South Gloucestershire Council

Director of Public Health
Annual Report 2016/17

Future-proofing the next generation

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Foreword

Thank you for reading this year’s Director of Public Health Report for South Gloucestershire written in response to the Royal College of Paediatrics and Child Health ‘State of Child Health’ Report 2017. We wanted to use this report to assess how we are doing in South Gloucestershire and outline our plans going forward. I would like to acknowledge and thank our public health team who have been involved in preparing this report and other council, NHS and VCS colleagues who also get on and do the work that makes a difference to the real lives of real people locally.

We have been fortunate in writing this Director of Public Health report to receive endorsement from the Royal College of Paediatrics and Child Health and look forward to working more closely with the college moving forward. Professor Neena Modi, President, Royal College of Paediatrics and Child Health has said in response to our Director of Public Health report:

“Child health in the UK is not as good as it should be despite having one of the best health systems in the world, and a highly trained and dedicated workforce. The RCPCH ‘State of Child Health’ report shows that we lag behind our Western European counterparts in child obesity, smoking prevalence, breastfeeding, and hospital admissions for asthma to cite just a few examples, with children from the most deprived backgrounds far more likely to experience poor health than those from the most affluent. If the UK is to serve children well there must be political will to address these inequalities at national and local levels. The RCPCH congratulates South Gloucestershire Council for stepping up to the challenge and setting out clearly how they intend to improve child health. Current and future generations with reap the benefits. They have set a fine example for others to follow.”

So why is this important for South Gloucestershire? The evidence is overwhelming that children who don’t have a good start in life have worse health and other outcomes when they get older. It is also very clear that the best value for money comes from interventions targeted at young children. This is a case of being the right thing to do as well as the best way to spend the public £.

In South Gloucestershire by and large our population outcomes are good. However, there are issues that we need to address because of the numbers of children affected for example child poverty and because we do poorly by comparison with other areas for example educational attainment (especially for children who live in poor households).

Therefore I would like to set us three ‘2020 challenges’:

1. 20% reduction in child poverty by 2020
2. 20% increase in breastfeeding by 2020
3. 20% reduction in the attainment gap between rich and poor children by 2020

These are aspirational targets but we owe it to our children to give all of them the best start in life. Please join me in making these a reality.

Prof. Mark Pietroni
Director of Public Health
It is clear that there is no single answer to the question of how the health of infants, children and young people should be improved. Yet the economic case for intervening early and preventing ill health is now as evident as the case for action. (SoCH Report p.12)
1. Introduction

Publication of the Royal College of Paediatrics and Child Health ‘State of Child Health Report’ in January 2017 was hugely relevant and timely for the South Gloucestershire Public Health and Wellbeing Division. A number of work areas of particular relevance include:

- Commissioning the 0-19 service (health visitor and school nursing services)
- Action based on recent OFSTED recommendations
- Publication of needs assessments and strategies on child poverty, domestic violence and abuse, and children & young people’s mental health and emotional wellbeing
- Re-commisioning of sexual health services.

The divisional priorities during 2016/17 also had a strong focus on children and young people. They included:

- mental health and wellbeing
- reducing childhood poverty
- alcohol harm reduction
- health in schools
- reducing childhood obesity
- reducing domestic abuse
- preventing young people starting to smoke.
2. Background

The ‘State of Child Health Report’ published by the Royal College of Paediatrics and Child Health in January 2017 describes a number of key issues and sets out recommendations for UK Governments.

Issues raised in the report relate to mortality rates, smoking in pregnancy, immunisation, breastfeeding, healthy weight, oral health, injury prevention, child poverty, epidemiology of for example cancer, diabetes, disabilities, epilepsy, school-age issues for example smoking, alcohol, wellbeing, sexual health and road traffic accidents.

Recommendations within the national report relate to the following: the importance of a child health and wellbeing strategy, integrated data systems, developing research capacity, reducing child poverty and inequalities, improving women’s health during and after pregnancy, education, tobacco control, childhood obesity, mental health and wellbeing in childhood, ensure services are tailored to need and develop and implement standardised guidelines.

Data describing the South Gloucestershire local picture is summarised in the appendices.
3. A call to action

Recommendations for UK Governments set out in the ‘State of Child Health Report’ are as follows:

