

Director of Public Health Annual Report 2023 – In Our Words: a Child's Life in North Yorkshire Update on recommendations (as at August 2024)

It should be noted that the recommendations, for ease of explanation and action, are artificially separated. In reality, there are so many interdependencies in children's health and wellbeing, that no recommendation exists in isolation; all are connected in one way or another to the rest. Consequently, the impact of one action is felt across multiple systems. A successful outcome, for example an improvement in children's overall wellbeing, is due to so many different factors, that it is difficult to measure the true impact of any one intervention. We are dealing with significant uncertainty and need to ensure that any workstream is accompanied by a robust evaluation.

| Recommendation | Update |
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| All ages | |
| Ensure all young people's needs are seen as an integral part of relevant strategies, policies and needs assessments. | Public health is a key partner in the development of all strategies and needs assessments which affect children and young people including: North Yorkshire Health and Wellbeing Strategy All-age Substance Use Strategy All-age Autism Strategy All-age Mental Health Needs Assessment Being Young in North Yorkshire Early Help Strategy Healthy Weight, Heathy Lives Strategy There are key young people-specific surveys, engagement exercises and consultations taking place which are used to inform these wider strategic documents. |

Look at ways of "povertyproofing" the lives of children, young people and their families, whatever their ages, including supporting childcare to give parents more employment options and increased access to healthy, affordable food. Monies from the HNY ICS Health Inequalities funding have been used to commission Children North East (CNE) to complete a 'Poverty Proofing the School Day' (PPSD) project. The project has three elements:

- 1: Online training sessions for schools aimed at increasing knowledge about childhood poverty and the impact it can have within the school environment.
- 2: PPSD Audits four schools have completed a PPSD audit with CNE. This provides a format through which schools can engage with pupils, parents, teachers and governors to understand how poverty impacts on a range of aspects of the school day such as uniform, food, extra curricular activities and pupil support. Each school is then provided with an audit report which identifies key themes across the school and practical steps that can be taken to mitigate the impact of poverty within their school provision.
- 3: A 'North Yorkshire Guide to PPSD,' based on the audit findings work, has commenced to provide a poverty proofing toolkit which will be launched to schools in Autumn 2025 term
- 4: We have supported with the development of schools-based food pantries, where families can purchase low-cost, good quality food. We are expanding this project into other schools. We have also produced a Family Food leaflet with simple advice on healthy and nutritious food.

Monitor the uptake of all digital programmes to ensure that the most vulnerable are not excluded from modern forms of intervention e.g. Healthy

We regularly monitor the performance of the Healthy Child Programme app and website, the Go-To website for children's mental health and wellbeing and the data from Compass Phoenix, around how younger children use their digital offer. We also use case studies and monitor other services, including Brimhams Active's online Healthy Families weight management service.

| Families (which is delivered | |
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| exclusively online) | |

The Solihull online parenting offer for all North Yorkshire families has recently gained access to general performance and satisfaction data. We are looking at ways of comparing the main requests from different areas within the county with what parenting courses are accessed to identify where greater promotion or support is needed.

Our services should consider not just the needs of the children and young people, but also those of their parents and carers, including support networks in more isolated rural or coastal areas. We recognise that holistic support to children which includes their whole family, their community and the environment in which they live is the best approach to tackling any health issues.

We help whole families with the cost of living, including supporting FEAST programmes, developing a poverty proofing toolkit for schools and we are working on maximising the uptake of free school meals in eligible children. We are also supporting the development of food pantries and food banks in some schools.

Our new Health and Wellbeing Strategy consultation highlighted the needs of families, particularly in supporting them through the earliest years. Our new all-age Substance Use Strategy consultation has highlighted the role that parents play in supporting their children with all substance use issues. We have conducted a parent Q&A session on vaping in one particular school which will be distributed to educate all parents and ensure they have the most up-to-date information. Craven Youth Council have identified reducing vaping as a priority; we are engaging with them to understand more about the local issues and Craven-specific action.

