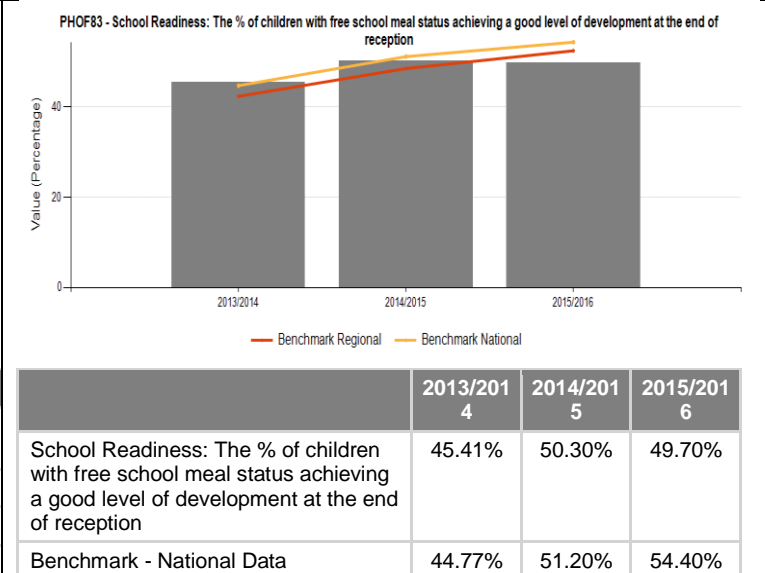
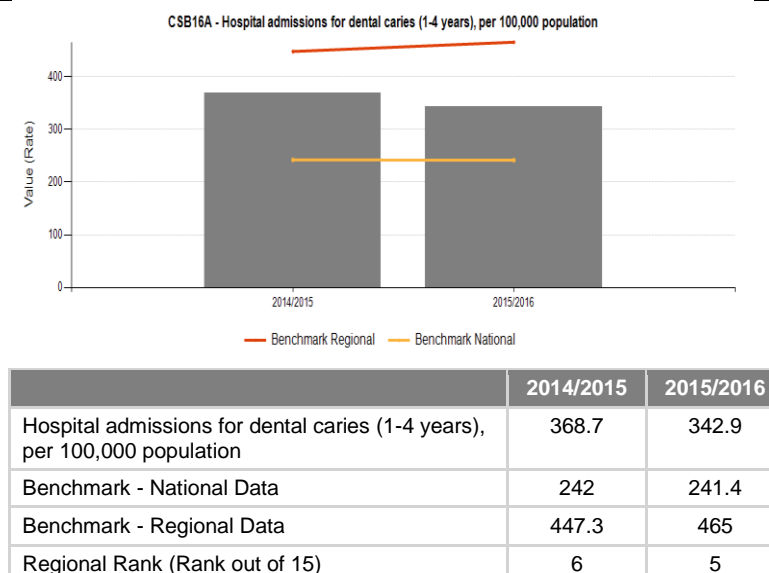
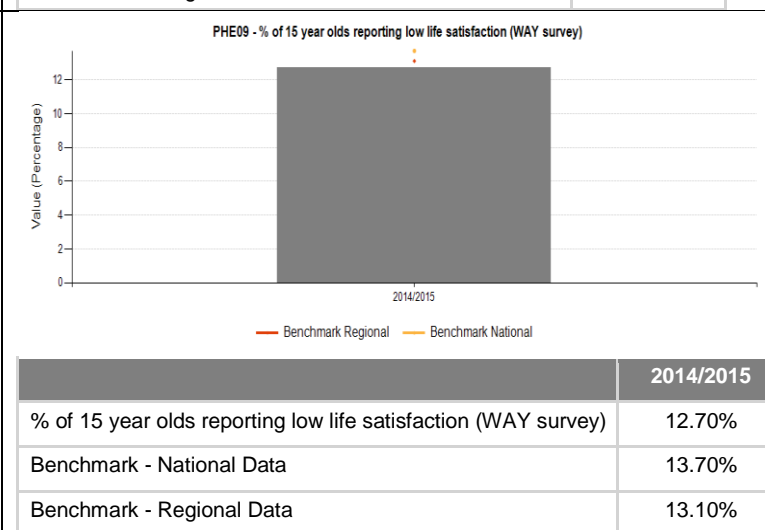
