

DURHAM COUNTY COUNCIL

SPECIAL CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Special Children and Young People's Overview and Scrutiny Committee** held in Committee Room 1B, County Hall, Durham on **Wednesday 27 November 2019 at 9.30 am**

Present:

Councillor H Smith (Chair)

Members of the Committee:

Councillors C Potts, B Bainbridge, A Batey, D Bell, J Charlton, B Coult, K Hopper, I Jewell, O Temple (substitute for M Simmons) and P Jopling

Also Present:

Mrs R Hassoon

1 Apologies

Apologies for absence were received from Councillors P Atkinson, P Brookes, R Crute, S Quinn, M Simmons, A Willis and M Wilson.

2 Substitute Members

Councillor O Temple substituted for M Simmons.

3 Declarations of Interest, if any

There were no declaration of interest.

4 Any items from Co-opted Members or Interested Parties

There were no items from co-opted Members or interested parties.

5 Best Start in Life

The Committee considered a report of the Director of Public Health which provided an overview of the progress made in addressing the best start in life framework and action plan and highlighted the importance of early intervention and prevention in the first 1001 critical days (for copy see file of minutes).

The Committee received a presentation from L Vasey, Specialist Public Health Nurse BSIL (for copy see file of minutes).

The committee were provided with information on the BSIL key outcomes that included reducing tobacco dependency with an ambition to reduce tobacco dependency to 6%. Members were advised that historically there were greater levels of tobacco dependency in the Durham Dales and Easington Clinical Commissioning Group (DDES CCG) area rather than the North Durham CCG area, but the gap was reducing. Work had been carried out by local maternity clinics and focus groups. The service was providing dual treatment for tobacco replacement and had support in place for 12 months after the birth of the baby using the Smoke Free Home initiative through the Health Visitor contact.

In relation to breastfeeding statistics, Members were advised that take up was low with variations throughout the county. Work had been conducted locally to improve rates, including the setup of a breastfeeding accreditation scheme and a peer support programme and of the County Durham Health Visiting Service had received a UNICEF UK Gold award for the baby friendly initiative.

Members were advised that Newborn Behaviour Observation (NBO) and Neonatal Behavioural Assessment Scale (NBAS) had helped parents to understand the ways in which babies communicate. To help the bonding process parents were asked to communicate with their baby inside the womb as this assisted in recognition of their parents' voice.

Members learned that development of speech and language was another key priority. Evidence suggested that children did not have access to books and members were advised of campaigns and action plans to help children's vocabulary through the Book Trust and Bookstart Corner programme for two year olds.

The report confirmed that 18% of boys and 21% of girls aged 2-4 years were overweight or obese and an early year's framework had been developed to support the early years settings and provide nutritional standards within childcare settings. Portion control was a key message to get out to parents and babies did not need to be weaned as early as 4 months old and it was advisable to start weaning at 6 months of age. One of the major areas of concern is the impact of universal credit on the healthy start vouchers. Members were advised that parents should take up the healthy vitamins which included a voucher of £3.10 that could be used to purchase food.

In relation to oral health members were informed that oral health was worse in County Durham than in other areas and affected 57% of 12 year olds. Oral health was being promoted in Early Years settings through a supervised tooth brushing scheme. The scheme was being rolled out in 64 settings within the top 30% of deprived areas in the county. The scope of the work is being considered to be widened to include 5 year olds.

Councillor Charlton asked a question with regards to encouraging breastfeeding in malnourished mothers and the Specialist Public Health Nurse BSIL confirmed that research showed that there would be no negative impact to breastfed babies or their mothers. As well as more nutritious benefits, breastfeeding also had attachment and bonding benefits.

Councillor Hopper commented that amongst the health benefits for both mother and child, breastfeeding assisted with emotional bonding and was good for mental wellbeing, but a major benefit was that breastmilk was free.

The Chair added that breastmilk supported brain development and had immunological benefits.

Councillor Bainbridge commented on the data with regards to only 43% of children who had visited a dentist being free from decay. She asked if there was any data to confirm how many children had never visited a dentist. The Specialist Public Health Nurse BSIL confirmed that some data would be recorded following visits to a walk-in centres or A&E on presenting with symptoms of pain and resulting in tooth extractions.

Councillor Bainbridge advised that she had heard a newsflash on the radio that morning that child cruelty had increased in the North East and M Baldwin, Public Health Strategic Manager, confirmed that she would look into it.

Councillor Jopling commented on postnatal depression in young mothers which was often undiagnosed and felt that it was prevalent that services were identifying symptoms early enough to treat this condition. She said that postnatal depression could damage the relationship between mother and child. The Public Health Strategic Manager confirmed that the Health Visiting Service did assessments on all new mothers and had been subject to a lot of training to assist in identifying the symptoms.

Councillor Charlton suggested with regards to health weight and nutrition, finding out what was on the curriculum with regards to cookery as people were unable to make simple dishes from scratch. The Public Health Strategic Manager confirmed that it was challenging to know but information from a school survey had been collated to confirm how many portions of fruit children were consuming per day and she commented on the availability of convenience foods, being relied upon by many families. Courses were offered to families in family centres and One Point Centres to learn cooking skills.

