

Bath & North East Somerset Council		
MEETING	Children and Young People Policy Development & Scrutiny Panel	
MEETING	12 th July 2016	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Bath and North East Somerset Children’s Health Profile	
WARD:	All wards	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
2016 Children’s Health Profile for B&NES		
2015 Health Behaviours in Young People summary for B&NES.		
A presentation based on the 2015 B&NES Child Health Related Behaviours survey.		

1 THE ISSUE

- 1.1 The children's scrutiny committee has asked for a paper on children's health and wellbeing for this themed meeting. This short report introduces and identifies some highlights from three sources of recent and local information.
- 1.2 The National Child and Maternal Health Intelligence Network (CHIMAT), now part of Public Health England, produces annual children's health profiles which cover a wide range of indicators of physical and mental health and wellbeing and provide a good overall snapshot of children and young people's health.
- 1.3 A companion report on health behaviours in young people is also produced and has been attached.
- 1.4 A more detailed primary and secondary school-based survey is done locally on child health related behaviours often referred to as the SHEU survey. A presentation based on this concerning "children's sense of safety" was presented to the scrutiny panel earlier this year but a more general presentation is attached to this report to complete an overview of children and young people's health and challenges that they and our services face.

2 RECOMMENDATION

- 2.1 The scrutiny panel is asked to note the contents of these profiles and the presentation on child health related behaviours survey.
- 2.2 The panel is asked to note that while children and young people in B&NES are generally healthy in comparison to their peers across the county, they nevertheless face many challenges to both their physical and mental health particularly in relation to adopting and maintaining healthy lifestyles and behaviours and in dealing with the stresses that they face at school and at home.
- 2.3 The panel is asked to endorse the importance of maintaining adequate services, including universal services such as health visiting and school nursing, through this period of intense pressure on local government finances.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 No specific requests are being made and so there are no direct resource implications. The scrutiny panel is asked to note that the generally good children's health in B&NES is underpinned by a wide range of services commissioned by the council and the NHS, including universal health visiting and school nursing services and a range of targeted services for health promotion and children's social wellbeing and mental health.
- 3.2 The panel is reminded that the budget and the commissioning responsibility for 0-5 public health services, these being the health visiting and family nurse partnership, has sat with the council since October 2015 following a transfer from NHS England.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 Nil specific

5 THE REPORT

- 5.1 The profiles enclosed demonstrate a range of children and young people's health and wellbeing indicators benchmarked against national and, in some cases, regional averages.
- 5.2 Overall the health profile demonstrates that the health and wellbeing of children and young people in B&NES is significantly above the national average for 20 out of 32 indicators and is not significantly below the national average for any. This is an improvement on the 2015 profile in which we were significantly worse than the national average for three indicators:
 - (1) First time entrants to the youth justice system
 - (2) Hospital admissions for self-harm in children age 10-24
 - (3) Hospital admissions for injuries in children age 0-14
- 5.3 We remain slightly, but not statistically significantly, below national average for some indicators, notably alcohol related hospital admissions. Although this may partly reflect admissions policies as much as an actual alcohol problem, there is one finding in the second profile that suggests that some young people in B&NES might be consuming more alcohol than their peers.

- 5.4 There is a rather persistent finding over a number of years in B&NES that our obesity figures for children in reception year are a little worse than national and regional averages but that our year 6 children have lower rates of obesity and overweight than their peers. This will be covered in a companion paper on childhood obesity.
- 5.5 The Health Behaviour Profile shows that B&NES children are similar in many ways to others in the region and nationally. In benchmarking terms, our children are significantly above the national average for consumption of fruit and veg and in the numbers who meet physical activity recommendations, while they are significantly worse on the numbers who have been drunk in the last month. But good benchmarking should not be confused with a good absolute position and so, for example even though we benchmark well for physical activity, only 18.8% of young people actually meet the target and this is only “good” in relation to a very poor national average of 13.9%. Much work is going into improving this picture but we are struggling against a background culture that is far too sedentary.
- 5.6 The school-based child health related behaviours survey (often known as the SHEU survey) has been partially presented already to the panel in a topic on children’s sense of safety”. Since this is the most detailed source of information on a wide range of important topics a more general presentation based on the survey is attached to this report covering a selection from both primary and secondary school findings.
- 5.7 This presents a mixed picture with many areas of strength but also significant concerns and challenges. Among the concerns it is notable that a lot fewer girls have high self-esteem than boys, particularly in secondary school, and that children and young people entitled to free school meals show a number of areas where they differ from the average to their disadvantage.
- 5.8 The “free school meals gap” is illustrative of the wider issue of health inequalities, which are present in B&NES as elsewhere. While inequalities in the main health outcomes in terms of overt disease and mortality more often manifest in later life, the causes of inequalities begin before birth and develop through all stages of life and differences in health related behaviours certainly show from earliest years. It is known that the way children are reared in these earliest years – “the first thousand days” – is particularly critical for attachment and neural development and so the importance of good support to all children and families is given particular emphasis.
- 5.9 More recently neuroscientists have also demonstrated that during the teenage years there is also intensive brain development affecting cognitive skills and the emergence of the adult personality, and so the importance of good support in these years is also emphasized.

6 RATIONALE

- 6.1 No new course of action is being suggested in this paper.

7 OTHER OPTIONS CONSIDERED

- 7.1 Children and young people’s public health and mental health services are constantly being reviewed and updated according to new policy and guidance and in response to budgetary opportunities and pressures. Many of the relevant services come within the scope of “your care your way” and so are currently being reviewed through that process.

8 CONSULTATION

- 8.1 The two statistical reports are collated by Public Health England. The exact source of each item of data is referenced at the end of the profiles.

8.2 The child health related behaviours survey has been widely presented to different stakeholder groups including schools, the LSCB and the children's trust board.

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

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Background papers	<i>PHE Child and Maternal Health Intelligence Network Child Health Profile for B&NES PHE Child and Maternal Health Intelligence Network Health Behaviours in Young People Summary Child health related behaviours survey presentation</i>
Please contact the report author if you need to access this report in an alternative format	