
OVERVIEW OF CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Children and Young People Scrutiny Committee has undertaken.

Work Programme

2. We continue to give consideration to the Work Programme for this Committee and taking into account the ambitious programme of change across the Council and the key role of Scrutiny in ensuring that the programme is able to deliver the service improvements and the budget savings necessary.

Performance Management

3. Scrutiny Members examined graphical information on Quarter 4 performance relating to those strategic indicators for areas under the remit of this Scrutiny Committee 'giving children and young people the best start in life'.
4. We looked in particular at the graphical data relating to Excess Weight among Primary School Age Children in Reception year for 2013/14 which was at the North East average and had particular concerns regarding this data and it was suggested that there may be a need for some joint working with Health and Partnerships Scrutiny to look at this further. We also agreed, in conjunction with the Director of Public Health that improvements need to be made to the percentage of infants due a 6-8 week check that are totally or partially breastfed as we are below the national average.
5. Members also expressed some concern at the data for Hospital Admissions caused by Unintentional and Deliberate Injuries to Children (0-4 years of age), (4-14) and (15-24), which showed higher levels in Darlington compared to the North East and We were pleased to hear that this has been highlighted regionally as a key line of enquiry. The Percentage sessions missed by Primary and Secondary school pupils data for 2012 showed Darlington below the North East average but higher than the National average and Members have requested updated information on this.
6. On a more positive note, the Rate of Under-18 Conceptions was reducing from the 2013/14 figures but was still slightly above the national average; the percentage of Women Who Smoke at Time of Delivery was recording a decrease in the numbers but still above the national average; and the number of Children Looked After by Darlington Borough Council per 10,000 Population under 18 2015 data showed no significant changes;

2014 Healthy Lifestyles Survey

7. We received a presentation from the 0-19 Area Co-ordinator (Area 3) and the Sex and Relationship Education Lead on the outcomes of the 2014 Healthy Lifestyles Survey,
8. Seven schools completed the survey which included 3651 pupils taking part (75 per cent of available school population). The Survey initially covered alcohol, drugs and volatile substances but this year has been expanded to cover tobacco, bullying, relationships and sexual health and diet/exercise.
9. There are some positives to be taken from the survey, and the results for each area questioned, will inform work with schools and young people towards awareness and improvement.
10. In relation to alcohol, results from the survey showed that 85 per cent of young people have never been drunk; 94 per cent of young people have not used drugs; 84 per cent of young people have never smoked; two-thirds of young people do 60 minutes of physical exercise every day; 85 per cent of young people in Darlington are not having sex; and 95 per cent of respondents agreed that it is not ok for young people to be bullied.
11. We were also encouraged to hear about a pilot of the Healthy Lifestyles Survey which was carried out at the end of May in eight primary settings. In total 641 surveys were completed from years 5 and 6 pupils and included 50 questions covering a range of topics including alcohol, bullying, internet safety, diet and exercise, relationships, smoking, energy drinks and emotional health and well-being. The Primary Pilot key findings were also outlined in the presentation and an Expert Group will evaluate the project. Results again will be shared with the primary schools.

Darlington Director of Public Health Report 2014

12. Miriam Davidson, Director of Public Health, presented her Public Health Annual Report 2014 and gave a presentation on her second annual report following the transfer of public health responsibilities from the National Health Service (NHS) to local government, as part of the Health and Social Care Act 2012.
13. The theme for the Annual Report for 2014 was 'Public Health: A Shared Agenda' which provided a progress update on 2013-14 and work which will be on-going to address key priorities for 2015-16. The main focus of the 2014 Annual Report is to promote partnership working to tackle the causes of health inequalities and encourage local action by all sectors and not just the NHS or the Council.
14. The Director of Public Health's presentation focused on areas for consideration relating to this Scrutiny Committee and children's health in Darlington including childhood obesity statistics which showed that 11.2 per cent of 4/5 year olds and 18.7 per cent of 10/11 year olds were classified as obese; 20.4 per cent of mothers were smoking at time of delivery; and 62.9 per cent of mothers were breast feeding.

15. On a positive note under 18 conception rates are falling (as detailed in paragraph 6 above); 55.4 per cent of young children were achieving a good level of development at the end of reception; only 6.7 per cent of 16-18 year olds are NEET (Not in Employment, Education or Training); and 20.6 per cent children (under 16 years) were living in poverty.
16. We were concerned at the number of children classified as obese and the Director of Public Health assured us that a recommendation of the report was for a shared Key Line of Enquiry (KLOE) about child obesity with partners across all sectors. As a Scrutiny we will continue to monitor the situation.
17. Further recommendations for 2014/16 include 'stop smoking support' via the Baby Clear programme; development of an Oral Health Strategy as part of a Tees Valley wide approach; in partnership design and 'test' a 0-19 pathway for health and wellbeing for children and young people; share key lines of enquiry about self-harm with partners across sectors; and explore a mental health resilience model with the Children and Young People Collective.

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Chair of Children and Young People Scrutiny Committee