Councillor Temple referred to deteriorating performance indicators for smoking in pregnancy and breastfeeding and Durham having scored worse than the regional and national average. He suggested that this could be the subject of a joint review

between the Adult, Wellbeing and Health Overview and Scrutiny Committee and this Committee.

T Smith, Public Health Advanced Practitioner, confirmed that the figure went up and down slightly but had been relatively static for a number of years. There had been some improvement in tobacco dependency in pregnancy and improvements in recording information may have led to the changes in performance that had been reported.

Resolved:

That the report and presentation be noted.

6 Children and Young People's Mental Health and Emotional Wellbeing

The Committee considered a report of the Director of Public Health which provided an update on the children and young people mental health, emotional wellbeing and resilience local transformation plan and key areas of work (for copy see file of minutes).

The Committee received a presentation from T Smith, Public Health Advanced Practitioner (for copy see file of minutes).

Members were provided with statistics relating to the mental health and emotional wellbeing of children and young people in County Durham and advised of a locally adopted strategic plan which was promoted via Investing in Children.

The Committee heard about recent successful projects including a children and young people's bereavement service which was provided through the Jigsaw Project and the development and roll out of KOOTH across the County.

Members were advised that the service would continue to work with the Local Transformation Plan group to deliver against its priorities.

Councillor Coult stated that sport was recognised as having the ability to increase confidence in children and physical activity was beneficial in improving mental health. It could be levelled at all abilities and assisted in diverting young people away from social media, which can be harmful. She asked if sporting organisations had been consulted to provide any services. The Public Health Advanced Practitioner confirmed that the Health and Wellbeing Framework included developing sports in schools and Public Health was developing the core offer in culture and sport.

The Public Health Strategic Manager confirmed the benefits of the free offer from sports clubs which helped to provide opportunities to families who could not afford to pay for activities. Councillor Coult advised that social media played a significant part in effecting the mental health of children and young people and would support anything that got children and young people off social media.

Councillor Charlton asked for comments on staffing and noted only three mental health support teams across 60 schools. The Public Health Advanced Practitioner confirmed that those were schools already engaged in the mental health programme and although the teams were split into 3 areas, overall it was a large team.

Councillor Charlton asked if the Practitioners Guide, Making Mental Health Everybody's Business had been delivered to all schools, the Public Health Advanced Practitioner confirmed that the document was available on the schools extranet and a link had been sent to all users signed up to receive email distributions. The Public Health Strategic Manager confirmed that the document was promoted as much as possible and available on the DSCP website.

Councillor Bainbridge asked about the response to Kooth, the award winning online support service for 11-18 year olds. The Public Health Advanced Practitioner confirmed that it had only been launched in October and therefore there was no data, but once it had been given time to embed, an update could be provided. The data would be limited as the user was only required to give a small part of their postcode to protect anonymity.

Councillor Batey was concerned for those schools not engaging in the service and asked if they were predominantly academies. She also asked if some children and young people who were not engaging were home educated. The Public Health Advanced Practitioner confirmed that mental health planning was an important consideration for schools and the Public Health Strategic Manager confirmed that the core offer had been rolled out in all schools including academies, the public health 0-19 service covered all children educated in County Durham.

Councillor Jewell commented that there were a number of complex issues, but he questioned whether it was possible to investigate the cause of the symptoms before they manifested into more serious problems. He commented on the downside of modern society and pressure on young people and asked if it was possible to have a fully integrated system, bringing all specialists together to rectify the overarching issues.

The Public Health Strategic Manager replied that it was proven that adverse childhood experiences and trauma led to mental health issues. There were so many complex issues that needed to be addressed and a multi-agency approach ensured young people were treated holistically.

In response to a question from Mrs Hassoon, the Public Health Advanced Practitioner confirmed that there was a link between deprivation and young people with mental health issues, however only those with a clinical diagnosis were recorded and therefore a number of young people treated for low mood and anxiety were not included in statistics and this was being explored.

Resolved:

That the report and presentation be noted.

The Committee considered a report of the Director of Public Health which provided an update on work coordinated by Public Health, aimed at promoting positive sexual health for young people and reducing the number of teenage pregnancies (for copy see file of minutes).

The Committee received a presentation from H Riddell, Public Health Advanced Practitioner (for copy see file of minutes).

Members were advised of a time lag with regards to the collation of the data and there was an ongoing effort to capture real time data. Data was also released at Middle Super Output Area level which allowed teenage conception data to be considered in line with areas of deprivation.

Two young females who had been on the Young Parents Pathway attended the meeting and were asked a number of questions from Members.

One of the young parents confirmed that her child had been born with complications of the heart and she had been given the opportunity to do a paediatric first aid course and also make a CV. The activities were child orientated which had assisted in her child with separation anxiety going in to nursery. She had also finally accepted help for mental health issues and had been seen by a mental health nurse, something which she would not have accepted prior to joining the pathway. She had finally been given clinical diagnosis for depression and anxiety, Emotionally Unstable Personality Disorder and Attention Deficit Hyperactivity Disorder.

The other young parent had been subjected to child protection proceedings due to actions of her ex-partner and she felt that she would not have been able to get through it without the support of the group.

The Chair asked if there were any males on the pathway and the Public Health Advanced Practitioner confirmed that it had been recognised that the system was not identifying potential males and they tended to be embarrassed to enrol, however there were at least twenty males registered on the next programme.

Resolved:

That the report and presentation be noted.