

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

**This meeting
may be filmed.***



**Central
Bedfordshire**

please ask for Rebecca Preen
direct line 0300 300 4193
date 28 June 2018

NOTICE OF MEETING

CHILDREN'S SERVICES OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Tuesday, 10 July 2018 10.00 a.m.

Venue at

Council Chamber, Priory House, Monks Walk, Shefford

Richard Carr
Chief Executive

To: The Chairman and Members of the CHILDREN'S SERVICES OVERVIEW & SCRUTINY COMMITTEE:

Cllrs K Ferguson (Chairman), D Shelvey (Vice-Chairman), N B Costin,
Mrs D B Gurney, P Hollick, K Janes, Cllr M Liddiard, A Ryan, B Saunders and
P Smith

[Named Substitutes:

R D Berry, Mrs C F Chapman MBE, J Chatterley, P A Duckett,
Mrs J Freeman and T Swain]

Co-optees: Mrs Deans (Parent Governor), Mr Court (Parent Governor),
Mrs Rowlands (Parent Governor), Mrs Main (Roman Catholic Diocese), and
Mr Morton (Church of England Diocese)

All other Members of the Council - on request

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MEETING**

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AGENDA

1. **Apologies for Absence**

Apologies for absence and notification of substitute members.

2. **Minutes**

To approve as a correct record the Minutes of the meeting of the Children's Services Overview and Scrutiny Committee held on 22 May 2018 and to note actions taken since that meeting.

3. **Members' Interests**

To receive from Members any declarations of interest and of any political whip in relation to any agenda item.

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

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

5. **Petitions**

To receive petitions from members of the public in accordance with the Public Participation Procedure as set out in Part 4G of the Constitution.

6. **Questions, Statements or Deputations**

To receive any questions, statements or deputations from members of the public in accordance with the Public Participation Procedure as set out in Part 4G of the Constitution.

7. **Call-In**

To consider any decision of the Executive referred to this Committee for review in accordance with Part 4D of the Constitution.

8. **Requested Items**

To consider any items referred to the Committee at the request of a Member in accordance with Part 4D of the Constitution.

REPORTS

Item	Subject
9	<p>Executive Members' Updates</p> <p>To receive a brief verbal update from the Executive Members for:-</p> <ul style="list-style-type: none"> • Families, Education and Children • Health
10	<p>Progress Report on the Transformation of Short Break Provision for Disabled Children</p> <p>To review the impact of the proposed transformation of short breaks for children with disabilities.</p>
11	<p>Director of Public Health's Annual report on Children and Young People</p> <p>To receive an update on the progress of the 'Call to Action' declared in the Director of Public Health's Annual report on Children and Young People - (December 2016)</p>
12	<p>The First 1001 Days of a Child's Life</p> <p>To receive information on the individual elements of the Children and Young People's Development Plan, providing the Committee with the opportunity to comment on the future of each area.</p>
13	<p>Schools for the Future</p> <p>To receive a report detailing the outcomes of a project assessing schools for the future, providing the Committee with the opportunity to monitor progress and future developments in relation to the educational landscape in Central Bedfordshire.</p>
14	<p>Work Programme 2018/19 & Executive Forward Plan</p> <p>The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.</p>

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **CHILDREN'S SERVICES OVERVIEW & SCRUTINY COMMITTEE** held in Council Chamber, Priory House, Monks Walk, Shefford on Tuesday, 22 May 2018

PRESENT

Cllr K Ferguson (Chairman)

Councillors:	Mrs D B Gurney A Ryan	Councillors:	B Saunders P Smith
Parental Co-optees:	Mr S Court Mrs G Deans Mrs E Rowlands		
Church of England Co-optee:	Mr D Morton Absent		
Roman Catholic Co-optee:	Mrs D Main Absent		
Apologies for Absence:	Cllrs N B Costin P Hollick K Janes Cllr M Liddiard		
Substitutes:	Cllrs R D Berry J Chatterley		
Members in Attendance:	Cllrs Mrs A L Dodwell Mrs C Hegley T Nicols Mrs T Stock T Swain	Deputy Executive Member for Families, Education and Children Executive Member for Adults, Social Care and Housing Operations (HRA) Chairman of Licensing Committee Deputy Executive Member for Health	
Officers in Attendance:	Ms J Brown Mrs S Dakin	Admin Assistant, Governor Training Commissioning and Partnerships Manager / School Improvement Adviser	

Mrs S Harrison	Director of Children's Services
Mr D Islam	Learning Data and Performance Manager
Mr C Kiernan	Interim Head of School Improvement
Mrs R Preen	Scrutiny Policy Advisor
Mr V Wan	Senior Education Officer (Planning)

Others in Attendance: Mr N Martin Principal, Samuel Whitbread Academy

Public: 1

CS/18/1. **Minutes**

RESOLVED that the Minutes of the meeting of the Children's Services Overview and Scrutiny Committee held on 16 January 2018 be confirmed and signed by the Chairman as a correct record.

CS/18/2. **Members' Interests**

None.

CS/18/3. **Chairman's Announcements and Communications**

None.

CS/18/4. **Petitions**

None.

CS/18/5. **Questions, Statements or Deputations**

None.

CS/18/6. **Call-In**

None.

CS/18/7. **Requested Items**

None.

CS/18/8. **Executive Members' Updates**

The Executive Member for Families, Education and Children advised the Committee that a recent Member briefing regarding schools for the future had

been well attended, resulting in an interesting discussion amongst attendees. The new school improvement team was now established with the recruitment process carried out in partnership with local head teachers and the directorate were confident of strong leadership within the new team. Members were informed that the Deputy Executive Member for Families, Education and Children had been appointed as Chair of the Corporate Parenting Panel.

The Director for Children's Services advised the Committee of a reconfiguration of responsibilities within the directorate following the departure of several senior members of staff and highlighted the continual professional development of staff within the directorate as a result. The Director advised that as the Children's Transformation Programme progressed, the Committee would receive regular updates, both verbal and formal reporting as necessary.

The Deputy Executive Member for Health advised the Committee that Mental Health in children and young people was a primary focus for the Health and Wellbeing Board and that formal reports would be delivered to the Committee in due course.

CS/18/9. **Pupil Attainment Task Force Report**

The Chairman introduced the report and reminded Members of due process and that once the Committee had offered their comments and considered the report the Executive would assess how the recommendations would be delivered, providing an update on progress later in the year. On behalf of the Committee the Chairman formally thanked those head teachers, officers, task force Members and professionals who had contributed to the enquiry findings, acknowledging the vast amount of work which had gone into producing the evidence, research and final document.

The Chairman of the task force introduced a summary of the report findings highlighting the enquiry scope requested of Members, acknowledging the wider piece of work which had taken place at the same time as the task force enquiry in relation to schools for the future. Members of the task force had been cognizant of the need not to duplicate efforts and instead await the outcomes of that project which was anticipated in July 2018. There were recognised challenges in relation to pupil cohort, the use of the pupil premium and wider schools funding and the incentives offered to teaching professionals locally and by neighbouring authorities, with a need to ensure that all schools and educational professionals worked together in order that responsibility be taken for the educational journey of the child.

