

**10 June 2010**

**Consideration of Panel Work Programme for 2010/11**

**Ward(s)**                      All

**Portfolio Holders:**

**Summary of report:**

The purpose of this report is to provide relevant background information for Members so that the Panels work programme can be agreed for 2010/11.

It is important for Members to consider the wide range of potential issues within their remits that they could consider during the year which could range from council specific to completely external issues.

When agreeing items it is important that consideration is given to what, value the Panel can add and what tools and performance measures are available to support them in their work.

**RECOMMENDATIONS:**

**That Member's consider the range of items within their remit available to them and agree a work programme for 2010/11 along with any potential working groups and their membership.**

**Background papers:**

Scrutiny Annual Report 2009/10  
Minutes of previous meetings  
Citizen Panel Consultations

**Resource and legal considerations:**

In terms of resources it is important that the right balance and number of items and working groups are selected so that the work programme can be completed during the year without placing undue pressure on Member capacity.

Legal considerations for specific items will need to be addressed as and when necessary based on the items that are selected for inclusion on the work programme.

**Citizen impact:**

An effective work programme will enable the Panel to focus its work on the most important issues within its remit. Consideration of these issues and subsequent recommendations, if accepted, could improve the quality of services delivered to local residents.

**Environmental impact:**

The level of environmental impact will be dependant on which issues are selected to become a part of the panels work programme for 2010/11. The borough's Sustainable Community Strategy places an importance on considering the impact of present decisions on future generations which includes environmental issues.

**Performance management:**

The report asks Members to consider performance management information when deciding on their work programme, and also to consider how they wish to use performance management information and tools in assisting them with their work over the course of the year.

**Equality Implications:**

Ensuring equality for all is a key theme in the boroughs Sustainable Community Strategy and Local Area Agreement as well as being one of the Council's core values. Members are advised to consider what, if any, equality implications there are for any items on their work programme.

**Consultation:**

Members may wish to consider the results of any formal or informal consultation exercises, including that with the public and partners, when considering what items they wish to include in their work programme. Whilst Council officers carry out a range of consultation activity on behalf of the Council, Members themselves engage with the public on a much more frequent basis and it is valuable to consider feedback from these sources as well.

**Lead Officer:**

Pauline Pilkington, Executive Director Children's Services

t: 01922 652035

e: [pilkingtonp@walsall.gov.uk](mailto:pilkingtonp@walsall.gov.uk)

**Report Author:**

Matthew Underhill, Scrutiny Officer

t: 01922 652087

e: [underhillm@walsall.gov.uk](mailto:underhillm@walsall.gov.uk)

## **Introduction**

At the start of each municipal year it is good practice for scrutiny and performance panels to spend some time discussing and agreeing its work programme for the year ahead for issues within its remit.

As Members will already be aware scrutiny and performance panel remits were amended by Council at its meeting on 24 and 26 May 2010. For information the Panels remit in Article 6 of the Walsall Council Constitution now reads as:

### **Children's and Young People Scrutiny and Performance Panel**

All aspects and general services related to serving children and young people for example; education, children services, youth services within the functions set out in section 21 of the Local Government Act 2000.

## **Work Programme**

In agreeing its work programme for 2010/11 the Panel will be informed from a range of sources, including all 60 Members, last years Panel work streams and suggested carry over items , Council Officers, Partners and the Public.

When agreeing the items to be included in its work programme focus should be given to the range of performance management information available that could assist the Panel with each particular issue. A whole host of performance information is available on a range of subjects that Members could utilise to measure success or otherwise.

## **Working Groups**

Members need to decide whether they want to operate any working groups for this year. Working Groups are at their most effective when they are considering broad policy areas that require detailed investigation time that cannot be completed at Panel level. The Panel will set the working group remit, its membership and once a working group has completed its investigations it will report its findings and recommendations to the Panel for consideration and adoption.

It is very important that Member capacity is considered when deciding on what working groups are formed as many members sit on more than one panel and their respective working groups. As such getting suitable dates in the municipal diary and getting suitable attendance at those meetings is difficult if too many working groups are formed. In previous years experience and given the increased number of Panel's in this years municipal diary, it is suggested that each Panel should look to run only one working group at any one time. Panels that wish to operate more than working group during the year could timetable the second to start as the first finishes.

A copy of the councils working group toolkit has been despatched separately to Members and is available to members of the public by request. Member's are asked to familiarise themselves with this toolkit ahead of deciding what, if any, working groups they wish to run.

## **Value for Money Service Reviews**

The Corporate Scrutiny and Performance Panel has developed a value for money (vfm) toolkit to assist Members if it is decided to complete a service review. Last year the Corporate Scrutiny and Performance Panel used the value for money toolkit to review the Councils Communication and Payroll and Pensions services. The two reviews were well received by both Members and Officers and resulted in positive recommendations for both services. The Corporate Panel recommended that other Panel's also look to use this toolkit and this recommendation was endorsed by the scrutiny working group of Chair's and Vice-Chairs.

The vfm assessment tool provides a framework for members in partnership with services to work through and is divided into 3 broad themes:

1. What does it cost to provide this service? (economy)
2. How is this service performing? (efficiency)
3. What quality is the service being provided? (effectiveness)

For each of these themes there is the opportunity/potential for scrutiny panels with the service being assessed to benchmark with other service providers to give a clearer picture of relative performance.

The aim is that on completing this assessment scrutiny members will be able to make a judgement regarding the vfm provided by the service and identify and recommend any potential further action.

The vfm toolkit can be used to support the investigations of working groups or independently. When used independently the Corporate Scrutiny and Performance Panel appointed a lead member who liaised with the service area whilst the toolkit is completed and then reports back their findings to the Panel for agreement of recommendations and any other further action that may be necessary.

## **Appendices**

### **Appendix 1: RESIDENT CONSULTATION ACTIVITY FINDINGS**

This briefing note sets out findings from the local place survey and budget consultation. Members may wish to consider the findings of this community engagement work and use it to influence the selection of work programme topics.

Further to this is a series of tables illustrating the outcome of the place survey consultation by question and neighbourhood management areas.

## Suggested Items

**Appendix Two** contains a number of suggested items completed on a standard template to assist Members with deciding what they wish to include on their work programme. This template requires the following points to be considered-

- o **What the Issue Is**
- o **Where it has come from-** for example it could be a carry over item from last year's panel, a suggestion from a Councillor or member of the public or it could be a new item officers are aware of that is coming up this year,
- o **Why it is important-** with limited time available to Members they need to be able to prioritise their work and concentrate on those things that really matter.
- o **Who it affects-** Does it impact on any particular ward or user group? Does it concern partner agencies or staff groups? Any potential equalities issues may be highlighted here if the item is likely to have a disproportionate affect on any particular group.
- o **How can scrutiny add value-** What specifically can Scrutiny do? E.g. provide feedback and recommendations ahead of a Cabinet (or partner executive) decision, support the development of policy, service review, public engagement etc. Suggestions have also been made here for it the item is particular suited to a particular method of scrutiny such as a working group or value for money review.
- o **Timings-** This will highlight any critical timings that would need to be taking into consideration such as statutory deadlines which would dictate when scrutiny would need to have considered the item by if they are to have any valuable input
- o **Performance Information-** This includes any relevant performance indicators that can provide Members with a guide on current levels of performance and also give a benchmark to measure future improvement.

The items highlighted at appendix one are not an exhaustive list, but only those that it is possible to provide in advance of the meeting. Members should consider these alongside any items they wish to raise themselves and use them to develop a balanced work programme that concentrates on what is important to them and on where they believe they can make a difference.

**Appendix Four** is a copy of the forward plan for May to September 2010.

**Appendix Five** is the outcome of a recent public survey on what local residents believe scrutiny and performance panels should consider. The survey closed on 31 May 2010 with the results of the survey to be tabled at the meeting.

**BRIEFING NOTE**

**TO: SOCIAL CARE AND INCLUSION SCRUTINY AND PERFORMANCE  
PANEL  
DATE: 8 JUNE 2010**

**RE: RESIDENT CONSULTATION ACTIVITY FINDINGS****Purpose**

To inform the Panel regarding recent consultation activity which provides guidance regarding local residents views on what should be the council's priorities. The Panel may choose to use this guidance to inform their decisions in relation to the work programme for this year.

**Consultation activity**

A budget consultation event was held in October 2009. The attendees heard about the council's budget setting process as well as current and future spending and savings targets. Through informal discussion in small groups, local residents had the opportunity to give their views as to what should be the council's spending priorities for the coming financial year. In addition, between September and December 2008 the national Place Survey was undertaken. This was a statutory consultation used to identify, from the perspective of local residents, priorities for Walsall.

**Findings****Budget consultation October 2009:**

Event attendees wanted a borough to be proud of, one where people respect one another and their surroundings, is safe, clean and easy to get around. Where young people and adults are aspiring and do well in education and training. Whilst continuing to deliver services to those who are vulnerable, attendees want to see a greater allocation of money to make the borough a more attractive place to live in, with the regeneration of all areas not just Walsall town centre. Clean streets and level of crime are both important to local quality of life.

**The Place Survey 2008:**

Respondents identified the following top 5 priorities for improvement:

- Activities for teenagers;
- Road and pavement repairs;
- Level of crime;
- Clean streets;
- Level of traffic congestion.

Respondents identified the following top 5 issues as most important for quality of life:

- Level of crime;
- Clean streets;

- Health Services;
- Affordable decent homes;
- Public transport.

