
**Bath & North East
Somerset Council**

Improving People's Lives



**Bath and North East Somerset,
Swindon and Wiltshire**

Integrated Care Board

Children and Young People's Plan

**Delivering for Children and Young People on
Priority 1 of the Health and Wellbeing Strategy
2023 -2030**

**Children and Young People's sub committee of the Health
and Wellbeing Board**

The Health and Wellbeing Board's Health and Wellbeing Strategy is a seven-year plan setting out how the Health and Wellbeing Board aim to put in place the best conditions for people of all ages to live healthy and fulfilling lives.

<https://beta.bathnes.gov.uk/document-and-policy-library/joint-health-and-wellbeing-strategy>

The Strategy has a vision for 2030 that sets out four priorities which they hope will help people have the best start in life, live well in caring, compassionate communities, and make it easier for people to live physically and emotionally healthy lives. The list of priorities is not exhaustive, but it provides focus to establish the right foundations for everyone's health and wellbeing over the next few years.

There are four priorities in the Strategy that will improve the health and wellbeing of all residents and reduce health inequalities.

- Ensure that children and young people are healthy and ready for learning and education.
- Improve skills, good work, and employment.
- Strengthen compassionate and healthy communities.
- Create health promoting places.

Principles that underpin all that we do

In order for the Strategy to be a success and make the difference partnerships and organisations leading the implementation of the strategy will seek to incorporate the following principles in their work delivering on the priorities:

- Tackle inequalities
- Adapt and build resilience to climate change!
- Share responsibility and engage for change.
- Deliver for all life stages.

How we will know if we are making a difference

We have a set of indicators which we will over time develop further so we can see if we are on the right track. The Health and Wellbeing Board will receive updates on actions taken by partners of the Health and Wellbeing Board to deliver on the indicators.

The Children and Young People's sub committee

We have a Children and Young Peoples sub committee of the Health and Wellbeing Board who historically have ensured delivery on emotional health and wellbeing* outcomes in previous Children and Young People's Plans.

****The assurance around children and young people's safeguarding sits with the Bath and North East Somerset Community Safety and Safeguarding Partnership BCSSP***
<https://bcssp.bathnes.gov.uk>

This sub committee oversees the delivery of the Health and Wellbeing Board Strategy Priority 1 and Strategy Objectives giving assurance to the Health and Wellbeing Board that children and young people in B&NES in most need have good emotional, health and wellbeing support.

Members of the sub group include:

- Health and Wellbeing Board member (Chair)
- Head of Education Commissioning
- Head of the Virtual School
- Director of Children and Young People's Service
- Chair of the Children and Young People's Emotional Health and Wellbeing subgroup
- Chair of the Prevention and Early Intervention sub group of BCSSP
- Senior Commissioning Manager – Children's Public Health and Early Help Public Health Department
- Third Sector representative
- Children's Community Health Services, HCRG Care Group
- Specialist Safeguarding Nurse
- Designated Nurse for Looked After Children
- BCSSP Business Manager
- Senior Commissioning Manager Complex Care and Targeted Support
- Strategic Commissioning Officer Complex Care and Targeted Support (Support to the Sub Group)

The group meets 6 times a year and provides a quality and assurance report to the Health and Wellbeing Board in Q2 and Q4 and also in Q4 the Priority Indicators

Our Vision

Children and young people will be well prepared for adult life, and we will listen to what they tell us, so they can influence change.

Our Children and Young People's Plan (set out below) outlines how we will deliver on the objectives set out in the Health and Wellbeing Strategy for our children and young people in most need , living in Bath and North East Somerset.

Priority 1

Ensure Children and Young People have the best start in life and are ready for education and learning

Intended outcome: All our children are healthy and ready for learning and education.

Implementation Plan Strategy Objectives

1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.

1.2 Improve timely access to appropriate family and wellbeing support

1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.

1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services)

Objectives for Children and Young People's sub group that will help us to deliver against the better outcomes.

1. Increase the proportion of children and young people living in safe, supportive families and communities.

2. Increase the proportion of children and young people experiencing good emotional and mental health, wellbeing, and resilience.

3. Increase the proportion of children and young people maintaining a healthy weight.

4. Increase the proportion of children and young people free from the harm of substance misuse, including alcohol and tobacco.

5. Ensure children who have an identified additional need are supported to have the best start in life and be ready for learning.

6. Ensure children and young people who have an identified additional need are supported to achieve and that gaps in their educational attainment are closed.

7. Ensure children and young people with SEND are well supported and able to access and maintain appropriate local education provision.