In light of the report Members discussed the following in summary:-

- That Members welcomed the findings of the report and requested that the operational update due to be delivered at a future meeting include KPI's and long term solutions to those issues.
- The importance of ensuring the report findings aligned with the Partnership Vision for Education.
- Despite many of the recommendations being listed as 'cost neutral' there would be a substantial impact on staff resource in the implementation of some recommendations.

- Concerns regarding the increased responsibilities placed on school governors, recognising the challenges in relation to the role.
- The need to evidence the benefits of extending the school improvement team from two years to five as recommended within the report.
- The importance of ensuring those items highlighted within the report be added to the Committee work programme as necessary.
- The importance of parental engagement, providing parents with the appropriate tools to be able to support their child's educational journey and the progress of locality working in supporting this in the long term.
- That where additional revenue was required to progress particular recommendations that these be prioritised when considering the annual budget.

RECOMMENDED that the Committee support the recommendations as detailed within the report and refer them to the Executive, with a focus on prioritising those recommendations relating to the work of the new school improvement team.

CS/18/10. **Proposed change of designation of Church End Lower School from a Foundation school to a Church of England Voluntary Controlled School**

The Executive Member for Families, Education and Children introduced the report and highlighted the positive working relationship between the school and the local authority, in particular regard to the school's preference not become an academy.

The Director for Children's Services acknowledged that although it was disappointing to see the comment that the school had stated they did not receive the support they wished for from the local authority, this conflicted with the assertion that the school worked well with the Council. It was determined therefore that it was an indication of preference that the school wished to become a faith school, receiving their preferred form of support from the Diocese.

RECOMMENDED:-

- 1. That the Committee support the application from Church End Lower School to the DfE for the consideration of a change of designation from a Foundation school to a Voluntary Controlled school and note the favourable responses to the preliminary consultation carried out by the school.**
- 2. Subject to approval by the DfE, the Committee support the statutory process to be carried out by the school, which will require publication of a statutory notice followed by formal consultation of at least four weeks**
- 3. Support that determination for the proposed change of designation be made by the Executive Member for Families, Education and Children, if responses to the formal consultation are favourable. If responses to the formal consultation are not favourable determination to be made by the Executive.**

CS/18/11. **Children's Health and Wellbeing Survey 2017**

A presentation was delivered which highlighted the main priorities following a pupil health and wellbeing survey carried out across Central Bedfordshire schools. Professionals were concerned that emotional resilience amongst many children was low and that coping mechanisms within particular pupil cohorts was poor. The amount of physical activity carried out by school age children had declined in recent years and the team were keen that schools were encouraged to ensure pupils were given the opportunity to participate in the requisite amount of recommended activity every day. Next steps had been identified which would improve the support offered to pupils by schools, colleges and commissioned services, building resilience and improving the knowledge and skills of the children's workforce through mental health and wellbeing training. A planned local analysis would inform an evidence based approach to reducing self harm, implementing the local and national anti-stigma campaigns across the system, particularly focusing on boys.

In light of the report and presentation Members discussed the following in summary:-

- That the youth service was working closely with particular pupil cohorts in order to best support them as some would not access youth centres in the first instance when seeking advice and guidance.
- That once a full analysis of the results of the survey had been undertaken there was a need for school and local authority leaders to provide specific measures in relation to the delivery of actions outlined within the report.
- The benefits of sharing this report via the circulation Governors Essentials and the importance of Governors championing recommended processes within their schools.
- The importance of sharing local findings with central government.

RECOMMENDED:-

1. **That the Committee support the full implementation of the Central Bedfordshire Children and Young People's Emotional Health, Wellbeing and Resilience Action Plan.**
2. **That the Committee champion the drive for senior leaders in all schools and colleges to provide appropriate policies, resources and adequate curriculum time for high quality and purposeful Personal, Social, Health Education (PSHE) including Drug and Alcohol and Relationship and Sex Education.**
3. **That an update on the action plan's implementation process be delivered at a future meeting.**

CS/18/12. **Work Programme 2018/19 & Executive Forward Plan**

That the Committee Work Programme be agreed subject to the following amendments: -

- **SEND Vision and Strategy – 11 September 2018**
- **Regional Schools Commissioner to provide an update on action taken to support coasting schools – TBC**
- **The School Organisational Plan – renamed Schools for the Future – 10 July 2018**

- **Children with Disabilities Short Breaks and Efficiencies – renamed Progress Report on the Transformation of Short Break Provision for Disabled Children – 10 July 2018**
- **The Future of Shelton Lower School – Special OSC, 25 July 2018**

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.01 p.m.)

Chairman

Dated

Central Bedfordshire Council

Children's Services Overview and Scrutiny July 2018

Progress report on the transformation of short break provision for disabled children and their families

Report of: Executive Member for Cllr Steven Dixon
Steven.Dixon@centralbedfordshire.gov.uk

Responsible Director(s): Sue Harrison, Director of Children's Services.
Sue.harrison@centralbedfordshire.gov.uk

Purpose of this report

1. To provide an update on the transformation of short break provision to disabled children and their families.

RECOMMENDATIONS

The Executive or Committee is asked to:

1. Note the progress of the short break transformation programme
2. Agree the next steps of the short break programme.

Background

2. Short breaks are opportunities for children and young people with disabilities to spend time away from their primary carers, and provide opportunities for their parents and carers to have a break from caring responsibilities, thereby contributing to their personal and social development.
3. The Transforming Short Breaks Provision to Disabled Children was presented to Executive on the 10th October 2017. This set out a step change in provision which is aspirational for disabled children, young people and their families and is based on the principle that funding will follow the child.
4. The transformation supports the principles of the Children and Families Act 2014 which are:

- a) Children, young people and their parents are at the heart of our offer and involved in co construction of individual support and local provision.
 - b) Parents and children have greater choice and control over support including access to personal budgets which allow support to be individual to the child and family.
 - c) High quality accessible provision is developed with partners to support children and families.
 - d) Young people are supported to make a successful transition to adulthood.
5. Other legal duties in relation to short breaks include both duties owed to individual children and families in relation to assessment and care planning and wider commissioning obligations on local authorities. The key statutory duties are found within the following legislation:
- a) Children Act 1989
 - b) Children's Home Regulations 2015
 - c) Breaks for Carers Regulations 2011
 - d) Chronically Sick and Disabled Persons Act 1970
 - e) Children Act 2004
 - f) Care Act 2014

Progress since October 2017

6. The new commissioning framework for community services has been implemented resulting in a range of new external agencies being available to support disabled children and their families.
7. The threshold criteria categories for short breaks have been revisited using the comments provided by key stakeholders to ensure they are better understood and can be appropriately applied.
8. A Local Offer Group has been established. The group has reviewed the Local Offer pages and is continuing to update the information with input from stakeholders.
9. Meetings have been held with the Active Lifestyles Team to explore what options might be available for disabled children and their families from the services which include leisure and outdoor spaces.
10. All relevant materials have been updated to reflect the agreed changes to the way in which short break provision is now assessed and provided.
11. The relevant staff have been briefed and are implementing the 4 tiered model of delivery.

