

Central Bedfordshire Children's Trust

Agenda



Meeting: **CHILDREN'S TRUST BOARD**

Date: **Monday, 6 June 2016**

Time: **4.00 p.m.**

Venue: **Room 14, Priory House, Monks Walk, Shefford**

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

This meeting may be filmed.*

1. Election of Chairman and Vice-Chairman

The Committee Services Manager will manage the election of the Chair and Vice-Chair of the Trust Board.

2. Welcome, Introductions and Apologies

3. Procedural Business

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

4. Minutes of the Previous Meeting and Matters Arising

To approve as a correct record the minutes of the meeting of the Children's Trust Board held on 8 March 2016.

5. **Domestic Abuse Strategy**

Jeanette Keyte to provide an update on the development of the Domestic Abuse Strategy for Central Bedfordshire Council.

6. **Introduction to Special Needs Action Panel SNAP**

Kirsty Green to provide Board Members with a briefing on the role of SNAP.

7. **Ensuring Good Mental Health - Children and Young People**

Sanhita Chakrabarti to provide an update on developments to ensure the good mental health and wellbeing for children and young people.

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

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

9. **Forward Plan**

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

10. **Exempt: Deep Dive - Youth Offending (First Time Entrants)**

Liz Clarke to present this item – focussing on 2015/16 performance.

11. **Exempt: Children and Young People's Plan - Quarter Four Performance**

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

Members:

Sue Harrison	Chairman of Children's Trust Board and Director of Children's Services, Central Bedfordshire Council
Cllr Carole Hegley	Vice-Chairman of Children's Trust Board and Executive Member for Social Care and Housing (Lead Member for Children's Services)
Gavin Hughes-Rowlands	Bedfordshire Police
Linda Bulled	VOCypf Officer, Voluntary Organisations for Children, young people and families
Ellen Burke	Member of Youth Parliament
Oliver Button	Principal, Queensbury Academy
Richard Carr	Chief Executive, Central Bedfordshire Council
Alan Caton	Chair, Central Bedfordshire Local Safeguarding Children Board
Shirley Crosbie	Headteacher, The Chiltern School

Steven Dawkins	Member of Youth Parliament
Peter Haddon	Headteacher, Holywell School
Alison Harding	Assistant Chief Officer, Bedfordshire Probation
Gary Jeffery	Head of Community Safety, Bedfordshire Fire Rescue Service
Melanie Mercer	Headteacher, Aspley Guise Lower School
Sarah Mortimer	Vice Principal, Curriculum & Strategic Partnerships, Central Bedfordshire College
David Morton	Diocese of St Albans
Anne Murray	Bedfordshire Clinical Commissioning Group
Stephen Phillips	Executive Head Teacher, The Lawns Nursery School & Children's Centre
Len Simkins	Chair, Voluntary Organisations for Children, young people and families (VOCyfp)
Liz Clarke	Bedfordshire Youth Offending Service

Other Attendees:

Sanhita Chakrabarti	Assistant Director, Public Health
Peter Fraser	Head of Partnerships, Community Engagement and Youth Support, Children's Services, Central Bedfordshire Council
Kirsty Green	Participation Manager, SNAP
Gerard Jones	Assistant Director Operations, Children's Services, Central Bedfordshire Council
Jeanette Keyte	Head of Community Safety, Central Bedfordshire Council
Graeme Lamb	ELFT
Karen Oellermann	Assistant Director, Commissioning and Partnerships, Central Bedfordshire Council
Ben Pearson	Head of Commissioning and Performance, Children's Services, Central Bedfordshire Council
Mel Peaston	Committee Services Manager, Central Bedfordshire Council
Helen Redding	Assistant Director School Improvement, Central Bedfordshire Council
Barbara Rooney	Head of Public Health – Children & Young People and Inequalities for Central Bedfordshire
Cllr Mark Versallion	Central Bedfordshire Council Ward Member for Health and Reach

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **CHILDREN'S TRUST BOARD** held at Room 14, Priory House, Monks Walk, Shefford on Tuesday, 8 March 2016

PRESENT

Cllr C Hegley (Vice-Chairman)

Mr O Button	Principal, Queensbury Academy
Mr R Carr	Chief Executive, Central Bedfordshire Council
Shirley-Anne Crosbie OBE	Headteacher, The Chiltern School
Mr P Haddon	Headteacher, Holywell School
Mr G Jeffery	Head of Community Safety, Bedfordshire Fire Rescue Service
Mr J Lunn	Bedfordshire Police
Mrs M Mercer	Headteacher, Aspley Guise Lower School
Mrs A Murray	Director of Nursing and Quality, Bedfordshire Clinical Commissioning Group
Mr S Phillips	Executive Headteacher, the Lawns Nursery Scholl & Children's Centre
Cllr M A G Versallion	Executive Member for Education and Skills

Others Attendees:	Ms S Chakrabarti	– Assistant Director, Public Health	
	Ms A Coleman	– Partnership and Performance Officer	
	Mr P Fraser	– Head of Partnerships & Community Engagement	
	Mrs S Hobbs	– Committee Services Officer	
	Mrs K Oellermann	– Assistant Director - Commissioning & Partnerships	
	Ms J Piper	– CSP Manager	
	Miss H Redding	– Assistant Director School Improvement	

CTB/15/33. Welcome, Introductions and Apologies

In the absence of the Chairman the Vice-Chairman, Councillor Hegley chaired the meeting.

Apologies for absence were received from:-

Dr Judy Baxter – Bedfordshire Clinical Commissioning Group
Linda Bulled – VOCypf Officer, VOCypf
Ellen Burke – Member of Youth Parliament
Alan Caton – Chair, Central Bedfordshire Local Safeguarding Children Board
Steven Dawkins – Member of Youth Parliament
Sue Harrison – Director of Children's Services
David Morton – Diocese of St Albans
Muriel Scott – Director of Public Health
Len Simpkins – Chair, VOCypf

Dr Judy Baxter and Frances Image had resigned from the Board. The Board took the opportunity to thank them for their work during their time serving on the Children's Trust Board and wished them all the best for the future.

