



Meeting: **SCRUTINY COMMITTEE**
Date: **TUESDAY 26 JANUARY 2016**
Time: **5.00 PM**
Venue: **COMMITTEE ROOM**
To: **Councillors J Crawford (Chair), Mrs W Nichols (Vice Chair),
D Bain-Mackay, D Buckle, Mrs E Casling, I Chilvers and
D White.**

Agenda

1. Apologies for absence

2. Minutes

To confirm as a correct record the minutes of the meeting of the Scrutiny Committee held on 24 November 2015 (pages 1 - 5 attached).

3. Disclosures of Interest

A copy of the Register of Interest for each Selby District Councillor is available for inspection at www.selby.gov.uk.

Councillors should declare to the meeting any disclosable pecuniary interest in any item of business on this agenda which is not already entered in their Register of Interests.

Councillors should leave the meeting and take no part in the consideration, discussion or vote on any matter in which they have a disclosable pecuniary interest.

Councillors should also declare any other interests. Having made the declaration, provided the other interest is not a disclosable pecuniary interest, the Councillor may stay in the meeting, speak and vote on that item of business.

If in doubt, Councillors are advised to seek advice from the Monitoring Officer.

4. Chair's Address to the Scrutiny Committee

5. Annual Report of the Director of Public Health

To consider a report from the Director of Public Health - North Yorkshire County Council (pages 6 - 48 attached).

6. Police Crime Commissioner – North Yorkshire

To receive a verbal update on the work of the Police Crime Commissioner for North Yorkshire (pages 49 - 50 attached).

7. Police and Crime Panel Update

To consider a report from North Yorkshire Police and Crime Panel (pages 51 - 63 attached).

8. Work Programme 2015/16

To consider the Work Programme for 2015/16 (pages 64 - 65 attached).

9. Forward Plan

To consider the Forward Plan February– May 2016 (pages 66 - 75 attached).

Jonathan Lund
Deputy Chief Executive

Dates of next meetings
Friday 26 February 2016 – 2 p.m.
Tuesday 22 March 2016 (provisional) 5 p.m.

Enquiries relating to this agenda, please contact Janine Jenkinson on:
Tel: 01757 292268, Email: jjenkinson@selby.gov.uk.



Minutes

Scrutiny Committee

Venue:	Committee Room
Date:	Tuesday 24 November 2015
Time:	5.00 p.m.
Present:	Councillors J Crawford (Chair), D Buckle, I Chilvers, D Mackay and D White.
Apologies for Absence:	Mrs L Casling
Officers Present:	Jonathan Lund – Deputy Chief Executive, Simon Parkinson – Lead Officer, Community Support, Sarah Thompson – Lead Officer, Housing, and Janine Jenkinson - Democratic Services Officer.
Also in Attendance:	Councillors D Peart, Lead Executive Member for Housing, Leisure, Health and Culture.
Press:	0
Public	0

20. MINUTES

RESOLVED:

To approve the minutes of the Scrutiny Committee meeting held on 22 September 2015, for signature by the Chair.

21. DISCLOSURES OF INTEREST

There were no declarations of interest.

22. CHAIR'S ADDRESS TO THE SCRUTINY COMMITTEE

There was no address from the Chair.

23. EDGERTON LODGE AND THE USE OF DISPERSED TEMPORARY ACCOMMODATION FOR HOMELESSNESS

The Committee considered a report that outlined the current position in relation to the decommissioning of Edgerton Lodge and using dispersed accommodation for homeless individuals in the Selby District.

The Committee were informed that a review of the Council's temporary accommodation requirements had been undertaken, as part of a wider Asset Management Strategy. The Lead Officer, Housing reported that it had been agreed to decommission the use of Edgerton Lodge as hostel style accommodation and for future temporary accommodation to be provided by using Ousegate Lodge and supplementing this with dispersed properties either local authority owned or private sector accommodation.

The Lead Officer, Housing explained that the occupancy levels for both Ousegate Lodge and Edgerton Lodge had dramatically reduced due to the large amount of prevention work that had been carried out by the Housing Options Team and other partner agencies.

The Committee was informed that dispersed accommodation allowed for flexibility over area and size and enabled the Council to respond quickly to changing demand, if there was a need to increase/decrease available accommodation.

The Lead Officer, Housing explained that Edgerton Lodge would be decommissioned in March 2016 and officers were continuing to analyse demand and consider the options relating to the provision of dispersed accommodation.

The Lead Officer, Housing agreed to report back to the Scrutiny Committee with any concerns, if they arose before March 2016.

RESOLVED:

- I. To note the current position in relation to dispersed temporary accommodation.**
- II. To ask the Lead Officer, Housing to provide a procedure note to the Committee, outlining the process to allocate temporary accommodation.**
- III. To bring matters back to the Committee, if Councillors have any concerns about the process outlined in the procedure.**

24. REFUGEE FAMILIES IN SELBY DISTRICT

The Lead Officer, Community Support provided the Committee with a report that outlined the Government's proposal to resettle 20,000 Syrian refugees in the UK over the next five years and what this meant for Selby District.

Councillors were informed that a partnership had been established between the County Council and the seven district/borough councils to consider how the Syrian Refugee Scheme could be supported collectively. The partnership was working with Migration Yorkshire, and local authorities from South and West Yorkshire and the Humber to consider what additional support they could provide to the partnership.

It was explained that officers were currently identifying possible housing options to support the resettlement of refugees and some housing may be used from the Council's stock. The Committee was informed that officers had held discussions with private sector landlords, to assess available capacity in the private rented sector. It was also stated that the potential to bring empty properties back into use was also being explored.

RESOLVED:

To note the update provided at the meeting.

25. TRAN PENNINE ELECTRIFICATION

The Committee was informed it had not been possible to arrange for a representative from Network Operation (LNE & EM Route) to attend the meeting but the organisation had provided Councillors with a briefing note.

The briefing note informed the Committee that the electrification of the Trans Pennine route had resumed under plans announced as part of the plan to reset Network Rail's upgrade programme.

It was explained that Network Rail was currently working with the Department for Transport and Transport for the North to develop a new plan for electrification of the Trans Pennine line between Stalybridge and Leeds and on to York and Selby.

It was outlined that the new plan would focus on delivering key capacity and journey time benefits between Manchester, Leeds and York. These benefits would support economic growth as part of the Northern Powerhouse and facilitate commuter travel into the major urban areas of the North of England.

The plan would include:

- Quicker journeys between Manchester, Leeds and York.

- More direct services between cities of the North.
- Improved reliability of passenger services.
- Electrifying the Trans Pennine route from Manchester, Leeds to York and Selby.

The briefing note informed the Committee that revised plans for the Control Period 5 (2014 – 2019) would be published in the near future.

RESOLVED:

To note the briefing note provided.

26. WORK PROGRAMME 2015/16

There was some discussion in relation to enforcement and the situation at the Great Heck waste site. The Chair suggested that the issue could be considered as a future Scrutiny review. The Committee agreed to consider including these matters in the Work Programme at the January 2016 meeting.

Councillor Buckle informed the Committee that he had met with the Lead Officer, Community Support to discuss issues in relation to Council owned Community Centres. He reported that the Lead Officer, Community Support would be undertaking a review of Council owned Community Centres, therefore rather than duplicate any work, Councillor Buckle advised that he would work with the Lead Officer and provide the Scrutiny Committee with progress updates.

Councillor Buckle reported that Telford and Wrekin Council's Scrutiny Committee had recently carried out a review of their Community Centres and they had subsequently been shortlisted for a CfPS (Centre for Public Scrutiny) Good Scrutiny Award 2014. He said it would be useful to arrange a visit to Telford and Wrekin Council to talk to members about the review. Councillor Buckle requested that the Scrutiny Committee agreed to approve that he visit Telford and Wrekin Council.

RESOLVED:

- i. To note the Work Programme 2015/16.**
- ii. To consider including enforcement and the Great Heck situation to the Work Programme at the Scrutiny Committee meeting on 26 January 2016.**
- iii. To approve and to ask the Democratic Services Officer to arrange a visit to Telford and Wrekin Council for Councillor Buckle and the Lead Officer, Community Support.**

27. FORWARD PLAN

The Committee considered the Forward Plan, December 2015 – March 2016.

RESOLVED:

To note the Forward Plan.

The meeting closed at 6.15 p.m.

Report Reference Number: SC/15/8

Agenda Item No: 5

To: Scrutiny Committee
Date: 26 January 2016
Author: Janine Jenkinson, Democratic Services Officer
Lead Officer: Jonathan Lund, Deputy Chief Executive

Title: Annual Report of the Director of Public Health (Covering Report)

Summary:

To consider the Annual Report of the Director of Public Health - North Yorkshire County Council.

Recommendations:

That the Scrutiny Committee considers the information presented and provide any views.

Reasons for recommendation

To enable the Committee to consider health provision in Selby District.

1. Introduction and Background

The report attached provides an update to the Scrutiny Committee on the work of the Director of Public Health – North Yorkshire County Council.

The Report

2.1 The Scrutiny Committee are asked to consider the Annual Report of the Director of Public Health provided at Appendix A.

3. Legal/Financial Controls and other Policy matters

3.1 Legal Issues

None

3.2 Financial Issues

None

4. Conclusion

To consider the Annual Report of the Director of Public Health.

5. Background Documents

None

Contact Officer:

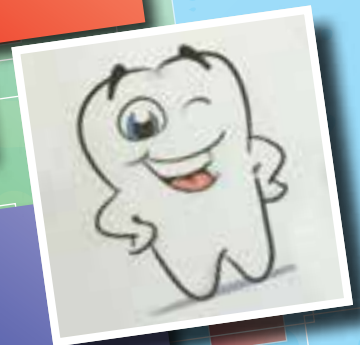
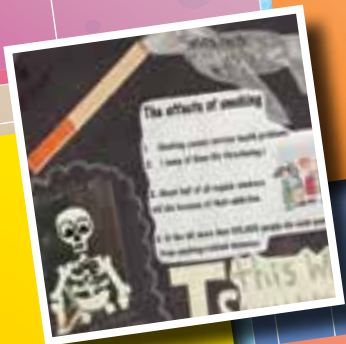
Janine Jenkinson
Democratic Services
X2268
jjenkinson@selby.gov.uk

Appendices:

Appendix A – Annual Report of the Director of Public Health

Annual Report of the Director of Public Health 2015

The health of our children: Growing up healthy in North Yorkshire



Contents

Executive Summary	3	Chapter 4 - Secondary school years	44
Acknowledgements	4	Key facts	44
Abbreviations	5	Health related behaviours	45
Forewords	6	Tobacco	45
Introduction	8	New Psychoactive Substances	47
Chapter 1 - Pregnancy and Birth	11	Risky behaviour	48
Key facts	11	Emotional and mental health	51
A healthy pregnancy	11	Human papillomavirus (HPV) immunisation	53
Maternal nutrition – vitamin D deficiency	12	Relevant NICE Guidance	55
Smoking during pregnancy	13	Chapter 5 - Late Adolescence	57
Breastfeeding	15	Key facts:	57
Support for more vulnerable families	16	Educational attainment	57
Domestic violence	16	Higher Education	58
Perinatal Mental Health and postnatal depression	17	Not Engaged in Education, Employment or Training (NEET)	58
Teenage Pregnancy	19	Sexual Health	60
Relevant NICE Guidance	21	Road Safety	62
Chapter 2 - Early Years	23	Homelessness	64
Key facts	23	Relevant NICE Guidance	67
Parenting and Attachment	24	Chapter 6 - Early Adulthood	69
Unintentional and deliberate injuries in children and young people	25	Key facts:	69
Speech, Language and Communication	27	Transport	69
School Readiness	29	Alcohol Misuse	72
Relevant NICE Guidance	30	Employment and Training	73
Chapter 3 - Primary School Years	32	Special Educational Needs and disabilities (SEND)	75
Key facts	32	Relevant NICE Guidance	75
Health promoting behaviours	32	Update on recommendations from 2014 report	76
Nutrition	32	Recommendations 2015/16	79
Physical activity	34		
Overweight and obesity	36		
Oral health	39		
Immunisation	39		
Relevant NICE Guidance	42		

Executive Summary

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.

There are some children who will face adversity from the outset. 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 we have to help children and young people to be resilient - to overcome the obstacles that may threaten their development and progress into healthy and productive adulthood.

To illustrate the scale of the challenge in North Yorkshire we note 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

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.

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

Acknowledgements

Editorial Team:

Dr Lincoln Sargeant, Director of Public Health

Katie Needham, Consultant in Public Health

Shane Mullen, Public Health Intelligence Specialist

Carly Walker, Health Improvement Manager

Phillippa Sellstrom, Health Improvement Officer

Jacqui Fox, Health Improvement Officer

Katharine Bruce, Lead Adviser 0-19 Wellbeing, Education and Skills

Clare Barrowman, EDA – Health and Wellbeing, Education and Skills

Jenni Saunders, SEN and Disabilities Project Officer

Chris Plowright, Youth Engagement Officer

Victoria Turner, Speciality Registrar in Public Health

Thanks to Paul Robinson and Michael Potter for the report design.

Thanks to Tina Handley and Katy Cox for assistance with the distribution of the report. The online version of the report was designed and developed with help from the NYCC Web Team.

Thanks to Tina Handley for assistance with the distribution of the report

Thanks to all those who contributed to the report or provided comments on early drafts, and to the schools who provided artwork.

Areas for future development

These have been colour coded as follows to highlight who is responsible for taking action on these priorities:

Yellow	= Schools
Black	= Partnerships
Green	= North Yorkshire County Council
Orange	= Providers of Children's Services
Blue	= Commissioners of Children's Services

Abbreviations

AIDS	Acquired immunodeficiency syndrome	NEET	Not in Education, Employment or Training
BFI	Baby Friendly Initiative	NHS	National Health Service
BMI	Body Mass Index	NICE	National Institute for Health and Care Excellence
CAMHS	Child and Adolescent Mental Health Services	NPS	New Psychoactive Substances
CCG	Clinical Commissioning Group	NRT	Nicotine Replacement Therapy
CO	Carbon Monoxide	NTE	Night Time Economy
CPD	Continuing Professional Development	NYCC	North Yorkshire County Council
CSC	Children's Social Care	OFSTED	Office for Standards in Education
CSE	Child Sexual Exploitation	ONS	Office for National Statistics
CYPS	Children and Young People's Service	PCU	Partnership Commissioning Unit
DfE	Department for Education	PE	Physical Education
EDA	Educational Development Adviser	PH	Public Health
ELDP	Early Language Development Programme	PHE	Public Health England
GCSE	General Certificate of Secondary Education	PSHE	Personal Social Health Education
GP	General Practitioner	QAF	Quality Assurance Framework
GUNY	Growing Up in North Yorkshire Survey	SEND	Special Educational Needs and Disability
HBC	Harrogate Borough Council	SLCN	Speech Language and Communication Needs
HCP	Health Child Programme	STI	Sexually Transmitted Infection
HDFT	Harrogate and District NHS Foundation Trust	VCSE	Voluntary Community and Social Enterprise Sector
HIV	Human immunodeficiency virus	WHO	World Health Organization
HPV	Human papilloma virus		
IDVA	Independent Domestic Violence Adviser		
IRO	Independent Reviewing Officer		
ISVA	Independent Sexual Violence Adviser		
JSNA	Joint Strategic Needs Assessment		
LAPE	Local Alcohol Profiles for England		
LGBT	Lesbian, Gay, Bisexual, Transgender		
NCMP	National Child Measurement Programme		

Foreword

This report gives us further valuable insight into the health issues for children, young people and their families in North Yorkshire and the progress made to date. It serves as a useful reminder that although the health of our children and young people in North Yorkshire is good, there are parts of the County where outcomes need to be improved. There are also a number of specific groups who experience poorer health outcomes than their peers. Our aim is to see every child and young person thrive and this means providing the additional support needed by children who have to overcome greater challenges than their peers.

We know from the excellent “Growing Up in North Yorkshire” survey that children in care, children from black and minority ethnic groups and young carers are more likely to have been bullied and are more likely to engage in risk taking behaviour. Some children have additional needs or disabilities that may affect their ability to learn and others are vulnerable because of instability and difficulties in their homes and families.

Young people are our greatest asset. We need to always make sure that children and young people feel they are valued members of our communities and have genuine rich opportunities to both know that and in turn contribute positively. Ensuring a healthy start to life is one of the three priorities in “Young and Yorkshire”, the North Yorkshire Children and Young People’s Plan. This report highlights the many factors that influence health and help to build resilience in children and young people. It shows how the priorities regarding education, a happy family life and health cannot be viewed in isolation and are crucially inter-related.

We make progress through an excellent workforce who work hard to make a difference to the lives of children and their families. Agencies are working together better in a more integrated way to deliver the priorities as agreed. One area of progress is in improving outcomes for lesbian, gay, bisexual and transgender young people in North Yorkshire. North Yorkshire County Council currently ranks fifth in the Stonewall Education Equality rankings for the country which is a credit to the hard work of staff and young people. However, we should not be complacent as there is so much more still to be done.

We know that if we get prevention and early intervention services right for children and young people it will have a big impact on improving their life chances. There are new exciting opportunities that will help us in this quest, in particular the transfer of responsibility for the Healthy Child Programme to NYCC and the new opportunities from “Futures in Mind” to enhance the resilience and emotional wellbeing of our young people.

We look forward to working well together to take forward the important recommendations made in this report.



Pete Dwyer, Corporate Director, Children and Young People’s Service



Councillor Janet Sanderson, Executive Member for Children and Young People’s Service



Councillor Arthur Barker, Executive Member for Children and Young People’s Service



Councillor David Chance, Executive Member for Public Health

Loud, obnoxious, reckless, wild, simply out of control... just a few of the descriptions attributed to our young people; and often associated with their inattentive attitudes to health. In society it seems that young people are placed on a horizontal line; one end being an A* student – a well-rounded and bright individual, and on the other end your stereotyped drinking, drug addict, crime causing troublemaker. In some ways the media show not the variation between these two points, but categorise young people instead into one group or the other. The over publication of teenagers’ apparent misuse of drink, drugs and sexual behaviours creates dominant stereotypes that subdue the real voices of young people. With the ever heightening misportrayal of young people in the media our understanding of their health can be based on articles reporting misleading statistics and biased opinions, and not on the true nature of young people in our society.

Through working with young people, we can begin to shatter the misconceptions of disengaged teenagers and realise the real issues without overlooking them. We’re facing a generation that is more willing to communicate about health and receive helpful information about every aspect of living a healthy life. As young people, we truly want and need a consistent, reliable and relevant source of information and help if we are going to live healthy lives. We want to be aware of the issues we may or will experience physically, mentally and emotionally, and how we can cope with them so that we can enjoy the several other important aspects of our lives.

This annual health report directly targets the problems which affect our age range the most; covering health related behaviours, emotional and mental health and education. It gives a good overview of the causes, the effects, and the impact of these issues on important aspects of young people’s lives. This is done without overlooking the voice of children and young people or showing bias that create stereotypes sometimes reported by the media. This report challenges us all to take the relevant actions to make sure services for these different issues are reliable and approachable for children, young people and their families.

Hannah Berzins



Chair, North Yorkshire Youth Council

healthy means to
 • keep fit and do lots of
 to play sports. exercise.
 • to eat healthy.
 • to keep fit.
 • dont eat lots of food
 with lots of fat in it
 • to do lots exercise
 • do lots of walks

James, age 9

Introduction

So much depends on the circumstances that frame the start of a child's life. The genetic makeup passed from the parents, the environment in the womb, and access to good antenatal care predetermine much of the experience that that child will have in life.

Their life chances will be greatly influenced by the family and community situation into which they are born. What support do the parents have? How stable is their relationship? What kind of parenting skills do they have? Do the parent(s) work? Can they afford to live in a community that is safe and has good housing and excellent educational provision for the child?

Some children face adversities that stack the odds against them throughout life, contributing to poor school readiness and poor educational attainment. This in turn traps them in a cycle of poor employment, poor housing and unhealthy health habits. Many of the lifestyle factors that lead to early illness and death such as smoking, poor diet and low levels of physical activity start before adulthood.

But adversity does not lead to adverse outcomes in everyone. There are many children and young people who overcome difficult circumstances and lead fulfilling and healthy lives in spite of the factors that would have predicted otherwise.

This year I have decided to focus on the health of children and young people in North Yorkshire and to explore the theme of resilience. Resilience involves doing well against the odds – coping and recovering. It is the ability to bounce back. In promoting the health of children and young people we need to identify the factors that limit their life chances and do what we can to reduce or eliminate them. However, we cannot insulate our children from every threat. We must equally help them to be resilient.

In order to promote resilience there is a need to have a range of approaches in place that:

- Aim to reduce or prevent risks such as premature births or teenage pregnancy (Risks),
- Utilise resources that enable adaptive functioning of children and young people to counteract adversity such as job training for parents (Assets), and
- Support positive developments such as positive long-term relationships (Processes).

This report builds on the foundation of my previous two annual reports. If we are to be serious about improving the health of the population, reducing variations in health outcomes, preventing ill-health and reducing the cost of health and social care provision we must begin where these challenges first take root – in childhood.

We must also be clear about what we can change and what we must adapt to. This is the essence of resilience. My last report looked at utilising community assets and building community resilience. The environment we live in and the local economy are key factors in supporting and protecting children into adulthood and beyond by providing social networks and opportunities to build purposeful lives. Child poverty is the challenge that one in ten children in the County must overcome.

It is not my intention to provide a comprehensive account of all the issues that can affect the health and resilience of children and young people.

The outcome of debates about our place in Europe and the world in an era of globalisation will no doubt have an impact on the economic prospects of young people in North Yorkshire. So will the outcome of talks on devolution of powers from Westminster to local regions. These are important issues which would add considerably to the length of the report if I attempted anything but the most superficial treatment.

Our children are growing up in a world that is markedly different from that of their parents. New opportunities and threats arise from the access our children have to the world through digital technologies. These portals mean that our children can be exposed to extremist radicalisation, sexual exploitation and cyber-bullying in the “safety” of their own homes. There is a great deal of good work on these topics and others that are not covered in detail in this report.

As part of producing the report we asked children and young people what being healthy meant to them. Throughout this report you will see quotes from children and young people stating their answers. We also asked some young people where we should spend public health monies and their top issue was mental health. Therefore, it is good to see nationally and locally there is now a focus and drive to promote good mental health from the earliest ages. There is evidence that supporting families and carers, and building resilience throughout adulthood and supporting self-care reduces the burden of mental health and physical ill health over the whole life course.

In general terms the overall health and wellbeing of children and young people in North Yorkshire is better than the England average. However, there are clear inequalities in health outcomes experienced by some children and young people, which are associated with their social, economic and environmental circumstances. These inequalities, which are highlighted throughout this document, are assessed and discussed in greater detail in a separate thematic document.

My conclusion is that whilst there are good news stories around improvements in our children's health such as fewer young people taking up smoking and decreasing teenage pregnancy rates, there are areas where further action is required. These are outlined in chapters that follow a life course approach from pre-conception up to the age of 25.

This report is aimed at a broad readership which I hope will include children and young

people themselves, as well as parents, teachers and policy makers. It is my wish to spark interest, to start conversations and to point to practical actions readers can take to move forward the issues highlighted in this report.

Co-ordinated action is needed to ensure that young people are capable of meeting the changing requirements of life and are resilient and primed to succeed. Health plays a powerful role in allowing children and young people to meet their academic potential and that academic achievement helps in turn to improve health. Improving health also has the potential to help us economically.

In many areas of child health, small shifts in focus towards prevention would have a profound impact on children's lives whilst also saving money. These financial gains are major in the long term, but even in the short term they represent significant health improvements and cashable savings. There is a wide range of evidence based practice which if properly implemented could make a real difference.

Finally, I want to thank the contributors and editorial team who helped to produce this report. This year we had the pleasure of working with two high school students who contributed while on work placement with the Public Health Team. We have had the support of many schools whose students contributed their ideas and artwork as they gave life to the otherwise abstract concepts of public health and resilience.

If you find this report stimulating and engaging the credit is due to their input. If not, the fault is entirely mine. Either way I would like to hear from you.



Dr Lincoln Sargeant: Director of Public Health
lincoln.sargeant@northyorks.gov.uk

Chapter 1 Pregnancy and Birth



What does being healthy mean to you?
William, age 8

Chapter 1 - Pregnancy and Birth

This chapter addresses some of the key issues surrounding pregnancy and birth. Even before a child's life starts, the choices parents make and the actions they take will influence outcomes for their child both at birth and later in life.

Children who are born into poverty, to teenage parents, or into settings of domestic violence often face challenges that require a wide range of interventions to boost the resilience of the child and their family.

Key facts

Every year nearly 6,000 babies are born (live births) in North Yorkshire.

- 85 are born to teenage parents
- 774 (12.9%) are born to mothers who smoke during pregnancy
- 660 (11.0%) are born in poverty
- 126 (2.1%) are of low birth weight
- 1,380 (23%) are not breastfed

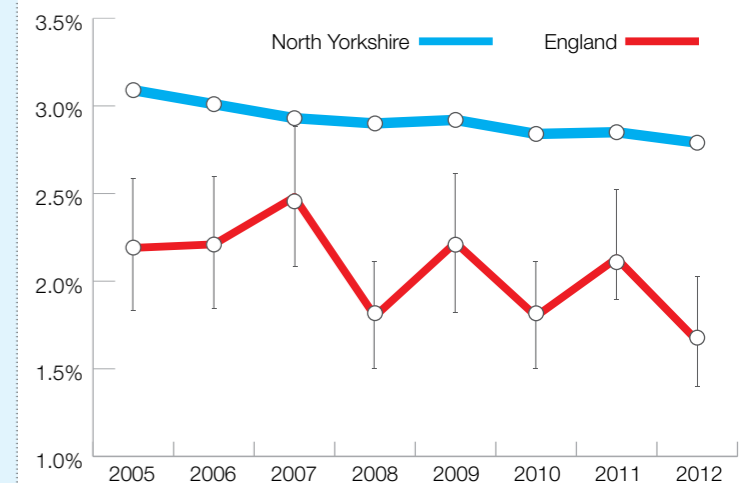
A healthy pregnancy

Development begins before birth, and the health of a baby is significantly affected by their mother's health and wellbeing. Supporting women to make healthy choices during pregnancy is key to *'giving every child a best start in life.'*

Evidence suggests that maternal health is related to socioeconomic status, and that disadvantaged mothers are more likely to have babies of low birth weight. Smoking, maternal stress, maternal nutrition and maternal education are also reported to have an association with low birth weight which can lead to poor health and increased risk of chronic diseases in adulthood. Hambleton and Scarborough have the highest percentage of low birth weight babies in North Yorkshire, although still lower than the national average.

The impact of economic and environmental conditions, such as low income and poor housing, in a child's early years can also affect many other aspects of their life, including health, educational achievement and future economic status.

Low birth weight North Yorkshire trend



Source: PHE 2015

Did you know?

- 11.0% of children in North Yorkshire aged under 16 years are living in poverty (defined as the percentage of children aged under 16 living in families receiving out-of-work benefits or tax credits, where their reported income is less than 60% of UK median income (2011). The England average is 19.2%.
- There is wide variation between localities, with 19.3% of children recorded as living in poverty in Scarborough compared to 8.6% in Craven (2012).
- The rate of family homelessness is better than the England rate, although there are still 257 statutory homeless households in receipt of temporary accommodation across North Yorkshire.