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<th>Recommendation</th>
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<td>Implement a joined up set of actions to improve children's health across the UK</td>
<td>Each government to develop a child health and wellbeing strategy based on evidence, co-ordinated, implemented and evaluated across the UK, with a clear accountability framework including professionals, the public and civil society.</td>
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<td>Develop integrated health and care statistics</td>
<td>The UK government should develop an integrated system to ensure data systems across all age groups in health, social care, youth justice and education are connected.</td>
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<td>Develop research to help improve children's health</td>
<td>Support and develop clinical and non-clinical research, including pharmaceutical, medical, social sciences, youth justice and education.</td>
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<td>Reduce child poverty and inequality</td>
<td>The UK government should disclose information about the impact of the Chancellor’s annual budget statement on child poverty and inequality, and consider what impact this may have on the devolved nations. Ensure universal early years’ public health services are prioritised and supported, with targeted help for children and families experiencing poverty. Provide good quality, safe and effective prevention and care throughout the public health and healthcare services with a particular focus on primary care in order to mediate the adverse health effects of poverty.</td>
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<td>Maximise women's health before, during and after pregnancy</td>
<td>All maternity services should achieve and maintain UNICEF UK Baby Friendly Initiative Accreditation. Reinstate the Infant Feeding Survey that was cancelled in 2015. Increase the visibility of national public health campaigns that promote good nutrition and exercise before, during and after pregnancy.</td>
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<td>Provide personal, social and health education, &amp; sex and relationships education in all schools</td>
<td>Introduce statutory and comprehensive personal, social and health education programmes and sex and relationship education across all primary and secondary schools. Inspectorates should inspect the provision of personal, social and health education programmes and sex and relationship education within a robust process.</td>
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<td>Strengthen tobacco control</td>
<td>Extend bans on smoking in public places to school grounds, playgrounds and hospital grounds, combined with ongoing public health campaigns about the dangers of second-hand smoke. Prohibit all forms of marketing of electronic cigarettes to children and young people. Protect services that help pregnant women stop smoking and continue to look for innovative ways to engage the hard-to-reach groups.</td>
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<td>Tackle childhood obesity effectively</td>
<td>Commission independent evaluation of the effectiveness of the sugar levy. Outline plans for a regulatory framework that will be enforced if voluntary work on sugar reduction does not achieve the targets set. Ban advertising of foods high in saturated fat, sugar and salt in all broadcast media before 9pm. Expand national programmes to measure children after birth, before school and in adolescence. Ensure children who are overweight or obese can access services to help them lose weight. Help all healthcare professionals make every contact count by having that difficult conversation with their patients (whatever their age) who are overweight.</td>
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<td>Maximise mental health and wellbeing throughout childhood</td>
<td>Support more GPs to access child health training opportunities by extending specialist training from three to four years, in-line with Royal College of General Practitioners proposals. Train all child health professionals so they are confident in dealing with children and young people with mental health problems in non-mental health settings. Repeat the Survey of the Mental Health of Children and Young People every three years, to identify the prevalence of mental health problems among children and young people in order to aid the planning of healthcare services.</td>
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<td>Tailor the health system to meet the needs of children and young people, their parents and carers</td>
<td>Involve children and young people in the development of services designed for them. Extend patient surveys of young people in inpatient settings to cover outpatient and community settings. Ensure better transitions from child to adult services, involving children and young people in planning the transfer. Provide every child and young person with a long-term condition with a named doctor or health professional.</td>
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<td>Implement guidance and standards</td>
<td>Identify the barriers to implementing guidelines and standards, and then create an action plan to overcome them.</td>
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4. The South Gloucestershire response

The following section sets out our response to the recommendations within the ‘State of Child Health Report’ by the Royal College of Paediatrics and Child Health. This includes a selection of relevant actions carried out during 2016/17 and a number of priorities for 2017/18 to ensure we respond to the national report and shape our work accordingly.

4a. Implement a joined up set of actions to improve children's health across the UK

2016/17 actions:

- Development of our five-year Children and Young People's Mental Health and Emotional Wellbeing Strategy. This was produced in partnership with colleagues across the council, CCG, NHS and voluntary organisations, as well as children and young people and their families and carers.

- Development of our Children, Young People and Families Partnership Plan to co-ordinate, implement and evaluate our key areas of focus; ensuring we put children, young people and their families first.

- Development of our Joint Oral Health Strategy.

- Development of our Joint Health & Wellbeing Strategy 2017-2020 which clearly addresses children and young people's health.

- The successful commissioning of a new public health service for health visitors and school health nurses.

- A comprehensive assessment of our local health needs in relation to domestic violence and abuse, which led to the commissioning of new services.
2017/18 priorities:

- To implement the Children and Young People's Mental Health and Emotional Wellbeing Strategy. Progress is assessed against a clear reporting and monitoring cycle.

- To review the Early Help arrangements, which are available for the critical early years of a child's life (including pre-birth and pregnancy) when needed, but also at any age when difficulties emerge.

- To implement appropriate actions from the Joint Oral Health Strategy.

- South Gloucestershire Children's Social Care were inspected by OFSTED. The service was reviewed as inadequate. The department is now working to an OFSTED improvement plan, overseen by an Improvement Board led by an Independent Chair.

- To implement recommendations within the Joint Health & Wellbeing Strategy. Of particular relevance is the priority to 'Improve educational attainment and raise aspirations through promotion of health and wellbeing in schools and colleges'.

- To work with the new health visiting and school nursing service team to ensure the best outcomes for children and young people in South Gloucestershire.

- To continue working with colleagues in Bristol and North Somerset to reduce smoking in pregnancy.
4b. Develop integrated health and care statistics

2016/17 action:

- Health visitors for 0-5 year olds were commissioned to collect mandatory data and develop reports.
- Development of a scorecard to report and monitor the actions in the Children and Young People’s Mental Health and Emotional Wellbeing Strategy.
- Completion of a research project jointly with the University of the West of England on our local mothers’ early experiences of breastfeeding. The findings contributed to the evidence base around the support that is required before the birth, around the time of the birth, and support once at home.

2017/18 priorities:

- To provide input to the Child Health Information System recommissioning, led by NHS England, to ensure that service user need is prioritised.
- To develop an understanding of Adverse Childhood Experiences (ACEs) in South Gloucestershire. Using data from key local agencies and organisations, including the police and NHS, we will seek to understand the situation in South Gloucestershire.
- To provide and co-ordinate information to develop new perinatal and infant mental health service. This is currently under development, with significant funding brought in from a national bid, and will result in increased capacity from prevention right through to specialist support.
- To work with external providers of children and young people’s health services to ensure accurate and useful information is recorded, reported and maintained.
4c. Develop research capacity to drive improvements in children's health

2016/17 actions:

Since November 2016 we have employed a public health consultant with a clinical research role. This is an exciting and innovative new post, co-funded with Avon Primary Care Research Collaborative and Collaboration for Leadership in Applied Health Research and Care West.