CTB/15/34. **Procedural Business**

(a) Declaration of substitutes

- Sanhita Chakrabarti in attendance for Muriel Scott, Public Health.
- Jim Lunn in attendance for Gavin Hughes Rowlands, Bedfordshire Police.

(b) Declarations of interest

There were no declarations of interest.

(c) Exclusion of the Press and Public

AGREED

that in accordance with Section 100A (4) of the Local Government Act 1972 the public be excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 2 of Part I of Schedule 12A of the Act:

- **Agenda item 9 – Update – National Working Group Pan Bedfordshire Review of Child Sexual Exploitation; and**
- **Agenda item 10 – Children and Young People's Plan – Quarter Three Performance.**

CTB/15/35. **Minutes of the Previous Meeting and Matters Arising**

AGREED

that the minutes of the meeting of the Children's Trust Board held on 3 December 2015 be confirmed as a correct record and signed by the Chairman.

Matters Arising:-

- The Central Bedfordshire Safeguarding Children Board Annual Report had been shared with stakeholders and partners. The Bedfordshire Clinical Commissioning Group provided their governing body with a summary of the Annual Report to ensure that the priorities within the Report were reflected in the work undertaken by the organisation.

- Anti Poverty Strategy is being developed into a Council offer to support those on Welfare Reform.
- An update on the schools results data and the health referrals for early help assessments were provided in the quarter 3 performance report.
- Schools should be promoting the 5-19 School Nursing Service to their pupils.
- The Deep Dive on Youth Offending (first time entrants) and 2/2.5 Year Health Review had been added to the Board's work programme.

CTB/15/36. **Exempt: Update - National Working Group (NWG) Pan Bedfordshire Review of Child Sexual Exploitation**

The Board considered a report that provided an update on activity being undertaken in relation to Child Sexual Exploitation (CSE) following the National Working Group (NWG) Pan Bedfordshire Review of Child Sexual Exploitation.

The NWG suggested six strategic recommendations to be taken forward and developed across Bedfordshire. In addition to this there were two specific recommendations for Central Bedfordshire:-

- Training and Awareness.
- Multi-Agency Working.

The Central Bedfordshire Safeguarding Children Board would continue to maintain oversight of the progress of the CSE Problem Profile, Strategy and Action Plan that were being developed.

Prevention work was being carried out to make children, young people and families aware of CSE and what to do if they had concerns.

AGREED

that the progress in relation to action resulting from the Pan Bedfordshire NWG Review including development of a CSE Problem Profile, CSE Strategy and Action Plan be noted.

CTB/15/37. **Exempt: Children and Young People's Plan - Quarter Three Performance**

The Board considered a report that provided an update on quarter three progress in delivering the priorities in the Children and Young People's Plan (March 2015 – March 2017).

The 2015 Key Stage 2 results for Central Bedfordshire had shown that 77% of pupils achieved level 4 or above in Reading, Writing and Mathematics. The Statistical Neighbour and national averages were both 80%. A Peer Review of the Local Authority Arrangements for School Improvement was taking place and the outcome would be presented to the Children's Trust Board at the meeting on 6 June 2016. Officers would be investigating different approaches to improve Key Stage 2 results.

The Peer Review would inform the refresh of the Partnership Vision for Education.

AGREED

- 1. that progress in delivering the priorities, targets and actions to address issues where performance was not on track to meet targets be noted; and**
- 2. that the outcome of the School Improvement Peer Review be reported to the Children's Trust Board meeting on 6 June 2016.**

CTB/15/38. Partnership Vision for Education

The Board considered a report that provided an update on the actions taken and being taken following the launch of the Partnership Vision for Education in September 2015. The discussion included:

- Actions to ensure children are school ready;
- Approaches being taken to improve attainment across key stages – in particular Key Stage 2 and for disadvantaged pupils;
- Changes in assessments.

In addition, 66 organisations had signed the Pledge, with a further 10 people responding as a separate representative of an organisation e.g. a Head and a Governor had responded individually. Therefore 76 signed Pledges had been received. Work was being carried out to engage with the schools that had not signed the Pledge and ensuring that those schools that had signed the Pledge were actively taking part in the educational improvement journey.

A programme plan had been developed to provide an overview of the programme structure and the approach being taken to deliver actions in the priority areas and sets out key deliverables. There were six programme work streams:-

- 1 – School Leadership.
- 2 – Achieving results in the top quartile in key stage tests including GCSEs and A levels.
- 3 - School Readiness.
- 4 - Improving health outcomes to support improving educational outcomes.
- 5 - Young people have the skills to be work ready.
- 6 - Commission new school places from good or outstanding providers to serve growing communities.

A mechanism was needed for capturing the actions coming out of the key milestones to enable the Children's Trust Board to review the data.

The Children's Services Overview and Scrutiny Committee at their meeting on 15 March 2016 would be discussing the Partnership Vision for Education. A request was made that the Governor Dashboards be available to view at this meeting.

AGREED

1. that the progress made to date in delivering the Partnership Vision for Education be noted;
2. that further engagement be carried out with those schools that had not signed up to the Pledge; and
3. that a mechanism for reporting the outcome of the key milestones and targets be developed.

CTB/15/39. Recruitment and Retention of Teachers for Central Bedfordshire

The Board considered a report that provided details of the current issues in respect of recruitment and retention of teachers for Central Bedfordshire and an early indication of work taking place to address issues through the delivery of the Partnership Vision for Education.

A Recruitment and Retention Group would be formed, with representatives from each school phase, to develop a Recruitment Strategy. The Teaching Schools had been involved in publicising Central Bedfordshire. Work was being carried out with the other directorates at Central Bedfordshire Council to look at areas such as housing and regeneration to promote Central Bedfordshire as a good place to live and work to encourage applicants to apply for teaching vacancies in the area.

AGREED

1. that a further update on recruitment and retention of teachers for Central Bedfordshire be added to the Children's Trust Board forward plan.