Recommendation: Childhood Poverty

Poverty is a massive driver of adversity within the population. Tackling the issue of poverty and providing community solutions to mitigate the impact will build resilience in parenting communities and address inequalities in children's health.

Strategies and plans that affect the health and wellbeing 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.

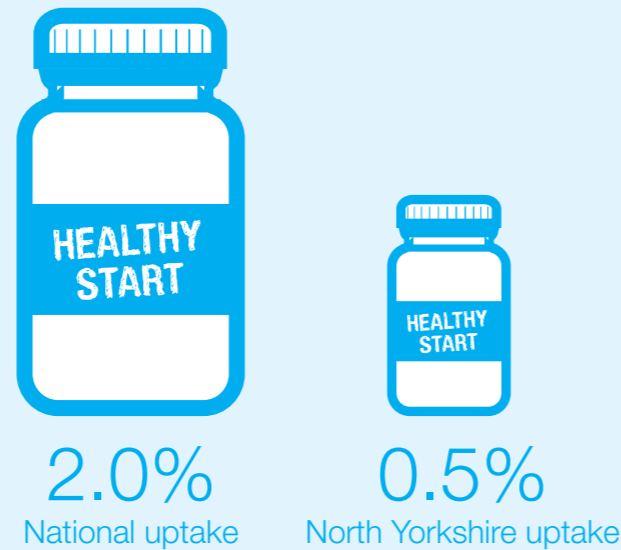
Maternal nutrition – vitamin D deficiency

Why is this an issue?

- A healthy and well-balanced diet is an important part of leading a healthy lifestyle, but it is especially important for pregnant women, or women planning a pregnancy.
- Groups at risk of vitamin D deficiency include infants and children under five, and pregnant and breast feeding women (particularly teenagers and young women).
- There are concerns nationally about the increase in rickets caused by the lack of vitamin D. In North Yorkshire there were 19 hospital admissions attributed to vitamin D deficiency in 2013/14.

Healthy Start is a national scheme that is available to pregnant mothers or parents with a child under four years old. Parents can access Healthy Start vitamins (which contain folic acid, vitamin C and vitamin D) if they fulfil the eligibility criteria. The Scheme is promoted by midwives and health visitors. In North Yorkshire the uptake of Healthy Start vitamins is significantly lower than the national average.

Healthy Start vitamin uptake (2014/2015)



(Source: NHS Business Services Authority 2014/15 data)

Examples of local action:

A Healthy Start task and finish group consisting of midwives, health visitors and children's centre staff has been established to identify how the uptake of Healthy Start vitamins can be increased across North Yorkshire. Work is underway to identify how vitamins can be distributed through all children's centres to enhance accessibility.

Areas for future development:

Midwives, health visitors, children's centre and other staff who are in contact with pregnant women and young mothers should implement interventions to increase supplement use to prevent vitamin D deficiency among at-risk groups.

Organisations responsible for commissioning or delivering services to pregnant women and young mothers, such as CCGs, acute trusts and children's centres, should implement local work to raise the population's awareness of the importance of vitamin D.

Smoking during pregnancy

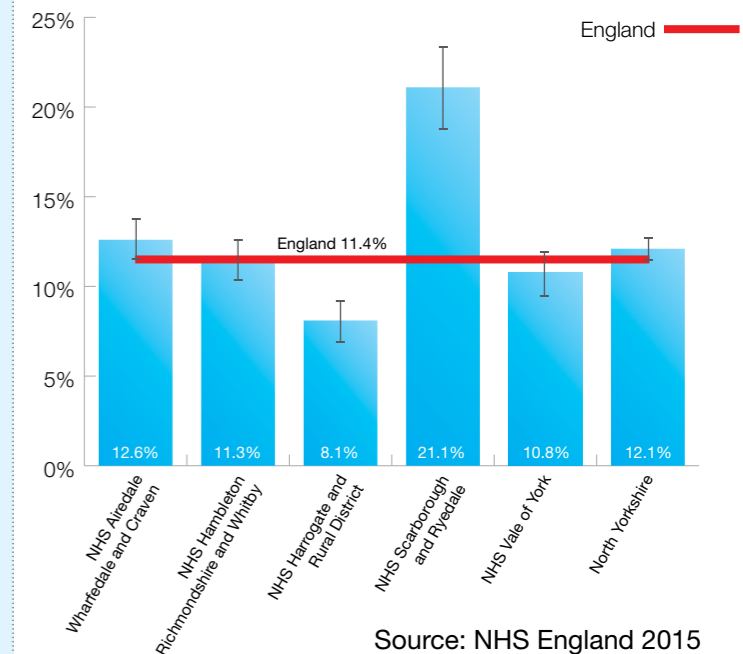
Why is this an issue?

- Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK (Royal College of Physicians, 2010).
- It also increases the risk of developing a number of health problems, including respiratory conditions, pregnancy complications, still birth and low birth weight.
- The rates of smoking during pregnancy in North Yorkshire continue to be of major concern, especially in Scarborough. The prevalence of smoking in pregnancy (measured at the time of delivery) during 2013-14 was 12.9%. This ranges from 8% for women in Harrogate and Rural District CCG to 21.1% for women in Scarborough and Ryedale CCG and compares to a national prevalence of 11.4% in 2014/15.
- Reducing smoking in pregnancy is not always easy. Many women will quit as soon as they discover they are pregnant. However, there are other women whose understanding of the risk posed to their unborn baby may not be sufficient to motivate them to quit; alternatively, they may face significant barriers that prevent them from stopping.

Did you know?

The total annual cost to the NHS of smoking during pregnancy is estimated to range between £8.1 and £64 million for treating the resulting problems for mothers, and between £12 million and £23.5 million for treating infants (aged 0–12 months).

Smoking at time of delivery rates by CCG for 14/15



1 in 8 mothers were smokers at the time of delivery



Examples of local action:

There has been some excellent work with maternity services in Scarborough Hospital, led by Scarborough and Ryedale CCG and supported by Public Health. The Scarborough and Ryedale Smoking in Pregnancy Advisory Group oversees this work. The New You NHS Smokefree Service (North Yorkshire) has had 40 out of 82 successful quits in 2014/15 from Scarborough maternities, compared to 26 of 82 in 2013/14. This highlights the significant increase in activity from the Service to improve rates.

Areas for future development:

Midwifery Services should ensure that training on smoking in pregnancy advice and support is mandatory for all midwives.

CCGs working with hospital trusts should ensure that data on smoking status, collected at booking visits and throughout pregnancy, is recorded accurately and validated using Carbon Monoxide (CO) screening, and is included in contracts with Midwifery Services.

Brief intervention training should be undertaken by doctors, nurses, health visitors, administration staff, sonographers and other medical practitioners who work with pregnant women.

Stop Smoking Services should develop close working links and cross-referral pathways with third sector organisations at a community level that provide on-going support and advice to young families and young women.

Commissioners and providers of Stop Smoking Services should pilot and evaluate incentive reward schemes to maintain smoke-free pregnancies.

Case Study: Louise and Liam's story with the smoking in pregnancy service 2014

Louise smoked 15-20 cigarettes a day for 12 years. Liam had smoked for 22 years since the age of eight; all of his family smoked.

Louise told us *"I wanted to stop smoking in my pregnancy for my baby and family. I heard about the smoking in pregnancy service from my midwife, I already knew about the service from the last pregnancy, but I wasn't referred and stopped on my own but started again when I was seven months pregnant. Siobhan (the advisor) text me the day after and rang the day after that. We arranged a home visit, as I felt more comfortable at my home."*

"Siobhan has been really good and worked round us, was easy to talk to and down to earth. She talked to me about how nicotine and carbon monoxide works in the body and health risks to me and baby, also how to alter behaviours and deal with difficult situations and nicotine replacement therapy (NRT). My partner Liam was there and taking it all in. He smoked but wasn't ready to quit at this time."

"Siobhan came on the Friday and I quit on the Tuesday. I prepared by getting fruit, magazines and other treats. Liam started smoking less, and then decided to stop himself, so next time Siobhan visited, we planned it, and he has not smoked since using NRT."

"We have saved loads (of) money and been able to go out for trips and bought more. I feel healthier, have more energy, and food tastes better. I am not as worried about my pregnancy this time. Support from friends and family has helped a lot."

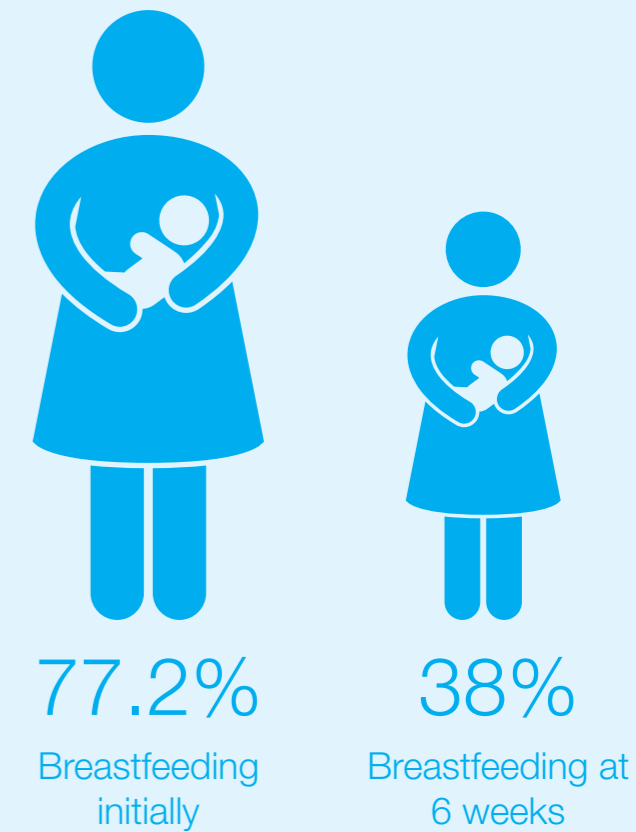
"We recommend getting help from the service. It made it easier for us with the NRT."

For more information contact New You NHS Smokefree Service **0300 303 1603**.

Breastfeeding

Why is this an issue?

- Babies who are breastfed:
 - Have stronger immune systems due to the presence of antibodies in breast milk.
 - Are less likely to suffer from diarrhoea, constipation and chest or ear infections during infancy. They are also less likely to die of sudden infant death syndrome.
 - Are less likely to become overweight as adults, reducing the subsequent risk of a range of chronic conditions and premature death. They are also less likely to have tooth decay.
- Benefits to the mother include being less likely to develop breast or ovarian cancers, less likely to have low bone density which reduces the subsequent risk of hip fractures.
- Some women will not be able to breastfeed for a variety of reasons. However, mothers giving birth in hospitals where Baby Friendly policies are fully implemented are 14.6% more likely to initiate breastfeeding and 6.6% more likely to continue to breastfeed exclusively at four weeks of age, in comparison to similar mothers in other hospitals.
- In North Yorkshire 77% of mothers initiate breastfeeding when their baby is born, which is higher than the national rate of 74% but lower than in Europe. Ryedale, Scarborough and Selby have lower prevalence figures than the rest of the County.
- Breastfeeding at six to eight weeks is a good measure of sustained breastfeeding and therefore greater benefit to the infant. 38% of mothers in North Yorkshire continue to fully or partially breastfeed at six to eight weeks, which is lower than the national average of 46%.



Examples of local action:

- An infant feeding co-ordinator has been appointed in the Health Visiting Service to lead the work on breastfeeding.
- Children's centres and Health Visiting Services are working jointly to achieve Unicef Baby Friendly Initiative (BFI) accreditation. This involves developing a comprehensive training programme and improving the quality of support families receive around breastfeeding.
- All hospital trusts in North Yorkshire have achieved BFI status and are working to maintain this.

Case Study: Breastfeeding Support in Selby

Support for families in Selby is co-ordinated through a partnership between children's centres, health visitors and midwives.

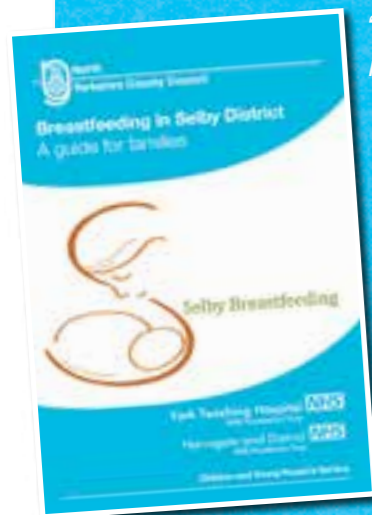
The weekly Breastfeeding Café is run by the children's centres and facilitated by a qualified and experience breastfeeding counsellor. It has seen a steady increase in attendance over the past two years, with 138 people attending 455 times in three months.

Nine parents have been trained as breastfeeding peer supporters; they will be providing outreach support to families across Selby District, including health clinics, children's centre groups and at the Breastfeeding Café. A good practice forum is running in Selby for midwives, health visitors and children's centre practitioners to come together regularly to discuss best practice in breastfeeding.

"Breastfeeding Support in Selby District – A Guide for Families" (2013) booklet was created through consultation with families and practitioners as part of a local strategy for promoting the antenatal and postnatal support available to families.

Further information on all the breastfeeding

groups in North Yorkshire can be found at the following address: www.northyorks.gov.uk/article/23548/Childrens-centres



Areas for future development:

The 0-5 Healthy Child Programme and NYCC's Prevention Service should work together to achieve Baby Friendly Initiative status in the community.

Providers of health visiting services and Child Health Information Systems should improve the data quality around the recording of initiation and continuation of breastfeeding.

Support for more vulnerable families

Domestic violence

Why is this an issue?

- One in four women experience domestic abuse or domestic violence at some point in their lives. This may be physical, sexual, emotional or psychological abuse.
- 30% of this abuse starts in pregnancy; existing abuse may also worsen during pregnancy or after giving birth (NHS Choices, 2015).
- North Yorkshire Police data concerning children exposed to domestic abuse indicates that just over a third are aged four and under (North Yorkshire Police, 2013).
- A recent report from the charity SafeLives states that 130,000 children in the UK are living in homes where there is a high risk of murder or serious injury, and a quarter of children living with high risk abuse are under the age of three (SafeLives, 2015).
- Violence during pregnancy has been associated with miscarriage, late prenatal care, stillbirth, preterm birth, foetal injury and low birth weight.
- Violence during pregnancy also leads to additional risks for the mother such as increased mental health problems, suicide attempts, worsening of chronic illness, injury, substance abuse, anxiety, stress, chronic pain, and gynaecological problems.

“ Domestic violence in young people is an issue ”

Young person, Youth Summit event

- Evidence, offered (primarily) via consultation with local domestic abuse supportive agencies and workers, suggests that familial domestic abuse is increasing within North Yorkshire, although increased confidence in reporting may be a contributory factor.

Example of local action:

- In recognition of the growing demand from referrals, the Police and Crime Commissioner has committed further resource to this area, to Independent Domestic Violence Adviser (IDVA) and Independent Sexual Violence Adviser (ISVA) support services across North Yorkshire and York.
- The Developing Stronger Families team provide support to families around a range of issues including domestic violence, pulling together agencies where appropriate and an action plan.

Areas for future development:

Midwives, health visitors and other professionals providing services to pregnant women and new parents should be aware of potential risks to mothers' and babies' welfare and development, identify where these risks are heightened and have good signposting to further support.

North Yorkshire Police and partner agencies to monitor emerging trends and wider issues around domestic abuse, in order to target resources effectively.

Perinatal Mental Health and Postnatal Depression

Why is this an issue?

- Perinatal mental health problems carry a long-term economic and social cost to society of about £8.1 billion for each one-year cohort of births in the UK.
- Using birth data, it is estimated that up to 1,087 mothers in North Yorkshire develop a mental health problem during pregnancy, or within a year of giving birth.
- Postnatal depression is estimated to affect 10-15% (about 600-900) of mothers. (Royal College of Psychiatrists, 2014)
- Mental ill health in parents can also impact the child, who is at increased risk of low resilience, conduct disorders and other mental health problems.
- As well as the negative impact on the mother and the strain on relationships, postnatal depression can put the child at greater risk of:
 - Insecure attachment and social/emotional skills
 - Low IQ and special educational needs
 - Low birth weight and poor physical development
 - Emotional and behavioural needs.

Up to 20%

of women develop a mental health problem during pregnancy or within a year of giving birth



Source: The costs of perinatal mental health problems, October 2014, Centre for Mental Health and London School of Economics, 2014

Risk factors:

Environment:

- Living in poverty
- Homelessness

Personal

- Young mother
- Recent bereavement
- Historic mental health conditions or substance abuse



Social

- Family history of mental health conditions or substance abuse
- Abusive relationships
- Lack of social support

Child or Birth

- Difficulty conceiving, complications around the birth or difficulty breastfeeding
- A child with additional educational or medical needs

Examples of local action:

- Provider services are reviewing their pathways to ensure accessible provision at all levels of need.
- The Partnership Commissioning Unit (PCU), on behalf of CCGs, links to the Children and Maternity Strategic Clinical Network, in order to understand the network's priorities and how these might be addressed locally.
- The development of CCG-led Transformation Plans in response to Future in Mind publication will focus attention on improving access to services for vulnerable groups.
- In addition to NHS services, there are a range of community and voluntary sector organisations that support the mental health and emotional wellbeing of mothers. These include national organisations such as Pre and Postnatal Depression Advice and Support (PANDAS) and local organisations such as Parents4Parents.

Areas for future development:

The Partnership Commissioning Unit should develop a local response to the National Review of Maternity Services report once it is published later in 2015 to ensure perinatal mental health issues are addressed.

NHS commissioners and providers should work with NYCC and voluntary sector organisations to ensure that there are seamless and integrated pathways into local services so perinatal mental health problems can be quickly identified and support is offered to women and their families.

Agencies should work together to raise awareness about the full range of postnatal support available in the County, in order to speed recovery and limit the impact on the child and family.

GPs, midwives, health visitors, children's centres and other professionals, who are likely to have contact with expectant and new mothers, should have comprehensive and relevant information about the statutory and non-statutory support available locally and know how to make contact with these organisations.

Case Study: Parents4Parents

Parents4Parents provides target support groups for parents to share their experiences and build their self-esteem and emotional resilience. It is not a diagnosis-led service, but focuses strongly on the wellbeing and mental health of new mothers. There are also specific groups for younger mothers. The passage below is written by a young mother who first contacted Parents4Parents whilst pregnant with her first child. She was 19 years old, and had recently moved into the area due to her husband's job in the armed forces.

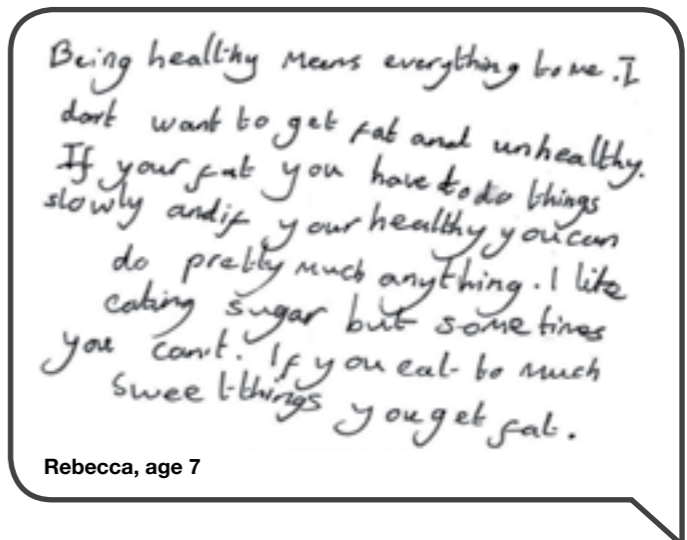
"It's amazing how much progress you can make in a short time when you have peer support. I had one-to-one support from Parents4Parents-NorthYorks when I was pregnant and after my baby was born I joined one of their parent peer support groups. They helped me overcome isolation, depression and stress, to get my confidence, self-belief and social skills back. The support is personalised, tailored for you. You feel special. You know that no matter what you're not going to be judged so you don't hold anything back, which is really important. When you talk to a professional you're worried about what you say to them, but you know the peer supporters and group members have been through similar experiences and you can trust them. I felt secure and supported. I looked up to the peer supporters but knew they started where I started. I'm training to be a peer supporter myself now and I'm really excited. The training is a big, challenging journey but it's worth it. You find things out about yourself and see things from a different angle. I wish volunteer peer supporters and the work they do received the same recognition and respect as services provided by professionals."

For more information contact Vivienne Schwartzberg, Parents4Parents
viv.schwartzberg@parents4parents-northyorks.gov.uk

Teenage Pregnancy

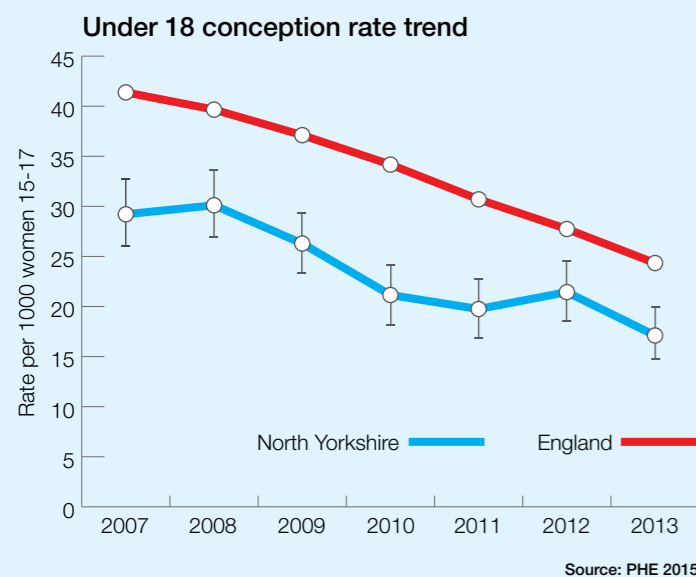
Why is this an issue?

- Teenage pregnancy rates in the UK are at an all-time low, but are still the highest in Western Europe.
- Whilst teenage conceptions for young girls aged 15-17 are significantly lower than the national average across North Yorkshire as a whole (17.1 per 1,000 in 2013), there are some wards in North Yorkshire, mainly in the Scarborough area, that are significantly higher than the national average.
- In 2013/4, 72% of pregnant teenagers and teenage parents in years 12-14 were not in education, employment or training (NEET).
- The percentage of young parents in North Yorkshire accessing Care To Learn (childcare funding that enables them to return to education) is significantly lower than the national average.



- 63% higher risk of living in child poverty for children born to women under 20. (Mayhew, E., Bradshaw, 2014)
- 21% of the estimated number of females Not in Education Employment or Training (NEETs) aged 16-18 are teenage mothers (DfE 2014).
- 41% higher risk of infant mortality for babies born to women under 20 (ONS 2014).
- 25% higher risk of low birth rate for babies born to women under 20 (Botting, B et al, 1998).
- Mothers under 20 are twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout pregnancy. (Infant Feeding Survey 2010)
- Mothers under 20 are a third less likely to initiate breastfeeding and half as likely to be breastfeeding at six to eight weeks.
- Mothers under 20 suffer from poorer mental health in the three years after birth compared with older mothers - with a 30% higher level of mental illness two years after the birth (Department of Health 2004)

Under 18 conceptions (2013)



Areas for future development:

- NYCC and NHS commissioners should ensure that teenage parents in North Yorkshire have dedicated and co-ordinated care and support.
- NYCC Prevention Service should improve data collection around the number of teenage parents who are NEET, in order to identify and appropriately support these young people.
- NYCC Prevention Service, schools, colleges and learning providers should raise awareness of Care to Learn in order to increase the numbers of teenage parents accessing education.
- Providers of sexual health services should monitor and review young people's access to sexual health services and address any gaps in provision.

Examples of local action:

The offer of support to pregnant teenagers and teenage parents is being reviewed, in order to ensure there is a consistent approach across the County, and that all pregnant teenagers are identified and offered appropriate support.

The new integrated Sexual Health Service, launched on 1 July 2015, will ensure all young people in North Yorkshire will have access to confidential contraception and advice at convenient and accessible locations in order to prevent teenage pregnancy.

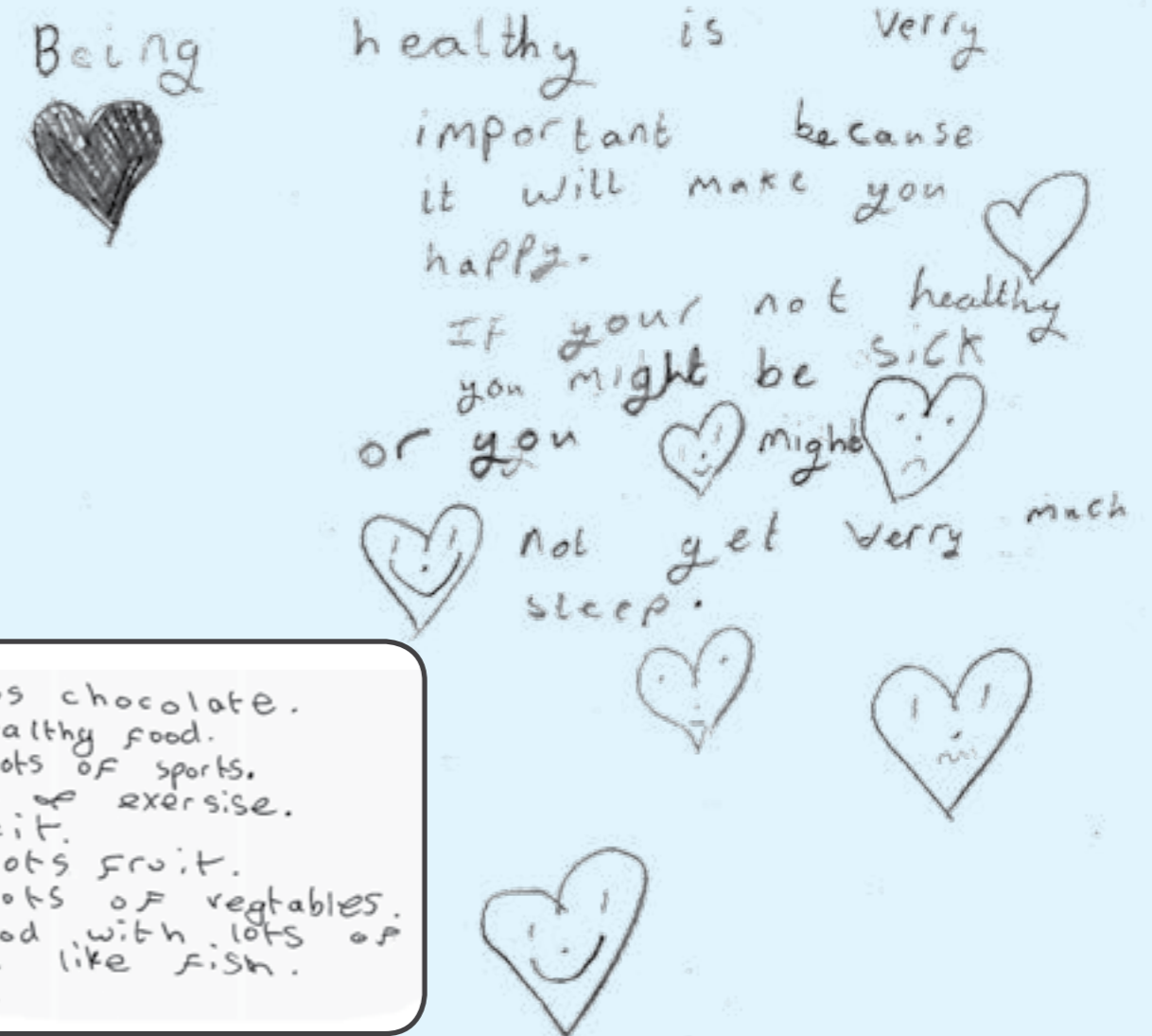
Relevant NICE Guidance

NICE Guidance is available on pregnancy, postnatal and antenatal care, maternal and child nutrition, vitamin D, diabetes, sexual health, smoking cessation/tobacco, alcohol, mental health, domestic violence, and behaviour change. www.nice.org.uk

- Young and Yorkshire. The plan for all children, young people and their families living in
- North Yorkshire 2014-17 (North Yorkshire Children's Trust, 2014)
- Consultation on Child Poverty Strategy 2014-17 (HM Government, 2014).

