North Yorkshire Children's Trust

BOARD MEETING

Wednesday 13th June 2018

13:00 – 15:00, The Grand, County Hall

Indicative timings		Item	
	1.	Apologies	
13:00	2.	Minutes of meeting held on 21 March 2018	Enc. 1
13:05	3.	Childhood obesity – Sarah Tunnicliff & Ruth Everson	Enc. 2
13:25	4.	Understanding food poverty – Katie Needham & Tom Bryant	Enc. 3
13:35	5.	Presentation from Trussell Trust – Laura Chalmers	
13:50	6.	Social Emotional & Mental Health priority progress update – Nick Frost	
14:00	7.	School readiness progress update – Barbara Merrygold & Richard Chillery	
14:10	8.	Early Help strategy update – Julie Firth	
14:20	9.	Stronger Communities update presentation – Marie-Ann Jackson & Liz Meade	
14:35	10.	Unicef UK Baby Friendly Initiative – Richard Chillery, Barbara Merrygold & Emma Lonsdale	Enc. 4
14:45	11.	Q4 performance report – Tom Bryant	Enc. 5
14:55	12.	Any other business	

NORTH YORKSHIRE CHILDREN'S TRUST BOARD

Minutes of a meeting held on 21 March 2018

PRESENT:

BOARD MEMBERS:

Stuart Carlton (Chair)	Corporate Director – Children & Young People's Service (NYCC)
Wendy Collins	Dept of Work & Pensions (Sub Julia Priestnell)
Richard Chillery	Harrogate & District Foundation Trust
Julie Firth	Head of Partners in Practice/YJS (NYCC CYPS)
Professor Nick Frost	Independent Chair of Local Safeguarding Children Board
Alan Harder	Temp Chief Superintendent, North Yorkshire Police
Martin Kelly	Assistant Director, Children & Families (NYCC CYPS)
Janet Probert	Chief Operating Officer, Hambleton, Richmondshire & Whitby CCG
Katie Needham	Public Health Consultant (NYCC)
Helen Seth	NYPACT
David Sharp	Chief Executive, North Yorkshire Youth

OTHERS IN ATTENDANCE:

Tom Bryant	Strategic Support Service (NYCC)
Emma Davies	Public Health (NYCC)
Emma Lonsdale	Commissioning Manager Health (NYCC CYPS)
Barbara Merrygold	Head of Early Years (NYCC)
Antony Ruddy	Strategic Support Service
Claire Snodgrass	Head Clinical Psychologist (Tees, Esk and Wear Valleys NHS Foundation Trust)
Sue Wharam	Strategic Support Service (NYCC)
Marion Sadler	Business Support Manager (NYCC CYPS - Notes)

ACTION

1.0 APOLOGIES FOR ABSENCE

Apologies for absence were received from Stuart Mason, Tammy Cooper, Angela North, Natalie Baxter.

2.0 BOARD REPRESENTATION

It was noted that Stuart Mason had resigned as secondary school representative due to his appointment to a Headship outside North Yorkshire.

ACTION: message of thanks be conveyed to Stuart for his contribution to the work of the Trust. **SC**

3.0 NOTES OF MEETING OF 6 DECEMBER 2017

AGREED: as an accurate record. The following matters arising were discussed:

- Joint session to be suggested between key decision makers on the Children's Trust and LSCB with Youth Voice Executive members (p6) **Kevin Jeffrey**

4.0 Q3 PERFORMANCE REPORT

CONSIDERED: report, presented by Tom Bryant and Sue Wharam, reporting progress against the priorities in quarter 3 in particular:

- very strong performance at GCSE and A level but key stage 2 remained a challenge
- increasing rate in exclusions and LA working with schools to address this
- increasing demand for SEND support including Education, Health & Care Plan assessments possibly linked in part to SEN and school funding reforms
- number of first time entrants into Youth Justice decreased by 40%
- continued increase in demand for children and families' services but repeat/re-referrals remained low
- increase in number of children on child protection plans – highest number for almost seven years – and capacity had been increased to deal with this reflecting national trends. Further analysis was ongoing to assess how contacts could be handled in a different way.
- childhood obesity – performance remained good when compared with national and regional benchmarks. **ACTION: report to next Board meeting.** **Katie Needham**

David Sharp reflected on the continued increasing trend of contacts and requests for support and asked whether analysis had identified causal factors. It was felt this may be due to the cuts in relation to available sources of support within the voluntary and public sector. The Chair responded that it was timely to reflect as partners on opportunities to coordinate early help arrangements in a smarter way and enable service users to be signposted through a single contact. David highlighted the lack of a national youth policy which had created a landscape where you had multiple people supporting small areas of work and the Chair responded that it may be less about having an overarching national policy but more about ensuring partners were well coordinated and sharing joint resources effectively so there was no duplication.

There was discussion about the implications of SEN reform, implications of school funding changes and the difficulties experienced particularly by small schools.

5.0 SMOKING IN PREGNANCY

NOTED: report, presented by Emma Davis, setting out recent activity and progress made to reduce smoking during pregnancy in North Yorkshire. Emma highlighted the following points:

- need for further work to improve performance to ensure consistency across the different CCG areas and remove the wide variations
- all midwives now receiving a mandatory/statutory annual update on stop smoking training
- independent review in Scarborough and Ryedale area reflecting local challenges.
- proposal to widen training and processes across other workers coming into contact with pregnant women

Emma Lonsdale enquired about the approach to e-cigarettes and Emma Davis responded that e-cigarettes were regarded as a safer option for smokers however risks around nicotine remained during pregnancy therefore users were still encouraged to stop smoking entirely.

Katie Needham gave assurance that the issues were understood and good work had been undertaken with key leaders within other services to spread the message wider. David Sharp responded to a question from Emma Lonsdale that there still remained a number of young people who smoked and asked how a strategy could be taken forward in relation to young female smokers. Julie Firth asked whether there was an opportunity for children's centres to be involved in CO2 monitoring process and there was agreement that this was worthy of further exploration.

The Chair enquired about percentages within the table at 4.1 and Emma responded that these should be treated with caution as they related to small numbers in some instances.

Janet Probert asked that a briefing be provided at health contract quality meetings on a regular basis in order to build awareness into major provider contracts. **Emma Davis**

The Chair invited Public Health colleagues to bring further information to the attention of the Board **Katie Needham**

6.0 BOARD PRIORITIES

6.1 Child poverty and social mobility

NOTED: Katie Needham introduced a report, presented by Tom Bryant and Antony Ruddy proposing a number of key topics for focus by the Board throughout the year namely:

- challenges around social mobility
- understanding food and fuel poverty
- impact of welfare reforms
- understanding housing costs and quality

The following points were highlighted:

- variances in the prevalence of child poverty across North Yorkshire
- links between poverty and educational outcomes particularly for those on Free School Meals

Martin Kelly suggested that the incidence of child neglect and poverty be mapped and correlated. The Chair asked that the focus be on what the Board can do to influence elements to reduce child poverty and improve social mobility. Colleagues felt that agencies could provide support for example by initiatives relating to food and nutrition, the work through the Opportunities Area, making connections with other organisations who could offer employment skills, the Council's housing initiative work etc. Cllr Sanderson reflected on the lack of youth services and support to young people in the rural villages in Ryedale. David Sharp suggested Community First Yorkshire may be a good source of support and influence on a wider basis.

ACTION: that Stronger Communities be asked to bring a report to the next meeting of the Board. **Tom Bryant**

Antony Ruddy presented a further sub-report on social mobility in North Yorkshire using data from the 2017 index. Scarborough, Richmondshire,

Ryedale and Selby remained below national benchmarks overall with Craven being the highest performing for social mobility in North Yorkshire.

The Chair reflected on the rankings contained within the table on page 2 of the report which, taking Scarborough as an example, did not correlate with poor school outcomes then becoming strong youth outcomes which was difficult to understand. David Sharp reported on his work with Higher York who were working with North Yorkshire Youth to raise young people's aspirations. It may be worthwhile to make links with Higher York on this work.

AGREED: that the Board note the report and support further analysis to understand the issues more deeply.

6.2 Social, Emotional and Mental Health

NOTED: report, presented by Nick Frost and Janet Probert outlining proposed work under this theme. There had been interesting discussions about what the wide range of data told us about young people's experiences.

6.3 School Readiness

NOTED: report, presented by Richard Chillery, on this theme. Initial discussions had taken place about an evidence based approach to developing new innovative ways to support early development. Barbara Merrygold reflected on the "incredible years" programme which was already being delivered within North Yorkshire. There was some recognition that the next stage was to identify a possible multi-systems response. Colleagues' attention was drawn to the School Readiness conference on 20/21 April. There was discussion about the definition of "school readiness", impact of speech, language and communication strategies and its potential to improve outcomes and need to explore impact of two year old funding on improving early years outcomes and closing the gap.

ACTION: data to be distributed with the notes of the meeting. **Tom Bryant**

Thanks were expressed to Tom Bryant for his work on these reports.

7.0 DEVELOPMENT OF A NEW EARLY HELP STRATEGY

Noted: Julie Firth updated the Board on work to develop a new Early Help strategy. Visits had been planned to two local authorities to look at their systems and data analysis had begun. Discussions would be initiated through health integration meetings and a group of Headteachers established to gain their views. Engagement would also be held with Police, internal stakeholders and families to inform the strategy as it developed. Julie hoped that it would be possible to present the draft Strategy to the June meeting of the Board.

Katie asked that opportunity be taken to align with the recommissioning of the Healthy Child Programme. Janet Probert stressed the need to look at the offer to children from a family's point of view and take brave steps to ensure services were better integrated in times of financial challenge. Helen Seth expressed her support for a more integrated approach to prevent children, young people and families falling between the gaps. Richard Chillery suggested that the school readiness work could be linked to this strategy and the Chair responded that the strategy should be about how partners would work together providing the glue to a systemic approach.

