

Measures and progress report for priorities under the Health and Wellbeing Strategy theme: ‘Give every child the best start in life and enable them to make the most of who they are.’

1. Purpose

In order for the HWB Board to assure itself of current progress against priorities, the performance dashboard information has been continued in the form agreed last year and the metrics updated with the latest results.

2. Background

There are 6 priorities identified under this theme, all of which are priorities shared with the Children and Young People’s Partnership Board, the Public Health Programme Board or the CCG’s Mental Health Programme Board. Progress against the agreed measures is tracked and commentary has been updated. The standard information section has been updated with the direct information sources where external.

3. Recommendations:

- That the Health and Wellbeing Board considers the performance dashboard as presented and considers whether adequate progress is being made against the measures.
- Whether the named lead Boards have adequate and timely corrective action plans in place to tackle underperforming areas, i.e. that the expected work is resulting in timely action / outputs and resultant impact.
- That the Board considers whether opportunities for collaborative effort are being maximised, for example:
 - Is there more that relevant agencies could do to aligning effort around tackling childhood obesity?
 - Are the opportunities to improve the outcomes of children through multi-agency early help work being made the most of in a coordinated way?

2. Report detail

Overall, numeric progress since the last measurements is equally balanced between good/static and negative though Walsall remains in bottom quartile nationally around several measures – especially those with a correlation to deprivation.

The information is intended to help the Board focus in on those areas that require challenge or where there may be opportunities for further collaborative support.

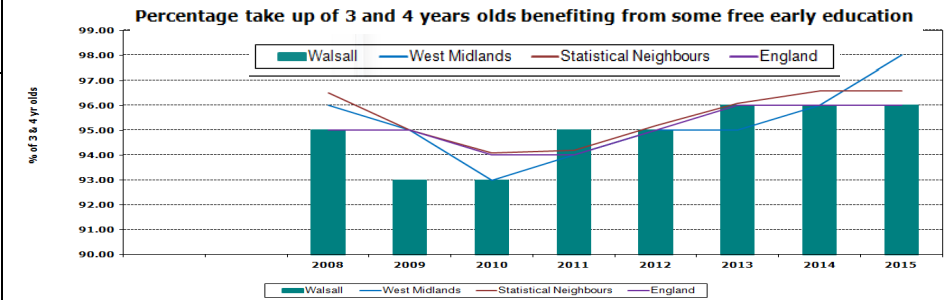
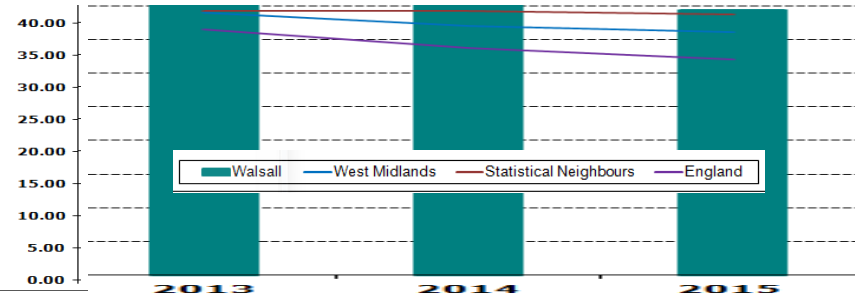
Health & Well Being Priorities Scorecard - June 2015

Theme: Give every child the best start in life and enable them to make the most of who they are

Priority 1 - Help parents ensure children enjoy the best start in life

	Baseline	Latest metric	Direction of travel	National Rank Change (out of 152 LAs)
Narrowing the gap between the most deprived (lowest attaining) 20% and the rest in Early Years Foundation Stage	40.6% (2014)	39.5% (2015)	↑	(-1) Current Rank= 138, but gap to national reduced from -7.4% to -6.7%
Number / % of 2 year old children benefitting from funded early education	590 of 894 (66%) 2014	1130 (53%) (Jan 15)	not directly comparable	Current Rank= 110
% take up of 3 and 4 year olds benefitting from free early education.	96% (2014)	96% (2015)	→	Current Rank = 86

The standard score and percentage inequality gap in achievement across all the Early Learning Goals



Challenges preventing improvement

Actions to be taken to progress

Narrowing the gap: 1) The low percentage of boys who achieve the expected level of development across the learning goals, especially writing is the limiting factor in the overall 'Good Level of Development' achieved. The gap was 6.7% greater in Walsall than nationally in 2015, a reduction on the 7.4% gap in 2014.

