

DURHAM COUNTY COUNCIL

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Monday 13 November 2023 at 9.30 am**

Present:

Councillor A Reed (Chair)

Members of the Committee:

Councillors J Cosslett, B Coult (substitute for L Mavin), R Crute, S Deinali, J Griffiths, C Hunt, C Lines, M McGaun, K Rooney, J Scurfield, S Townsend, C Varty and M Walton

Parent Governor Representative:

Professor G Ciesielska

Co-opted Members:

Ms A Gunn

Also Present:

Councillors M McKeon and Victoria Dixon - Healthwatch Durham

The Chair welcomed new Parent Governor Representative Professor Gosia M Ciesielska to her first meeting.

The Chair also welcomed Members of Adults, Wellbeing and Health Overview and Scrutiny Committee who had been invited to attend the meeting.

1 Apologies for Absence

Apologies for absence were received from Councillors L Mavin, E Waldock and Co-opted Members Ms R Evans and Mrs L Vollans.

2 Substitute Members

Councillor B Coult substituted for Councillor L Mavin.

3 Minutes

The minutes of the meeting held on 22 September 2023 were agreed as a correct record and were signed by the Chair.

4 Declarations of Interest

There were no Declarations on Interest.

5 Any items from Co-opted Members or Interested Parties

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

6 Best Start in Life Update

The Committee considered the report of the Director of Public Health that provided Members with an update of the progress made in addressing the Best Start in Life (BSIL) priorities and highlighted the importance of early intervention and prevention in the first 1001 critical days.

The report provided a brief update on the work undertaken to address some of the key priorities' progress and challenges. It also outlined some of the next steps for improving the actions as outlined in the Best Start in Life work plan and alignment to the national Start for Life programme delivered through the Family Hubs (for copy of report, see file of Minutes).

Julia Bates, Consultant in Public Health was in attendance to deliver a presentation that provided details of the Context; 1001 Critical Days; Priorities; Speech Language and Communication; Unintentional Injuries; Perinatal & Infant Mental Health; Breastfeeding; Tobacco Dependency in Pregnancy; Supporting Vulnerable Families; Improve Health Weight and Recommendations (for copy of presentation, see file of Minutes).

Reference was made to the development of a Perinatal and Infant Mental Health Strategy which will go out for public consultation in early 2024 for 6 weeks and members expressed their desire to engage in the process.

Mrs Gunn referred to the consultation in the New Year and commented that previous consultations' results had seen a poor uptake and the number of people the consultation was reaching was relatively low as a proportion of the County's population. She stated that it was important to effectively plan before the consultation goes ahead to reach as many people as possible. She then referred to smoking and asked if they had statistics of how many pregnant women had given up smoking before getting pregnant or during pregnancy to see what impact it was having relative to the population and if this also included vaping.

The Consultant in Public Health referred to the Perinatal and Infant Mental Health Strategy consultation and agreed that when there was a public consultation often there was not a significant response. She continued that the service would be carrying out some significant work to ensure clear questions and working with colleagues for opportunities to share across a number of channels. This would include the Parent Carer Panel link to the Family Hubs who were involved with developing the strategy and they may have the opportunity to consult with key groups.

In terms of smoking, she did not have the data to hand on women who present as smokers then give up but evidence suggested that women spontaneously give up smoking when they become pregnant but there remains a high number of women who are smoking at the time of delivery. There was no data for women who ceased smoking without accessing services or immediately on finding out they were pregnant. The Consultant in Public Health committed to come back with information on women who quit having come into services because they were a smoker during pregnancy. She stated that vaping was a different issue in that whilst vaping was not without risk including during pregnancy, it was a significantly lower risk than smoking in pregnancy. Whilst not recommending that anyone starts vaping who was not a current smoker, for current smokers the service would recommend a switch to vaping. She had some information around vaping in pregnancy and appreciated it was a topic of concern but vaping did not include some of the harmful chemicals in cigarettes. There was current research suggesting that e-cigarette use was as safe as NRT patches and a more effective treatment option.

Councillor Walton referred to working with Family Hubs to get the information out and asked if the service work with other community organisations as she felt there was a lot of people who would benefit from this information who do not access the Family Hubs.

