



Children and Young People's Overview and Scrutiny Committee

Date **Wednesday 27 November 2019**

Time **9.30 am**

Venue **Committee Room 1B, County Hall, Durham**

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. Declarations of Interest, if any
4. Any items from Co-opted Members or Interested Parties
5. Best Start in Life
 - a) Report of the Director of Public Health (Pages 3 - 16)
 - b) Presentation by Linda Vasey, Specialist Public Health Nurse BSIL (Pages 17 - 38)
6. Children and Young People's Mental Health and Emotional Wellbeing
 - a) Report of the Director of Public Health (Pages 39 - 48)
 - b) Presentation by Tammy Smith, Public Health Advanced Practitioner (Pages 49 - 62)
7. Joint Update Report for Sexual Health and Under 18 Conceptions
 - a) Report of the Director of Public Health (Pages 63 - 76)
 - b) Presentation by Helen Riddell, Public Health Advanced Practitioner (Pages 77 - 88)
8. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
19 November 2019

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

Councillor H Smith (Chair)
Councillor C Potts (Vice-Chair)

Councillors P Atkinson, B Bainbridge, A Batey, D Bell, J Blakey,
P Brookes, J Charlton, B Coult, R Crute, S Durham, N Grayson,
C Hampson, K Hopper, I Jewell, L Kennedy, L Mavin, M Simmons,
A Willis and M Wilson

Faith Communities Representatives:

Mrs C Johnston

Parent Governor Representatives:

Mrs J Norman and Mr R Patel

Co-opted Members:

Ms R Evans and Mrs P Parkins

Contact: Kirsty Gray

Tel: 03000 269705

Children and Young People Overview and Scrutiny

27 November 2019

Best Start in Life Update



Report of Amanda Healy, Director of Public Health

Purpose of the Report

- 1 The purpose of this report is to provide children and young people's overview and scrutiny with an overview of the progress made in addressing the Best start in life framework and action plan and highlighting the importance of early intervention and prevention in the first 1001 critical days.
- 2 The report provides a brief update on the work undertaken to address some of the key priorities' progress and challenges. It also outlines some of the next steps for improving the actions as outlined in the Best Start in Life framework and action plan (available on request).

Executive summary

- 3 The earliest experiences, starting in the womb, shape a baby's brain development. During the first two years of life the brain displays a remarkable capacity to absorb information and adapt to its surroundings. Positive early experience is therefore vital to ensure children are ready to learn, ready for school and have good life chances.
- 4 Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life.
- 5 In recognition of this, ensuring every child has the Best Start in Life is one of Public Health England's (PHE's) national priorities, as noted in its 2014 priorities document from evidence into action.
- 6 County Durham's children and young people strategy (2019-2022) aims to provide focus and clarity on the priorities for improving services and life opportunities for C&YP and the best start in life (BSIL) framework and action plan supports their ambitions.
- 7 Key outcomes within the BSIL framework are identified as;

- (a) All children and young people have a safe childhood
 - (b) Children & young people enjoy the best start in life, good health and emotional wellbeing
- 8 These outcomes will be monitored by three programmes namely; Healthy Child Programme Group, Children and Young People's Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan (CYP MH LTP) and Best Start in Life programme. Detailed action plans support this work.

Recommendation(s)

- 9 Children and young people's overview and scrutiny committee are asked to:
- (a) Note the content of the report
 - (b) Promote the opportunities to work collaboratively and further explore opportunities to meet the needs of children and young people as early as possible

Background

- 10 School readiness has been identified as a primary outcome of focus in this programme, as this is a key marker of child development and is linked to child poverty. Conception to two years is identified as the specific focus, recognising the critical importance of this period of life in creating solid psychological and neurological foundations to maximise lifelong social, emotional, physical, educational and economic achievement.

Sector Led Improvement

- 11 There are challenges in working across a complex delivery system for children, which strengthens the rationale for the system-led improvement programme approach.
- 12 In 2016, the North East Directors of Public Health in collaboration with Directors of Children's Services, clinical networks and academic partners developed a sector led improvement (SLI) self-assessment process. It was agreed to build the SLI programme on ensuring every child has the best start in life, as this is central to the health inequalities

agenda, as highlighted in the Marmot¹ review and the Due North² and North East Health and Social Care³ Commission reports.

- 13 Following a self-assessment process, ten priority intentions were agreed. The following section provides a highlight of the main priorities and high-level actions which have been progressed against the BSIL action Plan. The BSIL steering group are currently reviewing the plan and reassess the priorities moving forward. A revised action plan will be in place December 2019.
- 14 The NE DPH have agreed the next stage of sector led improvement (peer review) be tested in County Durham. This was endorsed as a piece of work to scope; working with fuse (collaboration of the five NE universities) to understand the evidence base behind peer review and the best approaches to under taking peer review.
- 15 The next stage is to provide a paper highlighting the proposed approach to peer review and for County Durham to be the test site for the NE. This will help to inform the refreshed strategic action plan for BSIL.
- 16 BSIL Key Outcomes:
 - (a) Embed a strategic approach to support the development and delivery of agreed programmes that are aimed at giving every child the best start in life, ensuring they are ready to learn at 2 and ready for school at 5 and are able to reach their full potential.
 - (b) Ensure local arrangements will be in place for ensuring that the multi-agency workforce has the right skills and confidence to deliver the local framework and agreed programmes that are aimed at giving every child the best start in life. This will include analysing workforce needs across the system and enabling capacity and capability through redesign, recruitment and training.
 - (c) Ensure co-production will be a key feature to ensure services are fit for purpose for all families thereby providing an integrated response through all partners in the delivery of programmes

¹ Marmot, M. (2010) Fair Society Healthy Lives. London. Department of Health.

² Inquiry Panel for Health Equity in the North of England (2015) Due North; the report of the inquiry on health equity for the north. Great Britain. University of Liverpool and Centre for Local Economic Strategies.

³ Health and Wealth-Closing the Gap in the North East, Report of the North East Health and Social Care Commission, North East Combined Authority 2016

Summary of Progress

Poverty

- 17 4.1million children live in poverty in the UK. 21.4% of children in our county are living in poverty, compared to 22% regionally and 16.8% nationally. In some areas this figure rises to over 50%. 5.2 million children are expected to be in poverty by 2022.
- 18 County Durham's children and young people strategy state that this is around 21,000 children who are living in poverty; which is significantly higher than England but lower than the North east; although unequally distributed within County Durham
- 19 The national Healthy Start food voucher programme contributes to household food budgets to eligible families. This is one intervention that should support families to access and help increase the amount and variety of fruits and vegetables they eat to support improved nutrition. The aim of Healthy Start food vouchers is to offer a nutritional safety net to expectant mothers and young children. Many families are missing out on this due to poor uptake of the programme.
- 20 A working group has commenced to scope the work needed in addressing the poor uptake of the healthy start programme and identifying ways forward in supporting families both claim the vouchers and also to use the healthy start food vouchers more productively. This includes a review of the potential impact of universal credit on eligibility of some families

Maternal mental health / child emotional well being

- 21 Mental health issues can impact on a mother's ability to bond with her baby and be sensitive and attuned to the baby's emotions and needs. This can affect the baby's ability to develop a secure attachment.
- 22 The Institute of Health Visiting (iHV) multi-agency perinatal and infant mental health training was commissioned in 2018 to support workforce development. Following a slow start, all localities have now begun training or have training plans in place to commence roll out; however, multi-agency training has been challenging so a review of the delivery plan determined prioritising community maternity staff in September 2019. Health visitor training now firmly embedded within their workforce training plan.
- 23 Additionally, the Local Maternity System's (LMS) regional group is currently supporting the development of the regional perinatal mental health pathway.

Healthy weight, breastfeeding and oral health

- 24 'The first 1,000 days, that is, the nine months of pregnancy and the first two years of the baby's life – are seen as a critical window of opportunity to get food and nutrition right for every individual.
- 25 Breastfeeding helps alleviate many of the health inequalities that we see in our communities and in society today. Breastfeeding is something that all families can benefit from, whatever their income, education, background or place in society
- 26 The LMS's "regional breastfeeding in the North East audit and recommendations" report has generated support in the development of a regional 'touchpoint' pathway to increase the consistency of infant feeding support in the North East. A working group has started this work.
- 27 The breastfeeding friendly business accreditation offer has been successful in supporting over 170 businesses county wide who have received training and accreditation.
- 28 Currently 18% of boys and 21% of girls aged 2 to 4 years are overweight or obese; County Durham's children and young people strategy state that around 1400 children aged 4-5 are overweight or obese
- 29 An Early Years framework has been developed . A suite of evidence-based interventions have been scoped and "Eat better, Start better" programme has been commissioned to support the early years settings to provide nutritional standards within a childcare setting.
- 30 Co-production of a 0-2 nutritional pathway is being developed with health visiting teams; phases 1-4 are now complete and a report will be made available in the Spring.
- 31 Improving oral health is a priority for PHE. The most recent 5-year-old survey found that almost a quarter of children start school with dental caries, and for those with decay, 3-4 teeth will be affected. Dental caries is largely preventable through sugar reduction and access to fluoride.
- 32 Reviews of clinical effectiveness by NICE and Public Health England found that a targeted supervised tooth brushing programme effectively reduces tooth decay in 5-year olds. For every £1.00 spent; after 5 years will save £3.06 and after 10 years, £3.66
- 33 County Durham has made good progress in addressing oral health in the top 30% wards of deprivation. A supervised toothbrushing scheme

was introduced in 2018 in all childcare settings, and individual support is provided in the home to those who do not access a setting.

- 34 The oral health strategy and action plan is to be refreshed in 2020.

Speech and language development

- 35 The Secretary of State for Education set a clear ambition to halve the proportion of children who do not achieve at least expected levels across all goals in the 'communication and language' and 'literacy' areas of learning at the end of reception year by 2028.
- 36 Good vocabulary at 16-24 months predicts good reading accuracy and comprehension five years later. County Durham's children and young people strategy state that there is a need to improve baby and young children's communication and language skills and that families are encouraged to read to their babies and children every day
- 37 Many of our actions in County Durham are led through Early Years and library activities to improve early language, literacy and communication skills, and a concerted effort is to be strengthened through building on the free childcare offers already available to three and four-year-olds and the most deprived two-year-olds in County Durham.
- 38 A Speech language and communication (SLCN) programme was funded through Public Health England, and an iHV SLCN train the trainer programme for health visitors is being successfully delivered in County Durham. A regional community of practice of communication champions meet to review their action plan and review the cascade of iHV training across the County. A SLCN pathway is in development and an end outcome to this training and delivery plan. This will be aligned to the County Durham Speech and Language Strategy that will be emerging shortly.
- 39 Additionally, the hungry little minds campaign was launched in July 2019 by the Department of Health. This is a three-year campaign that aims to help parents understand that they have a big impact on their child's learning and that reading, playing and chatting with them is a simple thing they can do to help them develop. This campaign is to be utilised as part of a suite of evidence-based interventions in the home learning environment, supported through the Book Trust Bookstart programme. There is a robust action plan in place and will be supported through the emerging speech. Language and communication strategy (pending).

Universal 1-year assessment

- 40 The Healthy Child programme is evidenced based and begins in pregnancy, and both midwives and health visitors have a focus on promoting positive parenting and good parent- child attachments and relationships as well as ensuring healthy development.
- 41 The healthy child programme is the NHS framework for provision in the foundation years
- 42 In County Durham, a 14-18-month contact has been introduced to support the family and to assess the child's physical health, growth and development. There is a particular focus on speech and language development, and for those who are eligible, a broader discussion on the uptake of the two-year childcare offer alongside all other best start life in life key priorities.
- 43 The first 1000 days of a child's life represent a critical phase of heightened vulnerability, but also a window of enormous opportunity.

Support for vulnerable parents

- 44 Parents can be particularly receptive to messaging, advice and support during pregnancy, therefore it is regarded as a "critical window of opportunity" for engagement. Providing tools for parents to connect and begin the bonding process and supporting babies brain development through the exposure to language are significantly important.
- 45 In County Durham, health visitors' use the Neonatal Behaviour Observation (NBO) or Neonatal Behaviour Assessment Scale (NBAS) which are baby communication tools that supports a parent to support their baby, equipping them to have an in depth understanding of new-born behaviour.
- 46 A key role for family centres is to identify and provide additional support to children and families at risk of poor outcomes, aimed at reducing inequalities. Children and families on or above level 3 on the County Durham Level of Need Staircase, including those with special education needs and disability and children of teenagers, are specifically targeted for additional support.
- 47 Movement between all levels of intervention needs to be fluid as needs change over time. Some families only require short term additional support whilst others may need longer term input involving a wide range of partners. A Prevention and Early Intervention working group has commenced with health partners to assess the need for the strengthening of early identification of family's needs during pregnancy and thereafter, with provision at all levels, universal, targeted and

specialist with the aim to continue to develop and improve our approach to early identification and prevention support for vulnerable children, young people and their families

- 48 A child's home environment exerts an important influence over their future health and development. Developing and enhancing the provision of evidence-based interventions to support the home learning environment across all home visits, especially for children in low-income families is a key theme that is built across all the of the priorities within the best start in life action plan.

