	ng the most deprived areas and vulnerable groups to improve children's emotional and physical health						
Objectives	Commentary						
Focus on early intervention including children's mental health services, childhood obesity, drugs and alcohol and sexual health	Healthy weight: Compared to the previous year obesity rates have decreased in year R and increased in Year 6 although there is no statistically significant difference. Overall performance against the target is off-track, however the targets were set when participation rates were significantly low and therefore results were not representative of actual obesity rates, making onward comparison unreliable. Central Bedfordshire rates are below the East of England average for both cohorts.						
	<ul> <li>We currently have healthy lifestyles programmes in place to support children and their families in Central Bedfordshire:</li> <li>18 families have joined the Beezee Bodies Programme (for 7-15 year olds) in Dunstable. This is a multi-disciplinary intervention giving a total of 30 weeks contact. Families are introduced to healthy eating and physical activity with a focus on fun, localism and long term engagement. Families are supported through the challenges of behaviour change through intensive engagement with trained staff.</li> <li>The Beezee Tots programme for children aged 2-4 year olds has begun in Dunstable with maximum capacity of 18 families, with a second programme planned to start in October at the Orchard Children's Centre in Shefford. This programme interacts with families with risk of having overweight or obese children and teaches/supports through healthy living behaviours.</li> <li>Making the Most of Me (a targeted programme running in schools identified from data profiling) teaching and delivery of physical activity and healthy eating sessions – provision of formatted lesson plans for embedding into the school's curriculum for year 4.</li> </ul>						
	<ul> <li>In addition the Change 4 Life programme is continuously promoted through a range of programmes.</li> </ul>						
	<b>Under 18 Conception Rate - Against the newly agreed 2013 target for Central Bedfordshire progress is mixed.</b> The latest provisional data (2009 Office for National Statistics) showed a conception rate of 32.5 per 1,000 females under 18 (153 actual conceptions) in Central Bedfordshire. This is a 12.6% reduction from the 1998 baseline rate of 37.2 (158 actual conceptions) and is significantly lower than the national rate in England. The Coalition Government have acknowledged that the previously set target requiring a 50% reduction by 2010 (compared to the 1998 baseline) was unachievable given the complex factors that impact upon teenage pregnancy. Using trend data a new Central Bedfordshire 3 year reduction rate target has been now been agreed to reduce the rate to 30.8 per 1,000 females aged 15-18 by 2013. This would equate to a 5.13% reduction from the 2009 rate.						
	Children's mental health: A local measure to replace the previous self-assessment and track progress is under development. Progress against key objectives is on track.						
	<ul> <li>Following a Health needs Assessment in June 2011 a pathway is currently being redesigned to enhance services at all levels for eating disorders</li> </ul>						
	• A contract was awarded to CHUMS in July 2011 to deliver a new CAMHS Early Intervention Service and is on track to start in November 2011						
	• An updated draft Attention Deficit Hyperactivity Disorder (ADHD) pathway has been submitted to a clinical reference group and has been signed off						
	Learning disability CAMHS has been redesigned to ensure further integration with local authority Social Care services, and specialist core CAMHS services						
	<b>Health of looked after children:</b> New local targets have been set for health assessments. Q2 performance is currently <b>mixed</b> , but there have been improvements on Q1 and we expect this to continue over the year as a result of ongoing work at strategic and operational level to improve IT and admin systems between the key Health and Social Care teams. Other key improvements include:						
	• A designated LAC Nurse who provides support to NHS Bedfordshire commissioners on issues of quality and effectiveness of provision for Looked After Children is now in place. Although funding has been identified funding for designated doctor input, it has been difficult to find an appropriate clinician to undertake this role. A piece of work to help identify some of the key issues related to						