Suggested further reading:

- Chief Medical Officer's Annual Report 2012: Our Children Deserve Better: Prevention Pays (Department of Health, 2013)
- Child Health Profiles 2015 (Public Health England, 2015)



Nell, age 8

Chapter 2 Early Years

It means I will live well
and not end up being too big.
It also means so I get
sister for rugby.



What does being healthy mean to you?
Edward, age 8

Chapter 2 - Early Years

This chapter focuses on children in North Yorkshire from their birth until the time they start school.

The opportunities children have to develop skills and knowledge in their first few years continue to have an impact throughout their lives. Infants' brains develop rapidly: babies are born with approximately 25% of the neural connections of an adult brain, but by the age of three this will have increased to approximately 80% (Tau, G Z & Peterson, B S, 2010). The home environment plays a huge role in this development; it is therefore vital that families have the knowledge and opportunities to provide the best start in life for their children.

When reading this chapter, it is important to remember that a child's main caregiver is centrally important to the outcomes for that child in their early years. It is therefore essential that the services available are genuinely accessible and responsive to the needs of parents and carers in North Yorkshire.

Protective factors for building resilience in children

- Authoritative parenting combined with warmth, with an affectionate bond of attachment being built between the child and the primary care giver from infancy
- Parental involvement in learning
- Protective health behaviours such as smoking cessation in pregnancy
- Breastfeeding
- Psychological resources, including self esteem

(HCP programme: pregnancy and the first five years of life)

Key Facts

- The hospital admission rate for unintentional and deliberate injuries in 0-4 year olds is higher in North Yorkshire than the national average, particularly in Richmondshire (PHE, 2014).
- 61% of school children starting school in North Yorkshire are classed as "school ready" (60% nationally).
- Nationally, as many as 50% of children start school with some delayed language skills and 7% will have a speech, language or communication needs (SLCN) (NYCC CYPS, 2013).
- The number of statements for children with a primary need of SLCN in North Yorkshire is increasing, and is currently at 218 (an increase from 99 in 2012). (NYCC CYPS, 2013)

It makes me feel very happy.



What does being healthy mean to you?
Alex, age 10

Parenting and Attachment

‘Deep, long-lasting, emotional attachment influences mind, body, emotions, relationships and values, and has a positive effect on self-esteem, independence, the ability to make both temporary and enduring relationships, empathy, compassion, and resiliency.’

Early Intervention: The Next Steps

Why is this an issue?

- A child's first relationship acts as a template for relationships later in life.
- Secure attachment with a caregiver is the base for good development and learning, and the social, emotional and mental health of children.
- Secure attachment supports resilience, whilst the impact of insecure attachment can be far-reaching.
- Support from parents is linked to positive health and wellbeing. Studies illustrate that having access to at least one supportive, caring adult is essential in establishing resilience in childhood. How families spend time together offers opportunities for positive interaction, which build and reinforce resilient capacities and health promoting behaviours.
- Research shows that at 11 years old there will be 13 months difference in the development of children who were read to everyday by both parents in comparison to children who were never read to in the home. In the Growing up in North Yorkshire (GUNY) survey 26% of pupils in Year 2 responded that someone usually reads them a bedtime story (Schools Health Education Unit, 2015).

Examples of local action:

The Parenting Strategy for North Yorkshire is currently being reviewed, with the aim of identifying an evidence-based approach to the future delivery of different parenting programmes, covering both universal and targeted specialist parenting programmes.

In North Yorkshire, the Amazing Babies programme provides targeted, evidence-based support through children's centres. Given the importance of attachment over a lifetime it is vital that programmes like this continue to run across the County, and are considered accessible by the parents/carers they aim to support.

Case Study: Amazing Babies

The Educational Psychology Service and parent support advisors in children's centres have developed a programme to give new and expectant mothers the opportunity to understand more about their infant's development and the impact of environmental factors such as stress, caregiver reassurance and stimulation. It is intended as an early intervention programme for infants with attachment disorders and poor cognitive development, which works to improve parents' understanding of how to interact with their child to help them develop and learn.

"I wish I had known this earlier."

Parent who attended the Amazing Babies course

"I have more knowledge now and believe that I can say to others I am not spoiling my baby by holding him when he is upset. I will stand up to others on this now."

Parent who attended the Amazing Babies course

For further information contact:

Andi Henderson, Educational Psychology Service andi.henderson@northorks.gov.uk, Louise Goodger, East Children's Centres louise.goodger@northyorks.gov.uk

Areas for future development:

NYCC should explore innovative approaches to offering parenting support e.g. through online forums and downloadable materials.

NYCC should ensure there are a range of effective parenting programmes in place to support parents with children of different ages - ensuring both targeted and specialist parenting programmes as well as a universal offer.

Recommendation: Parenting Programmes.

Supporting parenting aspirations, self-esteem and parenting skills is key to reducing inequalities in children's development and school readiness, which in turn affects children's health and life chances.

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.

Unintentional and deliberate injuries in children and young people

Why is this an issue?

- It is normal for children to experience some minor injuries when growing up; these injuries often require no treatment, or can be treated in the home using over-the-counter remedies. However, sometimes injuries are more serious and require medical treatment; it is these injuries which are one of the leading causes of preventable child illness and death in England.

- Preventable unintentional injuries in and around the home are a major cause of death and acquired disability among children under five in England.
- The latest data for 2013/14 shows that the overall rate of unintentional and deliberate injuries in children and young people in North Yorkshire is higher than the England average across all three age groups (0-4, 0-14 and 15-24).
- In total in 2013/14 there were 2,159 recorded incidents of unintentional and deliberate injuries in children and young people across the County. This included 505 hospital admissions for children aged 0-4 years old (23.4%), and is equivalent to almost one quarter of all injuries affecting children and young people in North Yorkshire.
- Within North Yorkshire there are significant geographical variations in the distribution of unintentional and deliberate injuries across all age groups: Richmondshire has the highest rates of injuries across all three age groups, and at ward level the Central ward in Scarborough accounts for the highest rate of injuries overall.

Did you know?

Nationally, the most common injuries in young children resulting in A+E admission are:

- Falls (mainly from furniture)
- Poisoning (mainly from medicines)
- Burns/scalds (mainly from household appliances and hot drinks)
- Choking/suffocation/strangulation (mainly from food and window blind cords)
- Drowning (mainly from bath water)

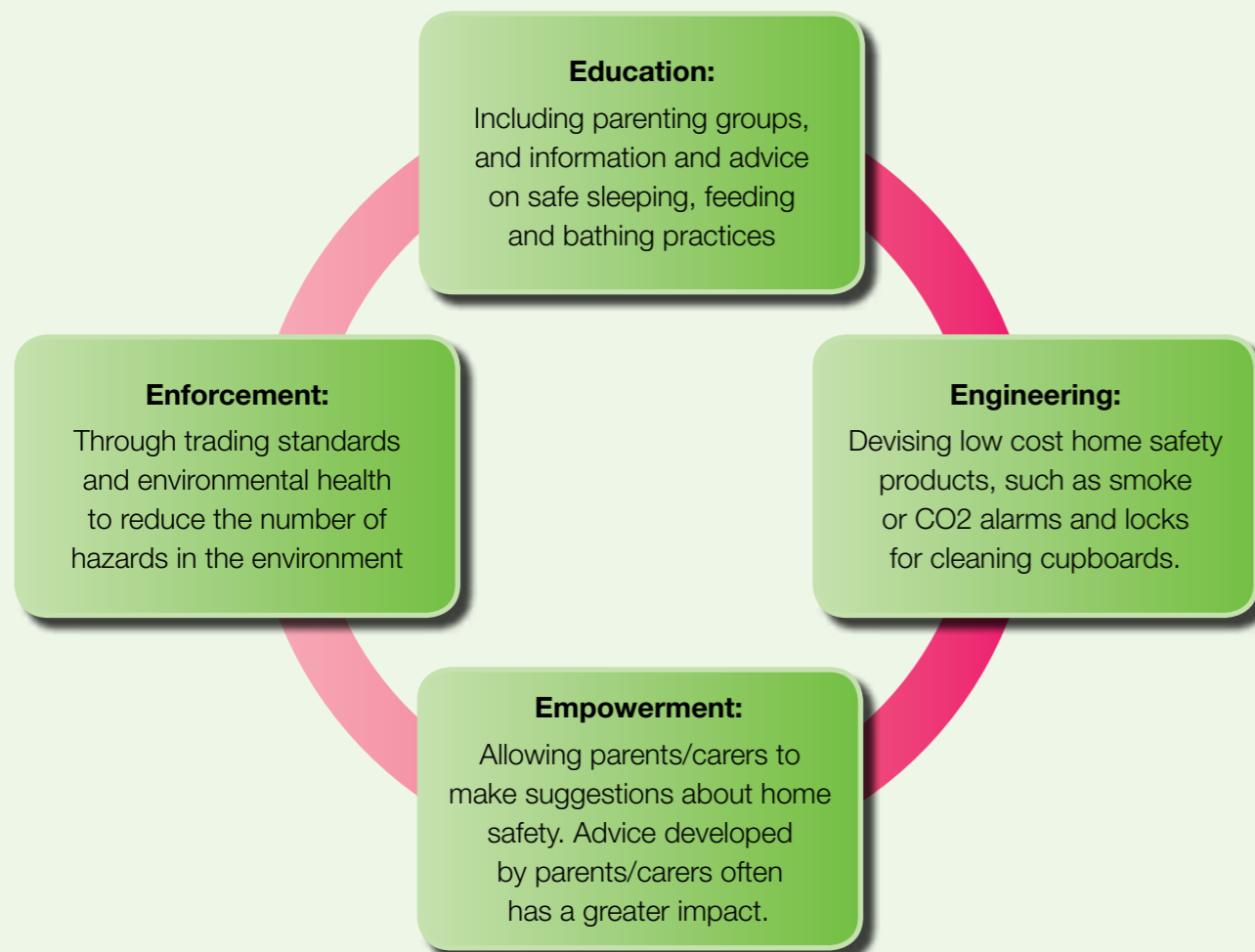
- There are disproportionately high rates of injuries from fractures for 0-14 year olds and from head injuries for 0-4 year olds, whilst the proportion of young people aged 15-24 who were admitted to hospital during 2013/14 due to poisoning related injuries was more than three times greater than admittances for those aged 0-14.
- Approximately half of the overall healthcare costs in 2013/14 were attributable to treatment for fracture injuries, whilst analysis of the allocation of overall tariff by five-year age group intervals shows that around a quarter of the total healthcare costs are attributable to 20-24 year olds.

Areas for future development:

The early years' workforce should strengthen its central role in reducing unintentional injuries including staff training to develop confidence and competence in this area.

The Public Health Team should focus on the five main kinds of injury (choking, falls, poisoning, burns and drowning) for the under-fives and use local intelligence to inform plans to reduce the leading preventable causes of injury.

Agencies with a lead role for injury prevention in children and young people should focus on the four Es (Education, Empowerment, Engineering and Enforcement) to develop and implement plans to reduce injuries.



Reducing unintentional injuries in and around the home among children under five years (PHE, 2014)

Speech, Language and Communication

Why is this an issue?

- Young children's brains are primed to learn language; in order to do this they require a communication-rich environment. Childcare settings can and do contribute, but the majority of children's early language exposure occurs at home. It is essential that parents/carers are properly supported, to ensure that they are able to give children strong early language experiences in the home.
- Learning to talk, to communicate intentions and ideas and to understand the wider world are essential foundations for good development and positive health and wellbeing outcomes.
- Early language development is linked to communication skills and reading ability at age 11. Unmet speech, language or communication needs (SLCN) will generally increase over time; if not supported early, children will require more intensive and costly interventions and are more likely to experience anxiety, low self-esteem, and poor mental health.
- Adolescents with SLCN tend to be shyer and have poorer quality friendships as they struggle to cope with the speed and complexity of conversations, leading to lower self-esteem.
- In adulthood poor communication skills continue to have an impact by reducing employment prospects, and therefore lifetime earnings.
- The number of statements for children with a primary need of SLCN in North Yorkshire is increasing, and is currently at 218 (an increase from 99 in 2012). (NYCC CYPS, 2013)

Examples of local action:

- Across North Yorkshire there is on-going work to support children with SLCN in early years. All children's centres and many other early years' providers have staff trained in identifying and responding to early SLCN.
- Speech and language therapists host drop-in sessions in most children's centres across the County, to allow parents/carers to discuss concerns with a professional.

Areas for future development:

The speech and language team should continue to deliver a range of specialist training to early years practitioners to enable them to meet these needs in order to increase the confidence, knowledge and skills of practitioners to support children and their families.



What do you need to do to be more healthy? Fynn, age 11

Case Study: Early Language Development Programme (ELDP)

The ELDP is designed to increase awareness, knowledge and confidence in the early years' workforce in supporting children's early speech, language and communication development. In North Yorkshire over 100 professionals from at least 65 settings have been trained (May 2014–January 2015). After the ELDP, professionals report greater knowledge and awareness of language development, and also report feeling more confident in supporting children and their families. Below is an extract from a nursery in Scarborough, which has recently completed the ELDP.

'Our nursery team is made up of people with a variety of qualifications and experiences, but each member of staff wanted to develop their understanding of language development and learn how to approach and support parents.'

The ELDP is delivered over several sessions; each reflected on different areas of communication and language, and outlined strategies to support children, which built on our current good practice. Speech and language is important in raising children's attainment and closing the gap, and in each session we reflected on how to support every child. There were also hand-outs, booklets, activity resources and leaflets for parents, which we will be useful for the future.'

The outcome of the ELDP has been extremely positive, with staff showing increasing confidence in their understanding of communication and language, and more families being supported. Overall, children's development in communication and language in the nursery has improved also. This is why I have recommended this programme to our other nursery to ensure all our staff have a positive approach to communication and language.'

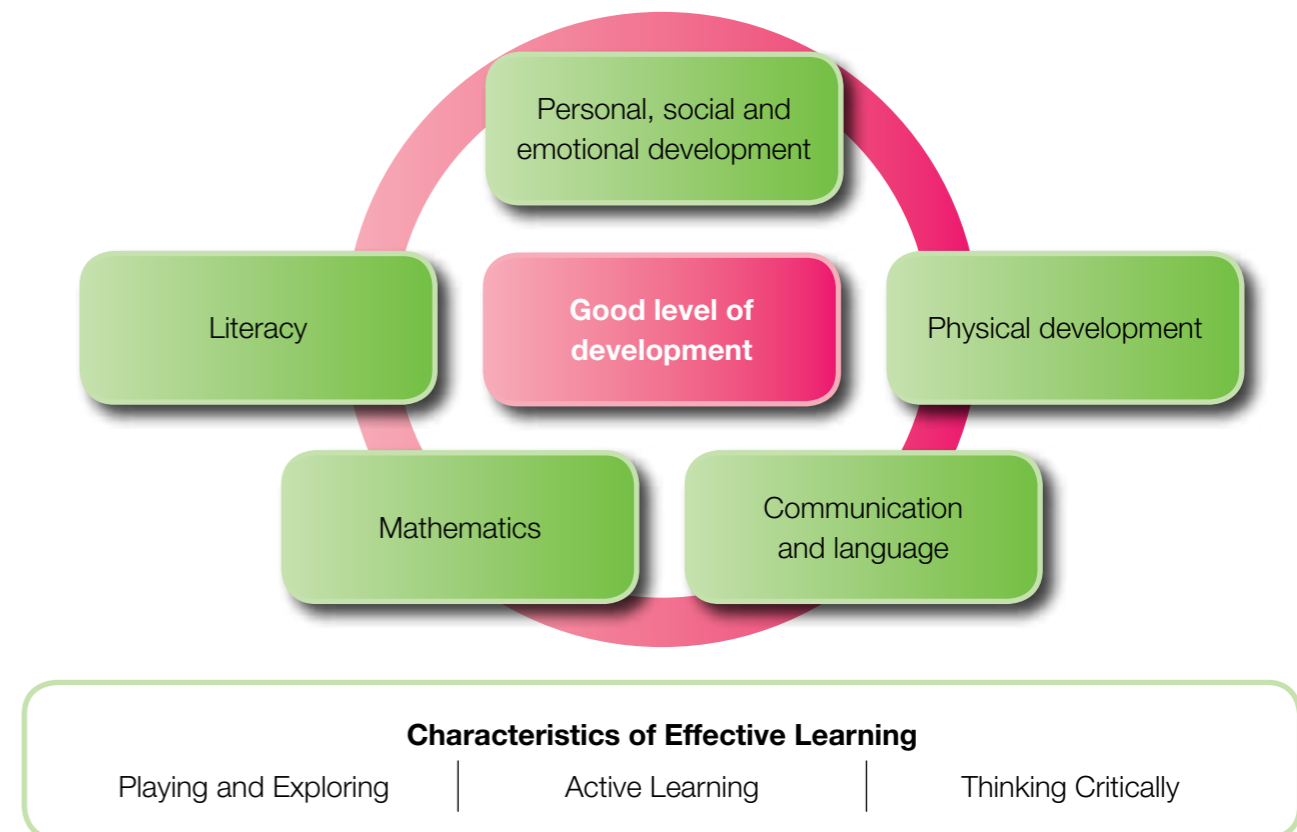
For more information contact:
Jo Collett, SLCN Consultant
jo.collett@northyorks.gov.uk

Mary Abrahams, Peasholm Nursery
mary.peasholm@gmail.com

School Readiness

The nationally recognised measure of whether a child is ready for school is the 'Good Level of Development' as measured by the Early Years Foundation Stage Profile. Children are considered to have a 'good level of development' if they have the expected level of development in five key areas.

Additionally, there are three 'characteristics of effective learning' which are thought to underpin a child's development, their ability to learn, and their wellbeing.



(Guidance on the Early Years Foundation Stage Profile, DfE 2014)

In essence, children who are engaged, motivated, have good communication skills, are able to develop their own ideas and work with others are thought to be ready to start school. Interestingly, these skills are similar to the ones that UK employers report are missing from their workforce.

Why is this an issue?

- In North Yorkshire (2014) 61% of children achieved a good level of development; slightly higher than the national average of 60%.
- However, some groups are less likely to achieve a good level of development, including children receiving free school meals,

children for whom English is an additional language, children with special educational needs, and looked after children.

- In North Yorkshire, children in these groups have not achieved as highly as their corresponding peers nationally in recent years, and are less likely to achieve a good level of development than their corresponding peers nationally. The 'gap' between these children and other North Yorkshire children is particularly wide.

Examples of local action:

It is important that all children have the opportunity to develop these base skills before they start school, as this will enable them to fully access

the curriculum, and feel confident and secure in their abilities. The Closing the Gap in Early Years Strategy (NYCC, 2015) sets ambitious targets for early years practitioners to close this gap. Professionals from health, education and social care have contributed to the development of this strategy; it is important that this momentum is maintained throughout the duration of the strategy to ensure that all opportunities are taken to give young children the best possible start. Additional funding is available through the Early Years Pupil Premium to provide early years education for disadvantaged two to four years olds.

Areas for future development:

NYCC should co-ordinate actions to increase take-up of two-year-old places and make more effective use of the Early Years Pupil Premium.

All agencies involved in early years provision should work together to implement and monitor the “Closing the Gap in Early Years Strategy”.

Relevant NICE Guidance

NICE Guidance is available on preventing unintentional injuries, social and emotional wellbeing: early years. www.nice.org.uk

Suggested further reading:

- Public Health Outcomes Framework (Public Health England, 2015)
- Closing the Gap in Early Years 2015–2018. A strategy for all early years providers, practitioners and local authority services working with young children from 0-5 years (North Yorkshire County Council, 2015)
- North Yorkshire Speech, Language and Communication Needs Strategy (North Yorkshire County Council, 2013)
- Early Intervention: The next steps. An independent report. (Allen, G, 2011)

- The Early Years: Future Foundations for Life, Health and Learning. An Independent Report. (Dame Clare Tickell, 2011)

Recommendation: 0-5 Healthy Child Programme.

From October 2015, the responsibility for commissioning public health services for children aged 0-5 will transfer to NYCC. This includes health visiting and the Healthy Child Programme. The transfer provides an opportunity to join-up these services with the good work already started locally, which has seen the alignment of the 5-19 Healthy Child Service (and up to age 25 for young people with Special Educational Needs) with the local authority Prevention Service. This approach should improve continuity for children and their families, including strengthening physical resilience for children and families.

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 a 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.

Chapter 3 Primary School Years

Being healthy means to me that you need to eat five a day and eat a balanced diet. And also brush your teeth 2x a day so they don't rot away.

What does being healthy mean to you?
Skye, age 8

Chapter 3 - Primary School Years

Most children of primary school age across North Yorkshire experience good health. Children feeling safe in school have been associated with greater levels of social competence. However, while 72% of children in Year 2 reported always feeling safe at school, 12% said they felt scared to be at school because of other children. Similarly, the majority of Year 2 pupils say they know how to keep themselves safe on the internet, but 12% of primary-aged pupils reported communicating with people they have met online and don't know in real life.

- 1,258 children in Reception are overweight and obese (22%).
- 1,636 children in Year 6 are overweight and obese (31%).
- 25% of children in North Yorkshire have experienced tooth decay by the age of five.
- 58% of Year 6 pupils said they do five or more hours of physical activity in a typical week.



Fynn, age 11

Health promoting behaviours

Nutrition

Why is this an issue?

“The majority of children, young people and adults in the UK are not meeting dietary guidance. Of particular concern is the high intake of saturated fat, added sugars (sugars added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices) and salt; and insufficient levels of fruit, vegetables, fibre and oily fish. This poor dietary behaviour is most common among individuals from lower socioeconomic groups.”

(BMA, 2015)

- It is recommended that an individual eats at least five portions of fruit or vegetables daily; this is used as a proxy measure for a healthy, balanced diet. Eating a sufficient amount of fruit and vegetables is important, particularly



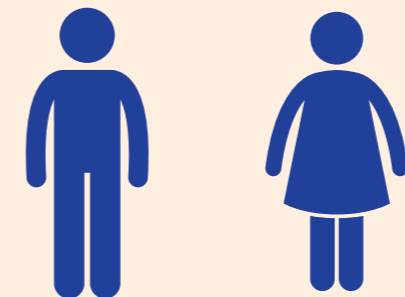
Supporting children to develop skills around building friendships, self-esteem and resilience can all be protective factors in risk-taking behaviour and poor health in the future. Strengthening protective factors or health assets in schools, in the home and

in local communities can make an important contribution to reducing risk for those who are vulnerable, and in doing so can promote their chances of leading healthy and successful lives.

This chapter presents some key facts concerning children's health during the primary school years, and explores some of the protective health factors or assets that support children of this age to enhance and sustain their health and wellbeing.

Key facts

- 6,318 of pupils in North Yorkshire are eligible for free school meals (8%). Eligibility for school meals is a marker of social deprivation from Key Stage 2 onwards.



28% 31%

In North Yorkshire, 28% of boys and 31% of girls in Year 6 responded that they ate at least five portions of fruit and vegetables on the day before the Growing Up in North Yorkshire survey (GUNY, 2014). Fewer young people ate five a day in Scarborough and in Hambleton.



22%

In secondary schools this decreased to 22% of pupils eating at least five portions of fruit or vegetables on the day before the survey. Craven and Hambleton had more young people reporting eating five a day.



73%

73% of Year 6 pupils responded that they drink water 'every day or most days'.

in early years and can help prevent major diseases such as cardiovascular disease, diabetes and some cancers in later life.

- Reducing salt and sugar intake can help prevent hypertension, and reduces the risk of heart disease and stroke.

Examples of local action:

- New school food standards were introduced in January 2015 for all local authority maintained schools, plus academies and free schools set up before 2010 and created from June 2014 onwards. The new standards focus on providing a wide range of foods with a balance of nutrients e.g. starchy foods, fruit and vegetables, meat, fish and beans
- From September 2014 all children in Reception, Year 1 and Year 2 in state-funded schools in England are entitled to receive free school meals.
- North Yorkshire County Council's School Catering Service complies with national standards. Their policy is to ensure school meals provide at least three of the five fruit and vegetables a day, and that the optimum levels of nutrients are provided.
- At the end of October, NYCC's Herbie, the first school meals mascot in the country,



Herbie at the recent Eco Schools award.

will be celebrating 30 years. Herbie visits schools to educate children about having a healthy lifestyle and encouraging children to eat lots of fruit and vegetables.

NB. Herbie is an acronym for **H**ealthy **E**ating **R**eally **B**etter In **E**very way.



Isla, age 7

Physical activity

Why is this an issue?

- Being active is important as it can help maintain a healthy weight, as well as better cardiovascular health. In addition, it can improve self-confidence and help develop new social skills.
- Young people (aged 5-18) should exercise for at least one hour every day at a moderate or intense level. On three days a week these activities should involve muscle and bone strengthening activities such as running. Of pupils in Year 6, 58% said they do five or more hours of physical activity in a typical week.
- Children and young people should minimise the amount of time they spend sitting watching TV or playing computer games, and take more opportunities to walk and cycle. In the Growing in North Yorkshire (GUNY) survey 52% of pupils aged six and seven responded that they have a TV in their bedroom. 22% of pupils responded that they are allowed to watch TV after they have gone to bed.
- Low levels of physical activity in children are related to household income, with

those in the lowest income bracket more likely to report low levels of activity.

- Nationally there has been a substantial decrease in physical activity between the ages of 4-10 and 11-15 years, with very low levels for girls.
- 70% of pupils aged 12-13 reported they found it quite or very easy to be as physically active as possible, which is an increase from the previous survey in 2012. However, this dropped amongst disadvantaged pupils, with only 59% reporting they found it quite or very easy to be as physically active as they would like. (Disadvantaged pupils include young people in care with foster carers or in a residential school/home, or if they were eligible for free school meals or vouchers for free meals).
- Pupils attending schools in rural areas were more likely to report a positive diet and physical activity behaviours (GUNY Survey, 2014).



To keep healthy I need to do:
stop playing on computer games. Eat more fruit.

Jacob, age 7

Examples of local action:

Case Study: Bikeability – training the next generation of cyclists

Funding from the Department for Transport enabled NYCC to adopt Bikeability Training throughout the County. The course consists of a proven system of theory, off and on-road training; a large part of which involves the instructors cycling out on the roads with their trainees. It is nationally recognised and quality controlled much like the driving test, and follows the same principles as driving and motorbike/moped lessons. The extra value of this programme is the active learning whilst children cycle with their instructors in a supervised group on their local roads. In four years we have trained almost 16,000 children.