8.0 STRATEGIC PLAN FOR SEND PROVISION

NOTED: presentation by Jane Harvey outlining the work to develop a strategic plan for Special Educational Needs and Disabilities provision for 0-

25 year olds in the County, as required by DfE. The proposals were shortly become the subject of public consultation and followed a wide engagement exercise with key stakeholders. The plan for use of the Special Provision Capital Funding to increase capacity and/or improve facilities had been published following Executive approval on 13 March.

The strategy's principles had been identified as

- inclusive culture and ethos
- joint commitment and accountability to children and young people
- the right support at the right time in the right place.

Disappointment was expressed at the level of capital funding allocated. Helen Seth welcomed the approach proposed to develop more locally based solutions and support to children and young people with SEND.

9.0 EDUCATION AS OUR GREATEST LIBERATOR

NOTED: report, presented by Tom Bryant, setting out the 2017 attainment outcomes which showed a strong picture at KS4 and 5 and challenges at Key Stage 2 and in specific areas of inequality in relation to attainment and in closing the gap in a county with widely dispersed small pockets of deprivation and low attainment. The Achievement Unlocked initiative was highlighted along with the impact of strong leadership in driving improved outcomes.

Janet Probert questioned whether the ambition was strong enough when statistical neighbours appeared to do better in early years and Key Stage 2.

10.0 ANY OTHER BUSINESS

There was no further business raised.

11.0 DATE OF NEXT MEETING

Dates for 2018 meetings:

- 13 June 2018
- 26 September 2018
- 5 December 2018

12.45 pm for 1.00 pm at County Hall, Northallerton.

Children's Trust Board

13th June 2018

Children's Obesity in North Yorkshire – Moving towards a Healthy Weight Generation

Report produced by: Sarah Tunnicliff and Ruth Everson (Public Health)

1 Purpose

The purpose of this paper is to update the Children's Trust Board with regard to children's obesity in North Yorkshire and the action required to realise our vision of "inspiring a healthy weight generation".

It will demonstrate the need for the Board to prioritise tackling the issue by highlighting key trends in children's overweight and obesity data, and provide an overview of the latest evidence of effective interventions to tackle the issue through a whole systems approach.

The report also describes achievements to date and further action to be taken in the forthcoming 12 months as a core part of the North Yorkshire Healthy Weight, Healthy Lives Strategy.

2 Background

Overweight and obese children in our local population remains a public health concern, with rates rising nationally and locally in some areas.

Whilst current North Yorkshire overweight and obesity rates for children are below the national rates this does not mean that this is not an issue for North Yorkshire because the national rates are high.

At a North Yorkshire level around 1 in 5 children are overweight or obese when they start school and 1 in 3 children by the time they leave primary school. Around 1 in 12 children are obese when they start school and 1 in 6 children by the time they leave primary school.

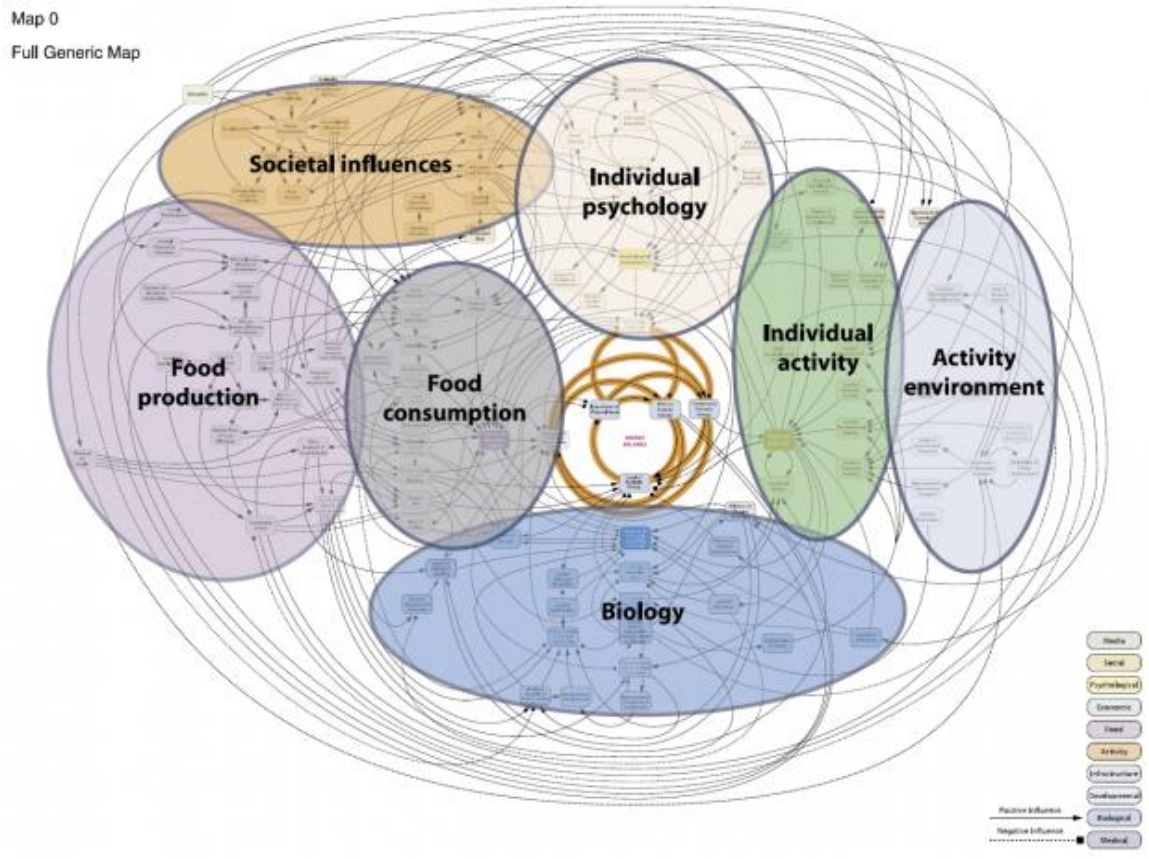
Being overweight or obese in childhood has consequences for physical health in both the short and long-term. Once established, obesity is notoriously difficult to treat, so prevention and early intervention are very important.

Obesity and overweight are linked to a wider range of diseases, most notably: type 2 diabetes, asthma, hypertension, cancer, heart disease, and stroke. Obesity is also associated with poor psychological and emotional health, poor sleep, and many children experience bullying linked to their weight.

Reducing obesity in children can impact on the number of adults that are obese in the future. Obese children are more likely to become obese adults

and have a higher risk or morbidity, disability and premature mortality in adulthood[1].

These factors combine to make tackling obesity a major public health challenge and the challenge for North Yorkshire is therefore very real. There is no easy fix to this complex issue. Our biology, the environment we live in, influences in our society and cultures and the choices we make about the foods we eat and the activity we do all affect our weight. The complexity of factors that contribute to an obesogenic environment are highlighted in this diagram "The Full Obesity System Map with Thematic Clusters" (from the Tackling Obesities: Future Choices report[2]).



In recent years being overweight has become the norm, which is something that requires attention.

3.0 **Risk Factors**[1]**,**Error! Bookmark not defined.

No one is "immune" to obesity, but some people are more likely to become overweight or obese than others.

[1]Public Health England, 2015, "Guidance: Childhood Obesity: applying All Our Health", https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health (accessed 26th March, 2018).

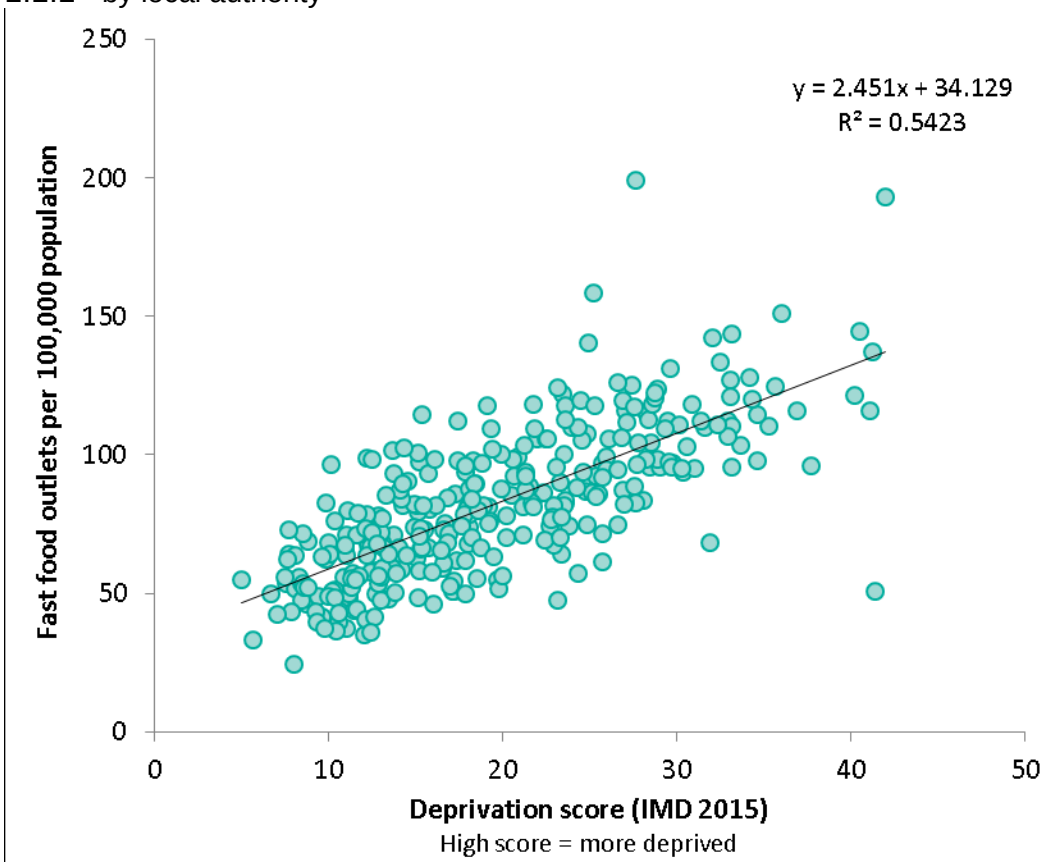
[2] Reducing Obesity: Obesity system map, 2017, https://www.gov.uk/government/publications/reducing-obesity-obesity-system-map (accessed 9th April 2018).