A number of other issues and concerns were raised by respondents:

- Anti-social behaviour remains a concern for residents, with many feeling a lack of activities for children and young people in need of improvement;
- Residents want to see continued regeneration of the borough with a focus on stimulating a thriving economy. Residents are concerned that about the job situation and ensuring that buildings are not left derelict, and that empty shops are reused. Residents want to see investment across the whole borough;
- Investment and regeneration is thought to be a key catalyst for prompting community spirit and proactive behaviour, whilst also helping raise the aspirations of residents and the feeling of pride;
- Whilst views about the impact of the new Walsall ring road are generally divided, residents feel that further improvements to transport links and services could be made. Walsall bus station and town centre car parking being highlighted as particular areas requiring attention;
- Residents want a borough that is clean and tidy, a borough they can feel proud of. Litter picking and street sweeping in all areas of the borough is important to residents, as well as targeting run down areas and maintaining the borough's roads, pavements and footpaths;
- Whilst residents feel it is important to ensure a clean and green borough, it should not be at the detriment of other critical services e.g. care for the vulnerable, adults and children, which are seen as a priority. Residents are worried that cuts may lead to reduced services which then impact on the most vulnerable. Maintaining quality services, particularly in the current economic climate and the years ahead is of vital importance;
- Throughout the challenging economic climate, supporting people when they need it most and the delivery of preventative services is seen by some as a key area for investment. The community and voluntary sector want the council working hard to support families throughout the borough to help prevent them breaking down and prioritising those most at risk from harm;
- Investing in education is a top priority for many, particularly basic skills and life-long learning. Libraries are seen as a potentially vital resource;
- Concerns were expressed that young professionals and graduates may not take up jobs here. Regenerating the borough so that it is attractive to young qualified professionals and businesses is seen as a priority;
- When recruiting staff, businesses most frequently state that accessing the right higher level skills, lack of basic skills and recruitment costs are barriers;
- Businesses identify costs in the form of overheads including business rates, high cost of energy and premises costs as barriers to operating in the borough;
- Residents and representatives from the community and voluntary sector feel that there are emerging opportunities arising from the current economic climate. Investing in and supporting volunteering opportunities in the borough and working more closely with the voluntary sector was thought to offer many benefits and cost savings;

## Appendix 1

- There is widespread consensus that the council needs to do more to tap into the expertise, knowledge and skills of the community and voluntary sector, which would in turn help the council achieve its efficiency targets and help this sector survive.
- Residents expressed the view that they were generally unable to influence decisions in their local area;
- Considering the role of local people in decision-making, a majority of respondents to the Place Survey feel that they currently are not adequately informed about local public services. Research has highlighted the link between the extent to which residents are informed about local services and their level of satisfaction;
- Representatives from the community and voluntary sector feel that local people don't adequately understand what services the council provides. Having a better understanding is thought to benefit local people and the council;
- There was strong consensus that working more closely with the community and voluntary sector is very important and that this sector can help spread information about council services to the people and communities they work with.

### **Author**

Matthew Underhill

Scrutiny Officer

☎ 01922 652087 or [underhillm@walsall.gov.uk](mailto:underhillm@walsall.gov.uk)



## Proposed Items for Scrutiny Work Programme

Issue	Corporate Parenting – Educational Attainment of LAC					
Who from	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
<b>Why is it important?</b>	<p>Educational attainment is a major indicator for securing Looked After Children’s life chances and to best safeguard their future.</p> <p>Pathways into Higher Education (HE), vocational and career routes, training and other employment opportunities are all associated benefits.</p> <p>Our aspiration for Looked After children is to significantly narrow the attainment gap compared with all children locally and where necessary combat social disadvantage and provide extra support which responds to levels of vulnerability.</p> <p>We will plan for children’s education at an earlier age and develop high aspirations including HE and career options.</p>					
<b>Who does it affect?</b>	<p><b>Current Attainment Predictions 9/10 academic year</b></p> <p>Key Stage 2 (cohort -30)  <b>17 (56.6%)</b> Looked after children predicted to achieve level 4 in English  <b>17 (56.6%)</b> Looked after children predicted to achieve level 4 in maths</p> <p>Key stage 4 (cohort-48)  <b>10 (20.8%)</b> Looked after children predicted to achieve 5 A*-C GCSE (including English &amp; Maths)  <b>12 (25%)</b> Looked after children predicted to achieve 5 A*-C GCSE  <b>32 (66.6%)</b> Looked after children predicted to achieve 5 A*-G GCSE (including English &amp; Maths)  <b>41 (85.4%)</b> Looked after children predicted to achieve 1 A*-G GCSE</p>					
<b>Who needs to be involved?</b>	<p>Virtual School / Transition and Leaving care Team  AD specialist services and SERCO  HOS Corporate Parenting and Access and Entitlement</p>					
<b>How can scrutiny add value?</b>	<p>Monitoring  Virtual college development  Scrutiny of projects  Scrutiny of results</p>					
<b>Timings</b>	<p>½ yearly to tie in with academic results</p>					
<b>Performance Information</b>	<p><b>Strategies to raise attainment</b></p> <p>60 Looked after children currently received extra 1 -1 tuition via  19 Creating Chances  28 Narrowing the gap  13 Personal Education Allowances  42 looked after children currently receive 1:1 support from staff at the</p>					

# PLACE SURVEY

## Perception on National Indicators

National Indicator	Bloxwich/ Blakenall, Birchills Leamore	Brownhills / Pelsall / Rushall- Shelfield	Darlaston / Bentley	St Matthew's / Paddock / Palfrey / Pleck	Streetly / Pheasey / Aldridge / Walsall Wood	Willenhall / Short Heath	Walsall (GAR based on National position)
NI 001 % who agree that their local area is a place where people from different backgrounds get on well together	<b>different backgrounds get on well together</b> 55.1%	different backgrounds get on well together 75.3%	different backgrounds get on well together 75.4%	different backgrounds get on well together 72%	different backgrounds get on well together 78.9%	different backgrounds get on well together 70%	<b>different backgrounds get on well together</b> 70.9%
NI 002 % who feel they belong to their immediate neighbourhood	feel they belong 51.7%	feel they belong 56.8%	feel they belong 51.2%	feel they belong 54.3%	<b>feel they belong</b> 62.7%	feel they belong 54.3%	<b>feel they belong</b> 55.8%
NI 003 % who have been involved in decisions that affect the local area in the past 12 months	have been involved in decisions that affect the local area 13.9%	have been involved in decisions that affect the local area 13.8%	have been involved in decisions that affect the local area 14.9%	<b>have been involved in decisions that affect the local area</b> 21.8%	have been involved in decisions that affect the local area 11.5%	<b>have been involved in decisions that affect the local area</b> 7.7%	<b>have been involved in decisions that affect the local area</b> 14%
NI 004 % who agree that they can influence decisions in their local area	Influence decisions 24.2%	Influence decisions 21.0%	Influence decisions 21.5%	<b>Influence decisions</b> 30.7%	Influence decisions 17.7%	Influence decisions 20.9%	<b>Influence decisions</b> 22.7%
NI 005 % who are satisfied with their local area as a place to live	<b>Local area satisfaction</b> 64.0%	Local area satisfaction 76.3%	Local area satisfaction 65.1%	Local area satisfaction 66.7%	<b>Local area satisfaction</b> 84.1%	Local area satisfaction 67.9%	<b>Local area satisfaction</b> 71.4%
NI 006 % who have given unpaid help at least once per month over the last 12 months	Participation in volunteering 13.4%	Participation in volunteering 14.2%	Participation in volunteering 14.9%	Participation in volunteering 28.7%	Participation in volunteering 19.0%	Participation in volunteering 16.8%	<b>Participation in volunteering</b> 18.5%

National Indicator	Bloxwich/ Blakenall, Birchills Leamore	Brownhills / Pelsall / Rushall- Sheffield	Darlaston / Bentley	St Matthew's / Paddock / Palfrey / Pleck	Streetly / Pheasey / Aldridge / Walsall Wood	Willenhall / Short Heath	Walsall (GAR based on National position)
NI 017 % who think that anti-social behaviour is a problem in their local area	Perceptions of ASB 37.9%	Perceptions of ASB 20.8%	Perceptions of ASB 35.5%	Perceptions of ASB 26.3%	Perceptions of ASB 18.1%	Perceptions of ASB 23.5%	Perceptions of ASB 26.1%
NI 021 % who agree that the police and other local public services are successfully dealing with anti-social behaviour and crime in their local area	Dealing with concerns about ASB and crime 20.4%	Dealing with concerns about ASB and crime 25.8%	Dealing with concerns about ASB and crime 12.0%	Dealing with concerns about ASB and crime 28.8%	Dealing with concerns about ASB and crime 19.7%	Dealing with concerns about ASB and crime 13.5%	Dealing with concerns about ASB and crime 20.8%
NI 022 % who agree that in their local area parents take enough responsibility for the behaviour of their children	Parent responsibility for children's behaviour 19.6%	Parent responsibility for children's behaviour 23.3%	Parent responsibility for children's behaviour 16.8%	Parent responsibility for children's behaviour 29.6%	Parent responsibility for children's behaviour 26.5%	Parent responsibility for children's behaviour 13.6%	Parent responsibility for children's behaviour 22.4%
NI 023 % who think there is a problem with people not treating each other with respect and consideration in their local area	People not treating each other with respect and consideration 51.2%	People not treating each other with respect and consideration 37.8%	People not treating each other with respect and consideration 43.4%	People not treating each other with respect and consideration 30.6%	People not treating each other with respect and consideration 28.3%	People not treating each other with respect and consideration 39.4%	People not treating each other with respect and consideration 37.5%
NI 027 % who agree that the police and other local public services seek people's views about anti-social behaviour and crime in their local area	Local concerns about ASB and crime 24.1%	Local concerns about ASB and crime 21.9%	Local concerns about ASB and crime 20.6%	Local concerns about ASB and crime 29.3%	Local concerns about ASB and crime 18.9%	Local concerns about ASB and crime 16.1%	Local concerns about ASB and crime 22.0%
NI 037 % who feel informed about what to do in the event of a large-scale emergency	Awareness of civil protection arrangements 15.4%	Awareness of civil protection arrangements 12.5%	Awareness of civil protection arrangements 7.2%	Awareness of civil protection arrangements 13.1%	Awareness of civil protection arrangements 13.8%	Awareness of civil protection arrangements 12.4%	Awareness of civil protection arrangements 13.0%
NI 041 % who think that drunk and rowdy behaviour is a problem in their local area	Perceptions of drunk and rowdy behaviour 34.8%	Perceptions of drunk and rowdy behaviour 25.2%	Perceptions of drunk and rowdy behaviour 30.0%	Perceptions of drunk and rowdy behaviour 36.1%	Perceptions of drunk and rowdy behaviour 24.3%	Perceptions of drunk and rowdy behaviour 24.5%	Perceptions of drunk and rowdy behaviour 29.2%
NI 042 % who think that drug use or drug dealing is a problem in their local area	Perceptions of drug use / dealing as a problem 50.6%	Perceptions of drug use / dealing as a problem 30.7%	Perceptions of drug use / dealing as a problem 47.4%	Perceptions of drug use / dealing as a problem 45.7%	Perceptions of drug use / dealing as a problem 27.4%	Perceptions of drug use / dealing as a problem 35.7%	Perceptions of drug use / dealing as a problem 39.1%
NI 119 % who say their health is good or very good	Self reported measure of health and well-being 67.8%	Self reported measure of health and well-being 66.8%	Self reported measure of health and well-being 57.7%	Self reported measure of health and well-being 70.4%	Self reported measure of health and well-being 72.9%	Self reported measure of health and well-being 73.7%	Self reported measure of health and well-being 69.4%
NI 138 % aged 65 and over who are satisfied with both home and neighbourhood	Satisfaction of 65+ with home and neighbourhood 71.7%	Satisfaction of 65+ with home and neighbourhood 84.3%	Satisfaction of 65+ with home and neighbourhood 61.2%	Satisfaction of 65+ with home and neighbourhood 69.7%	Satisfaction of 65+ with home and neighbourhood 85.1%	Satisfaction of 65+ with home and neighbourhood 79.5%	Satisfaction of 65+ with home and neighbourhood 77.8%
NI 139 % who think that older people in their local area get the help and support they need to continue to live at home for as long as they want to	Perceptions of older people receiving support to live at home 33.6%	Perceptions of older people receiving support to live at home 31.5%	Perceptions of older people receiving support to live at home 40.4%	Perceptions of older people receiving support to live at home 29.0%	Perceptions of older people receiving support to live at home 30.4%	Perceptions of older people receiving support to live at home 32.2%	Perceptions of older people receiving support to live at home 32.0%
NI 140 % who would say that they have been treated with respect and consideration by their local public services in the last year	Fair treatment by local services 58.6%	Fair treatment by local services 63.7%	Fair treatment by local services 53.5%	Fair treatment by local services 60.6%	Fair treatment by local services 70.8%	Fair treatment by local services 62.3%	Fair treatment by local services 62.8%