The main aims of the role are as follows:

- Foster collaborations between Public Health departments and Universities to ensure that academics work on research questions that are aligned to problems faced by those working on the ground, and that research informs and improves our work.
- Improve the evaluation of services and interventions by supporting public health practitioners in using academically robust and rigorous methods.
- Encourage frontline public health practitioners to become involved in research and facilitate the development of research skills.

Achievements in the division – case studies

- Safety of quit smoking medicines. Locally-led research to investigate concerns that varenicline (Champix) may increase people’s risk of adverse outcomes such as suicide, self-harm and depression has been used to develop and deliver bite-sized training sessions for smoking cessation practitioners and local GPs. This research has also informed decisions made by national and international medicines regulatory agencies such as the Medicines and Healthcare products Regulatory Agency (MHRA) in the UK and the Food and Drug Administration (FDA) in the US.

- Breastfeeding in South Gloucestershire. Our specialist health improvement practitioners worked with a team of researchers at the University of West of England to research early breastfeeding experiences for local mothers. Mothers were asked about their experiences of breastfeeding, particularly around the support they had received in the early weeks. It was established that there were three ‘critical stages’:
  i. Support before the birth - preparation for breastfeeding and intention to breastfeed.
  ii. Support around the time of the birth - the influence of the birth experience on breastfeeding.
  iii. Support once at home – from health professionals, breastfeeding support groups, family, friends and other networks, helplines and national charities, websites and social media.

The findings have been used to make recommendations about improving local support for breastfeeding. The team will be working with services and practitioners to make these changes.
4d. Reduce child poverty and inequality

2016/17 actions:

- Completion of a Child Poverty Needs Assessment. This needs assessment recognised that there are more than 6,500 children living in poverty in South Gloucestershire and identified areas for further work within a Strategic Implementation Plan.

- The Child Poverty Strategic Implementation Plan sets out targets to reduce the drivers of child poverty which are within the remit of the council and partners.

- Throughout the year we took every opportunity to raise the profile of child poverty and awareness of its impact on the children and families in South Gloucestershire. Child poverty is now in South Gloucestershire Council’s top level indicators.

- Additional projects include identifying gaps in Healthy Start provision for eligible families, revising the Play on Prescription and the Home Safety Equipment Schemes.

2017/18 priorities:

- To deliver the Child Poverty Strategic Implementation Plan which includes ownership across the council and partner organisations.

- Continued partnership working. For example, The Children and Young Peoples’ and Families Partnership is committed to working together to reduce the impact of the drivers of child poverty, break the cycle of poverty and support children and families to thrive.

- In considering the wider influences on health, we will work with colleagues across South Gloucestershire Council and other agencies to understand if and how welfare reform is affecting children and young people and develop actions accordingly.

- Continued delivery of ongoing projects including a review of the provision of Healthy Start vitamins, launching Active Play for eligible families and revising the Home Safety Equipment Scheme for eligible families.

- Ensure our work tackling children and young people’s substance misuse and dual diagnosis reflects the priorities within the Child Poverty Strategic Implementation Plan.
Emotional resilience course – A case study

J has struggled with mental health difficulties such as depression and anxiety for 6 or 7 years. J has seen various different counsellors, including at secondary school and college.

Feedback:

6,500 children are **LIVING IN POVERTY**. That’s over 11% of children. Childhood poverty ward rates are considerably higher around priority neighbourhoods. e.g. 20% of children in Kings Chase and Patchway compared to 5% of children in Downend and Severn.

The highest rate is **29.8%** in **Pendennis Road area** of Staple Hill.

66% of children living in poverty live outside of priority neighbourhoods.

9 out of 10 children living in poverty with working parent(s).

2.5 times as many children in low income **lone-parent families** than couple families.

**Educational attainment** is the most influential factor that increases the risk of a poor child becoming a poor adult.

Pupils who achieve five A*-C grades at GCSE earn about **10%** more than those who do not.

<5 A-C **GCSEs** = Increase in likelihood of insecure employment, unemployment and persistent poverty.

54% of Pupils in South Gloucestershire achieve 5 or more GCSE grades A*-C.

This is only **22%** for those children receiving free school meals (Free school meals are used as a proxy for - more likely to be living in a low income family).
4e. Maximise women’s health before, during and after pregnancy

2016/17 actions:

- Continued awareness raising of the benefits to both mothers and babies of breastfeeding by participating locally in the national Breastfeeding Celebration Week.
- Continued promotion of the benefits and uptake of local buggy walks as part of the Walking to Health initiative.
- Perinatal, infant and maternal mental health was identified as a priority area within the Children and Young People’s Mental Health and Emotional Wellbeing Strategy.
- Ongoing support to women who smoke during pregnancy to quit and establish smokefree homes.

2017/18 priorities:

- To implement the Children and Young People’s Mental Health and Emotional Wellbeing Strategy
- To implement the South Gloucestershire, Bristol and North Somerset smoking in pregnancy action plan
- To disseminate the findings from our breastfeeding research to appropriate and relevant organisations.

