**Children and Young People's Overview and Scrutiny Committee**

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| **Date** | **Friday 1 July 2016** |
| **Time** | **9.30 am** |
| **Venue** | **Committee Room 2, County Hall, Durham** |

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## Business

## Part A

**Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.**

1. Apologies for Absence
2. Substitute Members
3. Minutes of the Meeting held on 1 April 2016 (Pages 1 - 8)
4. Declarations of Interest, if any
5. Any items from Co-opted Members or Interested Parties
6. Media Relations - Update on Press Coverage
7. Innovations Programme Update - Report of Corporate Director Children and Adult Services (Pages 9 - 12)
8. Director of Public Health Annual Report - Director of Public Health (Pages 13 - 74)
9. Performance Management Q4 - Report of Corporate Management Team (Pages 75 - 94)
10. Concessionary Travel Arrangements for Disabled Residents and their Carers - Report of Corporate Director of Regeneration and Economic (Pages 95 - 98)
11. Refresh of the Work Programme- Report of Assistant Chief Executive (Pages 99 - 108)
12. Verbal update on Review of Take up of Free School Meals and Holiday Hunger
13. Summary of Minutes from Children's and Family Partnership (Pages 109 - 112)

14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

**Colette Longbottom**
Head of Legal and Democratic Services

County Hall
Durham
23 June 2016

To: **The Members of the Children and Young People's Overview and Scrutiny Committee**

Councillor C Potts (Chairman)
Councillor M Nicholls (Vice-Chairman)

Councillors J Armstrong, D Bell, K Corrigan, K Dearden, O Gunn, D Hall, C Hampson, J Hart, D Hicks, K Hopper, P Lawton, J Measor, S Morrison, L Pounder, M Simmons, H Smith, M Stanton, P Stradling and W Stelling

**Faith Communities Representatives:**
Mrs G Harrison

**Co-opted Members:**
Mr D Kinch and Mr R Patel

**Contact: Kirsty Gray** **Tel: 03000 269705**

# DURHAM COUNTY COUNCIL

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Friday 1 April 2016 at 9.30 am**

**Present:**

**Councillor C Potts (Chairman)**

**Members of the Committee:**
Councillors J Armstrong, D Bell, O Gunn, D Hall, C Hampson, J Hart, D Hicks, K Hopper, P Lawton, S Morrison, M Simmons and P Stradling

**Co-opted Members:**
Mr D Kinch and Mr R Patel and Mr R Patel

## 1 Apologies for Absence

Apologies for absence were received from Councillors K Corrigan, K Dearden, J Measor, M Nicholls, L Pounder, H Smith, M Stanton, W Stelling, Mr K Gilfillan and Mrs G Harrison

## 2 Substitute Members

There were no substitute Members.

## 3 Minutes

The minutes of the special meeting held on 3 February 2016 and the meeting held on 25 February 2016 were agreed and signed by the Chairman as a correct record (for copy see file of Minutes).

## 4 Declarations of Interest

There were no declarations of interest.

## 5 Any items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

## 6 Media Relations - Update on Press Coverage

The Overview and Scrutiny Officer referred Members to recent press articles relating to the remit of the Children and Young People's Overview and Scrutiny Committee (for copy see file of minutes). The articles were:-

- New Families First teams will support children, young people and families – Northern Echo 24/03/16

10 new teams had been set up to ensure young people get the best start in life.

- Princess Anne Awards Youth Offending Service Butler Trust Award – In & Around 17/03/16
  2 officers specialising in speech, language and community work had been awarded for their outstanding dedication, skill and creativity. Lord McNally had praised their work.
- County Durham PSCO's idea leads to new police missing child alert – Evening Chronicle 21/03/16
  A new missing child alert system has been launched to reunite parents with their children quicker. Under the scheme a text message would be sent to all parents at a missing pupil's school.

The Chairman asked that a letter be sent to the Youth Offending Service to offer congratulations from the Committee on their outstanding achievements of receiving their second Butler Trust Award.

**Resolved:**
That the content of the presentation be noted.

## 7 Review of Youth Support Consultation

The Committee received a joint report of the Assistant Chief Executive and Corporate Director of Children and Adults Services that informed about the current Review of Youth Services Consultation (for copy see file of Minutes).

The Head of Children's Services gave a detailed presentation that highlighted:-

- The Review
- VCS Provision in County Durham
- Proposal 1 - A Strategy for Youth Support in County Durham
- Proposal 2 - Deploy Council resources according to need to deliver a Targeted Youth Support Service
- Proposal 3 - Ceasing the existing youth work support grant and the allocation of funding to each Area Action Partnership (AAP) to address local priorities linked to youth services
- Impact on Service Delivery
- How will we know if we have been successful?
- Next Steps– ends on 27 April 2016 with a final decision of Cabinet in Autumn 2016
- Consultation Process
- Consultation Information

The Head of Children's Services explained that there were 42,614 14-19 year old young people in County Durham and 45% of those lived in deprived areas. Historically, the main focus of council funded youth services has been the provision of universal youth sessions which any young person could access through attendance at youth clubs across the County. This was in addition to youth provision from other sources such as VCS, churches, sports groups and arts groups. The committee were shown within the

presentation a map that indicated the amount and location of the current youth provision in county Durham.
Members were advised that since 2010, all of the regional authorities had made significant changes to their service delivery models by providing a more targeted service. Information gathered from regional authorities indicated that reductions to their youth work budgets ranged from 45% to 70%. Durham County Council in comparison had made 19% reduction to its youth services budget to date.

Details were given of the three proposals that focused in the consultation, proposal one concentrated on the strategy for Youth Support in County Durham that sets out the aim to ensure all young people navigate their teenage years and achieve their full potential. Members were advised that to do this the Council must ensure that those young people who need additional help are identified early and receive targeted approach which will achieve outcomes such as improved school attendance, improved health and wellbeing and improved lifestyle.

Proposal two highlights the need to redirect resources to a targeted youth support service, this proposed model recognises that outcomes for young people can be affected firstly by a range of social issues within the family, home and community and secondly by issues which may affect their education and school life.

In relation to the third proposal members were advised that the current Youth Work Support Grant for the financial year 2015/16 was £194,684. Distribution levels for this grant had ranged from £430 to £27,768. These amounts had not been based on strategic assessment and there had been no rationale in place for distribution other than historical arrangements which had evolved over time. Members were advised that the 2015/16 grant would be reduced by a minimum of £56,000 to deliver MTFP savings, following the delivery of MTFP savings the remaining Youth Work Support Grant would be redirected to Area Action Partnerships.

Members were advised that the consultation had begun on 1 February until 27 April, information had been presented to all 14 AAPs and feedback on the consultation was accepted through any medium. Information was provided on the range of stakeholders that had been consulted including a wide range of young people who had completed questionnaires.

Councillor S Morrison was advised that the Interactive MAP was in the process of being uploaded and would be available shortly.

Councillor O Gunn said that the AAPs already support a range of activities and that they already carry out a mapping service. She asked what criteria would be used to ensure that the distribution of funding was fair across all AAP areas. The Head of Children's Services explained that feedback on this would feed into the consultation so welcomed any views the Members had.

Referring to the ASK process, Councillor P Lawton asked if the Spennymoor Youth Provision was going through this and was advised that all areas were going through this at present and had been encouraged to do so.

Councillor K Hopper was advised that the One Point Service managers would look at needs in an area and that youth workers would work together, following her question about dual co-ordinators working across different towns/ villages. She further asked if sessions could be bought in to allow targeted work to be carried out by youth workers. The Head of Children's Services explained that with £1m cuts to make staff would be affected and following the consultation, decisions would be taken on how to deploy staff. She advised that there would be a mix of full-time and part-time staff. With regards to paying for sessions she advised that each Management Committee would be able to make these arrangements.

Going back to the point about AAPs, Mr D Kinch asked if there would be any guarantee for the next few years regarding funding for the AAPs as if not could not understand the need for change. The Head of Children's Services said that there could be no guarantees about future funding but hoped that a new model of delivering services would make them more sustainable. Councillor J Armstrong said that if the funding level was available in future then it could be guaranteed. He added that strategically the service must save £1m and continue to deliver a service. As far as AAP funding he said that each area would be looked at in terms of need and funding would be allocated accordingly.

Councillor J Hart said these proposals were about investing to save for the benefit of young people and the community, and not just savings.

The Chairman referred to recent communications with young people during a scrutiny project, and said that the clear message from young people was that they often preferred to talk to youth workers rather than teachers or parents. She asked if this provision would still be available. She was informed that the team around the school model would be in place and there would still be opportunities for young people to be able to communicate in this way, either in small groups or with individuals. She added that there was nothing in the review that gave any criticism of youth workers and that there was a feeling that they were very special people with very special skills.

Councillor D Hall asked if it was possible to find out where the organisations shown on the interactive map receive their funding and if there was a way that we could help these groups move forward. The Head of Children's Services informed the Committee that she had met recently with a local MP and chair of a management committee in relation to funding. She advised that there is money out there for organisations to access and that the Council would continue to support and guide organisations. She added that they could look at how to help groups to be cost-effective. Members were informed that some organisations had paid staff, some had voluntary and some had a mix of both to help them to operate.

The Chairman asked if young people had been consulted on the proposals and was advised that this had been carried out via youth activity groups and schools.

The Chairman thanked the Head of Children's Services for a detailed and informative presentation.

**Resolved:**
That the report and presentation be noted.

## 8 Quarter Three 2015/16 Performance Management Report

The Committee considered a report of the Corporate Management Team which presented Members with progress against the Councils corporate basket of performance indicators for the Altogether Better for Children and Young People theme, as well as other significant performance issues for the 2015/16 financial year, covering the period October to December 2015 (for copy see file of minutes).

The Strategic Manager, Performance and Information Management, highlighted the key achievements and key performance improvements issues, giving a detailed analysis of the figures within the report.

The Chairman referred to the information on childhood obesity and highlighted that some schools have introduced an activity whereby children can walk a mile a day. The Head of Children's Services said that a lot of schools were doing this and had come up with a lot of other practical solutions to get children active. Councillor Stradling suggested that as the figures were on the increase that it would be helpful to add this to the work programme. The Chairman agreed that a presentation would be helpful. The Head of Children's Services informed the Committee that the Director of Public Health's Annual Report was on childhood obesity this year.

Referring to the key target indicator about the '*achievement gap between Durham pupils eligible and not eligible for pupil premium funding achieving level 4 in reading, writing and maths at key stage 2'*, Councillor Hart asked if a presentation could be brought to Committee to encourage best practice. The Strategic Manager, Performance and Information Management would refer this to the Head of Education.

Mr Kinch referred to the young person re-offending indicator showing 'red' and was informed that this was a national measure based on the number of young people in the offending cohort who re-offended in a period. The Head of Children's Services advised that the number of children who offended and then re-offended had reduced from 728 in 2008 to 190 in 2013/14. She informed the Committee that there were a small group of 20 young people who carried out the most incidents of re-offending and that they typically had a range of complex needs.

**Resolved:**
That the contents of the report be noted.

## 9 Quarter 3: Forecast of Revenue and Capital Outturn 2015/16 - Children and Adult Services

The Committee considered the report of the Head of Finance that provided Members with details of the forecast outturn budget position for Children and Adult Services, highlighting major variances in comparison with the budget for the year, based on the position to the end of December 2015, as reported to Cabinet in March 2016 (for copy of report see file of minutes).

**Resolved:**
That the contents of the report be noted.

## 10 Refresh of the Work Programme

The Committee received a report of the Assistant Chief Executive, which provided Members with information contained within the Council Plan 2016-2019, relevant to Children and Young People's Services. This would allow members to refresh the Committee Work Programme to reflect the 3 objectives and subsequent outcomes identified within the Council Plan or Altogether Better for Children and Young People (for copy see file of minutes).

Councillor Hall suggested that meetings should be arranged before or after the Youth Service consultation to look at the open access to the service, and that it would be helpful to receive a presentation from people in the third sector on how they deliver services. The Head of Children's Services explained that the third sector and youth activity were only one part of the Innovations Programme and advised that third sector alliances had been set up. The Council offer ongoing support and have good relationships with these organisations. Councillor Hall appreciated that the restructure of the Youth Service was unavoidable but asked if the Council could help groups become more sustainable and how best to direct them to the help available. Councillor Armstrong advised that it would be best to wait until after the consultation period had ended and then proceed with any discussions with the third sector.

Councillor Armstrong suggested that a presentation on childhood obesity was added to the work programme but reminded Members that they needed to be aware of the already large workload. Councillor Stradling said that where possible any issues may be able to be fit into what was already in the programme for the forthcoming year.

Councillor Gunn asked if a presentation could come forward on exclusions and how managed moves were working between schools. She had been informed that the system was not working so would like the opportunity for the information to be brought to Members attention. Councillor Stradling suggested that this may be an area of work that could be dealt with as a small working group that could report back to this Committee.

In addition, Councillor Armstrong informed Members that additional work could come up during the year, such as the recent developments with academies.

**Resolved:**

(i) That the report be noted
(ii) That a further report be brought to Committee on 1 July 2016.

## 11 Verbal update on Review of Take up of Free School Meals and Holiday Hunger

The Overview and Scrutiny Officer advised Members that the review group had their first meeting in March where they received information from the School Meals Service. This included information on free school meal claims, take up, the level of use for the service for our schools and out of County.

She went on to advise that one of the first recommendations to come from the group was that a free school meals form should be completed at the same time parents complete an admission form to school. This would ensure that all children were assessed for free school meals.

The second issue discussed at the group was about a private members bill in relation to the automatic registration of eligible children for free school meals. The group had asked for a letter of support in favour of the bill to be sent and to advise of the work of the review group taking place. The second reading had been rescheduled and would now take place on 22 April 2016.

Members were advised that the next meeting would take place on 7 April 2016 where they would discuss school referrals to the School Nurse about malnutrition and obesity.

**Resolved:-**
That the update be noted.

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**Children & Young People's Overview and Scrutiny Committee**

**1 July 2016**

**Innovations Programme**

**Report of Rachael Shimmin Corporate Director Children and Adult Services**

## Purpose of the Report

1 The purpose of this report is to provide Members of the Children and Young People's Overview and Scrutiny Committee an update on the progress and implementation of the Innovations in Children's Social Care Programme in County Durham.

2 The presentation will be given by Julie Scurfield, Children's Services Strategic Manager on behalf of Carole Payne, Head of Children's Services.

## Background

3 The Department for Education (DfE) launched the Innovation Programme in October 2013 with the aim of supporting the transformation of Children's Social Care services so that vulnerable children and families could be supported more effectively to achieve improved outcomes. The programme is set over a five year period and seeks to inspire whole system change so that in five years the following will be achieved:-

- Better life chances for children receiving help from the social care system
- Stronger incentives and mechanisms for innovation, experimentation and replication of successful new approaches;
- Better value for money across children's social care

4 In March 2015 County Durham Children's Services submitted a successful proposal for Innovations Programme funding of £3.2m.

5 The key elements of innovation contained within our proposal were:-

- The creation of 10 integrated early help and social work teams to create Innovation teams across the County, significantly increasing the range, access, quality and effectiveness of services for the whole family across the continuum of need.

- The creation and development of third sector alliances in all areas of County Durham to build community capacity and sustainable change for families.

- An intensive workforce development programme to support the new teams

and the whole workforce.

- Significantly enhanced service user engagement to change the relationship between professional and service user.

## Detail

6 The presentation to Members will address the following:-

- Progress to date on delivering the key elements as set out in paragraph 5 above
- The approach to practice transformation and quality improvement being delivered
- The impact of the transformation to date
- The challenges that remain and next steps

## Recommendation

7 The Children and Young People's Overview and Scrutiny Committee are asked to:-

(a) Receive the presentation and comment accordingly;

(b) Receive a further progress update at a future date.

## Background Papers

8 None

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Contact: Julie Scurfield, Strategic Manager, Children's Services Reform,
Tel. 03000 261630, email:julie.scurfield@durham.gov.uk
Ann Whitton, Overview & Scrutiny Officer, Tel: 03000 268143, email:

## Appendix 1: Implications

**Finance -** The £3.2m Innovations Fund has been utilised to support the delivery of the Innovations Programme and the creation of 10 Families First Teams. Detailed financial oversight is provided through the Programme governance at regular meetings of the Project Board, which is chaired by the Corporate Director of Children and Adults Services.

**Staffing -** A restructuring exercise was carried out across Children's Services in May 2015 which aligned staff from across a number of teams into the 10 Families First teams. Some new posts were created through the use of the Innovations Funding to create multi-skilled social work led teams.

**Risk –** A detailed risk log is kept and maintained through the governance of the programme overseen by the Project Board

**Equality and Diversity / Public Sector Equality Duty –** a detailed Equality Impact Assessment has been carried out and will be refreshed in September 2015.

**Accommodation –** All teams have been accommodated within existing buildings.

**Crime & Disorder** - None

**Human Rights** - None

**Consultation** - None

**Procurement** - None

**Disability Issues** - None

**Legal Implications** - None

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**Children & Young People's Overview and Scrutiny Committee**

**1 July 2016**

**Annual Report of the Director of Public Health**

**Anna Lynch, Director of Public Health, County Durham**

## Purpose of the Report

1. This report asks CYP OSC to receive the 2015 annual report of the Director of Public Health for County Durham.

## Background

2. Under the Health & Social Care Act 2012, one of the statutory requirements of each Director of Public Health is to produce an annual report about the health of the local population. The relevant local authority has a duty to publish the report. The government has not specified what the annual report might contain and has made it clear that this is a decision for individual Directors of Public Health to determine.

3. It is important to note that most data and information on the health status of the communities in County Durham is detailed in the Joint Strategic Needs Assessment available on the Council's website. Further information on public health programmes can also be found in the joint health & wellbeing strategy. Detailed information on health protection issues for County Durham residents is contained in a Public Health England report – *Protecting the population of the North East from communicable diseases and other hazards – Annual Report 2014/15.* This is available on request.

4. The 2015 Director of Public Health annual report focuses on tackling obesity and the action that needs to be taken by a range of organisations to reduce the impact on the health and wellbeing of communities. County Durham needs to work together to prevent the continuing rise in overweight and obesity, to understand the barriers our residents face and focus on how to support and enable them to live healthy and fulfilling lives. This report aims to develop an understanding of the issues and help create the collective action that is needed.

5. The annual report will be uploaded onto the council website and hard copies provided to a range of organisations and individuals including the County Durham clinical commissioning groups, NHS England, third sector organisations, foundation trusts, Public Health England, North of England Commissioning service etc. In addition, copies will be made available to the members library, to individual members (where requested), Cabinet, Overview & Scrutiny Committees and officers.

6. The annual report recommendations are found in Appendix 2.

## Recommendations

7. The CYP OSC is requested to:

   a. Receive the 2015 annual report of the Director of Public Health, County Durham.
   b. Note that the report is used to inform commissioning plans, service developments and assessment of need to support a range of funding bids, particularly by third sector organisations.

## Background Papers

**Contact*:*** **Anna Lynch, Director of Public Health, County Durham**
**Email:** **anna.lynch@durham.gov.uk** **Tel: 03000 268146**

## Appendix 1: Implications

**Finance**
The publication of the report is funded by the ring fenced public health grant.

**Staffing**
No impact

**Risk**
No impact

**Equality and Diversity / Public Sector Equality Duty**
No impact

**Accommodation**
No impact

**Crime and Disorder**
No impact

**Human Rights**
No impact

**Consultation**
This is the independent report of the Director of Public Health and is not subject to consultation

**Procurement**
No impact but should inform council commissioning plans in relation to services that impact on the health of the population

**Disability Issues**
No impact

**Legal Implications**
No impact

**Appendix 2**

## RECOMMENDATIONS

### Elected members

Elected members have an influential role and could:

- Support the inclusion of changes that impact on obesity in appropriate strategies and plans. These plans may not always be directly about obesity but may still have an impact.
- Consider lobbying government over issues such as a sugar tax, or advertising restrictions on unhealthy foods and drinks aimed at children
- Think about championing a healthy diet and a more active lifestyle in your community. Does the local neighbourhood make it easy for everyone to be active? Are there plenty of places for children to play?

### Employers

Initiatives aimed at our workplaces may help to create a healthy and productive workforce. Employers could:

- Promote physical activity in the workplace especially those aimed at every day activity e.g., use stairs not lifts.
- How healthy is your canteen? Is having a healthy choice enough or should the majority of the food provision be healthy? Do you promote healthy options?
- Is water readily available to drink? Are unhealthy drinks heavily promoted?
- Do all policies consider the impact upon the health of your workforce, customers or your community?
- Review your vending machine procurement.

### Workplace canteens

- Consider using the Government Buying Standard for Food and Catering, to improve quality and sustainability.
- How appropriate are the food portion sizes?
- Could you reduce the sugar content in the food and drinks you serve?
- How healthy or appropriate are your vending machines? Do they provide healthy alternatives?
- Is nutritional information available so that your colleagues can make informed choices about that they eat or drink?
- Can you promote healthier choices or initiatives such as the Change4life sugar swap or snack swap initiatives?

### Health professionals

All health professionals have a role in helping their patients to improve their health related behaviour.

- Midwives, GPs, health visitors, school nurses and their teams should provide information and advice to pregnant women and parents of young children about nutrition and physical activity for the whole family.
- Consider closer working with the public health team to explore all opportunities to tackle obesity.
- Health professionals should look at every contact with a patient as a health promoting opportunity and use this opportunity to provide guidance around healthier lifestyles and specifically around obesity.

**Takeaways, cafes and local shops**
There is no reason why this sector cannot consider healthier options.

- Consider healthy catering standards and provide food labelling.
- Could you join with your local community in their efforts to make the healthy choice easier?
- Promote healthy options in partnership with local schools or workplaces
- Contact the public health team to explore opportunities to provide greater choice to your customers.

**Child care settings**
All settings where children spend time such as schools, child-care settings, children's sports facilities and events should have healthy food environments.

- Ensure only healthy foods, beverages and snacks are consumed on the premises. Use water not juice.
- Champion being physically active and explore all opportunities for active play and learning.
- Use Change4Life and capitalise on the national approach to tackling obesity
- Involve parents and the wider community in healthy eating projects.

**Social care and carers**

- Provide clear guidance and support to carers and service users around healthier nutrition.
- Ensure that staff have basic and current nutrition training.
- Promote all opportunities to be active.

**Planning**
Planners have an important role in creating an environment that makes the healthy behaviour easier.

- New developments should create opportunities for physical activity.
- Ensure there are always opportunities for active travel such as cycling and walking routes.
- Explore how regulations and bye laws may help to make the healthy choice the easiest choice?

**Procurement**
Procurement often influences and determines the choices people make.

- All establishments that provide food should consider healthy and sustainable food procurement.
- Consider the impact of policies that inadvertently promote unhealthy choices and make the healthy option difficult.

**Area Action Partnerships, parents and communities**
There are many examples of communities that are making a real effort to improve health and wellbeing.

- Consider what you could champion in your local area.
- Could allotments or green places be used as a community garden to share skills and produce?
- Could you support your local school or community organisation in their efforts to make their environment healthier?
- Join Change4Life, the fun and friendly way to make the healthy choice.
- Work with local retailers to promote healthy options.
- Organised community events can promote healthier choices and options.