	Virtual School 18 looked after children have attended the QMGS project 11 girls have now been enrolled on the QMHS project.
<b>Corporate Priority</b>	Improving education and skills

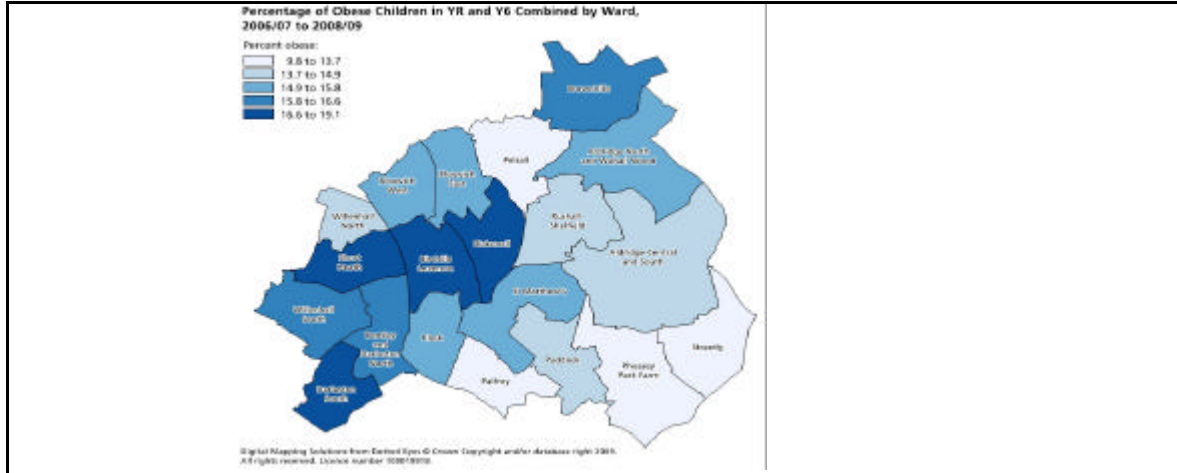
## Proposed Items for Scrutiny Work Programme

<b>Issue</b>	Safeguarding					
<b>Who from</b>	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
<b>Why is it important?</b>	<p>Safeguarding Children and promoting their welfare is one of the key statutory responsibilities for Local Authorities.</p> <p>Local Authorities and partner agencies need to work effectively together to ensure there is a strong outcome focus for children and young people.</p> <p>Local Overview and Scrutiny Committees are one of the critical checks and balances to ensure all children are safeguarded</p>					
<b>Who does it affect?</b>	Safeguarding and promoting the welfare of children effects all children in Walsall whether they are at home, school, in their communities or using public services.					
<b>Who needs to be involved?</b>	Local Authority, partner agencies, Lead member, all councillors, Director of Children's Services, Children's Trust Board and Walsall Safeguarding Children Board.					
<b>How can scrutiny add value?</b>	Local arrangements for safeguarding should be subject to scrutiny and challenge by objective external individuals who focus on ensuring children are properly safeguarded and their life chances improved.					
<b>Timings</b>	Ongoing throughout year.					
<b>Performance Information</b>	<p><i>Local Authority Scorecard is available if required. Key priorities for 2010/2011 include;</i></p> <ul style="list-style-type: none"> <li>• <i>Initial Assessments for Children's Social Care carried out within 7 working days.</i></li> <li>• <i>Core Assessments for Children's Social Care carried out within 35 working days of commencement</i></li> <li>• <i>Number of children with a child protection plan per 10,000 population under 18.</i></li> </ul>					

<b>Corporate Priority</b>	Developing strong and dynamic communities
-------------------------------	---

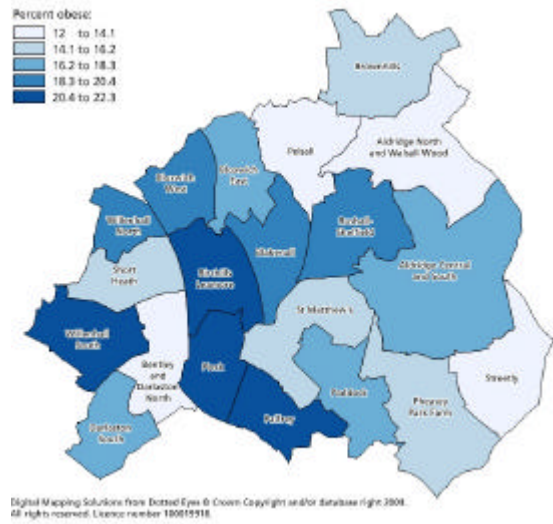
## Proposed Items for Scrutiny Work Programme

<b>Issue</b>	Childhood Obesity – Year 6					
<b>Who from</b>	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
<b>Why is it important?</b>	<p>Reducing the percentage of Year 6 children who are obese has been prioritised by NHS Walsall, Walsall Council and the Walsall Partnership, and it is a target in <u>all</u> of the following:</p> <ul style="list-style-type: none"> <li>• Vital Signs</li> <li>• World Class Commissioning</li> <li>• Local Area Agreement</li> <li>• Children and Young People's scorecard.</li> </ul> <p>Nationally in 2008, 16.8% of boys aged 2 to 15, and 15.2% of girls were classed as obese, an increase from 11.1% and 12.2% respectively in 1995. Whilst there have been marked increases in the prevalence of obesity since 1995, the prevalence of overweight children aged 2 to 15 has remained largely unchanged (values were 14.6% in boys and 14.0% in girls in 2008).</p> <p>In Walsall the prevalence of both overweight and obesity in Reception Year are below Regional and National levels. However, Walsall Year 6 overweight and obesity levels are higher than Regional and National prevalence levels (2007/08).</p> <p>Childhood obesity is associated with health outcomes similar to those of adults and includes hypertension, dyslipidaemia and hyperinsulinaemia. Other health problems include type 2 diabetes and the exacerbation of asthma. Obese children may also suffer from psychological problems such as low self-esteem, being perceived as unattractive, depression and eating disorders. The most significant long-term consequence of childhood obesity is its persistence into adulthood and the early onset of obesity-related co-morbidities such as hypertension and type II diabetes.</p> <p>Without action, overweight and obesity related diseases will cost NHS Walsall and estimated £82 million per year by 2015.</p>					
<b>Who does it affect?</b>	<p>Childhood obesity levels are known to follow a socioeconomic gradient, with the highest levels of obesity usually being found in the most deprived areas. This is certainly the case in Walsall (Figs 1 and 2).</p> <p>Over the three years of measurements, 18,118 children in YR and Y6 have been measured in Walsall (8790 girls and 9328 boys). In both sexes, Asian and British Asian children had the lowest levels of obesity and Black or Black British had the highest.</p> <p>Asian and British Asian girls had significantly lower levels of obesity and obesity and overweight when comparing this with the Walsall prevalence. Eleven per cent of Asian and British Asian girls were measured as obese and 20.8% were measured as overweight or obese. Asian and British Asian boys were measured as having lower levels of obesity (15.4%) and significantly lower levels of obesity and overweight (25.2%), when compared with the Walsall prevalence.</p> <p>Fig 1: Obesity by Ward 2006/07 to 2008/09, Reception and Y6 Combined</p>					



**Fig 2: Obesity by Ward 2006/07 to 2008/09, Year 10**

**Percentage of Obese Children in Year 10 by Ward, 2006/07 to 2008/09**



Black and Black British boys and girls had higher levels of obesity and obesity and overweight than Walsall overall but only boys had significantly higher levels of overweight and obesity (37.7%).