The Consultant in Public Health asked if she could come back to Councillor Walton following the presentations on Family Hubs.

Councillor Lines referred to speech, language and communication in the first 1001 days and was conscious that in conditions like autism and ADHD there was a broad spectrum of how that manifests itself which could make a confident diagnosis difficult at that early age. However, getting it wrong can send a child along the wrong treatment and support pathway with potential serious implications when they get older. He continued that it was vital to do the work that was been undertaken in the first 1001 days but was interested to learn what happens to regular review the circumstances with each child to ensure they were getting the most appropriate support for their particular case.

The Consultant in Public Health responded in terms of the speech, language and communication that there were opportunities for Health Visiting services to identify need and what was relatively new was the early language identification measure

that identifies the speech and language need but not necessarily the reason for that need but would ensure appropriate referral to services. She continued that families have access to their GP, Health Visiting Service and specialist services if referred, as work goes on to address the needs of the child with the family. She stressed that it was not always possible early on to identify necessarily the reason for the speech and language and communication issues but identify that support was required which would result in an appropriate referral to services.

Councillor Scurfield thanked the officer for an informative presentation and referred to feedback provided to her when talking to local primary schools was that a child's readiness for school was a concern for them and asked why this was not one of their priorities. She then referred to the additional provision for the enhanced pathway and asked for more detail on this provision. In terms of the Healthy Start Vouchers she asked for details of the eligibility criteria for the vouchers.

The Consultant in Public Health responded in terms of school readiness the focus of the Best Start in Life Steering Group was up until the child was two and a half years old. They worked closely with early years education colleagues and one area was to try and encourage a good uptake of the nursery placement provision for two-year-old offer, particularly to low-income families. Whilst take up data could be sourced, she was confident that the uptake of that offer was good. By engaging in early education and having access to a suitable early year's place, this would support children in terms of school readiness. The enhanced parent support pathway provided access to more Early Health support from the Health Visiting Service tailored to meet the needs of the individual family. In respect of the Healthy Start Vouchers, she explained that the vouchers were for low-income families and she the relevant accessibility criteria could be circulated to Members. Some marketing information for the initiative had been developed and this could also be circulated as it was great to promote in communities.

Professor Ciesielska referred to breastfeeding support groups being offered and asked if access to individual breastfeeding or lactation consultations was available or being considered.

The Consultant in Public Health indicated that there was more detail on this in the Annual 0-25 Family Health Service Update so would pick up this question following that presentation.

Councillor Hunt asked if pregnant women got priority for the smoking cessation services.

The Consultant in Public Health responded that in terms of stop smoking services there was now a specialist tobacco treatment in pregnancy service which was within Durham and Darlington NHS Foundation Trust that was working with midwifery services in terms of supporting pregnant women to quit smoking. The community stop smoking service was available also for family members and

pregnant women had access to the service. In response to a further query she indicated that she was not aware of a waiting list for this service but would confirm this information and get back to Members.

Councillor Coult referred to breastfeeding and reference to the local insight work undertaken to better understand the barriers and asked when this would be available. She then referred to vaping and members ongoing concerns around vaping take up within County Durham. She indicated that not enough was known around the risks associated with vaping and that more information was needed.

The Consultant in Public Health responded that the breastfeeding insights work had been undertaken and the analysis of that was not yet available. She confirmed that the findings could be shared with members when analysed. With regard to vaping she stated that vaping was significantly less harmful than smoking and there was currently a lot of concerns around youth vaping. In terms of taking a risk reduction approach, pregnant women who were current smokers should be advised to stop smoking, use nicotine replacement therapy or use a vape due to the significant known risks of harm to the baby in pregnancy and to families from second hand smoke. She stated that they needed to work with the current science and understanding and was what they were doing in partnership as best as they could.

Councillor Varty referenced the local and national challenges being experienced in terms of shortages of health visitor staff and also high staff turnover rates. This was a particular challenge for young mothers who often expected access to the same health visitor and often struggled to understand why staffing personal changed. Councillor Varty suggested that these issues should be communicated to young mothers as soon as possible.

The Consultant in Public Health indicated that there was a presentation on the 0-25 Family Health Service and Family Hubs and would answer any questions following the presentation.