The main risk factors for children in terms of the households they are born into and grow up in, include:

- Approximately half of women of childbearing age (16-44) in England are either overweight or obese. There is strong evidence of a significant relationship between maternal obesity and the birth of babies above the normal weight range, and subsequent development of childhood and adult obesity, independent of genetic and environmental factors.
- Children who live in a family where at least one parent or carer is obese, are more at risk of becoming obese themselves.
- Children who are obese in childhood are more likely to be obese in adulthood and thus increase the risk of obesity in their own children in later life.
- Poor diet (including diets high in sugar and saturated fat) and low levels of physical activity are the primary causal factors to excess weight.
- The Marmot Review highlights that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese. The burden of obesity is falling hardest on children from low-income areas. For example, on average there are more fast food outlets and a fall in fruit and vegetable consumption in deprived areas than in more affluent areas.

Relationship between density of fast food outlets and deprivation

1.1.1 by local authority

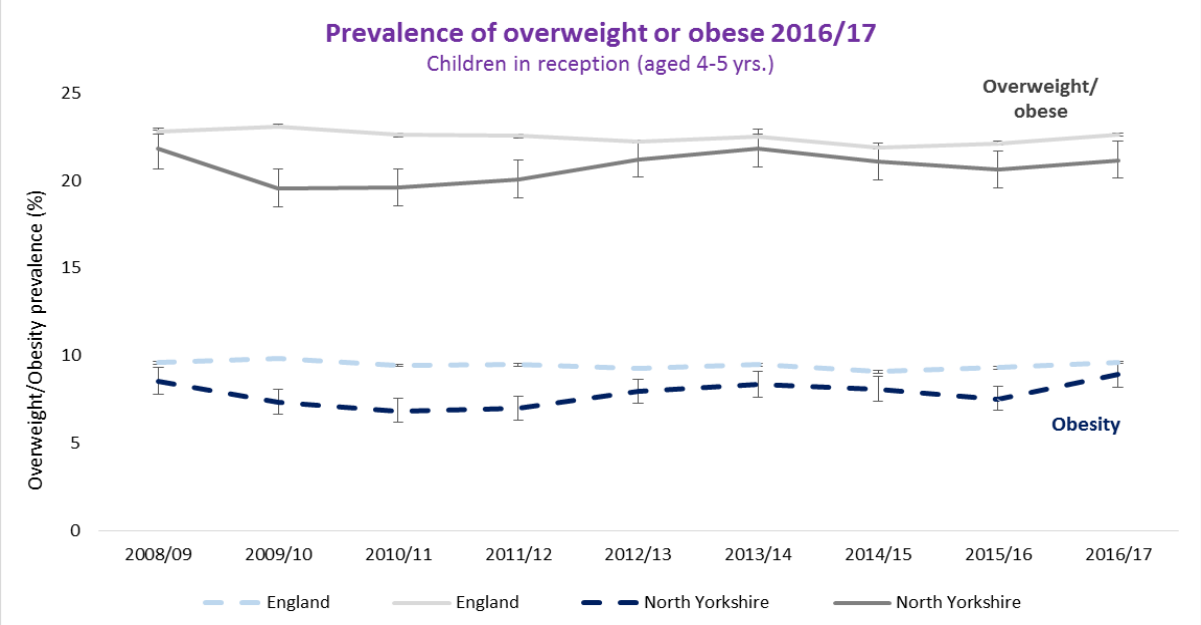


4.0 Patterns and Trends of Overweight and Obesity in North Yorkshire Children

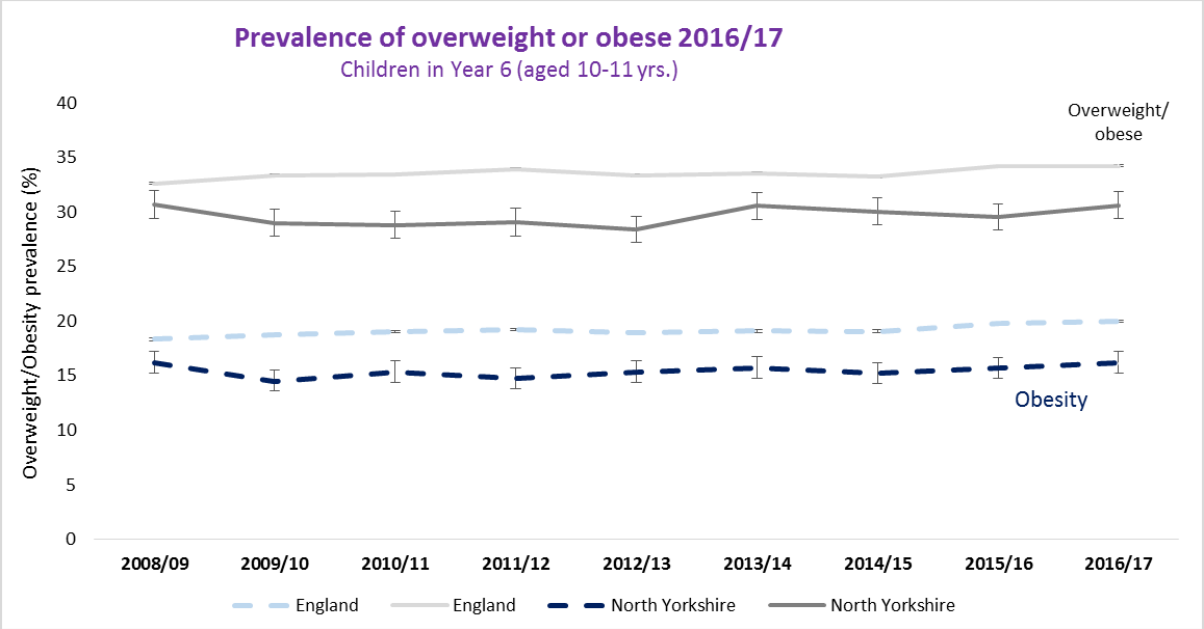
It is useful to analyse overweight and obesity data for children so that we can drill down and understand where we should target our resources to areas and populations of highest need.

At a North Yorkshire level, around 1 in 5 children in Reception are overweight (including obese) (n=1,207), and around 1 in 12 are obese (n=509). This increases to 1 in 3 children in year 6 (n=1,685) are overweight (including obese), and 1 in 6 children in year 6 are obese (n=890). Over the last 2 years, there has been a statistically significant increase in the number of reception age children who are obese.

From 2015/16 to 2016/17 there has been a statistically significant increase in the obesity prevalence rate of Reception children in North Yorkshire of 1.4%.



There have been no significant changes in prevalence for Year 6 children.

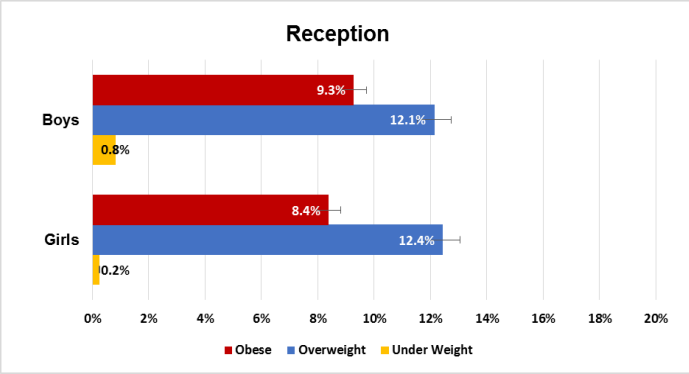


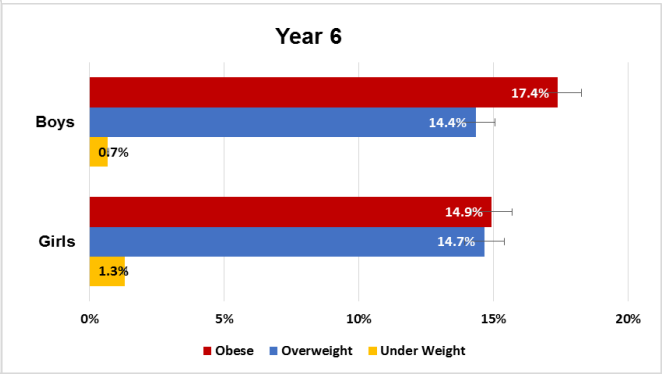
4.1 Obesity and gender

The difference in obesity prevalence between boys and girls was larger in Year 6 than in Reception.

The obesity prevalence rate of Year 6 boys is almost double that of Reception boys (17.4% and 9.3% respectively).

Underweight prevalence was higher for boys compared with girls in Reception, but higher for girls in Year 6.