Many parents view this training as essential before they will consider allowing their children to cycle on the roads either with them or, eventually, by themselves. Bikeability is offered to every primary school including special schools. It is a passport to a level of independent travel and physical activity that is a step change from what is within walking distance. Cycling is an activity in its own right – the many enthusiastic followers of the Tour de France in 2014 and the Tour de Yorkshire in 2015 are evidence of the growth of cycling for leisure and as a sport in North Yorkshire.

For further information contact honor.byford@northyorks.gov.uk



A course on the road near Kettlewell School



Bikeability training at the Dales School

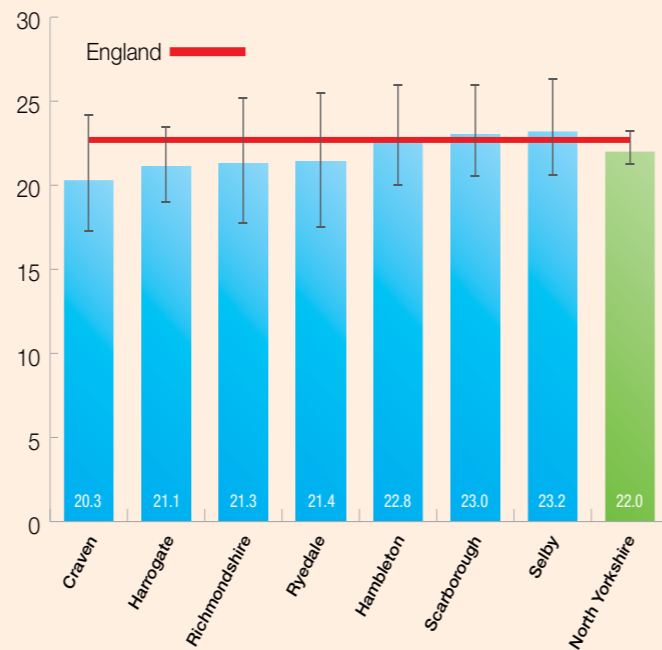


Overweight and obesity

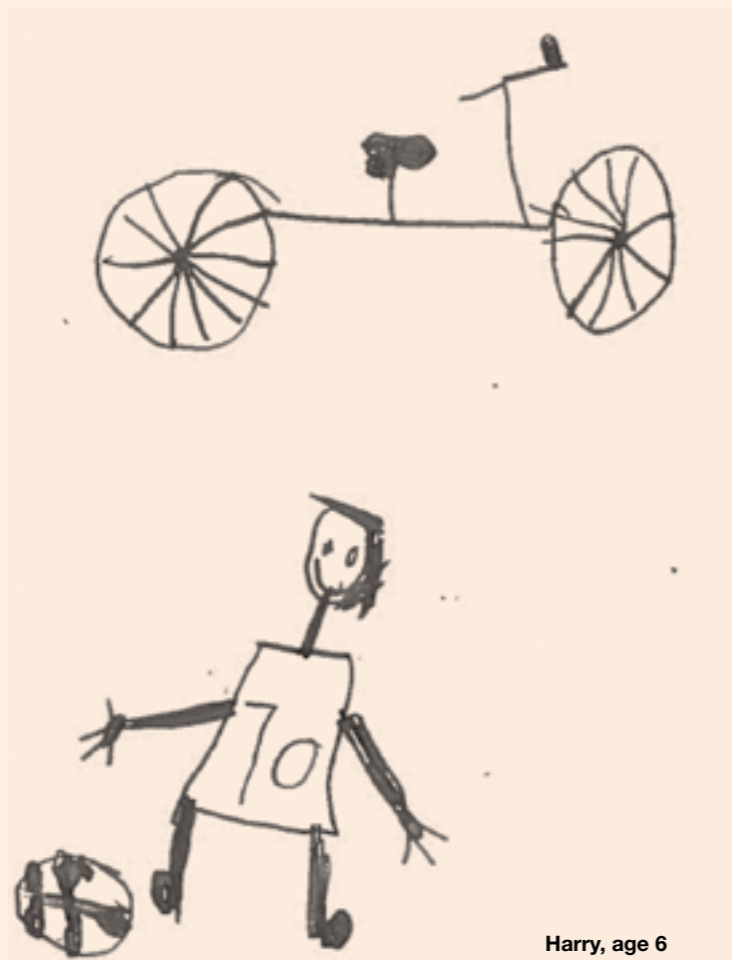
Why is this an issue?

- Obesity has been highlighted as an important issue nationally and locally. Obese children are more likely to be ill, be absent from school, experience health-related limitations, have lower self-esteem and require more medical care than healthy weight children.
- Overweight and obese children are more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood.
- There has been an increase in type 2 diabetes caused by obesity, unhealthy diets and a lack of exercise.
- All Reception and Year 6 children in primary schools are weighed and measured as part of the National Child Measurement Programme (NCMP) to assess whether they are in the healthy weight range. The prevalence of overweight and obesity combined (excess weight) in North Yorkshire tends to be lower than the England average in all districts at age 10-11, with Selby just above the England average. However, figures for 4-5 year olds in Hambleton, Scarborough and Selby exceed the England average.
- Boys are more likely to be overweight than girls.

Excess weight in 4-5 year olds (NCMP 2013/14)

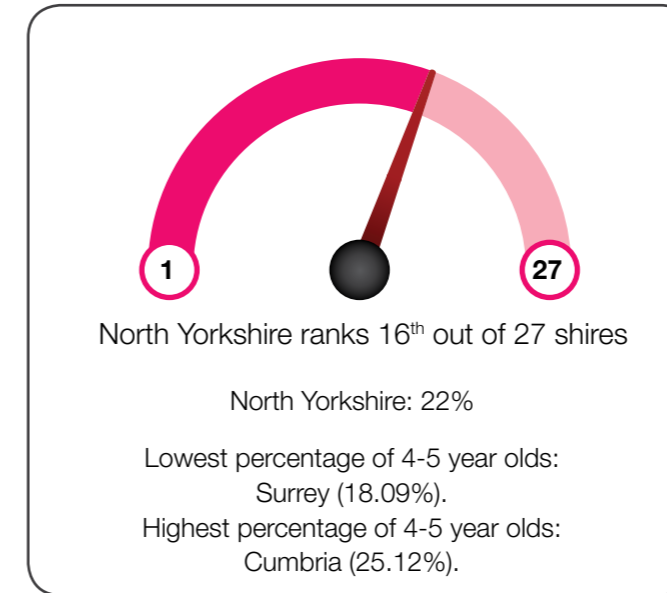


Source: Health and Social Care Information Centre, National Child Measurement Programme. Percentage of children aged 4-5 classified as overweight or obese.



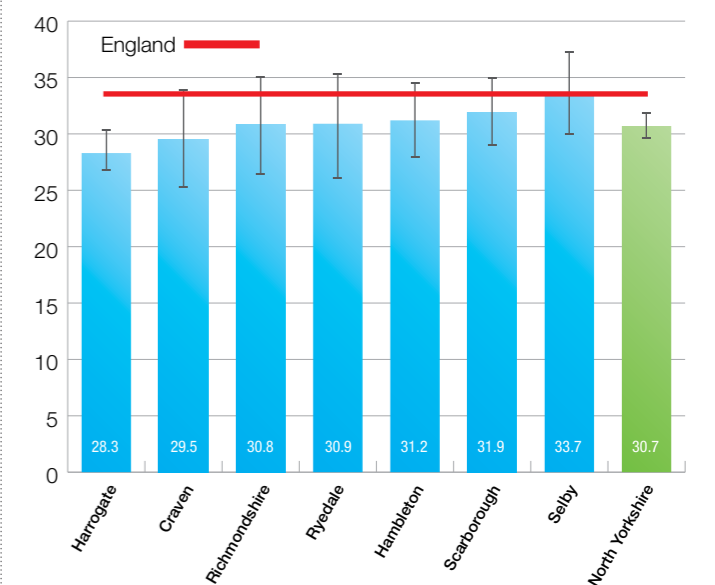
Harry, age 6

Excess Weight in 4-5 year olds shire comparison (NCMP 2013/14)



North Yorkshire is below the national average: we rank 16th out of 27 shire county authorities for excess weight in 4-5 year olds.

Excess weight in 10-11 year olds (NCMP 2013/14)



Source: Health and Social Care Information Centre, National Child Measurement Programme. Percentage of children aged 10-11 classified as overweight or obese.

It makes me happy!
I dance alot! 6 times a week!
I am really happy when I dance



Annie, age 11

Examples of local action:

In North Yorkshire there are a number of strategies in place to address overweight and obesity.

- The National Child Measurement Programme is part of the Healthy Child Programme (HCP), ensuring that any pupils identified as being overweight or obese are now followed up proactively by the Healthy Child Service and offered appropriate support. This includes two options:
 - Young people with a Body Mass Index (BMI) centile of 99.6 or more can be referred to the residential weight management service which provides a safe and nurturing environment in which children and young people can develop the knowledge and skills necessary to alter their health-related behaviours.
 - A Healthy Lifestyle Service for children and young people as part of the 5-19 HCP is currently under development. The service will provide a holistic, individualised support package to children and young people who are overweight/obese, to include working with their parents/carers, who will be key in influencing the health behaviours of their children. The Healthy Lifestyle Service will adopt creative and interactive methods for engaging with and motivating families to change existing unhealthy behaviours and adopt healthier lifestyle options, with the aim of assisting children and young people to reach and maintain a healthy weight and appropriate BMI.
- From 2013, all Primary Schools received funding directly to provide PE and sporting activities for pupils. Nationally, 91% of schools report that this has increased the quality of PE in schools (Department for Education, 2014). North Yorkshire schools have used this funding to access training on games, gymnastics and dance to enable teachers to deliver these programmes effectively, and to increase the quality of sport in the curriculum. There are a

number of sports partnerships in North Yorkshire that provide opportunities for schools to take part in competitions and access sports clubs.

Areas for future development:

Agencies should implement relevant NICE guidance to develop an evidence-based approach to reduce childhood obesity across North Yorkshire.

NYCC should lead the refresh of a 'Healthy Weight, Active Lives' Strategy that prioritises actions around children and young people.

**Recommendation:
Childhood Obesity**

Childhood obesity rates increase significantly between 4-5 year-olds to 10-11 year-olds, with local obesity rates increasing year on year.

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.

Oral health**Why is this an issue?**

- Oral health is important for general health and wellbeing. Poor oral health can affect an individual's ability to eat, smile, speak and socialise normally, due to pain or social embarrassment. There is evidence that poor dental health is linked to an increased risk of cardiac disease and stroke in adults.
- Many general health conditions and oral diseases share common risk factors, such as smoking, alcohol misuse and poor diet. Oral diseases are largely preventable.
- Tooth decay is the main oral disease affecting children. Tooth decay can have a significant impact on children and their families as it can result in pain, sleepless nights and absence from school.
- Dental caries is the number one reason why children aged five to nine years are admitted to hospital in England, even though it can be largely prevented through regular brushing, adequate exposure to fluoride and reducing consumption of sugar.
- There has been a significant decline in tooth decay with improvements in oral health over the last 40 years.
- North Yorkshire has a lower prevalence of tooth decay in three and five year-olds compared to both England and Yorkshire and the Humber averages except for Richmondshire where proportion of five-year-olds experiencing tooth decay is higher.
- The severity of tooth decay experienced in five-year-old children was also significantly higher in Richmondshire.

Examples of local action:

The North Yorkshire and York Salaried Primary Care Dental Services currently provide oral health promotion across the County. The team have worked with high risk pre-school and

school children, including 'Children in Care'. The team has developed a number of educational teaching packages for different Key stages such as infants and juniors. These packages include workbooks, a CD ROM in collaboration with the Brite Bites scheme, and teaching resources. These packages have proved very successful.

Areas for future development:

All services working with children, young people and families should recognise the importance of oral health and staff should be trained to deliver basic oral health promotion advice.

Services working with children who are particularly vulnerable to poor oral health should ensure they are prioritised for additional support and resources including signposting to specialist dental services where needed.

An integrated approach should be adopted by partners including the Local Dental Committee (LDC), Local Dental Network (LDN), Clinical Commissioning Groups (CCGs), Public Health England (PHE) and NHS England (NHSE) to ensure oral health promotion is embedded in the commissioning and delivery of services for children and families.

Immunisation**Why is this an issue?**

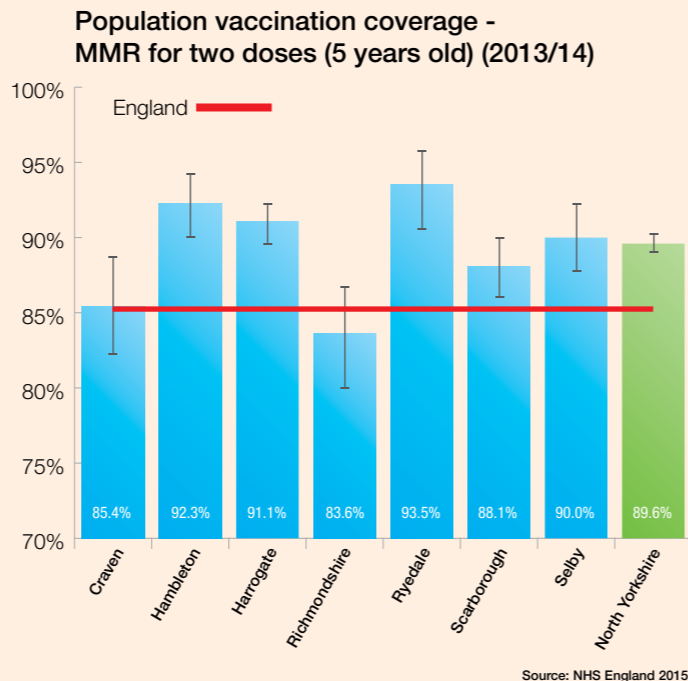
- Vaccinations have an enormous impact in terms of both improving quality of life and preventing death. Immunisation is the most effective and cost-effective way to protect children against serious infectious diseases.
- It is vital that enough people in a community (95%) are vaccinated, as the higher the number of people vaccinated the harder it is for a disease to pass between people who have not been vaccinated. This is called herd immunity; without it outbreaks of the disease can occur.
- All children in North Yorkshire are offered access to a schedule of vaccinations. Much of

the vaccination programme is delivered by the NHS. GPs do the majority of the immunisations in childhood and for adults, although human papillomavirus (HPV) jabs and some boosters are given in schools. Local authorities play an active role in reaching out to hard-to-reach groups to address health inequalities, and working with schools and communities to improve awareness about the importance of vaccination.

Vaccination schedule

Age	Vaccination
Two months	Five-in-one (diphtheria, tetanus, whooping cough, polio and Hib) Pneumococcal Rotavirus
Three months	Five-in-one (second dose) Meningitis C Rotavirus (second dose)
Four months	Five-in-one (third dose) Pneumococcal (second dose)
12 to 13 months	Hib / Meningitis C booster (given as single jab) MMR Pneumococcal
Three years and four months	MMR (second dose) Four-in-one booster (diphtheria, tetanus, whooping cough) and polio
Two, three and four years	Flu-nasal spray
12 to 13 years	HPV (three jabs given in six months to girls only), given in schools
13 to 15 years	Meningitis C booster (from September 2013), can be given in schools
13 to 18 years	Three-in-one booster (diphtheria, tetanus and polio) can be given in schools

North Yorkshire Vaccination coverage for MMR in 2013/14



- Compared with the England average, a higher percentage of children (93.8%) have received their first dose of immunisation by the age of two in North Yorkshire. By the age of five, 89.6% of children have received their second dose of measles, mumps and rubella (MMR) immunisation. This is again higher than the England average, although lower than the target of 95% uptake.
- In Yorkshire and the Humber, there were 130 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Did you know?

NICE guidance (PH21) says that the following groups of children and young people are at risk of not being fully immunised:

- Those who have missed previous vaccinations (whether as a result of parental choice or otherwise)
- Looked after children
- Those with physical or learning disabilities
- Children of teenage or lone parents
- Those not registered with a GP
- Younger children from large families
- Children who are hospitalised or who have a chronic illness
- Those from some minority ethnic groups
- Those from non-English speaking families
- Vulnerable children, such as those whose families are travellers, asylum seekers or homeless.

Examples of local action:

- In 2014 North Yorkshire secondary schools took part in the childhood flu pilot, where pupils in Years 7 and 8 were given the flu vaccine at school. In North Yorkshire 56.8% of the target population received the vaccine, which was within the target uptake rate of between 40% and 60%.
- To increase uptake in the future, it was highlighted that communications could be improved in order to increase consent rates from parents. Harrogate and District NHS Foundation Trust, the providers of the childhood flu immunisation programme, will work with local authorities to improve communications to parents and schools.
- The childhood immunisations team has also increased its capacity in order to provide more direct contact with school and to enable them to be more proactive.

Don't smoke
 Not to much sweet and sugar.
 Not to much fizie drink
 clean your teeth
 Not to much choclote



Max, age 10



Lillie, age 7

Areas for future development:

Health visitors, GP practices and immunisation co-ordinators should work together to ensure that children who have missed vaccinations previously are offered catch-up vaccinations at every opportunity.

NYCC should continue to work closely with Public Health England and NHS England to maintain good uptake of childhood immunisation programmes, and monitor and address any variations amongst groups or areas of North Yorkshire.

Relevant NICE Guidance

NICE Guidance is available on maternal and child nutrition, health weight/obesity, oral health, physical activity/walking and cycling, social and emotional wellbeing: early years/primary education looked after children and young people, immunisation. www.nice.org.uk

Suggested further reading:

- Food for thought: promoting healthy diets among children and young people (British Medical Association, 2015)
- PE and sport premium: an investigation in primary schools (Department for Education, 2014)
- Promoting fruit and vegetable consumption around the world (World Health Organization, 2013)

Our body needs better sources of energy than sugar. Sugar is a cheap way to give you very short bursts of energy and can lead to exhaustion. Fat is in things like burgers and too much of the fatty stuff can make sport harder and make you fatter!!!

Henry, age 12

Case Study: Childhood Flu Immunisation Programme

Flu can be a very unpleasant illness in children, causing fever, nasal problems, dry cough, sore throat, aching muscles and joints, and extreme tiredness. This can often last several days.

Some children can get a very high fever, sometimes without the usual flu symptoms, and may need to go to hospital for treatment. Serious complications of flu include a painful ear infection, bronchitis, and pneumonia.

This year, the flu vaccine is being offered to:

- Children aged two, three and four years
- Children in school Years 1 and 2
- Children with a health condition that puts them at risk of suffering more serious effects of flu

• Exercise regularly to keep fit. 

• Brush your teeth two times a day to keep your them clean. 

• Keep hydrated by drinking plenty of water. 

• Wash regularly so you don't smell. 

Libby, age 10

Chapter 4 Secondary school years



Chapter 4 - Secondary school years

This chapter explores some of the key health-related behaviours concerning young people during their secondary school years.

How young people feel about themselves, those around them and opportunities to improve their circumstances can influence the choices that a young person makes, and in some cases their whole life course. Social media can play a positive and important role in young people's lives, but there are also potential threats for young people to be exploited or bullied.

In North Yorkshire, 22% of secondary school pupils surveyed reported communicating with people they had met online but didn't know in real life. 20% of pupils said that they had experienced someone attempting to hurt or upset them online (through text, pictures or video).

Most of the health issues young people face at this age are preventable, and, if addressed effectively, can be prevented from escalating into adulthood. School is a particularly important setting at this time to support building resilience, and therefore influence the health and wellbeing of young people.

The transition to secondary school is a critical time in a young person's life, and young people need to be given support to better manage these changes. Public Health England highlights that "building good health behaviours at this life stage can prevent risky behaviour, including unsafe sex, and builds healthier adults".

Key facts

There have been positive reductions in the levels of risk-taking behaviour across North Yorkshire, in particular around alcohol and drug use and sexual activity. The following results are from the secondary school Growing Up in North Yorkshire (GUNY) 2014 survey of Year 8 and Year 10 pupils

- 23% say they have tried smoking in the past or currently smoke (28% in 2012).
- 24% had at least one alcoholic drink in the week before survey (32% in 2012).
- 19% of young people say they have had sex (23% in 2012).
- 17% have been offered cannabis (19% in 2012).
- 22% had consumed five portions of fruit or vegetables on the day before the survey (19% in 2012).
- 51% of pupils do five or more hours of physical activity per week (50% in 2012).
- 20% of pupils had a high measure of resilience, whilst 31% of pupils had a low measure of resilience (24% and 26% in 2012).
- Lesbian, Gay, Bisexual and Transgender young people stand out from the others with only 7% having a high measure of resilience.

Having a heart disease can limit how active you are or make it difficult to breathe as your heart is one of the most important organs in the body because it keeps you alive and breathing ... It is important to get this right before we're adults and stop bad habits and prevent these lethal diseases.

Henry, age 12

Health related behaviours

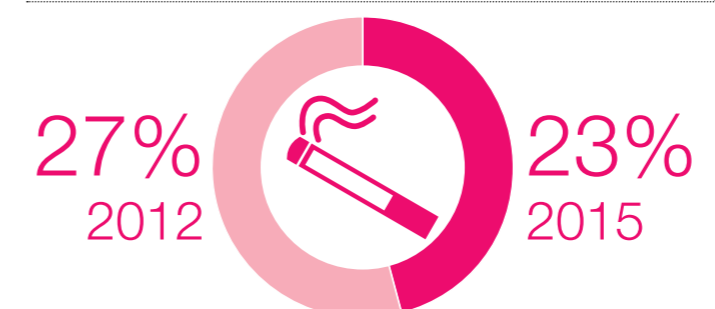
Tobacco

Why is this an issue?

- Smoking continues to be the biggest preventable cause of ill health and early death in North Yorkshire, killing over 1,000 people in the County every year. The impact of tobacco is greatest on the poorest in the County, not just on the smokers but also on their children and their communities.
- Among adult smokers, about two-thirds report that they took up smoking before the age of 18, and over 80% before the age of 20 (Robinson, S & Bugler, C, 2010). The 2011 General Lifestyle Survey of adult

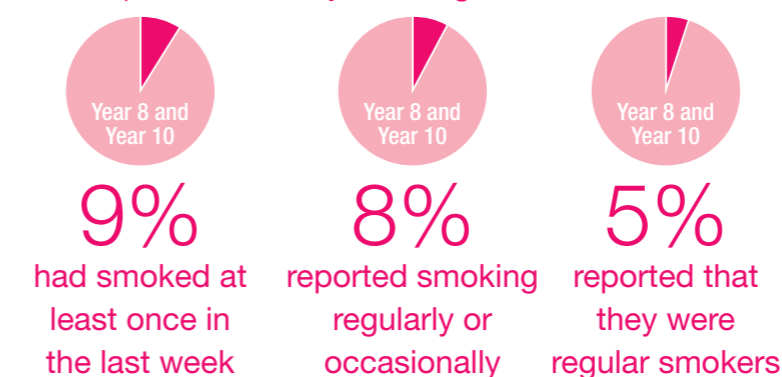
smokers revealed that almost 40% had started smoking regularly before the age of 16.

- Smoking initiation is associated with a wide range of risk factors including: parental and sibling smoking, the ease of obtaining cigarettes, smoking amongst friends and peer group members, socioeconomic status, exposure to tobacco marketing, and depictions of smoking in films, television and other media.
- Children who live with parents or siblings who smoke are up to three times more likely to become smokers themselves than children from non-smoking households (Leonardi-Bee, J et al, 2011).

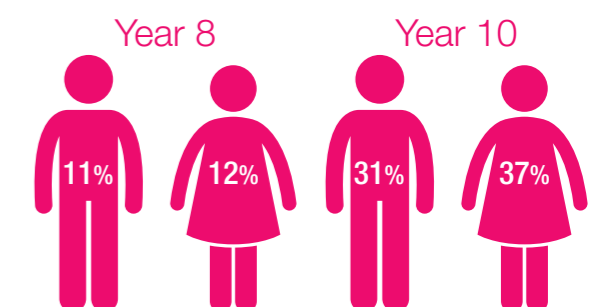


Smoking among young people in North Yorkshire has declined over the past few years, with 23% of young people saying they had previously smoked or currently smoke, compared to 27% in 2012.

The NYCC GUNY survey in schools indicates that 9% of Year 8 and Year 10 pupils had smoked at least once in the last week. 8% reported smoking regularly or occasionally, and 5% reported that they were regular smokers.



However, certain groups of pupils had much higher rates of smoking:



In Year 8, 12% of girls and 11% of boys say they have smoked; this increases to 37% of girls and 31% of boys in Year 10. In all areas except Craven, more girls have tried smoking than boys in Year 10.

- Children in Care, young carers and young people eligible for free school meals are more likely to have tried smoking.
- The younger the age of uptake of smoking, the greater the harm is likely to be. Early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality (Royal College of Physicians, 2010).
- Passive (second-hand) smoking has been linked to a range of illnesses in children, such as asthma, lower respiratory tract infections, middle ear infections and sudden unexpected death in infancy (Action on Smoking and Health, 2014).
- In North Yorkshire, 24% of young people reported that someone smokes in a car with them at least once or twice a week. District variations range from 16% in Craven to 36% in Scarborough.
- Use of electronic cigarettes is a relatively recent phenomenon. Evidence to date is scarce, but there are concerns that among non-smokers, electronic cigarettes might be used as a gateway to smoking and promote smoking uptake and nicotine addiction, particularly among children and young people. However, there is currently no data supporting this claim.
- E-cigarettes are much safer than smoking tobacco. Experts estimate at least 95% safer (PHE, 2015).
- Experimentation with e-cigarettes among non-smoking children in the UK is currently rare. Only about 1% of 16 to 18 year-old never-smokers have experimented with electronic cigarettes, and few if any progress to sustained use (Action on Smoking and Health, 2013).
- The GUNY Survey showed that 22% of young people reported having tried an e-cigarette. This figure is higher in Scarborough (35%).

Examples of local action:

The North Yorkshire Tobacco Control Strategy has a vision to inspire a smoke-free generation for North Yorkshire. One of the five priorities of the Strategy is prevention for children and young people, with the aim of providing a co-ordinated and consistent approach to smoking prevention programmes in North Yorkshire schools.

Parliament has recently approved regulations to make smoking in cars carrying children illegal. The new rules will come into force on 1 October 2015, and people failing to comply could face a £50 fixed penalty notice. This is an important victory for children's health, protecting them from significant harm caused by second-hand smoke.

Following local parent action and public consultation, Harrogate Borough Council has launched a scheme to designate outdoor play areas as smoke-free areas. There is an opportunity for local children to design the signage that will be erected in three pilot council play areas. The intention is to explore the roll-out of this to other district council areas across North Yorkshire, and other environments used as sporting venues where children are present.

Areas for future development:

NYCC should work with schools and Stop Smoking Services to improve smoking prevention in schools, and offer students support to stop smoking where needed.

Harrogate Borough Council should evaluate the outcome of the Harrogate smoke-free zone pilot, and share learning with other districts who are considering a roll-out to their areas.

New Psychoactive Substances

Why is this an issue?

- Although drug and alcohol use is in decline, there is growing concern about the small numbers of young people who are using New Psychoactive Substances (NPS). These substances are sometimes referred to as "legal highs", which is misleading and dangerous as the term "legal" may imply that they are safe to use, which is not the case.
- NPS are substances that mimic the effects of controlled drugs. In order to be sold legally, they must not be marketed as a substance intended for human consumption; otherwise they would be subject to pharmaceutical legislation. It is difficult to identify the exact numbers of people who use NPS, but there is evidence to suggest that it is a growing trend in some parts of the county (Scarborough Borough Council, 2014).
- According to the Growing Up in North Yorkshire (GUNY) survey, young people in Scarborough are the most likely to report using NPS, at 5% of Year 10 pupils compared to 2% of the rest of the County.
- Scarborough Borough Council commissioned multi-agency research to look at the number of incidents relating to NPS, and recorded 138 incidents over three months in 2014. There was a wide age range of people who used NPS (12-40 years), but peak use appeared to be in the mid- to late-teenage years.