CTB/15/40. Active Participation Strategy

The Board considered a report that outlined progress towards the development of an active participation strategy and shadow Children's Trust Board for Children and Young People in Central Bedfordshire. The Strategy would provide for opportunity for children and young people to have their voice heard and have an influence in decision-making and being empowered to make decisions for themselves.

It was anticipated that the Strategy would be in place by the end of April 2016. The proposed Shadow Children's Trust Board for Children and Young People would provide a coordinated and strategic approach to engage with young people and ensure the Council and its partners were held responsible for delivery of services that improve outcomes for Children and Young People. The Shadow Board would be in place from June 2016.

AGREED

1. that the proposed development of an Active Participation Strategy for Children and Young People in Central Bedfordshire be noted.
2. that the development and implementation of the strategy through securing engagement with professionals and partner agencies from across Central Bedfordshire be supported; and
3. that a new Shadow Children's Trust Board for Children and Young People be formed in Central Bedfordshire.

CTB/15/41. Standing Item: Update from other Boards

The Community Safety Partnership Strategy had been circulated to the Board, feedback on the Strategy could be provided to the Director of Children's Services.

CTB/15/42. Forward Plan

The Board received the Forward Plan for 2016/17.

AGREED

that the Forward Plan be noted, subject to the following items being added to the meeting on 6 June 2016:-

- **Peer Review of the Local Authority Arrangements for School Improvement; and**
- **Recruitment and Retention of Teachers for Central Bedfordshire.**

A request had been received from the organisation Special Needs and Parents (SNaP) to have representation on the Children's Trust Board. The Board agreed to invite SNAP (Special Needs Action Panel) to a future meeting to provide the Board with a briefing on the role of the organisation.

AGREED

to invite a representative from SNAP to attend and brief the Board on the role to their organisation.

(Note: The meeting commenced at 4.00 p.m. and concluded at 6.15 p.m.)

Domestic Abuse Strategy for Central Bedfordshire Council

PURPOSE

1. To provide the Board with an update on the Council's response to domestic abuse through progress on the development of a Domestic Abuse Strategy for Central Bedfordshire Council.

RECOMMENDATIONS

2. For Board Members to consider how they can champion the Domestic Abuse Strategy.

PUBLIC/EXEMPT: Public

CONTACT: Jeanette Keyte, Head of Community Safety, Central Bedfordshire Council

BACKGROUND

3. Central Bedfordshire Council is a key partner in supporting victims of domestic abuse in Central Bedfordshire. Domestic abuse is cross-cutting in that it can affect anyone, resulting in directorates across the Council providing services to support victims and their families.
4. To deliver the right outcomes, and support a multi-agency approach, the Council is developing a Council Domestic Abuse Strategy and action plan that will be implemented from 1 September 2016.

The Council has worked with SafeLives, a national charity, to develop the strategy and action plan. Since SafeLives were established 10 years ago they have led on transforming the response to domestic violence and abuse by providing practical, risk-led solutions.

5. The strategy has been developed in two stages. The first stage had an internal focus, working across Council directorates, to identify how best to progress a robust co-ordinated strategy for the Council, identifying key themes for development and providing proposals for work needed to develop those themes.
6. Stage two involved a multi agency partner workshop, held in December 2015, to consult and test the Councils draft strategic objective themes:

- Leadership & Governance
- Referrals & Care Pathways
- Early Identification & Prevention
- Commissioning & Funding
- Learning & Development

Appendix A lists partner organisations invited to the event.

7. Attendees reviewed current provision and made suggestions about actions which they felt needed to happen urgently, as well as support they or their agency could provide. Of the five themes considered at the workshop partners prioritised the three themes below:
 - Referrals and care pathways
 - Early identification and prevention
 - Commissioning and funding.
8. The feedback and offers of support from the workshop have been incorporated in the development of a draft strategy and action plan. Further work is now underway to refine the action plan and align it with relevant business plans and strategies of statutory Boards including the Safeguarding Children Board, Safeguarding Adults Board, Health & Well Being Board and Community Safety Partnership. A Domestic Abuse Performance Dashboard report is also being developed for the Council to monitor the delivery of the outcomes in the strategy.
9. The Councils Corporate Management Team will review the document in June with a view to implementing the strategy in September.
10. Once the strategy is finalised it will be shared with the Board and an update on the strategy will be considered by Central Bedfordshire Safeguarding Children Board on 28 June.

Appendix A

Invitations to December Workshop

Title	Organisation
Chief Executive	Aragon Housing Association
Chair CB Safeguarding Children's Board	CB LSCB
Assistant Director	National Probation Service
Housing Services	Bedford Borough Council
Director of Nursing	Bedfordshire CCG
Head of Safeguarding,	NHS England Central Midlands
Paediatric lead	L&D Hospital
Interim Business Manager CBSCB	CBSCB
Senior Officer	Bedfordshire Youth Offending Service
IDVA Manager	Homegroup
Senior Service Manager	Cafcass
Head of Housing Management, Landlord Serv	Central Bedfordshire Council - Housing Management
Executive Member	Central Bedfordshire Council
Assistant Director of Public Health	Public Health Central Bedfordshire Council
Private Sector Housing Area Team Manager (South)	Central Bedfordshire Council, Housing
Domestic Abuse Co-ordinator	Central Bedfordshire Council
CBC Member	Central Bedfordshire Council

CBC Executive Member	Central Bedfordshire Council
Chair of Health & Well Being Board	Central Bedfordshire Council
Regional Manager – IDVA & Refuges	Stonham Housing
Head of Service, Safeguarding Children	SEPT
Director of Offender Services	BeNCH
Head of Quality Improvement & SOVA	Social Care Health and Housing Central Bedfordshire
Development and Commissioning Manager, Intg Services	Central Bedfordshire Council - Children Families & Learning
Head of Quality Assurance CRS, Children &SS CBC	Central Bedfordshire Council
DA Officer	Central Bedfordshire Council
Assistant Director Children's Services Operations	Central Bedfordshire Council
Service Manager	Pathway 2 Recovery
Designated Nurse for Safeguarding Children and Young People in Bedfordshire,	Bedfordshire Clinical Commissioning Group
Leader of the Council	Central Bedfordshire Council
Associate Director for Safeguarding Children	ELFT
Head of Commissioning	Central Bedfordshire Council
Officer	ELFT
Head of Community Safety	Central Bedfordshire Council
Head of Regulatory Services	Bedford Borough Council
Contract Manager, Beds Herts Norfolk & Suffolk	Victim Support

