fail to adequately address the needs of children and young people and their parents or carers.

- Make sure that help for parents and children is provided early and as soon as problems emerge so that they get the right help at the right time.
- To ensure that the priority given to child sexual exploitation by the Safeguarding Board is reflected within organisational plans and that partners play their part in the work of the Board's sub-groups.
- To ensure that work continues to address domestic abuse and that the evaluation of the local approach recognises the needs and risks to children and young people.
- To ensure work being undertaken to tackle neglect is evaluated and evidence of its impact on children and young people informs both strategic planning and service delivery.
- To ensure that substance misuse services continue to develop their role in respect of safeguarding children and young people and that greater evaluation is undertaken in regard to the links between parents and carers' substance misuse and the high number of children and young people at risk of significant harm.
- To focus on young people who may be at risk and vulnerable as a result of disabilities, caring responsibilities, radicalisation and female genital mutilation.
- Make sure that young people going into Adult Services for the first time get the help they need and that there is clarity about the different processes and timescales involved.
- Partner agencies commissioning and delivering services to adults with mental health issues need to ensure mechanisms are in place to enable monitoring and reporting of their performance in respect of safeguarding children and young people.
- To ensure that performance information is developed, collected and monitored and that this is provided with a narrative that helps everyone understand how effective safeguarding services are.

**Key Messages for Politicians, Chief Executives, Directors:**

- Ensure your agency is contributing to the work of the Safeguarding Children Board and that this is given a high priority, which is evident in the allocation of time and resources.
- Ensure that the protection of children and young people is considered in developing and implementing key plans and strategies.
- Ensure your workforce is aware of their individual safeguarding responsibilities and that they can access LSCB safeguarding training and learning events as well as appropriate agency safeguarding learning.
- Ask how the voice of children and young people is shaping services.

- Ensure sure your agency is meeting the duties of Section 11 of the Children Act 2004 and that these are clearly understood and evaluated.
- Keep the Safeguarding Children Board informed of any organisational restructures so that partners can understand the impacts on our capacity to safeguard children and young people in Central Bedfordshire.
- Ask questions about ethnicity, disability, gender to ensure strategic planning and commissioning is sensitive to these issues.

**Key Messages for the children and adult's workforce:**

- All members of the children's workforce, from all agencies and the voluntary sector, should use safeguarding courses and learning events to keep themselves up to date with lessons learnt from research and serious case reviews to improve their practice.
- All members of the children's workforce, both paid and voluntary, should be familiar with the role of the LSCB and Central Bedfordshire child protection procedures. All members of the children's workforce should subscribe to the Central Bedfordshire Safeguarding Board website and visit it regularly to keep up to date [www.centralbedfordshirelscb.org.uk](http://www.centralbedfordshirelscb.org.uk)
- Ensure that you are familiar with and routinely refer to the Board's Threshold document and assessment procedures so that the right help and support is provided and that children and young people are kept safe.
- All members of the children's workforce should be clear about who their representative is on the Central Bedfordshire Safeguarding Children Board and use them to make sure the voices of children and young people and front line practitioners are heard.

## 7. Governance and accountability

### **What is the Central Bedfordshire Safeguarding Children Board?**

The Central Bedfordshire Safeguarding Children Board is a statutory partnership for agreeing how the relevant organisations in Central Bedfordshire will work together to keep children safe and promote the welfare of children – making sure this work is effective.

The work of the Safeguarding Board in 2015 -2016 was shaped by statutory guidance in Working Together 2015. Our objectives are to co-ordinate and monitor the effectiveness of partners in delivering improved outcomes for children and young people. We will do this by:

- developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority;
- communicating the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve;
- collecting and analysing information about child deaths;
- participating in the planning of services for children in the area;
- undertaking reviews of serious cases and advise Board partners on lessons to be learned; and
- publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Central Bedfordshire.

The Board meets four times a year and has a membership made up of representatives from all statutory partners and others concerned with safeguarding children. During 2015-2016 membership of the Board was enhanced with new lay and education members.

#### **Board membership**

Independent Chair  
CAFCASS (Children and Family Courts Advisory and Support Service)  
Bedfordshire Clinical Commissioning Group  
Local Authority, including Adult Services, Children's Services and Public Health  
Bedfordshire Youth Offending Service  
Bedfordshire Police  
Luton and Dunstable NHS Foundation Hospital  
Bedford Hospital NHS Trust  
BeNCH  
National Probation Service  
3 lay members  
NHS England  
Education, including schools and the local college  
East London Foundation Trust  
South Essex Partnership Trust  
NHS Bedfordshire Clinical Commissioning Group  
Representation from the Voluntary Sector (Voluntary Organisations for Children, young people & families, VOCypf)

The Board and its sub groups continue to experience good attendance and representation across most partners. See Appendix B for a list of Board Members.

#### **The Board's arrangements and structure**

The Strategic Board is supported by a number of sub-groups that support it to deliver the priorities in the Business Plan. The Board's core business was managed through the Core Business Improvement Sub Group in 2015-2016.

Key learning in relation to case reviews was managed through the Bedfordshire Child Death Overview Panel and the Central Bedfordshire Case Review Group.

Child sexual exploitation was managed through the Bedfordshire Child Exploitation Strategic Group and the Bedfordshire Child Sexual Exploitation Panel.

Revised governance arrangements to enhance the capacity of the Board were established during 2015-2016 and these included the following new sub groups:

- Core Business and Improvement Group
- Learning and Improvement Group
- Training and Development (joint with Bedford)
- Performance Group
- Child's Voice.

### **Key relationships**

The Central Bedfordshire Safeguarding Children Board has during 2015-2016 continued to work with the Chairs and Boards of the following partnerships to support effective joint working in line with the local joint protocol arrangements:

- Central Bedfordshire Children's Trust
- Central Bedfordshire Health and Wellbeing Board
- Adult Safeguarding Board (Joint for Central Bedfordshire and Bedford)
- Community Safety Partnership

The Central Bedfordshire Safeguarding Board's Independent Chair is a member of the Children's Trust and presents the Board's Annual Report to the Children's Trust outlining any safeguarding challenges and any action required from the Children's Trust. The Annual Report of the Safeguarding Children Board is also presented to the Health and Wellbeing Board.