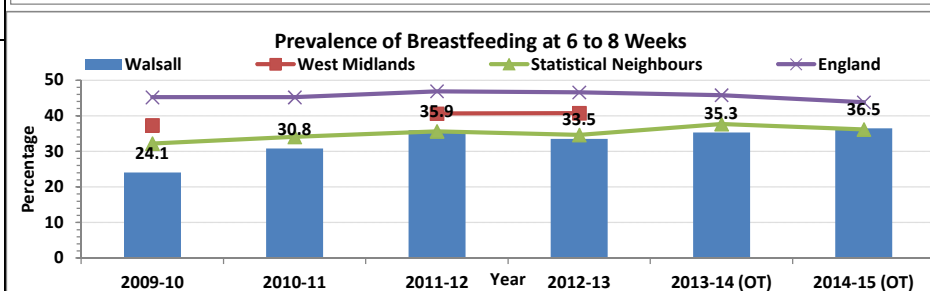
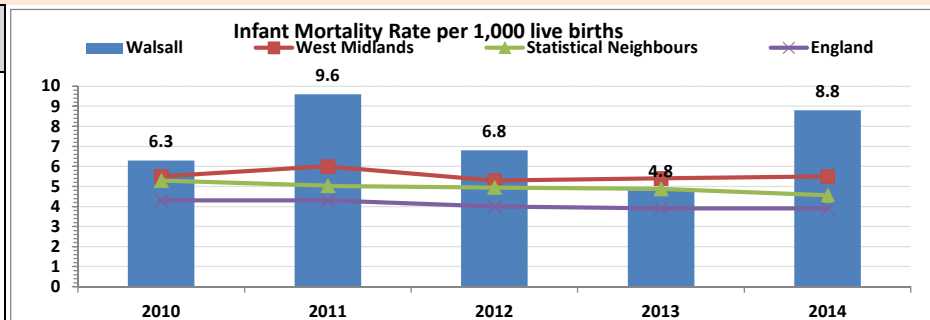
Take-up of Childcare: There is a barrier around perceived take-up for disadvantaged 2 year olds due to stigma around low income for the most deprived 40%. Universal free infant meals hinders target pupil identification and reduces the amount of pupil premium funding that reaches schools.

Narrowing the gap: A significant way to support improvement is to increase the attendance of 2 yr olds at early years providers; this is being progressed. To increase the identification of relevant disadvantaged pupils, systems have been introduced as part of pupil induction. Additional places have been created through schools and other providers. To ensure high quality places, support is being used to target especially where the gaps are larger, through school training and a designated School Improvement Officer.

Take-up of childcare: 1) Maintain good duration of participation quality of settings: 95% of children were benefitting from 13 to 15 hours, compared to 83% nationally. 93% were in good / better provision compared to 85% nationally. 2) Continued local and national marketing campaigns 3) Increased take up also sought by targeting via regular information exchange around eligible children who could benefit from free school meals identification and early years education.

Priority 2 – Reduce infant mortality

	Baseline	Latest metric	Direction of travel	National Rank Change (out of 152 LAs)
Infant Mortality Rate per 1,000 Live Births	6.8 per 1000 (2012)	8.8 per 1000* (2014) (6.8 2011-13 av)	↓	-31 single year Rank =150
Breastfeeding Duration - 6-8week check	33.5% (2012/13)	36.5% (2014/15)	↑	84 of 113



