

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 Committee Room 2, County Hall, Durham on **Friday 8 November 2024 at 9.30 am**

Present:

Councillor A Reed (Chair)

Members of the Committee:

Councillors C Hunt, V Anderson, R Crute, S Deinali, L Mavin, K Rooney, M Walton, B Coult (substitute for M Simmons), B Kellett (substitute for S Townsend) and L Fenwick (substitute for E Waldock)

Co-opted Members:

Ms A Gunn and Ms K Wilson

1 Apologies for absence

Apologies for absence were received from Councillors J Griffiths, C Lines, D Mulholland, J Scurfield, M Simmons, S Townsend and E Waldock.

2 Substitute Members

Councillors B Coult substitute for M Simmons , L Fenwick substitute for E Waldock and B Kellett substitute for S Townsend.

3 Minutes of the Meeting

The minutes of the meetings held on 20 September 2024 and 3 October 2024 were agreed as a correct record and signed by the Chair.

4 Declarations of Interest

There were no declarations of interest.

5 Any items from Co-opted Members or Interested Parties

No items from Co-opted Members or other interested parties were raised.

6 Maternity and Childhood Vaccinations

The Committee received a report of the Director of Public Health which provided members with an update on Maternity and Childhood Vaccinations taken for County Durham (for copy of report and presentation slides, see file of minutes).

The report was presented by Joy Evans, Public Health Strategic Manager who provided an update on the vaccine commissioning programme led by NHS England and delivered in partnership with Harrogate District Foundation Trust (now IntraHealth) and GP practices. Regional delivery of childhood, school-aged, adolescent and Flu vaccination continued to show a strong performance when compared against national data.

The Public Health Strategic Manager advised that the Human Papillomavirus (HPV) had reduced from two to one vaccine, which research had found was as effective as two vaccines. Take up of the HPV vaccine had increased but this was still below the performance target. Information given on the take up of the Men ACWY (meningitis vaccine) which was greater in year 9 than year 10. Public Health had worked with partners to support catch up work where there had been relatively low vaccination coverage for specific cohorts of school aged children.

Information was given that take up of flu vaccinations for 2-3 year olds had been relatively low and an innovative pilot was developed where vaccinations were given in 15 nurseries and community venues in areas of low take up and deprivation. The pilot was the first in the North East, and the take up for this age range improved on the previous year making it the highest performing in the region. There are now 30 nurseries involved in the delivery.

Members were advised of the robust governance arrangements in place and that these arrangements were shared as a model of best practice across the region. Information was given on effective communication and engagement with parents.

The Chair referred to the increased staffing number required to meet the performance standard and monitoring of the work. The Public Health Strategic Manager responded that NHS England held the budget and commissioned immunisation services and the service and NHS England worked closely with the County Durham Immunisation Steering Group and GP practices to deliver commissioned programme changes. On-going monitoring of new patients such as migrants and students was a collaboration between GP practices, universities and other partners.

The Public Health Strategic Manager responded to a question from Mrs Gunn regarding the source of the vaccination data which was obtained from GP practice systems and for school aged children's data supplied via CHIS (Child Health Information System). Julia Bates, Consultant in Public Health added that data for children educated outside of a school setting were help by Durham County Council and through collaborative working the school aged vaccination offer was communicated to families who can book a vaccination appointment in community

clinics. The data presented decreased rates of vaccination of school aged children during 2020/21 as the school age immunisation programme included a COVID vaccination during that period. The team worked closely with schools on communications regarding a continuous programme offering all children who had not received their vaccination during within the usual year, this catch-up work helped to increased immunisation coverage.

Mrs Gunn asked for reassurance of HPV uptake. The Strategic Manger advised that post covid there had been a change of provider. The uptake of the vaccine for this year was approximately 70%. There was national communications programme as the vaccine provided a protective factor to irradicate cervical cancer. Communications included videos for pupils in school to increase awareness. The Consultant in Public Health advised that there was a time lag in the data and added that during covid cohorts there were some impacts on the other school immunisation programmes as the same staff were giving Covid vaccinations. However, there were follow ups and a continuous programme whilst in school.

