CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE
10 SEPTEMBER 2018

ITEM NO. .....**6**.....

CHILDREN AND YOUNG PEOPLE PUBLIC HEALTH OVERVIEW 2018

SUMMARY REPORT

Purpose of the Report

1. To provide Members and partners with an overview of the health promoting activities in relation to children and young people (CYP). The report describes local need and provides some examples of the plans to address the issues.

Summary

2. The report includes information on the Darlington Children and Young People's Profile 2018 **Appendix 1** and the Healthy Lifestyle Survey 2017 **Appendix 2** as means of assessing need. It is followed by information about the Darlington Childhood Healthy Weight Action Plan 2017 – 2022 **Appendix 3** and the Oral Health Plan 2017 – 2022 **Appendix 4**.

Recommendations

3. It is recommended that Members :-

   (a) Note the contents of the report including the activity and actions described.

   (b) Champion the positive Public Health messages in relation children and young people and families.

   (c) Continue the focus on improving outcomes and reducing health inequalities for children and young people in Darlington.

Miriam Davidson
Director of Public Health

Background Papers
No background papers were used in the preparation of this report
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S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	The report has recommendations to improve the health and wellbeing of children, young people and families in the borough.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	This impacts on all children specifically those in disadvantaged wards.
Budget and Policy Framework	There are no implications arising from this report.
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the One Darlington: Perfectly Placed Sustainable Community Strategy in a number of ways through the contribution to the outcome 'better start in life'.
Efficiency	There are no implications arising from this report.
Impact on Looked After Children and Care Leavers	This report impacts on all children across the borough.

MAIN REPORT

Darlington Child Health Profile 2018

4. In order to understand local need and plan services to improve the health and wellbeing of local children and young people the Darlington Child Health Profile is used as a resource. The 2018 profile reflects 2016/17 data (the most recent data) to provide a snap shot of child health in Darlington (Appendix 1). It enables comparisons over time and against the regional and England averages.

5. The profile shows that the health and wellbeing of children in Darlington is varied compared to the England average. 11 of the 32 reported indicators for Darlington are not significantly different when compared to England, 4 are significantly better, 11 are significantly worse. The remaining indicators are not able to be compared nationally.

6. The 11 indicators that are significantly worse than the England average continue to be mainly the high number of children admitted to hospital and is an ongoing priority for all partners.

7. There are some areas of improvement in the 2018 profile compared to previous years; the percentage of children aged 5 years with decayed, missing or filled teeth has decreased from 35.4% in 2017 profile (2015/16 data) to 26.4% (2016/17 data). Darlington is now significantly similar to the England average of 23.3%. However it is worse than one of our CIPFA nearest neighbours, Stockton-On-Tees, which is 20.6%.

8. The profile indicates childhood obesity as an area for improvement; 10.6% of children in Reception, (similar to England) and 22.5% of children in Year 6, (worse than England) are obese. The Darlington Childhood Healthy Weight Plan 2017 – 2022 (Appendix 3) aims to increase the percentage of children leaving primary school at a healthy weight.

Healthy Lifestyles Survey 2017

9. A further method of understanding local need is the Healthy Lifestyles Survey (HLS) which gathers and analyses information from children and young people in Darlington schools about their attitudes and behaviours across a range of health related topics. (A summary report is included as Appendix 2)

10. This information is used to inform strategic planning, service delivery and practice by the local authority, other partners and stakeholders including the NHS, Police, local schools and academies.

11. Schools and academies use this information to inform the curriculum for delivery in the next academic year.

12. The secondary pupils survey 2017 told us that:

    (a) The majority of pupils reported good emotional wellbeing.
    (b) 78% of pupils report feeling stressed, with schoolwork the main cause.
    (c) Pupils lead very active online lives with multiple social media accounts.
    (d) Just over two thirds of pupils have not experienced bullying in the last year.
    (e) Nearly 9 in 10 pupils in Years 9, 10 and 11 report that they are not sexually active.

13. From the primary pupils survey 2017 the headline messages were:

    (a) 96% have never tried smoking.
    (b) 36% play computer games that are age rated 16 or 18.
    (c) Over a quarter of primary pupils have had teeth removed.
    (d) 8 in 10 say they eat a balanced diet and most enjoy exercising.

14. The collective access to the different data sets provides an insight when designing local action plans. It has facilitated the understanding that Darlington has high levels of obesity in Year 6 (10 – 11 Years) age children but that children report an understanding what a healthy diet and exercise are and generally feel that they achieve this. This informed our approach to developing the Childhood Healthy Weight Plan.

Darlington Childhood Healthy Weight Plan 2017 - 2022

15. The Childhood Healthy Weight Plan 2017-2022 (Appendix 3) sets out a whole system approach to tackling childhood obesity and reducing inequalities by ensuring the healthy weight agenda is integrated in other relevant plans.

16. The plan aims to make the healthy choice the easy choice by tackling the environmental and physical barriers to a healthy lifestyle.

17. Although the main causes of obesity are poor diet and low levels of physical activity, environmental changes can have the most impact on reducing obesity.

18. An environment that promotes activity in travel and recreation and does not provide easy access to energy dense food can reduce obesity levels.

19. Tackling environmental issues requires a co-ordinated partnership approach from a wide variety of stakeholders to enable effective and sustainable environmental change. Actions are supported by planning and development, environmental health, licensing, leisure and culture departments.

20. Tackling the obesogenic environment is supported by the promotion of the healthy lifestyle message to reinforce the need for healthy behaviours as a means of prevention and treatment for those with excess weight. This includes a social media a campaign using posters designed by Darlington College students.

21. Transforming the environment, making healthier choices easier and supporting services to tackle excess weight are key actions to increase the number of children in Darlington leaving primary school with a healthy weight.

Darlington Oral Health Plan 2017 - 2022

22. The Childhood Healthy Weight Plan described above tackles sugar reduction and therefore complements the work in the Oral Health Plan 2017 – 2022 (Appendix 4) as a high sugar diet is a significant risk factor in dental decay.

23. Tooth decay is a predominantly preventable disease. A healthy diet and good oral hygiene are preventative measures in tackling dental decay. Over a third of children in Darlington aged 5 years old start school with the experience of dental decay.

24. There is a significant association between tooth decay and socioeconomic deprivation. Oral health interventions that support and encourage the use of fluoride have been found to be among the most cost-effective in reducing dental decay.

25. The plan proposes a ‘whole system approach’ to tackling dental decay, improving oral health and reducing inequalities. The plan is informed by routinely available epidemiological evidence on dental disease and is supported by evidence based guidance.