

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting:

21 March 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).

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Public

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 Health and Wellbeing Board 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 much 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 14% 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 Plan;
- Children’s Local Safeguarding Board Annual Development Plan;
- Cambridgeshire Community Health Services (Children’s) Transformation & Development Plan;
- 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.

Financial and Risk Implications

16. 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.

Governance and Delivery Implications

17. Improvements will be overseen through current governance structures e.g. The Health and Wellbeing Board; Children's Leadership Board; Local Maternity Services Board.

Equalities Implications

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

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

Implications for Work Programme

20. None.

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 Board 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 and purposeful 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.

Appendices

23. The following Appendices are provided:

- **Appendix 1:** Snapshot of Health of our 0-4 year olds – February 2018
- **Appendix 2:** Snapshot of Health of our 5-19 year olds – February 2018
- **Appendix 3:** How is Central Bedfordshire Performing?
The most recent published data for key indicators as of March 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': March 2018

Background Papers

24. The following background papers, not previously available to the public, were taken into account and are available on the Council's website: None.