Challenges preventing improvement

Actions to be taken to progress

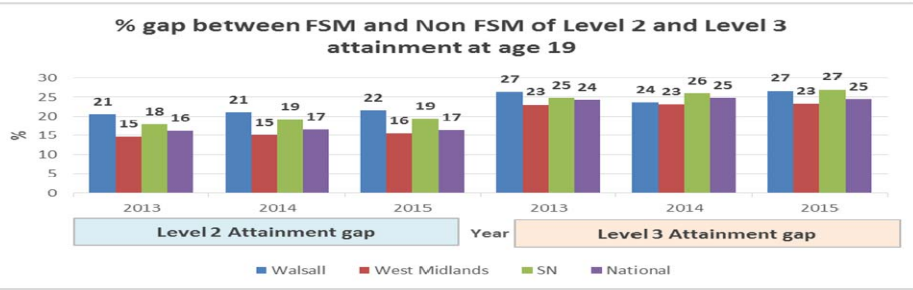
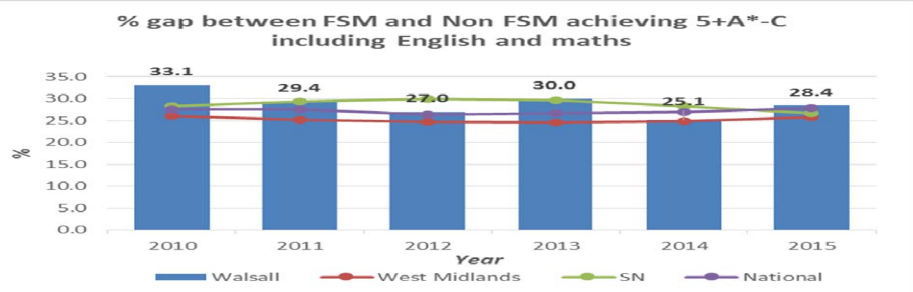
(* = given by NHS England as low reliability)

1) Prevention of consanguineous relationships – need to work with affected communities. 2) Smoking at the time of delivery remains high 14.8%. 10.6.16 CURRENT DATA SHOWS SATOD IS 12.6% HOWEVER THIS RELATES ONLY TO WOMEN GIVING BIRTH AT THE MANOR THIS SHOWS A DECREASE OF 2.1% ON THE PREVIOUS FIGURE FOR THIS COHORT. 3) PARENTAL OVERWEIGHT AN ISSUE IN INFANT MORTALITY WITH 19% OF WOMEN OVERWEIGHT OR OBESE AT BOOKING 4) DEPRIVATION HAS BEEN SHOWN AS A MAJOR RISK FACTOR FOR INFANT MORTALITY 5)Uptake of Healthy Start vitamins in vulnerable and eligible women is low at less than 5%. 4) Breastfeeding has hugely improved but we want to increase further especially in young parents where breastfeeding at 6-8 weeks is 27.3% as opposed to over 30% in general population. 10.6.16 STILL WANT TO CONTINUE TO WORK WITH YOUNG PARENTS - BREASTFEEDING ACROSS THE POPULATION HAS IMPROVED BUT THE GAPS BETWEEN GENERAL POPULATION (36.5%) AND TEEN PARENTS (33%) STILL REMAINS – information sourced from Breastfeeding service dashboard.

1) Research into infant mortality undertaken by the Peri Natal institute has been undertaken and the final recommendations are expected to be completed by the end of August 2015. 10.6.16 RESEARCH UNDERTAKEN AND MULTIAGENCY PLAN IN PLACE TO TACKLE AREAS OF CONCERN. ACTION PLAN IN RESPONSE TO RECOMMENDATIONS IN PLACE AND REPORTED TO HWB AND CYPBP 2) Work on communication of messages in pregnancy through social marketing– report is now expected at the end of July 2015, with a film, evaluation and accompanying resource to convey messages to be released in September 2015. 10.6.16 TWO FILMS PRODUCED (SAFE SLEEP AND FETAL MOVEMENT MONITORING) AND PLANS IN PLACE FOR ANOTHER TWO FILMS 3) PROCUREMENT AROUND HEALTHY PREGNANCY AND SUPPORT FOR VULNERABLE PARENTS IN ADDITION TO UNIVERSAL SUPPORT FOR ALL WALSALL FAMILIES 0-5 PLANNED. PLANS IN PLACE TO DEVELOP A REFRESHED STRATEGY TO SUPPORT REDUCING INFANT MORTALITY 6) ALL WOMEN IDENTIFIED AS SMOKING AT BOOKING ARE NOW AUTOMATICALLY REFERRED TO SMOKING CESSATION ADVISORS. PUBLIC HEALTH REVIEWS INFANT MORTALITY ON A 3 YEAR ROLLING AVERAGE THAT TAKES YEARLY FLUCTUATIONS INTO ACCOUNT. 2014 SHOWS AN INCREASED RATE OF INFANT MORTALITY WHICH THE ABOVE ACTIONS ARE SEEKING TO TACKLE

Priority 3 - Reduce the gap in attainment between children living in poverty in Walsall and the rest.

