Buckinghamshire County Council

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Agenda Cabinet

Date: Monday 5 June 2017

Time: 10.30 am

Venue: Mezzanine Rooms 1 & 2, County Hall, Aylesbury

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6	**Forward Plan for Cabinet and Cabinet Members** For Cabinet to consider the Forward Plan	**11 - 24**
7	**Cabinet Member Decisions** To note progress with Cabinet Member Decisions	**25 - 28**
8	**Select Committee Work Programme & Inquiry Work Programme** For Cabinet to consider the Select Committee Work Programme	**29 - 38**
9	**Director of Public Health Annual Report** For Cabinet to consider the report	**39 - 146**
10	**Children's Services Update** For Cabinet to consider the report	**147 - 164**
11	**Corporate Parenting Strategy** For Cabinet to consider the report	**165 - 192**
12	**Outturn Report 2016/17** For Cabinet to consider the report	**193 - 214**
13	**Date of the Next Meeting** 26 June 2017	

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For further information please contact: Nichola Beagle on 01296 382343

Members: **Martin Tett (Leader)**

Mike Appleyard	Cabinet Member for Education & Skills
Noel Brown	Cabinet Member for Community Engagement & Public Health
Bill Chapple OBE	Cabinet Member for Planning & Environment
John Chilver	Cabinet Member for Resources
Lin Hazell	Cabinet Member for Health & Wellbeing
Mark Shaw	Deputy Leader & Cabinet Member for Transportation
Warren Whyte	Cabinet Member for Children's Services

Gareth Williams

Buckinghamshire County Council

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Minutes Cabinet

Date: 24 April 2017

Venue: Mezzanine Rooms 1 & 2, County Hall, Aylesbury

Time: 10.30 am to 12.15 pm

MEMBERS PRESENT

Mr M Tett (in the Chair).

Mr M Appleyard, Mrs M Aston, Mr J Chilver, Lin Hazell, Mr Z Mohammed, Mr W Whyte and Mr P Irwin

OTHER MEMBERS IN ATTENDANCE

Mr R Stuchbury, Mr D Carroll and Mr B Roberts

OFFICERS IN ATTENDANCE

Mr R Ambrose, Mrs S Ashmead, Ms R Shimmin, Ms R Bennett, Mrs K Sutherland and Mrs E Wheaton

1 APOLOGIES FOR ABSENCE

Apologies were received from Mr M Shaw. Mr P Irwin attended as a substitute.

2 DECLARATIONS OF INTEREST

It was noted that Purdah would be in effect 27 March to 4 May 2017 due to local elections. It was also noted that Purdah would continue until the General Election on 8 June 2017.

3 MINUTES

Two items were asked to be changed in the minutes from the meeting held on 27 March 2017.

Hot Topics
Clarification that the update referred to one new food sharing app and not two.

Performance Review – Update from Cabinet Member for Resources
Clarification that the final bullet point should read 2nd lift refurbishment and not 2nd floor

Minutes of the meeting held on 27 March 2017 were agreed to be an accurate record (with the changes above) and signed by the Chairman.

4 HOT TOPICS

Cabinet's attention was brought to the following:

- Mr D Johnston, Managing Director of Children's Social Care & Learning was leaving the authority. Cabinet thanked him for his significant contribution, in particular to the Children's Improvement Programme
- Cabinet welcomed the Interim Managing Director of Children's Social Care & Learning, Mrs G Rhodes White
- Mr W Whyte had attended the recent meeting of the Regional Flood and Coastal Committee where a 25 year plan for land drainage, growth and making space for water had been agreed

5 QUESTION TIME

Mr R Stuchbury asked about the plans for joint working and engagement with Parish Councils in relation to the unitary proposals, and particularly in relation to contributions to Section 106 and how it is used.

Mr M Tett advised that with County Council elections and following the announcement of the General election in June, a decision on the Unitary proposals was not expected until after the election period. It was also noted that there were ongoing discussions with Parish Councils about options for future joint working arrangements.

Mr Tett also noted that there was enormous pressure on Section 106 funding for infrastructure and there were restrictions as to what it could be spent on.

6 FORWARD PLAN FOR CABINET AND CABINET MEMBERS

Cabinet noted the report.

7 CABINET MEMBER DECISIONS

Cabinet noted the report.

8 SELECT COMMITTEE WORK PROGRAMME & INQUIRY WORK PROGRAMME

Cabinet noted the report.

9 CHILDREN'S HOME - LOCAL PROVISION

L Hazel, Cabinet Member for Childrens Services presented the report. During discussion key points were highlighted as follows:

- The continuation of the Change for Children Programme
- The need to increase Foster Carers within Buckinghamshire
- The need to increase the number of children's homes in Buckinghamshire to increase the control of care provision for children
- The expansion and purchasing of care homes would increase capacity for placements within the County, which would not only better for the children but would also save money on out of County placements

Cabinet made the following comments:

- Health and wellbeing of children was of great importance and in County provision would create better outcomes for them
- In County placements ere more cost effective for the authority and would reduce travel time for Social Workers which would allow them more time with children and families
- The importance to engage with the Local Member when researching properties for care homes

Recommendation

1) Approve the business case for the provision of additional residential places for children in Buckinghamshire; and
2) Agree to prudentially borrow up to a value of £2m to fund the additional property purchases.
3) Delegate to the Cabinet Member for Resources, in agreement with the Cabinet Member for Children's Services, the authority to purchase properties and carry out improvement works as required funded by prudential borrowing up to an overall value of £2m

RESOLVED: Cabinet AGREED with the recommendations.

10 CHILDREN'S IMPROVEMENT PROGRAMME UPDATE

L Hazel, Cabinet Member for Children's Services presented the report. During discussion key points were highlighted as follows:

- The improvement programme was a top priority of the County Council
- Since the initial Ofsted inspection three visits had taken place, all of which had reported improvements, the portfolio were confident that were a further Ofsted inspection to take place, the rating of inadequate would no longer be in place
- Cabinet noted the significant work that had gone into social worker recruitment and the decrease of interim staff used
- Work needed to continue with partners such as Health and Police to ensure a whole service approach

Cabinet welcomed the update report and thanked all members of staff within the service for their continued hard work. Mr Tett requested that thanks be relayed back to staff via the interim Managing Director of Children's Social Care and Learning.

ACTION: Mrs G Rhodes White

RESOLVED: Cabinet NOTED the report and requested that quarterly updates be added to the forward plan.

ACTION: Member Services

11 HOSPITAL DISCHARGE INQUIRY REPORT

Mr B Roberts, Chairman of the Health and Adult Social Care Select Committee and Mrs E Wheaton Committee and Governance Advisor, presented the inquiry report and draft response. During discussion points were highlighted as follows:

- Mr Roberts thanked all members of the inquiry group and colleagues in Health and Adult Social Care
- The inquiry had highlighted particular areas of focus including amounts of paperwork, different IT systems used, delayed assessments, care homes not taking new clients over the weekends, the location of teams that needed to be working together and the important role the Pharmacy played in the discharge process
- Some successes had already been implemented following the inquiry including no fining between Health and ASC
- Discharge process was to start as soon as someone was admitted
- The role families played in the discharge process and how to tackle those whom were not engaged
- Buckinghamshire were a high performing authority however work remained to reduce the number of delayed transfers
- The "Trusted Assessor" model was under development with care providers and Officers were reviewing other best practice models

Cabinet thanked members of the Select Committee for their work on the inquiry.

RESOLVED: Cabinet AGREED the Cabinet Member response to the recommendations.

12 SUSTAINABLE SCHOOL TRAVEL IN BUCKINGHAMSHIRE

Mr D Carroll, Chairman of the Transport, Environment and Communities Select Committee and Mrs K Sutherland, Committee & Governance Advisor presented the inquiry report and draft response. During discussion points were highlighted as follows:

- All involved in the inquiry group were thanked for their hard work
- Buckinghamshire County Council were a leading authority on School travel
- The inquiry brought together key stakeholders to understand school travel issues in Buckinghamshire
- 162 schools had engaged with activities, however there were some challenges with those schools who remained disengaged
- A range of choice and the growth agenda, with new schools and expansions, would have an impact on school travel plans
- Expansion of village schools and lack of parking available needed to be addressed
- Engagement with schools and parish councils would be ongoing
- The importance of getting Governors involved and resident associations
- The need for an officer at the County Council to co-ordinate the work
- The need for partners such as Police, schools, parents, Parish Councils and residents to also accept responsibility and work together to find solutions

Cabinet thanked Members of the Select Committee for their work on the inquiry.

RESOLVED: Cabinet AGREED the Cabinet Member response to the recommendations.

13 EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED:

That the press and public be excluded for the following item which is exempt by virtue of Paragraph 3 of Part 1 of Schedule 12a of the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person (including the authority holding that information)

14 CONFIDENTIAL MINUTES

The confidential minutes of the meeting held on 27 March 2017 were agreed to be an accurate record and signed by the Chairman.

15 DATE OF THE NEXT MEETING

5 June 2017, Mezzanine Rooms 1 & 2, County Hall, Aylesbury.

MARTIN TETT
LEADER OF THE COUNCIL

CABINET/CABINET MEMBER FORWARD PLAN

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
Cabinet 5 June 2017				
Better Care Fund 2017-19	Cabinet will receive the plans for the Better Care Fund and will be asked to approve the funding.		Cabinet Member for Health and Wellbeing / Rajni Cairns	First notified 4/11/16
Children's Services Update	Update on Children's Services for April's Cabinet.		Cabinet Member for Children's Services / Hannah Dell, David Johnston	First notified 13/3/17
Corporate Parenting Strategy 2016-19	To agree the Corporate Parenting Strategy		Cabinet Member for Children's Services / Anthony Decrop	First notified 22/3/17
Director of Public Health Annual Report	Annual report		Cabinet Member for Community Engagement and Public Health / Jane O'Grady	First notified 14/3/17
Outturn Report 2016/17	Financial outturn 2016/17		Cabinet Member for Resources / Richard Ambrose	First notified 25/4/17

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
Cabinet 26 June 2017				
Acquisition of Investment Properties	Potential acquisition of Investment Property - if required		Cabinet Member for Resources / Oster Milambo	First notified 20/3/17 Likely to include confidential appendices
Adults Services Update	6-monthly update		Cabinet Member for Health and Wellbeing / Sheila Norris	First notified 1/3/17
Early Help Review	The Early Help Review is one of the 4 priorities of the Change 4 Children Transformation Programme; this was established to identify where improvements could be made across Early Help services.		Cabinet Member for Children's Services / Carol Douch	First notified 3/4/17 Likely to include confidential appendices
Q4 / Year-End 2016/17 Performance Review	Review of County Council performance measures for quarter 4 (year-end) 2016/17		Cabinet Member for Resources / Sarah Ashmead	First notified 15/9/16
Youth Justice Strategic Plan 2017/18	Statutory plan for the Youth Offending Service Partnership which has to be submitted to the Youth Justice Board for approval.		Cabinet Member for Children's Services / Pauline Camilleri	First notified 29/12/16
Cabinet 17 July 2017				
Q1 2017/18 Finance Monitoring Report	Quarterly report		Cabinet Member for Resources / Richard Ambrose	First notified 27/3/17
Cabinet 11 September 2017				

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
Cabinet 2 October 2017				
Children's Services Update	6-monthly update		Cabinet Member for Children's Services / David Johnston	First notified 1/3/17
Cabinet 23 October 2017				
Cabinet 13 November 2017				
Q2 2017/18 Finance Monitoring Report	Quarterly report		Cabinet Member for Resources / Richard Ambrose	First notified 27/3/17
Cabinet 11 December 2017				
Adults Services Update	6-monthly update		Cabinet Member for Health and Wellbeing / Sheila Norris	First notified 1/3/17
Cabinet 8 January 2018				
Cabinet 12 February 2018				
Q3 2017/18 Finance Monitoring Report	Quarterly report		Cabinet Member for Resources / Richard Ambrose	First notified 27/3/17

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
May 2017 Cabinet Member Decisions				
Cabinet Member for Children's Services				
Care Leavers Staying Put Policy	This policy aims to provide a framework for making decisions to enable looked after young people to remain with their current foster carer, or regular relief carer, after the age of 18 years and sets out the arrangements necessary to support this. This policy covers all care leavers, including unaccompanied asylum seeking children (UASCs).		Cabinet Member for Children's Services / Anthony Decrop	First notified 30/3/17
Financial support to carers of children leaving care through adoption, special guardianship, or child arrangements orders Policy & Procedures			Cabinet Member for Children's Services / Anthony Decrop	First notified 8/12/14
Placement Sufficiency Strategy - Looked After Children	This sufficiency strategy describes how we plan to put the right mix of services in place to meet the needs of Looked After Children.		Cabinet Member for Children's Services / Anthony Decrop	First notified 30/3/17
Policy on Delegation of authority for children placed in foster care	Delegated authority policy regarding children placed in foster care		Cabinet Member for Children's Services / Anthony Decrop	First notified 10/4/17

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
Cabinet Member for Children's Services, Cabinet Member for Education and Cabinet Member for Health and Wellbeing				
Agreement of legal framework S75 for integrated commissioning for adult social care	Sign off of the Statutory framework which underpins the Health and Social care commissioning arrangements across children and adults		Cabinet Member for Children's Services, Cabinet Member for Education and Skills, Cabinet Member for Health and Wellbeing / Susie Yapp	First notified 9/5/16
Cabinet Member for Community Engagement and Public Health				
Falls Service	A review of the Falls Service		Cabinet Member for Community Engagement and Public Health / Angie Blackmore, Liz Wheaton	First notified 23/3/17 May contain confidential apprendices
South East Cross Charging Policy for Sexual Health Services	This report describes a policy and guiding principles on how sixteen Local Authorities across the South East will manage non contracted sexual health out of area activity ie residents attending sexual health services commissioned by other Local Authorities in England. It provides clarity on the conditions and payment terms for cross charging to ensure a consistent and fair approach.		Cabinet Member for Community Engagement and Public Health / Angie Blackmore	First notified 12/4/17 May contain confidential appendices
Cabinet Member for Education and Skills				
Adult Learning - future delivery options	Adult Learning - future delivery options		Cabinet Member for Education and Skills / Zena Sutcliffe	First notified 17/2/16

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
East Claydon CE School	A proposal by the governing body of the school that they extend their age range from 1 September 2017. Currently they admit children from 2-7 years of age and if the proposal is agreed they would admit children from 2-11 years of age.	Grendon Underwood	Cabinet Member for Education and Skills / Andrew Tusting	First notified 3/1/17
Specialist Teaching Service	Transfer of delivery of the Specialist Teaching Service from the Buckinghamshire Learning Trust to the Council		Cabinet Member for Education and Skills / Sarah Callaghan	First notified 11/4/17 May contain confidential appendices
Cabinet Member for Education and Skills and Cabinet Member for Children's Services				
Looked After Children Strategy			Cabinet Member for Children's Services, Cabinet Member for Education and Skills / Anthony Decrop	First notified 29/7/15
Cabinet Member for Health and Wellbeing				
Annual Fee uplift	To set out the recommended fee uplifts across care and support contract for 2017/18 and payments rewarding high quality provision of care in regulated services.		Cabinet Member for Health and Wellbeing / Graeme Finch	First notified 22/3/17 May contain confidential apprenidices
Direct Payment Policy	Cabinet Member to agree the Direct Payment Policy		Cabinet Member for Health and Wellbeing / Marcia Smith	First notified 29/3/17
Home from Hospital	Decision to recommission service		Cabinet Member for Health and Wellbeing / Gemma Workman	First notified 26/4/17

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
S75 pooled budget for S117	Buckinghamshire County Council managing the S117 client budget by pooling the Clinical Commissioning Group and Buckinghamshire County Council budgets.		Cabinet Member for Health and Wellbeing / Kelly Taylor	First notified 19/4/17
Seeleys Consultation Report 2017	End of Consultation Report for Seeleys House in regards to the Respite and Day Services		Cabinet Member for Health and Wellbeing / Kelly Taylor	First notified 7/11/16 May contain confidential appendices
Cabinet Member for Planning and Environment				
Approval of Preliminary Flood Risk Assessment (PFRA)	Approval of Preliminary Flood Risk Assessment (PFRA)		Cabinet Member for Planning and Environment / David Sutherland	First notified 22/2/17
Land Drainage Enforcement Policy	Approval of Land Drainage Enforcement Policy as part of BCC's role as Lead Local Flood Authority		Cabinet Member for Planning and Environment / David Sutherland	First notified 22/2/17
Cabinet Member for Resources				
Anti Fraud and Corruption Strategy	A review of the Council's Anti Fraud and Corruption Strategy.		Cabinet Member for Resources / Maggie Gibb	First notified 5/12/16
Anti Money Laundering Policy	A review of the Council's Anti Money Laundering Policy		Cabinet Member for Resources / Maggie Gibb	First notified 5/12/16

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
People Strategy	This strategy incorporates the revised People Strategy and the wider Workforce Plan for Council employees and aims to capture all Business Units and the HQ Functions.The People Strategy will be supported by a number of key work streams most of which are already underway. An action plan has been developed to help review and report on the impact/delivery of the Strategy.		Cabinet Member for Resources / Gillian Quinton	First notified 18/8/16
Transfer of Land at Spade Oak, Marlow	The transfer of land held by Buckinghamshire County Council as Trustee of the Thameside Preservation Trust to new Trustees. The land was purchased with monies raised by public subscription and is to be preserved for the benefit and recreation of the public.	Marlow	Cabinet Member for Resources / Linda Forsythe	First notified 6/4/17
Deputy Leader and Cabinet Member for Transportation				
30mph speed limit extension, East Claydon Road, East Claydon	The existing 30mph speed limit needs to be extended away from the village a short distance to accommodate a new small housing development at New Farm	Grendon Underwood	Deputy Leader & Cabinet Member for Transportation / David Cairney	First notified 15/2/17
Appointments to Outside Bodies 2017/18	The Deputy Leader will be asked to approve the list of appointments to outside bodies for the year 2017/18.		Deputy Leader & Cabinet Member for Transportation / Kristi Bhania, Clare Capjon	First notified 8/3/17

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
Aylesbury South East Link Road - Project Progression	Report seeking formal approval to progress the Aylesbury South East Link Road project (A413-B4443) following successful award of £13.5m Local Growth Funding in Autumn 2016.	Aylesbury South East; Wendover, Halton & Stoke Mandeville	Deputy Leader & Cabinet Member for Transportation / John Rippon	First notified 16/3/17
Beaconsfield cycleway	Proposed shared cycleway. Upgraded of existing footway, between Grenfell Road and Ledborough Lane. 3 week Consultation to commence 03 March 2017.	Beaconsfield	Deputy Leader & Cabinet Member for Transportation / Adrian Lane	First notified 28/2/17
Countywide Pay & Display Implementation Phase 2	Approval of Parking Implementation Plan No.11 recommendations	All Electoral Divisions	Deputy Leader & Cabinet Member for Transportation / Alistair Turk	First notified 28/4/17
Cuddington Proposed 50 mph Speed Limit	Decision for: Proposed 50 mph Speed Limit on the Cuddington / Aylesbury Road following Statutory Consultation	Stone and Waddesdon	Deputy Leader & Cabinet Member for Transportation / Shane Thomas	First notified 25/4/17
Developer Funding Programme (TEE): Financial Year 2017/18	Update on 2016/17 programme and seeking approval for a proposed programme of 2017/18 schemes funded through developer contributions.		Deputy Leader & Cabinet Member for Transportation / John Rippon	First notified 10/2/17
Highways Development Management - Service Charging	Setting fees for pre-application advice and planning performance agreements in line with Buckinghamshire County Council's Corporate Charging Policy.		Deputy Leader & Cabinet Member for Transportation / Martin Dickman, Christine Urry	First notified 4/1/16
Sustainable Travel South (A4 Taplow: Maidenhead to Slough) Cycleway Scheme		Cliveden; Farnham Common & Burnham Beeches; Stoke Poges & Wexham	Deputy Leader & Cabinet Member for Transportation / Ian McGowan	First notified 8/10/15

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
Deputy Leader and Cabinet Member for Transportation and Cabinet Member for Resources				
Aylesbury Link Roads Programme - Land Acquisition	Report laying out land acquisition strategy for Aylesbury Link Road Schemes - including delegation of resolution to make Compulsory Purchase Order powers to the appropriate Service Director.	Aston Clinton & Bierton; Aylesbury North West; Aylesbury South East; Aylesbury West; Stone and Waddesdon; Wendover, Halton & Stoke Mandeville; Wing	Deputy Leader & Cabinet Member for Transportation, Cabinet Member for Resources / John Rippon	First notified 27/3/17 May contain confidential apprendices
Leader of the Council				
Recycled Strategic Infrastructure Feasibility Budget Re-Profiling	Report recommending approval of a re-profiled allocation of the Strategic Infrastructure Feasibility Budget, also known as Leader Capital.		Leader of the Council / John Rippon	First notified 9/3/17

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
June 2017 Cabinet Member Decisions				
Cabinet Member for Planning and Environment				
Buckinghamshire Minerals and Waste Local Plan draft plan consultation	The Draft Plan for Consultation sets out the new Minerals and Waste Local Plan strategy, provision to be met and locations for development, along with detailed policies to guide planning proposals for minerals and waste development. This is to seek Cabinet Member approval to undertake a consultation on the draft plan.		Cabinet Member for Planning and Environment / Rachel Wileman	First notified 19/5/17
Deputy Leader and Cabinet Member for Transportation				
Beaconsfield Waiting Restrictions-Holtspur Top Lane-Heath Road-Skelton Close, Area 7	Waiting Restrictions Holtspur Top Lane (Bucks Fire and Rescue, Beaconsfield Station), Heath Road and Skelton Close (Private Road). Beaconsfield Waiting Restriction Review (Area 7)	Beaconsfield	Deputy Leader & Cabinet Member for Transportation / Shaun Pope	First notified 19/4/17
Fleet Trading Account Budget	To agree the Fleet Trading Account budget for year 2017-18 in line with current Financial Regulations. These are temporary budgets for one year only, with expenditure and income being of the same value and the net budget bottom line being zero.		Deputy Leader & Cabinet Member for Transportation / Gill Harding	First notified 19/5/17

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
July 2017 Cabinet Member Decisions				
Deputy Leader and Cabinet Member for Transportation				
Chesham Town Parking Review	Single yellow lines – changes to operating hours ('no waiting' times) and restrictions Resident Permit Parking – new	Chesham	Deputy Leader & Cabinet Member for Transportation / Keith Burns	First notified 16/5/17
August 2017 Cabinet Member Decisions				
Cabinet Member for Education and Skills				
Future Transport Charges	To set out the plans for charging for home to school transport	All Electoral Divisions	Cabinet Member for Education and Skills / Debbie Munday	First notified 2/5/17
Millbrook School	A proposal that the school expands by one form of entry (i.e. 30 children) from September 2018. The governing body and school are holding a public consultation with parents, the local community and other interested parties on the proposed increase. If after the end of the public consultation the decision is to proceed with the proposal then a statutory notice will be published in a local newspaper, followed by a four week representation period for people to comment on, support or object to the proposal.	West Wycombe	Cabinet Member for Education and Skills / Andrew Tusting	First notified 3/4/17

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
November 2017 Cabinet Member Decisions				
Cabinet Member for Education and Skills				
Dagnall Church of England School	A proposal that from 1 September 2018 Dagnall Church of England School increases its age range to admit children up to year 6 (11 years of age). If implemented the change would be phased in, starting with the admission of year 3 children from September 2018 and then to build up over a number of years.	Ivinghoe	Cabinet Member for Education and Skills / Andrew Tusting	First notified 28/2/17
Great Kimble Church of England School	A proposal that the school expands from September 2018 from being an infant school to become a combined primary school admitting children from 4 to 11 years of age. The school currently admits children from 4 to 7 years of age.	Ridgeway East	Cabinet Member for Education and Skills / Andrew Tusting	First notified 22/2/17
Proposed St Michael's Catholic School satellite school on former Quarrendon School site in Aylesbury	A proposal that St Michael's Catholic School in High Wycombe opens a secondary satellite school on the former Quarrendon School site in Aylesbury. If approved the satellite school would open in September 2018 with an initial intake of four forms of entry (120 students) and would over time build up to six forms of entry (180 students).	Stone and Waddesdon	Cabinet Member for Education and Skills / Andrew Tusting	First notified 22/2/17

Item	Description	Local Members Affected	Member(s) / Contact Officer	Comments
February 2018 Cabinet Member Decisions				
Cabinet Member for Education and Skills				
2019 Determined Admission Rules	Annually determined admissions policy for voluntary controlled and community schools plus the admissions scheme		Cabinet Member for Education and Skills / Debbie Munday	First notified 2/3/17
Cabinet Member for Health and Wellbeing				
Care market pressures	Annual response to care market pressures from suppliers		Cabinet Member for Health and Wellbeing / Jane Bowie	First notified 13/4/17

Buckinghamshire County Council

Please note the following information since the report included in the previous Cabinet agenda:-

- 1 decision has been published but not yet taken
- 7 decisions have been taken
- 32 decisions on the forward plan are pending for May

DECISIONS TAKEN

Cabinet Member for Children's Services, Cabinet Member for Resources

11 May 2017

CS02.17 - Acquisition of Investment Properties (Decision taken)

The Managing Directors on behalf of the Cabinet Members:

APPROVED the addition to the capital programme of the potential children's homes in Buckingham and Aylesbury and to the funding of these projects by prudential borrowing.

In accordance with the Council's Constitution (Access to Information Standing Order 16), the Leader and Chairman of the Council have agreed that this decision be taken under the Special Urgency Provision in order to allow purchase of the properties in question in the timescales required for completion of contracts.

There is a confidential appendix to this report, which is exempt by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person.

Cabinet Member for Community Engagement and Public Health

27 Apr 2017

CE04.17 - Structured Treatment and Recovery Service - Tender Evaluation & Contract Award (Decision taken)

The Cabinet Member:

> **AGREED to award the contract for the Structured Treatment and Recovery Service to Bidder B**

Cabinet Member for Health and Wellbeing

26 Apr 2017

DLHW03.17 - Award of contract for provision of statutory advocacy services in Buckinghamshire (Decision Taken)

> **The Cabinet Member agreed to award the contract for statutory advocacy services to Provider A**

Cabinet Member for Planning and Environment

26 Apr 2017

PE03.17 - Proposed Pre application charging schedule - Planning (Decision taken)

The Cabinet Member AGREED to:

> **ENDORSE the proposed Pre-Planning Application Advice Service and to ADOPT the Cost Recovery Schedule set out in paragraph 3.4 with a commencement date of on or after 1st April 2017.**

4 May 2017

PE05.17 - Local Flood Risk Management Strategy (Decision taken)

The Cabinet Member:

> **AGREED the Local Flood Risk Management Strategy**

Cabinet Member for Planning and Environment, Cabinet Member for Resources, Deputy Leader & Cabinet Member for Transportation

26 Apr 2017

PE04.17 - Section 106 Agreement Monitoring Charges (Decision taken)

The Cabinet Members AGREED

> **1) The introduction of an updated fee charging schedule for monitoring of Section 106 agreements. (As set out in Appendix 1 of the report)**
>
> **2) The introduction of a new fee charge for the responding to S106 queries regarding clause compliance. (As set out in Appendix 1of the report)**

Deputy Leader & Cabinet Member for Transportation

15 May 2017

T09.17a - High Wycombe Town Centre Masterplan – Alternative Route Phase 3 & 4 Consultation (Decision taken)

> **The Manging Director for Transport, Economy and Environment, on behalf of the Cabinet Member, AGREED to support the final designs including amendments made during consultation of Phase 3 & 4 so that the project can begin construction in summer 2017. Finalised designs provided in Appendix 1 & 2 as a pdf.**
>
> **The Manging Director for Transport, Economy and Environment, on behalf of the Cabinet Member, AGREED to support commencement of the procurement process to identify the schemes principal contractor and site supervision team in line with the agreed budgets as defined within T12.16 - High Wycombe Town Centre Master Plan Southern Quadrant HWTCMPSQ Business Case.**

DECISIONS TO BE TAKEN

18 May 2017

ED07.17 - East Claydon CE School (Decision to be Taken)

Recommendation

To AGREE that as the governing body has followed the statutory guidance as set down by the Department for Education, East Claydon Church of England School increases its age ranges from 1 September 2017 and admits year 3 children from September 2017, year 4 from September 2018, year 5 from September 2019 and year 6 from September 2020 and therefore become all-through primary schools taking Key Stage I and Key Stage II children.

For further information please contact: Nichola Beagle on 01296 382662

Select Committee Combined Work Programme

About our Select Committees

This work programme sets out all formal meetings of the Council's Select Committees.

The purpose of Select Committees is to carry out the Council's overview and scrutiny function. Their role is to support public accountability and improve outcomes for residents through scrutinising the work of decision-makers.

Select Committees can carry out this function either through an in-depth Inquiry or one-off item at Committee meetings.

A scrutiny Inquiry is an investigation on a topic that will lead to a report and evidence-based recommendations for change to decision-makers. The key difference between one-off committee items that are not part of an inquiry and scrutiny inquiries is that Select Committees normally only make recommendations to Cabinet as a result of an in-depth Inquiry.

Evidence for scrutiny Inquiries may be gathered in different ways depending on the topic, this includes taking evidence at formal Select Committee meetings and/or informal meetings, visits or external research. Prior to any work commencing the Select Committee will agree an Inquiry scoping document which will outline the terms of reference, the methodology and inquiry timeline.

For more details about Select Committee Inquiries and guidance please see http://www.buckscc.gov.uk/services/council-and-democracy/scrutiny/

Finance, Performance & Resources Select Committee

Children's Social Care & Learning Select Committee

Health & Adult Social Care Select Committee

Transport. Environment & Communities Select Committee

Date	Topic	Description and purpose	Lead Service Officer	Attendees
Finance, Performance & Resources Select Committee				
4 Jul 2017	Growth in Buckinghamshire	For the Committee to hear about the Council's planning, including the financial implications of such plans, around the Growth agenda.	Kelly Sutherland, Committee and Governance Adviser	
26 Sep 2017	Budget Scrutiny 2017 - 6 month progress report	The Committee will review the progress of the implementation of the recommendations of the 2017 Budget Scrutiny Inquiry.	Richard Ambrose, Director of Finance & Assurance	Cabinet Member for Resources, Richard Ambrose, Director of Assurance
26 Sep 2017	Quality Assurance and Performance Management	The Committee will be briefed on the Council's approach to Quality Assurance and Performance Management and how the Committee can contribute to this.	Joanna Sage, Head Of Insight And Business Improvement	Cabinet Member for Resources, Jo Sage, Head of Insight and Business Intelligence
14 Nov 2017	Income Generation - 12 month progress report	The Committee will receive a 12 month progress report on the implementation of the recommendations of the Income Generation Inquiry report.	Jonathon Noble, Commercial Director	Cabinet Member for Resources, Jonathan Noble, Commercial Director, Business Services Plus

Date	Topic	Description and purpose	Lead Service Officer	Attendees
Children's Social Care & Learning Select Committee				
18 Jul 2017	Children's Workforce Inquiry	To review and make an assessment of progress against the agreed recommendations of the inquiry 12 months on..	Kevin Wright, Committee and Governance Adviser	
18 Jul 2017	Inquiry Scope - Permanent Exclusions From School	For the Committee to consider and agree the scope for the Permanent Exclusions from school inquiry.	Kevin Wright, Committee and Governance Adviser	
18 Jul 2017	The Growth Agenda	For Committee Members to hear from the Children's Social Care and Learning Business Unit about their plans around the growth agenda.	Kevin Wright, Committee and Governance Adviser	
5 Sep 2017	Education Strategy	For Members to consider the proposals for the new Buckinghamshire Education Strategy following consultation.	Sarah Callaghan, Service Director Education	
5 Sep 2017	NHS England Sustainability and Transformation Plan	Understanding the impacts of integrating Health and Social Care on Children's Services including the NHS England Sustainability and Transformation Plan	David Johnston, Managing Director, Children's Social Care, Children and Young People	
5 Sep 2017	Preventing Bullying in Schools	For the Committee to look at the work going on to prevent bullying in schools in Buckinghamshire	Yvette Thomas, Children's Policy and Equalities Manager	

Date	Topic	Description and purpose	Lead Service Officer	Attendees
5 Sep 2017	The Educational Psychology Service Action Plan	To update Members on progress with implementing the Educational Psychology Service Action Plan	Craig Tribe	
5 Sep 2017	Voice of the Child and Young Person Inquiry	To review and make an assessment of progress against the agreed recommendations of the inquiry 6 months on	Kevin Wright, Committee and Governance Adviser	
17 Oct 2017	Independent Reviewing Officer Service	For Members to look at the performance of the IRO service and current resourcing.	Sharon Graham, Interim IRO manager	
17 Oct 2017	National Funding Formula for Schools	For Members to consider changes to the National Funding Formula and the impact on Buckinghamshire schools.	Sarah Callaghan, Service Director Education	
17 Oct 2017	National Youth Advocacy Service (NYAS)	For Members to look at the performance of NYAS following recent management changes in Buckinghamshire.	Simon Brown, Operations Manager (Commissioning)	

Date	Topic	Description and purpose	Lead Service Officer	Attendees
Health & Adult Social Care Select Committee				
13 Jun 2017	Bucks Care	For Members to receive an update on Bucks Care and the progress made since January 2017.	Liz Wheaton, Committee and Governance Adviser	Jane Bowie, Director of Joint Commissioning
13 Jun 2017	Health & Adult Social Care overview	Following the Election in May, this item will provide an overview on health and social care for the newly formed Committee.	Liz Wheaton, Committee and Governance Adviser	Lou Patten, Accountable Officer, Clinical Commissioning Groups Neil Dardis, Chief Executive, Buckinghamshire Healthcare NHS Trust Shelia Norris, Managing Director, Communities, Health and Adult Social Care
13 Jun 2017	Recommendation progress monitoring - one year on	For Members to receive an update on the progress made on the recommendations in the "Accessibility and Promotion of Services for Adults with Learning Disabilities" Inquiry report - one year on.	Oliver Stykuc-Dean, Commissioner	
25 Jul 2017	The "Growth" agenda	For Committee Members to hear from health and adult social care colleagues about their plans around the growth agenda.	Liz Wheaton, Committee and Governance Adviser	

Date	Topic	Description and purpose	Lead Service Officer	Attendees
19 Sep 2017	Accessibility & Promotion of Services for Adults with Learning Disabilities	For Committee Members to receive a 12 month update on the progress made on the recommendations made in the above Inquiry report.	Kelly Taylor, Commissioner	Oliver Stykuc-Dean
19 Sep 2017	Care Closer to Home	For Members to scrutinise the care closer to home model which was implemented in early 2017 to ensure the quality of patient care and experience has not be affected as a result of the changes.	Liz Wheaton, Committee and Governance Adviser	Neil Dardis, Chief Executive, Buckinghamshire Healthcare Trust
19 Sep 2017	Vascular Services update on PROM project	Following the January meeting, Members will receive a further update on the results of the Patient Reported Outcome Measures (PROM) which seeks to gain feedback from patients on their experiences of care across the network.	Liz Wheaton, Committee and Governance Adviser	Aarti Chapman, Associate Director, Strategic Clinical Network and Senate Cliodhna Ni Ghuidhir, Thames Valley Vascular Network and Service Manager Annie Tysom, Senior Communications and Engagement Manager Carolyn Hinton, Quality Improvement Lead
28 Nov 2017	Hospital Discharge Inquiry - 6 month recommendation monitoring	For Members to hear about the progress of the recommendations made in the Hospital Discharge Inquiry.	Alison Bulman, Service Director (ASC Operations)	Debbie Richards, Clinical Commissioning Groups Neil Macdonald, Buckinghamshire Healthcare Trust

Date	Topic	Description and purpose	Lead Service Officer	Attendees
Transport. Environment & Communities Select Committee				
12 Sep 2017	Growth Inquiry Draft Report	For Members to agree the draft report of the Select Committee's joint Inquiry on the Council's approach to the Growth Agenda in Bucks.	Kama Wager, Committee Adviser	
12 Sep 2017	The Growth Agenda in Bucks	For Members to agree the Joint Select Committee Inquiry Report: The Growth Agenda in Bucks	Kama Wager, Committee Adviser	
31 Oct 2017	Sustainable School Travel Inquiry - 6 month recommendation monitoring	For Members to consider the progress made on the recommendations made in the Sustainable School Travel Inquiry report.	James Gleave, Transport Strategy Manager	Joan Hancox - Head of Transport Strategy

SCRUTINY INQUIRY WORK PROGRAMME – OVERVIEW OF SELECT COMMITTEE CURRENT INQUIRIES

Inquiry Title	Inquiry Chairman	Lead Officer	Mar 17	Apr 17	May 17	June 17	July 17
Finance, Performance, Resources (FPR)							
Growth In Buckinghamshire*	tbc	Kelly Sutherland					
Children's Social Care & Learning (CSC&L)							
Growth In Buckinghamshire*	tbc	Kevin Wright					
Health, Adult Social Care (HASC)							
Hospital Discharge	Brian Roberts	Liz Wheaton					
Growth In Buckinghamshire*	tbc	Liz Wheaton					
Transport, Environment & Communities (TEC)							
Sustainable Travel to Schools	David Carroll	Kama Wager					
Growth In Buckinghamshire*	tbc	Kama Wager					

Scoping

Evidence gathering

Committee Approval Report

Cabinet / NHS

* ***Joint scrutiny report subject to agreement post elections***.

For further information on scrutiny work please contact Sara Turnbull, Head of Member Services on 01296 382876.
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22/05/2017

Buckinghamshire County Council

Visit **democracy.buckscc.gov.uk** for councillor information and email alerts for local meetings

Report to Cabinet

Title:	**Director of Public Health Annual Report**
Date:	Monday 5 June 2017
Date can be implemented:	Tuesday 13 June 2017
Author:	Cabinet Member for Community Engagement and Public Health
Contact officer:	[Dr Jane O'Grady - 01296 387623]
Local members affected:	None
Portfolio areas affected:	[Community Engagement and Public Health, Children's Social Care, and Education and Skills]

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

It is a statutory duty for the Director of Public Health to produce an annual report on the health of their population. The theme of this year's report is the importance of a healthy pregnancy and the first months of life for the health, happiness and success of Buckinghamshire residents. The full report also contains an update on progress made against recommendations in the previous year's annual report on physical activity and is accompanied by a short summary version.

The report highlights the vital importance of factors such as being a healthy weight, eating well and having good mental health during pregnancy and the particular risks to mother and baby of maternal smoking or alcohol or drug use at this time. The health of mothers and babies in Buckinghamshire is generally good, but 7.6% of babies are born prematurely, i.e. before 37 weeks, and 2% of babies born after 37 weeks are low birthweight, which can have lifelong consequences on their health. Births before 34 weeks account for half of all long term neurological disabilities in children and three quarters of neonatal deaths. A range of factors contribute to prematurity and low birthweight, some of which are known and modifiable or avoidable. Known modifiable risk factors include maternal smoking, drug or alcohol misuse, domestic violence and maternal stress. What happens before birth and the early years affects a baby's health and life chances over the whole of their life into adulthood.

The report underlines the importance of maternal mental health for mother and baby and warm and sensitive parenting to help babies and children to develop well, be happy and ready to learn. It also highlights the devastating impact that domestic violence can have on the mother's and baby's health. Nationally 1 in 4 women will experience domestic abuse and it often starts or escalates during pregnancy.

The ability of parents to give children the best start in life also depends on their social context. Many of the factors that impact on the chance of a healthy pregnancy and early childhood cluster together.

In Buckinghamshire, we need to ensure that people are provided with the right information, skills and support to make the best choices and look after their health and that of their baby. Success depends on the contribution of all partners and we need to work together with individuals and communities to improve outcomes for babies, their mothers and families. The report recommends:-

- That key factors that could impact on the mother's, baby's and family's health are identified and addressed by frontline staff
- Buckinghamshire County Council and partners consider developing a comprehensive strategy to support parents in Buckinghamshire
- Data collection is enhanced so we can evaluate the impact of our services
- Schools consider how they can help prepare the next generation to be successful parents
- That all partners consider how they can contribute to improving outcomes for babies, mothers and families in Buckinghamshire.

We are suggesting a workshop with key partners to explore how we can improve outcomes for mothers and babies further.

Recommendation

Cabinet considers and endorses the Director of Public Health's Annual Report.

A. Narrative setting out the reasons for the decision

It is a statutory duty for the Director of Public Health to write a report on the health of the local population and for the Local Authority to publish it (section 73B(5) and (6) of the NHS Act 2006, inserted by section 31 of the Health and Social Care Act 2012).

The Director of Public Health's Annual Report directly relates to the Council's strategic aims 'Safeguarding our Vulnerable' and 'Creating Opportunities and Building Self Reliance'.

B. Other options available, and their pros and cons

N/A

C. Resource implications

The work of the Public Health team is funded by a specific grant from the Department of Health.

There are six recommendations within this Annual Report and implementing these is not expected to require additional resources and a budget has been set for the current year reflecting the level of grant funding available.

D. Value for Money (VfM) Self Assessment

N/A

E. Legal implications

N/A

F. Property implications

N/A

G. Other implications/issues

N/A

H. Feedback from consultation, Local Area Forums and Local Member views

This is a report on the health and wellbeing of mothers and babies in Buckinghamshire. The previous Cabinet Member for Community Engagement and Public Health has been involved as the report developed.

I. Communication issues

The findings of the Director of Public Health's Annual Report will be discussed at a themed Health and Wellbeing Board Meeting on 15th June 2017. We are also suggesting a workshop with key partners to explore how we can improve outcomes for mothers and babies further.

J. Progress Monitoring

The report is for all partners and where actions are agreed they will be monitored through relevant business unit plans and at the Health and Wellbeing Board.

K. Review

N/A

Background Papers

N/A

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider, or if you wish to object to the proposed decision, please inform the Member Services Team by

5.00pm on Friday 2 June 2017. This can be done by telephone (to 01296 382343), or e-mail to democracy@buckscc.gov.uk

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016

FROM THE VERY BEGINNING

Pregnancy and Beyond

Foreword

I am pleased to present my third Annual Report for Buckinghamshire since the transfer of Public Health to Buckinghamshire County Council in 2013.

It is a statutory requirement for the Director of Public Health to produce an annual report on the health of the population in their local authority and for the local authority to publish it.

This year's report focuses on pregnancy and the crucial time around birth. It also reports on progress on the recommendations from last year's report on physical activity and provides updates on key health indicators.

Further data on the health of our population can be found in the joint strategic needs assessment here:

www.healthandwellbeingbucks.org/what-is-the-jsna

Dr Jane O'Grady
Director of Public Health
Buckinghamshire County Council

Acknowledgements

Thanks to Emily Youngman, Ravikumar Balakrishnan, April Brett, Wayne Thompson, Nicola Higgins, Karen Bulmer, Nicola Widgington, Nicola Connolly, Faye Blunstone, Susie Cook, Christabel Morris, Helen Wake, Emma Dillner, Sarah Preston, Angie Blackmore, Alison Challis, Jenny Chapman, Tom Burton, Shakiba Habibula, Tracey Ironmonger, Vicky McClellan and Sally Taylor for their help writing this report and to the Buckinghamshire Communications team for design.