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# OBESITY

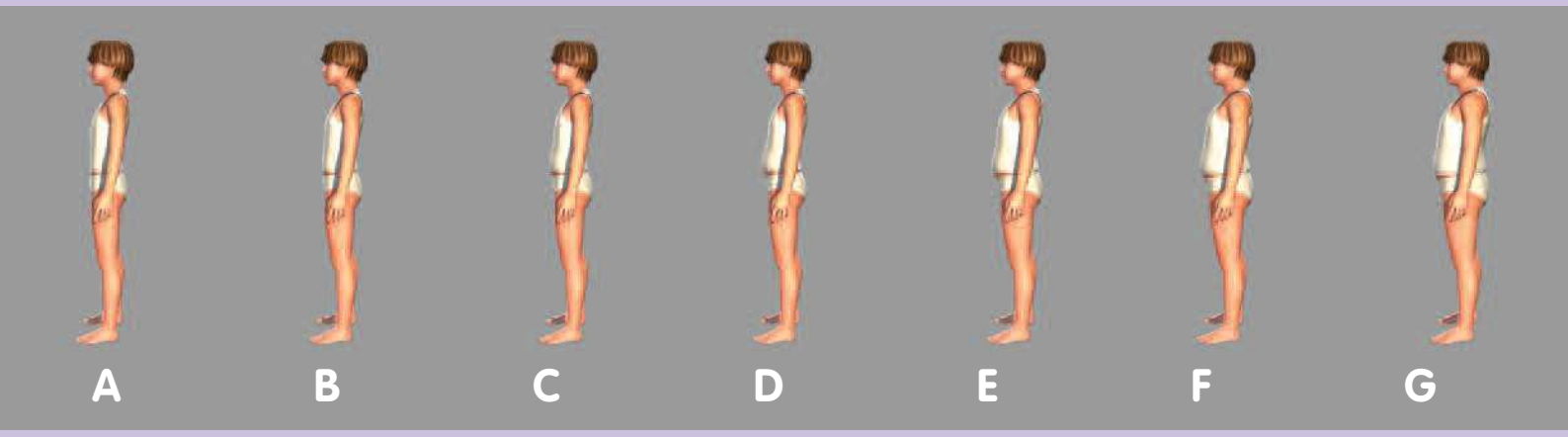
## An issue too big to ignore... or too big to mention?

Report of the Director of Public Health County Durham

2015

Durham County Council

# Which child, or children are underweight, healthy weight, overweight or obese?




## Answers

A underweight
B healthy weight
C healthy weight
D healthy weight
E overweight
F overweight
G obese

*Newcastle University Map Me Study.*

# Contents




Acknowledgments:

*Many thanks to Chris Woodcock, Public Health Portfolio Lead, for his support in pulling this report together and to Gill O'Neill, Consultant in Public Health for her oversight and guidance.*

# Introduction

This year my Director of Public Health Annual Report focuses on obesity and how we can tackle the issue. I realise this is a sensitive area for many people but we really need to stop dancing around the edges of this issue. Overweight and obesity continue to be a high priority for County Durham and I am sure will be for the foreseeable future. We continue to grapple with the issue and prevent the many health conditions associated with being overweight and obese. At the present time we are going in the wrong direction with our obesity trends and need to try new and innovative approaches as well as implementing evidence based interventions. The evidence is very clear - we need to learn from progress we have made in relation to tackling tobacco and smoking. We need national legislation, regulations, advertising controls and other measures such as a tax on sugar if we are to make significant in-roads to tackling and reducing obesity. In the absence of these there is much that can be achieved both at a local levels as well as striving to influence and change national policy. I am convinced that change is only possible if we do this collectively, sharing resources and harmonising our efforts to meet a common goal.

This report focusing on obesity could easily be a lengthy affair full of detailed data and referenced research. The subject is extremely well researched and there is a large amount of data and evidence to underpin the work we want to take forward. However, I do not want a report that is full of graphs and tables but one that reaches out to you, the reader to explain our direction of travel and what we can do together.

Obesity is a complex issue and as I was thinking about this report's structure I found myself drawn back to the powerful Foresight Report first published in 2007[1]. The Foresight Report[1] highlighted the wide range of factors that contribute towards obesity. These factors can be largely grouped into seven domains: energy balance, physical activity, the activity environment, food consumption, food environment, individual psychology and social influences. For ease of reading the sections of this report will be broadly built around these domains.

Whilst we await the new national strategy to reduce obesity in children due out in early 2016 this report has drawn upon the most up to date evidence available on the links between sugar and obesity and also on some fascinating research being conducted by Newcastle University on parental perceptions of childhood obesity. I am delighted to include a guest contribution in the report from Professor Ashley Adamson and her team at the Institute of Health & Society, Newcastle University.

## Overweight and obesity continue to be a high priority for County Durham and will be for the foreseeable future.

In County Durham we already have a Healthy Weight Alliance and members are working together to deliver the County Durham Healthy Weight Framework. We are also on the cusp of launching a physical activity framework which will galvanise partners to mobilise our residents to become more physically active. This is also really important if we are serious about tackling obesity in County Durham.

This report predominantly focuses on the power and influence of food and, more specifically, on sugar and energy dense food. This is not only about the food we eat as an individual or family but also about community influence and ways we can work together as a whole system. I also touch upon the influence of the food industry and suggest ideas about how we might approach this in County Durham.

Throughout the report there are some examples of good practice I want to share, both existing and planned, showing how we are striving to tackle overweight and obesity issues with a range of partners.

There is already a vast amount of good work taking place across County Durham and I don't want this report to be seen as a criticism of current and previous activities. We are making some progress but need to do even more. As you read the report you will hopefully become aware of the challenges we face and the complexity of tackling obesity. I want to acknowledge and thank all of our partners who have been supporting efforts to prevent overweight and obesity for many years and I hope we can continue to work together for the foreseeable future.

Throughout the report you will see examples of action that we can take forward locally and make progress. We cannot sit back and wait for national policy to change.

I want this report to be a call to action. As a County Durham community we **need** it to be a call to action. We must prevent the continuing rise in overweight and obesity and we need to work together to understand the barriers our residents face and focus on how to support and enable them to live healthy and fulfilling lives. I look forward to working with you on this challenging area of the public's health over the next few years.

**Obesity is harmful.**

**We cannot accept**

**this status quo.**

# Background

**Obesity levels are on the rise.** This statement alone is hardly new. Most of us are aware of the rising levels of obesity, but frequently the views surrounding the agenda are created through media or cultural norms and stereotypes. We are all aware of the overly simple approaches to the problem and the incorrectly held belief that there is a quick and simple solution. There is not!

**This challenge requires a sustained response.** We need to influence at all levels and across a range of areas if we are to address an issue that is having profound long term consequences for the health and wellbeing of our communities in County Durham.

**Obesity is harmful. We cannot accept this status quo.** The crux of the problem is an imbalance between energy intake and energy expenditure, yet this is impacted by a complex mix of biology, social and environmental factors over a period of time. As human beings we evolved in a world of relative food scarcity and hard physical work. Many believe obesity is the result of our biology interacting with the modern world where energy dense food is readily available and the world around us helps us move less and less[1]. This is often called the obesogenic environment.

**Tackling obesity is a challenge for society and for policy makers.** It is not simply a matter of individual choice. The factors that contribute towards obesity are complex and multiple. They interact with each other in a way that means tackling any of them in isolation will have limited effect in improving our population's health and wellbeing.

**Weight, once gained, is challenging to lose.** It requires a change in mind set for the individual and, for some, possibly services and interventions to help them achieve their weight loss goals. There are already significant numbers of obese people in County Durham and action is required to help them lose weight and to reduce the chance of them developing further health complications associated with their weight.

**We must take a preventative approach to stop the rising tide of obesity.** To do this requires a systemic shift to really change our current pattern and trends. Change needs to be made at many levels across County Durham if we are to have the impact on the population that is needed. This presents many challenges for partners and organisations and our communities.

Hopefully, this report will help to create that collective action and response we so badly need.

# What do we mean by obesity and how do we measure it?

## Adults

Obesity is a term used to define someone who is very overweight, with a high degree of body fat that may have an adverse effect on health and wellbeing.

It is more than an issue of appearance. The body mass index (BMI) gives a measure which provides an indication of whether a person is a healthy weight for their height, and allows categorisation of weights into what is normal and healthy, overweight, or obese for someone of a particular height and gender. This allows for trends in population levels of obesity to be tracked over time[2].

The measure uses weight as measured in kgs divided by height in metres squared ($m^2$):

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)} \times \text{height (m)}}$$

| Adult classification | BMI range ($kg/m^2$) | What it means for you |
|---|---|---|
| **Underweight** | Under 18.5 | Being underweight is not healthy. If you have a BMI under 18.5 this may mean that you need to build your weight up. |
| **Healthy weight** | 18.5 to 24.9 | Being a healthy weight means you are at a lower risk of heart disease, stroke and type 2 diabetes than someone who is overweight or obese. |
| **Overweight** | 25.0 to 29.9 | If you are overweight, you are at a higher risk of diseases such as heart disease, stroke and type 2 diabetes. |
| **Obese** | 30.0 to 39.9 | Being obese or morbidly obese means you are at a greater or increased risk of health problems. |

*After www.nhs.uk/conditions/obesity/pages/introduction.aspx*

Body fat can be measured in several ways, with each assessment method having pros and cons. The method most widely adopted and used within this report is the body mass index (BMI), though it is acknowledged that it is not a perfect measure.

Other approaches such as waist circumference, waist to hip ratio, skinfold thickness, bioelectroic impedance through to more complex approaches associated with research settings, may be used to provide measures of body fat and implications for the individual's health.

### What do we mean by excess weight?

Excess weight is a term used to describe a combined population above the healthy weight range. This is used intermittently throughout this report.

**Overweight + obese = excess weight**

**The method of assigning a BMI classification is different for children and adults.**

## Defining overweight and obesity in children

Defining children as overweight or obese is a complex process, given that their height and weight changes quickly. The method of assigning a BMI classification is different for children than for adults. This difference is important and explained on this page.

*This is also called 'very overweight' in the NCMP parental feedback letters.

### Measuring and interpreting BMI in children

It is important when using BMI in children that age and gender appropriate growth references are used to correctly determine weight status. In England the British 1990 (UK90) growth reference charts are used to determine the weight status of an individual child and population of children.

A review of the issues around the use of BMI centile thresholds for defining underweight, overweight and obesity in children aged 2-18 years in the UK, was published in 2012[3].

### Measuring an individual child:

**Clinical definitions of weight status:** When measuring an individual child (for example in clinic or feeding back the National Child Measurement Programme (NCMP) results to parents) weight status is defined using the UK90 clinical cut points which are as follows:

**Clinically very under weight: ≤ 0.4th centile**

**Clinically low weight: ≤ 2nd centile**

**Clinically healthy weight: > 2 - < 91th centile**

**Clinically overweight: ≥ 91st centile**

**Clinically obese*: ≥ 98th centile**

**Clinically extremely obese: ≥ 99.6th centile**

## What is the national child measurement programme (NCMP)?

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4-5 years) and year 6 (aged 10-11 years) to assess overweight and obesity levels in children within primary schools. This data can be used to support local public health initiatives and inform the local planning and delivery of services for children. Local authorities are mandated under the Health & Social Care Act 2012 to ensure the delivery of this programme at a local level.

The programme is recognised internationally as a world-class source of public health intelligence and holds UK National Statistics status[4].

The NCMP was set up in line with the Government's strategy to tackle obesity and to:

- ✓ **inform** local planning and delivery of services for children.
- ✓ **gather** population-level data to allow analysis of trends in growth patterns and obesity.
- ✓ **increase** public and professional understanding of weight issues in children and be a vehicle for engaging with children and families about healthy lifestyles and weight issues.

Children's heights and weights are measured and used to calculate a body mass index (BMI) centile. The measurement process is overseen by trained healthcare professionals in schools.

# The current picture in England and County Durham

This section highlights the national trend data in obesity and also County Durham data for both adults and children.

## Adults

In England most adults (around 65%) are overweight or obese[5].

### In every 100 adults in England...


**More women than men** are a healthy weight

Having too much weight increases risk of **diabetes, heart disease and cancer**

In England, **average weight** is now **overweight**

*Source: After Public Health England*

Nationally, 65% of adults have excess weight[5]. Prevalence was higher for men (65.3%) than women (58.1%). This has seen little change since 1993.

Whilst the proportion of adults with excess weight has seen little change since 1993 the prevalence of obesity has increased substantially: for men a rise from 13% to 24%, for women a rise from 16% to 27%[6].

## In County Durham

**24%**
**4-5 year olds**
**have excess weight**

that's **almost 1,300 aged 4-5**

**36%**
**10-11 year olds**
**have excess weight**

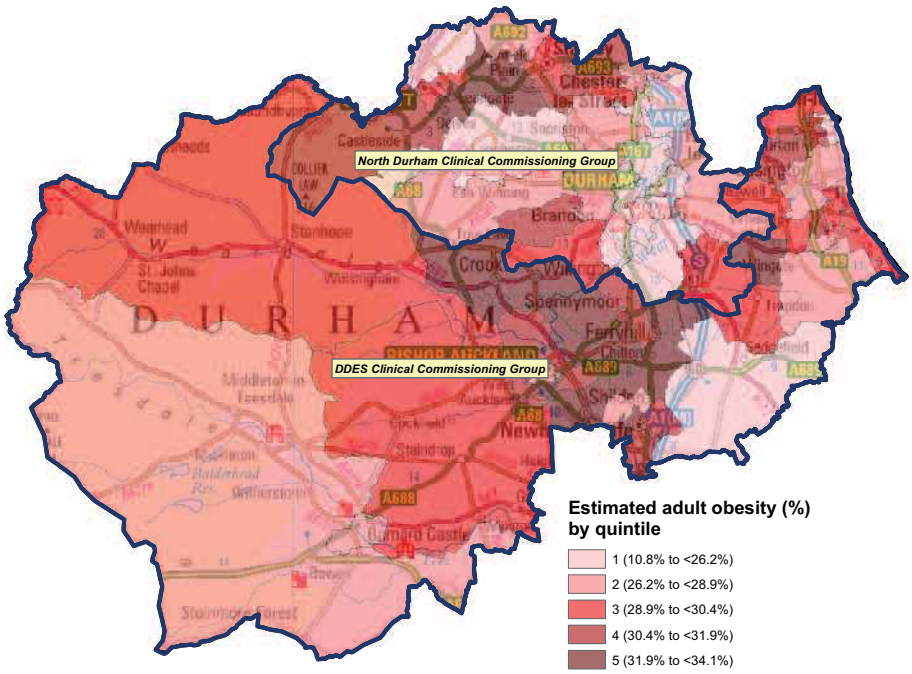
that's **over 1,800 aged 10-11**

**72.5%**
**of adults**
**are estimated to be of excess weight**

**around 310,000 adults**

## Percentage of the population of County Durham aged 16+ with a BMI of 30+, modelled estimates, 2006-2008.

*Source: PHE, NHS IC, 2010*






## The 2015 County Durham Health Profile[7] shows that:

The level of **adult obesity** (27.4%) is higher than the England average (23.0%).

The level of **excess weight** (72.5%) is higher than the England average (65%).

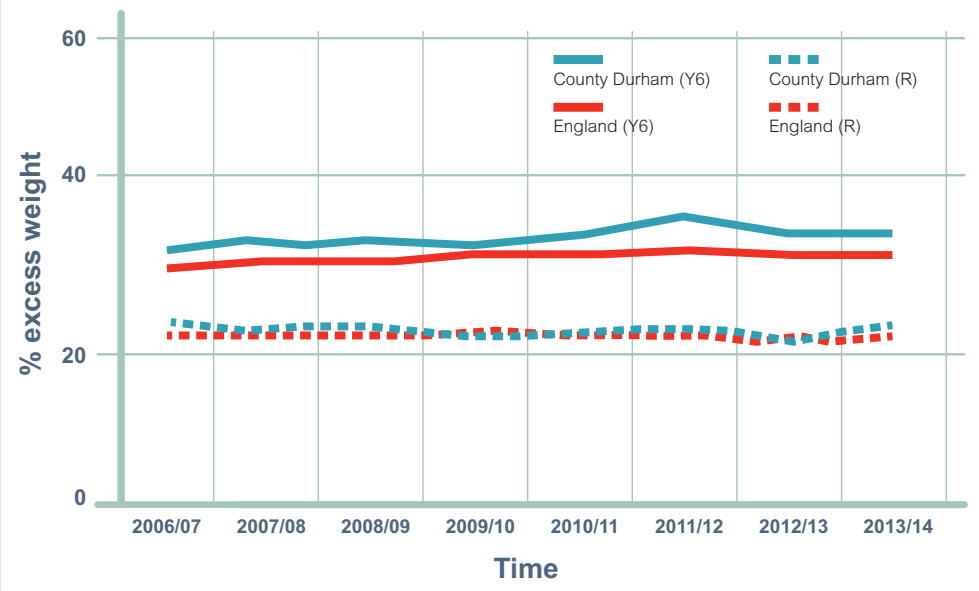
The level of **physically active adults** in County Durham (52.2%) is lower than the England average (56.0%).

**Diabetes** prevalence (6.8%) is higher than England (6%), and has risen locally from 4.1% in 2007/08. This increase places a significant burden on local health care costs. There is more information about diabetes in County Durham on pages 41-42.

## Childhood obesity – the national picture

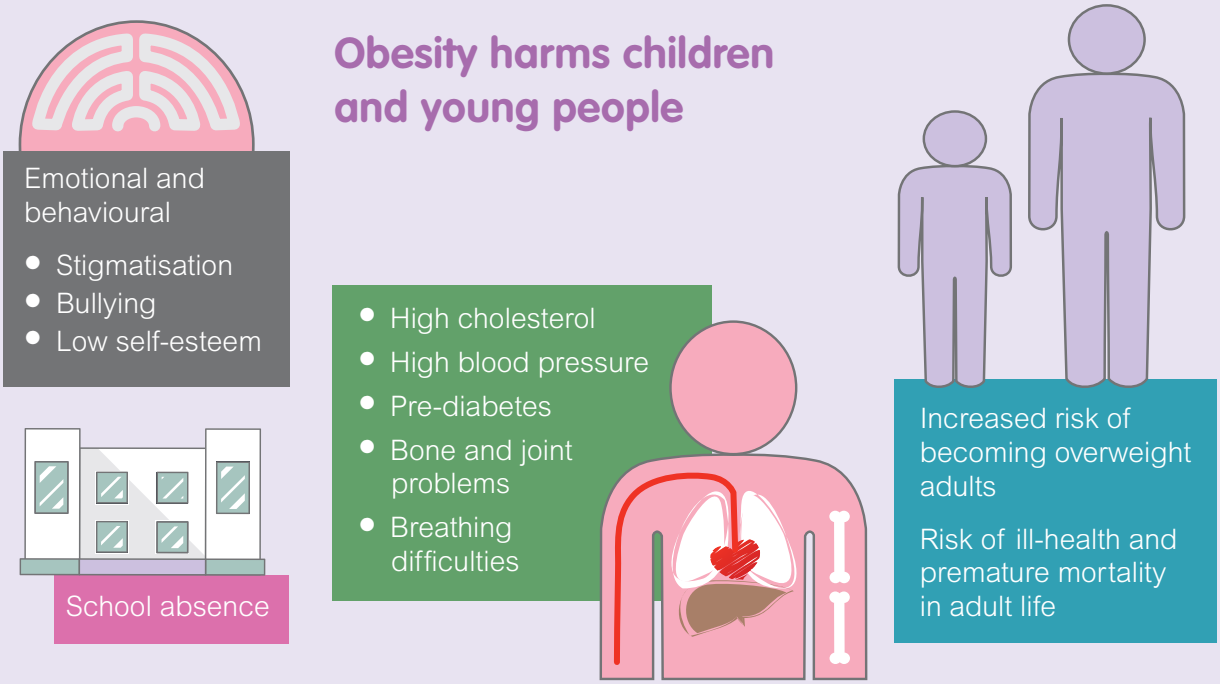
The prevalence of childhood obesity has more than doubled in the UK in the last 25 years. Those who are obese as children are more likely to be obese in adulthood. Of those who are obese at preschool age, research suggests that between 26% and 41% will go on to be obese in adulthood[1]. Addressing obesity during early years is therefore an important prevention opportunity.

### Percentage of children with excess weight, and change over time, Reception and Year 6, 2006/07-2013/14, NCMP[4]




*Source: After Public Health England*

### Obesity harms children and young people




*Source: After Public Health England*

The World Health Organisation (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. Obese children and adolescents are at an increased risk of developing various health problems and also more likely to become obese adults[8].

Nationally, the Government has set an ambition for local areas to 'achieve a sustained downward trend in the level of excess weight in children by 2020'.

## Childhood obesity – the local picture

Latest figures from the National Child Measurement Programme identified the prevalence of obesity in County Durham to be 9.3% at reception and 21.4% at year 6 and prevalence of excess weight (overweight and obese) as 23.0% and 36.5% respectively in 2014/15.

Levels of excess weight and obesity in County Durham in both reception and year 6 are significantly higher than England[4].

| | Reception (age 4-5 years) | | | | Year 6 (age 10-11 years) | | | |
|---|---|---|---|---|---|---|---|---|
| | Number excess weight | % excess weight | Number obese | % obese | Number excess weight | % excess weight | Number obese | % obese |
| England | | 21.9% | | 9.1% | | 33.2% | | 19.1% |
| County Durham | 1,339 | 23.0% | 542 | 9.3% | 1,879 | 36.5% | 1,104 | 21.4% |

Significantly higher than England

*See time series chart on page 11 for NCMP over time.*

Obesity in children and young people has been identified through the Joint Strategic Needs Assessment, the County Durham Children, Young People and Families Plan, Health and Wellbeing Strategy for County Durham and Clinical Commissioning Groups' commissioning intentions as a priority for improving health outcomes for children and young people.

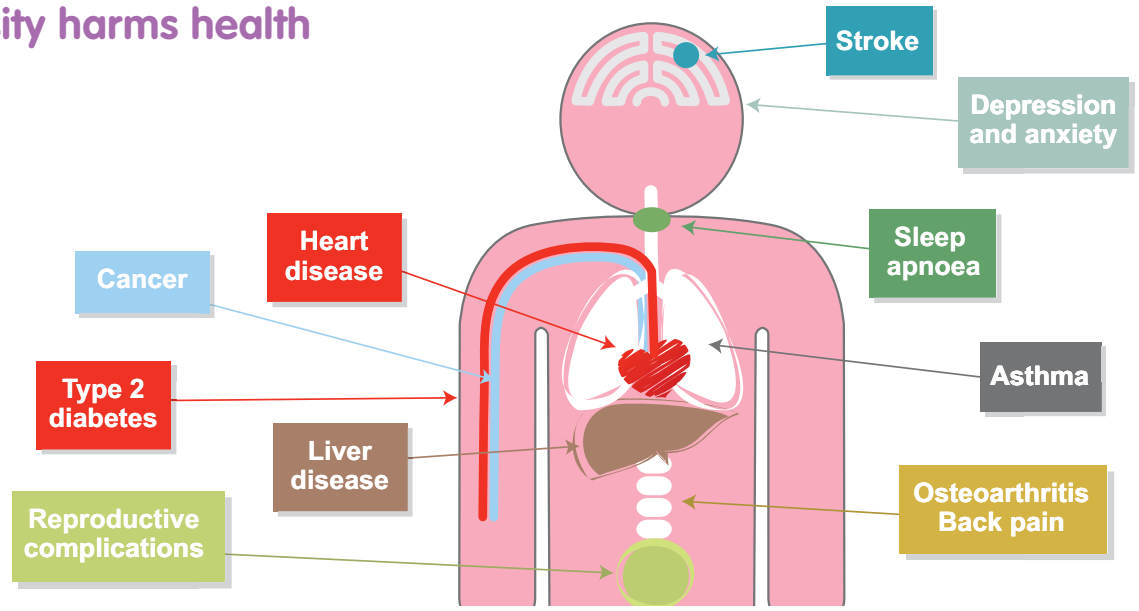
# The impact of obesity

The impact of obesity can be felt at an individual level through to a societal scale due to the social and economic burden it can cause.

## Obesity and health

If an individual is overweight or obese they are more prone to a range of serious health problems. These include cardiovascular disease; type 2 diabetes; endometrial, breast and colon cancer[9]; as well as psychological and social problems such as stress, low self-esteem, depression, stigma, prejudice and bullying[10].

## Obesity harms health




*Source: After Public Health England*

## The costs of overweight and obesity

There are significant health and social care costs associated with the treatment of obesity and its consequences, as well as costs to the wider economy arising from chronic ill health.

The House of Commons Health Select Committee estimated that the total annual cost of obesity and overweight for England was nearly £7 billion of which £1 billion is the direct health service costs attributable to obesity alone[1].