Unintentional injuries / minor illness

- 49 Public Health England identifies Unintentional Injuries as a major health inequality. There is a persistent social gradient for unintentional injuries and inequalities have widened. There is a strong link between unintentional injury and social deprivation, with children from the most disadvantaged families far more likely to be killed or seriously injured.
- 50 County Durham's hospital admission rate for injuries to under 5's is over 1.5 times higher than England. This highlights the focused action to include unintentional injury prevention for children under five years old as one of the key areas of impact in the strategic priority Every Child to Have the Best Start in Life.
- 51 An unintentional injuries (UII) framework for children 0-19 years of age for County Durham has been developed and supported with a multi-agency action plan for 2017-2020.
- 52 County Durham's children and young people strategy state the need to reduce the number of hospital admissions for unintentional injuries due to that nearly 1500 hospital admissions caused by UII in children 0-14years
- 53 There is a strong link between child injuries and social deprivation – children from the most disadvantaged families are far more likely to be killed or seriously injured due to accidents.
- 54 Through the Healthy Child Programme, Health Visitors lead and support delivery of universal injury prevention work for infants and young children; children centres share this aim and are key partners.
- 55 A 0-5 Integrated Pathway; reducing accident and emergency attendances and non-elective admissions is in place with Harrogate and District NHS Foundation Trust. This includes referrals for vulnerable families to County Durham Fire & Rescue for a 'safe and well visit' for home fire safety assessment and fitting of smoke alarms and home

visits as identified by HV teams following child's attendance at A&E with an unintentional injury.

- 56 The Home Environmental Assessment Tool (HEAT) improves identification of children at-risk in-home settings. The HEAT tool was revised to reflect the need to identify potential hazards in the home to support the reduction of accidents happening within the home.
- 57 The Home Environmental Assessment Tool (HEAT) and the HEAT analysis and action plan is used by all staff and enables an assessment of the suitability of the home in relation to basic amenities, health and safety issues, supervision etc. The HEAT tool is one of the tools that sits within the Single Assessment Framework for County Durham.
- 58 All practitioners who carry out home visits as part of their practice with families (e.g. Midwives, Health Visitors, School Nurses, Children's services, One Point Service, some VCS organisations, Housing Providers etc) are required to complete this checklist on a home visit with families who are subject to a single assessment.
- 59 Family Support services offer targeted home safety through Early Help services and the Vulnerable Parent Pathway (VPP). Family support services offer referral for safety equipment schemes alongside referral to CDF&R for safe at home visit and smoke alarms
- 60 A training programme (2019-2021) has been commissioned to address the training needs of multi-agency teams to identify the wider impact of home accident prevention to be embedded across core contacts.
- 61 A home safety checklist is available within the training resource tool kit to enhance the home environment assessment for those families who would benefit from a more targeted approach to reducing accidents within the home is being currently scoped.
- 62 Explicitly addressing child safety at core contacts is key to reducing the risks of accidental injury in the home. An additional 3-4 month contact by the health visiting is a key contact that should be considered alongside the offer of additional contacts up to 1 year where safety issues are identified as necessary. Particular focus to those identified by HV teams following child's attendance at A&E with an unintentional injury is built within the current offer.
- 63 Good practice models are currently being explored to continue improving service delivery to reduce the incidence in relation to ages and stages of child development.

Conclusion

- 64 There is strong evidence on the importance of the first 1001 days of life, recognising the lasting impact this has on health outcomes and life chances. It is an important period for brain development, impacting a child's social and emotional resilience in later life, and for ensuring children start school ready to learn. The transition to parenthood is a key opportunity to provide good information and support to adults on the importance of the child's first months and early years.
- 65 By building our understanding of what works, we can help ensure that investment in services is evidenced based and has a stronger impact on child outcomes. For example;
- (a) The healthy child programme 0-5 years, led by health visitors with coordinated support from other professionals, provides an excellent framework for many of the interventions that help children and their families during the first 1000 days and through to starting school. Modernisation of the Programme, with an initial focus on the first 1000 days and early years, will improve the range of childhood outcomes including early development and school readiness.
 - (b) Prevention is a focus throughout the Long-Term Plan. Together, through the maternity transformation, as well as the Children & Young People's transformation programme, we will contribute to improving outcomes and reducing inequalities.
 - (c) The BSIL approach presents an exciting opportunity to test the case for prevention and early intervention. The challenge is that it is not a discrete programme but a diverse set of activities that may not be easily brought together.
 - (d) It is welcomed that a group of cross-party MPs in the House of Commons Health and Social Care Committee is calling for an "early years revolution" to improve support and services for children in England in the first 1000 days of life. In a new report, the MPs recommend that the Government produces a long-term strategy for the first 1000 days of life, setting demanding goals to reduce adverse childhood experiences, improve school readiness and reduce infant mortality and child poverty.
 - (e) The Committee also wants all local authorities to develop plans - with the local NHS, communities and the voluntary sector - to implement this strategy, bringing improved support for children, parents and families in their area.

- (f) The report also calls for the Government's Healthy Child Programme to be expanded to focus on the health of the whole family, begin before conception, deliver a greater continuity of care for children, parents and families during this period and extend visits beyond age 2½ years. Under the current programme, all families are entitled to five visits from health visiting services up to age 2½ years. The Committee recommends that an extra visit should be introduced at age 3-3½ years to check children are on course to achieve the level of development deemed necessary to start school

Background papers

- County Durham Children & Young People's strategy 2019-2022
- 1001 critical days

Other useful documents

- BSIL action plan (Draft refresh 2019-2022)
- BSIL Profile (Draft)

Author(s)

Linda Vasey

Tel: 03000 266662

Appendix 1: Implications

Legal Implications

NA

Finance

NA

Consultation

NA

Equality and Diversity / Public Sector Equality Duty

All engagement with all aspects of the programme complies with equalities legislation. An increased emphasis on diversity is implicit in the BSIL framework and action plans

Climate Change

Breastfeeding is important for the planet; it is the ultimate sustainable food source

Breastfeeding helps alleviate many of the health inequalities that we see in our communities and in society today. Breastfeeding is something that all families can benefit from, whatever their income, education, background or place in society

Human Rights

NA

Crime and Disorder

NA

Staffing

NA

Accommodation

NA

Risk

As the 'Best Start in Life' programme is dependent on a wide range of agencies, including local authorities and stakeholders such as schools, partnerships and project boards, there is a risk from variable commitment and investment of time/resources. Governance is in place to mitigate this risk as far as possible.

Procurement

Ull commission

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Best Start In Life

Linda Vasey
Specialist Public Health Nurse BSIL

Altogether better





House of Commons
Health and Social Care
Committee

First 1000 days of life

Thirteenth Report of Session 2017–19

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 12 February 2019*

Altogether better



BSIL Background

- Developed by North East Directors of Public Health during 2016, in collaboration with Directors of Children's' Services, Clinical Networks and academic partners
- Aim to develop system-led improvement methods which are relevant for improving population health outcomes
- Best Start in Life chosen as central to health inequalities agenda and “closing the gap”

Focus

- School readiness is the primary outcome of focus – a key marker of child development
- Conception to 2years has specific focus in the SLI process, recognising the critical importance of this period in creating solid physical, psychological and neurological foundations which impact on a range of longer term outcomes

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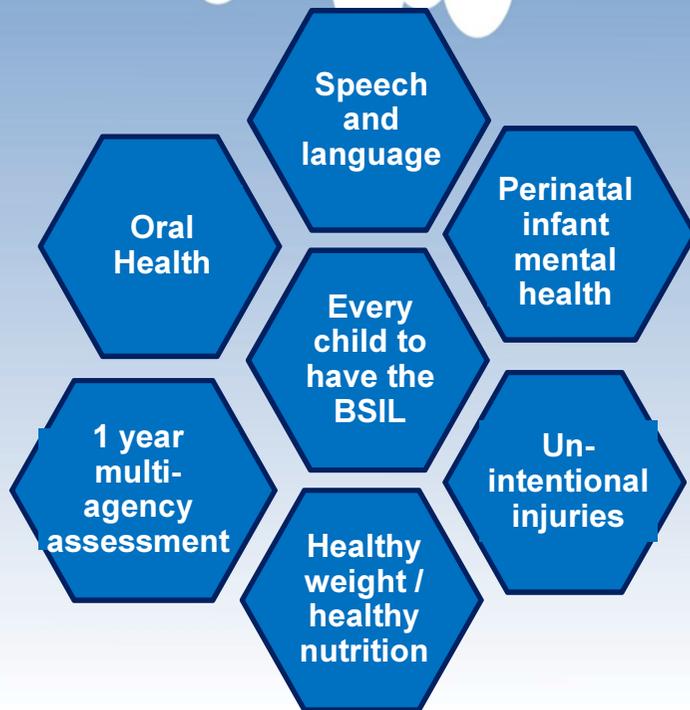
Our priorities 2018 - 2020



The Taylor family 2018



Best Start In Life



The best outcomes for both mother and baby happen when mothers are:

- not socio-economically disadvantaged 
- managing stress or anxiety 
- in a supportive relationship – and not experiencing domestic violence 
- not smoking, consuming alcohol or misusing illegal substances 
- enjoying a well-balanced diet 
- not in poor physical, mental or emotional health 

Altogether better

Tobacco Dependency in Pregnancy

- 16.8% of women smoke at the time of delivery in County Durham
- Remains significantly higher than England (10.4%)
- Great variance between the two CCGs. DDES is double the rate of North Durham.
- A strategic plan was developed in January 2019 to reduce tobacco dependency in pregnancy to meet national ambition of 6%
- A significant amount of activity has taken place
- Next steps to develop plan for local delivery, i.e. social marketing campaign, intensive provision in high prevalence area
- Training to practitioners on benefits of smoke free homes
- Continual audit process developed to monitor improvements

Altogether better

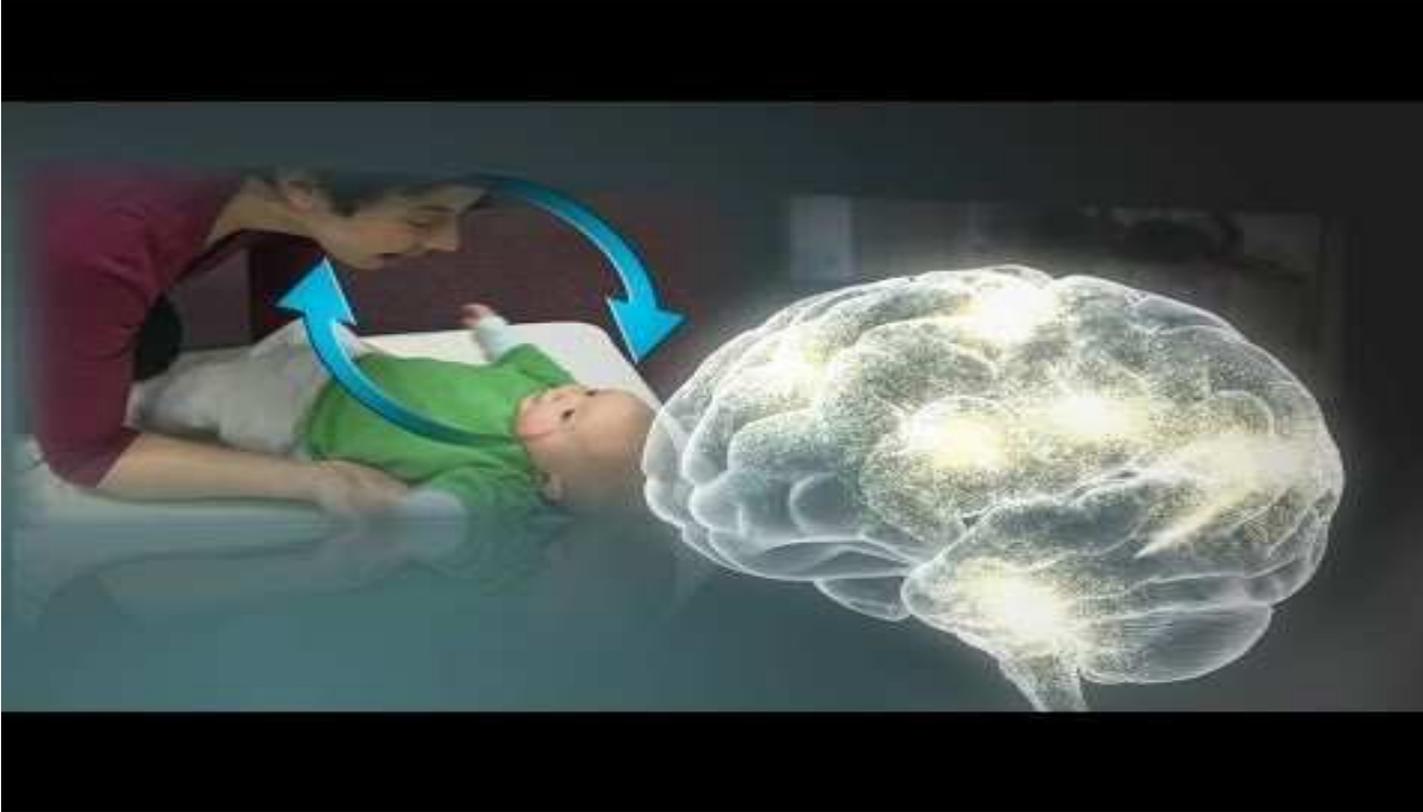


Breastfeeding

- Clear demonstrable benefits to breastfeeding
- Associated with better health outcomes for both the mother and baby
- England has one of the lowest rates in Europe
- County Durham rates are consistently and significantly lower than England
- A significant variation exists across the County
- Complexity of decision making around Infant Feeding
- A huge amount of work has been conducted locally to improve rates
- Breastfeeding accreditation scheme
- UNICEF Gold Accreditation
- Peer support programme
- Multi-agency training
- Specialist Infant Feeding Support through HDFT

