Mental Health and Wellbeing for Children and Young People in Darlington

Annual Report of the Director of Public Health

Darlington 2016

BOROUGH COUN

DARLINGTON

Welcome

In my first report as Director of Public Health, I recommended, amongst other things, that we focus on interventions that offered children the best start in life. At that time, my report looked at some of the key determinants where we could make interventions that would impact on future health benefits, such as alcohol use, obesity, and breastfeeding.

Last year, I drew attention to the need to share Key Lines of Enquiry about self-harm with partners across sectors and to highlight the need to explore a mental health resilience model with the Children and Young People Collective. This year, I report on these developments and have taken the opportunity to look in detail at the mental health of those aged 0-19, and consider what more we can do to build emotional resilience.

Looking back over the past 12 months, despite the difficulties we, and other Local Authorities have been facing, I'm pleased at the progress we have made and I also want to pay tribute to everyone who has had a part to play in supporting the work to improve the health of people in Darlington.

We have more to do, and I know that this is against the backdrop of further financial pressures, but much can be achieved with good will, creative thinking and a shared aim to improve the health of our population.

I am grateful to colleagues who have shared their thoughts, Jessica Halliday, Member of Youth Parliament for Darlington, Gary Emmerson, Chief Executive of Darlington MIND, Dean Judson, Headteacher, Hurworth School and Colin Martin, Chief Executive of Tees Esk Wear Valley NHS Foundation Trust.

Miriam Davidson,

Director of Public Health, Darlington

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Key messages

1

All organisations consider the 'Best Start in Life' principles when agencies are designing and delivering services for children and young people in Darlington.

2

NHS commissioners ensure maternity services support good maternal and perinatal mental health in order to ensure positive wellbeing in children.

3

Private, public and voluntary sectors build strength and resilience in children and young people through local plans that develop sustainable, connected communities and promote social networks.

Change is constant and life can be full of uncertainties and adversities. Unless we have some degree of resilience, such challenges can result in mental ill health. In order to develop resilience in adult life, we need to begin setting the foundations in early childhood.

The challenges children face and their risk of developing mental health problems can have an impact on them being able to achieve their full potential and being fully active and productive members of our society.

My recommendations set out below aim to build on our Future in Mind Transformation Plan. They are aimed at supporting the healthy development of our children, building their resilience and also ensuring that Darlington agencies can work together to offer support to children and young people when needed.

4

Raise the profile of the importance of mental health and emotional wellbeing in all settings. Each setting or organisation to consider how to do this via their respective services.

5

All agencies support the 'parity of esteem' between physical and mental health through reducing stigma to improve access to universal and mainstream provision for those diagnosed with a mental health condition.

> "The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood. What happens during those early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational and economic achievement... later interventions, although important, are considerably less effective if they have not had good early foundations"

"Fair Society, Healthy Lives"
Strategic Review of Health Inequalities in England post-2010

Introduction

We often talk about giving children the best start in life, but what exactly does that mean and why is it important?

The best start as described by Marmot[1] includes:

- high quality maternity services, parenting programmes, childcare and early years education; and
- building resilience and wellbeing of young children across the social gradient.

Too often, we find ourselves trying to 'fix' broken adults by offering increasingly technical and expensive NHS and social care interventions, when focusing on health promotion and prevention programmes earlier in people's lives would be far better both in terms of financial and personal costs.

Children who are supported and nurtured in their early years are more likely to be healthier, to do well at school, make good relationships and flourish; and in cases where they do face difficulties and adversity, they will be more resilient and able to cope better with whatever life throws at them.

Children and young people face a variety of challenges that can affect their mental and physical health. These can include poor diet, poor housing, poverty, family breakup or bullying at school. Without good support these challenges can have a continuing negative effect on mental health in adult life too.

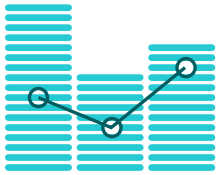
A study by the Office of National Statistics in 2004, reported that up to 25% of all children at some point in their childhood show signs of mental health problems[2], more than half of which track through into adulthood.

In Darlington, nearly one quarter of our population is under 20 years of age and population data shows that children and young people in Darlington have a higher exposure to mental health risk factors including household poverty, family breakup and households living with substance misuse or mental illness. Data from the national What About YOUth (WAY) survey in 2014/15 showed that young people aged 15 years in Darlington had a lower self-reported wellbeing score when compared to other local authorities in the North East region. An example of a negative mental health outcome for young people is self-harm. Darlington has a higher rate of hospital admissions for self-harm in those aged 10-24 years when compared to England although the numbers of individuals are very small it does show that the cumulative impact of the mental health risk factors on some young people does result in ill health.

Unless we are able to build resilience in early life, longer-term human and financial costs will be inevitable.

1. Marmot, M. 2010. Fair society, healthy lives. Strategic review of health inequalities in England London: Institute of Health Equity. http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
2. Green H, McGinnity A. Meltzer H et al (2005) Mental health of children and young people in Great Britain, 2004. ONS

Key Facts



- Young unpaid carers in English regions and Wales who were providing care for 50 or more hours a week were more likely than those providing no care to report their general health as 'Not Good'.[3]
- In the UK, mental health problems are responsible for the largest burden of disease – 28% of the total burden, compared to 16% each for cancer and heart disease.[4]
- The CMO report, 2012 highlights that children and young people in the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes.[5]
- Up to 25% of all children at some point in their childhood show signs of mental health problems, more than half of which track through into adulthood.[6]
- Up to half of lifetime mental health problems start by the age of 14.[7]
- Early identification and intervention for children and young people who are developing problems is critical as estimates suggest that between a quarter and a half of adult mental illness may be preventable with appropriate interventions in childhood and adolescence.[8]
- Evidence based interventions during childhood and adolescence lead to improved educational outcomes, reduced antisocial behaviour, crime and violence and improved family health.[9]
- 10% of school pupils (5 - 16 years) suffer from a diagnosable mental health disorder (approximately three children in every class).[10]
- Between 1 in 12 to 1 in 15 children and young people deliberately self-harm.[11]
- 72% of children in care have behavioural or emotional problems.[12]
- There is strong evidence to suggest an association between obesity and poor mental health in teenagers and adults.[13]

3. Office for National Statistics (2013) Providing unpaid care may have an adverse effect on young carers' general health. http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/provision-of-unpaid-care-in-england-and-wales--2011/sty-unpaid-care.html

4. Ferrari, A., Charlson, F., Norman, R., Patten, S., Freedman, G., Murray, C., Vos, T. and Whiteford, H. (2013). Burden of Depressive Disorders by Country, Sex, Age, and Year: Findings from the Global Burden of Disease Study 2010. PLoS Med, 10(11), p.e1001547. (Cited in Mental Health Foundation. Fundamental Facts about Mental Health 2015. Executive summary https://www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2015)

5. Green H, McGinnity A, Meltzer H, Ford T, Goodman R: Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive. Basingstoke: Palgrave. (Cited in Department of Health, Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays; chapter 10 p2)

6. Green H, McGinnity A. Meltzer H et al (2005) Mental health of children and young people in Great Britain, 2004. ONS

7. Kessler RC, Berglund P, Demler O et al (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national co-morbidity survey replication. Archives of General Psychiatry, 62, 593–602

8. Kessler RC, Berglund P, Demler O et al (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national co-morbidity survey replication. Archives of General Psychiatry, 62, 593–602

9. New Horizons: Confident Communities, Brighter Futures A framework for developing well-being, DOH 2010

10. Green, H., McGinnity, A., Meltzer, H., et al. (2005). Mental health of children and young people in Great Britain 2004. London:

11. Mental Health Foundation (2006). Truth hurts: report of the National Inquiry into self-harm among young people. London: Mental Health Foundation

12. Sempik, J. et al. (2008) Emotional and behavioural difficulties of children and young people at entry into care. Clinical Child Psychology and Psychiatry, 13 (2), pp. 221-233.