Local Managers	Citizens Advice Bureau
Chair Adults Safeguarding Board	Central Bedfordshire Council
Children's Services DA Coordinator	Central Bedfordshire Council
Assistant Director Commissioning & Partnership	Children's Services Central Bedfordshire
Commissioner	BCCG
Manager	Dunstable South Children's Centre - Downside
Children's Centre Team Manager - Child Poverty and Early Intervention	Central Bedfordshire Council - Child Poverty & Early Intervention
VOCypf Officer	Voluntary Organisations for Children, young people & families
Manager	Homestart
Manager	Arlesey & Stotfold District Children's Centre
Community Safety Analyst	Central Bedfordshire Council
A&E	Bedford Hospital
Director of Community Services/ Chair of Community Safety Partnership	Central Bedfordshire Council
Assistant Chief Constable	Bedfordshire Police
Assistant Director	BCCG, Mental Health
Manager	Dunstable North Children's Centre (Beehive)
Director of Public Health	Central Bedfordshire Council
Chief of Staff	Office of the Police Crime Commissioner
Specialist DA & SA Counsellor	ELFT

Maternity	Bedford Hospital
Chief Inspector	Bedfordshire Police
Community Safety Manager	Luton Borough Council
Director of Nursing and Patient Services,	Bedford Hospital NHS Trust
Police Crime Commissioner	Police Crime Commissioner
Director of Nursing,	Luton and Dunstable Hospital
Chief Executive	Central Bedfordshire Council
Paediatric lead	Bedford Hospital
Head of Access & Assessment	Children's Services Central Bedfordshire
MARAC Coordinator	Central Bedfordshire Council
Officer	Public Health
Assistant Principle Community and Academic Learning,	Central Bedfordshire College
Superintendent – Public Protection	Bedfordshire Police
Assistant Director, Adult Social Care, CBC	Central Bedfordshire Council
IOM Coordinator	YouTurn Futures
Sexual Health Lead	Public Health
Director of Children's Services	Central Bedfordshire Council
Lay Member	CBSCB
Head of Child Poverty, Early Intervention & Prevention	Children's Services Central Bedfordshire
Social Worker, Family Support Team Biggleswade	Central Bedfordshire Council
Manager	The Change Programme (CBC Perpetrator Programme)

AD Housing Services	Central Bedfordshire Council
Maternity	L&D Hospital
Interim Locality Manager, Housing Solutions	Central Bedfordshire Council, Housing Solutions
Acting Deputy Director – Children & Specialist Services	SEPT
Senior Practitioner - Safeguarding of Vulnerable Adults	Central Bedfordshire council - Social Care, Health & Housing
Commissioner	Bedford Borough Council
Group Head of Supported Housing Services	Aragon Housing Association
Officers	SEPT
Practitioner	L & D Hospital
Practitioner	Bedford Hospital
Student Services Officer	Central Bedfordshire College
Deputy Head	Holywell Middle School
Well-Being Liaison Officer	Beecroft Academy (Lower)
Head of School (Teaching and Learning	Oak Bank School (Upper)
Project Manager (Mental Health Team)	Bedfordshire CCG
Officer	Luton & Dunstable Hospital
	Victim Support
Hub Manager	Pathway 2 Recovery

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Central Bedfordshire Children’s Trust Board

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

Meeting Date: 6 June 2016

Presented by: Dr. Sanhita Chakrabarti

Public Report

Recommendation(s)

1. That the Board considers the developments in the roadmap to ensure good mental health and wellbeing for children, young people and families across Central Bedfordshire.
2. The Board endorses the recommendations and consider any others they feel may be appropriate.

Purpose of Report

1	<p>To outline the roadmap to ensure young people have good mental health and wellbeing: identifying the issues, what we are doing and what success would look like.</p> <p>To provide a more in-depth understanding of why mental health is a priority focus area, including the reasons for young people in Central Bedfordshire reporting lower self- esteem.</p> <p>To update the Board on transformation work across the area and the proposed work plan for April 2016 - March 2018.</p>
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Background

2.	<p>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 three key areas: ensuring the best start in life; strengthening emotional resilience and wellbeing; and detecting and treating illness early.</p> <p>The recommendations were to:</p> <ol style="list-style-type: none"> 1. Ensure excellent maternal mental health. 2. Help children to become more resilient.
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	<ol style="list-style-type: none"> 3. Increase the early identification of children who are at risk of poor mental health. 4. Ensure children, young people and their carers receive high quality, safe, accessible, equitable and timely mental health services.
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What are we doing to improve young people’s mental health?

