PRIORITY 4 – HAPPY & HEALTHY

Lead – Lynne McNiven

	Success Measure/s	Actual 2010/11	Target 2011/12	Target 2012/13
We want children & young people to lead healthy lifestyles and help vulnerable children & young people to be as healthy as their peers.	12 weeks access to maternity services	92.30%	90.40%	91.40%
	Smoking at time of delivery	18.30%	17.10%	15.70%
	Prevalence of breastfeeding at 6 to 8 weeks	38.80%	40.40%	41.4%
	Emergency hospital admissions caused by unintentional and deliberate injuries	129.7	134.8	13.8%
	The percentage of Looked After Children (LAC) with an up-to-date dental check	88.50% (q2 2011/12)	93%	93%
	The percentage of Looked After Children (LAC) with up-to-date routine immunisations	90.20% (q2 2011/12)	95%	95%
	Under 18 conception rate	37.5 2009	36.0 2011	36.6 2012
	Activity		**Completion**	
	Implementation of the childhood Obesity Strategy for Lincolnshire		2012/2013	
	Success Measure/s	**Actual 2010/11**	**Target 2011/12**	**Target 2012/13**
We want to build self esteem and improve resilience in children & young people.	Percentage of 16-19 teenage mothers in Education Employment or Training (EET)	31.40%	30%	30%
	Percentage participation in learning for young people with Learning Difficulties & Disabilities (LDD) leaving year 11	90.50%	95%	95%
	Activity		**Completion**	
	Implementation of the Anti-Bullying Strategy for Lincolnshire		2012/2013	

Children & Young People's Strategic Partnership – 6 MONTH REPORTING

Action 1

Key Tasks/activities	Success Measure/s	Actual Q2 11-12	Target Q2 11-12	Symbol Q2 11-12
We want children & young people to lead healthy lifestyles and help vulnerable children & young people to be as healthy as their pees.	12 weeks access to maternity services	91.7%	90.20%	
	Activity update	**Completion update**		
	Children's health outcomes are initially determined during their time in the womb and their early developmental years. Therefore, early access to maternity care is an important opportunity for healthcare professionals to interact and build relationships with women and families who, although in most need would not otherwise access health services. Early access allows midwives to monitor the pregnancy, the baby's growth and development and focus on the mother's health & wellbeing, including lifestyle factors such as diet, physical activity, smoking, drugs and alcohol. Information on benefits, housing, free vitamins available through the Healthy Start programme along with support to breastfeed are also vitally important at this stage to address the health inequalities experienced by children within our most vulnerable groups. Across Lincolnshire over 90% of pregnant women book before the completed 12th week of pregnancy however, information is continually being produced by our maternity units to encourage mothers to attend in early pregnancy and consultations undertaken to understanding why some mothers choose not to attend until later. We are aware that although the overall attendance is good; further analysis of the data exhibits fewer women accessing early care on the East Coast. Public Health and ULHT are conducting an audit at the moment to ascertain if there are populations who are not attending e.g. socioeconomic status, ages, ethnicity and for example how many women are booking very late in pregnancy. The results of this audit will be available by the end of the year.			

Action 2

Key Tasks/activities	Success Measure/s	Actual Q4 11-12	Target Q4 11-12	Symbol Q4 11-12
We want children & young people to lead healthy lifestyles and help vulnerable children & young people to be as healthy as their pees.	Smoking at time of delivery	18.7%	17.5%	
	Activity update	**Completion update**		
	The time before a baby is born is often an excellent trigger point to offer support to mothers who smoke to stop during their pregnancy and beyond. **Smoking during Pregnancy** is the single most modifiable risk factor influencing adverse health outcomes in children. Smoking during pregnancy can increase the risk of infant death by up to 40%. It also increases the risk of premature labour and is likely to cause growth restriction of the baby in the womb where the baby is starved of vital nutrients and loses weight. Low birth weight is closely associated with poor health outcomes in childhood and later in adult life. The numbers of people smoking within more disadvantaged communities is higher than affluent populations. Smoking in pregnancy is also associated with the mother's age, level of education or whether her partner also smokes. Therefore; smoking in pregnancy is an important public health concern and a principal reason behind child health inequalities. Although, only a small proportion of women continue to smoke during pregnancy these tend to be the heaviest and most addicted smokers who find it more difficult to stop. NHS Lincolnshire has committed significant resources to specialist stop smoking services for pregnant women since 2005 (Phoenix Stop Smoking Service). Every pregnant smoker in Lincolnshire is offered access to the Phoenix Programme. Since 2005 over 6000 women have used the service, with over 4000 women successfully giving up cigarettes. An important aspect of stop smoking services for pregnant women is that if the quit attempt during pregnancy is not successful then women should continue to be advised to stop after their child is born. To continue to address the higher rates experienced in Lincolnshire we have analysed the data at a geographical level and resources are being targeted to areas of greatest need. Public Health, LCHS and ULHT are working together to engage with local communities particularly on the Coastal areas to ensure populations are receiving the correct advice at the correct time and in the correct format e.g. ensuring if language or literacy is a barrier access to information is			