### **Financial arrangements**

Working Together 2015 states that the Annual report should list the contributions made to the LSCB by partner agencies showing what the LSCB has spent, including Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) and members are required to share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

Board partners contribute to the Central Bedfordshire Safeguarding Children Board by providing resources in kind and the following financial contributions:

**Business Management Function Income:**

Partner contribution 2015/16	Amount
Central Bedfordshire Council	54,680.29
Bedfordshire Clinical Commissioning Group	36,559.04
Bedford Hospital	
Luton and Dunstable Hospital	
NHS England	
SEPT	
Bedfordshire Police	13,903.14
Bedfordshire Probation Partners	3,040.00
CAFCASS (nationally agreed contribution)	418
<b>Total Income</b>	<b>108,600.47</b>

**Business Management Function Expenditure:**

Expenditure Description	Amount
Staffing - Business Manager and Administrator	47,749.79
Interim Business Manager	96,817.50
Travel and Subsistence (Permanent Staff)	119.80
Independent Chair - Board	26,046.35
Independent Chair – Case Review Group	5,040.00
Subscriptions – Chronolator (tool for managing case reviews)	999.00
Venue Hire	723.80
Staff Advertising	197.34
Printing and Postage	1,108.23
Website Hosting	108.37
<b>Total Expenditure</b>	<b>178,910.18</b>

**Training and Development Function Income:**

Income Source	Amount
Bedfordshire Police Authority	4,390.47
CAFCASS	132.00
NHS Bedfordshire	11,544.96
Probation Partners (Pending)	960.00
Central Bedfordshire Council	17,267.46
Carry forward from 2014/15	63,517.01
Bedford Borough Safeguarding Board	34,433.00
Course sales and contributions	64,437.50
<b>Total Income</b>	<b>196,682.40</b>

**Training and Development Function Expenditure:**

Expenditure Description	Amount
Staffing - Training Commissioning Manager and Administrator	78,143.92
Travel and Subsistence	336.15
Venue Hire and Catering Supplies	20,355.49
Trainers	34,439.13
E-Learning Licences	21,526.50
Training Supplies	891.52

<b>Total Expenditure</b>	<b>155,692.71</b>
--------------------------	-------------------

**Serious Case Reviews**

£13,238.24 was in held in reserve by the LSCB for Serious Case Reviews at the beginning of 2015-16. During the year three serious case reviews were initiated (and are all towards the end of completion) and therefore total spend on SCR's for 2015-16 was £31,858.41. An additional contribution of £15,272.00 was received from partners to contribute towards these SCR costs, and therefore the final deficit against the SCR budget was £3,348.17. These additional costs were met by Central Bedfordshire Council.

**Child Death Overview Process (CDOP)**

The CDOP arrangements are managed across Bedfordshire and Luton by the Bedfordshire Clinical Commissioning Group. The CDOP manager's post is hosted by Bedfordshire Clinical Commissioning Group (BCCG) and this post is line managed by the Designated Nurse for Safeguarding Children & Young People. The following partners make the following financial contributions to managing this function:

<b>Income Details</b>		<b>Expenditure Details</b>	
Bedford Borough Council	£ 6,714.00	CDOP manager post	<b>£33,570.00</b>
Bedfordshire Clinical Commissioning Group	£ 6,714.00		
Central Bedfordshire Council	£ 6,714.00		
Luton Borough Council	£ 6,714.00		
Luton Clinical Commissioning Group	£ 6,714.00		
<b>Total</b>	<b>£33,570.00</b>		<b>£33,570.00</b>

## 8. Conclusion

This report has provided an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of Central Bedfordshire's children. It has evidenced that safeguarding activity is progressing well locally and that the Central Bedfordshire Safeguarding Children Board has a clear consensus on the strategic priorities for the coming year as articulated in the CBSCB Business Plan 2015/16 – 2017/18

The CBSCB has worked well in fulfilling its statutory functions under the revised Working Together to Safeguard Children (2015). Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies

The work of the Safeguarding Board during this reporting period was shaped by statutory guidance in Working Together 2015. Our objectives will continue to co-ordinate and monitor the effectiveness of partners in delivering improved outcomes for children and young people. We will do this by:

- developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority;
- communicating the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve;
- collecting and analysing information about child deaths;
- participating in the planning of services for children in the area;
- undertaking reviews of serious cases and advise Board partners on lessons to be learned; and
- publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Central Bedfordshire.

Our aim year on year is to make sure that children in Central Bedfordshire are best protected from harm. This can only be achieved through ensuring the right systems are in place, that agencies work well together for each individual child and family and we develop our learning culture. We need to be constantly reflecting whether children in the area are safe and, if not, what more can be done to reduce incidents of child maltreatment and intervene when children are at risk of suffering significant harm. We will continue to raise awareness within our local community that safeguarding children is everybody's business.

## Appendix A – Monitoring key learning and challenges and the impact of actions taken as a result

Monitoring key learning and challenges and the impact of actions taken as a result		
Issue	Actions taken	Impact/outcomes
Not enough capacity in the current arrangements to deliver the work needed	<p>Established a number of new sub groups to deliver the work of the Board</p> <ul style="list-style-type: none"> <li>• Core Business and Improvement Group</li> <li>• Performance Sub-Group</li> <li>• Learning and Improvement Sub-Group</li> <li>• Voice of the Child Sub-Group</li> </ul> <p>Including Pan Bedfordshire Groups</p> <ul style="list-style-type: none"> <li>• CSE and Missing Strategic Group</li> <li>• Policies and procedures</li> <li>• Training and Development (joint with Bedford)</li> <li>• FGM T&amp;F Group</li> <li>• Harmful Sexual Behaviours T&amp;F Grp</li> </ul>	<p>At the end of Quarter 4 2015/16 all of the 3 priorities within the 2015/16 Business Plan were graded as green with work well underway for completing actions within the last outstanding priority.</p> <ul style="list-style-type: none"> <li>• A new CSE Strategy has now been produced and is being implemented</li> <li>• A work plan for continually reviewing the policies and procedures has been produced and work is ongoing</li> <li>• A programme of multi agency training has been implemented and learning from SCR's disseminated through multi-agency briefing sessions</li> <li>• A pathway for FGM referrals has been developed and implemented</li> <li>• Harmful Sexual Behaviours procedure reviewed</li> </ul>
ICPC's in 15 days were included in the performance framework and it was established that performance was poor – only 70% being held in 15 days	<p>An audit was completed for the timeliness of ICPC's and found that:</p> <p>Change in staff</p> <p>It was acknowledged that the change in staff members, both in the frontline teams and also at Management level is likely to have impacted on the increase in cases delayed. This is due to the use of Mosaic being embedded into practice. The process for notifications has also been reviewed and substantially streamlined.</p>	<p>Performance has improved throughout the year and performance by quarter 4 was at 100%. (The overall performance rate for the year was 82% due the lower performance earlier in the year)</p> <p>Children are safer if initial child protection conferences are held quickly.</p>

**Monitoring key learning and challenges and the impact of actions taken as a result**

Issue	Actions taken	Impact/outcomes
	<p>Actions completed:</p> <p>Streamlined process to avoid duplication - Where all professionals at the Strategy Discussion recommend an ICPC an 'early notification' email is sent to CRS. The S47 investigation must continue but the process of organising the conference can begin. If the need for a conference is not felt to be warranted, at conclusion of S47, the conference would be cancelled.</p> <p>The Child and Family Assessment should include the Strategy Discussion and S47 Investigation as part of the Assessment document rather than completing three stand alone documents. The three documents continue to be completed within individual set timescales but together make the whole assessment which reduces duplication of key information and analysis.</p>	
<p>Children on a child protection plan for more than 2 years –</p>		<p>Performance has improved and at the end of Quarter 4 2015/16 there were only 4 children who had been on a plan for 2 years or more. This has been an improvement from 3.9% in Quarter 1 to 1.8% in Quarter 4.</p>
<p>The percentage of care leavers in education, employment or training was 50% at the end of Quarter 1 – 2015/2016 which was below the</p>	<p>The Board challenged this level of performance which led the service to making changes in the way in which it contacted care leavers and making improvements to the recording of care</p>	<p>Performance has continued to improve throughout the year and by Quarter 4 2015-16 70% of care leavers were in education, employment or training.</p>

**Monitoring key learning and challenges and the impact of actions taken as a result**

Issue	Actions taken	Impact/outcomes
target of 65%	leaver activity.	
The Percentage of assessments completed within 45 working days – the Board challenged the timeliness and target of 90%	An audit of all late assessments was completed and the findings were that assessments had been late due to several reasons including issues with recording and data errors, case complexity, staff competency and staffing pressures.	The 2014/15 end of year outturn for this measure increased to 96.7%. At the end of Quarter 4 2015/16 performance was at 92%
The local Threshold Document and assessment framework was not fit for purpose and needed to be reviewed and refreshed.	A multi-agency working group was set up to review and rewrite the Threshold document which now has a renewed focus on early help.	In March 2014 referrals that led to the provision of a social care service was at 82.5% and at March 2015 it had increased to 86.7%. At the end of March 2016 performance was at 85.9% evidencing that professionals know when to refer children for help and are making appropriate referrals.

