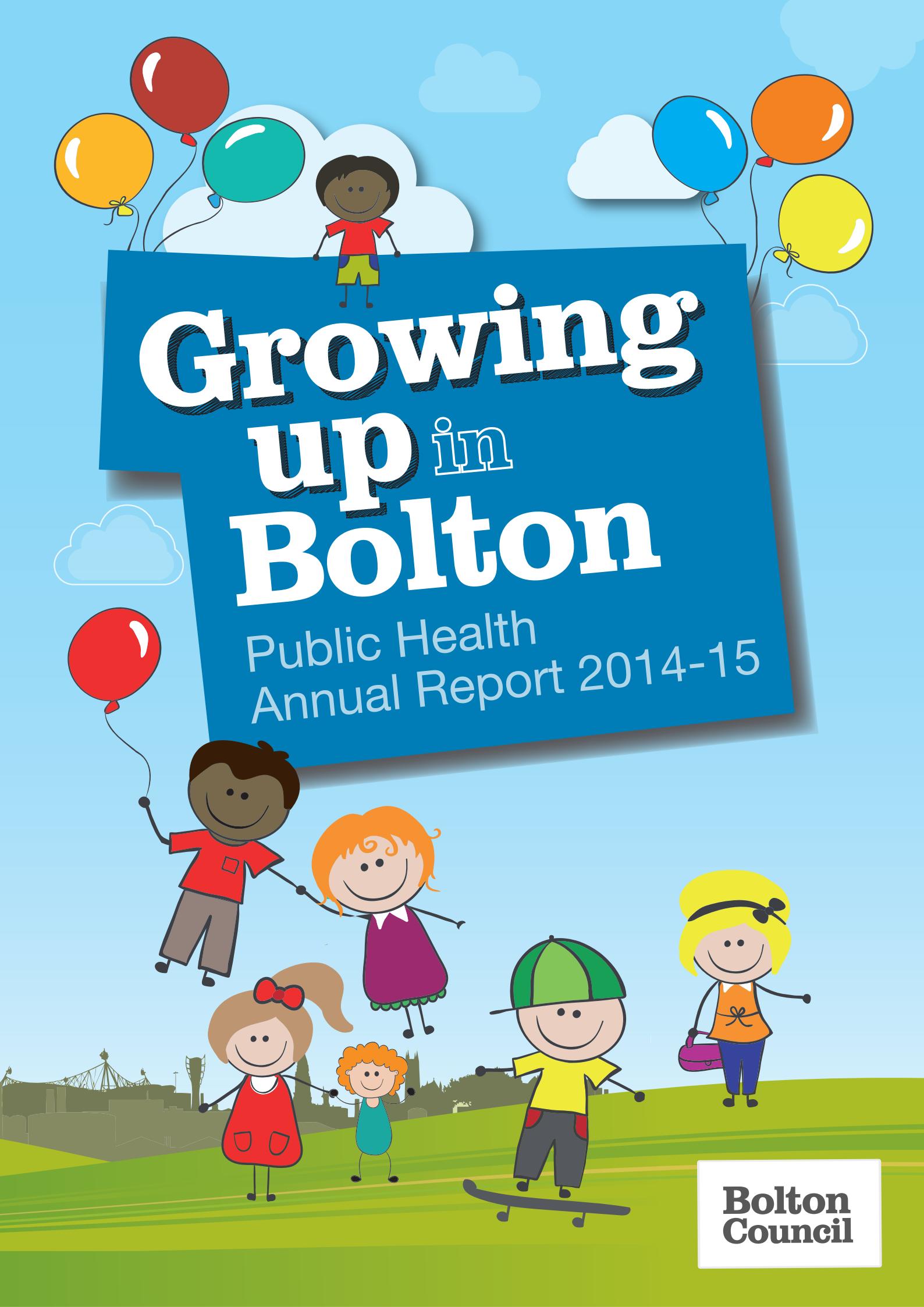
Growing up in Bolton

Public Health Annual Report 2014-15



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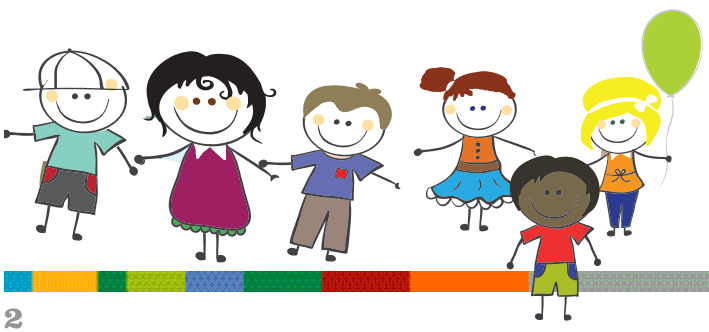

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Acknowledgements

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I would like to thank the following partners for their contributions to the content and production of Growing Up in Bolton:

- Sara Booth (Family Nurse Partnership)
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- All of the schools and pupils that participated in the Growing Up in Bolton Survey

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being.

Marmot 2010

Welcome

Welcome to the Director of Public Health's Annual Report 2014/15. The focus of this year's report is Bolton's Children and Young People.

The importance of the health and wellbeing of children and young people has never been higher.

There is now a wide spread understanding that investment both financial and physical is needed to ensure that together we lay down the best foundations possible for the development of all children and young people. Here in Bolton ensuring that children have the best start in life is challenging as a result of our increasing and increasingly diverse under 18 population but I feel that the programmes and measures we are developing and implementing will enable us to deliver services to children in new and better ways.

This report aims to give a flavour of what we know about Bolton's Children and Young People and most importantly what the young people themselves are telling us about their health and health behaviours. It sets out what we are doing locally to improve services and highlights some fantastic examples of good practice across the borough which has made a huge difference to the outcomes of local young people. Finally there are a number of recommendations to increase still further positive outcomes for children and young people and an update on the recommendations from last year's report.

These are really exciting times for our children and young people and I hope you will share my enthusiasm and commitment to ensuring all Bolton's children and young people get the best start in life and are equipped to make the most of their lives as adults.

This report is a team effort and I'm grateful to all the contributors listed and those who have worked tirelessly to bring this report together. Thank you.

Wendy Meredith
Director of Public Health

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.

Field, F. 2010

Chapter 1: The case for change

In this chapter we will look at why it is vital that we prioritise the health and wellbeing of children and young people for the long term prosperity of Bolton and why organisations and services need to work differently to produce improved outcomes for Bolton's children and young people.

What happens to children in their earliest years determines key outcomes in adult life. On average, children born in the North of England are expected to live for two years less than their counterparts in the South and experience a range of worse health outcomes.

Children's health outcomes are strongly influenced by the social and economic circumstances of the family and community in which they live. Children living in poverty are more likely to: die in the first years of life, have a low birth weight, be bottle fed, breathe second hand smoke, become overweight, perform poorly at school, die in an accident, become a young parent when compared to those born into more affluent families. As adults they are more likely to die earlier, be out of work, live in poor housing, be low paid and report poorer health. Early disadvantage continues across the life course so it is imperative we focus on improving early years experiences and change the focus of our increasingly limited resource not just for the benefit of our children and young people's health and wellbeing but to reduce the burden of future adult ill health.

Child and adolescent health in the UK has improved dramatically over the past 30 years. However, the UK also performs poorly on several measures of child health and wellbeing compared with comparable European countries.

The Children's Society Good Childhood Report 2014 shows children in England ranked 30th out of 39 countries in Europe and North America for subjective wellbeing and 9th out of a sample of 11 countries around the world.

The conditions in which children grow up are not just critical for child health but for adult health too. Thus interventions targeted in the early years can delay the onset of life limiting illness in later life.

The last 10 years have seen the development of a significant international and national evidence base for the importance of

supporting children and families in the early years (0-5) to make real improvements in population health.

The conditions in which children grow up are not just critical for child health but for adult health too. Thus interventions targeted in the early years can delay the onset of life limiting illness in later life. Two-thirds of children in England experience at least one health damaging risk factor (these include smoking, financial stress, parental depression, domestic violence etc.) in their early years, 30% experienced two risk factors and 12% three risk factors suggesting that a significant percentage of the population can benefit from more support in the early years.

Children from poorer backgrounds lag behind at all stages of education. By the age of three, a baby's brain is 80% formed and his or her experiences before then shape the way the brain has grown and developed. By the age of three poorer children are estimated to be nine months behind in their development than their wealthier peers. Department for Education statistics show that by the end of primary education pupils receiving free school meals are three terms behind their more affluent peers this rises to five terms by 14 years old and at 16 years old achieve and average of 1.7 grades lower at GCSE.

School readiness (a measure of how prepared a child is to succeed in school cognitively, socially and emotionally) starts at birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life.

School readiness at age five has a strong impact on future educational attainment and life chances.