Contents

Introduction

This year's Director of Public Health Annual Report highlights the importance of pregnancy and the family environment for the health and wellbeing of babies, and the children and adults they'll become. What happens during pregnancy and the earliest years of a child's life has a dramatic impact on every aspect of their life, including their physical and mental health, development, chances of happiness, success at school and work, and health in adulthood. Investing in the early years promotes economic growth and reduces demand on health and social care services.

There are about 6,000 babies born every year in Buckinghamshire. The chances of these babies growing up to be happy and healthy, doing well at school, having healthy relationships as an adult and being able to fulfil their potential depends crucially on what happens in the 9 months before birth and the earliest years of their lives[1]. Their health and future is dependent on the physical and mental health and behaviours of their parents or caregivers before and after they are born, how they are cared for and the circumstances in which they live.

Investing in early child development promotes economic growth and the earlier the investment, the greater the return on investment. It has been estimated that if all children were reading well by age eleven, Gross Domestic Product in England in 2020 could be an extra £23 billion.

The vital importance of the early years is why we need to strive to get the best possible start for every baby and family in Buckinghamshire from the very beginning and why this year I am focusing the Director of Public Health Annual Report on the crucial time around pregnancy and birth.

This report highlights some of the key factors that we need to address to make sure every baby in Buckinghamshire gets the best possible start in life.

> ***We have found overwhelming evidence that children's life chances are most heavily predicated on their development in the first five years of life. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money, in determining whether their potential is realised in adult life. The things that matter most are a healthy pregnancy; good maternal mental health; secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development. Good services matter too: health services, Children's Centres and high quality childcare.***
>
> ***Later interventions to help poorly performing children can be effective but, in general, the most effective and cost-effective way to help and support young families is in the earliest years of a child's life.***
>
> **Report of the Independent Review on Poverty and Life Chances[100]**

1 Healthy eating and healthy weight in pregnancy

Why it's important

A healthy diet and being a healthy weight is very important for all women, even before they become pregnant. Women who are trying to become pregnant should ensure they are taking folic acid supplements (also known as vitamin B9) to reduce the risk of birth defects, such as spina bifida, in their baby[2].

Nationally, about half of women of child bearing age are overweight or obese, with 1 in 6 (15.6%) obese when they become pregnant[3]. The average height for a woman in the UK is 1.64m (or just over 5 foot and 4 inches). At this height, a woman weighing just over 81kg (or 12 stone and 10lbs) will be classified as obese.

Being a healthy weight is important for the health of the mother and baby and reduces the risk of complications occurring during pregnancy and labour.

Excess weight in pregnancy can result in serious complications during and after pregnancy, including gestational diabetes, miscarriage, pre-eclampsia (serious condition involving high blood pressure, which usually occurs after 20 weeks of pregnancy), blood clots and death. Obese women are more likely to have longer, more complicated deliveries and spend longer in hospital. Because of these risks, obese women often don't have the same choice about where and how they deliver. As well as an increased risk of stillbirth, the baby has an increased risk of long term health conditions, obesity or becoming overweight as an adult[4].

These risks highlight why it is so important to maintain a healthy weight before becoming pregnant and to eat a healthy diet and stay active during and after pregnancy.

There are no formal evidence-based guidelines from the UK government on what constitutes normal weight gain during pregnancy. The old saying "I'm eating for two", definitely doesn't apply. The National Institute for Health and Care Excellence (NICE) recommends that women only need to eat an extra 200 calories a day only during the third trimester. To give their baby the best start in life women should eat a balanced, healthy diet and remain physically active during pregnancy, rather than dieting.

Ideally a woman should lose weight before becoming pregnant to ensure they're a healthy weight in pregnancy.

A woman who is active during her pregnancy will find it easier to adapt to her changing shape and weight gain, cope better with labour and get back to a healthy weight afterwards. Women should not stop being active just because they are pregnant. It is better for mother and baby if pregnant women are active for as long as they feel comfortable. Pregnant women should aim to not be so out of breath they cannot hold a conversation while they are exercising, and should avoid high-impact sports, scuba diving and any physical activity where there is a risk of falling[5,6].

Losing weight after pregnancy and child birth can be really challenging, as it can be difficult to eat a healthy diet and take regular exercise. However, breastfeeding can help mothers lose weight, as well as providing many benefits to the baby.

A healthy diet is important for mothers and babies. National advice is that all pregnant and breastfeeding women and children between the ages of six months and five years should take vitamin supplements[7]. Women who are pregnant or have children under the age of four years and are on benefits or under 18 can get free vouchers every week to spend on milk, plain fresh and frozen fruit and vegetables and infant formula milk, as well as free vitamins[8].

The Buckinghamshire Picture

Almost three quarters of women living in Buckinghamshire deliver their babies at Buckinghamshire Healthcare Trust. An audit in 2013 in Buckinghamshire Healthcare Trust found that 71% of pregnant women had their body mass index (BMI) recorded when they booked into antenatal care. 55% of pregnant women were healthy weight at booking, 27% were overweight, and 17% were obese[a]. This would amount to approximately 1,630 pregnant women who are overweight and 1,110 obese per year in Buckinghamshire.

In Buckinghamshire, midwives refer pregnant women who are obese (BMI of 30 or over) at antenatal booking to a Royal College of Midwives approved weight management programme. The programme supports women to prevent excess weight gain during pregnancy by eating a balanced, healthy diet and being physically active. In 2015/16, 68 women were referred to the weight management service.

Buckinghamshire's Active Bucks programme provides lots of family friendly activities, including some specifically for new parents.

For the contact details of all services included in this report please visit the public health webpages at www.healthandwellbeingbucks.org/public-health.

2 Smoking in pregnancy

Why it's important

Tobacco smoking remains the single greatest cause of preventable illness and premature death in England[9]. It is also the largest single cause of inequalities in health, accounting for about half of the difference in life expectancy between the lowest and highest income groups[10]. There is no safe level of exposure to tobacco smoke for an unborn baby or its mother[11].

There are many harmful effects from smoking in pregnancy on the health of the mother. Women who smoke during pregnancy have an increased risk of miscarriage and stillbirth, as well as more complications during pregnancy and labour, including bleeding during pregnancy, separation of the placenta from the uterus (placental abruption), premature rupture of membranes (water breaking) that can lead to further complications.

Smoking in pregnancy also has a wide range of harmful effects on the growth and development of the unborn baby by restricting the oxygen supply to the baby and introducing toxins into its system. Babies of mothers who smoked during pregnancy are more likely to be born prematurely, are twice as likely to have a low birth weight and have about a 40% higher rate of infant death, including being up to 3 times as likely to die from sudden unexpected death in infancy (SUDI)[12,13]. There is also an increased risk of problems later in a child's life, such as obesity and asthma. Smoking in pregnancy can affect a baby's growing brain, affecting overall intelligence and increasing the risk of mental health problems, such as attention deficit hyperactivity disorder (ADHD), conduct problems, anxiety and learning difficulties[14,15].

If children grow up in a household where people smoke they are more likely to suffer from lung infections, asthma and meningitis. Breathing in other people's smoke can also increase the risk of lung cancer and other cancers in the non-smokers in the household.

Pregnant women who don't smoke are also vulnerable to the smoking of others, i.e. second hand smoke. Their unborn baby can experience an increased risk of neonatal death, stillbirth, low birth weight, prematurity, and congenital malformation[16,17]. Women exposed to second hand smoke are also at increased risk of experiencing difficulty in getting pregnant.

Smoking in cars is particularly hazardous as levels of second hand smoke have been found to be dangerously high due to the enclosed space, even when the vehicle is well ventilated. Legislation has been introduced from 1st October 2015 making it illegal to smoke in any private vehicle enclosed wholly or partly by a roof when a person under 18 years old is in the car, regardless of whether the windows are open, the air conditioning is on, or the car is parked with the door open.

Finally, children of smokers are also more likely to grow up to smoke themselves, increasing the harmful effects over their lifetime. The good news is that stopping smoking before or during pregnancy reduces these risks. Quitting early brings the greatest benefits for the child, but quitting at any time will improve the health of mother, baby and other household members.

In England, 11% of pregnant women are still smokers at the time their baby is born[18]. The estimated cost to the NHS of treating mothers and their babies (up to one year old) with problems caused by smoking during pregnancy is between £20 and £87.5 million each year[19].

Mothers aged 20 or under are 5 times more likely to smoke throughout their pregnancy (45%) than those aged 35 and over (9%)[20]. Pregnant women are more likely to smoke if they have lower levels of education, live in rented accommodation, are single or have a partner who smokes[21]. Mothers in routine and manual occupations are more than 4 times as likely to smoke throughout pregnancy compared to those in managerial and professional occupations (29% and 7% respectively)[22].

Women are more likely to quit smoking or reduce the amount they smoke during pregnancy than at any other time during their life[23]. Smoking cessation programmes in pregnancy reduce the proportion of women who continue to smoke in late pregnancy, and reduce low birthweight and preterm birth[24]. A range of interventions are needed, targeting pregnant women who smoke and reducing their exposure to passive smoking, as well as continuing to reduce smoking across the population.

The Royal College of Paediatrics and Child Health (RCPCH) recommend that commissioners and providers must ensure the widespread implementation of the NICE guideline, *Smoking: Stopping in pregnancy and after childbirth*, with a particular emphasis on routine carbon monoxide testing, training of health care staff and the setting of local targets to monitor implementation[25], while continuing to reinforce population level efforts to reduce smoking, particularly amongst deprived populations[26]. This will be the most effective way of reducing smoking in adults with dependent children. Reducing adolescent smoking is the most effective way of reducing smoking amongst the next generation of parents.

Evidence shows that it is possible to double the number of pregnant women who stop smoking during pregnancy if carbon monoxide screening and an opt-out referral system is put in place[27]. Financial incentives to promote smoking cessation during pregnancy show promise, particularly in socio-economically disadvantaged women and heavy smokers[28].

The Buckinghamshire Picture

In 2015/16, 7.4% of mothers, 432 women, in Buckinghamshire were smoking at the time their baby was born. This rate has stayed relatively stable in Buckinghamshire over the last 5 years. In 2015/16, 252 pregnant women were referred to smoking cessation services. 95 women set a quit date and 40 quit, equating to a 42% quit rate.

In Buckinghamshire, women aged 20 and under are 6 times more likely to smoke throughout pregnancy (25.6% smoked at delivery) than those aged 35 and over (3.8% smoked at delivery), and White British women were more likely to smoke during pregnancy (9% smoked at delivery) than women from other ethnic groups (8% Mixed ethnic group, 0.8% Asian/ Asian British, 3.6% Black/Black British and 2.7% other ethnic groups smoked at delivery).

Smoking cessation services

In Buckinghamshire, pregnant smokers are able to access free professional help through the local smoking cessation service. All pregnant women are tested for carbon monoxide at their antenatal booking appointment, and 28 weeks, and referred to the service. Women can also self-refer.

A dedicated Smoking in Pregnancy advisor supports women weekly for up to 8 weeks, helping them to manage their cravings and supporting them to quit smoking for good.

Sessions are tailored to the individual, as the advisors recognise that everyone will have a different journey. Nicotine Replacement Therapy, such as patches, is also available on prescription for up to 8 weeks. In 2015/16, 32% of the young pregnant women supported by the Buckinghamshire Family Nurse Partnership service smoked at intake, compared with 31% nationally. Of those who smoked, 43% had quit by 36 weeks of pregnancy. Of the remaining women still smoking at 36 weeks pregnant, 66% cut down on their smoking, compared with 61% nationally.

3 Women using alcohol or drugs during pregnancy

Why it's important - alcohol

In the UK, we, and young people in particular, are drinking less than a decade ago, but there are still significant sections of the population whose alcohol drinking causes significant harm[29]. Although many pregnant women do not drink alcohol in pregnancy, those that do can cause significant harm to their babies, with higher levels of drinking causing greater problems.

Recommendations for the safe level of alcohol consumption during pregnancy have frequently changed, which has been confusing, but there is no proven safe amount of alcohol to drink during pregnancy. If a woman drinks alcohol during pregnancy then some of the alcohol will pass through the placenta to the baby, which can lead to miscarriage or long-term harm to the baby. Drinking more than 1 to 2 units per day during pregnancy increases the risk of babies being born at a low birth weight or prematurely[30]. Current guidelines recommend that if you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep the risks to your baby to a minimum[31].

Different strengths and sizes of alcoholic drinks can make it difficult for people to work out how much alcohol they are drinking, so the only way to be certain that the baby is not harmed is for pregnant women to not drink at all during pregnancy. There are also differing opinions about whether it is safe to drink alcohol while breastfeeding, but anything a mother eats or drinks can find its way into breastmilk. Research has shown that regularly drinking more than 2 units of alcohol a day while breastfeeding may affect your baby's development. It is recommended that breastfeeding mothers drink no more than 1 to 2 units of alcohol per week[32].

Drinking more than the recommended levels of alcohol at any stage during pregnancy can affect the way the baby develops and grows resulting in lifelong effects. Drinking alcohol during pregnancy increases the risk of birth defects in the baby, including growth restriction, abnormal facial features and brain damage. Drinking alcohol during pregnancy leads to a range of clinical syndromes called fetal alcohol spectrum disorders (FASD). Children may have difficulties with learning, concentration, decision making, planning and memory. Children born with FASD may also go on to have poorer educational outcomes, mental health problems and substance abuse. The most severe of these conditions is fetal alcohol syndrome (FAS) in which children have restricted growth, facial abnormalities and learning and behavioural disorders, which may be lifelong[33].

Not all women who drink alcohol during pregnancy will have a child with FASD. The risk is higher in women who often 'binge' drink large amounts of alcohol[34]. Populations with the highest levels of frequent binge drinking have the highest incidence of FASD. The level and nature of the resulting conditions relate to the amount of alcohol drunk and the stage of pregnancy at the time.

Up to a third of pregnant women in the UK reported binge drinking (defined as drinking 6 units or more in one sitting) in their first trimester, dropping to around just 1% in the second trimester[35].

This pattern suggests women may not have known they were pregnant at the time of binge drinking, and stopped once they found out. However, whether pregnant or not, it is best to avoid binge drinking as this is associated with a range of health problems for women and their unborn children.

Why it's important - drug misuse

Women who misuse drugs during pregnancy often lead chaotic lives, and this, and the substance misuse can place both mother and baby at risk of serious harm and even death[36]. Drug dependency also often co-exists with a range of other difficulties, including mental health problems[37].

There are a wide range of harmful effects to babies from maternal drug use. Babies exposed to cannabis during pregnancy are more likely to have low birth weight and the problems associated with this in childhood and as adults.

Cocaine easily passes through the placenta to baby and can cause complications fatal to mother and baby. It can cause the placenta to separate from the uterus (placental abruption) resulting in severe bleeding and can cause premature rupture of the placental membrane (waters breaking) resulting in babies born prematurely[38].

When pregnant women use heroin it passes through the placenta, causing the baby to also become dependent on heroin. When the baby is born they will be irritable, cry constantly, have tremors, disturbed vision, disturbed sleep patterns, gain weight slowly and may have to spend a long time in hospital after they are born[39]. This is known as neonatal abstinence syndrome. Mothers of babies with neonatal abstinence syndrome may find it hard to form strong bonds with their babies. Heroin and other opiate use in pregnancy may also cause babies to be born at a low birth weight and/or prematurely.

One of the key factors that can reduce this harm is helping pregnant women misusing substances to access and maintain contact with maternity and substance misuse services.

Substance misuse in parents or other care givers often compromises the ability of parents to care for their children effectively and, unless effectively addressed, increases the risk that children need to be taken into local authority care.

The Buckinghamshire Picture

Alcohol and substance misuse

UK data from 2010 suggest that most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%)[40]. A recent study showed that women cut down their drinking as their pregnancy progresses[41]. It found that 84% of mothers in the UK were drinking alcohol in the first trimester of pregnancy, which went down to 39% in the second trimester. In the first trimester, 28% of mothers were drinking no more than 1 to 2 units weekly and 56% were drinking more than that, with a median consumption at 4 units per week. By comparison, in the second trimester, 37% of mothers were drinking no more than 1 to 2 units weekly, and 2% were drinking more than that, with a median consumption at 0.8 units weekly.

In Buckinghamshire, this would equate to 5,120 women drinking alcohol during the first trimester, 3,420 drinking more than 1 to 2 units each week and 2,380 women drinking in the second trimester, with 120 drinking more than 1 to 2 units each week.

All pregnant women in Buckinghamshire are asked about the current and past history of substance misuse at their antenatal care booking appointment. Women who are currently or have previously misused substances are given information and advice and are all referred for consultant obstetrician antenatal care. Women currently misusing substances are offered referral to specialist substance misuse services.

Nationally, around 1% of women entering drug treatment are pregnant and 61% are parents[42]. Of those women who are parents, 48% have at least one child living with them, 31% have a child living with a family member or partner and 11% have their children living in care[43].

In 2015/16, data from the Substance Misuse Services in Buckinghamshire showed that less than 2% of all women newly presenting to each service (less than 5 women) were pregnant. This is not statistically different to the England average.

In Buckinghamshire in 2015/16, 970 people sought help from Open Access Substance Misuse Services in Buckinghamshire. Of these 22% were living with their own children (188 people) or their partners children (25 people). A further 31% were parents who were no longer living with their children. In 2015/16, 554 people entered Structured Treatment for substance misuse 25% of these were parents living with their own children (111 people) or other's children (29 people). A further 31% of newly presenting service users were parents who were not living with their children.

In Buckinghamshire, clients in substance misuse treatment are informed of the dangers of FAS and the effects of all illicit substances, along with some prescribed medication, as soon as pregnancy is disclosed. All service users are informed that there is a pregnancy lead available at the substance misuse treatment service for them to talk to if they think they may be pregnant or are thinking about becoming pregnant. All pregnant service users are referred to the substance misuse treatment service pregnancy lead and the specialist Safeguarding Midwife and a three way appointment set up to ensure continuity of care. The pregnancy lead will attend all meetings with the midwives at the designated hospital both before and after the baby is born. Regular multiagency midwife liaison meetings are held to review cases and act on any risks identified.

Following the birth of the baby, close liaison and communication between all the relevant services seeks to ensure the best possible support for the baby and family.

4 The impact of social factors on pregnancy and children's health and development

Why it's important

The environment in which children grow up is vitally important to their health, development and achievement as children and adults.

Young children thrive in environments that are predictable and responsive to their needs. Adverse experiences or events in childhood have profound effects on the life of a child. Adverse experiences include a dysfunctional home, which might be due to domestic violence, substance abuse, or parental absence; child neglect or abuse; and losing a parent due to separation, divorce or death. These factors (known as ACEs) have been shown to increase the risk of poorer school achievement, substance misuse, mental health problems, unintentional teenage pregnancy, obesity, heart disease, cancer, unemployment, violence and imprisonment[44,45]. The more adverse childhood events experienced, the higher the likelihood of poor outcomes[46].

The early years are when children develop their emotional intelligence, empathy and their resilience to cope with life's challenges. As a result, any adversity a young child experiences in the first few years of their life that impacts on the bond between parent and baby will have a disproportionate effect on their development[47].

The social and financial resources available to parents and the physical environment the child lives in also profoundly affect their development.

Socioeconomic factors and living conditions

Living in poverty has a serious impact on children's lives, negatively affecting their educational attainment, health and happiness, as well as having long-term effects lasting into adulthood[48]. The longer the period of poverty lasts for, the greater the impact.

Due to the challenges of balancing the responsibility of caring for their children with a job, lone parents are more likely to be unemployed, employed part-time or have unstable employment than two parent families[49]. Children in single parent families are twice as likely to be in relative poverty as those in two parent families (44% and 24% respectively)[50]. 35% of children whose single parent works part-time are in poverty, compared with 19% of those whose single parent works full-time[51]. Research suggests that growing up in a single parent family is associated an increased risk of mental health problems, substance misuse and suicide[52].

The quality of housing also impacts on a child's health. Children living in cold and damp homes are more likely to experience long term ill-health and disability. They are more likely to experience mental health problems, poor growth, slower cognitive development and respiratory problems. Children living in cold, damp and mouldy homes are between 1.5 and 3 times more likely to develop symptoms of asthma than children living in warm and dry homes[53].

High quality birth to five year programmes for disadvantaged children can deliver a 13% return on investment. From before they're born to age five, the brain develops rapidly, laying the foundation for skills necessary for success in school and life. All children need support to develop these skills, but children from poorer or chaotic families who are most in need, are often the least likely to get the support they need.

> *The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness. The best investment is in quality early childhood development from birth to five for disadvantaged children and their families.*
>
> **James J. Heckman**
> **Nobel Prize-winning economist, December 7, 2012**[54]

The Buckinghamshire Picture

In Buckinghamshire in 2014, about 10,500 (10.8%) children under 16 years of age lived in low income families[b], compared with 14.7% in the South East and 20.1% in England. The definition of low income includes both people that are out-of-work and those that are in work but have low earnings. The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children from birth to 15 years living in income deprived families[c]. Buckinghamshire areas of deprivation based on IDACI are shown in Map 1 on page 17.

9% of babies (540 babies) were born to lone parents in 2015 in Buckinghamshire. From the census in 2011, we know there were 10,500 lone parent households (5.2% of households) in Buckinghamshire. Lone parent households are more common in areas of deprivation, with 8.7% of households in the areas of greatest deprivation in Buckinghamshire (deprivation quintile five), compared with 3.4% in areas of least deprivation (deprivation quintile one). The percentage of households across Buckinghamshire consisting of lone parents with dependent children is shown in Map 2 on page 18.

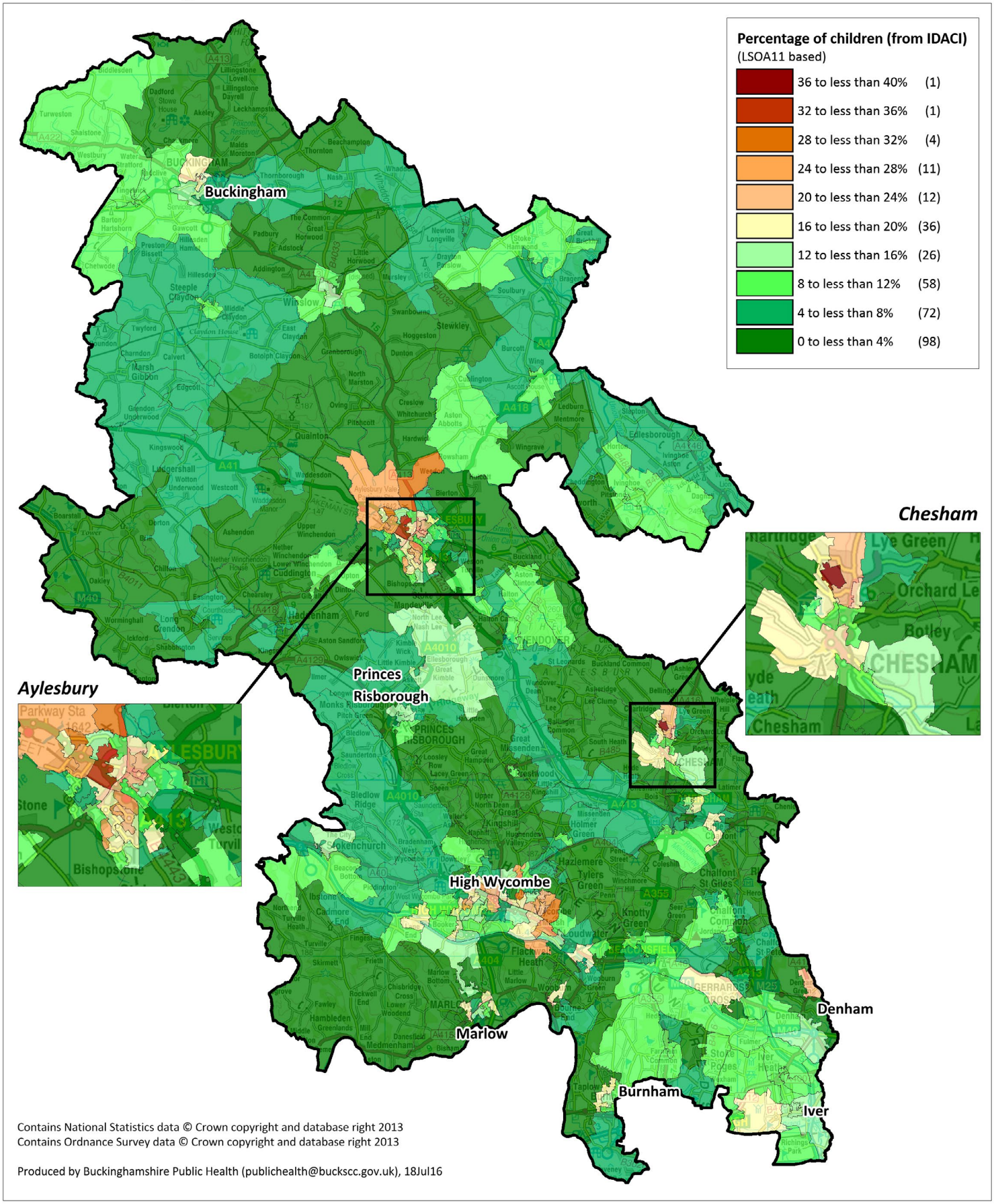
The life expectancy at birth of babies born in the most deprived areas of Buckinghamshire (deprivation quintile five) is 80.0 years, compared to 85.4 years for those born in the least deprived areas (deprivation quintile one)[d]. At ward level the difference is even greater. A baby girl born in Riverside has a life expectancy of 79.2 years whereas a baby girl born in Wingrave has a life expectancy of 94.2 years. A baby boy born in Gatehouse has a life expectancy of 75.0 years, but in Beaconsfield North 89.2 years.

Babies born in the more deprived areas of Buckinghamshire are more likely to be low birthweight and die in the first year of life than the Buckinghamshire average. They are also less likely to show a good level of development by the end of their first year at primary school and be in contact with social services as children in need, on child protection plans or looked after children.

[b] Children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% of the median income
[c] The word 'family' is used to designate a 'benefit unit', that is the claimant, any partner and any dependent children (those for whom Child Benefit is received).
[d] 2011-15

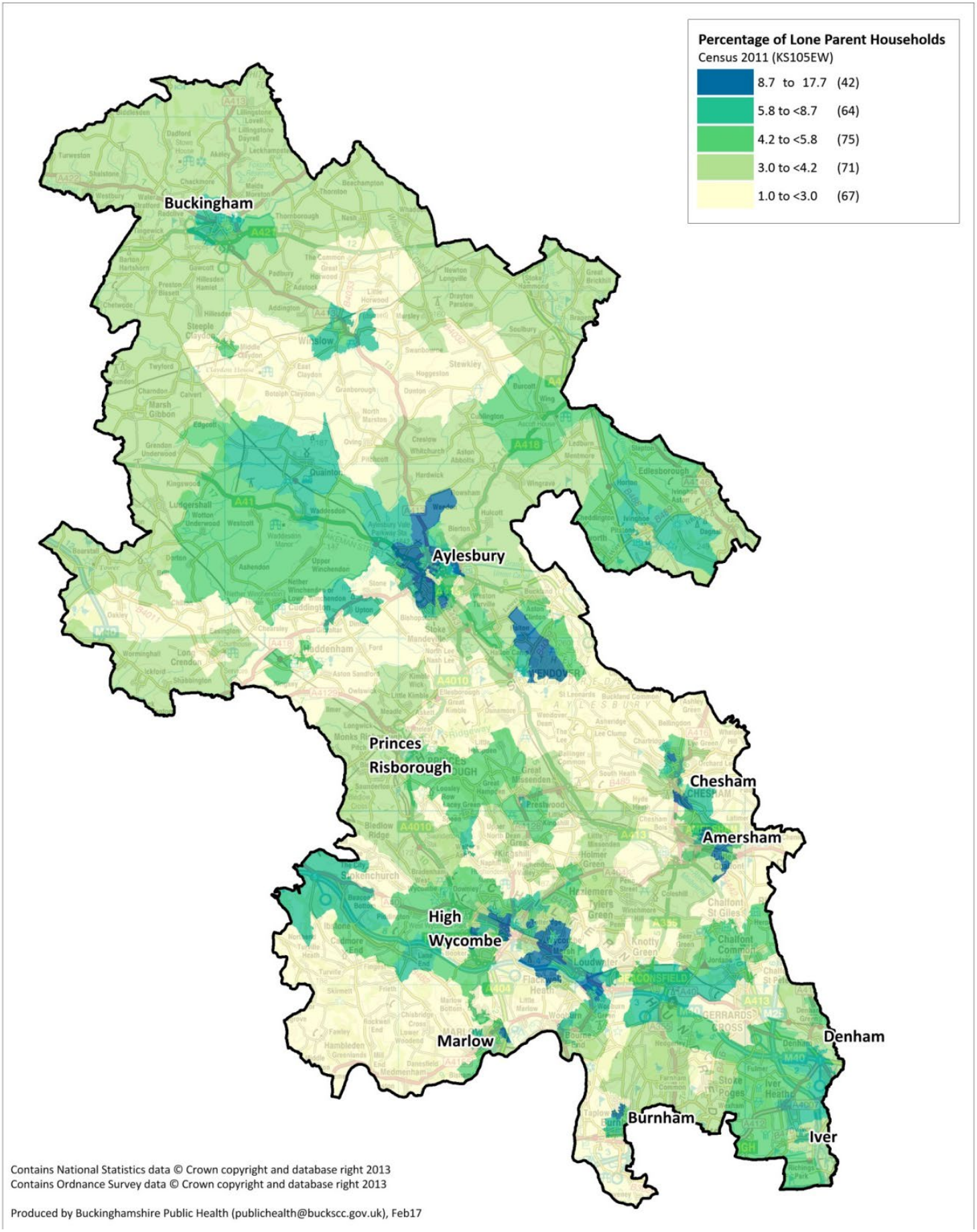
Map 1.

Percentage of children aged 0-15 living in income-deprived households within Buckinghamshire



Map 2.

Percentage of households consisting of lone parents with dependent children Census 2011



Teenage pregnancy

Becoming a parent can be a positive experience for young people, but it also brings many challenges. The UK has the highest rate of teenage pregnancy in Western Europe and almost three quarters of these are unplanned[55].

Teenage parents and their babies are at increased risk of poorer outcomes[56]. Teenage mums are less likely to finish their education and find a good job, and more likely to live in poverty. 1 in 5 girls aged 16 to 18 not in education, employment or training are teenage mothers. Women who were teenage mothers are 22% more likely to be living in poverty and men who were young fathers are twice as likely to be unemployed when they are 30 years of age. Teenage mothers are also more likely to become single parents. 2 in 3 teenage mothers experience relationship breakdown in pregnancy or the 3 years after the birth of their baby. Teenage mothers are 3 times more likely to smoke during pregnancy, are 3 times more likely to experience postnatal depression and have higher rates of poor mental health for up to 3 years after the birth. They are also a third less likely to start breastfeeding and half as likely to be breastfeeding at 6 to 8 weeks than older mothers.

Babies born to teenage mothers have a 13% higher risk of stillbirth, a 56% higher risk of infant mortality and are 3 times more likely to die from SUDI. Children born to teenage mothers are twice as likely to be hospitalised for gastroenteritis or accidental injury and have a 63% higher risk of living in poverty. Children born to teenage mothers are at risk of poorer development. At age five they are four months behind on spatial ability, seven months behind on non-verbal ability, and 11 months behind on verbal ability.

Children of teenage mums are also more likely to become teenage parents themselves. However, it doesn't have to be this way.

Intensive home visiting has been found, in some countries, to improve children's development and support strong secure attachments between mother and baby[57]. The early findings of a recent UK study investigating short term outcomes found that the Family Nurse Partnership programme was more effective at improving intention to breastfeed, levels of social support, quality of partner relationship, general self-efficacy in the mother and language development at 12 and 18 months and cognitive development at 24 months[58]. It was no more effective than usual care in reducing smoking in late pregnancy, improving birth weight, reducing rates of second pregnancies or reducing rates of emergency attendance or hospital admission for the child than routinely available healthcare alone[59].

A further study is planned to follow up these mothers until their child's sixth birthday and will investigate whether the Family Nurse Partnership reduces child maltreatment by measuring Child in Need status, Child Protection registration and referrals to Social Care[60]. Secondary outcomes that will be investigated include child injuries and ingestions, domestic abuse and subsequent pregnancies[61]. It is expected to be published in 2018.

The Buckinghamshire Picture

In Buckinghamshire, the teenage conception rate in young women aged 15 to 17 years has halved (48% reduction) over the last 19 years to 12.8 conceptions per 1,000 young women aged 15 to 17 years (124 conceptions) in 2014. Similarly, the conception rate in young women aged thirteen to fifteen has almost halved (45% reduction) over the last five years to 2.2 per 1,000 girls aged 13 to 15 (19 conceptions) in 2014. 61% of conceptions to girls aged 15 to 17 in Buckinghamshire led to terminations of pregnancy.

In 2015, there were 153 deliveries to young women estimated to be under 20 years at the time of conception (6.5 deliveries per 1,000 females aged 13 to 20 years). Almost half of these deliveries are to young women living in the most deprived areas in Buckinghamshire.

In Buckinghamshire there is a teenage delivery pathway, which ensures additional advice and or support for young mothers. The Buckinghamshire Family Nurse Partnership service provides targeted support to first time young mothers, with 237 young women enrolled into the programme since it started. Despite the well documented national data that babies of teenage mothers have poorer outcomes, on average Buckinghamshire babies in the programme did as well as the Buckinghamshire average.

In the last three years (November 2013 to October 2016), 2.7% of babies born at full-term to mothers supported by the Buckinghamshire Family Nurse Partnership were born at low birthweight, compared with 4.6% nationally. The population rate of low birth weight in Buckinghamshire is 2.5% compared with 2.4% in the South East and 2.9% in England.

Child development scores are assessed against 5 areas of development, from motor skills to communication development. All children assessed at age two against the five domains were within the expected developmental range across virtually all areas (100% for four domains). For social emotional development at 24 months, almost all were within the expected range. Early data comparing these babies' development with the Buckinghamshire average shows that development is similar or better than the Buckinghamshire average.

In Buckinghamshire we need to continue to reduce unplanned teenage pregnancy through better relationships and sex education and improving information and access to effective young-people-friendly sexual health and reproductive health services. When teenage pregnancies do occur we will give the babies of teenage mums the best chance of a good start in life through providing additional support.

Women from minority ethnic groups and recent migrants

Women from certain Asian ethnic groups tend to be at greater risk of having low birthweight babies, which can impact on the children's chance of good health. This may be partly due to their social circumstances if they live in less advantaged areas.

In addition, recent migrants to the UK who don't understand how our health and social care systems work, and mothers who have difficulty reading and speaking English, are at increased risk of complications during their pregnancy and the birth of their children[62]. These women may experience barriers in accessing care and have health problems that remain undiagnosed[63].

In the UK in 2014, Black or Black British babies had an 80% higher risk, and Asian or Asian British babies had a 60% higher risk of dying before, during or shortly after birth[64]. 6% of stillbirths and 28% of neonatal deaths were due to congenital anomalies[65].

Some ethnic groups are at higher risk of some genetic conditions and it is important that there is good access to culturally sensitive information on genetic risk, genetic testing and counselling services to families at higher risk of genetic disorders.

The Buckinghamshire Picture

In 2015, 23% of mothers identified their babies as coming from a non-white ethnic group, comprising 17% from Asian/Asian British, 3% Black/African/Caribbean/Black British, 1% Mixed/multiple ethnic group and 2% from other ethnic groups. In 2015, 26% of all babies were born to mothers born outside the UK. The most common five countries were:

1. Pakistan 6%
2. Poland 3%
3. India 2%
4. South Africa 1%
5. Romania 1%

The Maternity Skilled for Health project is an innovative programme, commissioned by Public Health and delivered by the Healthy Living Centre in Aylesbury. It is a countywide programme for women of child bearing age, whose first language is not English, to help them improve their English and learn about health issues to improve the chances of healthier pregnancies and better health and development for their children.

This programme was piloted with 135 Asian women. Evaluation of this pilot demonstrated the benefits of the project in helping women to engage in their healthcare. It found improvements in the women's language skills, communication with health professionals, health knowledge, confidence and self-efficacy. The programme is delivered within areas of deprivation in Aylesbury, Wycombe and Chesham.

Quotes from women who completed the pilot programme:

I want to thank you for this course. My life has changed, I have changed my diet, I exercise more and I feel really happy. My children and husband are proud of me. Thank you to teacher and Coordinators you always gave lots of support and always make classes very fun to learn. Please never stop with health education

I love this course! Make me so happy! I had four miscarriages before, now I understand more.

This course has already saved people and can save so many still.

Domestic abuse

Domestic abuse can happen to anyone and anyone can commit abuse. It can happen to women and men, in same-sex and heterosexual couples, among all occupational groups. Domestic abuse involves any incident of controlling, coercive or threatening behaviour, not just violence or abuse between partners, and can be psychological, physical, sexual, financial or emotional. Domestic abuse often starts or escalates during pregnancy.

The impact of domestic abuse in pregnancy can be physical, including miscarriage, low birthweight, placental separation, fetal fractures, rupture of uterus, preterm labour, and long lasting physical disability. The impact of domestic abuse can also be psychological, including depression, anxiety and post-traumatic stress disorder[66]. Women who have experienced domestic abuse are 15 times more likely to misuse alcohol, 9 times more likely to misuse drugs, and 5 times more likely to attempt suicide. As well as physical and psychological effects, a woman experiencing domestic abuse may find it difficult to attend her antenatal care appointments, making it even harder to identify the abuse and offer help[67].

The stress experienced by a woman experiencing domestic abuse may have harmful effects on the unborn child and children experiencing domestic abuse grow up with a range of problems, from difficulty sleeping and temper tantrums in younger children, to behavioural problems, substance misuse, eating disorders or self-harm in older children[68]. A study has found that stress from domestic abuse during pregnancy actually results in changes to the DNA of the child[69].

Early identification of women at risk by asking all pregnant women in a safe, confidential environment about domestic abuse, and intervening early can help protect mother and baby and stop it affecting the mother-child relationship, as well as many other benefits[70].

The Buckinghamshire Picture

Nationally, 1 in every 4 women will experience domestic abuse in their lifetime.

In Buckinghamshire from October 2015 to 2016, there were 8,923 reported incidents of domestic abuse.

Aylesbury Women's Aid and Wycombe Women's Aid are commissioned to deliver services for victims of domestic abuse in Bucks. They deliver the following services:

- The **Independent Domestic Violence Advocate (IDVA)** service aims to provide inclusive services that reduce the risk of domestic abuse and promote the safety, choices and welfare of those affected. It also aims to ensure that those who have accompanying issues, e.g. substance misuse, are given access to the specialist support they need.
- **DVA In-Reach Worker** offers support to general practice patients to promote the safety, choices and welfare of those affected by domestic abuse.
- **Refuge** is a safe place where female victims of domestic abuse can stay temporarily if they need to escape an abusive relationship.
- The **Outreach** Service is a free service for victims in Buckinghamshire who, either now or in the past, have been treated badly by an intimate partner or ex-partner or a close family member.
- **Helping Hands** is for children who are not in the refuge, but would benefit from some help. The group is run by Aylesbury Women's Aid and is for children who have witnessed/ experienced domestic violence but who are now living in safe and settled accommodation away from the perpetrator.
- **The Freedom Programme** looks at the way that abusive men behave and what they believe about the roles of men and women in society. The aim of the programme is to help women who have experienced domestic violence make sense of and understand what has happened to them, to recognise potential future abusers and to gain self-esteem and the confidence to improve their lives.
- **Counselling** offers victims a safe space in which to explore their experiences of domestic violence and their feelings about it.

5 Low birth weight and preterm birth

Why it's important

A baby's weight when they are born is often an indicator of their mother's health and the conditions the baby experienced before it is born. It is also often an indicator of potential future health challenges for the baby. While many low birth weight babies (those weighing less than 2.5kg) do not have ongoing problems, others face immediate and lifelong risks to their health and development. Babies who have a very low weight (weighing <1.5kg) at birth have poorer outcomes and 1 in 5 die in their first year of life.

Preterm birth is where the baby is born before the 37th week of pregnancy and is a major cause of disability and infant death in the developed world[71,72]. In the UK, more than 7% of babies are born prematurely each year. Preterm babies are at risk of both short- and long-term health consequences. The severity of these consequences is often linked to how early the baby is born.

Preterm birth, especially before 34 weeks' gestation, accounts for three-quarters of neonatal deaths and one-half of long-term neurological impairment in children[73]. Preterm birth may also be a marker of other problems, including fetal infection or systemic inflammation. Outcomes after preterm birth are influenced by the cause of the preterm birth; maternal and family risk factors; and the environment, including the neonatal intensive care unit, the home and the community[74].

Some babies are born at a low birth weight because they are born too early (at less than 37 weeks gestation), while others are not born prematurely, but still have a low birth weight. It can be difficult to identify a single cause of low birth weight or prematurity, but many of the causes are either preventable or treatable. Causes include an unhealthy lifestyle during pregnancy, such as smoking, drinking alcohol, substance misuse or maternal obesity[75,76,77].

Problems during pregnancy, like intrauterine infection, pre-eclampsia or gestational diabetes can also cause low birth weight and prematurity[78,79,80]. Other factors that contribute include domestic violence as it results in maternal and fetal stress[81].

The Buckinghamshire Picture

In 2015, 453 babies or 7.5% of all babies (live and stillborn) born to mothers living in Buckinghamshire were born at a low birth weight. The proportion of babies born at a low birth weight has not changed significantly over the last nine years, whereas nationally it is decreasing. The proportion of babies born at a low birthweight in Buckinghamshire is similar to the national average. The proportion of babies born at a low birth weight is higher in the areas of greater deprivation (deprivation quintile five) in Buckinghamshire compared to the areas of least deprivation (deprivation quintile one). In the more deprived areas 9.7% of all babies are low birthweight compared to 5.8% of babies in the least deprived fifth of the population.

326 babies or 7.6% of all live births (excluding stillbirths) born to mothers living in Buckinghamshire were born prematurely in 2015. The proportion of babies born prematurely has not changed significantly over the last four years.

Local data confirms that low birth weight and preterm birth are more common among Buckinghamshire mothers who are aged under 20, smoke during pregnancy, are from more socioeconomically deprived areas and non-white ethnic groups. In 2015, 37% of babies born at a low birth weight were from non-white ethnic groups, compared with 26% of all births. 59% of low birth weight babies were white, 28% Asian/Asian British and 5% Black/Black British. 24% of low birth weight babies were twins.

Since September 2015, mothers at-risk of their babies being born prematurely can be referred to a specialist prematurity clinic at Buckinghamshire Healthcare Trust. Just over 150 at-risk pregnant women have been through this clinic between September 2015 and August 2016. A detailed evaluation of this service is in progress. Initial findings show that 4.8% of babies born to mothers receiving specialised care from the prematurity clinic were born at a low birth weight, compared to an average for Buckinghamshire of over 7.7% of all babies born at a low birth weight in 2015.