12. Funding arrangements for the Voluntary Organisations for the period of April to September were agreed with a plan for further opportunities for grant funding from September 2018 to March 2019.
13. The short break transformation programme has been co constructed with the Parents Carer Forum (SNAP) and their relationship with the local authority provides a healthy level of confirm and challenge.
14. A multiagency working group has been set up to focus on the design of the Autism Pathway for children and young people. The work of this group will inform the Local Offer and provide greater transparency for children and families affected by autism. The work is being led by the Cambridgeshire Community Health NHS Trust.

Council Priorities

15. The transformation of short break provision for disabled children supports the following priorities:

- Enhancing Central Bedfordshire
- Great resident services
- Improving education and skills
- Protecting the vulnerable; improving wellbeing
- Creating stronger communities
- A more efficient and responsive Council.

Corporate Implications

16. The transformation of short breaks has governance within the Children's Services Transformation Plan and has clear links to the overall Partnership Vision for Education, the Home to School Transport Policy, the commissioning of services across children and adult services, and the local health sustainability programmes.

Equalities Implications

17. A detailed Equalities Impact Assessment was completed as part of the short break consultation. This document is still relevant for the work being undertaken in the programme.

Next Steps

18. There will be a focus on consolidating what is available to children and young people in universal and targeted settings such as leisure centres and outdoor spaces.

19. There will be focus on developing the market place to offer greater choice and control through the provision of personal budgets and direct payments.
20. Future short break modelling will include strategic discussions with neighbouring Bedfordshire authorities.
21. The future stages of development and delivery of short break provision will be co constructed with parents and disabled children and young people.

Appendices

None

Background Papers

None

Report author(s):

Ken Harvey BEM, Head of Service, Children with Disabilities.

Ken.harvey@centralbedfordshire.gov.uk

Central Bedfordshire Council

Children's Services Overview and Scrutiny Committee

10th July 2018

Update on the progress of the 'Call to Action' declared in the Director of Public Health's Annual report on Children and Young People (December 2016).

Report of: Cllr Brian Spurr, Executive Member for Health
Brian.Spurr@centralbedfordshire.gov.uk

Responsible Director: Muriel Scott, Director of Public Health
(muriel.scott@centralbedfordshire.gov.uk)

Purpose of this report

1. To consider the progress of the 'Call to Action' outlined in the Director of Public Health Report in 2016.
2. To define the areas and actions for further improvements for partners across the system.

RECOMMENDATIONS

The Committee is asked to:

1. Consider the update on the progress of the actions in the DPH Report in 2016;
2. Approve the areas and actions for further improvements;
3. Champion the implementation of defined actions across all services and organisations.

Background

3. In December 2016, the Director of Public Health Report was published with a focus on aiming for the best for children, young people and families in Central Bedfordshire.
4. The report presented snapshots of the health of 0-4 year olds and 5-19 year olds respectively, and concluded that overall, the health and wellbeing of children and young people in Central Bedfordshire was better than the national average, but was well below the best areas in the country.

5. Given that Central Bedfordshire is one of the least deprived areas nationally, the challenge in the report is to strive to achieve above average outcomes for children and their families, and to be amongst the best 5% of local authorities in England (the 95th centile).
6. As well as aiming for the best, there are some health inequalities – many of which start before birth - that need to be addressed for some groups of children and young people in Central Bedfordshire. Evidence shows that many of these inequalities are preventable, or can be tackled to build resilience and prevent poor outcomes.
7. A series of evidence-based recommendations and actions were outlined in the report and a 'Call to Action' (see **Appendix 4** for detail on the 'calls to action') was declared to highlight the areas most in need of attention - with all partners working together across the system:

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

Progress since 2016

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

10. Key highlights are as follows:

- The rate for smoking at time of delivery for BCCG has reduced from 10.4% (2015/16) to 8.8% (2016/17), but this masks the latest rate of 13.5% (Q4 – 2017/18) for Bedfordshire deliveries at the L&D.
- Breastfeeding initiation and continuation rates both improved in 2016/17, although the rate at 6-8 weeks (47.7%) is significantly below the nationally recommended target of >50%.
- Levels of obesity for children aged 4-5 years and 10-11 years remain significantly better than the England average, but fall short of the best 5% LAs in the country.
- The Under-18 conception rate is reducing in Central Bedfordshire in line with the national trend, but is still significantly higher than the 95th centile.

- 71.7% of children achieved a “Good Level of Development” in 2017, compared to 68.5% in 2016 – but CBC is still 7/11 in the list of statistical neighbours.
- The rate of hospital admissions for self-harm for 10-24 year-olds - although similar to the national rate - has continuously increased over the last five years and is significantly higher than the rate in the best 5% LAs in the country.

11. Details of progress against each, specific ‘Call to Action’ defined in The Director of Public Health’s Annual Report, December 2016 are provided in **Appendix 4: ‘Progress since 2016’**.

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

Actions for further improvement

13. **Appendix 4: ‘Actions for further improvement’** details the specific actions that are required for further improvement in each of the priority areas, and which organisation(s) across the system need to take the lead to ensure that those actions are implemented.

14. Directors of services in all partner organisations must ensure that further developments and improvements are implemented within their areas, and that there is sufficient accountability and authority across the system for tangible change to happen, and for progress to be monitored. Allocated actions must be built into relevant service and development plans, with progress reviewed and reported via all relevant mechanisms.

15. Professional leads must ensure that the defined areas and key actions for improvement detailed in **Appendix 4: ‘Actions for further improvement’** are embedded within all relevant local strategies and implementation plans for maximum consistency and impact – i.e.:

- Refreshed Joint Health and Wellbeing Strategy for Central Bedfordshire;
- Local Maternity Services Plans (Prevention);
- Children’s Local Safeguarding Board Annual Development Plan;
- Cambridgeshire Community Health Services (Children’s) Transformation & Development Plans;
- Bedfordshire Luton Milton Keynes Sustainability and Transformation Plan – Prevention and Early Intervention.

Already embedded within:

- Central Bedfordshire’s Children and Young People’s Plan: 2018-2021;

- Local Future in Mind Programme Plans.

Council Priorities

16. The report supports Central Bedfordshire's Five Year Plan 2015-2020 and the specific priorities of improving education and skills and protecting the vulnerable and improving wellbeing.

Legal Implications

17. None.

Financial and Risk Implications

18. There is the potential for future financial and resource pressures across the system if improvements in children and young people's health and wellbeing are not realised.