"The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration"

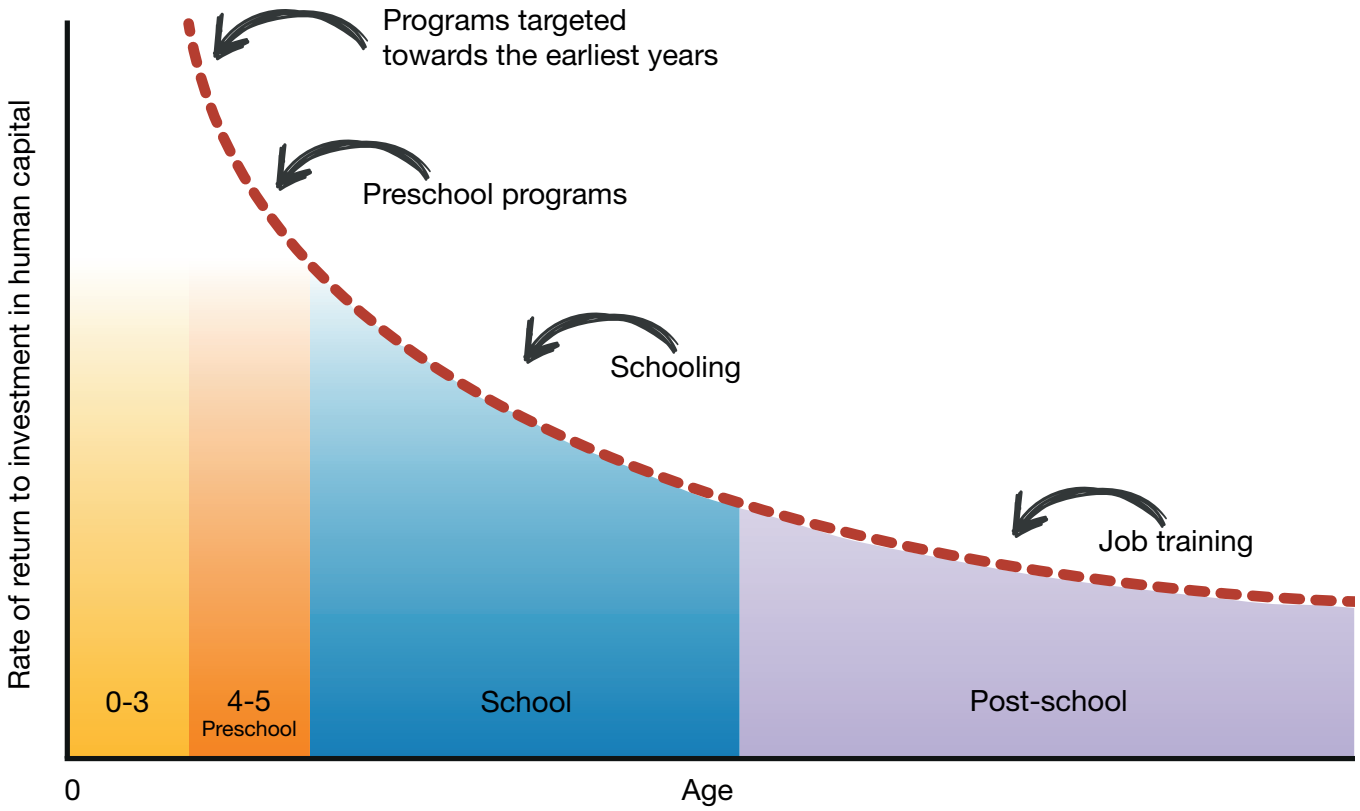
UN Declaration of the Rights of the Child. 1959

What does a school ready child look like?

Taken from: Milestones of normal child development aged about four years (based on the work of Mary Sheridan, From Birth to Five Years)

Improving school readiness is one of the overarching aims in Bolton's Health and Wellbeing Strategy. There is also a very powerful economic argument for investment in early years in order to yield huge financial savings in the future. The Nobel Prize winning economist James Heckman shows that the rate of economic return on early year's investment is significantly higher than at any other stage of the education system (see graph below). This high return in the early years is due to the brain's rapid development and ability to adapt and change in the first years of life something which declines rapidly over time. Therefore getting it right early leads to better outcomes and is less costly in the long term than trying to fix our failure to promote healthy development.

The Heckman curve: rates of return to human capital investment



Investing in the early years has been identified as essential to tackling the most costly health and social problems caused by early disadvantage. A recent report (Joseph Rowntree Foundation) estimated the cost to public services of childhood disadvantage at between £11.6 and £20.7 billion in 2006/07, and a further report (by the New Economics Foundation) estimated the cost to the UK economy of addressing current levels of social problems related to early disadvantage at £4 trillion over a 20 year period.

However, it is important to recognise that focusing only on the children with the highest level of need will not reduce health inequalities sufficiently and we need to apply what Marmot calls "proportionate universalism" to our provision for children and young people. Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Services are therefore universally available, not only for the most disadvantaged, and are able to respond to the level of presenting need.

So in conclusion, the evidence is clear about what works to improve outcomes for our youngest citizens and how we should work towards implementing the recommendations proposed to enhance outcomes for all. We need to change what we do across all age stages.

This is the challenge given the current financial climate which has and is resulting in more and more pressures. We simply cannot afford to work in the same way.

In Bolton, we have good practice and are working in the ways outlined across Bolton but this is mostly on a small scale. This good practice needs to be "industrialised" across the borough if we are to bring about real change for Bolton's children and young people.

With the new children's public health commissioning responsibilities transferred to councils as a result of the 2012 Health and Social Care Act and the strong evidence base now available, this offers us the

opportunity to do things differently and commission services to meet the needs of Bolton's Children and Young People more efficiently and effectively.

As we move forwards the Council will assume responsibility for commissioning the 0-5 service in addition to the existing school aged children's services. We have already started to implement the proposals and reap the benefits for early years through the early adoption of the Early Years New Delivery Model (described in more detail in Chapter 4) and integrated working in the Oxford Grove Children's Centre area.

Commissioning of the integrated Children and Young People's 5-19 Health and Wellbeing Service is well underway with the new provider assuming service responsibility from late 2015 (see Chapter 5 for more information).

Our actions now are not just intended to improve the health and wellbeing of children and young people, but to improve the future health and wellbeing of adults.

Recommendations:

- To continue to develop and improve Children and Young People's Services by ensuring appropriate, relevant and integrated commissioning and delivery
- To develop opportunities for co-commissioning of services for Bolton's children and young people with key partners in order to optimise resources and ensure a whole pathway approach to children and young people's health and wellbeing
- To role out the Early Years New Delivery Model across Bolton to ensure improved outcomes for our more vulnerable citizens

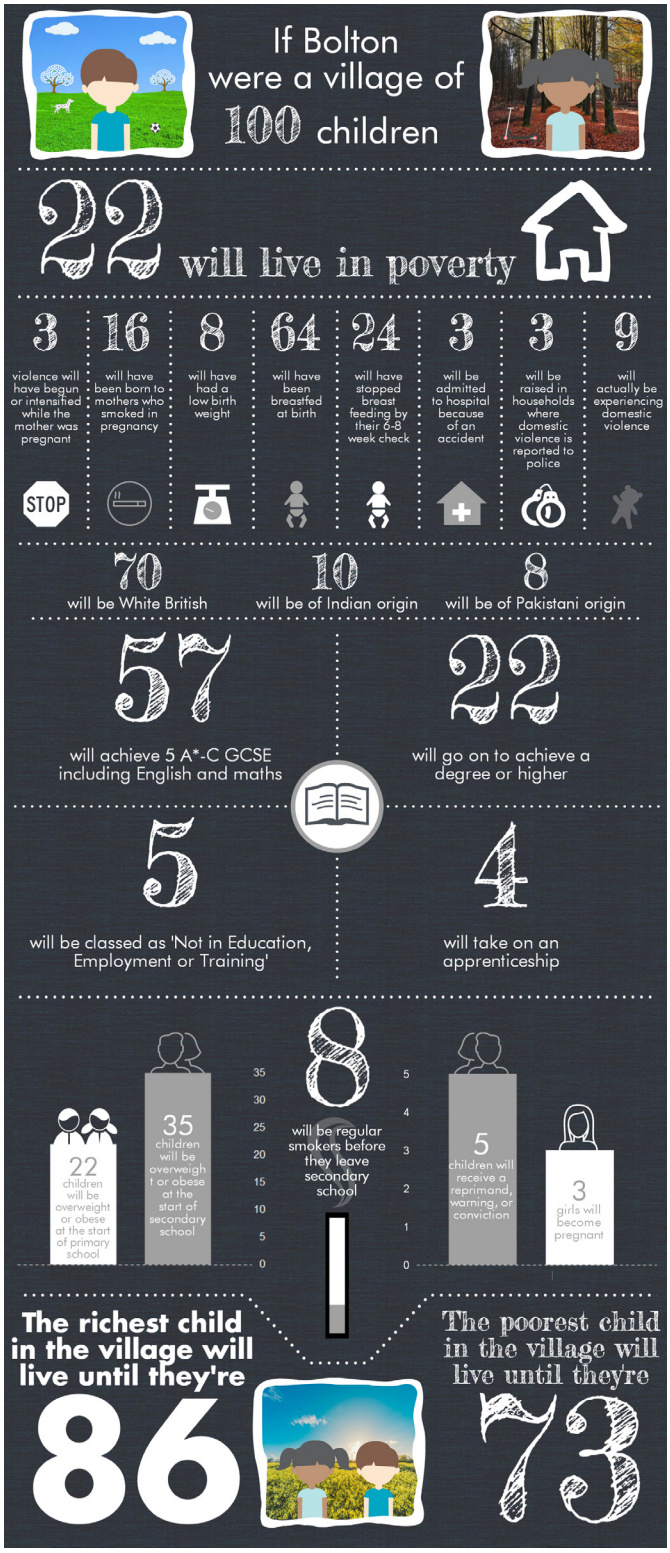
Children represent the future and ensuring their healthy growth and development ought to be a prime concern of all societies