3.1	<p>The principles of the joint strategy between Bedfordshire Clinical Commissioning Group and Central Bedfordshire Councils for improving children’s mental health across Central Bedfordshire are:</p> <ol style="list-style-type: none"> 1. Children, young people and their carers will receive high quality, safe, accessible, equitable, and timely mental health services. 2. Services will be responsive and based on the views and needs of children, young people and their carers. 3. Problems will be addressed at the lowest tier of service. 4. Promotion of mental health well-being and the prevention of mental health problems will be fundamental to the service. 5. Services will take into account best available evidence of effectiveness and efficiency, deliver the best possible outcomes and will be delivered by a competent and skilled workforce. 6. Practice will be holistic and integrated, including key partner agencies, in the assessment and planning of services. Teams will be aligned with the 2 local authorities’ boundaries to provide a seamless service for children and young people to promote their emotional wellbeing. <p>What we recommend:</p> <p>Work with partners to refresh the joint strategy with the current work programme.</p>
3.2	<p>The current investment for supporting mental health provision for children and young people across Bedfordshire from Bedfordshire CCG is: £4,572,400.</p> <p>In 2015, additional investment was announced in the form of transformation funding, linked to the Future In Mind¹ agenda. The transformation funds were made available to sustain improvements in children and young people’s mental health outcomes in five particular areas:</p>

¹ Department of Health (2015) Future in Mind. Promoting, protecting and improving our children and young people’s mental health and wellbeing

- Eating Disorders
- Perinatal care
- Early intervention / Vulnerable groups
- Crisis prevention
- Embed CYP-IAPT principles throughout CAMHS services

CAMHS Transformation money	
2015/16	2016/17
£795,000 for all work streams Eating disorders £ 226,000	£925,034 for all workstreams Eating disorders: £226,000

3.3

To ensure excellent maternal mental health

What do we know?

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.

What are we doing?

1. From April 2016/17 we are improving the early identification of maternal mental health problems by embedding routine and timely mood assessments in the antenatal and postnatal care provided by midwives and health visitors.
2. Evidence based pathways will be implemented by midwives, health visitors, children centres, early help staff and other front line staff to access support for mothers who are identified with symptoms of low mood and mental health problems during the perinatal period.
3. 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.
4. Adult mental health services will fast track any referrals for mothers who need support for their mental health needs.
5. Health professionals will support mothers with mental health problems to look after their physical health.

What has happened since April 2016?

1. For 2016/17, contracts with our maternity units have addressed maternal mental health as a key priority area. Contracts for Health Visiting also have this as a key area of focus. Specific indicators will be monitored via both contracts so that we can ensure early identification of maternal mental health problems is provided by midwives and health visitors.
2. Training programme options are being considered that will provide bespoke training for health visitors, children's centre staff and community midwives to enhance skills around early identification of mental health problems in mothers and the effect on mother/baby attachment and support for mothers with low grade mental health problems.
3. Adult mental health services will fast track any referrals for mothers who need support for their mental health needs.
4. An example of practice is attached (Appendix A). The case study from the Health Visiting team illustrates how they are supporting mothers with maternal mental health issues.

What would success look like?

By March 2017:

1. Midwives and health visitors assess >90% of women for mental health issues in the antenatal and post- natal period as part of their routine care pathways. This will be monitored via contracts.
2. Health visitors support those mothers identified with low grade mental health problems using evidence based interventions.
3. Robust referral pathways are in place to fast track women who require support from Adult Mental Health Services.

What do we recommend?

1. Further investment to develop a specialist community perinatal mental health service to meet the needs for mothers with moderate and complex mental health problems across Bedford and Central Bedfordshire.

3.4 To help children become more resilient

What do we know?

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.

School-based mental health promotion programmes result in improved wellbeing, improvements in academic performance, social and emotional skills and class room behaviour, and reductions in anxiety and depression.

In 2014, The Schools Health Education Unit (SHEU) survey with school children reported a downward trend of emotional health in children and young people within Central Bedfordshire. This was reflective of the national picture; however the survey showed that pupils in Central Bedfordshire had lower self-esteem scores compared to a wider sample.

A Central Bedfordshire Public Health Report *Self-Harm among Children and Young People in Central Bedfordshire* published in February 2015 highlighted an overall significant increase in the rate of emergency hospital admissions for self-harm in girls aged 10-19 years between 2011/12 and 2013/14.

Between November 2015 and January 2016 a total of **4326** Year 3 to Year 12 pupils participated in the Emotional Wellbeing Survey. The results of the survey will help to inform the actions needed to improve young people's mental health.

The key findings from the 2015/16 survey:

- At least 1 in 10 children and young people also report sometimes being so worried that they find it hard to concentrate on anything.
- Resilience is the capacity to bounce back when faced with adversity; however, over a third of Year 8, 10 and 12 pupils have low resilience scores.
- Children and young people mostly turn to family and friends for support; however, a significant minority say they would not seek any support for a range of issues.

What are we doing?

1. Targeted programmes are in place to improve pre-school and early education to develop children's cognitive skills and ensure they are "school ready". The 2½ year check is a key opportunity to identify children and families who need additional support. Joint working between health visitors and children's centres to integrate checks at 2½ years aims to improve school readiness outcomes for children across Central Bedfordshire. This is a key focus for Central Bedfordshire Council Children's Trust board as well as the Acting Early Group.
2. A CAMHS Schools pilot in 11 schools across Bedfordshire, facilitated by the Anna Freud Centre, was completed in 2015/16. Its aims were to improve access to psychological therapies for pupils and increase awareness of mental health issues in young people, as well as staff in schools. Staff were trained to be able to identify issues at an early stage and provide low level interventions to pupils. A key element to improve pathways between CAMHS services and educational settings is embedding a CAMHS link worker in each of the schools.

3. All Central Bedfordshire schools are members of a Personal, Social, Health and Economic (PSHE) education network and receive a half termly newsletter containing resources and contact details of good quality, reliable providers. The PSHE/Pastoral Care network will continue to develop in response to schools' needs, and plans to launch a resource hub containing easily accessed resources and information appropriate for all key stages.
The directory of local providers' offers to schools will continue to grow giving schools a comprehensive list of reliable providers across a wide range of PSHE and Pastoral Care subject areas.
4. The 5-19 School Nursing Service provides emotional health and wellbeing support. School Nurses will triage and then provide immediate advice and/or further in-depth assessment or referral to other agencies, with interim support if required. The School Nursing team offer a 6 week package of care (Emotional Health and Wellbeing Support Pathway) to support emotional wellbeing, followed by review and evaluation of intervention, with onward referral if required. (Case Study in the Appendix)
5. Excess weight and obesity in children and families results in loss of self-esteem. Health Visitors are working with families and young children to identify families and children who need support. Health visitors offer support and work with community based commissioned services to tackle excess weight. Commissioned services for excess weight offer bespoke programmes to children and families who do not engage in physical activity as much as they should due to self-esteem and weight issues. The School Nursing team offers drop in clinics in middle/upper schools to discuss weight and self-esteem issues with children.
6. Looked after children have personal educational plans developed each term to set targets to ensure each child achieves their potential. Each child of school age is allocated an education adviser who works with the social worker and school to ensure the child receives the support needed which incorporates input to support them with emotional wellbeing. For those unable to engage in full time education in a school setting, we put alternative provision in place such as 1:1 tuition. Where required, alternative therapeutic work like 'Seeds of Change' involving horses is provided.

