

**CHILDREN AND YOUNG PEOPLES SCRUTINY COMMITTEE
02 SEPTEMBER 2024**

CHILDREN AND YOUNG PEOPLE PUBLIC HEALTH OVERVIEW

SUMMARY REPORT

Purpose of the Report

1. To provide Children and Young People's Scrutiny members an overview of the Public Health outcomes for children in Darlington.

Summary

2. The health outcomes for children and young people in Darlington is varied and mixed. The outcomes depend on a range of different factors such as geography, deprivation, gender, ethnicity and disability.
3. Overall, comparing local indicators with England and North East averages, the health and wellbeing of children in Darlington is worse than England but comparable to those in the North East region. There are inequalities within the borough and between different communities in Darlington.
4. Giving children and young people the best start in life is a priority of the Council Plan. There are a range of public health and multiagency actions in place to address inequalities and improve health outcomes for children and young people in Darlington.

Recommendation

5. It is recommended that Scrutiny Committee: -
 - (a) Note the contents of the report.
 - (b) Note the recommendations for Public Health actions.

**LORRAINE HUGHES
DIRECTOR OF PUBLIC HEALTH**

Background Papers

None

Ken Ross Public Health Principal: Extension 2600

Council Plan	Addressing Inequalities is a Core Principle Living Well and staying Healthy is an Ambition Giving Children and Young People the best start in life is a Priority
Addressing inequalities	There are inequalities in outcomes in those with protected characteristics including sex, gender, age, ethnicity.
Tackling Climate Change	N/A
Efficient and effective use of resources	N/A
Health and Wellbeing	This has an impact on the Health and Wellbeing of Children and Young People and their families.
S17 Crime and Disorder	N/A
Wards Affected	All wards
Groups Affected	Children and Young People
Budget and Policy Framework	N/A
Key Decision	No
Urgent Decision	No
Impact on Looked After Children and Care Leavers	Health outcomes for Looked After Children or Care Leavers are worse than the general population.

MAIN REPORT

Information and Analysis

6. Overall, comparing local indicators with England averages, the health and wellbeing of children in Darlington is worse than England but broadly similar to the North East region. Key headlines and metrics are set out below along with actions underway to improve metrics where appropriate.

Childhood obesity

7. In comparison to England averages, Darlington area has a higher percentage of children in Reception (26.7%) and a similar percentage in Year 6 (37.7%) who are overweight.
8. The previous Darlington Childhood Healthy Weight Plan identified evidence-based interventions delivered with partners to address underlying causes of obesity in children and young people.
9. Work delivered includes activity with schools and local commercial food premises to develop a healthy catering standard for a healthy food offer such as reducing sugar and fizzy drinks in settings such as schools and working with families on healthy weaning for babies, to help improve and maintain a healthy diet throughout childhood and build healthy eating habits.

Young people and alcohol

10. Nationally, the rate of hospital admissions for conditions wholly related to alcohol among children and young people (under 18s) has been decreasing between 2016 and 2023. Darlington has shown a similar trend with the latest data showing that Darlington is now statistically similar when compared to the England average.
11. The underlying causes of admissions for this age group are complex and requires system wide action with input from a range of different partners. The evidence from the Health and Lifestyle Survey indicates that the majority of young people report that they have alcohol bought for them by a trusted adult, including a parent. Alcohol and its effects are an integral part of the Personal, Social, Health and Economic (PSHE) curriculum provided in schools
12. The council commissions preventative and treatment services and is engaged with partners to implement strategies to reduce alcohol consumption and harms from alcohol, to contribute to reducing alcohol hospital admissions.

Young people's mental health

13. Nationally, the rate of young people being admitted to hospital as a result of self-harm, between 2016 and 2022, has not significantly changed. This is also the case in Darlington. The admission rate in the latest pooled period is statistically worse when compared to the England and North East averages. There are some differences in admission rates between different age groups and different sexes.