World Health Organisation

Chapter 2: Demographics

Our changing population
Today there are 19,600 children under 5 in Bolton, 24,600 primary school children, and 25,300 secondary school children (including 16-18 year olds).By 2021, we expect Bolton's 0-4 population will increase by 11%, our 5-9 population will increase by 26%, our 10-14 population will increase by 8%, whilst our 15-19 population will reduce by 8%. These changes will have obvious implications for our local schools and children's health services.

Challenges of the <19 population
Children with Complex needs
Children with complex needs include Looked After Children (LAC), the young homeless, young carers, those with physical, mental, or behavioural problems, and those subject to a Child Protection Plan. In Bolton there are around 2,600 new cases of children in need each year. A child in need is one who has been referred to children's social care services, and who has been assessed to be in need of social care services. Of these children, 79% are in need because of abuse, neglect, or family dysfunction. The number of Looked After Children in Bolton – that is those taken into care – is around 530. Around 71% of Bolton's Looked After Children are placed in foster care, a lower proportion than we see nationally and regionally, whilst 6% (45 children) are placed in secure units, children's homes, and hostels. Young people in care are over-represented in mental health statistics; being in care when young is a determinant of adult mental health and associated



with levels of antisocial behaviour, emotional instability, and psychosis complications. 54 of Bolton's Looked After Children were adopted during 2014/15; given the significant reduction nationally in the number of adoption placement orders made following a number of high profile court judgments, this represents exceptionally good performance which we anticipate will, once again, be in the top 10% in England.

Finally, 15% of Bolton's Looked After Children achieved 5 or more A*-C grades at GCSE including English and maths in 2014 compared to an England average of 12%.

This is lower than the 19% who achieved this level in 2013, although the performance is not directly comparable because of reforms in 2014 affecting the performance calculations. Bolton's Virtual School Heads are working closely with schools to ensure that Looked After Children receive appropriate support and that the pupil premium is used effectively.

Homelessness

Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a significant social determinant of health. There are 83 family households with children who become homeless in Bolton each year (approximately 153 children each year).

Carers

In Bolton there are presently around 590 children under 15 years of age who are providing unpaid care; of these approximately 115 are providing considerable care (over 20 hours per week).

Additional needs

We estimate there to be 4,200 Bolton children aged 5-16 years who have a mental health disorder and 1,600 with an emotional disorder. Around 1,200 of these children will require a Tier 3 CAHMS service and 50 will require Tier 4. Furthermore, 75 Bolton children are admitted to hospital each year for diagnosed mental health conditions and 180 for self-harming behaviour.

Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders; failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. In total, there are 735 Bolton pupils with behavioural, emotional, and support needs and 540 pupils with speech, language, or communication needs.

Around 50 Bolton children are admitted to hospital each year because of substance misuse; however, over the last decade the proportion of children taking drugs has reduced. Though reducing along with the general trend, cannabis is the most commonly used drug amongst children. Polydrug use is the use of more than one type of drug taken simultaneously or more than one type of drug taken simultaneously or more than one type of drug taken concurrently in the last year; almost all polydrug use in the adult population involves cannabis. There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression, and disruptive behaviour disorders. Furthermore, regular use of cannabis or other drugs may also lead to dependence.

Among 10 to 15 year olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending.

There are around 360 new child protection cases in Bolton during the year, and 50 of these are repeat cases. The maltreatment of children – physically, emotionally, sexually, or through neglect – can have major long-term effects on all aspects of a child's health, development, and wellbeing. The immediate and longer-term impact can include anxiety, depression, substance misuse, eating disorders, self-destructive behaviours, offending and anti-social behaviour.

The art of conversation is the art of hearing as well as of being heard.

William Hazlitt

Maltreatment is likely to have a deep impact on the child's self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood: the experience of long-term abuse may lead to difficulties in forming or sustaining close relationships, establishing oneself in work, and to extra difficulties in developing the attitudes and skills necessary to be an effective parent.

Recommendations

- Identify opportunities to work with key organisations to co-commission or enhance Mental Health services for Children and Young People
- To continue to develop and strengthen the children and young people's section of Bolton's JSNA to ensure accurate and appropriate commissioning of service
- Develop and test out a step down intervention pathway for families at higher levels of need on the Framework for Action, informed by needs assessment and therapeutic approaches similar to the Family Nurse Partnership Programme.

Our Survey Says

What do our children and young people say about their own health behaviours and experiences?

In order to find out we have undertaken biggest survey of its kind ever undertaken with Bolton's Children and Young People, with more than 6000 children and young people in years 4,6,8,10,and 12 completing in schools across the whole of the borough.

The survey was completely confidential and no child could be identified by their responses so ensuring more honest responses to the questions. The survey covered a wide range of topics including attitudes towards learning, emotional health and wellbeing including resilience and bullying, sexual health, substance misuse, and e-safety.

Key findings from the survey are outlined below and a more detailed summary is available on the Bolton's Health Matters **www.boltonshealthmatters.org** and Bolton Healthy Schools websites **www.boltonhealthyschools.co.uk**

The home learning environment has a greater influence on a child's intellectual and social development than parental occupation, education or income. What parents do is more important than who they are, and a home learning environment that is supportive of learning can counteract the effects of disadvantage in the early years.

Melhuish, E., Sylva, K., Sammons, P. et al. (2008) in DfE 2011

A typical Bolton primary school day

Demographics

56% of pupils describe themselves as White British

72% of pupils report they live with their mum and dad

8% of pupils responded they are a young carer

Before school

84% of pupils reported they brushed their teeth twice a day

38% of pupils reported sometimes they are afraid to go to school due to bullying

13% of pupils reported they had nothing to eat/ drink before lessons

29% reported that they had toast/bread or fruit

46% of pupils reported that they travelled to school by car/van

48% of pupils reported they walked to school

School

62% of pupils reported they feel their views are listened to in school

72% of pupils reported they worry about at least one issue 'a lot' or 'quite a lot'

87% of boys and **83%** of girls reported they enjoy physical activity

Dinner

58% of pupils reported they had school dinners

28% of pupils reported they ate 5 portions of fruit and veg a day. **9%** said they didn't.

29% of pupils reported their dining hall was friendly. **39%** reported it to be crowded and **16%** reported it to be rushed

School

42% of pupils reported they worry 'a lot'/ 'quite a lot' about SATs/tests

69% of pupils reported their school takes bullying seriously, **18%** were 'not sure' if it does

18% of pupils reported they never think about how they look. **47%** reported they 'liked' the way they looked with **9%** unhappy with how they looked

Outside of school

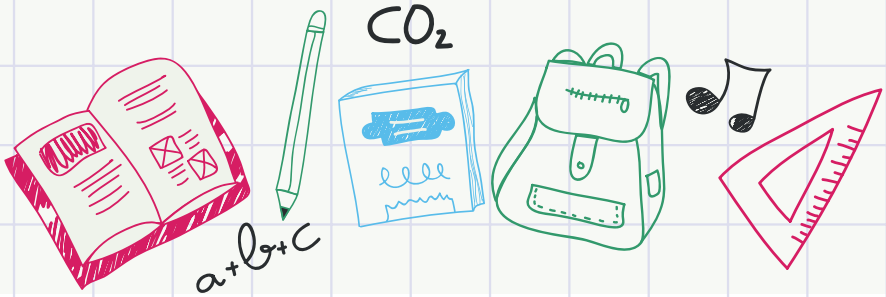
18% of pupils reported they had received a chat message that scared/upset them on line

20% of Year 5 Pupils reported they had seen images/videos on line that were for adults only.