Altogether better





Altogether better



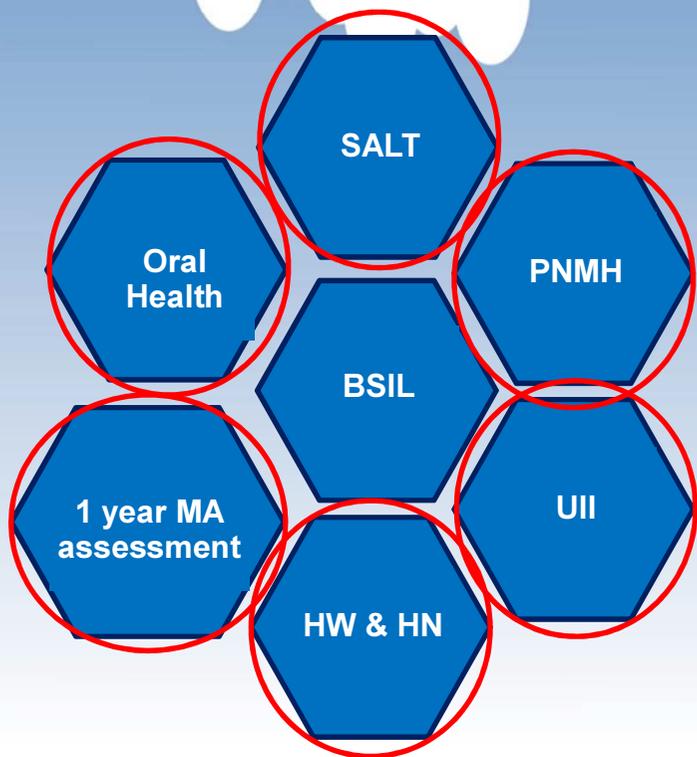
Giving every child the best start in life

The infographic features a dark red background with a white title at the top. Below the title is an icon of two hands holding two orange footprints. Five circular icons are arranged in a row, each with a corresponding text label below it. The icons are: a family with a heart, a smiley face, a brain, alphabet blocks, and a woman with a child and a heart.

- A loving, secure and reliable relationship with a parent or carer supports a child's:**
- emotional wellbeing**
- brain development**
- language development and ability to learn**
- capacity to form and maintain positive relationships with others**

Altogether better

The Taylor Family -BSIL

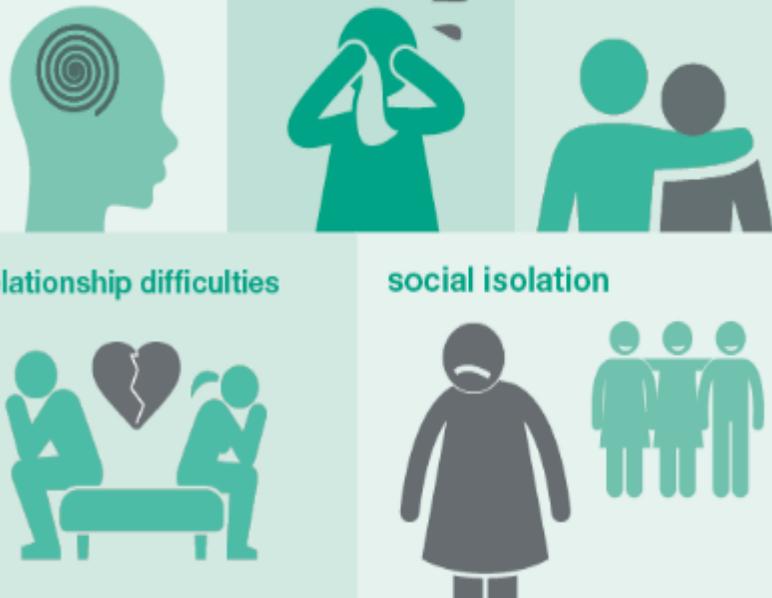


Postnatal depression affects more than 1 in every 10 women within a year of giving birth



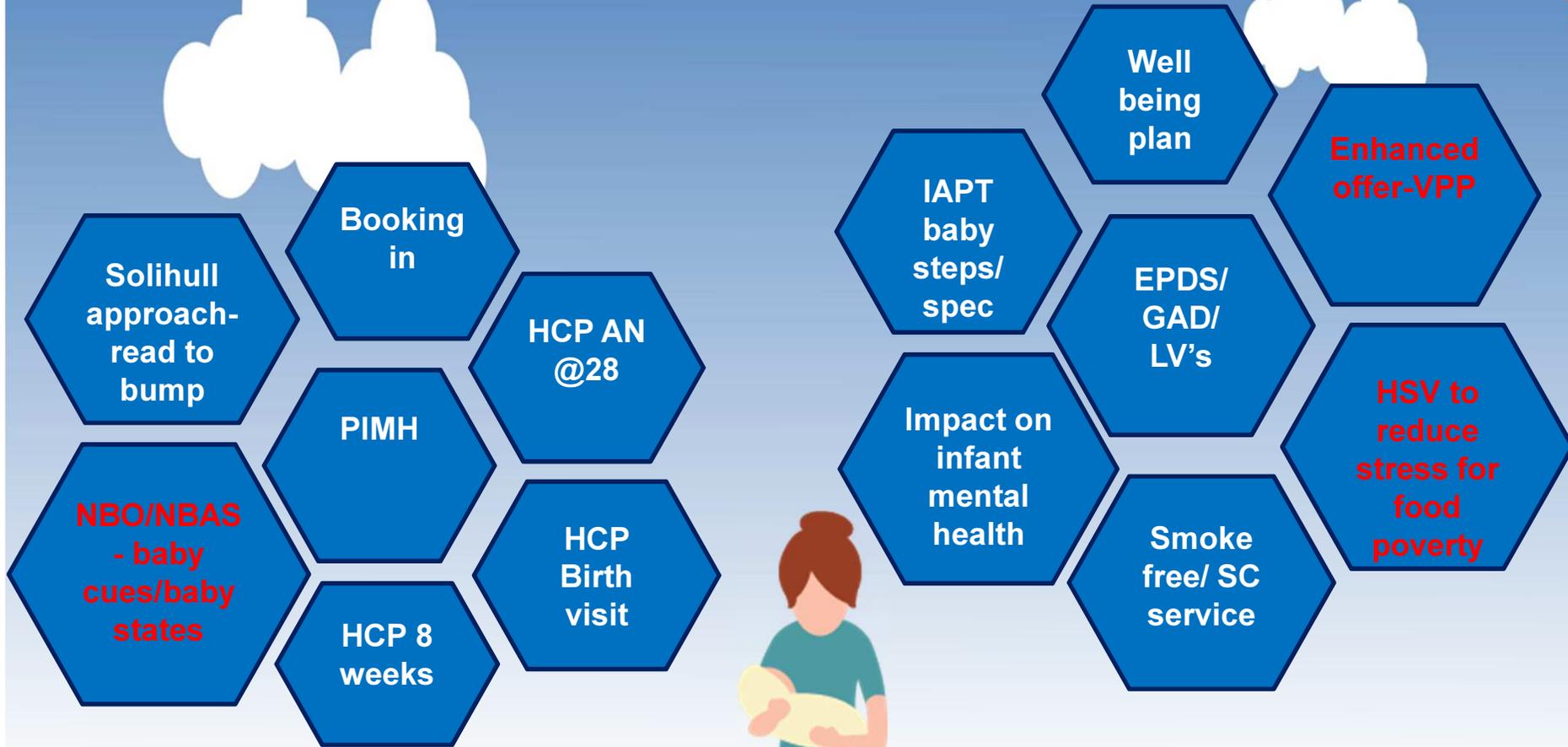
Health professionals should be alert to the increased risk of experiencing mental health problems among teenage mothers and women who have experienced:

- previous history of mental illness
- a traumatic birth
- a history of stillbirth or miscarriage
- relationship difficulties
- social isolation



Altogether better

Peri Infant Mental Health



Unintentional Injury

Choking,
suffocation
strangulation

Falls

Burns
and
scalds

Home
Environment
Assessment
Tool

Reducing
accident in
the home
training

UII

Road
safety

Drowning

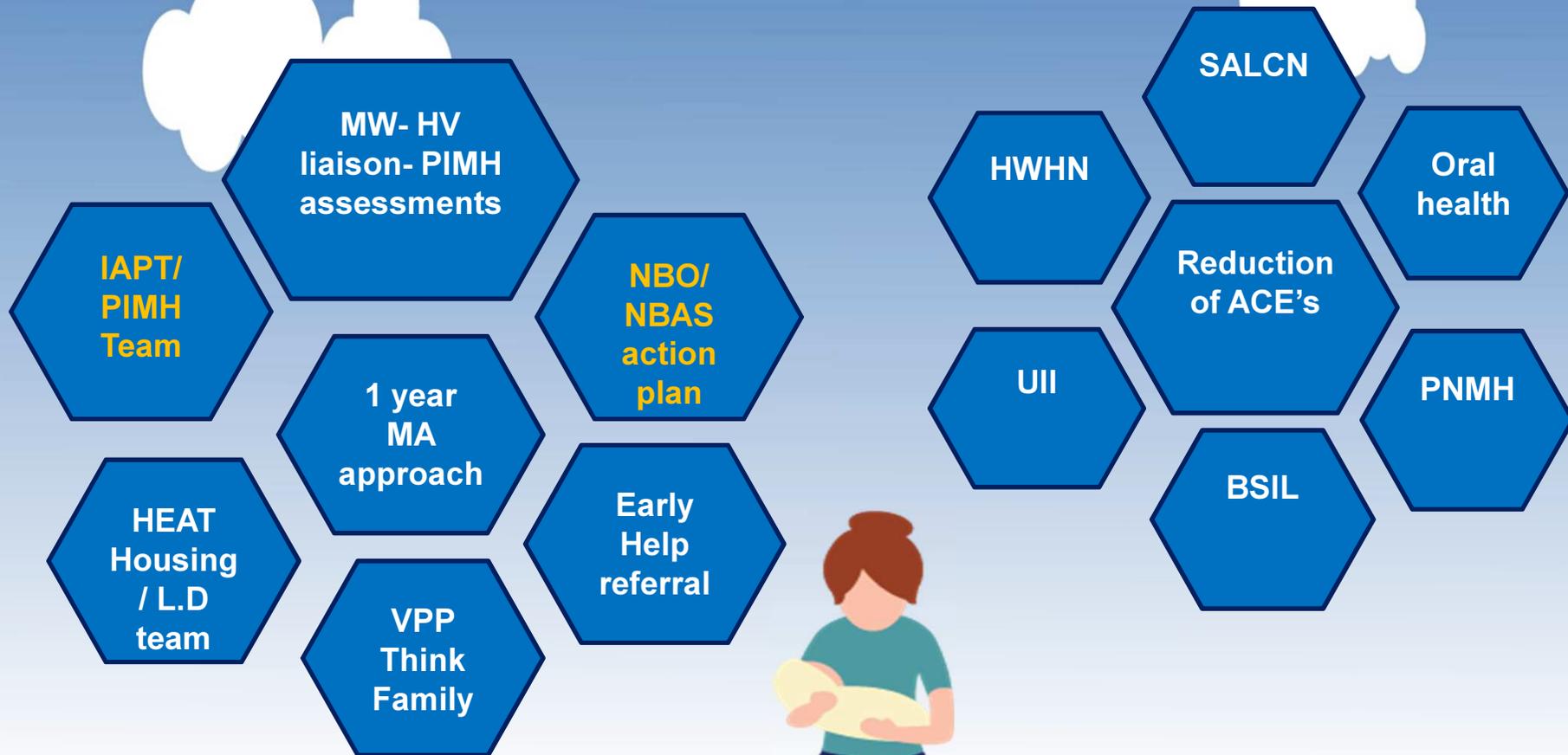
Poisoning

Home
safety
equipment

Safe and
Well Visits
DDFR



1 year multi agency assessment



Speech and Language



Healthy weight, healthy nutrition



Oral Health



Dental health neglect



Journey so far

- 2017 - County Durham completed the self assessment as part of the pilot phase – Multi-agency action plan developed
- 2019 - Review and ‘take stock’ of our success and challenges to date took place in June 2019
 - Are the actions still right? What’s gone well; what could be better; what still needs to happen; what are our next steps
 - Consider what is relevant, has anything superseded the action; what is outstanding; what are the barriers
 - Is it too ambitious or not ambitious enough?
 - How do we demonstrate the impact / outcomes?
- October 2019 – Action plan invigorated
- 2020 - Peer review TBC

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Any Questions

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Children and Young Peoples Overview and Scrutiny

27 November 2019

Children and Young Peoples Mental Health & Emotional Wellbeing



Report of Amanda Healy, Director of Public Health, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To update Overview and Scrutiny on the children and young people mental health, emotional wellbeing and resilience local transformation plan and key areas of work.