Examples of local action:

- There are currently three "head shops" selling NPS in North Yorkshire, in addition to the range of online retailers. Actions of the retailers are regularly evaluated against all relevant legislation, criminal and civil, with the local authority in regular contact with the shop owners, in an attempt to reduce anti-social behaviour and protect vulnerable users.
- As a result of these concerns, a New Psychoactive Substances steering group

- has been established in Scarborough, led by the Borough Council. It aims to highlight the dangers of NPS use, to ensure that users can make informed decisions as to usage; to work with partners to enhance the knowledge and evidence on NPS use; and to utilise the legislative framework and provide a robust enforcement response.
- The on-going multi-agency NPS partnership has a series of agreed actions. This includes trading standards conducting test purchases to test for accurate ingredients and labelling, and training for police officers on what to do if they encounter people with NPS substances.
- An educational theatre production toured local schools, highlighting risk-taking behaviours and legal highs.
- Personal, Social and Health Education (PSHE) co-ordinators have received training on how to effectively incorporate NPS into the planned PSHE curriculum

Areas for future development:

The North Yorkshire adult and young people's drug and alcohol partnership group should continue to monitor the usage of new psychoactive substances (NPS) across North Yorkshire.

Drug and alcohol services should provide training on NPS, including prevention and harm reduction messages for their staff and other relevant workforce.

All secondary schools should include NPS in the planned PSHE curriculum.

Compass REACH case study

C was referred to Compass REACH after engaging in risk-taking behaviour, including unsafe sex, multiple drug use, and regular use of cannabis, alcohol and legal highs. There were concerns about C being sexually exploited, as well as engaging in relationships and actively trying to conceive. Compass REACH discussed what a baby would mean to him and what he would like to offer his child. Using a cognitive behavioural approach, C was able to recognise that his current situation is not the family life he wished to provide for his child. He reflected on his own personal childhood during this session, and his current relationship, whilst considering what makes a good relationship. C and his Compass REACH Young People's Nurse discussed the cycle of change, and looked at how to minimise lapse and relapse. They looked at his potential triggers, and how to avoid these in a practical and realistic manner.

After working with Compass REACH:

- C initially reduced, and then stopped, all cannabis use.
- C stopped all other drug use over the course of treatment. C no longer wishes to use drugs. However, he feels that if this changes in future he is more aware of how to minimise the potential risks.
- C is settled in his foster placement; this is not jeopardised by drug use like past placements had been.
- C is now enrolled to start school, and is looking forward to this.
- Whilst C is still awaiting sentencing, he is now in a better personal position; he is less chaotic, engaging well with his youth justice order, and adhering to his tag conditions for a previous offence.
- C's relationships with his parents have improved.
- Risks to C from local gangs and drug groups have reduced, as he is no longer involved in drug dealing.
- C is now having protected, age-appropriate relationships. He is more aware of his sexual health, and no longer feels the need to be a dad.

For further information contact Compass Reach
01904 636 374, lisa.gale@compass-uk.org

Risky behaviour

Why is this an issue?

- 19% of young people (Year 10) in North Yorkshire reported that they were sexually active which has decreased from previous years. This figure increased for vulnerable groups e.g. Children in Care, Lesbian, Gay, Bisexual and Transgender (LGBT) young people and young carers.
- There is a minority of young people who regularly engage in risk taking behaviour, such as unprotected sex after drinking alcohol or drug use.
- Among those who report being sexually active, 19% responded that they have taken risks with sex (infection or pregnancy) after drinking alcohol or drug use, and 13% said they are 'not sure' if they have. This is noticeably higher amongst vulnerable groups, such as Children in Care, and LGBT young people. These groups are more likely to be sexually active and take risks with their sexual health.
- Child sexual exploitation (CSE) is a form of child abuse, which, despite being an acknowledged area of Children's Social Care for many years, has had an increased profile in more recent years. CSE can have a wide range of detrimental effects on the victim, affecting their physical, psychological and emotional health (Health Working Group, 2014).
- Good-quality Personal, Social and Health Education (PSHE) has proven to be a key component in reducing risk-taking behaviour among young people. However, PSHE is not a statutory subject in schools, although maintained schools do have a statutory duty to promote

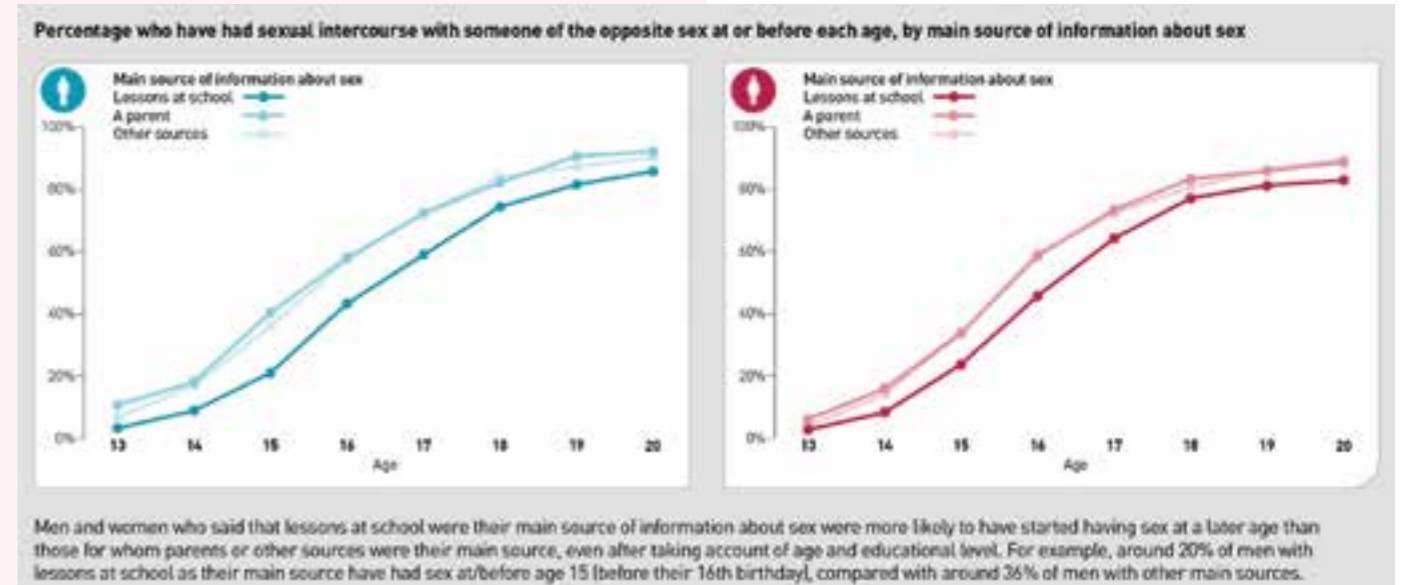
the wellbeing of pupils, and the government has clearly stated that schools should deliver planned PSHE provision. Improvements have been made, but the provision and quality of PSHE still varies across the County.

- The GUNY survey demonstrated that 36% of pupils found school lessons about sex and relationships 'quite' or 'very' useful, 33% of pupils found lessons about emotional health and wellbeing 'quite' or 'very' useful, and 68% of pupils responded that they have found school lessons about medicines and drugs at least 'quite useful'. 9% have found them 'not at all' useful and 18% couldn't remember any.
- There is strong evidence that young people whose main source of sex education is school are more likely to have sex later, and are more likely to use contraception.
- Providing young people with opportunities to develop skills and confidence around healthy

relationships is key to improving health and wellbeing. PSHE should therefore focus not just on facts about health; it should enable young people to develop skills and understanding that will to help them better manage their lives.

“It is difficult to see how safety and safeguarding can be good if PSHE education provision is poor; if pupils are kept ignorant of their human, physical and sexual rights, do not know how to protect themselves and others; or do not know where to go for help, they are not being adequately safeguarded”

National Lead for PSHE education, Janet Palmer, Her Majesty's Inspector



Credit: Economic and Social Research Council/ Paulo Estriga.

Examples of local action:

- Approximately 100 teachers have accessed training around effective PSHE as part of the national PSHE Continuous Professional Development (CPD) programme.
- Funding has been allocated to provide intensive support to schools around PSHE and risk taking behaviour. This includes reviewing policies and the curriculum, pupil voice work and training for staff.
- All schools can access the suggested North Yorkshire PSHE curriculum entitlement framework and PSHE planning and assessment toolkit.
- The majority of secondary schools attend the PSHE network meetings, which cover a range of topics. Colleagues from schools share their good practice on effective PSHE provision.
- Schools have been encouraged to focus on healthy relationships and Child Sexual Exploitation. A practitioner's guide for professionals has also been developed.

Areas for future development:

All schools (including Independent and Academies) should deliver high-quality Personal, Social and Health Education (PSHE) education based on good practice, as highlighted by the National PSHE Association

Schools should consider accessing the national PSHE Continuous Professional Development (CPD) programme in order to improve the confidence of teachers delivering PSHE.

Schools should make effective use of the Growing Up in North Yorkshire survey data to implement a planned PSHE curriculum based on pupils' identified needs.

NYCC and partner agencies should continue development of data intelligence work with the Police to identify children and young people at risk for Child Sexual Exploitation.

Case Study: Safe and Sound Group - A Web of Lies, a storyboard novel based on Child Sexual Exploitation

Safe and Sound are a group of young people who meet once a week at Trax Young People's Centre in Harrogate. Supported by youth workers, they discuss issues on personal safety and risky behaviours, with a focus on young people in Harrogate. The group explores different topics, and uses a range of visual and creative materials to produce information in a young-people-friendly format to deliver important messages.

In 2014 the group produced a storyboard novel, "It started with a Kiss", which highlighted the issue of domestic abuse within teenage relationships, and won the North Yorkshire Police Safeguarding Young People Award. Moving on from this success, the group have now produced "Web of Lies", which depicts a teenager's account of sexual exploitation. The storyboard follows the story of a young girl who is manipulated into an exploitive relationship with an older man, and concludes with the arrest of the offender and the girl receiving help and support. The story is hard-hitting, revealing good insight into the method used by offenders and also providing information about where to get help and support in such a situation.

For further information contact sara.atkins@northyorks.gov.uk



Emotional and mental health

Why is this an issue?

- Promoting, protecting and improving children and young people's mental health and wellbeing is high on the Government's agenda, due to the significant impact it has on individuals, society and the economy overall.
- Many mental health conditions show themselves in childhood, and if left untreated can develop into conditions requiring regular care. The Government has recently published Future in Mind, a report of the work of a Taskforce that was established to identify the wide range of issues affecting mental health services. It highlights that over half of mental health problems in adult life (excluding dementia) start by the age of 14, and 75% by age 18, which is why it is essential to tackle issues at an early age (Department of Health, 2015).
- Mental health problems cause distress to individuals and all those who care for them. One in ten children needs support or treatment for mental health problems. These range from short spells of depression or anxiety through to severe and persistent conditions that can isolate, disrupt and frighten those who experience them.
- Mental health problems in young people can result in lower educational attainment, and are strongly associated with behaviours that pose a risk to health, such as smoking, drug and alcohol abuse, and risky sexual behaviour (North Yorkshire Children's Trust, 2014).
- There has been a significant increase in the numbers of young people with low resilience scores among North Yorkshire pupils aged 12-13 (GUNY 2014). In 2014, 31% of young people scored a low measure of resilience, compared to 26% in 2012.
- Young people from vulnerable groups have lower resilience scores than the rest of the population, e.g. only 7% of LGBT young people had a high resilience score. Young people from ethnic minority groups were more likely to have been pushed or hit for no reason.

16,000 

It is estimated that 16,000 children and young people in North Yorkshire have a mental health disorder...

2,500

...of which 2,500 are likely to be from vulnerable groups and to have more complex needs.



5,000

Of this group of 16,000 children, at least 5,000 are likely to require access to services at tier 2 (specialist workers) and above.

1,500

Of this group, almost 1,500 are likely to require access to tier 3 services, with around 100 requiring access to tier 4 (outpatient and inpatient) services

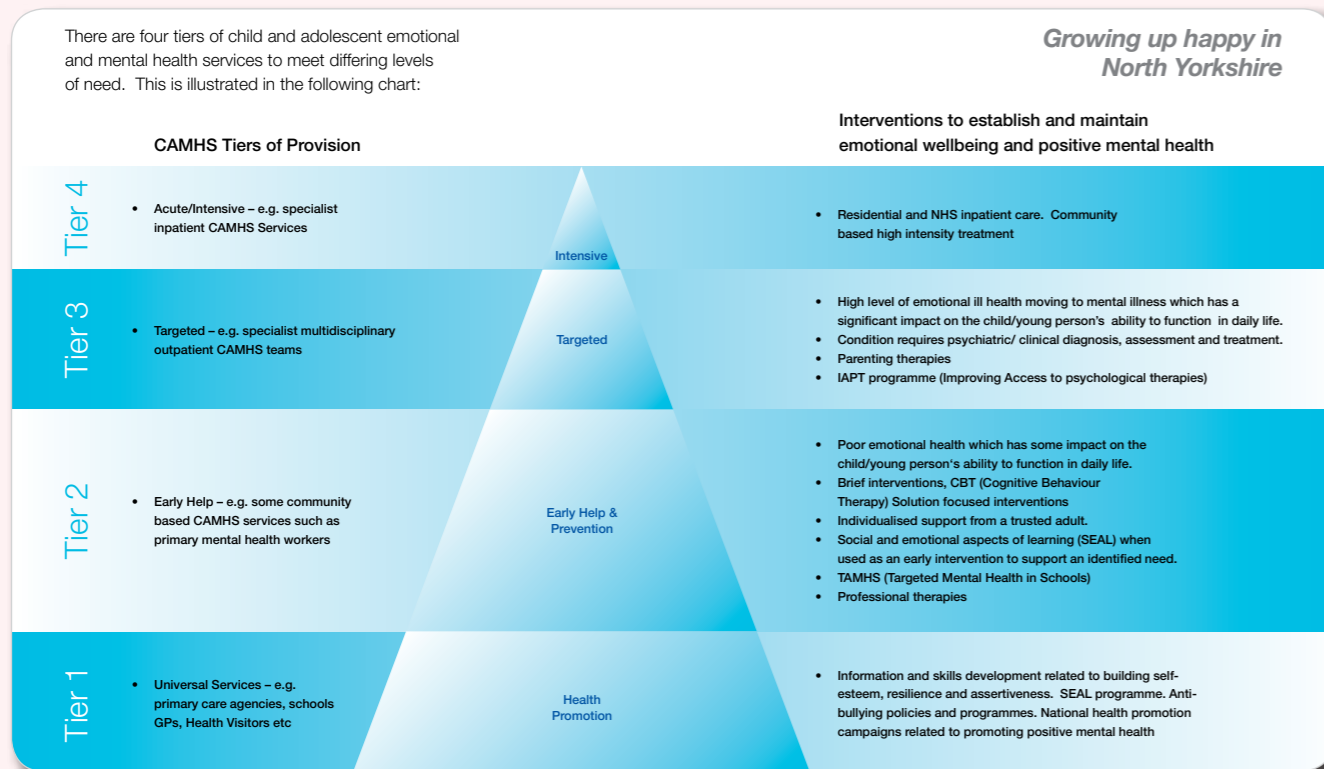
(North Yorkshire Children's Trust, 2014)

Examples of local action:

- A Children and Young People’s Emotional and Mental Health Strategy and Action Plan has been developed for North Yorkshire, setting out priorities for the future. The strategy encompasses a strengths-based approach, which seeks to reduce risk factors and enhance protective factors in order to build resilience, so that the number of children requiring Children and Adolescent Mental Health Services (CAMHS) is appropriately reduced and children have learnt the skills to cope through childhood and as an adult. The strategy focuses on the four tiers of interventions available in North Yorkshire.

“Young people need educating about this.”

Young person, Youth summit event



- NYCC has recently re-commissioned a universal and targeted Healthy Child Service. These services provide interventions to young people requiring early help around mental health issues. Support for young people who need tier 2 help has been strengthened in order to prevent problems escalating further. Compass REACH now deliver evidence-based, structured, psychosocial one-to-one interventions to children and young people who may benefit from receiving early help and prevention work in relation to emotional wellbeing and mental health issues.
- A self-harm pathway has been developed as part of the North Yorkshire Children and Young People’s Emotional and Mental Health Strategy. The implementation group prioritised the development of support pathways as a means of improving the integration of service delivery between providers, and to improve the early help that is provided to children and young people to prevent problems from escalating.

“I know lots of people that are depressed/ do self-harm but nothing is done about it - this makes people more upset.”

Young person, Youth summit event

Case study: Guidance on self harming for schools

Secondary schools had started to identify an increasing number of pupils engaged in self-harm behaviours, and were looking for guidance on how to best support the pupils whilst at school. This led to a multi-agency task and finish group being convened to develop some guidance for schools. The group consisted of staff from secondary schools, educational psychologist, CAMHS, education development adviser (EDA) for behaviour and attendance, EDA for health and wellbeing and a safeguarding manager.

The group developed the guidance, with the aim being to enable schools to develop and agree an effective policy on self-harming. The guidance document incorporates a policy checklist and policy template, and further information is provided on all aspects of an effective policy to ensure the final policy reflects the needs, ethos and responses of the school. Incorporated into the guidance document is a risk assessment, which has been successfully trialled with the secondary schools who were part of the task and finish group.

The guidance document was rolled out in each area through the secondary behaviour collaborative and supported by training on self-harm delivered by CAMHS. Lead teachers from the primary enhanced mainstream schools also attended the training.

For further information contact clare.barrowman@northyorks.gov.uk



Areas for future development:

Commissioners and providers of Children and Adolescent Mental Health Services (CAMHS) should work in partnership with schools to develop knowledge about mental health among teaching staff, to enable them to identify issues when they arise and effectively signpost to appropriate help.

Schools should have a whole-school approach to emotional health and wellbeing, ensuring that mental health issues are addressed as part of the planned Personal, Social and Health Education (PSHE) provision.

CCGs and NYCC should work together to develop and implement local transformation plans as part of implementing Future in Mind. Organisations should continue to work in partnership, and make the best use of available resources to improve the mental health outcomes of children and young people, and particularly those who are most vulnerable.

The implementation of the new self-harm pathway and planned eating disorder pathway should be monitored by the children and young people’s emotional and mental health strategy group to make sure it is responsive to more vulnerable groups.

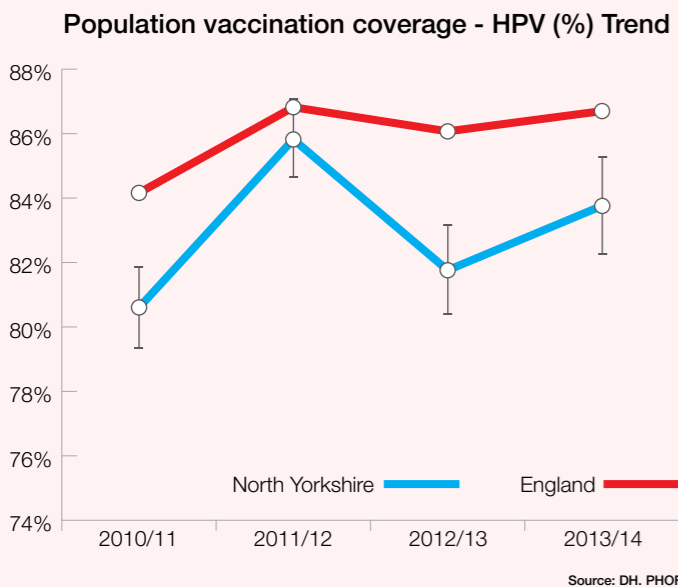
Human papillomavirus (HPV) immunisation

Why is this an issue?

- In September 2008, a new vaccine called the HPV vaccine was added to the UK Childhood Immunisation Schedule. There are many different types of HPV, primarily passed on through sexual contact. High-risk types of HPV can lead to cervical cancer in later life; the vaccine protects against the most common cancer-causing types of HPV.
- The HPV vaccine is given to 12-13 year-old girls in three doses over a period of six months.

Example of local action:

The HPV immunisations programme is delivered through the Healthy Child Programme. The following graph shows that the uptake of a complete three-dose course of HPV vaccine in North Yorkshire is below the national average. However, the uptake rate is increasing.



Recommendation: Personal, Social and Health Education (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 are age appropriate, meet the needs of all pupils, and explore concepts that impact on risky behaviours such as healthy relationships and consent.

Areas for future development:

The Healthy Child Service should take a more proactive approach to improving the uptake of this vaccine. The team to contact all parents who do not return a consent form, to provide them with more information.

The Healthy Child Service should give people more than one opportunity to receive the vaccine by offering follow up days at schools.

Recommendation: 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.

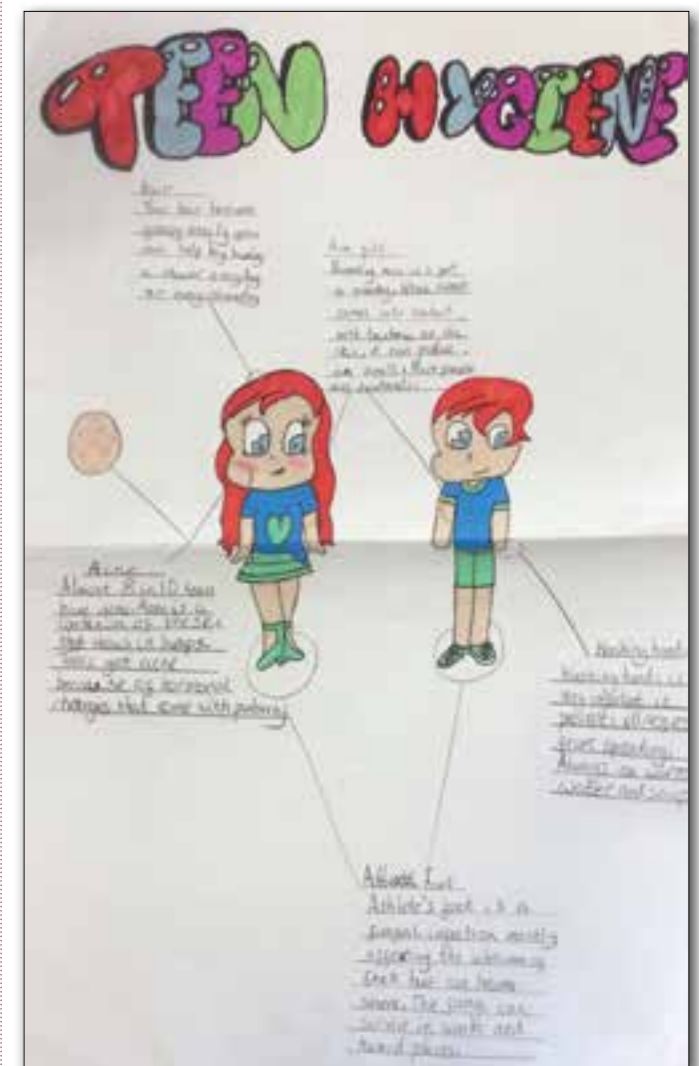
CCGs and local authorities need to maximise the opportunities provided by Future in Mind, and utilise available new investment to develop and deliver against their local transformation plans, with the aim of improving children and young people's physical and emotional resilience.

Relevant NICE Guidance

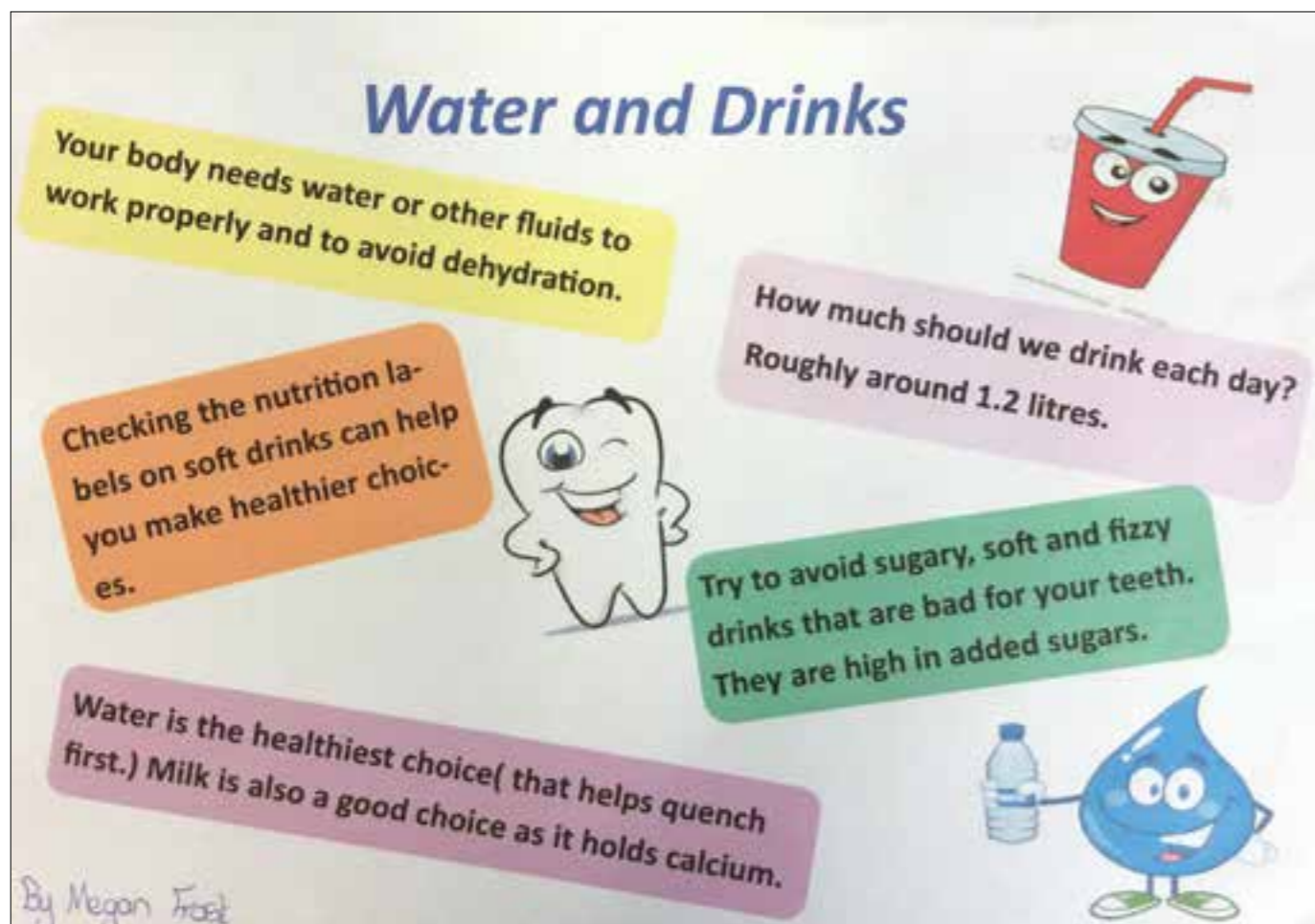
NICE Guidance is available on immunisation, preventing the uptake of smoking, school based interventions to prevent smoking/alcohol, sexual health, behaviour change, social and emotional wellbeing in secondary schools. www.nice.org.uk

Suggested further reading:

- Improving young people's health and wellbeing: A framework for public health. (Public Health England, 2015)
- SRE: The Evidence (Sex Education Forum, 2015)
- Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (Department of Health, 2015)
- Second-hand smoke: the impact on children (Action on Smoking and Health, 2014).
- Children and Young People's Emotional and Mental Health Strategy 2014–17. Supporting and promoting good emotional and mental health. Growing up happy in North Yorkshire. (North Yorkshire Children's Trust, 2014)
- New Psychoactive Substances Strategy and Action Plan 2014-2017 (Scarborough Borough Council, 2014)



Chapter 5 Late Adolescence



Chapter 5 - Late Adolescence

This chapter explores some of the key challenges that may be faced in late adolescence (aged 16-19 years), and considers the potential impact of these on health. It looks at the related data and the actions that are being taken across North Yorkshire to try and equip young people to successfully navigate through these challenges.