There were 47 deaths in children aged one year or less during the two year period of 2010-11 in Buckinghamshire[82]. The infant mortality rate in Buckinghamshire is similar to the national average. Prematurity was recorded as the primary cause of death for almost a third (14 cases, 30%) and was second only to congenital abnormalities (18 cases, 38%). More than half of the deaths (51%) were in babies born to mothers living in the most deprived areas (deprivation quintile five) in Buckinghamshire.

6 Maternal and infant mental health and wellbeing

Why it's important

The period of pregnancy and the early years of life are a time of immense importance for the mental health and wellbeing of the mother, baby and the whole family.

Although for most women becoming pregnant and having a baby is one of the happiest times of their lives, it can be a really challenging time too due to the psychological, social and physical demands of pregnancy and a new baby. Women are at greater risk of experiencing poor mental health soon after their baby has been born than at any other time in their lives, with a quarter of women experiencing a mental health problem during pregnancy or within the first year after having a baby[83].

Feeling low in the first weeks after their baby is born, known as 'baby blues', is very common occurring in up to 8 in 10 women[84]. It is thought to be due to the changes in hormones that take place in the woman's body after a baby has been born. Although it can be distressing, 'baby blues' is mild, short-lived and different to postnatal depression and other perinatal mental health problems. However, if these feelings persist, or the mother feels like she is not coping or feeling distant from her baby, or worried about any thoughts or feelings, then she should always talk to a health professional for further advice and support.

The most common perinatal mental health problem is postnatal depression, with rates ranging from 13% in the first few weeks after birth, to 20% of women during the first year after the birth of their child[85]. Around 12% of women experience depression and 13% experience anxiety at some point during pregnancy; many women will experience both[86]. 5 to 8 in every 100 women have a severe depressive illness during pregnancy, and 1 to 2 mothers in every

1,000 experience puerperal or postpartum psychosis (severe mental illness with delusions or hallucinations)[87].

Perinatal mental illness can be debilitating, isolating and often frightening for women, and can have a long-term impact on their self-esteem and relationships with partners and family members. If perinatal mental health problems go untreated they can have a

serious impact on women and their families. However, early detection and management of mental health problems is effective in reducing symptoms, and good screening and referral pathways can improve identification of problems and access to care.

Serious mental illness can be life threatening. Maternity-related deaths are rare and becoming even rarer (8.5 women per 100,000 died during pregnancy or up to six weeks after giving birth or at the end of pregnancy in 2012-14), making it safer than ever to give birth in the UK. However, almost a quarter of women who die between six weeks and one year after pregnancy die from mental-health related causes[88]. 1 in 7 maternal deaths are suicides, making suicide the leading cause of death in pregnant women and those that have recently given birth. Mental ill-health is also associated with maternal death from any cause, with 1 in 5 women dying from any cause having a mental health problem.

Maternal mental illness also has consequences beyond the woman's own health.

During pregnancy, stress and anxiety can affect the developing baby as the stress hormone, cortisol, can pass through the placenta to the baby[89]. This can be associated with low birth weight and preterm birth[90,91].

Perinatal mental illness can also have an adverse impact on the way the mother interacts with and cares for her baby, affecting the child's emotional, social and cognitive development[92]. By the age of four, children whose mother has had prolonged mental health problems are less likely to have good emotional, behavioural and social development, leaving them poorly prepared to start school, which may impact on how well they do at school in the future[93]. Studies have shown that children of mothers who were anxious or depressed in the perinatal period had lower IQs at 11 and 16 years of age (20 points lower for boys), were 12 times more likely to have a statement of special needs in primary school and were more likely to be violent at 11 and 16 years of age[94,95].

Infant mental health is influenced by the mother's wellbeing during pregnancy and the nature of parenting in those early years. Parenting is affected by the mental health and wellbeing of the parents. The children of mothers with mental ill-health are also 5 times more likely to develop mental health problems[96,97].

Childcare social workers estimate that between 50 and 90% of parents on their caseload have mental health or substance misuse problems[98].

Maternal depression and anxiety can contribute to intergenerational transmission of socio-economic disadvantage, making an impact on the child's quality of life and future life prospects, including in the labour market[99].

It is estimated that in the UK, the long-term cost to society of maternal perinatal depression, anxiety and psychosis is about £8.1 billion for each one-year cohort of births, with only about £1.2 billion due to costs to the NHS[101]. Almost three quarters of this cost is due to the adverse effects on the child, rather than the mother[102].

Some women who experience mental illness during pregnancy or after childbirth have no previous history of mental illness and are experiencing it for the first time, while others have persistence, recurrence or deterioration of pre-existing mental illness[103]. Bipolar disorder shows an increased rate of relapse and first presentation in the postnatal period. Women with a pre-existing mental illness are particularly at risk because medication often needs to be changed during pregnancy[104]. Anyone can experience perinatal mental illness, but it is more common in women with a personal or family history of mental illness, a lone parent, teenage parents, or women experiencing relationship problems, low levels of social support, recent adverse or stressful life events, socio-economic disadvantage, early emotional trauma or child abuse, or an unwanted pregnancy[105].

Due to the potential impact of any mental illness and its treatment on the woman and baby, management of mental health problems

during pregnancy and the postnatal period can be complex and can differ from all other times. There are potential risks associated with commencing, taking and stopping medication in pregnancy and whilst breastfeeding. The good news is that effective treatments and psychological interventions exist, and early identification and appropriate management can improve outcomes for mother and baby[106].

Every woman should be able to access evidence-based specialist mental health advice, support and treatment during the perinatal period, comprising:

- Access to mental health advice and support embedded within universal maternity, health visiting and GP services
- Routinely asking about mental health in all health care professionals' consultations with pregnant women and up to 1 year after childbirth
- Rapid access to psychological therapies for all women who will benefit
- Clear pathways including support during and after childbirth, specialist perinatal community teams, parent-infant services, and appropriate access to mother and baby units.

Father's mental health

The mental health and wellbeing of both parents is vital for the health and development of their baby, enabling them to cope with the demands of parenthood and respond to their babies' needs. Postnatal depression affects 10% of new fathers[107] and is also associated with emotional and behavioural problems in their children[108]. It is important that professionals are alert to the importance of the father's health too and are able to offer appropriate support.

The Buckinghamshire Picture

It is estimated that in Buckinghamshire in 2015 out of 6,112 births there were[109]:

- Between 611 and 917 women with mild to moderate depressive illness and anxiety states
- Between 917 and 1,834 women with adjustment disorders and distress
- 183 with post-traumatic stress disorder following delivery
- 207 women with severe mental illness, comprising:
  - 12 women with post-partum psychosis
  - 12 women with chronic serious mental illness
  - 183 women with severe depressive illness.

There were approximately 550 women admitted to hospital 600 times in 2015/16 in Buckinghamshire around the time of pregnancy, where there was also a mental health diagnosis.

Buckinghamshire has made considerable progress in maternal mental health and wellbeing over the past three years and has been recognised for its 'rapid developments and innovation'[110]. Buckinghamshire provides commissioned services for pregnant and postnatal women with mental illness across maternity, health visiting, Improving Access to Psychological Therapies (IAPT) and secondary care mental health services. The universal pathway for perinatal mental health, which was launched in July 2016, complies with all the recommendations set out by NICE in 2014[111]. The pathway supports women and their partners across all areas of need - from mild anxiety and/or depression to severe mental illness – taking into account the needs and preferences of individuals and their families to ensure they can make informed decisions about their care and treatment, and giving families access to a variety of evidence based, tailored services[112]. The Buckinghamshire pathway has been designed to incorporate all potential perinatal mental illness and to clearly signpost primary care practitioners towards appropriate sources of professional advice and referral routes as needed.

In line with NICE guidance, Consultant Psychiatrists with a special interest and expertise in perinatal mental health, manage cases of serious mental illness. They also provide GPs, health and social care professionals and women with information regarding the risks and benefits of medication during pregnancy and when breastfeeding.

A particular early success in Buckinghamshire is the impact of the postnatal well-being groups, a joint initiative between the Health Visiting Service and the Healthy Minds Psychological

The Buckinghamshire Picture - continued

Services. The groups are for women with mild to moderate depression or anxiety and are run in Aylesbury, Wycombe and Chesham. Each group runs for 10 weeks with a crèche and includes an evening session for partners. These were piloted and found to have a positive impact on mothers' mental health and are now rolled out across the county. Analysis of outcomes shows a 62% overall recovery rate for mothers in these groups. This compares well to the national target for IAPT services, which is that 50% of those completing treatment for anxiety or depression will recover. Attendance at the partners' session has been around 60 to 70% and participants found the session helpful.

GPs, midwives and health visitors are uniquely placed to screen for risk factors for mental health problems during the perinatal period. Prompt identification, assessment and treatment with referral to the most appropriate services reduces the impact of the disorders on the mother, her child and family. Health visitors conduct a maternal mood assessment on all new mothers at the six to eight week visit. In the most recent data for 2016, 8% of those receiving a maternal mood assessment were found to be above the Edinburgh Postnatal Depression Scale (EDPS) threshold for moderate depression and these mothers can then receive appropriate support. There is a specialist lead for maternal mental health within the health visiting service and there are champions across the health visiting teams. Regular training updates are provided to ensure consistency and competency in promoting maternal mental health and identifying mental ill-health.

7 Parenting

Why it's important

The quality of parenting is one of the most important factors affecting a child's development, happiness and achievement throughout life.

During the first two years of a baby's life the interactions they have with their parents and the bond and attachment between them, shapes the development of the baby's brain and helps the baby or toddler to learn about and manage their emotions and relationships. This impacts on every aspect of their life into adulthood. Sensitive, warm, and authoritative parenting gives children confidence, helps brain development and learning[113].

This period is also very important for the development of a range of skills including language and cognition. Parents have the biggest influence on their child's early learning. Talking and reading to a baby can help stimulate language skills right from birth. Language skills help children develop a range of cognitive skills that are crucial for their development including working memory and reading skills. Early exposure to language-rich environments and reading schemes at home and in early years' settings enhance language development and this enhances children's ability to do well at school. Indicators of household chaos and disorganisation are related to poorer language skills at three years. Supporting parents to provide a stimulating and supportive home environment is therefore crucial to giving children the best chance of succeeding in school and later life.

Parenting is important in physical health too. Parental feeding practices and promotion of physical activity impact on the child's physical health and development and risk of childhood obesity.

Attachment

When a baby cries or clings to its parent or caregiver it is letting them know that it needs something or is upset. By recognising these cues and responding predictably to what their baby wants and feels, parents provide their baby with reassurance so that baby has the confidence to explore their new world knowing they're safe and protected[114]. This is called sensitive attuned parenting and helps secure attachments form between parents and their baby. This supports brain development and evidence demonstrates that securely attached children function better across a range of areas, including emotional, social and behavioural adjustment, as well as mental health, peer-rated social status and school achievement, in addition to having better physical outcomes[115]. Positive proactive parenting that involves praise, encouragement and affection leads to children with high self-esteem, social and academic competence and protects against later disruptive behaviour and substance misuse.

Unresponsive or erratic parenting can result in attachment difficulties or disorders. Children with attachment disorders find it extremely difficult to form close attachments[116]. Children with attachment difficulties often have disruptive behaviour, difficulty forming relationships with teachers and peers, problems with self-regulation and an unwillingness to take on challenges and to keep trying when things go wrong. This can impact on their success and wellbeing in school. Attachment difficulties are associated with a range of emotional and behavioural problems, such as anxiety, depression, and challenging or aggressive behaviour.

Being a new parent is challenging at the best of times and parenting skills and confidence may be influenced by[117]:

- Economic or social issues, including poverty, parents education and knowledge about parenting
- Social support or social isolation
- Parents own experience of being parented or adverse childhood experiences
- Exposure to domestic abuse
- Alcohol and substance misuse
- Mental health problems
- Poor relationship with their partner

The child's temperament or developmental issues may also make parenting more difficult and parents may need more help to respond appropriately.

The quality of the co-parenting relationship is also important to a child's wellbeing. This relationship is formed as parents negotiate their roles and responsibilities when they become parents and has a greater influence over how well a child develops than the quality of the parents' romantic relationship[118]. How well parents communicate and relate to each other has an effect on their parenting and their child's long-term mental health and future life[119]. Frequent, intense and unresolved arguments between parents have a negative impact on children at whatever age they occur from infancy to adulthood[120]. Early interventions to support healthy relationships for parents improve parenting and help children do well[121,122].

When a young child experiences the average day to day low level stressful events, parental reassurance and support helps them process the event leading to changes in the developing brain that are protective for later life events[123]. However, when a baby or toddler is exposed to early adverse experiences, but doesn't receive reassurance from its parents, this can result

in changes in their brain and nervous system, which alters the way they respond to stress in the future in an unhelpful way, impacting on their development, health and wellbeing across their life[124,125]. This is known as toxic stress and can lead to lower educational attainment, adoption of risky health-related behaviours, and social, emotional and mental health problems[126.] Often the parent is experiencing a range of problems themselves, such as poverty, mental health problems, domestic abuse and substance misuse. Toxic stress can lead to the atypical parent-child interactions seen with attachment difficulties or disorders.

As children grow up, parenting that involves harsh inconsistent discipline, little positive parental involvement with the child and poor monitoring and supervision are linked to antisocial behaviour in children[127]. Research studies show that children who are living in chaotic households (characterised by unpredictable routines, overcrowding, and disorder) are at increased risk of language delay and poor cognitive and social development[128]. In situations where parenting is significantly compromised and risking harm to the child, children may be taken into the care of the local authority. Infants under one year account for up to 13% of child protection registrations in the UK, with neglect (55%) and emotional abuse (17%) accounting for nearly two-thirds of these[129]. In Buckinghamshire, there were 39 infants under one year of age and 110 aged between one and four years on the child protection register on 31st March 2016. 26 infants under one year of age and 67 aged between one and four years were looked after children on 31st March 2016.

Simple things like regular bedtimes are really important. Research shows that lack of sleep in children results in changes to the structure of the brain[130]. Further research is needed to work out the consequences of this. Most toddlers love their parents reading to them and will have a favourite book or two by the time they're eighteen months[131]. Reading to babies and toddlers not only helps develop their language and imagination, but also strengthens the bond between child and parent[132].

Supporting parents with parenting programmes is good for parents' and children's wellbeing and mental health[133,134]. NICE recommend that all parents should be able to access parenting programmes. The healthy child programme recommends a range of evidence based interventions aimed at building resilience in early childhood. There is a range of ways to help parents to provide parenting that supports the best development for children and this should be offered universally. Services should also identify families who need extra support. Evidence-based parenting programmes have been shown to improve parents' ability and emotional and behavioural adjustment in young children. Parenting programmes are most effective when they start during pregnancy or the first two years of a baby's life[135].

For new parents experiencing difficulties, antenatal programmes that focus on the transition to parenthood and aim to alleviate pressures on the couple's relationship are effective in reducing relationship breakdown and help to strengthen parenting roles[136].

NICE recommends that the nature of the mother-baby relationship should be assessed by trained staff after birth and during the early years[137]. Frontline staff in contact with families with young children should discuss any concerns that the woman has about her relationship with her baby and provide information and treatment for any identified mental health problems, referring for specialist help if needed.

Evidence-based programmes that improve parent-child interaction and parenting have been shown to improve attachment, behaviour and cognitive development.

The Buckinghamshire Picture

In Buckinghamshire, antenatal classes are offered to all parents by midwives, with health visitor involvement, across the county to help prepare parents for their new role.

After the baby has been born, health visitors offer parenting advice and support to all new parents and can refer for additional help if necessary.

A new development in Buckinghamshire in 2017/18 is for health visitors to undertake an assessment of social and emotional development when the baby is one year old, in addition to the two years of age assessment. This will provide an important measure of attachment early in a child's life and allow additional support to be provided to families who need it.

Buckinghamshire County Council also provides and commissions a range of evidence based parenting programmes, suitable for the ages of the children and young people involved and the issues to be addressed, which are attended by approximately 400 families per year.

The Buckinghamshire Picture - continued

ReConnect

The ReConnect service was initially set up in September 2013 as a pilot project to address the needs of vulnerable children in Buckinghamshire under the age of two years who were considered at risk of developing a disorganised attachment. A disorganised attachment is associated with the poorest outcomes for children that include an increased risk of development of mental health problems, conduct problems, substance misuse and poor academic attainment. In turn, research has found that the cycle is repeated when that child grows up and becomes a parent and repeats the same patterns of neglectful parenting that they experienced as a child. Children who develop a disorganised attachment have experienced frightening or frightened behaviour from their parents. This can include abusive behaviour from their parent in which the child experiences direct fear. Or it may include cases in which a parent has a significant mental health problem, and as such may fail to notice their child's attachment cues and instead becomes emotionally detached from their child.

ReConnect offers early intervention to parents and their children considered high risk of developing a disorganised attachment. These children are known to social care and are either on a child protection plan or in pre-proceedings. The children in these families have experienced significant neglect or abuse and without this early intervention are highly likely to be permanently removed from their parent's care.

ReConnect offers intensive therapy to parents referred into the service. Parents referred into the service often have experienced neglectful childhoods or past trauma in their background history. They can present with mental health problems and often have difficulties in interpersonal relationships, with several families experiencing domestic abuse. In addition, the service offers Video Interaction Guidance (VIG), a video feedback programme and an intervention recommended by NICE for parents of children at risk of attachment difficulties.

Independent evaluation of the ReConnect service in 2015 found significant improvements in a parent's ability to respond sensitively to their child. In addition, they found that parents reported increased sense of competence in their ability to parent, they were less stressed as parents, had fewer mental health problems and were better able to think about their child's needs above their own. The research team also carried out some qualitative analysis based on their telephone interviews with service-users. Key themes that emerged from this research included parents reporting that the service was "a life-changing experience" as it helped change their confidence, attachment relationship with their child, their ability to parent and capacity to trust others. Many parents interviewed said that the service should be offered to all parents and not just parents known to social care.

Since its inception, ReConnect has supported over 85 parents in the service with three-quarters of parents successfully retaining care of their child. The average length of treatment for a parent in the service is 15 months, but some parents are seen for longer intervention of two years or more.

The ReConnect service was awarded the Analeaf Award for "Best Infant Mental Health Service" at the inaugural Infant Mental Health Awards in June 2016 and been highly commended by the Positive Practice in Mental Health Awards.

8 Breast feeding

Why it's important

Breastfeeding has many benefits for both mother and child, including[138]:

- Breast milk is the best nourishment for babies aged up to six months and continues to play an important role alongside other foods after this. Current UK policy is to promote exclusive breastfeeding for the first six months
- Breastfeeding can promote emotional attachment between mother and baby and may help protect the child from maternal neglect[139]
- Breastfed infants have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome
- Breastfed infants may have better neurological development and be at lower risk of tooth decay and cardiovascular disease in later life
- Breastfeeding can be protective against obesity, particularly in those who are genetically predisposed; breastfeeding for three months in the first year of a baby's life reduces the risk of obesity by 7%
- Women who breastfeed are at lower risk of breast cancer, ovarian cancer and hip fractures from reduced bone density
- Mothers who breastfeed benefit from a faster return to pre-pregnancy weight.

Many mothers find it can be challenging when they first start breastfeeding. Midwives and health visitors promote breastfeeding and provide crucial support to help breastfeeding mothers in the first few days and the weeks and months following the birth. Health visitors can help mothers to continue breastfeeding and can support those mothers who are unable or do not wish to continue to breastfeed, whilst continuing to promote bonding and secure attachments between mother and baby[140].

The UK has some of the lowest breastfeeding rates in the world with 81% of mums having tried breastfeeding at some point, but only 34% still breastfeeding at six months and 0.5% breastfeeding after one year[141]. This 12 month breastfeeding rate is the lowest in the whole world.

The worldwide UNICEF Baby Friendly Initiative promotes breastfeeding through a whole system approach[142] and has been shown to be the most effective programme for improving breastfeeding rates[143]. It is an accreditation programme of Baby Friendly standards for public services, such as maternity, neonatal, health visiting and early years services. In the UK, 64% of maternity services and 63% of health visiting services have full Baby Friendly accreditation, and 91% and 85% respectively are working towards Baby Friendly accreditation[144].

The Buckinghamshire Picture

In Buckinghamshire, 76% of mothers (4,472 women) started breastfeeding at delivery in 2014/15, with only 56% of babies' breastfed at six to eight weeks in 2012/13. More recent data on breastfeeding status at six to eight weeks does not pass stage three validation criteria so cannot be benchmarked. The most recent unvalidated local data shows that levels are comparable to 2012/13 with 50% of babies being totally and or partially breastfed at six to eight weeks (Q2 2016/17). Breastfeeding rates tend to be higher in older mothers. In Buckinghamshire, around half of teenage mothers initiated breastfeeding, compared with over three-quarters of those aged over 30.

The health visiting service in Buckinghamshire is working towards Baby Friendly status. They have been awarded the first of three stages of Baby Friendly accreditation, and are now working towards stage two. Buckinghamshire Healthcare Trust maternity services are also working towards Baby Friendly status.

Within the health visiting service there are trained breastfeeding champions in each team across Buckinghamshire and training and education on breastfeeding and building a strong mother-child relationship whatever mode of infant feeding for all staff. There is also a good network of professionally led breastfeeding clinics and support across Buckinghamshire, often sited in Children's Centres. For more information see www.buckshealthcare.nhs.uk/birthchoices/infant-feeding-support.htm

9 Access to services

A range of services have a vital role to play in helping women have a healthy pregnancy and a healthy baby.

This includes services that help women stay healthy before they become pregnant, and sexual health and contraception services that support good sexual health, the ability to plan pregnancies and how to avoid unintended pregnancy.

Early access to high quality maternity services help support a healthy pregnancy and reduce the risk of complications and poor outcomes for mother or baby. Universal support in the early years from health visitors and other professionals help ensure that children have the best possible start in life and reach their potential and that families can thrive. This section highlights a few of the services supporting a healthy pregnancy, healthy baby and healthy parents.

Contraceptive services and planning a pregnancy
Why it's important

Planning a pregnancy can help increase a woman's chances of becoming pregnant and avoiding harm to their baby in early pregnancy. However, in the UK, it is estimated that 1 in 3 pregnancies may be unplanned[145], with the result that many women may not change any unhealthy behaviours before they became pregnant. A short inter-pregnancy interval of less than 12 months increases the risk of complications, including preterm birth, low birthweight, stillbirth and neonatal death[146]. Currently, the World Health Organization (WHO) recommends a 24 month inter-pregnancy interval after childbirth[147]. Having a baby is a life changing event, which can be more challenging with unplanned pregnancies. Women who book later for their antenatal care, are more likely to experience relationship breakdown and are at greater risk of complications, such as babies born at low birth weight and worse perinatal mental health than those with planned pregnancies[148,149,150,151,152].

Unplanned pregnancies can happen to anyone, but are more common in women who start having sex at an early age (before 16 years old), who misuse drugs and alcohol, or who have mental health problems, such as depression[153]. Younger adults are more likely to choose contraception, such as condoms or the contraceptive pill, which depend on people remembering to use or take them.

Condoms are 98% effective if used correctly, resulting in, on average, 2 women in 100 getting pregnant each year[154]. By contrast, long acting reversible contraception (known as LARC), does not depend on people remembering to use or take them and is more effective[155]. Coils (intrauterine devices or IUDs), hormonal coils (intrauterine systems or IUSs), contraceptive injections, and implants are all types of LARC.

It is possible to reduce unplanned conceptions through better relationship and sex education in schools before children are sexually active, the promotion of emotional resilience in children and adults, which promotes self-confidence and empowers young people to make informed relationship decisions, and the provision of long acting contraception and good family planning. The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists have recently published new guidelines on contraception after pregnancy[156]. The high percentage of unplanned pregnancies highlights the importance of keeping all women as healthy as possible to give mother and baby the best chance of a healthy pregnancy. This would be through helping women to maintain a healthy weight, stop smoking, drink safe levels of alcohol, be physically active, and have good sexual health and mental health.

The Buckinghamshire Picture

Contraception

In 2014, 3,733 women were prescribed LARC (implants, IUS or IUD) by their GP, a rate of 39.4 per 1,000 women aged 15 to 44 years in Buckinghamshire. This is statistically significantly higher than the England rate of 32.3 per 1,000 and statistically similar to the South East rate of 40.1 per 1,000. More women are using LARC in Buckinghamshire than previously, but 65.0 per 1,000 women aged 15 to 44 years were prescribed LARC by their GP in Cornwall (the highest rate in England), which shows how much more we can do in Buckinghamshire.

Public health in schools

Most schools and academies in Buckinghamshire teach Personal, Social and Health Education (PSHE) and appoint a PSHE lead. As PHSE is not currently a statutory requirement, each school currently has its own approach. However on 1st March 2017, the government announced their intention to make PSHE a statutory requirement.

The Public Health in Schools web pages have information on what resources are available in Buckinghamshire relating to healthy behaviours, including emotional resilience, mental health promotion and sexual health.

Public Health commissions training opportunities for school staff to deliver evidence-based resilience programmes. These programmes aim to support children and young people to develop coping skills and improve their social and emotional wellbeing.

We aim to provide comprehensive sex and relationship education and contraceptive services for young people in Buckinghamshire. As part of the Buckinghamshire Sexual Health and Wellbeing (bSHaW) service, Public Health commissions training to equip teachers and others working in schools with the knowledge, skills and tools to develop resilience, respect and to promote consensual healthy and safe sexual relationships. A one to one early intervention education service is available for vulnerable young people and adults to prevent them engaging in harmful relationships or sexual behaviours and to build a positive image of themselves.

10 Antenatal care

Why it's important

Women book into antenatal care at the start of their pregnancy and first see the midwife between nine to 12 weeks into pregnancy to help give themselves and their baby the best chance of a healthy pregnancy. This enables early identification and appropriate response to any factors that may impact on pregnancy and wellbeing, and opportunity to screen for a variety of conditions before 21 weeks of pregnancy.

Antenatal care provides crucial support for women and their partners throughout pregnancy. Through detailed history taking, risk assessment and antenatal screening women at high risk who may require additional support are identified. Many of the screening tests need to be done early in pregnancy, which is another reason why early booking is so important.

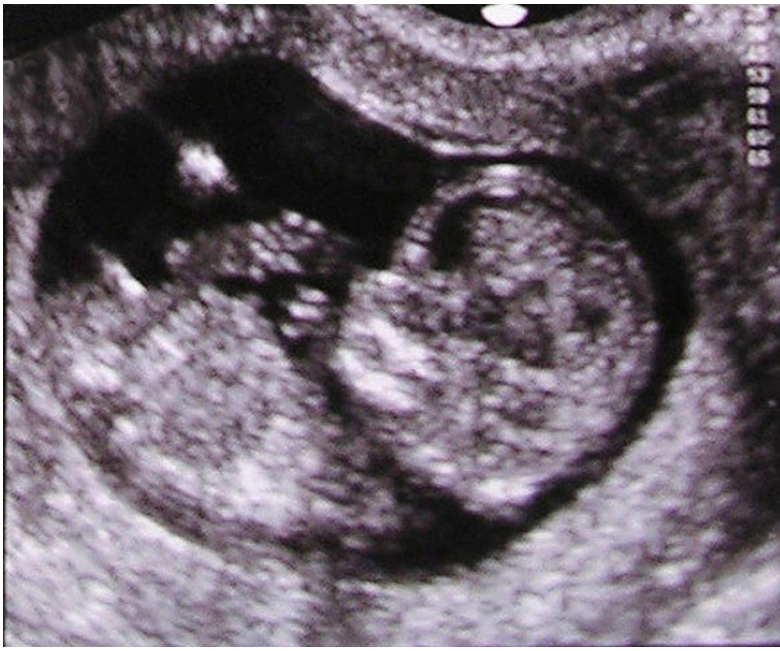
Antenatal care should be woman-centred and easy to access. It supports women to make informed choices about their care based on their individual needs[157].

As well as giving advice and information, the health professional will assess factors that could affect the pregnancy, including:

- Their weight and body mass index (BMI)
- Risk factors for a condition called pre-eclampsia, including a BMI above 30kg/m^2
- Risk factors for diabetes in pregnancy, such as BMI above 30kg/m^2, a previous baby weighing more than 4.5kg, previous history of diabetes in pregnancy, family history of diabetes and family origin (Asian, Chinese, African-Caribbean or Middle Eastern)

Antenatal and newborn screening aims to identify a range of conditions during pregnancy and the newborn period, which are amenable to different types of interventions ranging from providing parents with information to helping them make informed choices to identifying the need for specific treatments. It includes screening for:

- Blood conditions, such as anaemia, rhesus D status, sickle cell diseases and thalassaemias
- Down's syndrome
- Infections
- Structural anomalies



The Buckinghamshire Picture

Almost three quarters of Buckinghamshire mothers deliver their babies at Buckinghamshire Healthcare Trust[f]. In 2013, 14% of women booked late into antenatal care with Buckinghamshire Healthcare Trust. Delayed access to antenatal care (late booking) is a significant risk factor for maternal death, as well as fetal and infant death and illness[158,159]. In Buckinghamshire, late booking is more common among women under 20 years of age and women from ethnic groups other than White British[160].

It is estimated that approximately 750 to 1,500 pregnancies in Buckinghamshire end in miscarriage before the 13th week of pregnancy. In 2013-15, there were 4.8 stillbirths per 1,000 births, which is not significantly different to the rates in the South East and England (4.3 and 4.6 per 1,000 births respectively).

[f] 2014

Early Pregnancy Units

Early pregnancy units at Stoke Mandeville Hospital and Wycombe General Hospital provide an outpatient service for women with complications in early pregnancy. Just over 2,000 women were seen by the Buckinghamshire early pregnancy units in 2015.

Baby Buddy App

The local NHS has commissioned the charity Best Beginnings to work with local health professionals to offer the free Baby Buddy app to local parents. Baby Buddy is an award-winning mobile phone app for parents-to-be and new parents that guides them through pregnancy and the first six months of their baby's life.

The Buckinghamshire Picture - continued

The Healthy Child Programme

The Healthy Child Programme is the core public health service for children and families. It draws on evidence on delivering good health, wellbeing and resilience for every child and covers children from birth to 19 years. It is a national universal programme and the early years component sets out the schedule of services from 28 weeks of pregnancy through to age five, with additional services for families needing extra support. The programme comprises health promotion, child health surveillance and screening, including immunisations, health and development reviews and advice and support to parents. It is led by health visitors in collaboration with other professionals.

Health visitors ensure that babies, young children and their families receive early help and support to stop problems developing and to build firm foundations that maximise the chances of experiencing good health and wellbeing throughout life. Health visitors can help support more relaxed mothering and improve the relationship between mother and baby. They identify early signs of postnatal depression and ensure mothers' mental health is supported. They also help promote good parenting skills and child development.

There are six high impact areas where health visitors make a critical difference to children's and their families' health and wellbeing.

These are:

1. Transition to parenthood and parenting skills
2. Maternal mental health
3. Breastfeeding
4. Healthy weight, healthy nutrition and physical activity
5. Managing minor illness and reducing accidents
6. Reviewing development of the child at two years and supporting children to be ready for school

Further detail on the six high impact areas is set out in the joint LGA/Department of Health and Public Health England produced guidance.

In Buckinghamshire the health visiting service is a universal service for the 32,000 children under five years old living in Buckinghamshire. The service offers a series of mandated visits to babies and their families within two weeks of birth, at six to eight weeks post-birth, at one year and 2.5 years. The mandated visits check the baby's and mother's health, assess the child's development and offer advice and support to parents on a wide range of issues. The service offers drop-in clinics and organises further visits and interventions in response to identified need. More than 20,000 mandated health reviews were conducted in 2015/16.

Summary

This report has highlighted the importance of the earliest years of a child's life to their future health and happiness. This starts even before a woman becomes pregnant so we need to ensure all women in Buckinghamshire are as healthy as possible before they become pregnant and can stay healthy during pregnancy.

The very first weeks and months after birth are of vital importance to a baby's physical and mental development and future health, happiness and success in life. These are also critical times for the physical and mental health of the parents and their relationship.

Warm and sensitive parenting is one of the most important things to get right from the very beginning in a child's life. This helps the baby develop well, to develop a good bond with their parents, and to be confident, happy and ready to learn. We need to support parents in this very important role by ensuring they have access to the right information, advice and support. We need to ensure we continue to identify and offer early support for mothers experiencing depression or anxiety and their partners. We also need to identify and offer support at the earliest opportunity where problems such as domestic violence or substance misuse make it difficult for parents to do their best.

As this report has highlighted, many of the factors that impact on the chance of a healthy pregnancy or early childhood cluster together. For example, women living in poorer social circumstances may have poorer mental health, be less likely to give up smoking in pregnancy and have poorer nutrition and more difficulty attending antenatal appointments. All service providers need to be aware that key risk factors cluster together and ensure they are identifying all the factors that need to be addressed. Services should then take a holistic and multifaceted approach to supporting these women.

Buckinghamshire County Council, the District Councils and NHS organisations in Buckinghamshire are all members of the Buckinghamshire Health and Wellbeing Board and are committed to giving every child in Buckinghamshire the best start in life, as set out in Buckinghamshire Joint Health and Wellbeing Strategy. In order to do this we need to work together with individuals, communities and partners to improve outcomes for babies, their mothers and families.

The role of health services is clear in this report, but success depends on the contribution of all partners beyond the NHS. Whether we have a role in ensuring that people are living in good quality housing, or that the environments we live in support healthy lifestyles, or that children's education helps them make the right choices, or making sure all our frontline staff are trained to recognise signs of mental health problems and respond appropriately, we can all make a vital contribution.

There is a role, of course, for individuals and we need to ensure that people are provided with the right information, skills and support to make the best choices and look after their health and that of their baby. The choices people make and their ability to give children the best start in life also depend on their social context. We need to be aware of this and ensure that in improving outcomes for our babies, and the future generation of Buckinghamshire residents, that no babies and families get left behind.

Recommendations

1. Healthcare professionals in contact with pregnant women or new mothers should assess all the factors that could impact on the mother's, baby's and family's health and offer advice, support and referral to appropriate services. This includes lifestyle factors such as smoking, alcohol consumption, drug use, weight and healthy eating as well as mental health, exposure to domestic violence and other social factors. There is significant scope to increase referrals to support services to improve outcomes for babies, mothers and families.

2. Buckinghamshire County Council and partners should consider whether there is a need to develop and implement a new comprehensive strategy to support parents in Buckinghamshire.

3. All professionals in contact with pregnant women and families with young children should encourage parents to access universal parenting advice via the red book, national start4life website, Baby Buddy app and the Buckinghamshire Family Information Service.

4. Commissioners and providers of maternity, early years, mental health and substance misuse services should enhance the data collected on the physical and mental health of mothers and babies, the prevalence of risk factors and referral to and outcomes of services. This should enable us to monitor progress and evaluate the impact of our services. Key data should be reported annually to the Health and Wellbeing Board.

5. Buckinghamshire County Council should work closely with schools to explore how the new compulsory PSHE can prepare young people for a healthy and happy life and addresses emotional resilience, healthy relationships, sexual health and healthy lifestyles. One of the future benefits of this should be healthier parents and babies and healthy, planned pregnancies.

6. Partners should consider how they can contribute to improving outcomes for babies, mothers and families in Buckinghamshire.

For mothers in Buckinghamshire:

A woman's health is essential for the health of her baby. Pregnancy is often a time when women start taking better care of themselves, and by following a few simple guidelines they have the greatest chance of a problem free pregnancy and a healthy baby.

Before pregnancy

- ✓ Plan for pregnancy and avoid unplanned pregnancies with effective contraception
- ✓ Adopt a healthy lifestyle before getting pregnant
- ✓ Anyone with a long term condition should seek advice from a health professional before getting pregnant
- ✓ Take folic acid supplements
- ✓ Seek help early for alcohol or drug use

During pregnancy and after your baby is born

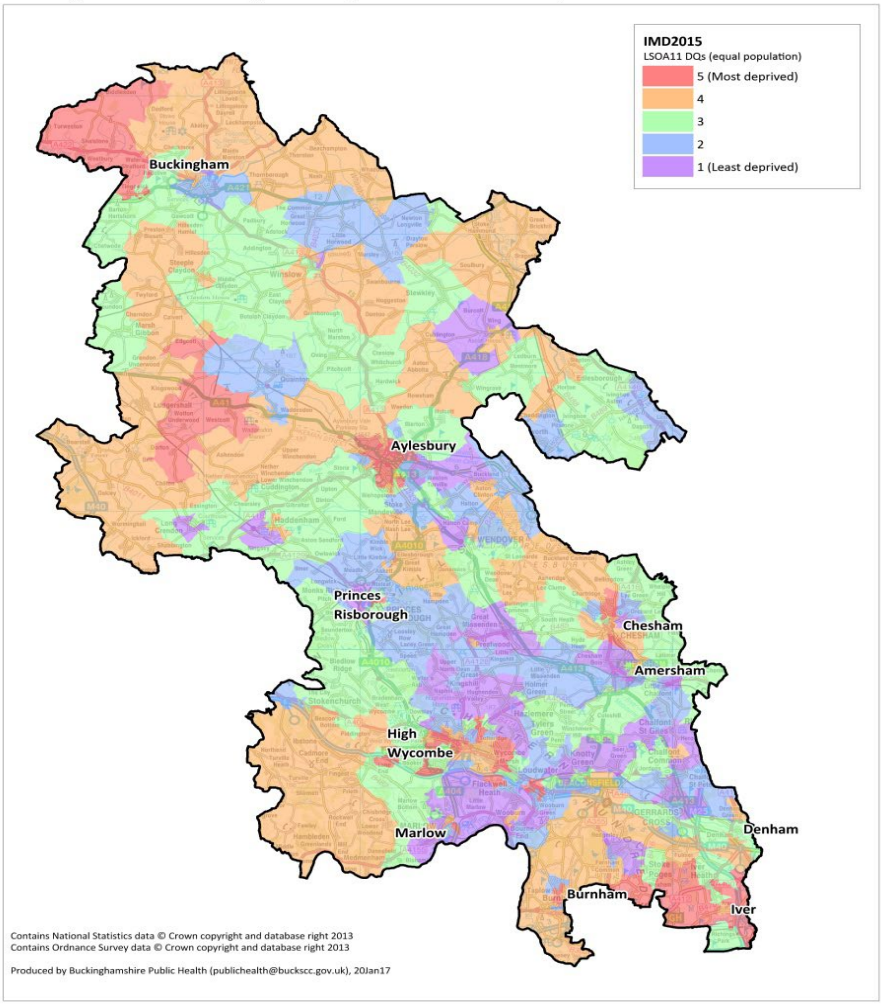
- ✓ Book early into antenatal care and attend all of the appointments
- ✓ Eat balanced healthy meals, and stay active to maintain a healthy weight
- ✓ Have a smoke-free pregnancy by stopping smoking and making sure your partner and other household members stop smoking too
- ✓ Have an alcohol-free and drug-free pregnancy
- ✓ Seek help for domestic abuse
- ✓ Get the flu jab - as flu can have more serious consequences in pregnant women
- ✓ Sign up to Start4Life and attend antenatal classes
- ✓ Talk to a health professional about any thoughts or feelings you are worried about, such as feeling like you're a bad mother, you're not coping or feeling distant from your baby
- ✓ Breastfeeding your baby and asking health professionals for help if it isn't working

Maternity Data Supplement

1. Deprivation and deprivation quintiles in Buckinghamshire

Figure 1 shows the Index of Multiple Deprivation in Buckinghamshire. Areas around Aylesbury, Chesham and High Wycombe have higher values of deprivation than the Buckingham average. Five quintiles each containing approximately 20% of the population are used to analyse health inequalities. Deprivation Quintile 1, or DQ1, contains the fifth of the population who live in the least-deprived areas; DQ5 contain the fifth of the population living in the most-deprived areas.

Buckinghamshire County, showing LSOA11 IMD2015 quintiles



Source: Department for Communities and Local Government (DCLG) English indices of deprivation 2015.

Figure 1. Deprivation quintiles in Buckinghamshire, 2015.

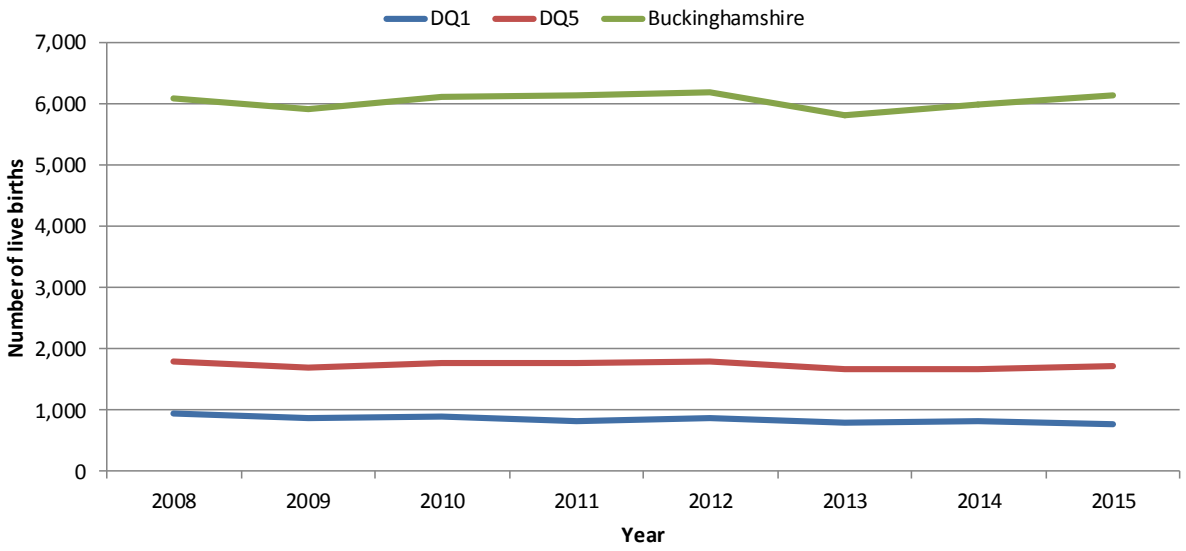
2. Live births

There were 6,140 live births in Buckinghamshire in 2015, see Table 1. Figure 2 shows the number of live births per year from 2008 to 2015. Numbers of live births are approximately constant, with approximately twice as many births in DQ5 (most deprived 20% of the population) compared to DQ1 (least deprived 20% of the population). The ratio of the number of live births in DQ5 to DQ1 ranges from 1.9 in 2008 to 2.2 in 2015.

Deprivation quintile	Year							
	2008	2009	2010	2011	2012	2013	2014	2015
DQ1	951	862	894	825	856	793	812	774
DQ2	1,043	1,052	1,092	1,123	1,115	996	998	1,161
DQ3	1,185	1,120	1,145	1,136	1,113	1,117	1,167	1,100
DQ4	1,109	1,175	1,208	1,292	1,319	1,249	1,340	1,387
DQ5	1,789	1,698	1,764	1,757	1,792	1,667	1,672	1,718
Bucking-hamshire	6,077	5,907	6,103	6,133	6,195	5,822	5,989	6,140

Source: Office for National Statistics Annual Public Health Birth Files.

Table 1. Number of live births by mother's usual place of residence (deprivation quintile) in Buckinghamshire, 2008-15.



Source: Office for National Statistics Annual Public Health Birth Files.