13. Obesity and mental health. National Obesity Observatory (March 2011) http://www.noo.org.uk/uploads/doc/vid_10266_Obesity%20and%20mental%20health_FINAL_070311_MG.pdf

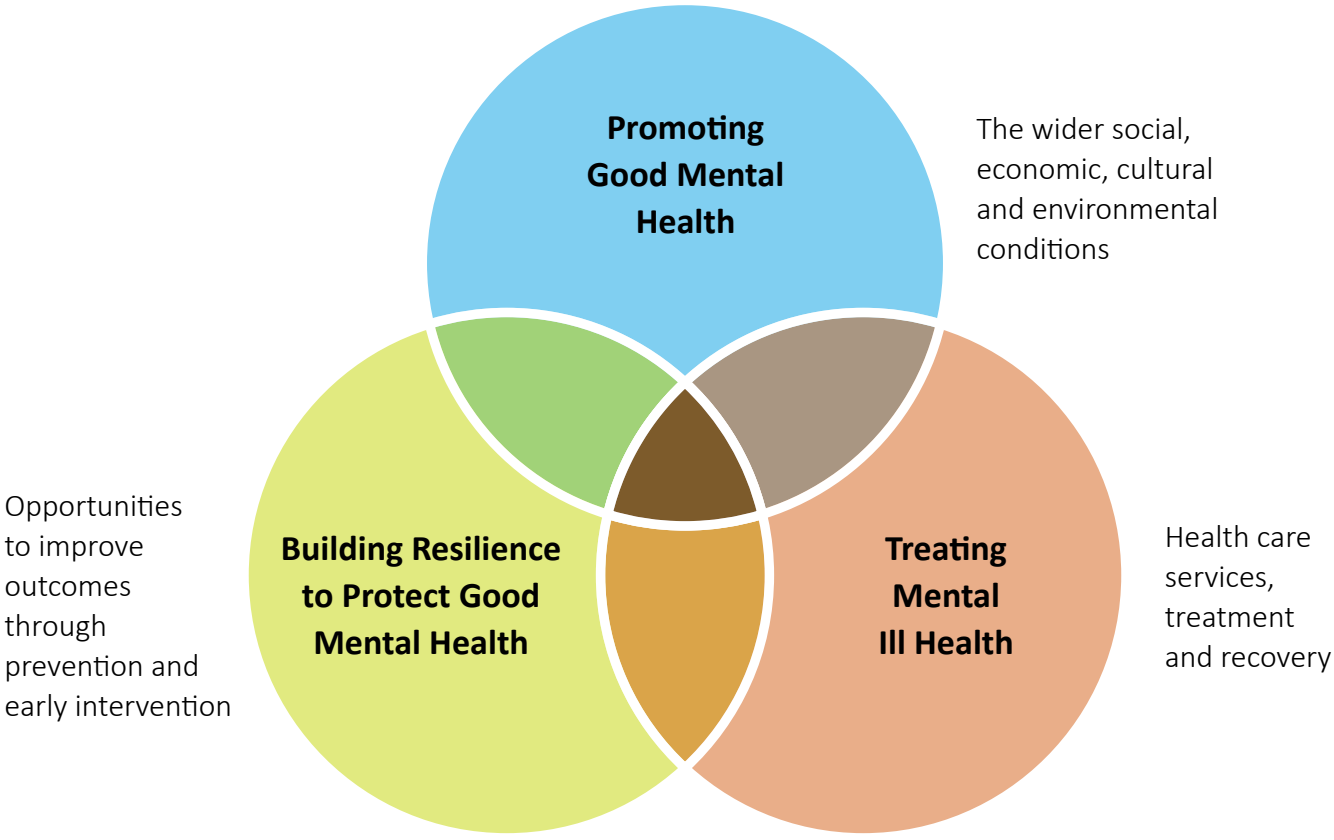
Chapter 1

What is 'mental health and why focus on children and young people'?

The World Health Organisation (WHO) provides a useful definition of mental health (WHO, 2005).[14]

> **Mental health** is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'
>
> **(WHO, 2005)**

The model below translates the domains of public health to mental health



Mental wellbeing has particular importance to children and young people as it is thought to influence the way in which an individual copes with key life events such as stress, trauma and physical ill health. Young people with better mental wellbeing are less likely to behave in ways which may put their health at risk.

14. WHO (2005). Promoting mental health: concepts, emerging evidence, practice. World Health Organization; Geneva, Switzerland.

What is 'mental health and why focus on children and young people'?

Mental wellbeing is of key importance in younger age groups as childhood experiences in the first five years of life have a lasting impact upon a child's mental wellbeing. A second opportunity is in adolescence when in addition to hormonal and physical changes; there may be a dip in mental wellbeing around the ages of 14 to 15 years.

Positively influencing the mental wellbeing of children and young people can improve their ability to:

- develop psychologically, emotionally, creatively, intellectually and spiritually
- initiate, develop and sustain mutually satisfying interpersonal relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks and learn from them

My name is Jessica Halliday and I am the Member of Youth Parliament for Darlington. Upon my election in March, a key point on my manifesto was mental health. This entailed campaigning against stigma, and making sure that mental health issues were diagnosed as early as possible, even using preventative methods such as mindfulness reducing the chance of a minor mental health issue becoming something more serious. Mental health issues are becoming more and more prominent amongst young people, and with this stigma is a prominent issue- we need to combat this by educating our youths on what mental health issues really are. Mental health should be treated just as seriously as physical health.

Jessica Halliday, Youth Parliament

Measuring mental wellbeing in children and young people (PHE,2015)

1 in 10 children will have a clinically diagnosed mental disorder at any one point during childhood

50% of all mental disorders emerge before the **age of 14**

75% of all mental disorders emerge before the **age of 25**

Darlington's Health Profile

Public Health England publishes data providing an overview of health and wellbeing for every local authority in England. This includes a general Health Profile (which is covered later in this report), alongside Child Health Profiles and additional data relating to children and young people's mental health and wellbeing. Using these profiles, we can build up a good picture of what life is like for children and young people in Darlington.

In Darlington children and young people under the age of 20 make up 23.7% of the Darlington population and a number of different population indicators show that the health and wellbeing of this group is generally worse than the England average, although it is largely similar to other North East local authorities.

Rates of obesity amongst 4 – 5 year olds 10 – 11 year olds in Darlington in 2014/15 is higher than England with an increasing trend in recent years.

Rates of hospital admissions due to substance misuse amongst 15 – 24 year olds in Darlington remains significantly higher than the England average.

The What About YOUth survey reports that in Darlington, there was a high percentage of 15 year olds who reported regularly consuming alcohol 'at least once a week' (12.3%). This is higher than regional neighbours and England. Hospital data shows that Darlington has a higher rate of hospital admissions due to alcohol specific conditions in children and young people under 18 years when compared to England, although this rate is not statically different to the regional average. The What About YOUth survey reports that 14% of 15 year olds' reported that they had a low life satisfaction.

Darlington does have a higher rate of hospital admissions for self-harm in those aged 10-24 years when compared to England and although the numbers of individuals are very small it does support recent anecdotal information from our partners suggesting that such levels of self-harm may be underreported and increasing.

The backdrop to this is that for a number of known mental health risk factors for children and young people Darlington is worse than England. This includes the proportion of children living in poverty (20% of those under 16 years old), who identify themselves as carers, living in lone parent households and living in workless households. There are also a greater proportion of children and young people exposed to marital breakup, domestic abuse and problematic use of alcohol by parents.

The accumulation of these known risk factors in Darlington makes it clear that some of our children and young people are being challenged by a range of adverse experiences that affects their development and emotional wellbeing and which will likely continue to affect them into adult life.

Adverse Childhood Experiences

Studies of Adverse Childhood Experiences (ACEs) have been ongoing in the USA for the past two decades and more recently has been the subject of a study involving more than 2000 people in Wales.[15]

Children who suffer economic hardship, abuse or neglect, who have stressful experiences or grow up in households exposed to domestic violence or parents with alcohol or substances misuse can result in young people adopting health-harming behaviour, and developing longer term ill-health.

From the data obtained from the PHE Health Profiles, it is clear that many children and young people in Darlington have Adverse Childhood Experiences. Working together to improve early life experiences and to minimize the impact of ACEs will benefit not only the individuals concerned, but will impact on future generations to come.