8% of boys and **4%** of girls reported they had at least tried one method of smoking/vaping in the past or use them now

6% of year 5 pupils reported thet they drink alcohol and their parents 'never' or only 'sometimes' know

22% of pupils reported that they can 'rarely' or 'never' say no when a friend wants them to do something they don't want to



A typical Bolton secondary school day

Demographics

58% of pupils describe themselves as White British

41% of pupils say they are a practising member of a religion

64% of pupils reported they live with their mum and dad

4% of pupils reported they are young carers

5% of Year 10 pupils class themselves as LGBT

28% of pupils reported they travelled to school by car/van

34% of pupils said they walked to school

Before school

16% of pupils reported that they didn't have anything to eat or drink before school

20% of pupils said they were being 'picked on' or bullied because of how they look. **16%** said was because of their size or weight

24% of pupils said they at least 'sometimes' feel afraid to go to school due to bullying

26% of pupils said they had toast/bread before lessons With **9%** saying they ate fruit

School

Just **60%** of pupils report they have a Facebook profile and it is securly set to friends and family

73% of pupils responded that they enjoyed physical activities 'quiet a lot' or 'a lot'

44% of pupils said their school takes bullying seriously while **30%** were 'not sure'

36% of pupils said their lessons about drugs in school were 'quite/very useful' while **28%** said the same about sex education

42% of Year 10 males and **47%** of females say they think they have had enough information about their options

Dinner

13% of pupils reported they have a free school meal

47% of pupils reported that they had school food at lunch time

14% of pupils reported they had nothing to eat for dinner the day before the survey

76% of pupils said they can get water at school through the day while **19%** said it wasn't easy

17% of pupils said they ate at least 5 portions of fruit and veg on the day of the survey.

School

28% of pupils reported they had medium to low self esteem.

About **60%** of Year 10 males said they had never heard of long-acting reversable contraceptions like implants/injections with more saying they knew little about them.

49% of Year 10 females say that they worry about how they look 'quiet a lot'

Outside of school

24% of pupils said their safety going out in the area they live was 'poor' or 'very poor' after dark. **6%** said the same about going out during the day.

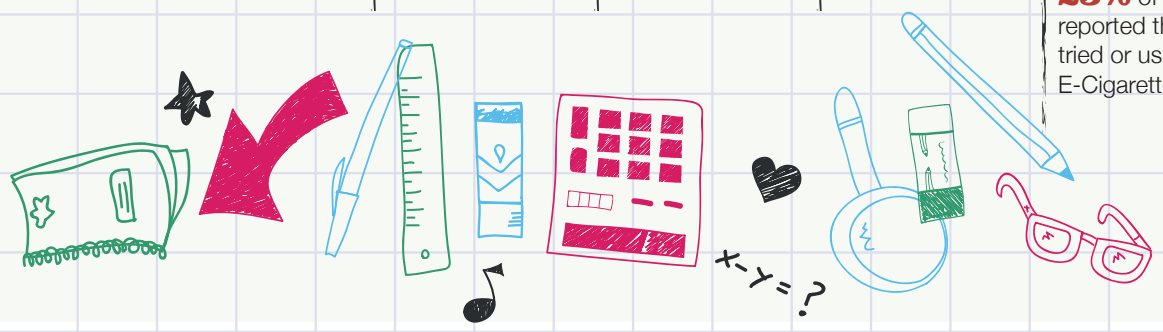
30% of Year 10 females knew of a local service for young people while **28%** said it was east to get to.

66% of pupils intended to apply for university **75%** of Year 8 females intended to apply for university.

10% of Year 10 pupils said they had used cannabis

24% of pupils reported they had used some method of nicotine with **5%** being current users.

23% of pupils reported they had tried or used E-Cigarettes.



How does this compare?
On the whole, the results from Bolton pupils are very similar to those in national comparison sample. Pupils surveyed in Bolton reported less likelihood of experience with tobacco, alcohol or illegal drugs than the national sample.

Bolton pupils did report more experience of bullying as well as a higher likelihood to report worrying, but for overall mental wellbeing scored the same as the national sample.

A pinch of salt:
As identified many of the responses from Bolton's children and young people are comparable with those in the rest of England however care needs to be taken that these results are not taken in isolation as the findings or the survey are only one source of information about Bolton's young people.

It is pleasing to note the apparent improvement in positive health behaviours which reflect the national trend, which would suggest that current approaches to young people's health improvement such as promoting "social norms" (90% of young people don't smoke, ¾ of under 16s have not had sex) are beginning to have a positive impact. The rise in on-line activity in the last few years is thought to have decreased the opportunity to participate in risky behaviours.

It is important to understand the limitations of the survey. Those young people most likely to be engaging in harmful risky behaviours are most often those least engaged with the education system and may not have completed the survey owing to absence or exclusion. By not considering the health behaviours of this group may be to underestimate the scale of the problem of some issues.

Evidence suggests young people who engage in risky behaviours are more likely to be from the more vulnerable groups in our society and exhibit more extreme activity requiring more intensive support. With increased online activity (so called digital immersion) come new risk behaviours which are also reflected in this survey: cyber-bullying, sexting, and accessing pornography and the potential wider risks associated with this in terms relationship abuse, grooming and child sexual exploitation. Whilst the long term impact of this activity is uncertain a correlation has been observed between online activity and offline behaviour and this could have wider future implications for service delivery.

Despite these caveats the survey is Bolton's biggest ever survey on young people's health behaviours. The contribution of Bolton's children and young people often goes unrecognised. Alongside the decline in their risky behaviours they are active participants in local society either through work in schools, volunteering or other opportunities in their communities and they should be commended for this. Risky behaviours do however remain and new forms appear to be emerging particularly for the more vulnerable children and young people in Bolton and ongoing vigilance of local intelligence should be maintained to ensure best outcomes can be achieved for our children and young people.

Recommendations

- Ensure the Joint Strategic Needs Assessment (JSNA) continues to develop as a vital resource supporting health/social care and wider public service reform
- Deliver a strong knowledge base within the children and young people's element of the JSNA through the establishment of a local health survey schedule with a focus on Children and Young People and the early year's agenda
- Communicate key learning from Children and Young People's health and wellbeing Survey to key partners and stakeholders ensuring that user voice is established within commissioning and delivery of Children and Young People services
- Ensure that performance management of commissioned services reflects the findings of the survey to ensure that services are responsive to pupil voice

Chapter 3: Starting well

In this chapter we will describe how we are starting to change things for the better and showcase evidence of good practice which is already improving outcomes for Children and Young People.

As was described earlier the health and wellbeing of children and young people in the early developing years is critical to improving the health and education outcomes that set the course for adulthood. Setting down strong foundations at an early age has a great influence over the life chances and health of people in adulthood. Services have a very important role to play in supporting children and young people in order that they have the best possible outcomes for their overall wellbeing moving into and through adulthood. In order to achieve this, services are often able to best meet the needs of children and young people if they are integrated and focus targeted interventions on children and young people who are most at risk and in need of support, including those with disabilities or complex emotional needs.

As both the need and demand for services increases it has never been more important to apply this approach. There are opportunities to bring about real change as Councils assume responsibility for Health Visiting services and through commissioning new service models.

Here in Bolton we have made a significant start in responding to these drivers for change to develop and improve services for Bolton's children and young people by investment in the Early Years New Delivery Model and the commissioning of an integrated Children and Young People's 5-19 Health and Wellbeing Service. These build upon existing pockets of good and outstanding practice and are intended to give borough wide access to services which will in turn increase the numbers of children, young people and families accessing support which meets their needs in a more tailored and appropriate way.

A New Service Model

The Early Years New Delivery Model for babies, children and their families has been developed as part of a wider programme of Public Service Reform across Greater Manchester.

In Bolton we call this 'Starting Together'. The Starting Together service aims to prevent the cause of problems or issues and intervening early rather than dealing with the poor outcomes.

An 8 stage model is based on the assessment of children at key points from conception to school entry and it links closely with the Healthy Child Programme (0-5).

The Healthy Child Programme offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices to identify the need for early help and support children and families to achieve their optimum health and wellbeing.

In the Starting Together Service , where an assessment indicates the need for additional targeted support, this is followed up using evidence based interventions, a whole family approach and supported by

assertive outreach from early years professionals.

The approach aims to promote good development in the early years by supporting early parenting and having a strong focus on attachment, social, emotional, communication and language development.

The Starting Together Service started in April 2014 in the Oxford Grove Children's Centre reach area, enabling testing of the new approach in a single geographical area. Services include Health Visitors, the Children Centre, voluntary sector, early years' settings and schools. The model introduced new assessment tools and interventions (as seen in the tables below), a parenting programme, communication and language toolkit, the Baby Express magazine for parents and a series of integrated pathways in key areas including: communication and language pathway as well as social, emotional and behavioural pathway.

Other pathways under development include parent infant attachment/ parental mental health; employment and skills and high needs/vulnerable families.

The table opposite shows the range of assessment tools used within Starting Together.