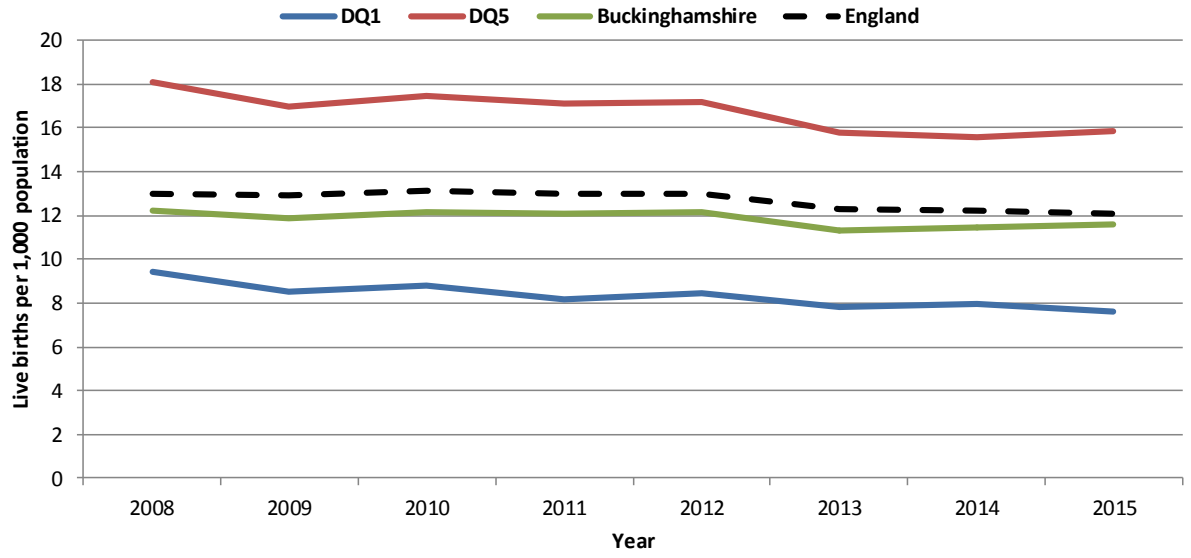
Figure 2. Number of live births by mother's usual place of residence (DQ1 and DQ5) in Buckinghamshire, 2008-15.

The **crude birth rate** is the annual number of live births per 1,000 population, and is lower in Buckinghamshire than in England, see Table 2. Figure 3 shows the crude birth rate from 2008 to 2015. Crude birth rates in DQ1, DQ5 and Buckinghamshire are decreasing significantly each year.

Deprivation quintile	Year							
	2008	2009	2010	2011	2012	2013	2014	2015
DQ1	9.4	8.5	8.8	8.1	8.4	7.8	8.0	7.6
DQ2	10.5	10.5	10.9	11.1	11.0	9.8	9.7	11.1
DQ3	11.9	11.2	11.4	11.3	10.9	10.9	11.3	10.6
DQ4	11.5	12.0	12.2	12.8	12.9	12.0	12.6	12.6
DQ5	18.1	17.0	17.4	17.1	17.2	15.8	15.6	15.8
Buckingham-shire	12.2	11.8	12.1	12.1	12.1	11.3	11.5	11.6
England	13.0	12.9	13.1	13.0	13.0	12.3	12.2	12.1

Source: Office for National Statistics Annual Public Health Birth Files.

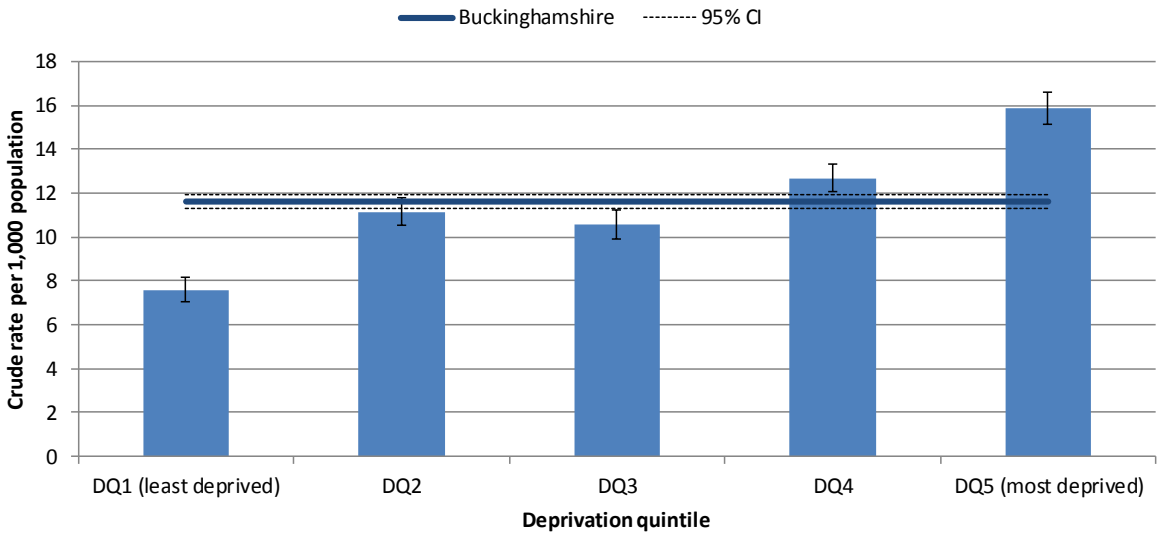
Table 2. Crude birth rate by mother's usual place of residence (deprivation quintile) in Buckingham-shire, 2008-15.



Source: Office for National Statistics Annual Public Health Birth Files.

Figure 3. Crude birth rate by mother's usual place of residence (DQ1 and DQ5) in Buckinghamshire, 2008-15.

The crude birth rate is higher in more deprived areas, see Figure 4. There is a significant trend. Table 3 shows the proportion of women who are of childbearing age (15-49 years) in each deprivation quintile. There is a significant trend.



Source: Office for National Statistics Annual Public Health Birth Files.

Figure 4. Crude birth rate by mother's usual place of residence (deprivation quintile) in Buckinghamshire, 2015.

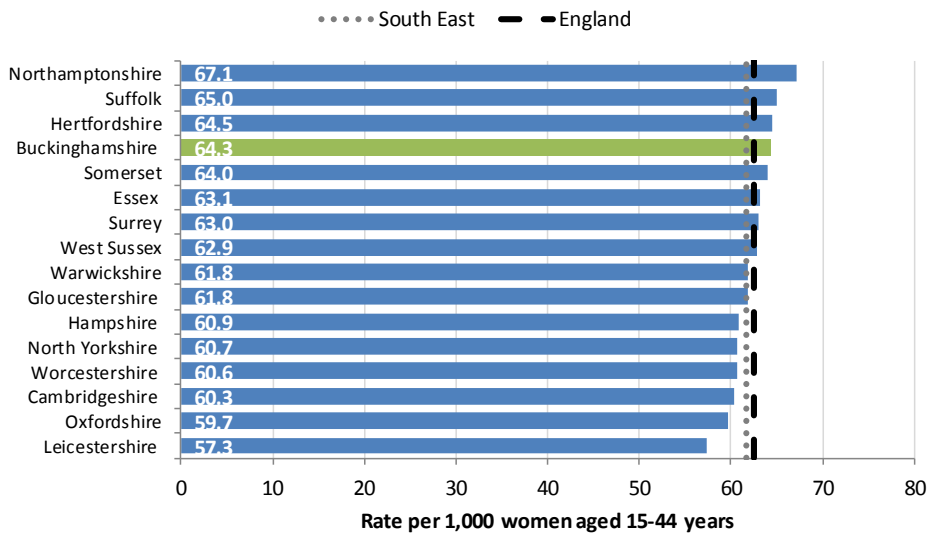
Deprivation quintile	Females 15-44 years	All females	%
DQ1	14,630	52,421	27.9%
DQ2	18,302	54,033	33.9%
DQ3	18,001	53,325	33.8%
DQ4	21,587	56,467	38.2%
DQ5	22,916	53,061	43.2%
Buckinghamshire	95,436	269,307	35.4%

Source: Office for National Statistics, Mid-2015 Population Estimates for Lower Layer Super Output Areas in England and Wales by Single Year of Age and Sex.

Table 3. Proportion of women of childbearing age by deprivation quintile, 2015.

The **general fertility rate** is the annual number of live births per 1,000 women of childbearing age (ages 15 to 44 years).

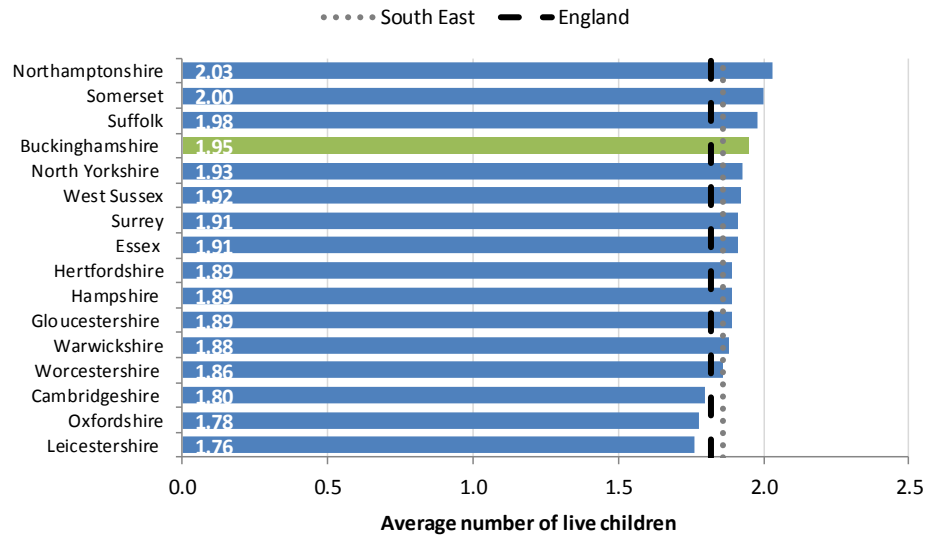
Comparison is made against a set of similar local authorities identified by the Chartered Institute of Public Finance and Accountancy (CIPFA). These are referred to as CIPFA peers. Among Buckinghamshire's CIPFA peers, Buckinghamshire had the 4th highest general fertility rate in 2015, see Figure 5.



Source: Office for National Statistics Birth Summary Tables, 2015.

Figure 5. General fertility rate among Buckinghamshire's CIPFA peers, 2015.

The **total fertility rate** is the average number of children a woman would have in her lifetime In Buckinghamshire it is just under 2 children each at 1.95 (the technical definition is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan). As with the general fertility rate, Buckinghamshire's total fertility rate in 2015 was high among its CIPFA peers, see Figure 6.

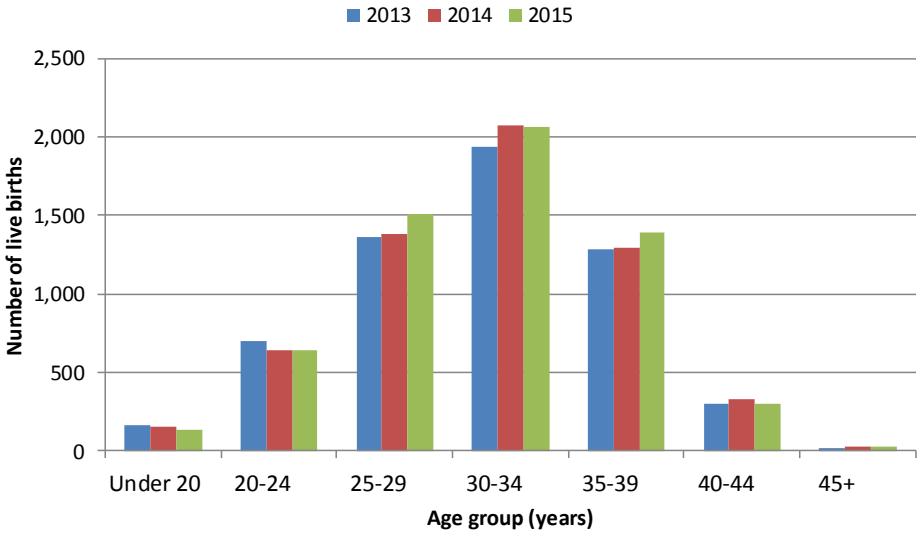


Source: Office for National Statistics Birth Summary Tables, 2015.

Figure 6. Total fertility rate among Buckinghamshire's CIPFA peers, 2015.

3. Mother's age at birth of child

Figure 7 shows that, for all maternities, the commonest age of women giving birth is between 30 and 34 years of age, and that there are more mothers aged 35+ years than under 25 years of age.



Source: Office for National Statistics, Vital Statistics Table VS2.

Figure 7. Age of mothers in Buckinghamshire, 2013-15.

4. Ethnicity

Table 4 shows the ethnicity of mothers admitted to maternity services in hospitals in 2015. Home births and births in NHS Foundation Trusts that do not submit data to the Birth Episode Commissioning Data Set are excluded. Nearly three quarters (73.9%) of hospital admissions to deliver a baby are to White mothers. Those who identify themselves as Asian/Asian British form the second largest proportion (17.1%).

Ethnic group	Num-ber	%
White	3,168	73.9%
Mixed/multiple ethnic groups	63	1.5%
Asia/Asian British	732	17.1%
Black/African/Caribbean/Black British	118	2.8%
Other	71	1.7%
Not known/Not stated	132	3.1%
Total	4,284	100%

Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS).

Table 4. Ethnicity of mother in hospital admissions to deliver a baby, 2015.

5. Mother's place of birth

Table 5 shows the place of birth for mothers in Buckinghamshire in 2013-15. Approximately a quarter of mothers are born outside the UK.

Year	Born outside UK	Born in UK	Total
2013	1,452 (24.9%)	4,370 (75.1%)	5,822 (100%)
2014	1,504 (25.1%)	4,485 (74.9%)	5,989 (100%)
2015	1,608 (26.2%)	4,532 (73.8%)	6,140 (100%)

Source: Office for National Statistics Annual Public Health Birth Files.

Table 5. Mother's place of birth, 2013-15.

Most mothers not born in the UK are from (in order) Pakistan, Poland, India and South Africa, see Table 6.

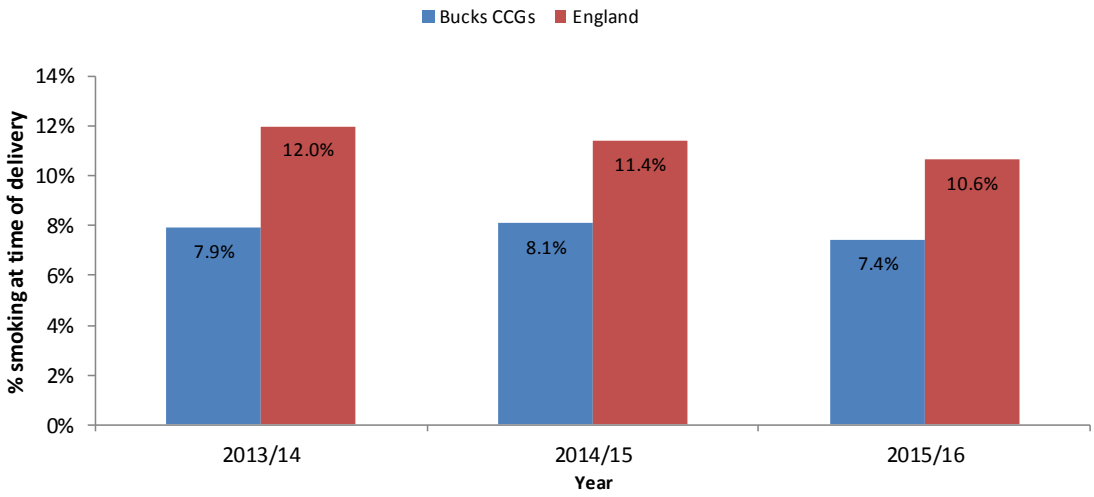
2013			2014			2015		
Country of birth	No.	% of all live births	Country of birth	No.	% of all live births	Country of birth	No.	% of all live births
1 Pakistan	324	5.6%	1 Pakistan	342	5.7%	1 Pakistan	345	5.6%
2 Poland	186	3.2%	2 Poland	182	3.0%	2 Poland	209	3.4%
3 India	83	1.4%	3 India	104	1.7%	3 India	95	1.5%
4 South Africa	67	1.2%	4 South Africa	54	0.9%	4 South Africa	65	1.1%
5 Germany	45	0.8%	5 Germany	50	0.8%	5 Romania	53	0.9%
6 Ireland	40	0.7%	6 Ireland	40	0.7%	6 Germany	46	0.7%
7 U.S.	35	0.6%	7 U.S.	40	0.7%	7 U.S.	41	0.7%
8 Romania	33	0.6%	8 Romania	38	0.6%	8 Ireland	38	0.6%
9 Zimbabwe	31	0.5%	9 Zimbabwe	33	0.6%	9 Zimba-bwe	33	0.5%
10 Sri Lanka	26	0.4%	10 Sri Lanka	29	0.5%	10 Slovakia	32	0.5%
Total births outside UK	1,452	24.9%	Total births outside UK	1,504	25.1%	Total births outside UK	1,608	26.2%
Total births	5,822		Total births	5,989		Total births	6,140	

Source: Office for National Statistics Annual Public Health Birth Files.

Table 6. Live births for the 10 most-common countries of birth of mothers not born in the UK, 2013-15.

6. Smoking status at time of delivery

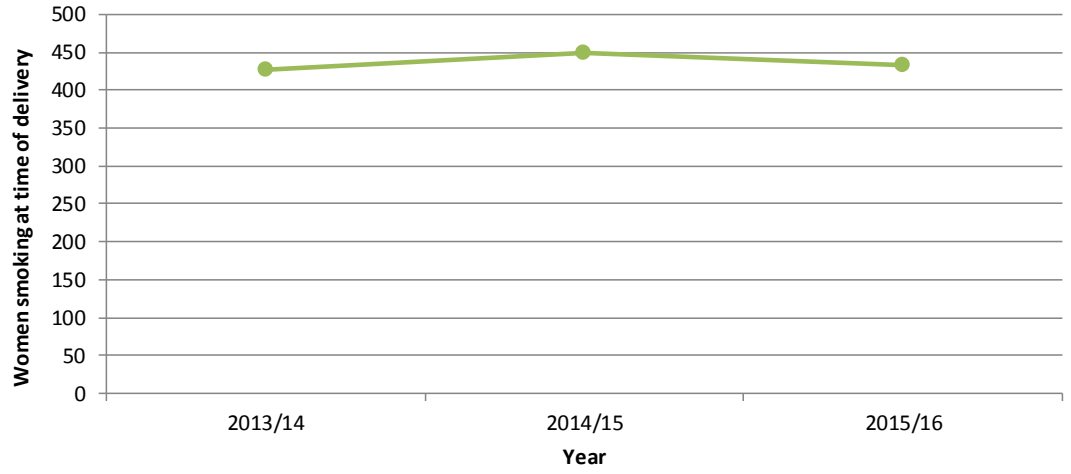
7.4% of women registered at GP practices within the Clinical Commissioning Groups (CCGs) in Buckinghamshire (NHS Aylesbury Vale CCG and NHS Chiltern CCG) had not quit smoking at time of delivery in 2015/16. There has been no change over the last three years, see Figure 8. Nationally, the trend for women's smoking status at time of delivery is decreasing.



Source: NHS Digital, Lifestyle Statistics.

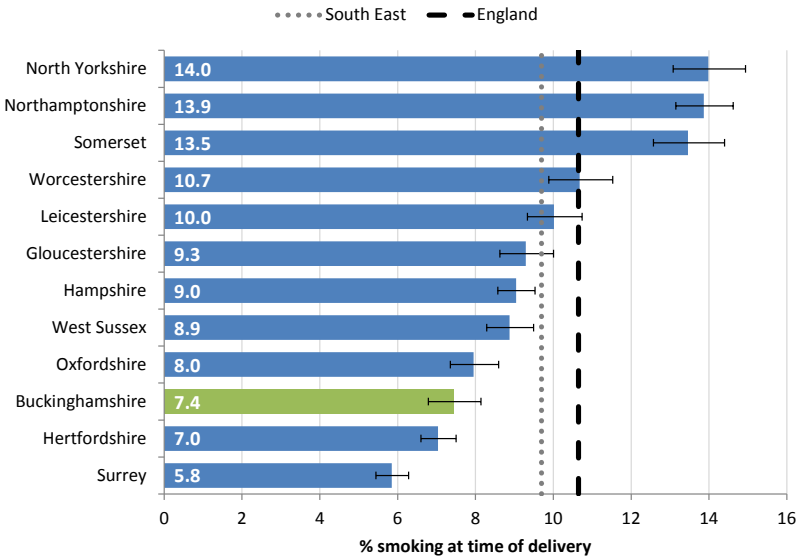
Figure 8. Percentage of women smoking at time of delivery, 2013/14-2015/16.

The number of women who had not quit smoking at time of delivery is shown in Figure 9. Numbers are approximately constant, and the rate is one of the lowest among Buckinghamshire's CIPFA peers, see Figure 10. Buckinghamshire's rate (7.4%) is significantly lower than the mean value of local authorities in both the South East region (9.7%) and England (10.7%). Values for CIPFA peers not included in Figure 10 are not published for data quality reasons.



Source: NHS Digital, Lifestyle Statistics.

Figure 9. Number of women smoking at time of delivery, 2013/14-2015/16.

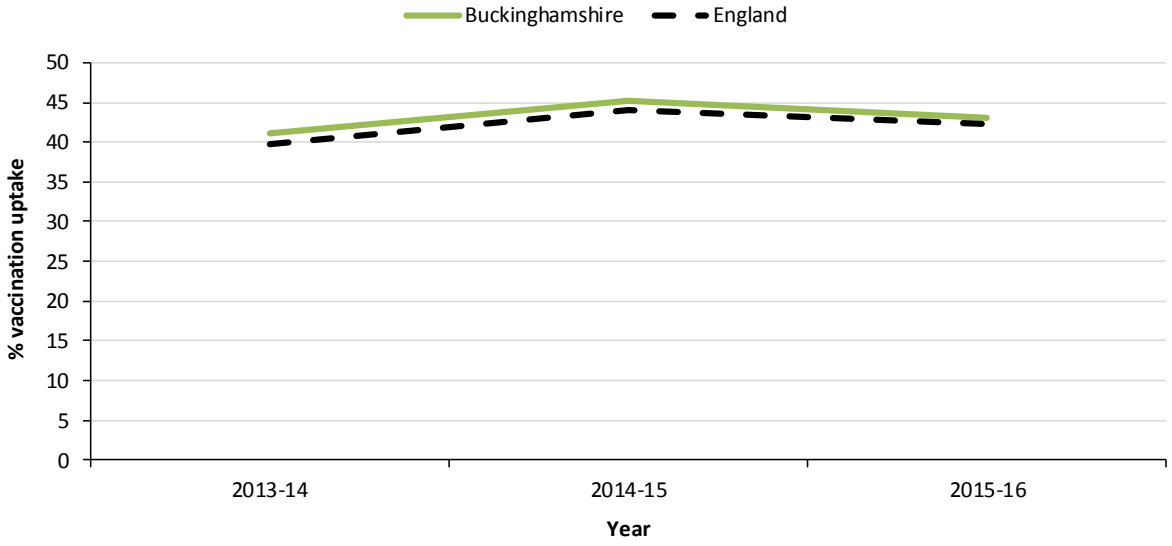


Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 2.03.

Figure 10. Smoking status at time of delivery, 2015/16.

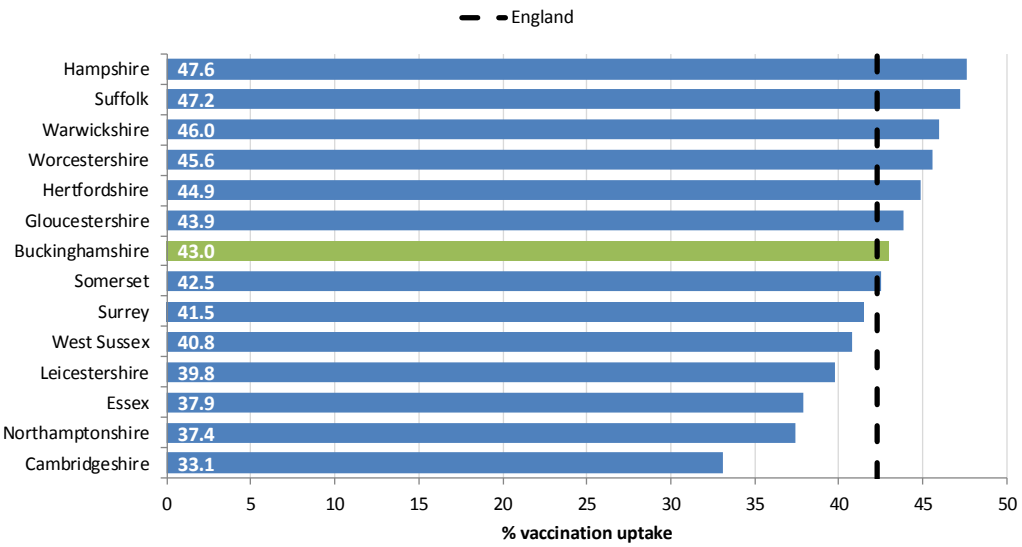
7. Flu immunisation among pregnant women

There is some evidence that seasonal influenza vaccination uptake has increased since 2013/14, see Figure 11. Buckinghamshire's influenza vaccination uptake (43.0% in 2015/16) is higher than the England average (42.3% in 2015/16), but is worse than many of its CIPFA peers, see Figure 12.



Source: Public Health England (PHE) Seasonal flu vaccine uptake in GP patients in England.

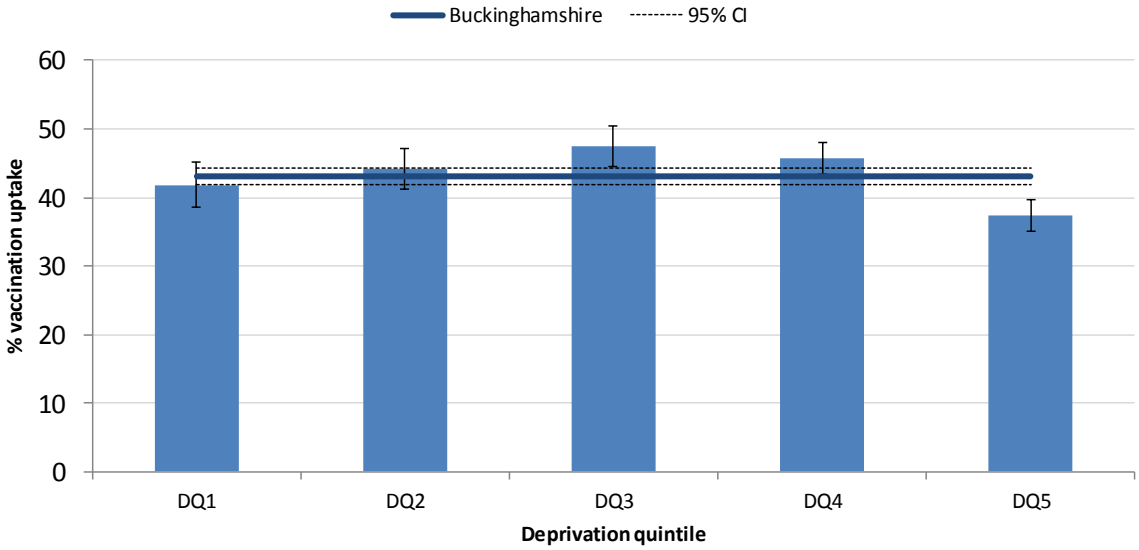
Figure 11. Flu vaccine uptake among pregnant women, 2013/14 to 2015/16.



Source: Public Health England (PHE) Seasonal flu vaccine uptake in GP patients in England: winter season 2015 to 2016.

Figure 12. Seasonal flu vaccine uptake among pregnant women, 2015-16.

Figure 13 shows the percentage uptake of seasonal influenza vaccination by pregnant women in 2015-16. Those who are living in the most deprived areas (DQ5) have a significantly lower uptake (37.3%) than the Buckinghamshire average (43.0%).

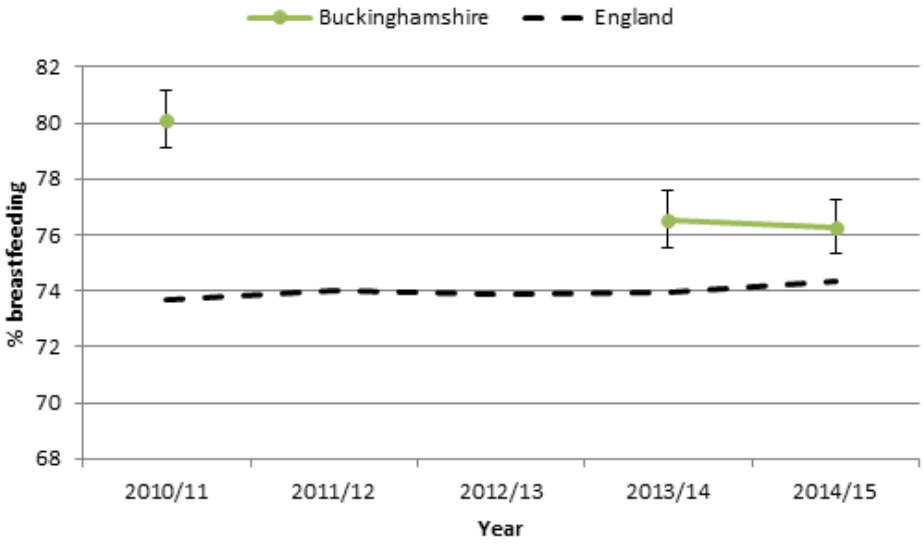


Source: Public Health England (PHE) Seasonal flu vaccine uptake in GP patients in England: winter season 2015 to 2016.

Figure 13. Seasonal flu vaccine uptake among pregnant women by deprivation quintile, 2015/16.

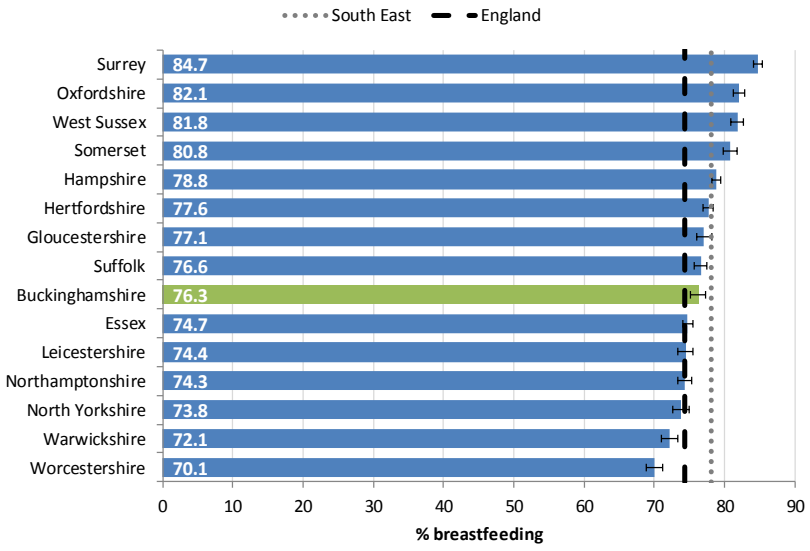
8. Breastfeeding

Figure 14 shows that breastfeeding initiation in Buckinghamshire is significantly higher than the England average, but is worse than many of its CIPFA peers, see Figure 15. The proportion of women initiating breastfeeding in Buckinghamshire in 2014/15 (76.3%) is significantly lower than in the South East region (78.0%). Values for missing CIPFA peers are not published for data quality reasons.



Source: Public Health England (PHE) Child Health Pregnancy.

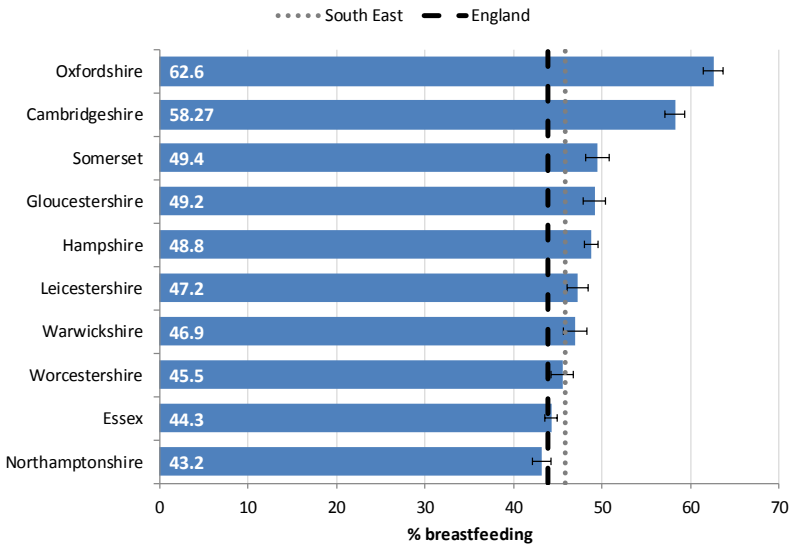
Figure 14. Breastfeeding initiation in Buckinghamshire, 2010/11-2014/15.



Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 2.02i.

Figure 15. Breastfeeding initiation among Buckinghamshire's CIPFA peers, 2014/15.

In common with several of its CIPFA peers, Buckinghamshire's return for breastfeeding prevalence at 6-8 weeks was not published in 2014/15 owing to concerns with data quality, see Figure 16.

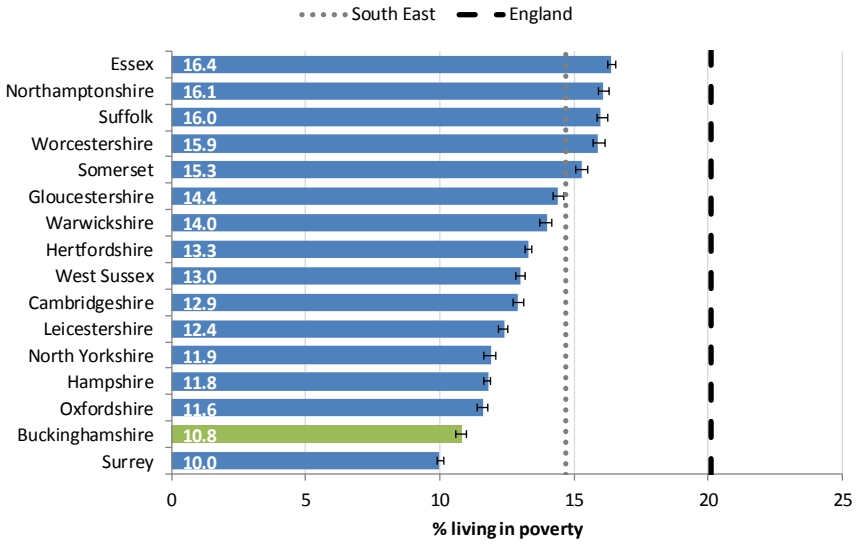


Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 2.02ii.

Figure 16. Breastfeeding at 6-8 weeks (historical method) among Buckinghamshire's CIPFA peers, 2014/15.

9. Children living in poverty

In 2014, the proportion of children (aged under 16 years) in Buckinghamshire living in poverty[1] (10.8%) was significantly lower than in the South East region (14.7%) and England (20.1%), see Figure 17. Only Surrey had a lower proportion of children living in poverty.

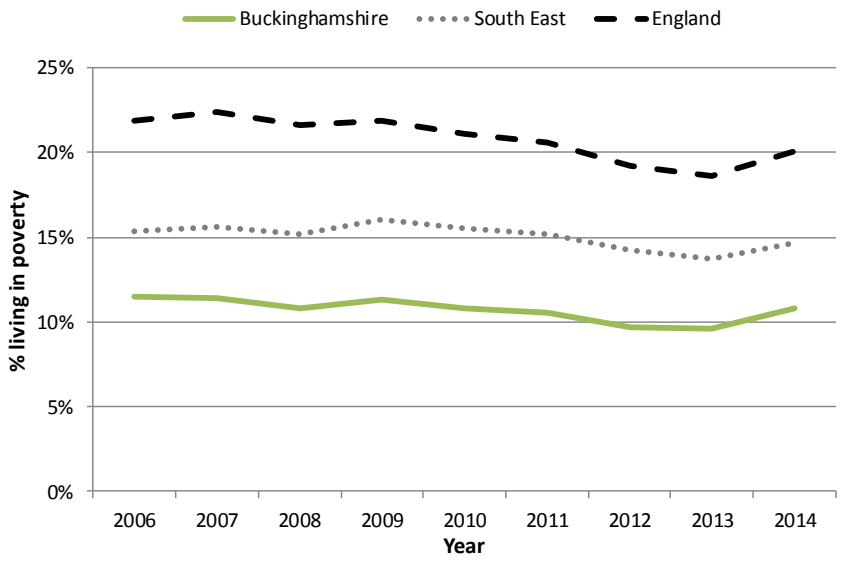


Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 1.01ii.

Figure 17. Percentage of children in low income families among Buckinghamshire's CIPFA peers, 2014.

1 Children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% of the median income.

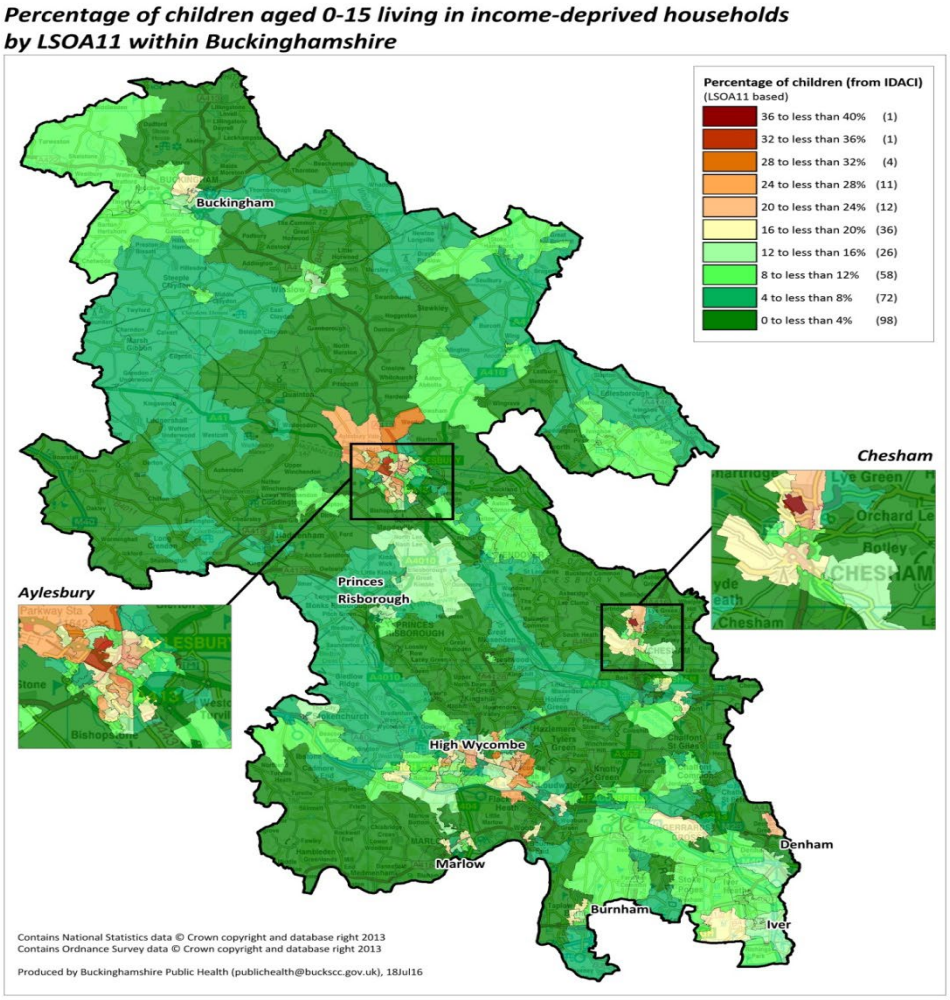
There is strong evidence that the proportion of children in Buckinghamshire that are living in poverty decreased between 2006 and 2014, see Figure 18.



Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 1.01ii.

Figure 18. Percentage of children in low income families in Buckinghamshire, 2006-14.

The percentage of children who are living in income-deprived households is shown in Figure 19. Areas near Chesham have the highest percentage of children living in income-deprived households in Buckinghamshire. Other areas of high income deprivation include Aylesbury and High Wycombe.



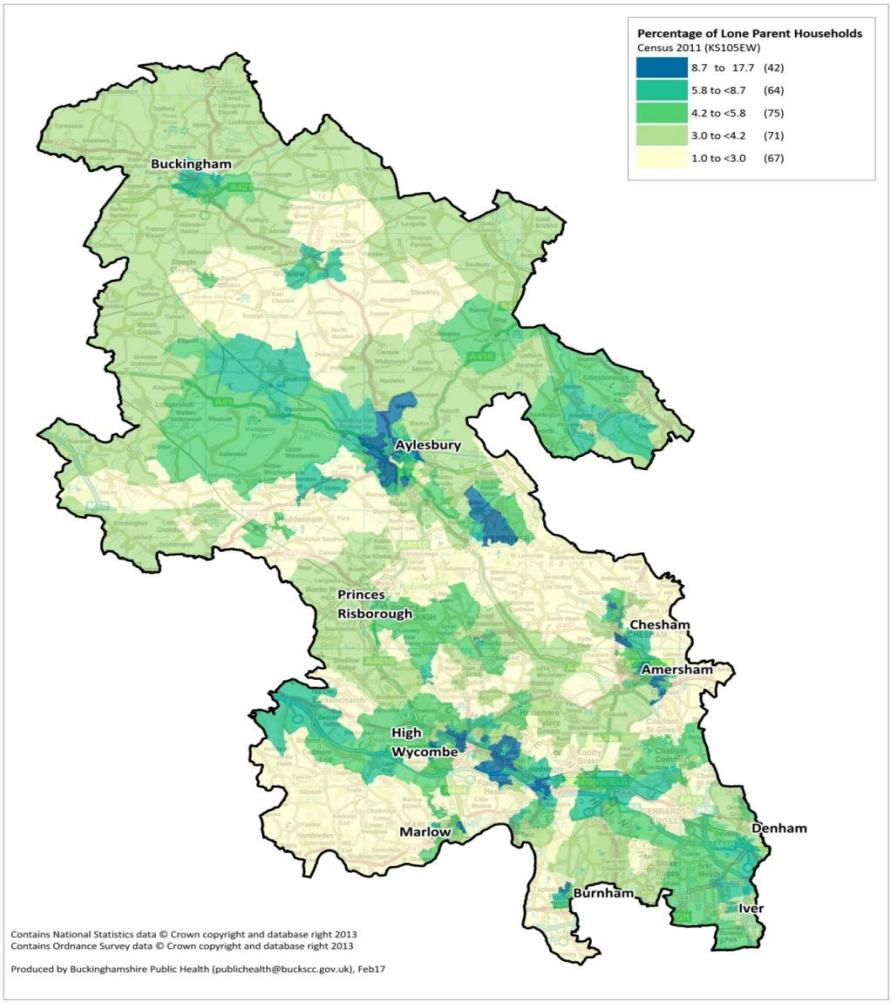
Source: Department for Communities and Local Government (DCLG) English indices of deprivation 2015.