Case Study 1: Looked After Children

Darlington Borough Council took the decision to re-invest resource, previously provided to CAMHS for additional services to children in need and those who are looked after, to recruit therapeutic Social Workers to the Family Intervention Team/ Troubled Families Team.

This was to provide direct therapeutic interventions to children and families, train prospective and existing foster carers and adopters and provide a consultative service for social workers.

Alongside this, additional resource was provided for Educational Psychology time to complement the training programme, thus building resilience, skills and knowledge within the workforce and the infra-structure of support for those providing direct care for children and young people.

Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours during adolescence which can themselves lead to mental health illnesses and diseases such as cancer, heart disease and diabetes later in life.

15. Public Health Wales NHS Trust (2015), Welsh Adverse Childhood Experiences (ACE) Study. Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf

Risk factors for developing mental

There are a number of risk factors that can result in individuals developing mental health problems. These can include individual factors such as feelings of low self esteem, challenging environments in the home or at school such as bullying or domestic abuse, and aspects of socioeconomic disadvantage such as poverty, poor housing, lack of green space and levels of crime.

Vulnerable Groups[16]

Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others. These include those children who have one or a number of risk factors:

- who are part of the Looked After system
- from low income households and where parents have low educational attainment
- with disabilities including learning disabilities
- from Black, Minority, Ethnic (BME) Groups including Gypsy Roma Travellers (GRT)
- who identify as Lesbian, Gay, Bisexual or Transgender (LGBT)
- who experience homelessness
- who are engaged within the Criminal Justice System
- whose parent (s) may have a mental health problem
- who are young carers
- who misuse substances
- who are refugees and asylum seekers
- who have been abused, physically and/or emotionally

"Providing high quality mental health services for children in Darlington is one of our biggest challenges. We need to do much more as children deal with anxiety, depression, low mood, self-harm and attempted suicide. Darlington Mind recently secured £118,000 from BBC Children in Need to help young people understand the issues around self-harm but mental health services must improve and we must do better. Children are waiting far too long to get help and too much pressure is being placed on teachers and family members. We need to collaborate more, communicate better and deliver improvements sooner rather than later."

Gary Emerson, CEO, Darlington MIND

15. Public Health Wales NHS Trust (2015), Welsh Adverse Childhood Experiences (ACE) Study. Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf

Case Study 2: Young Carers in Darlington

The 2001 census indicated a total of 603 young carers up to the age of 25:

- 190 of these were aged 15 and under
- 87 aged 16-17
- 94 aged 18-19
- 232 aged 20-24

The 2011 census information shows 738 young carers aged 0 – 24 in Darlington.

During the period September 2013 – August 2016, a total of 348 young carers have been supported by the current commissioned Young Carers Service provider (DISC) and for the period April – June 2016, 108 young carers have been supported, including 9 young carers aged 18 – 22.

The support available includes information, advice and guidance; 1:1 support tailored to individual young carers' needs; whole family support; group activities to enable young carers to meet others in a similar situation and to take time out from their caring role; individual carer breaks. The 1:1 support includes help to manage anger issues, promote self-confidence and build self-esteem. Referrals are made to specialist counselling/ CAMHs services as required.

The Young Carers Service also undertakes awareness raising/capacity building work with Education, Health and Social Care staff to increase their knowledge about young carers, their needs and the support available to them.

NECA as our local provider of substance misuse services provide a dedicated service for young people in Darlington, SWITCH. This is a 'brand' that has been in use in Darlington for young people's substance misuse services for some years and has a high degree of recognition and trust amongst the target group.

The service:

- Provides services to young people aged 10-18.
- Provides a dedicated team of Drug and Alcohol workers.
- Tackles problems as a result of alcohol, drug or solvent use.
- Receives referrals from professionals, parents, carers or self-referrals.
- Successfully provided treatment for drug and alcohol for 49 young people in 2015/16.

Risk Factors and Darlington

The Risks	Darlington
Individual Genetic influences, long-term physical illness, low self-esteem and body image	• Only 48% of our 15 year olds think they are the 'right size' suggesting teenagers are struggling with body image. • 20% of teenagers are involved in 3 or more 'risky behaviours such as smoking and drinking. • There were 25 referrals, of which 20 were from girls, for psychological therapy treatment in 2015/16.
Family Challenging home environments such as parental divorce or bereavement, abuse, witnessing domestic violence, living with a parent who has mental health problems or substance misuse problems.	• 82% of those children identified as being in need, was as a result of abuse, neglect or family dysfunction. • The proportion of young carers providing unpaid care in the North East of England in 2011 was 2.1%. • The number of looked after children 0-17 (including adoption and care leavers) has slightly decreased in recent years and now matches the regional average. • 92% of domestic abuse occurs in the home.
School-life Educational difficulties or learning disabilities, bullying, poor relationships.	• 3% of pupils have statements of special educational needs. • 190 young carers aged under 15 years.
Community and Neighbourhood Life expectancy, crime rates, lack of green open spaces.	• 92.5 in every 100,000 hospital admissions are for children aged 0-17 years (nearly 1 in every 1,000). • Darlington has a legacy of green spaces. • 7% of 16-18 year olds not in education, employment or training. • Numbers killed or seriously injured in road traffic accidents is below England average. • Violent crime has seen a decrease in recent years, but still remains above England average.
The Local Economy Deprivation, numbers in work, numbers on benefits, children in poverty.	• Of those who are classed as "economically inactive" in the town, 26% are classed as "long term sick". • 3.1% of people in Darlington claim out of work benefits. • Out of the total population of 16-21year olds in Darlington, 6.8% were claiming out of work benefits in September 2016. • 7% of families in Darlington are receiving working tax credit and child tax credit.

Chapter 2

Building resilience to protect good mental health

We know that early intervention, helping to build resilience, is the most effective way to maintain the health and wellbeing of children and young people. Much has been written about this and here is some of the evidence base we are using to develop our recommendations and future work programmes.

Improving young people's health and wellbeing: a framework for public health.

Published by Public Health England and the Association for Young People's Health in 2015, this document sets out the thinking around young people's health, using an asset based approach and focusing on wellbeing and resilience.

There are a variety of factors that can promote and protect mental wellbeing.

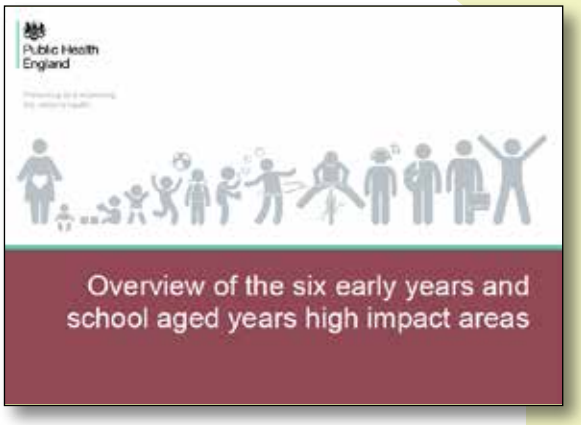
These range from factors which affect the individual themselves, their relationships with immediate family members and the wider community in which they live. Understanding these factors helps us to identify opportunities to improve children and young people's mental wellbeing.

Local Action

The Institute for Local Governance (ILG), Public Health England (PHE) and academic partners, FUSE are conducting research across schools in the North East to develop approaches to improving mental health for young people (a focus on years 12-19). The outcomes from the research will inform future work programmes. Darlington Borough Council Chief Executive chairs the programme on behalf of all North East Local Authorities.