Resolved: That the contents of the report and presentation be noted and the Committee promote the opportunities to work collaboratively and further explore opportunities to meet the needs of children and young people as early as possible.

7 Annual 0-25 Family Health Service Update

The Committee considered the report of the Director of Public Health to update Members on the 0-24 Family Health Service workforce and service delivery across County Durham (for copy of report, see file of Minutes).

Amanda Smith, General Manager, Harrogate & District NHS Foundation Trust was in attendance to deliver a presentation that provided details of the 0-25 Family Health Service County Durham; Key Highlights for 0-6 and 6-25 age groups; the

Key Highlights of the Workforce and Key Challenges (for copy of presentation, see file of Minutes).

Following the presentation, the General Manager answered the questions from the previous presentation regarding breast feeding support and stated that they recently had five staff qualified as Lactation Consultants and they were currently ten infant feeding groups across County Durham and three early latch clinics. They were in the process of looking at the Lactation Consultants linking into the existing groups or if there was a need to set up a specialist clinic but there was one to one support available. The Lactation Consultants would not necessarily deliver every aspect of a care plan in relation to supporting a mum but would certainly agree the care plan with the mum and then the peer supporters would support that plan.

With regard to the concern around contacting the Health Visitor they were very much having to take a team approach in delivering care to families and indicated that on the enhanced parent support pathway there would be different professionals delivering on different elements it was an additional ten contacts to the eight Healthy Child Programme contacts. She understood the frustration that they were working on and indicated that the shortage of Midwives was across the board and they had some vacancies and agreed about communication with parents as to why it was not the same Health Visitor but they needed to be cautious and protect staff confidentiality.

Councillor Coult asked what they were doing to support young people and families who had become addicted to substance misuse.

The General Manager responded that for any referrals they received for any issues, they would undertake a health needs assessment with that young person. If substance misuse was identified including smoking, they would provide brief intervention and refer to the appropriate specialist service.

Councillor Scurfield asked if there were any issues in terms of oral health as they know that access to NHS dentistry was challenging and had been for a while and asked for an update.

The General Manager responded that they work closely with the County Durham and Darlington Foundation Trust Oral Health Lead, within the 0-5 cohort the Henry Team deliver sessions on oral health that had a good uptake and positive feedback. Within the school age it depends on what need schools but again they work closely with Public Health. They understand the issues within their home visiting and Healthy Child Programme contacts as every single contact directs you to check about oral health. Dentistry was a concern and they were currently undergoing a programme of oral health training but the issue regarding access to dentists was a different challenge.

Mrs Gunn referred to speech and language communication challenges and if this was as a result of staffing shortages. If staffing levels were fine in that area could the issue be around the time taken for referral timelines. She then referred to the ELIM (Early Language Identification Measure) test and asked what age this was measured against and if there were any possible gaps particularly with neuro diversity that may present later on in life, would it capture those children as well. She then referred to sleep and children who are neuro diverse and use melatonin for sleeping who were not able to access from the age of 18 and asked if there was any scope for providing support for that age group for the transition off melatonin into a really good sleeping pattern.

The General Manager responded in relation to staffing and speech and language and indicated that the Healthy Child Programme Contacts and the speech and language area was not impacted by staffing and receive the appropriate contacts at the appropriate time. She continued that the ELIM tool itself was only for use between two years and two years and six months so that tool itself was only for that period and was developed for that age range. Referrals would be made immediately after contact. She was not aware of the waiting times for speech and language but they would always carry out interventions first. For older children with speech and language issues, their last contact would be three and a half years pre-school. Should concerns develop at a later age, the service would work closely to identify such issues and signpost to appropriate treatment/support pathways. With regard to the melatonin issue, the service would work with young people and SEND and care leavers until they were 25. She referred to the Sleep Scotland programme which was available from 18 months until 19 and would check if it went any older. She indicated whoever prescribed the medication would carry out an exit strategy care plan around its use.

The Chair referred to the sleep pathways that was a good resource and asked if they offered any physical resources such as cots and mattresses to help the young mother.

The General Manager responded that through their early helps system, VCS links and Greggs Trust Fund if there was a lack of equipment, bedding or an appropriate mattress they would look at those avenues to source equipment for the child to sleep safely.

The Chair congratulated the team on their Silver Award and more recently the Gold Award and thanked the Officer for her presentation.