14. Self-harm is a complex and poorly understood act with varied reasons for a person to harm themselves irrespective of the purpose of the act. The underlying causes of admissions for this age group are complex and requires system wide action with input from a range of different partners.
15. The NHS is leading work to improve access to CAHMS services and reduce waits for assessment alongside a range of supportive and self-help interventions, including commissioning access to online support.
16. Schools and education settings provide access to pastoral support for their students with mental health wellbeing being included throughout the PSHE curriculum. The Health Visiting team are informed of any child's hospital admission and will contact parents and provide them with information, guidance and support.

Child development at 2 to 2½ years

17. In 2022/23 children in Darlington demonstrated development at or above the expected level in all five areas of development (communication, gross motor, fine motor, problem solving and personal-social skills) between the ages of 2 and 2½ years.
18. A higher proportion of children were at or above the expected level of development for communication skills (and a higher proportion for personal-social skills when compared with England average).
19. The Health Visiting service offers regular health and development reviews to families to support the development of babies and children. The service also provides extra support and/or referral for any child for whom there are concerns about delayed developmental goals and works with early years settings and education in addressing the needs of these children.
20. Expected levels of development in infancy has an impact on school readiness. It is imperative that children with developmental needs are identified as early as possible so that the child and family can receive appropriate support. A collaborative effort involving multiple agencies is currently investigating factors impacting school readiness for children and young people in Darlington.

Breastfeeding

21. 80.0% of newborns in Darlington received breast milk as their first feed in 2020/21. The latest data for 2023 shows that by 6 to 8 weeks after birth, 38.1% of mothers are still breastfeeding. This is higher than the North East average and although lower than the England average of 49.3% the gap is narrowing.
22. The midwifery team in the hospital initiates breastfeeding with new mothers at the time of delivery. When the mother and baby are discharged from the midwifery service the Health Visiting team then provides a proactive offer of structured breastfeeding help. The Health Visiting service hold UNICEF BFI Gold Ambassador Status, which demonstrates sustainability of good practice.
23. There is an emphasis on encouraging and supporting breastfeeding within the development of the new Healthy Weight Plan for the borough (in development). The

evidence shows a strong correlation between being breastfed and a healthy weight in children.

Young people's sexual and reproductive health

24. The latest annual data shows that the under 18 conception rate in girls in Darlington continues to decrease; the rate in Darlington remains lower than the regional average but higher than the England average, although the gap is reducing.
25. The Darlington rate (17.1 per 1,000 population) is comparable to the regional average (19.8 per 1,000 population) and similar to the England average (13.1 per 1,000 population).
26. There is a broad range of evidence-based interventions and programmes across partners to address and contribute to the reduction in teenage conceptions through the Teenage Pregnancy and Sexual Health Strategy and action plan. This includes commissioning Sexual Health Services and supporting schools in their delivery of Relations, Sex and Health Education (RSHE).
27. Chlamydia screening is advised for sexually active individuals aged 15 to 24. Higher detection rates suggest better screening efforts, but it is important to note that this does not directly measure prevalence.
28. The latest data is 2022 which shows a diagnoses rate of 1,964 per 100,000. This is statistically better than England and statistically similar to the North East although remains lower than the minimum recommended rate of at least 3,250.
29. The specialist Sexual Health Service is working to improve uptake of screening by targeting younger people under 25 years, through making access to testing more direct including access to online testing for over 16 years. This has increased the number of people accessing tests.
30. The School Nursing Service work with schools and PSHE leads to ensure Chlamydia screening is promoted at age-appropriate points within the curriculum.

Vaccinations

31. By age two, 95.2% of children have had Dtap/IPV/Hib immunisation, meeting minimum recommended coverage (95%). 85% of children in care are up to date with their immunisations, which is similar to England.
32. In Darlington there is less than 95% (the minimum recommended coverage level) of children who have received their first dose of MMR immunisation by the age of 2 (93%) which is statistically similar to both England and the North East. By the age of 5, only 90.8% of children have received their second dose of MMR immunisation. This is statistically similar to both England and the North East. However, this uptake does not guarantee herd immunity and the local authority, along with other partners, continues to support the NHS who commissions and provides these vaccinations, in a range of efforts to improve the uptake of childhood vaccinations, including targeted campaigns and catch-up vaccinations.