	Baseline	Latest metric	Direction of travel	National Rank Change (out of 152 Las)
Narrowing the free school meals gap: % 5 or more A* to C grades including Maths and English at Key Stage 4	-25.0% (2014)	-28.4% (2015)	↑	(-23) Current rank = 69
Narrowing the free school meals gap: % Achieving a level 2 qualification by the age of 19 compared to those eligible for FSM aged 16	-30% (2014)	-27% (2015)	↑	(-12) Current Rank = 113
Narrowing the free school meals gap: % Achieving a level 3 qualification by the age of 19 compared to those eligible for FSM aged 16	-24% (2014)	-27% (2015)	↑	(-22) Current Rank = 72



Challenges preventing improvement

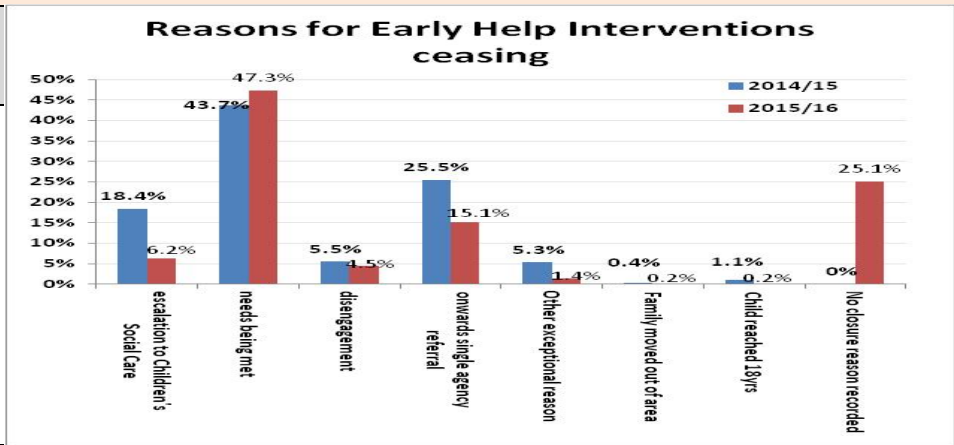
Actions to be taken to progress

Students make less than the national level of progress in English and Maths from KS2 to KS4. 2) The percentage of students attending all schools judged to be good or outstanding is 72% in Walsall (81% nationally).
 Attainment at 19 yrs: 1) no comparison available yet around early years or 6th form inspection grades but attainment is negatively affected by small sixth form size.. 2) Post 16 courses offered by schools need to ensure that they meet the needs of the student in gaining employment or moving onto further / higher education.

While there is positive progress and the gap is reducing, further work is being undertaken via the Education Challenge Board and targeted support to schools around additional improvements needed, especially around the attainment levels that lie beneath these gaps: 1) Secondary schools curriculums that are designed with the flexibility that meets the needs of all the students. 2) Ensuring that alternative provision for excluded pupils is good or outstanding. 3) Raise the percentage of pupils that attend a secondary school that is judged by Ofsted to be good or outstanding.

Priority 4 - Provide education to improve parenting skills

	Baseline	Latest metric	Direction of travel	National Rank Change (out of 152 Las)
% of Early Help Service interventions finishing due to needs being met.	43.7 (2014/15)	47.3% (2015/16)	↑	n/a