What has happened since April 2016?

1. Between November 2015 and January 2016 a total of **4326** Year 3 to Year 12 pupils participated in the Emotional Wellbeing Survey. The results of the survey were launched on the 20th of April 2016 followed by a workshop with representatives from schools and other stakeholders to agree action plans to address findings from the survey.

Schools have been encouraged to have reference to the PHE guidance document 'Promoting children and young people's emotional health and wellbeing a whole school and college approach' which advocates a whole school approach. An outcome study is planned for October 2016, following the submission of schools' action plans to address need as identified by their own school survey or the Central Bedfordshire wide report. To date, 21 schools have set and submitted their action plan for follow up.

2. The partnership vision for education board has developed clear leadership goals for children to reach school ready to learn. This has been shared with all parents and carers of children starting in reception in 2016, as part of the school offer letter. Health visitors, early years staff and schools have worked together to develop clear action plans with milestones and targets.
3. The Healthy Relationship Programmes provided by Brook (commissioned by Children's Services) and the Aspire Programme provided by CSUK (commissioned by Public Health) have both come to an end. Recommissioning of a new contract, has been underway and the new service to promote self-esteem and address other teenage pregnancy risk factors will be in place from September 2016. In the year 2014/15, 191 pupils took part in the programmes. A significant proportion of children accessing these programmes showed improved confidence and increased self-esteem.
4. As part of CAMHS transformation (Future in Mind) school's pilot, 11 Bedfordshire schools have received training from the Anna Freud Centre. East London Foundation Trust CAMHS service leads have visited all of the schools individually and discussed proposals with staff and students, and implemented agreed support. As of May 2016, feedback from Central Bedfordshire indicates the primary benefits of the pilot are: increased access and referral to CAMHS support (72%); school staff feeling more supported to respond to student mental health concerns appropriately (62%); improved working relationships between schools (36%) and young person friendly environments (27%). Additional feedback from across the whole county reports improved waiting times and more effective working relationships between CAMHS and schools.

What would success look like?

By 2017/18:

1. Children are "school ready" and there is an increase from 63.6% (2014/15) in the number achieving a Good Level of Development by the end of the Early Years Foundation Stage, placing Central Bedfordshire in the top quartile.
2. At least 85% of Year R children receive a comprehensive School Entry Health Assessment and a Year 6 Health Assessment.

3. The School Nursing Service identify children and young people with emerging mental health problems and put in place an appropriate package of care and/or referral in line with their Emotional Health and Wellbeing Support Pathway (numbers are monitored quarterly).
4. Increased referrals to family weight management programme for children who are found to have excess weight and obesity.
5. An increased percentage of young people and families who report that access to services within schools has made a positive difference and the service meets their health needs.
6. Increased CAMHS capacity within schools.
7. School staff are trained to increase their knowledge of how to manage low level mental health problems (i.e. anxiety).
8. Reduction in inappropriate referrals to specialist CAMHS.

What do we recommend?

1. Upon successful evaluation, extend the pilot scheme to all schools across Central Bedfordshire to enable staff to have a better understanding of mental health issues in children and young people and how to support them.
2. Expand upon the success of the CAMHS Schools Pilot, embedding sessions of CAMHS clinicians in each Secondary/Upper school and college within Central Bedfordshire to be responsible for mental health training and consultation for school staff, as well as access to direct CAMHS assessment when required.
3. Schools use their SHEU survey report and develop action plans to improve self-esteem and emotional resilience in children attending the schools.
4. Schools invest in effective Personal, Social, Health and Economic (PSHE) education with a comprehensive focus on developing individual skills in children and young people, making sure that children have access to the right information and access to services at the right time, focusing on the wider determinants and the role of the family and carer in addressing health and wellbeing needs.

Looking after Vulnerable Children

3.5

What do we know?

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 (eg 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.

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

What are we doing?

Core CAMH services make sure those vulnerable children, young people and those who are referred to services get the specialist support they need. The approach is to co-ordinate support and services to prevent these vulnerable children falling between services. The following approaches are key priority areas for ELFT CAMHS:

- Appropriate triage, signposting and/or assessment for children and young people requiring CAMHS input.
- Provision of stepped care along evidence-based care pathways.
- A robust DNA policy makes sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead their reasons for not attending are proactively followed up.
- Children and young people with learning difficulties and autism to be managed by an experienced neuro-developmental team.
- Children who have been part of the youth justice system are supported by CAMH workers within youth offending teams.
- Multi-agency response is aimed around all vulnerable young children. These are children who have been victims of abuse, neglect or violence including child abuse or exploitation. However, the most recent Joint Targeted Multi- Agency Inspection has highlighted the need for a more robust response and professional enquiry to understand and respond to violence and abuse that children and young people can be subjected to.

From April 2016 additional investment has been made available to Bedfordshire CCG from Future in Mind Transformation Funding. Following local consultation and planning, developments in the the following specific areas have been agreed:

- A community Eating Disorder Service for children and young people.
- A 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.
- Roll out of successful CAMHS Schools Pilot, with CAMHS workers providing regular input to all Central Bedfordshire secondary / upper schools and colleges to provide support around early intervention.
- Development of CAMHS perinatal support worker to help address those at risk of early parent-child relationship difficulties.

What do we recommend?

1. Increase awareness of all services dealing with adults and children about the risk of drug and substance use, domestic violence and mental health having a detrimental effect on mental health and wellbeing of children.
2. Investment in improving care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked after children and those in contact with the youth justice system.