**Monitoring key learning and challenges and the impact of actions taken as a result**

Issue	Actions taken	Impact/outcomes
<p><b>Measure 22:</b> The percentage of children who became the subject of a child protection plan during the year who had previously been the subject of a child protection plan has missed its range target of 9-15% and quarter four performance is 18.3%. The RAG status is now RED.</p>	<p>All repeat child protection plans are audited by the Conference chair and operational manager based on an evaluation of risk and need. The overview analysis of the 2013/14 audits identified a number of significant factors, but no single cause. Neglect and domestic abuse are both prevalent in this group. Social Care Managers are leading work to further develop practice in these areas.</p> <p>An overview analysis will be undertaken of the 14/15 audits following their completion in April. This will give particular focus to those coming back onto plan after a short interval which is of greatest concern. It is proposed that Board members review the audit of these cases to understand the performance and any learning that arises.</p>	<p>The outturn 2015/16 figure was 15.7% and therefore performance had improved and moved to an Amber RAG status.</p>

## Monitoring key learning and challenges and the impact of actions taken as a result

Issue	Actions taken	Impact/outcomes
<p><b>Measure 47:</b> At the end of March 2015 there were 76.3 per 100,000 admissions for substance misuse in Central Bedfordshire. This is a decline in performance from 54.7 in 2014. The best performance in England is 22.8 and the average is 81.3 per 100,000.</p>	<p>Data analysts are currently undertaking a detailed exercise to identify the evidence behind the rise in rates, in order to determine solutions that will address the causes with a greater degree of certainty. Previous examination of local practice has identified some concerns regarding the accuracy of data recorded in hospital contexts, which may influence a rise in the rates.</p> <p>The CAN Children and Young People's service (drug and alcohol service provider) will continue to focus on drug and alcohol prevention work with young people in a range of settings, including those young people who are most vulnerable, e.g. looked after children. Referral rates (for treatment) to the service for young people identified with drug/alcohol problems continue to be very low, including from the hospital so work is taking place to ensure that young people identified as needing hospital treatment for drugs and or alcohol are effectively referred to the drug and alcohol service in order to address their misuse problems and prevent future hospital admission.</p>	<p>We are currently awaiting the March 2016 figure which is an annual measure.</p>
<p><b>Measure 48:</b> At the end of March 2015 there were 367.9 hospital admissions (per 100,000) as a result of self-harm (10-24 year olds). This is a decline in performance from 280.1 in 2014. The best performance in England is 119.1 and the average is 412.1. The reasons for the overall</p>	<p>Ongoing work that will impact on self-harm, early intervention and treatment includes:</p> <ul style="list-style-type: none"> <li>c. The new School Nursing Service Emotional and Behavioural Management Pathway provides immediate support to children and young people with emotional difficulties. The majority of attendees in Central Bedfordshire attend</li> </ul>	<p>PSHEU survey results</p> <p>4% (53 pupils) of younger pupils and 4% (115 pupils) of older pupils/students responded that they are 'not at all' happy with their life at the moment.</p> <p>75% of younger pupils responded that</p>

## Monitoring key learning and challenges and the impact of actions taken as a result

Issue	Actions taken	Impact/outcomes
<p>increase in admissions are unclear but may be partly explained by apparent decline in young people's emotional wellbeing locally (SHEU Survey 2014).</p>	<p>for issues related to relationships, bullying and mental health.</p> <ul style="list-style-type: none"> <li>d. The development of a Child and Adolescent Mental Health (CAMH) strategy for Central Bedfordshire.</li> <li>e. The recent re-procurement of drug and alcohol services, which work with some of our most emotionally vulnerable young people to tackle underlying reasons for substance misuse.</li> <li>f. The re-procurement of CAMH services across Bedfordshire (Bedfordshire CCG with support from Public Health). A single-provider integrated Tier 2 and Tier 3 service with a Single Point of Access</li> <li>g. An emotional wellbeing survey is being commissioned by Public Health and will be completed by pupils in years 4, 6,8,10 and 12 across Central Bedfordshire schools in October 2015. The survey will provide a better understanding of the scale, causes and solutions to the problem and will inform future service delivery.</li> </ul>	<p>they are 'quite a lot' or 'a lot' (online 'very much') happy with their life at the moment.</p> <p>70% of older males and 50% of older females responded that they feel at least 'quite' happy with their life at the moment.</p> <p>24% of younger pupils and 22% of older pupils/students had a med-low self-esteem score (up to 9).</p> <p>34% and 40% respectively had a high self-esteem score (15 or more).</p>
<p>Initial health assessments for looked after children should be completed within 20 days and currently only 16% are being completed in timescales.</p>	<p>In order to meet the 20 day timescale for initial health assessments social work teams have the first 5 days to complete all relevant work, including consents, before transferring the case to the LAC Health Team so that the child can be seen for the initial health assessment in 15 days. In quarter 2, 32 young people came into care. Two young people currently have no appointment recorded as one is out of area and one is in prison. Twenty-five young people's</p>	<p>The performance at the end of Quarter 1 2015/16 was at 14.29%, by the Quarter 4 performance had improved to 61.11%. (The overall average figure for the year was 25% due to the lower numbers earlier in the year).</p>

Monitoring key learning and challenges and the impact of actions taken as a result		
Issue	Actions taken	Impact/outcomes
	initial health assessments were out of timescales. The delays appear to be occurring in both social work teams (10 cases) and the LAC Health Team (15 cases). The Head of the Corporate Parenting Service will be addressing the issues with colleagues through the monthly meeting with the LAC Health team.	
Satisfaction rates of the core multi-agency safeguarding training were low and there was also little evidence of impact. Additional feedback was received from the education board member that often the range of experience in the room at training sessions was too broad for the more experienced practitioners.	Representatives from across partner agencies came together to review the course design and content, refreshing content with “Working Together 2015” requirements as required. It was decided to modularise the course into Module 1 and Module 2 - Guidance would support practitioners to engage in appropriate training to ensure those that were new, for example, and operating at the appropriate level only attended module 1 learning initially, with a recommendation to undertake module two when they had advanced their learning experience practically. Doctors, for example would only be recommended to attend module two, as it was considered that the knowledge delivery on day one was not necessary for this level of worker. Other workers, for example, newly qualified social workers would be recommended to attend module one and module two. So, practically the course design was more flexible and created flexibility for the range of attendees.	<p>Following these amendments, the reviews of the course have improved significantly.</p> <p>Example Feedback:</p> <p>Working Together Module One  “Online course prior to course was very useful and good to complete beforehand’  ‘Shared knowledge and experience of other agencies which gave a better understanding of how we fit in and can support each child”</p> <p>Working Together Module Two  “Really important to see the full picture from the study of case reviews, only then do you see how vital everyone’s input is and how important the sharing of information is”</p> <p>“Feel more competent in responsibilities of my roles and contacting others for professional dialogue”</p> <p>“Would be comfortable contacting organisations”</p>