Equalities Implications

19. 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.

20. Implementation of the actions for further improvement will help to tackle inequalities and build resilience.

Conclusion and next Steps

21. **Appendix 4: 'Actions for further improvement'** shines a light on some specific actions and areas for development that – with commitment and tenacity from partners across the whole system – could make life-long, lasting positive changes for all children, young people and their families in Central Bedfordshire.

22. The Committee is asked to champion the implementation of defined actions across all services and organisations, with a particular emphasis on ensuring that:

- i. Support and referral to services for pregnant women and new mothers at the L&D improves significantly: Maternity Leads from the L&D to be invited to a future H&WBB meeting;
- ii. The Central Bedfordshire Children & Young People's Emotional Health, Wellbeing & Resilience Action Plan is implemented;

- iii. High quality PSHE (Personal, Social and Health Education) - including RSE (Relationships and Sex Education) and drug and alcohol education - is delivered in all education settings, through a whole school/college approach;
- iv. Effective delivery of the 0-19 Healthy Child Programme is established within multi-agency locality teams.

Appendices

23. The following Appendices are provided:

Appendix 1: Snapshot of Health of our 0-4 year olds – June 2018

Appendix 2: Snapshot of Health of our 5-19 year olds – June 2018

Appendix 3: How is Central Bedfordshire Performing?

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

Appendix 4: Aiming for the best for children, young people and families in Central Bedfordshire – Director of Public Health Report (December 2016)

Update on Progress - 'Call to Action': June 2018

Background Papers

None

Report author:

Barbara Rooney: Public Health Principal (Children & Young People)

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Snapshot of Health of our 0-4 year olds

June 2018



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



Around 1 in 7 babies born in Central Bedfordshire (13.9%) live with a smoker in the household (2015/16).



Over 96.3% of children receive their first childhood immunisation by age 1. Dtap/IPV/Hib This percentage reduces for the other immunisation with the 5 year Measles, Mumps and Rubella (MMR) vaccination having the lower uptake of 90.7% (2016/17).

Public Health Outcomes Framework



8.8% of mothers were smokers at the time of delivery (2016/17)



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

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

Public Health Outcomes Framework

71.7% of children achieved a good level of development at age 5, this is above England at 70.7% (2016/17).



Public Health Outcomes Framework

In 2015 of the total births:

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

2.3% of babies are born with a low birth weight (2016)

Public Health Outcomes Framework

90%

of eligible 2 year olds took up a nursery place in the Autumn Term 2017



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

Public Health Child Health Profile 2017



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

Public Health Outcomes Framework

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

Public Health Outcomes Framework

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

Public Health Outcomes Framework

Snapshot of Health of our 5-19 year olds

June 2018



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



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

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

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

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



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



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

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



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

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



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



APPENDIX 3

How is Central Bedfordshire Performing?

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

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

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

APPENDIX 4

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

Director of Public Health Report (December 2016)

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

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

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

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

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

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

<p>iii. Increase the numbers of children who are ready to learn and ready for school.</p>	<ul style="list-style-type: none"> • 71.7% of children in CBC achieved a “Good Level of Development” (2017) - compared to 68.5% in 2016 – but CBC is still 7/11 in the list of statistical neighbours. • 76.9% of children are now having an integrated health and education review at 2½ years (2017-18), compared with 74% in 2016-17. • Integrated working needs to continue to strengthen through Locality Teams to increase numbers of children who have an Integrated Health & Education Review @ 2½ years. 	<p>a) Development and progress to be monitored in localities. Action for: CBC Children’s Services.</p> <p>b) Full implementation of the 0-5 integrated Universal Partnership Plus (UPP) Offer for vulnerable families – through the new children’s community health services contract. Action for: Children’s Services Director (CCS)</p>
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Call to Action 3 - School Years:

Schools must be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach that includes high quality Personal Social & Health Education, Sex & Relationships Education and Physical Education.

We need to	Progress since 2016	Actions for further improvement
<p>i. Ensure a healthy weight and promote physical activity.</p>	<ul style="list-style-type: none"> • Latest rates of excess weight for children in both Year R and Year 6 in CBC (2016/17) are lower than the national rates, but there has been no significant change since 2015/16. • Flitwick Leisure Centre opened in March 2016 providing modern, fit for purpose and extended facilities. • Unlimited access to free swimming is now provided to all LAC and Care Leavers at all CBC owned leisure centres. • Weekly, free Junior Parkrun events - every Sunday in Leighton Buzzard and Houghton Regis, each attracting 50-60 participants per week. • The Transport Team engage young people through schemes including Bikeability, Scootability, Walking to school Programmes and school travel planning. 	<p>a) Embed the <i>‘Making Every Contact’</i> approach to promoting and advising on healthy nutrition and lifestyles for infants and young children, in the planned re-commissioning of Children’s Centres. Action for: Children’s Services</p> <p>b) Refresh the Physical Activity Strategy: update priorities; identify opportunities for increased engagement across the system; embed physical activity in newly-commissioned children’s services. Action for: Sustainable Communities, Leisure & Lifestyles and Children’s Services</p>
<p>ii. Ensure that young people develop positive relationships, healthy lifestyles and resilience.</p>	<ul style="list-style-type: none"> • CBC’s Personal, Social and Health Education (PSHE) Health & Wellbeing Network is now available online and on Facebook – providing up-to-date information on resources and training opportunities: http://www.centralbedfordshire.gov.uk/schools-portal/online-resources/pshe-network/overview.aspx • Multi-organisation <i>Central Bedfordshire Children and Young People’s Emotional Health, Wellbeing and Resilience Action Plan</i> 	<p>a) Senior Leadership Teams in schools and colleges must prioritise health and wellbeing – using a whole school/college approach. Appropriate policies, resources and adequate curriculum time for high quality and purposeful Personal, Social and Health Education (PSHE) - including Relationships & Sex Education (RSE) and Drug & Alcohol – to be provided.</p>

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

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

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

Central Bedfordshire Council

Children's Services Overview and Scrutiny Committee

10th July 2018

Central Bedfordshire Implementation Plan for The First 1,001 Days of a Child's Life: from Conception to 2 years

Report of: Cllr Brian Spurr, Executive Member for Health
Brian.Spurr@centralbedfordshire.gov.uk

Responsible Director: Muriel Scott, Director of Public Health
muriel.scott@centralbedfordshire.gov.uk

Purpose of this report

1. To consider the Central Bedfordshire Implementation Plan for The First 1,001 Days of a Child's Life: from Conception to 2 years.
2. To provide the Committee with the opportunity to comment on the key priorities and actions outlined in the plan.

RECOMMENDATIONS

The Committee is asked to:

1. Approve the priorities and actions – aiming for the best for children, young people and families in Central Bedfordshire;
2. Champion the implementation of defined actions across all services and organisations.