“I thought I would breastfeed, I thought it would be easy. I almost didn’t listen so much in the breastfeeding class. She didn’t make out how hard it would be.” Betty, partially breastfeeding

“I remember having a conversation with the Midwife before he was born and she just said, how are you intending to feed your baby and I said “breastfeed” and she went “OK great, there are breastfeeding groups in South Gloucestershire.” Ella, partially breastfeeding
4f. Provide personal, social and health education, & sex and relationships education in all schools

2016/17 actions:

- Continued delivery of the Health in Schools programme in South Gloucestershire supporting schools to utilise health data, through the online pupil survey and other resources, enabling schools and partner agencies to target areas of work and to respond to issues raised by pupils. To date the local Health in Schools programme has engaged with 41 schools.

- Implemented a new personal, social and health education (PSHE) pilot scheme for primary schools with Jigsaw, a whole-school way of learning for PSHE, emotional literacy, social skills and spiritual moral, social and cultural (SMSC) development, underpinned by mindfulness philosophy and practice. To date 21 schools are engaged with the pilot, and 40 members of staff from have received comprehensive relationship and sex education (RSE) training to facilitate the delivery of the materials.

- Established a new secondary PSHE leads’ network to ensure PSHE has equal status as a subject and consistency in delivery, content and resourcing.

2017/18 priorities:

- In partnership with Integra Schools, the local schools support service, we will co-facilitate a PSHE conference in the autumn term. The conference will support senior leaders to ensure they are prepared for the new statutory arrangements for RSE and understand the contribution PSHE can make to help schools to promote wellbeing and safeguard children and young people.

- To disseminate new guidance for schools on writing a high quality relationship and sex education (RSE) policy. The policy will go through a process of scrutiny via the Local Safeguarding Children Board policy and procedure subgroup.

- To work towards a bespoke training offer to schools covering many of the content areas associated with RSE. Impact of this training will be monitored through the Health Relationships section of the Schools Safeguarding Audit. We will ensure content reflects our priority areas and includes topics such as alcohol and drug misuse.
4g. Strengthen tobacco control

2016/17 actions:

- Implemented a ‘No Smoking’ policy at Vinney Green (Young People’s Secure Unit) which saw the introduction of Nicotine Replacement Therapy accessible to young people. Staff also received training on ‘Very Brief Advice’ and what support is available to the young people to help them to stop.
- Deployed lesson plans and resources as part of the Stoptober 2016 campaign to all schools.
- Delivered interactive sessions for schools with the aim of raising awareness of the effects of smoking on the body and discussions on second-hand smoke and e-cigarettes.
- Rolled out the smokefree prison agenda to Eastwood Park Prison including the mother and baby unit.

2017/18 priorities:

- To continue to support national and local health promotion campaigns around stopping smoking and the dangers of second-hand smoke.
- To develop strong partnerships with Health Champions to deliver public health campaigns within communities with higher smoking prevalence.
- Continued partnership working with Environmental Health to prevent people smoking in cars, school grounds, playgrounds and hospital grounds.
- To continue to support schools and staff skills, knowledge on e-cigarettes and the dangers of smoking.
- Re-establish the local tobacco alliance network, strengthening existing partnerships.
- To deliver a rolling programme of training for midwives and health visitors on smoking in pregnancy, dangers of second-hand smoke and use of e-cigarettes.
4h. Tackle childhood obesity effectively

2016/17 actions:

- Continuation of the National Child Measurement Programme (NCMP) at local level for reception and year 6 and met participation targets (see figure below), and research with Bath University to better understand the impact of the feedback.

- Continued to implement the Rethinking Eating and Activity on Childhood Health (REACH) programme for those over 4 years of age.

- Worked with staff at Vinney Green (Young people’s secure unit) to develop a whole-system approach to food.

- Delivered of healthy lifestyle workshops and cooking sessions via the Choices 4 U service to increase independence and enable clients (those with learning disabilities) to live healthier lives.

- The breastfeeding work, as described in 4c, is also relevant to this section.

- Piloted the ‘SUCCEED Project’ in partnership with the University of the West of England to improve teenage girls’ body image with two local secondary schools.
2017/18 priorities:

- To continue to oversee the NCMP.
- To review the child weight management programmes to ensure effectiveness.
- To develop a work programme to ensure local implementation against the national Childhood Obesity Action Plan led by a childhood obesity steering group.
- To develop an early years (0-5) parenting programme to enable parents to manage children’s weight.
- To roll out specific ‘raising the issue of weight’ training for practitioners working with children and families and evaluate the effectiveness of the training.
- To support more schools and early years establishments to achieve the Food for Life award.
- Finalise the South Gloucestershire Food Plan.
4i. Maximise mental health and wellbeing throughout childhood

2016/17 actions:

- We co-ordinated local training providers to market, deliver and evaluate a single children and young people mental health training offer. In 2016/17 this offer was accessed by 849 front-line professionals including teachers, social workers, voluntary sectors workers, school nurses and foster carers.

- We used the online pupil survey findings to monitor mental health outcomes for children and young people.

- We worked with more than 900 young people to develop the skills and knowledge to self-manage their own mental health.

- As described in section 4a, development of the Children and Young People’s Mental Health and Emotional Wellbeing Strategy.

- The Breakthrough Mentoring Service delivered over 6,000 one to one support sessions to vulnerable children. Anxiety and challenging behaviour continue to be the most frequent reasons for referral to the service.

2017/18 priorities:

- To continue work on mental health promotion and mental illness prevention, in addition to treatment, recovery and rehabilitation. This approach aims to support the mental health of parents and carers which will impact on their children.

- To scale up our successful pilot of resilience and self-management course for 5-11 year olds. We will continue to take a whole population and childhood approach to promoting positive mental health and emotional resilience, building on the work that earned us the public mental health award from the Faculty of Public Health in June 2017.