Resolved: That the contents of the report and presentation be noted.

8 Family Hub and Start for Life Programme

The Committee considered the report of the Corporate Director of Children and Young People's Services to provide a progress update regarding the Family Hubs

Start for Life Programme in County Durham following a briefing note in October 2023 (for copy of report, see file of Minutes).

Karen Davison, Strategic Manager, One Point and Think Family Services and Helen Edwards, Parent Carer Panel Member were in attendance to deliver a presentation that provided details of the DHSC and DfE Led Programme – 3 year Transformation Programme; Aims; Delivery – Expectations, Minimum and Go Further; the Outcomes they were Working to Achieve; Vision for Family Hubs; Principles of the Family Hub Model; Parent Carer Panel Journey so far; Challenges and Mitigations and details of where to find more information (for copy of presentation, see file of Minutes).

The Chair thanked the Officer and the Panel Member for their presentation and indicated that herself and Mrs Gunn had the opportunity to meet the team during a recent site visit who were clearly extremely enthusiastic.

The Chair wished to place on record her sincere thanks to Karen Davison and the very skilled and welcoming staff at the Family Hub Sites at Horden and Durham where they visited last Wednesday. They learnt a lot from the visit and saw first-hand how the Family Hubs helped families.

Councillor Varty thanked officers for the presentation and stated that it would be wonderful to have 43 hubs again.

Councillor Townsend congratulated the team on the engagement with the parents and stated that she liked people engaging with parents. She then referred to speech and language and stated that there was a Parent and Carer Panel but there was also a Parent Carer Forum which was different.

The Strategic Manager indicated that they would be refreshing the Parent Carer Panel in the New Year ready for April 2024 which was refreshed on an annual basis.

Councillor Walton referred to engagement with families and indicated that if they did not live in the village where the Family Hub was located it was difficult to know about the Hub but they did use their local community centre. She suggested that they engage with alternative community venues, organisations and groups who may not be connected to the Family Hub but to make the information available.

The Strategic Manager indicated that she would take the comments on board.

Mrs Gunn referred to the visit to the Family Hubs and thanked the Officer for showing them around. She commented that it was amazing to see the team and parents and you could see all the staff were passionate about what they were doing. She stated that they had nailed getting the Family Hubs to be a warm and welcoming place to be. It would be great to hear more about how they were building

up the number of people coming through the door and stated that she had done a quick search on the internet and could not find the 'What's On' very easily.

The Strategic Manager responded that if you googled 'Family Hubs in Durham' it would take you to the website or 'Help for Families'. She continued that they had paid for additional support from communications and marketing as they realised that social media was important especially for younger parents.

Professor Ciesielska referred to domestic abuse and asked what support they offered mostly for women.

The Strategic Manager responded that domestic abuse was a significant issue and they know was the highest reason for referring into social care. She continued that wrapping around the Family Hubs they had seven intensive family support teams that work in the early help space. They have a range of programmes that they work collaboratively with Harbour the domestic abuse commissioned service. They did not advertise the domestic abuse groups but had an inspire programme for victims of domestic abuse and recently launched a Barnardo's programme called 'Domestic Abuse Recovery Together' that was for primary aged children and for the child and parent to come together and they were starting to see some amazing outcomes. They worked very closely with domestic abuse colleagues and if they required specialist support Harbour colleagues would deliver this. They also have a Child Adolescent to Parent Violence and Abuse (CAPVA) programme and Respect Young People programme that was carried out with the child and parent in their home.

Professor Ciesielska referred to reaching out and asked if Health Visitors and people in contact with parents had been briefed in what to look out for and offer support.

The Strategic Manager responded that all the Family Hub workforce including Health Visitors etc. all understand the risks of domestic abuse and had undertaken domestic abuse training to ensure that they recognised and had the language to talk to parents about. They were going to ensure that their front of house staff also have those skills.

The Chair commented that when they were on the visit to the Family Hubs last week, they met some parents who lived quite away from the Family Hub and one parent in particular visited two Family Hubs as she had made friends through the Hub. She stated that if you go onto the Council's website and type in Family Hubs it would come up and show the location of the Family Hubs and the wide range of services and support on offer.

Resolved: That the report and presentation be noted.