Executive Summary

- 2 The challenges to the UK in relation to children and young people's mental health is significant. This also applies to the children and young people who reside in County Durham.
- 3 The County Durham Children and Young Peoples Mental health, Emotional Wellbeing and Resilience Transformation Plan on a Page 2018-2020 details how partners and stakeholders will work together to address the issue.
- 4 As set out between paragraph 20 to 35, a significant amount of activity has taken place across County Durham but there remain challenges.
- 5 The LTP Project Group will continue to work together to deliver against the priorities and look to sustain what we know works and create opportunities to grow to scale across the County.

Recommendation(s)

- 6 Children and Young People's Overview and Scrutiny Committee are recommended to:
 - 1) Note the content of this report
 - 2) Acknowledge and endorse the work of the LTP Project Group

Background

- 7 The challenge in the UK is significant. The following key headline facts in relation to children and young people mental health support this:
 - 1 in 8 children and young people aged 5-19 years have a clinically diagnosable mental health need.
 - 25% of young people who require treatment and support receive it (35-50% of those with severe needs).
 - It takes an estimated 17 years for treatment options to be translated from research into practice.
 - Half of all adult mental health problems start before the age of 14 years.
 - Children in custody are three times more likely to have mental health problems, and are more likely to have more than one mental health problems, have a learning disability, to be dependent on drugs and alcohol and have experienced significant adverse childhood experiences.
 - 60% of children and young people in the looked after system have identified mental health needs.
- 8 Based on the data above this means that within County Durham at least 5,497 children aged between 5-19 years have a clinically diagnosable mental health need.
- 9 We also know that, within County Durham:
 - Children with learning or physical disabilities have a higher risk of developing a mental health problem compared to the national population
 - 2.6% of school children have additional social, emotional and mental health needs which equates to over 1,000 children.
 - There are thought to be at least 8,000 16-24 year olds with an eating disorder.
 - Around 8,500 children and young people are estimated to have ADHD.
 - Almost 400 children aged between 10-24 were admitted to hospital as a result of self-harm last year
 - Nearly 100 under 18s were admitted to hospital for mental health conditions last year.
- 10 There are particular risk factors which exist, some of which are highlighted above. Others relate to discrimination, socio-economic disadvantage, parental issues such as substance misuse, mental health problems.
- 11 Protective factors can also be in place and these could relate to experience of secure attachment with a parent or carer, capacity to

reflect, family stability, wider support networks, and opportunities for valued social roles.

- 12 The County Durham Children and Young People's Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan (2015-2020) (CYP MH LTP) was approved by the Health and Wellbeing Board in November 2018 with the expectation of a final one year re-refresh for 2018/19 before a longer term five year plan is established taking County Durham beyond the lifetime of the national strategy (beyond 2020).

The County Durham Children and Young Peoples Mental health, Emotional Wellbeing and Resilience Transformation Plan on a Page 2018-2020

- 13 The CYP MH LTP reflects the vision and principles of the national "Future in Mind" strategy and the five year forward view for mental health. The core overarching aims of the CYP MH LTP are to:
- Facilitate greater access and standards for mental health services;
 - Promote positive mental health and wellbeing for children and young people;
 - Have greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.
- 14 The CYP MH LTP is based on the five themes within "Future in Mind" and these continue to be the themes for the current plan 2018-2020, as outlined below:
- **Promoting resilience, prevention and early intervention** - Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood.
 - **Improving access to effective support** - Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time.
 - **Care for the most vulnerable** - Current service constructs present barriers making it difficult for many vulnerable children, young people and those who care for them to get the support

they need. Our aim is to dismantle these barriers and reach out to children and young people in need.

- **Developing the workforce** - It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.
- **Accountability and Transparency** - Far too often, a lack of accountability and transparency defeats the best of intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment. Accountability and transparency is a cross cutting theme which cuts across the entirety of the plan on a page.

Governance and accountability

- 15 The progress on implementing the CYP MH LTP is reported into NHS England's assurance process, which requires the CCGs to publish an annual updated plan. This is always on 31st October.
- 16 The Health and wellbeing board (H&WBB) has overall responsibility to agree and sign off the CYP MH LTP on an annual basis.
- 17 The strategic plan is delivered via the County Durham LTP Project group. The membership of the LTP Project Group has been reviewed and there is now a strong commitment from schools as members, area action partnerships (AAPs) are now represented and there is a link to the cabinet portfolio holder for children who receives the minutes of the meeting.
- 18 Young people and parents remain at the heart of all agenda items, a parent/carer and children and young people advisory group is in the process of being established to support both parents/carers and children and young people to direct and influence the work of the LTP. The LTP and governance arrangements are the mechanism to demonstrate transparent accountability which is one of the five priorities from Future in Mind and the NHS five year forward view.
- 19 To ensure that CYP MH LTP is being progressed locally the LTP Group reports directly into both the Integrated Steering Group for Children (ISGC) and The Mental Health Partnership (MHPB). The MHPB is

chaired by the CCG's Director of operations and mental health commissioning lead and the ISGC is chaired by DCCs Director of Children's Services.

Local priorities

- 20 The LTP Plan on a Page which is the strategic document being delivered against via the LTP Project group has 4 local priority which are built around the Future in Mind report. These are:
- Priority 1 - Promoting resilience, prevention and early intervention. Activity being undertaken includes working together to reduce stigma and discrimination; improving access to perinatal mental health interventions; helping parents and carers to support CYPs with their emotional health and wellbeing as well as supporting CYPs directly.
 - Priority 2 - Improving access and effective support. Activity being undertaken includes the provision of a bereavement support service, working with CAMHS to ensure NHS support is available at the right level; reducing delays in ASD diagnosis and putting in place digital solutions.
 - Priority 3 - Caring for the most vulnerable. Activity being undertaken includes developing our understanding of the needs of vulnerable groups, ensuring correct assessment and referral process are in place, implementing interventions and recommendation that improve outcomes for the most vulnerable and working together to improve transition points for CYPs.
 - Priority 4 – Workforce. Activity being undertaken include identifying key areas of workforce to improve their ability to understand mental health and mental health provision. Priority areas have been identified as education, children's services and universal health services.

Examples of recent successes

- 21 **Youth Aware Mental Health (YAM)** offers a hands-on approach to mental health issues such as stress, crisis, depression and suicide allowing the personal experiences of the participants to influence the programme's content and discussion. The YAM experience, and tools acquired in the programme aim to have a continuing effect over time, assisting the CYPs in adverse times and encouraging them to recognise the possible need for different kinds of help. YAM has been positively evaluated in County Durham and is being rolled out to year 9 students in mainstream schools. Approximately 3,500 CYPs have accessed the programme since 2017/18.
- 22 The **Durham Resilience Programme** aims to develop greater awareness and understanding of resilience within schools and promote

working practices that will support resilience at an individual (pupils and staff) and community (family and school) level. The DRP aims to promote this through the development and implementation of an action plan as part of the school's planning cycle. Since the initial pilot work in 2016, 66 schools have engaged with the project between 2017 and 2019.

- 23 County Durham were successful in Wave two of the **national mental health trailblazers fund** to develop mental health support teams to work in specific areas. The trailblazer funding will bring £1m of NHSE funding in the County to deliver Mental Health Support Team working across 60 schools to support CYPs with mild to moderate mental health issues.
- 24 A draft **Health & Wellbeing Framework** for schools has been co-produced with schools which will support schools to conduct a peer reviewed self-assessment of their approach to emotional and physical health and wellbeing. School will develop a whole school improvement plan which will detail priority areas for development. The pilot is expected to commence from November 2019.
- 25 The **Schools Link programme** has been delivered across County Durham. This has been developed and delivered by the Anna Freud National Centre for Children and Families. The programme identifies named points of contact in NHS children and young people's mental health services (CYPMHS) and linked leads in schools to improve communication and facilitate joined up working between schools and CYPMHS. The programme is aimed at improving the support available to CYP; so that more CYP get the help they need at the right time, in the right place and so that no child falls through the gaps between services. The Schools Link programme has been delivered to 52 schools via three separate sessions, with additional sessions currently being planned.
- 26 CAMHS continue to deliver a flexible and responsive service 24/7, 365 days a year for **crisis NHS support** for our most vulnerable children and young people.
- 27 A Special Educational Needs and Disabilities (SEND) Health Needs Assessment (HNA) is in the late stages of development and is expected to be published in November 2019. Key recommendations in relation to improving the emotional wellbeing and mental health of this vulnerable group will be included within the HNA.
- 28 A HNA in relation to children and young people in the **Youth Offending Service** was conducted in 2017. There were key recommendations in relation to mental health and emotional wellbeing. These were considered as part of the development of the POAP and areas of activity in relation to this group have been included.

- 29 The **looked after children and care leavers health needs assessment** was completed in July 2018. One of the dedicated areas of analysis was mental health and emotional wellbeing. The recommendations from the health needs assessment were used to inform provision and commissioning of services.
- 30 During the summer of 2018 Investing in Children ran a series of **Agenda Days**[™] with mutually agreed vulnerable populations which will helped to shape the LTP POAP.
- 31 The newly implemented County Durham pre-birth pathway is for mums who have previously had a child removed. The intensive programme which commences at 20 weeks pregnancy and continues until 20 weeks after birth has an integral link to both the mental wellbeing of mum, wider family and baby. The multi-agency board to steer this pathway ensures mental health is a core component of the wider partnership offer to support our most vulnerable mums.
- 32 DCC Public Health have committed to the continuation of the CYP **Bereavement Service** provided by St Cuthbert's Hospice (Jigsaw Project). This service provides support to CYP who have experienced the loss of a loved one and require additional support. The service are in the process of delivering bereavement training to HDFTs 0-19 service to widen this provision.
- 33 TEWV have enhanced the **Community Eating Disorder Service** in line with recommendations outlined in the Health Care Needs Assessment produced by the CCG in 2016.
- 34 The CCGs have committed to funding the continuation of the **Rollercoaster project** to provide parent support to those parents and carer of CYPs who are experiencing mental health issues.
- 35 A directory of provision to guide practitioners when working with CYPs and families – **Making Mental Health Everybody's Business: A Practitioners Guide** has been developed and shared across County Durham. This gives all practitioners access to quality provision that is available across the County and maps this against the THRIVE model which gives a tiered approach to support to allow them to either access the support directly or signpost/refer CYPs and their families to the most appropriate provision based on their need.
- 36 **Kooth** was launched across County Durham in October 2019. Kooth is a digital free, safe, confidential and non-stigmatised way for young people aged 11 to 18 years to receive counselling, advice and support on-line. Kooth delivers 1000's of counselling sessions each year in Local Authorities across the UK. Available until 10pm each night, 365 days per year, it provides a much needed out of hours' service for advice and help. As 50% of referrals to CAMHS are deemed

inappropriate to their criteria, Kooth gives GPs an alternative way of ensuring patients can access free support when they need it, in a format young people know and use.

Key Challenges

- 37 There are key challenges in delivering against some of the priorities areas of the LTP Plan on a Page.
- 38 We need to work together to establishing a shared language and understanding of mental health. There are significant differences in clinical mental health diagnosed conditions and mild to moderate mental health and emotional wellbeing issues which need to be defined to ensure that they can be clearly identified and CYPs can be supported into accessing the correct provision by frontline practitioners.
- 39 Operational links between our services need to be improved and we need to develop a more integrated system of support to ensure needs are better met both preventatively and in responses to identified difficulties.
- 40 Defining a common approach to measuring outcomes for children and young people continues to be a challenge. Different immediate outcome measures are used by organisations with some overlap which makes it difficult to report progress. However, as we know building resilience and working together to improve mental health of our children and young people is a long term change. As these CYPs progress to adulthood, we will be able to identify demonstrable improvements.
- 41 There is a broad range of provision available but not everything is available all of the time in all areas. We need to ensure continuation of what we know works and scale this up to ensure equity of access across the County.

The Wellbeing Approach

- 42 The wellbeing approach brings a shift in emphasis and resources from the delivery of wellbeing services to an approach that introduces greater devolution of decision making to communities and stronger community engagement. This can lead to better health and wellbeing outcomes for local people.
- 43 Adopting the approach to wellbeing will challenge us to deliver services and programmes in a different way. It will also challenge us to measure our performance in a different way. It will mean services and assets that are developed with people rather than consulting with them during or after the event. Doing so, is not easy, and in some cases may not feel comfortable. It means handing over control and sharing decision

making. But doing so, will result in improved outcomes for our communities.

- 44 Moving forward, services and structures in place to support young people with their mental health and emotional wellbeing will be informed by the wellbeing approach and place co-production at the heart of future service design and decision making.

The Taylors

- 45 The Taylor family are a fictional County Durham family used to help illustrate some of the key challenges that a lot of our local communities' face.
- 46 Olivia and Callum both attend local schools, the schools have a whole school approach to supporting mental health which means that they have participating in a number of local programmes in relation to mild to moderate mental health. This means that Olivia and Callum will be able to understand their own emotional wellbeing and develop resilience to help them cope more readily with difficult situations.
- 47 The eldest son, Dan, has recently experienced mental health difficulties. He has worked within VCS and his mental health has improved. He has become an advocate for Stamp It Out, a local project focused on reducing stigma and discrimination in relation to mental health.

Conclusion

- 48 A significant amount of activity has taken place following the adoption of the LTP Plan on a Page. However there continues to be work to be done.
- 49 The LTP Project Group will continue to work together to deliver against the outlined priorities.
- 50 A key challenge exists to sustain what we have and look for opportunities to grow to scale across the County.
- 51 We will continue to work together to develop aspirational ambitions that all stakeholder area signed up to beyond 2020.