	achieved through verbal support. Public Health are also working in conjunction with a National Research Programme to establish the true prevalence of smoking during pregnancy by taking snap shot measurements of cotinine levels in the saliva (cotinine is a by-product of nicotine). The results of this research will be available in Spring 2013.	

Action 3

Key Tasks/activities	Success Measure/s	Actual Q1 12-13	Target Q1 12-13	Symbol Q1 12-13
We want children & young people to lead healthy lifestyles and help vulnerable children & young people to be as healthy as their pees.	Prevalence of breastfeeding at 6-8 weeks	38.9	42.4	
	Activity update	**Completion update**		
	There is a wealth of evidence which acknowledges breastfeeding has both short and long-term health benefits for mothers and babies. The World Health Organisation recommends that wherever possible infants should be fed exclusively on breast milk from birth until six months of age. Social inequalities in breastfeeding exist, where more affluent mothers are more likely to successfully breastfeed than mothers from deprived areas. Nevertheless, we must be aware that breastfeeding has a greater impact on the health outcomes of more vulnerable infants. Breastfeeding is a crucial line of attack to decrease inequalities in children's health, including: lowering infant mortality rates, reducing preventable infections and unnecessary hospital admissions in infancy, halting the rise in obesity in under 11s and improving the general health and well-being of children and young people. Breastfeeding rates have been low in the UK for several generations and professionals, childbearing women, families and the general public have all been exposed to formula feeding as the norm. There are many social and psychological factors which may influence a woman's choice to breastfeed, i.e. maternal age, socio-economic status, marital status, and ethnicity along with peer, social and family pressures. A woman's ability to choose to breastfeed is far from being a simple matter of 'informed choice'. The overall breastfeeding rates in Lincolnshire are around 39% to 40% of mothers continuing to breastfeed until their baby is 6 to 8 weeks of age. Nevertheless, in more deprived areas the rates are between 25% and 30%. An established multiagency group consisting of from a range of backgrounds along with service users are working together to improve breastfeeding rates through increased education for staff, support (including peer support) and information for women. To improve the prevalence of breastfeeding in Lincolnshire all areas of the			

'breastfeeding pathway' are being targeted and support made available: before conception, in the early months of pregnancy, at birth (ensuring sufficient time for 'skin to skin' contact between mothers and babies), the immediate postnatal period, up to the 10th to 14th day period, from the second week of life to the first 2 months and then to 6 months of age and beyond. This will be achieved through:

- The UNICEF Baby Friendly initiative is currently underway in Lincolnshire. The purpose of this is to offer training to all staff who are involved with pregnant and postnatal women to be able to offer support for breastfeeding.

  The ethos behind this is that eventually we will reach a critical mass of informed staff that we will more easily be able to support women and increase the breastfeeding prevalence in Lincolnshire. There are in total 3 levels to be reached: ULHT are due to be assessed for their final stage early in 2013, LCHS will be assessed at level 2 in spring 2013 and level 3 one year later. Evidence shows that once all areas have reached level 3 the prevalence of breastfeeding should then rise by approximately 2% per year.

- Mandatory training and Continuing Professional Development for all healthcare staff including Paediatricians, Health Visitors, Neonatal staff, GPs, etc : organised and delivered across the county
- Identification of babies readmitted with a weightloss of more than 10.1% from their birthweight is underway: preliminary results available Dec 2012
- Lactation clinics now available north and south of the county
- Antenatal support targeted in areas where the prevalence is lowest
- 27 Breaststart support groups are based across the county

  Over 200 volunteers are supported by the health community

  Breastfeeding cafes are available in Gainsborough, Grantham and Market Rasen
- An important area of this wide-ranging work includes raising the profile of breastfeeding through the media, encouraging breastfeeding friendly

	restaurants or cafes and working with Local Authority planners to ensure all areas support and promote breastfeeding.	