Improving access to effective support

3.6

What do we know?

Future in mind (DH 2015) stated that children, young people and their parents/carers need clearer awareness of how to recognise when they might have a mental health problem as well as how to get help, clarity about what help is available, what might happen when they access it, and what to do while they are waiting.

Therefore, at the heart of any good local system should be cross-sector agreement to ensure clarity in how services are accessed, with a single point of access to targeted and specialist mental health services and an initial risk assessment to ensure children and young people at high risk are seen as a priority.

A multi-agency 'triage' approach will ensure prompt decision making about which service can best meet the child/young person's needs (including targeted or specialist services, voluntary sector youth services and counselling services).

What are we doing?

In 2014, East London Foundation Trust (ELFT) was commissioned by collaborative arrangements between Bedfordshire Clinical Commissioning Group, Bedford Borough and Central Bedfordshire Councils to provide mental health provision across Bedford Borough and Central Bedfordshire Councils. ELFT has now been providing CAMH services across Bedfordshire since April 2015. During 2015/16, ELFT has undertaken a review of CAMH services across Bedfordshire in line with the newly commissioned service requirements and has implemented a new service design including:

- establishing a Single Point of Access (SPOA) to all Tier 3 CAMHS
- starting discussions with third sector partner agencies regarding the development of a SPOA for all CAMH services in Bedfordshire.
- developing clinical leadership of all teams
- working closely with partner agencies to develop integrated services.

The following CAMHS teams are provided by ELFT for children and young people (CYP) in Central Bedfordshire:

1. **Central Bedfordshire Emotional & Behavioural Team (EBT):** a multi-disciplinary team providing an assessment and treatment service for CYP with emotional and/or behavioural difficulties, unless already managed within one of the three countywide specialist CAMHS teams.
2. **Neurodevelopmental Team (including CAMHS Learning Disability Team):** a comprehensive multi-disciplinary neurodevelopmental assessment and treatment service, in partnership with local Community Child Health providers providing an assessment and treatment service for CYP presenting with ASD and/or moderate to severe learning difficulties with comorbid mental health problems.
3. **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 illnesses.
4. **Looked After Children (LAC) Team:** targeted CAMHS team to provide mental health input to CYP in care.

What will success look like?

By 2016/17 there are a number of quality indicators across these themes that we aim to address within local services including:

- Waiting times in local core CAMHS (currently between 11 and 18 weeks)
- Accessible and timely emergency assessments system across the county including Emergency Departments
- Reduce the need for inpatient CAMHS provision (currently commissioned by NHS England) by provision of better community services for crisis, eating disorders and other adolescent mental health disorders

	<ul style="list-style-type: none"> • Stepped care supporting young people by working closely with other community based frontline staff <p>Key performance indicators that we aim to achieve over the next four years include:</p> <ul style="list-style-type: none"> • Development of a clear single point of access • Reduction in the number of young people needing more specialist care • Reduction in waiting times for assessment in crisis and reduction in inpatient admissions • Use of IAPT principles across CAMHS • Level of engagement of parents/ service users in service redesign • Development of pathways for vulnerable groups including eating disorders, autism and crisis prevention • Development of a community eating disorder service and effectiveness of the same • Reduction in out of area placements <p>What do we recommend?</p> <ol style="list-style-type: none"> 1. Improved focus to reduce waiting times for mothers and children to access services for mental health services once referral is made to a specialist service. 2. Sustained investment in mental health of mothers and children and young people to further enhance early diagnosis and intervention to improve outcomes. Proportionate investment of transformation funds to meet unidentified need. 3. Investment in specialist mental health provision across wider geographical footprints to support children and young people with complex problems like sexualised behaviour and behavioural problems.
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Issues	
Governance & Delivery	
4.	Progress will be regularly reported to the Health and Wellbeing Board but as these are 'slow-burn, high impact' actions so short term changes may be difficult to see.
Financial	
5.	These programmes will need to be delivered within the available resources and opportunities to improve outcomes and deliver efficiencies will be pursued.

Public Sector Equality Duty (PSED)	
6.	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.
	Are there any risks issues relating Public Sector Equality Duty No

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Appendix A

Case Study of Health Visitor supporting mother with Post Natal Depression

(Case studies are from Health Visitor Case load. All names are fictitious)

Kyleigh had her baby 16 weeks ago and has therefore met me on a number of previous occasions. At the antenatal visit I visited to have a conversation with Kyleigh and her husband about all sorts of things, not necessarily what Kyleigh had been expecting. Things like Kyleigh and her husband's relationship, how they could help to develop their baby and connect with her for the future. We talked about the baby's brain development and the importance of close and responsive relationships. They had also spoken about their social support and how their families lived quite a way away and would not be getting a lot of support from parents. As Kyleigh's husband smokes we talked about minimising the risk of smoking to babies and in particular how to avoid sudden infant death and future diseases such as asthma. I made a referral to the stop smoking service and had contacted the couple again since the antenatal visit to see how it was going now that he had started meeting with the stop smoking counsellor.

Although the birth had gone OK Kyleigh had not expected to feel so tired and to find breastfeeding so challenging. Following the New Birth visit when the baby was 2 week one of community Nursery nurse had also visited the family at home to help with the feeding and although Kyleigh was still tired, feeding was going well now, the baby was gaining weight and she had been out once or twice for a walk.

Before Kyleigh had her baby she had been a civil servant and worked in London. The commute was hard work especially when pregnant and she had been very much looking forward to the time at home with her baby- being a family and not a couple had been her dream.