The National Audit Office highlighted significant indirect costs due to the higher levels of sickness and absence from work that obese people suffer, reducing productivity and imposing costs on business[11].

It has been estimated that lost earnings attributable to obesity are around £2.3-3.6 billion per year nationally[12]. The costs for an organisation employing 1,000 people, could equate to £126,000 a year in lost productivity[13] and on average, obese people take four extra sick days per year[14]. The estimated annual social care costs* of obesity to local authorities is estimated at £352m[15].

The costs of decreased household incomes, earlier retirement and higher dependence on state benefits such as ill health or unemployment benefits that arise from obesity-related conditions also need to be considered. In 2013 welfare costs were estimated to be between £1 billion and £6 billion[16].

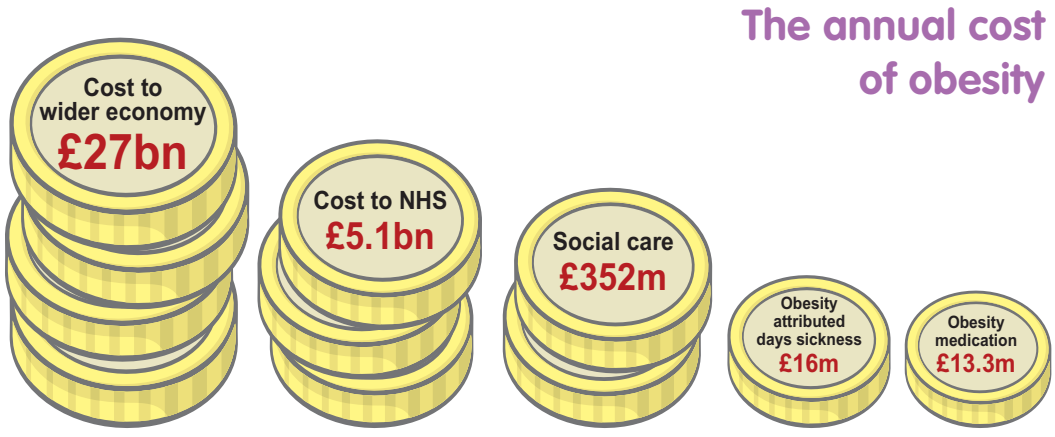
In addition, there is evidence that obesity may reduce the wage levels of those in employment[17,18] and that obese people are less likely to be in employment than people of a healthy weight.

**Cost of extra formal hours of help for severely obese compared to healthy weight people.*

## Children

These costs will be compounded as the weight problems of children and teenagers lead to increased levels of chronic disease, mental health and other social costs[19]. For example, studies have shown that compared with adolescents of normal weight, overweight and obese adolescents had over a third more sick days annually[20].

The rise in childhood obesity is also a concern as overweight and obese youth have an increased risk of becoming overweight adults which could further increase the scale of the issue[21].




*Source: After Public Health England*

## Obesity and mental health

There is a relationship between common mental health disorders and obesity. An obese person has a 55% increased risk of developing depression over time, whereas a depressed person has a 58% increased risk of becoming obese.

A report from the National Obesity Observatory highlighted that there is not enough emphasis on the association between mental health, emotional wellbeing and obesity. The relationship is complex with some researchers suggesting that obesity can lead to common mental health disorders, whilst others have found that people with mental health problems are more prone to obesity[10].

## Obesity and social care

Severely obese people are over three times more likely to need social care than those who are a healthy weight[22].

Obese adults may have physical difficulties which affect day to day living. This can have implications for social care services such as housing adaptations for example toilet frames, hoists and stair lifts[23].

Specialist carers trained in the manual handling of severely obese people are required for people who are house bound and have difficulties caring for themselves.

The provision of appropriate transport and facilities, such as bariatric patient transport and specialist hospital beds are also required.

## Obesity and the link with inequalities

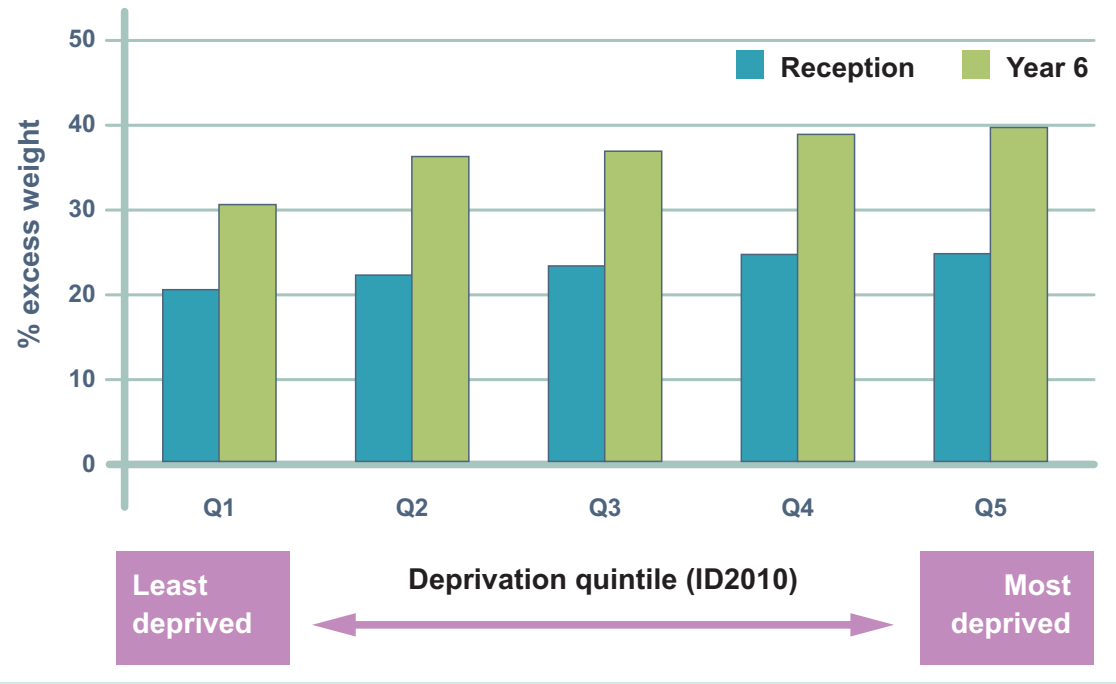
Obesity prevalence in England is known to be associated with many indicators of socioeconomic status, with higher levels of obesity found among more deprived groups. The association is stronger for women than for men. Overall, for women, obesity prevalence rises with increasing levels of deprivation, regardless of the measure used. Nationally, women living in more deprived areas are more likely to be obese. Obesity prevalence rises from 20.1% in the least deprived quintile to 33.0% in the most deprived quintile. For men, only occupation based and qualification-based measures show differences in obesity rates by levels of deprivation[24].

Factors associated with a healthy diet also show the impact of deprivation. Fruit and vegetable consumption is greater in those living in higher income households. Data from the Health Survey for England shows that children living in households with the highest income levels eat the most fruit and vegetables[25]. There is also evidence that a high sugar intake is associated with deprivation. The National Diet Nutrition Survey[26] found there to be higher sugar intakes in adults with the lowest income compared to all other income groups. Consumption of sugary soft drinks in particular was found to be higher among adults and teenagers in the lowest income group.

Physical activity levels are related to household income. Nationally, men and women from the lowest income group are least likely to meet the Government recommendations of a minimum of 150 minutes of moderate intensity per week in bouts of at least ten minutes[27]. Low levels of physical activity in children can be statistically associated with household income, with those in the lowest income bracket more likely to report low levels of activity. Among boys, 47% in the lowest income group and 26% in the highest did less than 30 minutes of moderate activity each day[28].

Nationally, in children aged 4-5 years and 10-11 years, obesity prevalence in the most deprived tenth of the population is approximately twice that in the least deprived tenth[4].

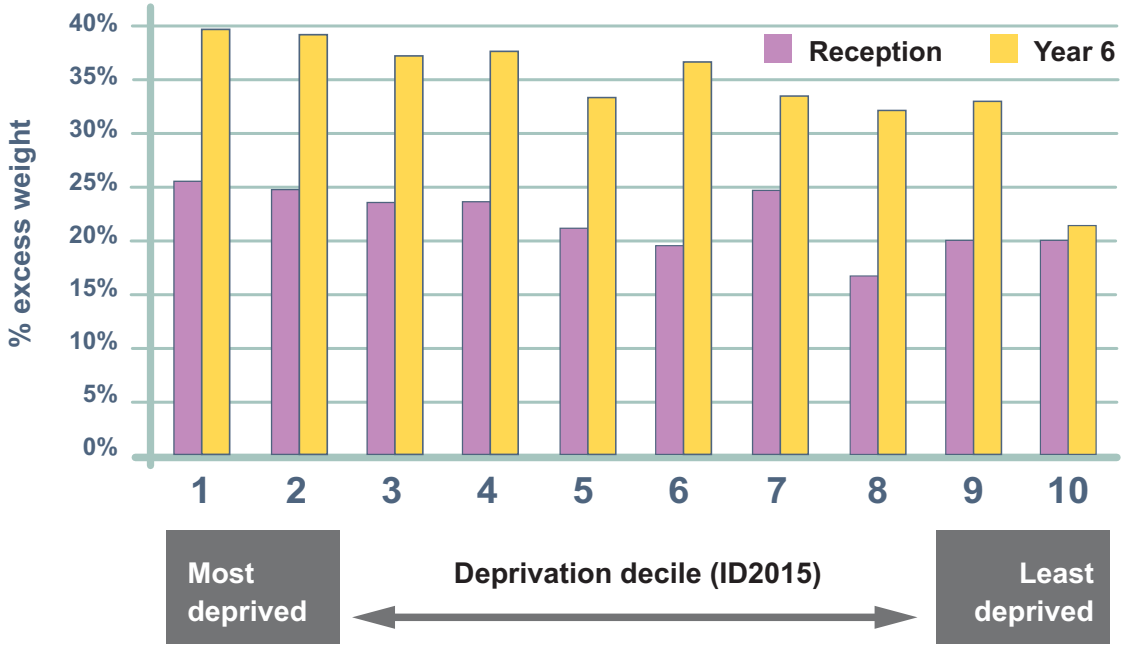
## National prevalence of excess weight by deprivation decile and school year, 2011/12 to 2012/14, NCMP[4]




*Source: NCMP*

Locally the picture in County Durham is not quite as pronounced but still indicates inequalities among our communities.

## Excess weight in Reception and Year 6 (%), by deprivation decile (ID2015 overall score), County Durham Middle Super Output Areas*, 2011/12 to 2013/14




*Source: NCMP*

* Middle super output areas are local populations based on minimum 5,000 and 7,200 people.

## The future

If we fail to halt the rise in obesity then by 2050, obesity, in England is predicted to affect 60% of adult men, 50% of adult women and 25% of children[1].

Recently reported modelling suggests that by 2030 41-48% of men and 35-43% of women could be obese, if the trends continue[29].

NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year[1].

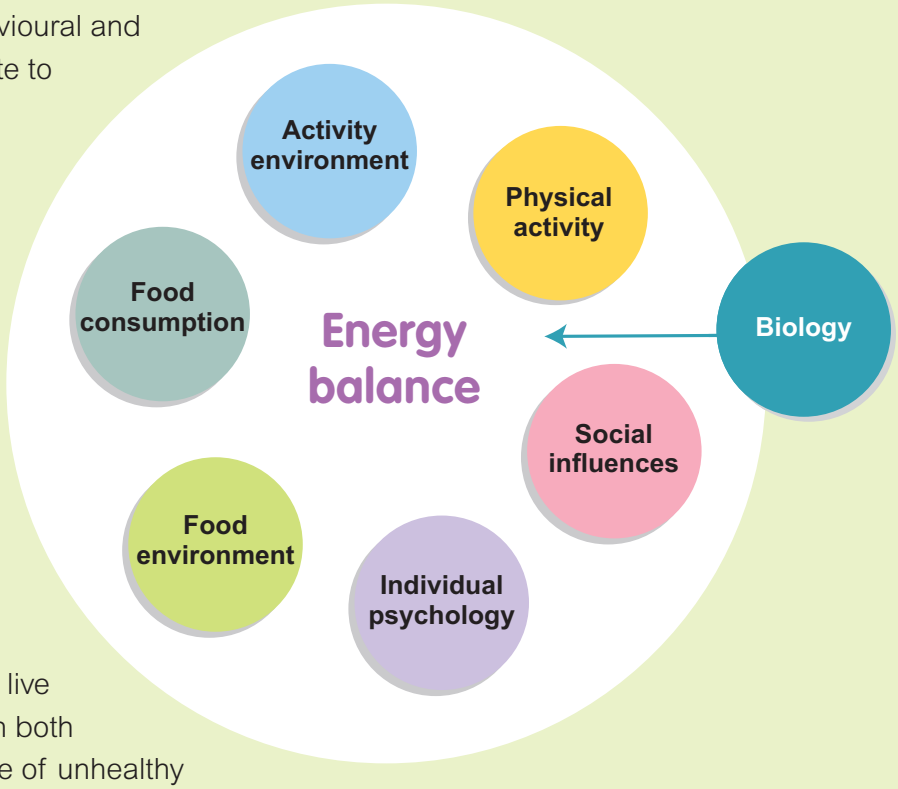
# What are the causes of obesity?

The rest of this report showcases some of the challenges and the breadth and complexity of this agenda using the Foresight factors. The report also highlights some of the good practice already taking place in County Durham. The report is not intended to be an exhaustive list of everything that contributes towards achieving a healthy weight but hopefully will stimulate discussion and gain commitment from many partners to work collectively to tackle obesity in County Durham.

## Energy balance

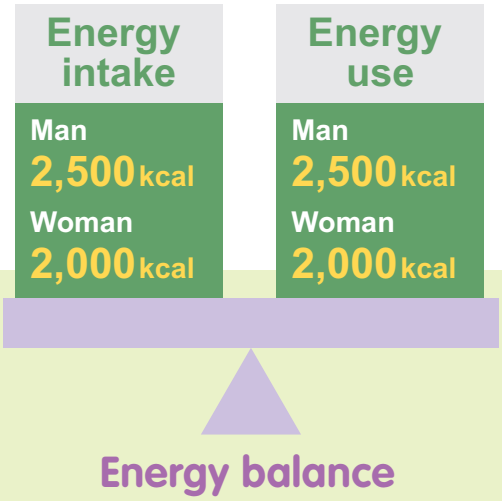
Obesity develops when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a period of time.

There are, however, many complex behavioural and societal factors that combine to contribute to the causes of obesity.




The Foresight Report[1] suggested the wide range of factors that contribute towards obesity. These can be loosely grouped into seven main categories. Apart from the individual's own biological make up, all factors have the potential for change. This is where the opportunity to make a difference in County Durham lies.

Foresight developed the concept that it was not as simple as the energy taken in and the energy expended. The world we live in greatly impacts the choices we have in both those areas. Access to shops, the volume of unhealthy food available, access to green space are all factors which impact upon obesity and over which the individual has little control. A review by the Department of Health's Expert Advisory Group on Obesity in 2011, concluded that the new evidence generally confirmed the analysis of the causes of obesity in the Foresight Report and that it remains a robust foundation for future action[30].




Yet, even where access to shops etc is excellent, there are a number of other factors that impact our choices. These include the cultural norms in relation to obesity, the promotion and advertising of unhealthy products, the rise of convenience food and even stress. Only when looking across all of the possible factors does the scale and complexity of the issue and challenge become clear.

## Biology

Obesity can be a consequence of a biological system that battles to maintain energy balance to keep the body at a constant weight. Food is fundamental and the human body has evolved to make sure that its needs are met. The hunger drive is very powerful but by contrast, there is limited biological sensitivity to abundance. The feelings of having had enough are weak and easily overridden[31].

Whilst there is a well-established body of evidence highlighting the importance of controlling energy intake to avoid weight gain, research into the metabolic aspects of energy expenditure in humans has shown little to explain the impairment of the regulatory mechanism that governs energy balance[32].

Whilst human biology plays a very important and complex role in obesity, it is not something that is easily modifiable. The remaining focus of this report is the 'outside' world, much of which, we can attempt to influence and change.

## Spotlight on:

# Activity environment

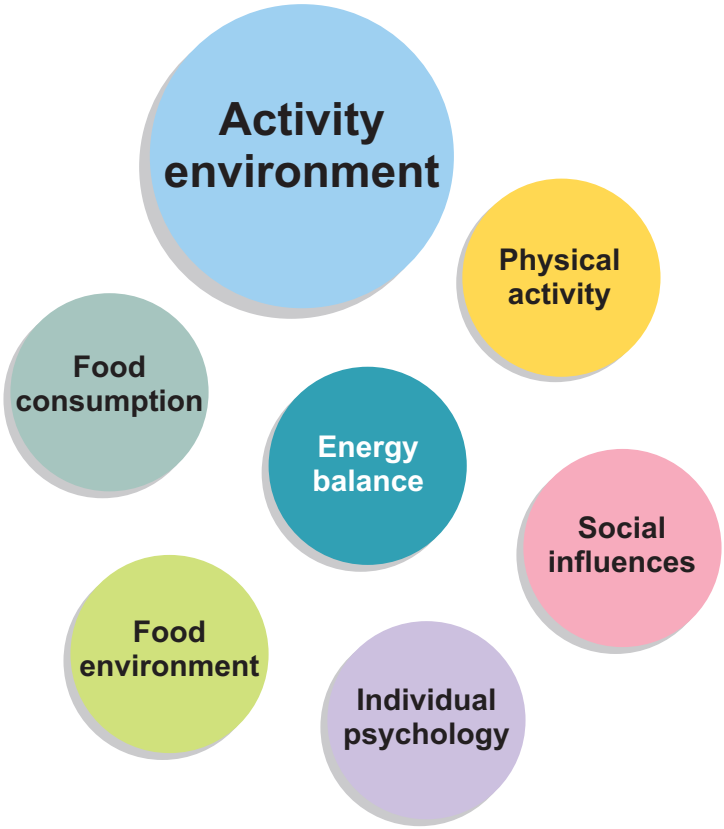
Aspects of the environment found to be associated with physical activity include:

- access to physical activity facilities
- distance to destinations
- levels of residential density
- type of land use
- urban walkability
- perceived safety
- availability of exercise equipment

One important action is to modify the environment so that it does not promote sedentary behaviour. The aim is to enable people to make the healthy choice the easy choice. By creating an environment where people actively choose to walk and cycle as part of everyday life a significant impact can be made at an individual and population level[33].

The role of planners is crucial in ensuring that new developments create opportunities that encourage active rather than sedentary behaviour.

Durham County Council has recently started a programme to develop part time 20mph speed limits in areas of County Durham. The purpose of this scheme is to reduce traffic speeds around schools during drop off and pick up times. This will improve road safety for vulnerable road users as well as making walking, cycling and outdoor play more attractive. In conjunction with the school based road safety programme, children will have increased knowledge and skills to enable them to be safer pedestrians and cyclists.




***A physically active*** *environment includes aspects that may help or block access to physical activity such as the cost, safety in the surrounding environment, ease of walking etc. It also includes areas that reflect cultural values associated with activity patterns, such as the dominance of the car.*

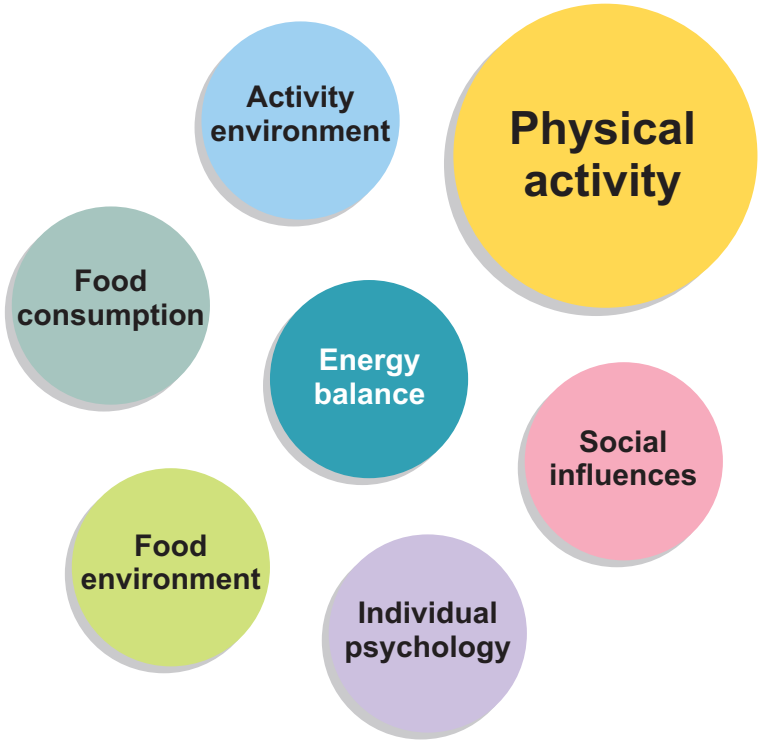
## Spotlight on:

# Physical activity

The physical activity cluster consists of variables such as an individual's level of recreational, domestic, occupational and transport activity and parental modelling of activity. The higher the level of fitness, the easier it is to engage in physical activity and conversely, for someone who is physically unfit, physical activity is difficult.

Physical activity is a key determinant of energy expenditure and a fundamental part of energy balance and weight control. Regular physical activity can reduce the risk of obesity, as well as many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, mental health problems and musculoskeletal conditions.

Physical activity includes all forms of activity, such as walking or cycling for everyday journeys, active play, work-related activity, active recreation (such as working out in a gym), dancing, swimming, housework, gardening or playing games as well as competitive and non-competitive sport. The evidence is very clear that it can also reduce costs by significantly easing the burden of chronic disease on the health and social care system. Even relatively small increases in physical activity are associated with some protection against chronic diseases and an improved quality of life.




The Health Survey for England 2012 showed that **67% of men and 55% of women meet new government recommendations for levels of physical activity** (minimum of 150 minutes of moderate intensity per week in bouts of at least ten minutes)[27].

Nationally **more boys (21%) than girls (16%) aged 5-15 years met the national physical activity target in 2012**, achieving an hour of moderate activity every day[28].

In County Durham the recent Student Voice Survey for Secondary Schools (2015) showed that **30% of students sampled (N = 8,148) stated that they were physically active for 60 mins, every day in the last week, with only 7% stating that this never occurred**.

The Government recommends that adults spend minimal time being sedentary for long periods. The Health Survey for England (2012) showed that on weekdays **31% of men and 29% of women spend six hours or more being sedentary, increasing to 40% of men and 35% of women on weekend days**[27].

Whilst physical activity is clearly an important factor in our plans to tackle obesity, its benefits to an individual's health are such that it warrants a focus in its own right. The County Durham Physical Activity Framework is a collective strategic approach to this agenda which aims to make a significant impact on the quality of life in County Durham. However for the purpose of this report, the focus remains primarily around energy intake. Readers interested in the physical activity framework can access it on the council website.