33. In the past year there have been reports of increased incidence of some specific childhood diseases including Measles and Pertussis (Whooping Cough) in England. The NHS has a campaign targeting areas with local uptake of vaccine and contacting parents whose children do not have a record of a full schedule of MMR vaccinations.
34. The NHS are also offering catch up vaccinations and working with schools and local communities to identify those who have missed vaccines and encouraging them to come forward for their vaccine.
35. The local authority is supporting these efforts through working with the NHS and local partners in helping target and focus the NHS communications and messages to those communities and settings in Darlington which will have the greatest impact.
36. The most recent data for the 2021/22 academic year indicates that 71.2% of year 8 girls in Darlington received the first dose of the HPV vaccine, which is an improvement compared to previous years. This coverage is similar to the England average of 71.3% and the North East average of 70.5%.

Dental health

37. The latest data shows that the percentage of 5 year olds in Darlington with experience of visually obvious dental decay has increased to 24.8%, compared to 22.3% previously. This is statistically similar to both the England and North East averages.
38. Dental decay is a preventable cause of avoidable pain and illness in children in Darlington. Dental decay is the most common cause of hospital admissions for 5 to 9 year olds and a significant contribution to days absent from school.
39. The Darlington Healthy Catering Awards Scheme includes actions such as reducing sugar and fizzy drinks in settings such as schools and working with families on healthy weaning for babies, to help reduce dietary sources of sugar.
40. The Integrated Commissioning Board commission a supervised brushing scheme which is delivered in 16 early years settings such as nurseries and reception classes across the borough. This provides schools and settings with training and equipment such as toothpaste and toothbrushes to enable all the targeted pupils to brush their teeth thoroughly each day.
41. The government has proposed an expansion of Community Water Fluoridation programmes across the country targeting those areas with the poorest dental health. They undertook a consultation process on a proposal to request the relevant water company, Northumbrian Water Limited (NWL), to enter into new fluoridation arrangements in order to expand community water fluoridation schemes across the north east of England, which includes Darlington. This consultation closed 31st July with a response from the Secretary of State for Health expected later in 2024.

Smoking

42. The data (2022/23) shows that there is no significant change to the trend for women who smoke at time of delivery, with 12.9% of mothers reported as smokers at time of delivery. Darlington is statistically similar to the North East (12.5 %) and statistically worse than England (8.8%). The gap between Darlington and the North East and England has narrowed since 2020.
43. The NHS provides stop smoking support through local maternity services, which now includes an offer of financial incentive via shopping vouchers. The local authority commissions a specialist stop smoking service that supports women to stop smoking before and after being pregnant and works with partners to encourage all residents, including pregnant mothers, to quit smoking at every opportunity.

Low birth Weight

44. This data (from 2021) shows that there is no significant change to the trend for low birth weight of term babies. 2.3% of infants are recorded as low birth weight. Compared to our North East neighbours Darlington is ranked 12th and is statistically similar to the North East and England.
45. Health Visitors have a planned visit to every expectant mother between 28 and 36 weeks of their pregnancy. This visit provides an opportunity to provide information, advice and support to maximise the mother's health and support the optimum conditions for a healthy pregnancy.

Recommended Public health interventions:

46. **Focus on Early Years Services:** From pregnancy to age 2, it's crucial to invest in early years services. This includes supporting good maternal health for safe delivery and birth weight. Positive early experiences shape a baby's brain development, so sensitive parenting, socio-economic factors, and high-quality early education play a role.
47. **Healthy Child Programme:** The Healthy Child Programme is a national prevention and early intervention framework. It includes screening, immunisation, health and development reviews, health improvement, wellbeing, and parenting support.
48. **Reducing Inequalities:** Prioritising public health, prevention, and early intervention can help reduce health inequalities amongst children.
49. **Making Every Contact Count:** Healthcare practitioners can play a role by making every interaction count, advocating for children and families, and supporting child health research.
50. **Health Visitors and School Nurses:** These professionals provide child health surveillance, development reviews, health protection advice, screening, information, health and wellbeing advice and early intervention support for families with additional needs.
51. **Multisectoral Action:** Coordinated efforts at all levels are required to address the wider determinants of health which affect children and young people. This includes action on

poverty, education, transport, air quality, families, mental health, employment and commercial determinants of health and prioritising child-centred approaches.