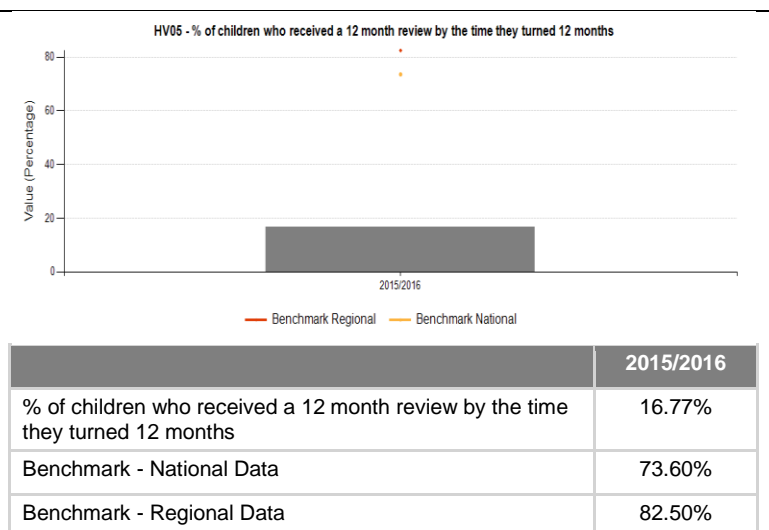
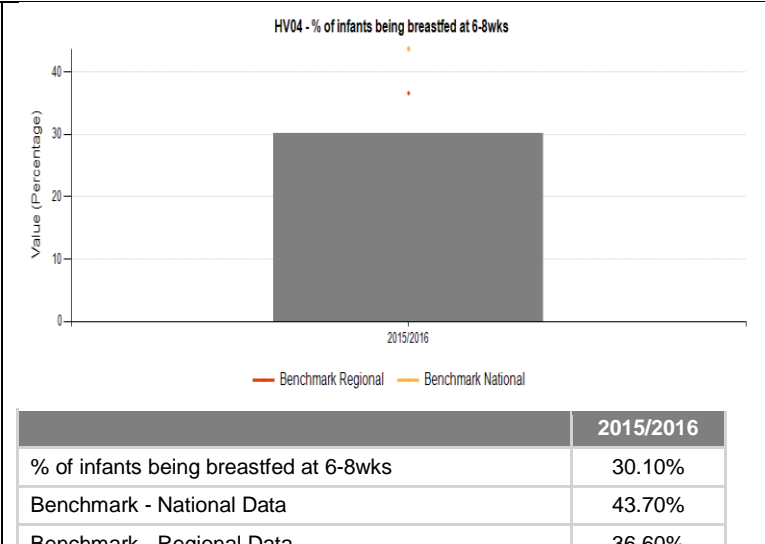
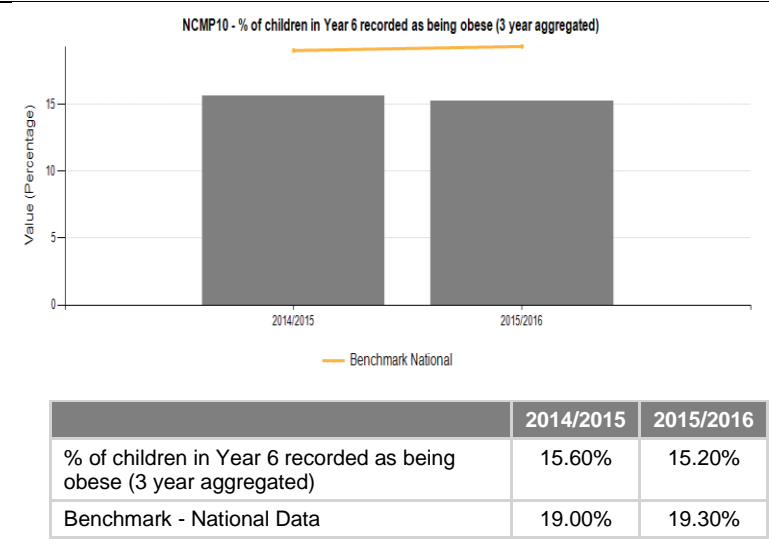