Figure 19. Income Deprivation Affecting Children Index, 2015.

10. Lone parents

The highest proportions of lone parent families tend to occur in places of highest deprivation, particularly Aylesbury and High Wycombe, see Figure 20 and Table 7.

Percentage of households consisting of lone parents with dependent children
Census 2011



Source: Census 2011.

Figure 20. Percentage of households consisting of lone parents with dependent children, 2011.

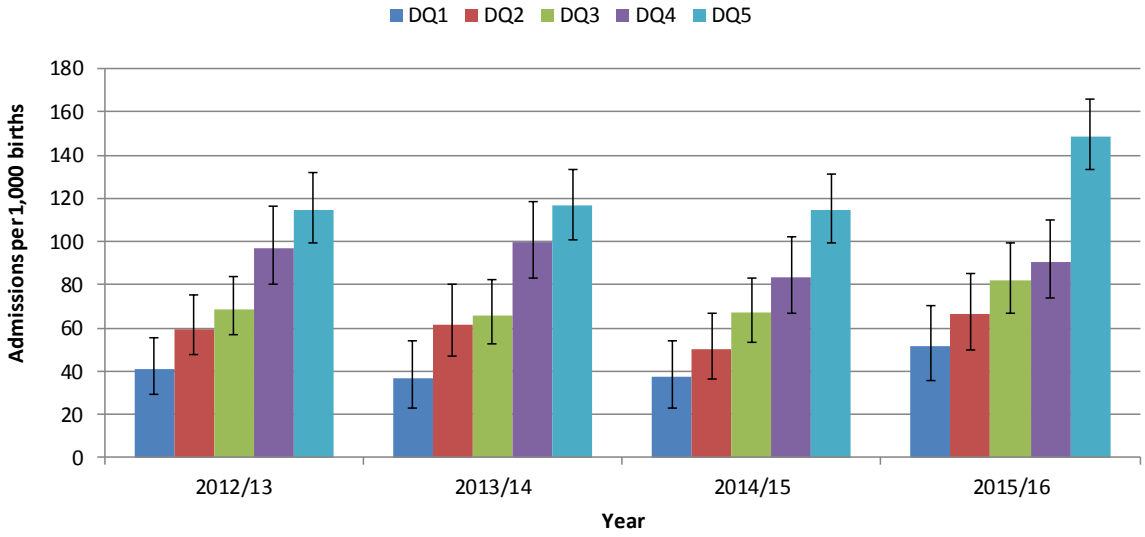
Deprivation quin-tile	Lone households	All households
DQ1	1,339 (3.4%)	39,852
DQ2	1,691 (4.2%)	39,985
DQ3	1,806 (4.5%)	40,410
DQ4	2,262 (5.5%)	40,928
DQ5	3,452 (8.7%)	39,552
Buckinghamshire	10,550 (5.3%)	200,727

Source: Census 2011.

Table 7. Number and proportion of lone-parent households, 2011.

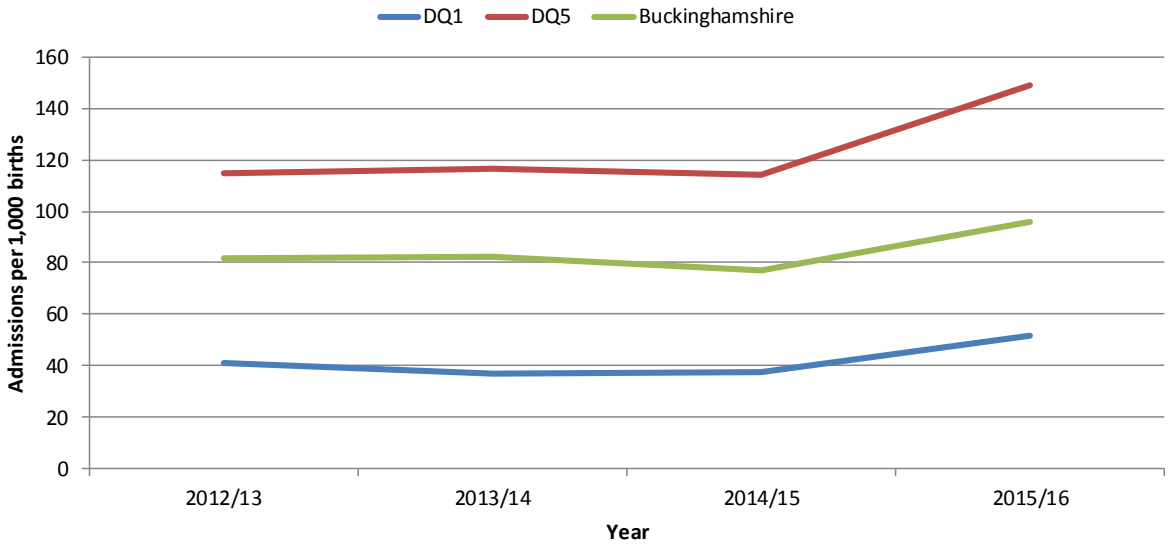
11. Perinatal mental health admissions

Those living in more deprived areas have a higher proportion of maternity admissions where there was also a mental health diagnosis, see Figure 21. Figure 22 shows that there has been a recent increase in the rate of admissions per 1,000 births.



Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS) and Office for National Statistics Annual Public Health Birth Files.

Figure 21. Maternity admissions where there is also a mental health diagnosis in Buckinghamshire by deprivation quintile, 2012/13-2015/16.

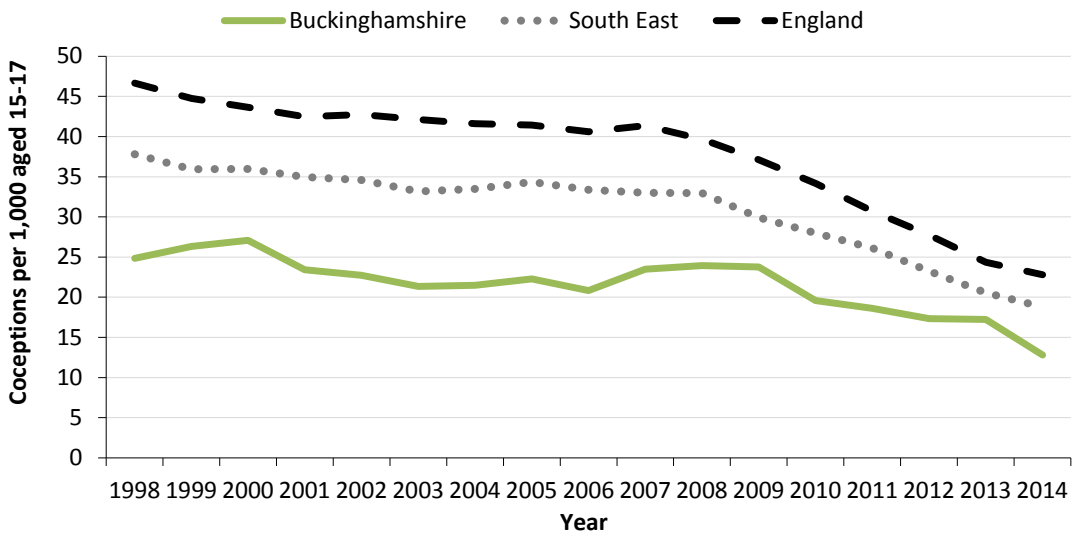


Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS).

Figure 22. Maternity admissions where there is also a mental health diagnosis per 1,000 births, 2012/13-2015/16.

12. Teenage conceptions

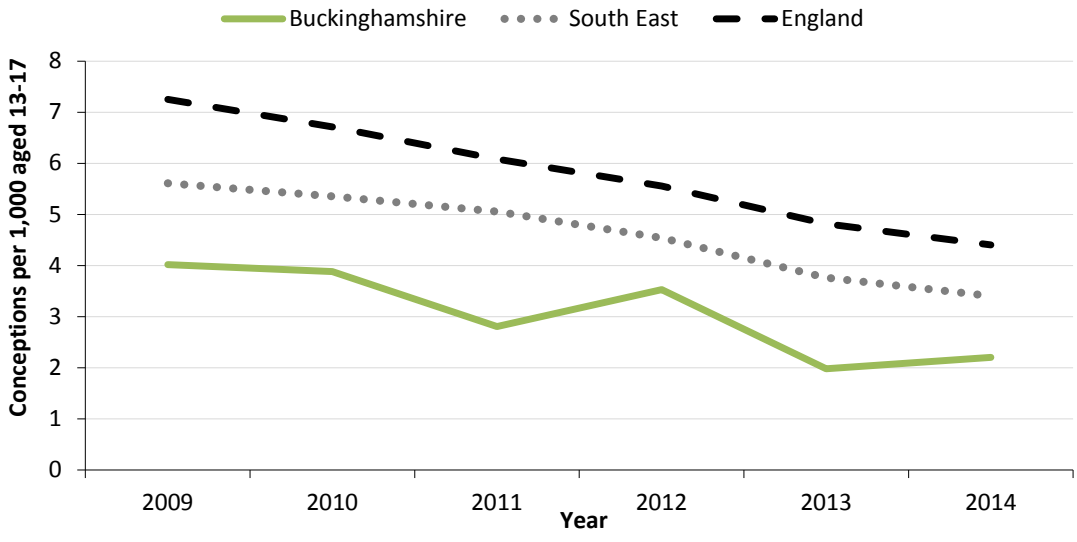
Figure 23 shows that conceptions among those aged 15-17 years has been decreasing since 1998.



Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 2.04.

Figure 23. Teenage conceptions per 1,000 females aged 15-17 years, 1998-2014.

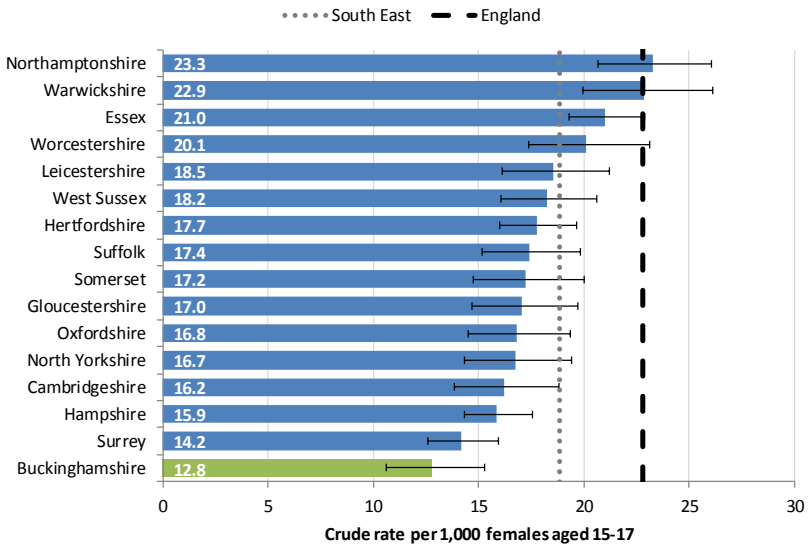
In Buckinghamshire, conceptions in those aged 13-15 years has halved from 4.0 per 1,000 in 2009 to 2.2 per 1,000 in 2014, see Figure 24. This trend is significant and reflects the regional and national trends.



Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 2.04.

Figure 24. Teenage conceptions per 1,000 females aged 13-15 years, 2009-14.

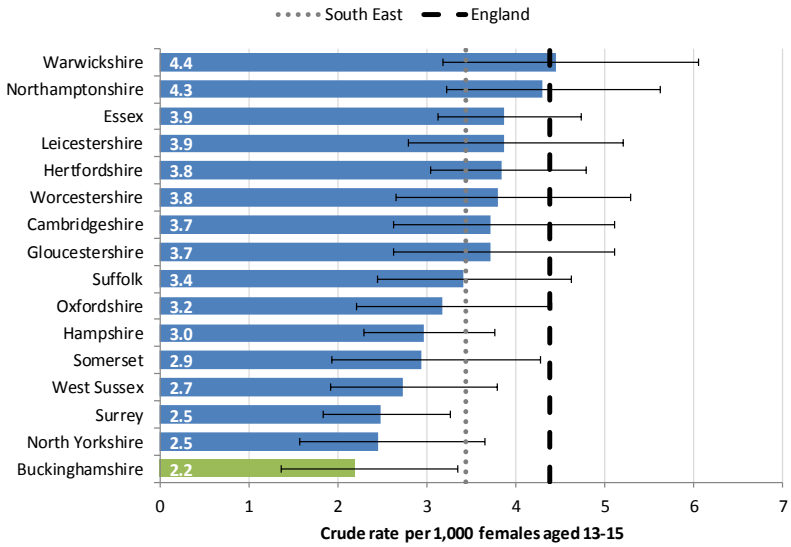
In 2014, Buckinghamshire had the lowest rate of teenage conceptions per 1,000 females aged 15-17 years among its CIPFA peers, see Figure 25. This value (12.8) was significantly less than in the South East region (18.8) and England (22.8).



Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 2.04.

Figure 25. Teenage conceptions per 1,000 females aged 15-17 years among Buckinghamshire's CIPFA peers, 2014.

In 2014, Buckinghamshire had the lowest rate of teenage conceptions per 1,000 females aged 13-15 years among its CIPFA peers, see Figure 26. This value (2.2) was significantly less than in the South East region (3.4) and England (4.4).

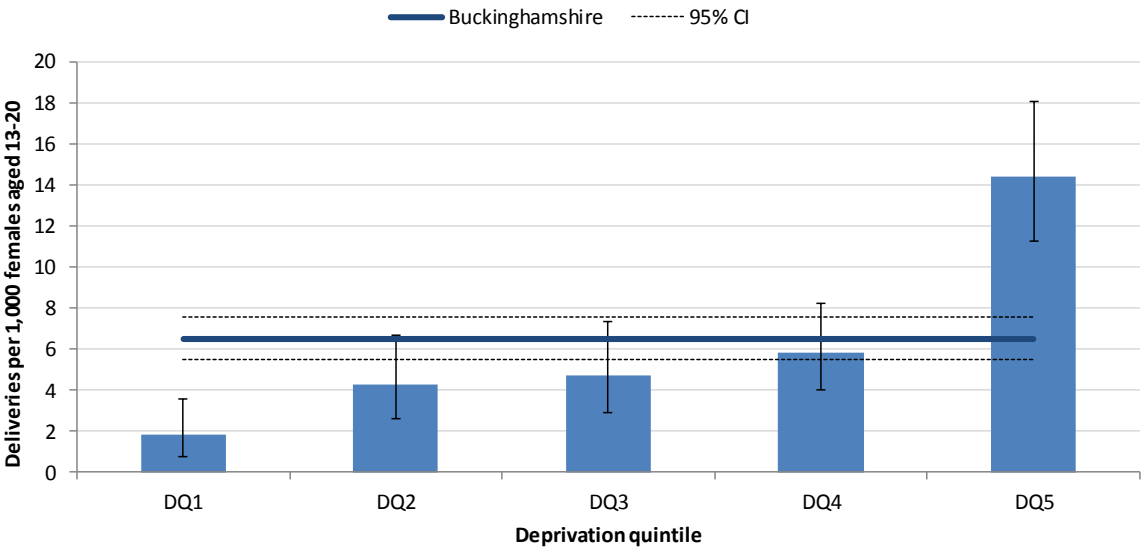


Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 2.04.

Figure 26. Teenage conceptions per 1,000 females aged 13-15 years among Buckinghamshire's CIPFA peers, 2014.

13. Teenage deliveries

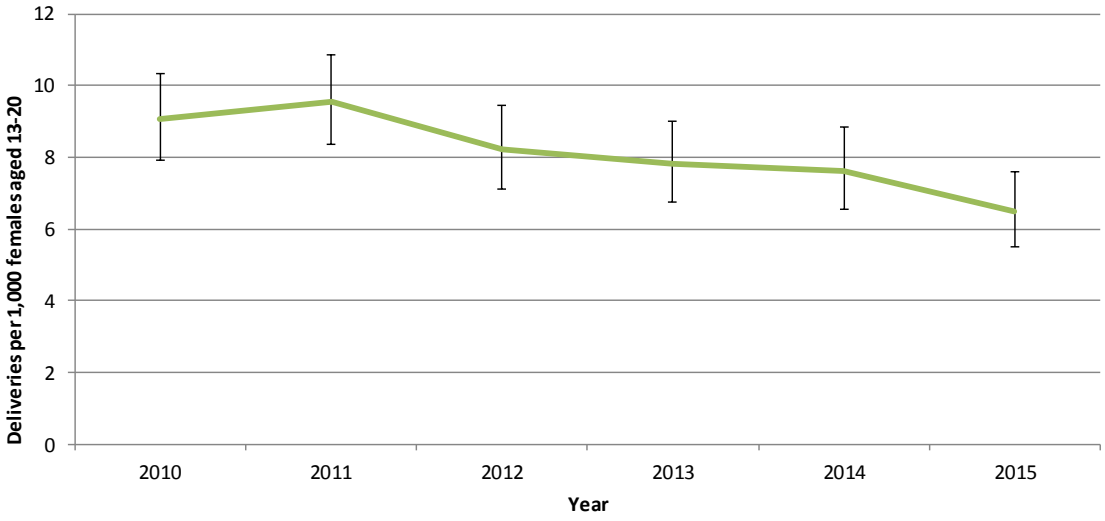
Figure 27 shows that the number of deliveries per 1,000 females under 20 years of age at time of conception is highest in the most deprived quintile (DQ5). This value (14.4) is significantly higher than the Buckinghamshire average (6.5).



Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS).

Figure 27. Number of deliveries per 1,000 females under 20 years of age at time of conception by deprivation quintile, 2015.

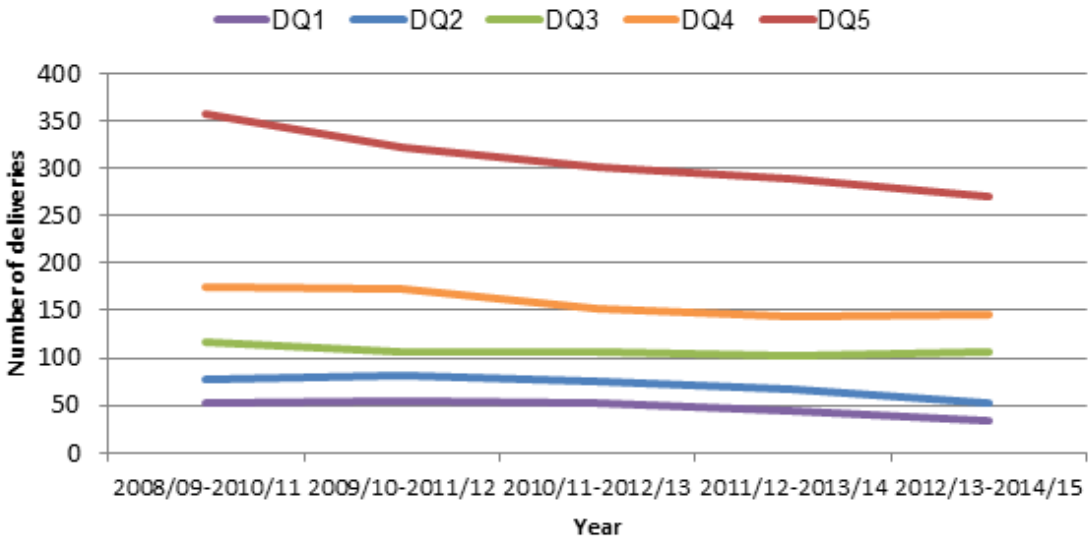
Figure 28 shows that the number of deliveries to mothers aged under 20 years at conception per 1,000 females has been decreasing since 2010.



Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS).

Figure 28. Number of deliveries per 1,000 females under 20 years of age at time of conception in Buckinghamshire, 2010-15.

The number of deliveries to mothers under 20 years of age at time of conception in each deprivation quintile is shown in Figure 29. There are more deliveries in the most deprived areas (DQ5), and a clear deprivation gradient.

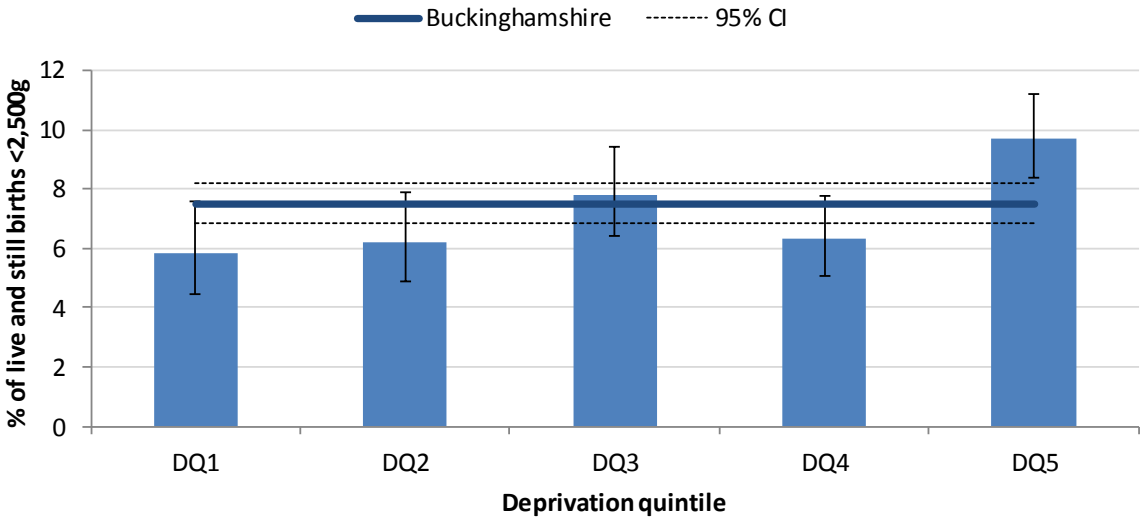


Source: Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS).

Figure 29. Deliveries to mothers resident in Buckinghamshire who conceived aged under 20 years by deprivation quintile, 2008/09-2010/11 to 2012/13-2014/15.

14. Low birth weight

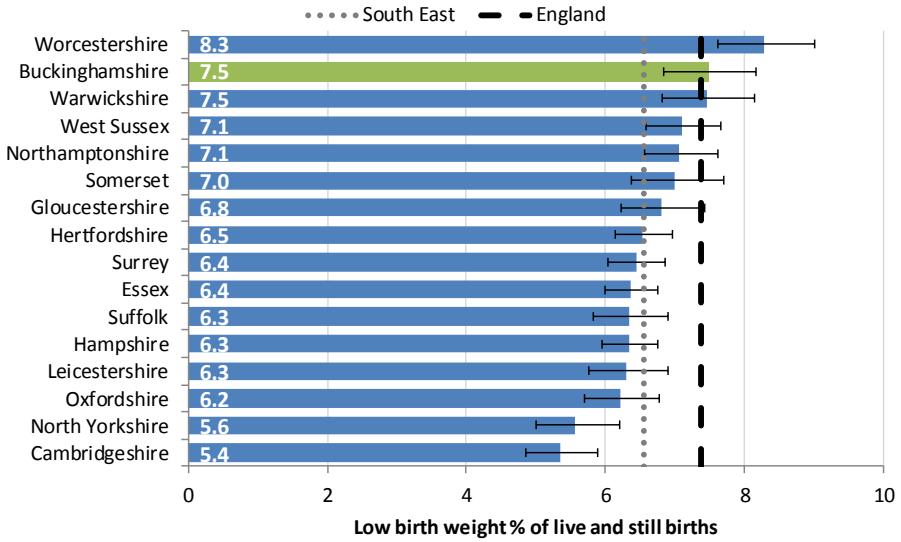
Mothers living in the most deprived areas (DQ5) had a significantly higher proportion of babies with low birth weight (less than 2,500g) in 2015 than the Buckinghamshire average, see Figure 30.



Source: Office for National Statistics Annual Public Health Birth Files.

Figure 30. Low birth weight of all births in Buckinghamshire by deprivation quintile, 2015.

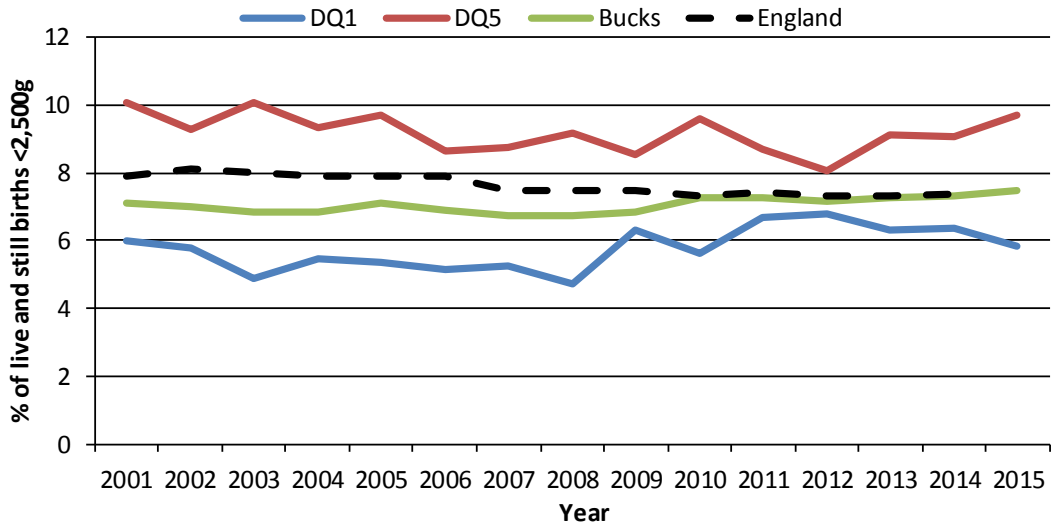
Among its CIPFA peers, Buckinghamshire had the second highest rate of low birth weight babies in 2015, see Figure 31.



Source: Office for National Statistics, Vital Statistics Table VS2.

Figure 31. Low birth weight for all births among Buckinghamshire's CIPFA peers, 2015.

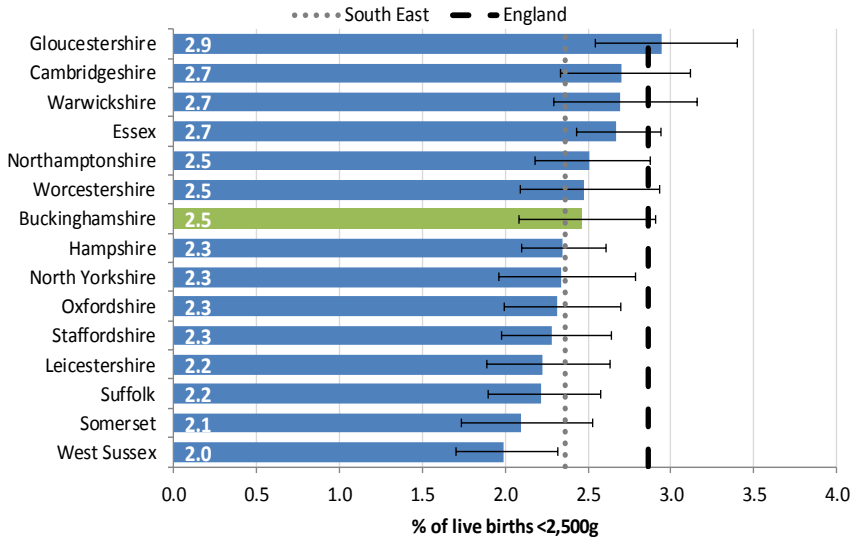
Babies with low birth weight as a proportion of live and stillbirths is shown in Figure 32. The average value for Buckinghamshire is similar to the England average.



Source: Office for National Statistics Annual Public Health Birth Files.

Figure 32. Low birth weight of all births in Buckinghamshire, 2001-15.

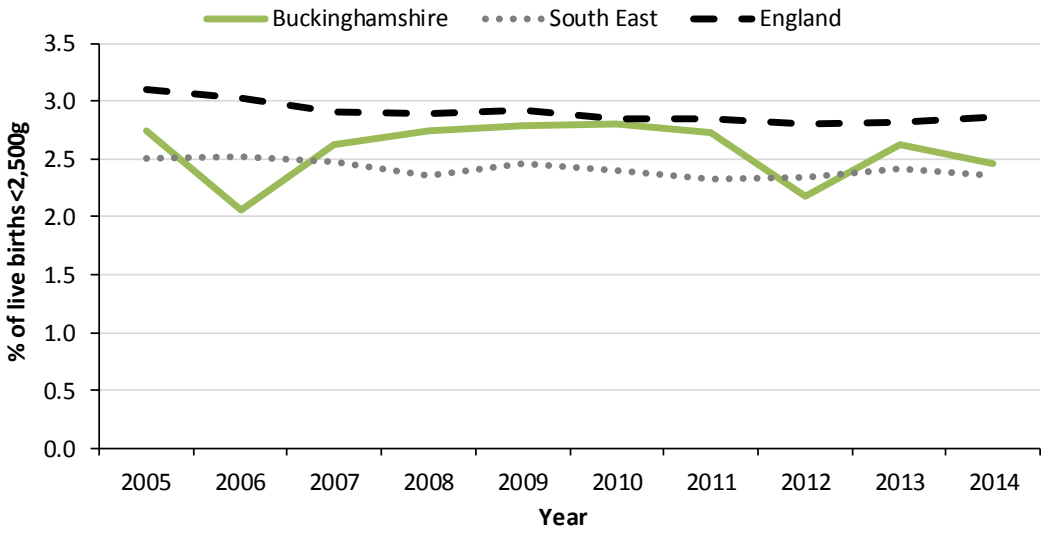
For term babies, Buckinghamshire's proportion of low birth weight babies in 2014 was higher than many of its CIPFA peers, see Figure 33.



Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 2.01.

Figure 33. Low birth weight of term babies among Buckinghamshire's CIPFA peers, 2014.

Babies with low birth weight at term (at least 37 complete weeks) as a proportion of live births is shown in Figure 34. The average value for Buckinghamshire is similar to the England average.

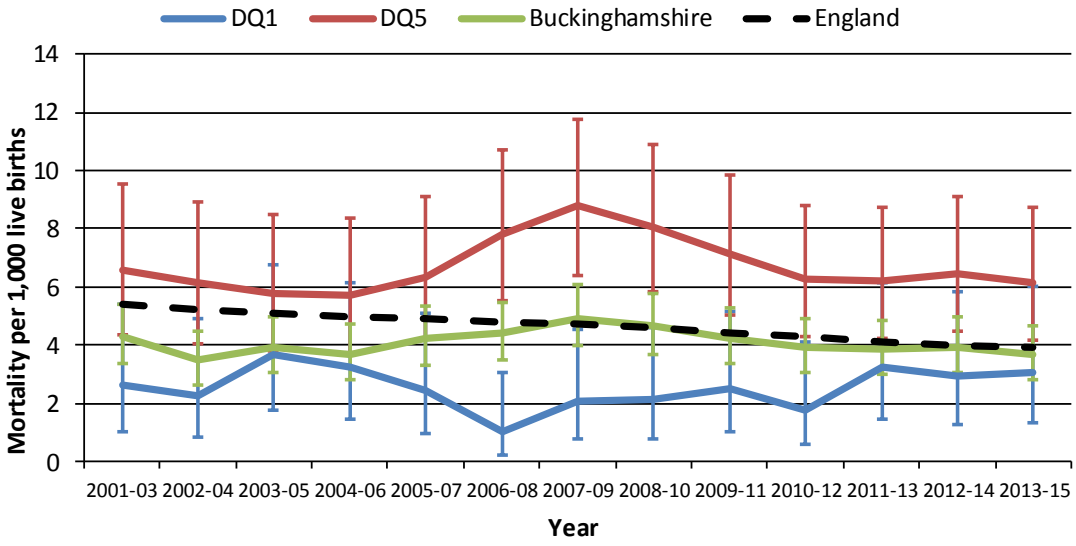


Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 2.01.

Figure 34. Low birth weight of term babies in Buckinghamshire, 2005-14.

15. Infant mortality

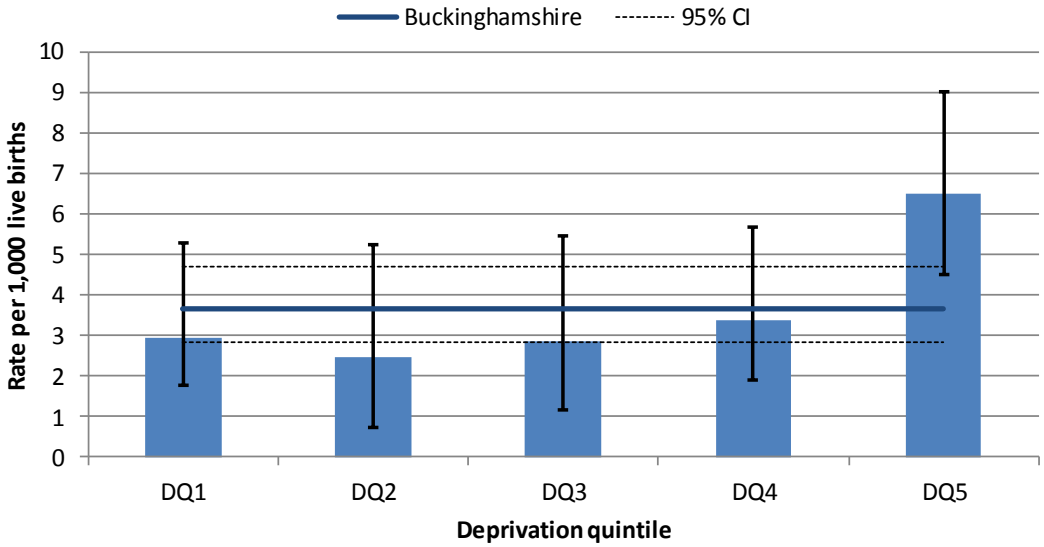
Infant mortality in Buckinghamshire has been approximately 4 deaths per 1,000 live births since 2001-03, see Figure 35.



Source: Office for National Statistics Primary Care Mortality Database (PCMD) and Annual Public Health Birth Files.

Figure 35. Infant mortality per 1,000 live births, 2001-03 to 2013-15.

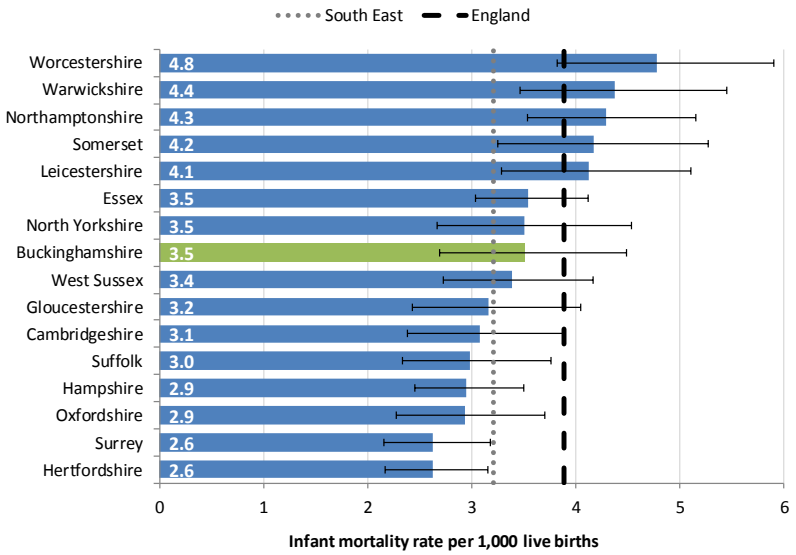
Those living in the most deprived areas (DQ5) have the highest rate of infant mortality, see Figure 36.



Source: Office for National Statistics Primary Care Mortality Database (PCMD) and Annual Public Health Birth Files.

Figure 36. Infant mortality per 1,000 live births by deprivation quintile, 2013-15.

Buckinghamshire's infant mortality rate for 2013-15 was worse than many of its CIPFA peers, see Figure 37.



Source: Public Health England (PHE) Public Health Outcomes Framework, Indicator 4.01.

Figure 37. Infant mortality rate among Buckinghamshire's CIPFA peers, 2013-15.

16. Infant hospital admissions

Table 8 shows the number of all and emergency hospital admissions for infants (under 1 year of age). Of the 1,709 infants admitted to hospital in 2015/16, 1,237 had one admission, 295 had 2 admissions, 92 had 3 admissions and 85 had 4 or more admissions.

Admissions		Year				
	2011/12	2012/13	2013/14	2014/15	2015/16	
All	Infants	1,518	1,645	1,477	1,563	1,709
	Total admissions	2,256	2,371	2,162	2,370	2,583
Emergency	Infants	1,297	1,473	1,352	1,445	1,579
	Total admissions	1,744	1,985	1,885	2,071	2,197

Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS).

Table 8. All and emergency hospital admissions for infants, 2011/12-2015/16.

17. Early Years Foundation Stage

The proportion of Buckinghamshire pupils achieving a Good level of development in the Early Years Foundation Stage is higher than England for White, Mixed and Chinese ethnic Groups, as shown in Table 9.

	White		Mixed		Asian		Black		Chinese		All pupils	
	No. of pupils	%	No. of pupils	%	No. of pupils	%	No. of pupils	%	No. of pupils	%	No. of pupils	%
Bucks	4,724	73	526	75	935	59	158	67	29	76	6,577	71
England		70		71		68		68		69		69

Source: Department for Education (DfE) Early Years Foundation Stage profile results: 2015 to 2016 (Additional Tables).

Table 9. Number of pupils achieving a Good level of development in the Early Years Foundation Stage by ethnicity, 2016.

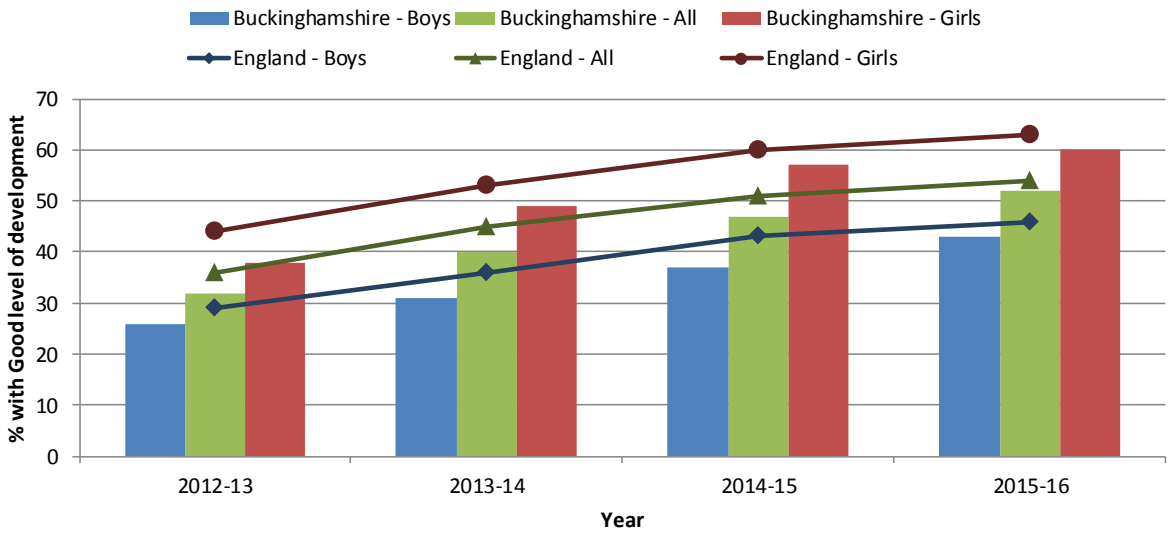
Table 10 shows the percentage of pupils in each deprivation quintile who achieve a Good level of development in the Early Years Foundation Stage.

Deprivation quintile	Number of pupils	% achieving a Good level of development
DQ1	1,125	78.8%
DQ2	1,093	75.3%
DQ3	1,268	73.1%
DQ4	1,197	70.1%
DQ5	1,637	61.0%
Other	262	64.1%
Total	6,582	70.5%

Source: Department for Education (DfE) Early Years Foundation Stage profile results: 2015 to 2016.

Table 10. Percentage of pupils achieving a Good level of development in the Early Years Foundation Stage by deprivation quintile, 2016.

Compared to England, lower proportions of pupils who are eligible for free school meals achieve a Good level of development, see Figure 38. In 2015/16, 43% of boys and 60% of girls eligible for free school meals achieved a good level of development. On average, 52% of Buckinghamshire pupils eligible for free schools meals achieved a good level of development.

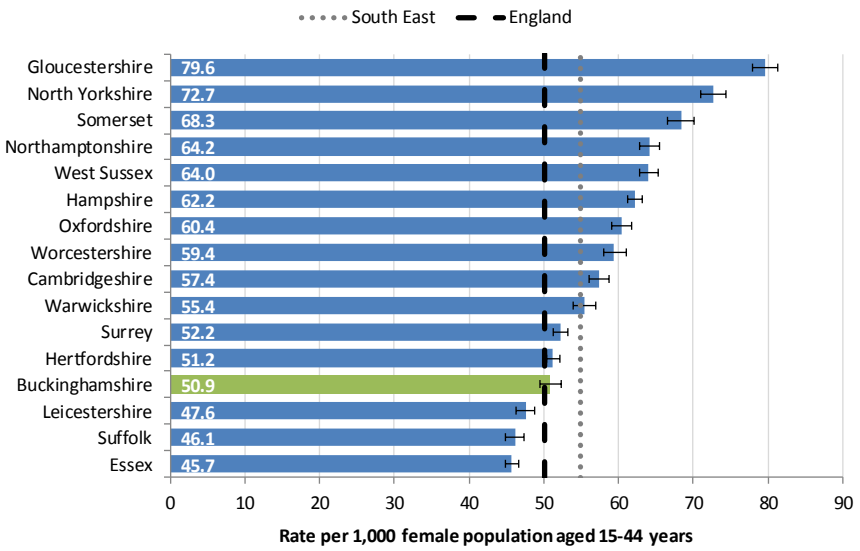


Source: Department for Education (DfE) Early Years Foundation Stage profile results: 2012-13 to 2015-16.

Figure 38. Percentage of pupils eligible for free school meals achieving a Good level of development in Early Years Foundation Stage, 2012-13 to 2015-16.