To improve rural and coastal health, we have certain initiatives for whole family support specific to the needs of these areas, partly using data from the Growing Up in North Yorkshire survey. We have a rural health needs assessment and even a super-mobile

| | library for the remotest places. There is particular work around teenage pregnancy within the Scarborough area, including a teenage pregnancy partnership. The Screening and Immunisation Health Inequalities group, which focuses specifically on Scarborough, connects a number of NHS/ICB/NYC & voluntary organisations to encourage a more joined up approach to health promotion, trying to reach people who may live in rural or coastal areas. This allows a holistic approach ensuring appropriate agencies are able to support families. |
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| Mental health and wellbeing | |
| · | ners, and all organisations, to prioritise children and young people's mental health and |
| wellbeing with a focus on: | |
| Perinatal mental health | The Healthy Child Programme 0-5 pillar asks families about mental health in all regular contacts and conducts listening visits, or refers to specialised services where appropriate. Data and insights from the specialist Perinatal Mental Health (PNMH) Services will contribute to the all-age Mental Health Needs Assessment currently being conducted. |
| | There is a local multi-agency partnership group which has developed a resource for practitioners supporting emotional wellbeing in the perinatal period. The group is also working together to provide localised content for the Every Mums Matters website. PNMH is integrated within the "Ask Me" campaign, highlighting the importance of asking both parents/partners about their mental health. |
| Whole family wellbeing | The whole family approach is also seen as key within mental health, as well as physical health and healthy lifestyles. |

| | North Yorkshire Council invests in the Solihull Parenting Programmes available to every family with children and young people up to the age of 19. |
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| | Brimhams Active provide online healthy living advice and guidance as part of the Healthy Families service and are now proactively promoting their service in a targeted way. The service is holistic and supports families with broader issues, such as mental health and wellbeing, as well as healthy lifestyles. |
| | Early Help and the Public Health nurses within the Healthy Child Programme are key to promoting health and supporting whole families, maximised when they work together. There is now an information sharing agreement allowing closer working and understanding between the services. It is aligned to the iThrive approach to children's mental health and wellbeing, where the most appropriate service provides the most appropriate support in a timely fashion. |
| Embed the iThrive model in all organisations throughout our county to help children to identify and manage their emotions and worries, and build resilience and wellbeing. | We are about to embark on a children and young people's mental health system transformation programme. Part of this work will look at the best way in which to embed iThrive at all levels of the mental health system, not just at strategic level where it is already understood and embraced. Our SEMH Strategic Group is developing a policy document to which all organisations in North Yorkshire can both identify with and sign up to. |
| Increase the focus on mental health, wellbeing and resilience to support young people to stay in school, particularly through | The extensive partnership created by the SEMH Strategic Group has representation from every organisation in the county which deals with young people, including schools, criminal justice, Early Help and inclusion. |

stressful periods and ensure all young people have someone they can talk to and trust.

It is recognised that school attendance is a highly complex issue that reflects not just the mental health of young people, but the school environment, trauma-informed practices, the individual's own resilience, and special educational needs, to name just a few interdependencies. Therefore we are looking to examine the interaction between health and school attendance. In areas where young people's mental health and wellbeing is less robust, we are continuing and expanding the My Happy Mind programme. We are also engaging in some insight work around Emotionally Based School Avoidance.

Our Healthy Schools and Early Years Award Programme has a significant focus on mental health and wellbeing, with specific awards on wellbeing and the promotion of wellbeing warriors. Children are encouraged to think about what gives them resilience in their lives, with family and friends prominent.

Other environmental factors include the effects of poverty on children in school; we are developing a poverty-proofing toolkit using insight from audits within schools.

Maternity; 1001 days

Encourage commissioning organisations to think-family.

It is already widely recognised that in order to achieve the best lifelong outcomes, it is vital to support families at the earliest opportunity. The investment in the Solihull parenting courses is relevant from pregnancy through to when their young person turns 19.

In order to ensure that women are as healthy as possible through pregnancy, we are encouraging maternity services to vaccinate at ante-natal appointments rather than send people away to make appointments in primary care which they may not do.

The 0-19 Healthy Child Service has a variety of apps and a new Harrogate and District Foundation Trust (HDFT) website with supportive family information.

In response to the feedback from parents, we are using ICB health inequalities funding to provide supporting parent and baby clinics in the areas where we know parents have the least support and greatest need.

Also recognising the importance of the whole family unit; we are starting work around alternative supportive networks in our most vulnerable communities in Scarborough and ensuring that fathers are included in any networking.

Explore smoking in pregnancy and pregnancy vaccination takeup in Craven. Investigations have discovered disparities in data recording within Craven which are currently being explored. It is vital that we have accurate data through our county to ensure that we are providing the most appropriate service for our population.