Action 4

<table>
<tr><th>Key Tasks/activities</th><th>Success Measure/s</th><th>Actual
Q1 11-12</th><th>Target
Q1 11-12</th><th>Target
Q1 11-12</th></tr>
<tr><td rowspan="3">We want children & young people to lead healthy lifestyles and help vulnerable children & young people to be as healthy as their pees.</td><td>Emergency hospital admissions caused by unintentional and deliberate injuries</td><td>39.6</td><td>33.7</td><td>  </td></tr>
<tr><th colspan="3">Activity update</th><th colspan="2">Completion update</th></tr>
<tr><td colspan="3">The prevention of emergency hospital admissions due to accidental and deliberate harm in children and young people will be included in the Public Health Outcomes Framework and will be key to understanding prevention strategies and adapt interventions and communications appropriately. The multiagency meetings for the Accidental and Non-Accidental Injury prevention (NI70) Strategy Group led by Public Health have demonstrated there is both scope and engagement opportunities to develop a successful multiagency collaboration across Lincolnshire to tackle this important issue of public health concern. Analysis of local data from 2005/06-2011/12 has been undertaken recently and the data demonstrate clear seasonality fluctuations however, there does appear to have been no demonstrable changes in the data between 2005 and 2012. This has given us clear evidence that the only way of reducing admissions is to develop a Multiagency Strategic Framework: Preventing Emergency Hospital Admissions Caused by Injuries to Children and Young People in Lincolnshire: A Strategic Framework to ensure systematic work is put in place across agencies to reduce accidents and admissions. This Framework is currently going out to consultation and will be agreed by all agencies by December 2012. This will then be governed by the current group and up to 4 additional working groups based in key Partner's organisations.</td><td colspan="2"></td></tr>
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Action 5

Key Tasks/activities	Success Measure/s	Actual Q1 12-13	Target Q1 12-13	Symbol Q1 12-13
We want children & young people to lead healthy lifestyles and help vulnerable children & young people to be as healthy as their pees.	The percentage of Looked After Children with an up-to-date dental check	90.4	95.0	
	Activity update	**Completion update**		
	National statistics for children looked after continuously for 12 months at 310311 show 82.4% had their teeth checked by a dentist within the last 12 months (Children looked after by local authorities in England year ending 310311- DfE 281111) At looked after child statutory initial, and subsequent review health assessments dental practice details are recorded on the health assessment form together with the dentist attendance history. The health assessor records the next expected dental review in the looked after child health plan. The Independent Reviewing Officer (IRO) performance manages and ensures that the identified dental review is completed.			

Action 6

Key Tasks/activities	Success Measure/s	Actual Q1 12-13	Target Q1 12-13	Symbol Q1 12-13
We want children & young people to lead healthy lifestyles and help vulnerable children & young people to be as healthy as their pees.	The percentage of Looked After Children with an up-to-date routine immunisations	91.8	95.0	
	Activity update	**Completion update**		
	National statistics for children looked after continuously for 12 months at 310311 show 79% were up to date with their immunisations (Children looked after by local authorities in England year ending 310311- DfE 281111) Without immunisation, children are potentially more susceptible to a range of infectious diseases. In highly sophisticated industrialised societies such as the UK many diseases have been all but eradicated. Public health and child health specialists work diligently to ensure that the health messages regarding the benefits of immunisation far outweighing the small risk of side-effects is translated to parents and carers through the universal services of the health visiting and school nurse provision. For looked after children vaccination data inputting is from a variety of settings such as children's social care, GP practices and child health records. At the current time ICS system in social care and SystmOne in LCHS require separate entries. To accurately record vaccination status, it is crucial that on entering care the corporate parent accesses the vaccination history. The vulnerable children and young people team are able to help with this information. Any looked after child identified at their statutory health assessment with outstanding vaccination and immunisation history will require a GP response, unless there is a recorded medical reason for not having vaccinations, or a young person is recorded to have refused their vaccinations (and been given all information to have made an informed decision regarding their choice). This information will be recorded in the looked after child health plan. The Independent Reviewing Officer (IRO) performance manages and ensures that the identified outstanding vaccinations are completed			