# Physical activity benefits for adults and older adults

- ✓ Benefits health
- ✓ Improves sleep
- ✓ Maintains healthy weight
- ✓ Manages stress
- ✓ Improves quality of life

Reduces your chance of:

- Type 2 diabetes **-40%**
- Cardiovascular disease **-35%**
- Falls, depression and dementia **-30%**
- Joint and back pain **-25%**
- Cancers (colon and breast) **-20%**

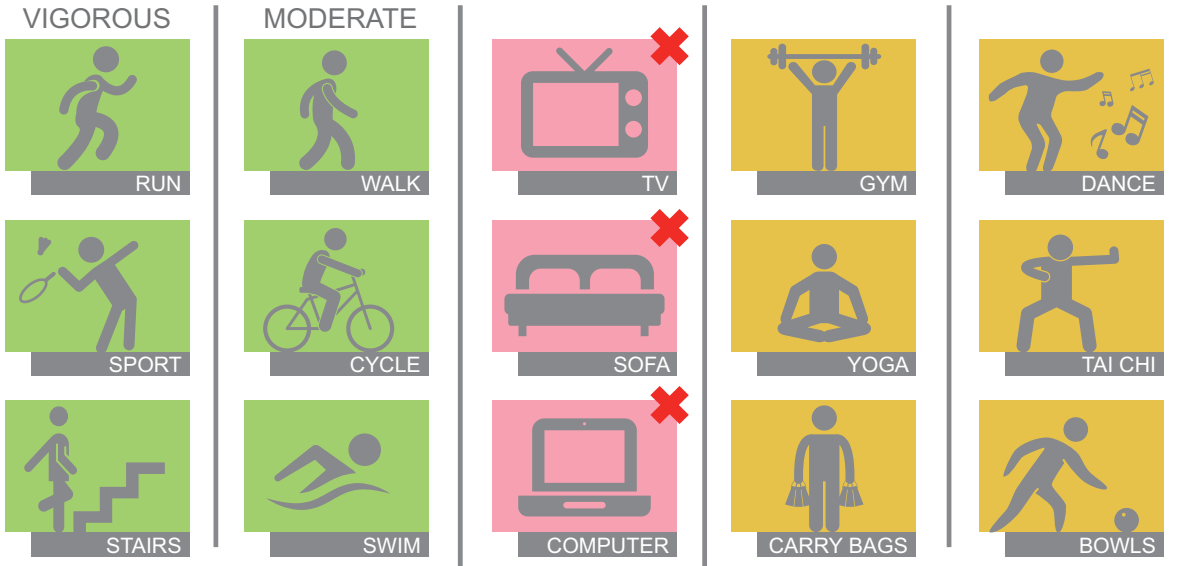
## What should you do?

For a healthy heart and mind

To keep your muscles, bones and joints strong

To reduce your chance of falls

**Be active** | **Sit less** | **Build strength** | **Improve balance**




**MINUTES PER WEEK**

**75** OR **150**

VIGOROUS INTENSITY (breathing fast difficulty talking)

MODERATE INTENSITY (increased breathing able to talk)

**OR**

**A COMBINATION OF BOTH**

**Break up sitting time**

**2 days per week**

Something is better than nothing.

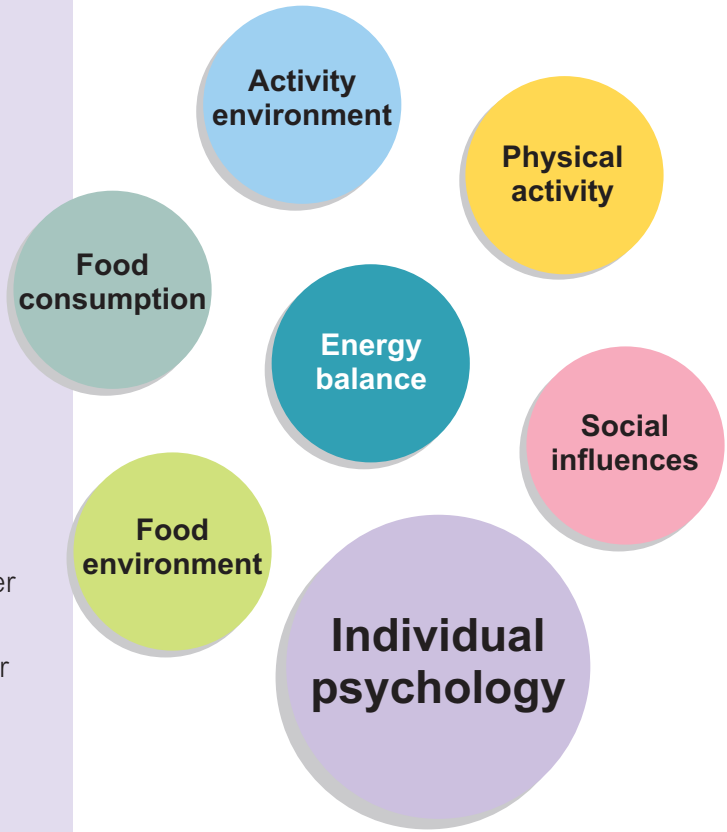
Start small and build up gradually: just 10 minutes at a time provides benefit.

MAKE A START TODAY: it's never too late!

*Source: UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: http:bit.ly/startactive*

Spotlight on:

# Individual psychology




***Individual psychology*** *describes a number of psychological attributes from stress to the demand for indulgence. It also covers aspects such as the level of children's control over their diet.*

## Food intake

Research suggests the majority of adults and children have an understanding of what constitutes a healthy diet[34]. Eating lots of fruit and vegetables is the most frequently cited component whilst the reduction of sugar and fat also figures highly. The majority of adults consider healthy eating to be important and would like to improve their own eating habits and those of their children.

Yet the majority of adults do not eat the recommended minimum of five portions of fruit and vegetables per day and neither do the majority of children. Across all age and income groups, both men and women consume less than the recommended daily amount of fibre.

As the majority of people know what they should be eating for a healthy diet then we need to understand what factors are making it difficult to achieve this goal.

## Stress

Long-term stress from a range of pressures, can affect eating behaviour in different ways. It is estimated that around 30% of people eat less than normal when stressed, but most individuals will eat more[35].

## Food labelling

Nutrition literacy is the term used to describe people's understanding of food, especially the complexity of food labelling. Whilst the 'traffic light system' is now present on a great deal of food packaging, this is not universal on all foods and may not be far reaching enough.

If individuals are to make informed choices about what they eat then any mechanism to make this as easy and accessible as possible should be promoted and welcomed. The traffic light system for food labelling is one example which could be rolled out to simplify choice for people.

## Resilience

The choices we make are influenced – perhaps more than we realise – by the day-to-day pressures we face, the behaviour of those around us, the sort of neighbourhood we live in and the prevailing culture relating to food and physical activity. This unfortunately favours overconsumption and inactivity. Going against the 'norm' can be challenging for most people.

The County Durham school nursing service will deliver health improvement interventions as part of a schools planned and progressive curriculum. Resilience building work will support life skills including decision making, managing peer pressure and risk taking behaviours. The County Durham resilience programme is working with schools across the county to enable them to support and develop resilient children and young people.

## Targeted weight management programmes

The Family Initiative Supporting Children's Health (FISCH) programme provided by Durham County Council, Leisureworks and County Durham and Darlington Foundation Trust is a weight management programme delivered mainly to primary school aged children, targeted at those with a BMI at or above the 91st centile.

The programme consists of a 10 week school based group intervention during curriculum time and pre/after school club sessions. In addition one to one family interventions for children with BMI at 95th centile or above are delivered. The programme aims to maintain the weight (body mass)/BMI of participants and promote behavioural change. (See description of BMI and centiles on page 6.)

**A recent evaluation assessed the effectiveness of the programme and the impact on BMI trends.**

It was found that,

- the school based intervention led to a reduction in both excess weight and obesity prevalence over a 12 month period. One case study school also showed a sustained reduction at 18 months;
- There was a 6% and 4% decline in prevalence of excess weight and obesity respectively across the participants included in the evaluation;
- A 40% increase in knowledge for proposed behavioural changes was achieved at 12 months; and
- The family intervention achieved a sustained reduction or stabilisation of BMI in over 90% of participants at 12 months.

**The programme was effective in reducing excess weight and obesity prevalence among participants.**

- We continue to strengthen and explore further partnership working with other agencies in order to increase coverage of this programme.
- The programme is being expanded to include five health trainers. This approach acknowledges the social complexity of obesity and the reality of the challenges facing families in County Durham. The health trainers will work closely with the whole family to help them achieve a healthy weight. This will be monitored after 12 months to establish the effectiveness of this approach.

## Making Every Contact Count (MECC)

There are thousands of opportunities every day for frontline staff across a range of partner organisations to help tackle obesity and reduce health inequalities. Every contact with a resident should be seen as an opportunity to encourage healthier lifestyle choices.

MECC encourages conversations based on behaviour change approaches, empowering healthier lifestyle choices and exploring the wider social determinants that influence our health.

To make every contact count organisations should:

- Build a culture and operating environment that supports continuous health improvement around obesity through the contacts it has with individuals[36]. Insight from MECC initiatives across the country have shown that service users expect to be asked about their health[37].
- Create the culture in which MECC operates through vision and mission statements and through strong leadership.
- Offer staff a suitable environment and the skills and knowledge to deliver MECC.

The whole system should align itself towards the prevention of obesity. Providers of care should build the prevention of obesity and promotion of healthy living into their day-to-day business. Service commissioners could require providers to do this through contracts, payment, incentives and pathway design, and the priorities set for commissioners should reflect this responsibility[38].

The wellbeing for life service uses a 'strengths based' approach that acknowledges and builds upon the strengths, skills and capacities of people to live healthy lives alongside the assets within their local community. Part of the local approach is the delivery of MECC training to members of the community and front line partners, to help develop the skills needed for this approach.


**Obesity has much in common with many of other public health challenges.**

# Wellbeing approaches

Obesity has much in common with many of other public health challenges. Many of the wider determinants of health that impact upon obesity, such as educational attainment and income, are the same for other areas of poor health. The social, infrastructural and environmental factors that impact on obesity are the same for many other public health issues. Current programmes in County Durham are taking a collective approach to tackling obesity, mindful that the evidence demonstrates a many pronged approach will have the greatest impact.

We know that people's lifestyles and the conditions in which they live and work act together to influence their health and wellbeing. Poor socio-economic circumstances can affect health and wellbeing throughout life, resulting in persistent and pervasive health inequalities. Behaviour change policy and practice must be addressed in a more integrated and holistic manner to have the greatest impact.

The evidence indicates that 70% of adults currently engage in two or more of the main unhealthy behaviours, and the situation is even more pronounced for those in lower socio-economic groups[39].
A holistic wellbeing approach provides support to people to live well by addressing the factors that influence their health. It also builds their capacity to be independent, resilient and maintain good health for themselves and those around them[40].

Many existing solutions focus on single issues, e.g., weight management, food and health etc. The wellbeing approach goes beyond looking at single-issue healthy lifestyle services and instead aims to take a whole-person and community approach to improving health[41].

## What is a wellbeing service?

Wellbeing services provide support to people in order to improve their health and wellbeing. There are different national models for wellbeing services, however, they all share common features:

- Promote positive health that can empower individuals, enabling them to maintain and improve their own health and wellbeing.
- Where necessary services and programmes facilitate lifestyle adjustments e.g., healthy eating.
- The focus is on promoting quality of life not just length of life.
- Rather than considering just the specific issue, the service considers the whole person and issues impacted by the wider determinants of health such as lifestyle, social environment and living conditions as these may be preventing them from reaching their optimum health. If poverty is the fundamental issue, then the wellbeing for life service will provide meaningful guidance into the appropriate services.
- Wellbeing services take into consideration inequalities in health and actively seek out those individuals who do not usually benefit from mainstream health services.

## County Durham's Wellbeing for Life Service

The Wellbeing for Life service adheres to the principles of a general wellbeing model as described above. More information about the Wellbeing for Life service in County Durham can be found at www.wellbeingforlife.net or contact 0800 8766887.

Spotlight on:

# Social influences

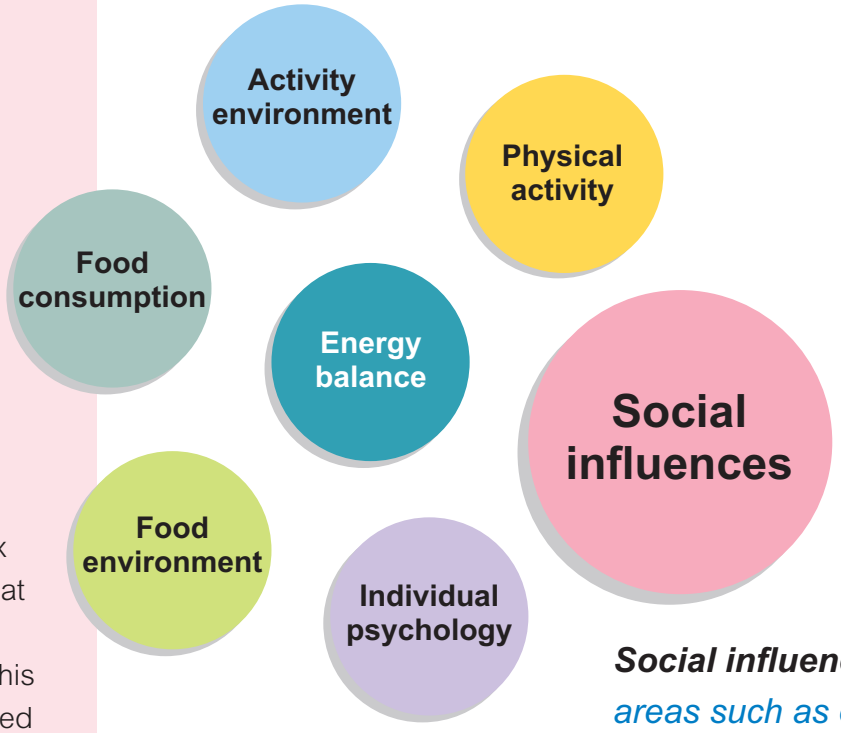
## Who is obese?

Nationally most adults (around 65%) are overweight or obese[5]. It's not surprising that the average body mass index in the UK is now above that considered to be in the healthy range. Arguably this shift in the norm has altered people's perception of obesity. Innovative work by Newcastle University seeks to explore this issue and create approaches which can help parents to identify overweight and obesity outside of any specific measurement programme.

## Food and culture

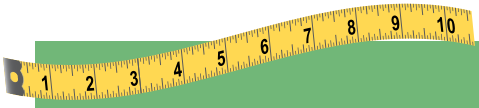
Food is an enjoyable part of life and plays an important part in many cultural celebrations from birthdays through to Christmas. However, many of these important occasions are becoming heavily linked with the consumption of unhealthy foodstuffs and alcohol, in ways no longer associated with the occasion itself.

Further information on the impact of alcohol on weight, is found on page 37.



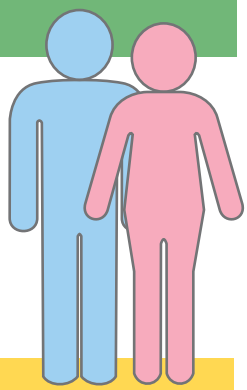

***Social influences*** *cover areas such as education and the impact of the media. It also includes societal attitudes to overweight such as its acceptance or not.*

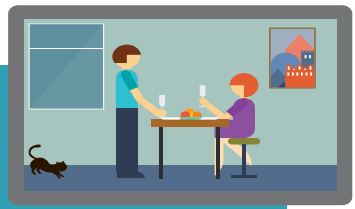
**We may not see ourselves or our children as obese...**



Adults tend to underestimate their own weight

Half of parents do not recognise their children are overweight or obese





The media tend to use images of extreme obesity to illustrate articles about obesity

If we do not recognise obesity we are less likely to prioritise tackling it

GPs may underestimate their patients' BMI

*Source: After Public Health England*

# MapMe body image scales

**Guest contribution from Professor Ashley Adamson and team at the Institute of Health & Society Newcastle University**

Childhood obesity is an important public health problem worldwide and identifying effective preventive strategies remains a priority. Parents are central to the development of their child's health-related behaviours and play a key role in both the development and implementation of prevention strategies. However, many studies show that many of us do not recognise when a child is overweight compared with guidance on healthy body weights for children. For example, previous work in the North East showed that over two thirds of parents of overweight children described their child as being of 'normal weight' at seven years. In common with most people parents tend to use how their children look compared with others who may be more overweight, to identify their weight status. So this means that in the context of a high prevalence of childhood overweight, many of us rely on extreme cases as a reference point for our understanding of what 'overweight' means.

Addressing the difference between parents' perceptions and actual child weight status is important. If parents do not perceive their child as overweight they are unlikely to make appropriate changes to their child's lifestyle. However there is evidence that parents are more likely to make such changes if they perceive their child's weight as being a health problem. So increasing parents' knowledge of what an overweight child does look like, plus increasing their knowledge about the health consequences of childhood overweight is a strategy worth exploring.

Body image scales are visual images of body shapes ranging from underweight to obese (very overweight). These were developed using portable 3D body scanning technology to obtain body scans from 800 children (boys and girls aged 4-5 and 10-11 years). Parents and health professionals throughout the North East were consulted extensively and helped to develop the body image scales as a method to improve parents' ability to recognise overweight in children and to develop supporting information to increase parental knowledge of the consequences of childhood overweight. The results are being tested in a large trial with almost 3,000 families.

A study at Newcastle University funded by the Medical Research Council (MRC) - National Prevention Research Initiative has developed and tested visual tools (body image scales) designed to improve parents' ability to correctly assess their child's weight status as well to improve knowledge of the health consequences of childhood overweight.

## Next steps

During 2016/2017 public health will be working with Newcastle University, wider health partners and Durham County Council's One Point Service to implement the 'body scans' project, to try and alter perceptions of excess weight and impact upon the prevalence of obesity of reception age children.

change 4 life

Eat well Move more Live longer

**Change4Life is a national initiative that brings together a range of stakeholders**

## Change4Life

Change4Life is a national initiative that brings together a range of stakeholders with the shared aims to improve diets and levels of activity so reducing the threat to the individual's future health and wellbeing. The promotion of 'unhealthy' behaviour and foodstuffs is commonplace and it is important to have a recognisable brand to help our communities make healthier choices.

The goal of Change4Life is to help every family eat well, move more and live longer.

Change4Life seeks to change behaviour by providing support for families and individuals to make small but significant changes to their diets, activity levels and alcohol consumption.

In County Durham, Change4Life has expanded beyond the confines of traditional marketing, to be the public face of positive intervention around obesity. There are Change4Life branded cooking courses, sports clubs in schools, fun runs and events.

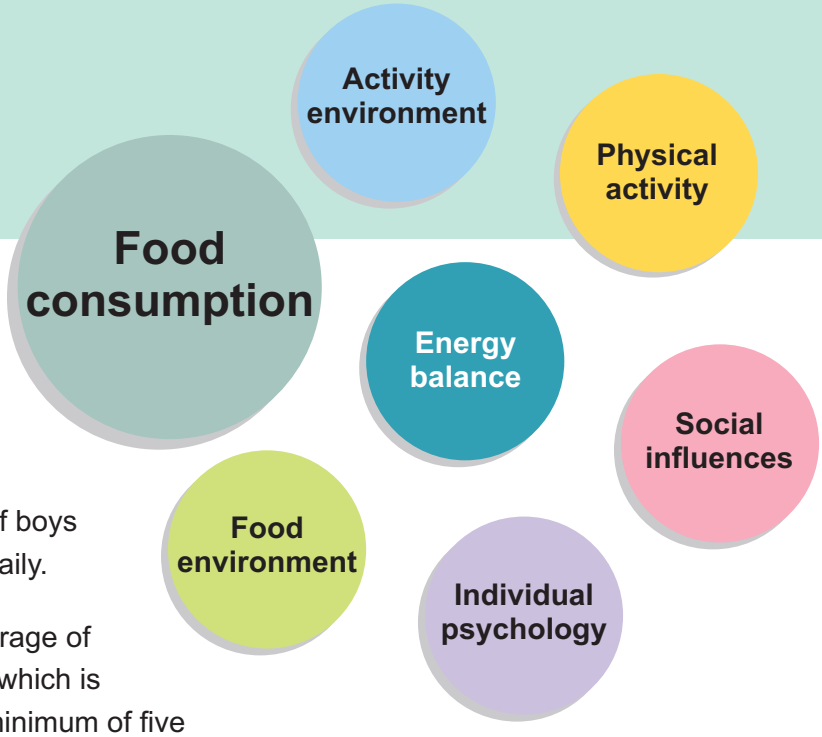
It has even been adopted by the local health check programme, Check4Life, which can help people make changes to their behaviour through one recognisable, consistently branded programme.

The Healthy Weight Strategic Framework for County Durham acknowledges the importance and power of Change4Life and recommends its adoption for all healthy weight initiatives across the county. National activity provides a significant platform for local initiatives to utilise as well as the free national programme that is full of useful tips and tools for our residents.

Too often campaigns used by the health community compete with each other for attention and recognition. In an often cluttered health environment, the collective use across County Durham of Change4Life, which is a recognised and trusted brand, could help to make the healthy choice easier for our communities.

Spotlight on:

# Food consumption




## Food consumption

Surveys show that nationally, the majority of children do not eat the recommended minimum of five portions of a variety of fruit and vegetables per day[25]. For children aged 11-18 years only 10.1% of boys and 7.5% of girls actually eat five portions daily.

Children aged 11-18 years consume an average of 2.9 portions of fruit and vegetables per day which is significantly lower than the recommended minimum of five portions.

For children aged 5-15 years, those aged 11-12 years consume the smallest number of portions of fruit and vegetables per day, 2.3 portions for boys and 2.8 portions for girls.

Children living in households with the highest incomes eat the most fruit and vegetables per day, 3.9 portions for girls and 3.5 portions for boys.

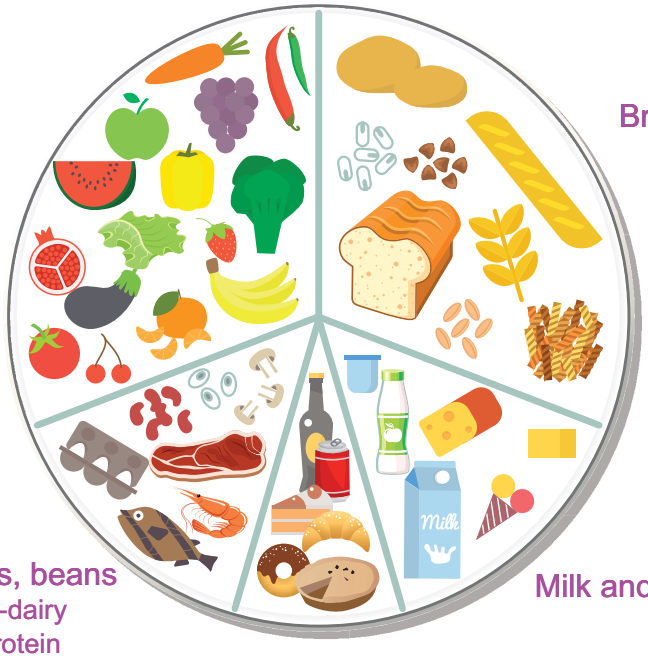
***Food consumption** includes many characteristics of the food market and of food products, such as the nutritional quality of food and drink, the energy density of food, and portion size.*

# Food intake

## The eatwell plate

The eatwell plate highlights the different types of food that make up our diet, and shows the proportions we should eat in order to have a healthy, balanced diet.

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



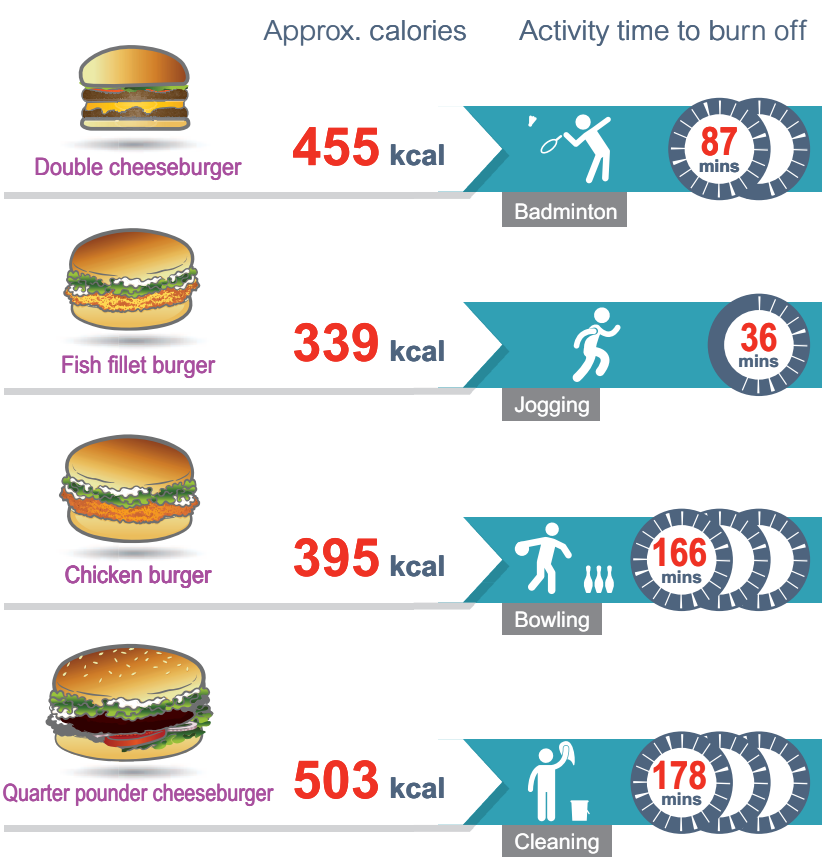

*Source: Public Health England in association with the Welsh Government, the Scottish Government and the Food Standards Agency in Northern Ireland*

## Energy dense foods

The energy density of food and drink (the amount of energy per unit weight of food or beverage) has been identified as an important factor in weight control in both adults and children. **Foods high in fat tend to be energy dense** as dietary fat provides the greatest amount of energy per gram, whereas foods that contain a lot of water or are high in fibre tend to be less energy dense.