Background papers

- None

Contact: Tammy Smith

Tel: 03000 265438

Appendix 1: Implications

Finance

The LTP sets strategic context within which financial plans are set.

Staffing

Plans include strengthening staff development and support.

Risk

Risks mainly relate to reputational risks should a strong strategic framework for improving children and young people's services in the County not be clearly articulated. If services do not improve children and young people will not receive the right support at the right time.

Equality and Diversity / Public Sector Equality Duty – The LTP Group pays particular regard to the needs of vulnerable groups, including groups protected under equalities legislation.

Climate Change

Not applicable

Accommodation

Not applicable.

Crime and Disorder

The strategy includes a focus on the safety of children and young people.

Human Rights

In placing an emphasis on engaging with children and young people and their families in shaping support services, the strategy promotes and protects the human rights of those in receipt of services and support.

Consultation

Engagement across the County Durham Partnership, all Council services and other stakeholders including children and young people have taken place to refine the POAP.

Procurement

Not applicable.

Disability Issues

See equalities above.

Legal Implications

Not applicable

Children & young peoples mental health, emotional wellbeing and resilience

Tammy Smith

Public Health Advanced Practitioner –
Starting Well and Social Determinants

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The challenge – U.K.

1 in 8

Children and young people aged 5-19 years have a clinically diagnosable mental health need

25%

Of young people who require treatment and support receive it (35-50% of those with severe needs)

17years

It takes an estimated 17 years for treatment options to be translated from research to practice.

50%

Half of all adult mental health problems start before the age of 14.

X3

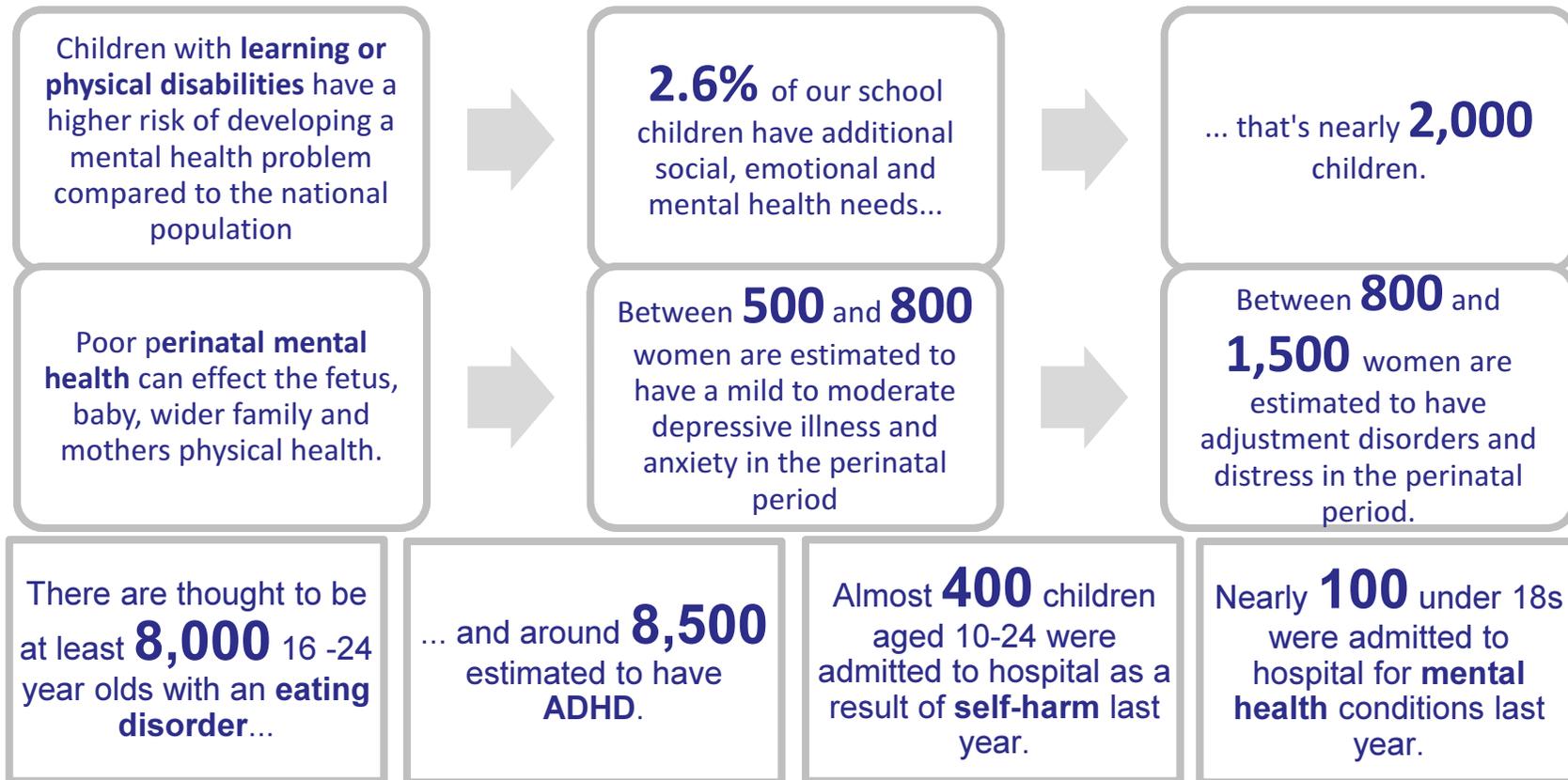
Children in custody are X3 more likely to have mental health problems. They are very likely to have more than one mental health problem, to have a learning disability, to be dependent on drugs and alcohol and to have experienced significant ACEs

60%

Children and young in the looked after system have identified mental health needs

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Within County Durham at least 5,497 children aged between 5-19 years have a clinically diagnosable mental health need



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Background

- Locally adopted strategic plan - Children & young peoples mental health, emotional wellbeing and resilience local transformation plan 2018-2020 (the LTP)
- Investing in Children LTP animation

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County Durham's Children and Young People's Mental Health Emotional Wellbeing and Resilience Transformation Plan 2018-2020

Children, Young People and their Families in County Durham to be supported to achieve their optimum mental health and wellbeing

	Promoting Resilience, Prevention and Early Intervention	Improving Access and Effective Support	Caring for the Most Vulnerable (LAC, care leavers, adopted, young carers, LGBT+, youth offenders, CYP with SEND, those with a known MH disorder)	Workforce
What are we going to do?	<ol style="list-style-type: none"> 1. Reduce stigma and discrimination about MH in communities and schools 2. Improve the process to assess, give brief intervention and signpost parents during antenatal and postnatal period. 3. Clear offer of support, advice and guidance for parents about CYP MHEWS 4. Support development of MH lead in all schools 5. Develop a quality framework for Mental Health and wellbeing in schools and FE 6. Roll out Durham Resilience Programme (DRP) to all primary and special schools 7. Roll out Youth Aware Mental health (YAM) to all mainstream year 9 pupils and develop an adapted version for special schools 	<ol style="list-style-type: none"> 1. Continue with bereavement support and embed as mainstream offer 2. CYP in crisis have access to support in the right place and close to home as possible 3. Roll out intensive home treatment including community support 4. Review and implement a multi-media support offer for advice, support and low-level interventions including digital platforms and social media technology 5. Establish an autism assessment team to reduce the delay in diagnosis for ASD by redesigned pathway. 	<ol style="list-style-type: none"> 1. Understand the MH needs of our vulnerable populations and commission/ provide targeted support accordingly based on identified need 2. Reduce the rate of self-harm through the better identification of CYP, provide consistent support and develop schools and services to manage self-harm in services 3. Implement recommendations from SEND written statement of action plan 4. Improve transition for CYP from CAMHS into appropriate adult services 5. Deliver pre-birth programme and interventions to promote infant attachment, bonding and nurturing 6. All young people who offend will be assessed for mental health and emotional wellbeing needs when referred to CDYOS and given appropriate support 7. Undertake a review of self-harm and suicide for CYP and reduce the risks/triggers through early identification of need 8. Provide targeted Mental health and emotional wellbeing support for young people who are LGBT+ 	<p>Work within:</p> <ul style="list-style-type: none"> • Education • Children's services • Universal health services <p>To improve the CYP workforce's ability to understand mental health, and where appropriate undertake a brief intervention and signpost or refer accordingly</p>
How will we measure it?	<ol style="list-style-type: none"> 1. Annual perceptions survey to monitor attitude changes in the community 2. Number of midwives and health visitors trained in PMH and delivering interventions 3. Parents voice is obtained through parent engagement with VCS / community groups inc. Roller-coaster through an 'annual conversation' 4. Number of schools/FE with a designated lead 5. Implement health related behavior questionnaire (HRBQ) to measure mental and physical wellbeing – develop baseline 6. Evaluation of schools DRP action plans: impact of change on school, staff and pupils 7. Number of pupils accessing YAM and academic evaluation of YAM implementation 	<ol style="list-style-type: none"> 1. CYP receiving support and intervention report positive goals / outcomes achieved 2. 90% of CYP who need crisis support will receive it with set time thresholds 3. Intense home treatment is supporting reduction in Ser 4 admissions 4. Commissioned multimedia offer that CYP can access 5. Reduce waiting times and increase capacity 	<ol style="list-style-type: none"> 1. MH of vulnerable groups will be audited using standard measurements and compared to overall outcomes of the group (e.g SDQ in LAC) 2. A&E attendance for self-harm 3. Detailed project plan to complete HNA and add to Durham JSNA, action plan implemented 4. 90% of CYP open to CAMHS will have a good quality transition plan in place by age 17.5k 5. Review programme outcomes and include mental health measures 6. CDYOS health assessments to be audited for quality and impact on mental wellbeing 7. Analysis of local data on self-harm from crisis dataset to identify children potentially at risk of repeated self-harm or suicide 8. Undertake service review and consultations with redesigned service implemented 	<p>Number of staff trained in each of the workforce groups</p> <p>CYP voice in feedback surveys stating that professionals understand mental health and can help effectively</p>
What difference will it have made to CYP?	<ol style="list-style-type: none"> 1. Attitudes will shift to become more accepting that MH is every bodie's business and we all have MH 2. Women are better supported during and after pregnancy, improving attachment with their baby 3. Parents will be better informed and resilient to support their children's mental health 4. Schools/FE will have a SPOC for mental health 5. Increase in mental wellbeing from HRBQ and reduced hospital admissions for self-harm (aged 10-24 yrs) 6. CYP are better supported in primary schools as staff and school environment promote resilience 7. Pupils aged 13 to 14 years will be better equipped to manage life's adversities, know how to support a friend and understand what support is available in County Durham 	<ol style="list-style-type: none"> 1. Bereavement support offered at scale which builds the resilience of CYP to cope with life adversities 2. Crisis support will ensure CYP receive a timely and appropriate offer of support to reduce risk and avoid future crisis events 3. More treatment within the community, closer to home when CYP need it 4. Low level advice, support and intervention is available, which will reduce inappropriate CAMHS referrals 5. CYP / families will have support while going through timely assessment 	<ol style="list-style-type: none"> 1. Vulnerable groups needs will be understood and this will see an improvement in mental health support including a reduction in self-harm with clear pathways in place 2. CYP will be coping with life's adversity through resilience skills 3. Mental Health needs of CYP with SEND are fully supported as part of SEND programme of work 4. CYP will be effectively supported into the most appropriate service whether in mental health services or VCS 5. Positive impact on the child's emotional development and family attachment with reduction in babies being looked after 6. All CDYOS cohort of CYP will receive support with their mental health to reduce risk of re-offending 7. CYP who are at increased suicide risk receive earlier support through changes in pathways and delivery of services 8. Improved mental health and wellbeing of LGBT&QI+ and a reduced risk of suicide and self-harm 	<p>The work force will have the right skills at the right level to ensure they are confident and competent to support CYP.</p>
Cross cutting themes	<p>Accountability, Transparency and Governance Ongoing monitoring of the implementation plan and progress against identified priorities using established national indicators and local metrics for improvement.</p>	<p>Think Family</p>	<p>Intelligence lead and sharing of data</p>	<p>Engagement and Communication Implement a proactive engagement and communication strategy to support the delivery of the local transformation plan and ensure CYP, families and professionals know how to self-help, what support is available, when and how to access it</p>

LTP Plan On A Page 2018-2020

- 4 local priority areas built on the Future in Mind report
 1. Promoting resilience, prevention and early intervention
 2. Improving access and effective support
 3. Caring for the most vulnerable
 4. Workforce
- Number of cross cutting themes

Altogether better



Examples of recent success

- Roll out of Youth Aware Mental Health (YAM) to year 9 students in mainstream schools and Durham resilience Project
- Successful in Wave two of the national mental health trailblazers fund to develop mental health support teams to work in specific areas
- Development of draft Health & Wellbeing Framework for all schools
- Delivery of a flexible and responsive service 24/7, 365 days a year for crisis support through CAMHS
- Continuation of the CYP Bereavement Service provided by St Cuthbert's Hospice (Jigsaw Project)
- Enhancement of existing Community Eating Disorder Service
- Continuation of the Rollercoaster project to provide parent support
- Production of a directory of provision to guide practitioners when working with CYPs and families – Making Mental Health Everybody's Business: A Practitioners Guide
- Development and roll out of Kooth across County Durham
- Development of forums and events: mental health networks, Anna Freud Link programme
- Development of partnership forms: MH lessons learnt group, LTP CYP and Parents Advisory groups