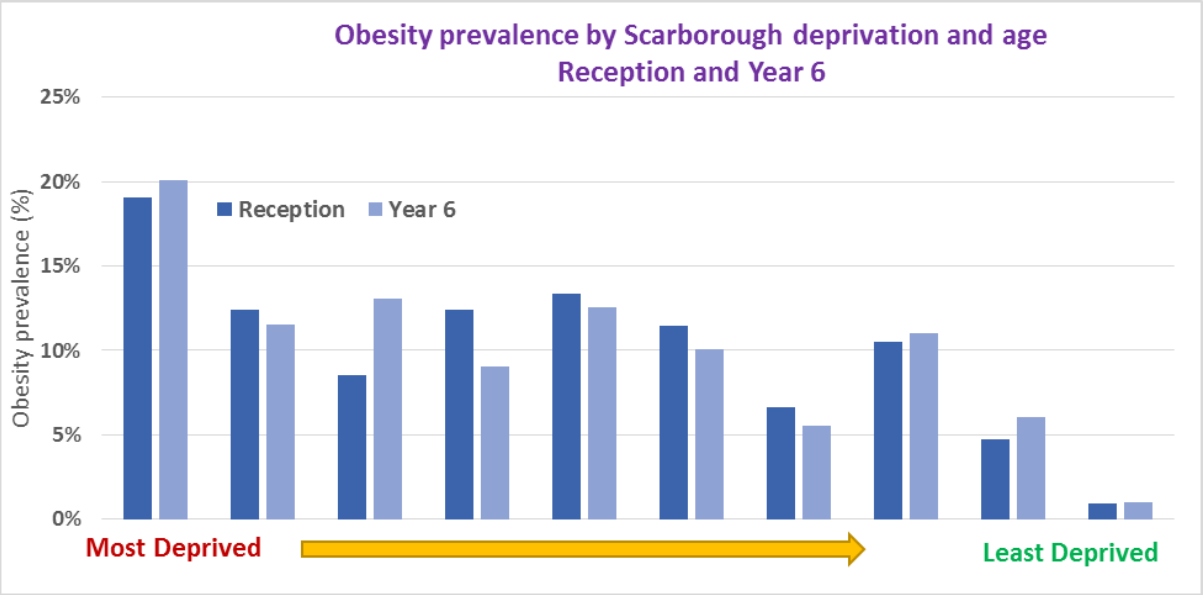


4.2 Obesity and deprivation

Analysis of NCMP data at county level does not indicate a strong relationship between deprivation and obesity.

However data for Scarborough District (where we know the vast majority of the most deprived areas in North Yorkshire are located) indicates that there is a strong relationship between deprivation and obesity. Obesity prevalence ranged from 18% for Reception children to 20% for Year 6

children in the most deprived areas, to less than 5% in both age groups in the least deprived areas.



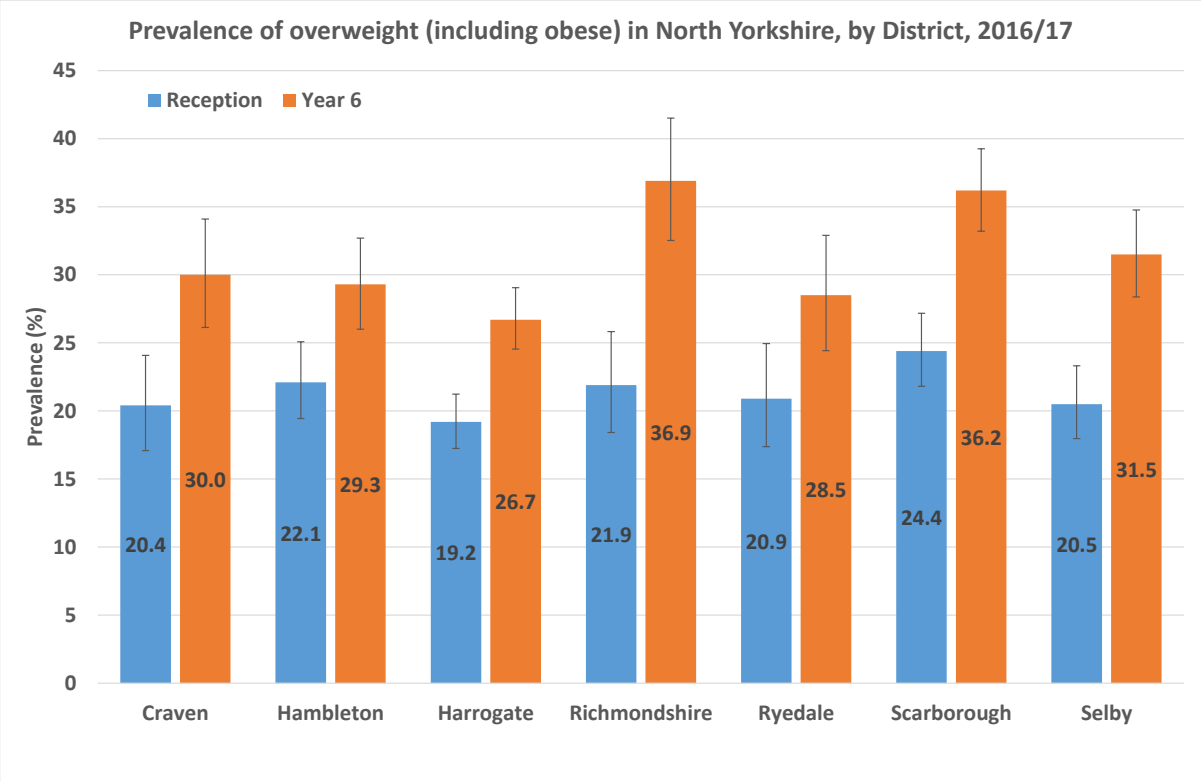
5.0 District Overview

For Reception children:

- Analyses at the District level show that for 2016/17 Scarborough has the highest prevalence of overweight (including obese) (24.4%). This is statistically significantly higher than Harrogate that has the lowest prevalence (19.2%).

For Year 6 children:

- Analyses at the District level show that for 2016/17, Richmondshire and Scarborough have the highest prevalence of overweight and obese (36.9% and 36.2%, respectively). This is statistically significantly higher than Harrogate that has the lowest prevalence (26.7%).
- There has been a statistically significant increase in overweight (including obese) and obesity for Scarborough from 2015/16 to 2016/17. For obesity, the prevalence rate increase from 14.7% to 20.7%. For overweight (including obese) the rate increased from 28.0% to 36.2%.



6.0 Evidence Based Interventions

We cannot do this in isolation. Preventing and treating obesity and moving towards a healthy weight generation requires action by all partners together. A whole system approach to engender sustained changes to individual behaviours across the whole population will require multiple actions across all parts of the system including changes to the food, physical activity and social

environments. This whole system approach is emphasised in the recently published House of Commons Health Committee Report: Health Select: Childhood Obesity, Time for Action.

To 'turn the curve' on excess weight in children and young people in North Yorkshire the causes/forces at work, the issues that account for the history of overweight and obesity prevalence and the reasoning behind a forecast of increased prevalence need to be acknowledged.

Sugar and fat intake are above the recommended levels, and physical inactivity and sedentary behaviours are on the increase. Historically there have been high volume and number of price promotions in retail outlets and restaurants, a 10% increase in fast food takeaways over the past 3 years (particularly in areas of higher deprivation), and typically high sugar content and large portion sizes of everyday foods and drink. Physical activity has been removed from our daily lives and sedentary behaviours have increased. There has been more restrictions on active play, outdoor play and walking and cycling to avoid risk: 'retreat from the street'. In modern society there is a psychological conflict between what people want (fatty, sugary foods) and desire to be health and/or slim, which complicate individual choices and behaviours.

Learning from the Amsterdam Healthy Weight Programme[3],[4]

- In April 2017 the trend in obesity rates in Amsterdam was published. Since 2013, childhood obesity and overweight rates had gone down by 12 per cent for all children and by 18 per cent among the most deprived children. Since 2013 Amsterdam intensified its efforts aimed at the prevention and cure for overweight and obesity among children and young people. While one cannot assume a direct causal trend, the Amsterdam project demands further attention.
- The programme is a good case study for us to look at because of the factors that are transferable to other settings: political leadership and the adoption of a whole systems, collective approach. The key lessons from this programme are not the specific interventions that were introduced, because they were introduced based on what was feasible and appropriate in Amsterdam. Rather, the key lessons are in how the programme was introduced, politically led and how a whole-system approach was successfully implemented.
- In 2013 the Amsterdam Healthy Weight Programme was launched with the aim of having no overweight or obese children in Amsterdam by 2033.The Programme aims to actively support children and parents to be healthier by engaging with them alongside professionals and organisations that work with children or significantly influence their

[3] https://www.iamsterdam.com/en/our-network/media-centre/city-hall/dossier-amsterdam-healthy-weight-programme (accessed 24th April, 2018)

[4] https://www.centreforsocialjustice.org.uk/library/off-scales-tackling-englands-childhood-obesity-crisis (accessed 24th April, 2018)

lifestyles. It focuses on integrated, cross-sector and cross-departmental actions involving politicians, local authorities, schools, health professionals, planning bodies, sports organisations, communities and neighbourhoods, charities, and the business sector.

- The key principles of the programme are political leadership, focus on social impact, whole-systems, targeted learning development based on consistent monitoring, and value in professionals and professional training. The programme is about much more than reducing childhood obesity rates. It is about cultural change and investing in a healthier future to ensure every child experiences optimum growth mentally, physically, emotionally, etc.
- In this way, The Amsterdam Healthy Weight Programme aims to make it easy and normal for people to be healthy in both noticeable and unnoticeable ways by facilitating healthy behaviours, choices and lifestyles, and by systematically supporting people at every key opportunity.
- One of the key aspects of the Programme is to target efforts based on neighbourhoods, which ensure the programmes reaches those most in need. The Programme adopts a whole systems approach by working with key professionals in the child's environment, such as teachers, health care professionals, and includes a focus on prevention and care as a 'package deal'.
- Interventions take place during the first 1000 days (from conception to 2 years old), in schools, in neighbourhoods, in the creation of a healthy environment (including urban design, and regulation of the food and drinks industry such as restricting unhealthy marketing to children). Addressing the issue of childhood obesity is about more than just getting children to eat better and exercise more. It is about tackling the complex social issues behind unhealthy behaviours such as mental health issues, poverty, lack of education etc.

