

### Theme: Improve health and social outcomes for children and reduce inequalities

#### Outcome: Ensure all children get the best possible start in life and achieve their potential

We want all children in Lincolnshire to have the best start in life and realise their full potential. This begins before birth and continues through the early years of life and throughout school years.

#### Priorities:

Ensure all children have the best start in life by:

- Improving educational attainment for all children
- Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer

Reduce childhood obesity

Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged

#### What we said we would do:

Agencies will demonstrate how they will work together to deliver the Child Poverty Strategy for Lincolnshire.

Ensure services are available to provide families with advice and support about benefits of immunisation, antenatal and new born screening and lifestyle or social influences (e.g. stop smoking services, benefits maximisation and housing) on their health and that of their children.

Ensure more young people have access to appropriate sex and relationship information and to contraception and genitourinary medicine services.

Through the Lincolnshire Childhood Obesity Partnership Group, develop and implement a Childhood Obesity Strategy for Lincolnshire.

Strengthen the existing joint commissioning board on Emotional and Mental Health Wellbeing to support the recommendations from the National Mental Health Strategy.

Develop and analyse a robust dataset (quantitative and qualitative data) utilising data from a range of different areas and agencies to impact on the Emotional and Mental Health Wellbeing of children and young people in Lincolnshire.

Target specific vulnerable groups to ensure appropriate support is available to narrow the gap in terms of social, education and health outcomes for looked after children, travellers, young carers, children with disabilities and special education needs, teenage parents or children whose parents have mental health conditions including post natal depression.

Continue to invest in an integrated early help offer, delivered through Children's Centres so families have access to the support they need in their locality.

Build strong partnerships with and across schools to enable all children to have access to high quality teaching to enable them to thrive.

## What is working well (examples):

The school nursing service is commissioned to provide 'clinic in a box' in participating secondary schools, including chlamydia testing; pregnancy testing, c card and emergency contraception. The chlamydia screening programme for 15-24 year olds is proactive across Lincolnshire in both healthcare and non-healthcare settings as well as awareness raising sessions being commissioned. The teenage pregnancy team provide a countywide 'c card' scheme and engage with schools in terms of SRE

The design and delivery of specialist training programmes to multi agency professionals from statutory and voluntary organisations across Lincolnshire to enable them to support young people, parents and teenage parents to make positive informed choices.

Development and implementation of teenage pregnancy pathway for all professionals working with young people to support early identification and ensure access to services.

Child Poverty Strategy Action Plan and scorecard developed. Strategy to be reviewed in light of national CP Strategy for 2014-17. Update and progress reported through the CYPSP with decision taken to report the impact of child poverty to LCC Executive. Plans to include impact on CP as part of LCC corporate Equality Impact analysis framework.

A full commissioning review of CAMHS is currently in progress which has included:

- the development of a substantial dataset to inform how outcomes for C&YP can be enhanced through an improved commissioning model.
- working with NHS England to look at developing a model for T3+ services to reduce the number of T4 placements.
- undertaking a CAMHS needs assessment snapshot concerning mental health and psychological wellbeing from the Child and Maternal Health Intelligence Network knowledge hub and a Mental Illness Health Needs Assessment being undertaken by Public Health.
- over 50 consultation meetings with groups including C&YP, Schools, Social Care, CCG's, Provider, Health Visitors, School Nurses, Paediatricians.

Hot school meal uptake has increased dramatically due to the introduction of the Universal Free Infant School Meal Offer (UIFSM). It is envisaged that this will have a positive impact on the overall health of Lincolnshire's children. The UIFSM offer has dramatically changed the landscape of meal provision in Lincolnshire and a focused piece of work will be taking place to develop a new food in schools strategy, which will supersede the current childhood obesity strategy.

The National Child Measurement Programme (NCMP) data in Lincolnshire gives us increasingly robust intelligence. The proportion of Lincolnshire's children who are overweight has increased since 2006/07 amongst children in Reception and in Year 6. However, these proportions have remained reasonably stable since 2009/10, so although there is no sign yet of a decrease in excess weight in children, there is evidence here that the rate of increase has slowed.

Established partnerships continue to work together on a range of projects aimed at narrowing the gap in terms of social, education and health outcomes for vulnerable children and young people, including action research, improving teaching and learning, developing leadership, developing peer review - which are supported and promoted by Education Advisers. Working party has been set up by Director of Children's Services to develop sector led model.

