

**JOINT CHILDREN AND YOUNG PEOPLE AND HEALTH AND WELL BEING
SCRUTINY COMMITTEE**

24th January, 2011

PRESENT – Councillor Swift (in the Chair); Councillors Curry, Davies, Lister, Newall, Roberts, H. Scott and Vasey. (8)

APOLOGIES – Councillors Armstrong, Burton, Cossins, Freitag, Galletley, Long, Nutt and Regan ; Mr R. Egan, Mr. M. Frank, Ms. Lund, Mr. Moyes and Mr. N. Rees.(13)

ABSENT – Councillor G. Cartwright, Francis, I. Haszeldine, J.M Lyonette, and Richmond and The Ven. S. Bain, Mr. Fisher, Mr. Grant, Mrs. Mitchell and Mr. C. J. Taylor. (10)

ALSO IN ATTENDANCE – Councillor Hughes.

OFFICERS IN ATTENDANCE – George McQueen, Assistant Director and Catherine Shaw Sex and Relationships Education Officer, People Services.

EXTERNAL REPRESENTATIVES – Miriam Davidson, Locality Director of Public Health, David Gardiner, Lou Okello Head of Children's Commissioning, Ian Williams, and Lynn Wilson Senior Public Health Specialist: Sexual Health, Teenage Pregnancy, Maternity Matters, Breast Feeding & Childhood Obesity NHS County Durham and Darlington.

HWB70. ELECTION OF CHAIR – That Councillor Swift be elected as Chair for this meeting.

HWB71. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HWB72. CHILDREN'S HEALTH – The Locality Director of Public Health submitted a report (previously circulated) sharing with Members updates and progress on some of the work taking place to improve health of children and young people and an update on services for children with acute or additional health needs.

Miriam Davidson introduced the report explaining that the Annual Report of the Director of Public Health in 2009 provided information on some of the work taking place to improve the health of children and young people and the actions needed to develop services further. The report considered aspects of the wider determinants of health and wellbeing for children and young people the resulting life style choices and fair access to services.

Factors impacting on the health of children and young people can be summarised as: opportunity (of parents and of children and young people) e.g., poverty, community, education, employment and environment; lifestyle choices (of parents and children and young people) e.g., smoking, alcohol, food, physical activity, sexual activity and access to services for children and young people who are already ill or have accrued risk factors for disease. Poverty underpins health inequalities. Children born into poverty have poorer health outcomes overall, have lower educational attainment and are more likely to be exposed to risk with the family and to make risky lifestyle choices as young people.

The health of children, the impact of parents / family becomes of prime importance with many of the wider determinants of health impacting on the child via the parents. A range of Darlington strategies describe the interventions currently in place and the plans for additional actions to positively address the wider determinants of health i.e., housing, poverty, employment, education, environment etc. Lifestyle choices (of parents and of children and young people) also impact on the health of children and young people. The submitted report goes on to describe some key areas of improvement in addressing wider determinants of health impacting on the children and young people.

Tobacco Control

Mrs Davidson explained that Tobacco control describes the range of evidence based activity that is needed at all levels of society to reduce smoking prevalence. Councillor Harker is Chair of Darlington Tobacco Alliance and the Darlington Tobacco Control Alliance Action Plan describes the key areas of work to address tobacco control. The main interventions in relation to children and young people include: expansion of the Smoke Free Family initiative, promotion of the “7 Step Out” media campaign commissioned via FRESH North East, Local Authority support in test purchasing tobacco products by under 18 year olds and extended Stop Smoking support services e.g., Darlington College and training for school teachers.

Discussed ensued about passive smoking as a result of people congregating outside shops, buildings and Darlington Memorial Hospital; how to discourage young people smoking; advertising the cost of cigarettes and how much can be financially saved by not smoking and the preventative measures in place to stop children and young people taking up smoking in the first place.

Child obesity and physical activity

Mrs Davidson reminded Members of the Healthy Darlington delivery plan that has a number of initiatives aimed to reduce health inequalities and improve life chances of young people including the reduction of childhood obesity through supporting children, parents and families in making healthy choices. Members of the Health and Well being Scrutiny Committee are particularly aware of the aims to improve the diet and nutrition of babies and young children with a breastfeeding action plan and awareness campaign in Darlington and roll out UNICEF breastfeeding training and have been regularly monitoring the process for sometime.

The Health and Well Being Scrutiny Committee has also received an update on the Darlington Sport and Physical Activity Strategy which provided a detailed report on the partnership work by Darlington Borough Council, NHS County Durham and Darlington, voluntary sector organisations and the private sector.

Teenage conceptions

Lynn Wilson clarified that figures in the County Durham and Darlington NHS Refresh Plan 2010/14 state that Darlington has a higher than national teenage conception rates. Although, the latest, unratified data suggests that the figures have reduced slightly and are continuing slowly. The view is that the combined and increasingly sustained efforts of Darlington Children Trust Teenage Pregnancy Partnership and C&YP Integration Agenda are taking effect.

Darlington’s commissioning intentions continue to strengthen and develop evidencing: Early Identification/Intervention Pathways; Better Access to Contraception and Sexual Health services - a service review is currently underway for an integrated sexual health service and a second

young person's sexual health clinic has been established at Darlington College; Evidence based Sex and Relationship Education and Better Support for Teenage Mothers and Fathers.