Altogether better



Mental Health Support Teams

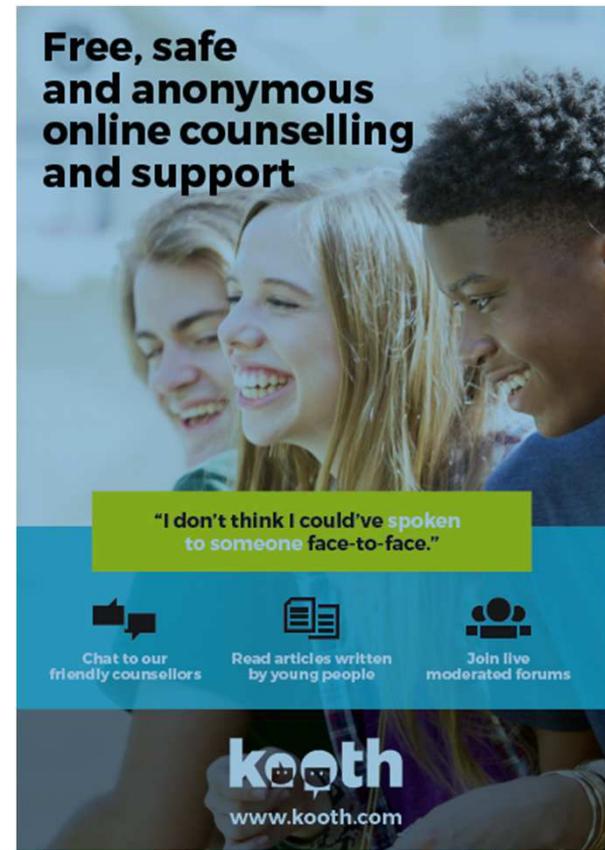
- 3 years funding – NHSE
- 3 teams across 60 schools
- Model developed through consultation with CYPs, parents and carers and schools
- Delivery of support for schools, CYPs and families within the pilot sites for mild to moderate mental health issues
- Working across the system
- Trainees have been recruited and attending Northumbria University
- Roll out starts from December 2020
- DCC PH funding peer support workers and specialist SEND provision to work within teams

Altogether better

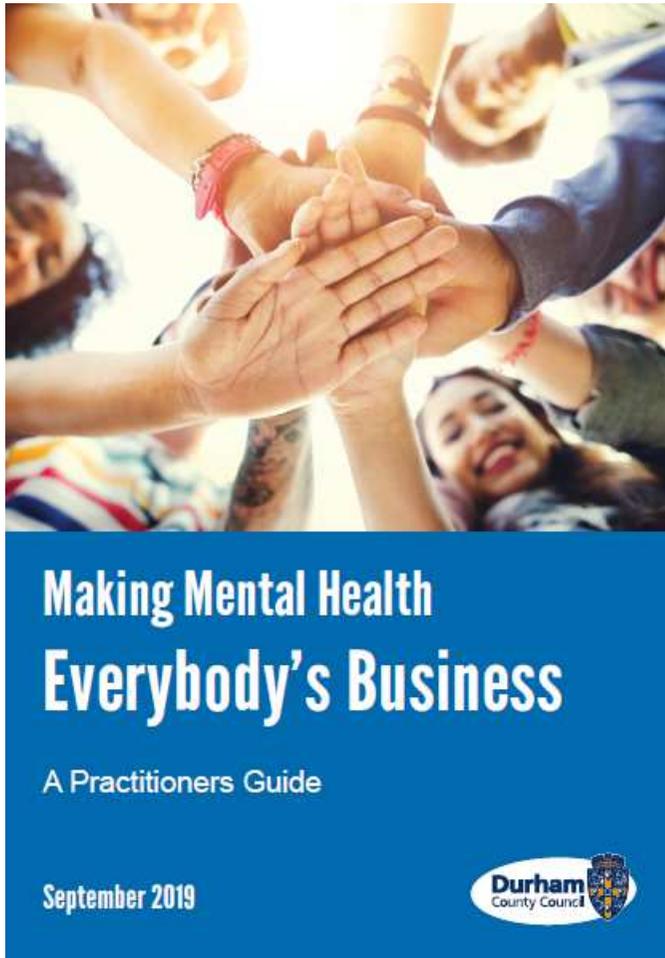


Kooth

- Award winning online support service for 11-18 yr olds
- Rolled out for CYPs across County Durham from Oct 2019
- Digital support for CYPs to access emotional wellbeing and early intervention mental health support.



Making Mental Health Everybody's Business



Altogether better

- Interactive pdf for practitioners
- Based on recognised Thrive model
- Provides details on online resources and local services
- Developed following feedback that the local offer on mental health provision was unclear
- Being rolled out to all frontline practitioner and schools who work with CYPs



Key Challenges

- To establish a shared language and understanding of MH; and a confidence in the approaches we use to best support C&YP
- To create operational links between our services
- To develop a more integrated system of support to ensure early intervention to reduce escalation needs are better met both preventatively and in response to identified difficulties
- Not everything available all of the time in all areas - capacity an issue
- Need to work towards growing to scale what we know works - resource intensive
- Complex picture in terms of provision - some things funded by CCGs, some by Public Health England, some by the Local Authority, and a growing amount directly by schools. Need to ensure coordination of provision.

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Next Steps

- Continue to work with the LTP Group to deliver against the priorities outlined with the POAP
- Sustain what we have and look for opportunities to grow it to scale
- Beyond 2020 – develop aspirational ambitions that all stakeholders are signed up to

Altogether better



Any Questions?

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Children and Young Peoples Overview and Scrutiny

27 November 2019

Joint Update Report for Sexual Health and Under 18 Conceptions



Report of Amanda Healy, Director of Public Health

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide the Children and Young People's Overview and Scrutiny Committee an update on work co-ordinated by Public Health, aimed at promoting positive sexual health for young people and reducing the number of unplanned teenage pregnancies.

Executive summary

- 2 National teenage conception data collated for under 18 years and under 16 years show that the number of teenage conceptions in County Durham has shown a significant reduction from 1998 to 2019, despite this, rates remain higher than the England average.
- 3 The rate of young women aged 15 – 17 who become pregnant in County Durham has fallen consistently over the years from 54.4 per 1,000 females to 23.7 per 1,000, an overall reduction of 64% since 1998.
- 4 In addition, the 13 – 16 years conception rate continues to fall from 5.9 per 1,000 to 5.4 per 1,000 an overall reduction of 55%.
- 5 The latest data release has seen a shift from reporting teenage conceptions at ward level data to reporting against Middle Super Output Area (MSOA); due to low numbers data is collated over a 3-year pooled set. By using MSOA data, we can compare data to a range of different indicators including deprivation.
- 6 The Teenage Pregnancy Steering Group, a public health led multi agency group, co-ordinates work on this agenda and ensures that health inequalities are identified and considered. The group has used the Public Health England (PHE) Teenage Pregnancy Prevention Framework to inform the completion of a robust self-assessment,

completed in September 2019 and identify priority actions for the future Teenage Pregnancy Action Plan as set out in paragraph 20.

- 7 As set out in paragraph 33 to 38, as of September 2020 schools have a statutory responsibility to deliver age appropriate relationship and sex education (RSE). It is hoped that by high quality RSE being delivered in and through universal services that the downward trend of teenage conceptions continues and that services begin to narrow the gap between local, regional and national data; the impact of this work will be closely monitored by the Teenage Pregnancy Steering Group.
- 8 The psycho-social impacts on teenage parents are significant, with high levels of parental stress, higher risk of developing mental health problems, and poorer physical health outcomes when compared to non-teenage parents. Furthermore, teenage parenthood is also often associated with social exclusion and deprivation, with many teenage parents coming from disadvantaged backgrounds; often those effected by the introduction of Universal Credit and wider welfare reforms.
- 9 As set out in paragraph 39 to 48, the public health funded Young Parents Pathway is in place to provide additional support to vulnerable young parents.
- 10 The 20-week programme, delivered by the One Point Service, in partnership with Durhamworks, provides parents with the opportunity to participate in a range of activities and interventions aimed at improving outcomes for parents and ensuring that children have the best start in life.

Recommendations

- 11 Children and Young People's Overview and Scrutiny Committee are recommended to:
 - (a) Note the content of this report
 - (b) Acknowledge and endorse the work of the Teenage Pregnancy Steering Group

Background

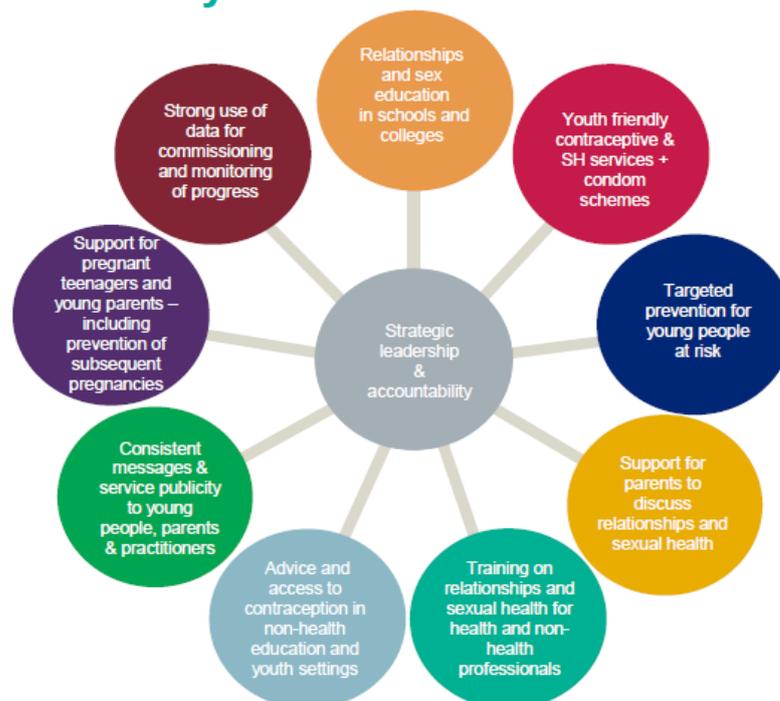
- 12 Sexual ill health is not equally distributed amongst the population with certain groups being at greater risk. These include:
- Young people
 - Women
 - Men who have sex with men
 - People from African communities
 - People living with HIV
 - Victims of sexual and domestic violence
 - Other marginalized or vulnerable groups including prisoners.
- 13 A Framework for Sexual Health in England 2013, outlined the clear link between poor sexual health and deprivation and social exclusion. Groups (outside of those above) which are commonly identified as being at increased risk of sexual ill health include: young people not in education, training or employment (NEETs); asylum seekers and refugees; sex workers; drug users who inject; people with learning difficulties; homeless people.
- 14 Of all these at risk groups, young people (aged 16-24) are at the greatest risk - although making up approximately just 12% of the population, young people account for 65% of all chlamydia, 50% of all genital warts, and 50% of all gonorrhoea infections diagnosed in GUM clinics. (JSNA 2016)
- 15 STIs are one of the most important causes of poor sexual health due to infectious diseases among young people. However, good sexual health is equally important for people of all ages and reducing rates of STIs in the population is a key preventative public health measure. To monitor this, the Sexual Reproductive Health tool contains an indicator which reports the rate of all new STI diagnosis (excluding Chlamydia in under-25 year olds). A high diagnosis rate is indicative of a high burden of infection; however, a low diagnosis rate may be explained by other factors as well.

Teenage Pregnancy Prevention Strategy

- 16 Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and the population.

- 17 In order to ensure that the sexual health needs of residents in County Durham are understood and met, Public Health are developing a Sexual Health Strategy, due for completion in early 2020. A significant part of that strategy will be focused on young people and how systems and services are developed to meet their needs and address any identified inequalities.
- 18 The Teenage Pregnancy Steering Group, led by Public Health is supported by representatives from the following services;
- One Point Service
 - Education Durham
 - Commissioning
 - Harrogate and District Foundation Trust, 0 – 19 years' Service
 - Midwifery
 - Integrated Sexual Health Service
 - Voluntary and Community Sector
- 19 The group are responsible for robustly managing and co-ordinating activity that is taking place across County Durham and, in September 2019 used the Public Health England Teenage Pregnancy Prevention Framework to complete a rigorous, multi-agency self-assessment. The framework and assessment measured how effective local strategies are in relation to the following 10 factors are detailed in Figure 1 below.