- To prioritise the action targeted at the self-harm trends within the Children and Young People’s Mental Health and Emotional Wellbeing Strategy. Trends show increasing hospital admissions for self-harm in South Gloucestershire, particularly in young women/girls. Action is to include resilience training for children and young people; work in schools with a focus on understanding and tackling stigma, body image and the impact of social media; and holding an Eating Disorder Conference to be held in April 2018. The conference topics are to include body image and adverse childhood experiences, both of which are linked to an increased risk of self-harm.

- Continue to focus on the workforce supporting our most vulnerable young people. This will include a training programme for our integrated children’s service and key voluntary sector partners.

- Continue to develop our work to give parents and carers increased skills and confidence to support their own children.
Case study 'J'

Emotional resilience course – A case study

J has struggled with mental health difficulties such as depression and anxiety for 6 or 7 years. J has seen various different counsellors, including at secondary school and college.

Feedback:

“I have personally found that peer discussion and support can be really helpful, especially at university, and really helps to dissipate the feeling of isolation that people so often feel when experiencing mental health difficulties.”
4j. Tailor the health system to meet the needs of children and young people, their parents and carers

2016/17 actions:

- We consulted widely with local young people in the development of our local Children and Young People’s Mental Health and Emotional Wellbeing needs assessment and strategy. We have continued this approach by supporting a range of young people to input their views at our Children and Young People’s Mental Health Conference.

- Development of our local website content about children and young people’s mental health by holding focus groups covering a range of ages and background. This work will directly inform the design and content of our new mental health website pages.

- We awarded a series of grants to young people to improve the mental health of themselves and their peers.

- We offered support services in a range of settings, including schools, to improve choice and geographical coverage across South Gloucestershire.

2017/18 priorities:

- To ensure young people and parents/carers are included in the planning and delivery of local services, for example via representation at our local strategy group and our local youth voice group.

- To continue to roll out peer delivered sessions to improve children and young people mental health and monitor uptake rates across South Gloucestershire.

- To upscale our work giving parents increased confidence and skills to support the mental health of their children and also pilot family sessions where adults and children increase knowledge and practice skills together.
Case study

February 2017 Children and Young People Mental Health Conference

South Gloucestershire Council marked Children’s Mental Health Week 2017 with a local event. The Children and Young People’s Mental Health Improvement Conference was attended by over 140 young people and professionals and provided an opportunity to share information and best practice. A focus of the event was on emotional wellbeing in the digital environment.

The aims of the event were to:

- share ideas and best practice on improving children and young people’s mental health
- increase understanding of the risks and benefits of digital and social media
- secure commitment to making change happen
- provide an update on the Children and Young People’s Mental Health Strategy launch.

Feedback:

“The primary[school]-age workshop was very useful with practical ideas I can take back to school.”
4k. Implement guidance and standards

2016/17 actions:

- We reviewed NICE guidance on Vitamin D supplementation and compliance with recommendations, including barriers.
- Data collection of 0-5 activity against the mandated reviews.
- Data collection of breastfeeding data at 6-8 weeks.

2017/18 priorities:

- To identify specific actions for public health, for example improving the uptake of ‘Healthy Start’ vitamin scheme.
- To continue to ensure robust data collection from our commissioned services.
5. Summary

The ‘State of Child Health Report’ has provided us with an opportunity to review and consolidate the recent work we have delivered in relation to the health of the children and young people in South Gloucestershire. The recommendations within the national report have also offered us a structure for our priorities for 2017/18 and beyond.

Going forwards we will regularly assess our progress against the recommendations within the ‘State of Child Health Report’. We will maintain our current approach to supporting our Children and young people population by focusing delivery not only based on health outcomes but also on the wider determinants impacting on the wellbeing and resilience of the next generation.
Appendices
Appendix A - Local picture

Key local data to illustrate the local picture of the health of children and young people in South Gloucestershire is summarised below (sources JSNA, draft H&WB Strategy and Online Pupil Survey):

- Infant mortality in South Gloucestershire (3.5 per 1000) is marginally lower than infant mortality across the South West (3.6 per 1000) and England (3.9 per 1000).

- There are more than 6,500 children living in low income families in South Gloucestershire. This is a lower proportion, (11.4%) than the South West (15.7%) and England (19.9%).

- In South Gloucestershire, the number of children receiving immunisations against a range of diseases, by the required age (1st or 5th birthday), is consistently higher than the South West and England.

- In 2014/15, the proportion of mothers initiating breastfeeding in South Gloucestershire was 77.1%, higher than England 74.3% but lower than the South West 79%. Breastfeeding continuation at 6-8 weeks during 2014/15 was 47.8%.

- In South Gloucestershire during 2015/16, 9% of women were reported as smoking at the time of delivery. This was lower than the proportion across the South West 11.2% and England 10.6%. Smoking at time of delivery has shown a consistent downward trend in South Gloucestershire, falling from 11% in 2010/11 to 9.0% in 2015/16.

- In 2015/16, 81.5% of reception age (4-5 years) and 70.1% of year 6 age (10-11 years) recorded a healthy weight. Since 2010/11, this has improved from 78.9% and 67.8%, respectively.

- In 2015/16, 17.2% of 4-5 year olds and 28.7% of 10-11 year olds in South Gloucestershire were reported as having excess weight. For both age categories, this is lower than the excess weight across the South West (21.9%, 30.3%) and England (22.1%, 34.2%).

- The proportion of 5 year olds free from dental decay in South Gloucestershire in 2014/15 was 85.9%, higher than both the proportion across the South West 78.5% and England 75.2%. This reflects a positive trend, having increased from 77.9% in 2011/12.

