
Meeting: Children's Services Overview and Scrutiny Committee
Date: 29 June 2010
Subject: Children and Young People's Plan – Be Healthy
Report of: Deputy Chief Executive and Director of Children's Services
Summary: The report provides an overview of the progress made with the priorities within the Be Healthy aspect of the Children & Young People's Plan

Contact Officer: Martin Pratt
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The Be Healthy plan is one of the five outcome plans which supports delivery of the Central Bedfordshire Children & Young People's Plan (2009-11). It also relates to the second of the Council's key priorities:

- Educating, protecting and providing opportunities for children and young people.

Financial:

Working with partners to deliver services together in a more integrated way, with a focus on prevention and early intervention, is a key driver of the Children and Young People's Plan and through pooling and aligning resources will deliver efficiencies.

Legal:

The Children's Trust and the Children and Young People's Plan enable the Council and its partners to exercise the 'duty to co-operate' under sections 10 & 11 of the Children's Act 2004.

Risk Management:

Risk management is a key part of delivery planning for the Children and Young People's Plan and is managed and mitigated through this process.

Staffing (including Trades Unions):

None

Equalities/Human Rights:

During the development of the plan equalities issues and impacts were considered and included in the priorities are a number of strategic actions which identify children and young people who are in vulnerable circumstances.

Community Safety:

Safeguarding Children is a fundamental aspect of community safety and public protection. Through delivery of the plan partners are actively contributing to improving community safety.

Sustainability:

None

RECOMMENDATION:

That the Committee comments on the progress made with the priorities in the Be Healthy aspects of the Children & Young People's Plan.

Be Healthy Delivery Plan

1. Be Healthy is one of the five outcomes which make up the Children's and Young People's Plan for Central Bedfordshire.
2. The plan has been established by :
 - analysing evidence and consulting with children and young people;
 - holding workshops with key stakeholders to consider the evidence and identifying priorities for the plan;
 - consulting on the emerging priorities; and
 - finalising the draft plan at Delivery Group meetings and considering the analysis of feedback from the consultation, partner agencies and Local Authority Overview and Scrutiny Committees.
3. The Be Healthy Delivery Group is responsible for five of the priorities within the Children and Young People's Plan:

Priority 1 - Ensure a healthy start to life – including early access to antenatal care, reducing smoking and improving nutrition in pregnancy, promoting breastfeeding and increasing immunisation and vaccinations;

Priority 2 - Ensure children and young people are able to make responsible decisions in relation to drugs, alcohol and sexual health;

Priority 3 - Promote, protect and treat the mental and emotional health of children and young people;

Priority 4 - Support children and young people to lead healthy lifestyles including reducing smoking and childhood obesity and increasing physical activity and healthy eating; and

Priority 5 - Transform services for disabled children.

Strategic Actions

4. The following strategic actions have been developed for each of the priorities in the Plan.

5. **Priority 1** - Ensure a healthy start to life – including early access to antenatal care, reducing smoking and improving nutrition in pregnancy, promoting breastfeeding and increasing immunisation and vaccinations:

- Improve choices for women to book by increasing numbers of midwifery led and community based booking clinics.
- Promote multi-agency approaches to improved ante, peri and postnatal care for women, making use of acute and community healthcare services and Children's Centres.
- Improve antenatal and postnatal breastfeeding support, through the implementation of the Health Child Programme and targeted programmes of work such as peer counsellors.
- Achieve UNICEF Baby Friendly status in the community.
- Expand stop smoking services for pregnant women, both through the Bedfordshire Stop Smoking Service and increased training provision to maternity and Children's Centre staff.
- Support women to prevent re-starting smoking after delivery.

6. **Priority 2** - Ensure children and young people are able to make responsible decisions in relation to drugs, alcohol and sexual health:

- Ensure services are targeted in line with identified need, particularly teenage pregnancy services.
- Improve the quality of Personal, Social and Health Education in schools.
- Enhance our family services, particularly services for young parents and those affected by drugs and alcohol issues and support the delivery of parenting programmes which address harmful and risky behaviours.

- Improve the quality of specialist drugs/alcohol treatment, particularly planned discharges.
- Roll out new locality sexual health services across Central Bedfordshire.
- Continue to increase uptake of Chlamydia screening services.

7. **Priority 3** - Promote, protect and treat the mental and emotional health of children and young people:

- Further develop and integrate early intervention services to ensure prompt and timely support for children and young people with emerging mental health problems.
- Continue to develop the knowledge and skills of all those working with children and young people.
- Develop services for children and young people with complex mental health needs.
- Align Child and Adolescent Mental Health (CAMH) and Children's Learning Disability Services.
- Support the delivery of parenting support programmes with a focus on improving the emotional wellbeing of children and young people.

8. **Priority 4** - Support children and young people to lead healthy lifestyles including reducing smoking and childhood obesity and increasing physical activity and healthy eating:

- Promote the Change 4 Life programme to all communities.
- Increase the capacity of childhood obesity management programmes.
- Expand current 0-5 years healthy living programmes.
- Deliver the National Child Measurement Programme to regional and national targets.
- Provide a range of programmes within the extended services communities to give parents the skills and information they need to better manage their children's healthy weight.
- Support the further roll-out of the National Healthy Schools programme.
- Ensure the delivery of 2 hours of physical activity per week in schools, moving towards 5 hours per week where possible.