Translating evidence into a 'whole systems' approach: 10 key factors of effective local strategies



20 The insight gained through completing the self-assessment has been used to update the local Teenage Pregnancy Action Plan and has identified priority actions in the following areas:

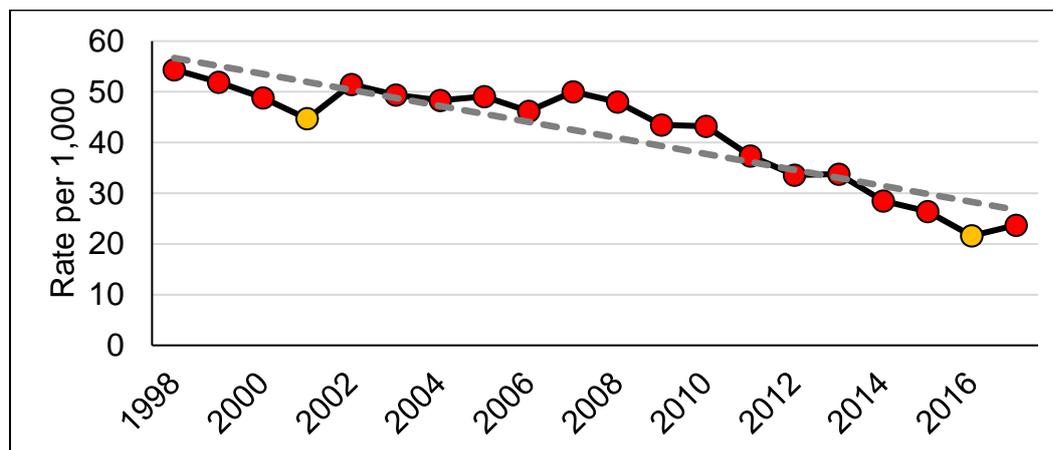
- RSE Early Adopters
- Improvements to data sharing processes
- Real time service level data; better use of local data and intelligence rather than a reliance on statistical releases that are on a 2-year time lag
- Understanding the needs of vulnerable groups
- The voice of the young person to inform service delivery
- Develop a digital offer

Teenage Conception Data

21 Annual conception data is released in the spring of each year; given the lag in data, the latest data available (released in April 2019) is for 2017. **Figure 2** below outlines under 18 conceptions over time, annual rate per 1,000 (1998 – 2017) County Durham and trend line.

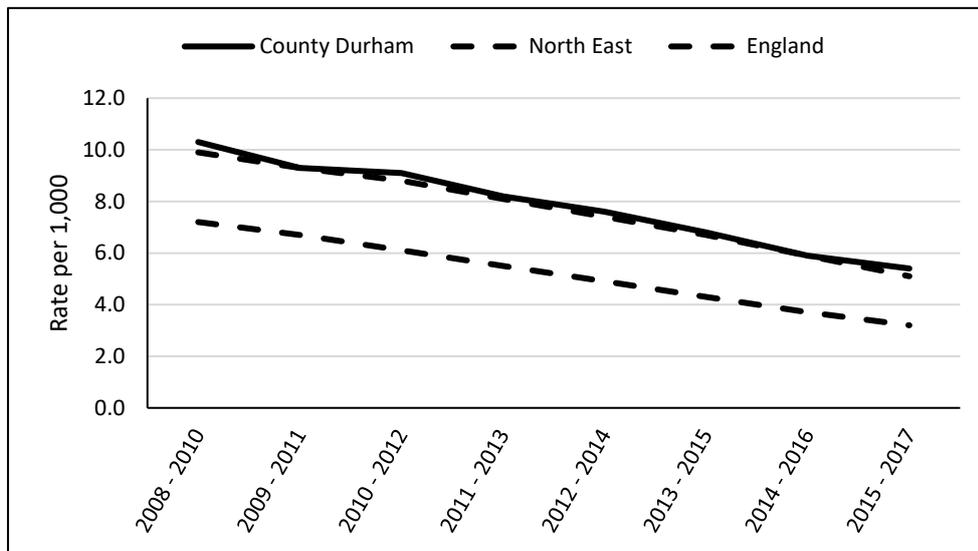
22 The 2019 data release shows that the 15 – 17 years rate has increased slightly from 21.6 per 1,000 to 23.7 per 1,000, this slight increase is not uncommon and equates to 8 conceptions; it does not indicate a change in trend.

Figure 2: Under 18 conceptions over time, annual rate per 1,000 (1998 – 2017) County Durham and trendline



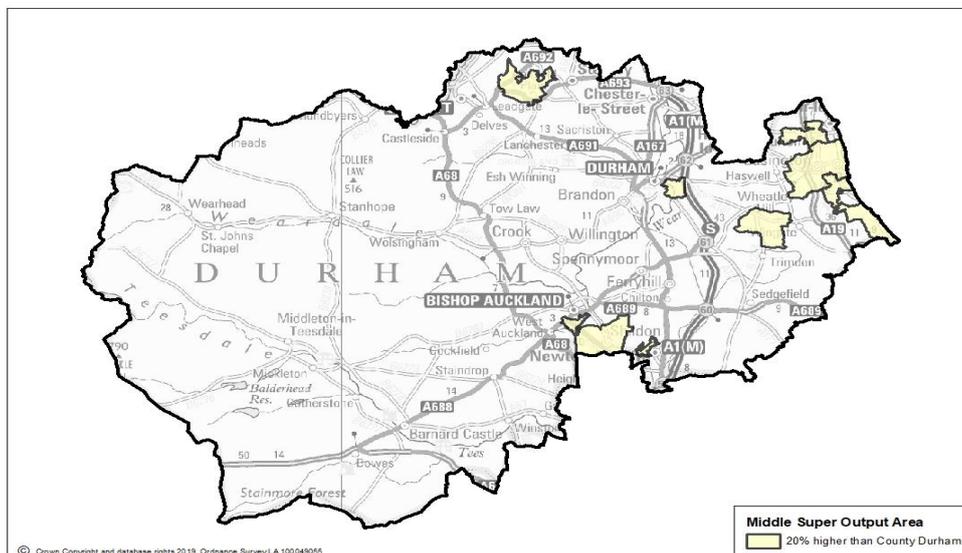
- Significantly worse than England
- Not significantly different to England

23 **Figure 3** below outlines the under 16 conceptions overtime, annual rate per 1,000 (2008-2017), County Durham, North East and England.



24 In addition to conception rates, **Figure 4** below identifies areas where teenage conceptions are consistently 20% higher than the County Durham average.

Figure 4: Areas where teenage conceptions are consistently 20% higher than the County Durham average



25 As described in paragraph 4, teenage conception data is now released at MSOA level. This allows us to consider teenage conceptions in line with areas of deprivation, table 1 shows the current areas where conceptions are consistently 20% higher than the County Durham average alongside deprivation information.

Table 1

MSOA	Deprivation
Annfield Plain and Dipton South	Top 10-20%
Gilesgate Moor	Top 10-20%
Dalton-le-Dale and Deneside	Top 10%
Easington Colliery North	Top 10 – 20%
Easington Colliery South and Eden Hill	Top 10%
Blackhalls	Top 10%
Thornley Deaf Hill and Wheatley Hill	Top 10-20%
Shildon	Top 10%
Newton Aycliffe Central	Top 10%
Henknowle and Woodhouse Close	Top 10%

The Wellbeing Approach

- 26 The wellbeing approach brings a shift in emphasis and resources from the delivery of wellbeing services to an approach that introduces greater devolution of decision making to communities and stronger community engagement. This can lead to better health and wellbeing outcomes for local people.
- 27 Adopting the approach to wellbeing will challenge us to deliver services and programmes in a different way. It will also challenge us to measure our performance in a different way. It will mean services and assets that are developed with people rather than consulting with them during or after the event. Doing so, is not easy, and in some cases may not feel comfortable. It means handing over control and sharing decision making. But doing so, will result in improved outcomes for our communities.
- 28 Moving forward, services and structures in place to support young people make informed choices regarding their relationships and sexual health will be informed by the wellbeing approach and place co-production at the heart of future service design and decision making.

The Role of the Integrated Sexual Health Service

- 29 The Integrated Sexual Health Service (ISHS), currently delivered by County Durham and Darlington Foundation Trust (CDDFT) target a broad range of groups and services that support young people, providing key universal and targeted prevention messages, C Card registrations and Chlamydia screening. These sessions also inform participants about what wider services are available to them, and how to access them. Groups have included:
- (i) Durham University
 - (ii) Further Education Colleges
 - (iii) Investing in Children
 - (iv) Extreme Group (Young People with SEND)
 - (v) LGBTQ+ Health and Wellbeing Service
- 30 In addition, training has also been delivered to professionals who support County Durham's most vulnerable young people, this includes:
- Children Looked After Teams
 - Young People's Service
 - Foster Carers
 - Residential
- 31 There are 203 active C-Card outlets, where young people aged under 25 years can access free condoms, after they have had a 'condom teach'. Teenage pregnancy hotspots, areas of deprivation are considered alongside the ability to meet the needs of vulnerable groups.
- 32 In 2019 (January – September), 1192 young people were registered for the scheme, making 3223 visits. Of these 60% were young men. Staff in the C Card outlets are given training regarding basic contraception, supporting young people and local service provision in order to sign post effectively. Between January 2019 and October 2019, 140 staff from a range of services attended c card training, this included youth workers, Voluntary and Community Sector (VCS) representatives, School Nurses and Children's and Young People's Services staff.

Statutory Relationship and Sex Education

- 33 In February 2019 the Department of Education (DofE) published the Statutory Guidance for the delivery of Relationship and Sex Education (RSE) within primary and secondary schools from September 2020.
- 34 Alongside this the DofE began looking for schools to act as 'Early Adopters' with the aim of delivering the new curriculum from September 2019. The DofE were looking for a strong reference group of schools to

work directly with over the 2019/2020 term as a support to further develop training tools in preparation for compulsory training.

Early Adopters in County Durham

- 35 DofE have identified 22 schools as early adopters in County Durham, the cohort is geographically spread across the county and includes:
- 7 secondary schools
 - 13 primary schools
 - 1 special school
 - 1 private school
- 36 All schools have on going access to support, advice and CPD from Education Durham. It should also be noted that most of these schools have a good RSE programme in place prior to expressing an interest in becoming an early adopter. Education Durham actively supported 19 of the 22 schools to express an interest in becoming an early adopter.
- 37 Moving forward Education Durham and specifically the RSE commission are key partners within the Teenage Pregnancy Steering Group and subsequent action plan and whilst the DofE communicates directly with early adopter schools without involvement of the local authority, Education Durham have excellent relationships with schools and will be communicating regularly with those involved.
- 38 Learning from the early adopter schools will also inform and support the continued development of the Health and Wellbeing Framework for Schools.

Young Parents Pathway

- 39 Despite the significant reduction in under 18 conception rates, inequalities still exist. Like all parents, teenage mothers and young fathers want to do their best for their children and some manage very well; but for many their health, education and economic outcomes remain disproportionately poor which affects the life chances for them and the next generation of children.
- 40 In County Durham the 20-week Young Parents Pathway (YPP), funded by Public Health and delivered by The One Point Service (OPS) in partnership with Durhamworks, has been developed.
- 41 The YPP supports young parents who require additional support by giving them access to a range of practical interventions that improves outcomes for parents and ensures their children have the best start in life.

- 42 The YPP is aimed at improving the wider determinants of health by:
- Supporting children and families living in poverty
 - Supporting young people into education, employment and training (EET)
- 43 Alongside supporting families to make health choices and reduce health inequalities and give children the best start in life by the inclusion of sessions that were aimed at improving:
- Under 18 conceptions
 - Self-reported wellbeing
 - School readiness
 - Unintentional injuries
 - Healthy weight
 - Speech and language
- 44 The YPP is delivered across 7 sites which are geographically aligned to the OPS Family Centre Boundaries. The programme has been enhanced this year by the improved partnership working. This has ensured that for all young people eligible for Durhamworks support have been registered giving them access to a range of additional benefits particularly to free transport and creche.
- 45 The most recent participants completed their programmes in July 2019 and initial cohort level data shows that:
- 72 young people were registered on the YPP
 - 56 young people completed the YPP
 - 8 fathers completed the programme
 - 13 children were on a Child Protection Plan
 - 7 children were looked after
 - 7 young people had experienced care
 - 13 young people were subject to Child in Need Arrangements
- 46 Of the 56 young people who completed the YPP, **85% have progressed into a positive destination**, outcomes were as follows:
- 10 young people supported into employment
 - 8 young people enrolled into college
 - 1 accepted into University
 - 25 young people into other education settings/training
 - 1 volunteering

- 4 continue to be supported by services, this includes 2 families who were de-escalated from a child protection plan
 - 2 young people remain not in education, employment or training (NEET)
 - 5 young people pregnant/recently given birth
- 47 The 2019 YPP was the first cohort to benefit from the inclusion of support from the Durham Savers initiative including welfare rights support and the VCS Alliance. Data as of August 2019 demonstrates that the following has been achieved, contributing to reducing the impact of poverty on children:
- 62 parents opened an account with the credit union
 - 41 parents saved throughout the 20 weeks and continue to save
 - A total of £4,122 has been saved
 - Loans totalling £1,000 have been approved
 - 2 parents supported to make Universal Credit applications
- 48 A full evaluation of the 2019 programme is underway and will be used to inform planning for future schemes of work.

The Taylors

- 49 The Taylor family are a fictional County Durham family used to help illustrate some of the key challenges that a lot of our local communities' face.
- 50 Dan Taylor is the teenage son of John and Sarah and has recently started a new relationship. Dan is not currently in education and is looking for information, advice and guidance so he can make informed healthy choices.
- 51 Despite not being in education, Dan was made aware of local sexual health services and after looking online, he and his partner attended a clinic in their local community.
- 52 At the clinic Dan and his partner were able to access a range of information and were able to register for a C Card. Having the opportunity to access support in their local community ensured that Dan can make informed decisions about his sexual health needs and now knows where to go for help and support should he need it.

Conclusion

- 53 The Teenage Pregnancy Steering Group provide the governance arrangements to ensure that work is strategically co-ordinated and supporting young people to make informed choices.
- 54 By applying the wellbeing approach principles, future strategies, services and activity will be asset based with a focus on the most vulnerable and disadvantaged ensuring that health inequalities are appropriately addressed.