7.0 Examples of key local achievements

7.1 Breastfeeding

Community services in North Yorkshire have achieved Stage 2 of the UNICEF baby friendly initiative. 100% of staff from North Yorkshire County Council Prevention Service and the Healthy Child services are fully trained to provide sensitive and effective care and support for mothers, enabling them to make an informed choice about feeding, get breastfeeding off to a good start and overcome any challenges they may face. Breastfeeding initiation rates have risen by 20% since the Baby Friendly Initiative was established in the UK.

7.2 Food for Life (FFL)

FFL in North Yorkshire is supporting schools to take a whole school approach that sees them grow their own food, organise trips to farms, providing cooking and growing clubs for pupils and their families. Serving freshly prepared, well-sourced meals and provide an attractive dining

environment are also a focus of this initiative. North Yorkshire County Council's Energy Traded Service received public health funding to deliver the FFL programme in 20 targeted schools across the county during the 2016-2018 academic years.

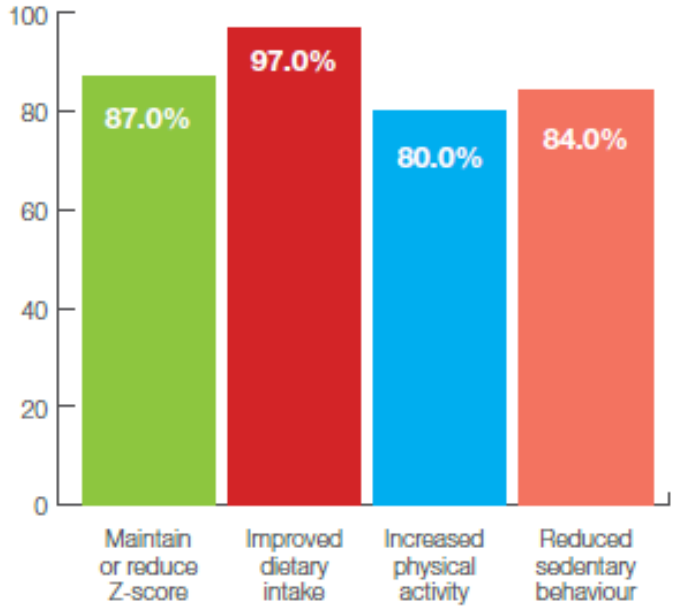
7.3 National Child Measurement Programme

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception class (aged four to five years) and Year 6 (aged 10-11 years) to assess overweight and obesity levels in children in primary schools. This data is used at a national level to support local public health initiatives and inform the local planning and delivery of services for children.

The NCMP is embedded in the work of the 5-19 Healthy Child Team. The aim is to implement a "whole systems approach", and accordingly "It's more than just a measurement" has been adopted as a strap line for the Programme, identifying an opportunity to make every contact count. The 5-19 HCT proactively contact parents where children have been identified as being overweight to offer further guidance and support and a referral to the health choices service.

7.4 Healthy Choices Services

A component of the North Yorkshire 0-19 Healthy Child service, includes the Healthy Choices Service, which helps children and young people work towards achieving and maintaining a healthy weight. The Healthy Choices Service provides children and their family with the tools and information to make positive, and realistic, changes in their habits, helping them to start enjoying a healthier way of living. In 2016/17, 245 participants started the 12 week bespoke programme, and 195 (80%) completed it. The graph below shows the outcomes achieved by the Healthy Choices Programme:



Teesside University have been commissioned to conduct an evaluation of the Healthy Choices programme to help inform service development (due to be published April 2018). Preliminary findings are that the programme is enjoyed and has a positive impact, however there are areas that the programme needs to strengthen to improve sustained changes and encourage uptake from wider community.

7.5 MoreLife – residential camp

In 2016/17 35 young people from North Yorkshire aged 8-17 years old (who have a BMI centile of above 99.6) completed a two week MoreLife summer camp. The aim of the MoreLife camp is to support young people to change lifestyle habits through re-education of healthy eating, increasing physical activity levels and understand the personality traits and triggers that influence unhealthy lifestyle behaviours. Together the young people achieved a weight loss total of 53.7kg, with an average weight loss of 2.7kg per child, and average waist circumference reduction of 4.0cm. Unfortunately the camp is now longer continuing as the provider could no longer secure a suitable local venue to run the camp.

7.6 HENRY – Health Exercise and Nutrition for the Really Young

Health Visitors and Assistant Practitioners from the Harrogate and District NHS Foundation Trust 0-5 Healthy Child Service all received core training in the HENRY approach during 2017. HENRY is a nationally accredited programme offering interventions designed to protect young children from the physical and emotional consequences of obesity. It focuses specifically on 0–5 year olds and empowers parents and carers to provide a healthy start for babies and young children through a solution focused, strengths based partnership approach. The

whole family is supported to change old habits and achieve new goals. In addition, 14 staff have received advanced HENRY training which allows them to offer one to one targeted intervention with families of babies and young children over the 91st centile. Those trained are able to offer more intensive support to families.

7.7 Physical Activity

The Youth Sports Trust has delivered a pilot scheme called 'Healthy Movers' within Scarborough. Healthy Movers is an initiative that supports early year's settings and parents of two to five year olds to utilise training and resources in the childcare setting and at home. The aim of Healthy Movers is to increase the number of children aged two to five years achieving the recommendations for physical activity (180 minutes a day). Eleven early years settings in Scarborough have attended the Healthy Movers training and obtained teaching resources and home packs to engage children's families with their physical development journey.

Selby District Council's Inspiring Healthy Lifestyles service have been working with four primary schools in Selby town centre to take part in guided health walks. Children who participate walk just over a mile, keeping within the proximity of the school, using newly created walking routes. So far 846,000 steps have been taken and a total of 423 children have taken part in weekly walks. This walk is in addition to school regular curriculum PE sessions, with the aim to get more active and explore the local areas.

7.8 Service Design and Pathways

NYCC and HDFT have been working together to develop a multi-agency "Healthy Weight Pathway for Children, Young People and Families in North Yorkshire" booklet. This resource has been designed predominantly for professionals working in North Yorkshire to support them in identifying and raising the issue of overweight and obesity, deliver healthy lifestyle brief advice, and signpost clients to further information and programmes that can help them to achieve and maintain a healthy weight. The multi-agency pathway will ensure that services are as streamlined and efficient as possible and reduce duplication and gaps in service provision.

8.0 Children's Healthy Weight Priorities for North Yorkshire for the Next 12 Months

The North Yorkshire Healthy Weight, Healthy Lives Strategy Steering Group work together to identify and deliver agreed action under the strategic priorities, ensuring a whole system approach to tackling excess weight in children and young people. A Strategy implementation plan highlights action and progress related to areas including food provision in schools and childcare settings, access to sugar and high calories foods outside of the school or childcare setting, physical activity (including play, PE, sport and

recreation, active travel), services and community programmes, health education and skills, and campaigns.

Over the next twelve months key areas of work include:

- To develop a core offer around children's obesity for schools and early years settings, supporting them on the children's obesity agenda. This will be a resource for schools and early year's settings to help to build their capacity in tackling children's obesity. It will also provide an opportunity for public health to identify any gaps where the offer can be strengthened.

- To develop district level public health profiles for children's obesity using public health intelligence to identify the need at a district level, and establish a call to action among partners (to include CSSGs, CTB, Healthy Choices, HCT and Health Visitors, NYCC CYPS, and CCGs).

- To support healthy food provision in schools and childcare settings. This will include working with partners to support effective implementation of the School Food Plan, building on the work done by Food for Life to identify continued support to a whole school approach to healthy eating. Working with local child care providers, children's centres and parents to increase the number of child care organisations that serve healthy food, snacks and beverages through implementation of the PHE Early Years menus will also be a priority.

- To identify action on addressing access to high fat and high sugar food and drink outside of the school and early years setting. This will include working through and implementing a healthy school zone/fringe concept that will address one or a number of the following: hot food takeaway planning restrictions, sales of energy drinks to under 16s, unhealthy food and drink promotions, production placements and advertising (i.e. bus stops, public buildings), no parking or drop-off zones to reduce air pollution and increase active travel behaviours, and include edible plants and trees in planting schemes on routes to and from school.

- To encourage healthier vending options within public places i.e. leisure facilities, which will include review product content (sugar, salt and fat), size and product placement.

- To support schools to utilise the Sugar Levy funds to improve PE provision and facilities (capital investment through the Healthy Pupil's Capital Investment Funds) to meet targets of 30 minutes of physical activity during the school day and to support healthy eating and growing interventions.

- To explore the opportunity to, sensitively, improve the nutritional content of food bank donations and develop food banks into 'food pantries' to support those accessing donations to increase food preparation and cooking skills.

9.0 Recommendations to the Children's Trust Board

In summary Government, industry, schools and the public sector all have a part to play in making food and drink healthier and supporting healthier choices for our children. The benefits for reducing obesity are clear – it will save lives and reduce inequalities.

Key recommendations for the Board to consider:

- The Children's Trust Board members are asked to support the North Yorkshire Healthy Weight, Healthy Lives Strategy vision, priorities and associated action by taking the Strategy back to the organisation each member represents to discuss how as an organisation, actions can be incorporated and taken forward. Membership on the Strategy Steering Group is open – where organisations are not represented there is an opportunity to contribute.
- The Children's Trust Board are asked to consider how they can use their leadership to champion a whole systems approach to ensure all children have a right to a healthy weight and help to make the healthy option the easy option.
- How they can ensure that supporting children to have and maintain a healthy weight remains a key priority.

North Yorkshire Children's Trust

North Yorkshire Children's Trust Board

13 June 2018

Understanding food poverty

1 Purpose of report

1.1 The report provides:

i. An overview of food poverty (or household food insecurity) risk and its potential impact on children and young people.
ii. An overview of food bank provision across North Yorkshire.
iii. Examples of what opportunities there are for further interventions.