Councillor Crute referred to the transition of school age immunisations which moved the vaccination of school aged children programme from Harrogate District Foundation Trust to a new private provider IntraHealth. He commented that there should be commissioning process in place to ensure any transfer of contact was proactive in considering the staffing levels and service level required to deliver the vaccination coverage detailed in the performance standard. The Public Health Strategic Manager outlined the movement of the programme to IntraHealth from 1 September 2020, which had previously been provided by Harrogate District Foundation Trust. The procurement progress was managed by NHS England (NHSE) and there had been work between NHSE and Intrahealth to support mobilisation of the new contract. There were also opportunities for collaborative working to share learning experiences which fed into this work. The data was a measure that ensured the programme was running well. However, when reflecting up on the period when the new contract was commissioned there was also a national change to the flu programme which extended the cohort eligibility for immunisation up to the age of 16 years to be completed for before the Christmas holidays. There had been relatively late communication of this change and this impacted on planned delivery.

Councillor Fenwick commented that school aged children who received vaccinations were reflected in the data but asked would children and young people educated outside of standard school provision were included in the data. The Public Health Strategic Manager responded that the home school team communicated with parents and carers who also worked closely with IntraHealth.

The Public Health Strategic Manager responded to a question from Councillor Andrews regarding the long-term benefits of the HPV vaccination. She stated that the uptake of HPV vaccinations had seen an increased uptake post COVID. Part of

this could have been supported by publicity on evidenced reductions of cervical cancer following implementation of the vaccination programme.

Mrs Wilson highlighted that the communication and media campaign promoting vaccinations reflected mothers in the images. She added that fathers should also be reflected throughout promotional communications. The Public Health Strategic Manager acknowledged that the image examples displayed in the presentation were local and regional communications developed in collaboration with partners, and she would feed this back.

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

7 Best Start in Life Update

The Committee considered a report of the Director of Public Health which provided Members with an update on the progress made in addressing the Best Start in Life (BSIL) priorities and highlighted the importance of early intervention and prevention of Tobacco Dependency in Pregnancy (TDiP) / Breastfeeding (for copy of report and presentation slides, see file of minutes).

The report delivered by Andrea Bracewell, Advanced Practitioner in Public Health gave a brief update on the work undertaken to address some of the key priorities', progress and challenges to improve outcomes in the first 1001 critical days for babies born to mothers who smoke. It also outlined the crucial role breastfeeding played in narrowing health inequalities for those born in more deprived communities, who experienced a higher prevalence of low birthweight and infectious childhood diseases.

Smoking Status at Time of Delivery (SATOD) is an indicator collected nationally. Locally there has been gradual improvement in the number of mothers SATOD. In the last five years County Durham has seen a 22% decrease in the proportion of mothers SATOD. During 2022/23, however County Durham had the second highest SATOD rate in the North East.

In relation to breastfeeding, Members were advised of research undertaken in the County to provide insights from communities, looking at feeding practices and understanding beliefs and attitudes regarding breastfeeding. The findings indicate that people from higher socioeconomic backgrounds were more likely to be breastfed and choose to breastfeed while those living in more deprived areas were less positive about breastfeeding. The findings also indicate that the attitudes of young people (16-29) were similar to other age cohorts from people with lower socioeconomic backgrounds. The findings from the research were being used to provide educational programmes. The service worked closely with Family Hubs and data from work around differences in breastfeeding between areas has added to the understanding of breastfeeding in local communities serviced by Family Hubs.

The Chair highlighted that the Tobacco and Vapes Bill went to Government for consideration on the 5 November 2024 which would make it illegal to sell tobacco products to anyone born on or after 1 January 2009. The Bill would also restrict the flavours, visual appearance and advertising of vapes with the aim of safeguarding young people. The Advanced Practitioner in Public Health responded that The Royal Collages had praised the implementation of these changes as it would decrease the number of mothers that smoked in future pregnancies. The Consultant in Public Health added that in the broader smoking agenda it was already illegal to supply tobacco to young people as it was an age restricted product. Tobacco packaging was unattractive with graphic photographs depicting health impacts of smoking and the move to further restrict outdoor smoking is part of the legislation and aimed to make the use of tobacco a less attractive activity.