Adolescence is a period of rapid physical and psychological change, bringing with it a raft of challenges and emotions stemming from the desire to “fit” in with peers, including experimenting with risk-taking behaviour and the progression to increased independence from parental figures (WHO, 2014).

The ability of young people to navigate successfully through these challenges is largely dependent on their resilience: the ability they have to overcome adversity. Resilience can be learnt and strengthened by the way challenges are processed in terms of the support given, which then equips us to cope effectively with future situations (Young MINDS).

Adolescence is a key life-stage for influencing behaviour and equipping young people with confidence and skills. Receiving the right support at this stage is essential to building resilience.

Key facts:

- Levels of educational attainment in North Yorkshire for both numbers of pupils achieving five or more A*-C GCSE's and Level 3 qualification are above the regional, statistical neighbours, and national average rates. In North Yorkshire approx. 2,000 pupils annually do not achieve five or more A*-C GCSE's and Level 3 qualification.
- The percentage of NEET young people within North Yorkshire (4.3%) is below both the regional (5.7%) and national average (5.3%).

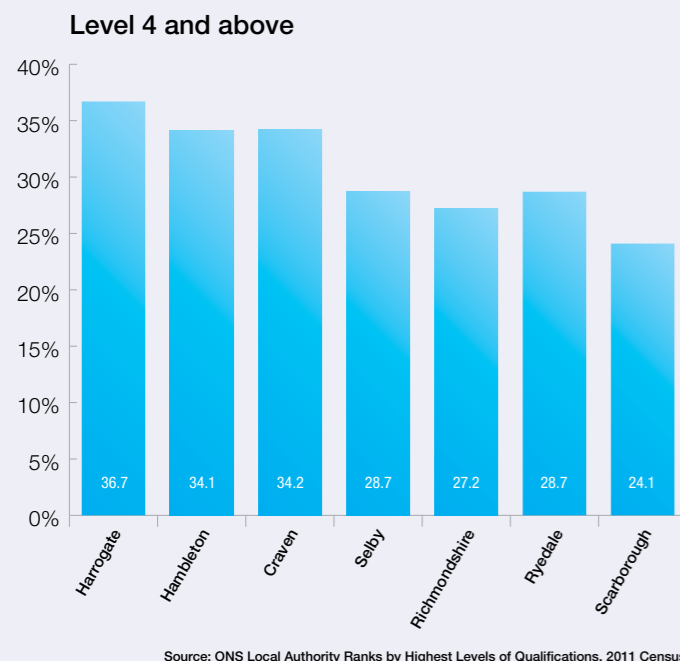
- North Yorkshire is a significant outlier for the rate of people “Killed or Seriously injured on roads per 100,000”. For the period of 2011-13 the North Yorkshire rate was 77.6, in comparison to the regional rate of 45.1 and the national rate of 39.7.

Educational attainment

Why is this an issue?

- Educational attainment has a direct impact on social position, with the higher the level of qualification achieved the higher the position, and the increased likelihood of good health. Academic and vocational qualifications impact on a range of social and economic inequalities, as those without qualifications are at higher risk of being unemployed or having lower incomes, which are key determinants of health.
- Low levels of educational attainment have been linked to a range of poorer health outcomes, both mental and physical, including higher levels of obesity, increased rates of cancers, increased likelihood of smoking, higher levels of stress and lower confidence.
- People who achieve a Level 4 qualification, e.g. a Certificate of Higher Education, have been shown to have both better health and longer life expectancy.
- Pupil achievement data shows that disadvantaged pupils continue to perform less well than their peers at all key stages both locally and nationally, and the gaps between those eligible for free school meals and others are wider in North Yorkshire than the national average.
- Education outcomes vary by district, with Scarborough showing the lowest percentage of pupils achieving qualifications at Level 4 and above.

Higher Education



Examples of local action:

- NYCC is investing £250,000 per annum for three years into education in Scarborough, to address the inequalities in education and skills and to improve outcomes for young people.
- NYCC have developed a strategy for closing the gap in educational progress and attainment (2015-2018). The plan has three overarching priorities:
 - Ensuring that education is our greatest liberator.
 - Helping all children to enjoy a happy family life.
 - Ensuring a healthy start to life.

Over 120 schools are involved in delivering North Yorkshire Closing the Gap innovation projects.

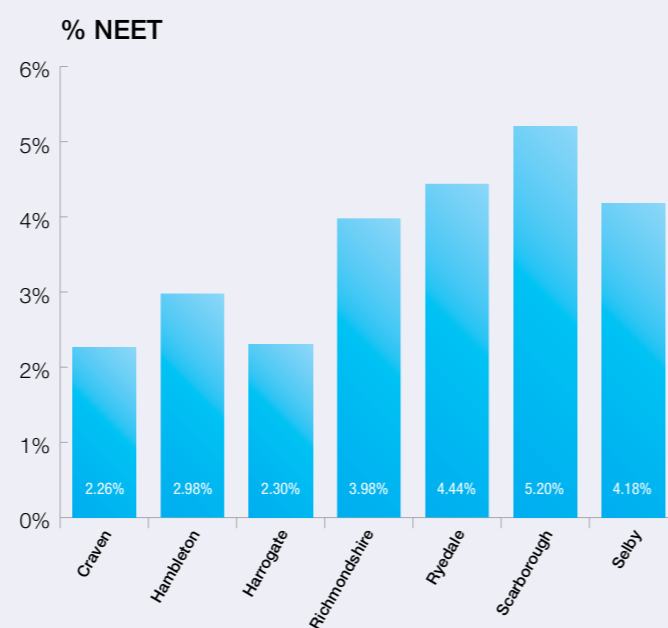
Areas for future development:

Schools should develop models of good practice produced through the Closing the Gap innovation projects that demonstrate how improved educational results can be achieved through looking holistically at children and young people.

Not Engaged in Education, Employment or Training (NEET)

Why is this an issue?

- The number of young people “Not in Education, Employment, or Training” (NEET) increases with age from 16-19, with a higher number of males making up the figures.
- There is a clear link between NEET young people and poorer health outcomes in terms of both physical and mental health, including lower levels of wellbeing, happiness, hope for the future and raised levels of anxiety.
- NEET young people are more likely to become teenage or young parents, participate in illicit drug use and are also at higher risk of early death.



Case Study: Thirsk Clock, #Choices Project

The #Choices project is run by Thirsk Clock and is delivered in a range of localities across North Yorkshire. The project assists and supports NEET young people, or those at risk of being NEET, between the ages of 14-19 to complete either level 1 or 2 accredited qualifications in Skills in Employment Training and Personal Development.

Students between the ages of 14-16 who have been identified by their school as at risk of becoming NEET complete a portfolio of work which includes:

- Interpersonal skills - looking at how they see themselves and how they are perceived by others
- Interview preparation, CV writing
- Verbal and physical presentation skills
- Budgeting
- Team work
- Health topics, including sexual health and substance misuse

NEET young people between the ages of 16-19 complete a similar portfolio of work, but also have the option to improve skills in English and Mathematics if needed to help achieve qualification equivalent to GCSE grade C. Due to the firm working relationships Thirsk Clock have with local schools and agencies, #Choices is proving to be a great success with 50 age 14-16 year old learners and 41 age 16-19 learners participating in the programme to date.

For further information contact info@theclock.org

- Evidence highlights NEET young people as often having little resilience, meaning that they have a lower ability to address the challenges they face.
- The percentage of NEET young people within North Yorkshire (4.3%) is below both the regional (5.7%) and national average (5.3%). Breaking the data down to district level shows clear differences, and highlights Scarborough as a NEET ‘hotspot’.

Examples of local action:

Areas for future development:

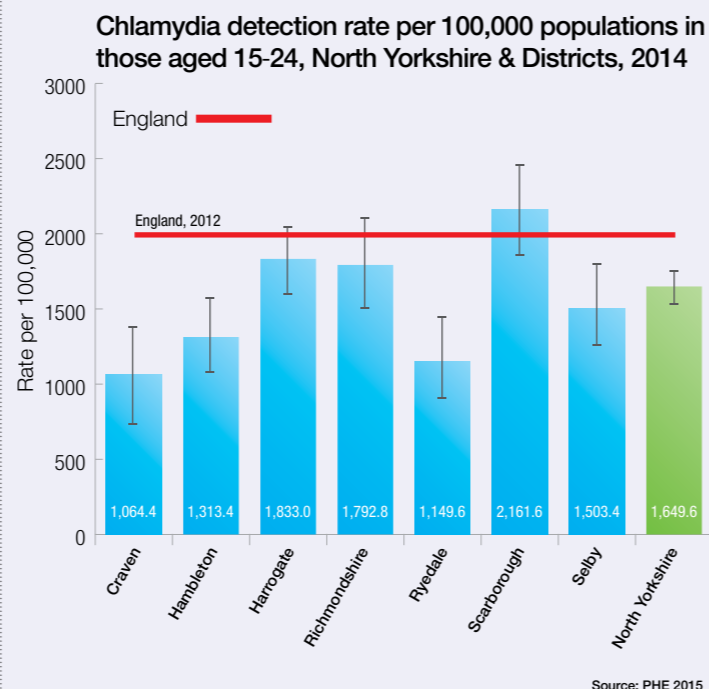
- The NEET strategy group should develop a co-ordinated approach to the reduction in NEETs.
- The NYCC Prevention Service should improve data collection around NEETs in order to offer an appropriate package of support.

Sexual Health

Why is this an issue?

- Young people under 25 (16 to 24 year-old age group) account for more than half of all newly diagnosed sexually transmitted infections (STIs).
- Risky sexual behaviour can have a number of unintended consequences. These include unintended pregnancy and the spread of STIs.
- STIs can have a range of long-term consequences, including pelvic inflammatory disease, ectopic pregnancy, infertility, cervical cancer, AIDS and death.
- The main STI diagnosed in young people is chlamydia, followed by genital warts, gonorrhoea and herpes.
- Based on findings from the NATSAL-3 survey (The National Survey of Sexual Attitudes and Lifestyles, 2014) the average age of first heterosexual intercourse in 16-24 year olds is 16 years.
- Chlamydia is the most common bacterial STI in England, and it is most prevalent among sexually active young people.
- The national chlamydia screening programme was launched in 2003, offering opportunistic screening to those sexually active under-25 year-olds.
- Whilst screening uptake across North Yorkshire has increased over the last few years, rates of chlamydia detection in North Yorkshire at district level and as a whole are below the national average. The target is to have a detection rate of 2,300 per 100,000 15-24 year-olds.

- Scarborough has the highest detection rate of 2,161 per 100,000 15-24 year olds, similar to the England average, whilst all other areas are below the England average.



“There are problems with access to sexual health support.”

Young person, Youth summit event

Examples of local action:

- North Yorkshire County Council has recently commissioned an integrated Sexual Health Service, YorSexualHealth, which is comprised of three service areas:
 - Specialist Sexual Health Service
 - Community Outreach Sexual Health Service for most at risk populations
 - Support Service for people living with HIV and their carers
- Improved access to services will be achieved through a single booking and information line, hub, satellite and virtual clinics, condom distribution scheme, the use of digital technology and training for professionals.
- In response to growing concerns about violence from teenagers on parents, IDAS, a local domestic abuse charity, run a Respect programme which works with the whole family to support and challenge young people who are starting to become abusive.



Areas for future development:

YorSexualHealth, the Healthy Child Programme, GP Practices, Community Pharmacies, and all front-line staff that work with young people should continue to develop work to increase the chlamydia detection rate.

York Teaching Hospitals NHS Foundation Trust should raise awareness of the new YorSexualHealth Service with young people, highlighting that the service is free, confidential and young person friendly. Commissioners should monitor the use of the service by age group and sex.

CASE STUDY – #YorClear chlamydia campaign

In-depth research with local young people was undertaken, with a particular focus on Scarborough. A campaign was launched over the summer centred on social media, supported by street promotion.

The concept used “Instagram” - a popular photo social media channel, where users add filters to images and then share them on Instagram, Facebook and Twitter with added hash tags. The key message was “GET TESTED – only then can you say #YorClear”. Pictures uploaded onto Instagram were then used to support a poster campaign. Data showed that there was a 30% increase in testing in the three weeks after the launch of the campaign, and positivity rates were much higher than expected (9.2% before the campaign, 21% after).

For further information contact YorSexualHealth **01904 725440** liz.hare@york.nhs.uk



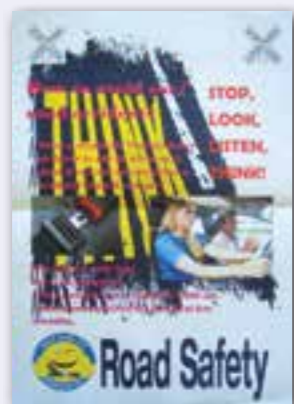
Road Safety

Did you know?

The number of people killed or seriously injured on the road increases with age. There is a noticeable increase between ages 10 and 11, which coincides with the move to secondary school and probably with increasingly unsupervised travel. (NICE, 2010)

Why is this an issue?

- The health impact of traffic/road accidents includes physical disability, cognitive and social impairment, lower educational attainment and employment prospects, and potential secondary psychological impact on the family and friends of the injured (Public Health England, 2014).
- In 2014 in North Yorkshire, 527 casualties were injured in road traffic collisions aged 15-24. Nine of which were killed and 82 seriously injured. This was significantly lower than the previous five year average (2009-2013).
- Young person casualties make up approximately a quarter of the killed and seriously injured (KSI) casualties by age group in North Yorkshire.
- In 2014, 63% of the young people injured in North Yorkshire were North Yorkshire residents. Of the 2014 young person casualties, 41% were young car drivers, 25% young car passengers and 12% small powered two wheeler riders or passengers.



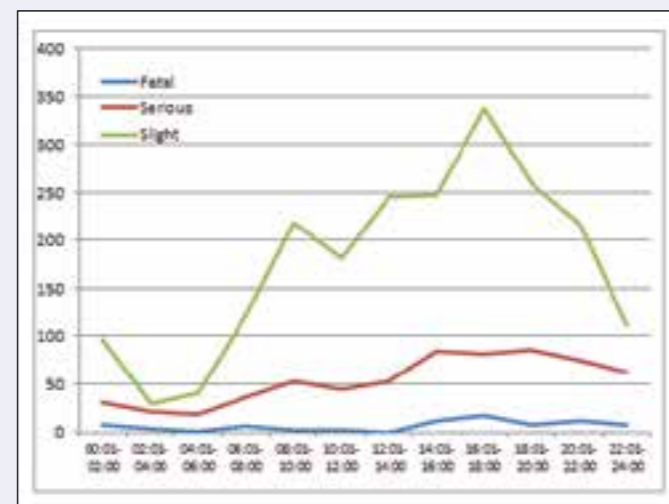
- Resilience in the context of young people and road safety relates to the strategies developed by young people to enable them to make safe decisions, which include resisting peer pressure and having a designating driver for evenings involving alcohol. Young driver interventions that have a focus on resilience have shown potential to reduce road accidents.

Male and female young person (15-24 years) casualties in North Yorkshire: 2014

Category	Male	Female
Killed	8	1
Seriously Injured	59	23
Slightly Injured	264	172

Source: Road Safety & Travel Awareness, North Yorkshire County Council

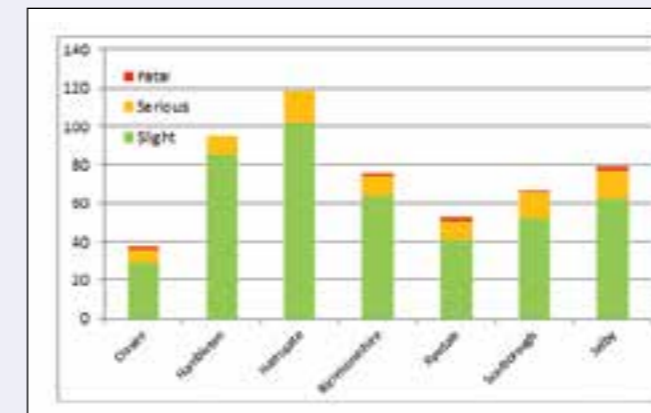
All severities of young person (15-24 years) casualties injured in North Yorkshire by time of day: 2010-2014



Source: Road Safety and Travel Awareness, North Yorkshire County Council

- When looking at casualties amongst young people over the last five years, the majority of fatalities (91%), serious (69%) and slight (63%) injuries occur on rural roads, of which 56% overall occur on 60mph roads (69% of fatalities, 62% of serious and 53% slights).
- In North Yorkshire, the young person fatalities are spread out across the day and night, with only slight peaks at 06:00 to 08:00 and 14:01 to 18:00. Serious casualties show a very different pattern, which increases throughout the day until reaching a peak at 18.00 hours. Young person slight casualties peak at key commuting times, i.e. 08:01 to 10:00 and 16:01 to 18:00.
- In all districts of the County except Richmondshire, rates of collisions with drivers aged between 16 to 19 are above the national average.

All severities of young person (15-24 years) casualties injured in North Yorkshire by district: 2014



Source: Road Safety & Travel Awareness, North Yorkshire County Council

Examples of local action:

- Evidence recommends the most effective way to address road safety is via local partnerships, consisting of bodies such as the local authority, fire and rescue, police, schools and health services (PHE, 2014). Such an approach has been achieved in North Yorkshire via the 95 Alive York and North Yorkshire Road Safety Partnership (Royal Society for the Prevention of Accidents, 2014).
- Funding has been secured for a five year comprehensive road safety programme delivered by the NYCC road safety team.

Areas for future development:

The Road Safety Partnership should review the evidence base around road safety education programmes in order to effectively target funding.

Case Study: NYCC Enhanced Pass Plus

Inexperience of learner drivers or riders is one of the main causal factors recorded for collisions involving young people. NYCC's Enhanced Pass Plus Scheme, managed by the NYCC Road Safety Team, provides young and newly qualified drivers with the opportunity to develop their driving skills and experience additional, accompanied driving sessions, which cover motorway and city driving plus other more advanced challenges.

As part of the scheme, participants attend a compulsory interactive workshop session with other new drivers, facilitated by a Road Safety Officer. In this session new drivers analyse crashes, explore attitudes, perceptions and risky behaviours in themselves and their passengers and peer groups, and learn how to recognise and deal with potentially risky situations. On completion of the course, participants are issued with a Driving Standards Agency Pass Plus Certificate, which may entitle them to discount with some insurance providers.

Feedback from new drivers attending the course:

"Very helpful. Subsidy encouraged me to take the course and the New Driver Discussion Group consolidated work with the instructor." (New driver 18, Harrogate)

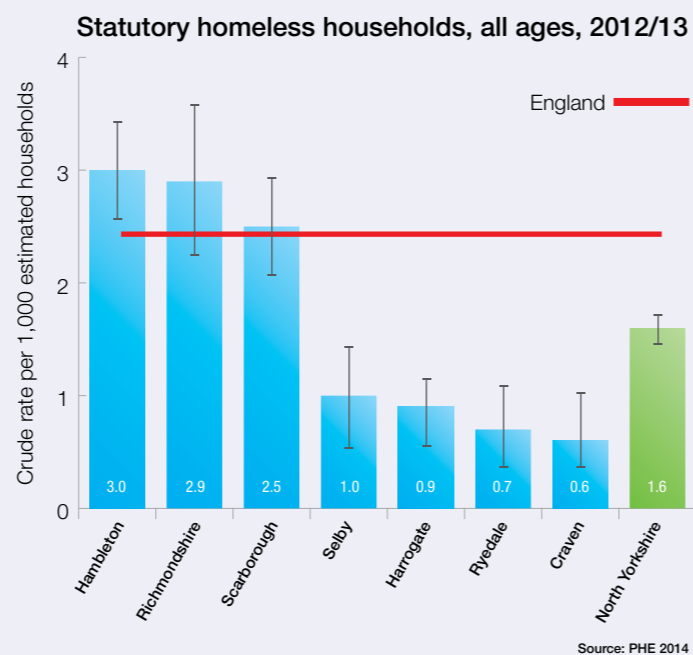
"The whole instructor training course was very informative and helpful. It is fantastic to see the County Council supporting road safety in such a positive manner." (Driving Instructor, Northallerton)

For more information, please email road.safety@northyorks.gov.uk or visit www.roadwise.co.uk/young-drivers

Homelessness

Why is this an issue?

- Homelessness has a significant impact on physical and mental health. Homeless young people are one of the most vulnerable groups in society and under 25 year olds account for more than half of recorded homeless data (Homeless Link, 2014).
- 62% of youth homelessness cases are caused by relationship breakdown to the point at which relatives are no longer willing to let the young person reside in the family home.
- Evidence indicates that capacity for resilience amongst homeless young people is significantly reduced, being "lower than that among young people in psychiatric outpatient services" due to deterioration in coping mechanisms and health.
- Rates of homelessness vary across the County (see figure below), being significantly higher in Hambleton, which alongside Richmondshire and Scarborough lie above the national average. Selby, Harrogate, Ryedale and Craven are all significantly below the national average.



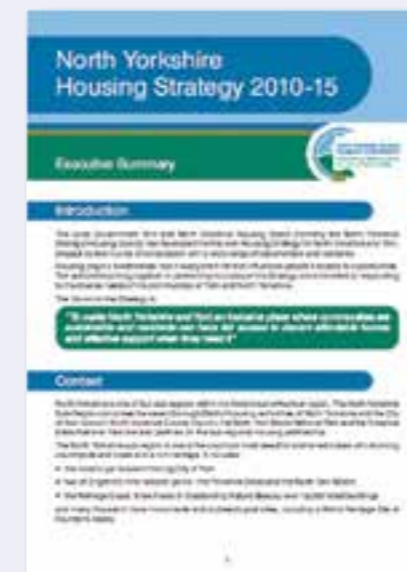
Example of local action:

The need to address and support young people who are or who are at risk of homelessness is recognised in the North Yorkshire & York Housing & Homelessness Strategy 2010 – 2015, placing greater emphasis on homelessness issues.

The vision for the strategy is:

"To make North Yorkshire and York an inclusive place where communities are sustainable and residents can have fair access to decent affordable homes and effective support when they need it."

The fifth strategic principle of the plan is to reduce homelessness, which includes doing more to tackle youth homelessness



“There is not enough funding for homelessness”

Young person, Youth summit event

Sleep

Sleep is very important to teenagers because it gives your brain a rest from work and also gives you a chance to process what you have learnt or what has happened that day. On average most teenagers need about nine hours of sleep every night if you don't get this amount of sleep it will probably lead to drowsiness, bad appetite and bad immune system. Don't eat, drink, or exercise in the last 2 or 3 hours leading up to your bed-time. Don't leave your homework for the last minute. Try to avoid the TV, computer and Xbox in the hour before you go to bed. Stick to quiet, calm activities, and you'll fall asleep



Case Study: Housing Solutions @The Hub – The Young People’s Homelessness Prevention Pathway

Housing Solutions @The Hub provides integrated assessment and support to young people aged 16-25 who are at risk of becoming homeless. The service, commissioned by Supporting People brings together children’s and young people’s services, district housing departments and providers of accommodation and support services for 16–25 year olds to form an awarding winning service recognised at NYCC’s Risk Management Conference XIV for Best Risk Management Initiative.

A single Hub in each of the seven Districts delivers two Pathways described below for 16–25 year olds aiming to:

- Reduce homelessness in 16 and 17-year-olds
- Increase prevention from integrated teams
- Achieve effective partnership working with a coordinated approach

Areas of support include setting up and maintaining tenancy, maximising income and budgeting, maintaining physical and mental wellbeing, referral and support to engage with specialist services, support to access education, training, employment and volunteering, and support in applying for permanent housing.

The service has identified that Housing Support Workers have a unique role in accessing young people in accommodation that other services struggle to achieve, facilitating a unique opportunity to deliver health messages to vulnerable young people in support sessions. This is an area the service is keen to develop and data collected from young people’s pathways related to health will be shared with NYCC Public Health team.

For further information contact Housing Solutions @The Hub **01609 798438/07854 170088**

Key County Wide Figures for 2014/15, Q1 – Q3	
Total number of enquiries	1,206 - 25% of enquiries are by 16-17 year olds
Main Location of Enquiries:	40% Scarborough District 19% Harrogate Borough
Prevention Success Rate:	86% overall success rate in preventing homelessness through Pathway 1 intervention or being safely accommodated in Pathway 2 supported accommodation
Pregnancy Figures:	16% of the females enquiring are pregnant at that time; just over 2% are under 18.
Open to Statutory Services:	8% Open to Youth Justice; 4% had previously been open to Youth Justice 0.6% Open to CSC as a looked after child; 10% had previously been looked after 2.5% Open to care leaver service; 3% had been a care leaver
NEET:	56% of young people were not in education, training or employment; a greater number of this being the over 18’s.

Source: NYCC

Areas for future development:

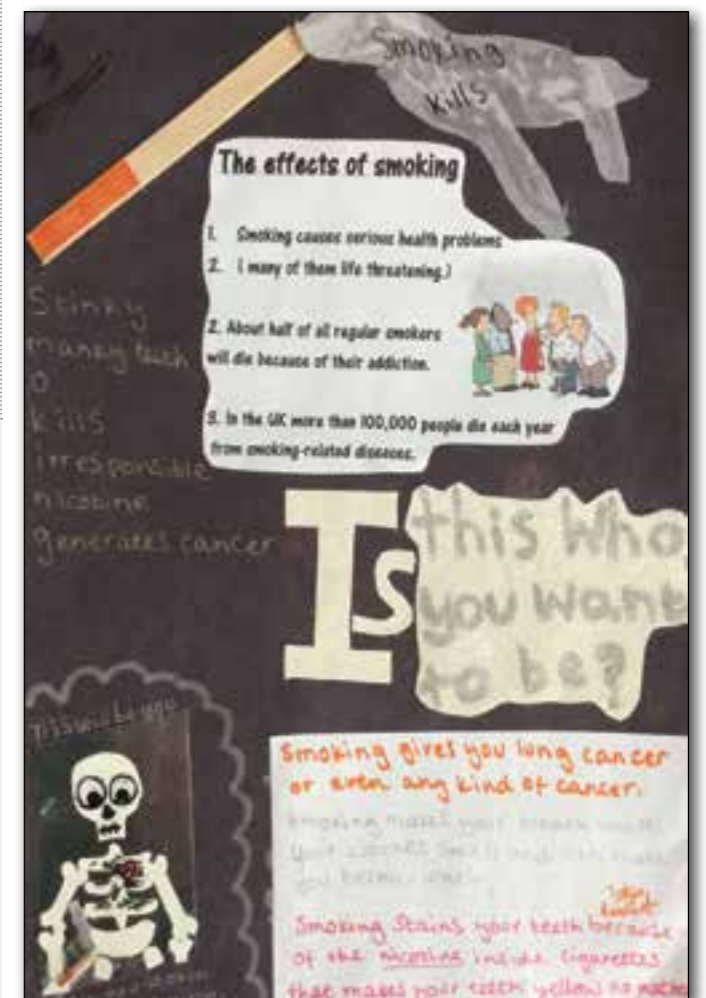
Partners should refresh the North Yorkshire, York and East Riding Homelessness strategy

Relevant NICE Guidance

NICE Guidance is available on contraceptive services, sexually transmitted infections, hepatitis B and C, behaviour change. www.nice.org.uk

Suggested further reading:

- North Yorkshire Joint Strategic Needs Assessment Update 2014/15. NYCC (2015)
- Youth Index 2015. The Prince’s Trust/MacQuarie (2015)
- Risk and resilience. Young Minds
- Health for the World’s Adolescents – A Second chance in the second decade. WHO (2014).
- Child Sexual Exploitation: Improving the outcomes for children by promoting effective engagement of health services and staff. Health Working Group (2014).
- Young and Homeless. Homeless Link (2014).
- Young Driver Risk and Rurality. Road Safety Analysis (2012).
- Estimating the life-time cost of NEET: 16-18 year olds not in Education, Employment or Training University of York. (2010).