Action 7

<table>
<tr><th>Key Tasks/activities</th><th>Success Measure/s</th><th>Actual 2011</th><th>Target 2011</th><th>Symbol 2011</th></tr>
<tr><td rowspan="3">We want children & young people to lead healthy lifestyles and help vulnerable children & young people to be as healthy as their pees.</td><td>Under 18 conception rate.</td><td>34.4</td><td>36.0</td><td>  </td></tr>
<tr><td colspan="3">Activity update</td><td colspan="2">Completion update</td></tr>
<tr><td colspan="5">Since the launch of the Teenage Pregnancy Strategy in 1999, good progress has been made overall on reducing under-18 conceptions, to their lowest level for 40 years. The latest national figures for Teenage Pregnancy released in February 2012 demonstrate that the Teenage Pregnancy Strategy has been successful.

England
The England under 18 figure is 35.4 conceptions per 1,000 against a baseline year of 46.6.
This shows a 24% drop since the baseline year.

Regional
The regional under 18 figure is 34.5 conceptions per 1,000 against a baseline year of 48.8. This shows a 29.2% drop since the baseline year.

Lincolnshire
The Lincolnshire under 18 conception rate is 34.4 conceptions per 1,000 against a baseline rate of 50.1.This shows a 31.3% drop since the baseline year.

The Lincolnshire Tackling Teenage Pregnancy Plan is based on National and Local data analysis and is based on partnership involvement to deliver services that make a difference. Teenage Pregnancy has been highlighted nationally in the Public Health Framework, the Child Poverty Strategy and locally as part of the JSNA.

The Key themes for the Lincolnshire Tackling Teenage Pregnancy Action Plan
Data / Management Information: Detailed information from National, LCC and Public Health systems to target Teenage Pregnancy Strategy and performance manage the programme</td></tr>
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	Prevention of unplanned pregnancy: Support young people to access targeted services such as C Card, Pregnancy testing, Chlamydia screening, EHC and Long Acting Reversible Contraception. **Increase the participation** of Teenage Parents into EET by supporting teen parents and their children to achieve better outcomes: See outcome 9 **Workforce Development**: Enable professionals to identify vulnerable young people at risk of unplanned parenthood and deliver targeted services **Information and Communication**: inform internal and external stakeholders Parents and Young People	

Action 8

Key Tasks/activities	Success Measure/s	Completion
We want children & young people to lead healthy lifestyles and help vulnerable children & young people to be as healthy as their pees.	Implementation of the Childhood Obesity Strategy for Lincolnshire	2012/2013
	Activity update	**Completion update**
	The health, social and personal cost associated with the consistent increase in the numbers of children and adults who are not maintaining a healthy weight will undoubtedly overwhelm both services and personal lives in the future if these rising statistical trends are not reversed. The National Child Measurement Programme (NCMP) data in Lincolnshire gives us increasingly robust intelligence. The trend in overweight and obese children between 2008 and 2011 in reception year children in Lincolnshire shows a small reduction. Nevertheless, the data for 2010/11 tells us that the numbers of overweight or obese children combined in Lincolnshire are still above the East Midlands and National averages. Data for year six, however, demonstrates a slight reduction in the overweight category but continues to show a 1% year on year increase in those measured as being obese. We also know from further analysis that girls in this age group measured as obese are continuing to rise, and are statistically significantly higher than the national average where boys' levels have remained static. There are areas across Lincolnshire where higher than expected numbers of obese children have been identified. In reception year, these are Boston and West Lindsey Councils, and in year six the areas are East Lindsey and South Holland Councils. This data supports and informs the broad range interventions to reduce childhood obesity levels across Lincolnshire. We cannot afford to be complacent, and all areas of Lincolnshire require a consistent life course approach to reducing Childhood Obesity, although the data supports specific interventions where the need is greatest. In Lincolnshire we are utilising a Life Course strategic approach to reducing childhood obesity: from pregnancy, early years pre-school, school years and beyond. Lincolnshire has a well established, multiagency Childhood Obesity group. This will continue to work to provide new and improve existing	

	services in line with the Strategic Plan, best evidence and the Lincolnshire NCMP data analysis.	