8. Children and young people with an identified additional need are supported through key transitions stages.

H&WB Strategy Implementation Plan Priority 1				
Strategy objective	Indicators to measure impact	Partnership responsible for leading delivery	Others involved in delivering the action	Update to Health and Wellbeing board
<p>1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.</p> <p>1.1.1 Implement Best Start in Life Action Plan</p> <p>1.1.2 Work towards a shared trauma informed resilience approach</p> <p>1.1.3 Ensure constant promotion of existing and new services so practitioners and</p>	<ul style="list-style-type: none"> • Improve perinatal and infant mental health, especially for women with mild to moderate perinatal mental health needs. • Increase number of children accessing their entitlement to early education at age two, three and four • National Child Measurement Programme - reception and year 6 	<p>Prevention and Early Intervention sub group of the BCSSP</p> <p>Early Childhood Outcomes Group (ECOG) reports to Best Start in Life group (BSILG)</p>	<p>BSW Local Maternity and Neonatal System, VCSE, Early Years settings, Schools,</p>	<p>Exception report Q2 & Q4</p>

<p>families know what support is available</p>				
<p>1.2 Improve timely access to appropriate family and wellbeing support.</p> <p>1.2.1 Ensure continuity of Early Help offer.</p> <p>1.2.2 Family Therapy provision</p> <p>1.2.3 Progress work towards a Family Hub/Multi-Disciplinary Team approach to support families linked to new Integrated Neighbourhood Team model.</p>	<ul style="list-style-type: none"> Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) crude rate per 10,000. 	<p>Prevention and Early Intervention sub group of the BCSSP</p> <p>Injury Prevention Partnership (Safeguarding)</p>	<p>BSW Local Maternity and Neonatal System, Schools, Early Years Settings, VCSE groups, CAMHS.</p>	<p>Exception report Q2 & Q4</p>

<p>1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.</p> <p>1.3.1. Improve Disadvantaged Educational Outcomes Programme (IDEOP) to commission work to provide intensive support for children eligible for free school meals, Children Looked After (CLA), SEND and BAME to support them to achieve better outcomes at school</p> <p>1.3.2 Continue to work alongside schools and social care to reduce exclusions and suspensions for all children open to social care but with a specific focus on CLA and Children with</p>	<ul style="list-style-type: none"> • Increase percentage of children on FSM achieving a Good Level of Development at EYFS • For at least 80% of children who are looked after to be making good or expected progress in their academic pathways. • For all children who are looked after to have an identified education or training pathway post 16. • To maintain no permanent exclusions for children who are looked after. • To develop an enhanced offer of support from the virtual school to include young people who are care experienced post 18. • To develop a strong graduated inclusive approach for all vulnerable children at risk of exclusion. • Embed the Tier 4 Approach in all schools to promote inclusion and prevent exclusions. • To reduce permanent exclusions for all vulnerable children. 	<p>Improve Educational Outcomes for Disadvantaged Pupils (IEODP)</p>	<p>SEND Inclusion Service Virtual School, VCSE, Schools, SEND Transitions.</p>	<p>Exception report Q2 & Q4</p>
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<p>Protection Plans (CPP) in place</p> <p>1.3.4 Continue affordable schools' work.</p>	<ul style="list-style-type: none"> • For all children open to social care to have a strong education focus within their plans supported by advice from the Virtual School. • To ensure that school attendance for all our vulnerable groups is in line or above the national average. 			
<p>1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services).</p> <p>1.4.1 Retain commissioned services.</p> <p>1.4.2 Influence ICA to invest and take action to address emotional wellbeing and mental health.</p>	<ul style="list-style-type: none"> • Rates of under 18s alcohol related hospital admissions • Rates of hospital admissions as a result of self harm (10-24) • Mitigate the anxiety experienced by children and young people not attending school/college due to lockdown restrictions or due to above average levels of parental or child/young person anxieties (including children and young people with autism • Improve experience of, and access to, care and support for young people aged 16-25 transitioning to adult services by ensuring closer 	<p>CYP Emotional Health and Wellbeing subgroup</p> <p>Emotionally Based School Avoidance Steering Group (EBSA)</p> <p>Mental Health in Schools Group</p>	<p>Children services B&NES/Oxford Health, BSW, VCSE groups,</p>	<p>Exception report Q2 & Q4</p>

<p>1.4.3 Use and refresh Dynamic Support Register and Care, Education and Treatment Plans to ensure support provided is needs led and tailored to child</p> <p>1.4.4 Improve transition processes between children and young people and adult services (Physical and MH provision)</p>	<p>collaboration and earlier involvement of services and ensuring system wide adoption of relevant standards</p> <ul style="list-style-type: none"> • Improve the support for Children Looked After who need interventions to help with previous trauma • Improve CLA's emotional wellbeing, placement stability and educational attainment. 			
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Priority Indicator reported annually in Q4	Timescales (Period covered by data)	Summary Points (Pull out and summarise key points)	Comments (e.g., limitations of the data, links to actions being undertaken in JHWS implementation plan...)
Gap in School Readiness: the gap in the percentage of children with free school meal status achieving a good level of development at the end of reception compared to pupils who are not in receipt of free school meals	<u>Example</u> Sept 20- Sept 22	<u>Example</u> the educational attainment gap is increasing among boys but static among girls	<u>Example</u> There is now a stronger focus on gender in refresh of the plan
Child development: percentage of children achieving a good level of development at 2 to 2½ years			
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 yrs.), crude rate per 10,000,			
Hospital Admissions as a result of self-harm (10-24 years), DSR - per 100,000			
Smoking status at time of delivery (NEW)			