In Y10, 6860 (3196 girls and 3664 boys) have been measured over the same period. Asian and British Asian girls were measured as having higher levels of obesity (19.5%) and obesity and overweight (32.6%) than the Walsall average (16.8% and 30.6%, respectively). Although these differences were not significant, it is opposite to what is seen in the younger age group.

Asian and Asian British Boys have significantly higher levels of obesity than the Walsall average (23.5% vs. 18.1%).

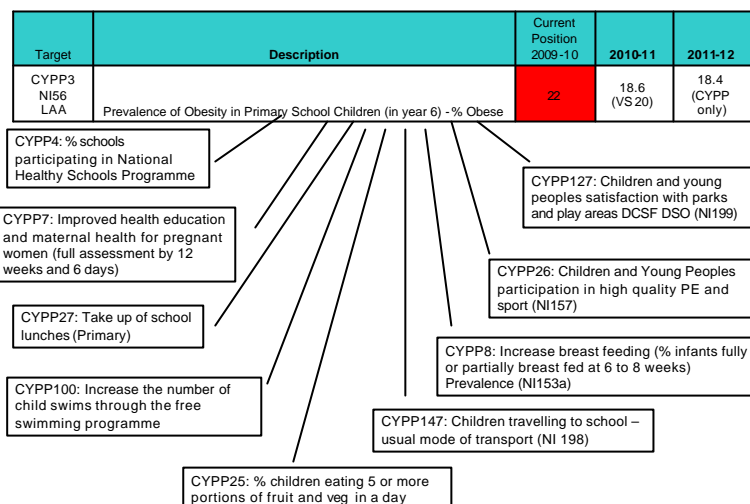
**Who needs to be involved?**

Universal preventative approaches to promoting children’s healthy weight and growth are imperative. There are organisations and agencies other than the NHS that are much better placed to influence the determinants of childhood obesity in Walsall e.g. SERCO, individual schools, transport, planning, leisure



services. Achieving sustained improvements in Walsall's childhood obesity levels requires ownership of this target by all partners and this approach is being developed through the Walsall Healthy Weight LIT.

The diagram below illustrates how other CYPP targets have an impact on the prevalence of obesity in children.



( These CYPP targets are currently being reviewed and revised)

**How can scrutiny add value?**

To influence partners to actively engage and take ownership of the target to achieve a reduction in Walsall's childhood obesity levels.

**Timings**

**Performance Information**

The Year 6 LAA target for Walsall is currently red rated:

Description	Actual 2008-09	Target 2008-09	Actual2 009-10	Target 2009-10	Target 2010-11
% of Children in Year 6 with Height & Weight recorded who are obese	20	19.0	21.9	18.8	18.6

Currently NHS Walsall commission Weight Management programmes for children aged 4- 16yrs. In 2009-10 67 children have completed and maintained or reduced their BMI. Our World Class Commissioning target is to achieve 800 children (200 per year), who have completed a weight management intervention, to have maintained their weight by 2014.

**Corporate Priority**

Improving Health

## Proposed Items for Scrutiny Work Programme

Issue	Children's Trust Board (CTB)					
Who from	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
<b>Why is it important?</b>	<p>The Children's Trust Board will become a statutory body that every local authority is required to have in place by April 2010. It is also a part of the wider cooperation arrangements under section 10 of the Children Act 2004. The Board will have responsibility for developing, publishing, reviewing, revising and monitoring the implementation of the Children and Young People's Plan (CYPP).</p>					
<b>Who does it affect?</b>	<p>The Children's Trust Board to become responsible for monitoring the extent to which the partners act in accordance with the Plan and is required to publish an annual report which sets this out. It is crucial that the Children's Trust Board and the Local Safeguarding Children's Board (LSCB) form a strong relationship which reflects their important but distinctive roles in keeping children safe. The Children's Trust Board is specifically accountable for overseeing the delivery of the CYPP. The LSCB is responsible in turn for challenging the Children's Trust Board on their success in ensuring that children and young people are kept safe.</p>					
<b>Who needs to be involved?</b>	<p>The following actions have been considered in readiness for April 2010</p> <ul style="list-style-type: none"> <li>• Membership and representation requirement for the Children's Trust Board</li> <li>• Remit and terms of reference</li> <li>• Relationship with Local Strategic Partnership (LSP) and the LSCB</li> <li>• Optimum size of Children's Trust Board</li> <li>• Role will the Chief Executive in coordinating the support from adult services, housing and other statutory and non statutory partners.</li> <li>• Arrangements for Chair of the Children's Trust Board.</li> <li>• The governance arrangements and the agreed four key work streams (commissioning, performance, workforce/resources &amp; engagement) of the Children's Trust Board need to be cascaded to all agencies to ensure all sub group activity is coordinated appropriately.</li> </ul>					
<b>How can scrutiny add value?</b>	Monitoring Scrutiny of progress					
<b>Timings</b>	annual					

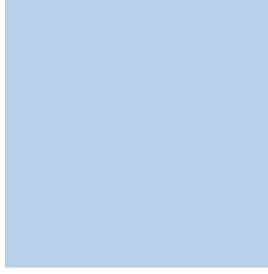
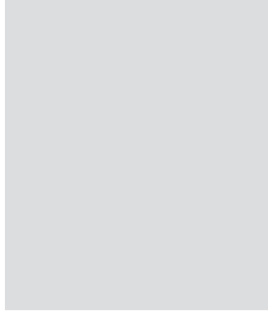
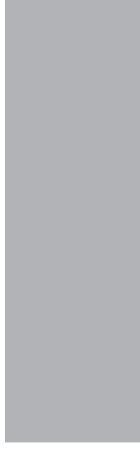
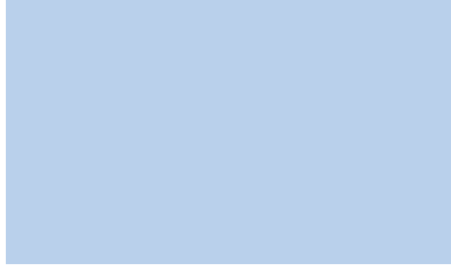
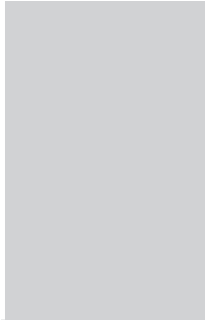
<b>Performance Information</b>	Refer to timeline for the Children's and Young People's Plan CYPP (tbc by next CTB 30.6.10).
<b>Corporate Priority</b>	Developing strong and dynamic communities

### Proposed Items for Scrutiny Work Programme

<b>Issue</b>	Perinatal and Infant Mortality					
<b>Who from</b>	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
<b>Why is it important?</b>	Walsall has one of the highest rates of perinatal and infant mortality in the West Midlands. (Please also see appendix 1)					
<b>Who does it affect?</b>	Population of Walsall					
<b>Who needs to be involved?</b>	All services Local authority, NHS, voluntary, Private. The public.					
<b>How can scrutiny add value?</b>	Performance manage at a wider level. Advise and bring about change more effectively.					
<b>Timings</b>	Last reported to Health scrutiny panel in February 2010. Perinatal and infant mortality figures are reported on an annual basis therefore next January/February would be the appropriate time to report on it again.					
<b>Performance Information</b>	<i>Include any relevant performance information that will inform members of current performance levels and provide baseline for future monitoring.</i>					
<b>Corporate Priority</b>	Improving Health					

# Reducing Infant and Perinatal Mortality in Walsall

## Action Plan 2009-2012



# Contents

	Page No.
Foreword	3
Introduction	4
Current Position in Walsall	5
Action Plan	
1. Infant and Perinatal Mortality Targets	7
2. Improving Programme Delivery	8
3. Prevention and Investigation of SIDS and Child Death	9
4. Maternity Services	10
5. Antenatal and Newborn Screening	12
6. Immunisations	13
7. Smoking in Pregnancy	14
8. Obesity (Maternal and Child)	16
9. Breastfeeding	18
10. Black and Minority Ethnic Groups	20
11. Child Poverty	21
12. Environmental and Housing	21
13. Intelligence	22
Appendix 1 – Action Plan performance scorecard	23

## Foreword

Infant mortality is a serious public health challenge. The death of a child is not only a personal tragedy for the family but represents a significant loss to the local community and society as a whole. Whilst infant mortality rates in England are amongst the lowest, there remain marked inequalities. The distribution of infant deaths is shaped by socio-economic and ethnic differences. Depending on where an infant is born in Walsall the infant mortality rate varies from 0 per 1000 live births to 22 per 1000 live births. It is these, unacceptable, inequalities that are the priority for local action.

The national focus on health inequalities and the setting of a PSA target for reducing the inequalities in infant mortality is welcomed and rests at the centre of our health inequalities strategy. This action plan has been informed by several important pieces of work in Walsall, including a comprehensive programme of work around low birth weight babies and an extensive audit of infant deaths in Walsall. It builds on the good work undertaken to date and calls for action in the following areas:

- ❖ *Monitoring targets and using health intelligence*
- ❖ *Prevention and investigation of sudden unexplained deaths in children*
- ❖ *Developing maternity services*
- ❖ *Reducing risk through screening and immunisation*
- ❖ *Reducing risk through lifestyle changes*
- ❖ *Targeting vulnerable groups*
- ❖ *Addressing the wider determinants – child poverty and housing*

Addressing the inequalities in infant mortality in Walsall will not be an easy task. Commitment across the partnership agencies and the resolve of local communities will be crucial. It will require a co-ordinated effort, shrewd investment and excellence in commissioning.



**Dr Sam Ramaiah**  
**Director of Public Health**

## Introduction

Infant mortality is a sensitive indicator of the overall health of a population, providing a measure of the well being of infants, children and pregnant women. Although infant mortality rates in England are at an all time low and falling, worrying inequalities persist. The distribution of infant mortality rates is shaped by socio-economic, geographical and ethnic factors. An infant is more likely to die if born into disadvantaged circumstances or certain ethnic groups.

The government has set challenging health inequalities targets. The infant mortality public service agreement (PSA) target aims to:

“Starting with children under one year, by 2010, reduce by at least 10% the gap in infant mortality between the routine and manual groups and the population as a whole.”