18. Long-acting reversible contraception

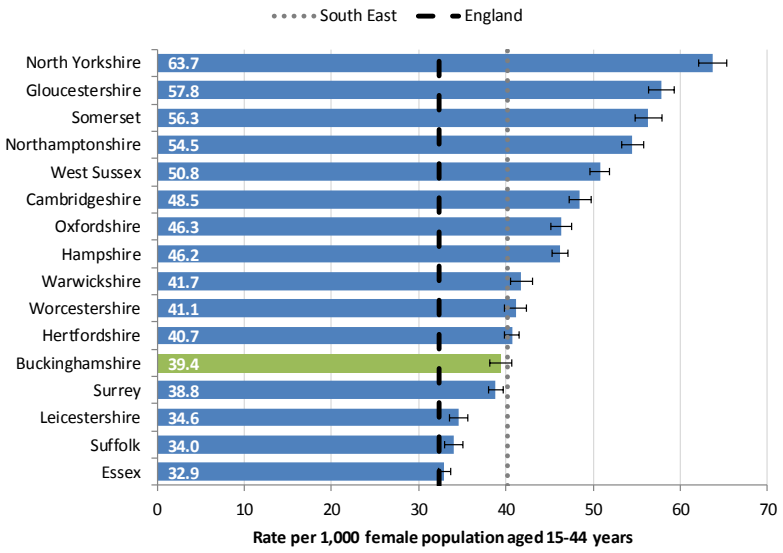
Figure 39 shows that Buckinghamshire's total prescriptions per 1,000 females aged 15-44 years in 2014 was similar to the England average, comparatively low among its CIPFA peers and statistically lower than local authorities in the South East region.



Source: Public Health England (PHE) Sexual and Reproductive Health Fingertips Tool.

Figure 39. Total LARC prescriptions, excluding injections, per 1,000 females aged 15-44 years among Buckinghamshire's CIPFA peers, 2014.

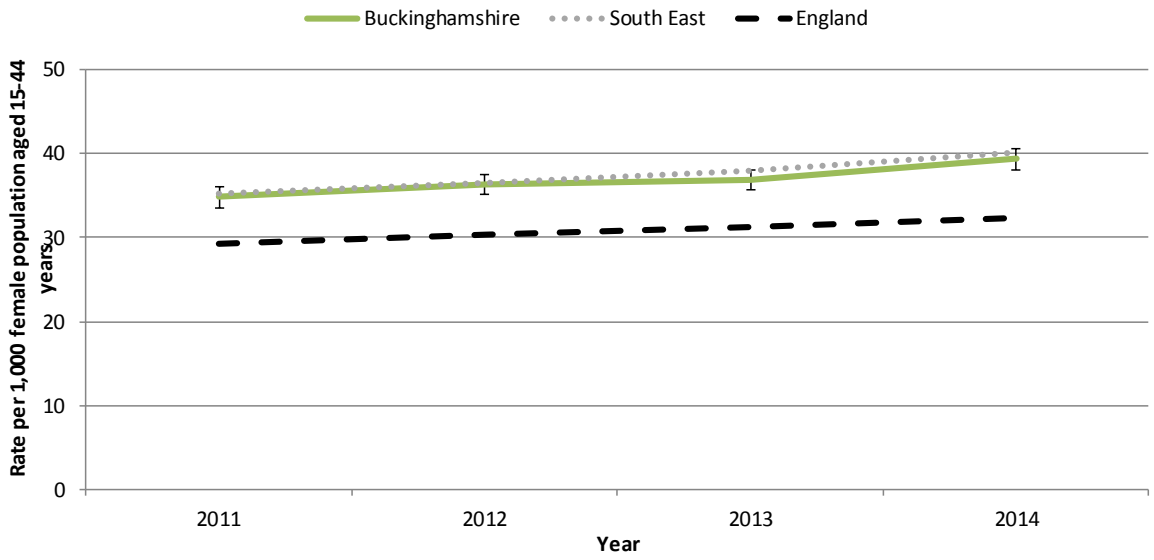
GP-prescribed LARC in Buckinghamshire in 2014 was comparatively low among its CIPFA peers, see Figure 40.



Source: Public Health England (PHE) Sexual and Reproductive Health Fingertips Tool.

Figure 40. GP-prescribed LARC, excluding injections, per 1,000 females aged 15-44 years, 2014.

GP-prescribed LARC in Buckinghamshire is significantly higher than the England average, see Figure 41.

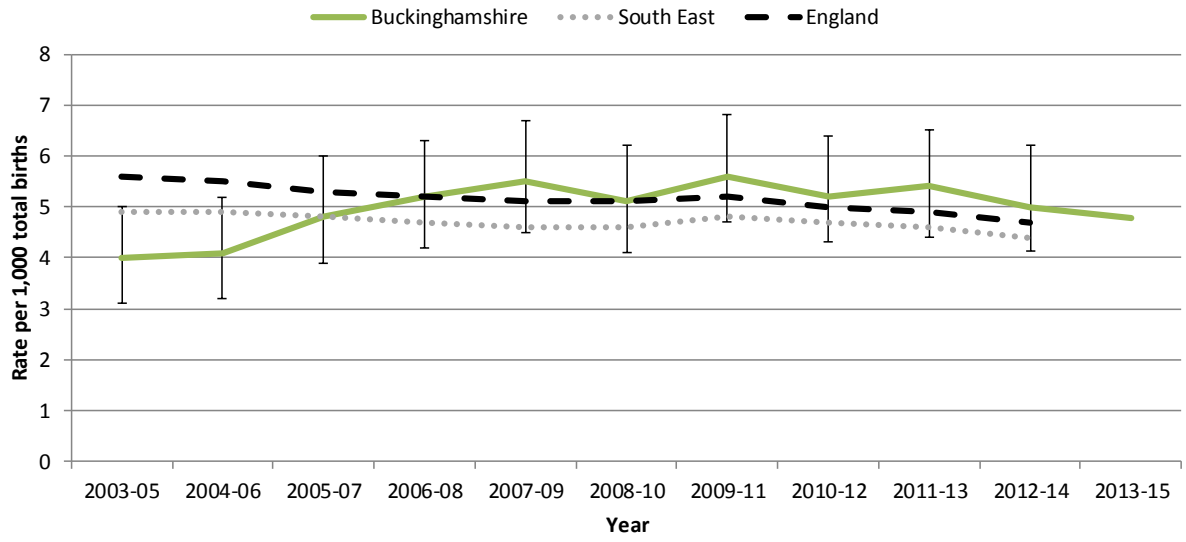


Source: Public Health England (PHE) Sexual and Reproductive Health Fingertips Tool.

Figure 41. GP-prescribed LARC in Buckinghamshire, 2011-14.

19. Stillbirth

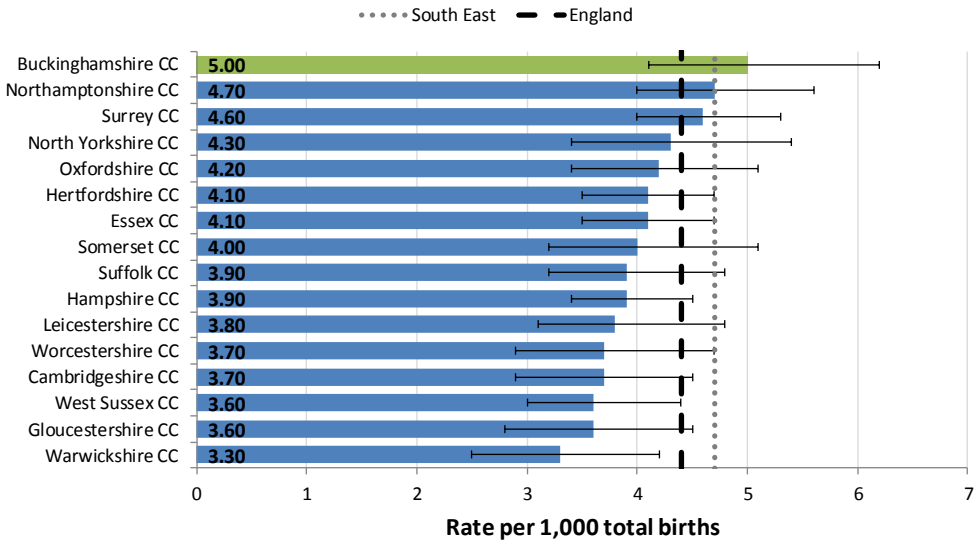
Figure 42 shows that the three-year average of stillbirths per 1,000 total births in Buckinghamshire has been approximately constant since 2006-08, compared to a decreasing national trend.



Source: NHS Digital Indicator Portal, Indicator P00468.

Figure 42. Stillbirths per 1,000 total births in Buckinghamshire, 2003-05 to 2013-15.

In 2012-14 there were 91 stillbirths. Buckinghamshire had the highest rate among its CIPFA peers for still-birth in 2012-14, see Figure 43.



Source: NHS Digital Indicator Portal, Indicator P00468.

Figure 43. Stillbirths per 1,000 total births among Buckinghamshire's CIPFA peers, 2012-14

Progress on previous recommendations

	2014/2015 recommendation	What has happened?
1.	Active Environments	
1.1	Local government and partners should work to ensure that we make active travel a safe and attractive option for Buckinghamshire residents so they can easily build being active into their busy lives.	✓ Active travel interventions are being delivered across Buckinghamshire, mainly through the BCC Transport Strategy Team and supported by Public Health. These include School Travel Plans and Simply Walk. ✓ A new intervention this year has been the introduction of School Travel Zones – working with 10 primary schools to put up signage to encourage car parking at least five minutes away from the school and walk the rest of the way – thus reducing congestion and increasing walking/steps.
1.2	Local government and partners should work to ensure that the design of the built environment promotes physical activity for all ages and abilities including provision of safe green spaces for play and recreation close to where people live	✓ The Healthy Communities Partnership organised a 'Place' workshop where stakeholders discussed how best to make environmental improvements. ✓ In addition, we contributed to the District Local Plans to ensure healthy lifestyle considerations such as active travel.
1.3	Local government and partners should work to ensure that new housing developments should be designed to promote physical activity and active travel.	✓ See Recommendation 1.2
1.4	Local government and partners should work to ensure that green spaces in urban areas are maintained or improved, especially in areas where there is poorer access to high quality green space and higher health needs.	✓ District Councils are maintaining green spaces and other areas that can support physical activity such as play areas and sports pitches. Specific activities which are being actioned by individual Districts are: ✓ Aylesbury Vale District Council are undertaking a qualitative, quantitative and accessibility review of the open space, sports and recreation needs for Aylesbury Vale, which takes into account the housing proposals set out in Vale of Aylesbury Local Plan and whether such growth will generate the need for additional facilities or a potential increase in usage of existing ones. On-site provision and/or off-site contributions from developers will be sought where appropriate to provide new and/or improve existing facilities.

		✓ Chiltern District Council and South Bucks District Council are currently undertaking a qualitative and quantitative review of the Open Spaces and Playing Pitches within both districts. That review will identify key actions that the councils need to consider in improving and maintaining access to quality green space. ✓ The review will report back to the council in April/May 2017 following which the action plan may be developed further. The review will feed in to the revised local plan ✓ Wycombe District Council has two current Green Flag standard parks with a third being added for judging this year. Local residents and key stakeholders have recently been invited to have their say on improving three green spaces within the District including The Rye, Hughenden Park and Totteridge Recreation Ground. These projects are to be delivered in 2017/2018. In addition to this the council's Play Strategy is currently being reviewed.
1.5	Local government and partners should work to ensure that opportunities to be active throughout Buckinghamshire are widely promoted to residents and visitors.	✓ We have ensured this through Active Bucks through the commissioning of over 140 activity programmes across the county, based on feedback of over 3500 residents. We've also developed www.activebucks.co.uk to allow universal access of residents to find activities local to them – including option to access a voucher to get their first session free.
2	Active Communities	
2.1	Local government and partners should work to ensure that we continue to work with communities to explore how best to make physical activity part of the social "norm" for that community, ensuring community ownership and engagement that can help bring about the changes needed.	✓ This has mainly been achieved through Active Bucks – following on from engaging residents, then developing activities based on this insight, then ensuring residents know what's available near them – including effective use of Active Bucks Community Champions (volunteers).
	Local organisations and other bodies such as housing trusts and parish councils should consider whether there are more ways they could help their communities be more active.	✓ Parish Councils have been a key part of developing and promoting the Active Bucks activities as they have access to facilities/ assets and local communication channels to utilise.

3	Children and Young People	
3.1	Buckinghamshire County Council, early years centres and schools should continue to work together to ensure all settings are able to deliver physical literacy skills to 3-7 year old children.	✓ The Buckinghamshire Physical Literacy Project pilot concluded in July 2016 after delivery over 2 academic years. Across this period, 28 early years' settings and 25 primary schools took part. 87 members of staff were trained in total - attending a training session and receiving resources and follow-up mentoring on their site. The project was independently evaluated by UK Active and results show a statistical improvement in fundamental movement skills (e.g. hop, jump, balance, throw/catch etc) of those children taking part in the intervention compared with a control group. In addition, a parental resource will be developed that supports parents to improve physical literacy of their children.
3.2	Buckinghamshire County Council should continue to work with young people and their families, schools and other partners to ensure more children and young people are physically active particularly in the teenage years.	✓ Active Bucks (particularly the website and free voucher) has been promoted through various school networks with a large number of children and young people having actually taken part in Active Bucks activities. In 2017, many of the activities will target children and young people ✓ Public Health has funded a Primary School Daily Mile project, highlighted in the Childhood Obesity Strategy as good practice, across 20 primary schools in Bucks throughout the 2016/17 academic year. ✓ Public Health have funded a Girls Active project across 11 secondary schools in Bucks throughout the 2016/17 academic year to engage inactive (non-sporty) girls in school year 9 in regular physical activity

4	**Working Age Adults**	
4.1	Local businesses and employers should explore whether they could help more employees become more active e.g. through increasing active travel, greater awareness of opportunities to be active, participation in the Workplace Challenge initiative or by volunteering to support community activities. NHS organisations and local government as very significant local employers have a key role in this area.	✓ The national Workplace Challenge continues to be promoted to business in Bucks. In 2017 more activities, promotions and competitions will be delivered by Leap to engage working age adults and record their activity though the online workplace challenge portal. ✓ Active Bucks has been comprehensively promoted through the Buckinghamshire and Thames Valley Local Enterprise Partnership (TVLEP) ✓ Conference held by Janssen & Janssen in High Wycombe to engage businesses in Bucks to improve promotion of healthy lifestyles to employees.
5	**Older Adults**	
5.1	Local organisations should continue to develop more opportunities for older adults to access regular group-based physical activity opportunities as a vital way to maintain health and independence and social networks.	✓ Active Bucks continues to offer and promote opportunities to be regularly active to this audience – including activities that reduce the risk of falls such as Tai Chi, Dance, Gardening and Strength & Balance. ✓ Active Bucks has also increased the number of regular health walks across Bucks – by March 2017 we hope to have 86 regular walks in place across Bucks.
5.2	Ensure design of the built environment supports older people to be more active.	✓ District Councils have consulted on their draft local plans and the County Council has responded. Plans have included the planning policies to ensure that new builds promote physical activity across all age groups in the population including older people. ✓ Through Active Bucks, the effective use of exiting, local assets such as village halls, church halls and natural green spaces is integral to the engagement of older adults in terms of accessibility and connecting with other local people to reduce social isolation.
5.3	Ensure that more residential care settings develop more opportunities for older adults to participate in regular evidence based physical activity that will help prevent falls and maintain physical and mental health.	✓ Staff from 9 residential care homes across Bucks have attended Chair-Based Exercise training and follow-up mentoring support. A 6-month weekly programme will be delivered and monitored through 2017.
5.4	Social care services and commissioners should consider how best to support frontline staff in encouraging older people to be more active.	✓ Information on Active Bucks and communicating this to clients/service users has been delivered to some social care teams. More awareness amongst social workers required in 2017.

6	Health Services	
6.1	Ensure the promotion of physical activity is a major part of the "radical upgrade in prevention" that the NHS has to deliver by ensuring physical activity is a key part of the care planning discussions with patients and that patients can be signposted to appropriate local physical activity opportunities.	✓ Promoting physical activity has been identified as a priority area by the NHS Sustainability and Transformation plan in Buckinghamshire. Key areas include: • Developing Primary Care clinical champions for physical activity to provide physical activity brief advice • Physical activity to be embedded into priority clinical pathways • Proactively promoting physical activity and healthy lifestyles in all clinical settings to prevent decline in cognitive functions in older people • Promote physical activity of staff including walking and cycling to and from work.
6.2	Ensure the promotion of physical activity is a major part of the "radical upgrade in prevention" that the NHS has to deliver by commissioning clinical services that offer consistent physical activity advice as part of the treatment discussions with patients including services for people with diabetes, heart disease, cancer and musculoskeletal conditions.	✓ The Live Well, Stay Well hub, that allows clinicians to refer patients that require lifestyle change, incorporates physical activity advice, assessment and referral/signposting ✓ The Bucks Diabetes pathway includes information and advice on physical activity as part of its pre-diabetes and main diabetes pathways ✓ Physical activity information and advice and signposting has been incorporated into the Cancer pathways in Bucks ✓ Work is underway to incorporate local Exercise Referral pathways in local leisure centres into the Live Well, Stay Well process.
6.3	Ensure the promotion of physical activity is a major part of the "radical upgrade in prevention" that the NHS has to deliver by continuing to commission appropriate clinical services such as cardiac rehabilitation and pulmonary rehabilitation with evidence based physical activity components.	✓ Effective Cardiac and Pulmonary Rehabilitation programmes continue to be commissioned by Bucks Healthcare Trust and offer exercise as a key component in the treatment of patients with related long-term conditions to support improved quality of life
6.4	Ensure the promotion of physical activity is a major part of the "radical upgrade in prevention" that the NHS has to deliver by ensuring appropriate training for the workforce to ensure they are skilled and confident in brief behaviour change advice, motivational interviewing and providing advice about physical activity to the people they are caring for.	✓ Public Health England-approved physical activity brief intervention training (Physical Activity Clinical Champion) delivered at both CCG protected learning time sessions to GPs and Nurses ✓ See Recommendation 6.1.

7	Residents	
7.1	Residents should consider how they could build more activity into their daily routine to reap the benefits of a more active life.	✓ This is a strategic objective of the current Physical Activity Strategy ✓ Working to increase access to areas of green space through more opportunities to be active ✓ Increase opportunities to actively travel to school, such as School Travel Plans and School Travel Zones (which encourage parking further out and walking the extra 5 or 10 minutes to school), and to the workplace through improved cycle parking ✓ Desk-based exercises encouraged through demonstrations at 2016 CHASC Business Unit conference and the Clinical Commissioning Groups AGM.

Overview data supplement

Public Health Outcomes Grid - Director of Public Health's Annual Report - Buckinghamshire 2016

Indicator Name	Unit	Year	Bucks Count	Bucks Value	South East Value	England Value	Time series	CIPFA rank 1=Best 16= worst
Overarching								
Healthy life expectancy at birth (Male)	Years	2012-14	-	69.5	65.9	63.4		1
Healthy life expectancy at birth (Female)	Years	2012-14	-	67.8	66.6	64.0		4
Life expectancy at birth (Male)	Years	2012-14	-	81.4	80.5	79.5		2
Life expectancy at birth (Female)	Years	2012-14	-	85.0	84.0	83.2		1
Wider Determinants								
School readiness: % children achieving good level of development at the end of reception	%	2014/15	4,364	68.4	70.1	66.3		4
Sickness absence - % of employees who had at least one day off in the previous week	%	2011-13	-	1.9	2.4	2.4		5
Killed or seriously injured casualties on England's roads	Rate per 100,000	2012-14	675	43.6	47.9	39.3		8
Violent crime including sexual violence - violence offences per 1,000 population	Rate per 1,000	2015/16	5,453	10.4	16.8	17.2		3
Social Isolation - % of adult social care users who have as much social contact as they would like	%	2015/16	-	41.4	46.8	45.4		4
Fuel poverty	%	2014	16,462	7.9	8.3	10.6		6
Children in care	Rate per 10,000	2015	435	37.0	49.0	60.0		5
Health Improvement								
Low birth weight of term babies	%	2014	134	2.5	2.4	2.9		9
Excess weight in 4-5 year olds (NCMP)	%	2014/15	1,090	18.6	20.3	21.9		3
Excess weight in 10-11 year olds (NCMP)	%	2014/15	1,377	26.7	30.1	33.2		2
Smoking Prevalence in adults - current smokers (APS)	%	2015	-	11.0	15.9	16.9		1
Excess weight in adults	%	2013-2015	-	61.7	63.3	64.8		3
Adults reporting as physical inactive (<30 mins of moderate to high intensity physical activity/week)	%	2015	-	22.0	25.1	28.7		1
Recorded Diabetes	%	2014/15	25,116	5.9	5.7	6.4		6
Admission episodes for alcohol-related conditions - narrow definition	Rate per 100,000	2014/15	2,526	502.3	518.9	640.8		3
Cancer screening coverage - Breast	%	2015	45,703	79.9	76.8	75.4		2
Cancer screening coverage - Cervical	%	2015	102,872	75.9	74.7	73.5		5
Cancer screening coverage - Bowel	%	2015	43,522	57.3	59.2	57.1	N/A	15
Cumulative % of the eligible population offered an NHS Health Check who received an NHS Health Check	%	2013/14-15/16	43,651	43.9	45.1	48.6	N/A	10
Self-reported wellbeing - People with a low happiness score	%	2014/15	-	7.7	8.0	9.0		8
Self harm in children: Hospital admissions as a result of self-harm 10-24yrs	Rate per 100,000	2014/15	325	364.8	414.9	398.8		4
Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months	Score	2014/15	-	13.9	14.6	13.9		N/A
Emergency hospital admissions for intentional self-harm	Rate per 100,000	2014/15	691	135.1	193.1	191.4		3
Under 18 conceptions	Rate per 1,000	2014	124	12.8	18.8	22.8		1
Health Protection								
Chlamydia detection rate (15-24)	Rate per 100,000	2015	766	1,316.6	1,527.0	1,887.0		12
Children in care with up to date immunisations	%	2015	300	93.8	82.2	87.8		4
Population vaccination coverage - Flu (aged 65+)	%	2015/16	70,072	71.0	70.3	71.0		11
Population vaccination coverage - Flu (at-risk individuals)	%	2015/16	27,554	45.0	44.9	45.1		9
HIV late diagnosis	%	2013-15	36	45.6	43.6	40.3		5
Incidence of TB	Rate per 100,000	2013-15	129	8.2	7.6	12.0		15
Healthcare and Premature Mortality								
Infant mortality	Rate per 1,000	2013-15	63	3.5	3.2	3.9		9
Under 75 mortality rate from all CVD	Rate per 100,000	2013-15	689	52.0	62.3	74.6		1
Under 75 mortality rate from all Cancers	Rate per 100,000	2013-15	1,504	113.1	129.4	138.8		1
Excess under 75 mortality rate in adults with serious mental illness	Indirectly standardised ratio	2013/14	-	302.6	338.9	351.8		3
Suicide rate	Rate per 100,000	2013-15	113	8.5	10.2	10.1		2
Hip fractures in people aged 65 and over	Rate per 100,000	2014/15	532	533.9	559.7	571.3		7
Excess winter deaths Index - 3 years	Ratio	Aug 2012-Jul 2015	653	17.0	18.8	19.6		3
Mortality rate from causes considered preventable	Rate per 100,000	2013-2015	1,976.3	134.1	161.2	184.5		1

Better Similar Worse Lower Similar Higher
Not Compared

Glossary

Attachment describes the bond between parent and child.

Attention deficit hyperactivity disorder is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness. Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school. Most cases are diagnosed when children are 6 to 12 years old.

Bipolar disorder, formerly known as manic depression, is a condition that affects your moods, which can swing from one extreme to another. People with bipolar disorder have periods or episodes of depression (feeling very low and lethargic) and mania (feeling very high and overactive).

Body mass index (BMI) is a measure that uses your height and weight to work out if your weight is healthy (weight in kg divided by height in metres squared).

Child in Need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Child Protection Plan - if a child is made the subject of a child protection plan, it means that the child is believed to be at risk of significant harm, including physical, emotional, or sexual abuse or neglect.

Confidence interval is an interval that contains the unknown population parameter, for example, the population mean, with a specified probability, usually 95%. A confidence interval provides a measure of the precision of an estimate.

Congenital malformation is a condition present at or before birth, regardless of cause.

Fetal alcohol spectrum disorder (FASD) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behaviour and learning.

Fetal alcohol syndrome is a type of fetal alcohol spectrum disorder.

Gastroenteritis is a very common condition that causes diarrhoea and vomiting.

Gestational diabetes is high blood sugar that develops during pregnancy and usually disappears after giving birth. It can occur at any stage of pregnancy, but is more common in the second half.

Looked after Child is defined under the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

Long acting reversible contraception (LARC) is a type of birth control that doesn't depend on you remembering to take or use them to be effective. They include intra-uterine devices, intra-uterine systems, implants and injections.

Low birth weight – this is used to describe a baby born weighing less than 2.5kg.

Miscarriage - If you lose your baby in the first 24 weeks of pregnancy, it is called a miscarriage. Most women experience vaginal bleeding but occasionally there may be no symptoms. If this is the case, the miscarriage may be diagnosed by an ultrasound scan.

National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care and recommend a series of quality standards designed to improve outcomes for mother and baby.

Placental abruption is a serious condition in which the placenta starts to come away from the inside of the womb wall before the baby has delivered. This is an emergency because it means that the support system for the baby fails.

Postnatal depression is a type of depression affecting parents after having a baby.

Postpartum psychosis is a severe episode of mental illness which begins suddenly in the days or weeks after having a baby. Symptoms vary and can change rapidly. They can include high mood (mania), depression, confusion, hallucinations and delusions. Postpartum psychosis is a psychiatric emergency.

Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events. Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt.

Pre-eclampsia is a condition that affects some pregnant women, usually during the second half of pregnancy (from around 20 weeks) or soon after their baby is delivered. Early signs of pre-eclampsia include high blood pressure and protein in your urine. It's unlikely that you'll notice these signs, but they should be picked up during routine antenatal appointments. Although many cases are mild, the condition can lead to serious complications for both mother and baby if it's not monitored and treated. The earlier pre-eclampsia is diagnosed and monitored, the better the outlook for mother and baby.

Premature rupture of membranes is the breaking of the mother's water(s) more than 1 hour before the onset of labour.

Premature birth is a birth that takes place more than three weeks before the baby is due or in other words, one that occurs before the start of the 37th week of pregnancy.

Preterm birth – see premature birth

Puerperal Psychosis – see postpartum psychosis.

Spina Bifida is a condition where the spine does not develop properly leaving a gap in the spine.

Stillbirth – if a baby is born dead after 24 completed weeks of pregnancy this is classified as a stillbirth.

Sudden unexpected death in infancy (SUDI) is the sudden, unexpected and unexplained death of an apparently healthy baby. SUDI is rare and most deaths happen during the first six months of a baby's life. Infants born prematurely or with a low birthweight are at greater risk. SUDI also tends to be slightly more common in baby boys. SUDI usually occurs when a baby is asleep, although it can occasionally happen while they're awake. Parents can reduce the risk of SUDI by not smoking while pregnant or after the baby is born, and always placing the baby on their back when they sleep.

Term – pregnancy between 37 and 42 weeks gestation

Trimesters – a normal full-term pregnancy can range from 37 to 42 weeks and is divided into three trimesters, each lasting between 12 and 14 weeks.

Anaemia is a condition where there is a decrease in the total amount of red blood cells or haemoglobin in the blood

Rhesus D status refers to blood group. It is important because if the mother has rhesus negative blood (RhD negative) and the baby in her womb has rhesus positive blood (RhD positive) this can result in rhesus disease. The mother must have also been previously sensitised to RhD positive blood.

Sickle cell diseases is the name for a group of inherited conditions that affect the red blood cells. Sickle cell disease mainly affects people of African, Caribbean, Middle Eastern, Eastern Mediterranean and Asian origin. People with sickle cell disease produce unusually shaped red blood cells that can cause problems because they don't live as long as healthy blood cells and they can become stuck in blood vessels.

Thalassaemias is the name for a group of inherited conditions that affect a substance in the blood called haemoglobin. People with the condition produce either no or too little haemoglobin, which is used by red blood cells to carry oxygen around the body. This can make them very anaemic (tired, short of breath and pale). It mainly affects people of Mediterranean, South Asian, Southeast Asian and Middle Eastern origin.

Down's syndrome is a genetic condition that typically causes some level of learning disability and characteristic physical features.

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EXPRESS

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016/17

FROM THE VERY BEGINNING

Pregnancy and Beyond

1 Introduction

What happens during pregnancy and the earliest months after a child is born has a dramatic impact on a child's life and the adult they become. Getting it right at this critical time offers the best chance we have of raising happy and healthy children who reach their full potential, live satisfying lives and contribute positively to their community. Investing in the early years is good for society, promotes economic growth and reduces demand on health and social care services.

For these reasons this year's Director of Public Health Annual Report highlights the importance of pregnancy and the early years in Buckinghamshire.

2 The picture in Buckinghamshire

There are 6,000 babies born every year in Buckinghamshire and about three-quarters of these babies are delivered by Buckinghamshire Healthcare Trust. In Buckinghamshire Healthcare Trust, approximately one in four babies were identified by their mothers as being of non-white ethnicity. For all mothers giving birth in Buckinghamshire, one quarter of mothers were born outside the UK. The most common countries of origin of the mothers were Pakistan, Poland, India and South Africa.

The most common age of mothers in Buckinghamshire in 2015 was 30 to 34 years and the average number of babies born to a woman in Buckinghamshire over her lifetime is just under two per woman.

Teenage conceptions have almost halved over the last 19 years and in 2015 there were 153 deliveries to women estimated to be under 20 years old at the time of conception.

In 2015, 540 babies or 9% of all babies were born to lone mothers in Buckinghamshire. 10.8% of all children under 16 in Buckinghamshire are living in poverty, which is half the national average.

The health of mothers and babies in Buckinghamshire is generally good although the prevalence of low birthweight and prematurity are similar to the national average.

3 Low birth weight & prematurity

In Buckinghamshire, 7.5% of all babies (live and stillborn) are low birthweight, which is similar to the national average and has remained unchanged for several years. 7.6% of all live births are preterm.

A premature or preterm birth is when a baby is born alive before the 37th week of pregnancy and a low birthweight is below 2.5kg. There is a link between low birthweight and prematurity as premature babies are often low birthweight. Approximately 2% of babies born at term (after 37 weeks of pregnancy) are also low birthweight.

Low birthweight and preterm birth are important indicators of mother and baby's health. Preterm birth before 34 weeks accounts for three quarters of neonatal deaths and half of all long term neurological disability in children. 9.7% of all babies born in the most deprived fifth of the population in Buckinghamshire are low birthweight, compared with 5.8% in the least deprived fifth.

As the main report highlights, a range of factors contribute to premature delivery or low birthweight babies. Some factors are unknown, but others are known and modifiable or potentially avoidable including maternal smoking or alcohol consumption in pregnancy, drug misuse, domestic violence and maternal stress. Reducing modifiable risk factors, such as smoking in pregnancy, can help to reduce the prevalence of preterm birth and low birth weight.

In other cases there are clinical reasons for premature birth. Mothers at-risk of their babies being born prematurely for clinical reasons can be referred to a specialist prematurity clinic at Buckinghamshire Healthcare Trust.

4 The impact of the physical & mental health of the mother

The physical and mental health of the mother before and during pregnancy and after the baby is born is critical to the healthy development of the baby. The health of the father or other primary care giver is important too, but the mother's health has the most direct impact. The social circumstances in which the mother, baby and family live also have a very important influence on the health of the baby and family, both directly and indirectly.

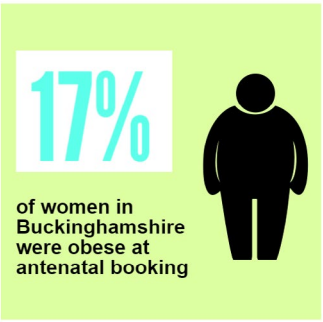
Factors in pregnancy, such as the mother's diet, weight, whether they or other family members smoke, and whether they drink alcohol or use drugs can affect the development of the baby before birth. For these reasons it is important mothers are as healthy as they can be before they become pregnant to give the baby the best chance of a successful start in life. As many pregnancies are unplanned (estimates range between one in six to one in three) and women may not realise they are pregnant for some months, the ideal is to encourage all women to live as healthy lives as possible, whether or not they are intending to become pregnant.

4.1 Healthy eating & health weight in pregnancy

Excess weight in pregnancy can result in serious complications during and after pregnancy, including gestational diabetes, miscarriage and stillbirth, pre-eclampsia (a serious condition that threatens the health of mother and baby), blood clots and death. The baby also has an increased risk of overweight or obesity and long-term health conditions as an adult.

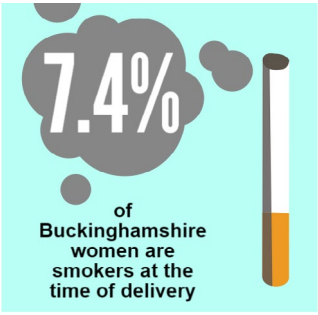
To give their baby the best start in life women who are overweight or obese should lose weight before becoming pregnant to ensure they're a healthy weight in pregnancy. Pregnant women should eat a balanced, healthy diet (including vitamin supplements) and remain physically active during pregnancy.

In Buckinghamshire, approximately 55% of women were a healthy weight at antenatal booking, 27% were overweight, and 17% were obese. There are about 1,630 pregnant women who are overweight and 1,110 obese per year. In Buckinghamshire there is an approved weight management programme for pregnant women who are obese and there were 68 referrals to this programme in 2015/16.



4.2 Smoking in pregnancy

Smoking in pregnancy has numerous harmful effects including an increased risk of miscarriage, stillbirth and preterm birth. Babies are twice as likely to be low birthweight and are 40% more likely to die before their first birthday if their mothers smoke. Household smoking increases the risk of meningitis, lung infections, asthma and children growing up to be smokers, thus passing the risk on to the next generation.



Women should have a smoke-free pregnancy by stopping smoking before they become pregnant and making sure their partner and other household members stop smoking too. Reducing adolescent smoking is the most effective way of reducing smoking amongst the next generation of parents.

In Buckinghamshire, 7.4% of women (432 women) smoke at time of delivery compared to 11% nationally. Of the 252 pregnant women referred to the smoking cessation service in 2015/16, 95 set a quit date and 42% quit. 32% of pregnant women under 20 years old supported by the Family Nurse partnership smoked at the start of pregnancy. By 36 weeks, 42% had quit and of the remaining women still smoking, two in three had reduced their smoking. There is scope to increase the proportion of women referred to smoking cessation services and setting a quit date.

4.3 Alcohol or drugs in pregnancy

Drinking more than one or two units of alcohol per day while pregnant increases the risk of babies being born at a low birthweight or prematurely. Higher levels of drinking, especially 'binge drinking', risk fetal alcohol spectrum disorder (FASD), which is associated with birth defects, poor development, learning difficulties, and poorer educational outcomes, mental health problems and substance misuse later in childhood. Drug misuse in pregnancy is often associated with a chaotic family life and has a direct toxic effect on the unborn baby causing low birthweight, prematurity and in some cases drug dependency in the baby.

The safest approach is not to drink alcohol at all in pregnancy. For people with problematic alcohol use or drug use in pregnancy a well-co-ordinated multi-agency response is required to help reduce risk to the unborn child and mother. Mothers with alcohol or substance misuse problems may also have mental health problems, be victims of domestic abuse or have other social problems. It is essential that frontline staff enquire about alcohol and drug use and identify co-existing problems to enable effective support and referral.

In Buckinghamshire, an estimated 3,420 women drink more than two units per week in the first three months (trimester) of pregnancy, with about 120 continuing to do so in the second trimester. Less than 2% of women entering drug treatment (less than five women) were pregnant which is similar to the 1% seen nationally. Between 22-25% of people accessing drug treatment services were parents (fathers or mothers) living with their children. A further 30% were parents no longer living with their children.

4.4 Maternal and Infant mental health and wellbeing

Although for most women becoming pregnant and having a baby is one of the happiest times of their lives, it can be a really challenging time too due to the psychological, social and physical demands of pregnancy and a new baby. Women are at greater risk of experiencing poor mental health soon after their baby has been born than at any other time in their lives, with a quarter of women experiencing a mental health problem during pregnancy or within the first year after having a baby.

Poor maternal mental health has consequences for mother and baby. Maternal stress in pregnancy can be transmitted to the baby resulting in low birth weight and prematurity. Feeling low in the first weeks after their baby is born, known as 'baby blues', is very common occurring in up to 8 in 10 women. Although it can be distressing, 'baby blues' is usually mild and short-lived. However if these feelings persist, or the mother feels like she is not coping or feeling distant from her baby or worried about any thoughts or feelings then they should always talk to a health professional for further advice and support.

If perinatal mental health problems go untreated they can have a serious impact on women and their families. Poor perinatal mental health can affect the bond between mother and baby, impacting on baby's development and mental health, and the mother's ability to parent their baby. By four years old, children of mothers with prolonged mental health problems are less likely to have good emotional, behavioural and social development leaving them poorly prepared for school. Maternal deaths are very rare, but suicide is the leading cause of maternal death. Postnatal depression also affects 10% of new fathers.

Anyone can experience perinatal mental health problems, but they are more common in women with a personal or family history of mental illness, women with relationship problems, a lone mother or a mother lacking social support, recent stressful life events, socio-economic disadvantage and teenage mothers.

Early detection and management of mental health problems are effective in reducing symptoms, and good referral pathways can improve identification of problems and access to care.

In Buckinghamshire, 8% of women score above the threshold for moderate depression at the six to eight week post-natal visit. National estimates suggest there would be 600 to 900 women per year experiencing mild to moderate depression or anxiety around the time of pregnancy and 200 women with severe mental illness. There were 600 admissions to hospital for 550 women around the time of pregnancy where there was also a co-occurring mental health problem.

All health and social care professionals should continue to help prevent and identify mental health problems at the earliest stages in pregnancy and after the child is born so that early and effective support can be offered to all families. In recognition of the importance of maternal mental health, Buckinghamshire launched a comprehensive pathway for maternal mental health in 2016.

5 Parenting

Sensitive, attuned parenting is one of the most important factors affecting a child's development and wellbeing. Good parenting promotes secure bonds (attachment) between parent and baby. Securely attached children have better physical, mental and emotional health and school achievement.

If children are exposed to stress but don't get the reassurance from parents they need due to unresponsive or inconsistent parenting this can lead to changes in their brain affecting the way they deal with stress in the future. This in turn can lead to lower educational attainment, adoption of risky behaviours, social, emotional and mental health problems.

Parenting can be challenging and may be influenced by parents own adverse childhood experiences, lack of social support, mental health problems, substance misuse or domestic violence. Economic or social issues such as poverty, parental education and knowledge about parenting can also adversely impact on parenting ability.

There are evidence based interventions that have been shown to improve parenting ability and improve attachment, behaviour and cognitive development. Parenting programmes are most effective when they start during pregnancy and the first two years of a baby's life. NICE recommends that all parents should be able to access parenting programmes and that the nature of the mother-baby relationship should be assessed by trained staff after birth and during the early years.

In Buckinghamshire, antenatal classes are offered to all parents by midwives, with health visitor involvement, across the county to help prepare parents for their new role. After the baby has been born health visitors offer parenting advice and support to all new parents and can refer for additional help if necessary. There are also a range of parenting interventions on offer for parents who need more support in Buckinghamshire.

6 The impact of social factors on pregnancy and children's health and development

Social factors increasing the risk of poorer outcomes include living in poverty and living in poorer quality housing. Children born to poorer mothers have poorer pregnancy outcomes and are more likely to be born low birthweight, have poorer development and educational attainment and more likely to be in contact with social care. Children living in poorer quality housing are also more likely to have poorer development and health problems.

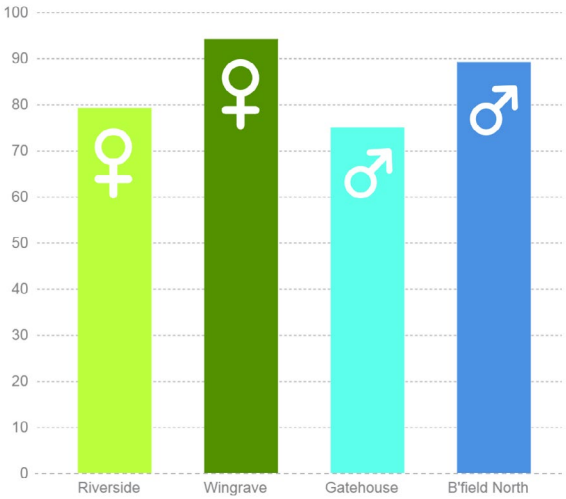
Due to the challenges of balancing the responsibility of caring for their children with a job, lone parents are more likely to be unemployed, employed part-time or have unstable employment and be in relative poverty compared to two parent families with consequent impact on the mental wellbeing of children.

Teenage mothers and their babies can also face a range of challenges. Teenage mothers can be less likely to finish their education and find a good job and have sufficient income to live on. The babies of teenage mothers can be at risk of poorer health and development. However, in recognition of this, extra support is available for teenage mothers and their babies.

Women from certain ethnic groups tend to be at greater risk of having low birthweight babies, which can impact on the baby's chance of good health. This may be partly due to their social circumstances if they live in less advantaged areas. Recent migrants to the UK who may not understand how the health and social care systems work, and mothers who have difficulty reading and speaking English, are at increased risk of complications during their pregnancy and the birth of their children.

Adverse childhood experiences (ACEs), for example dysfunctional homes, domestic violence, substance abuse or losing a parent increase the risks of poor outcomes throughout life including poor school achievement, substance misuse, mental health problems, unintentional teenage pregnancy, obesity, heart disease, cancer, unemployment, violence and imprisonment. The greater the number of ACEs experienced by a child, the higher the likelihood of poor outcomes.

In Buckinghamshire, about 10,500 children under 16 (10.8%) live in low income families (20% nationally). Health and educational outcomes are worse for children living in the more deprived areas in Buckinghamshire. Babies born in the most deprived fifth of the population are more likely to be born low birthweight and die in the first year of life and have poorer development by reception year at school than the Buckinghamshire average.



The gap in life expectancy for people living in the most deprived fifth of Buckinghamshire compared to the least deprived fifth is 5.4 years. This difference is even more marked at ward level. A baby girl born in Riverside has a life expectancy of 79.2 years, while a baby girl born in Wingrave has a life expectancy of 94.2 years. A baby boy born in Gatehouse has a life expectancy of 75.0 years, while a baby boy born in Beaconsfield North has a life expectancy of 89.2 years.

6.1 Domestic abuse

Domestic abuse can happen to anyone and anyone can commit abuse. It can happen to women and men, in same-sex and heterosexual couples, and among all occupational groups. Domestic abuse involves any incident of controlling, coercive or threatening behaviour, not just violence or abuse between partners. Domestic abuse often starts or escalates during pregnancy. Nationally, one in every four women will experience domestic abuse in their lifetime. In Buckinghamshire from October 2015 to 2016, there were 8,923 reported incidents of domestic abuse.

The impact of domestic abuse in pregnancy is far reaching. It can result in a wide range of impacts on mother and baby including miscarriage, preterm labour, low birthweight, and long lasting physical disability. The impact on the mother includes physical harm, depression, anxiety and post-traumatic stress disorder. Women who have experienced domestic abuse are 15 times more likely to misuse alcohol, nine times more likely to misuse drugs, and five times more likely to attempt suicide. As well as the physical and psychological effects, a woman experiencing domestic abuse may find it difficult to attend her antenatal care appointments, making it even harder to identify the abuse and offer help.

