

CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE 2 SEPTEMBER 2019

CHILDREN AND YOUNG PEOPLE PUBLIC HEALTH OVERVIEW 2019

SUMMARY REPORT

Purpose of the Report

1. To provide Members and partners with an overview of a range of 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 following:
 - a. Darlington Children and Young People's Profile 2019 **Appendix 1**
 - b. Healthy Lifestyle Survey 2018 **Appendix 2**
 - c. Darlington Childhood Healthy Weight Action Plan 2017 – 2022 **Appendix 3**
 - d. 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 positive public health messages in relation to children, 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
Author: Ken Ross Public Health Principal Extension 6200

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 2019

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 2019 profile provides a snap shot of child health in Darlington (**Appendix 1**). It enables comparisons over time and against the regional and England averages. The profile was designed to help understand local need and enable services to be planned, in order to improve health and reduce health inequalities.
5. The profile provides an overview of the health and wellbeing of children set out in 32 indicators. The indicators are grouped into five broad domains, namely premature mortality, health protection, wider determinants of ill health, health improvement and prevention of ill health.
6. The profile shows that the health and wellbeing of children is generally worse for Darlington when compared to the England average. 12 of the 32 reported indicators for Darlington are not significantly different when compared to England, 3 are significantly better, 11 are significantly worse. The remaining indicators are not able to be compared nationally.
7. The 11 indicators that are significantly worse than the England average are largely related to the high number of children admitted to hospital for a number of different reasons.
8. There has been one indicator that has shown an improvement since the last profile in 2018 with the number of children recorded as obese aged 10-11 years now statistically similar to the England average. This has reduced from 22.5% in 2016/17 to 21.2% in 2017/18.
9. The profile showed that childhood immunisation rates in Darlington were good with coverage for two year olds in Darlington being above the recommended coverage rate of 90 per cent and overall 88.8 per cent of children in Darlington were up to date with immunisations which was in keeping with the England average.
10. With respect to wider determinants of health the profile also showed that the proportion of 16 to 17 year olds not in education, employment or training in Darlington was statistically significantly better than the national and regional average. The rate of 10 to 17 year olds in Darlington coming into contact with the youth justice system remained similar to the England average and had fallen in Darlington since 2010.

Healthy Lifestyles Survey 2018

11. 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. (**Appendix 2**)
12. 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.
13. Schools and academies use this information to inform the curriculum for delivery in the next academic year.
14. The headlines from the survey told us that;
 - a) The majority of young people have positive emotional attitudes, stating they feel happy in their lives and have strong social networks with friends and family. Around a third of all pupils reported that they do not have someone to confide in.
 - b) Just over three quarters of primary aged pupils feel stress, this increases to over 8 in 10 of secondary pupils with homework cited as the main cause of stress for all pupils. Out of school stress is reported as the next greatest cause of stress in all pupils with issues such as body image and bullying being reported.
 - c) A third of primary pupils have seen something upsetting or offensive online, this increases to half of secondary pupils.
 - d) The majority of all pupils in primary and secondary schools have never tried any form of smoking. Those who tried any form of smoking reported that they were more likely to try a vape than a cigarette, and most only tried it once.
 - e) Half of primary pupils and a quarter of secondary pupils have never tried an alcoholic drink.
 - f) Nearly all pupils agreed that relationships should be based on respect and affection and the majority could identify unacceptable behaviours in relationships.
 - g) The majority of pupils aged 13 to 16 knew where to access sexual health advice, support and treatment.
 - h) A significant minority of pupils reported to have been offered illegal drugs and the overwhelming majority have reported to have never tried any kind of drugs.
15. 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 that they know 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

16. The Childhood Healthy Weight Plan 2017-2022 (**Appendix 3**) sets out a whole system approach to tackling childhood obesity and reducing inequalities by recognising the complex relationship between the social, economic and physical environment coupled with individual factors that underpin the development of obesity.
17. Childhood obesity and excess weight are significant health issues for children. Obesity can have serious implications for the physical and mental health of a child which can continue into adulthood with a higher risk of morbidity and premature mortality.
18. The scope and vision of the Darlington Childhood Healthy Weight Plan is to ensure that more children leave primary school aged 10-11 years with a healthy weight.
19. An official launch of the plan and workshop session is planned for September 2019 where all key stakeholders and partners will be invited to take part in shaping the key action plan that will set out how the objectives are to be taken forward.

Darlington Oral Health Plan 2017 - 2022

20. The Childhood Healthy Weight Plan complements the Oral Health Plan 2017 – 2022 (**Appendix 4**) by working to reduce sugar intake. A high sugar diet is a significant risk factor in dental decay and obesity.
21. Tooth decay is a predominantly preventable disease. Over a quarter of children in Darlington aged 5 years old start school with the experience of dental decay.
22. The action plan recommends oral health interventions that support and encourage the use of fluoride. This has been found to be among the most cost-effective in reducing dental decay.
23. A supervised tooth brushing pilot has been commissioned which targets children in nursery and reception class. The pilot programme trains Early Years staff to support children to brush their teeth effectively using fluoride toothpaste, this contributes to strengthening teeth and reducing decay. To date 10 schools and 7 nurseries have participated in this programme.