Councillor Coult praised the great work that had been highlighted in a very challenging climate where vapes and smoking were being glamorised by social media and celebrities. The Advanced Practitioner in Public Health acknowledged these challenges and the continued need for young people to be made aware of the long-term harms of smoking, such as the heightened CO₂ levels monitored during pregnancy which highlighted the increased chances of a still birth or miscarriage for those who smoke in pregnancy. By giving mothers, the facts they were able to make informed decisions.

The Consultant in Public Health advised that in relation to the broader smoking agenda work was taking place. It was already illegal to sell tobacco products to children and young people and the Tobacco and Vapes Bill strengthens measures to reduce smoking rates. The legislative programme to bear down on smoking making it more difficult and help communities see that smoking is less acceptable.

Councillor Walton added that assurance was needed from employers with supporting breastfeeding and talking about the negative impact of smoking on the health of mother and baby. There were still lots of opportunities to engage with young people before they become adults and consider pregnancy, therefore any work with employers, and apprentices within our own organisation and the NHS to highlight these key messages was valuable.

The Advanced Practitioner in Public Health responded to questions from Professor Ciesielska regarding tobacco replacement and breastfeeding training for health staff. She stated that when a mother was moving towards tobacco replacement, generally this replacement therapy would not last longer than 12 weeks and vaping would only be advised as 'less harmful' than tobacco were a mother had previously been a tobacco smoker. In relation to breastfeeding training this was a mandatory requirement for staff involved in delivering through the family hub programme. Leaflets and communications were designed through a partnership of health professionals including education teams and midwives who meet annually. The

national training delivered by midwives to expectant mothers was consistent with set lesson plans that followed the Solihull training programme.

Mrs Gunn noted that woman metabolised tobacco quicker when pregnant and enquired if there had been any research into increased metabolism in those mothers with ADHD or mental health issues. The Advanced Practitioner in Public Health responded that the cycle of nicotine addiction in the body drove the need for nicotine rather than the stress factors and that there were no specific evidence to share regarding the role of ADHD.

In response to a question from Mrs Gunn regarding the possibility of working with local celebrities on breastfeeding promotion the Advanced Practitioner in Public Health stated that the authority were keen to use local women as role models, an example of which was a new breastfeeding promotion to be shown on local buses featuring local women. Care needed to be taken that breastfeeding products were not promoted when celebrities were supporting marketing campaigns for example breast feeding chairs were not required, specialist clothing for breast feeding in public were not necessary when a simple blanket would do the same job. Celebrities promoting the use of such aides could indicate that there was a cost to breastfeeding and we wanted to show its open to all and normalise the practice of breastfeeding.

Mrs Gunn noted that obesity and maintaining a balanced diet had not been highlighted when it was well documented as an impact on pregnant mothers and family health. The Advanced Practitioner in Public Health responded that the early years and pre-natal nutritional agenda sat with partners who worked toward those priorities. Partners in Best Start in Life Group, Healthy Weight Alliance and a specialist Matron based with County Durham and Darlington Foundation Trust worked in collaboration with the wider local agenda and champion breastfeeding as optimal for baby. The Chair added that there was the opportunity to join an online healthy weight webinar with Kelly Rose to be held on 26th January 2025 and an item on Healthy Weight would be considered at a Special meeting of CYPOSC on 26 February 2025.

The Advanced Practitioner in Public Health responded to a point made by Councillor Andrews regarding the pressure on family finances due to high cost of purchasing baby formula milk. She agreed that while the cost was high there was also misconceptions among some parents on the quality of higher and lower priced brands due to the power of the marketing undertaken by the companies. Formula milk was unfortunately a multi-million-pound industry. However, through the insights work it has been noted that the cost of formula feeding had not been seen as a deciding factor on whether someone would breastfeed or not. Through the Healthy Start Scheme a small financial contribution was available for families towards the cost of healthy food for families and also this could be used to contribute to the purchase of formula milk, but the team continued to promote that breastfeeding was optimal for baby and was also free.

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

8 Annual 0-25 Family Health Services Update

The Committee considered a report of the Director of Public Health which updated Members on the 0-25 Family Health Service workforce and service delivery across County Durham (for copy of report and presentation slides, see file of minutes).