People with access to less energy dense foods have been shown to consume less energy overall (making it easier to maintain a healthy weight) and conversely evidence suggests that consumption of energy dense foods can lead to people eating food containing more energy than they need, before feeling full[42,43]. Indeed a recent review concluded that for adults "consuming a diet higher in energy density is associated with increased body weight, whereas consuming a diet that is relatively low in energy density improves weight loss and weight maintenance"[42].

There is also a relationship between the energy density of foods and cost, such that cheaper foods tend to be more energy dense[44,45]. Therefore attempts to eat a healthy diet based on lean meat, fish, fresh fruit and vegetables may represent an increased cost. Obesity itself has been shown to be socio-economically patterned with those from more deprived backgrounds being most at risk[24,25].




This observation may be at least in part due to efforts to manage food budgets[46,47].

Taste, often a consequence of added fats and sugars and convenience, may also predispose people towards food choices which include processed and pre-packaged foods[48]. However, when the economic picture is also considered it is possible to see how wider factors create the conditions that make it difficult not to over consume, leading to excess weight. This is often called the obesogenic environment.

## Sugar

The recent report *Sugar Reduction: The evidence for action*[49] highlighted that consuming too much sugar in food and drinks can lead to weight gain and its related health problems.

# A high sugar diet
## can lead to weight gain

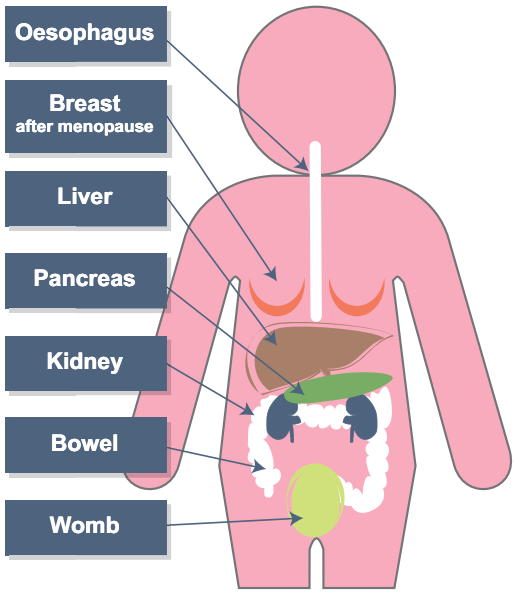
A high sugar diet can lead to weight gain, which increases the risk of cancer

**Overweight and obesity**
**can cause 10 types of cancer**

**1 IN 20**

**UK cancers are linked to weight**

Being overweight may also cause gallbladder, aggressive prostate and ovarian cancer




*Source: After Cancer Research UK*

### Key Facts on Sugar from Scientific Advisory Committee on Nutrition (SACN)[50]

SACN has recommended that:

**the average population maximum intake of sugar should be halved:**

**it should not exceed 5% of total dietary energy.**

The emerging breakfast drinks market, often labelled as convenience, contains products which contain as much as 25g of sugar per serving (6 teaspoons).

Currently sugar intakes for all population groups are above the recommended levels, contributing between 12 to 15% of total energy intake.

This is the first time Scientific Advisory Committee on Nutrition (SACN) has made a recommendation to minimise consumption of a specific food and its significance and importance must not be underestimated.

Consumption of sugar and sugar sweetened drinks in school age children is particularly high.

Sugar consumption also tends to be highest among our most disadvantaged communities who also experience higher prevalence of obesity and its health consequences.

A systematic review of the association between body weight and the intake of sugar-containing foods and beverages, commissioned by the World Health Organisation found that reducing sugar intake in adults without imposing any other food restriction led to a decrease in body weight[51].

## Sugar intake

Nationally representative data on the carbohydrate intakes of the UK population drawn from the National Diet and Nutrition Survey (NDNS)[26] rolling programme highlights the sources of sugar as below:

## Adults 19-64 years

Table sugar, biscuits, buns, cakes, pastries and puddings and soft drinks are the main sources of sugar.

## Age 11-18 years

Soft drinks (excluding fruit juice) are the largest single source of sugar and on average those who consume them drink around 336ml per day. This is roughly equivalent to one can of a sugary drink daily.

On average soft drinks provide 29% of daily sugar intake for this age group. Table sugar and confectionery at 21% and fruit juice at 10% are also large contributors to the sugar intake of 11 to 18 year olds.

## Age 4-10 years

For younger children soft drinks, biscuits, buns, cakes, pastries and puddings, breakfast cereals, confectionery and fruit juice are the major sources.

# what's the maximum amount of sugar we can have?

**A typical 8 year old shouldn't have more than 6 cubes of added sugar* per day** [52]

| Age | Recommended maximum added sugar intake | Sugar cubes† |
|---|---|---|
| 4-6yrs | no more than 19g per day | 5 cubes |
| 7-10yrs | no more than 24g per day | 6 cubes |
| From 11yrs | no more than 30g per day | 7 cubes |

*The number of sugar cubes featured is based on total sugar in grams per portion/100g/pack divided by 4 grams (the weight of one 4g sugar cube). Images are a representation only.*

Whilst it is not news that too much sugar is bad for us, the amount of it we eat, the impact on our health and the number of factors sustaining our consumption are certainly worth exploring. Sugar features in so much of what we eat and clearly is enjoyable but the newest evidence is very clear – we must reduce our intake quite drastically.

Public Health England state in very stark terms that "this is too serious a problem to be solved by relying only on individuals to change their behaviour in response to health education or to rely simply on food labelling. No single action will be effective in reducing sugar intakes"[49].

A broad programme of measures to affect the areas that influence our sugar consumption, reduce the sugar content of our food and drinks as well supporting people to make healthier choices would have significant impact across population health.

Whilst some of the report's recommendations might require Government interventions, many can be tackled in our communities through working together. We can bring about local change to reduce our unhealthy consumption of sugar.

## Sugar swaps

Change4Life have recently created a sugar swap app available for smartphones. This app allows the user to scan the bar code on a food product and the app will display the number of cubes of sugar within the food or drink. It's a quick, easy and fun way to keep a check on sugar intake. Visit www.nhs.uk/change4life/Pages/change-for-life

| What could be tackled at a local level in County Durham | What might require national action (which we could support) |
|---|---|
| Look at choices such as 'kids meals' in local retail venues i.e. providing water with a meal instead of a sugary drink. Work with retailers to bring about changes. | Tighter regulations and controls on catering provision. |
| Look at what is promoted in venues such as leisure centres and canteens i.e. branded fridges in retail environments with high fat and sugar snacks and drinks. Work with providers on healthy options. | Significantly reduce opportunities to market and advertise high sugar food and drink products to children and adults across all media including digital platforms and through sponsorship. |
| Adopt agreed standards for a range of food and drink related issues where these are available. | Legislation. |
| Look at any environment where food is sold i.e. staff canteens, visitor and tourist sites, cafes etc. and explore increasing healthy options with providers. | Nationally introduce a broad, structured and transparently monitored programme of gradual sugar reduction in everyday food and drink products, combined with reductions in portion size. |
| Support the call for a tax on sugar.<br>Explore with local caterers and providers of food a local initiative to charge more for high sugar products with the increased margin being collected for charity. | Introduction of a price increase of a minimum of 10-20% on high sugar products through the use of a tax or levy such as on full sugar soft drinks, based on the emerging evidence of the impact of such measures in other countries. |
| Adopt, implement and monitor the government buying standards for food and catering services (GBSF) across the public sector, including national and local government and the NHS to ensure provision and sale of healthier food and drinks in hospitals, leisure centres, public sector environments and commissioned services. | |
| Ensure that accredited training in diet and health is routinely delivered to all of those who have opportunities to influence food choices in the catering, fitness and leisure sectors and others within local authorities. | |
| Continue to raise awareness of concerns around sugar levels in the diet to the public as well as health professionals, employers, the food industry etc. Encourage action to reduce intake and provide practical steps to help people lower their own and their family's sugar intake. | |


## Energy drinks

Energy drinks are non-alcoholic beverages promoted as a way to improve performance and relieve fatigue. They can contain high levels of caffeine and sugar as well as other ingredients with stimulant properties, such as guarana, taurine or herbal substances[53].

Due to the increasing popularity and their high caffeine and sugar content, consumption of energy drinks by children and young people is a growing concern for many. There are no clear recommendations for caffeine intake, although the Food Standards Agency recommends that it should only be consumed by children in 'moderation'. Anecdotal evidence suggests that young people who regularly consume energy drinks can become dependent on them and even moderate consumption may be detrimental[54,55,56]. Caffeine when consumed in larger doses, can cause anxiety, agitation, sleeplessness, gastrointestinal problems and arrhythmias[57].

Almost 29% of 11-18 year olds' sugar intake is through sugar sweetened beverages and is three times higher than is recommended. The reduction of these alone could lead to a decrease in sugar consumption for our next generation.

Much work has taken place to reduce sugary drinks in our schools across County Durham, with many schools prohibiting them on their premises. The journey to school and what a child eats before their first lesson is being explored elsewhere in the country.

Energy drinks are frequently high in sugar and there are health implications associated with excessive sugar intake, such as dental erosion, obesity and type 2 diabetes.

The HYPER! study found that young people in County Durham consume energy drinks before, during or after school and discussions with young people, parents and teachers imply that consumption is widespread[58].

There have been calls to restrict the sale of energy drinks to under-18s in recognition that childhood is a period of rapid growth and the final stages of brain development, when sleep and good nutrition are especially important[56].

It is likely that many people are simply unaware of the possible negative effects of energy drink consumption.

Raising awareness of these issues should help but elsewhere in the UK, organisations have begun to explore how they can tackle the availability of energy drinks.

The RRED (Responsible Retail of Energy Drinks) campaign in Edinburgh has successfully encouraged a number of local retailers to sign up to a voluntary code of practice restricting sales of energy drinks to children[59].

# Alcohol and calories


*Source: After www.12wbt.com*

## 'Empty calories' in alcohol

On average, alcohol makes up 10% of the calorie intake among adults who drink. Drinking alcohol regularly can form a significant part of daily calorie consumption[60].

According to Alcohol Concern, there is a lack of public awareness about the calorific content of alcoholic drinks and about how alcohol intake should be managed in order to maintain a healthy weight.

Alcoholic drinks lack most essential nutrients and vitamins, so if alcohol is providing many or most of the calories in the diet then there is a risk of nutritional deficiencies. Saving calories from food for alcohol i.e. drinking alcohol rather than eating to prevent putting on weight – sometimes termed 'drunkorexia' – should clearly be avoided.

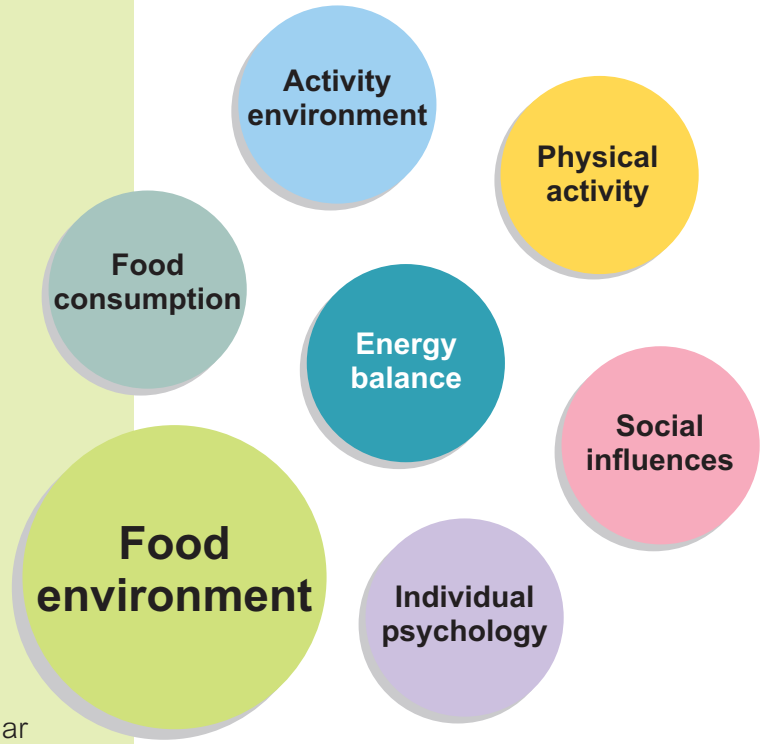
Many people forget to include alcoholic drinks when watching what they eat. It's easy for calories from alcohol to add up quickly and be unnoticed as they are being consumed as a liquid. To achieve and maintain a healthy weight it is far better to moderate alcohol intake.

Alcoholic drinks are made by fermenting and distilling natural starch and sugar. Calories from alcohol are 'empty calories', they have no nutritional value. Drinking alcohol also reduces the amount of fat the body burns for energy[61]. Whilst the body can store nutrients such as protein, carbohydrates and fat it cannot store alcohol. The body system needs to process the alcohol and doing so takes priority. Other processes that should be taking place including burning fat, are halted whilst the liver is processing alcohol.

Recent evidence of a strong link between obesity and liver cirrhosis in people with excess weight demonstrates the compounding effects of both obesity and alcohol, highlighting the need to look at the complexity of issues that impact upon levels of obesity[62].

Spotlight on:

# Food environment




## Takeaways

Reducing salt and saturated fat intakes for the population could reduce morbidity and mortality rates from cardiovascular disease. Sections of the population who regularly eat fast-food may be consuming substantially higher amounts of trans fats, industrially-produced trans fatty acids. Analysis by Public Health England shows a strong association between deprivation and the density of fast food outlets, with more deprived areas having a higher proportion of fast food outlets per head of population than others[63].

Durham County Council has powers to prevent new fast-food outlets being provided and street trading consents close to schools and other children's educational facilities.

## Portion size

Research into portion sizes by the British Heart Foundation has suggested that when people are presented with more food, they eat more. Larger portion sizes tend to increase the total amount of food eaten over the day as people do not compensate by eating smaller portions at other times[64].

***Food environment*** *includes the food industry and the pressure for profitability and the cost of ingredients. It also includes aspects reflecting the wider social and economic situation in the UK, such as purchasing power and societal pressure to consume.*

Whilst the British Heart Foundation is seeking national action, there exists the opportunity to make changes at a local level. Local workplaces that serve food can contribute by controlling portion sizes and providing relevant information to allow employees to understand their intake during meal and snack times.

## Purchasing power

Research by Cambridge University showed that since 2002, healthier foods and beverages have consistently been more expensive than less healthy ones. In 2012, healthy foods were three times more expensive per calorie than less healthy ones. This trend is likely to make healthier diets less affordable over time, which may have implications for population health and social inequalities in health[65].

## School Food Plan

The School Food Plan has the support of the Secretary of State for Education and of diverse organisations supporting head teachers to improve food in their schools. As part of the School Food Plan, a new set of standards for all food served in schools was launched by the Department for Education. These standards became mandatory in all maintained schools, new academies and free schools from January 2015.

Welcomed by the Save Our Standards Campaign, the new standards are designed to make it easier for school cooks to create imaginative, flexible and nutritious meals. Many schools in England have already started using the new standards and are really enthused by the possibilities. In some areas, improvements have been dramatic leading to more nutritious meals for children and young people.

Durham County Council is supporting schools in the education system locally to adopt the school food plan. For further information contact publichealth@durham.gov.uk

## School growing clubs

County Durham has 44 school growing clubs that incorporate learning with the provision and consumption of healthier foods. The Growing Healthy Project works with a number of schools to use spare space to grow fruit, vegetables and herbs.

Children are also involved in creating recipes to try at home with the produce they have grown. This encourages their family to share in the healthy meal and potentially expand diet choices. Cooking on a budget can be challenging and may prevent parents from experimenting with new foods as they do not want any waste when money is tight.

School growing clubs can help to introduce children to healthier foods in an interactive and enjoyable way and 10 more clubs are planned for 2016/2017.

# FACT:

Currently County Durham has a school meals uptake rate of approximately **64%** across primary schools.

**84%** of key stage one children access the free school meals offer.

The school food environment alone may not change the lunchtime culture. The support of local parents to ensure the success of this plan is essential if it is to have a lasting impact on the health of our children.

## Sustainable food

Food Durham is the name for the County Durham Food Partnership that was launched in May 2014 and brought together organisations, individuals and groups involved or interested in sustainable food. The strategy has six main themes; supporting the local economy, environmental sustainability, health and wellbeing, resilient and active communities, education and skills and food fairness.

Two areas have been prioritised - research into how to make the local food supply chain more efficient and increasing opportunities for people to grow their own food. The former is a study to explore the efficiency of the local food supply chain for business to business trade. Achieving this will provide a more secure route to market for growers and producers wanting to sell for local consumption, give confidence of growth for new food producers and make it easier for local businesses to source locally produced food.

Growing Durham aims to support more people to grow food in their local community and it covers a range of options including people getting together to plant fruit trees on public land where anyone can pick them to starting a social enterprise.

**Growing Durham aims to support more people to grow food in their local community...**

The following are examples of local partners who are influencing the food environment.

## Case study:
## Durham University food procurement

Durham University have implemented a procurement strategy to ensure a sustainable source from local growers for fruit and vegetables. The university catering team worked with key local providers to identify a group of local growers of seasonal produce that were sourced within 25 miles of the university.

One provider has now become a hub for local producers identified by the university to supply bread, milk, yoghurt and free range eggs. The university now sources milk and yoghurt from locally based businesses.

There are many challenges to eating healthily and helping to ensure the sustainability of local producers can bring locally sourced food closer to our communities. If people are to eat healthier food such as fruit and vegetables then clearly they need to be able to access it. This is just one of many approaches to help achieve that.

## Case study:
## Durham County Council Sustainable Buying Standard

As part of Durham County Council's commitment to delivering its services in a sustainable manner, a sustainable buying standard for food contracts, for both direct food supplies and catering purposes was agreed in May 2015.
The standard provides the council with an opportunity to build into its vending machine re-procurement exercise, tighter nutritional standards for both hot and cold drinks.

## Case study:
## Durham County Council restriction of fast food takeaways

In England, there is considerable access to cheap, palatable, energy-dense food that may lack nutritional value. Evidence from high-income countries has shown that the level of fast food consumption is an independent predictor of obesity.

Food from takeaway outlets is often high in salt, fat and sugar making it difficult to make a healthy choice. Around 40% of the calories in meals and snacks eaten outside the home tend to come from fat. A health needs assessment undertaken in County Durham revealed a greater concentration of fast food takeaways in our more deprived neighbourhoods. Restricting the siting of new takeaways proposed within 400 metres of schools can help to address this.

The next step from individual project success would be to work with takeaway outlets and trading standards to improve the quality of the food offered in local communities to improve access to healthier options.

# So what are we doing in County Durham?

We know that 'one-off' interventions may work in isolation for some individuals but are not having the necessary impact on levels of excess weight. The evidence is clear, we need to work as a system tackling overweight and obesity on all fronts. This section gives the reader some insight into what we have been doing. We need however to build on this work and be braver if we are to make a difference.

## Partnerships

The Healthy Weight Alliance, accountable to the County Durham Health & Wellbeing Board, is County Durham's main partnership that is tackling the healthy weight agenda. The overarching purpose of the alliance is to develop and improve strategic partnerships that are committed to reducing the prevalence of obesity in County Durham.

The alliance developed the Healthy Weight Strategic Framework for County Durham. The aims and objectives are detailed below:

### Aim

Develop and promote evidence based multi-agency working and strengthen local capacity and capability to achieve a sustained upward trend in healthy weight for children and adults in County Durham by 2020.

### Objectives

- To develop a supportive built environment so that it is less inhibiting of healthy lifestyles such as walking, cycling and access to healthy food and nutrition;
- Provide information and practical support needed for individuals to make healthier choices;
- Provide effective programmes and services to help individuals and families achieve and maintain a healthy weight; and
- Develop a workforce which is competent, confident and effective in promoting healthy weight.

On the back of new evidence, publication and research, the Healthy Weight Strategic Framework will be refreshed and relaunched in 2016.

If you would to join the Healthy Weight Alliance please contact publichealth@durham.gov.uk

## Diabetes in County Durham

In County Durham we have been piloting some innovative work to identify those most at risk of type 2 diabetes and work with them to reduce their risk.

Excess weight and having a large waist (94cm or 37 inches for men of White or Black ethnicity, 90cm or 35 inches for men of Asian ethnicity and 80cm or 31.5 inches for women) are risk factors for developing type 2 diabetes[66].

11.5 million people in the UK are at increased risk of type 2 diabetes and that number is rising every year. **What is startling is that 80% of type 2 diabetes is preventable.**

It is estimated that 3.9 million people in the UK have diabetes, with around **700 people being diagnosed each day**.

If nothing changes, by 2025 **five million people** in the UK may have diabetes[67].

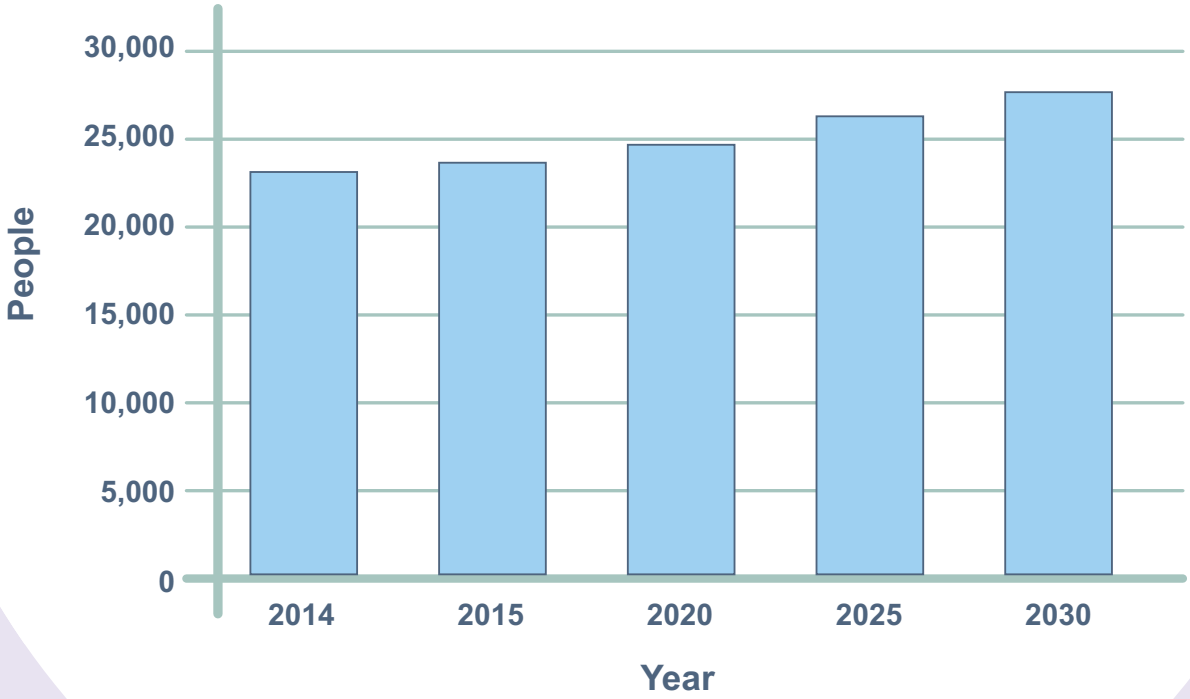
In **County Durham 23,743** are known to have diabetes now.