The stress experienced by a woman experiencing domestic abuse may have harmful effects on the unborn child and children experiencing domestic abuse grow up with a range of problems from difficulty sleeping and temper tantrums in younger children to behavioural problems, substance misuse, eating disorders or self-harm in older children. Early identification of women at risk by asking all pregnant women in a safe, confidential environment about domestic abuse, and intervening early can help protect mother and baby, support the mother child relationship, and improve their health and wellbeing.

6.2 Access to services

A range of services have a vital role to play in helping women have a healthy pregnancy and healthy baby, ranging from services that help women stay healthy before they become pregnant to sexual health and contraception services that support good sexual health and the ability to plan pregnancies and avoid unintended pregnancy. A short inter-pregnancy interval of less than 12 months increases the risk of complications including preterm birth, low birthweight, stillbirth and death highlighting the importance of good contraception.

Unplanned conceptions can be reduced through better relationship and sex education in schools before children are sexually active, the promotion of emotional resilience in children and adults and the provision of long acting contraception and good family planning.

Women book into antenatal care at the start of their pregnancy and first see the midwife between nine to 12 weeks into pregnancy. This enables early identification and appropriate response to any factors that may impact on pregnancy and wellbeing and opportunity to screen for a variety of conditions before 21 weeks of pregnancy.

In Buckinghamshire, 14% of women book into antenatal care after 13 weeks at Buckinghamshire Healthcare Trust thus reducing the opportunities for early advice and support at this critical time.

The Healthy Child Programme is the core universal public health service for children and families. The programme comprises health promotion, child health surveillance and screening including immunisations, health and development reviews and advice and support to parents. It is led by health visitors in collaboration with other professionals.

The health visiting service in Buckinghamshire offers a series of mandated visits to babies and their families within two weeks of birth, at six to eight weeks post-birth, at one year and two and a half years for the 32,000 children under five years old living in the county. Health visitors ensure that babies, young children and their families receive early help and support to stop problems developing and to build firm foundations that maximise the chances of experiencing good health and wellbeing throughout life.

7 Summary and recommendations

Buckinghamshire County Council, the District Councils and NHS organisations in Buckinghamshire are all members of the Buckinghamshire Health and Wellbeing Board and are committed to giving every child in Buckinghamshire the best start in life, as set out in Buckinghamshire Joint Health and Wellbeing Strategy. In order to do this we need to work together with individuals, communities and partners to improve outcomes for babies, their mothers and families. The role of health services is clear in this report, but success depends on the contribution of all partners beyond the NHS. Whether we have a role in ensuring that people are living in good quality housing, or that the environments we live in support healthy lifestyles, or children's education helps them make the right choices or making sure all our frontline staff are trained to recognise signs of mental health problems and respond appropriately, we can all make a vital contribution.

There is a role of course for individuals and we need to ensure that people are provided with the right information, skills and support to make the best choices and look after their health and that of their baby. The choices people make and their ability to give children the best start in life also depend on their social context. We need to be aware of this and ensure that in improving outcomes for our babies and the future generation of Buckinghamshire residents that no babies and families get left behind.

Recommendations

1. **Healthcare professionals in contact with pregnant women or new mothers should assess all the factors that could impact on the mother's, baby's and family's health and offer advice, support and referral to appropriate services. This includes lifestyle factors such as smoking, alcohol consumption, drug use, weight and healthy eating as well as mental health, exposure to domestic violence and other social factors. There is significant scope to increase referrals to support services to improve outcomes for babies, mothers and families.**

2. **Buckinghamshire County Council and partners should consider whether there is a need to develop and implement a new comprehensive strategy to support parents in Buckinghamshire.**

3. **All professionals in contact with pregnant women and families with young children should encourage parents to access universal parenting advice via the red book, national start4life website, baby buddy app and the Buckinghamshire Family Information Service.**

4. **Commissioners and providers of maternity, early years, mental health and substance misuse services should enhance the data collected on the physical and mental health of mothers and babies, the prevalence of risk factors and referral to and outcomes of services. This should enable us to monitor progress and evaluate the impact of our services. Key data should be reported annually to the Health and Wellbeing Board.**

5. **Buckinghamshire County Council should work closely with schools to explore how the new compulsory PSHE can prepare young people for a healthy and happy life and addresses emotional resilience, healthy relationships, sexual health and healthy lifestyles. One of the future benefits of this should be healthier parents and babies and healthy, planned pregnancies.**

6. **Partners should consider how they can contribute to improving outcomes for babies, mothers and families in Buckinghamshire.**

For the contact details of all services included in this report please visit the public health webpages at http://www.healthandwellbeingbucks.org/public-health.

Buckinghamshire County Council
Visit **democracy.buckscc.gov.uk** for councillor information and email alerts for local meetings

Report to Cabinet

Title:	**Children's Services Update**
Date:	Monday 5 June 2017
Date can be implemented:	Tuesday 13 June 2017
Author:	Cabinet Member for Children's Services and Cabinet Member for Education
Contact officer:	[Name and telephone number of officer directly involved]
Local members affected:	(All Electoral Divisions);
Portfolio areas affected:	[Portfolio areas]

For press enquiries concerning this report, please contact the media office on 01296 382444

[Guidance can be found on the intranet at the following link:
https://intranet.buckscc.gov.uk/how-do-i/member-services/decision-making/
Is the report confidential? Please contact Member Services.]

Summary
This report was written in March 2017 but was delayed to being presented to Cabinet due to the local elections.

The purpose of this report is to provide an update to Cabinet on the national, regional and local developments in relation to Children's Services (the Children's Social Care and Learning Business Unit). In addition, this report includes an overview of the inspection regimes which cover the business unit. A separate paper providing an update on the Children's Improvement Programme was presented to Cabinet in April 2017.

Recommendation

Cabinet note the national, regional and local developments in relation to Children's Services.

[Please number paragraphs from here]

A. National Context

The Government has a major legislative programme which will impact on children's services in Buckinghamshire. The following section gives an overview of the key developments; we regularly assess the implications of these for Buckinghamshire and proposals will be brought to Cabinet as appropriate.

1. The Changing Landscape in Education

There has been a significant shift in national educational policy and funding which has occurred over the past few years, resulting in increased school autonomy and diversity of school provision (academies, free schools, UTCs, studio schools), raised Ofsted expectations and increasing development of school led system leadership to promote school improvement. A detailed paper on the changes in relation to policy and funding will be brought to Cabinet in June 2017.

2. Wood Report (March 2016)

In December 2015, Alan Wood was commissioned by the Secretary of State for Education to lead a fundamental review of the role and functions of Local Safeguarding Children Boards (LSCBs). The outcome of the review was published in March 2016 (The Wood Report) and sets out a new framework for improving the organisation and delivery of multi-agency arrangements to protect and safeguard children. It contains recommendations for government to consider and suggests that appropriate steps should be taken to recast the statutory framework that underpins the model of Local Safeguarding Children Boards (LSCBs), Serious Case Reviews (SCRs) and Child Death Overview Panels (CDOPs).

The government published its response to the report in May 2016 and confirmed that they will:

- Introduce a stronger but more flexible statutory framework that will support local partners to work together more effectively to protect and safeguard children and young people including placing a new requirement on local authorities, the police and the health service to make arrangements for working together in a local area.
- Replace the current system of Serious Case Reviews (SCRs) and miscellaneous local reviews with a system of national and local reviews including establishing a National Panel which will be responsible for commissioning and publishing national reviews and to investigate the most serious case and requiring LSCBs (and their successor arrangements) to carry out and publish lessons from local reviews.
- Put in place arrangements to transfer national oversight of Child Death Overview Panels (CDOPs) from the Department for Education to the Department of Health, whilst ensuring that the keen focus on distilling and embedding learning is maintained within the necessary child protection agencies.

The Buckinghamshire Safeguarding Children Board (BSCB) have already started discussions in relation to the impact of these changes in Buckinghamshire and there will be an extraordinary Board meeting in the next few months to discuss in more detail.

3. Children and Social Work Bill (May 2016)

In May 2016, the government published the Children and Social Work Bill – a set of legislation it hopes will drive up standards in the social work profession. The legislation proposes five key changes for practitioners:

- The bill allows the government to potentially directly regulate social workers, or set up a government-controlled body for social workers. This would replace the Health and Care Professions Council (HCPC).
- The bill allows for a set of criminal offences to be introduced for social work misconduct. The offences could apply to practitioners who fail to comply with

restrictions on registration or in cases where social workers facing fitness-to-practise cases fail to attend hearings or provide evidence in their defence

- The bill allows the government to 'exempt' local authorities from legal duties under certain pieces of children's social care legislation, including some sections of the Children Act 1989 and the Children Act 2004.
- Social workers will have to factor in the impact of harm a child has previously suffered, or are likely to suffer in future, as part of their permanency assessments and plans for care proceedings.
- The potential for social work to become directly regulated by government could hand ministers control over the way social work education providers have to operate in order to be accredited.

Following progression through the House of Commons, the Bill has been returned to the House of Lords to consider the Commons amendments prior to receiving Royal Assent. Further information about the implications will be presented to Cabinet in the next update report in October 2017.

4. National Assessment and Accreditation of Child & Family Social Workers (NAAS)

The DfE proposal is to deliver a national assessment and accreditation system for child and family social workers as part of the wider reforms of children's social care. The government view is that the introduction of NAAS will offer, for the first time, a consistent way of providing assurance that child and family social workers, supervisors (first line managers) and practice leaders (directors) have the knowledge and skills required for effective practice. The initial expectation was that all social workers in the children's social care sector will be accredited by 2020, however, the programme will not be mandatory, at least initially, and so this will be difficult to achieve. The DfE said in a briefing this week that they do not want staff put forward for the assessment unless they are likely to pass, so expectations around all social workers achieving this by 2020 are flexible.

Workforce implications for BCC and other employers will be about assessing and accrediting the existing workforce at the various levels within timescales and understanding the implications for how this is done (time, cost, job rotation, supervision, assessment process etc).

5. Reporting and Acting on Child Abuse and Neglect (July 2016)

The Home Office and Department for Education published a consultation which sets out the Government's wide-ranging programme of reform to provide better outcomes for vulnerable children. The consultation sought views on the possible introduction of one of two additional statutory measures:

- A mandatory reporting duty, which would require certain practitioners or organisations to report child abuse or neglect if they knew or had reasonable cause to suspect it was taking place.
- A duty to act, which would require certain practitioners or organisations to take appropriate action in relation to child abuse or neglect if they knew or had reasonable cause to suspect it was taking place.

The consultation closed on 13th October 2016 and the Government is considering all responses before deciding on the next steps and publishing an outcome report.

6. **Keep on caring: supporting young people from care to independence** (July 2016) sets out the Government's vision for the further reform of support for care leavers based on innovation, system reform, and the embedding of corporate parenting responsibility across society. The Strategy identifies and describes how the Government will support care leavers to achieve five key outcomes:
   - Better prepared and supported to live independently.
   - Improved access to education, training and employment.
   - Experiencing stability and feeling safe and secure.
   - Improved Access to Health Support.
   - Achieving Financial Stability.

   Work is underway in Buckinghamshire to ensure that our services for care leavers are in line with the government's vision.

7. **Putting children first: our vision for children's social care** (July 2016) sets out fundamental reform of each of the three pillars on which the children's social care system stands; people and leadership, practice and systems, governance and accountability. By 2020, the Government wants to ensure that every local children's social care service across the country has a workforce, at all levels equipped with the knowledge and skills, verified through robust assessment and accreditation. The ambition is that, by 2020, over a third of all current local authorities will either be delivering their children's services through a new model or be actively working towards a different model.

8. **Review of the Youth Justice System in England and Wales by Charlie Taylor** (December 2016)
   The Taylor Review makes recommendations for extensive reform of the youth justice system covering devolution, courts, sentencing and custody. The government's response supports many of the principles of The Taylor Review and sets out the intention to review the governance of the system, to improve the way youth offending is tackled and to put education and health at the heart of youth custody. Since the publication of the Review and Government Response further clarity has been sought regarding a timetable for implementation of the parts of the review which are agreed to.

9. **New definition of CSE** (February 2017)
   In February 2016 the government launched a consultation on revising the current definition of child sexual exploitation with the aim of agreeing a clear, common definition of child sexual exploitation which would be used by practitioners across all sectors. In February 2017, the government published the outcome of the consultation along with the final revised definition and supporting guidance for practitioners. The final revised definition will shortly be included in the 'Working Together' statutory guidance:

   Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

10. **Tackling child sexual exploitation: progress report** (March 2017)

In March 2017, the government published its Tackling Child Sexual Exploitation: Progress Report and announced a £40m package of measures to protect children and young people from sexual abuse, exploitation and trafficking, and to crack down on offenders. It includes:

- £7.5m for a new Centre of Expertise which aims to be the authoritative source of research and best practice on tackling child sexual abuse and exploitation, led by Barnardo's
- £20m for the National Crime Agency to tackle online child sexual exploitation
- An additional £7m for organisations helping victims of sexual abuse, including children
- £2.3m for the second phase of the successful Disrespect NoBody campaign, which raises young people's awareness of healthy relationships
- £2.2m from the Child Trafficking Protection Fund will help protect vulnerable children in the UK and overseas who are at risk of trafficking
- Independent Child Trafficking Advocates service launched in three early adopter sites across the country for which will provide specialist support to trafficked children.

The Progress Report details delivery of the programme of work set out in the 2015 *Tackling Child Sexual Exploitation Report*.

11. **Independent Inquiry into Child Sexual Abuse - work programme for 2017/18** (March 2017)

The Governments Independent Inquiry into Child Sexual Abuse (IICSA) launched its plan for 2017/2018. The Inquiry's plan for the coming year reflects a greater focus on making recommendations that will keep children safer now and in the future. Alongside its investigations into a range of institutions in England and Wales, the Inquiry is leading an extensive programme of research and analysis, and will host seminars on a range of important topics. Seminars will be used to gather information and views to help the Inquiry to identify areas for further investigation and scrutiny.

12. **No Good Options: Report of the Inquiry into Children's Social Care in England** (March 2017)

The All Party Parliamentary Group for Children (APPGC) has published the findings of their latest Inquiry into children's social care services in England in March 2017. The report pulls together information obtained throughout the duration of the Inquiry which ran from February 2016 to January 2017.

Headlines include:

- LA's available resources are being disproportionately spent on children at most risk of harm meaning there is insufficient resource to help families earlier
- 89% of DCSs surveyed as part of the inquiry said they are finding it increasingly difficult to meet their S17 duties
- Substantial variations in local policies and outcomes across the country, the report hones in on CiC figures, ranging from 22 per 10,000 up to 164 per 10,000 asserting that this can't be solely attributed to deprivation
- Calls for the government to address 'the funding crisis engulfing children's social care, and in particular the lack of resource for preventative and early intervention services'
- Other key recommendation is more research to help the government to understand the difference in approaches / outcomes across the country.

Key recommendations include a review of resourcing by the DfE and DCLG; the government should incentivise early intervention; and the DfE to develop a workforce strategy to reduce churn in the social work workforce.

B. Inspection Regimes/ Update

13. Future of social care inspection (February 2017)

In June 2016 Ofsted published a consultation seeking views on proposed changes across Ofsted's inspections of children's social care in four key areas:

1. The principles of social care inspection
2. Inspections of local authority children's services (ILACS)
3. A social care common inspection framework (SCCIF) for all
4. Specific changes to Ofsted's inspections of independent fostering agencies (IFAs)

Ofsted published the outcome of the consultation and next steps ('Future of social care inspection') in February 2017:

- They confirmed that they will be adopting the first two proposed principles for social care inspection: 'focus on the things that matter most to children's lives' and 'be consistent in our expectations of providers'. They have amended the third principle to be 'prioritise our work where improvement is needed most'. Details of how these inspection principles will be applied in practice will be fully explained in the SCCIF and ILACS when published later in 2017.
- They will pilot the proposals in relation to inspections of local authority children's services (ILACS) throughout 2017. They will continue with their current approach to local authorities judged inadequate: quarterly monitoring visits followed by either a single inspection (SIF) or a post-monitoring SIF. They will publish the ILACS in the autumn of 2017 for implementation from January 2018.
- They confirmed that they will implementing the Social Care Common Inspection Framework (SCCIF) in children's home, independent fostering agencies, boarding schools and residential schools, voluntary adoption agencies, adoption support agencies, residential family centres, residential holiday schemes for disabled children and residential provision in further education colleges. The SCCIF will be published in February 2017 ahead of its implementation from April 2017.
- They will be implementing the proposal to re-inspect independent fostering agencies judged as inadequate within six to 12 months and within 12 to 18 months for those judged as requiring improvement.

14. Overview of SIF Inspection Outcomes

To date, 129 local authorities have had their children's safeguarding services inspected under the Single Inspection Framework. Overall Effectiveness grades are:

Judgement	Count	%
Outstanding	2	2%
Good	35	27%
Requires Improvement	60	47%
Inadequate	32	25%

15. Joint Targeted Area Inspections (JTAI)

From February 2016, under the Joint Targeted Area Inspections (JTAI), Ofsted, the Care Quality Commission as well as Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Probation are jointly responsible for assessing how local authorities, the police, health, probation and youth offending services are working together in an area to identify, support and protect vulnerable children and young people. These short inspections allow inspectorates to be more responsive, targeting specific areas of interest and concern and also identify areas for improvement and highlight good practice from which others can learn.

The inspection includes a 'deep dive' element, with the first five inspections focused on children at risk of sexual exploitation and those missing from home, school or care. The inspections were conducted in Central Bedfordshire, Croydon, Liverpool, Oxfordshire and South Tyneside and an overview report was published by Ofsted in September 2016. The second area of focus has been children living with domestic abuse. To date, Salford, Lincolnshire, Wiltshire and Hampshire have been inspected. No rating is given but a summary of strengths and weaknesses is provided.

16. SEND Area Inspections

To date, 20 local authorities have had a Joint Local Area SEND inspection. These inspections focus on the effectiveness of the local area in identifying and meeting the needs of children and young people who have special educational needs and/ or disabilities. In Buckinghamshire, the SEND Board has led on the development of a multi-agency SEND Self-Evaluation in preparation for an SEND Area Inspection.

C. Regional Context

We work closely with colleagues across the South East region on a range of policy, commissioning and service delivery issues. The following section sets out two current areas of focus.

17. Adoption - A vision for change

On 27 March 2016 the Education Secretary unveiled a new 4 year strategy 'Adoption: a vision for change', which sets out how the Government plans to address challenges in the adoption system over the next four years. The strategy details how, by 2020, the Government will deliver a system where all children are matched with adoptive parents without delay and includes a new drive to boost the educational success of adopted children. To end delay in adoption for vulnerable children, larger local pools of approved adopters will be developed by making sure every single council is part of a regional adoption agency by 2020.

Buckinghamshire County Council is working with a number of other local authorities and Coram to develop a Regional Adoption Agency in line with government expectations. A report will come back to Cabinet on this issue in due course.

18. Cost of agency workers – Memorandum of Cooperation

Workforce developments have taken place across regions, to better manage agency pay rates and prevent the circulation of poor quality workers between Councils. Memorandums have been agreed to cover:

- A standardised approach to references for agency staff
- An agency pay cap to stop pay rates from escalating with agency recruitment
- A six month 'cooling off' period for permanent staff moving to agency work

D. Local Context

The following section focuses on how Buckinghamshire is responding to some of the national, regional and local issues affecting us at the moment.

19. Change for Children Programme

This programme is in response to the changing national, regional and local picture and supports the implementation of the Buckinghamshire Children's Strategy 2016. Its stated mission is: *'To ensure Children's Social Care and Learning is financially stable and future proofed whilst continuing to support the most vulnerable children throughout Buckinghamshire'.* The programme will also deliver the majority of the required MTFP savings for the Business Unit over the next 5 years.

The programme's Operating Principles are:

- To ensure we have the **capacity to intervene where children are not safe**
- To ensure that **there is a market** to meet the needs of children and young people – but **not necessarily to deliver everything ourselves**
- To build on parents and families strengths and **help communities to be resilient**
- To **actively manage the co-ordination of services** and deploy them in an effective way
- To **manage demand** to reduce the needs on high cost intervention

There are four main work-streams, which complement and sit alongside existing day-to-day operations and our Improvement Programme:

- **Early Help for Children and Families**
  - Development of a new delivery model for Early Help
    - Services integrated at a local level around children and their families
    - Financially sustainable services
    - Reduction in demand on social care services
    - Improved outcomes for children and families

- **Support for Looked After Children**
  - Strategic review of services for Looked After Children and Care Leavers, realigning placement provision whilst managing demand.
    - More children placed within 20 miles of home
    - More children placed within a family setting
    - Increased internal residential capacity
    - Placement costs in line with our statistical neighbours
    - Services that are able to meet children's needs, in the right place, at the right time for the right cost
    - Improved adoption timescales

- **Educating our Children**
  - Strategic review of Education services
    - A new 0-25 education and skills strategy for Buckinghamshire

        - A new operating model based on the team around the school methodology
        - Procurement options finalised for the delivery of school improvement/ support services
        - Spend in line with the Retained Duties Grant
        - Income from services to schools optimised
        - A new multi-agency education board established to support the project

- **Special Educational Needs and Disabilities**
    - Delivery of the Special Educational Needs and Disabilities reforms
        - Spend per pupil in line with statistical neighbours
        - A clear view developed of the future needs and demand of special educational needs and/or disabilities
        - A comprehensive, joint agency strategy for Special Educational Needs and Disabilities
        - A Capital investment strategy
        - Greater confidence, competence and skills in mainstream settings developed
        - A needs led, focused service, that supports families to care for their children
        - Increased use of direct payments / personalisation

Progress to date:

- Programme Board established and overseeing delivery. Reports to One Council Board and the Children's Social Care and Learning Business Unit Board as appropriate
- Programme team now in post, detailed project plans and milestones in place
- Options for future operating models being developed
- Validation of the level of savings that can be achieved

20. Corporate Parenting

A review has been undertaken of corporate parenting across the Council in order to evaluate what is working well and areas that need to be improved and the refreshed Corporate Parenting Strategy will be published soon. Following this review a set of recommendations have been proposed for the Corporate Parenting Panel (CPP) to consider. As part of the corporate parenting review, a virtual team will be set up to deliver operationally against the plans the CPP have strategic responsibility for.

21. Primary School Exclusions

Last academic year (2015/16) Buckinghamshire saw almost a 100% increase in the amount of permanent school exclusions across both the primary and secondary sectors. This was most notable in the primary sector where the rise was 400% rising from 6 permanent exclusions in 2014/15 to 24 in 2015/16. This has been identified as a key priority within the draft Education Strategy where there will be an increased focus on outcomes for vulnerable groups. It will also be supported through the activity supporting the SEND reforms where the introduction of a 'graduated response' to manage need will aim to build capacity across the school system to better identify the risk factors contributing to exclusion rates.

National data is always 1 to 2 years behind and therefore does not include the recent rise in Buckinghamshire. In the academic year 2014/15 the national data showed that overall permanent exclusions from all schools have gone up from 0.06% to 0.07%, however mainstream primary school permanent exclusions have remained the same at 0.02% of the population.

Buckinghamshire is reported to have had 0.01% of permanent exclusions for the primary sector, equal to our statistical neighbours (below the national average of 0.02%) and 0.13% from secondary mainstream (below the national average of 0.15% but above our statistical neighbours which was 0.07%).

22. Workforce

Leadership

Strong leadership impacts positively on attraction and retention of staff as does a work culture that reinforces the right values and behaviours to allow workers make a difference to children and families. Some initiatives that have been put in place to support a positive work culture include:

- Reducing social worker case loads
- Courageous conversations/Staff surveys
- Production of an Employee charter
- New starter engagement and induction programme
- Roll out of the new Change for Children vision
- Leadership training (50 middle managers to attend training over the next few months)

Recruitment & retention challenges in the Children's workforce

The recruitment and retention of experienced social workers has been well documented. Social Worker turnover averaged 18% in December 2016 against a SE average of 14.5%. Teachers are also hard to recruit – particularly in Maths & Science and for roles in Schools Leadership. Educational Psychologists are hard roles to fill on a perm basis. These challenges have encouraged us to be creative in our approaches to filling roles. We have focused amongst other things, on our employment proposition, reward arrangements and in developing internal talent pipelines to grow our own workforce.

Attracting staff & development of our careers website

Since 2015 there has been a continuous drive to recruit qualified social workers. We have moved from conventional advertising to on line promotion - the development of an innovative website, use of social media, and improving our 'search optimisation'. Most people, these days, will start looking for a job using google search – so BCC needs to invest in being at the top of the search results. An 'always on' approach to recruitment allows us to continuously advertise and promote opportunities in Buckinghamshire.

Robust Assessment & Selection

Robust recruitment methods are always important but even more so in the children's workforce where standards need to be as safe as they possibly can. In the last year we have ensured that all frontline staff in regulated activity has had 3 year DBS rechecks.

Safer recruitment training and training to improve recruitment and retention has been delivered to Governors and Headteachers in evening and weekend workshops. Children's Social Care have also developed an exciting new digital methodology for recruiting social workers in collaboration with the University of Kent. This on line, interactive exercise invites applicants to step inside the shoes of a front line social worker on a visit to a fictional, but realistic, research-based at risk family - allowing them to demonstrate their skills, knowledge and understanding in a very tangible and practical way. Candidates also undertake a structured interview based on critical areas of competence from the social worker Professional Capabilities Framework. This process is now in place for all front line social worker recruitment and as a development tool for internal staff already in role.

Contingent Workforce

There will always be a need to engage a certain proportion of contingency workers and for specialist skills to be called for at short notice. We have taken a number of measures to reduce our reliance on agency workers and better manage workforce stability with permanent recruitment strategies and make associated savings on agency spend. Annualised estimates for social worker agency costs were reduced from £3.9m in January 2016 to £2.9 m in December 2016 and agency workers as a percentage of the workforce reduced from 25% to 20% in the same period.

Employee engagement

Colleagues who have a positive experience of working for BCC will want to stay with and develop their careers with the Council. They are also more likely to engage with the Council's strategies, general productivity and performance outcomes. BCC has an engagement score well above the national average – at 58% compared to 33% (Engage for Success data 2013). There is variation at local level and improving employee engagement is a key action in CSC&L as part of efforts to reduce turnover.

We measure employee engagement through our Viewpoint survey. Following the last survey in May 2016 a number of key actions were developed to improve engagement. Questionnaires and focus groups allow us to gather data on staff engagement – including the views of new starters as well as people leaving the Council.

New Starters

New starters are given access to their own new starter portal via email on acceptance of an offer of employment. This features a short interactive e-learning module introducing new starters to BCC; Welcome to Bucks film; the Employee Handbook, plus a range of useful resources and tips.

Newly Qualified Social Workers (NQSW) recruitment

The majority of our permanent recruits into social worker positions are newly qualified workers. We find this group far easier to attract and the quality is good. Between April – December 2016 we recruited 45 Social Workers, 26 of whom were newly qualified. Since January 2016 we have also converted 16 temporary social workers to permanent employment.

Growing our own talent & developing internal pipelines to fill vacancies

A number of social worker training programmes have been run in Bucks. The preferred programmes that seem to work best for us are Open University and the Step Up programme. Open University is especially liked because it focusses on developing our own junior workers who already understand what it is like to work with children and families.

Career Progression Arrangements

A dedicated career pathway for Social Workers and social care workers was developed for Bucks in 2013 and sets out what is expected of staff when they start practising for the first time, and as they progress through their career. It has allowed staff to progress more readily through the grade structure as they become qualified and means we are not holding people back who are ready to take on additional responsibility. The Professional Capabilities Framework (PCF) developed by the College of Social Work acts as a framework for informing the career progression for individual staff. This works in conjunction with supervision and appraisal (Delivering Successful Performance).

Social Work Academy

The Social Work Academy is a formal partnership between Bucks New University and Buckinghamshire County Council that aims to improve and support learning opportunities for experienced social workers and managers, embed the learning culture, encourage our social workers to continue to link theory with practice and build on the well-established ASYE programme for newly qualified social workers. Each year the academy provides a series of masterclasses for social workers, managers, BNU students and partners where appropriate. Pop up sessions on hot topics is a key feature and 200 staff will have access to social work research and journals via the university's online learning portal.

Reward & Recognition Arrangements

Market data has allowed us to demonstrate that in some cases, special reward arrangements are necessary for us to attract and retain the best quality of people into the Children's workforce. New allowances have been signed off by SABPAC for Social Workers and Educational Psychologists in 2016. These will be reviewed annually.

Restructuring and Organisation Design

Children's Social Care have recently reviewed their front line service structures and scaled things up to create slightly bigger, more resilient teams that allow more opportunity to train and support newly qualified staff and retain greater control over case- loads.

The new Change for Children programme will shift the way services are delivered and present further opportunities for reviewing structures and roles across the whole service. This will include reviewing the number of management layers for decision making/accountability (DMA).

23. Key Performance Summary

This section provides an overview of some of the current performance of the business unit.

Children's Social Care

- Performance in relation to assessments is consistently high. 96% of assessments are completed within 45 days which is well above our Statistical Neighbours (86%), the South East (77%) and England (83%). 98% of children have also been seen during assessment. Data will continue to be used to improve practice and raise awareness with Social Workers in order to maintain performance in this area, avoiding delay and improving outcomes for children.

- During 2016, a permanent Independent Reviewing Officer team and manager were established which has had a positive impact on the service's ability to increase consistency in both standards and timeliness of looked after children reviews. Latest performance reflects these improvements with 100% of reviews being completed on time. On average there has been a 10% improvement in performance across 2016/17 compared to 2015/16.

- Repeat referrals are an area of concern and have been above the target of 25% since April 2016. Around 10% more repeats referrals are recorded in Bucks than our Statistical Neighbours (20%), the South East (24%) and England (22%). This includes a rise in the number of referrals linked to domestic abuse and addiction. A recent audit has taken place and identified the need for improvements to the recording system and staff training in relation to these issues. Further analysis is also currently being undertaken to better understand the problem.

- The % of referrals received actioned within 3 days is slightly below target (100%) however performance is improving and currently stands at 92%. Positive improvement is due to a reduction in MASH enquiries and a full complement of managers being present during December 2016 enabling them to progress work in a timely manner.

- 79% of children in need have been seen within 6 weeks and 96% of children subject to a child protection plan have been seen in 4 weeks. Pressures on the service in Q3 due to staff leaving, difficulties in recruiting and the CIN service restructure are thought to have impacted on performance in this area.

- Performance for the timeliness of children in need reviews (76%) is currently below target (85%) however is expected to improve in the coming months following LCS improvements and the restructure of the CIN Service.

- 77% of Initial Child Protection Conferences are held within 15 working days of the strategy discussion. Although below the target of 100%, there has been a notable improvement in the timeliness of ICPCs since March 2016 and therefore we are now in line with the national average (77%), performing above the South East (72%) and are in line with our Statistical Neighbours (82%). There has been a slight reduction in % child protection plans reviewed within timescales (91%) however on average during 2016/17 96% are held on time against a target of 95%. These areas will continue to be monitored closely to ensure the timely booking of meetings.

- The % of children placed within 20 miles from their home address (39%) is significantly below our Statistical Neighbours (62%), the South East (63%) and England (74%). A recent reduction in the performance of this KPI and an improvement in the % of children placed in county are likely to be due to a greater utilisation of in-house provision and targeted use of IFA (Independent Fostering Agency) placements in the area. Plans to create a strategic partnership with local IFAs to utilise their Bucks carers more effectively will positively impact on the performance in this area. One of the key change work streams for the business unit is to improve our sufficiency of placements.

- The average time (in days) between placement order and matching a child to an adoptive family is currently 226 days in comparison to the recommended national target of 122 days. A steady reduction in the number of days throughout 2016/17 puts us in line with England average (223 days) and the South East (219 days) but we remain above our Statistical Neighbours (172.8 days). A small number of children with complex cases and delays have impacted significantly on adoption performance.

- Since the local authority was rated ‘Inadequate’ in 2014, extensive activity linked to the Ofsted Improvement Programme has driven improvement across Children’s Services in regards to compliance with statutory requirements and practice standards. During 2017, we have also embarked on a 5 year plan ‘Change for Children’ to ensure Children’s Social Care and Learning is financially stable and future proofed whilst continuing to support the most vulnerable children throughout Buckinghamshire. These programmes are also key to maintaining areas of positive performance and improving areas of poorer performance, as outlined above, in order to provide the best service to children and families.

Education

- 93% of state-funded schools in Buckinghamshire have been judged as good or outstanding by Ofsted, compared to a national average of 90%. Overall school

performance is at least in line with or above national averages for most key measures. Exceptions are the percentage of pupils reaching the expected standard in mathematics by the end of KS1 (1% below national) and the KS2 progress measure for writing (significantly below national averages).

- Results for some groups of pupils are lower than local or national averages. This is particularly the case for disadvantaged children. The difference between results for Buckinghamshire disadvantaged pupils and results for national non-disadvantaged pupils was 16% for pupils achieving the expected standard in the Yr1 Phonics Check, 23% for pupils achieving the expected standard by the end of KS2 and 18.4 for the Attainment 8 measure at KS4. Assessments and accountability measures for KS2 and KS4 were new for 2016 so can't be compared to results from previous years, however improvements have been seen for the Year 1 Phonics Check results (2% improvement since 2015).

24. Business Intelligence & Insight

This section highlights a number of projects currently being undertaken to provide in depth research and analysis which is then being used to inform service redesign and improvements.

- **Early Help Needs Assessment**
  - Analysis completed to understand and map need across Buckinghamshire
  - Established where services will have most impact and informed proposal for Early Help hubs

This needs assessment was undertaken to support the remodelling of Early Help across the council. The objective was to highlight the key needs of communities in Buckinghamshire to identify what and where the greatest need for supportive services are as well as establishing how current services are reaching the population. The assessment will be used to determine where hubs will be located and how we will reach different communities in Buckinghamshire.

Further analysis is currently underway to support the project team with their proposal on specific locations for the Early Help hubs.

- **Tipping points project**
  - Exploratory analysis of children's records including demographic, episodic and detailed case-note information
  - Developed understanding of trigger points and route causes for children coming into care in Buckinghamshire

This project used data from LCS to explore reasons for why children and young people in Buckinghamshire become children who are looked after by the Local Authority. Following extraction of demographic and episodic data, in addition to a deep-dive into the rich information held in case notes, BI&I completed complex exploratory analysis of 140 children. The insight generated from this analysis enabled us to understand the journeys of children coming into care, the underlying drivers influencing this activity and the trigger points.

In addition to furthering our understanding of this area, the resultant analysis has informed strategies and practice changes in Buckinghamshire, and highlighted areas for future research.

- **Journeys through child protection**
  - Range of analyses completed using latest dashboarding tools and innovative visualisation techniques
  - Provided much deeper insight into Child Protection process and has informed development of the Children's 5 year plan

  The analysis completed for this project aimed to map out the journeys for children in Buckinghamshire through the Child Protection process from initial enquiry through to the termination of plans. There were already a number of indicators reported in the performance scorecard that provided oversight of the Child Protection process, but these did not provide the level of insight needed to fully understand practices and thresholds, or to identify improvements. Using interactive dashboarding tools, BI&I conducted a series of analyses that provided a level of information previously inaccessible to colleagues across CSCL.
  This insight has been used to support practice changes and training strategies, to inform the Children's 5 year plan and to inform how we work with key partners.

- **Ethnographic research for families first**
  - Exploratory analysis conducted utilising a wide range of analytical, quantitative and qualitative techniques
  - Information used to remodel the Families First service

  To support the development of the Families First programme, BI&I undertook a series of exploratory analyses. These analyses were conducted using an ethnographic approach, encompassing data analysis, organisational research and focused workshops, which enabled us to develop a comprehensive understanding of the challenges faced families with complex needs in Buckinghamshire. This research included engaging with staff and families to understand their perspectives, concerns and recommendations for the future.
  Following this research, BI&I were able to inform senior managers and key stakeholders to support the co-design of a new model for Families First.

- **SEND projections**
  - Business Intelligence & Insight requested to develop model to understand current and future demand for SEND along with influencing factors
  - Complex model developed allowing for scenario testing and simulation of impacts, to be presented to project board on 11th April

  To support the development and delivery of the 5 year plan, BI&I were asked to develop a complex model that would enable understanding of how demand and costs for services is likely to change over next 5 years based on past trends, service use and population growth. The model would need to be able to factor-in different scenarios, so that long-term impact of service changes on activity and cost could be understood to provide an evidence base for these changes. Resource was drawn from across all BI&I teams to support the development of this tool, and an external data science company was also engaged to provide consultancy and expert opinion.
  Following a short development period, we have successfully developed a framework using a Markov Cohort Model which enables us to simulate the 5 and 10 year impact of changes to key aspects of this service. This will be presented to the project group on 11th April.
  In addition, the model framework developed can be adapted for use across other areas as required.

- **Attainment Gap project**
  - Analysis in progress to facilitate better understanding of factors impacting on attainment gap in Buckinghamshire

- Resultant report will provide insight into how we can maximise use of resources to improve attainment for disadvantaged children

There is a large gap in attainment between disadvantaged and non-disadvantaged children in Buckinghamshire. This issue has existed for a number of years and despite improvements recently following targeted work, this is not progressing as quickly as necessary to ensure that all children reach their full potential. To investigate this further, and to establish why there continues to be an attainment gap in Buckinghamshire, BI&I are undertaking detailed analysis of available information. This exploratory work aims to establish outcomes for disadvantaged children across Buckinghamshire and determine how these vary depending on school size and location, identify and evaluate combinations of factors that may be impacting on educational attainment and uses a cohort analysis approach to identify particular areas with a high proportion of disadvantaged children.
The analysis for this project is largely complete and the draft report is being written which will ascertain how we make best use of the resources available.

- **CLA short/ long term projections**
  - Work being scoped to determine estimates of future demand and associated costs
  - Analysis is expected to identify opportunities for improving outcomes

This project is still in the scoping phase but it aims to help the service understand what the projected number and cost of looked after children may be in the future if no action is taken. It also aims to support decision in how to do things differently in order to improve outcomes for children as well as reducing the number of cost of children coming into care.

E. Conclusion

This report is intended to provide a six monthly update on the full range of policy development and service transformation activity taking place within children's services in Buckinghamshire in response to national and local drivers. A separate report will be presented to Cabinet on the improvement journey for children's social care.

Background Papers

[This section should include unpublished documents on which the report has been based and documents which have been relied upon to a material extent in preparing the report. Exempt or confidential information should not be listed, as any background papers must be made available for public inspection if requested.

It is good practice also to include published papers. However if you do so, please indicate where they can be obtained, e.g. Internet, Library.]

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider, or if you wish to object to the proposed decision, please inform the Member Services Team by 5.00pm on Friday 2 June 2017. This can be done by telephone (to 01296 382343), or e-mail to democracy@buckscc.gov.uk

Buckinghamshire County Council

Visit **democracy.buckscc.gov.uk** for councillor information and email alerts for local meetings

Report to Cabinet

Title:	**Corporate Parenting Strategy June 2017**
Date:	Monday 5 June 2017
Date can be implemented:	Tuesday 13 June 2017
Author:	Warren Whyte – Cabinet Member Children's Services
Contact officer:	Anthony Decrop – 01296 383953
Local members affected:	All
Portfolio areas affected:	Children Social Care & Learning

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

Corporate parenting is a whole-authority enterprise. When a child comes into care, the County Council becomes the Corporate Parent and as such is collectively responsible for providing the best care and safeguarding possible for the child. This extends to elected Members, employees and partner agencies. A child in the care of the Authority looks to the whole organisation to be the best parent it can be to that child. Every Member and employee of the Council has the statutory responsibility to act for that child in the same way that a good parent would act for their child.

Buckinghamshire's corporate parents are required to work closely with their partners to ensure that the needs of our children are clearly identified and met at every level. This should encompass the strategic planning, commissioning, and integrated delivery of services.

To ensure that the best decisions are being made regarding our children the Corporate Parenting Strategy 2017 has been devised. Full details can be viewed in Appendix 1.

Recommendation

That Cabinet note and approve the Corporate Parenting Strategy, to be implemented July 2017.

A. Narrative setting out the reasons for the decision

- Children Act 1989
- Change for Children Transformation Programme
- Corporate parenting Data Dashboard.

As Buckinghamshire Corporate Parents we believe**:**

- Looked after children and young people are entitled to the same care, support, stability, health and education as our own children.

- We need to ensure that services are flexible enough to support children and young people in our care to have high quality lives and happy childhoods.

- In developing new practices, initiatives or policies the County Council considers the needs of looked after children.

- Looked after children are actively encouraged to participate in decisions made about their lives, so that their experiences influence policy and practice.

- Access for looked after children to universal services is actively promoted, encouraging young people's sense of community and belonging.

- Service provision, communication and policies meet the needs of children with disabilities, and children from a range of cultural and religious backgrounds.

- Transition to adult services should be timely and services work together.

- In challenging negative perceptions and stereotypes and raise awareness at all levels of the County Council.

- Corporate parenting is about commitment and teamwork to bring about change.

  The Corporate Parent Panel Strategic objectives are aligned with Buckinghamshire County Council's Strategic Plan 2014-17 in that its purpose is to ensure that these vulnerable children's are safeguarded and their needs met. Overall responsibility for ensuring these objectives are achieved sits with the Corporate Parent Panel; however there may be shared responsibility for operational delivery. Some areas have several leads due to differing multiple within the objectives.

B. Other options available, and their pros and cons

It is a requirement for all local authorities to have a Corporate Parenting Strategy, the recommendations were developed with reference to best practice and in consultation with multi – agency partners and We Do Care Council!

C. Resource implications

N/A

D. Value for Money

N/A

E. Legal implications

N/A

F. Property implications

N/A

G. Other implications/issues

H. Feedback from consultation, Local Area Forums and Local Member views

A draft strategy was discussed and agreed at the Corporate Parenting Panel in January 2017 by the then Cabinet member for Children's Social Care. There has also been engagement with the We Do Care! (Children in Care) Council.

I. Communication issues

Once agreed the Strategy will be published through normal channels and with key agency partners

J. Progress Monitoring

The strategy will be monitored through the Corporate Parent Panel with a progress report to Cabinet in 6 months

K. Review

The strategy will be reviewed in June 2018 (or sooner if issues arise)

Background Papers

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider, or if you wish to object to the proposed decision, please inform the Member Services Team by

5.00pm on Friday 2 June 2017. This can be done by telephone (to 01296 382343), or e-mail to democracy@buckscc.gov.uk

Buckinghamshire County Council

Corporate Parenting Strategy

2016 / 2019

Together... Keeping Children Safe

Foreword

Children and young people who, for one reason or another, cannot live with their parents are some of the most vulnerable and have a unique place in our society. In Buckinghamshire we take our responsibility to be corporate parents seriously and commit to treating our Looked After Children (LAC) as any family would, by keeping them safe, meeting their health needs, ensuring that they have as positive an experience as possible whilst in care, by improving their life chances and supporting them to meet their full potential.

Based on the most up to date research we know that our children are very likely to have experienced significant trauma and abuse prior to being Looked After. They will also be at greater risk of sexual exploitation, going missing, offending and are likely to experience greater challenges with education. Therefore, it is essential that our Looked After Children receive the best possible services from us as corporate parents in order to support them to achieve the same outcomes and have access to the same opportunities that we would want for our own children.