Table 1: Assessment Tools used by the Early Years New Delivery Model (please see Glossary p36 for further detail)

Universal	Targeted
Edinburgh PND questionnaire	CAF (now known as 'Early Help')
EYFS profile	Parent-infant relation global assessment scale
Newborn Behaviour Observation (NBO)	CARE-Index
Ages and Stages 3 (ASQ-3)	Neo-natal Behaviour Assessment Scale (NBAS)
Home Learning Environment Checklist	Eyeberg Child Behaviour Inventory
	Achenbach System of Empirically Based Assessment
	Beck Anxiety/Depression

Implementation of the early adopter has highlighted critical gaps in service for vulnerable children and families which need to be considered in local service planning, including perinatal maternal and infant mental health (0-5 years); communication and language promotion; parenting programmes and parent education.

As identified in Chapter 1, early intervention to improve outcomes for young children and their families will have a significant impact on school readiness at 5, a child's overall education attainment and their future economic potential, resilience and independence.

Table 2: Interventions offered by the EYNDM (please see Glossary p36 for further detail)

Universal	Targeted
Baby Express	Family nurse partnership
Healthy child programme	Video interactive guidance
Every child a talker	Incredible years
Newborn behaviour observation	Neo-natal Behaviour Assessment Scale (NBAS)
15 hours per week childcare for all 3-4 years olds	Triple P
Children's centres	It takes two to talk (The Hanen Programme)
EYFS	Targeted 2s daycare
Solihull approach	

The case studies below describe the outcomes for families of some of the interventions. Borough wide implementation of the Starting Together is expected to deliver prevention and early intervention for all families, reducing current inequalities in attainment and outcomes. This will also reduce future demand on a wide range of public services.

Feedback from parents, practitioners, schools and settings in the early adopter site has been very positive. The parent-led assessment tools have reinforced relationships with parents, information sharing has improved and parents have spoken about the positive impact of the preschool training on their parenting skills.

Further implementation of the EYNDM approach will enable continued development and evaluation of the local model, including impact on key outcomes in the short, medium and long term.

Good practice case studies:

1. Oxford Grove Children's Centre: Strengthening parent-child attachment

Helen is a new mum who recently had her first baby; she is in a happy, stable relationship. An Early Help assessment was completed by Helen's Midwife because there had been a family history of domestic violence (DV), maternal anxiety and depression. A Health Visitor (Kath) was allocated to Helen and a home visit was arranged following the birth of baby Jack.

At the new birth visit discussions between Mum, Dad and Kath were around their maternal history, through discussion it was established that the reported domestic violence was associated with Helen's previous partner and no DV was disclosed within her current relationship. Kath asked Mum about how she was feeling and Helen shared that Jack was admitted to a neonatal unit at birth, which she found really stressful and a particularly anxious time, but since then she was now feeling well, both physically and emotionally. Helen said she had good support from her partner who was present throughout the visit. The Health Visitor recorded positive interactions during her visit and she saw mum breast feeding on demand although mum said baby Jack can be quite fussy when first put to the breast. Kath arranged a follow up home visit for the next week to offer breast feeding support and review Mum's health.

The outcome of this visit was that this family would be offered 'Universal-Plus' support.

At the Follow up home visit the Health Visitor explained to Helen what the Newborn Behavioural Observation tool is and how it can be helpful. She also showed her the Ages and Stages Questionnaire (ASQ-3) and went through it with Mum and Dad. Kath was able to explain baby states; mum and dad were receptive to the advice Kath offered and felt they had a better understanding of their baby's likes and dislikes.

Shortly after the follow up the Health Visitor received a telephone call from Helen's GP; who reported that she had been seen and was very tearful, angry, anxious and doubting her ability to parent well. The GP shared that Helen was now prescribed anti-depressant suitable for breast feeding mothers.

A further home visit by Health Visiting Nursery Nurse was arranged. Jack continues to breast feed well, although mum shared that baby continues to be "fussy" when first put to the breast. The ASQ-3 questionnaire had been completed by parents, and an assessment was also undertaken by the Health Visitor. Through their shared conversation and the recorded results of the assessments it indicated that Jack was within age appropriate development; from the Health Visitor observation of mum and dad she was able to record Jack's home as being a positive home learning environment.

Mum had many questions to ask the Health Visitor at each visit and Helen reported that she was anxious about her ability to parent effectively. Kath reassured her and then introduced a group called Incredible Years Baby Programme, which she and dad may find supports their parenting. Mum thought this sounded like a really useful programme and the Early Help Assessment was updated. Mum continued to access her GP regularly.

Jack is now 9 months, ASQ-3 and ASQ Social and Emotional questionnaires have been completed; in all areas of development including socially and emotionally, Jack is developmentally age appropriate. Mum continues accessing GP support, but feels she is ready to have her medication reduced; she no longer accesses psychological support, she continues to access local Children Centre activities with Jack and has built friendships with other parents. Kath plans to do a further review when Jack is one year old, if all continues to be well, the Early Help Assessment will be closed and 'Universal Service' will be resumed.

2. Oxford Grove Children's Centre: Promoting Early Language Development

The following case study outlines how a child (Taylor aged 2 years old) and her mother (Jenny) have benefited from one of the targeted interventions focused on early language development which form part of the Greater Manchester Early Years New Delivery Model.

Taylor's Health visitor referred Jenny and Taylor to Chatterbox, our Parent-Child Interaction Intervention which are delivered over 12 weekly sessions to help to encourage key interactions, and early language skills through play. Taylor was only using a few single words to communicate and had limited attention.

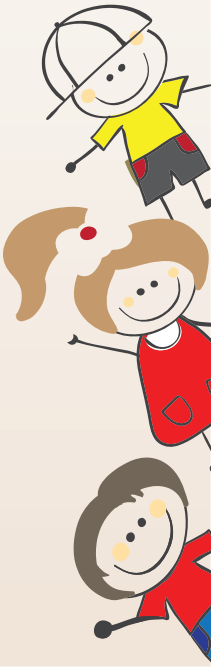
Jenny was apprehensive before attending the group as she felt Taylor would not concentrate on any activities as she does not sit still for long. Jenny's concerns were reduced after the parent training in the first session as the group was friendly and welcoming and she discovered other people were in the same position. Jenny also realised that some of her expectations were too high and she had expected too much from Taylor on occasions.

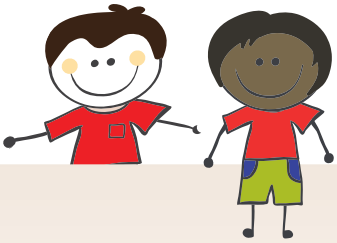
During the following weeks Jenny learnt many new strategies to help Taylor learn and develop and ways to improve her own interactions. The most effective strategies being: - offering choices, following Taylors lead in play rather than directing, reducing questions, giving time for turn taking and using specific praise.

Speaking after attending the course Jenny said: "I don't question Taylor anymore as this was something that I did a lot and did not realise, Chatterbox has helped me to understand that I need to tune into her interests and give Taylor the time to respond. I would praise but not often enough, Taylor loves me doing this and it has made me feel happier and enjoy my time with Taylor."

Jenny feels Taylor has developed in all her areas of learning. "Introducing the What to Expect, When? Document has really helped me too. It has helped me to understand all areas of Taylor's development and what I can be doing at home to help her."

Taylor's attention skills have developed as well as her understanding and use of language. She has increased her vocabulary size and is now using 1 and 2 word phrases. She is able to take turns in a small group and join in with nursery rhymes. In September Taylor will be starting Nursery, accessing Two year old funding for 15 hours a week where her skills and confidence will continue to develop.





3. **Family Nurse Partnership:** Case Study

Teenage parents and their babies are amongst the most vulnerable in society and often become caught in the cycle of disadvantage. The Family Nurse Partnership has the potential to transform the life chances of the most disadvantaged children and families in our society, helping to improve social mobility and break this cycle of intergenerational disadvantage.

The Family Nurse Partnership (FNP) is one of the targeted interventions delivered as part of the Starting Together service. It provides on-going, intensive support to young, first-time mothers and their babies (and fathers/ other family members, if mothers want them to take part). Structured home visits are delivered by highly trained nurses and start in early pregnancy, continuing until the child's second birthday.

Elle:
Elle was referred into the Family Nurse Partnership in the early stages of her pregnancy. She was in a relationship with Danny but they did not live together. Elle lived with her Mum who was an ex drug user with a prolific offending history and her dad had been in prison for a serious offence since she was an infant.

Elle had experienced a troubled childhood and had a long complex history known to children's services. She was suffering from significant emotional health problems, had a history of poor school attendance and attainment meaning that she struggled with basic literacy and numeracy. Elle also had a history of offending behaviours and had recently been working with the Youth Offending Team after spending time in custody at a young offender's institute.

Elle was referred to the Family Nurse Partnership as there were concerns about her ability to manage the demands of a new-born as a result of her own poor experience of parenting and her inability to control her emotions. It was also feared that Elle would not manage in semi-independent living within a mother and baby unit.