Analysis of national pupil database to examine characteristics of schools and compare and challenge. Pupil premium reviews offered to schools at both ends of the PP spectrum – compare and contrast identify best practice. Identify common successful approaches to tackling PP issue. Develop new cross phase literacy intervention programme. Research links developed with Lincoln University to develop accreditation for practitioners

Examples of support for high quality teaching include The Developing Teacher Programme, English Literacy Specialist Teacher Programme (EnLIST). Teachers training in main stream

schools are encouraged to visit a Special School during their training. Outstanding Lead schools are helping to train new teachers for those schools who cannot recruit. Three days of SEND training is provided by a specialist for all trainees. All trainees must present evidence against the Teachers' Standards at the end of their course, including a SEND Task, Safeguarding Task and an EAL task.

### Challenges, Threats and Opportunities:

- **Childhood Obesity:** need to do more to tackle this problem – needs to build on the 'life course' approach.
- **Sexual Health:** unwanted conceptions are higher than national average so need to do more target work with schools / young people to get across the key health messages.
- **Vaccinations:** better awareness and more assurance around public protection.
- **Self-harm & suicide:** more work needs to be done in this area
- **Accidental injury:** possible new area to focus on.

# Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Ensure all children have the best start in life.	Low-birth weight of term live births.	Green		
	Breastfeeding initiation.	Green		
	Breastfeeding prevalence at 6-8 weeks after birth.	Red		
	Infant mortality.	Orange		
	Women's experience of maternity services.	Grey		
	School Readiness: The percentage of children achieving a good level of development at the end of reception	Green		
	School Readiness: The percentage of children with free school meal status achieving a good level of develop	Green		
	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening ch	Green		
	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected lev	Green		
	Children in poverty (all dependent children under 20)	Orange		
	Children in poverty (under 16s)	Green		
	Smoking at time of delivery	Green		
	HIV coverage: The proportion of pregnant women eligible for infectious disease screening who are tested for	Grey		
	Syphilis, hepatitis B and susceptibility to rubella uptake: The proportion of women booked for antenatal care,	Grey		
	The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a c	Grey		
	The proportion of babies registered within the area both at birth and at the time of report who are eligible for r	Grey		
	Proportion of babies eligible for newborn hearing screening for whom the screening process is complete with	Grey		
	The proportion of babies eligible for the newborn physical examination who were tested within 72 hours of bir	Grey		
	The proportion of those offered screening for diabetic retinopathy who attend a digital screening event.	Green		
	Foundation: Achievement gap between pupils eligible for free school meals and their peers.	Grey		
	KS2: Achievement gap between pupils eligible for free school meals and their peers.	Grey		
	KS4: Achievement gap between pupils eligible for free school meals and their peers.	Grey		
	Foundation: Achievement gap between pupils with SEN provision and their peers.	Grey		
KS2: Achievement gap between pupils with SEN provision and their peers.	Grey			
KS4: Achievement gap between pupils with SEN provision and their peers.	Grey			
Reduce childhood obesity.	Proportion of children aged 4-5 classified as overweight or obese.	Red		
	Proportion of children aged 10-11 classified as overweight or obese.	Red		
Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged.	School Readiness: The percentage of children achieving a good level of development at the end of reception	Green		
	School Readiness: The percentage of children with free school meal status achieving a good level of develop	Green		
	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening ch	Green		
	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected lev	Green		
	Emotional wellbeing of looked after children.	Grey		
	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 - CTAD (Persons)	Orange		
	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 - CTAD (Male)	Orange		
	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 - CTAD (Female)	Orange		
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Red		
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Red		
	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	Red		
	Under 18 conception rate.	Orange		
	Under 18 conceptions: conceptions in those aged under 16	Orange		
	Hepatitis B vaccination coverage (one year olds).	Green		
	Hepatitis B vaccination coverage (two year olds).	Green		
	BCG vaccination coverage (1-16 year olds)	Grey		
	DTaP/IPV/Hib vaccination coverage (one year olds).	Red		
	DTaP/IPV/Hib vaccination coverage (two year olds).	Red		
	MenC vaccination coverage (one, two and five year olds).	Red		
	PCV vaccination coverage (one, two and five year olds).	Red		
	Hib/MenC booster vaccination coverage (two year olds).	Red		
	Hib/MenC booster vaccination coverage (five year olds).	Red		
	PCV booster vaccination coverage (two and five year olds).	Red		
	MMR vaccination coverage for one dose (two year olds).	Red		
	MMR vaccination coverage for one dose (five year olds).	Red		
	MMR vaccination coverage for two doses (five year olds).	Red		
	Td/IPV booster vaccination coverage (13-18 year olds)	Grey		
	HPV vaccination coverage (females 12-17 year olds).	Red		
	PPV vaccination coverage (over 65s).	Red		
	Flu vaccination coverage (over 65s).	Red		
Flu vaccination coverage (at risk individuals aged over six months).	Green			