- The rate of hospital admission caused by unintentional and deliberate injury in South Gloucestershire is significantly lower in than the rate across the South West and England for both the 0-4 and 0-14 age categories. By contrast, the rate among 15-24 year olds is significantly higher than the England rate, but still marginally lower than the rate observed across the South West.

- In 2012, the rate of profound and severe learning difficulties in primary schools in South Gloucestershire was 0.2 per 1000, half the England average. In secondary school the rate was 0.4 per 1000 compared to an England average of 0.7 per 1000.

- Over the 5 years since 2011/12, the rate of self-harm admissions among 15-19 year olds has increased by around 105%.

- The South Gloucestershire online pupil survey undertaken in 2014/15 found that 7.2% of secondary pupils were habitual self-harmers. Of these, 1.7% self-harmed sometimes (i.e. monthly) and 3.7% were chronic self-harmers harming weekly or more. The incidents of self-harm was 3 times higher in girls than boys.
In 2014/15, the ‘what about YOUth’ survey showed that 9% of 15 year olds in South Gloucestershire were current smokers, lower than the South West average (9.8%) but higher than England average (8.2%). According to the Online Pupil survey (OPS) carried out in South Gloucestershire, over 9 in 10 pupils (92%) have never smoked or only tried it once or twice. 98% of primary, 95% of secondary pupils and 69% year 12s have reported they have never smoked or only tried once or twice.

The online pupil survey conducted in South Gloucestershire in 2014/15 found that 26% of secondary pupils and year 12 reported that they drink sometimes (monthly) or weekly. Of the pupils who drink, the percentage reporting getting drunk regularly (weekly and daily) is 25%, similar to neighbouring counties.

According to the online pupil survey, the percentage of secondary and year 12 pupils that reported that they had tried an illegal drug rose from 1.3% in year 8 to 13.3% in year 10 and 16.3% in year 12. Of those using illegal drugs, the most popular were cannabis, nitrous oxide, and solvents. Of those using prescription drugs (pharming), opioid pain killers, sleeping pills, and anti-depressants were the most common.

National estimates suggest that in South Gloucestershire 4,800 children and young people aged 5-19 years have a mental health disorder. An estimated 1,240 school aged children and young people (5-16 years) have an emotional disorder (for example anxiety and depression) and 1,895 have a conduct disorder (characterised by awkward, troublesome, aggressive and antisocial behaviours).

Children and young people (key stage 2-4) report that they are physically active for an average of 4 hours and 37 minutes per week. This is accepted as a significant cause for action.

The proportion of children achieving a Good Level of Development at Early Years Foundation Stage (school readiness) in South Gloucestershire in 2016 was 76%; well above the national average 69%. However, there was a large gap between children entitled to Free School Meals 54% and children who are not 78%.

The percentage of pupils reaching the expected Key Stage 1 standards in reading, writing and maths was above both our statistical neighbours and above pupils in England. At Key Stage 2 results outcomes were equal to national and our statistical neighbours. Again there were significant gaps between children entitled to free school meals and children who were not.

Performance deteriorates significantly at Key Stage 4. In 2016, 54% of South Gloucestershire children achieved 5 or more GCSE grades A*-C (including English and Maths) compared to 57% for England average and 56% for statistical neighbours. This places South Gloucestershire in the bottom quartile nationally. Students who are eligible for free school meals and those accessing special education needs support performed the least well. At key stage 4 only 22% of South Gloucestershire pupils on free school meals achieved 5 or more GCSEs grades A*-C (including English and Maths) in 2014 compared to 57% of other pupils, a gap of 35 percentage points.
## Appendix B - Child Health Profile from Public Health England