9. **Priority 5** - Transform services for disabled children.

- Ensure the delivery of the Aiming High for Disabled children programme, in particular the transformation of short break services in line with the national indicators, priorities and timescales.
- Ensure that the strategic objectives of Better Care; Better Lives are implemented.
- Improve data available on numbers of disabled children and types of disability.
- Continue the roll out of the Early Support programme for disabled children 0 – 5 years.
- Deliver the Transition Improvement Plan to provide a smooth transition into adulthood.
- Ensure parents, disabled children and young people are fully involved in the shaping and delivery of services.
- Develop the workforce to deliver transformation.

Progress with the Be Healthy Delivery Plan

10. Very good progress has been made on the priority **to ensure a healthy start to life**. We have exceeded the target for reducing smoking in pregnancy and early access to maternity services targets and the breastfeeding target has also been met.
11. In relation to the priority **to ensure children and young people are able to make responsible decisions**, we have met the Chlamydia screening target and although not on target for teenage pregnancy, the numbers have started to fall. The CAMHS (Child and Adolescent Mental Health Services) target which measures our progress for the priority to promote, protect and treat the mental and emotional health of children and young people has been achieved.
12. Our priority **to support children and young people to lead healthy lifestyles** is progressing and work is in place to prevent children from starting to smoke and to support smokers to quit. However the focus has been on young people aged 16 and over and work needs to be strengthened in relation to younger children. In relation to childhood obesity we have exceeded the heights and weights targets for measuring children in Reception year and year 6, but levels of obesity in children in year 6 have risen. We are reviewing childhood obesity programmes and additional funding has been identified by NHS Bedfordshire.
13. Our priority for the **transformation of services for disabled children** is being delivered principally through delivery of the Aiming High for Disabled Children programme which includes both revenue and capital investment in services, particularly short break provision, for disabled children. All of the timescales required are being met.

14. Progress has been made this year on **ensuring a healthy start to life, including early access to antenatal care, reducing smoking, improving nutrition in pregnancy, promoting breastfeeding and increasing immunisations** but there is a degree of underperformance in the following area:
- Uptake of Immunisations – This has been underperforming and although we have not yet met targets, work to address data collection has already identified increased uptake. In addition a new service specification for Child Health along with a new data system should see a good improvement for 2010/11.
15. Good progress has been made with:
- Breastfeeding - 90% coverage was obtained and the target of increasing the number of women continuing to breastfeed for 6 – 8 weeks to 42% was met.
 - Smoking in pregnancy - Targets were met with less than 15% of mothers smoking during pregnancy.
 - The percentage of women in Bedfordshire who seek early access to maternity services (by 12 weeks and six days) - Despite a lack of data from the Luton and Dunstable Hospital we have exceeded the target. We are working with Luton and Dunstable Hospital on improving data.
16. Good progress has been made on delivering the priority **to ensure children and young people are able to make responsible decisions in relation to drugs, alcohol and sexual health**. This includes:
- Chlamydia Screening - We exceeded the target and screened 26.2% of 15 – 25 year olds across Bedfordshire.
 - Substance misuse – We exceeded our target in reducing the number of young people misusing substances to 9.2%.
17. The area in relation to this priority where progress is being made but there is underperformance is in reducing teenage conception rates. The target for teenage pregnancy has not been met across Central Bedfordshire. The work has been commended by our regional office, but as with the rest of the country, the rates remain above target. Currently, Central Bedfordshire is performing better than the east of England and England, which is a significant achievement, and recent data shows rates decreasing.
18. Good progress has been made this year and the target to **promote, protect and treat the mental and emotional health of children and young people** has been achieved. Achievements include:
- A full range of Child and Adolescent Mental Health (CAMH) services for children with learning disabilities has been commissioned.
 - 16-17 year olds have access to appropriate services for their age and level of maturity.

- 24 hour cover has met urgent mental health needs.
 - A range of early intervention support services has been commissioned by the local authority and Primary Care Trust in partnership therefore we anticipate meeting the target next year.
19. Work to deliver the priority to **support children and young people to lead healthy lifestyles, including reducing smoking and childhood obesity and increasing physical activity and healthy eating** is making progress. In relation to smoking reduction - 7 upper schools across Central Bedfordshire are offering in-house level 2 support (one to one advice on smoking cessation) to young people, enabling some of them to quit smoking and preventing many from starting to smoke. Measurement has been difficult in this area and data collection of young quitters has not been possible to date. This is because the smoking quitter target related to people aged 16 and over. However we are putting systems in place to ensure that data can be captured.
 20. Overall progress is mixed for childhood obesity. Although we have over achieved heights and weights measurement, targets for Reception Year and Year 6, childhood obesity in year 6 has increased. This is partly because more children have been weighed. Be Healthy is reviewing the childhood obesity work programme and through its prioritisation process additional funding has been identified by NHS Bedfordshire to tackle obesity.
 21. Our priority to **transform services for disabled children** is meeting all of the timescales required by Together for Disabled Children. There has been an increase in the range and number of short break places being provided from 320 to 624. These have been provided by a number of voluntary organisations and have ranged from social club placements and play schemes to a performance of Romeo and Juliet by a group of children with complex needs. The additional places have been provided for children with a wide range of disabilities.
 22. Disability awareness training has been delivered to 20 staff in play and leisure services to improve access for disabled children and young people. A programme to train a further 140 workers in this area, extended schools and childcare settings is in place. A Disability Champion training pack is currently being discussed which will provide a higher level of training to mainstream service providers.
 23. Additional staffing has been provided to promote additional Family Placement places and additional Occupational Therapist hours have been provided to support disabled children's access to short break services.
 24. A joint children and adult services transition post has been agreed to further improve the transition process. A joint bid with Luton has been submitted under the Innovation and Outcomes programme for transition for funding. If the bid is successful the funding will be used to design a single assessment for disabled young people in transition and to develop a lead professional pack for transition workers.