It is essential that our children's experiences of care addresses the disadvantages they have faced rather than compound them. Good local service provision is likely to improve our children's life opportunities, be better value for money and contribute to good performance.

As corporate parents we want to help the children and young people of Buckinghamshire who are currently looked after to thrive and reach their full potential.

Improving the role of the corporate parent, as part of our corporate responsibility, is key to improving the outcomes for our children. It is with the corporate parent that responsibility and accountability for their well-being and future prospects reside. Buckinghamshire takes this responsibility seriously.

Buckinghamshire is committed to being the best parent it can be to our children and this strategy provides clear direction for all agencies to understand what the objectives of corporate parenting are and holds the local authority accountable and partners for delivering on these.

Warren Whyte
Cabinet Member for Children's Services

Buckinghamshire County Council

Contents:

Supporting Documents

It is important to note these documents to consider this Strategy within the context of other existing documents:

Buckinghamshire Children's Strategy

http://www.buckscc.gov.uk/media/1281/childrens-strategy.pdf

Buckinghamshire Looked After Children's and Placement Sufficiency Strategy

Change for Children Programme

Buckinghamshire Strategic Plan 2015-17

www.buckscc.gov.uk/services/council-and-democracy/our-plans/our-strategic-plan/

1. Introduction and Purpose

Throughout this document the term “our children” will refer to all children for whom Buckinghamshire has corporate parenting responsibility.

Once a child becomes looked after, the duty of all Members and Officers of the Council, acting in our individual roles as corporate parents, is to seek for our children exactly the same childhood that every good parent would want for their own children.

This duty encompasses their education, their health and welfare, what they do in their leisure time and holidays, how they celebrate their culture and how they receive praise and encouragement for their achievements. This duty also extends to providing appropriate support once young people have left care in order to enable them to achieve independence in the community. This continued support includes looked after children’s educational support post 16 years old.

In addition, it is important to us that looked after children have a chance to shape and influence the parenting they receive.

Corporate parenting is defined as:

“The responsibility of local authorities to improve outcomes and actively promote the life chances of children they look after is referred to as “corporate parenting” in recognition that the task must be shared by the whole authority in partnership with partner agencies along with parents.

The role of corporate parent is to act as the best parents for each child they look after and to take action by speaking out on their behalf, arranging for appropriate services to meet their needs, standing up for them and representing them as needed to ensure they grow up in the best possible way.”

The Children Act 1989

The role of corporate parent extends beyond children’s social care and instead is the responsibility of each elected Councillor, every member of staff – both County and District – and wider partner agencies.

Legislative Framework

It is important to recognize that the vision for our children is driven by a range of legislation, policy and guidance that underpin corporate parenting. This list is indicative and by no means exhaustive.

Legislation & National Guidance includes:

- Children Act 1989 and 2004
- Adoption & Children Act 2002
- The children and Young Persons Act 2008
- The Equality Act 2010
- Leaving Care Guidance 2010
- Care Planning Regulations 2010
- Independent Reviewing Officer Handbook 2010
- The Health and Social Care Act 2012
- *Making not Breaking; Building Relationships*' Care Inquiry 2013
- The Care Act 2014
- Children and Families Act 2014

Local Drivers include:

- Buckinghamshire Joint Strategic Needs Analysis
- The We Do Care Pledge
- The Health and Well Being Strategy
- Buckingham Safeguarding Children Board Strategy

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Context - Who Are Our children?

As of the 31st March 2017 there were a total of 458 looked after children (LAC) from Buckinghamshire (0 – 18 years). 62% of these children were placed with carers who lived within the county boundary.

The largest cohort by age of our children was between 10-15 years old:

LAC Age Breakdown	Number	% of Total LAC
0 -1	17	4%
1-4	66	15%
5-9	83	18%
10-15	190	42%
16 plus	94	21%

There were more males looked after than females by Buckinghamshire

LAC Gender Breakdown	Number	% of Total CLA
FEMALE	204	45%
MALE	254	55%

Our children come from a broad range of backgrounds, with the largest percentage being White British (65%).

LAC Ethnicity Breakdown	Number	% of Total LAC
ABAN - Bangladeshi	< 5	0%
AIND - Indian	< 5	0%
AOTH - Any other Asian background	< 5	0%
APKN - Pakistani	< 5	1%
BAFR - African	9	2%
BCRB - Caribbean	9	2%
BOTH - Any other Black background	< 5	1%
MOTH - Any other Mixed background	16	4%
MWAS - White and Asian	11	2%
MWBA - White and Black African	8	2%
MWBC - White and Black Caribbean	34	7%
NOBT - Information not yet obtained	< 5	1%
OOTH - Any other ethnic group	31	7%
WBRI - White British	296	65%
WIRI - White Irish	< 5	0%
WOTH - Any other White background	22	5%
WROM - Gypsy/Roma	< 5	0%

Children from minority ethnic group's account for 35% of all Looked After Children compared to 20.9% for all 0 – 18 years living in Buckinghamshire

2. The Role of Corporate Parents including Members, Officers and Partner Agencies

Corporate parenting is a whole-authority endeavor and is not the sole responsibility of the Children's Social Care and Learning Business Unit alone. It requires services across the Council to work together with partner agencies to achieve the best outcomes for our children and care leavers.

The role of corporate parent is not a passive one.

Buckinghamshire's corporate parents work closely with their partners to ensure that the needs of our children are clearly identified and met at every level. This should encompass the strategic planning, commissioning, and integrated delivery of services.

The Director of Children's Services and Lead Member for Children's Services will take a lead on behalf of the Local Authority for services provided to Looked After children and those leaving care.

3. WE DO CARE!

In Buckinghamshire, the Children in Care Council is called 'We Do Care!' They are a group of children and young people who are either looked after or care leavers and work to ensure looked after children and care leavers have their voices listened to and promote their right to be part of the decision making process that affect their lives.

In Bucks We Do Care! was established in 2009 to undertake the role of promoting our children's right to be part of the decision making processes that affect their lives. WDC! work collaboratively with the corporate parents to share our children's experiences and ideas on how to improve local practice.

Advocacy Service for Our Children

The National Youth Advocacy Service (NYAS) support our children by providing an advocacy service on behalf of the Buckinghamshire. They provide independent support to our children and young people who may not feel heard or who wish to make a complaint about the service they have received. Full details of the role the provide can be found https://www.nyas.net/

Children in Care Pledge

As part of our commitment to listen to the voice of children and young people we have created two Pledges which were written in collaboration with our young people involved in our WDC! made up from a diverse range of our children. The key themes of the pledge are:

- Treat you with respect
- Look after you
- Provide a good education for you
- Keep you healthy
- Support you to be independent

We Do Care have also worked collaboratively with young people who are leaving care to ensure they too have a pledge.

After-Care Pledge

- We promise to be there for you and support you through the Leaving Care process in a way which suits you and your needs
- We promise to let you know about things that might help you to stay connected and make friends
- We promise to help you with your health and health care needs where we can
- We promise to explore all of your accommodation options with you and to help you find accommodation that suits you and your life
- We promise to explain your finances to you, talk about all of your options and help you make the right decisions
- We promise to help you fulfil your potential and will support you in your transition to adult life enabling you to be successful in your education, training or employment.

These commitments set a benchmark for all our staff and should be readily referred to if any looked after child or care leaver believes their care is not up to the standard they should reasonably expect.

The Pledge is distributed to all children and young people who are looked after or receiving aftercare services in Buckinghamshire.

The Pledge and the work of We Do Care! can be found on their dedicated website: http://www.kidsincare.org.uk/

4. Principles and Values

The Corporate Parenting Panel has identified a set of values that underpin their commitment to looked after children. The underlying principles and values that drive this strategy are as follows:

1. The family is usually the best place for bringing up children and young people.
2. The role of the corporate parent is to act as the best possible parent for each child they look after and to advocate on his/her behalf to secure the best possible outcomes
3. Early help is better for children and young people
4. We aim to get better services delivered earlier and quicker to families
5. Most of our time should be spent on direct intervention with families to effect positive change
6. We must make the journey for the child and families we work with safe
7. The measure of success of child protection systems is whether children and young people are receiving effective help, so in all our work we assess outcomes
8. We believe in providing strong professional development and professional support to our children's workforce to enable them to be effective
9. Underpinning all that we do is our commitment to ensuring people are treated with dignity and respect, promoting equality of opportunity and ensuring discrimination is not practised in our service delivery

As Buckinghamshire Corporate Parents we believe**:**

- Looked after children and young people are entitled to the same care, support, stability, health and education as our own children.
- We need to ensure that services are flexible enough to support children and young people in our care to have high quality lives and happy childhoods.
- In developing new practices and initiatives the County Council considers the needs of looked after children.

- Looked after children are actively encouraged to participate in decisions made about their lives, so that their experiences influence policy and practice.

- Access for looked after children to universal services is actively promoted, encouraging young people's sense of community and belonging.

- Service provision, communication and policies meet the needs of children with disabilities, and children from a range of cultural and religious backgrounds.

- Transition to adult services should be timely and services work together.

- In challenging negative perceptions and stereotypes and raise awareness at all levels of the County Council.

- Corporate parenting is about commitment and teamwork to bring about change.

5. Governance - Meeting Our Responsibility

Corporate Parenting Panel (CPP)

Lead responsibility for corporate parenting sits with the Cabinet Member for Children's Services who chairs the bi-monthly Panel. The Corporate Parenting Panel works to ensure the strategic objectives are delivered and the care pledge is adhered to. Key actions are agreed against the strategic objectives and the required standard of service delivery is achieved. Both quantitative and qualitative data is analysed in order to ensure the objectives are being met. The CPP consists of a cross party group of elected Members and supported by officers and partners including the Director of Children's Services.

The Director of Children's Services along with key officers from within Children's Social Care and Learning Business Unit and key representatives from partner agencies responsible for aspects of working with looked after children and care leavers, also attend meetings including representation from health, education, participation, equality, advocacy services and the independent reviewing service.

There is also representation from various services requested, as and when appropriate. Looked after children and care leavers engage in the CPP and the Participation Team presents an annual report on the activity of We Do Care!
We expect all Corporate Parents to have the knowledge and understanding of the diverse needs of our children.

We intend to ensure we are meeting our responsibility in the following ways:

- By support, guidance and challenge the Corporate Parenting Panel will examine all aspects of the provision made for looked after children and those in receipt of aftercare services.
- Ensure there is transparent communication between looked after children, their carers and the corporate parent.
- Actively promote best practice and high ambitions for all looked after children.
- Support the development of strong partnerships with other internal ‘corporate parents including education, health, police, youth offending, youth services complemented by those in external partner agencies.
- Have a clear framework for accountability and responsibilities at all levels.

- Ensure there are regular training opportunities for all those with corporate parenting responsibilities and those involved with the Corporate Parenting Panel.
- Promote our moral and legal responsibilities as Corporate Parents and ensure that this continually owned by the whole Council and its partners

The full terms of reference and membership for the Corporate Parent Panel are located in the appendices.

The panel takes every opportunity to actively engage with our children, whether directly or indirectly in partnership with We Do Care!

6. Strategic Action Plan

The Corporate Parenting Panel strategic objectives are aligned with Buckinghamshire County Council's Strategic Plan 2015-17 in that its purpose is to ensure that looked after children and care leavers are safeguarded and their needs met.

In order to support the delivery of the action plan a Multi-Agency Looked After Children's Team will be established to drive forward the actions and report on progress to the Corporate Parent Panel. The terms of reference and membership of the new team are included in the appendix.

What we intend to do	How we intend to do it	Who is responsible?
Ensure children and young people looked after are treated with respect	Ensuring our children have opportunities to have their voice heard, through listening to them & responding to requests where possible.	WDC! CPP Independent Reviewing Officer (IRO) Social worker
	Communicate with our children, using appropriate language	Social workers
	Ensure information is only shared on a need to know basis	WDC! NYAS
	Our children will all have access to an Independent Reviewing Officer who will advise them about their entitlements, rights and responsibilities, providing support should they need someone to speak on their behalf	WDC! IRO's, NYAS
	All of our children with have the opportunity to contribute to their care plans	Social workers, IRO's
	Each of our children will have information on how to get an advocate or how to make a complaint.	NYAS
	All of our children will be encouraged to become involved in the We Do Care Council	WDC!

Ensure a stable home life in care or with their family where possible	Our children will have an up to date care plan which has a clear plan for permanency	Head of Children Management Head of QSP Service Director,
	We will find a safe place for our children to live with foster carers or in a residential home. If the care plan includes returning them to their family, this will take place at the earliest opportunity.	Head of Care Services Children's Social Care, Head of Care Services
	Where possible, placing a child within the family will be the primary consideration	Head of Care Management
	We will take every opportunity to ensure that our children maintain contact with their family, explaining why not if this isn't possible.	Head of Care Management NYAS
	Ensuring that continuity of social worker for our children is of paramount importance and will be maintained where possible.	Service Director – Children's Social Care
	Ensuring that all standards are adhered to in terms of social work contacts with our children, which ensures oversight of our children's welfare and development.	Head of QSP

Provide a good education	We strive to help find the most appropriate school in our child's area and provide enhanced support with any transitions.	Virtual Head Teacher
	Through the Virtual School regular visits will be made to our children and their Personal Education Plans (PEP) regularly reviewed	Virtual Head Teacher
	PEPS will be explained to our children and they will be encouraged to contribute to them.	Head of Care Management
	We will offer guidance and support on future opportunities and assist our children if they wish to continue their education through an Apprenticeship, College or University.	Virtual Head Teacher
	We will provide Apprenticeship and work experience opportunities	Head of Care Management
	Support all of our children to gain work experience and help to find a job	Head of Care Management

Provide health care	Make sure initial health assessments where ever possible are done in a timely fashion	Head of Care Management Designated LAC Nurse
	Provide regular dental, optician and health check- ups and any treatments that need to be followed up.	Designated LAC Nurse All corporate parents
	Provide information to all young people to help them make informed choices about their health and have the skills and knowledge to keep themselves healthy and happy	Designated Lac Nurse
	We will provide opportunities to participate in a range of leisure activities, interests and hobbies	WDC!
Provide support to be independent	We will assist and support our children through the Leaving Care process in a way which meets their induvial needs.	Head of Care Management
	We will advise our young people about things that might help them to stay connected and establish a support network, including healthy peer relationships.	Head of Care Management WDC!
	We will support our young people to explore all of their accommodation options, to help them find accommodation that suits their needs and life including where appropriate assisting our children to stay with their foster family post 18 years of age.	Head of Care Management

	We will guide our young people and offer help with managing their finances as part of independent living skills in support of their future choices.	Head of Care Management WDC!
	We will assist our young people to fulfil their potential, advising them in their transition to adult life to enable them to be successful in their education, training or employment.	Virtual Head Teacher Head of Care Management

Appendices

Terms of Reference Buckinghamshire's Corporate Parenting Panel (CPP)

Purpose

The CPP ensures that the Council acts as a good corporate parent. To take an active role in ensuring the needs of our children are met.

The CPP has responsibility for delivering on the corporate parenting strategic objectives and ensuring that the care pledge is adhered to.

2. Functions

- Listen to our children's views about their experiences and needs of being looked after and using this to inform decision making
- To agree collaboratively with our children the Pledge by which decision making will align
- To ensure strong links between all partners, officers and elected members in relation to corporate parenting.
- To monitor and scrutinise the performance of services delivered to our children through the analysis of performance data and our children's views.
- To take a broad oversight of corporate parenting responsibilities ensuring that our children's have access enhanced support to opportunities.
- Being well informed about services available and the challenges faced for this complex group of children.
- To maintain strategic overview of all service developments
- To ensure Elected Members are kept up to date on service delivery

3. Membership

. Current membership comprises of:

MEMBERS

- Cabinet Member Children's Services – Chair
- 7 other Elected Members

OFFICERS

- Director of Children's Services
- Service Director Children's Service's
- Head of Children's Care Management
- Head of Care Services
- We Do Care!
- NYAS
- Virtual Head
- Designated Nurse CLA
- 2 Foster Carer Reps

OTHERS BY INVITATION

- Partners on a needs lead basis

4. Operational Arrangements

Frequency of meetings: Meetings take place on a bi-monthly basis
Terms of Reference: The Terms of Reference will be reviewed on an annual basis. Date of next review: June 2018

5. Conduct of Business

• The CPP will work to an agenda which the Chair will co-ordinate and distribute with relevant papers at least five working days prior to the meeting to ensure attendees have time to review information prior to the meeting

• The Chair or an agreed substitute will be present at each meeting.

Terms of Reference Multi Agency Looked After Children Team

Purpose

Taking a multi-agency approach to ensuring the needs of our children are met through having operational responsibility to deliver against the strategic objectives as set out in the Strategic Action Plan.

2. Functions

- To identify opportunities to work in partnership to meet the needs of our children
- To ensure that our children receive services that meet their individual needs
- To identify gaps in service provision and make proposals in response to this
- Share good practice and outcomes achieved through delivery of the plan
- To ensure that partners are aware of the responsibility they have as corporate parents
- To make recommendations to the CPP as appropriate and inform them of any barriers to the delivery of the plan.

3. Membership

Membership comprises of:

- WDC! Manager
- Virtual Head Teacher
- Lead Designated Nurse
- Swan Unit
- R U Safe Manager
- YOS Operational Manager
- CAMHS Manager
- CIC Manager
- After Care Manager

5. Operational Arrangements

Frequency of meetings: Meetings take place on a bi-monthly basis
Terms of Reference: The Terms of Reference will be reviewed on an annual basis.
Date of next review: June 2018

6. Conduct of Business

• Work will be delivered by the group from the Strategic Action Plan

Report to Cabinet

Title:	**Budget Monitoring Report – Outturn**
Date:	Monday 5 June 2017
Date can be implemented:	Tuesday 13 June 2017
Author:	Leader of the Council Cabinet Member for Resources
Contact officer:	Matt Strevens, Corporate Finance Business Partner, 01296 38 (3181)
Electoral divisions affected:	All
Portfolio areas affected:	All

Purpose of the Report
This report provides information on the financial performance for the council to the end of the financial year 2016/17.

Background
The Financial information informs Cabinet of the revenue and capital outturn position for the financial year 2016/17. A full analysis of the outturn of Portfolios and the Council as a whole is contained in the appendices to this report.

As well as narrative information, finance performance against target is shown visually as follows:

	**Green**	Performance is on or above target. (Revenue under spends against budget and overspends up to +0.1% are shown as green) (Capital slippages are shown as green)
	**Amber**	Performance is below target (+0.1% to +1%) for financial performance (-0.1% to 5%) for non financial performance
	**Red**	Performance is well below target (worse than +1%) for financial performance (worse than 5%) for non financial performance

Summary

1. Managing Resources (Finance)

Revenue

The overall revenue outturn is an underspend of £6.02m. This comprises portfolio overspends of £4.09m, offset by underspends in Corporate Costs of £10.11m.

Table 1 of **appendix 1** shows a breakdown of both the Portfolios forecast revenue overspend which is £4.09m (1.4%) against the net portfolio revenue budget of £298.47m, and the Corporate Costs and Funding position according to the Council's Financial System (SAP) for the end of the financial year 2016/17.

The most significant variances fall in the Education & Skills portfolio (£2.19m), largely due to home to school transport costs; the Health & Wellbeing portfolio (£1.82m), due largely to Bucks Care losses following insourcing and the Children's Service portfolio (£1.50m), largely due to placement and agency costs. Further details are reported in Appendix 2.

The significant underspend in Corporate Cost reflects contingencies not released (-£5.6m), the impact of the revised MRP policy (-£3.6m) and £1m saving in borrowing costs due to the active management of borrowing following the Energy from Waste plant.

Further details on all revenue budgets are set out in the Portfolio tables in **appendix 2** of this report.

Capital

Overall the Capital Programme shows a gross underspend of £13.92m against planned budgets for the year. A significant proportion of this relates to project slippage.

Further details on the capital budgets are set out in the Portfolio tables in **appendix 2** of this report.

Other Financial Issues

Details of the monitoring of General Fund reserves (£24.5m as at 31st March 2017) and payment performance are reported after the tables in **appendix 2** of this report.

Recommendation

Cabinet is asked to:

1. **Note the forecast outturn position for revenue and capital budgets and discuss areas requiring attention.**
2. **Recommend that portfolio overspends and underspends from the 2016/17 financial year are not carried forward.**

A. Narrative setting out the reasons for the decision

A full analysis of the forecast outturn and financial performance for the Council for the financial year 2016/17 is contained in **the attached appendices**.

B. Other options available, and their pros and cons

None arising directly from this report.

C. Resource implications

Actions resulting from consideration of this report may influence future expenditure in areas of concern / interest. Financial regulations state that all revenue overspends are to be carried forward and that 75% of Business Unit underspends are carried forward via a Business Unit specific reserve. However, given the County Council's overall financial position and the additional pressure that this would place on Children and Adult services, this report recommends that there is no carry forward of any underspends or overspends.

D. Value For Money (VFM) Self Assessment

All decisions involving finances are scrutinised to ensure that the best value for money is achieved.

E. Legal implications

None arising directly from this report

F. Property implications

None arising directly from this report

G. Other implications/issues

None arising directly from this report

H. Feedback from consultation, Local Area Forums and Local Member views

None arising directly from this report

I. Communication issues

Quarterly monitoring reports on budget are published on the Council's website.

J. Progress Monitoring

The budget monitoring report is updated on a monthly basis.

K. Review

Not applicable.

Background Papers

Previous Monitoring reports.

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider, or if you wish to object to the proposed decision, please inform the Democratic Services Team by 5.00pm on Friday 2 June 2017. This can be done by telephone (to 01296 383627 or 383610), Fax (to 01296 382538), or e-mail to cabinet@buckscc.gov.uk

Appendix 1

1. Revenue Budget outturn

1.1. The revenue budget outturn is summarised in Table 1 below. The significant variances fall in the Education & Skills portfolio (£2.19m), largely due to home to school transport costs; the Health & Wellbeing portfolio (£1.82m), due largely to Bucks Care losses following insourcing and the Children's Service portfolio (£1.50m), largely due to placement and agency costs. These are detailed in the relevant Portfolio tables that follow.

Table 1 – Summary of Council revenue budget outturn

Portfolio Area	Outturn £000	Budget £000	Variance £000	Variance %
Leader	6,262	6,385	(123)	(1.9%)
Community Engagement	10,083	10,070	13	0.1%
Health and Wellbeing	129,130	127,315	1,815	1.4%
Children's Services	58,012	56,509	1,503	2.7%
Education and Skills	32,809	30,621	2,188	7.1%
Resources	23,743	24,943	(1,200)	(4.8%)
Planning and Environment	11,113	11,175	(62)	(0.6%)
Transportation	27,322	27,368	(46)	(0.2%)
Subtotal - Portfolios	**298,474**	**294,386**	**4,088**	**1.4%**
Corporate Costs (Non Portfolio)	(304,494)	(294,386)	(10,108)	3.4%
Overall BCC	**(6,020)**	**0**	**(6,020)**	

2. Capital Budget outturn

2.1 The capital budgets are summarised in Table 2 below. There is an overall underspend / slippage of £13.9m (4.6%).

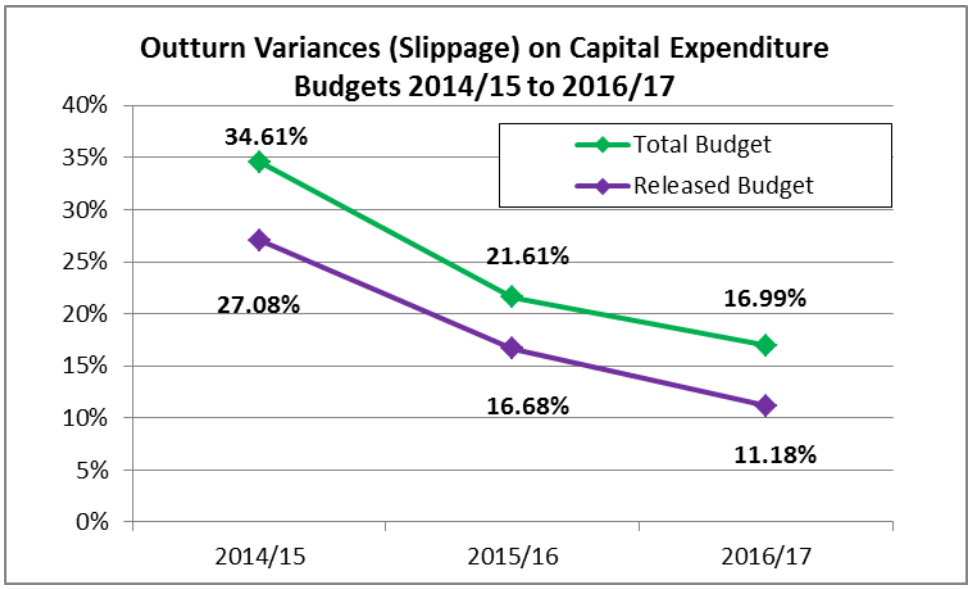
2.2 There is a total of £5.9m unreleased capital budget across the Authority, reflecting schemes which have yet to satisfy criteria for the release of funding.

2.3 Excluding the exceptional items of the Energy from Waste Pant and the Investment properties, which account for approximately £205m of Capital expenditure, the budget was £89.5m and expenditure £74.4m, giving slippage of £15.1m (16.99%) of which £2.25m relates to LEP schemes. A comparison of slippage over the last 3 years can be found in Table 3 below.

Table 2 - Capital Budget Table as at March 2017

Portfolio Area	Outturn £000	Budget £000	Variance £000	Variance %
Leader	11,561	14,790	(3,229)	(21.8%)
Community Engagement	216	482	(267)	(55.3%)
Health and Wellbeing	37	814	(777)	(95.5%)
Children's Services	53	62	(9)	(14.0%)
Education and Skills	34,352	35,873	(1,521)	(4.2%)
Resources	48,287	50,216	(1,929)	(3.8%)
Planning and Environment	175,289	175,038	251	0.1%
Transportation	20,206	26,649	(6,443)	(24.2%)
Subtotal - Portfolios	**290,001**	**303,924**	**(13,923)**	**(4.6%)**

Table 3 – Capital slippage since 2014/15



1. Portfolio summary

Cllr. Martin Tett, Leader of the Council					
Financial Performance – Leader Portfolio					
Type	**Budget for year £000**	**Outturn £000**	**Variance**		**Performance**
			£000	**%**	
REVENUE	**6,385**	**6,262**	**-123**	**-1.9%**	

REVENUE – COMMENTS

Overall the Leader portfolio delivered an underspend of £123k (-1.9% of budget) at outturn. The underspend largely relates to:

- £66k surplus in Business Intelligence (lower staff costs)
- £51k surplus across Employee Representation, Chief Executive's Office and Growth and Strategy.

Type	**Budget for year £000**	**Outturn £000**	**Variance**		**Performance**
			£000	**%**	
CAPITAL					
Released	**13,370**	**11,561**	**-1,809**	**-13%**	
Unreleased	**1,420**	**0**	**-1,420**	**-100%**	
Income	**-12,771**	**-10,211**	**2,560**	**-20%**	

CAPITAL - COMMENTS

There was an overall underspend against the Capital cash limit for the year of £3.3m of which £1.4m was unreleased capital funds. The main variations were:

- £467k slippage and £550k underspend on the Broadband scheme, which has already been built into the future Capital Programme
- £1.2m slippage on the High Wycombe Town Centre & Transport Strategy LEP project
- £732k slippage on the Waterside North development
- £618k slippage on the Stocklake Link Road LEP project

Financial Performance – Community Engagement and Public Health					
Type	**Budget for year £000**	**Outturn £000**	**Variance**		**Performance**
			£000	**%**	
REVENUE – Community	**10.070**	**10,083**	**13**	**0.1%**	
- **Public Health**	**0**	**0**	**0**	**0%**	

REVENUE – COMMENTS

Overall Community Engagement & Public Health has delivered an overspend of £13k at outturn. The main variances are an overspend of £158k in the Contact Centre as a result of delays in the complete of the Maintain My Street project to allow the release of savings. This is largely offset by:

- £115k underspend across a number of Communities cost centres.
- £28k underspend across universal youth services.

Type	**Budget for year £000**	**Outturn £000**	**Variance**		
			£000	**%**	
CAPITAL					
Released	**482**	**216**	**-267**	**-55%**	
Funding	**-30**	**0**	**30**	**-100%**	

CAPITAL - COMMENTS

The £267k underspend is largely due to slippage on the Halton Environmental controls project (£157k) and the Aylesbury Library Self-service project (£107k).

Financial Performance – Health & Wellbeing Portfolio

Type	Budget for year £000	Outturn £000	Variance		
			£000	%	
REVENUE	**127,315**	**129,130**	**1,815**	**1.4%**	

REVENUE – COMMENTS

The Health and Wellbeing portfolio has an overspend of £1.8m at year end and comprises the following variances from the budget;

- £2.2m overspend on the closure of Bucks Care
- £1.7m overspend on internally provided services as a result of spend incurred after Bucks Care ceased trading
- £2.5m underspend in Older People, £2.2m of which is due to savings on the termination of the Bucks Care Contract
- £0.6m underspend in Assessment and Care Management from recruitment freeze and BCF funding
- £0.6m underspends across Social Isolation (£199k), Health & Wellbeing (£163k) , Specialist Services (£122k) and Physical and Sensory Disability (£104k)
- £0.2m overspend in Learning Disability. A £1.6m overspend in Day Services is largely offset by underspends in residential care (£0.7m), supported living (£0.5m) and direct payment recovery (£0.1m)

Type	Budget for year £000	Outturn £000	Variance		
			£000	%	
CAPITAL					
Released	**74**	**37**	**-37**	**-50%**	
Unreleased	**740**	**0**	**-740**	**-100%**	

CAPITAL - COMMENTS

The underspend against released budgets reflects the current position in relation to Day Care investments. Unreleased budgets reflect projects which have slipped for Supported Living accommodation and for Wycombe Day Centre development.

Financial Performance –Children's Services and Education and Skills Portfolio including Client Transport					
Type	**Budget for year £000**	**Outturn £000**	**Variance**		**Performance**
			£000	**%**	
REVENUE					
Children's Services	**56,509**	**58,012**	**1,503**	**2.7%**	
Education & Skills	**30,621**	**32,809**	**2,188**	**7.1%**	

REVENUE – COMMENTS

Children's Services

Children's social care overspend is significantly less than forecast at the end of Quarter 1 of 2016/17 (c. £3m). Management actions have contributed very strongly to the improved position. E.g. residential costs reducing through improved gatekeeping, accountability and care planning resulting in there being fewer children currently in residential care than in any of the last 6 years, and the number of children entering residential care is the lowest for 8 years. The underlying demand pressures have been reflected in the MTFP for 2017-21 and with the C4C programme should be much better placed to manage within budget in future.

Education and Skills including Client Transport

The largest pressures are due to increased demand as a result of SEND reform since 2014 combined with significant price increases in SEND transport (Taxi contracts). This has been reported all year and has been addressed in the MTFP for future years. The area is in the scope of the Integrated Transport project as well as the Change for Children programme.

Type	Budget for year £000	Outturn £000	Variance		Performance
			£000	%	
CAPITAL					
Children's Services					
Released	**62**	**53**	**-9**	**-14%**	
Education & Skills					
Released	**34,320**	**34,352**	**32**	**0.1%**	
Unreleased	**1,553**	**0**	**-1,553**	**-100%**	
Income	**-13,423**	**-4,943**	**8,480**	**-63%**	

CAPITAL – COMMENTS

£1.6m slippage relates to unreleased schemes as no actual costs are recorded here, only against released projects. Released expenditure has a net overspend variance of £32k made up primarily of an overspend of £2.8m on School Property Maintenance, offset by underspending on Primary and Secondary School Places (£1.8m and £0.5m respectively) and the Provision of Early Years (£0.7m).

Financial Performance – Resources Portfolio

Type	Budget for year £000	Outturn £000	Variance		Performance
			£000	%	
REVENUE	**24,943**	**23,743**	**-1,200**	**-4.8%**	

REVENUE – COMMENTS

Overall the Resources portfolio is showing a surplus (underspend) of £1,200k (4.8% of budget).

Business Services Plus (BSP) is showing an underspend of £220k, which comprises a number of under- and overspends. There were underspends in Commercial Team, Technology Services, Finance, HR, Legal and Property Operations, the latter having unbudgeted income of £257k relating to the Crown Court which was received in March. There were overspends in:

- Payroll (£182k). Income from LB Harrow for joint working and schools / academies will be delivered in the new financial year.
- Property Consultancy (£117k). This was partly as a result of unbudgeted pressures in the repairs & maintenance contract, and partly due to increased expenditure on surveys.
- Health & Safety (£103k). The historic underfunding on staffing continued to impact the team's ability to deliver and sell their services. This is an area that will be addressed in the new financial year.
- Corporate Business Support (£46k), as a result of anticipated staffing reductions through P2P not having materialised because of delays with suppliers' e-invoicing.

HQ is showing an underspend of £989k. This is all within Assurance and comprises savings on surplus properties together with exceeding income targets in relation to acquisitions of commercial properties.

Type	Budget for year £000	Outturn £000	Variance		Performance
			£000	%	
CAPITAL					
Released	**48,919**	**48,286**	**-633**	**-1%**	
Unreleased	**1,296**	**0**	**-1,296**	**-100%**	
Income	**-42,152**	**-770**	**41,382**	**98%**	

CAPITAL - COMMENTS

Property has an underspend / slippage of £239k on its released expenditure budgets This consists mainly of:

- Overspend on Amersham Area Office (£115k) reflecting adjustments made to the budget resulting from the capitalisation review. The overspend will be carried forward into 17-18.
- Underspend / slippage on Agricultural Estate (£312k) where spend is linked to a long lease for which minimal benefit will be derived. This relates to repairs and maintenance for a listed barn. No progress due to possible disposal.
- Underspend on Orchard House / Southern Area Office (£298k) due to delays in the scheme resulting from scope and usage reviews linked to affordability of the overall scheme.

Unreleased budgets for Green Park (£436k), NCO Mezzanine Rooms refurbishment (120k), Additional Lift at NCO (£110k) and Orchard House (£88k) were not required in-year. This was to be expected, pending further work on the business cases to seek release of the monies.

Income budgets were not achieved, though this primarily relates to the purchase of the investment properties, which were funded through corporate borrowing, so this is not a true variance.

Technology Services has a net underspend of £920k, with slippage on eleven projects. While purchase orders were raised on many projects, the contractor was not able to deliver and complete work by year-end, resulting in slippage. There was a £49k overspend on Future Shape, with additional expenditure on Digital Infrastructure Development. Carryforward of slippage amounts will be subject to satisfactory reports being prepared and agreed by Asset Strategy Board in May.

Unreleased budget for Future Shape (£543k) was not required in-year, pending further work on the business case, expected in the new financial year.

Financial Performance – Planning & Environment Portfolio

Type	Budget for year £000	Outturn £000	Variance		Performance
			£000	%	
REVENUE	**11,175**	**11,113**	**-62**	**-0.6%**	

REVENUE – COMMENTS

Overall the Planning & Environment portfolio has an underspend for the year of £62k (0.6% of budget):

- An overachievement of Agricultural Estates income of £78k against the budget of £534k income.
- Energy & Resource Strategy has an underspend of £107k resulting from lower consultancy fees for Green Economy, underspend on feasibility monies partially offset by greater biomass boiler costs.
- Planning & Environment overspend of £95k, resulting from increased staffing costs, legal costs and software costs offset by an increase in Enforcement and Planning Application fees net income and partnership funds not drawn down and held for use in 17/18.
- Business Improvement & Delivery – overspend of £61k due to staffing costs.
- Business Strategy & Commercial Development - £204k over, covered by underspends elsewhere in the portfolio and realigned for 17/18.
- Waste Management – £554k underspend. The main savings are from: biowaste with lower gate fees and a reduction in waste tonnage; trade waste income; and an underspend on recycling credits.
- Finance and TEE Corporate Overheads - overspend of £134k resulting from agency costs and resourcing SLA costs.
- Digital and Strategic Options Appraisal savings overspend of £151k covered by alternative savings in the business unit.

Type	Budget for year £000	Outturn £000	Variance		
			£000	%	
CAPITAL					
Released	**174,686**	**175,289**	**603**	**1%**	
Unreleased	**352**	**0**	**-352**	**-100%**	
Income	**-1,332**	**-1,360**	**-28**	**2%**	

CAPITAL – COMMENTS

- The outturn is an overspend of £223k:£365k overspend on High Heavens waste transfer station scheme as a result of accelerated spend on the project in relation to the compulsory purchase order.
- Underspends on flood defence schemes, biowaste treatment, ad hoc waste shredder and biomass boilers totalling £142k are being reviewed and where these budgets are required to complete the schemes, slippage will be applied for.
- Energy from waste – capital scheme completed with a net payment of £181.5m made on 24 June 2016. £864k reduction in cost of High Heavens waste transfer station has been accounted for along with £3.68m no longer required for Amersham waste transfer station.

Financial Performance – Transportation Portfolio					
Type	**Budget for year £000**	**Outturn £000**	**Variance**		**Performance**
			£000	**%**	
REVENUE	**27,368**	**27,322**	**-46**	**-0.2%**	

REVENUE – COMMENTS

Overall the Transportation portfolio has underspent by £46k (0.2% of budget).

- £32k underspend on Highways Development Management, due to staff vacancies and an increase in section 38 and section 278 income partially offset by greater consultant costs to cover the staff vacancies.
- £58k overspend on Transport Strategy, due to reduced income and a provision for costs not included on creditors list at the end of 15/16.
- £38k underspend on devolution due to lower staffing costs
- £217k underspend on Highways Client due to staff vacancies and TfB contract spend due to efficiencies and risk not materialising
- £30k overspend on staffing costs within Infrastructure Strategy & Planning
- £232k overspend on digital and strategic options appraisal, covered by alternative savings within the portfolio
- £42k overspend on Growth and Strategy Development, principally temporary staffing costs which were due to be offset by income.
- £137k underspend on Client & Public Transport due to additional income from historic depot charges and public transport

Type	**Budget for year £000**	**Outturn £000**	**Variance**		**Performance**
			£000	**%**	
CAPITAL					
Released	**26,154**	**20,206**	**-5,948**	**-23%**	
Unreleased	**495**	**0**	**-495**	**-100%**	
Income	**-2,742**	**-611**	**2,131**	**78%**	

CAPITAL - COMMENTS

The overall capital position shows an underspend/ slippage for Transportation of £4,313k (18%)

- £354k underspend on East West Rail will be carried forward in the slippage review and forms part of the Council's contribution to EWR.
- £31k underspend on developer funding schemes will be reviewed in the slippage review and reflect income from developers ahead of full delivery of the schemes.

- £260k overspend on Westbourne Street will be carried forward into 17/18 and funding delays resolved.
- £505k underspend on George Green junction traffic signals. This scheme will be carried forward and delivered in 17/18.
- The remaining underspend relates primarily to the strategic highway maintenance budget, street lighting column replacement, footway repairs. This underspend against budget was reported very late in the year (in March). A review has taken place and a revised process has been agreed and signed off. Plans are being prepared to update the programme for 17/18.

2. Corporate Costs

Corporate Costs has a reported outturn of a £10.1m underspend

The Corporate Costs part of this budget area has underspent by £5.6m, largely as a result of contingency budgets that have not been required during the year. A breakdown of the Contingency budget position can be found in section 3 of this appendix.

Treasury Management & Capital Financing outturns £4.8m better than budget largely due to the revision of the Minimum Revenue Provision (MRP) policy within the year, which resulted in an underspend of £3.6m, alongside a reduction of approximately £1.0m in borrowing costs due to the active borrowing approach taken in light of the availability of low cost borrowing during the year.

External funding has out turned £0.32m lower than budgeted due to lower than expected due to lower receipts than budgeted for business rates.

3. Contingencies

	Original Budget	Allocated	Revised Budget	Spend	Un-allocated
	£'000	£'000	£'000	£'000	£'000
Budget Risk Contingency					
Inflation	175	- 175	-		-
Pay inflation - BCC	1,964	- 1,821	143		- 143
Risk on MTP proposals	1,500	- 205	1,295		- 1,295
National Living Wage	3,000	- 1,138	1,862		- 1,862
Total	6,639	- 3,339	3,300	-	- 3,300
Service Risk Contingency					
Older People care package choices	100		100		- 100
Social Care pressures	500		500		- 500
Demographics - H&W	1,000		1,000		- 1,000
Demographics - CS	300	- 300	-		-
Winter Maintenance	300		300	300	-
Waste Contingency	1,000		1,000	1,000	-
Childrens safeguarding - high cost placements	500		500		- 500
Total	3,700	- 300	3,400	1,300	- 2,100
Redundancy Contingency					
Redundancy Contingency	700		700	489	- 211
Total	700	-	700	489	- 211
Total Contingencies	**11,039**	**- 3,639**	**7,400**	**1,789**	**- 5,611**

4. Payment targets – 10 day payments

Portfolio (Target 87%)	Invoices Paid	Paid Late	%age paid on time
Health & Wellbeing	23,606	379	98.4%
Children's Services	18,062	537	97.0%
Education & Skills (LA)	13,387	230	98.3%
Education & Skills (DSG)	3,343	204	93.9%
Community Engagement	9,602	109	98.9%
Leader	966	27	97.2%
Planning & Environment	1,882	84	95.5%
Resources	11,203	1,026	90.8%
Transportation	3,073	85	97.2%
Year To date	**85,124**	**2,681**	**96.9%**

5. Outstanding Debt

Aged Debt						
	Portfolio	1 - 30 Days	31 - 60 Days	61 - 90 Days	>90 Days	Total Due
Secured						
	Health and Wellbeing	15k	27k	107k	2,230k	2,379k
	Children's Services	0k	0k	0k	57k	57k
	Portfolio Not Determined	0k	0k	12k	17k	28k
	Resources	0k	1k	0k	6k	7k
Secured Total		**15k**	**27k**	**119k**	**2,309k**	**2,470k**
Unsecured						
	Health and Wellbeing	173k	408k	403k	2,002k	2,986k
	Children's Services	20k	0k	0k	447k	468k
	Education and Skills	137k	5k	10k	465k	618k
	Community Engagement	9k	0k	2k	29k	40k
	Leader	114k	0k	3k	0k	117k
	Below the Line	0k	0k	311k	68k	379k
	Portfolio Not Determined	-61k	-40k	-28k	-398k	-527k
	Resources	71k	52k	101k	620k	843k
	Transportation	450k	56k	7k	527k	1,040k
	Planning & Environment	17k	14k	2k	151k	184k
Unsecured Total		**931k**	**496k**	**810k**	**3,911k**	**6,148k**
Grand Total		**945k**	**523k**	**929k**	**6,220k**	**8,618k**

6. General Reserves

			£m	£m
General Fund at 1 April 2016				17.383
Add	Budget Roll Forwards		0	
	Current underpend		6.020	
	Budgetted contribution to GF		1.105	
				7.125
Less	Planned use of Reserves in MTP		0	
				0
General Fund at 31 March 2017				24.508