Catherine Shaw provided further details on Sex and Relationship Education carried out in Darlington, including that in primary and secondary schools. Targeted work with young people who may be deemed at high risk of early conception including those who are looked after and young offenders. New resources including a cross curricular scheme of work for both primary and secondary school and a teaching resource to support the 'Call to End Violence against Women and Girls' papers. The 12 – 19 action plans led by youth workers in each of the Darlington 'areas' to identify the needs of the young people and address them in a setting where they are confident and comfortable to ask questions.

Workforce development which includes the PSHE CPD programme with 20 participants for 2010 – 2011 including teachers, High Level Teaching Assistant's, residential childcare workers and youth workers to ensure competent and confident deliver of SRE within their settings. The Parent and Carer Programme which has been pilot and gained excellent feedback from the participants which will now be used to promote the programme to other who may find it beneficial, national campaigns which have been followed and also the plans for a peer education programme in the near future.

In response to a number of questions from Members David Gardiner explained the Social Norms Survey which gathering social data in Schools. This is an effective programme of work is designed to help prevent the onset of alcohol and drug misuse and this year the work has also begun to explore the inclusion of tobacco, sexual health and bullying information. Evidence to date confirms that this approach is having a positive impact and helping young people to develop a more realistic view that perceived behaviour is not normal.

Discussion ensued on targeted work undertaken in respect of looked after children conception rates; peer pressures and how social norms data is assisting in dispelling the perceptions; the increase in the popularity of the c card; access to safe zone booklet, which lists helpful and much needed information; further work undertaken in respect of inter generations influencing children's behaviour and links between under age alcohol consumption and early promiscuous behaviour.

Alcohol and drug misuse

David Gardiner reiterated earlier comments about the Social Norms work in respect of alcohol and drug misuse. A large number of staff across the multi-agency children's workforce has been trained to deliver information and brief advice relating to alcohol misuse. This is helping to ensure that those who need additional help are offered support more quickly. The treatment service for young people (SWITCH) has been able to engage with more young people (per capita) than other teams regionally and as a result Darlington has been recognised as good practice. Having previously identified that there were young people who needed help who were not accessing it, the local strategy sought to increase the number of young people entering treatment and this was achieved in 2009/10 and a similar outturn is projected for 2010/11.

Members were reassured that the figures relate to a minority of children and young people drinking to excess, although, expressed concerns about the high percentage of females. Discussion ensued about peer pressure to drink alcohol at weekends and whether assertive mentoring of young people was working; operation stay safe and evidence to suggest that there

are minimal reports of young people drinking on the streets; whether there is support for young people leaving the treatment programmes and how effective the exit strategies are.

Paediatric pathway - acute, paediatric hospital pathway – young peoples alcohol misuse

Ian Williams highlighted the joint work being undertaken by the PCT and County Durham and Darlington NHS Foundation Trust (CDDFT) considering the number of short stay patients on Paediatric wards. When initial investigations began in 2008 figures indicated that around 45% of children admitted to Paediatric wards remained in hospital for under 24 hours or just one day (e.g. admitted and discharged before midnight = 0 Length of Stay (LOS) and admitted before and discharged after midnight = 1 day LOS) .

80% of the referrals come from GPs and only 20% were as a result of children presenting at Accident and Emergency (A&E), the role of GPs as first line services and subsequent admissions are also being reviewed. Data will be analysed looking at high referring practices to A&E and paediatric wards. Discussions will then take place with identified practices to look at referral processes and any additional training or input that can be offered. It is hoped that with additional support to primary care this too could lead to a reduction in eventual admissions.

Reports from Clinician's suggested that a good proportion of these children remained on the wards for only a few hours. A proposal was developed by the group, as part of the work looking at paediatric admissions through A&E and onto the wards, to develop an observation facility, which would reduce the number of formal admissions.

Over the summer period CDDFT introduced an informal observation system to the Paediatric wards. Initial review of the figures suggest that there was a reduction of around fifty 0 and 1 days stay patients over the period June to August 2010 compared with the same period in 2009. Whilst not all this reduction can be put down to the use of an observation system it does seem to indicate that a reduction in short stay admissions is entirely possible.

Further work being undertaken is in relation to GPs, clinicians and managers reviewing Urgent Care Centre use and considering whether integration of this service with A&E provision in Darlington could have considerable clinical benefits. In addition to being able to direct patients to the most effective area of treatment, improved frontline provision would also help to reduce eventual admissions to wards. However, given the specialist nature of children's provision, the sharing of skills and knowledge across these areas would have a positive effect on treatment. Members welcomed this news and hoped it would progress quickly.

Disabled children

Mrs Davidson explained that joint commissioning arrangements are in place with NHS and Local Authority staff working with a wide range of partners and clinicians to improve services for disabled children, young people and their parents. A draft pathway document and structure for integrated disability services has been discussed at the Joint Disability Commissioning group and continues to be developed with NHS commissioning input. The pathway will link with universal and targeted services, transitions and children's community nursing. The development of Integrated Disability Services is very closely linked to Continuing Care, Specialist Health Visiting and Children's Community Nursing.

Lou Okello advised that the review of support for families with disabled children is underway and would include amongst others health visitors, community nurses and alternative therapies. It

is hoped that a more uniformed and targeted approach will be achieved similar to the adults' pathway. Officers offered to share the outcome of the review with both Scrutiny Committees.

RESOLVED – (a) That Members note the work undertaken taking to improve health of children and young people and services for children with acute or additional health needs.

(b) That Members receive further updates in respect of the progress against the Annual Report of the Director of Public Health in 2009 to improve the health of children and young people and the actions needed to develop services further.

(c) That the integration of disability services be added to the Health & Well Being Scrutiny Committee Work Programme for further consideration.

(d) That all Officers present at the meeting be thanked for the attendance.