25. Links with the Playbuilder programme have enabled funding to be used to plan essential changing places for disabled young adults who have outgrown the baby changing facilities available to them. The new facilities are to be placed at Dunstable Downs and Marston Vale in order to promote access for families with a disabled child. A feasibility study is underway for the planned family resource centre which will provide the one stop shop for families with a disabled child.
26. An effective and constructive parent forum is in place. The Forum has assisted in rewriting eligibility criteria, training staff in disability awareness, running a parent conference and supporting delivery groups and workshops. This partnership is recognised by Together for Disabled Children as being very effective.
27. The NI 54 indicator for parental satisfaction with services for disabled children and young people was 62% set against the national average of 61%. This figure relates to Bedfordshire and has yet to be separated for Central Bedfordshire Council and Bedford Borough Council. The results from this parental satisfaction survey were provided directly from the DfE.
28. The challenges for this area are the timescales in which to make significant changes and it has not been possible to engage the PCT in funding the transformation through the Aiming High for Disabled Children programme despite the Department of Health indicating that it is a priority for them.

Performance

29. There are 16 performance indicators for Be Healthy, the majority of which are local indicators. Three of the indicators are critical and are also LAA indicators (Appendix A). These are:
 - NI 51 – Effectiveness of child and adolescent mental health
 - NI 56 – Obesity among primary age school children
 - NI 115 – Substance misuse by young people
30. **NI 51** – this annual indicator relies on a self assessment. It is made up of four elements, 24/7 provision, provision for 16/17 year olds, children with a learning disability and jointly commissioned early intervention services. Each area is scored out of 4, giving a total out of 16. Areas of focus in the forthcoming year are learning disabilities and early intervention.
31. **NI 56** – Children are defined as obese if their body-mass index (BMI) is above the 95th centile of the reference curve for their age and sex according to the UK BMI centile classification. The BMI is calculated using a child's height, weight, date of birth and sex. The National child measurement programme is completed at the end of each academic year. School nurses carried out the fieldwork achieving an increase in the number of pupils measured. Co-ordinated action is to be taken by Leisure and Culture, Schools and Health services to improve performance. This is being overseen through the Children's Trust.

32. **NI115** - Data from the Tell Us survey highlights that an estimated 9.2% of young people in Central Bedfordshire have a substance misuse issue. This means that we have surpassed our target for 2009/10 that was set at 11.8%. However, the sample of data used in Bedfordshire to determine the baseline was not robust. A good level of performance in service delivery has been sustained into quarter 4. In the coming year priority will be given in the drugs/alcohol plan 2010/11 to ensure a continued focus on vulnerable young people and an improvement in service quality. Delivery against the plan will require ongoing investment from Central Bedfordshire Council and NHS Bedfordshire to agree a framework for joint commissioning appropriate capacity to commission drugs/alcohol services and maintenance of funding in front line services.

Conclusion

33. The Be Healthy Delivery Group will continue to coordinate work on the priorities described in this paper ensuring a strong alignment between the work of the PCT and Health Partners, the Schools, the Council, and the Children's Trust partners.
34. A cycle of meetings has been established with the Overview and Scrutiny Committee to have reports from each outcome group which contributes to the review of the Children and Young People's Plan.

Appendix A

Performance indicators

| Priority | Indicator Reference | Title | Good is | Outturn | | | Target 09/10 | Year Ending 31 Dec | RAG |
|----------|---------------------|--|---------|----------------|-------------|-----------|--------------|--------------------|-------|
| | | | | National 07/08 | Group 07/08 | CBC 08/09 | | | |
| 3 | NI51 | Council's self assessment of progress on four elements of the implementation of the Child and Adolescent Mental Health Service (CAMHS) framework - LAA | High | 14 | 13 | 13 | 15 | 15 | Green |
| 4 | NI56 | Obesity among primary school are children in Year 6 - LAA | Low | 17.5% | 15.7% | 16.0% | 13.5% | | Red |
| 2 | NI115 | Substance misuse by young people PSA - LAA Source: Tellus3 Survey | Low | 9.8% | 9.7% | 9.2% | 11.8% | 9.2% | Green |