2 Definition of food poverty

2.1 Food poverty, or household food insecurity, encompasses both the affordability of food, as well as its availability within local communities. It is vital that household food insecurity is seen as being driven by both the affordability and availability of a healthy diet. Food poverty has multiple negative impacts on individuals' health and wellbeing. It is important to ensure that people can access a healthy diet in a socially acceptable way and have sufficient certainty about how they will secure a healthy diet for themselves and their households.

2.2 The Department of Health defines food poverty as *'The inability to afford, or to have access to, food to make up a healthy diet.'*

2.3 A report by Bristol City Council identified some key themes emerging from definitions and discussions around food poverty or food security as shown in the table below.

Availability	• Is there sufficient food? • Can we depend on supplies? • Where does our food come from?
Access	• Can everyone in our population obtain food? • Do they have skills and facilities to make best use of available food?
Affordability	• Can low-income individuals and families afford to buy healthy food?
Nutrition and quality	• Do people consume the right type of food, in the right quantities, for their physical needs?
Sustainability	• Can we rely on continued access to food? • Will everyone always be able to afford food?

3 Who is at risk from food poverty in North Yorkshire?

3.1 Recent research[1] has sought to identify those parts of the country most at risk of household food insecurity. The risk model has combined data on two factors:

- Types of household at greatest risk of food insecurity
- Range of data on benefits claimants

3.2 A map for North Yorkshire is included at **Appendix 1** which shows that the areas of highest risk are on the coast and in a number of market towns across the county.

4 Food poverty impact

4.1 Food poverty, or household food insecurity, can be triggered by a crisis in finance or personal circumstances, but may also be a long-term experience of not being able to access a healthy diet or afford to eat well.

4.2 A lack of food can impact on a child's ability to concentrate in school, but can also impact on their long term health in adult life. This begins with nutrition in pregnancy. Evidence suggests that many parents skip meals to make sure their children have enough to eat. Financial insecurity can affect children's wellbeing with children worrying about their family's financial situation.

4.3 The All-Party Parliamentary Group on Hunger have reported[2] that "The evidence we have received on the impact of hunger on children during the school holidays is deeply troubling. It reveals how those children who exist on an impoverished diet, while taking part in little or no activity, return to school malnourished, sluggish and dreary." The report goes onto say "Moreover it suggests that this group of children start the new term several weeks, if not months, intellectually behind their more fortunate peers".

5 Food bank provision

5.1 The map in **Appendix 1** also shows foodbank provision across North Yorkshire. It is estimated that Trussell Trust foodbank centres account for roughly two-thirds of all emergency food aid provision facilities in the UK and the remainder are independent. The map includes all Trussell Trust facilities and those whose details were provided by the Independent Food Aid Network (note there may be other independent food banks that the Independent Food Aid Network is not aware of).

5.2 The map would indicate that those areas most at risk of household food insecurity are generally served by food banks.

5.3 The Trussell Trust will be attending the meeting to provide an overview of their work and opportunities for links with other services.

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[1] Identifying populations and areas at greatest risk of household food insecurity in England (2018)

[2] Hungry Holidays – A report on hunger amongst children during school holidays, April 2017

6 Other support available in North Yorkshire

6.1 The County Council manages the Local Assistance Fund (£713K per annum) which supports vulnerable adults to move into or remain in the community, and families under great pressure to stay together. Awards are made in-kind, for example, emergency food, utility credit, white goods, furniture and clothes.

6.2 Food is the most commonly awarded item from the Fund (applicants are eligible for up to two food awards in a rolling 12 month period) and since the Fund's inception in April 2013 more than 15,000 food parcels/vouchers have been awarded.

6.3 There are also a wide range of other public sector and voluntary organisations who offer support to families in crisis.

7 Opportunities to support families

7.1 A joint National Education Union (NEU) and Child Poverty Action Group survey received responses from 908 NEU members in March 2018 and reported that:

- 87% of respondents think that poverty or living on a low income affects the learning of their pupils/students significantly.
- 81% of respondents said they often or sometimes came across pupils who hadn't eaten a healthy breakfast.
- 66% said they often or sometimes meet pupils without sufficient food to eat during the school day.

7.2 The survey reported that almost a half of respondents stated that their school directly provides one or more of a range of anti-poverty services (18% run a low cost food club and 13% run a free food bank).

7.3 The Department for Education recently announced funding for organisations to research ways of supporting disadvantaged families, through healthy meals and enriching activities, during the school holidays. The first bidding round has closed, but there will be future bidding rounds for participation in the 2019 Easter and summer pilots.

7.4 It is felt that the Board may be interested in Community Shop, which is an initiative from Company Shop, the UK's largest redistributor of surplus food. Community Shop is not about crisis support, which is often provided by food banks, but about helping people on the cusp of food poverty.

7.5 Community Shop stock a large variety of surplus food and drink products from major retailers and top brands, but importantly the price of goods is about a third that of retail.

7.6 The customers are members, who meet their eligibility criteria:

1. live in a specific postcode area, chosen in line with the government indices of deprivation
2. live in a household that receives some form of Government income support
3. are motivated to make positive change in their lives, and are willing to sign up to a tailored development programme

7.7 They currently have shops in London, Rotherham, Barnsley and Grimsby and have the capability to offer 20 stores, supporting up to 10,000 members. Stores are located in hotspots of deprivation.

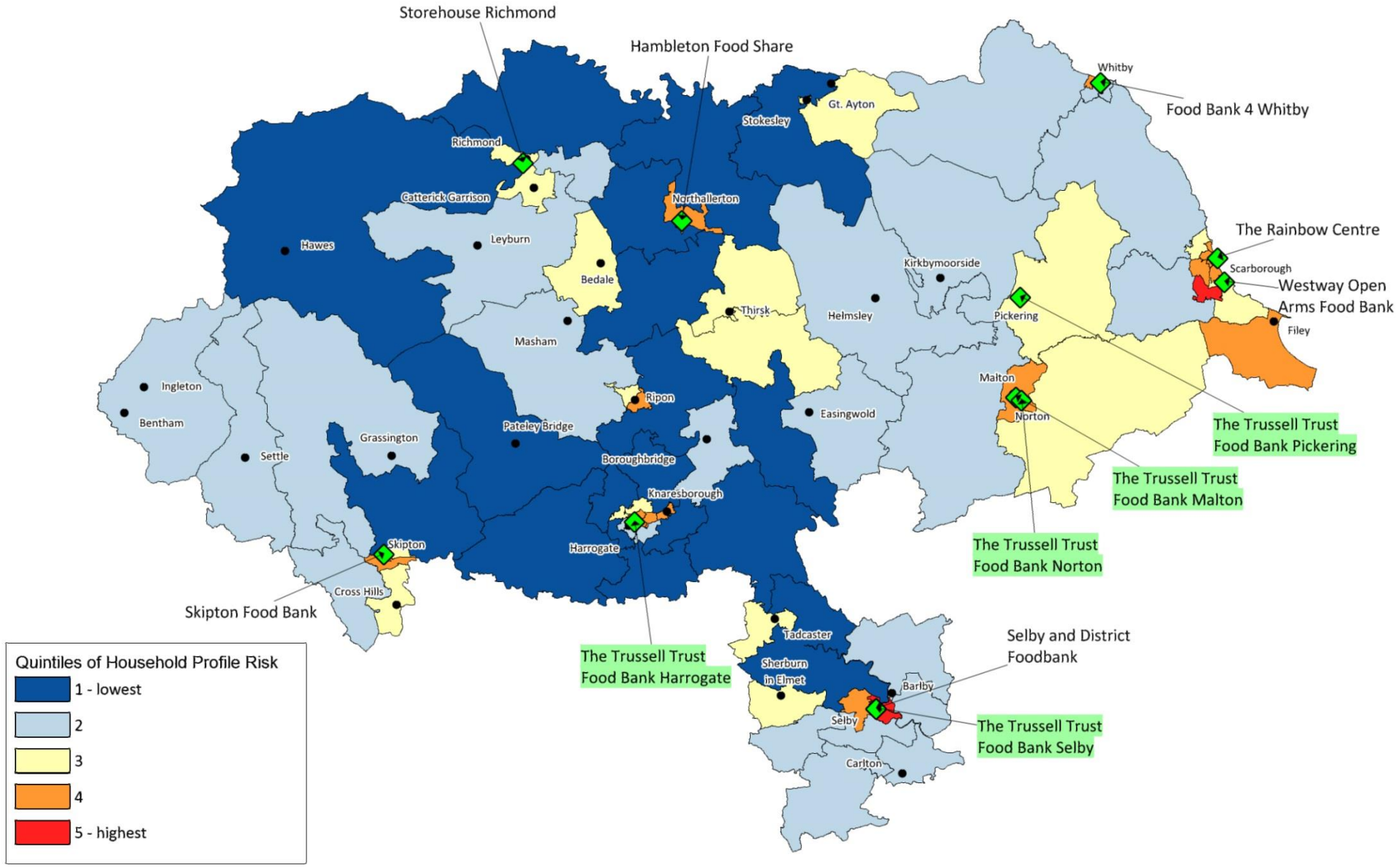
8 Recommendations

8.1 It is recommended that the Board:

i. Note the content of the report and provide any comment.
ii. Consider if there is a need to do a more detailed report into food poverty – this could be put forward to the Joint Strategic Needs Assessment editorial group.
iii. Consider the potential for links between the Trussell Trust and other services, and other opportunities for intervention.

Appendix 1 – Map showing risk of household food insecurity and food bank locations

Areas at Greatest Risk of Household Food Insecurity by MSOA



Data source: Identifying populations and areas at greatest risk of household food insecurity in England, Applied Geography 91 (2018) 21-31 (Smith, Thompson, Harland, Parker & Shelton).