Elle engaged very well with her Family Nurse, completing work around parenting and attachment, play and development, safety, routines and a wide range of health related matters. The Family Nurse also supported Elle with her emotional health and wellbeing, helping her to access services and treatment, identify ways in which to look after her own needs in order for her to care for her baby in a sensitive and responsive way. Elle excelled at the mother and baby unit and was praised for her work ethic, care of her baby and engagement with staff.

Currently Elle lives independently with her baby and has no Children's Service involvement. She is managing her emotional health needs well with improved health and lifestyle practices and provides warm and sensitive care to her child who is a bright inquisitive toddler. Elle provides a safe and settled home life, and her baby is meeting developmental milestones, accessing nursery provision, fully immunised, registered with a dentist and accessing health care appropriately.

Recommendations

- To support the expansion of the Early Years Model (from Pregnancy to Five Years) across Bolton in order to maximise the benefits for more children and families

- To safely commission the new Health Visitor service

Chapter 4: Developing well

Bolton Council is now responsible for public health services for children and young people aged 5-19. As identified in Chapter 2 Bolton's school aged population is changing rapidly bringing with it new challenges and services which need to change to meet these changing needs.

These services include school nursing, healthy schools, 360 (young people and families substance misuse service), oral health promotion, children's weight management, adolescent health service (The Parallel), immunisation team and college health services. There is great variation across delivery by these services - for example, the age group to whom they deliver or the times that they deliver (most are term time only).

There is some overlap of delivery and support for schools, there is a lack of consistency in the offer to children, young people and schools etc. Despite this there has been some good progress in outcomes for children and young people when the services have worked together for example in addressing the teenage pregnancy agenda which has resulted in a large drop in the number of teenagers becoming pregnant.

It is clear however that these disparate services cannot deliver the outcomes needed for the changing under 19 population with its new and emerging issues. Bolton's service for children and young people has been redesigned. The new model is based upon a comprehensive and up to date evidence base, current national drivers, with the integration of existing services into a new single service at its heart.

What will the service be?

The service model underwent a borough wide consultation (which included the views of many children and young people) and the responses incorporated into the final service specification prior to going out to tender. The new service outlined below is expected to be operational by the end of 2015. The vision is an effective, high quality, children and family centred, integrated preventative public health service which will work with individual school aged children and young people, families, schools and communities to improve the health and tackle inequalities in children and young people in Bolton. A service which ensures that children and young people are assessed, supported and where additional needs are identified, receive early, responsive services and signposting to other agencies.

The service offer will be at four levels with the safeguarding of all children being a core at all levels of the service:

What's different?
The new service will be different in a number of ways. First and foremost it will be an integrated service with everyone working therein sharing the same ethos, goals and outcomes. This will reduce the duplication of some workstreams and increase provision for and involvement of children, young people and their families.

The service will be offered all year round rather than have variable provision. Children and young people's needs and issues do not stop in the school holidays neither should their support. This will ensure continuity of support where identified and reduce demand longer term. This will also encompass some out of hours, evening and weekend provision to further increase opportunities for children and young people.

As young people are now required to stay in education or training until 18 years the service provision will be aimed at all school aged children from when they enter education until their nineteenth birthday.

In order that all children and young people receive appropriate and timely support there will be a single electronic record per child across the service this will ensure that staff within the service are able to access the information they need to ensure early identification and help for any issues identified. This system will also enable a seamless transition of children and young people across each school phase and enable staff within the service to continue to tailor accessible and appropriate support and decrease the occasions where communication

may break down and the service to children and young people may be lost. The service will actively seek out those more vulnerable children and young people e.g. young carers, looked after children etc. to ensure they access and receive services to improve their health and wellbeing in a more systematic way in a location that ensures their best outcomes, this may be in a youth club, at a young carers group etc. rather than a conventional "health" venue or clinic. The table below outlines what will be delivered or strengthened by the new service at each level of the model and with the key groups of stakeholders supported by the service.

5-19 Health and Wellbeing Service Offer

Children	Families	School	Partners
Working with young people e.g. 'school health champions' Educating children about services available in the community and signposting Delivery of services in community settings High visibility	Educating parents about services available in the community and signposting Involving families in planning High visibility	Leading health promotion activity in the school setting the Healthy Schools Programme Having a named contact for every school High visibility	Making a key contribution to partnership working for health Providing leadership Participating in the JSNA Participating in strategy development
Delivery of the Healthy Child Programme Health and wellbeing contact with every child at reception and key stage 3 Screening and brief advice at each key stage Vaccinations Health drop-ins Handover and record transfer	Named contact and introduction to the service Support parents around health and wellbeing Provision of information to parents Digital interventions	Up to three sessions a year for schools to support them to assess against healthy school criteria and set action plan Development of pastoral teams Web based resourced bank Digital interventions PSHEE support Training and education for schools	Case co-ordination Transition between services Network Meetings
Referral into specialist services Outreach services Drop-in services Children's weight management Sexual health services Identify and support children showing signs of anxiety, emotional distress, or behavioural problems	Case co-ordination Outreach services Advice and support to parents	Lead professional for health issues Expert resource Training sessions	Case co-ordination Follow up on referrals Training for health and social care professionals
Enhanced drop-in in areas of greatest need Delivery of enhanced services according to identified need	Ongoing additional support for families of vulnerable children and young people requiring longer term support for a range of additional needs	Provision of support, education and training for school staff where children and young people have complex and/or additional needs	Pathway development Multidisciplinary working

How will it make things better?
The core ambition of the new 5-19 service is that it results in healthier, happier children and young people who are ready to take advantage of positive opportunities and are able to reach their full potential. This should be made possible for all children and young people, regardless of health status or home background.

Effective delivery of the service should also contribute to improvements in (amongst others)

- health and wellbeing outcomes (such as increased immunisation uptake, improved management of chronic conditions and reduced bullying)
- broader health and wellbeing outcomes (such as higher life satisfaction, participation in positive activities)
- improved education outcomes through increased attendance and improved readiness to learn
- targeting of and support for particularly vulnerable children and young people
- data capture and analysis to ensure the service responds to demand
- the quality and experience of children ,young people and their families of health services

As indicated this new integrated 5-19 Children and Young People's Health and Wellbeing service will become operational in late 2015. The safe transfer from the existing to this new service is of paramount importance for all of our children and young people. The new service is a departure from existing provision and is one of few nationally to take this integrated approach but we believe that this is the right thing to do for Bolton's young people and is a really exciting opportunity to make things better for this age group.

Good Practice Case Studies:
The concept of services working together creating improved outcomes for children and young people is not new. Partnership working for in Bolton has always been a great strength of the borough as the case studies below illustrate.

Healthy Schools Plus
The National Healthy Schools Programme (NHSP) promotes the link between good health, behaviour and achievement through four key areas: healthy eating; physical activity; personal, social and health education (PSHE); and emotional health and well-being . Schools achieve National Healthy School Status (NHSS) by meeting a number of criteria in these four core areas. In Bolton almost 100% of all schools have achieved NHSS reporting improved outcomes for their school communities.

Locally the next phase of the National Healthy Schools Programme is Healthy Schools Plus which requires schools to revalidate their NHSS status, use available data to identify an area for improvement within their school or community, set measurable outcomes in three areas (whole school, pupil perception and a targeted/identified group) and implement activity to make a demonstrable difference to their school.

To date more than 75% of Bolton's schools have revalidated, 50% have set their outcomes and five schools have achieved Healthy Schools Plus.

1. Healthy Schools Plus (Primary): Sunning Hill School

Sunning Hill Primary School identified Emotional Health and Wellbeing as their priority area to take forward for Healthy Schools Plus. Locality data identified that adults in the area suffered from poor mental well-being and this was reflected in the needs of the children in school.

Having run a "Sunshine Club" nurture group in school for several years staff identified that all children have times or events in their lives which might require them to need the support of the Sunshine Club at some time. Nurture Groups are a small provision within a school supporting children who have difficulties in the mainstream classroom. There are usually about eight to ten children in the group at any one time with specially trained staff.

The school set their outcomes to improve the emotional health and wellbeing of all school stakeholders which included:

All staff receiving ongoing information and training in respect of children's emotional health and wellbeing. A staff mentoring and coaching system was set up to support staff with their own wellbeing. A number of physical activity sessions for staff were also instigated and well attended.

Summary of outcomes

Outcome	Starting Position	After 3 years	Future Actions
Whole School: Increase in number of staff reporting they feel confident and competent in educating all children in all aspects of their emotional health from 56% to 70%	**56%**	**87%**	Continue with the three outcomes and set further milestones
Pupil Perception: Increase in number of pupils reporting they can confidently define what constitutes bullying and that it can take many forms from 56% to 70%	**56%**	**81%**	Growing up in Bolton 2015 survey to inform areas to consider as a future focus
Targeted Group: Increase in number of children achieving an average 10 point progress in their termly Sunshine Club assessments from 57% to 70%	**57%**	**84%**	Develop a stronger school council

Existing assessment systems were extended so that any pupil reaching a threshold score was automatically offered time in the Sunshine Club in order that they managed their wellbeing and developed resilience more effectively.