Challenges preventing improvement

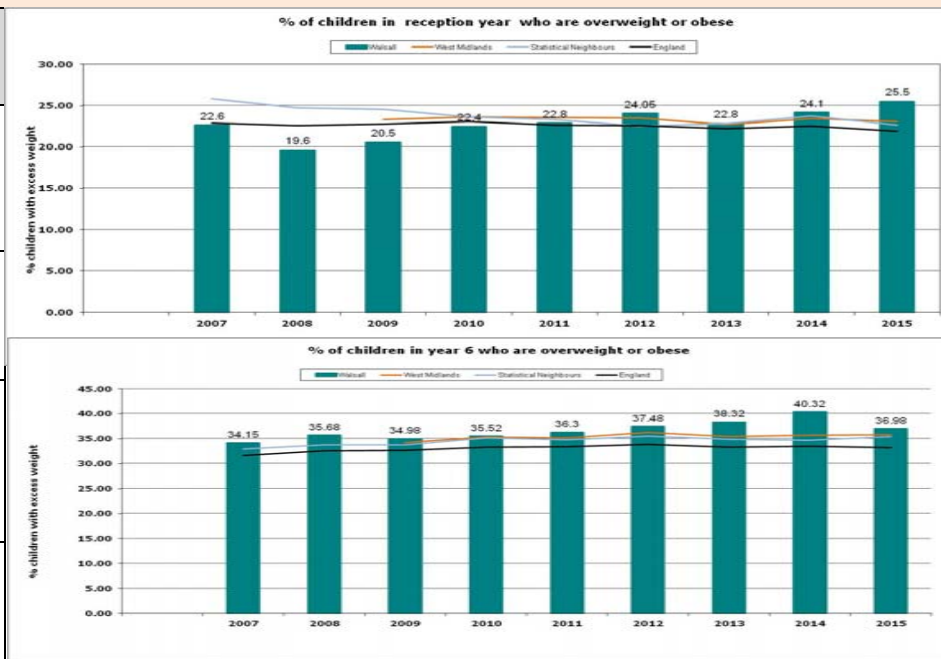
Actions to be taken to progress

1) Where interventions are being led by partner organisations, we are not always notified of when or why interventions have ceased.
 2) The build of the case management system around early help recording is being improved which will support better reporting.

1) When phase 3 of the Mosaic system is implemented, partners will be able to have access to appropriate "windows" into the case management system to input info about children they are helping.
 2) The new case management system is being improved in June 2016.

Priority 5 - Help children maintain a healthy weight

	Baseline	Latest metric	Direction of travel	National Rank Change (out of 152 LAs)
% Walsall resident (& Walsall schooled) reception children measured as being overweight or obese.	24.1% (2013/14)	25.3% (25.5%) (2014/15)	↓	(-31) Current Rank =136
Reception Coverage Rate	99.4% (2013/14)	99% (2014/15)	↑	Current Rank= 2
% Walsall resident (& Walsall schooled) Year 6 children measured as being overweight or obese.	40.3% (2013/14)	37.6% (37%) (2014/15)	↓	(+25) Current Rank =117
Year 6 Coverage Rate	97.4% (2013/14)	99% (2014/15)	↑	Current Rank = 2



Challenges preventing improvement	Actions to be taken to progress
<p>1) Need to recognise link between parental obesity and children who are obese and ensure interventions targeted at children incorporate parental/family wide participation for sustainability. 2) Immediate issues for overweight children are social and psychological, including stigma, bullying, low self-esteem and depression. 3) Roll out of Food Dudes Programme to all primary schools in Walsall is dependent on available funding.</p>	<p>1) Public health undertaking a Healthy Weight needs assessment. COMPLETED JULY 2015 2) Continue development of Healthy Weight pathways. 10.6.16 MULTIAGENCY PATHWAYS IN PLACE AND LINKED TO HEALTH VISITORS AND NCMP REFERRALS 3) Ensure robust Healthy Schools Programme operating in Walsall. REFRESHED PROGRAMME BEING DEVELOPED TO START SEPTEMBER 2016 4) Continue to roll out Food Dudes Programme to all primary schools in Walsall. FOOD DUDES CEASED TRADING SEPTEMBER 2015. A NEW HEALTHY EATING PROGRAMME IN SCHOOLS MEETING OFSTED REQUIREMENTS AND SUPPORTING GROWING, TRANSPORTATION AND PREPARATION OF FOOD TO BE PROCURED. SUPPORT FOR PARENTS TO SUPPORT HEALTHY WEIGHT IN CHILDREN 2-7 YEARS STARTING JULY 2016 TO PREVENT CHILDREN ENTERING SCHOOL AN UNHEALTHY WEIGHT 5) Work with school catering to develop and implement standards re: age appropriate school meal portion size. LINKED TO HEALTHY EATING IN SCHOOL PROGRAMME. INHOUSE CATERERS DELIVER 6) Continue to extend participation in the ASTARS programme across Pre-school, Primary, Secondary and Tertiary education levels. 70 PRIMARY SCHOOLS DELIVER A STARS ROLL OUT OF EARLY YEARS A STARS TO LINK WITH NEW PARENTING PROGRAMME - PILOTTED IN 2 NURSERY SCHOOLS, 7 SECONDARY SCHOOLS TAKING PART, PILOTTING SPECIAL SCHOOL PROGRAMME 7) Explore opportunities for planning policies to restrict the licensing of hot food takeaways in the vicinity of all schools within the Borough. DPH NOW REVIEWS ALL LICENCES FOR HOT FOOD TAKEAWAYS. HEALTH SWITCH AWARD - HEALTHY TAKEAWAY- TARGETS TAKEAWAYS CLOSEST TO SCHOOLS8) Work to ensure that planning and transport policy and decisions improve the environment for health by promoting walking, cycling and active travel for school children. HEALTH IMPACT ASSESSMENT UNDERTAKEN FOR ALL PLANNING PROPOSALS WHICH REVIEWS OPOPRTUNITIES FOR PHYSICAL ACTIVITY 9) Encourage pupils and young people to take up the free swimming offer. DIE TO FUNDING RESTRICTIONS THIS CEASED. SEEKING TO PROMOTE LEARNING TO SWIM</p>