Family Support and Parenting

Public Health England has developed a series of documents to support the transition of commissioning to Local Authorities for health visiting and integrated children's early years services



Early years high impact areas are:

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition (to include physical activity)
- Managing minor illnesses and reducing hospital attendance/admissions
- Health, wellbeing and development of the child aged 2: Two year old review (integrated review) and support to be 'ready for school'

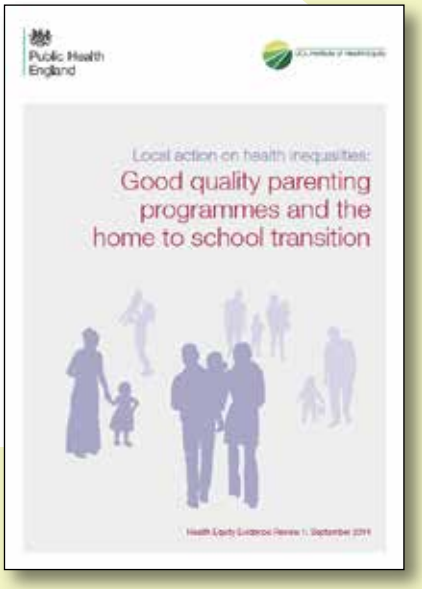
School aged years high impact areas are:

- Resilience and emotional wellbeing
- Keeping safe: Managing risk and reducing harm
- Improving lifestyles
- Maximising learning and achievement
- Supporting complex and additional health and wellbeing needs
- Seamless transition and preparation for adulthood

Good quality parenting programmes and the home to school transition (PHE, 2014)

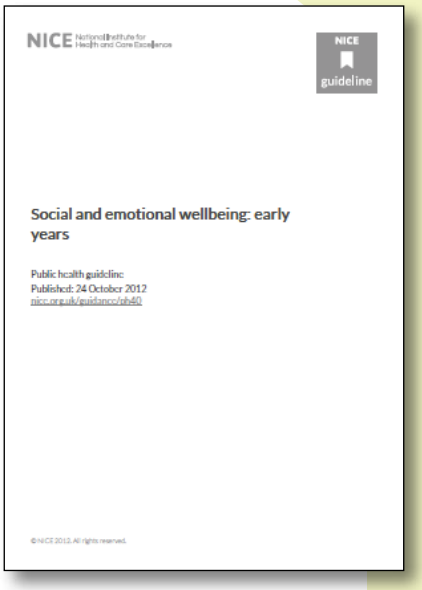
This evidence review focuses on two areas of early intervention in childhood: increasing access to parenting programmes and easing children's transition between home and school, with a particular focus on interventions to reduce inequalities in health.

It highlights key interventions that can be made and highlights what works best to improve early intervention.



Early Years

NICE guideline "Social and emotional wellbeing: early years (2012)"



NICE guideline PH40 describes 'vulnerable' children under 4 years old as children who are at risk of, or who are already experiencing, social and emotional problems and need additional support. The guidance puts forward a number of evidence based recommendations to improve social and emotional wellbeing for vulnerable under-fives. These relate to:

- the role of health and wellbeing boards and scrutiny committees in the development of strategy and commissioning plans, and in reviewing the delivery of those plans;
- identifying vulnerable children and assessing their needs;
- the provision and content of antenatal and postnatal home visiting for vulnerable children and their families;
- the provision of early education and childcare; and
- the approach to be taken in the delivery of services.

School Life

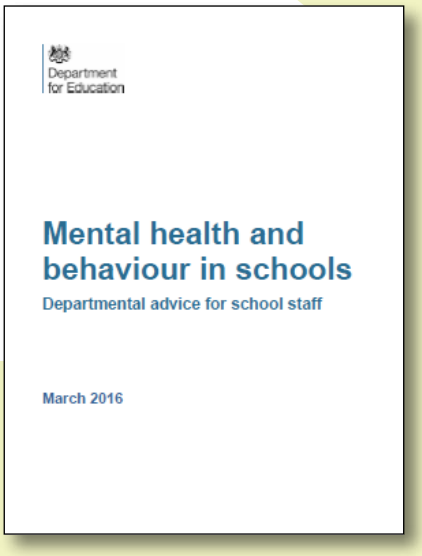
School Aged Years High Impact Area 1: Resilience and emotional wellbeing (Public Health England, 2016)

This series of documents is intended to highlight the role of school nurses in positive mental health promotion. This can be achieved by:

- Recognising the importance of good relationships with family, friends and others is paramount in building resilience
- Recognising that parental wellbeing can affect the child's emotional health and wellbeing and resilience
- Ensuring early identification of need and provision of evidence based family centred support
- Focusing on early intervention and early help – both in early years and at trigger points during school-aged years
- Identifying and consideration of strengths versus risk when working with families.
- Actively supporting children and young people across – providing a joint and holistic approach to support the child and family.

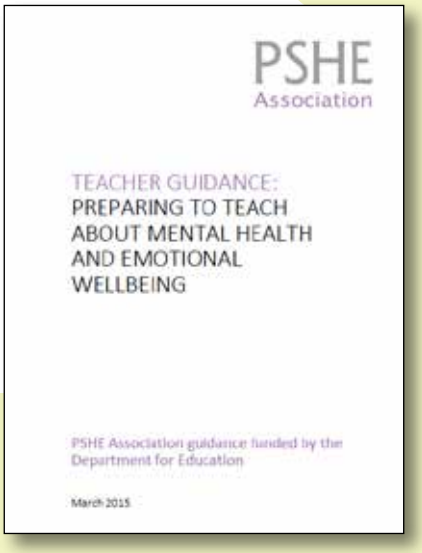
Mental health and behaviour in schools: departmental advice for schools (Department for Education, 2016)

Departmental advice which clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.



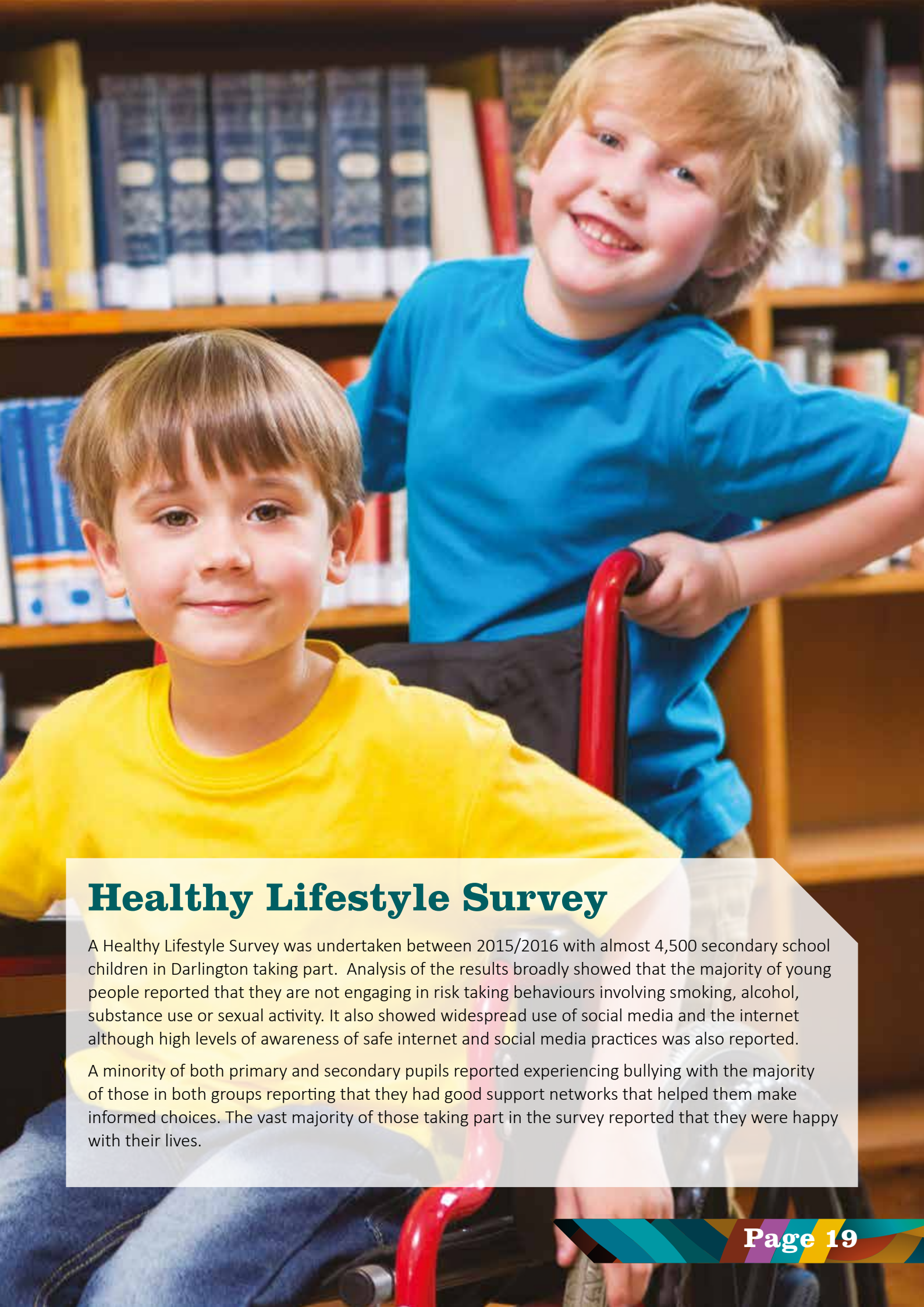
Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (PSHE Association, 2015)

Teaching pupils about mental health and emotional wellbeing as part of a developmental PSHE education curriculum can play a vital role in keeping pupils safe. This guidance helps teachers plan lessons which can act as a vehicle for providing pupils who do develop difficulties with strategies to keep themselves healthy and safe.