At the 6-8 week visit Kyleigh opened the door in tears. It was 12.00 but Kyleigh wasn't dressed yet, the baby was crying too. Kyleigh was agitated with the baby and was remarking that the baby only cried for her that she felt the baby didn't like her and that everyone else seemed to be able to calm the baby. After a long conversation and a formal assessment of Kyleigh's mood it was clear that she was depressed at that time. I talked about how they could work together to reduce her anxiety and improve her mood. Plans were put in place for me to discuss with the GP about using medication, and how that could be possible whilst breastfeeding. Goals were set to do short periods of relaxation and to take time out to be herself as well as a mum. We worked on parent baby interaction so as to carry on the good work Kyleigh had been doing to develop her baby. Techniques about how to manage the stress of a crying baby who doesn't sleep and how to look after herself and husband were also part of the work we did together over the next 6 weeks. There were a number of groups and clubs which Kyleigh could attend at the local children's centre which would help her interact with the baby and keep the

bond she had initially but she didn't want to go out and didn't have any local friends in her village. I arranged, with Kyleigh's permission for the children's centre to visit at home, introduce her to the children's centre and to take her to the club in the village which they ran so that she could meet other mums there.

Kyleigh is now a regular attender at the centre in her area, she is often dressed by 10.00 and has a plan for something every day even if that is just a walk. She attends the Pop in which is run by Health visitors and children centre staff to check that her baby is growing and to ask any questions. She got a prescription there from me this week for skin cream for her baby. She meets some of the friends she has made and feels like one of the club now. Her relationship with her husband is less fraught and much more supportive and happy 'as it used to be'. Every week brings a new challenge for a new mum like Kyleigh but she knows how to plan to manage challenges now and she knows where to go for information and support.

I visited again today to reassess her mood and to talk about how the baby will develop over the next months. There was a whole new lot of information to absorb about healthy food, sleep, books, speech and what to expect in the next months until the 9 month development review. Together we looked back to monitor what has happened over the last months of motherhood. It has been a huge change, lots of anxiety and worry to contend with but Kyleigh is happy and also proud that her baby is exclusively breastfed, Kyleigh is no longer feeling down and worthless, the parent child relationship is positive and securely attached, she has new friends and a new life she enjoys. Her husband is supportive and understands what was happening when she was depressed. I'm not visiting anymore but Kyleigh knows where to find me and the Children's centre and I will see them again routinely to assess development at 9 months.

Vikki October 2015

Appendix B

Case Study of School Nurse Supporting student in Upper School with low mood and self harm

Academic Year: 2015-2016

School Phase: Upper

1. Details of the young person	Gender	Unknown
2. Additional relevant information - i.e. specific vulnerability(ies); pre-existing condition(s)/issues etc., including safeguarding	None Known	
3. Description of support/intervention provided - including how the young person accessed the support/intervention (referral, Drop-In etc.); length of time for support/intervention	Parent had contacted school with concerns about their child with low mood and suspected that they had been self harming. The school had suggested referral into SN service. School submitted a referral form to the team. The pupil arrived at the first appointment very withdrawn, clearly low in mood with poor eye contact, very teary and reluctant to talk. Service explained and confidentiality assured. Pupil was keen to get help but felt they didn't know what they could do. A brief life story taken i.e. who they lived with, significant events, likes & dislikes and what issues they perceived self to have. Towards the end of the session they disclosed self harming. They were adamant they had done it only once and didn't want to continue. After establishing safety issues we went on to plan how the next appointments would look and booked in suitable times to fit with lessons and breaks. The plan was: week1- self harm- looking at safety, prevention, delay technique, taking control and understanding the science of what happens. Week 2- anxiety- science around anxiety and the brain, breathing techniques, riding the anxiety wave. Week 3- free to discuss further any issues that arise from previous sessions. We discussed about the possibility of referral on to other	

	<p>services if required. Over the weeks they responded well and started to converse more freely. We talked about books we had read and films watched in between discussing the issues that arose each week. We had 4 sessions in total and then there were the school holidays. They were looking forward to the holidays and reported to be feeling much happier and more in control of their emotions.</p>
<p>4. Description of links with school, family, carers, other professionals as part of the intervention/support</p>	<p>Following the referral, the parent phoned the team for further information and advice. Described how the sessions would work and about confidentiality but if there was any concerns around safety then this would be dealt with appropriately. Advice provided on what support would be useful at home and contact numbers provided if needed any further help or concerns.</p>
<p>5. Outcome(s) for the young person following support/intervention – including details of any onward referrals</p>	<p>Pupil arrived for the 5th session with a smile, shoulders back and looking visibly lighter. They described how they had been using the techniques and even telling others about them. They had been able to talk with their parent about what had been happening and described how they felt in control again. When I mentioned about self harm they brushed it away as if it had all happened years ago and they had moved on. I discharged them from the UP and gave details of the drop in and asked them to drop in at least once a half term even if just to say hello and reassure me that they was still ok.</p>
<p>6. Outcomes/lessons learned for the School Nursing Service</p>	<p>It felt so reassuring to see such a turnaround in such a short space of time. Not all cases are like this so when it happens it does feel positive. The way they spoke about events that had happened as if they hadn't happened to them was so rewarding to see (and hard to explain). I have shared this in the team.</p>

7. Follow-up Actions	Pupil has returned to see me in drop in for career advice as they are looking to work in social work. Signposted to correct careers advisor, they continues to progress well.
8. Young person's thoughts on the service	They described having a positive experience of the service. They did comment that they would have been unlikely to access the drop in so was glad that the school could refer in to the service too.
9. Anything else to add	

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Central Bedfordshire Children's Trust Board: Forward Plan

26 Sept 2016	5 Dec 2016	7 March 2017
<ul style="list-style-type: none"> • Q1 Children and Young People's Plan Performance • Special Educational Needs and Disabilities Service (take up) • Update from other Boards - standing item • Reviewing/refreshing the Children and Young People's Plan • Update: Partnership Vision for Education? • Children's Trust Board – Annual Report 2015/16 • Children and Young People's Voice Report 2015/16 	<ul style="list-style-type: none"> • Q2 Children and Young People's Plan Performance • Update from other Boards - standing item • 2/2.5 Year Health Review 	<ul style="list-style-type: none"> • Q3 Children and Young People's Plan Performance • Update from other Boards - standing item

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

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

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