If no action is taken to slow the increase **27,472** will have developed the disease by 2030.

*Source: www.pansi.org.uk data*

Excess weight is a consequence of unhealthy diets that are high in calories coupled with increasing sedentary lifestyles. Steps can be taken to make a positive change and reduce the risk of developing diabetes. In addition to the modifiable risk factors of weight and waist size there are a number of other factors that may increase the likelihood of developing the condition, these include being over 40 or over 25, if of Black or Asian ethnicity, having a close family member with type 2 diabetes (parent, brother or sister), being south Asian or Afro-Caribbean, having polycystic ovary syndrome, having previously had gestational diabetes or having impaired fasting glycaemia or impaired glucose tolerance. Since it is not possible to change most of these characteristics people in these groups should pay particular attention to maintaining a healthy weight[66].

## Over 18s predicted to have Type 1 or Type 2 diabetes in County Durham




*Source: pansi*

## National diabetes prevention programme

County Durham is hoping to be part of the first wave NHS National Diabetes Prevention Programme. The programme was announced in the NHS Five Year Forward View, which set out an ambition for England to be the first country to implement a national evidence-based diabetes prevention programme, modelled on proven UK and international models and linked, where appropriate, to the new NHS Health Check.

The NHS National Diabetes Prevention Programme aims to deliver at a large scale, services which identify people with non-diabetic hyperglycaemia who are therefore at high risk of developing type 2 diabetes. The programme will offer them a behavioural intervention to lower their risk of type 2 diabetes.

The programme has been progressed locally by a partnership between Durham County Council, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and North Durham Clinical Commissioning Group.

## Check4Life

During 2014, a new approach to the delivery of Health Checks in County Durham, Check4Life was developed. As well as providing an opportunity to help people achieve and maintain a healthy weight, be physically active, eat healthily, stop smoking and cut down alcohol consumption. Check4Life also establishes each individual's risk of heart disease and diabetes. This information is then used to signpost at risk people into the relevant programme. For further information on Check4Life visit www.impact.cdd.nhs.uk

## Area Action Partnerships (AAP)

Durham County Council's 14 Area Action Partnerships cover all areas of the county. They deliver local services and give local people and organisations the opportunity to influence how services are provided. The AAPs ensure that the services provided by a range of organisations, including the town and parish councils, health and voluntary and community sector to meet the needs of local communities. Area Action Partnerships support local communities in tackling their obesity challenges by helping to secure funding for local sports clubs or creating and maintaining places for children to play such as skate parks and play areas. They also contribute towards the healthy eating agenda through supporting allotment programmes, kitchen facilities in community venues or working with partners to deliver healthy eating courses in the community.

## Children's centres

A network of children's centres across the county provide support on health, education and social issues to families but is specifically focused on supporting those families in most need. Many children's centres run initiatives around healthy eating and encourage activity through play and learn sessions.

## Healthy Child Programme

The World Health Organisation concluded that breastfeeding appears to provide some level of protection against childhood overweight and obesity. Together with other targeted nutritional interventions, breastfeeding can be an important component of strategies to reduce the risk of overweight and obesity in children. The healthy child programme delivered through health visitors includes universal visits to all families. During these visits advice and guidance for families about infant and child nutrition is provided at the appropriate time.

## Obesity and oral health

Eating too much sugar is a risk factor both for obesity and oral health. The Scientific Advisory Committee on Nutrition concluded that higher consumption of sugar is associated with a greater risk of dental caries[50].

Dental caries impacts significantly on the quality of life of young children. Poor oral health can affect an individual's ability to eat, speak, smile and socialise normally[68, 69]. Tooth decay was the most common reason for hospital admissions in children aged five to nine years old in 2013-14[70].

There is a strong relationship between deprivation and both obesity and dental caries in children. Data from the National Child Measurement Programme shows an almost linear relationship between obesity prevalence in children and the Index of Multiple Deprivation 2010 (IMD) decile for the area where they live. Please refer to pages 16 and 17 of the report for more information.

Because deprivation and high intakes of sugar are known risk factors for dental caries and for obesity[71,72,73], it is likely that interventions that reduce these common risk factors have the potential to impact both conditions.

Interventions that impact the social determinants of health and create supportive food environments are recommended as part of a common approach to health improvement[74]. Certain approaches may actually benefit more than one agenda and as such it is important that cross cutting initiatives are co-ordinated strategically and operationally across County Durham. Good oral health such as tooth brushing and regular visits to the dentist are clearly vital but reducing the amount of sugar in food and drink will also help maintain good oral health.

An oral health strategy is currently being developed for County Durham and it is expected to also impact on levels of obesity across County Durham due to the focus on sugar reduction.

Obesity and oral health are clearly linked and a concerted effort to reduce sugar intake will have multiple benefits to the health of our communities.

**Dental caries impacts significantly on the quality of life of young children.**

# Whole systems approaches

There is broad agreement that tackling obesity requires a focus on multiple projects, at multiple levels, in multiple settings and for many groups of people and programmes. Expecting behaviour change by solely focusing on the individual is unlikely to be successful[75].

The evidence is clear that a whole systems approach is the most effective way to tackle obesity. We need to work across many professional disciplines and sectors to really make a difference.

Previous universal approaches to tackling obesity have often taken place in isolation or been a collection of individual interventions that have failed to mobilise and engage the entire system. Whole systems approaches release the potential for creative solutions which already exist within the system and need to be surfaced.

Our obesity challenge in County Durham needs people from across this complex system to bring their knowledge and specific expertise together as peers in a shared purpose. We need to work together to tackle obesity, generating healthy outcomes and doing so in a way that builds our community capacity that fosters resilience and sustainability.

Durham County Council has been identified as one of four local authorities across England to work with Leeds Beckett University for the next three years on approaches to tackle obesity. The purpose of the project is to understand how partners in County Durham can work together to reduce obesity and to halt the upward increase. This is a fantastic opportunity and success will rely on everyone playing their part.

## A systems approach in County Durham

Some exciting work has already started. A group that represents the wider community and wants to tackle obesity has been brought together in the Four Together Area Action Partnership (AAP) area. Through a collective approach, the group is exploring the potential for creative solutions, drawing on the knowledge, experience and information already in the community. The initial group includes voluntary sector leaders, public health and physical activity professionals, elected members, teachers, primary care staff and children's services.

The challenge is to try and tackle the complex and integrated issue of obesity in children as a whole system, working together with a common goal.

A community of practice where people come together to share the work they are doing and generate ideas about future solutions is being progressed. The community of practice is linking together currently unconnected people and projects and opening the possibility of developing initiatives that are more integrated and coordinated.

Everyone in this community is welcome and all are encouraged to become involved with what will be a long term programme to improve the health of our children in County Durham. Anyone interested in joining this group in the Four Together AAP area that covers Ferryhill, Chilton, West Cornforth and Bishop Middleham, please contact publichealth@durham.gov.uk

# So what next?

This is the million dollar question! I really hope this report has been able to show the complexity and challenge we face to tackle obesity in County Durham and I hope it will spur us all into greater action. I know there are already many initiatives and activities taking place across County Durham and being progressed by a whole range of partners. Can we do more? Can we work together as a system? I hope so.

You will already have ideas about actions you can take and the following recommendations will hopefully build on these. These are not the only actions and you may have some great ideas. Come along and join the Healthy Weight Alliance, share your experiences and learn from others. To find out more please contact publichealth@durham.gov.uk

Remember, this is everyone's business!

## Recommendations

### Elected members

Elected members have an influential role and could:

- Support the inclusion of changes that impact on obesity in appropriate strategies and plans. These plans may not always be directly about obesity but may still have an impact.
- Consider lobbying government over issues such as a sugar tax, or advertising restrictions on unhealthy foods and drinks aimed at children.
- Think about championing a healthy diet and a more active lifestyle in your community. Does the local neighbourhood make it easy for everyone to be active? Are there plenty of places for children to play?

### Employers

Initiatives aimed at our workplaces may help to create a healthy and productive workforce. Employers could:

- Promote physical activity in the workplace especially those aimed at every day activity e.g., use stairs not lifts.
- How healthy is your canteen? Is having a healthy choice enough or should the majority of the food provision be healthy? Do you promote healthy options?
- Is water readily available to drink? Are unhealthy drinks heavily promoted?
- Do all policies consider the impact upon the health of your workforce, customers or your community?
- Review your vending machine procurement.

## Workplace canteens

- Consider using the Government Buying Standard for Food and Catering, to improve quality and sustainability.
- How appropriate are the food portion sizes?
- Could you reduce the sugar content in the food and drinks you serve?
- How healthy or appropriate are your vending machines? Do they provide healthy alternatives?
- Is nutritional information available so that your colleagues can make informed choices about what they eat or drink?
- Can you promote healthier choices or initiatives such as the Change4Life sugar smart or snack swap initiatives?

## Health professionals

All health professionals have a role in helping their patients to improve their health related behaviour.

- Midwives, GPs, health visitors, school nurses and their teams should provide information and advice to pregnant women and parents of young children about nutrition and physical activity for the whole family.
- Consider closer working with the public health team to explore all opportunities to tackle obesity.
- Health professionals should look at every contact with a patient as a health promoting opportunity and use this opportunity to provide guidance around healthier lifestyles and specifically around obesity.

## Takeaways, cafes and local shops

There is no reason why this sector cannot consider healthier options.

- Consider healthy catering standards and provide food labelling.
- Could you join with your local community in their efforts to make the healthy choice easier?
- Promote healthy options in partnership with local schools or workplaces.
- Contact the public health team to explore opportunities to provide greater choice to your customers.

## Child care settings

All settings where children spend time such as schools, child-care settings, children's sports facilities and events should have healthy food environments.

- Ensure only healthy foods, beverages and snacks are consumed on the premises. Use water not juice.
- Champion being physically active and explore all opportunities for active play and learning.
- Use Change4Life and capitalise on the national approach to tackling obesity.
- Involve parents and the wider community in healthy eating projects.

## Social care and carers

- Provide clear guidance and support to carers and service users around healthier nutrition.
- Ensure that staff have basic and current nutrition training.
- Promote all opportunities to be active.

## Planning

Planners have an important role in creating an environment that makes the healthy behaviour easier.

- New developments should create opportunities for physical activity.
- Ensure there are always opportunities for active travel such as cycling and walking routes.
- Explore how regulations and byelaws may help to make the healthy choice the easiest choice?

## Procurement

Procurement often influences and determines the choices people make.

- All establishments that provide food should consider healthy and sustainable food procurement.
- Consider the impact of policies that inadvertently promote unhealthy choices and make the healthy option difficult.

## Area Action Partnerships, parents and communities

There are many examples of communities that are making a real effort to improve health and wellbeing.

- Consider what you could champion in your local area.
- Could allotments or green places be used as a community garden to share skills and produce?
- Could you support your local school or community organisation in their efforts to make their environment healthier?
- Join Change4Life, the fun and friendly way to make the healthy choice.
- Work with local retailers to promote healthy options.
- Organised community events can promote healthier choices and options.

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**Children and Young People's Overview and Scrutiny Committee**

**1 July 2016**

# Quarter Four 2015/16 Performance Management Report

## Report of Corporate Management Team
## Lorraine O'Donnell, Assistant Chief Executive
## Councillor Simon Henig, Leader

### Purpose of the Report

1. To present progress against the council's corporate basket of performance indicators (PIs), Council Plan and service plan actions and report other performance issues for the Altogether Better for Children and Young People theme for the 2015/16 financial year.

### Background

2. The council has delivered £153.2 million of financial savings since the beginning of austerity and these savings are forecast to exceed £258 million by 2019/20. Despite this, demand for some of our key services has increased over the year such as looked after children cases, freedom of information requests received and processing of benefit change of circumstances. However, it is encouraging to note that there have been some reductions in demand placed on some of our services. The number of incidents of fly-tipping being reported has continued to reduce although more incidents were reported at quarter four. Fewer new benefit claims required processing and face-to-face customer contacts and telephone calls received are reducing as people are contacting us in other ways such as email and through the web. Other reductions have been observed with fewer people rehoused and overall planning applications have reduced.

3. Against this backdrop of reducing resources and changing demand it is critical that the council continues to actively manage performance and ensure that the impact on the public of the difficult decisions we have had to make is minimised.

4. The report sets out an overview of performance and progress for the Altogether Better for Children and Young People theme. Key performance indicator progress is reported against two indicator types which comprise of:

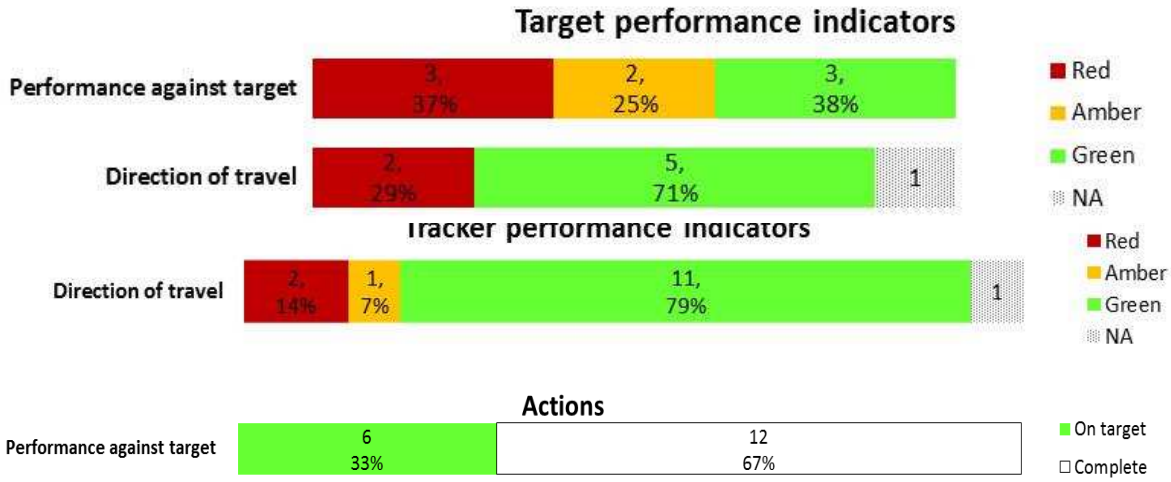
    a. Key target indicators – targets are set for indicators where improvements can be measured regularly and where improvement can be actively influenced by the council and its partners (see Appendix 3, table 1); and
    b. Key tracker indicators – performance will be tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence (see Appendix 3, table 2).

5. The corporate performance indicator guide provides full details of indicator definitions and data sources for the 2015/16 corporate indicator set. This is available to view either internally from the intranet (at Councillors Useful links) or can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

6. For next year's reports work has been carried out by officers and members on developing the proposed indicator set and targets (see Appendix 5) to ensure that our performance management efforts continue to stay focused on the right areas.

7. Members have recently raised specific issues of traffic lighting of performance indicators. We have therefore amended our traffic lighting system and introduced a 2% tolerance on direction of travel similar to that applied to variance from target. Detail of the change is outlined in Appendix 2.

## Altogether Better for Children and Young People: Overview




## Council Performance

8. Key achievements this quarter include:

   a. Provisional data for 2015/16 show that 1,266 of 5,994 children in need referrals occurred within 12 months of the previous referral, which equals 21.1% (Appendix 4, chart 2). Performance is slightly worse than the target of 21% but is a reduction from 2014/15 (22.6%). Performance remains better than the published 2014/15 figures for all comparator groups.

   b. Provisional data for 2015/16 indicate that there were 161 first time entrants (FTEs) to the youth justice system (372 per 100,000 population). This is well within the target of 280 FTEs (648 per 100,000) and is a reduction from 192 FTEs (438 per 100,000) during the same period last year. The rate of FTEs is lower than in all three benchmarking groups.

   c. Tracker indicators show:

      i. At 31 March 2016 there were 352 children subject to a child protection plan, which equates to a rate of 35.1 per 10,000 under 18 population. This is a reduction from 37.6 at the same point last year. The rate is better than the March 2015 England (42.9) and North East (59.5) averages.

      ii. Both under 18 and under 16 conceptions have decreased. Under 18 conceptions have reduced by 17% from 293 in 2013 to 243 in 2014. This equates to a rate of 28.5 per 1,000 population, which is better than the North East average (30.2) but higher than the national rate (22.8). Under 16 conceptions have reduced by 29% from 65 in 2013 to 46 in 2014. This equates to a rate of 5.8 per 1,000 population, which is better than the North East average (6.5) but higher than the national rate (4.4).

      iii. Data for November 2015 to January 2016 (national measuring period) indicate that 5.9% of 16 to 18 year olds were not in education, employment or training (NEET), which relates to approximately 976 young people. This is an improvement when compared to 2014/15

(6.7%). This is in line with the North East (5.7%) and statistical neighbours (5.2%) but worse than nationally (4.2%).

d. Additional service level child safeguarding measures on timeliness of assessments and reviews are provided this quarter and will be included in the corporate indicator set from the next reporting period. Latest provisional data for 2015/16 show positive performance in assessment and review timeliness as follows:

   i. First contact enquiries processed within 24 hours have increased from 75.3% in 2014/15 to 81.6% in 2015/16. All referrals to first contact are triaged with safeguarding referrals prioritised and processed within 24 hours. The majority of enquiries out of timescale are non-statutory referrals.

   ii. Single assessments completed within 45 working days have also increased from 80.6% in 2014/15 to 84.2% in 2015/16. Performance is better than the latest national benchmarking (81.5%). Cases that are out of timescale are reviewed by managers.

   iii. 93.9% of children subject to a child protection plan had all of their reviews completed within required timescales. Performance is a slight decrease when compared to last year (94.5%) but in line with latest national benchmarking (94%). All reviews have now taken place.

   iv. The percentage of children looked after for 20 working days of more, who had their reviews completed within timescales is 94.1%. Performance is better than latest national benchmarking (90.5%). Managers continue to work closely to ensure all reviews are considered individually and do not go out of timescale wherever possible.

e. Progress has been made with a number of Council Plan actions as follows:

   i. The review of the school nursing service for 5 to 19 year olds and implementation of an improved service has been completed. Harrogate and District NHS Foundation Trust commenced as the new 0 to 19 year olds service provider in County Durham from 1 April 2016, with a new service specification and all risks mitigated. This included a review of the 5 to 19 year olds school nursing service.

   ii. To support the implementation of the Unintentional Injuries Strategy, injury profiles have been collated and shared (including accident and emergency attendances), with relevant partners to help plan and evaluate injury prevention programmes. A report on unintentional injuries, including benchmarking was considered by the Children and Families Partnership Board in April 2016 where it was agreed that the Unintentional Injuries Strategy required a refresh in light of new datasets being published.

   iii. The Participation Plan Believe, Achieve and Succeed: Increasing the Participation of Young People in Learning has been updated to increase the participation of young people in learning and reduce the number of young people NEET or not known.

9. The key performance improvement issues for this theme are:

   a. The recent Ofsted inspection report outlines many positive findings but the overall inspection judgement is 'requires improvement' and we accept there are some areas where further improvement is needed. Areas for improvement include case file recording, social work assessment and analysis and care planning. Inspectors found drift and delay in some children's cases. Performance information was found to be extensive and had resulted in some improved outcomes however some issues concerning the quality of social work practice and recording remain. Social workers were carrying too many cases in some teams as a result of recent staff shortages and some children and families were experiencing too many changes of social worker. Based on the feedback during the inspection a great deal of work is already underway to bring these areas up to a consistently 'good' standard.

   b. Data for October to December 2015 show that 18% of mothers (248 of 1,381) were smoking at the time of delivery. Performance is achieving the annual target (18.2%) and is an improvement on the same period in 2014 (18.3%). In County Durham, the rate was 14% in North Durham Clinical Commissioning Group (CCG) and 21.2% in Durham Dales, Easington and Sedgefield CCG. Whilst the rate is improving, it remains worse than the England average of 10.6% and the North East CCG average of 16.7%.

      The number of pregnant women setting a quit date with the Stop Smoking Service has continued to rise since the implementation in 2013 of the babyClear pathway, the North East's regional approach to reducing maternal smoking rates. Between April and December 2015, this rose to 63% (114 of 181 women setting a quit date) compared to 55% (76 of 138) in the same period in 2014 and 46% in England.

      Solutions4Health were commissioned as County Durham's new Stop Smoking Service from 1 April 2016. They will continue to work closely with maternity services ensuring the babyClear pathway continues and midwives refer pregnant smokers to the new service and aim to continue to decrease smoking at the time of delivery in County Durham.

   c. Tracker indicators show:

      i. At 31 March 2016, there were 678 looked after children (LAC) in County Durham, which equates to a rate of 67.6 per 10,000 population. This is an increase from 62 (610 LAC) at the same point last year (Appendix 4, Chart 1). Latest benchmarking data, as at 31 March 2015, shows that Durham's LAC rate is lower than the North East average (82) and statistical neighbours (83.1) but higher than the national average of 60. The increase reflects a national trend. The population of children in care in England is at a 30-year high; a total of 69,540 children were in care at the end of March 2015. According to official statistics published by the Department for Education (DfE), the number of looked-after children is *"now higher than at any point since 1985"* (DfE, Children looked after in England (including adoption and care leavers) year ending 31 March 2015). The number of LAC continues to be monitored closely. Over 70% of LAC in County Durham have a plan

of permanence and the LAC Reduction Strategy continues to be implemented.

ii. Data for October to December 2015 show that 396 of 1,388 mothers were breastfeeding at six to eight weeks from birth. This equates to 28.5% which is a slight increase from 27.7% between October and December 2014 and is in line with the rate of 28.4% (April to June 2015) for the Durham, Darlington and Tees area team. It is however significantly worse than the England rate for April to June 2015 (45.2%).

iii. Latest data show 186 of the 402 young people in the July 2013 to June 2014 cohort (cohort of young offenders who offended between July 2013 and June 2014) re-offended within 12 months of inclusion in the cohort, which equals 46.3%. The re-offending rate has increased when compared to the previous year (40.9%) and is higher than that in all comparator groups. As highlighted previously, there has been a significant reduction in the number of young people included in the Durham cohort. In 2005 there were 1,735 young people in the offending cohort compared to 402 in the current cohort. County Durham Youth Offending Service (CDYOS) are now dealing with young offenders who have more complex circumstances and entrenched behaviours.

10. There are no Council Plan actions which have not achieved target in this theme.

11. There are no key risks which require any mitigating action in delivering the objectives of this theme.

**Recommendation and Reasons**

12. That the Children and Young People's Overview and Scrutiny Committee receive the report and consider any performance issues arising there from.


| | |
|---|---|
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Appendix 1: Implications
Appendix 2: Key to symbols used in the report
Appendix 3: Summary of key performance indicators
Appendix 4: Volume measures
Appendix 5: Corporate indicator set and 3 year targets

## Appendix 1: Implications

**Finance -** Latest performance information is being used to inform corporate, service and financial planning.

**Staffing -** Performance against a number of relevant corporate health Performance Indicators (PIs) has been included to monitor staffing issues.

**Risk -** Reporting of significant risks and their interaction with performance is integrated into the quarterly monitoring report.

**Equality and Diversity / Public Sector Equality Duty -** Corporate health PIs are monitored as part of the performance monitoring process.