Background

3. Evidence shows that what happens in the first 1001 days of a child's life (from conception to age 2) has a significant impact on physical and emotional health and development all the way through to adulthood.
4. This crucial time-period is one of seven priority areas of focus in the Central Bedfordshire Children and Young People's Plan 2018-21.

5. The Implementation Plan for The First 1,001 Days of a Child's Life in **Appendix 1** details the key priorities and actions to achieve the best outcomes for children, young people and families in Central Bedfordshire.

Council Priorities

6. The Implementation Plan supports Central Bedfordshire's Five Year Plan 2015-2020 and the specific priorities of improving education and skills and protecting the vulnerable and improving wellbeing.

Legal Implications

7. None.

Financial and Risk Implications

8. There is the potential for future financial and resource pressures across the system if improvements in children and young people's health and wellbeing are not realised.

Equalities Implications

9. 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.
10. Implementation of the plan will help to tackle inequalities and build resilience.

Conclusion and next Steps

11. The Committee is asked to champion the implementation of the plan with a particular emphasis on ensuring that there is commitment across the system from all services to 'aim for the best' in all outcomes for all children, young people and families.

Appendices

12. The following Appendix is provided:

Appendix 1:

The First 1001 Days of a Child's Life: from Conception to 2 years
Implementation Plan

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Appendix 1

The First 1001 Days of a Child's Life: from Conception to 2 years Implementation Plan

1. Background: why are the early years so crucial?

The first 1001 days (from conception to age 2) of a child's life is widely recognised as a crucial period; evidence shows that what happens during this time will impact on physical and emotional health all the way through to adulthood.

Supporting good maternal health in pregnancy is important for the safe delivery and good birth weight of babies, to give them the best start in life. The prevention of adverse health factors in pregnancy is vital, as premature and small babies are more likely to have poorer outcomes that can impact throughout life.

Encouraging a healthy pregnancy



Public Health England, 2016

A child's early health, wellbeing and development will be shaped by a number of factors, including a healthy lifestyle and environment, and full vaccination against childhood diseases. Vaccination is recognised as one of the most effective public health interventions and coverage of >95% protects the whole community, and not just those vaccinated, by reducing the likelihood of infectious diseases being able to spread.

Good parental mental health, particularly during the perinatal period (pregnancy to the first year following a birth), is a fundamentally important factor. Perinatal problems affect up to 20% of women and their families and if left untreated, can have long-standing effects on the infant's health at birth and the child's health, emotional, behavioural and learning outcomes.

Sensitive, attuned and confident parenting – including, stimulating and nurturing language and cognitive skills – will have the biggest influence on a child's development and early learning. During the first 2 years of life the brain displays a remarkable capacity to absorb information and to adapt to its surroundings. Positive early experiences are, therefore, vital to ensure that children are physically and emotionally healthy, are ready to learn at 2, ready for school at 5 and have good life chances.

The first 1001 days in a child's life represent vital opportunities for health and early years services to support all families to provide their children with the foundations for good physical and mental health and wellbeing and development.

This period is also pivotal for professionals to recognise key adverse childhood experiences (ACEs) and risk factors that may impact on a child's development and outcomes, and to work with families to provide additional support and interventions as appropriate, to minimise impact and help to build resilience for both the child and the family.



2. What are we aiming for?

Central Bedfordshire is in the 10% least deprived areas in the country (based on the English Index of Multiple Deprivation (IMD) 2015) and, therefore, health and wellbeing outcomes should be at least as good as the average in this group. If, however, we are aiming for the best outcomes for our children and young people – we need to do better; we need to aim to achieve in line with the best 5% of local authorities (95th centile) in the country.

10 Key Health and Wellbeing Outcome Indicators for Central Bedfordshire (June 2018)

Indicator	'Good' is	Central Bedfordshire	Most Recent Trend in Central Bedfordshire *	England Average	Least Deprived 10% (IMD 2015) Average %	Aiming for the Best: 95 th Centile (best 5% LAs in the country) Average %
1. Smoking at time of delivery (BCCG - 2016/17)	Low	8.8%	↓	10.7%	7.1%	3.5%
2. Infant mortality (per 1000 live births) (2014-16)	Low	2.2	Cannot be calculated (small numbers)	3.9	2.9	2.2
3. Low birth weight of term babies (2016)	Low	2.3%	→	2.6%	2.2%	1.9%
4. Breastfeeding initiation (2016/17)	High	77%	→	74.5%	81.2%	91.9%
5. Breastfeeding @ 6-8 weeks (2016/17)	High	47.7%	Cannot be calculated (new data collection system in place)	44.4%	52%	61.9%
6. Hospital admissions of babies under 14 days (per 1,000) (2016/17)	Low	120.3	↑	71	68.2	31.9
7. Hospital admissions for under 1 year: respiratory tract infections (per 10,000) (2016/17)	Low	684	→	625	577	289
8. Hospital admissions for under 1 year: gastroenteritis (per 10,000) (2016/17)	Low	271.4	↑	176.5	134.9	59.5
9. i. Children who are at or above the expected level in all five areas of development in the 2-2½ year integrated review (Ages & Stages (ASQ) - Q3 2017/18) ii. % of the total eligible cohort who received the integrated review by the age of 2½ years in Q3 2017/18	High	81.9% (63.3% of the total eligible cohort) 77.3%	Cannot be calculated (new reporting arrangements in place)	78% (35.1% of the total eligible cohort) 76.5%	n/a	n/a
10. Children achieving a good level of development at age 5 (2016/17)	High	71.7%	↑	70.7%	74.7%	76.6%

*Recent Trends:

↑ = Increasing/Getting better ↓ = Decreasing/Getting better → = No significant change ↑ = Increasing/Getting worse



Note: Data for indicators 6, 7 and 8 is only available for the 3 years from 2014/15. High numbers for 2016/17 may not represent a statistical trend, but could indicate a spike linked to specific, local issues, which will be followed up locally

3. What do we need to do?

Through integrated, multi-agency working in localities, underpinned by a ‘one family, one worker, one plan approach’, we need to:

1. **Ensure a healthy pregnancy and birth;**
2. **Protect and promote health and wellbeing from birth to age 2 years.**

4. How will we do it?

1. To ensure a healthy pregnancy and birth		
We need to	Lead(s)	Progress Monitored Through
i. Improve early access to healthcare advice and guidance in pregnancy, identifying risk and complex needs	<ul style="list-style-type: none"> • Heads of Midwifery Services (BLMK) 	<ul style="list-style-type: none"> • Local Maternity Services Prevention Workstream (BLMK)
ii. Reduce smoking in pregnancy	<ul style="list-style-type: none"> • Heads of Midwifery Services (BLMK) • Public Health Principal (Stop Smoking) 	<ul style="list-style-type: none"> • Local Maternity Services Prevention Workstream (BLMK)
iii. Reduce maternal obesity	<ul style="list-style-type: none"> • Heads of Midwifery Services (BLMK) • Public Health Principal (Excess Weight) 	<ul style="list-style-type: none"> • Local Maternity Services Prevention Workstream (BLMK)
iv. Increase rates of breastfeeding at birth and at 10 days	<ul style="list-style-type: none"> • Heads of Midwifery Services (BLMK) 	<ul style="list-style-type: none"> • Local Maternity Services Prevention Workstream (BLMK)
v. Support good parental mental health	<ul style="list-style-type: none"> • Heads of Midwifery Services (BLMK) • Director of Specialist Services (East London Foundation Trust [ELFT]) <p>Supported by:</p> <ul style="list-style-type: none"> • Children’s Services Director (Cambridgeshire Community Services [CCS]) 	<ul style="list-style-type: none"> • Future in Mind Local Transformation Plans • Local Maternity Services Plan