15 May 2018

Dear Deborah & Julie

Baby Friendly Initiative Stage 2 assessments -
Harrogate and District NHS FT 0-5 Health Visiting
North Yorkshire County Council 0-19 Prevention Service Children's Centres

I am writing to enclose a copy of the reports of your recent Stage 2 assessments. I am delighted to be able to inform you that the Designation Committee has accepted the report and has agreed that both services should be awarded a Stage 2 Baby Friendly accreditation.

Recommendations of the report
It is important that we receive a written response to any recommendations made in the reports. Please send acknowledgement of the action you will take in relation to the recommendations to bfi@unicef.org.uk by 26 July 2018.

Stage 3 assessments
Stage 3 assessments should take place within a year of the date of accreditation at Stage 2 i.e. by April 2019. You will received an email reminder nearer this date asking you to contact the office to book the assessment dates, but please feel free to contact us earlier than this if you wish to arrange the assessment sooner.

For more information about Stage 3 assessment, please see the guidance document and application form on our website.

Finally, I should like to pass on congratulations from the Baby Friendly Initiative team for your achievement. Please do not hesitate to contact us for any further information or support as you complete the remaining stage towards full Baby Friendly accreditation.

With best wishes,

Anne Woods.

Anne Woods
Deputy Programme Director

Unicef UK Baby Friendly Initiative

Stage 2 assessment report
Health Visiting Service

Harrogate and District NHS Foundation Trust
0-5 Health Visiting

on 25-26 April 2018

Unicef UK Baby Friendly Initiative
30a Great Sutton St, London, EC1V 0DU
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unicef.org.uk/babyfriendly/

Contents

Assessment result

What we found overall:
We found that Harrogate and District NHS Foundation Trust 0-5 Health Visiting has met all of the standards to enable Stage 2 assessment to be passed.

Harrogate and District NHS Foundation Trust 0-5 Health Visiting presents a positive approach towards implementing the Baby Friendly standards and has consistently displayed enthusiasm and commitment towards providing an effective training programme. The assessment revealed the staff are equipped with the knowledge and skills to implement Baby Friendly standards to support parents to have close and loving relationships with their baby, promote breastfeeding and support mothers with feeding their baby.

The service covers an enormous geographical area and large number of staff. The assessment team were very impressed by the approach taken to ensure that education of staff has been organised on such a large scale, resulting in excellent results. This has been well supported by managers, many of whom acknowledged that this process was largely due to the effectiveness of the Infant Feeding Co-ordinator, who was described as 'gold dust'. In addition all staff interviewed were fully engaged in the process and were keen to be successful in order to provide best care for mothers and babies in Harrogate and District Health Visiting services.

The assessment team's recommendation to the Designation Committee is that Stage 2 be considered passed and that Harrogate and District NHS Foundation Trust 0-5 Health Visiting is now eligible to move onto Stage 3 assessment.

Janette Westman
26 April 2018

Any additional advisory comments

Advisory suggestions relate to areas where we feel some change would be beneficial or could readily be achieved. They are offered purely as advice and do not affect designation of the facility as Baby Friendly, either now or in the future (unless the assessment criteria nationally are changed, in which case prior notice would be given).

1. Whilst staff had excellent knowledge about the benefits of close and loving relationships for mother and baby and talked fluently about how this is implemented antenatally, a few staff needed prompting about discussion of the physical health outcomes of breastfeeding. We would advise that caution is taken to ensure that this important information continues to be discussed with mothers.
2. We are aware that much work has taken place around the International Code of Marketing Breastmilk Substitutes prior to this assessment and staff were excellent in stating that they would only recommend first milks to formula fed babies. Moving forward we would advise that weighting is also given to the influential effects that advertising has to ensure that staff understand that mothers need unbiased, evidence based information and that health professionals should not appear to endorse products.
3. Whilst most staff were excellent at explaining how they would teach a mother how feed her formula fed baby, a small number talked about pacing, without really describing what this involved. We would advise that staff need to understand about the technique and angle of the bottle in order that baby can limit how much he takes and show signs that he has had sufficient.

Achieving Sustainability

Unicef UK is aiming for the Baby Friendly Initiative standards to become sustainable over time, thereby reducing the need for the current level of continued external re-assessments. In order to achieve this, we anticipate that facilities will start working towards new Achieving Sustainability standards which are summarised below. These standards will help facilities to embed and maintain Baby Friendly practices in the longer term.

For further guidance on Achieving Sustainability and how to implement these standards please visit unicef.uk/sustainability

Themes	Standard/Criteria
Leadership	• Baby Friendly lead/team with sufficient knowledge, skills and capacity. • Effective updating for Baby Friendly team • Baby Friendly Guardian in post • Leadership structures support proportionate responsibility and accountability • Managers are educated to support the maintenance of the standards
Culture	• Support for ongoing staff learning • Mechanisms to support a positive culture • Positive feedback from staff, managers and mothers
Monitoring	• Robust, consistent monitoring and reporting mechanisms in place • Evidence of analysis and action planning
Progression	• Demonstrates innovation and progress • Improvement in outcomes • Evidence of integrated working

Comments:

1. All managers interviewed had good knowledge around the implementation of Baby Friendly standards and as well as understanding the challenges faced. Manager's training is planned for the near future and in addition some thought has been given into providing education and services in innovative ways, such as virtual clinics/skype meetings etc.
2. As previously mentioned, the area is huge and this brings challenges both geographically and culturally, which will need some consideration both for future assessments and for sustainability.
3. Discussion took place with managers around the role of the Infant Feeding Co-ordinator whose role is currently jointly funded by Middlesbrough. Many acknowledged that they didn't know what they would do without her, however there is some concern for the size of her role, particularly as the area continues to grow, with an anticipated 1,000 staff across

sites. Plans have been discussed around providing support for the IFL in each area with Band 7 leads and champions. The team feel that it is vital that management support continues to support Debbie's passion and enthusiasm.

4. There are currently 25 champions and children's centre Service leaders who help the infant feeding Co-ordinator with training and audit. Staff knowledge and skills were excellent around practical issues and it was clear that staff are implementing this into practice, with many staff talking about how much they liked that breastfeeding assessment tool and how useful they found it for use with mothers. This will be a real asset as the service moves towards full accreditation.
5. There are robust, consistent monitoring and reporting mechanisms in place and the Infant Feeding Co-ordinator attends a Quality Care and Business meeting every month.
6. There is good working relationships with Children's Centres/North Yorkshire County Council 0-19 prevention service, with joint training and audit as above. Work with maternity services is more challenging, due to the large number of maternity services across the district. A plan is in place to look at how more input can be given to vulnerable families, without reducing the universal care currently in place.
7. The specialist service has been set up with champions and a referral pathway in place. However very few referrals have been made and the team were unsure as to whether the existing support is reducing the numbers needing referral to specialist clinics, or whether some mothers are being missed. Audits of mothers and evaluation of the specialist service is recommended to see whether the service needs to be reviewed.

What happens next?

Plan for Stage 3 assessment
by **April 2019**

- Plans should be made for Stage 3 assessment to be carried out by **April 2019.**

The results in detail

The sample

All staff were randomly selected for interview:

Number of staff interviewed:	**30** (25 + 5 managers)

Standard 1 – Antenatal care

Criterion	Result	Standard required
Staff who were able to give effective information about feeding	92%	80%
Staff can explain the importance of close relationships	100%	80%

Standard 2 – Enabling continued breastfeeding

Criterion		Result	Standard required
Recognising effective feeding	Staff who were able to describe how they would recognise effective feeding	96%	80%
Positioning and attachment	Staff who were able to demonstrate/describe how they would support a mother with positioning and attachment	96%	80%
Hand expression	Staff who were able to demonstrate/describe how they would support a mother with hand expression	92%	80%

Responsive feeding	Staff who were able to describe baby led feeding and how to recognise feeding cues	100%	80%
	Staff who were able to describe responsive feeding	100%	80%

Standard 3 – Informed decisions regarding the introduction of food or fluids other than breast milk

Criterion		**Result**	**Standard required**
Maximising breastmilk	Staff who understood how to support mothers to maximise breastmilk	100%	80%
Formula feeding mothers	Staff who demonstrated understanding of how to support formula feeding mothers with making up feeds	96%	80%
	Staff who demonstrated understanding of responsive bottle feeding	88%	80%
Starting solids	Staff who understood about why waiting until around six months of age is important	100%	80%
The Code	Staff who were able to discuss the International Code of Marketing of Breastmilk Substitutes	88%	80%

Standard 4 – Close and loving relationships

Criterion	Result	Standard required
Staff who understood the importance of close and loving relationships and how to support this	100%	80%

Communication

Criterion	Result	Standard required
Staff who demonstrate that they could communicate in a mother centred way	Yes 100%	Yes

Supporting information

Criteria	Result	Standard required
Staff who have been orientated to the policy	>80%	80%
Staff who have completed the training programme	>80%	80%
The written curriculum meets the standards	Meets standards	Meets standards

Background information

Breastfeeding statistics The most recent infant feeding statistics provided by the facility are as follows:				
Age/stage collected	**Feeding category**			
	Full / total breastfeeding	**Partial breastfeeding**	**Artificial feeding**	**Unknown**
Initiation				
10 day figures	47.3%	12.4%	38.0%	1.2%
6/8 week figures	36.2%	10.3%	50.9%	2.5%
Population coverage:				
Period of collection: 01/01/17 – 31/12/17				
Notes:				