**Accommodation -** Not applicable

**Crime and Disorder -** A number of PIs and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

**Human Rights -** Not applicable

**Consultation -** Not applicable

**Procurement -** Not applicable

**Disability Issues -** Employees with a disability are monitored as part of the performance monitoring process.

**Legal Implications -** Not applicable

## Appendix 2: Key to symbols used within the report

Our traffic lighting system has been amended this quarter, introducing a 2% tolerance to variance from previous performance and comparator groups, similar to that applied to variance from target. Detail of the change is outlined in the table below:

**Performance Indicators:**

| **Previous traffic light system** | | **Current (amended) traffic light system** | | | |
|---|---|---|---|---|---|
| ***Variation from previous performance and comparator benchmarking groups*** | | ***Variation from previous performance and comparator benchmarking groups*** | | ***Variation from target*** | |
| Better than comparable period / comparator group | **Green** | Same or better than comparable period / comparator group | **Green** | Meeting/Exceeding target | **Green** |
| Same as comparable period / comparator group | **Amber** | Worse than comparable period / comparator group (within 2% tolerance) | **Amber** | Worse than target (within 2% tolerance) | **Amber** |
| Worse than comparable period / comparator group | **Red** | Worse than comparable period / comparator group (greater than 2%) | **Red** | Worse than target (outside of 2% tolerance) | **Red** |

Where the traffic light system appears in this report, they have been applied to the most recently available information.

**Nearest Neighbour Benchmarking:**

The nearest neighbour model was developed by the Chartered Institute of Public Finance and Accountancy (CIPFA), one of the professional accountancy bodies in the UK. CIPFA has produced a list of 15 local authorities which Durham is statistically close to when you look at a number of characteristics. The 15 authorities that are in the nearest statistical neighbours group for Durham using the CIPFA model are: Barnsley, Wakefield, Doncaster, Rotherham, Wigan, Kirklees, St Helens, Calderdale, Dudley, Northumberland, Tameside, Sheffield, Gateshead, Stockton-on-Tees and Stoke-on-Trent.

We also use other neighbour groups to compare our performance. More detail of these can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

**Actions:**

| | |
|---|---|
| **WHITE** | Complete (action achieved by deadline/achieved ahead of deadline) |
| **GREEN** | Action on track to be achieved by the deadline |
| **RED** | Action not achieved by the deadline/unlikely to be achieved by the deadline |

## Appendix 3: Summary of Key Performance Indicators

### Table 1: Key Target Indicators

| Ref | PI ref | Description | Latest data | Period covered | Period target | Current performance to target | Data 12 months earlier | Performance compared to 12 months earlier | National figure | *North East figure **Nearest statistical neighbour figure | Period covered |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Altogether Better for Children and Young People** | | | | | | | | | | | |
| 15 | CASCYP 15 | Percentage of children in the early years foundation stage achieving a good level of development | 63.6 | 2014/15 ac yr | 60.0 | GREEN | 56.7 | GREEN | 66.0<br>RED | 63*<br>GREEN | 2014/15 ac yr |
| 16 | CASCYP4 | Percentage of pupils achieving five or more A*-C grades at GCSE or equivalent including English and maths | 55.1 | 2014/15 ac yr | 58.8 | RED | 57.6 | NA [2] | 57.1<br>RED | 55.4*<br>AMBER | 2014/15 ac yr England (state funded schools) |
| 17 | CASCYP7 | Achievement gap (percentage points) between Durham pupils eligible/not eligible for pupil premium funding achieving five A*-C GCSE's including English and maths at key stage 4 | 29.9 | 2014/15 ac yr | 28.0 | RED | 29.2 | RED | 28.0<br>RED | | 2014/15 ac yr (state funded schools) |
| 18 | CASCYP6 | Achievement gap (percentage points) between Durham pupils eligible/not eligible for pupil premium funding achieving level 4 in reading, writing and maths at key stage 2 | 17.0 | 2014/15 ac yr | 13.0 | RED | 15.9 | RED | 15.0<br>RED | 15*<br>RED | 2014/15 ac yr |

| Ref | PI ref | Description | Latest data | Period covered | Period target | Current performance to target | Data 12 months earlier | Performance compared to 12 months earlier | National figure | *North East figure **Nearest statistical neighbour figure | Period covered |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | CASCYP5 | Percentage of pupils on level 3 programmes in community secondary schools achieving two A levels at grade A*-E or equivalent | 98.8 | 2014/15 ac yr (state funded schools) | 98.9 | AMBER | 98.7 | GREEN | 98.3<br>GREEN | 98.8*<br>GREEN | 2014/15 ac yr (state funded schools) |
| 20 | CASAS5 | First time entrants to the youth justice system aged 10 to 17 (per 100,000 population of 10 to 17 year olds) **(Also in Altogether Safer)** | 372 | 2015/16 (provisional) | 648 | GREEN | 438 | GREEN | 376<br>GREEN | 404**<br>GREEN | Oct 2014 - Sep 2015 |
| 21 | CASCYP9 | Percentage of children in need referrals occurring within 12 months of previous referral [3] | 21.1 | 2015/16 (provisional) | 21.0 | AMBER | 22.6 | GREEN | 24<br>GREEN | 22.3*<br>GREEN | 2014/15 |
| 22 | CASCYP8 | Percentage of mothers smoking at time of delivery **(Also in Altogether Healthier)** | 18.0 | Oct - Dec 2015 | 18.2 | GREEN | 18.3 | GREEN | 10.6<br>RED | 16.7*<br>RED | Oct - Dec 2015 |

[2] Due to changes to the definition data are not comparable/available
[3] Data 12 months earlier amended (final published data)

**Table 2: Key Tracker Indicators**

| Ref | PI ref | Description | Latest data | Period covered | Previous period data | Performance compared to previous period | Data 12 months earlier | Performance compared to 12 months earlier | National figure | *North East figure **Nearest statistical neighbour figure | Period covered |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Altogether Better for Children and Young People** | | | | | | | | | | | |
| 121 | CASCYP 16 | Percentage of 16 to 18 year olds who are not in education, employment or training (NEET) **(Also in Altogether Wealthier)** | 5.9 | Nov 2015 - Jan 2016 | 6.0 | GREEN | 6.7 | GREEN | 4.2 RED | 5.7* RED | Nov 2015 - Jan 2016 |
| 122 | ACE016 | Percentage of children in poverty (quarterly proxy measure) **(Also in Altogether Better Council)** | 22.3 | As at Aug 2015 | 22.5 | GREEN | 23.0 | GREEN | 16.1 RED | 22.9* GREEN | As at Aug 2015 |
| 123 | ACE017 | Percentage of children in poverty (national annual measure) **(Also in Altogether Better Council)** | 22.5 | 2013 | 22.6 | GREEN | 22.6 | GREEN | 18.6 RED | 23.3* GREEN | 2013 |
| 124 | CASCYP 18 | Percentage of children aged 4 to 5 years classified as overweight or obese **(Also in Altogether Healthier)** | 23.0 | 2014/15 ac yr | 23.8 | GREEN | 23.8 | GREEN | 21.9 RED | 23.7* GREEN | 2014/15 ac yr |
| 125 | CASCYP 19 | Percentage of children aged 10 to 11 years classified as overweight or obese **(Also in Altogether Healthier)** | 36.6 | 2014/15 ac yr | 36.1 | AMBER | 36.1 | AMBER | 33.2 RED | 35.9* AMBER | 2014/15 ac yr |
| 126 | CASCYP 29 | Proven re-offending by young people (who offend) in a 12 month | 46.3 | Jul 2013 - Jun 2014 | 44.7 | RED | 40.9 | RED | 37.8 | 42.3* | Jul 2013 - Jun 2014 |

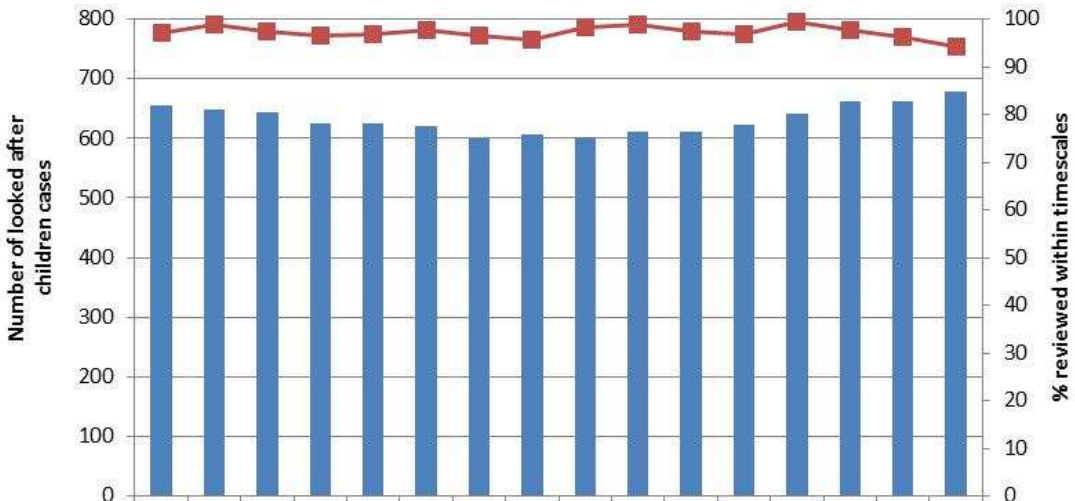
| Ref | PI ref | Description | Latest data | Period covered | Previous period data | Performance compared to previous period | Data 12 months earlier | Performance compared to 12 months earlier | National figure | *North East figure **Nearest statistical neighbour figure | Period covered |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | period (%) **(Also in Altogether Safer)** | | | | | | | RED | RED | |
| 127 | CASCYP 20 | Under 18 conception rate per 1,000 girls aged 15 to 17 | 28.5 | 2014 | 30.5 | GREEN | 33.8 | GREEN | 22.8<br>RED | 30.2*<br>GREEN | 2014 |
| 128 | CASCYP 21 | Under 16 conception rate per 1,000 girls aged 13 to 15 | 5.8 | 2014 | 7.9 | GREEN | 7.9 | GREEN | 4.4<br>RED | 6.5*<br>GREEN | 2014 |
| 129 | CASCYP 23 | Emotional and behavioural health of children looked after continuously for 12 months or more (scored between 0 to 40) | 14.9 | 2015/16 (provisional) | 15.1 | GREEN | 15.1 | GREEN | 13.9<br>RED | 13.9*<br>RED | 2013/14 |
| 130 | CASCYP 30 | Percentage of Child and Adolescent Mental Health Services (CAMHS) patients who have attended a first appointment within nine weeks of their external referral date | 77.3 | 2015/16 | 82.8 | RED | 73.5 | GREEN | | | |
| 131 | CASCYP 26 | Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years) | 489.4 | 2011/12 - 2013/14 | 504.8 | GREEN | 504.8 | GREEN | 367.3<br>RED | 532.2*<br>GREEN | England - 2011/12 - 2013/14<br>NE - 2010/11 - 2012/13 |
| 132 | CASCYP 28 | Rate of children with a child protection plan per 10,000 population | 35.1 | As at Mar 2016 (provisional) | 34.7 | AMBER | 37.6 | GREEN | 42.9<br>GREEN | 59.5*<br>GREEN | As at Mar 2015 |

| Ref | PI ref | Description | Latest data | Period covered | Previous period data | Performance compared to previous period | Data 12 months earlier | Performance compared to 12 months earlier | National figure | *North East figure **Nearest statistical neighbour figure | Period covered |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 133 | CASCYP 14 | Number of successful interventions (families turned around) via the Stronger Families Programme **(Also in Altogether Safer)** | 129 | Sep 2014 - Dec 2015 | 23 | Not comparable [13] | NA | NA | | | |
| 134 | CASCYP 24 | Rate of looked after children per 10,000 population aged under 18 [3] | 67.6 | As at Mar 2016 | 65.9 | RED | 62.0 | RED | 60.0<br>RED | 82*<br>GREEN | As at Mar 2015 |
| 135 | CASCYP 25 | Prevalence of breastfeeding at 6 to 8 weeks from birth **(Also in Altogether Healthier)** | 28.5 | Oct - Dec 2015 | 29.6 | RED | 27.7 | GREEN | 45.2<br>RED | 28.4*<br>GREEN | Apr - Jun 2015 (NE - Durham, Darlington and Tees area team) |

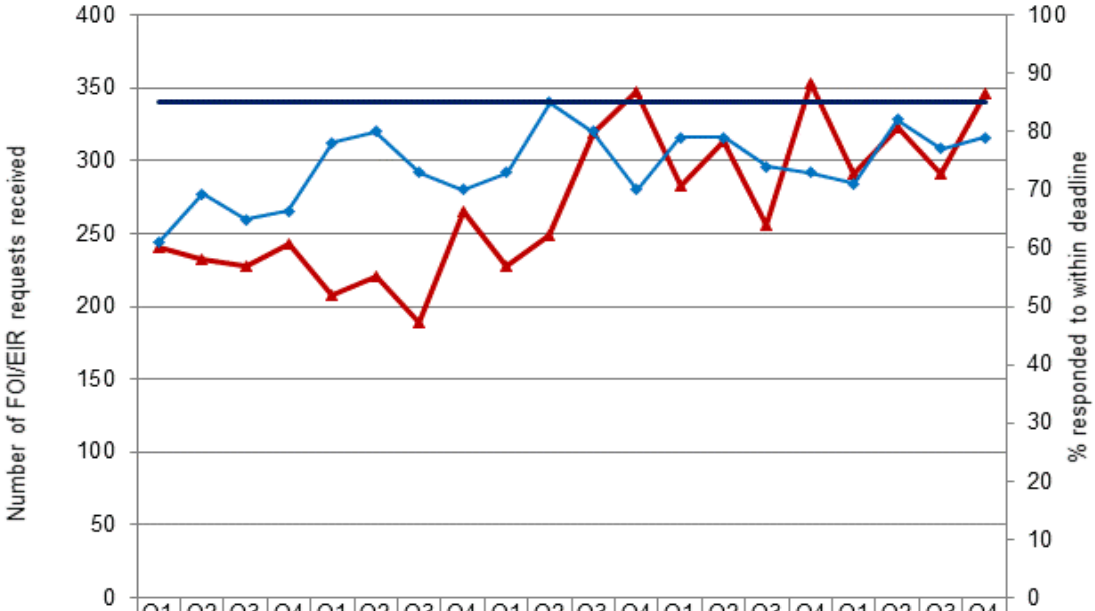
[3] Data 12 months earlier amended (final published data)/refreshed
[13] Amended to track the number for 2015/16 and will be reported as a % target PI again 2016/17

## Appendix 4: Volume Measures

### Chart 1 - Number of looked after children cases




| | Q1 2012/13 | Q2 2012/13 | Q3 2012/13 | Q4 2012/13 | Q1 2013/14 | Q2 2013/14 | Q3 2013/14 | Q4 2013/14 | Q1 2014/15 | Q2 2014/15 | Q3 2014/15 | Q4 2014/15 | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of looked after children cases | 654 | 648 | 643 | 626 | 624 | 620 | 599 | 607 | 603 | 611 | 611 | 622 | 641 | 661 | 661 | 678 |
| % reviewed within timescales | 97.0 | 98.7 | 97.5 | 96.5 | 96.9 | 97.8 | 96.6 | 95.7 | 98.3 | 98.8 | 97.5 | 96.7 | 99.4 | 97.8 | 96.3 | 94.1 |




| | Q1 2011/12 | Q2 2011/12 | Q3 2011/12 | Q4 2011/12 | Q1 2012/13 | Q2 2012/13 | Q3 2012/13 | Q4 2012/13 | Q1 2013/14 | Q2 2013/14 | Q3 2013/14 | Q4 2013/14 | Q1 2014/15 | Q2 2014/15 | Q3 2014/15 | Q4 2014/15 | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of FOI/EIR requests received | 240 | 232 | 227 | 243 | 208 | 221 | 189 | 265 | 227 | 249 | 319 | 347 | 283 | 313 | 256 | 353 | 291 | 322 | 291 | 346 |
| FOI/EIR requests responded to within statutory deadlines (%) | 61 | 69 | 65 | 66 | 78 | 80 | 73 | 70 | 73 | 85 | 80 | 70 | 79 | 79 | 74 | 73 | 71 | 82 | 77 | 79 |
| Target (%) | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 |

## Appendix 5: Proposed 2016/17 Corporate Indicator set and 3 year targets

| Indicator Type | PI ref | PI Description | Service | Frequency | Performance | | 2015/16 Target | Proposed targets | | | National Comparison |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 2014/15 | 2015/16 Q3 | | 2016/17 | 2017/18 | 2018/19 | |
| **Altogether Better for Children and Young People** | | | | | | | | | | | |
| Target | CAS CYP15 | Percentage of children in the early years foundation stage achieving a good level of development | CAS | Annual (Q2 provisional Q3 validated) | 56.7 (2013/14 ac yr) | 63.6 (2014/15 ac yr) | 60 (2014/15 ac yr) | 64 | Not set | Not set | 66 (2014/15 ac yr) |
| Tracker | NEW | Attainment 8 and Progress 8 TBC | CAS | Annual | NA | NA | | | | | |
| Tracker | NEW | Primary School Scaled Scores TBC | CAS | Annual | NA | NA | | | | | |
| Target | CAS CYP5 | Percentage of pupils on level 3 programmes in community secondary schools achieving 2 A levels at grade A*-E or equivalent | CAS | Annual (Q2 provisional Q3 validated) | 98.7 (2013/14 ac yr) | 98.8 (2014/15 ac yr) | 98.9 (2014/15 ac yr) | 98.9 | 99 | 99 | 98.3 (2014/15 ac yr) |
| Tracker | CAS CYP16 | Percentage of 16 to 18 year olds who are not in education, employment or training (NEET) **(Also in Altogether Wealthier)** | CAS | National measure (Nov-Jan average) reported Q4. Quarterly averages reported Q1 to Q3. | 6.7 | 6 | | | | | 4.2 (Nov 15 – Jan 16) |
| Tracker | NEW | The achievement gap at Key Stage 4 between children who are eligible for pupil premium and those children who are not | CAS | Annual | New definition for 2016/17 | New definition for 2016/17 | | | | | New definition for 2016/17 |

| Indicator Type | PI ref | PI Description | Service | Frequency | Performance | | 2015/16 Target | Proposed targets | | | National Comparison |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 2014/15 | 2015/16 Q3 | | 2016/17 | 2017/18 | 2018/19 | |
| | | eligible | | | | | | | | | |
| Tracker | NEW | The achievement gap at Key Stage 2 between children who are eligible for pupil premium and those children who are not eligible | CAS | Annual | New definition for 2016/17 | New definition for 2016/17 | | | | | New definition for 2016/17 |
| Tracker | ACE016 | Percentage of children in poverty (quarterly proxy measure) **(Also in Altogether Better Council)** | ACE | Quarterly | 22.7 | 22.5 (Q1) | | | | | 16.1 (as at Aug 2015) |
| Tracker | ACE017 | Percentage of children in poverty (national annual measure) **(Also in Altogether Better Council)** | ACE | Annual Q2 | 22.6 (2012) | 22.5 (2013) | | | | | 18.6 (2013) |
| Tracker | CAS CYP18 | Percentage of children aged 4 to 5 classified as overweight or obese **(Also in Altogether Healthier)** | CAS | Annual Q3 | 23.8 (2013/14 ac yr) | 23 (2014/15 ac yr) | | | | | 21.9 (2014/15 ac yr) |
| Tracker | CAS CYP19 | Percentage of children aged 10 to 11 classified as overweight or obese **(Also in Altogether Healthier)** | CAS | Annual Q3 | 36.1 (2013/14 ac yr) | 36.6 (2014/15 ac yr) | | | | | 33.2 (2014/15 ac yr) |
| Tracker | CAS CYP29 | Proven re-offending by young people (who offend) in a 12 month period **(Also in Altogether Safer)** | CAS | Quarterly | 38.7 (2012) | 44.4 (2013) | | | | | 37.9 (2013/14) |

| Indicator Type | PI ref | PI Description | Service | Frequency | Performance | | 2015/16 Target | Proposed targets | | | National Comparison |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 2014/15 | 2015/16 Q3 | | 2016/17 | 2017/18 | 2018/19 | |
| Tracker | CAS CYP20 | Under 18 conception rate per 1,000 girls aged 15 to 17 | CAS | Annual Q4 | 33.8 (2013) | 30.5 (Q3 2014) | | | | | 22.8 (2014) |
| Tracker | CAS CYP21 | Under 16 conception rate per 1,000 girls aged 13 to 15 | CAS | Annual Q4 | 8.9 (2012) | 7.9 (2013) | | | | | 4.8 (2013) |
| Target | CAS AS5 | First time entrants to the Youth Justice System aged 10 to 17 (per 100,000 population of 10 to 17 year olds) **(Also in Altogether Safer)** | CAS | Quarterly | 438 | 245 | 648 (280 FTEs) | 578 (250 FTEs) | 578 (250 FTEs) | Not yet set | 376 (Oct 2014 – Sep 2015) |
| Tracker | CAS CYP23 | Emotional and behavioural health of children looked after continuously for 12 months or more (scored between 0-40) | CAS | Annual Q4 | 15.5 (2013/14) | 15.1 (2014/15) | | | | | 13.9 (2013/14) |
| Tracker | CAS CYP30 | Percentage of Community and Adolescent Mental Health Services (CAMHS) patients who have attended a first appointment within 9 weeks of their external referral date | CAS | Quarterly | New indicator | 82.8 | | | | | |
| Tracker | CAS CYP26 | Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years) **(Also in Altogether** | CAS | Annual Q4 | 504.8 (2010/1 1-2012/13) | 489.4 (2011/12 - 2013/14) | | | | | 367.3 (2011/12 – 2013/14) |

| Indicator Type | PI ref | PI Description | Service | Frequency | Performance | | 2015/16 Target | Proposed targets | | | National Comparison |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 2014/15 | 2015/16 Q3 | | 2016/17 | 2017/18 | 2018/19 | |
| | | **Healthier)** | | | | | | | | | |
| Target | CAS CYP9 | Percentage of children in need referrals occurring within 12 months of previous referral | CAS | Quarterly | 22.8 | 21.2 | 21 | 19.5 | 17.3 | 15 | 24 (2014/15) |
| Tracker | CAS CYP28 | Rate of children with a Child Protection Plan per 10,000 population | CAS | Quarterly | 37.6 | 34.7 | | | | | 42.9 (2014/15) |
| Tracker | CASCYP 12 | Percentage of children subject to a child protection plan who had all of their reviews completed within required timescales | CAS | Quarterly | 94.5 | 9.13 | | | | | 94 (2014/15) |
| Tracker | CYP11 | Percentage of children looked after who had all of their reviews completed within required timescale | CAS | Quarterly | 96.4 | 96.3 | | | | | 90.5 (2009/10) |
| Tracker | NEW | Number of child sexual exploitation referrals | CAS | TBC | New indicator | New indicator | | | | | |
| Target | NEW | Percentage of First Contact enquiries processed within 24 hours | CAS | Quarterly | 75.3 | 81.8 | | TBC | TBC | TBC | |
| Target | NEW | Percentage of Single Assessments completed within 45 working days | CAS | Quarterly | 80.6 | 80.5 | | TBC | TBC | TBC | 81.5 (2014/15) |

| Indicator Type | PI ref | PI Description | Service | Frequency | Performance | | 2015/16 Target | Proposed targets | | | National Comparison |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 2014/15 | 2015/16 Q3 | | 2016/17 | 2017/18 | 2018/19 | |
| Target | CAS CYP14 | Percentage of successful interventions (families 'turned around') via the Stronger Families Programme **(Also in Altogether Safer)** | CAS | Quarterly | New programme | PI is number this year to get baseline | 12**<br><br>**Stage 2 of the Programme | TBC | TBC | TBC | |
| Tracker | CAS CYP24 | Rate of Looked After Children per 10,000 population | CAS | Quarterly | 61.8 | 65.9 | | | | | 60 (2014/15) |
| Target | CAS CYP8 | Percentage of mothers smoking at time of delivery **(Also in Altogether Healthier)** | CAS | Reported as discrete quarters through the year then annually at year end | 19 | 18.1 (Q2) | 18.2 | 17.2 | Not yet set | Not yet set | 10.6 (Oct – Dec 2015) |

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**Children and Young People's Overview and Scrutiny Committee**

**1 July 2016**

# Concessionary travel arrangements for disabled residents and their carers

## Report of Ian Thompson Corporate Director of Regeneration and Economic Development

### Background

1. The English National Concessionary Travel Scheme (ENCTS) provides free travel on local bus services for older and disabled people between 0930 and 2300 Monday to Friday and all day at weekends and Bank Holidays.