We are investigating ways in which we can improve the currently declining pertussis vaccinations in pregnancy.

Early Years

Prioritise school readiness and ensure all partner agencies, including the NHS, are working to this aim.

Our Healthy Child Programme uses the 2-2½ year developmental assessment to identify issues which may result in problems with school readiness. We are currently exploring if there are additional ways in which we can more accurately predict those children who may struggle when they get to Reception.

By analysing our developmental assessment data, we know that the commonest area in which children do not achieve expected milestones is around speech, language and communication. We have a Speech, Language and Communication Network across the county. We are also continuing to expand our library offer, where all children when their

| | birth is registered, are also registered with libraries ensuring that all children have free access to age-appropriate books. |
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| | We have extended our Healthy Schools Award Programme to include Early Years as well, to ensure that healthy lifestyle messages are consistent in all organisations. |
| | Through our Early Years network, we routinely and regularly promote pre-school immunisations, including flu, pertussis, MMR and other pre-school boosters. |
| Ensure we investigate the disparity between those achieving expected developmental milestones before 3 years and then at 4-5 years. | We are currently looking into how we would compare outcome data from 2½ year developmental assessments with data from the different developmental assessment completed at the end of Reception. This will require extensive data gathering and analysis. |
| Continue to promote healthy lifestyles in the youngest children, including early toothbrushing, active play, healthy eating and sleep. | We have a range of health promoting initiatives within Early Years settings which we do not just promote, but are expanding: Healthy Early Years Award Programme Active Start Programme physical activity POPPY healthy lifestyle session through the Healthy Child Service food and nutrition pillar Supervised toothbrushing in targeted early years settings and virtual training as a universal offer to all Oral health promotion training for Early Years and the Children and Families workforce Healthy packed lunch guidance Healthy food guidance for early years settings Early years leadership forum – presentations on healthy living issues |

| We need to initiate a deep dive |
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| into the causes of hospital |
| admissions and examine |
| whether the measures we have |
| in place adequately address the |
| risk factors. |
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We are continuing to explore data, including different sources of data, including hospital admissions vs attendances. We will be look at not just the types of injuries, but the different causes in order to allow us to tailor our safeguarding messages to the needs of different populations.

The Healthy Child Programme assess the safety of every home. Regular audits are undertaken to identify any themes arising and consideration is given to how these might be addressed or what additional training needs staff might require to support families.

Further promote parenting courses particularly in those areas and those population groups with lower uptake.

We now have access to the evaluation data for the Solihull parenting courses, allowing us to understand the most popular and most needed courses in different areas. By correlating this with the information most used from the Healthy Child Service website and apps, we can form a comprehensive picture of the needs of families in the different areas in the county.

Primary

Promote further uptake of the Healthy Schools Award Scheme and support families with healthy lifestyle choices.

>80% of NY schools are now involved in the award programme and we are now including York schools for consistent messaging.

There are multiple modules concerning active lifestyles, healthy food, mental health and wellbeing, oral health and how to reduce waste. There are two annual celebration events and an online event, with the most recent in April 2024 involving over 4,000 children and 200 staff.

We also provide Healthy Packed Lunch guidance for schools and other resources to promote lifelong good habits.

| | We have developed a Gold renewal award (so that Gold schools can retain their status) and also a Platinum award so that schools can continue to develop their healthy school environments. |
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| Explore how changes to dental commissioning can be used to support access to NHS dentistry, particularly for migrant children and other vulnerable groups. | Humber North Yorkshire Integrated Care Board has developed flexible commissioning arrangements to allow dentists to alter their activities to tailor pathways with the Healthy Child Programme and Children and Family Services to meet the needs of vulnerable families. This gives our most vulnerable children and young people better access to dental health services. |
| | We are continuing to support the development and roll-out of the ICB toothbrushing project in primary schools to promote good oral health. |
| Increase the focus within primary schools around online safety from the earliest years, enabling parents to manage screen use. | It is important to note though that there are two very distinct issues to consider here: screen use and safeguarding. Using our Growing Up in North Yorkshire survey data, it is clear that our young people use technology in all areas of their lives i.e. screen use. Some interactions are positive, but many are not, which then raises safeguarding issues of potentially significant harm. Schools are supported around safe screentime use, which is also an aspect now receiving national attention, with the recent publication of a cross party House of Commons Education Committee report recommending that young children should not have access to |
| | screens, and that access of older children should be limited to education sites only. https://publications.parliament.uk/pa/cm5804/cmselect/cmeduc/118/summary.html |

Our data around online safety will be updated when the 2024 GUNY results are available and we will feed this into the refreshed Being Young in North Yorkshire Strategy and our healthy schools modules.