	<ul> <li>designated doctor responsibilities will help move the process of recruitment forward.</li> <li>A multi-agency LAC Health Improvement Group is now producing Health Packs for Looked After Children. The development of these has been informed by Looked After Children themselves.</li> </ul>
Transform services for disabled children	<b>Transforming services for disabled children:</b> The Aiming High for Disabled Children Programme finished at the end of March 2011. The new Break for Carers Act 2010 was implemented on 1 <sup>st</sup> April 2011 and requires local authorities to provide breaks for all carers of disabled children living in their area if needed. The regulations attached to his duty also require the Council to determine a 'local offer' for disabled children and their families, and to publish on their website a short break statement by 1 October 2011. This is available at <a href="http://www.centralbedfordshire.gov.uk/education-and-learning/parental-support/default.aspx">http://www.centralbedfordshire.gov.uk/education-and-learning/parental-support/default.aspx</a> .
	The Special Education Needs (SEN) and Disability Green Paper: 'Support and Aspiration – A new approach to special educational needs and disability' was published for consultation from 9 March to 30 June 2011. This proposes a radical change to the way in which services are delivered to children with SEN and disabilities 0 - 25. The proposals recognise that councils and local health services will play a pivotal role in delivering change for children and young people with SEN or who are disabled ,and enabling local professionals to work together to put in place integrated packages of support for families. It is proposed that a new single assessment process and Education, Health and Care Plan (single plan) will replace the statutory assessment and statement by 2014. Families will also have the option of an individual budget by 2014. Any necessary legislative change to enable the changes will be taken forward from May 2012 at the earliest.
	As reforms of the school system and health services come into effect the role of the council is likely to change and there will be three core features of the role: - strategic planning for services that meet the needs of the local communities - securing a range of high quality provision for children with SEN or who are disabled - enabling families to make informed choices and exercise control over services
	The Children with Disabilities Service is currently being reviewed with the recommendations on the 1 <sup>st</sup> phase due to be reported by December 2011. The scope of the review is social care provision for children with disabilities and the interface with partner agencies and stakeholders. This will enable the continuation of the transformation of services and lay the foundation for the radical changes needed by agencies in providing services for the future.

Ref	Title		Goo	Outturn			Target	Q1	Q2	Q3	Q4	RAG
			d is	National 10/11	Group 10/11	CB 10/11	11/12					rating
Local	Services developed and integrated for children and young people with emerging mental health problems and complex needs							Local measure in development				
Local	Health of Looked After	% LAC Children receiving their initial Health assessment within 20 working days	High	N/A	N/A	N/A	95%	25%	33%			Red
	Children (LAC)	% LAC children receiving their review health assessment within the statutory timeframe (every 6 months for those 0-5 yrs and every 12 months for those over 5 yrs.	High	N/A	N/A	N/A	95%	9%	13%			Red
		% LAC Children who have been looked after continuously for at least 12 months and who had an annual health	High	82.8% (09/10)	83.3% (09/10)	84.7%	85%	70%	77%			Amber

Ref	Title		Goo	Outturn			Target	Q1	Q2	Q3	Q4	RAG
			d is	National 10/11	Group 10/11	CB 10/11	11/12					rating
		ssessment during the previous 12 nonths										
	C W	6 LAC who have been looked after ontinuously for at least 12 months and who have had their teeth checked by a entist during the previous 12 months	High	82% (09/10)	86.5% (09/10)	87.3%	85%	67.6%	85%			Green
		6 LAC up to date on immunisations/ accinations	High	77.5% (09/10)	68.5% (09/10)	66.3%	Tbc	Reported annually in quarter 4.			er 4.	Amber
NI 112	Number of conceptions per 1,000 teenage girls		Low	40.5 (2009)	31.4 (2009)	32.5 (2009)	30.8 (2013)	Reported annually in quarter 4. ONS due to release provisional data for 2010 in Feb 2012.				Amber
NI 55	% Obese primary school aged children	in Reception (National averages relate to England, Group comparator is East of England England)	Low	9.8% (09/10)	9.2% (09/10)	8.5% (09/10)	7.2%	8.2% (10/11) Unpublis interval		a – confide	ence	Red
NI 56		in Year 6 (National averages relate to England, Group comparator is East of England)	Low	18.7% (09/10)	16.8% (09/10)	14.3% (09/10)	13.4%	15.4% (10/11) Unpublis interval		a – confide	ence	Red

Risks	Actions to mitigate the risks