

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

2 OCTOBER 2014

DIRECTOR OF PUBLIC HEALTH: ANNUAL REPORT

1. PURPOSE OF REPORT

- i. To introduce the Director of Public Health's report.

2. BACKGROUND

- 2.1. Under the Health and Social Care Act 2012 the County Council now has key responsibilities across the three domains of public health – health improvement, health protection and public healthcare. This is the third opportunity the Committee has had to review the Director of Public Health's Annual report.

3. SCRUTINY COMMITTEE INTEREST

- 3.1. In his report for this year (still in draft form) , Dr Lincoln Sergeant provides insight into the health issues for children, young people and their families in North Yorkshire, the progress made to date and recommendations for future action. The attached covering paper, intended for the Health and Wellbeing Board, gives a précis of the Annual Report's content. Bearing in mind Dr Sergeant has focused on children issues, and with your Chairman's agreement, I took the view that although this item was on your work programme, printing the full document at this stage (all 83 pages), was not the best approach. Dr Sergeant will be at your meeting to talk through his report – particularly where it is relevant for your remit – and at some point I should be able to send you a link to the final, published version.

4. RECOMMENDATION

- 4.1 That the Committee consider the North Yorkshire Director for Public Health Annual Report 2013/2014.

**BRYON HUNTER
SCRUTINY TEAM LEADER**

County Hall
Northallerton

Author and Presenter of Report: Ray Busby
Contact Details: Tel: 01609 532655
E-mail: ray.busby@northyorks.gov.uk

22 September 2014
Background Documents: None

HEALTH & WELLBEING BOARD

Friday 30 September 2015

Annual Report of the Director for Public Health for North Yorkshire 2015

1 Purpose of the Report

- 1.1 To present the Annual Report of the Director for Public Health for North Yorkshire 2015, "The health of our children: Growing up healthy in North Yorkshire."
- 1.2 The Health and Wellbeing Board are asked to receive the report and to consider the actions that members can make to implement the recommendations.

2 Background

- 2.1 It is the duty of the Director of Public Health (DPH) to write an annual report on the health of the local population. This is my third report.
- 2.2 This year's report provides insight into the health issues for children, young people and their families in North Yorkshire, the progress made to date and recommendations for future action.
- 2.3. The report uses a lot of the excellent information collated from the "Growing Up in North Yorkshire" survey and complements the North Yorkshire Children and Young Peoples plan "Young and Yorkshire".

3 Executive Summary

- 3.1 The report describes how every year some 6000 babies are born in North Yorkshire. The majority will be born into stable families with the resources to ensure they have the best start in life. Most will develop the skills and knowledge needed for them to be ready for school. The majority will learn and practice healthy behaviours and will develop into well-adjusted young adults with the educational attainment and life skills needed for the careers of their choosing. However, there are some children who will face adversity from the outset.
- 3.2 In this report, each chapter highlights some of the challenges that children and young people face at different stages of their lives. In some situations, these challenges can be removed or the impact reduced. However, this is not always possible and children and young people

require help to be resilient – to overcome the obstacles that may threaten their development and progress into healthy and productive adulthood.

3.3 To illustrate the scale of the challenge in North Yorkshire the report notes that:

- 1 in 10 children are born into poverty
- 2 in 5 are not ready for school
- 1 in 5 start school with excess weight; increasing to 1 in 3 by Year 6
- 1 in 4 secondary school children report having tried smoking or currently smoke
- 1 in 3 report a low measure of resilience
- 1 in 4 leave school without achieving 5 or more GCSEs or equivalent qualification including maths and English

3.4 In addition there are groups that are vulnerable and need additional support to build their resilience. These include 1,800 children and young people with a Statement of Special Educational Needs, about 600 young carers and 465 children in care. Lesbian, Gay, Bisexual and Transgender youth and young people from black and ethnic minority groups report higher levels of bullying compared to other youth.

3.5 This report notes some of the actions being taken to address these challenges and indicates where further action is needed.

4 Annual Report Recommendations

1. Child poverty

Strategies and plans that affect the health and well-being of children and young people should be assessed for their impact on childhood poverty. Agencies and professionals working with pregnant women, children and families should include national objective measures of child poverty in their assessments to ensure that appropriate support is available to help overcome the wider social, economic and environmental factors that can adversely affect the health of these children.

2. 0-5 Healthy Child Programme

On transfer of the 0-5 health visiting programme, NYCC should review current provision with partner agencies to ensure the future service delivery model is embedded as part of wider range of prevention and early help services available.

NYCC as lead commissioner should ensure there is a balance between targeted services for vulnerable groups and also universal services.

3. Parenting Programmes.

NYCC and partner agencies should ensure that there are a range of evidence-based parenting programmes on offer to all parents with a range of needs, which have the outcomes of building family resilience and reducing demands of services

by enabling parents to self-help.

4. Childhood obesity

Partner agencies should agree a comprehensive 'Healthy Weight, Active Lives' Strategy, providing a strategic approach to encouraging children and young people to do more physical exercise and improve their eating habits. This should include initiatives to improve access to opportunities for physical activity and reduce factors in the wider environment that may promote obesity such as fast food outlets near schools.

5. PSHE in Schools

Schools should work in partnership with NYCC and other agencies to deliver high quality, consistent PSHE in line with the Department for Education guidance. , provide an age appropriate PSHE education for pupils.

Schools should explore different ways of tailoring and delivering lessons that is age appropriate, meets the needs of all pupils, and explores concepts that impact on risky behaviours such as healthy relationships and consent.

6. Maximise opportunities for Future in Mind

As highlighted in Future in Mind, although many schools support their pupils' mental health, more needs to be done to help schools develop knowledge about mental health, and also to develop a whole school approach to emotional health and wellbeing. There also needs to be better and easier access to specialist services for children and their families.

CCGs and Local Authorities need to maximise the opportunities provided by Future in Mind, and utilise available new investment to develop and deliver against their local transformation plans, with the aim of improving children and young people's physical and emotional resilience.

5 Appendices

- 5.1 Appendix 1 – Report of the Director of Public Health for North Yorkshire 2015 – draft proof.

Dr Lincoln Sargeant
Director of Public Health for North Yorkshire
14 September 2015