Secondary and late adolescence

Whilst the chapters are separate, it was clear, when deciding upon Recommendations, that many of the aspects important to young adults apply from secondary school onwards. Therefore, it was sensible to combine the two.

Continue to promote physical activity and healthy eating habits.

There are a variety of health-promoting workstreams within North Yorkshire including:

- Healthy Schools Award Programme
- Healthy Families Service, provided by Brimhams Active
- School food work around healthy food, working with specific schools on their food offer and surveying pupils around what they wish to see
- Solihull parenting courses also bring the role of physical activity and good nutrition into their modules

Ensure a multi-agency approach to tackling the use of substances, including nicotine products, alcohol and drugs. We are currently developing the prevention chapter of the new North Yorkshire Substance Use Strategy, entitled "Priority 3: Achieve a generational shift in (prevent) demand for substances." Our main aims:

- Provide effective and good quality PSHE for all pupils in all educational settings including mainstream, special education provision and Pupil Referral Units, that facilitates learning about drugs and alcohol, empowering them to make positive choices.
- Ensure all educational environments are enabled to positively support and guide children, young people and families (CYPF) around the topics of drugs and alcohol use.
- Provision of effective support and early intervention for CYPF most at risk of, or escalation of, harmful drug and/or alcohol use.

The chapter development and delivery plan is multi-agency across NYC (Public Health, Education, Early Help), Police, NYH, OPFCC, NYY.

| | We have conducted a consultation around the substance use strategy, including a specific questionnaire aimed at young people. We are responding to the consultation, which has been clear around the increased role that parents could play in both supporting young people and educating them around different substances. It is also important to consider the impact on children and young people in those families where substance use is an issue, and how we support the family holistically. |
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| Work with safeguarding partners around maximising online safety. | As with the primary school data, we use the GUNY data to show both the positives and negatives around CYP usage of screens and technology. |
| | We liaise regularly with safeguarding partners; online safety will be highlighted at the forthcoming North Yorkshire Schools' Designated Safeguarding Leads conference in September. |
| Ensure services which span young people and adults have robust processes around the transitions period. | Youth to adult services transition periods are seen as a key priority in multiple workstreams. Within children's mental health, Tees, Esk and Wear Valleys NHS Trust recently refreshed their Transitions Policy. We are also currently developing a SEMH Policy to which all North Yorkshire organisations dealing with children and young people can sign up. The importance of seamless moves from a young people's to an adult system is recognised. |
| | Transitions has been highlighted within the recent SEND inspection report and is seen as a critical area for development. |
| | Physical health services also consider transitions, with a move to the development of an all-age weight management service due to commence in 2025, so artificial divisions are removed. |

North Yorkshire Council Director of Public Health Annual Report 2023 – update on recommendations

Ensure a co-ordinated, multiagency approach to sexual health services including young people's age-appropriate awareness of contraceptive services. The North Yorkshire Teenage Pregnancy Partnership and the Scarborough Task Group continue to coordinate action across the county.

The full range of sexual health services are provided via YorSexualHealth (YSH) and via GPs and Community Pharmacies. YSH operate an U18 mobile number for ease of access. They have reintroduced a young person's drop-in in Scarborough that is well attended weekly.

The Youth Inspectors have completed a short review of a sexual health-specific visit to Selby memorial hospital and the recommendations are being implemented via YSH.

YSH and North Yorkshire Youth are working closely together to increase awareness and connection to the services in areas where fewer young people attend.

A successful grant application to Humber and North Yorkshire ICB has enabled the appointment of a Public Health Practitioner post for 12 months to work on reducing teenage pregnancies in Scarborough.

Scarborough health inequalities group has been discussing ways to promote and increase HPV and cervical screening uptake. A multi-agency ICB-wide group, led by NHS England, is currently looking at HPV & Cervical Screening in order to increase their uptake. Scarborough-specific clinics have been organised and disseminated through this group as this is an area of low uptake.