Priority 5 – Ensure mental health services for children are fit for purpose - amended 20/06/16

	Baseline	Latest metric	Direction of Travel	National Rank Change (out of 352 LAs)
Reduction in hospital admissions due to self harm (10 to 19 yrs)	219 (2013/14)	141 (2014/15) *provisional	↓	N/A
Challenges preventing improvement				
Actions to be taken to progress				
<p>CYP MH and WB needs assessment completed 2015. CCG submitted CYP MH &WB Transformation Plan to NHSE and gained assurance in Nov 2015. Transformation plan includes all actions required by partners in Walsall in a 4 year plan. H&WBB have oversight. CCG piloted and now recurrently fund ICAMHS an 8 to 8 every day per week service (including weekends and bank holidays) to provide outreach, treatment at help and support to paediatric ward to help prevent escalation of MH health crisis and reduce admissions and if admitted length of stay for both acute and specialist inpatient provision. Data confirmed by NHSE 2014/15 admissions to specialist tier 4 were 27 2015/16 admissions were 6 - a reduction of 70%. As part of ongoing transformation CCG is working with children's service to consider how to develop further community based support for t=very complex CYP including those with LD/autism and may be LAC. Service outside of 8pm to 8am still not commissioned - this is being considered as part of concordat work.</p>				

Key : Direction of Travel

Improving Performance against baseline (10% change)		Declining Performance against baseline (10% change)	
↑	Improving trend where higher is better	↑	Declining trend where lower is better
↓	Improving trend where lower is better	↓	Declining trend where higher is better

Static Performance (less than +/- 10%)	
→	No change compared with baseline

Health & Well Being Priorities standard info for Scorecard - June 2015

Theme: Give every child the best start in life and enable them to make the most of who they are

Priority 1 - Help parents ensure children enjoy the best start in life

Measure	Measure/Data Source	Named Lead	Reporting Frequency	Links to Relevant Partner Plans	Lead Board
Narrowing the gap between the most deprived (lowest attaining) 20% and the rest in Early Years Foundation Stage	https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2014-to-2015	Nicola Hart School Ready Lead Advisor	Annual	Walsall School Improvement Strategy - CYPP Priority 1	CYPP
Number of 2 year old children benefitting from funded early education	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437766/SFR20_2015_TABLES.xlsx	Kim Stokes/ Jenny Mander	Annual	Two Year Old Strategy - CYPP Priority 1	CYPP
% take up of 3 and 4 year olds benefitting from free early education.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437766/SFR20_2015_TABLES.xlsx	Kim Stokes/ Jenny Mander	Annual	School Improvement Strategy - CYPP Priority 1	CYPP