Amanda Smith, General Manager, Harrogate & District NHS Foundation Trust provided an overview of the 0-25 Family Health Service County Durham; planned changes to service delivery following agreement of the 2-year contract extension to be enacted and the Key Highlights of the Workforce and Challenges.

The General Manager, Harrogate and District NHS Foundation Trust advised that in February 2024 the percentage of Health Visitor vacancies was 19%, however following work being undertaken by Harrogate and District NHS Foundation Trust in relation to recruitment, retention and Specialist Community Public Health Practitioners (SCPHNs) the percentage of Health Visitor vacancies in September 2024 had reduced to 6%.

Following the presentation, the General Manager answered questions around the agencies involved with and some of the challenges with implementing family and perinatal support for complex needs families. The TEWV Specialist Perinatal Mental Health team offered support for moderate to high level referrals, the 0-24 Family health Service Perinatal Mental Health Team offered support for low to moderate issues, but it was recognised that not all mothers would meet this level of need. There was further support provided through other partners including GP practices and Universal Health Visitors who were trained in emotional wellbeing visits and offered 6 visits. She explained that where there were specific needs, the 0-25 Perinatal Mental Health Team could offer more general support through, for example, wellbeing walks and breastfeeding groups. The robust partnership of support ensured that low to moderate needs were tracked and supported.

Councillor Anderson referred to perinatal mental health and highlighted that the CAMHS were dealing with a backlog of referrals so queried whether there was a possibility for family health referrals to be missed due to delays in supporting families.

The General Manager Harrogate and District Foundation Trust advised that in relation to perinatal mental health low to moderate was dealt with via the service but moderate to high was dealt with via Tees Esk and Wear Valley Foundation Trust (TEWV) to discuss where cases sit, and a strategic approach to perinatal mental health will be developed. Health Visitors provide six emotional wellbeing visits, family peer support provided universal support for mothers who are breastfeeding, there are wellbeing walks; this has grown into a robust offer. The

strategy work will enable partners to review and check that the right services are involved and there are no gaps.

Martyn Stenton, Head of Early Help, Inclusion and Vulnerable Children, advised that he was aware of members concerns for young people requiring mental health intervention services, but it was not the same for adults. Work does take place in the Family Hubs to support mental health which was valuable. He added that there was an indication in the Autumn Budget that funding would continue but unfortunately, he could not give an indication of what this would be. He advised that when he attends Children and Young People's Overview and Scrutiny special meeting on 27 January 2025, he would give an update as external funding would be included in his item.

The General Manager responded to an observation made by Mrs Wilson that mental health services were aimed at parents known to a child from birth which excluded stepparents that entered a child's life at a later stage. She added that the wording 'parents/carers' was inclusive and noted that stepparents also fell under this term. There was support available through the service for mental health of parents/carers of children up to 2 years old which was the perinatal period.

Professor Ciesielska followed up on the use of the digital pathways App '0-25 Growing Healthy' by parents and young people. The General Manager shared that parent/carer and young people using the App had increased with the health chat function being well used. User feedback was invited which it was hoped would be gathered through a QR code sent after each interaction to aid quicker and easier feedback from users. Recent updates to the App included 'Recite Me' a service that increased accessibility for clients whose first language was not English, those with dyslexia, and those unable to read or who had literacy challenges. Young People engaging via the App were covered under the Fraser Guidance so there was not a requirement to contact parents when a child had made contact through that channel when an assessment had been made of the understanding of the young person in relation to the advice they were seeking.

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

9 Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration

Ms Gunn highlighted a future item for discussion relating to Home to School Transport contracts that were transferring to a new provider. Stephen Gwilym, Principal Overview and Scrutiny Officer noted that the committee had received an update to the last meeting and the committee would continue to receive updates. He added that in relation to procurement, discussions were taking place around the role of Overview and Scrutiny regarding the management of risk oversight and the relationship of Overview and Scrutiny and Audit and their respective roles in overseeing risks. He assured members that Overview and Scrutiny was mindful of

risks and all overview and scrutiny reports included an implications appendix to address risk of the item being considered.

Jim Murray, Head of Education and Skills added that an update was given on the resource that was put into working on procurement with suppliers with a particular focus on the work streams. Providers felt they were in a strong position to bargain on price, however a closer look at the quality of these high price services was required.