Case Study 3: Social Norms approaches

In our annual report for 2011-12 we reported that a social norms approach to alcohol and drug education was introduced in secondary schools. This tackles inaccurate beliefs about alcohol use. The approach specifically challenges peer pressure and undermines any sense that alcohol use and misuse is normal. The importance of social norms work is to feedback to young people the actual behaviours of their peers so they can appreciate this is different to commonly held perceptions. As a result in Darlington, there have been reductions in reported alcohol and drug use for each of the last four years. There is also evidence to show that young people are increasingly aware that most of their peers don't use alcohol or drugs.

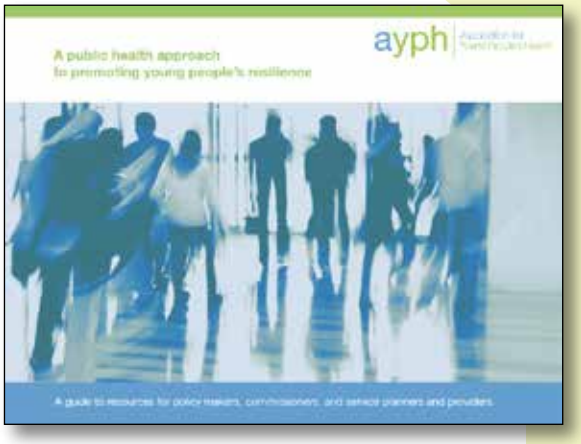


Healthy Lifestyle Survey

A Healthy Lifestyle Survey was undertaken between 2015/2016 with almost 4,500 secondary school children in Darlington taking part. Analysis of the results broadly showed that the majority of young people reported that they are not engaging in risk taking behaviours involving smoking, alcohol, substance use or sexual activity. It also showed widespread use of social media and the internet although high levels of awareness of safe internet and social media practices was also reported.

A minority of both primary and secondary pupils reported experiencing bullying with the majority of those in both groups reporting that they had good support networks that helped them make informed choices. The vast majority of those taking part in the survey reported that they were happy with their lives.

This resource on Promoting young people's resilience from Association for Young People's Health, focuses on public health approaches to supporting young people's resilience.



It builds on Public Health England's framework for young people's health, Improving young people's health and wellbeing which was published in 2015, and on a range of other PHE tools and resources including their national youth campaign, Rise Above, which also focuses on improving young people's resilience and helping them make positive health decisions.

It highlights the key settings for actions including schools, families, out of schools and leisure provision, and communities and recommends:

- Establishing a local culture that prioritises resilience
- Enhancing the availability and quality of local support; and
- Picking the moment to intervene (such as stress points and transitions in life, and ensuring that extra resilience training is available for those young people faced with significant challenges)

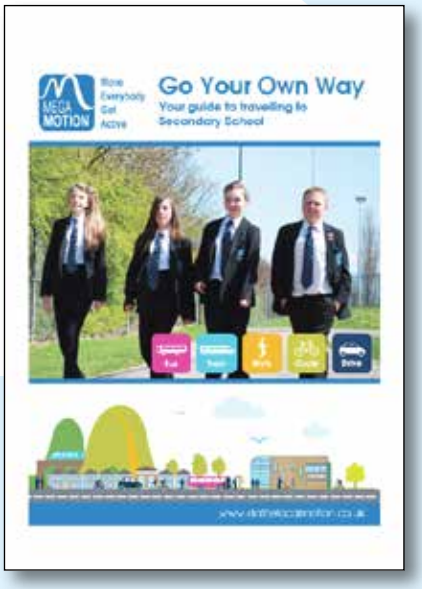
Promoting good mental health

Physical activity and active travel

There is evidence that regular physical activity is associated with improved mental health outcomes and better quality of life for healthy individuals as well as those already experiencing mental ill health. The Department of Health[17] recommends that children and young people aged 5-18 years should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. One way of doing so is to promote active travel in the daily routine of children and young people. Active travel refers to human-powered modes of travel such as walking and cycling as opposed to motorised ones.

Local Motion is Darlington's sustainable transport programme, which aims to increase the number of people walking, cycling and using public transport in Darlington and the wider Tees Valley.

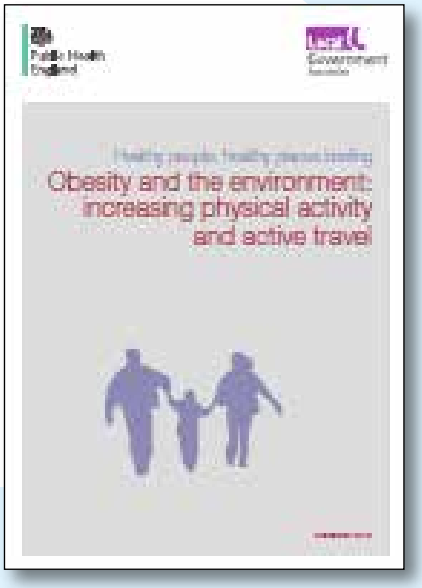
Local Motion supports schools and families in making smarter travel choices to and from school, providing advice and information to young people to encourage them to travel independently and safely.



Obesity and the environment: increasing physical activity and active travel (PHE, 2013)

This document contains a number of 'Ideas for Action such as:

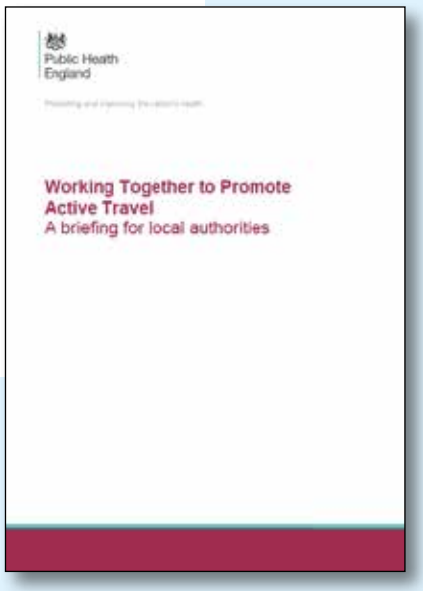
- Identifying a senior councillor responsible for active travel;
- Working with colleagues in transport to review the local transport plan and prioritise active travel;
- Setting targets for walking and cycling and making environments safer and more appealing for walking
- Reviewing all local policies for their impact on physical activity.



17. Department of Health (2011). Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers. https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers

Working together to promote active travel: A briefing for local authorities (PHE, 2016)

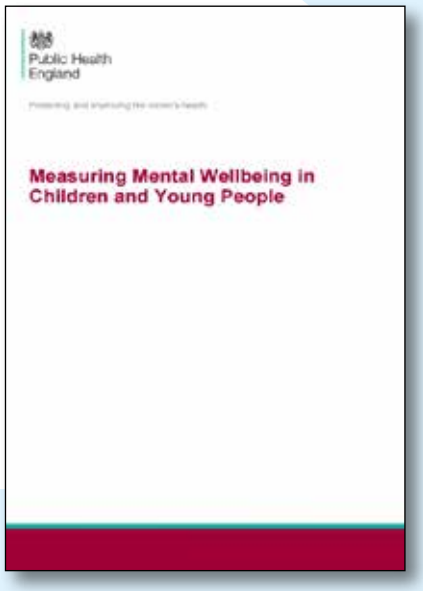
This guide suggests a range of practical action for local authorities, from overall policy to practical implementation. It highlights the importance of community involvement and sets out key steps for transport and public health practitioners.