The changes that are needed to achieve this target are:

- Infant mortality rates must fall across the whole population *and*
- Infant mortality rates must fall even faster in the most deprived groups.

There are a number of issues relating to the way the PSA target has been defined, which impact on our ability to performance monitor this target. The Department of Health (DH) defines the baseline for the Infant Mortality PSA as the 3-year period 1997-99. When producing local baseline figures for the PSA target it has not been possible to obtain data back as far as 1997. Furthermore, the quality of electronically captured data on births and deaths up to 2002 cannot be validated and it is thought that a significant proportion of this data may be missing. The local baseline for measuring the inequality gap has thus been set at 2003-05, the point at which data become reasonably reliable.

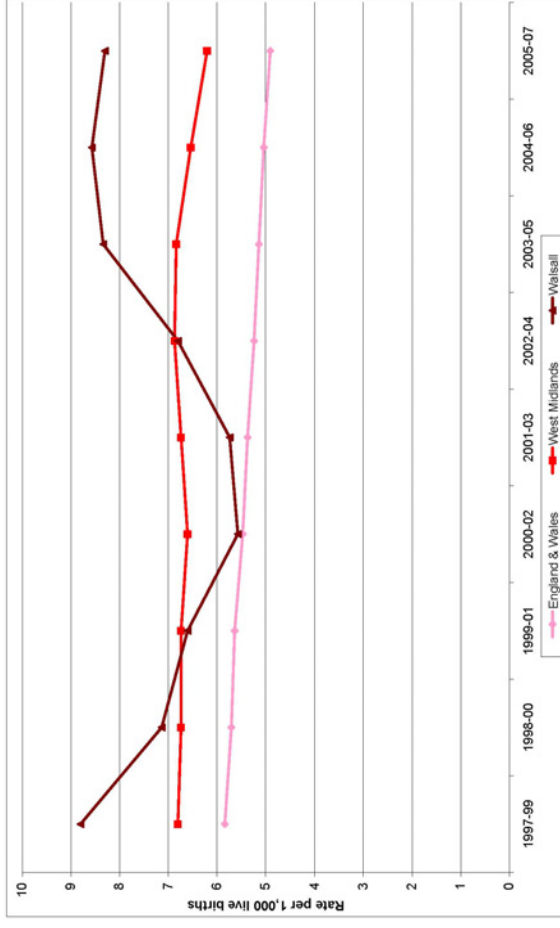
The DH has opted to use the NS-SEC system of socio-economic (SE) classification in relation to the PSA target. Using the NS-SEC classification locally has also proved problematic. The data recorded on birth and death registrations required to allocate NS-SEC categories is patchy or unavailable. The Index of Multiple Deprivation has been used to stratify the population into quintiles, with group 1 being the most deprived and broadly analogous to the “routine and manual” group in NS-SEC.



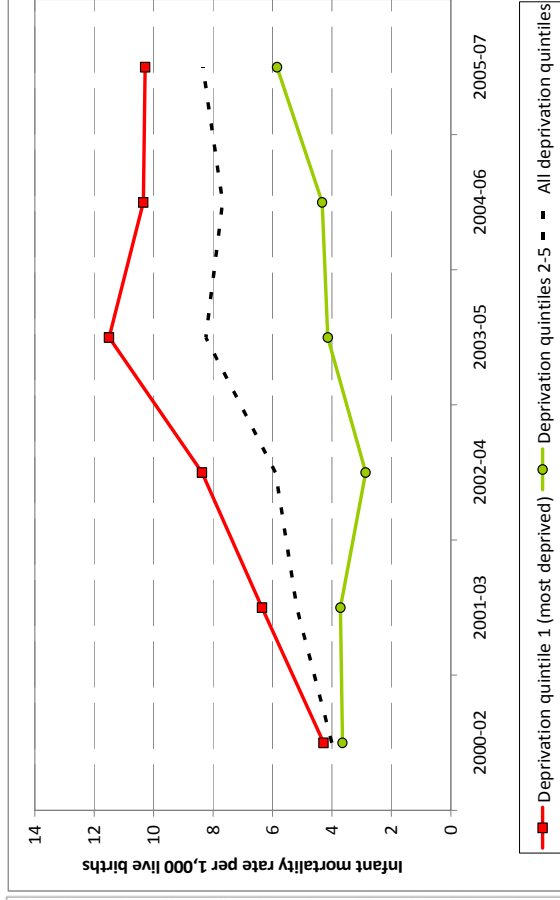
## Current Position in Walsall

There are approximately 3,500 live births in Walsall each year. Infant mortality rates in Walsall have been persistently higher than regional and national rates. Figure 1 below depicts the local trend in infant mortality rates. Owing to the small numbers involved 3 year rolling averages are monitored. Infant mortality rates have fluctuated in Walsall since 1997 and at times have been as low as the national rate. This is not surprising given the small numbers in consideration. However, since 2000 rates have increased and current projections indicate that this trend is likely to continue if action is not taken.

**Figure 1: Infant Mortality Rates, 3 year rolling average, 1995-2007**

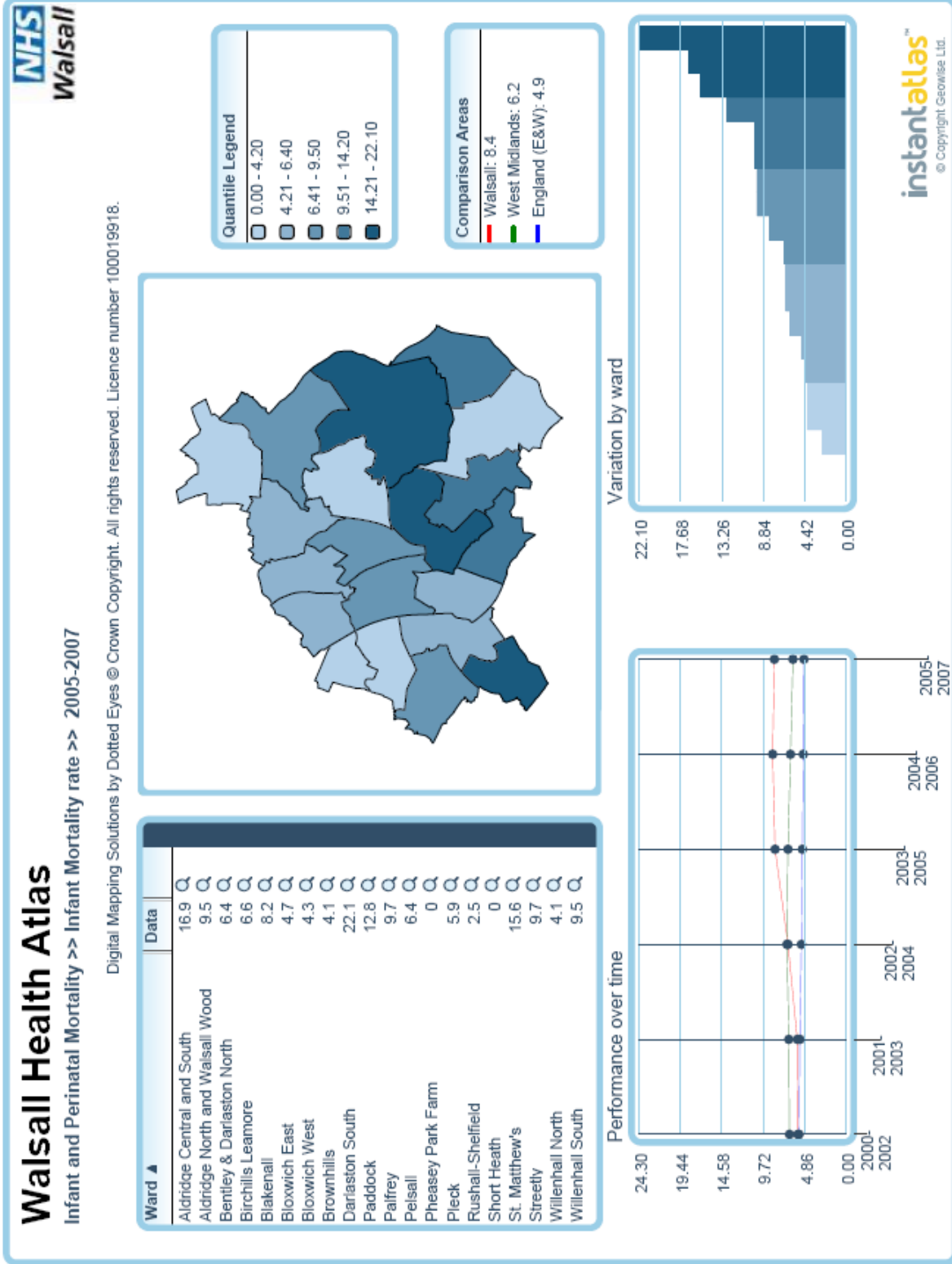


**Figure 2: Infant Mortality Rates in Walsall by deprivation quintile, 2000 to 2007**



Figures 1 and 2 above illustrate that the rates of infant mortality in Walsall have recently increased and are higher than national and regional rates. However, despite the increase, the gap between the most deprived areas and other less deprived areas in Walsall is reducing. There is a marked variation in infant mortality rates across Walsall. Map 1 below highlights these inequalities with infant mortality rates ranging from 0 per 1,000 live births in short heath to 22 per 1,000 live births in Darlaston south. Surprisingly high rates are reflected in Aldridge South and Central.