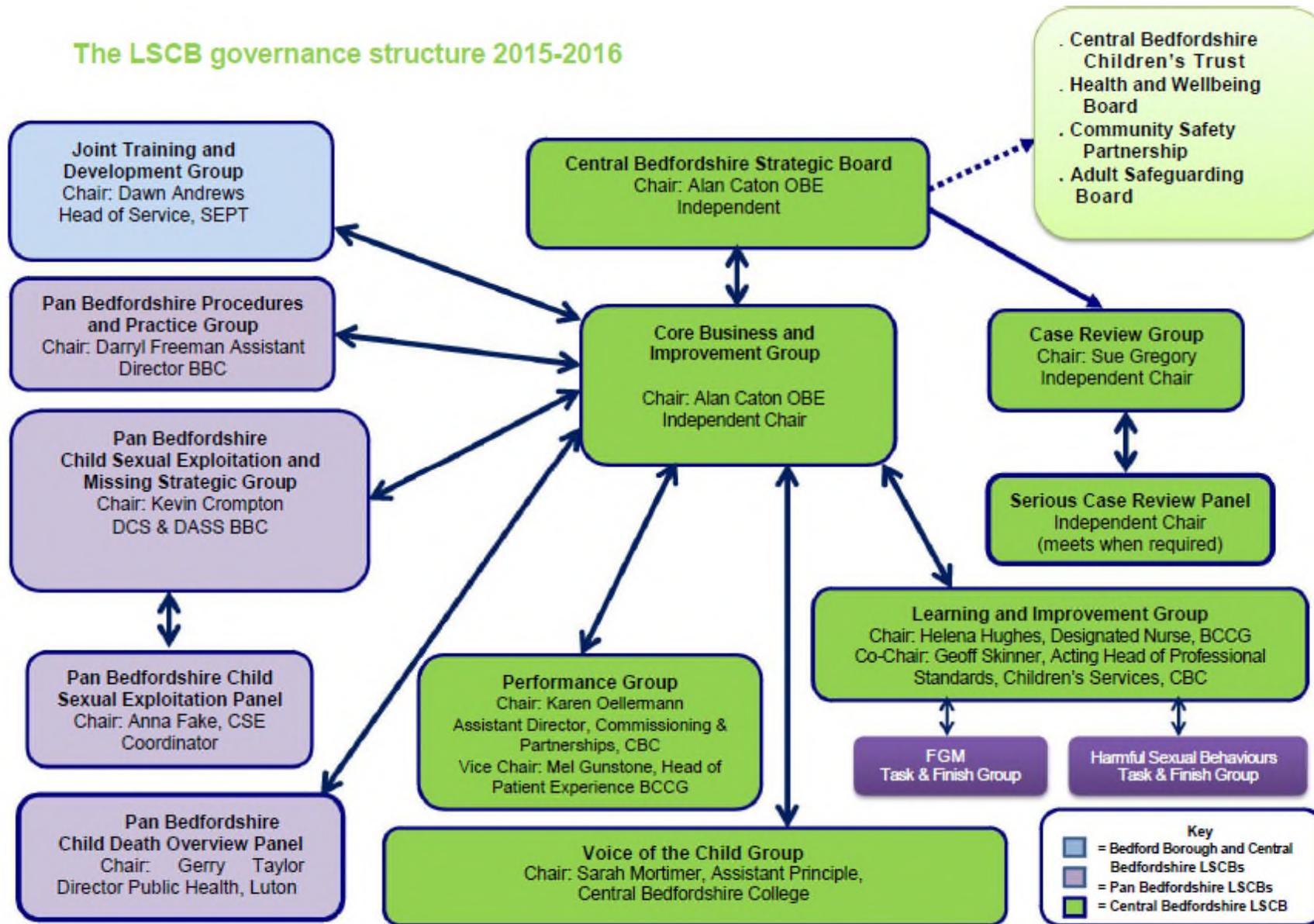
## Monitoring key learning and challenges and the impact of actions taken as a result

Issue	Actions taken	Impact/outcomes
		"More confident to do this now"
<p>Children missing from home or care are recognised as a key priority for CBSCB and the links this issue has to CSE. The Board recognises the importance of understanding the significance of missing data and the feedback from return home interviews</p>	<p>The CBSCB received the annual LAC report in January 2016 and sought assurances from partners regarding their approach to children missing from care and also the recording of absent/missing children.</p> <p>The Board also took part in a Pan Bedfordshire Missing and Invisible Children Spotlight workshop so to have a greater understanding of the prevalence of missing children within Central Bedfordshire.</p>	<p>As a result of the spotlight workshop the return home interviews team have changed their recording and data analysis process around return home interviews and now track both the number and percentage of children who take part in return home interviews rather than recording against the number of missing episodes.</p> <p>At the end of Quarter 4 2015/16 the percentage of missing children who had received return home interviews was 64%, which has been reasonably consistent throughout the year.</p>
<p>Children missing from education – The Board challenged the process for following up the whereabouts of children missing from education as it felt it was not clear at what stage the decision to formally report children as missing to the police occurred.</p>	<p>The policy and procedure for children missing from education was reviewed and amended to offer assurance that each child who is missing from education is appropriately tracked and referred through the safeguarding processes when necessary.</p>	<p>Following challenge from the Board the policy and procedure for children missing from education was reviewed and amended to ensure each child is appropriately tracked. An additional member of staff has also now been recruited to further support this area of work.</p>
<p>Child Sexual Exploitation – Partners wanted to better understand the prevalence of CSE with Central Bedfordshire so to ensure local partners were responding to cases appropriately.</p>	<p>Regular updates have been provided to the Board in relation to ongoing investigations and actions.</p> <p>An independent review in relation to Child Sexual Exploitation was carried out for Pan</p>	<p>There has been agreement across Pan Bedfordshire to sign up to delivering 6 key recommendations from the independent review and a CSE Strategy has been developed and is now in the process of being implemented.</p>