2. Older people are entitled to a concessionary pass when they reach the state pension age for women (which is gradually being increased from 60 to 66). Disabled people are entitled to a concessionary pass if they meet any of the following criteria, set out in legislation by the Department for Transport:

   - Blind or partially sighted
   - Profoundly or severely deaf
   - Without speech
   - Has a disability or has suffered an injury which has substantial and long-term effect on ability to walk
   - Does not have arms or have long-term loss of both arms
   - Has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning"
   - Would if applied for a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have the application refused under Section 92 of the Act (physical fitness) on grounds other than misuse of drugs or alcohol

### Government Guidance on ENCTS

3. The government have issued a number of guidance notes to local authorities relating to various aspects of the ENCTS scheme. The general guidance on implementing the concessionary fares scheme (Guidance for Travel Concession Authorities on the England National Concessionary Travel Scheme) issued Dec 2010, makes a clear distinction between two groups, older people (entitled by age limits) and disabled people (without age limits).

> *"There are two broad categories of people eligible for a statutory concession: men and women who have attained the state pension age for women and eligible disabled people (where no age limits apply)."*

4. This would imply that a disabled person of any age would be entitled to a concessionary bus pass, provided that they meet the eligibility criteria. However, further guidance on assessing the eligibility of disabled people as set out below makes a clear reference to concessions applying to persons of "fare paying age".

**Assessment of eligibility of disabled people**

5. The guidance on assessing eligibility of disabled people for concessionary travel (Guidance to Local Authorities on assessing Eligibility of Disabled People in England for Concessionary Bus Travel) issued April 2013, indicates the government's intention is that the concession should be taken to apply to adults and to all disabled children and young people of fare-paying age.

> Para 15: *"The 2007 Act provides an entitlement to a concession against a full adult fare. It does not set age limits for recipients of this concession.* ***It should therefore be taken to apply the concession to adults and to all disabled children and young people of fare-paying age****."*

6. The guidance recommends that, where available, the most robust way of assessing eligibility is likely to be via other relevant state benefits. Paragraph 18 of this guidance sets out the benefits and makes further reference to the age limit:

> *"Eligibility for a concessionary travel pass may be considered "automatic" (not requiring further assessment) where a person is in receipt of any of the following state benefits, which link eligibility to receive the benefit to the ability to walk or, in the case of PIP, to communicate orally,* ***provided that the person is of fare paying age*** *and that the award of the benefit has been for at least 12 months or is expected to be for at least 12 months.*
>
> a. *Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA);*
> b. *Personal Independence Payment (PIP), where the applicant has been awarded at least eight points against either the PIP "Moving around" and/or "Communicating verbally" activities 34;*
> c. *War Pensioner's Mobility Supplement (WPMS)."*

**Disabled pass with carer**

7. In addition to the statutory requirements of the ENCTS scheme, local authorities are able to offer additional discretionary concessions, such as the provision of a "disabled bus pass with carer".

8. Durham's discretionary travel scheme includes this provision, which allows a pass holder who is unable to travel independently to be accompanied on the journey by a companion who is also able to travel for free (provided that the companion boards and alights at the same stops).

9. The 'carer' is not issued with a separate pass; this element of travel is shown by the addition of a symbol in the top right hand corner of the disabled person's bus pass.

**Carers pass for a disabled child**

10. Legal advice has been sought in relation to the issue of a ‘carer’ pass for a disabled child who has not reached the age of becoming a ‘fare-payer’. The legal view is that if the child is not entitled to a pass, then we are under no obligation to issue a pass to allow a carer to travel for free.

11. Whilst it is clear that a child with severe disability is unlikely to be able to travel independently whether they are under or over five years of age (the age at which a child becomes a fare-payer), it could also be said that any child, of say two years of age, would be unable to travel independently. Clearly it was not the intention of this legislation to allow parents of every very young child the entitlement to free concessionary travel.

**Conclusion**

12. It would seem clear that the government’s intention of introducing the ENCTS scheme was to provide a concession against the cost of travel for eligible people. The DfT guidance on eligibility of disabled people clearly states that the concession should be taken to apply to people of fare paying age. The logic being that those under the age of five do not have to pay a fare and therefore cannot be given a further concession in relation to the cost of travel.

13. The “with carer” element of travel is a local discretionary enhancement to the statutory ENCTS. This enhancement is considered to be an additional entitlement for the pass holder, where they would otherwise be unable to travel independently.

14. Legal services have considered the government’s guidance on ENCTS together with our local enhancement and have advised that if the disabled child is not entitled to a pass, then under our current policy, we are under no obligation to issue a pass for the carer.

Contact: Adrian White, Head of Transport & Contract Services, Tel: 03000 267455

## Appendix 1: Implications

**Finance – None**

**Staffing - None**

**Risk - None**

**Equality and Diversity / Public Sector Equality Duty - None**

**Accommodation - None**

**Crime and Disorder – None**

**Human Rights - None**

**Consultation – None**

**Procurement - None**

**Disability Issues** – None

**Legal Implications** – None

**Children & Young People's Overview and Scrutiny Committee**

**1 July 2016**

# Refresh of the Committee's Work Programme 2016 - 2017

## Report of Lorraine O'Donnell, Assistant Chief Executive

### Purpose of the Report

1 To provide for Members consideration an updated work programme for the Children and Young People's Overview and Scrutiny Committee for 2016-17.

### Background

2 At its meeting on 1st April 2016, the Children and Young People's Overview and Scrutiny Committee considered the actions identified within the Council Plan 2016 – 2018 for the Altogether Better for Children and Young People priority theme and agreed to refresh its work programme to include a number of these actions. In addition, topics have also been identified that are in line with the Sustainable Community Strategy, Cabinet Notice of key decisions, Partnership plans and strategies, performance and budget control data and government legislation

### Detail

3 In accordance with this decision, a work programme for 2016 – 2017 has been prepared and is attached at appendix 2. The work programme is very comprehensive drawing on topical areas across the remit of the committee and it should be noted that it is also flexible in respect that topics can be added throughout the year.

4 Members are encouraged to identify areas of scrutiny investigation (in depth and light touch reviews) from the work programme.

5 Following members comments at the last meeting about looking at doing a focused piece of work on Childhood Obesity arrangements have been made to hold a single session work shop style activity on this subject with input from the Healthy Weight Alliance.

### Recommendation

6 Members of the Children and Young People's Overview and Scrutiny Committee are asked to:

- Discuss and agree the new work programme attached at appendix 2.
- Identify an area of scrutiny investigation.

**Background Papers**
Council Plan 2016 – 2018
Report to Children & Young People's Overview and Scrutiny Committee – 1st April 2016

**Contact: Tom Gorman Corporate Scrutiny and Performance Manager, Tel: 03000 268027**
**Ann Whitton, Overview and Scrutiny Officer, Tel: 03000 286143**

**Appendix 1: Implications** (The following implications are taken directly from the report to Cabinet on 16th March 2016)

**Finance -** The Council Plan sets out the corporate priorities of the Council for the next three years. The Medium Term Financial Plan aligns revenue and capital investment to priorities within the Council Plan.

**Staffing -** The Council's strategies are being aligned to achievement of the corporate priorities contained within the Council Plan.

**Risk -** Consideration of risk is undertaken in the preparation of the Council Plan and Service Plans.

**Equality and diversity/Public Sector Equality Duty -** A full impact assessment has previously been undertaken for the Council Plan. The actions underpinning the Council Plan include specific issues relating to equality and aim to improve the equality of life for those with protected characteristics. The Plan has been influenced by consultation and monitoring to include equality issues. There is no evidence of negative impact for particular groups.

**Accommodation -** The council's Accommodation programme is a key corporate programme contained within the Council Plan.

**Crime and disorder -** The Altogether Safer section of the Council Plan sets out the Council's contributions to tackling crime and disorder.

**Human rights –** None

**Consultation -** Council and partnership priorities have been developed following an analysis of available consultation data including an extensive consultation programme carried out as part of the development of the Sustainable Community Strategy and this has been reaffirmed by subsequent consultation on the council's budget.

**Procurement –** None

**Disability Issues -** Accessibility issues are considered in the design of our planning document.

**Legal Implications-** None

**Appendix 2**

| **OVERVIEW AND SCRUTINY WORK PROGRAMME 2016 TO 2017**<br><br>**Children and Young People's OSC**<br><br>**Lead Officer**: Tom Gorman<br><br>**Overview and Scrutiny Officer**: Ann Whitton<br><br>**IPG contact**: Carole Payne | **Note:**<br><br>**O/S Review** - A systematic 6 monthly review of progress against recommendations/Action Plan<br><br>**Scrutiny/Working Group** – Indepth Review<br><br>**Overview/progress** – information on an issue; opportunity to comment, shape, influence, progress with a scrutiny review<br><br>**Performance** – ongoing monitoring (quarterly) performance reports/budgets |
|---|---|

| | When | Who | Outcome | Comment |
|---|---|---|---|---|
| ***O/S Review Updates*** | | | | |
| Self-Harm by Young People | 9 November 2016 | Catherine Richardson | Update on progress of recommendations following the self-harm review | The initial update was given to members November 2015 members requested they receive further |
| ***Scrutiny/Working Group***<br>In depth review | | | | |
| Take up of Free School Meals and Holiday Hunger | 3 February 2016 | Alison Young/Karen Sproates | Increase awareness among parents, carers and school administration of the availability | Members will have an awareness of the systems used by DCC to promote the take up of free school meals. Members will be aware |

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| | | | of DCC eligibility checking system and awareness of holiday hunger activities taking place in County Durham. | of where holiday hunger activities have taken place and will receive an evaluation of them. |
| Childhood Obesity | 17 October 2016 | Gill O'Neill | Following the work shop a report will be produced and shared with Children and Families Partership, Health and Wellbeing Board and Healthy Weight Alliance | Scrutiny Work Shop to provide members with updated information on what is being done by DCC and partners to address childhood obesity in County Durham. Members from AWH OSC will be invited to workshop. |
| ***Overview/Progress*** | | | | |
| Innovations Programme | 1 July 2016 | Julie Scurrfield | To provide members with information on a new proposal in relation to children who have suffered abuse or neglect. | Members will gain awareness of the new initiative and its progress |
| Annual Report of the Director of Public Health | 1 July 2016 | Anna Lynch/Nick Springham | To present to members the DPH Annual report. The report focuses on reducing health inequalities. | Information in the report relates to issues affecting children and young people and links into many items on the work programme. |
| Ofsted Feedback and Action Plan | 25 July 2016 | Carole Payne | To present to members of CYP OSC the key point s from the recent Ofsted Inspection report and action plan to address areas of concern. | Members will be appraised of the key points from the Ofsted report and how the service intend to address these. |
| ERASE<br>*Cross cutting with Safer Stronger Communities* | 25 July 2016 | Helen Murphy | Members will receive an overview of the work of ERASE and their priorities for the year. | Members will be informed of the service, how it is delivered, priorities and challenges. This is a joint meeting with SSC OSC |
| Stronger Families | 5 September | Rachel Hirst | Members will receive an | Members requested a further update on the |

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| Update Phase 2 | 2016 | Dean | update on phase two of the stronger families programme including performance | stronger families programme. |
| Children's Services Update | 5 September 2016<br>Jan 2017 | Carole Payne | Members will receive an update on areas of children's services in County Durham including information on Safeguarding, Children in Need and Child Protection. | Members will have the opportunity to raise issues and ask for further information on certain areas |
| Educational Services Update | 5 September 2016 | Caroline O'Neill | Members will receive information on areas of education services. | Members will have the opportunity to raise issues and ask for further information on certain areas |
| YEI<br>*Cross Cutting with Economy and Enterprise OSC* | 26 September 2016 | Linda Bailey/ Steve Crass | To provide members with information on the Youth Employment Initiative with particular attention to care leavers and other vulnerable groups | Members will be invited to attend EEOSC who takes the lead on YEI to receive a presentation on YEI in County Durham. |
| Review of Youth Support - Outcome | 29 September 2016 | Carole Payne | Following consultation of how to move forward members will receive the results of the consultation and what is the recommended way forward | Members will be provided with the results of the consultation, the way recommended way forward and the reasoning behind this. |
| Teenage Conception Update | 29 September 2016 | Michelle Baldwin | Members will be updated on the work being done to support under 16s in relation to teenage pregnancy and SRE following the committees review several years ago. | Members will receive information on strategies and operational support given to young women under 16 who become pregnant. |
| JHWB Annual Report | To be | | Members will receive the | Information contained in the report will include |

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| | circulated electronically | | JHWB annual report. | health issues affecting children and young people. |
| School Funding Update | 29 September 2016 | Paul Darby/ Jeff Garfoot | Members will receive information on school funding reforms and their implications to pupils in County Durham | Following changes in government policy/grants members will receive an update of its effects on DCC school funding |
| Fostering & Adoption Annual Reports | 9 November 2016 | Bronwen Keegan | Members will be updated with information in relation to Adoption reform and DCC Foster Caring arrangements via the annual reports. | Members will receive information on the number of children in LA care, the number of adoptions that have taken place and how quickly this is happening and the number of DCC foster carers and private foster carers used by DCC. Priorities/challenges looking ahead. |
| Educational Attainment LAC | 9 November 2016 | Irene Lavelle | Members will receive an overview presentation on the educational attainment of LAC in county Durham. | Members will have an indication of the performance of LAC, how changes in government policy has impacted on LAC educational attainment. |
| Young Carers Update | 9 November 2016 | Gill Palin | Members will be updated on the work that has been done in DCC and third sector to support young carers | Members requested an update on young carers in relation to numbers of young carers and the support they receive. |
| Children and Families Plan Update | 16 January 2016 | Andrea Petty | Update regarding the development of the Children, Young People and Families Plan | To provide members with a six month update on the plan regarding its development. |
| One Point Service Update | 16 January 2017 | Rachel Hirst Dean | Members will receive an update on the One Point Service including an update on children's centres. | Update members on service in relation to collaborative/partnership working and the areas covered by the service and how this links into other areas within DCC. |
| Local Safeguarding | 16 January | Jane Geraghty | Members will receive a | A presentation will be given to members on |

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| Children's Board Annual Report | 2017 | | presentation on the LSCB Annual report. | the achievements over the last 12 months of the LSCB and their priorities for the coming year. |
| JSNA & JHWB refresh | 16 January 2017 | Andrea Petty | Members will be advised of the JSNA & JHWB refresh and asked to comment accordingly. | Members' comments will be fed into the refresh of the document. |
| MASH Update | 27 February 2017 | Helen Fergusson | Members will be updated on the work of the MASH. | Members of the committee requested a further update on the Mash 12 months following the last update |
| Wellbeing for Life | 27 February 2017 | Gill O'Neill | To provide members with information on what measures are being taken to increase the take up of breastfeeding with new mothers. Why there are such wide differences nationally and locally. Are there particular locations in County Durham that are worse than others – why is this? | Performance data tells us that breastfeeding initiation in County Durham has 56.2% of mothers who breast feeding at 6-8 weeks this is lower than that for England (74.5%). The presentation will address initiatives that will be used to increase breastfeeding in County Durham. |
| Elective Home Education | 27 February 2017 | Jane Jack | Members will receive an overview presentation on Elective Home Education including the numbers of children home schooled, inspection regimes and levels of attainment. | Members will be aware of the number of children who are home schooled and what levels of educational attainment are achieved. Members will be briefed about inspection regimes in relation to home schooling. |
| Stronger Families Programme update | 7 April 2017 | Rachel Hirst Dean | A further update from last year on the numbers of families helped and supported. | To provide members with an update on the numbers of families identified as needing support, those who are currently going through the programme and those who have |

| | | | | |
|---|---|---|---|---|
| | | | | successfully completed the programme. |
| CAMHS Crisis and Liaison Team Update | 7 April 2017 | Donna Sweet (CAMHS Service Development Manager) | Members will receive an update on the progress of the service. Members have a keen interest in the work of CAMHS to ensure that they continue to make a difference to the mental health of CYP in County Durham. | Members requested an update on the Crisis and Liaison Service following an initial report being received by the committee in February 2016. |
| ***Performance & Quality***<br>Q 4<br>Q 1<br>Q 2<br>Q 3 | 1 July 2016<br>29 Sept 2016<br>16 January,2017<br><br>7 April 2017 | Keith Foster | | Ongoing – to provide members with information on performance of the service grouping and highlight areas of prominence (those going well, and those giving cause for concern). From quarter 1 2016 members will receive information on the quality of services such as social work. |
| ***Budget Outturn Report***<br>Q 4 (2-13/14) &1<br>Q 2<br>Q 3<br>Q4 | 29 Sept 2016<br>16 January 2017<br>7 April 2017 | Graham Stephenson | | Ongoing – highlight areas of concern. Committee to receive updates on the affects and implications of MTFP on service groupings |

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# Children & Young People's Overview and Scrutiny Committee

**1 July 2016**

## Summary of Minutes from Children and Families Partnership

**21 March 2016**

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**Review of Youth Services in County Durham**
A review of Youth Services in County Durham is taking place, with the following three key proposals forming the consultation:

- A Strategy for Youth Support in County Durham
- Deploy Council Resources according to need to deliver a Targeted Youth Support Service
- Ceasing the existing Youth Work Support Grant (YWSG) and redirecting the remaining YWSG funding to each Area Action Partnership to address local priorities linked to Youth Services

The 12 week consultation will run from 1st February – 27th April 2016, which involves all key stakeholders and pays particular attention to the views of young people. The final decision of Cabinet will be made in Autumn 2016, the Partnership will receive an update on the outcome of consultation and the decision of Cabinet in due course.

The Children and Families Partnership are encouraging partner agencies to engage in the consultation. The consultation and details of how to respond can be accessed through the Durham County Council website at the following address: www.durham.gov.uk/youthsupportconsult

**County Durham Child Health Profile 2015**
The Children and Families Partnership received the County Durham Child Health Profile, which provides a 'snapshot' enabling local, regional and national comparisons to be made.

Of the 32 County Durham indicators included in the 2015 summary:

- 5 are significantly better than the England average.
- 15 are significantly worse than the England average.
- 9 show no significant difference to the England average.

The profile is available as a report available at: www.chimat.org.uk/childhealthprofile

The Partnership agreed to map the indicators where County Durham are behind the national average to relevant strategies to ensure actions were being undertaken to improve the lives of children, young people and families. This information will also help inform the future priorities of the Children and Families Partnership.

**Hospital admissions caused by unintentional and deliberate injury (0-24 years)**
The Public Health outcomes framework shows that County Durham's hospital admissions caused by unintentional and deliberate injuries in children and young people are higher than England and the North East region for all age categories.

Falls are the leading cause of hospital admissions in both the 0-4 and 5-14 age groups; however this changes to intentional self-poisoning in both the 15-18 and 19-24 age range.

The conclusions from the data include that:

- The types of preventable injury in children and young people are age related.
- Gender is a factor in the types of injury particularly as a child ages.
- Deprivation is a key factor.

The Children and Families Partnership were asked to consider how childhood injury prevention is explicit in all key strategies to ensure steps are taken to raise the profile of child injury prevention across all partner agencies and to note opportunities across partnerships to influence and prevent injuries through a targeted approach across County Durham, taking into account deprivation e.g. commissioning of children's services and the community parenting programme.

**Refresh of the Children, Young People and Families Plan (CYPFP) 2016-19**
The Children, Young People and Families Plan was presented to the Partnership for agreement.

The following three objectives will remain a priority for 2016-17:

1. Children and young people realise and maximise their potential
2. Children and young people make health choices and have the best start in life
3. A Think Family approach is embedded in our support for families.

Engagement and consultation has taken place with key partners and organisations to inform the refresh of the CYPFP for 2016-19, including children and young people (including young carers), families, voluntary and community sector organisations, NHS partners, local authority colleagues, Education partners, Local Safeguarding Children Board, Durham Constabulary, Overview and Scrutiny Committee and Area Action Partnerships.

The Student Voice survey results have also informed the Plan, as well as feedback from The Health and Wellbeing Board's annual engagement event, which was attended by over 260 people, and included a workshop on the Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan for County Durham 2015-2020.
The supporting CYPFP 2016-19 Delivery Plan will be presented to the Partnership for agreement in June 2016.

**Educational Attainment/Standards Report 2015**
The Children and Families Partnership received a report on the educational/attainment standards which included an overview of the work by

County Durham's Education Department to provide support and intervention, including intensive support for schools in most need, as well as the results from tests and examinations for 2015.

Durham continues to compare very favourably with the national picture in terms of test and examination outcomes at Early Years, Key Stage 2 and Key Stage 5, while still comparing favourably with regional outcomes.

An unpredicted dip in results at Key Stage 4 is due to some schools in County Durham choosing to enter pupils for the International GSCE (IGCSE) option. In 2015, the IGCSE was marked in a slightly different way from previously, which resulted in a much larger number of pupils failing to achieve a grade C and receiving instead grade D. This was not an issue only for Durham schools, and challenges were made by schools nationally.

Lower outcomes in IGCSE English affected the overall number of pupils who gained at least 5 GCSEs with grades A* to C, including English and Maths. Schools have responded immediately, implementing direct and robust interventions to ensure that a similar situation does not arise in 2016.

The local authority continues to have a confident and firmly established knowledge of attainment and progress measures, with understanding of key areas for improvement. It is as a direct result of the thorough and detailed involvement of school improvement officers in the process of support and challenge to schools that standards remain high and continue to improve across the majority of Durham schools.

The Partnership will disseminate the information contained in the report more widely, as appropriate.

**Children and Young People's Engagement:**

- **Student Voice**
  In September 2015, the Children and Families Partnership received the key findings from the Student Voice survey, and agreed to develop an action plan to look at how this valuable information could be shared wider with relevant partners.

  The Partnership agree the Student Voice Action Plan, and are satisfied that the survey results have been shared with partners to use as an evidence base for young people's views, and will continue to be fed into strategies and service reviews where appropriate, ensuring young people's voices are included.

  Organisations who are members of the Children and Families Partnership, who have not already done so, are being encouraged to sign up to the Young Carers Charter. Support is available from Family Action, The Bridge Young Carers Service throughout the charter process.

  Of the 32 Secondary Schools in County Durham, 25 participated in the 2015 survey with responses received from 8148 students. It is anticipated this survey will be repeated with secondary schools in 2017. Work is

currently taking place to encourage primary schools to take part in the 2017 survey.

- **Engagement with Children and Young People**
  The Partnership received an update in relation to the range of consultation and engagement work that is taking place with children and young people across Children and Adults Services, Thematic Partnerships, Area Action Partnerships, Clinical Commissioning Groups, Voluntary and Community Sector and other organisations within County Durham.

  There are opportunities for partners to work together and better utilise key messages from children and young people, and discussions are taking place to find an appropriate IT platform to host this information and key messages as a central resource for the council and partners.

  Young people will be asked to consider the engagement to see if there are any gaps or areas they would like us to do more engagement around.

**Children's Services Update**
The Partnership received an update on the national, regional and local developments in relation to Children's Services, including an overview of the children's inspection regime

**Young People's Issues**
Young People, supported by an AAP Coordinator provided feedback on the Mid Durham AAP Intergenerational Project, which they have been involved in.

The project supports both young and older people to work together on projects and share trips/coffee mornings etc. to gain a better understanding of each other, which in turn helps to alleviate any feeling of vulnerability when older people see the young people 'hanging about' the streets. The project also helps to alleviate social isolation within the population.

The young people were congratulated on the excellent work they have done. The value of volunteering experience was highlighted, especially in relation to young people completing job applications and progression in education and training.