We are monitoring progress on:

- The increase in the percentage of mothers in York who are breastfeeding;
- Improvements in the timeliness of visits and reviews in the first year of life to at least the national average;
- Reducing the variation in obesity levels between different wards in York;
- Improved school readiness for the most vulnerable groups, e.g. Those on free school meals;
- Reducing hospital admissions for tooth decay in children (working with the Safeguarding Board);
- More young people in York telling us they feel safe, happy and able to cope with things.



## Performance narrative and update on actions

- **The increase in the percentage of mothers in York who are breastfeeding;**

This continues to be a priority for the Healthy Child Service (HCS). Improving the timeliness of the 'New Birth Visit' and the '6-8 week review' for new parents will address any feeding issues and provide early support with these.

The appointment of the new Healthy Child Service Managers will be crucial in taking this work forward further. Public Health at CYC are working collaboratively with North Yorkshire County Council and other key stakeholders to create an Infant Feeding Strategy, which will look at how we can increase rates of breastfeeding across the city.

The HCS will launch on 1<sup>st</sup> August. There will be a renewed emphasis on the importance of breastfeeding through a collaborative approach to partnership working. We commenced parent education classes in January 2017, working with YHT to provide a targeted service; infant feeding is the focus of one of these sessions. We will continue to work to increase duration of breastfeeding by increasing the delivery of the 10-14 day birth visit. This visit can be undertaken earlier than 10 days, and in some cases this may add benefit and enable increase in breast feeding duration. There will be a renewed focus on the mandated contact at 6-8 weeks to ensure we begin to reach the 95% coverage expected. Monitoring and accountability will be a focus for the Team Managers to ensure teams and individual practitioners are working towards these goals.

- **Improvements in the timeliness of visits and reviews in the first year of life to at least the national average;**

The appointment of the new Healthy Child Service Managers will be crucial in taking this work forward through understanding what barriers exist in the service currently to the Health Visiting teams achieving timely visits. The recently released 2016/17 data for '% of children who received a 12 month review by the time they turned 12 months' has shown an increase in timeliness of visits. Quarter 1 saw 24% of children by 12 months (69% by 15 months); Quarter 2 saw 22% by 12 months (75% by 15 months); and Quarter 3 saw 25% by 12 months (75% by 15 months). Work continues to visit more families by the 12 month mark.

Improvements in the timeliness of visits and reviews in the first year of life to at least the national average; A structured approach including sharing of data with teams and performance monitoring will be built upon through the work of the Team Managers. This will be monitored quarterly with the aim to moving to a monthly reporting framework, holding teams and individuals to account for performance.

- **Reducing the variation in obesity levels between different wards in York;**

Within Public Health there are a couple of workstreams currently being started to help address obesity in the most deprived wards.

One is the Daily Mile, which involves getting school children to walk/run a mile each day, with the aim of increasing childrens' physical, emotional and social health and wellbeing. An audit of schools is currently being undertaken to see who/if any are already running the initiative. We would be looking to have a coordinated push on this going forward.

Also a pilot scheme is being finalised in Westfield around Healthy Lunchboxes. The school highlighted a need for more information around healthy eating for parents. Once implemented, we will look to track the impact of the guidance document before using this working model in other educational establishments.

- **Reducing hospital admissions for tooth decay in children (working with the Safeguarding Board);**

More work is required around this indicator. The data requires further unpicking. There has been a lot of information come out from Public Health England about how Local Authorities can improve the oral health of their populations and we need to benchmark ourselves against this to see where we can improve our oral health outcomes for children.

The vision is to establish a multi-agency oral health improvement group to take this work forward, as it requires many partners to have an impact on outcomes.

- **More young people in York telling us they feel safe, happy and able to cope with things.**

- The WAY survey uses [The Warwick-Edinburgh Mental Well-being Scale](#) (WEMWBS) to measure Emotional mental health and wellbeing. This is not a measurement tool we have used in the past in York to measure globally the SEMH of children
- In York we have recently completed a survey of all year 8 and 11 pupils using SDQ (Strengths and difficulties questionnaire) and a EQ5DY question (Health and Wellbeing measurement tool) the survey also includes 3 comparators schools outside of York
- This survey has been lead by Prof Barry Wright and John Tomsett with a view to evaluating the impact of the school wellbeing service and also giving us some baseline data across York of childrens' SEMH. The plan is to repeat this survey each year.
- EQ5DY question should enable to us to compare results against previous EQ5DY surveys done in York and indentify any trends

Activity and outcome data spanning the first 1 ½ terms of delivery is attached below. This covers the 5 month period between 31 October 2016 to 7 April 2017.

- The service is working in all primary and secondary schools across the city (except one)
  - The service has had 604 consultations discussions with school staff about children and young people with emerging and developing mental health issues and concerns
  - The consultations discussions have resulted in 316 children and young people receiving direct 121 or group work evidence based interventions from the service
  - 50% of the direct work is being delivering in partnership with school staff
  - The presenting mental needs that are being brought to consultation discussions (in order of prevalence) are; anxiety, anger, self esteem, low mood, self regulation and behaviour in school
  - 82% of children and young people that received direct work shared that they had had a very positive experience
  - 59% of direct work has resulted in an improvement in children and young people’s mental health according to the agreed measurement tool (SDQ)
- 
- Improved school readiness for the most vulnerable groups, e.g. Those on free school meals; Stephanie / Barbara

Outcomes for 2016 were 0.6% below 2015. The FSM numbers over the last three years have fluctuated with the numbers of actual children accessing FSM reducing over 3 years: 185 in 2015, 171 in 2016, 155 in 2017 (2017 cohort size 1,970). All visits undertaken by School Partnership Officers and Early Years Support Advisers to schools and settings continue to have a focus on the assessment, tracking and performance of vulnerable groups. Improved partnership working in the future, not only between schools and settings to support vulnerable children in their learning and development is key.