Chapter 6 Early Adulthood

What does being healthy mean to you?

Being able to make informed
decisions about my life.

Young person, Youth summit event

Chapter 6 - Early Adulthood

This chapter looks at young people living in North Yorkshire as they move into adulthood. It considers some of the key challenges these young people may face as they leave education. In particular this chapter looks at transport, employment and the misuse of alcohol.

Key facts:

- Access to transport, particularly in rural areas, is important in gaining independence, and has an impact on social isolation and employment.
- Although young people drink less alcohol than other adults, they are more likely to binge drink, putting their health at risk.
- Young people are more likely to be unemployed than other adults. This can have an impact on their physical and mental health.

Transport

Why is this an issue?

“Transport is an essential activity, connecting people to healthcare services, education, employment, family, community, shops and recreation.”

(British Medical Journal, 2012)

- As young people move into adulthood, opportunities for independent travel become increasingly important for employment,

independent socialising, and for allowing young adults to fully engage in their local communities (The King's Fund, 2013).

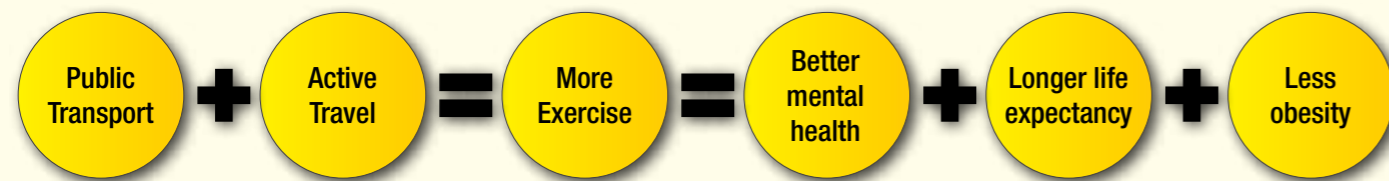
- The frequency of travel and the modes of transport used can affect health and wellbeing, finances, and access to essential services. This can be a particularly salient issue in North Yorkshire as many people live in rural areas.
- Private transport options such as cars are generally cheaper per journey than public transport. However, they can be initially expensive, particularly for young adults, and in some cases may be prohibitively expensive.
- When young people do not have a car they often rely on family members. Young people in households without cars can experience further disadvantage because they are unable to rely on other members of the household. This is a particular issue for young people in deprived areas (Department for Transport, 2013).
- Using public transport and walking/cycling (active travel) can have a positive impact on health and wellbeing. However, in rural areas there is typically poor coverage from public transport services and fares can be expensive. Opportunities for active travel are also limited in rural areas because of the distances involved.
- Young adults with a disability may be disproportionately disadvantaged by lack of access to public transport and active travel.

3 in 4 households own a car or a van



Of households in the lowest socio-economic fifth, 2 in 4 own a car or van





- Without access to private or public transport it can be difficult for young people to get a job or to maintain social relationships beyond their families and immediate communities.
- Social isolation can have a significant negative impact on an individual's physical and mental wellbeing, including the likelihood of smoking and having high blood pressure. This isolation can be particularly limiting for Lesbian, Gay, Bisexual, Transgender (LGBT) young people. We know from the GUNY 2014 survey that many LGBT young people use the internet to talk to people they have not met in person. Although they intend to contact their peers, there are inherent risks with socialising online. Without access to transport and a local social support network, it is likely this trend will continue into early adulthood.

- The demand-responsive community transport networks consist of a range of pre-bookable transport options for people whose communities are not serviced by public transport. Although these are not always flexible and may be expensive, they do provide transport for essential journeys, i.e. medical appointments, and they may be particularly useful for young people with disabilities.
- The charity and voluntary sector also provides some opportunities for young people to increase their access to transport.

Areas for future development:

The views of children and young people should feed into the review of the NYCC Local Transport Plan.

“Transport - too expensive, this can result in drink driving, also there seems to be no commitment to bus timetables.”

Young person, Youth summit event

Examples of local action:

- There are a number of on-going projects to increase the range of transport opportunities for young people. The network of public cycle and footpaths are maintained to provide safe off-road travel routes across the County.

Case Study: North Yorkshire Wheels 2 Work

Wheels 2 Work is a moped loan scheme that helps young people access work or training where there is no suitable transport available. Young adults are provided with compulsory basic training, a taxed and insured moped and safety equipment for approximately six months whilst they attend employment or training. During this time, the young people are required to make a weekly financial contribution to the scheme and take the opportunity to save money to buy their own transport. In North Yorkshire, a fleet of over 50 mopeds helps up to 100 people each year; the majority of them aged between 16 and 25 years old.

One of the young people who used the scheme is Daniel (not his real name). Daniel was a 16 year old school leaver living in a North Yorkshire village that had become noted for having a 'youth problem'. With little else to do, the local youngsters had taken to wandering about in groups, generally causing a nuisance, with some progressing into crime. Daniel had started to associate with these youngsters, and this was causing concern to his parents. However, with their support, Daniel landed an apprenticeship on the shop floor with a steel engineering works, in a town about twelve miles from his home.

With no direct public transport links, Daniel had to find a way of ensuring his attendance. He applied for, and was accepted onto, the Wheels 2 Work scheme. He completed Compulsory Basic Training, received a scooter, protective clothing, insurance and vehicle recovery; equipping Daniel with an independent means of transport to and from his apprenticeship.

In the year that followed, Daniel saved towards driving lessons and the purchase of a small car, and progressed well on his apprenticeship. He has become a popular and productive member of staff at the works, regarded by his management as a promotion prospect for the future with experience and qualifications.

Leaving the scheme Daniel commented, *“I could not have carried on with my apprenticeship without this scheme. Wheels 2 Work is a fantastic scheme ... I am so thankful for it.”*

Wheels 2 Work Website: www.wheels2work.co.uk

For further information contact Kevin Holt kevin.holt@ndvsa.co.uk

Alcohol Misuse

Why is this an issue?

- Over the last decade there has been a national decrease in the amount of alcohol young adults consume, with young adults also tending to drink less frequently than other adults.
- However, there are persistent and concerning trends of young adults consuming large amounts of alcohol within their homes, and/or in a single sitting (Institute of Alcohol Studies, 2013). Groups such as young offenders are more likely to drink alcohol and take drugs than other young people.
- Binge drinking is defined as drinking more than twice the NHS Lower Risk Guideline Limits, and is different for men and women.
- Binge drinking and alcohol misuse are not measured directly, but the Local Alcohol Profile for England estimates that binge drinking rates are significantly higher than the national average in North Yorkshire for all age groups (Public Health England, LAPE 2015).
- Alcohol misuse can also be seen in alcohol-related hospital admissions, which is higher in males in Scarborough than the national average (Public Health Outcomes Framework, 2015).
- Alcohol misuse is also linked to violent behaviour, and can affect an individual's physical, mental and emotional health.



NHS Change 4Life

Examples of local action:

The North Yorkshire Joint Alcohol Strategy aims to galvanise partner agencies within North Yorkshire to collectively reduce the harms from alcohol. It sets out the case for action and a five year vision. It has been developed to ensure that we continue to build on the on-going work across the County, informed by the latest data and evidence of what works where available, and taking into account best value. The vision of the strategy is 'Working together to reduce the harms caused by alcohol to individuals, families, communities and businesses in North Yorkshire while ensure that people are able to enjoy alcohol responsibly'.



Case Study: Scarborough Night Time Economy Plan

Scarborough Borough Council has developed a Night Time Economy (NTE) Plan (Scarborough Borough Council, 2012) which aims to understand and minimise the issues related to the NTE in Scarborough. As part of this work, a survey was targeted at people aged 18-30 who used the NTE in Scarborough (Autumn 2014). More than 250 people took part; the majority were aged 20-25 and from Scarborough or the surrounding district. The survey found that Saturday, Friday and Wednesday (student night) were the most popular evenings to come into Scarborough.

The survey also identified that drinkers generally wait until late evening before coming into Scarborough because of the relative inexperience of drinking at home, the lack of atmosphere in the centre of Scarborough before 11pm, and the opportunities for entertainment and socialisation at home. Nearly 90% of respondents said the price of alcohol was a factor in their decision to have a drink at home prior to coming into town. Drinks promotions (77%) and live music (68%) were identified as the most popular factors that would encourage people into town earlier.

There is on-going work in Scarborough to address NTE issues. One initiative is to work with licensees to develop music and comedy events that will encourage people into the town centre earlier in the evening, and hopefully discourage the trend of coming into the town centre already drunk. Another initiative, to train door and taxi staff about safeguarding, is intended to help make the town centre a safer and more positive environment. It is hoped that if people can be encouraged to come into town centres earlier and to drink less alcohol in a short space of time, that the risks associated with binge drinking can be reduced.

For further information contact Jo Ireland
jo.ireland@scarborough.gov.uk

Areas for future development:

The North Yorkshire Joint Alcohol Strategy has developed a five year plan that has been signed off by the Health and Wellbeing Board. Actions relating to children and young people include:

Increase the capacity to prevent underage sales (including proxy sales), sales to those who are intoxicated, non-compliance with any other alcohol licence condition, irresponsible drinks promotions and illegal imports of alcohol, and ensure sanctions are fully applied to businesses that break the law.

Support schools to deliver consistent and high-quality personal, social, health and economic (PSHE) education around alcohol (and other risky behaviours).

Increase awareness of the harms of alcohol, the support available, identification tools, and the benefits of sensible drinking.

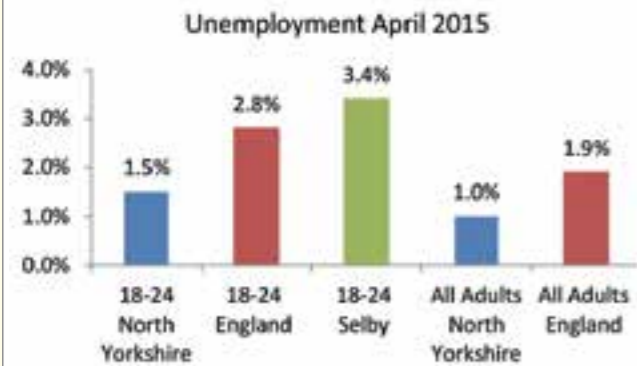
Employment and Training

Why is this an issue?

- Gaining employment provides financial independence, and is often seen as a landmark of transitioning to adulthood. As the economic climate shows signs of improvement the opportunities for employment rise. Still, there are concerns over the number and quality of employment opportunities for young people, in particular those with few qualifications.
- Young people are both more likely to be unemployed than other adults and more likely to be unemployed for longer (Office for National Statistics, 2013). This is important because the longer a person is unemployed, the less likely it is that they will find employment in the future.
- In addition, there are some groups of young people who are more likely to be unemployed, and to be unemployed for longer.

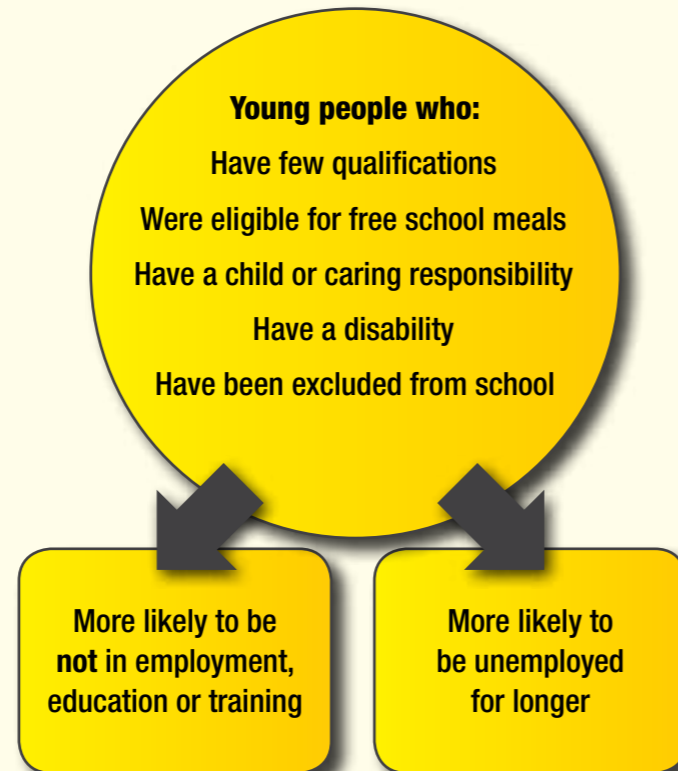
In North Yorkshire, employment figures are typically stronger than the national average, and have risen in the last few years. However, some districts do have high youth unemployment; youth unemployment is highest in Selby.

In addition, across the County young people are more likely to be unemployed in comparison to adults of all ages.



Source: NYCC Economic Monitoring Summary, NYCC Unemployment Claimants Summary (2015)

- Young people with special educational needs are less likely to want to remain in full time education after Year 11. (47% compared to 61% of the rest of Year 10).



Areas for future development:

The North Yorkshire Careers Guidance Strategy group should work with schools to improve the delivery of careers guidance to improve opportunities for school leavers and their employability.

An education, skills and employment strategy should be developed that will focus on demands for skills from employers in order to develop a strategic approach to providing employment and training opportunities.

- As well as the economic impact, youth unemployment can have a significant impact on an individual's health and wellbeing. Youth unemployment is a predictor of low self-esteem, which has a subsequent negative impact on an individual's likelihood of getting back into work; individuals with low self-esteem tend to be less able to demonstrate their skills in an interview situation (The Prince's Trust, 2007).
- Youth unemployment also has an impact on mental and physical health. The negative impact of youth unemployment on mental health can be seen at age 43; individuals who had been unemployed in early adulthood show more symptoms of anxiety disorders, depressive disorders and sleep disorders.
- The amount of harm to health is dependent on the total amount of unemployment. A person who has experienced multiple, shorter periods of unemployment is therefore not protected in comparison to a person who has experienced a single, longer period of unemployment.

Special Educational Needs and disabilities (SEND)

Why is this an issue?

- Young people with special educational needs/ disabilities often face additional barriers, with "the transition between children's and adult social care regularly cited as one of the most difficult experiences for young people and their families". (Care Act, 2014)
- Within North Yorkshire, a large number of issues were cited by disabled children and their parents around the transition from children's social care to adult social care. This included:
 - Transition planning typically starts too late and is too focused on short-term goals.
 - Low expectations of some key professionals.
 - Lack of suitable opportunities for young adults with SEND, including realistic options for supported employment and apprenticeships.
 - Lack of clear outcomes and very little personalisation.

Examples of local action:

- The Flying High group representing the voice of disabled children and young people have been involved in the development of local services.
- An autism strategy has been developed for the County.
- A new model of integrated working has been developed jointly by Health and Adult Services and Children and Young People's Service directorates for young people with special educational needs and disabilities (SEND) and young adults with learning difficulties designed to improve their preparation for adulthood.

Areas for future development:

The Disabled Children's Service to become part of the Preparing for Adulthood model to ensure there is a smoother transition between children and adult services.

Relevant NICE Guidance

NICE Guidance is available on alcohol, challenging behaviour, social and emotional wellbeing. www.nice.org.uk

Suggested further reading:

- Local Alcohol Profiles for England (PHE, 2015)
- NEET Briefing Paper (House of Commons Library (2015)
- North Yorkshire Joint Alcohol Strategy 2014-2019 (North Yorkshire Health and Wellbeing Board, 2014)
- Improving the public's health. A resource for local authorities. (The Kings Fund, 2013).
- Young People and Alcohol 2013 (Institute of Alcohol Studies)
- Healthy Transport = Healthy Lives (British Medical Journal, 2012)
- Alcohol Harm Reduction Strategy Update 2012-2015 (Scarborough Borough Council, 2012)
- The Cost of Exclusion Counting the cost of youth disadvantage in the UK (The Prince's Trust (2007)

What does being healthy mean to you?

“Being able to make informed decisions about my life.”

Young person, Youth summit event

Update on recommendations from 2014 report

1 NYCC, district councils and CCGs should work closely to implement NICE guidance with regard to providing an integrated approach to preventing and managing obesity and its associated conditions ensuring that gaps in current services are addressed.

NYCC have provided funding to the seven district councils across North Yorkshire to pilot Tier 2 lifestyle weight management programmes, to support overweight and obese adults in losing weight and sustaining their weight loss. Most of the districts have now launched the 12 week, multi-component programme, incorporating nutrition and physical activity. CCGs are providing significant support in the implementation and review of programmes to ensure that the tier 2 lifestyle weight management programmes form an integral part of the local weight management care pathway. Some CCGs have chosen to provide additional funding to their districts.

2 NHS England should continue to work closely with the provider of the Child Health Information Systems (CHIS) covering the child population of North Yorkshire to ensure there is an improvement plan to achieve delivery of the national service specification in accordance with national timescales, liaising with NYCC in respect

“ We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, whatever their age and background, supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them. ”

of any current or future inter-dependencies in relation to commissioning, service provision and data or information flows.

North Yorkshire has partial coverage of a child health information system, currently provided by Harrogate and District NHS Foundation Trust. The transfer of commissioning responsibilities for 0-5 Healthy Child Programme (including health visiting) to NYCC is focusing attention on the NHS England regional team, to ensure the CHIS can deliver the functions needed to support the Programme. A national decision is still awaited on the options to improve the CHIS.

3 Statutory and VCSE partners should continue to work together to develop a North Yorkshire Mental Health Strategy to ensure there is a co-ordinated approach to improving the mental health and wellbeing of the population of all ages, improving outcomes for people with mental health problems and combating the stigma and discrimination associated with mental illness.

The North Yorkshire Mental Health Strategy will be launched on World Mental Health Day in October 2015. It describes the vision, principles and priorities that partners have agreed will guide their collective actions. This Strategy complements other existing work to deliver the objectives of the North

Yorkshire's Children and Young People's Emotional and Mental Health Strategy and the Mental Health Crisis Care Concordat.

4 NYCC, district councils and NHS partners should make the most of the opportunities presented by the Better Care Fund and the shift towards integrating services to respond to community needs and maximise the use of community assets working closely with the VCSE where possible.

All CCGs include integrated community care teams or hubs as part of their transformation plans. A range of initiatives are taking place in each district. Coast and Vale Community Action (CaVCA) - the Local Support and Development Organisation covering the Scarborough, Whitby and Ryedale area - was an active partner in the commissioning process for community services in Whitby, working with Hambleton, Richmondshire and Whitby CCG, the VCSE sector and potential providers.

In the Harrogate District, five voluntary organisations have received support from the Better Care Fund to pilot new approaches around support for carers and the development of integrated services. As well as supporting the development and delivery of services, the organisations have also worked with the CCG to improve the monitoring and reporting arrangements and share ways of measuring the impact on health outcomes for patients. Other projects include a palliative care pathway, hospice at home and a carer sitting service.

5 Statutory bodies should work closely with the VCSE sector to plan the development, delivery and support for health and care services which draw on volunteers.

Your Consortium is a social enterprise bringing partnerships together in the VCSE sector and working with statutory organisations. Your Consortium worked with NYCC to develop a proportionate Quality Assurance Framework

(QAF) for non-regulated care services. During the pilot phase, organisations self-assessed against the QAF and compiled an action plan for improvement. They were allocated a budget to help complete their action plan and were then externally assessed against the QAF to demonstrate improvements. The product is attracting national interest, and it is expected it will be delivered in other local authority areas through a partnership agreement with a national infrastructure organisation in the near future.

Your consortium designed the operational management of the NYCC Health and Adult Services Innovation Fund using experience and lessons learned from other grant programmes to maximise the impact and value for money of the activities. The current Fund priorities were shaped by colleagues in Public Health, Adult Social Care and Airedale, Wharfedale and Craven CCG for Craven district. The programme is also helping organisations develop their ability to work on contracts to be able to attract other sources of funding.

6 Organisations working with local communities should promote an asset based approach to understanding and responding to the issues that are important to those communities.

The vision of the NYCC Stronger Communities programme is of “stronger and more vibrant communities in all parts of North Yorkshire, effectively using their skills and assets to coproduce, with the Council and others, a range of local support and services that maximises the wellbeing of local people of all ages (children, young people, families, adults and older people).”

The Stronger Communities team have been working with local communities and offering a menu of support to help them achieve jointly agreed outcomes. Asset mapping is a key component of this offer.

7 Any assessment of need such as Joint Strategic Needs Assessments should include an assessment of the assets that are already available to address the needs identified.

A project led by Public Health to update the Joint Strategic Needs Assessment (JSNA) to a process of continual refreshment and addition to the evidence base is underway in North Yorkshire. A website is being developed to house the evidence for the authority and the partners with evidencing need across North Yorkshire. This approach will facilitate the content to be more accessible and in a format more user friendly for all those engaged in commissioning activity in the County.

As part of this development and in collaboration with the stronger communities team the intention is to gather the community assets across the County. The intended presentation of this information is a website with relative links to the evidence of need in communities. Cross-referencing communities' need with the assets and resources will help communities to identify priorities as well as partner organisations, to target activity to help improve health and wellbeing.

Recommendations 2015/16

1. Child poverty

Strategies and plans that affect the health and wellbeing 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, and 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.



Contact

Dr Lincoln Sargeant, Director of Public Health for North Yorkshire,
County Hall, Northallerton, DL7 8DD

Tel: 01609 532476 **Email:** lincoln.sargeant@northyorks.gov.uk

Web: www.nypartnerships.org.uk/dphreport  [#PublicHealthNY](https://twitter.com/PublicHealthNY)

If you would like this information in another language or format please ask us.

Tel: 01609 780 780 **email:** customer.services@northyorks.gov.uk

Report Reference Number: SC/15/9

Agenda Item No: 6

To: Scrutiny Committee
Date: 26 January 2016
Author: Janine Jenkinson, Democratic Services Officer
Lead Officer: Jonathan Lund, Deputy Chief Executive

Title: Police Crime Commissioner – North Yorkshire (Covering Report)

Summary:

To receive a verbal update on the work of the Police Crime Commissioner for North Yorkshire.

Recommendations:

That the Scrutiny Committee considers the information presented and provide any views.

Reasons for recommendation

To enable the Committee to consider the work of the Police Crime Commissioner for North Yorkshire and submit questions.

1. Introduction and Background

The Scrutiny Committee requested an update report on the of Police Crime Commissioner for North Yorkshire.

The Report

2.1 The Police Crime Commissioner will provide a verbal report on her work and answer questions from the Scrutiny Committee.

3. Legal/Financial Controls and other Policy matters

3.1 Legal Issues

None

3.2 Financial Issues

None

4. Conclusion

To consider an update report from the Police Crime Commissioner for North Yorkshire.

5. Background Documents

None

Contact Officer:

Janine Jenkinson
Democratic Services
X2268
jjenkinson@selby.gov.uk

Appendices:

None



Report Reference Number: SC/15/10

Agenda Item No: 7

To: Scrutiny Committee
Date: 26 January 2016
Author: Janine Jenkinson, Democratic Services Officer
Lead Officer: Jonathan Lund, Deputy Chief Executive

**Title: North Yorkshire Police and Crime Panel Update Report
(Covering Report)**

Summary:

The report provides an update to the Scrutiny Committee on the work of the North Yorkshire Police and Crime Panel.

Recommendations:

That the Scrutiny Committee consider the report presented and provide any views.

Reasons for recommendation

The Committee ensures that the Police and Crime Panel are effective in their role.

1. Introduction and Background

1.1 The report provides an update to the Scrutiny Committee on the work of the Police and Crime Panel.

2. The Report

2.1 The North Yorkshire Police and Crime Panel have the responsibility of scrutinising the North Yorkshire Police and Crime Commissioner and holding them to account.

2.2 The Selby District Council representative on the Panel is Councillor Mel Hobson.

2.3 The Police and Crime Panel have provided the report attached at Appendix A.

3. Legal/Financial Controls and other Policy matters

Non

3.1 Legal Issues

Non

3.2 Financial Issues

Non

4. Conclusion

The Scrutiny Committee is asked to provide consider the report.

5. Background Documents

Non

Contact Officer:

Janine Jenkinson
Democratic Services
X2268
jjenkinson@selby.gov.uk

Appendices:

Appendix A – North Yorkshire Police and Crime Panel Update Report

Update to Selby DC Scrutiny Committee

26 January 2016

Author: Ray Busby, (NYCC) Panel Secretariat

1. Summary

- 1.1. In November 2012 the landscape of policing underwent its biggest change, certainly since the creation of Police Authorities in 1964. This was the creation of a post of directly elected Police and Crime Commissioner (PCC) – someone to be elected every four years, with a mandate to direct the strategic priorities of the police force in a given area. Nationally, PCCs control over £12bn.
- 1.2. Since that time, the North Yorkshire Police and Crime Panel has held to account and scrutinised the actions of the elected Commissioner, Julia Mulligan. During the course of nearly three years the Panel has met to consider: her precept proposals (three times); held confirmation hearings for the appointment of a Chief Constable, Chief Executive and Chief Financial Officer of the Commissioner's Office; reviewed the Commissioner's Police and Crime Plan and Annual Report (twice); and considered a number of developments the Commissioner has pursued. These are discussed in this report.
- 1.3. This briefing is one way the panel keeps District Authorities informed of what the Panel has done. Comments are welcomed. Councillor Carl Les, the panel chairman, and I will be at the meeting to present it and answer questions. Please tell us if there are any strategic level issues you would want the panel to take up with the PCC.
- 1.4. There is a lot of ground to cover since the last time a report was made to Craven DC. Some topics discussed will be known already by those members who were present the last time we gave an update, but other members may be less familiar with the panel's role and activity; the detail in the paper reflects that.