### South Gloucestershire Child Health Profile March 2017

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Local no. per year*</th>
<th>Local value</th>
<th>Eng. ave.</th>
<th>Eng. worst</th>
<th>Eng. best</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Infant mortality</td>
<td>11</td>
<td>3.5</td>
<td>3.9</td>
<td>7.9</td>
<td>2.0</td>
</tr>
<tr>
<td>2 Child mortality rate (1-17 years)</td>
<td>6</td>
<td>10.9</td>
<td>11.9</td>
<td>20.7</td>
<td>5.3</td>
</tr>
<tr>
<td>3 MMR vaccination for one dose (2 years)</td>
<td>3,029</td>
<td>94.9</td>
<td>51.9</td>
<td>69.3</td>
<td>97.7</td>
</tr>
<tr>
<td>4 Dip / IPV / Hib vaccination (2 years)</td>
<td>3,128</td>
<td>98.0</td>
<td>95.2</td>
<td>73.0</td>
<td>99.2</td>
</tr>
<tr>
<td>5 Children in care admissions</td>
<td>95</td>
<td>95.0</td>
<td>87.2</td>
<td>26.7</td>
<td>100.0</td>
</tr>
<tr>
<td>6 Children achieving a good level of development at the end of reception</td>
<td>2,620</td>
<td>76.3</td>
<td>69.3</td>
<td>59.7</td>
<td>78.7</td>
</tr>
<tr>
<td>7 GCSEs acheived (5 A* C inc. English and maths)</td>
<td>1,650</td>
<td>58.9</td>
<td>57.8</td>
<td>48.8</td>
<td>74.6</td>
</tr>
<tr>
<td>8 GCSEs acheived (5 A* C inc. English and maths) for children in care</td>
<td>-</td>
<td>-</td>
<td>13.8</td>
<td>6.4</td>
<td>34.6</td>
</tr>
<tr>
<td>9 16-18 year olds not in education, employment or training</td>
<td>320</td>
<td>3.4</td>
<td>4.2</td>
<td>7.9</td>
<td>1.5</td>
</tr>
<tr>
<td>10 First time entrants to the youth justice system</td>
<td>77</td>
<td>313.9</td>
<td>368.6</td>
<td>821.9</td>
<td>126.6</td>
</tr>
<tr>
<td>11 Children in low income families (under 16 years)</td>
<td>5,790</td>
<td>11.9</td>
<td>20.1</td>
<td>39.2</td>
<td>7.0</td>
</tr>
<tr>
<td>12 Family homelessness</td>
<td>136</td>
<td>1.2</td>
<td>1.9</td>
<td>10.0</td>
<td>0.1</td>
</tr>
<tr>
<td>13 Children in care</td>
<td>165</td>
<td>29.0</td>
<td>60.1</td>
<td>164</td>
<td>21.0</td>
</tr>
<tr>
<td>14 Children killed and seriously injured (KSI) on England’s roads</td>
<td>4</td>
<td>7.3</td>
<td>17.0</td>
<td>49.3</td>
<td>1.4</td>
</tr>
<tr>
<td>15 Low birth weight of term babies</td>
<td>69</td>
<td>2.5</td>
<td>2.8</td>
<td>4.8</td>
<td>1.3</td>
</tr>
<tr>
<td>16 Obese children (4-5 years)</td>
<td>201</td>
<td>4.4</td>
<td>9.3</td>
<td>14.7</td>
<td>5.1</td>
</tr>
<tr>
<td>17 Obese children (10-11 years)</td>
<td>418</td>
<td>15.5</td>
<td>19.8</td>
<td>28.5</td>
<td>11.0</td>
</tr>
<tr>
<td>18 Children with one or more decayed, missing or filled teeth</td>
<td>-</td>
<td>14.1</td>
<td>24.8</td>
<td>56.1</td>
<td>14.1</td>
</tr>
<tr>
<td>19 Hospital admissions for dental caries (0-4 years)</td>
<td>43</td>
<td>262.2</td>
<td>241.4</td>
<td>1,143.2</td>
<td>9.2</td>
</tr>
<tr>
<td>20 Under 16 conceptions</td>
<td>67</td>
<td>14.3</td>
<td>22.8</td>
<td>42.4</td>
<td>8.4</td>
</tr>
<tr>
<td>21 Teenage mothers</td>
<td>6</td>
<td>0.2</td>
<td>0.9</td>
<td>2.2</td>
<td>0.2</td>
</tr>
<tr>
<td>22 Persons under 18 admitted to hospital for alcohol-specific conditions</td>
<td>19</td>
<td>32.7</td>
<td>36.6</td>
<td>92.9</td>
<td>10.9</td>
</tr>
<tr>
<td>23 Hospital admissions caused by substance misuse (15-24 years)</td>
<td>21</td>
<td>60.9</td>
<td>95.4</td>
<td>345.9</td>
<td>34.1</td>
</tr>
<tr>
<td>24 Smoking status at time of delivery</td>
<td>237</td>
<td>9.0</td>
<td>10.6</td>
<td>26.0</td>
<td>1.8</td>
</tr>
<tr>
<td>25 Breastfeeding initiation</td>
<td>2,079</td>
<td>77.1</td>
<td>74.3</td>
<td>47.2</td>
<td>92.9</td>
</tr>
<tr>
<td>26 Breastfeeding prevalence at 6-8 weeks after delivery</td>
<td>-</td>
<td>-</td>
<td>43.2</td>
<td>18.0</td>
<td>76.5</td>
</tr>
<tr>
<td>27 A&amp;E attendances (0-4 years)</td>
<td>8,266</td>
<td>505.1</td>
<td>587.9</td>
<td>1,836.1</td>
<td>335.0</td>
</tr>
<tr>
<td>28 Hospital admissions caused by injuries in children (0-14 years)</td>
<td>436</td>
<td>90.7</td>
<td>104.2</td>
<td>207.4</td>
<td>53.0</td>
</tr>
<tr>
<td>29 Hospital admissions caused by injuries in young people (15-24 years)</td>
<td>501</td>
<td>149.0</td>
<td>134.1</td>
<td>280.2</td>
<td>72.0</td>
</tr>
<tr>
<td>30 Hospital admissions for asthma (under 19 years)</td>
<td>81</td>
<td>132.9</td>
<td>202.4</td>
<td>591.6</td>
<td>84.3</td>
</tr>
<tr>
<td>31 Hospital admissions for mental health conditions</td>
<td>31</td>
<td>54.0</td>
<td>85.9</td>
<td>179.8</td>
<td>33.8</td>
</tr>
<tr>
<td>32 Hospital admissions as a result of self-harm (10-24 years)</td>
<td>238</td>
<td>482.1</td>
<td>430.5</td>
<td>1,444.7</td>
<td>102.5</td>
</tr>
</tbody>
</table>