2. To protect and promote health and wellbeing from birth to age 2 years		
We need to	Lead(s)	Progress Monitored Through
i. Deliver the mandated, universal health reviews at 28-32 weeks; 10-14 days; 6-8 weeks; 9-12 months; 2/2½ years (integrated with education) for >90% of the local population	<ul style="list-style-type: none"> Children's Services Director (CCS) 	<ul style="list-style-type: none"> Children's Community Health Services contract
ii. Implement the 0-5 integrated Universal Partnership Plus (UPP) offer for vulnerable families	<ul style="list-style-type: none"> Children's Services Director (CCS) 	<ul style="list-style-type: none"> Children's Community Health Services contract
iii. Increase rates of breastfeeding at 6-8 weeks	<ul style="list-style-type: none"> Children's Services Director (CCS) 	<ul style="list-style-type: none"> Children's Community Health Services contract
iv. Deliver all childhood vaccinations in full (≥95%) at: 8 weeks; 12 weeks; 16 weeks; 1 year; 2 years	<ul style="list-style-type: none"> Screening and Immunisations Lead (Central Midlands Area Team, NHS England) 	<ul style="list-style-type: none"> NHS England Area Team Reports
v. Reduce hospital admissions for babies under 14 days, and children under 1 year	<ul style="list-style-type: none"> Clinical Lead Bedfordshire for Clinical Commissioning Group (BCCG) Children's Services Director (CCS) 	<ul style="list-style-type: none"> BLMK STP Reports Children's Community Health Services contract
vi. Ensure universal access to services and support for families in Children's Centres	<ul style="list-style-type: none"> Assistant Director Children's Services Business and Resources (CBC Children's Services) 	<ul style="list-style-type: none"> Central Bedfordshire Children & Young People's Plan 2018-21
vii. Ensure access to effective parenting programmes and support for all those who need them – including implementation of <i>Empowering Parents Empowering Communities (EPEC)</i>	<ul style="list-style-type: none"> Assistant Director Children's Services Business and Resources (CBC Children's Services) 	<ul style="list-style-type: none"> Central Bedfordshire Children & Young People's Plan 2018-21
viii. Minimise the impact of adverse childhood experiences	<ul style="list-style-type: none"> Assistant Director Children's Services Business and Resources (CBC Children's Services) Public Health Principal (Children & Young People) 	<ul style="list-style-type: none"> Children & Young People's Plan 2018-21

Responsible Director: Muriel Scott, Director of Public Health

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Report Author: Barbara Rooney, Public Health Principal (Children & Young People)

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Central Bedfordshire Council

CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE

10 July 2018

Schools for the Future

Report of: Executive Member for Families, Education and Children
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Responsible Director(s): Sue Harrison
sue.harrison@centralbedfordshire.gov.uk

This report relates to a decision that is Key

Purpose of this report

1. This report sets out the approach being taken to consider long term school place planning (15 – 20 year period).

RECOMMENDATIONS

The Committee is asked to:

1. Consider the position reached on planning for schools for the future
2. Comment on the policy as set out in paragraph 19 of this report to be presented to Executive on 7 August 2018

Background

2. Central Bedfordshire is an area that will grow; 43,000 new homes are expected by 2035 (23,000 homes already have planning permission and an additional 20,000 new homes are planned).
3. We already plan for school places on a five-year basis (through the School Organisation Plan) but given the scale of growth, we need to consider longer-term, strategic planning for education across Central Bedfordshire.
4. Our current pupil forecast suggests there will be an additional 9,700 children attending school in the next 5 years for which we have to ensure sufficient places. Some of these are already in place but we need to plan for additional places as this growth develops.

5. Historically, Central Bedfordshire was made up of lower, middle and upper schools. However, this has been changing more recently because individual schools have had more freedom to change the age range they cater for and effectively becoming a 'primary' or 'secondary' school. This has resulted in a mixed school landscape in Central Bedfordshire as set out in **Appendix A**.
6. The current hybrid model can be confusing and changes taking place – where they are not co-ordinated - can create problems for other schools. For example, some changes to age ranges can have implications in terms of the viability of other schools.
7. There is an added complexity as changes in legislation have reduced the role of the council. Schools can now choose to become independent of a council by becoming an academy. These schools are funded directly by Central Government. As of 10 July 2018, 43% of schools within Central Bedfordshire are academies and 57% are council-maintained schools.
8. Governing Bodies of foundation and voluntary aided schools can propose an age range change of up to 2 years (except for adding or removing a sixth form) by following the non-statutory process.

Schools for the Future Project

9. The Schools for the Future project has been set up to consider pupil place planning in the longer term.

We want to develop a coherent and transparent plan for our future educational landscape that is shaped by all our schools, mapping out where existing schools can expand, what additional schools we will require and the structure our schools will take over the next 15 – 20 years. This plan will help to ensure we achieve the best educational outcomes possible for our children making best use of public money

10. The project is being overseen by the 'Schools for the Future Project Board – chaired by Central Bedfordshire Council Chief Executive.
11. Schools are organised into school clusters and the Schools for the Future project team has been working closely with clusters and individual schools to understand views and ambitions, consider where schools may expand, where new schools would be built and the structure of schools in the local area.
12. The clusters are as follows:
 - Ampthill and Flitwick
 - Biggleswade
 - Cranfield
 - Dunstable and Houghton Regis
 - Harlington
 - Leighton and Linslade
 - Sandy
 - Shefford and Stotfold

13. A desired outcome of the project would be to co-produce a coherent local educational landscape plan for each school cluster area that is 'collectively' owned and supported by schools to prevent uncoordinated change.

Schools for the Future – Work Programme

14. An intensive programme of work has been taking place to understand the school place provision required across Central Bedfordshire. This has included:

Analysis of housing growth and school place planning implications

- Forecasting longer term school place planning requirements alongside local plan growth.
- Considerations for new schools and opportunities for expansions of current provision.

Engaging with schools in their cluster groups

- Sharing cluster level analysis of housing growth and school place requirements.
- Ensuring all schools are aware of the work taking place and are able input together.