The school identified the need to increase parental involvement in school and a member of staff from the early year's team was taken off timetable to develop relationships both inside and outside the school with parents. This involved linking in more closely with local nurseries, visiting pupils in their homes prior to starting school, setting up a regular parent drop-ins on a variety of topics and health issues. A community garden was set up and a piece of land purchased with the intention of setting up a family facility/activity area in the near future.

2. Healthy Schools Plus (Secondary): Turton High School

Having achieved National Healthy School Status Turton High School progressed onto the Healthy Schools Plus pathway. A review of the available data and intelligence identified that alcohol and substance misuse were key issues for the locality and naturally impacted upon the young people in school. The school set their outcomes which aimed to enhance a whole school approach to substance misuse:

Turton then implemented a range of activities aimed at achieving these outcomes including: a series of regular staff training by 360 Children and Families substance misuse service, an audit and update of curriculum provision and resources, refreshed the school substance misuse policy, implemented a number of safer choices workshops, increased staff delivery of substance misuse sessions and regular monitoring of impact.

Summary of all surveys and outcomes 2012-2014

Whole School:
Staff confidence and knowledge in the teaching of substance misuse from 40-80%

Alcohol:
- 100% of staff reported an increase in confidence and knowledge

Drug misuse:
- The percentage of staff reporting that their knowledge had increased from 88% to 100%.
- The percentage of staff feeling confident to teach topic increased from 66% to 88%

Pupil Perception:
Student awareness of the dangers of alcohol and drugs misuse from 25-75%

Alcohol:
- Y8 (Spring 2013) 92% of pupils had increased their knowledge about the effects of alcohol and its misuse

Drug Misuse
- Y9 (Autumn 2013).Overall 88.5% of pupils stated they had increased their own knowledge about the dangers of drugs misuse.
- Y10 (Autumn 2014)

Target group Year 8 (2012)

Overall 96% of pupils stated:
- They had increased their own knowledge about the dangers of alcohol & drugs misuse and didn't require any further information on these aspects.
- They knew how and where to get help

3. I Can Make It Happen Aspirations Project

The 'I Can Make It Happen' (ICMIH) Project was created in 2009 and the first programme ran in June 2010. Now in its 6th year the project has expanded to other areas of the borough and nearly 600 students within 22 schools took part last year.

An Aspirations Week:
The aim of the week is to give the children as many opportunities as possible to experience a wide range of jobs and careers and to raise awareness of both further and higher education in their locality and beyond. There are a huge number of partners involved in making this such a successful project and all of the partners "buy in" to the overarching aims.

Pupils:
- 52% identified a new career they would like to pursue
- 67% listed a new positive activity that they found out about during the week
- 80% said that knew where to find out about positive activities

Teachers:
- 88% said that the Project had an impact on their pupils (some of the comments included: "Pupils are more aware of the range of opportunities and jobs." / "The children became much more aspirational." / "It has made the children think more about their future." / The children have thought more about college and university." / "The children are wanting to pursue careers that they wouldn't have thought about, for example lifeguard." / "The children saw how much work needs to be put in to achieve goals in their careers.")

Parents:
- All schools have seen an increased involvement of parents via the family learning sessions, often parents who have not engaged previously.
- "He's not stopped talking about it all week. It's really focused him on his future (Year 6 parent)

It is recognised that a long term evaluation of the impact of the project is needed as the first pupils to undertake the project have now undertaken their GCSEs; there are some hopeful signs emerging as teenage pregnancy rates are reducing in the localities, and increasing numbers of young people are engaging in positive activities but a more in depth evaluation is required.

Recommendations

- To ensure the safe transfer of the new Children and Young People's Health and Wellbeing Service to the new provider in order to safeguard Bolton's children and young people.
- To performance mange the new service to ensure it meets the outcomes set out in the 5-19 service specification

Chapter 5: Update

Update on last year's recommendations.

The table below briefly outlines progress in Bolton on the recommendations made in the 2013 Annual Report.

Much of the work is still on-going and the updates below only summarise the wide range of activity that underpins these achievements and I am grateful to the wide range of staff and partners who work so hard to make this happen.

Recommendations from 2013 Annual Report	Progress as of 31 August 2015
1. General	
1.1 Develop an integrated well-being service for Bolton residents	• A scoping and visioning exercise currently underway to formulate and to commit to a "Wellness Service" • The commissioning of a Wellness Service underway
1.2 Explore the opportunities to promote asset based working to underpin the public service reform programme and the Joint Strategic Needs Assessment	• Piloted and started the roll out of 'Branching Out' (formerly KETSO)workshops - an evidenced based methodology of working with groups to support them to identify their assets and how they could build on them
1.3 Further develop the health and well-being offer via digital and social media	• Digital and social media review currently underway • Production of some public health apps eg. Norovirus, Affordable Warmth • Health App development with schools to support the new computing curriculum and spread learning into the community
2. Demographics and Health Need	
2.1 Ensure the Joint Strategic Needs Assessment (JSNA) develops as a vital resource to support health and social care and wider public service reform	• JSNA currently being redesigned in response to feedback to make data more accessible by February 2016 • Governance structure for information agreed • All data included on JSNA will be the most up to date owned, old information to be archived (but remain accessible) to ensure decisions are made with the best evidence
2.2 Engage with local commissioners to identify how Bolton's Health Matters can be improved to better meet their needs	• Development workshop held with Health and Wellbeing Board, commissioners and key partners, suggestions being incorporated within JSNA redesign • Development of use of infographics to ensure information is more accessible to more people

2. Demographics and Health Need (cont'd)	
2.3 Enhance and develop the children and young people's element of the JSNA for example through the introduction of a local health survey to support the strategic focus on the early years agenda	• Growing Up In Bolton Children's Health and Wellbeing survey undertaken, results in Public Health Annual Report 2014
2.4 Build on the JSNA to include 'asset assessment' alongside 'needs assessment'	• 'Community Capacity' programme developed. Asset audit underway
2.5 Develop a systematic approach to the gathering, interpretation and presentation of qualitative data to match the high quality quantitative information provided in the JSNA	• JSNA governance structure reviewed and revised systems in place • Workshops have been held with Bolton Healthwatch and other key partners to engage with voluntary/ independent sectors to increase the range of Bolton-level qualitative data This is an ongoing process.
2.6 Undertake needs and asset assessments which focus holistically on cohorts of the population	• Needs and assets assessments have been undertaken to support development of the 'Wellness Service' ensuring it meets the needs of the relevant communities and is focused on desired population. • BME and new and emerging community HNAs undertaken, report due imminently, findings to be disseminated, action plan produced and recommendations and workstreams to be incorporated into proposed Wellness service specification
3. Integrated Health and Wellbeing Services	
3.1 Ensure the effective delivery of the Early Years model from pregnancy to five years of age and prepare for the implementation of the new model for Health Visiting and the Council's new commissioning responsibilities	• Bolton has been an early adopter site for the Greater Manchester Early Years New Delivery Model in the Oxford Grove Children's Centre reach area (case study in this report) (known locally as Starting Together) • Learning from the early adopter site will inform the future shape of local services for early years. • Commissioning of Health Visitor and Family Nurse Partnership services have been transferred to Bolton Council
3.2 Re-design the Healthy Child Programme for school age children focusing on the most vulnerable groups and with reference to the new (national) model for School Nursing	• Redesigned integrated 5-19 Children's Health and Wellbeing service contract awarded and will be in place by 1st December 2015

3. Integrated Health and Wellbeing Services (cont'd)	
3.3 Further strengthen and expand the provision of services to improve mental health and well-being and ensure that key cohorts in the population such as participants on the Working Well (Work Programme Leavers) get the service they need	• Well developed referral pathways between the Working Well programme (provided by Ingeus) and Think Positive – emotional wellbeing service, provided within Public Health. Training provided to the Working Well Key workers have ensured they have an excellent understanding of the Think Positive service, and support their clients to self-refer to the service. Clients report benefit from engaging with the Think Positive service alongside the help and support offered within the Working Well Programme, and are able to access the service promptly and in community venues most accessible for them
3.4 Further develop opportunities within primary care to help people stay well by systematically addressing individuals' health and social care needs	• Maintaining a focus on Healthy Living Pharmacies, to be incorporated into the community Wellness service • Aligned with Public Health England on current Public Health pharmacy campaigns • Working with Bolton Clinical Commissioning Group to deliver Public Health outcomes through the Quality Contract
3.5 Further develop and implement the Bolton Integrated Health and Social Care model to expand and improve multi-disciplinary care across the Borough	• Public Health successful pilot (Staying Well) has now become mainstreamed as part of Bolton's Health and Social Care Integration Plan • Nationally recognised and other areas locally and nationally are adopting a similar approach based on the learning from the pilot • An asset-based Staying Well Tool has been developed by Public Health for the Staying Well service • 5 integrated neighbourhood team patches established each with an integrated multidisciplinary health and social care team to serve each population cluster
4. Health Protection	
4.1 Improve engagement with communities to increase vaccination uptake rates where these are substantially below the national 95% uptake target	• Current vaccination performance is above average. Only 2nd dose MMR is below 95%. However even 2nd dose is gradually increasing (at 91%) which is better than NW and England averages