Measuring mental wellbeing in children and young people (PHE, 2015)

A document which provides guidance on the use of intelligence to measure mental wellbeing in children and young people.

It includes suggestions for Joint Strategic Needs Assessments and the evaluation of interventions which improve the mental wellbeing of children and young people.

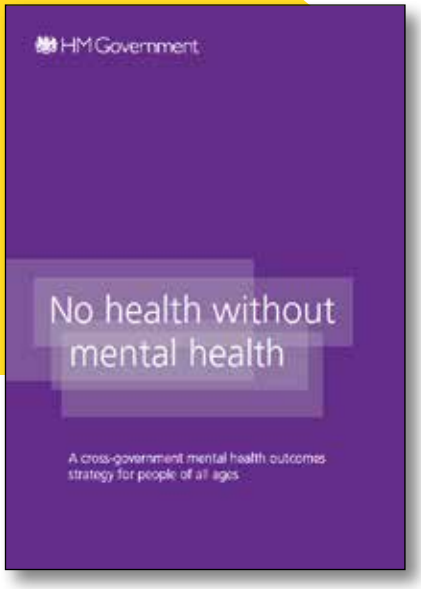


Treating mental ill health

A range of guidance has been published in recent years relating to the care and treatment of people with mental health problems and mental illness.

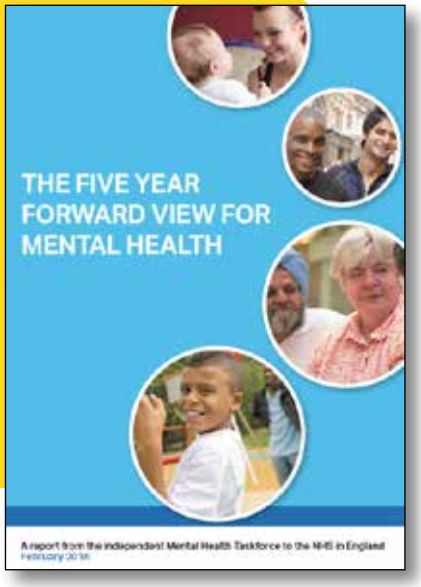
No Health without Mental Health (DH, 2011)

Published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people.



Five Year Forward View for Mental Health (Mental Health Task Force, 2016)

The report of an independent task force reporting to NHS in England, sets out a ten year plan for the transformation of mental health care. Recommendations were made for NHS services, wider action on social determinants and the need to tackle inequalities. It is supported by an implementation plan that was published later in 2016.



Future in Mind; Promoting, protecting and improving our children and young people's mental health and wellbeing (NHS England, 2015)

The output of a cross-Government taskforce, established to look at the mental health of children and young people and to set out a whole system approach to the prevention of mental ill health, early intervention and recovery.

As a result of its recommendations, every local area is expected to develop its own local plan for supporting the mental health of children and young people.

Prevalence of mental health problems in Darlington

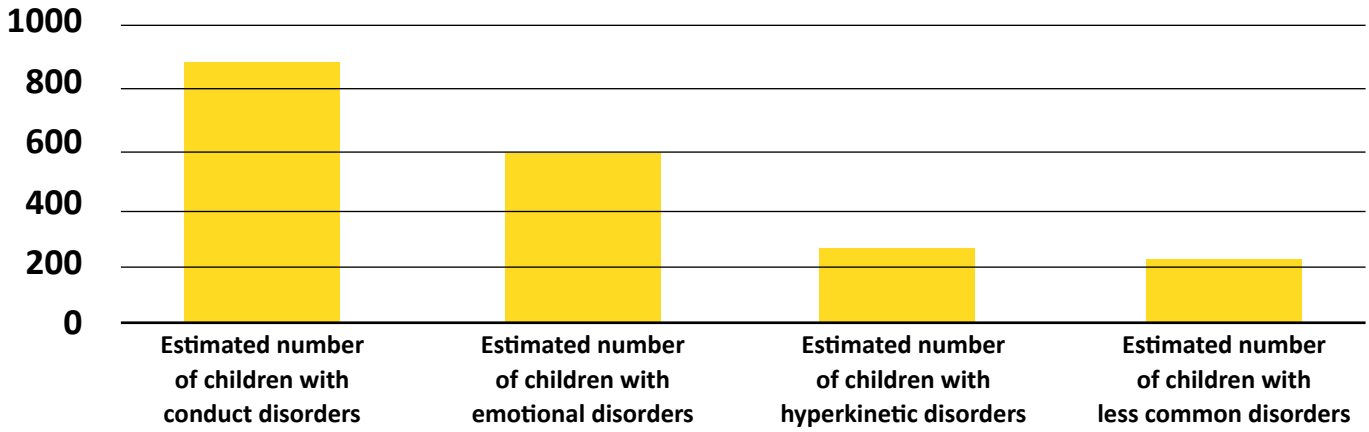
The exact prevalence of mental health and emotional disorders in children and young people is unknown but is estimated to be around 1445 in 2014.[18]

	Estimated number of children aged 5-10 yrs with mental health disorder	Estimated number of children aged 11-16 yrs with mental health disorder	Total
NHS Darlington CCG	**595**	**850**	**1,445**

Source: Local authority mid-year resident population estimates for 2014 from Office of National Statistics. CCG population estimates aggregrated from GP registered populations (Oct 2014). Green, H. et al (2004)

18. Darlington Transformation Plan, 2015

Child and Maternal Health Observatory estimates of prevalence 5-16 years (2014)



Source: Local authority mid-year resident population estimates for 2014 from Office of National Statistics. CCG population estimates aggregrated from GP registered populations (Oct 2014). Green, H. et al (2004)

Future in Mind; Promoting, protecting and improving our children and young people's mental health and wellbeing: National

Future in Mind; Promoting, protecting and improving our children and young people's mental health and wellbeing, responds to the national concerns around provision and supply of services and support for children and young people.

Future in Mind identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. The themes are;

- Promoting resilience, prevention and early intervention
- Improving access to effective support; a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Within these themes, 49 recommendations are detailed that, if implemented, would facilitate a whole system approach to ensure that the offer to children, young people and families is comprehensive, clear and utilises all available resources.

Local benchmarking against the 49 recommendations detailed within Future in Mind, indicates the following areas require further consideration;

- Early years provision;
- Perinatal mental health;
- Early intervention/enhanced training for schools;
- Named contacts in schools/CAMHS;
- Crisis service not formally commissioned in Darlington;
- Self-care / peer support for children and young people and parents;
- Community Eating Disorder Service;
- Intensive home treatment;
- Integrated Looked After Children pathway;
- Post-traumatic stress disorder pathway;
- Challenging behaviour – multi-agency pathway;
- Transition care for vulnerable groups – e.g. Learning Disability, Care Leavers.

Case Study 4: Peer Support

Our Future in Mind Transformation Plan outlines the importance that peer support can have in order to empower children and young people who can become active players in teaching social and emotional skills, providing support for each other. Peer support/ peer mentoring has been proven to have a positive impact on both mentors and mentees in terms of the facilitation of increased emotional and social skills, positive attitudes towards self and others, more positive social behaviours, fewer conduct disorders, and lower levels of emotional distress. It has also been shown to improve academic performance of children and young people and help to facilitate their engagement with learning.

We are currently supporting 11 schools (primary and secondary), to develop peer projects, all being relevant to the school's needs. Specific programmes or education support that is evidence based has been funded that supports children/ young people to become a buddy, peer supporter or peer mentor throughout this Academic Year (2016/17).