2. What the report covers: Table of contents

Item	Description
<u>Purpose of the Panel</u> Section 3 Page 3	What the panel does, its constitution, its funding arrangements and membership.
<u>How the commissioner holds the chief constable to account.</u> Section 4 Page 4	The panel's views on how the PCC holds Chief Constable to account
<u>Police and Crime Plan</u> Section 5 Page 4	Explains the panel's support for the Police and Crime Plan.
<u>Precept</u> Section 5 Page 5	The reasoning behind the panel's support for the PCC's proposal for a 1.99% precept increase.
<u>Emergency and Non-emergency Number</u> Section 7 Page 6	The panel's thoughts on the operation of the 101 number and on the intended review of contact arrangements with North Yorkshire Police
<u>Crime statistics</u> Section 8 Page 6	The panel's interest in the latest crime statistics for the county
<u>Transparency and reporting</u> Section 9 Page 7	The PCC's approach to transparency in her decision making.
<u>Estates Rationalisation and Relocation of NYP Headquarters</u> Section 10 Page 8	The panel's thoughts on the estates Strategy and relocation of NYP services away from Newby Wiske.
<u>Complaints</u> Section 11 Page 8	How the panel has met its statutory responsibility to review all complaints made against the PCC.
<u>Rotherham and Child Sexual Exploitation</u> Section 12 Page 9	Action taken to "stress test" identified police failings in Rotherham against NY local activity/approach
<u>Victims</u> Section 13 Page 10	The panel's thoughts on the PCC's initiatives to support victims of crime
<u>Concluding Comments</u> Section 14 Page 10	Some general comments on the impact of PCC's and panels.

3. Introduction – Purpose of the Panel

- 3.1. The Police and Crime Panel (PCP), which is totally independent of the Office of the Police and Crime Commissioner, oversees the work of the Police and Crime Commissioner (PCC).
- 3.2. Its role includes:
 - Reviewing the PCC's proposals for the amount of council tax local people pay towards policing. It has the power to veto these proposals if it considers the amount is inappropriate.
 - Considering the PCC's Police and Crime Plan and Annual Report.
 - Considering the PCC's proposals for the appointment of a new Chief Constable, with the power to veto.
 - Investigating complaints about the PCC.
- 3.3. The Panel cannot scrutinise the performance of the Force as a whole or the Chief Constable as this is the responsibility of the PCC. It can request reports from the PCC and, if it wishes, call the PCC to attend its meetings.
- 3.4. The North Yorkshire Panel comprises: one elected representative from each of the district authorities; one from the County Council and two from the City of York. In addition, two Independent "Community" Members have been appointed.
- 3.5. Each panel has £60k of funding from the Home Office to support its Police and Crime Panel. The County Council, as host authority, provides administrative and support services.
- 3.6. The Panel's role is to look into and comment upon the decisions taken by the PCC and ensure that the public has access to information to make its choice.
- 3.7. Members recognised the efforts of the PCC to build a positive and constructive working relationship with the Police and Crime Panel. She is committed to personally attending Panel meetings so that the Panel can hold her to account for the totality of her responsibilities. The Panel has access to the decisions she has taken and the information used to hold the Chief Constable to account. Staff within her office regularly meet with the officers that support the Panel to ensure the Panel is focussing on the key areas, and members are helped in interpreting the performance data which is considered.
- 3.8. The North Yorkshire Panel is one of the most active in the country, having met 13 times since it started in 2012. Much of this focus has been on the things it is required to do: Precept, Police and Crime Plan, Annual Report and so forth.

4. How the commissioner holds the Chief Constable to account.

- 4.1. The Panel has seen how the PCC has introduced mechanisms to ensure that the Chief Constable is effectively held to account for performance against the objectives within the Police and Crime Plan, and for other aspects of service delivery including financial performance, complaints and human resources. This information is publicly available on her website.
- 4.2. Key to understanding the partnership is the local 'Memorandum of Understanding' between the two roles. The memorandum agreed between the PCC and the Chief Constable does set out how each party fulfills their duties to develop a positive and constructive working relationship, which will be mutually supportive yet constructively challenging.
- 4.3. The formal body that performs this important role is the PCC's monthly Corporate Performance and Scrutiny Group. The Group comprises members of the Executive Board, other Chief Officers and Heads of Department.
- 4.4. Output of the Corporate Performance and Scrutiny Group is provided to the Police and Crime Panel for North Yorkshire on a quarterly basis.

5. Police and Crime Plan

- 5.1. The Panel carried out its specific responsibilities regarding the PCC's Police and Crime Plan. Members were satisfied that the Plan communicated the PCC's priorities during their period in office by describing:
 - the PCC's police and crime objectives for the area;
 - the policing of the police area which the chief officer of police is to provide;
 - the financial and other resources which the PCC is to provide to the chief officer of police;
 - the means by which the chief officer of police will report to the PCC on the chief officer's provision of policing;
 - the means by which the chief officer of police's performance in providing policing will be measured; and
 - the crime and disorder reduction grants which the PCC is to make, and the conditions (if any) of those grants.
 - The plan enables the public to see what is being done to help them "feel safe and be safe", and as cuts continue to have an impact, how effectively resources are allocated, and how resources are used effectively. Members liked the way information is presented in the form of local plans for local areas.
- 5.2. The Panel understood and supported the rationale for the selection and setting of the four key priorities: Protect Vulnerable People; Cut Crime and Anti-Social Behaviour; Focus on Early Prevention and Early intervention; and improve Victim Care.

6. Precept

- 6.1. The PCC's primary role is to ensure that local policing meets the needs of local communities, whilst also ensuring delivery of the Strategic Policing Requirement. The Panel's role is to scrutinise and support the PCC's decisions about the use of resources to fulfil that responsibility.
- 6.2. The PCC must take account of the needs for the continued delivery of high levels of Policing and Crime services within North Yorkshire. The Panel welcomed the PCC's commitment to consult with the public at a relatively early stage about her plans. Initially the PCC was minded to accept the freeze grant, but 64% of the public who responded to a survey indicated that they wanted a precept increase of 1.99% in 2015/16. Based on these views, and the financial needs of the organisation over the medium term the PCC therefore proposed a precept increase of 1.99% for 2015/16.
- 6.3. When reviewing the proposal, the Panel took into account the need to satisfy the statutory requirements of setting a Council Tax Requirement and a balanced budget for 2015/16 within the context of:
 - Increasing Council Tax in 2015/16 by 1.99% (£4.15 per annum for a Band D property)
 - The key priority of maintaining Police Officer and Police Community Support Officer numbers
 - Being able to maintain the General Balance and Other Earmarked reserves at an acceptable level.
 - To continue to progress and implement a comprehensive Capital and Revenue Development Programme.
 - Continuing reductions in Government funding requiring additional savings.
- 6.4. The Panel has heard for the PCC already this year on her reaction to the recent settlement. A similar 1.99% increase in 16/17 would equate to around 8p extra per week for a Band D property in 2016/17. It would increase the funding available across the financial plan by just over £1.2m per annum
- 6.5. The PCC advised that her service priorities remain the same:
 - Protect Vulnerable People
 - Cut Crime and Anti-Social Behaviour
 - Focus on Prevention and Early Intervention
 - Improve Victim Care
 - Underpinned by Corporate Priorities:
 - Transforming the Organisation
 - Partnerships and Commissioning
 - People First

6.6. The panel will review the PCC's formal precept proposals at its 4 February 2016 meeting.

7. Emergency and Non-emergency Contact

- 7.1. Elected Members on the Panel have repeatedly advised the PCC of concerns raised about people's struggles and frustrations when using the 101 non-emergency number. Julia Mulligan reported similar regular feedback and concern from the public across North Yorkshire about the non-emergency 101 system, and therefore, to the satisfaction of the Panel, commissioned and has now published an independent report to review the current system:
- 7.2. The independent review covered the 101 non-emergency telephone system, as well as all other non-emergency forms of contact such as the NYP website, social media, police station receptions, yellow phones (situated outside some police stations) and others besides. Emergency contact will not be included in the review.
- 7.3. The review provides a way forward about how the service can be improved, through the 101 system specifically, as well as how to better deal with non-emergency contact more generally. .

8. Crime statistics

- 8.1. Arguably one true test of a PCCs' success is what happens to the crime rate. At its last meeting the Panel reviewed the "Crime Statistics for England and Wales, year ending March 2015". The report places the North Yorkshire Police area as the lowest crime location in England.
- 8.2. There were a total of 34,617 crimes in North Yorkshire. This reflects the continued determination to tackle crime in the county with a slight rise in crime – 0.5% increase, 168 more crimes – in comparison to the same period in 2013-2014
- 8.3. Broken down into the main crime categories, the ONS figures for North Yorkshire show:
 - Domestic Burglary reduced by 13% (1,371 crimes in total, down 196 from 1567), with overall Burglary down by 6% (3,960 crimes in total, down 258 from 4,218)
 - Criminal Damage and Arson down by 9% (5,097 crimes in total from 5,615)
 - 14% reduction in Vehicle Offences (2,207 crimes in total, down 363 from 2,570)
 - Robbery increased by 25% (146 crimes in total, up 29 from 117)
 - 8% decrease in Theft Offences (16,831 crimes in total)

- Sexual Offences up by 50% (1,054 crimes in total, up 352 from 702). This rise is generally regarded as a positive reflection of the confidence victims have in North Yorkshire Police, particularly those making historical complaints. This is also influenced by Operation Yewtree and Operation Hibiscus (Jimmy Savile/Peter Jaconelli investigations), and the opening of a Sexual Assault Referral Centre (SARC) in York two years ago.
 - Violence against the Person went up by 20% (7,366 crimes in total, up by 1,128 from 6,138). This rise is almost entirely attributable to the Violence without Injury category. This includes Common Assault and Harassment offences. A problem profile conducted on trends in this crime category in the Autumn of last year showed improved recording following a recent HMIC inspection, an increase in historical reports, increased pro-activity around enforcement of orders and improved victim confidence.
 - Drug Offences increased by 15% (2,085 crimes in total, up 272 from 1,813)
 - Possession of Weapons Offences up by 26% (230 crimes in total, up by 47 from 183)
 - Public Order Offences decreased by 1% (1,238 crimes in total, down by 18 from 1,256)
 - Miscellaneous Crimes Against Society, which includes the possession and publication of extreme sexual images, was up by 35% (570 crimes in total, up by 148 from 422).
- 8.4. The Panel sees this largely impressive record as a vindication of the PCC's approach to the Police and Crime Plan which states: "The main objective of my Police and Crime Plan is to ensure that North Yorkshire is one of the safest places in the country to live, work and visit".
- 8.5. These latest statistics do show good progress and being ranked as the safest place in England is very encouraging.

9. Transparency and reporting

- 9.1. The Panel reviewed how the PCC is meeting one of her key obligations - greater transparency around decision making and policing matters. As she is required to do, the PCC has produced her Annual Governance Statement reporting against the 'Delivering Good Governance' principles.
- 9.2. As a matter of public record, the PCC makes available how she makes decisions and holds North Yorkshire Police to account. She has published her full governance arrangements. She publicises a weekly 'Executive Board' meeting, which she chairs, where a 'pipeline' of decisions is considered and individual matters are discussed in depth. Minutes, and her programme of work, are published within two weeks of each meeting.

10. Estates Rationalisation and Relocation of NYP Headquarters

- 10.1. Last time, I reported to you that the PCC had decided not to go ahead with the relocation of the Headquarters facility at Newby Wiske to a proposed new northern base at Thirsk. Recently, the PCC announced her intention to purchase Alverton Court in Northallerton. The site will need refurbishment to make it suitable for North Yorkshire Police's purpose. This decision also involves the disposal of the current HQ facility at Newby Wiske.
- 10.2. The Panel learned that the PCC has set the overall budget for this project at £12.7m, which includes the costs associated with the potential additional relocations of particular services that result from the move from the current HQ, and also approve that the borrowing limits of the organisation can be increased by up to £5m. However, this £5m will only be drawn down as and when required, depending on the specifics of each separate relocation. For example, if renting property is seen as better value for money for a particular department then limited capital will be needed, reducing the amount of borrowing needed.
- 10.3. This move is part of a complete look by the North Yorkshire Police and the PCC into how existing resources can be optimised to provide an improved service to the public. The approach will include: looking at staff, people, processes, or technology and operational delivery. Policing services, the PCC maintains, will improve because of better support, more reliable infrastructure and better use of technology.
- 10.4. Whilst satisfied that the initial plans for financing the proposals are viable, the Panel will monitor development to satisfy itself, on the public's behalf, that the expected savings from improved ways of working and reduced running costs come about, and that proper governance arrangements are to be in place to ensure continuity of service for the public.

11. Complaints

- 11.1. The Panel is responsible for all complaints against the Police and Crime Commissioner. Twelve have been received by the Panel to date. A number of early complainants quoted dissatisfaction with the length of time it was taking for the OPCC to respond to correspondence. The PCC has since reassured the Panel that policy and practice improvements, together with internal resource restructuring in the OPCC, particularly the establishment of dedicated staff roles, have addressed the teething problems commonly experienced by new organisations - adapting to changed circumstances, dealing with the weaknesses of inherited systems, settling in to new premises etc.

- 11.2. A number of (connected) complaints have alleged that the PCC failed to exercise proper judgement on particular, high profile operational matters. Whilst not agreeing with these complainants' reasoning and conclusions, the Panel recognised that it highlights the difficulties the public face in trying to understand the differing roles of the Police and Crime Commissioner and the Chief Constable and the concept of "operational independence".
- 11.3. Some complainants have found it confusing that the Panel has no investigatory powers, taking it as evidence that the process lacks rigour. In practice, sub-committee members have not felt at all hampered by these constraints
- 11.4. Complaints are often the result of poor handling of that complaint when initially made to the police. The Panel complaints process often facilitates an opportunity for an aggrieved complainant to continue to pursue a resolution when all other avenues are exhausted.
- 11.5. Most panels are finding that dealing with complaints takes up a large amount of panels' time and resources.

12. Rotherham and Child Sexual Exploitation

- 12.1. Safeguarding is everybody's business. The Panel is supportive of anybody who is motivated to express his or her abhorrence of child sexual exploitation (CSE) - especially in the light of the findings of Professor Alexis Jay's report into child sexual exploitation in Rotherham. CSE has a devastating impact on children, young people and their families. The police and local authorities have a crucial statutory role to play in safeguarding children, including tackling child sexual exploitation.
- 12.2. When questioned by the Panel, Julia Mulligan said that Child Sexual Exploitation (CSE) is, quite rightly, a top priority both for herself and North Yorkshire Police. Julia confirmed that whilst she was largely satisfied at the reassurances she had been given that appropriate processes and practices are in place, she had asked the Chief Constable to undertake a comprehensive update on plans to tackle this issue. This thematic, in depth 'health check', was seen by the Panel at its last meeting.
- 12.3. The Panel found there to be a good, sound and robust response to challenges involved in overcoming CSE as a national threat. The North Yorkshire Police commitment to tackling such threat is equally clear. Protecting Vulnerable People continues to be at the forefront of the current and projected control strategies and by continuous review of the processes in place to manage the risks of CSE it is anticipated that North Yorkshire Police will be in a position of strength to meet the challenges that lie ahead.

13. Victims

- 13.1. The PCC is required to help North Yorkshire residents who have been victims of crime and need emotional and practical support to get back to normal after crime. The Panel thought that the PCC had shown both commitment and strategic leadership in introducing the "Supporting Victims North Yorkshire" service which provides help to victims in a number of different ways, to help them to cope and recover from the impact of crime. Supporting Victims Care Co-ordinators offer advice and guidance for victims of crime via a dedicated telephone service. Supporting Victims can also refer victims to additional specialist services, aimed specifically at victims of sexual or domestic abuse, those who have suffered as a result of serious crime, people who have been persistently targeted and those feel vulnerable or intimidated as a result of criminal activity.

14. Concluding Comments

- 14.1. Both nationally and locally, opinions will no doubt range from regarding the new arrangements as a success to a failure. Many observers will accept that three years into office might still not be enough time to form a proper judgement. Because solving crime involves so many other agencies and factors it will, by definition, require a longer time measure of success. The nature of their task means that the impact the PCC has will become clear over time rather than immediately. Furthermore, sometimes it will be hard to assess exactly how much impact they have had; the causes of crime are often deep and complex.
- 14.2. There are no real national standards as to how panel's should perform their role, there is limited guidance available (despite the provision of some support by the Local Government Association), and there appears to be significant variation between working practices in different areas.
- 14.3. Recent surveys suggest that PCCs are more visible to communities than the former Police Authorities. Yet the survey showed awareness and interest amongst the public remains low.
- 14.4. Many members of the public are still struggling to understand the police accountability framework, especially the notion of operational independence. The Chief Constable retains his/her operational independence and direction of the force and civilian staff, but is accountable to the PCC for delivering efficient and effective policing, and will need to inform the PCC of decisions and operational activity to enable the PCC to hold them to account.

- 14.5. The PCC cannot intervene in the operational independence of the police. The problem lies in that there is no statutory definition of operational independence. This creates two problems; firstly the PCC herself has no clear statutory boundaries with regard to intervention of operational independence of the police and secondly, the Panel has no statutory definition by which it can clearly see when the PCC has overstepped her mandate.
- 14.6. Arguably, the success or failure of panels depends in large measure on the quality of the relationship between the panel, the Police and Crime Commissioner and the Office of the Police and Crime Commissioner. Our experience has been that we are still determining respective information needs and expectations. That said, I hope this account and the examples quoted, demonstrate the scope and direct relevance of the work the Panel has taken on board during the course of the year.

Ray Busby

Panel Secretariat, North Yorkshire County Council

15 January 2016. Background documents Nil



Scrutiny Committee Work Programme 2015/16

Date of Meeting	Topic	Action Required
24 June 2015	Time of Meetings	To consider and agree a start time for future meetings
	Transport	To discuss transport provision in Selby
	Business Rates	To get an Cover Review update on the latest situation concerning Business Rates
	Call In	Provisional Item on the agenda
21 July 2015	Barlow Common	To get an update report concerning Barlow Common
	Access Selby Service Provision – Customer Services	To scrutinise performance of the Customer Services.
22 September 2015	Access Selby Service Provision – Customer Services	To scrutinise performance of the Customer Services.
	Selby and District Housing Trust	To get further information about the work of the Selby and District Housing Trust
	North Yorkshire Fire Service	To get an update concerning the Fire Cover Review
	Council Funded Community Centres	Task and Finish Group Review of Council Funded Community Centres. Lead Officer to provide information.
	Selby Leisure Centre	To get an update report regarding Selby Leisure Centre.
	Call In	Provisional Item on the agenda.
24 November 2015	Trans Pennine Electrification	To get further information about the Trans Pennine Electrification line.

	*SDC Homelessness Strategy and Action Plan	To consider SDC Homelessness Strategy and Action Plan
	Refugee families in Selby District	To consider housing refugee families in the District.
26 January 2016	Police and Crime Panel Update	To receive an update from the Police and Crime Panel on their work scrutinising the work of the Police and Crime Commissioner.
	Call In	Provisional Item on the agenda
	Health	To discuss health provision in the district
	Crime and Disorder Update	To review the levels of crime and disorder across Selby District – NYP and CSP representatives in attendance.
26 February 2016	Selby and Ainsty MP	To ask questions of the Selby and Ainsty MP regarding issues of concern for Councillors and local residents.
22 March 2016	3 rd Quarter Corporate Plan Report	To review performance against the Corporate Plan – Leader of the Council in attendance.
	Scrutiny Annual Report 2015/16	To discuss the Scrutiny Annual Report for 2015/16
	Call In	Provisional Item on the agenda
	Scrutiny Committee Work Programme 2016/17	To agree the Scrutiny Work Programme for 2016/17

* Lead Officer, Housing agreed to report back to the Scrutiny Committee with any concerns, if they arise before March 2016.

Please note that any items ‘called in’ will be considered at the next available meeting. Councillor Call for Action will also be considered at the next available meeting.

Selby District Council



Forward Plan


Incorporating the Private Executive Meeting Notice and the
Notice of Intent to make a Key Decision

February 2016 – May 2016

Published on 6 January 2016

Definition of Key Decisions

In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, this document serves as Selby District Council's notification of key decisions and private items. There is a legal requirement for local authorities to publish a notice setting out the key decisions and decisions which may be taken in private 28 clear days before such decisions are taken.

It contains details of decisions for the next four months and is supplemented by the publication of the agenda 5 clear working days before the meeting. It will be updated and published at the end of each month. The items on the attached Plan which are denoted by a  are regarded as being key decisions and private items are labelled as such.

A Key Decision is any decision which is financially significant for the service or function concerned because it relates to expenditure or savings of more than £150,000 or which will have a significant impact on people who live and work in an area covering two or more district wards.

If you would like further information on any of the items shown in this forward plan please contact the officer shown.

To make your views known on any of the items you may contact the councillor shown; alternatively you may contact the officer shown and he/she will ensure that a written note of your views is presented to the decision-maker before a decision is taken.

All meetings* at which key decisions will be considered are open to the public, unless the subject matter is such that Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 allows the matter to be considered in private. For information about attending meetings or for a copy of the Forward Plan, please contact Palbinder Mann, Democratic Services Manager on 01757 292207 or pmann@selby.gov.uk. A copy is also available at the Council's website www.selby.gov.uk

In relation to **private meetings**, the reason an item is expected to be covered in private will be identified in accordance with the exempt information categories which are set out in Part 1 of Schedule 12A of the Local Government Act 1972 as amended):

Paragraph	Category/explanation
1	Information relating to any individual.
2	Information which is likely to reveal the identity of an individual.
3	Information relating to the financial or business affairs of any particular person. (Including the authority holding that information)
4	Information relating to any consultations or negotiations or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5	Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6	Information which reveals that the authority proposes – a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or b) to make an order or direction under any enactment.
7	Information relating to any action taken or to be taken in connection with the prevention, investigation of prosecution of crime.

The document sets out the items which are to be covered in private at the below meetings. Any representations as to why the item should not be covered in private should be sent to Palbinder Mann, Democratic Services Manager on 01757 292207 or pmann@selby.gov.uk.

The Council will publish a further notice 5 clear days before the relevant meeting which will give the Council's response to any such representations.

Important Note

This document sets out the Council's intentions as to future decisions as at the date of publication. However, if circumstances change, the Council reserves the right to publish an updated version of this document and/or rely on the provisions in the regulations as to urgent decisions.

Leader and Executive

Executive Members	Name	Contact Details
Leader of the Council and Lead Member for Strategic Matters, External Relations and Partnerships	Councillor Mark Crane	mcrane@selby.gov.uk
Deputy Leader of the Council and Lead Member for Place Shaping	Councillor John Mackman	jmackman@selby.gov.uk
Lead Member for Finance and Resources	Councillor Cliff Lunn	clunn@selby.gov.uk
Lead Member for Housing, Leisure, Health and Culture	Councillor David Peart	dpeart@selby.gov.uk
Lead Member for Communities and Economic Development	Councillor Chris Metcalfe	cmetcalfe@selby.gov.uk


SENIOR MANAGEMENT STRUCTURE

Job Title	Name	Contact Details
Chief Executive	Mary Weastell	Tel: 01757 292001 parblaster@selby.gov.uk
Deputy Chief Executive	Jonathan Lund	Tel: 01757 292056 jlund@selby.gov.uk
Executive Director	Karen Iveson	Tel: 01757 292311 kiveson@selby.gov.uk
Executive Director	Rose Norris	Tel: 01757 292052 rnorris@selby.gov.uk
Managing Director, Access Selby	Mark Steward	Tel: 01757 292053 msteward@selby.gov.uk
Director of Community Services	Keith Dawson	Tel: 01757 292076 kdawson@selby.gov.uk
Director of Business Services	Janette Barlow	Tel: 01757 292220 jbarlow@selby.gov.uk

February 2016

Councillor C Lunn – Executive Lead for Finance and Resources clunn@selby.gov.uk		Karen Iveson – Executive Director Tel: 01757 292056 kiveson@selby.gov.uk	
Decision Process & Date of Decision	Decision Item / Report Heading	Item / Report Summary	Public or Private Session
Executive 04/02/16 ☞	3rd Interim Budget Exceptions report	To monitor major revenue and capital budget exceptions and agree remedial action where necessary	Public
Executive 04/02/16 ☞	3rd Interim Treasury Management report	To monitor progress against the Treasury Management Strategy	Public
Executive 04/02/16 ☞	Treasury Management Strategy	To consider the statutory annual Treasury Management, Investment management and Minimum Revenue Provision (MRP) policy and Prudential Indicators	Public
Executive 04/02/16 ☞ Council 23/02/15	Budget and Medium Term Financial Plan	To set out final proposals for revenue budgets and the capital programme for the period 2016/17 to 2018/19 following scrutiny and consultation with key stakeholders To consider and make recommendations to full Council on Council Tax levels for the coming financial year	Public

In all cases the documents submitted to the decision maker to inform their decision shall be a report (published within 5 clear days before the meeting) and all documents submitted to the decision maker will be available at www.selby.gov.uk

Councillor D Peart – Executive Lead for Housing, Leisure, Health and Culture dpeart@selby.gov.uk		Jonathan Lund – Deputy Chief Executive Tel 01757 292056 jlund@selby.gov.uk	
Decision Process & Date of Decision	Decision Item / Report Heading	Item / Report Summary	Public or Private Session
Executive 04/02/16 	Local Air Quality Management – Designation of an Air Quality Management Area (AQMA).	1a) To consider the consultation responses in respect of the designation of an AQMA and; 1b) To determine the extent of the designated area and; 1c) To designate an AQMA by means of an Order and; 1d) To delegate the making of the AQMA Order to the Chief Executive.	Public

In all cases the documents submitted to the decision maker to inform their decision shall be a report (published within 5 clear days before the meeting) and all documents submitted to the decision maker will be available at www.selby.gov.uk

March 2016

Councillor D Peart – Executive Lead for Housing, Leisure, Health and Culture dpeart@selby.gov.uk		Jonathan Lund – Deputy Chief Executive Tel 01757 292056 jlund@selby.gov.uk	
Decision Process & Date of Decision	Decision Item / Report Heading	Item / Report Summary	Public or Private Session
Executive 03/03/2016 ☞	Housing Development Programme – Phase 1 – Detailed business cases	To approve the detailed business cases for Sites 1 and 2, Eggborough – all part of phase one of the housing development programme and award the construction.	Public/Private
Executive 03/03/2016 ☞	Housing Development Programme – Phase 1 – Detailed business cases	To approve the detailed business cases for Sites 1 and 2, Eggborough – all part of phase one of the housing development programme and award the construction.	Public/Private

Councillor C Lunn – Executive Lead for Finance and Resources clunn@selby.gov.uk		Karen Iveson – Executive Director Tel: 01757 292056 kiveson@selby.gov.uk	
Decision Process & Date of Decision	Decision Item / Report Heading	Item / Report Summary	Public or Private Session
Executive 03/03/2016 ☞	Review of the Corporate Charging Policy	To approve the revised Corporate Charging Policy subject to public consultation	Public

In all cases the documents submitted to the decision maker to inform their decision shall be a report (published within 5 clear days before the meeting) and all documents submitted to the decision maker will be available at www.selby.gov.uk

April 2016

There are no key decisions currently planned.

In all cases the documents submitted to the decision maker to inform their decision shall be a report (published within 5 clear days before the meeting) and all documents submitted to the decision maker will be available at www.selby.gov.uk

May 2016

Councillor C Metcalfe –Executive Lead for Communities and Economic Development cmetcalfe@selby.gov.uk		Rose Norris - Executive Director Tel: 01757 292254 rnorris@selby.gov.uk	
Decision Process & Date of Decision	Decision Item / Report Heading	Item / Report Summary	Public or Private Session
Executive TBC	Adoption of the Selby District Economic Development Strategy	This document will set a vision for growth across Selby District, providing a framework for inward investment, skills development and business engagement.	Public

In all cases the documents submitted to the decision maker to inform their decision shall be a report (published within 5 clear days before the meeting) and all documents submitted to the decision maker will be available at www.selby.gov.uk