Monitoring key learning and challenges and the impact of actions taken as a result		
Issue	Actions taken	Impact/outcomes
	Bedfordshire which led to a reflective practice workshop and has strengthened strategic oversight around this issue.	A CSE Co-ordinator is now in post.
Raising awareness of child sexual exploitation with children, young people and their carers.	<p>As part of a proactive approach to the national CSE agenda the CBSCB commissioned the production of Chelsea's Choice for schools and education settings where age appropriate. (For younger children, a production called looking for Lottie has begun to be rolled out).</p> <p>As part of an ongoing communications campaign leaflets were distributed and articles were placed in the council's community and residents magazines.</p>	6500 young people have accessed Chelsea's Choice and are now more aware of what child sexual exploitation is.
Raising awareness of child sexual exploitation amongst the workforce	<p>Pan Bedfordshire Workshops were held in relation to the recommendations from the independent review.</p> <p>E-learning CSE training rolled out for frontline staff</p> <p>Face to face CSE Events and workshops for staff including teen dating violence workshops.</p>	<p>215 people have completed the CSE e-learning.</p> <p>Approximately 100 Central Bedfordshire Council front line staff attended the CSE Briefing and 84 professionals are now better equipped to support young people as their before and after knowledge rates raised by 35%.</p>

# Appendix B

## The LSCB governance structure 2015-2016





Appendix C: Board membership 2015-2016

Member	Role and Agency
Alan Caton - OBE	Independent Chair
Alison Harding	Assistant Chief Officer, Bedfordshire Probation
Anne Murray	Director of Nursing, Bedfordshire CCG
Annelisse Hillyer-Thake	Head of Safeguarding, NHS England Central Midlands
Beverley Czyz	Interim CBSCB Business Manager
Brian Storey*	Headteacher, Church End Lower School (School Representative)
Carol Pennington	Senior Service Manager, Cafcass
Cllr Carole Hegley	Executive Member for Children's Services, CBC
Dawn Andrews*	Head of Service, Safeguarding Children, SEPT
Doug De-St-Aubin	Operational Director for BeNCH
Elaine Taylor*	Associate Director of Safeguarding, SEPT
Geoff Skinner	Head of Professional Standards, Children's Services, CBC
Georgie Billin*	Deputy Head Teacher, Harlington Upper School (Schools Representative)
Gerard Jones	Assistant Director, Children's Services Operations, CBC
Helena Hughes	Designated Nurse for Safeguarding Children and Young People in Bedfordshire, Bedfordshire Clinical Commissioning Group
Jan Pearson	Associate Director for Safeguarding Children, East London NHS Foundation Trust
Joan Bailey - CBE	Lay Member
Karen Oellermann	Assistant Director, Commissioning and Partnerships, CBC
Kim McCamley*	Principal, Sandye Place Academy
Linda Bulled	VOCYPF Officer, Voluntary Sector Representative
Linda Hockey*	Lay Member
Linda Johnson	Chief Executive Officer, Home-Start, Central Bedfordshire Voluntary Sector Representative
Lindsey Johnson	Lay Member
Lynda Fitzgerald (LF)	Associate Director of Operations, Women and Children's Services, Bedford Hospital, NHS Trust
Mark Collins	Assistant Chief Constable, Local Policing and Crime, Bedfordshire Police
Nina Fraser	Director of Nursing and Patient Services, Bedford Hospital NHS Trust
Patricia Reid	Director of Nursing, Luton and Dunstable Hospital
Sanhita Chakrabarti (Dr)	Assistant Director of Public Health, Bedford Borough and Central Bedfordshire Councils
Sarah Mortimer	Vice Principle, Curriculum & Strategic Partnerships, Central Bedfordshire College
Sarah Wilson*	Operations Director, East London NHS Foundation Trust
Sharn Basra*	Detective Superintendent, Public Protection Unit, Bedfordshire Police
Nick Bellingham*	Temporary Detective Superintendent, Public Protection Unit, Bedfordshire Police
Stuart Mitchelmore	Assistant Director, Adult Social Care, CBC
Sue Harrison	Director of Children's Services, CBC

Sue Howley - MBE	Lay Member
Vacancy	Service Manager Bedfordshire Youth Offending Service

\*LSCB Board Member for part of the year

---

## Contact us...

Për Informacion Per Informazione Za Informacije नगरवारी लष्टी  
المعلومات المعلومات کے لئی তথ্যের জন্য Za Informacja برای اطلاع

by telephone: 0300 300 6455

by email: [LSCB@centralbedfordshire.gov.uk](mailto:LSCB@centralbedfordshire.gov.uk)

on the web: [www.centralbedfordshirelscb.org.uk](http://www.centralbedfordshirelscb.org.uk)

Write to: LSCB Business Manager, Central Bedfordshire Council,  
Watling House, High Street North, Dunstable, LU6 1LF

---

This page is intentionally left blank

## CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of meeting

25 January 2017

---

### East of England Ambulance Service in Bedfordshire

Advising Officer: Matthew Tait – Chief Operating Officer Bedfordshire Clinical Commissioning Group

Email: [matthew.tait@bedfordshireccg.nhs.uk](mailto:matthew.tait@bedfordshireccg.nhs.uk)

Public

---

#### Purpose of this report

1. To advise the Board of the performance and quality of the East of England Ambulance Service for Bedfordshire Clinical Commissioning Group with an overview of the governance of the contract.

#### RECOMMENDATIONS

**The Health and Wellbeing is asked to:**

1. **review and note the contents of the report.**

#### Governance

2. Bedfordshire CCG is part of a consortium that contracts with EEAST. The Consortium is made up of 19 CCG's and is managed by Ipswich and East Suffolk CCG. The consortium is split into three Sectors and BCCG is part of Hertfordshire Bedfordshire & Luton (HBL) sector. The HBL sector meets monthly to review contractual performance and is led by East & North Hertfordshire CCG. This group escalates issues to the monthly Consortium SLA meeting. If these issues cannot be resolved in the SLA meeting they are then escalated to the Accountable Officers bi-monthly meeting.
3. Additionally EEAST have implemented a Consortium wide CCG Operational Performance Group (OPG) which focuses on five priority areas to improve performance including use of Rapid Response Vehicles (emergency equipped cars), minimising "out of action" time for ambulances and reducing delays at A&E Departments along The OPG will also address 'business as usual' performance reports into the CCGs AO meeting.

4. There is also a Bedfordshire & Luton A&E Delivery Board Ambulance sub-group which is a local operational group which meets on a monthly basis and directly supports local delivery. The sub-group reports into the local A&E Delivery Boards and the HBL Sector meeting when required.

### **Performance**

5. EEAST's performance is measured across a number of indicators, covering response times, handover delays, clinical quality and workforce. Performance is reported on a monthly basis for both Trust wide (Consortium performance) and local (CCG) performance. Comparisons can therefore be made between BCCG level performance, other CCG performance and the Consortium (Trust) as a whole.
6. EEAST also report on the type of response to emergency calls – this is broken down into three categories:
  - Hear & Treat – the patient is dealt with over the phone with advice or guidance being given. An ambulance is not dispatched.
  - See & Treat – the patient is seen by a paramedic or ambulance crew, treatment is given at the scene if necessary, but the ambulance does not take the patient to hospital.
  - See, Treat and Convey - the patient is seen by a paramedic or ambulance crew, treatment is given at the scene if necessary and the patient is taken by the ambulance to a hospital or other treatment facility.
7. The amount of activity for all three types of calls has increased significantly year on year, which means to achieve the same percentage target, EEAST are having to see more patients within the performance threshold.
8. There are performance thresholds within each national indicator. For the most acutely ill patients, 75% or more of them should have an ambulance in attendance within 8 minutes. These are called Red 1 calls. It is this measure that is focused on when reviewing EEAST performance.
9. Year to date performance regarding the CCG's most acutely ill patients, EEAST responded within the time threshold in 76.62% of the cases – in other words better than the 75.00% target. EEAST as a whole (all 19 CCGs) the performance was 66.81%. A significant factor influencing the Red 1 performance is the rurality of cases. For example CCGs with little or no rural populations e.g. Luton, have better Red 1 performance. Despite the rurality of parts of Bedfordshire (particularly north Beds).