Priority 2 – Reduce infant mortality

Measure	Measure/Data Source	Named Lead	Reporting Frequency	Links to Relevant Partner Plans	Lead Board
Infant Mortality Rate per 1,000 Live Births	http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsregisteredbyareaofusualresidenceenglandandwales	Uma Viswanathan	Annual	PHPB Infant Mortality Action Plan / CYPP Priority 1 / Objective 5.2.1 CCG 5 Year Strategy	CYPP / PHPB
Breastfeeding Duration - 6-8week check	https://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/	Uma Viswanathan	Annual	PHPB Infant Mortality Action Plan / CYPP Priority 1 / Objective 5.2.1 CCG 5 Year Strategy	CYPP / PHPB

Priority 3 - Reduce the gap in attainment between children from the least and the most deprived communities in Walsall

Measure	Measure/Data Source	Named Lead	Reporting Frequency	Links to Relevant Partner Plans	Lead Board
Narrowing the free school meals gap: % 5 or more A* to C grades including Maths and English at Key Stage 4	https://www.gov.uk/government/statistics/revised-gcse-and-equivalent-results-in-england-2014-to-2015	Lynda Poole	Annual	CYPP Priorities 4 / 6	CYPP

Narrowing the free school meals gap: % Achieving a level 2 qualification by the age of 19 compared to those eligible for FSM aged 16	https://www.gov.uk/government/statistics/level-2-and-3-attainment-by-young-people-aged-19-in-2015	Lynda Poole	Annual	CYPP Priorities 4 / 6	CYPP
Narrowing the free school meals gap: % Achieving a level 3 qualification by the age of 19 compared to those eligible for FSM aged 16	https://www.gov.uk/government/statistics/level-2-and-3-attainment-by-young-people-aged-19-in-2015	Lynda Poole	Annual	CYPP Priorities 4 / 6	CYPP

(Table 16a:Cols AS&AT) March 2015

Priority 4 - Provide education to improve parenting skills					
Measure	Measure/Data Source	Named Lead	Reporting Frequency	Links to Relevant Partner Plans	Lead Board
% of Early Help Service interventions finishing due to needs being met.	<i>Local Authority data</i>	Isabel Vandeheeran	Quarterly	Early Help QA /CYPP Priority 1, 7 & 8 / Objective 5.2.1 CCG 5 Year Strategy	CYPP

Priority 5 - Help children maintain a healthy weight					
Measure	Measure/Data Source	Named Lead	Reporting Frequency	Links to Relevant Partner Plans	Lead Board
% Reception measured as being overweight or very overweight.	http://www.hscic.gov.uk/catalogue/PU/B19109/nati-chil-meas-prog-eng-2014-2015-tab.xlsx	Barbara Watt	Annual / 2014-2015	PHPB Healthy Weight Action Plan / CYPP Priority 2 / Objective 5.2.3 CCG 5 Year Strategy	CYPP / PHPB
Reception Coverage Rate	http://www.hscic.gov.uk/catalogue/PU/B19109/nati-chil-meas-prog-eng-2014-2015-tab.xlsx	Barbara Watt	Annual / 2014-2015	PHPB Healthy Weight Action Plan / CYPP Priority 2 / Objective 5.2.3 CCG 5 Year Strategy	CYPP / PHPB
% Year 6 measured as being overweight or very overweight.	http://www.hscic.gov.uk/catalogue/PU/B19109/nati-chil-meas-prog-eng-2014-2015-tab.xlsx	Barbara Watt	Annual / 2014-2015	PHPB Healthy Weight Action Plan / CYPP Priority 2 / Objective 5.2.3 CCG 5 Year Strategy	CYPP / PHPB

Year 6 Coverage Rate	http://www.hscic.gov.uk/catalogue/PU/B19109/nati-chil-meas-prog-eng-2014-2015-tab.xlsx	Barbara Watt	Annual / 2014-2015	PHPB Healthy Weight Action Plan / CYPP Priority 2 / Objective 5.2.3 CCG 5 Year Strategy	CYPP / PHPB
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Priority 6 – Ensure mental health services for children are fit for purpose					
Measure	Measure/Data Source	Named Lead	Reporting Frequency	Links to Relevant Partner Plans	Lead Board
Reduction in hospital admissions due to self harm	http://www.hscic.gov.uk/media/18661/9441selfharmCCGsuppressed10to19yrols/xls/9441_self_harm_CCG_suppressed_10_to_19_yr_olds.xlsx	Barbara Watt	Annual / 2014-15	Objective 5.2.4 CCG 5 Year Strategy	CCG / IOB