4. Health Protection (cont'd)

4.2 Target work to increase flu vaccination uptake in pregnant women and front line health and social care staff. Linked to this is the need to increase pneumococcal immunisation uptake, especially in women	**Pregnant women** • In 2014/15: Uptake was at 47.9% which is an increase of 7.6% from 2013/14 • The highest recorded of flu vaccination rate within GP practices was 82.6%, the lowest recorded was 0% • Maternity services reported vaccinating 39 pregnant women • Public Health England training provided to midwives to improve uptake **Frontline Health Care Workers** • Reporting of vaccination uptake mandatory only for Acute Trusts • Bolton NHS Foundation Trust, 2014/15 - 46.2% • Local Authority staff – onsite flu vaccinations offered to frontline staff across the borough • Remaining staff offered flu vouchers • 842 staff vaccinated-50% rise from 2013/14
4.3 Increase activity to ensure that those communities most at risk of developing tuberculosis have improved information about its symptoms. In addition work needs to continue to reduce the stigma associated with the disease and to better enable individuals who have tuberculosis to successfully complete treatment	• Awareness raising sessions delivered to at risk groups and partners
4.4 Continue to focus on sexual health improvement, good sex and relationships education and improved access to sexual health services in order to reduce sexually transmitted infection (STI) transmission	• Teenage Pregnancy rates at their lowest since 1998 with a 40% reduction from that baseline • Healthy Schools programme maintained and is part of the integrated 5-19 service, supporting schools to deliver good quality sex and relationships education alongside the other elements of the programme • Young people's sexual health services available in a range of settings according to need
4.5 Increase awareness of infection prevention and control interventions in order to continually improve communities' understanding of how the spread of infectious diseases may be prevented	• Community infection Prevention and Control team commissioned and operational • Support and training for care homes and schools now in place • Overview and assurance of all health protection issues to be maintained via the Health Protection Forum

Recommendations from 2013 Annual Report	Progress as of 31 August 2015
5. Health Improvement	
5.1 Explore further the potential of social media in supporting the achievement of health improvement outcomes (whilst being aware that not everyone has digital access)	• First annual health protection report produced and shared (available on Bolton's Health Matters **www.boltonshealthmatters.org**) • Public Health uses social media (alongside traditional methods of communication) to engage with uses and signpost to events and evidence • Some development of 'Health App Technology' (see above)

5.2 Evaluate and learn from pilot programmes and initiatives such as Farnworth Healthy Weight in order to ensure best use of limited resources	• Use of social media to be part of all new service specifications
	• The Farnworth evaluation has been completed and the learning from this will inform the new direction of the Healthy Weight Strategy which will focus around the following three themes:
	  • **Theme 1** Healthy choices, healthy Bolton
	  • **Theme 2** The Community at the heart of the solution
	  • **Theme 3** Healthy from the start

5.3 Continue to identify and improve health outcomes for vulnerable groups including Black and Minority Ethnic and new and emerging communities	• BME and new and emerging communities health needs assessments undertaken. See above (2.6)
5.4 Continue to target and develop actions to improve the quality of private sector housing particularly the private rented sector	• Keep Warm Keep Well behaviour change project rolled out to private sector housing • Provision of public health advice and support to Health and Housing steering and Bolton Community Homes groups

A person's a person no matter how small

Dr Seuss

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Glossary

Achenbach system of empirically based assessment – the Achenbach System of Empirically Based Assessment (ASEBA) screens child populations and identifies those at high risk of mental disorders. It is based on the Child Behaviour Checklist or CBCL.

Ages and stages 3 (ASQ) – Ages and Stages Questionnaires, Third Edition (ASQ-3) is a developmental screening tool designed for use by early educators and health care professionals.

Baby Express is a magazine for parents that contain age-appropriate parenting advice such as play activities to promote interaction and attachment, promote speech and communication, and inform parents about child development.

Beck anxiety/depression scale is a 21-question multiple-choice self-report inventory that is used for measuring the severity of anxiety in children and adults.

CARE-Index – assesses mother-infant interaction from birth to about two years of age based on a short, videotaped play interaction of 3-5 minutes.

Childrens centres – at a children's centre families with young children (aged from 0-5) can access different services, participate in activities, get information, family support and more. The purpose of a children's centre is to ensure young children get the best start in life and that their families are supported to help them achieve this.

Every child a talker – guidance/support materials to help practitioners develop environments that can aid child language development in early years

Eyeberg child behaviour inventory – rating scales that assess the current frequency and severity of disruptive behaviours in the home and school settings, as well as the extent to which parents and/or teachers find the behaviour troublesome.

EYFS profile – The Early Years Foundation Stage (EYFS) is a term defined in Section 39 of the British government's Childcare Act 2006. The EYFS comprises a set of Welfare Requirements and a set of Learning and Development Requirements, which must be followed by providers of care for children below 5 years old – the age of compulsory education in the United Kingdom.

Family Nurse Partnership is a voluntary home visiting programme for first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two.

Healthy child programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.

Home Learning Environment Checklist – a checklist to be self-completed by families/by practitioners to ensure home is suitable environment for learning.

Incredible Years is a set of interlocking and comprehensive training programmes for parents and children (0-6) that improve parent-child interactions, build positive nurturing relationships and attachments, prevent and treat the early onset of conduct behaviours and emotional problems.

It Takes Two to Talk – designed specifically for parents of young children (birth to 5 years of age teaching practical strategies to help their children learn language naturally throughout their day together.

Neo-natal behaviour assessment scale (NBAS) – an in-depth assessment intervention assessing infant functioning in all four systems (autonomic, motor, state and social interactive), observing a baby's strengths and identifying areas for support.

Newborn Behaviour Observation (NBO) – a structured set of observations designed to help the clinician and parent together, to observe the infant's behavioural capacities and identify the kind of support the infant needs for his successful growth and development. It is a relationship-based tool designed to foster the parent-infant relationship.

Solihull Approach – training and resources that supports both practitioners and families to promote emotional health and wellbeing in families.

The Common Assessment Framework (CAF) is a process for gathering and recording information about a child for whom a practitioner has concerns in a standard format, identifying the needs of the child and how the needs can be met. It is a shared assessment and planning framework for use across all children's services and all local areas in the UK.

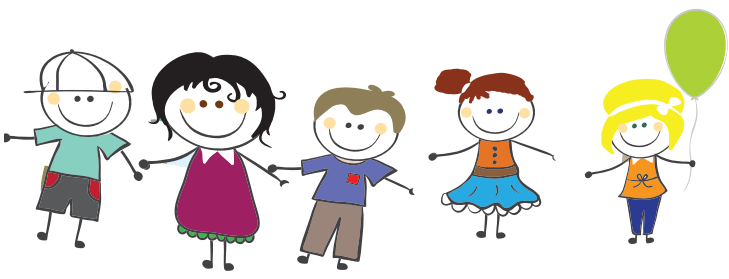
Early Help has replaced CAF and purpose is providing support as soon as a problem emerges, at any point in a child's life. For this to be effective, all agencies are required to work together to: identify children and families who would benefit from support early; undertake an assessment of need; provide services to address those needs.

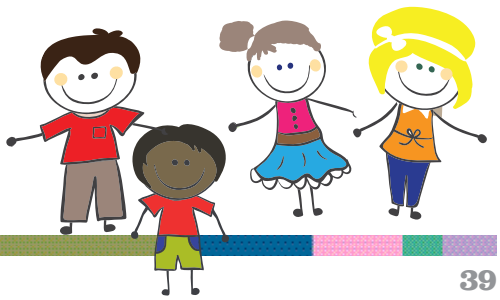
The Edinburgh Postnatal Depression Scale (EPDS) is a 10-item questionnaire that was developed to identify women who have postpartum depression.

The Parent-Infant Relationship Global Assessment Scale is a 90-point scale used to assess the quality of an infant-parent/carer relationship based on a continuum from well adapted to grossly impaired.

Triple P is a parenting intervention with the main goal of increasing the knowledge, skills, and confidence of parents to reduce the prevalence of mental health, emotional, and behavioural problems in children and adolescents. The program is specifically tailored for at risk children and parents.

Video Interactive Guidance – an intervention where the client is guided to reflect on video clips of their own successful interactions.





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