# Map 1: Infant mortality rates by Walsall ward, 2005-2007



# Action Plan

## 1. Infant and Perinatal Mortality Targets

Action	Lead Agency/Officer	Plan/s	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
Reduce inequalities in infant and perinatal mortality.	NHS Walsall - Sam Ramaiah ( Director of Public Health)	Children and Young People's Plan	Infant mortality rate per 1000 live births	8.5	8.4	7.54	7.39	7.25
		LAA	Perinatal mortality rate per 1000 live and stillbirths	10.4	9.0	8.62	8.55	8.48
		Life Expectancy Action Plan	Infant mortality rate absolute gap IMD quintile 1 and all Walsall	(03/05) 3.20	(06/08) 3.04	(07/09) 2.99	(08/10) 2.94	(09/11) 2.88
		Every Child Matters Health Inequalities Strategy	Infant mortality rate per 1000 absolute gap Walsall versus National	3.20	3.04	2.99	2.94	2.88
		World Class Commissioning Plan	Perinatal mortality rate absolute Gap IMD quintile 1 and all Walsall	2.20	2.09	2.05	2.02	1.98
		Child poverty strategy Parenting strategy FNP Children NSF	Perinatal mortality rate per 1000 absolute gap Walsall versus National	1.20	1.14	1.12	1.10	1.08

## 2. Improving Programme Delivery

Action	Lead Agency/Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
2.1 Maintain steering group in order to have a clear line of reporting and accountability to major planning groups	NHS Walsall: Sam Ramaiah (Director of Public Health)		Quarterly meetings Annual Report to: <ul style="list-style-type: none"> <li>NHS board</li> <li>Health Inequalities and Well-Being Board</li> </ul>	4  Achieved	4  Achieved	4  1	4  1	4  1
2.2 Learn from other areas and share information with areas in the West Midlands with similar issues	NHS Walsall: Rabina Ayaz (Children and Infants Programme Lead)		Number of learning events per year		2	3	4	4
2.3 Ensure reducing infant mortality is prioritised in key Walsall strategies	NHS Walsall: Sam Ramaiah (Director of Public Health)	Child Poverty CYPP Parenting Strategy Inequalities IFH Investing for Health Project 2c National Standards Framework	Prioritised in: CYPP( children and young peoples Plan) LAA( Local Area Agreement) Health Inequalities Strategy					

### 3. Prevention and Investigation of Sudden, Unexpected or Unexplained Death of an Infant

Action	Lead Agency/ Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
3.1 Advice to be given to all mothers on the avoidance of sudden infant death	Karen Palmer (Head of Midwifery) / Catrina Hartle (Head Child Health Prevention Services)	Care Of Next Infant (CONI) project	Annual Audit Coverage (Percentage of mothers)	1 100%	1 100%	1 100%	1 100%	1 100%
3.2 Ongoing training for healthcare professionals about the risk factors, prevention, advice and management of SUDI	Catrina Hartle (Head of Child Health Prevention Services)  Karen Palmer (Head of Midwifery)	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide  Safeguarding Business Plan	Percentage of staff undergoing training each year	No Baseline	80	90	100	100
			Nursery Nurses %	No Baseline	80	90	100	100
			Health visitors %	No Baseline	80	90	100	100
3.3 Ensure findings from Child Death review are used systematically to improve services and surveillance systems for children	Jane Evans (Assistant Director Commissioning Partnerships)	Safeguarding Business Plan  Children NSF	Midwives %	No Baseline	80	90	100	100
			Maternity support staff %	No Baseline	80	90	100	100
			Quarterly report : To NHS Walsall Board	4	4	4	4	4

## 4. Maternity Services

Action	Agency / Lead Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
4.1 Develop a strategy and action plan for implementation of Maternity Matters	Sue Lavery (Public Health Consultant) Jane Evans (Assistant Director, Commissioning Partnerships)	Maternity Matters Local Health Economy	Quarterly Reporting on Action Plan to Infant and Maternity LIG		4	4	4	4
4.2 Improve continuity of care	Sue Lavery (Public Health Consultant) Jane Evans (Assistant Director Commissioning Partnerships)	Maternity Matters Local Health Economy Investing for Health project 2c	<b>Perinatal Institute KPI:</b> Continuity of carer with a named midwife	34.1%	60%	75%	75%	80%
4.3 Ensure Early access to maternity services	Sue Lavery (Public Health Consultant) Lin Gostling (Head of Community Midwifery) Jane Evans (Assistant Director Commissioning Partnerships)	Maternity Matters Local Health Economy Investing for Health project 2c	<b>Perinatal Institute KPI:</b> Health and social risk assessment completed by 12weeks plus 6 day  <b>Perinatal Institute KPI:</b> 1 <sup>st</sup> Contact by 12 weeks		70.1	80	80	80
				77.1	70.1	80	90	95

Action	Agency / Lead Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
<b>4.4 Improve detection of intra uterine growth restriction</b>	Sue Lavery ( Public Health Consultant)	Children NSF	<b>Perinatal Institute KPI:</b> Detection of growth restriction	33.3	60	60	70	90
	Jane Evans( Assistant Director Commissioning Partnerships)	Investing for Health project 2c	<b>Perinatal Institute KPI:</b> Referral for growth restriction	34.1	60	60	70	90
<b>4.5 Develop outreach services for vulnerable groups</b>	Jane Evans( Assistant Director Commissioning Partnerships)	WCC Plan	Number of women receiving Family Nurse Partnership at given point in time		100	140	150	160
	Catrina Hartle (Head of Child Health Prevention Services)	LHE Plan Child Parenting Strategy Parenting Plan						

## 5. Antenatal and Newborn Screening

Action	Agency / Lead Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
5.1 Develop protocols to implement National Screening Committee antenatal and neonatal screening guidelines, with a focus on women from disadvantaged groups	NHS Walsall: Jo Wood (Screening Manager)	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide Children NSF	Develop Programme of NSC Protocols  Bi annual reports to Infant and Perinatal Mortality LIG			Develop Protocols 1	Implement 2	Rolling programme Audit 2
5.2 Identify outcomes of foetal anomaly screening	NHS Walsall: Jo Wood (Screening Manager) Rabina Ayaz (Programme Lead for Children and Infants)	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide Investing for Health Project 2c	Undertake Annual Audit		1	1	1	1



## 6. Immunisations

Action	Agency / Lead Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
6.1 Design and deliver immunisation services to reach disadvantaged groups	Catrina Hartle (Head of Child Health Prevention Services) Paul Carter (Consultant Community Paediatrician)	Child Health Promotion programme Children and Young Peoples Plan Children NSF	Carry out regular immunisation Health Equity Audits and devise action plan		Audit and action plan	Implement action plan	Re-audit	Re-audit

## 7. Smoking in Pregnancy

Action	Lead Officer/ Agency	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
7.1 Maintain a dedicated service for pregnant smokers and family members	NHS Walsall: Erica Pugh (Smoking Cessation Co-ordinator)	Tobacco Policy Control Plan  Children NSF	Perinatal Institute KPI: % of women smoking at booking	20.2%	19.8%	17%	<15%	<15%
			Perinatal Institute KPI: % of women smoking at end of pregnancy	18.3%	17..9%	16.9%	<15%	<15%
			Pregnant Smokers 4 week Quit rates (%)	29.7%	30.7%	31.7%	32.7%	33.7%
7.2 Target at risk groups in wards with highest smoking in pregnancy rates	NHS Walsall Erica Pugh (Smoking Cessation Co-ordinator)	Implementation Plan for Reducing health inequalities in Infant Mortality: A Good Practice Guide  Children NSF	% of Partners and significant others with smoking status recorded		50%	80%	100%	100%
			% of partners and significant others Quit rate	47%	48%	49%	50%	51%
			Blakenall 31.7%	30%	29%	28%	27%	27%
			Bloxwich East 30.5%	29%	28%	27%	26%	26%
			Birchills Leamore 23.9%	22.5%	21.5%	20.5%	19.5%	19.5%
Bloxwich West 22.9%	21.5%	20.5%	19.5%	18.5%	18.5%			

Action	Lead Officer/ Agency	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
<b>7.3 Implement Carbon monoxide monitoring at booking for all women</b>	Lin Gostling (Head Community Midwifery) Erica Pugh (Smoking Cessation Co-ordinator)	Implementation Plan for Reducing health inequalities in Infant Mortality: A Good Practice Guide Children NSF	Percentage of women monitored at booking		90	100	100	100
			percentage of women with positive CO monitoring referred to smoking cessation team		90	90	100	100
<b>7.4 Reduce exposure to second hand smoke</b>	NHS Walsall: Erica Pugh (Smoking in Pregnancy Co-ordinator)	Promote the Smoke Free Homes initiative to protect children from the risks associated with second hand smoke	Number of households receiving Smoke Free initiative (50% to be in IMD1 areas)		68 Households	100 Households	200 Households	

## 8. Obesity – Maternal and Child Weight Management

Action	Lead Officer/ Agency	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
8.1 Develop a Maternal and Early Years Healthy Weight Service for women eligible for Healthy Start.	Suzie Gill (Commissioning Manager Weight Management)  Rachel Walker (Breastfeeding Co-ordinator)	Children NSF	Number of referrals		100	200	*	*
			Numbers of women with a maternal weight gain not more than 7 – 10 Kg		60	70	*	*
			Number of women with a maternal weight loss post-pregnancy (5-10%)		60	70	*	*
8.2 Health Trainers working with the maternity unit to access overweight and obese mums:  8.3 To attend antenatal one stop shop at the Manor maternity unit to offer lifestyle assessments.	Jo Kirkby (Assistant Commissioning Manager. Weight Management)  Sue Caulfield (Health Trainer Service manager)	Children NSF	Number of referrals to the service from the antenatal clinic	New service	20	30	40	50
			Number of personal health plans set by pregnant women	New service	20	30	40	50

Action	Lead Officer/ Agency	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
8.4 Promote optimal nutrition among women of childbearing age, raising awareness of the risks of obesity in pregnancy, and referring clients to community dieticians for specialist support where appropriate:	Suzie Gill (Commissioning Manager Weight Management)	Children NSF	Number of awareness sessions delivered by specialist health trainer on food and nutrition targeting women of child bearing age per quarter.	New service		20	25	30
			Numbers of referrals from infertility clinic targeting patients with BMI over 30 per year	New service		10	15	20
8.5 Establish a Weight Management Service for pregnant women	Sue Caulfield (Health Trainer Service manager)	Child Health Promotion Programme	Number of personal health plans set by women of child bearing age to reach and maintain a healthy BMI range (18.5 -24.9) per year			75	75	76
			Percentage of pregnant women with BMI > 30 receiving service	New Pathway		40	60	80