### Notes and definitions

1. Mortality rate per 1,000 live births (aged under 1 year), 2013-2015
2. Directly standardised rate per 100,000 children aged 1-7 years, 2013-2015
3. % children immunised against measles, mumps and rubella (first dose by age 2 years), 2015/16
4. % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2015/16
5. % children in care with up-to-date immunisations, 2016
6. % children achieving a good level of development within Early Years Foundation Stage Profile, 2015/16
7. % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2015/16
8. % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2015/16
9. % not in education, employment or training as a proportion of total 16-18 year olds known to local authority, 2015
10. Rate per 100,000 of 10-17 year olds receiving their first, second or third immunisation, 2015/16
11. % of children aged under 18 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 50% median income, 2014
12. Statutory homeless households with dependent children or pregnant women per 1,000 households, 2015/16
13. Rate of children looked after at 31 March per 10,000 population aged under 18 years, 2016
14. Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2010/11
15. Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2015/16
16. % school children in Reception year classified as obese, 2015/16
17. % of schoolchildren in Year 6 classified as obese, 2015/16
18. % of children aged 5 years with one or more decayed, missing or filled teeth, 2014/15
19. Crude rate per 100,000 (aged 0-4 years) for hospital admissions for dental caries, 2013/14-2015/16
20. Under 16 conception rate per 1,000 females aged 15-17 years, 2014
21. % of delivery episodes where the mother is aged less than 18 years, 2015/16
22. Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population, 2012/13-2014/15
23. Directly standardised rate per 100,000 (aged 18-24 years) for hospital admissions for substance misuse, 2013/14-2015/16
24. % of mothers smoking at time of delivery, 2015/16
25. % of mothers initiating breastfeeding, 2014/15
26. % of mothers breastfeeding at 6-8 weeks, 2015/16
27. Crude rate per 1,000 (aged 0-4 years) for A&E attendances, 2015/16
28. Crude rate per 10,000 (aged 0-4 years) for emergency hospital admissions following injury, 2015/16
29. Crude rate per 10,000 (aged 15-24 years) for emergency hospital admissions for asthma, 2015/16
30. Crude rate per 100,000 (aged 18-24 years) for emergency hospital admissions for self-harm, 2015/16
31. Directly standardised rate per 100,000 (aged 10-24 years) for hospital admissions for self-harm, 2015/16

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure. Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.
Appendix C - Infant mortality data

Appendix D - Immunisation data

First birthday immunisation data for South Gloucestershire

<table>
<thead>
<tr>
<th>Region</th>
<th>ONS Code</th>
<th>Number of children aged 1 (Thousands) (=100%)</th>
<th>Diphtheria Tetanus Polio Pertussis Hib (DTaP/IPV/Hib) Primary %</th>
<th>Pneumococcal Disease (PCV) Primary %</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td></td>
<td>659.6</td>
<td>93.6</td>
<td>93.5</td>
</tr>
<tr>
<td>South West</td>
<td>E12000009</td>
<td>57.6</td>
<td>94.8</td>
<td>94.9</td>
</tr>
<tr>
<td>South Gloucestershire</td>
<td>E06000025</td>
<td>3.1</td>
<td>96.7</td>
<td>96.6</td>
</tr>
</tbody>
</table>

Fifth birthday immunisation data for South Gloucestershire

<table>
<thead>
<tr>
<th>Region</th>
<th>ONS Code</th>
<th>Number of children aged 1 (Thousands) (=100%)</th>
<th>Diphtheria Tetanus Polio Pertussis Hib (DTaP/IPV/Hib) Primary %</th>
<th>Diphtheria Tetanus Polio Pertussis Booster %</th>
<th>MMR 1st Dose %</th>
<th>MMR 1st Dose %</th>
<th>MMR 1st Dose %</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td></td>
<td>697.7</td>
<td>95.6</td>
<td>86.3</td>
<td>94.8</td>
<td>88.2</td>
<td>92.6</td>
</tr>
<tr>
<td>South West</td>
<td>E12000009</td>
<td>57.2</td>
<td>97.1</td>
<td>88.4</td>
<td>96.0</td>
<td>90.6</td>
<td>94.8</td>
</tr>
<tr>
<td>South Gloucestershire</td>
<td>E06000025</td>
<td>3.2</td>
<td>98.8</td>
<td>94.5</td>
<td>98.0</td>
<td>93.3</td>
<td>97.6</td>
</tr>
</tbody>
</table>
Appendix E - Healthy weight

Excess Weight

Source: Data taken from HSCIC national 2015/16 NCMP Report: http://www.hscic.gov.uk/searchcatalogue?productid=19405&q=title%3a%22national+child+measurement+programme%22&sort=Relevance&size=10&page=1#top

Child excess weight in 4-5 year olds:

Child excess weight in 10-11 year olds:

Appendix F - Oral Health

Proportion of five year old children free from dental decay:

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2015
Appendix G - Child Injury

0-4 In South Gloucestershire in 2015/16, the rate of hospital admissions caused by unintentional and deliberate injuries in children age 0-4 (108.8 per 10,000) was significantly lower than the South West (135.2 per 10,000) and England (129.6 per 10,000).

0-14 In South Gloucestershire in 2015/16, the rate of hospital admissions caused by unintentional and deliberate injuries in children age 0-14 (90.7 per 10,000) was significantly lower than the South West (105.0 per 10,000) and England (104.2 per 10,000).

15-24 In South Gloucestershire in 2015/16, the rate of hospital admissions caused by unintentional and deliberate injuries in children and young people aged 15-24 (149.0 per 10,000) was significantly higher than England (134.1 per 10,000), but still marginally lower than the Southwest (153.2 per 10,000).

Appendix H - Child poverty

Proportion of five year old children free from dental decay:

[Graph showing recent trends with data for England and regional comparisons.]

Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)
You can obtain additional copies of this report by writing to
The Deputy Head of Finance at
South Gloucestershire Council,
PO Box 1953, Bristol BS37 0DB

or by telephoning
01454 865140