10. Despite a 19.7% increase in Red 2 (R2) activity from this time last year R2 performance has improved. As noted above, rurality will have an impact on EEAST's ability to achieve this.
11. The BCCG area remains one of the best performing across all measures. Response time performance has improved when compared to the same period in the previous year despite the level of all activity increasing, which in itself makes the targets harder to achieve. Adding to the task are the significant delays at Watford hospital, impacting services in Bedfordshire as resources from here are used to back-fill those in Herts. A Recovery Improvement Plan is in place at Watford General Hospital and the situation is monitored on a weekly basis at the OPG.

### **EEAST CQUIN 2016/17**

12. EEAST have established the multi-disciplinary Clinical Hub in Bedfordshire which consists of previously existing Clinical Support Desk (CSD) clinicians, primarily Nurses, Paramedics and Emergency Care Practitioners (ECPs). This multi-disciplinary team triages appropriate 999 calls to better assist and signpost the patient to the right place first time. The Hub use Directory of Services systems to signpost crews and patients to appropriate, alternative services.

### **Ambulance Response Programme (ARP)**

13. The Ambulance Response Programme (ARP) sits under the National Transforming Urgent and Emergency Care programme. As part of the first phase of ARP a Dispatch on Disposition (DoD) model is being piloted across a number of ambulance trusts and was rolled out by EEAST on the 4th October 16.
14. DoD allows ambulance call handlers additional time to assess 999 calls – up to 240 seconds compared to the current 60 seconds (except predicted or confirmed Red 1 calls where the ambulance will be dispatched as soon as possible). Having more time to code the call means it can be more appropriately resourced 'first time' as it gives call handlers more time to find out the clinical need of the patient. It is expected that this model will enhance patient outcomes by ensuring all those who contact the ambulance service receive a more appropriate and timely clinician and transport response resulting in the decrease in the conveyance of an ambulance and an increase in 'Hear and treat' and 'See and treat' to divert patients away from A&E.
15. Alongside DoD, a system called Nature of Call (NoC) has been introduced; this part of the pilot adds new 'pre-triage' questions to the call handling process. These are designed to improve the early identification of predicted Red 1 calls, and should help to recognise cardiac arrest patients sooner.

16. EEAST are currently evaluating both of these systems and a review will be available in January following the 1st 3 month phase. However early indications show that there has not been the related performance improvement that was expected at the outset of the trials, in that EEAST was already a leader in early red 1 call prediction and the tool has offered limited benefit on this category. It has however seen an improvement in red 2, albeit marginal.

#### **Financial and Risk Implications**

17. Not applicable

#### **Governance and Delivery Implications**

18. Not applicable

#### **Equalities Implications**

19. Not applicable as no decision required

#### **Implications for Work Programme**

20. Not applicable

#### **Conclusion and next Steps**

21. Bedfordshire CCG remains one of the best performing CCG's of the consortium and it should be noted that following a CQC visit EEAST are the only Ambulance Trust (out of 5 recently inspected) to not to receive an "Inadequate" rating from CQC & were also the only one to receive an "outstanding" rating (for care).
22. The CCG will continue to work closely with consortium CCG's and EEAST to support the achievement of best performance, quality and value from the Contracted Services by helping to assess quality and outcomes (including clinical effectiveness, patient experience and patient safety).

#### **Appendices**

23. None

#### **Background Papers**

24. None

**CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD**

Date of Meeting

25 January 2017

---

**2016 Autism Self Assessment Framework (SAF) Return**

**Responsible Officer:** Julie Ogley, Director of Social Care, Health and Housing  
**Email:** [Julie.ogley@centralbedfordshire.gov.uk](mailto:Julie.ogley@centralbedfordshire.gov.uk)

**Advising Officer:** Jane Moakes, Head of Strategic Commissioning  
**Email:** [jane.moakes@centralbedfordshire.gov.uk](mailto:jane.moakes@centralbedfordshire.gov.uk)

Public

---

**Purpose of this report**

1. The Health and Wellbeing Board has a role in overseeing the implementation of the Adult Autism Strategy as set out in the Department of Health's 'Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy' (March 2015). The Department's role is to continue to support Health and Wellbeing Boards through the local area autism self-evaluation exercise on an annual basis and to make the responses publicly available.
2. This report advises the Board about the 2016 Autism SAF which was submitted to Public Health England on 17 October 2016. It provides an update on the local area partnership's progress in key areas of the Strategy aimed to assist people with Autism on the journey to reach their potential, to have full lives and to live as independently as possible.
3. The report also identifies areas for further work identified through the SAF and, to ensure a systematic method of identifying the unmet health and social care needs of people with Autism, recommends that an updated Autism Health Needs Assessment is undertaken.

**RECOMMENDATION**

**The Health and Wellbeing Board is asked to:**

1. **note that an updated Health Needs Assessment (HNA) for Autism, to refresh the last evaluation undertaken in 2010, will be undertaken; and**
2. **note that further work identified will be progressed through the Think Autism Partnership Board (TAPB) and the development of an associated action plan.**

### **National Legislative Background**

4. In 2009, The National Autistic Society led a national campaign to raise awareness and gain recognition of the needs of people with Autism which led the Government to enact the 2009 Autism Act; the first ever disability-specific law in England.
5. The Act placed a duty on Government to produce a strategy for adults with Autism which was published as 'Fulfilling and Rewarding Lives', 2010. The same year, the Government also published statutory guidance for local councils and local health bodies on the implementation of this strategy.
6. Following feedback from adults with Autism, parents, carers and professionals, a new strategy 'Think Autism' was published in April 2014. This tells us about the strong foundations for change that have been made in line with the 2010 strategy. These include local authorities appointing Autism leads with responsibility for mapping local need and developing plans and, increasingly, engaging people with autism in the local planning and designing of services. Diagnostic pathways have been established, staff training requirements have been strengthened and help for people with autism into employment and education has improved.
7. In January 2016, the Government published a progress report on the 2014 strategy looking forward over the next 18 months with a number of refreshed actions building on progress made. The 2010 statutory guidance was updated in March 2015.

### **Self Assessment Framework Background and Progress to Date**

8. The Autism SAF covers implementation on progress against the Adult Autism Strategy and contains a section on planning in relation to provision services as children with autism as they move into adulthood. This exercise builds on the third Autism self-assessment exercise completed between December 2014 and March 2015. The return is usually conducted annually and is a snapshot in time (in this case, as at 31 March 2016) of a progress review in meeting statutory guidance.
9. Acting as a local self-audit tool for services affecting people with Autism, the SAF has two purposes. First, it is intended to provide an opportunity for local Autism strategy groups to review their progress and revisit future planning with partners including people with Autism and their families. The exercise is also a key means for the Government to identify progress across the country in the implementation of the Strategy.