Note \* - 2 year pilot project from 2009 to 2011

## 9. Breastfeeding

Action	Agency / Lead Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
<b>9.1 Increase breastfeeding rates</b>	Walsall Manor Hospital Trust: Lin Gostling (Head of Community Midwifery)	Walsall Breastfeeding Strategic Group Action Plan (incl Baby Friendly Action Plans for NHS Acute & tPCT)	<b>Perinatal Institute KPI:</b> % mothers breastfeeding after delivery (initiation rate)	52.3	54.3	56.3	58.3	60.8
	Caroline Mansell (Breastfeeding Co-ordinator)	Children and Young Peoples Plan	% children with breastfeeding status recorded at 6-8 weeks (coverage)	79.3	81.9	85	90.0	95
<b>9.2 NHS Walsall/NHS Community Health (incl all GP's &amp; Children's Centre's) to achieve UNICEF Baby Friendly accreditation by end of 2010/11</b>	Rachael Walker (Breastfeeding Co-ordinator)	Life Expectancy Action Plan Vital Signs	% mothers partially or totally breastfeeding at 6-8 weeks (prevalence)	*	25.5	28.7	32.3	34.3
	Rachael Walker (Breastfeeding Co-ordinator)	Walsall Breastfeeding Strategic Group Action Plan Baby Friendly Action Plan	Accreditation received	Intent signed for 2007	Baby Friendly accreditation	Stage one action plan activities delivered	Stage 2	Stage 3

\* Unable to verify Data

Action	Agency / Lead Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
9.3 All teenage mothers to receive specific antenatal and postnatal advice on breastfeeding.	Lin Gostling (Head of Community Midwifery) Diane Osborne (Commissioning Manager, Teenage Pregnancy Services)	Children's NSF Action Plan  Teenage Pregnancy strategy	Number of teenage pregnancy Team/ family nurse partnership staff trained in UNICEF breastfeeding awareness (cumulative)	0	2	8	11	14
9.4 Pilot Breastfeeding Awareness in PHSE Sessions in Secondary Schools	Caroline Mansell (Breastfeeding Co ordinator)	Walsall Breastfeeding Strategy	Number of schools included each year	0	4	6	8	10

## 10. Black and Minority Ethnic Groups

Action	Agency / Lead Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
10.1 Shared Leadership for change project: Implement Action Plan	Suni Desai (Programme Lead)	Shared leadership Strategy and Action Plan	Report quarterly to infant mortality LIG on action plan		4	4	4	4
10.2 Improve access to genetic counselling services for high risk groups	NHS Walsall: Rabina Ayaz (Programme Lead for Children and Infants)	Implementation Plan for Reducing health inequalities in Infant Mortality: A Good Practice Guide	No. of health professionals undergoing Community Genetics training		30	60	80	100
			No. of individuals accessing Community Genetics Service		30	180	330	400
			Client Survey – Service Satisfaction (%)		80	80	80	90
			Perceived positive steps by clients following intervention (%)		70	70	70	80



## 11. Child Poverty

Action	Agency / Lead Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
11.1 Improve access to employment, services and facilities/working with employers to create jobs and opportunities	Darrell Harman Walsall Partnership	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide LAA CYPP	Reduce the proportion of children in poverty	25.7%	24.5%	23.5%	22.5%	21.5%
			Reduce working – age people on out-of-work benefits	16.5%	16.2%	15.7%	15.0%	14.3%

## 12. Environmental and Housing

Action	Agency / Lead Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
12.1 Improve Housing Choice	Debbie Parkes (Housing Strategy and Partnerships Manager)	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide	Increase Number of Additional Houses	Average of 444 homes per annum 2002/03	640 net	640 net	640 net	640 net

## 13. Intelligence

Action	Agency / Lead Officer	Plan	Indicator	Baseline	2008 /09	2009 /10	2010 /11	2011 /12
<b>13.1 Implement a new Maternity Information System</b>	NHS Walsall / Walsall Hospital Trust Rob Hodgkiss (Head of Paediatrics and Maternity services) Jane Evans (Assistant Director Commissioning Partnerships)		Quarterly reporting on implementation plan to Infant and Perinatal Mortality LIG		2	4	4	
<b>13.2 Encourage ownership of the target and action plan through establishing an effective performance management system</b>	NHS Walsall: Rabina Ayaz (Programme Lead for Children and Infants) Andy Hood (Public Health Intelligence Manager)	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide	Produce Annual Report of Infant Mortality work programme Quarterly reporting on Action Plan to the infant and Perinatal mortality LIG	0	1	1	1	1
<b>13.3 Audit geographical variation in infant and perinatal mortality rates</b>	Barbara Watt (Public Health Consultant) Rabina Ayaz (Programme Lead for Children and Infants)	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide	Bi-annual report to Infant and Perinatal Mortality LIG		1	2		

# Appendix 1 – RIPMAP Performance Scorecard

RIPMAP Code	Action Description	Relevant plan / performance framework	Indicator Description	Unit of Measure (% , Number, etc)	Baseline	Targets 08/09	Targets 09/10	Targets 10/11	Targets 11/12	RAG Rating (R/A/G )
<b>Overall infant and perinatal mortality targets</b>										
1	Reduce inequalities in infant and perinatal mortality: PSA target - Starting with children under 1 year, by 2010 to reduce by at least 10% the gap in infant mortality between the routine and manual groups and the population as a whole	Children and Young People's Plan, Local Area Agreement, Life Expectancy Action Plan, Every Child Matters, Health Inequalities Strategy	Infant mortality rate per 1,000 live births	Rate per 1,000	**	8.4	7.54	7.39	7.25	*
			Perinatal mortality rate per 1,000 live and stillbirths	Rate per 1,000		9.0	8.62	8.55	8.48	
			Infant mortality rate, absolute gap between IMD quintile 1 and Walsall as a whole	Number (rate)	3.20	3.04	2.99	2.94	2.88	
			Infant mortality rate, absolute gap between Walsall and England	Number (rate)	3.20	3.04	2.99	2.94	2.88	
			Perinatal mortality rate, absolute gap between IMD quintile 1 and Walsall as a whole	Number (rate)	2.20	2.09	2.05	2.02	1.98	
			Perinatal mortality rate, absolute gap between Walsall and England	Number (rate)	1.20	1.14	1.12	1.10	1.08	
<b>Improving Programme Delivery</b>										
2.1	Maintain steering group in order to have a clear line of reporting and accountability to major planning groups		Record maintained of quarterly meetings reporting to NHS board and Health Inequalities board	Yes / No	Achieved	Achieved	1	1	1	
2.2	Learning from other areas and sharing information with areas in the West Midlands with similar issues.		Number of learning events per year	Number		2	3	4	4	
2.3	Ensure reducing infant mortality is priorities in key Walsall strategies		Prioritised in: CYPP, LAA, Health Inequalities Strategy, Annual Report to Infant Mortality LIG			1	1	1	1	
<b>Prevention and investigation of Sudden Infant Deaths Syndrome (SIDS) and child death</b>										
3.1	Advice will be given to all mothers on the avoidance of SID	Care of Next Infant (CONI)	Annual audit of notes for record of advice	Number	1	1	1	1	1	
			Audit coverage	%	100	100	100	100	100	

\* A methodology for RAG rating will be devised for first performance monitoring report in September 2009 \*\* Blank spaces occur where baseline date could not be verified at time of printing or are not applicable.

RIPMAP Code	Action Description	Relevant plan / performance framework	Indicator Description	Unit of Measure (% , Number, etc)	Baseline	Targets 08/09	Targets 09/10	Targets 10/11	Targets 11/12	RAG Rating (R/A/G)
3.2	Ongoing training for health care professionals about the risk factors, prevention, advice and management of SUDI	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide	Nursery Nurses undergoing training	% of total		80	90	100	100	
			Health Visitors undergoing training	% of total		80	90	100	100	
			Midwives undergoing training	% of total		80	90	100	100	
3.3	Ensure findings from Child Death review and Overview Panel are used systematically to improve services and surveillance systems for children.	Safeguarding Children business plan	Maternity Support Staff undergoing training	% of total		80	90	100	100	
			Record of quarterly report to NHS Walsall board	Number	4	4	4	4		
<b>Maternity Services</b>										
4.1	Develop a strategy and action plan for implementation of "Maternity Matters".	Maternity Matters Strategy	Quarterly report on Action Plan progress to maternity LIG	No. of quarterly reports			3	4	4	
			Continuity of care with named midwife	%	34.1	60	75	80		
4.3	Early access to maternity including: Pharmacy involvement, Children's Centre referral pathways, Wider availability of free pregnancy tests.	Vital Signs, Maternity Matters	First contact made with mother by 12 weeks of pregnancy	%	77.1	70	80	90	95	
			Health and Social Care risk assessment completed by 12+ 6 weeks of pregnancy.	%		80	80	80	80	
4.4	Improve detection of Intra Uterine Growth Restriction (IUGR).		Detection of IUGR	%	33.3	60	60	70	90	
			Referral for IUGR	%	34.1	60	70	90		
4.5	Outreach services for vulnerable groups	WCC plan, LHE plan	Number of women receiving Family Nurse Partnership (FNP) at given point in time	Number		100	140	150	160	
<b>Antenatal and Newborn Screening</b>										
5.1	Develop protocols to implement National Screening Committee (NSC), NICE and Perinatal Institute antenatal and neonatal screening guidelines, with focus on men from disadvantaged groups.	Implementation Plan for Reducing Health Inequalities in Infant Mortality	Develop programme of NSC Protocols				Develop Protocol	Implement	Rolling Programme Audit	
			Bi-annual reports to Infant and Perinatal Mortality LIG	Number of reports		1	2	2		