Individual dialogue with schools and multi academy trusts

- Actively engaging schools (head teachers and chairs of governors) to understand individual views and ambitions (111 schools).
- Exploring the ambitions of multi academy trusts to seek to secure coordinated plans for meeting future school places.

A well attended 'Schools for the Future' briefing session for members was also held on 17th May 2018.

15. Points raised from the engagement with schools to date include:

- the school community is driven by what's in the best interest of a child's education;
- a recognised need for greater coordination of changes;
- schools broadly welcoming the council to take more of a leadership role (facilitating not directing);
- anxiety about change;
- variety of views about future housing developments;
- recognition of the difficulties of dealing with housing development uncertainties (volume and speed;)
- passion and need to focus upon current cohort of children and families while also planning for the future;

- rising SEND and need for additional provision – and lots of willingness to discuss ways forward;
- lessons learned / reflections from schools that have or are going through expansion or age range changes.

16. At the time of preparing this report, further engagement is taking place with local members, and the findings from the 1-1 meetings with schools are being reported back to clusters.

17. Next steps are set out in paragraph 20 of this report.

Education Landscape within Central Bedfordshire

18. When planning new school places, 9 principles are currently applied:

- The need to provide local schools for local children, ensuring a sense of community belonging whilst also promoting sustainable modes of travel.
- The need to create schools that are of sufficient size to be financially and educationally viable.
- The ability to support the expansion of local popular and successful schools, or to link expanding schools with popular and successful schools.
- The potential to further promote and support robust partnerships and learning communities.
- The ambition to achieve a single phase of education 0 to 19 and reduce school transfer points.
- The need to support the raising of the participation age.
- To seek opportunities to create inspirational learning environments for the school, and to maximise community use.
- To promote the diversity of provision offered in Central Bedfordshire to increase opportunities for parental choice.
- To support vulnerable learners in area special schools and integrate appropriate special educational needs provision within mainstream schools.

19. In response to the engagement that has taken place with schools, and in line with the principles, Executive is being asked the following, at its meeting of 7 August 2018:

(i) To support schools and clusters that want to work towards a primary and secondary model, taking into account that:

- *the appropriate resources are in place to do so*
- *Change is coordinated and doesn't negatively affect other schools in an area*
- *Change supports improvements in educational outcomes*

(ii) To actively promote that any new schools that will be built will be primary or secondary

20. Next steps would include:

- Developing cluster based plans (Autumn 18)
- Further 1-1s with schools as required to consider any individual implications (Autumn 18)
- Cluster workshops (Autumn 18)

- Subject to agreement by Executive on 7 August, and the support as outlined in paragraph 19 above, a phased approach would be taken to considering change at individual cluster level – taking into account the timing of housing development. This would include further engagement with schools and stakeholders, and with the community.

21. The New School Places programme will continue to operate until cluster plans are agreed, in order to ensure the Council meets its school place planning statutory duty as well as policy principles. Where possible provision for new school places will be future proofed for any changes that may take place within the cluster.

Reason/s for decision

22. To develop a longer term coherent and transparent plan for our future educational landscape - shaped by all our schools. Ensuring the Council is best place to deal with the growth agenda.

Council Priorities

23. Delivery of the Schools for the Future project supports the following Council priority:

- Improving education and skills

Corporate Implications

Legal Implications

A strategic and planned approach to schools planning is to be welcomed, as this provides transparency in the process. There are statutory obligations to consult on individual school changes, which will emerge in due course and which will require a legal sign off to assure members that the statutory requirements for changes to individual schools are met.

Financial and Risk Implications

Preliminary work has been carried out as the work is not without financial implication. Costing can only be established once the intention for each cluster area is known – with detail being considered further after the next cluster meetings.

The New School Places Programme is funded by developer contributions and Basic Need grant income from the Department for Education (DfE) and on current planning assumptions the programme gross expenditure is £14.1M (net nil) in 2017/18, £4M (net nil) in 2018/19, £8.5M (net nil) in 2019/20 and £12.3M (net nil) in 2020/21.

Equalities Implications

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.

So as to consider local needs and implications, an Equality Impact Assessment will be carried out alongside the development of cluster plans – subject to agreement by Executive on 7 August, and the support of schools and clusters.

Conclusion

24. The Schools for the Future project is taking place to assist the Council in ensuring it is best placed to consider the growth agenda in respect of long term pupil place provision. The policy decisions as set out in paragraph 19 of this report are intended to support the planning of the future educational landscape - shaped by schools.

Appendices

Appendix A: Diagram of Central Bedfordshire current school landscape

Background Papers

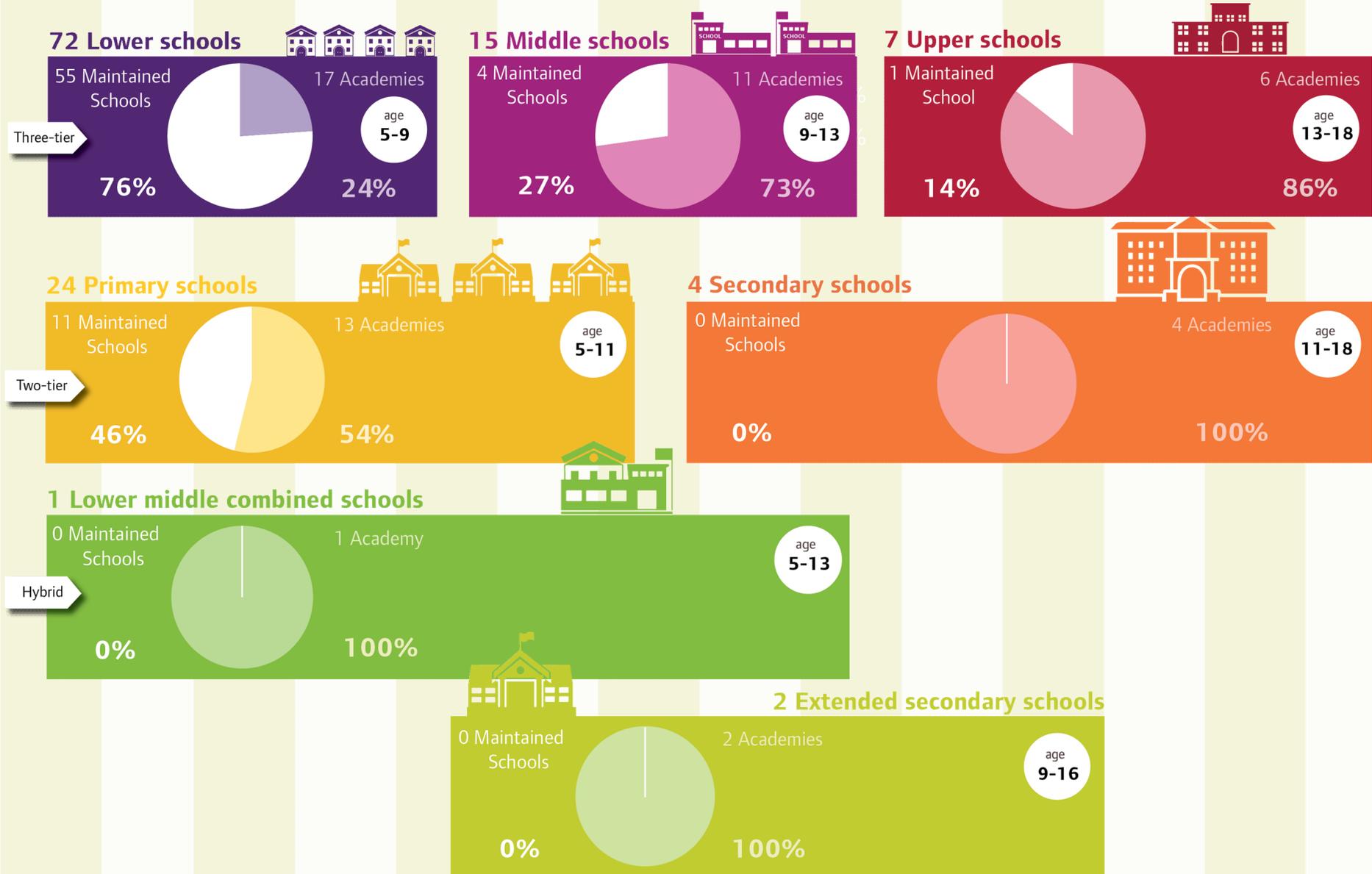
The following background papers, not previously available to the public, were taken into account and are available on the Council's website:

- (i) School Organisation Plan
<http://www.centralbedfordshire.gov.uk/school/organisation/place.aspx>
- (ii) Schools for the Future information – available on the Council website
<http://www.centralbedfordshire.gov.uk/school/schools-future/overview.aspx>

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Appendix A: Central Bedfordshire School Landscape

School year



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Central Bedfordshire Council

CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE

10 July 2018

Work Programme & Executive Forward Plan

Advising Officer: Rebecca Preen, Scrutiny Policy Adviser
rebecca.preen@centralbedfordshire.gov.uk

Purpose of this report

The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.

RECOMMENDATIONS

The Committee is asked to:

1. Consider and approve the work programme attached, subject to any further amendments it may wish to make; and
2. Consider the Executive Forward Plan; and
3. Consider whether it wishes to suggest any further items for the work programme and/or establish any enquiries to assist it in reviewing specific items.

Overview and Scrutiny Work Programme

1. During 2016/17 Members have been invited to share their experiences of the overview and scrutiny process and make suggestions to the Overview and Scrutiny Coordination Panel (OSCP) on future ways of working. This feedback was subsequently considered by the OSCP who resolved to encourage the OSCs to apply the following principles for ways of working:-
 - a. activity be led by the OSCs and residents as well as the Executive Forward Plan;
 - b. more policy development activity be undertaken through the exploration of proposals and principles at the earliest opportunity of commencement of strategy development;
 - c. shorter more focused agendas through prioritisation of items that add value and enable outcomes; and
 - d. create more time for Members outside of formal meetings in addition to providing more opportunity to brief Members informally on some topics.
2. In addition, the OSCP agreed that given the current experience with regard quarterly performance and budget reports a trial should be

undertaken whereby these reports will only be received by the Corporate Resources OSC from April onwards. This trial will enable Members to determine whether this approach provides greater focus on these aspects of scrutiny. All Members will be able to request an item to be added to the agenda of any the OSCs on aspects of budget or performance. The Corporate Resources OSC will also be able to refer matters to the relevant OSC for a 'deep-dive' of any topic if there is a particular concern.

3. The Committee is requested to consider the work programme and the indicated outcomes at **appendix 1** and to amend or add to it as necessary.
4. In considering which items should be added to the work programme Members are encouraged to minimise duplication, focus on those items that have been requested by residents and the committee and to focus on those items where Members can add value.
5. The work programme aims to provide a balance of those items on which the Executive would be grateful for a steer in addition to those items that the Overview and Scrutiny Committee (OSC) wishes to proactively scrutinise.

Overview and Scrutiny Task Forces

6. In addition to consideration of the work programme, Members may also wish to consider how each item will be reviewed, i.e. by the Committee itself (over one or a number of Committee meetings) or by establishing a Member Task Force to review an item in greater depth and report back its findings.

Executive Forward Plan

7. Listed below are those items relating specifically to this Committee's terms of reference contained in the latest version of the Executive Forward Plan. The full Executive Forward Plan can be viewed on the Council's website at the link at the end of this report.

Item	Indicative Exec Meeting date
Executive Response to Overview and Scrutiny Enquiry on Pupil Attainment	7 August 2018
Schools for the Future	7 August 2018
Recommissioning Support Services for Children and Young People	7 August 2018
Consultation on the Council's Admission Arrangements for the Academic Year 2020/21	9 October 2018
Non Key Decisions	Indicative Exec Meeting date
None identified at this time	

Corporate Implications

8. The work programme of the Overview and Scrutiny Committee will contribute indirectly to all 5 Council priorities. Whilst there are no direct implications arising from this report the implications of proposals will be details in full in each report submitted to the Committee.

Conclusion and next Steps

9. Members are requested to consider and agree the attached work programme, subject to any further amendment/additions they may wish to make and highlight those items within it where they may wish to establish a Task Force to assist the Committee in its work. 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

Appendix A: OSC work programme

Background Papers

Executive Forward Plan (can be viewed at any time on the Council's website) at the following link:-

<http://centralbeds.moderngov.co.uk/mgListPlans.aspx?RPId=577&RD=0>

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Appendix 1

Children's Services OSC Work Programme (2018/19)

Meeting date	Report Title	Outcomes we are seeking to achieve
Wednesday, 25 July 2018	Special OSC - the Future of Shelton Lower School	To consider the outcomes of a public consultation on the future of Shelton Lower School
Tuesday, 11 September 2018	SEND Vision and strategy	To receive a report on the SEND Vision and Strategy (Detailed text to be agreed)
Tuesday, 11 September 2018	Recommissioning Support Services for Children and Young People	To receive information regarding the options for delivery and provision of support services for children and young people, providing the Committee with the opportunity to consider and discuss the recommended option.
Tuesday, 11 September 2018	Local Safeguarding Children's Board (LSCB) annual report	To receive a report from the LSCB (Detailed text to be agreed)
Tuesday, 11 September 2018	Schools National Funding Formula	Text to be agreed
Tuesday, 20 November 2018	Children's Centres progress	Text to be agreed
TBC	The Travel Assistance Policy	To receive a presentation detailing proposed changes to school travel assistance.
TBC	The Children's Transformation programme	Text to be agreed
TBC possibly November	The Regional Schools Commissioner (RSC)	To outline the RSC's approach with regards to supporting Academies
Tuesday 12 March 2019	Domestic Abuse Update	Text to be agreed

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