10. The submission is a joint venture between the Council and Bedfordshire CCG and involves working with partners from health (specifically, the East London Foundation Trust (ELFT) provided the responses to the diagnostic questions), employment, criminal justice and other sectors. People on the autism spectrum as well as their informal carers, friends and family were asked to comment on service planning, the available information and advice, housing, employment and access to public services and their views were taken into account in preparing the SAF submission.
11. The local authority is tasked with the consolidation of the return as the lead body locally. The data is collated and analysed by Public Health England who will provide the Cross Government Autism Programme Board with a report of the findings before the information is shared more widely. The Department of Health asks that local authorities continue their support in undertaking this exercise and for sustained commitment to raising the awareness and equality of people on the Autistic spectrum.
12. Since the SAF was introduced, considerable local progress and improvements have been made for customers in Central Bedfordshire. The appointment of a senior practitioner autism specialist care manager in the Adult Learning Disability Team in 2012 has ensured that assessments are carried out by a trained professional. The establishment of an autism diagnostic service in July 2013 commissioned from ELFT has ensured timely diagnosis of people suspected of being autistic and offers a variety of post diagnostic support. The Council's commissioned services from Autism Bedfordshire (a local charity established over 25 years ago) to provide help for people with autism with social integration and skills development and the designation of an Autism lead commissioning officer has resulted in good progress made towards statutory responsibilities.
13. **Appendix A** sets out the principal requirements from the March 2015 'Statutory guidance for local authorities and NHS organisations to support implementation of the adult autism strategy' together with a summary of how the Council is meeting its responsibilities.
14. There has been some good progress in meeting statutory requirements particularly around the diagnostic pathway and post diagnostic support. The TAPB is a well attended and lively forum for customers with Autism, their carers, friends and families as well as other interested professionals. Awareness training for relevant staff is widespread and social care assessments are undertaken by the specialist care manager.
15. The SAF leads to the development of a local action plan which the Council supports Autism Bedfordshire to develop. The action plan is co-produced with customers who are asked to identify the issues that they feel are most important to them.

The plan will also monitor progress towards the Council's statutory obligations as well as acting as the conduit for identifying local innovations and initiatives that will lead to better care for people with Autism.

### **Financial and Risk Implications**

16. There are no specific financial implications identified in this report but there could be reputational risk for both the Council and CCG if satisfactory progress is not made towards the government strategy.

### **Governance and Delivery Implications**

17. In accordance with good governance, customers are involved in the decision making process through attendance at the TAPB, which meets quarterly, and in agreeing the Autism action plan. The Autism SAF, whilst co-ordinated by the Council involving partner organisations, also includes stakeholders through the TAPB who agree the action plan.

### **Equalities Implications**

18. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Autism is a recognised disability and the implementation of the strategy is helping to improve outcomes for people with Autism. It is recognised that there is a need to:
  - improve the collection of data on older people with Autism, those in the BME community and women. It is acknowledged that these groups often have dissimilar needs;
  - Identify unmet need particularly for people who have Autism without a learning disability or mental health issue.

### **Implications for Work Programme**

19. No specific implications for the work programme, though the Board may wish to consider receiving an update of the Autism action plan in the autumn.

### **Conclusion and Next Steps**

20. As indicated in the report considerable progress have been made in developing services for people with Autism as a result of the action plans to date. This year 2016/17, further work has been identified from the findings in the SAF and will be used to inform current local strategy and the action plan.

This includes work on data collection, identifying unmet need for people with Autism and Asperger's and a focus on training. (See **Appendix A**). Progress will be monitored by the TAPB.

21. Since the introduction of the first Autism strategy in 2010, good progress has been made by the Council's multi-agency approach to supporting people with Autism. However, with growing awareness of Autistic conditions and better diagnoses, it has increased the realisation that there is unmet need in local communities.
22. Autism Bedfordshire were recently awarded a new outcomes based contract to provide customer voice and empowerment services to people with Autism which was co-produced with customers. The award is for three years from 1 October 2016 with an option to extend for a further two years.
23. The National Autistic Society (NAS) estimates that 1 in 100 people in the UK have Autism. For Central Bedfordshire, this would translate to over 2,700 people. Even if all these people were identified, not everyone with Autism would require health or social care support or meet social care eligibility to receive a service. However, given the relatively low numbers currently known to Adult Social Care it would suggest there is considerable unmet need across our localities. For this reason, it is recommended that a Health Needs Assessment for people with Autism is undertaken.

### **Appendix – Summary of SAF**

**Supporting papers: Appendix A** – Identified further work from the SAF findings and summary extracts of the Council's progress towards meeting the principal requirements of the statutory guidance.

### **Background Papers**

The results of the 2014 SAF (which was the last time the exercise was conducted) can be found here:

<https://www.improvinghealthandlives.org.uk/projects/autsaf2014results>

The results of the 2016 SAF are expected to be known in March 2017 and will be published in a similar format to that of the 2014 exercise on the Public Health England website.

This page is intentionally left blank

**APPENDIX A**

**The principal requirements from: ‘Statutory guidance for local authorities and NHS organisations to support implementation of the adult autism strategy’ published by the Department of Health in March 2015**

- a) that work takes place with local Clinical Commissioning Groups to implement the Autism strategy
- b) the formation of a Partnership Board
- c) that data on people with Autism referred to and/or accessing social and/or health care is collected
- d) that the Joint Strategic Needs Assessment (JSNA) reflects local data about people with Autism and their needs
- e) the establishment of a diagnostic service
- f) All staff working in health and social care have Autism awareness training
- g) all those working with people with Autism (including decision makers) have the appropriate demonstrable knowledge and skills
- h) ensure participation in employment is a key outcome in assessment and care planning
- i) consider whether adults with Autism would benefit from preventative services, information, advice and signposting
- j) ensure that any person carrying out a needs assessment under the Care Act 2014 is competent to do so and appropriately trained
- k) listen carefully to views, wishes, feelings and beliefs of people including those with Autism and their carers
- l) where required, provide access to an independent advocate to ensure the individual’s engagement in determining their support
- m) work with partners for the benefit of people with Autism

**The achievements of the Council towards meeting the statutory guidance**

- a) the Council works closely with Bedford Clinical Commissioning Group in delivering health outcomes for people with Autism. A range of clinical services are commissioned from ELFT and provided by The Adult Autism Service. The service has a clear identified pathway to local authority services.
- b) The TAPB was established in 2012 and meets quarterly. It is co-chaired by a customer who has Autism. Attendance of customers with Autism and their carers/support staff is good. Meetings are themed around topics of particular interest to customer groups and a range of partners attend regularly.
- c) Data is collected and shared through a multi-disciplinary model of local and community based assessment and diagnosis of people with Autism. As well as in-house social care data, this includes GPs, specialist healthcare services, the criminal justice service and the voluntary and community sector.
- d) The Council’s refreshed JSNA, currently being written, will contain a

specific chapter on Autism.