Contact: Helen Riddell

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Appendix 1: Implications

Legal Implications

Sexual Health services are a mandated function of Public Health under the Health and Social Care Act 2012.

Finance

The Teenage Pregnancy Prevention Framework and Self-Assessment will ensure that commissioning arrangements meet the needs of the population and consider vulnerable groups

Consultation

Partners carry out regular consultation activities to ensure the views of all key stakeholders are captured and used to inform service and system improvements

Equality and Diversity / Public Sector Equality Duty

The TPSG pay particular regard to the needs of vulnerable groups, including groups protected under equalities legislation.

Human Rights

In placing an emphasis on engaging with children and young people and their families in shaping support services, the strategy promotes and protects the human rights of those in receipt of services and support.

Climate Change – n/a

Crime and Disorder – n/a

Staffing – n/a

Accommodation – n/a

Risk – n/a

Procurement – n/a

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Children and Young People's Overview and Scrutiny Committee Presentation

Joint Update Sexual Health and Under 18 Conceptions November 2019

Helen Riddell
Public Health Advanced Practitioner

Altogether better



Background: PH Mandated Function

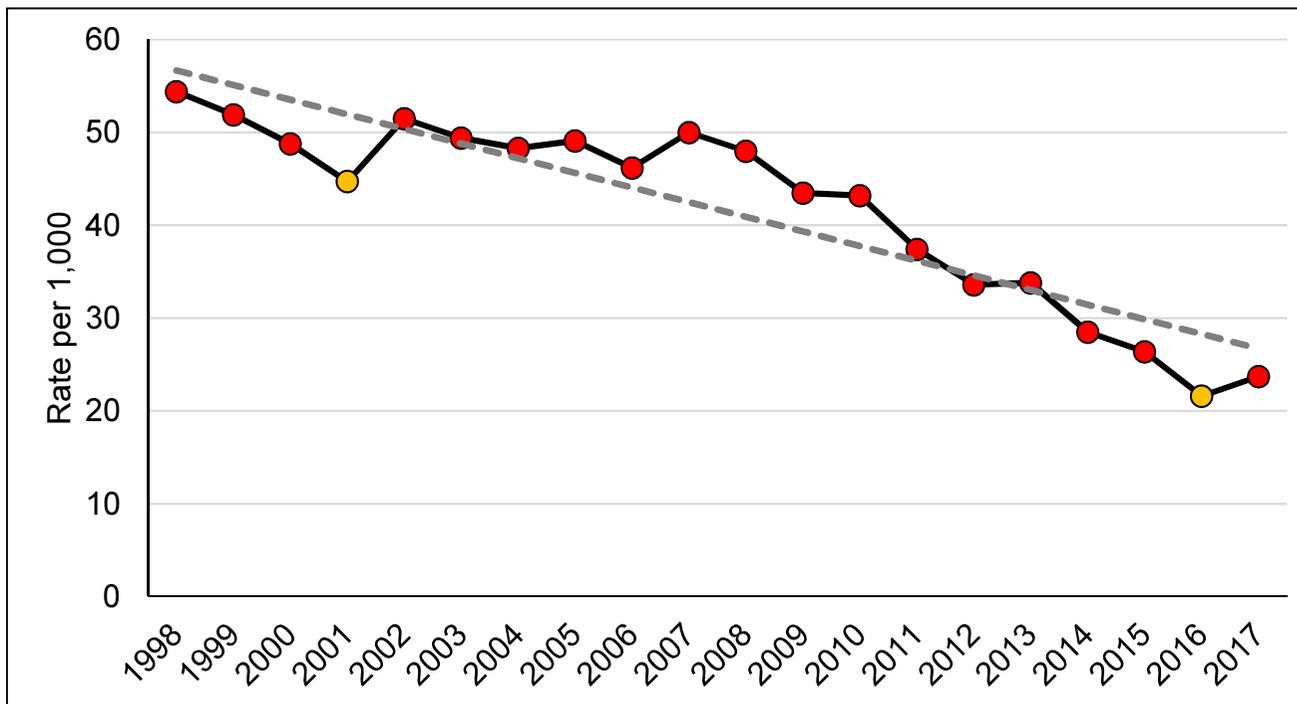
- **Public Health are required to:**
 - **Provision of Open access Sexual Health Service**
 - **Prevent the spread of Sexually Transmitted Infections (STI's)**
 - **Treatment, testing and caring from people with STI's**
 - **Partner notification**
 - **Access to contraception**
 - **Advice on preventing unintended pregnancy**

Altogether better



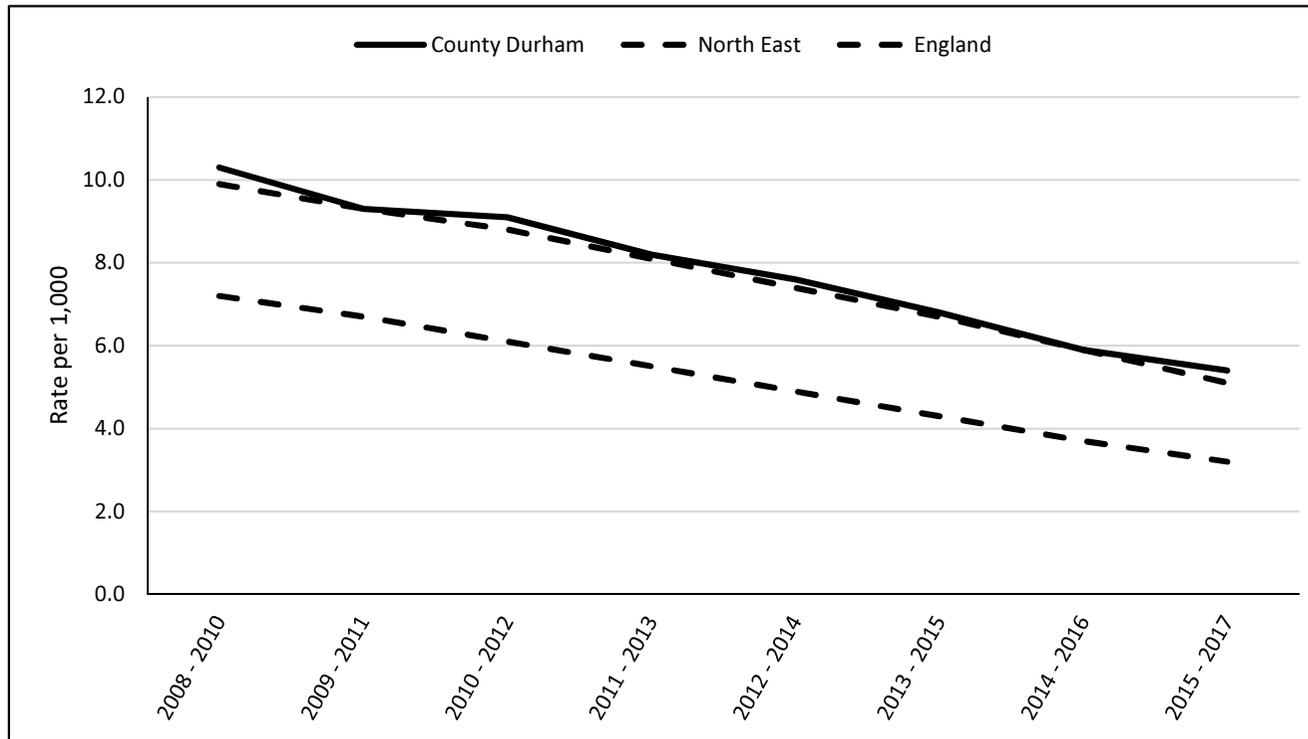
Local Need: Teenage Conceptions

Under 18 conceptions over time, annual rates (1998 – 2017)



Local Need: Teenage Conceptions

Under 16 conceptions over time, annual rates (1998 – 2017)



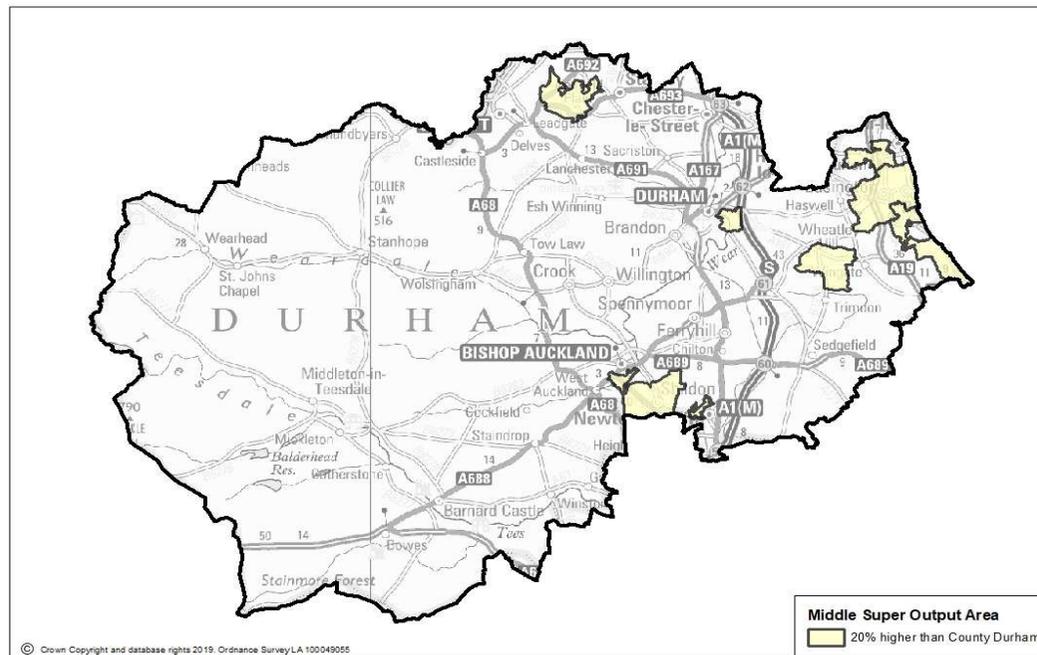
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Local Need: Teenage Conceptions

MSOA that are 20% consistently higher than the County Durham Average Against Deprivation

MSOA	Deprivation
Annfield Plain and Dipton South	Top 10-20%
Gilesgate Moor	Top 10-20%
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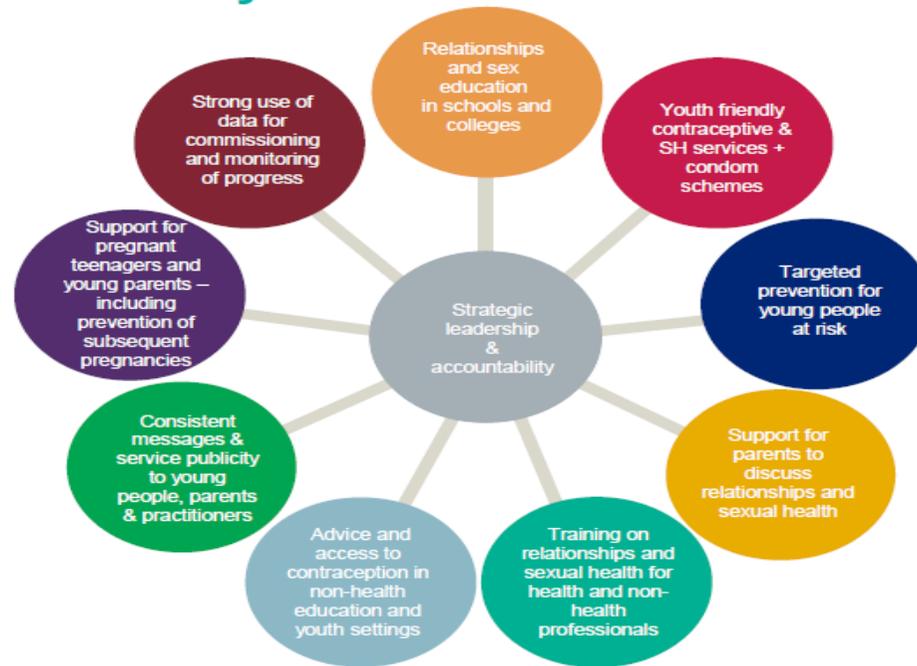
ISHS and Young People

- **Young people aged 16 – 24 most at risk:**
 - 65% of all Chlamydia
 - 50% of all Genital Warts
 - 50% of all Gonorrhoea
- **ISHS:**
 - Universal and targeted prevention messages
 - National Screening Programmes
 - C Card
 - Young people's community based clinics

Altogether better

Teenage Pregnancy Prevention Strategy

Translating evidence into a 'whole systems' approach: 10 key factors of effective local strategies



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Relationship and Sex Education

- Statutory RSE from September 2020
 - Early Adopters:
 - 7 Secondary
 - 13 Primary
 - 1 Special School
 - 1 Private School

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Young Parents Pathway

- Supporting children and families living in poverty
- Supporting young people into education, employment and training (EET)
- Reduce Health Inequalities

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Young Parents Pathway

- OPS and Durhamworks 20 week programme
 - 85% progressed into a positive destination
 - Employment
 - Education including University
 - Training
 - Volunteering

Altogether better

Young Parents Pathway

- Reducing the Impact of Poverty on children
 - 62 parents opened an account with the Credit Union
 - 41 continue to save regularly
 - Over £4000 has been saved
 - Loans totalling £1000 have been approved

Altogether better



Any Questions?

Altogether better