Following the publication of Future in Mind, partners have worked together to develop and deliver local transformation plans. These plans focus on the whole spectrum of mental health and wellbeing from health promotion and prevention to support and interventions for those young people with emerging or existing mental health difficulties.

Key elements for CAMHS within the transformation plan that enhance resilience and early intervention include:

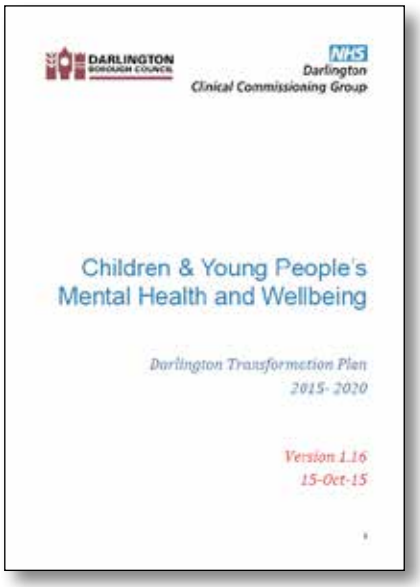
- Delivery of a mental health awareness training programme. CAMHS provide an annual training programme for other providers such as teachers, health visitors, parents and carers focusing on promoting good mental wellbeing and resilience, prevention and early identification.
- Improving access and reducing waiting times to CAMHS. We have a Single Point of Access, promoting an open referral system and processes to ensure that all referrals are responded to within 24 hours.
- Access to crisis and out of hours mental health services. Darlington have commissioned CAMHS crisis 8am – 10pm 7 days a week. The service responds (within 4 hours) to the needs of young people and their families who present in mental health crisis improving quality of care and patient experience, reducing Tier 4 and paediatric services the likelihood of admissions to clinical risk for vulnerable children.
- Development of the enhanced community Eating Disorders service.

Colin Martin
CEO of Tees, Esk & Wear Valley NHS Trust

Future in Mind, Local Transformation Plan: Local

Following the publication of the national Future in Mind policy, there was a requirement for every local area to produce their own local plan focusing on improving access to help and support when needed and improve how children and young people's mental health services are organised, commissioned and provided.

In response, the Darlington Children and Young People's Mental Health and Wellbeing Plan 2015-20 was developed; building on the foundations of previous work and being supported by a consultation and engagement exercise lead by Healthwatch Darlington.



"The 'Future in Mind' strategy has given renewed cohesion and clarity to the long-standing commitment of all schools in Darlington towards the promotion of positive attitudes towards adolescent mental health. I am pleased to note that schools have already established fruitful and productive relationships and partnerships with many organisations such as DISC, the Youth Service, YOS, Barnados, HealthWatch PHSE Association, Educational Psychologists, School Counselling services, CAHMS and we welcome the work of the therapeutic family workers within the Family Intervention (FIT) teams. We look forward to building upon these strong foundations and to work closely with our partners to develop the Early Help Model."

Dean Judson
Headteacher, Hurworth School

Case Study 5: Mindfulness in Schools

Two recent studies have reported benefits arising from mindfulness training in both primary and secondary school children.

The Mindfulness in Schools programme is designed to help support participants to learn new ways of handling difficult physical sensations, feelings and moods. Mindfulness is a way of learning to relate directly to whatever is happening in your life, a way of taking charge of your life, a way of doing for yourself what no one else can do for you, consciously working with your own stress, pain, illness, and the challenges and demands of everyday life.

We are therefore looking to commission a Mindfulness programme for our schools. This will initially involve training staff who volunteer for the programme (e.g. teacher, school counsellor) to equip them with the necessary knowledge and skills to deliver a 6 – 10 week mindfulness course to pupils within their school. Each school will preferably have up to 2 staff trained.

Pre and post questionnaires with all participants will be carried out along with a training impact assessment with delegates 3 and 6 months post training. Further impact evaluation will be carried out with CYP in schools where staff have accessed the training.

Case Study 6: Youth Mental Health First Aid Training

During November 2016 four Youth Mental Health First Aid (MHFA) training courses were delivered in Darlington for staff working with children and young people. This resulted in a total of 64 staff who became fully trained mental health first aiders and who worked with children both in school and community settings.

The courses were fully funded as part of the NHS England budget to implement the children's mental health strategy: Future In Mind and jointly commissioned by Darlington Local Authority and NHS Darlington.

The youth MHFA course is an internationally recognised course designed specifically for those people that teach, work, live with or care for young people aged 8 to 18 years. The course aims to provide information, tools and techniques to promote a young person's mental and emotional wellbeing. It also teaches practical skills to support a young person who might be experiencing mental and emotional distress. It is run over 2 days and comprises of four modules:

- What is mental health?
- Depression and anxiety
- Suicide and psychosis
- Self-harm and eating disorders

Within each section there is clear focus on the issues faced by young people today, including bullying/ cyber bullying and substance misuse. The course also teaches the importance of promoting wellbeing and protective factors.

The course also goes a long way to giving mental health parity of esteem with physical health by recognising the need for first aiders in the same way. This therefore tackles the stigma associated with poor mental health alongside providing practical skills to help children and young people.

Evaluation Results

The evaluation consisted of a pre and post course questionnaire and also a 3 month follow-up to assess if the training had been put into practice. Participants were asked to make a pledge at the end of the 2 day course which will be followed up by the trainer in 3 months to assess implemented changes. A further 6 month follow up will be done with any exemplar schools/individuals that are identified at the 3 month stage.

Appendix 1: Health Profile for Darlington

Annually, Public Health England publishes health profiles for every Local Authority across the country. Below are the key headlines from the latest health profile published in September 2016.

1. Deprivation

Darlington has a similar proportion of population in the most affluent national quintile and a higher proportion of population in the most deprived national quintile.

2. Inequalities in life expectancy at birth

The size of the gap in life expectancy between the richest and the poorest people in Darlington is:

- 11.8 years for men
- 9.4 years for women

3. Inequalities in premature deaths (under age 75 years)

Trend over time in premature death rate

- The local rate is reducing but is still higher than England both for men and women.
- Inequalities in premature death rate
- The gap is narrowing between Darlington and England both for men and women.
- The gap is narrowing between the poorest and richest groups in Darlington for women but not for men.
- Death rates are higher for men than women.

4. Overview of routinely available annual indicators

When compared with the other local authorities in Tees Valley in 2016, Darlington has:

- The lowest number of red indicators (12).
- The highest number of amber indicators (10) making it the most similar local district to England.

5. Priorities to reduce inequalities in health and wellbeing

To continue to reduce inequalities in health between Darlington and England, attention needs to focus on indicators that reflect risks to health and wellbeing that are consistently significantly worse locally than in England:

a) Employment and regeneration

- Deprivation
- Long-term unemployment

b) Maternal and child health

- Smoking status of mothers during pregnancy
- Breastfeeding initiation at birth

c) Adult nutrition and misuse of alcohol and drugs

- Poor adult nutrition (and the implications for higher rates of obesity, diabetes and blood pressure)
- Hospitalisation for harm caused by excess alcohol consumption
- Drug misuse

d) Mental health

- Hospitalisation for self-harm

Appendix 2: Action arising from my

Best Start in Life

My recommendation	Actions in 2015-16
Focus stop smoking support via the Baby Clear programme to reduce rates of smoking in pregnancy.	• Maternity services were provided with training and access to Nicotine Replacement Therapy to help women stop smoking during pregnancy. • Women recorded as smoking at time of delivery in Darlington has steadily reduced and is now at 14.8%. This is still higher than the average for England however it is now lower than the average for NE local authorities. • Stop smoking support Health Needs Assessment (HNA) undertaken which recommended that sustainable and evidenced based support for pregnant women was available. • Following a national report on still births a recommendation was made to the Clinical Commissioning Group (CCG) that a performance / incentive target (CQUIN) related to stop smoking support in pregnancy would be an effective action.
Share Key Lines of Enquiry (KLOEs) about child obesity with partners across sectors.	• The Director of Public Health supported Health and Partnership Scrutiny in undertaking a review of Obesity services. • Darlington is taking a, 'whole systems approach' to tackling obesity by working together to address the obesogenic environment; environments that encourage people to eat unhealthily and do not promote physical activity. • A Darlington Action Plan is to be collaboratively produced following the recent publication of the national childhood obesity strategy. • Regional work with PHE and the obesity leads across NE is being done to ensure consistent messages are provided around sugar reduction. • The proportion of children in Reception year who were measured as being overweight or obese in Darlington schools was 23.3% for the academic year 14/15. This is statistically similar to the England and NE regional average. • In Year 6 children, the proportion who are measured as overweight or obese in 14/15 was 34.5%. This is similar to the England and North East averages.