- e) ELFT are commissioned to provide a diagnostic service which was established in 2013. Their Adult Autism Service provides assessment, treatment and advice for people with Autism and refers on to the most appropriate health, social care or support group.
- f) Autism awareness training is available to all Council staff. The Council works with its partner organisations in the police, probation service and court services to encourage Autism training of their staff with good results.
- g) Specialist staff receive training to ensure they have the right skills and knowledge when working with people with Autism.
- h) The Council's Social Care Employment Service has been reviewed and its approach re-structured to include a stronger focus on supporting people into paid work. Support has been provided to a number of adults with Autism who are in jobs or work trials or who are searching for work.
- i) Autism Bedfordshire (a local charity, established over 25 years) have recently been recommissioned to provide a range of preventative services to local customers with Autism. These include daytime and evening adult social groups to promote social integration and skills development. They support 45 Central Bedfordshire customers in social integration and skills development. Their service also includes a telephone helpline, an informative website and a comprehensive lending library.
- j) Since 2012, the Council's Adult Learning Disability Team has employed an Autism specialist care manager to ensure the assessment of people with Autism is carried out competently. 139 people with Autism are currently known to the Council's Adult Social Care. The majority of these customers also have a learning disability.
- k) In order to make the TAPB more customer-focussed, Autism Bedfordshire is being supported to organise and run the Board as well as deliver the action plan. Their work will include aligning the 15 national priority challenges that people with Autism and their families have identified with those most important to local people. Autism Bedfordshire run regular voice groups and conduct customer surveys to ensure local people with autism have a voice and receive the support they require.
- l) Pohwer provide commissioned independent advocacy services to local customers with autism where there is a need.
- m) Bedfordshire Police recently signed up to Autism East Anglia alert card system where people with Autism can carry a card explaining their condition if they find themselves in a difficult or emergency situation

**Further work identified for the action plan:**

- Data collection – to improve the collection of data on older people with Autism, those in the BME community and women. It is acknowledged that these groups often have dissimilar needs.
- Identifying unmet need particularly for people who have Autism without a learning disability or mental health issue. People with Asperger's syndrome, which is a form of Autism where people are of average or above average intelligence, do not usually have a learning disability but may have specific learning or social difficulties.
- Ensure the scope of training in both awareness raising and more specialist areas is expanded across all organisations' service areas. For example, in relation ELFT health staff there is no trust-wide Autism training strategy in place at this time.

This page is intentionally left blank

## CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

25 January 2017

---

### WORK PROGRAMME 2017

Responsible Officer: Richard Carr, Chief Executive, CBC  
Email: [richard.carr@centralbedfordshire.gov.uk](mailto:richard.carr@centralbedfordshire.gov.uk)

Public

---

#### Purpose of this report

1. To present an updated work programme of items for the Health and Wellbeing Board for 2017.

#### RECOMMENDATIONS

**The Health and Wellbeing Board is asked to:**

- 1. consider and approve the work programme attached, subject to any further amendments it may wish to make.**
2. Health and Wellbeing Boards are a requirement under the Health and Social Care Act 2012. The Board brings together key local commissioners for health, social care and public health. It provides strategic leadership and will promote integration across health and adult social care, children's services, safeguarding and the wider local authority to secure high quality and equitable health and wellbeing outcomes for the population of Central Bedfordshire.
3. The work programme is designed to ensure the Health and Wellbeing Board is able to deliver its statutory responsibilities and key projects that have been identified as priorities by the Board.

#### Work Programme

4. Attached at Appendix A is the currently drafted work programme for the Board for the municipal year 2016/17.
5. The work programme ensures that the Health and Wellbeing Board remains focused on key priority areas and activities to deliver improved outcomes for the people of Central Bedfordshire.

### **Governance and Delivery Implications**

6. The Health and Wellbeing Board is responsible for the Health and Wellbeing Strategy. The work programme contributes to the delivery of priorities of the strategy and includes key strategies of the Clinical Commissioning Group.

### **Equalities Implications**

7. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

### **Conclusion and next Steps**

8. The Board is now requested to consider the work programme attached and amend or add to it as necessary. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

### **Appendices**

9. Appendix A – Health and Wellbeing Board Work Programme

### **Background Papers**

10. None.

### Work Programme for Health and Wellbeing Board

Ref	Issue for Decision	Intended Decision	Indicative Meeting Date	Documents which may be considered	Lead Director(s) and contact officer(s)
1.	Enabling People to Stay Healthy for Longer – Excess Weight Partnership Strategy	To receive an update on the Excess Weight Partnership Strategy	29 March 2017		Muriel Scott, Director of Public Health, CBC  Contact officer: Celia Shoet, AD Public Health, CBC
2.	Welfare Reform/Employment and Support Allowance Claimants	To make the Board aware of residents who are in receipt of the Employment and Support Allowance benefit in order that it may consider what steps should be taken to help such individuals into the workplace.	29 March 2017		Julie Ogley, Director of Adult Social Care, Health and Housing and Charles Warboys, Chief Finance Officer, CBC  Contact officer: Peter Fraser, Head of Partnerships, Community Engagement and Youth Support and Christine Knox, Employment and Skills Service Manager, CBC

3.	Transforming Care – Transformation Plan	To receive an update on the Transforming Care – Transformation Plan following phase 1.	29 March 2017		Richard Carr, Chief Executive, CBC & Matthew Tait, Chief Accountable Officer, BCCG  Contact officer: Kaysie Conroy, Acting Head of Mental Health and Learning Disabilities, BCCG
4.	Health and Wellbeing Scorecard	To receive the latest performance monitoring of the progress in delivering the priorities Health and Wellbeing Strategy.	29 March 2017		Muriel Scott, Director of Public Health, CBC  Contact officer: Celia Shohet, AD Public Health, CBC
5.	Better Care Fund Plan 2016/17	To receive an update on the Better Care Fund Plan 2016/17.	29 March 2017		Julie Ogle, Director of Adult Social Care, Health and Housing, CBC  Contact officer: Patricia Coker, Head of Partnership and Performance, CBC
6.	The Integration of Health and Social Care in Central Bedfordshire	To provide the Board with the Council's emerging vision for the integration of health and social care in Central Bedfordshire.	29 March 2017		Julie Ogle, Director of Adult Social Care, Health and Housing, CBC  Contact officer: Patricia Coker, Head of Partnership and Performance, CBC

7.	Sustainability and Transformation Plan/Local Digital Roadmap	To receive an update on the Sustainability and Transformation Plan/Local Digital Roadmap.	29 March 2017		Richard Carr, Chief Executive, CBC & Ben King, Chief Finance Officer, BCCG  Contact officer: Patricia Coker, Head of Partnership and Performance, CBC
8.	Diabetes	To receive an update on the rising rates of diabetes and low proportion of people with diabetes meeting their treatment targets.	29 March 2017		Matthew Tait, Chief Accountable Officer, BCCG
9.	Child and Adolescent Mental Health Services Transformation Plan	To receive a report from the Future in Minds Steering Group.	29 March 2017		Anne Murray, Director of Nursing and Quality, BCCG  Contact Officer: Karlene Allen, Head of Children's, Young People and. Maternity Services, BCCG
10.	Improving Outcomes for Frail Older People	To receive an update on the outcomes for frail older people.	October 2017		Julie Ogley, Director of Adult Social Care, Health and Housing, CBC  Contact officer: Patricia Coker, Head of Partnership and Performance, CBC

This page is intentionally left blank