RIPMAP Code	Action Description	Relevant plan / performance framework	Indicator Description	Unit of Measure (% , Number, etc)	Baseline	Targets 08/09	Targets 09/10	Targets 10/11	Targets 11/12	RAG Rating (R/A/G)
5.2	Identify outcomes of fetal anomaly screening	NSF Standard 11	Undertake annual audit			1	1	1	1	
<b>Immunisations</b>										
6.1	Design and deliver immunisation services to reach disadvantaged groups	CHPP	Carry out immunisation Health Equity Audit (HEA) and devise action plan			HEA and action plan	Implement Action Plan	Re-audit	Re-audit	
<b>Smoking in Pregnancy</b>										
7.1	Maintain a dedicated service for pregnant smokers and family members.	Tobacco Policy Control Plan. Life Expectancy Action Plan	% of women smoking at time of booking	%	20.2	19.8	17	<15	<15	
			% of women smoking at end of pregnancy	%	18.3	16.9	<15	<15		
			Smoking quit rate in pregnant mothers	%	15.5	17.5	18.5	19.5		
			Partners and significant others with status recorded	%	50	80	100	100		
			Smoking quit rate in partners and significant others	%	47	49	50	51		
7.2	Target at risk groups in wards with highest smoking in pregnancy rates	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide	% of pregnant women in Blakenall smoking at end of pregnancy	%	31.7	30	29	28	27	
			% of pregnant women in Bloxwich East smoking at end of pregnancy	%	30.5	29	28	27	26	
			% of pregnant women in Birchills Leamore smoking at end of pregnancy	%	23.9	22.5	21.5	20.5	19.5	
			% of pregnant women in Bloxwich West smoking at end of pregnancy	%	22.9	21.5	20.5	19.5	18.5	
			% of women CM monitored at booking	%		90	100	100	100	
7.3	Carbon Monoxide monitoring at booking for all women		Pregnant women referred to smoking cessation team	%		90	90	100	100	
7.4	Reduction in exposure to second hand smoke	Smoke Free Homes initiative	Number of households receiving "Smoke Free" initiative (with 50% from IMD quintile 1)	Number			68	100	200	

RIPMAP Code	Action Description	Relevant plan / performance framework	Indicator Description	Unit of Measure (% , Number, etc)	Baseline	Targets 08/09	Targets 09/10	Targets 10/11	Targets 11/12	RAG Rating (R/A/G)	
<b>Obesity - minimise weight gain in pregnancy and reduce likelihood of childhood obesity</b>											
8.1	Development of new Maternal and Early Years health weight service for women eligible for Health Start	N/A	Number of referrals to healthy weight service	Number		100	200	600	1200		
			Average maternal weight gain not more 7-10 kgs	% achieved		60	70				
			Average maternal weight loss post-pregnancy (5-10% of weight)	% achieved		60	70				
8.2	Health Trainers working with the maternity unit to access overweight and obese mums	N/A	Number of referrals to health trainers from antenatal clinic	Number		20	30	40			
8.3	Health Trainers to attend one-stop-shop at Manor maternity unit to offer lifestyle assessments	N/A	Number of personal health plans set by pregnant women	Number		20	30	40			
8.4	Promote optimal nutrition among women of childbearing age, raising awareness of the risks of obesity in pregnancy and referring clients to community dieticians where appropriate	CHPP	Number of awareness sessions delivered by specialist health trainer on food and nutrition targeting women of child-bearing age	Number			20	25	30		
			Number of referrals from infertility clinic targeting patients with BMI>30	Number			10	15	20		
			Number of personal health plans set by women of child-bearing age to reach and maintain health BMI range (18.5 - 24.9)	Number			75	75	75		
8.5	Weight management service for pregnant women		Pregnant women with BMI of 30+	%			40	60	70		
<b>Breastfeeding</b>											
9.1	Increase breastfeeding rates	Walsall breastfeeding Strategic Action Plan (including Baby Friendly plan), Life Expectancy Action Plan, Vital Signs	% of mothers breastfeeding after delivery (initiation rates)	%	54.2		52.3	54	56		
			% of children due for a 6-8 week check with breastfeeding status recorded	%			85	90	95		
			% of children due for a 6-8 week check recorded as partially or fully breastfeeding	%			25.5	28.7	32.3		

RIPMAP Code	Action Description	Relevant plan / performance framework	Indicator Description	Unit of Measure (% , Number, etc)	Baseline	Targets 08/09	Targets 09/10	Targets 10/11	Targets 11/12	RAG Rating (R/A/G)
9.2	NHS Walsall / NHS Walsall Community Health (including GPs and Children's Centres) will achieve UNICEF baby friendly accreditation by end of 2010/11		Accreditation received (Intent signed in 2007/08, Accreditation in 2008/09, Stage 1 delivered in 2009/10, Next stages delivered in 2010/11)		Intent Signed For 2007	Baby friendly accreditation	Stage 1 action plan activities delivered	Stage 2	Stage 3	
9.3	All teenage mothers will receive specific antenatal and postnatal advice on breastfeeding	Children's NSF action plan, Life Expectancy AP, Teen Pregnancy Strategy	Number of teenage pregnancy team / FNP staff trained in UNICEF breastfeeding awareness (cumulative)	Number	0	2	8	11	14	
9.4	Pilot breastfeeding awareness in PHSE sessions in secondary schools	Walsall Breastfeeding Strategy	Number of schools visited during pilot	Number	0	4	6	8	10	
<b>Black and Minority Ethnic Groups (BME)</b>										
10.1	Implement Shared Leadership Action Plan	BME Shared Leadership for Change group	Report quarterly to IM & PM Local Implementation Group on action plan progress	Number		4	4	4	4	
10.2	Improve access to genetic counselling services for high risk groups	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide	Number of health professionals undergoing Community Genetics training	Number			30	60	80	
			Number of individuals accessing Community Genetics service	Number		30	180	330		
			Client Survey - satisfaction with service	%			80	80	90	
			Perceived positive steps by clients following intervention	%		70	70	70	80	

RIPMAP Code	Action Description	Relevant plan / performance framework	Indicator Description	Unit of Measure (% , Number, etc)	Baseline	Targets 08/09	Targets 09/10	Targets 10/11	Targets 11/12	RAG Rating (R/A/G )	
<b>Child Poverty</b>											
11.1	Improve access to employment, services and facilities/working with employers to create jobs and opportunities	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide, CYYP	Reduce the proportion of children living in poverty	%	25.7	24.5	2.5	22.5	21.5		
			Reduce working-age people on out-of-work benefits	%	16.5	16.2	15.7	15.0	14.3		
<b>Environmental including Housing</b>											
12.1	Improve Housing Choice	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide, CYYP	Increase the number of additional houses	Number	444	640	640	640	640		
<b>Intelligence</b>											
13.1	Implementation of new Maternity Information System		Quarterly Report to Infant and Perinatal Mortality LIG			2	4	4			
13.2	Encourage ownership of the target and action plan through establishing an effective performance management system	Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide	Produce Annual Report on Action Plan	Number	0	1	1	1	1		
			Produce Annual Performance review of the action plan	Number		1	1	1	1	1	
			Quarterly reporting on action plan to Maternity LIG	Number		4	4	4	4	4	
13.3	Health Equity Audit of geographical variation in infant and perinatal mortality rates	Mortality: A Good Practice Guide	Biannual Report to Infant and Perinatal Mortality LIG			1	2				



### Proposed Items for Scrutiny Work Programme

<b>Issue</b>	Sneyd update					
<b>Who from</b>	Previous years panel	Individual Member	Officer ✓	Public	Other Council Committee	Other
<b>Why is it important?</b>	To respond to the request of Scrutiny for further information.					
<b>Who does it affect?</b>	Sneyd Community School					
<b>Who needs to be involved?</b>	Appropriate officers.					
<b>How can scrutiny add value?</b>	Scrutiny wish to ensure that the management of the closure of Sneyd is executed effectively.					
<b>Timings</b>	15 June 2010 (prov)					
<b>Performance Information</b>	<ul style="list-style-type: none"> <li>- School budget information</li> <li>- Details of curriculum information</li> </ul>					
<b>Corporate Priority</b>	Improving education and skills					

## Proposed Items for Scrutiny Work Programme

<b>Issue</b>	Education Contract Performance - Serco					
<b>Who from</b>	Previous years panel	Individual Member	Officer <input checked="" type="checkbox"/>	Public	Other Council Committee	Other
<b>Why is it important?</b>	Visible evidence of contract service performance Panel have opportunity to request detail on specific topics A broader understanding of the various functions will support Members in their scrutiny role.					
<b>Who does it affect?</b>	Children and Families, Schools and Settings, Walsall Council, Partner agencies					
<b>Who needs to be involved?</b>	Initial involvement of officers from WCS-Serco. Follow up of particular issues may involve a wider group of staff from the Council, WCS-Serco or partners					
<b>How can scrutiny add value?</b>	<p>There are 8 themes within the contract. A summary of the themes is attached. With 7 available dates for reports, 1 or 2 themes could be reported to each meeting. Each report would contain some information about the activities within that theme, current or emerging issues that are relevant to the theme, and relevant performance information.</p> <p>This is a suggested order to look at the themes. It can be adjusted as Members wish as the year progresses as issues arise.</p> <p>Summer 2010</p> <ul style="list-style-type: none"> <li>• Strategic and corporate leadership</li> <li>• Services supporting and providing ICT</li> <li>• Services supporting education beyond the classroom</li> </ul> <p>Autumn 2010</p> <ul style="list-style-type: none"> <li>• Services providing advice, guidance, support and challenge for schools, governors and other partners</li> <li>• Services supporting the welfare of children and young people</li> <li>• Assessment service and support service for children with disabilities and their families</li> </ul> <p>Spring 2011</p> <ul style="list-style-type: none"> <li>• Services supporting a) asset management and b) leadership of health and safety functions for schools</li> <li>• Services supporting the resourcing of education</li> <li>• Any follow up required</li> </ul>					

<b>Timings</b>	Every 4 – 6 weeks
<b>Performance Information</b>	KPI Tables Service Level Agreements Ofsted Reports / Analysis etc
<b>Corporate Priority</b>	Improving education and skills

DRAFT