recommendations in 2014-15

My recommendation	Actions in 2015-16
Develop an Oral Health Strategy as part of a Tees Valley wide approach	• The Oral Health Survey for 2015/16 focused on children and young people. This showed significant levels of poor dental health and dental decay in children and young people in Darlington with only 64.6% of children under 5 years being free from dental decay. This is significantly worse than England which shows 75.2% being free from dental decay. This information has been used to inform the development of the new 0-19 Healthy Child Service in Darlington with a focus not only on breastfeeding as part of primary prevention but specific outcomes for dental health promotion. Registration with a local dentist at an early age is included in the performance management framework.
In partnership design and 'test' a 0-19 years pathway for health and wellbeing for children and young people.	• Following a procurement process a 0-19 service was commissioned to deliver the Healthy Child Pathway in Darlington. A contract was awarded to a new provider to deliver the Healthy Child Service in Darlington which is known as "Growing Healthy in Darlington"
Share Key Lines of Enquiry about self-harm with partners across sectors. **Explore a mental health resilience model with the Children and Young People Collective.**	• A report examining the hospital admissions relating to self-harm was taken to Prevention from Harm Group, a sub group of the Local Safeguarding Children's Board. The report informed the local Future in Mind transformation plan including many preventative and resilience building elements.

Appendix 2: Action arising from my

Health Behaviours and Prevention

My recommendation	Actions in 2015-16
Address causes of early deaths by promoting physical activity, tackling harm caused by alcohol, tobacco control and promoting a balanced diet.	• A Prevention Strategy was shared with NHS partners which set out the shared agenda of health improvement and the actions respective partners could take. • A more targeted approach has been taken in addressing health behaviours through the programmes commissioned by Public Health. • The Healthy Darlington programme has been successful in targeting children and young people through promoting the uptake of sport and physical activity as part of a healthy lifestyle message. This has included engaging with over 3000 children and young people in activities in schools and other settings within the Borough. Feedback from participants shows high levels of retention of positive health messages. • The authority led successful multiagency campaigns targeting alcohol and tobacco including Stoptober which encourages and supports individuals to stop smoking and Dry January which promotes and supports individuals to abstain from alcohol for a month. Both these campaigns provide more opportunities to promote wider messages about the harm caused by alcohol and tobacco in the local community.
The principle of mental health and emotional wellbeing should be included in all programmes for improvement. **Additional actions include:** **Consolidate the work on suicide audits, surveillance and prevention into a Darlington Suicide Prevention Plan.** **Use the Strategic Needs Assessment to understand local health variations within the Borough and propose actions to address the differences.**	• A draft suicide prevention plan has been developed and partnerships established to ensure the plan is a multi-agency approach. including CCG and voluntary sector support. • The Strategic Needs Assessment was refreshed in 2015/16 with further work to do in 2017.

A Shared Agenda with NHS Partners

My recommendation	Actions in 2015-16
Public Health, Darlington CCG, NHS England and member practices should work together to ensure that all patients registered with their GP have access to initiatives to improve their health needs.	• The sexual health service procurement was a good example of real collaboration with NHS England, Clinical Commissioning Group (CCG) and Public Health England (PHE) in terms of engagement in consultation on new model, feedback on proposed service specification and involvement in tender review process. The process ensured a pathway approach to the commissioning of sexual health services. • The NHS Health Check programme in Darlington was updated to incentivise targeting of specific conditions which contribute to early morbidity and mortality in Darlington. This included assessing and tackling behaviours related to smoking, alcohol consumption and physical activity with over 3400 individuals receiving an NHS Health Check in Darlington in 15/16. This resulted in 30.8% of the total eligible population receiving a NHS Health Check in Darlington by the end of 15/16, compared to 27.4% for England.
Informed by practice data, promote targeted prevention services, using practice registers as a monitoring tool for population health and health inequalities.	• A Health Needs Assessment was undertaken by the Public Health team around Stop Smoking services. This included practice level data with respect to prevalence of smoking and potential demand and outcomes. The Needs Assessment is being used to inform the development of a new specification for stop smoking services in Darlington for 2017.
Support NHS services to act as a focus within local communities. Primary care should be supported in this role as a contribution to integrating services and promoting healthier communities.	• Darlington was successful in being awarded a Healthy New Town pilot in March 2016. This is a partnership between the local authority, Darlington CCG, County Durham and Darlington Foundation Trust and a housing developer which aims to shape the future development of the Red Hall area of Darlington so that it contributes to improved health and wellbeing outcomes for local residents. This has supported the CCGs plans for the future configuration and delivery of primary care services to local communities in Darlington. • The Public Health team continues to support the CCG in its strategic aims including improving outcomes for those with known disease. Public Health has been part of the Cancer Services Review in Darlington which was a partnership project between the CCG and Macmillan Cancer Support charity providing specialist Public Health input into the project and support to professionals.

Appendix 2: Action arising from my

Health Protection and Inequalities

My recommendation	Actions in 2015-16
Health protection risks affect some individuals and communities disproportionally resulting in poorer health. Use the measures in place, such as the local partnerships to address the inequalities in health protection eg. • **Under immunising of children** • **Groups disproportionately affected by some sexually transmitted infections** • **Travelling communities who have lower rates of immunisation** • **People who are homeless, substance dependent or living in overcrowded housing are at increased risk of some infections**	• An improved performance framework for GUM service was agreed to monitor access and uptake amongst specific groups. • Contraceptive service new model is focussed on targeting those at greatest risk of poorer sexual health. • HIV home sampling offered to facilitate earlier diagnosis and particularly amongst high risk groups. • Darlington continues to achieve immunisation uptake to ensure 'herd immunity' in the population. This includes key childhood immunisations for diseases such as Measles, Mumps, Rubella and Meningitis with 95.6% of children receiving Hib/Men C booster by 5 years old. • The uptake of seasonal influenza vaccinations in key risk groups remains comparable with England and the North East at 71.3% of over 65s receiving a vaccination in Darlington. However this is still short of the target of 75% that is required to provide maximum protection to the population.
Work closely with NHS England and PHE to improve overall uptake in screening and immunisation programmes with a focus on the most vulnerable groups. i.e. universal and targeted.	• Key Public Health Services that have been commissioned include requirements for providers to promote and improve access to key screening and immunisation programmes. The new Community Contraception Service will provide opportunities for women who are not registered with a GP to access cervical screening when attending for their contraceptive care.

Social Causes of Poor Health

Last year, I also made a series of recommendations based on the need for us to work together to address some of the longer-term social causes of poor health.

These entrenched 'wicked problems', of housing, employment, education and factors affecting social mobility can be compounded by decisions we make as policy makers and require longer term planning in order to tackle the inequalities our communities face. For this reason, I am suggesting these recommendations are 'rolled-on' each year, allowing me to continually assess our progress and impact on some of our longer term programmes of work.

My recommendations

The Health and Wellbeing Board should recognise the impact of the way we live our lives as individuals, as well as population health.

All strategies and programmes for health and wellbeing should consider their potential impact on health inequalities.

Support all partners to recognise that tackling health inequalities requires action on the wider, social determinants of health.

An asset based approach is needed, where the assets of individuals, communities and organisations are built on to improve health.

My recommendations will stand and are recognised as being long term as they address the wider, social determinants of health.

- Health and Wellbeing Board has addressed a varied agenda and will develop a new Health and Wellbeing Strategy in 2017.
- A more structured approach to Health Needs Assessments and Equalities Impact assessments will be introduced in 2017 building on learning from the assessments conducted in 2015/16.

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