Action 9

Key Tasks/activities	Success Measure/s	Actual Q1 12-13	Target Q1 12-13	Symbol Q1 12-13
We want to build self-esteem and improve resilience in children & Young people.	Percentage of 16-19 teenage mothers in Education Employment or Training (EET)	17.0	25.0	
	Activity update	**Completion update**		
	• Joint plan with locality team leaders and the Aspire team to improve data collection on EET teenage Parents. • Accredited training courses are delivered in partnership with statutory and voluntary organisation to offer teenage parents training opportunities to reduce those who are NEET. • Workforce development offered to professionals in both statutory and voluntary organisations to help the engagement of teen parents and the promotion of EET .			

Action 10

Key Tasks/activities	Success Measure/s	Actual 2011	Target 2011	Symbol 2011
We want to build self-esteem and improve resilience in children & Young people.	Percentage participation in learning for young people with Learning Difficulties & Disabilities (LDD) leaving year 11	80.4	95.0	
	Activity update	**Completion update**		
	A number of actions are taking place to improve the participation of young people with learning difficulties and/or disabilities post 16. The Lincolnshire Strategy for post 16 learning with learning difficulties and/or disabilities was formally launched on Friday 21 September. The aim of the strategy it to improve the range and quality of education and training opportunities for LLDD and to enable young people to access learning opportunities within their local area. The strategy and implementation plan has been developed and supported by a range of stakeholders including colleges, independent providers, special schools, mainstream schools, etc and is supported with funding from Lincolnshire County Council over 2 years. Local groups have been established across the county and collaborative arrangements and partnerships are already developing. There are a number of changes which need to be addressed over the coming months including the transfer of the statutory duty to provide careers guidance from the LA to schools (September 2012), changes to funding arrangements for high needs learners (September 2013, changes to curriculum in terms of introduction of study programmes, (September 2013) and Raising the Participations Age to the end of the academic year in which a young person turns 17 (September 2013) Work is ongoing to ensure these changes increase participation of LLDD			

Action 11

Key Tasks/activities	Success Measure/s	Completion
We want children & young people to lead healthy lifestyles and help vulnerable children & young people to be as healthy as their pees.	Implementation of the Anti-Bullying Strategy for Lincolnshire	2012/2013
	Activity update	**Completion update**
	The Multi Agency Anti Bullying Working Group & Steering Group continues to meet regularly and is well attended by a range of partners. Over the past 6 Months the two groups have overseen the production of the Model Anti Bullying Policy and the revised Anti Bullying Strategy for Lincolnshire 2012-13. A key focus of this work stream is to improve our knowledge and awareness of the prevalence of bullying across Lincolnshire. Since the removal of the National Indicator and the Annual Tell Us Survey we have worked hard to develop an annual School Census. This year 41 Primary Schools and 8 Secondary Schools participate d with a combined figure of 2,660 respondents. From a Primary perspective, the key findings were; • 52% stated they had not been bullied in the past year • 23% Yes, a little • 8%, Yes a lot The playground was sighted as the most common place for bulling to occur (84%) Verbal bulling was the most prevalent (accounting for 71%) • 43% of respondents felt that their school dealt with bullying "Very well" Teachers and parents were named as the people they were most likely to speak to about bullying. From a Secondary Perspective the key findings were; • 66% stated they had not been bullied in the past year • 19% Yes, a little	

- 6% Yes a lot

The playground was sighted as the most common place for bulling to occur (70%) Verbal bullying was still the most common (70%) but cyber bullying was cited as 11% (compared to 6% in the primary survey)

- 22% of respondents felt that their school dealt with bullying "Very well"
- 16% Not Very Well
- 7% Very Well

Teachers, parents and friends were equally named as the people they were most likely to speak to about bullying.

The most common cause of bullying were; Looks (43%) and "don't know" disability, and homophobia accounting for the next highest ranked categories.

Reducing incidences of identity based bullying such as homophobic or disability-related bullying in schools has been a key area of focus. We have recently worked closely with Stonewall to reduce homophobia and the use of homophobic language and have been recognised for the positive work by being awarded 15th place in the 2012 annual Stonewall Equality Index.

The next 6 Months will see continue to develop our work with Stonewall and work closely with partners such as CfBT and Lincolnshire Police in delivering a positive, co-ordinated Anti Bullying message within schools and colleges during Anti Bullying Week. In addition we will continue to develop the free, online Anti Bullying Census.