Baby Friendly accreditation history	Stage 1 accreditation awarded April 2016. Stage 2 assessment due April 2018. Registered intent October 2014
Births per year	6,000
Number of facilities	Health Centre's = 4 Children's Centre's = 25 (Some satellite units) GP Surgeries = 90 Well baby clinic sessions per week = 29 Well baby clinic sessions per fortnight = 11 Well baby clinic sessions per month = 16 Breastfeeding Groups per week = 17 Breastfeeding Groups per fortnight = 1
Local demographics	Covering over 3000 square miles, North Yorkshire ranges from isolated rural settlements and farms to market towns such as Thirsk and Pickering and larger urban conurbations such as Harrogate and Scarborough. Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the County that are ranked within the 10% most deprived areas in England. The County is also home to a significant military presence, including UK Army's largest garrison at Catterick in the North of the County. It is

	estimated that 17,000 MOD personnel may be based in North Yorkshire and this figure is likely to grow with redeployment to this area.
Infant feeding lead hours	37.5 hours
Any additional support for the infant feeding lead	There are about 20 Health Visiting Breastfeeding Champions who help the Community Infant Feeding Co-ordinator with training and audit. There are 4 Children's Centre Service Leader's who help the Community Infant Feeding Co-ordinator with training and audit. The Community Infant Feeding Co-ordinator gains monthly supervision and support from her manager which is beneficial.
Classroom training (hours provided)	The BFI 'Breastfeeding and Relationship' training that we are undertaking in our area is a joint approach and run over half a day, one day or two days dependent on roles. 'Day 1' training is for all Health Visiting staff members and Children's Centre staff members who are working directly with families. 'Day 2' training is for Health Visitors only. The Half Day (3 hours) training is for HDFT Health Visiting Services and NYCC Children's Centre Services clerical and administration staff. BFI Annual Update training sessions are now being rolled out. They continue to be run as a joint approach. The first 1.5 hours is for all HDFT Health Visiting Staff members and Childrens Centre staff members and the second part of the session (1.5 hours) is for Health Visitors only. The training curriculum is devised from the audit results obtained.
Practical skills review (hours provided)	The practical skills reviews are covered within the 'Day 2' training session. The practical skills review generally takes about 30 – 45 minutes each health visitor.
Training for GPs (hours provided or package of information)	n/a

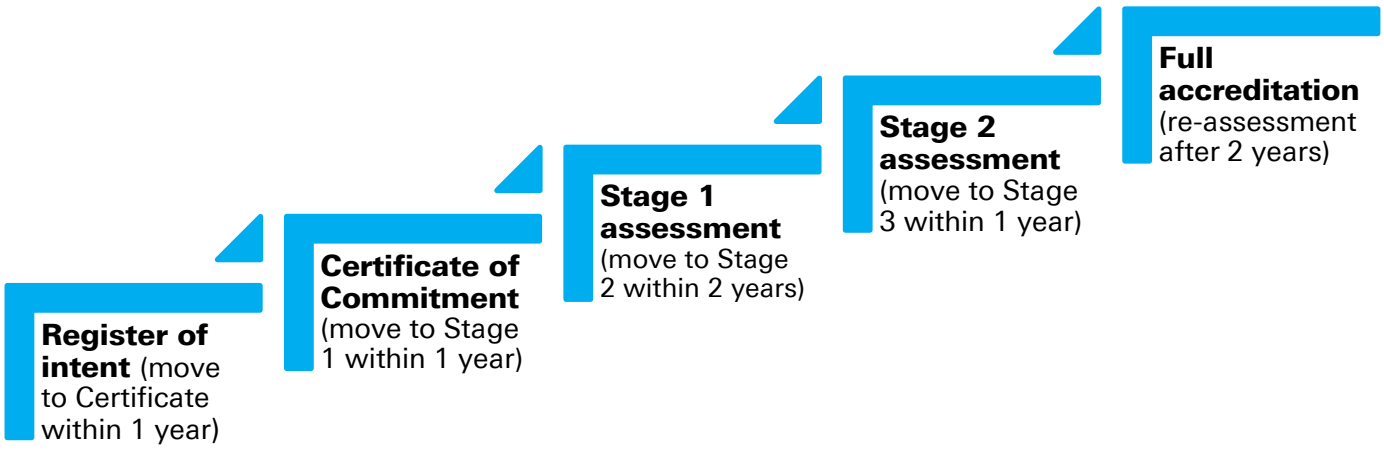
Appendix: About the Baby Friendly Initiative

The Baby Friendly Initiative is a worldwide programme of the World Health Organization and Unicef. It was established in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practise in accordance with the International Code of Marketing of Breastmilk Substitutes. The Unicef UK Baby Friendly Initiative subsequently extended the principles to include community health-care services and university programmes for midwifery and health visiting/public health nursing.

In 2012, following a comprehensive review, the Baby Friendly standards were updated to include parent infant relationship building and very early child development, plus enhanced requirements in communication skills for staff. The new standards were introduced over several years of transition with full compliance from July 2017.

Initial accreditation as a Baby Friendly facility takes place in three stages:
Stage 1 of the assessment procedure is designed to ensure that the necessary policies, guidelines, information and mechanisms are in place to allow health care providers to implement the Baby Friendly standards effectively.
Stage 2 involves the assessment of staff knowledge and skills.
Stage 3 assesses the implementation of the Baby Friendly standards in the care of pregnant women and new mothers.
Re-assessment takes place after two years with the aim of ensuring that the standards are maintained. Ongoing assessment is carried out every three-five years with the same goal of ensuring the maintenance of standards.

The work of the Baby Friendly Initiative within the UK is overseen by the Designation Committee, a panel of impartial experts in the field of breastfeeding and neonatal care including representatives from paediatrics, midwifery and health visiting, voluntary organisations and mother support groups as well as representatives from Baby Friendly accredited facilities. The findings from all assessments are reviewed by the Designation Committee in order to ensure consistency and fairness.



Unicef UK Baby Friendly Initiative

Stage 2 assessment report
Children's Centres

North Yorkshire County Council 0-19 Prevention Service

on 25-26 April 2018

Unicef UK Baby Friendly Initiative
30a Great Sutton St, London, EC1V 0DU
Tel: 0207 375 6052/6144 bfi@unicef.org.uk
unicef.org.uk/babyfriendly/

Contents

Assessment result

What we found overall:
We found that North Yorkshire County Council 0-19 Prevention Service has met all of the standards to enable Stage 2 assessment to be passed.

North Yorkshire County Council 0-19 Prevention Service presents a positive approach towards implementing the Baby Friendly standards and has consistently displayed enthusiasm and commitment towards providing an effective training programme. The assessment revealed the staff are equipped with the knowledge and skills to implement Baby Friendly standards to support parents to have close and loving relationships with their baby, promote breastfeeding and support mothers with feeding their baby.

Family workers are involved in the care of vulnerable young people. The assessment team were impressed at how, when discussing the value of breastfeeding and close and loving relationships, they tailored discussion to their client group, particularly related to mothers with long term mental health.

Family Service workers identified from Baby Friendly training that some of the 'Incredible Years' training pack challenged some of the Baby Friendly standards. This was fed to managers who, together with the University of York contacted the programme author, resulting in the content being changed on a national level. Managers are commended for commitment to resolve this challenge, to ensure that parents receive accurate information, particularly as a huge investment had been made to the programme.

Commitment has also been made to identify 4 champions to ensure that training and workshops can be co-delivered with Health Visiting services, enabling training to be provided locally, reducing the cost of mileage, demonstrating a good example of integrated working.

The assessment team's recommendation to the Designation Committee is that Stage 2 be considered passed and that North Yorkshire County Council 0-19 Prevention Service is now eligible to move onto Stage 3 assessment.

Janette Westman
26 April 2018

How we *recommend* you achieve and maintain the standards

Recommended actions are those that have proven valuable in other units in helping them to achieve and maintain the requirements. In some cases implementation (or not) of these recommendations is likely to make a significant difference to practice and thus to the ability of the facility to achieve and subsequently maintain the Baby Friendly standards. The recommendations made by the assessment team are listed in this report. Further recommendations may be made in the future in relation to any changes made, and in light of practice found or current research evidence.

1. Although the majority of staff had attended training, some of the staff interviewed had not attended training. This was checked against staff training records, which confirmed that although over 80% of staff had attended, there were some who had not. We recommend that discussion takes to determine how to ensure attendance of all staff at the mandatory training days.

Any additional advisory comments

Advisory suggestions relate to areas where we feel some change would be beneficial or could readily be achieved. They are offered purely as advice and do not affect designation of the facility as Baby Friendly, either now or in the future (unless the assessment criteria nationally are changed, in which case prior notice would be given).

1. Some of the staff interviewed stated that although it is not considered to be a part of their role, they felt equipped by the training they had received, to support mothers with practical skills. Indeed they were able to demonstrate this when assessed as a level 3 worker. We would advise that consideration could be given to establish whether those staff who receive this training could then work alongside health visitors in clinics (as they do already) and once confident could support mothers with practical skills. At present most mothers would be referred to a health visitor, whereas if help could be given sooner, this would support mothers in a more timely way and may result in mothers continuing to breastfeed for longer.

What happens next?

- Please send written acknowledgement to the recommendations in this report and any actions you will take to bfi@unicef.org.uk by **26 July 2018.**
- Plans should be made for Stage 3 assessment to be carried out by **April 2019.**

The results in detail

The sample

All staff were randomly selected for interview:

Number of staff interviewed Level 1 Level 2 Level 3	**33** (+4 managers) 8 17 4

Level 1

Criterion		**Result**	**Standard required**
The value of breastfeeding	Staff who were able to describe the value of breastfeeding for the health and wellbeing of babies and mothers	89%	80%
Welcoming breastfeeding	Staff who were able to explain how the children's centre welcomes breastfeeding	100%	80%
Protecting breastfeeding	Staff who were able to demonstrate an understanding of the impact of advertising of infant formula, bottles teats and dummies	96%	80%
Support with feeding and caring for baby	Staff who were able to explain how they would refer mothers for appropriate support	96%	80%

Level 2

Criterion		Result	Standard required
Close and loving relationships	Staff who understood the importance of close and loving relationships and how to support this	100%	80%
Support for mothers who formula feed	Staff who demonstrated understanding of how to support formula feeding mothers with making up feeds / understanding of responsive bottle feeding	86%	80%
Introducing solid food	Staff who understood why waiting until around six months of age is important	90%	80%

Level 3

Criterion		Result	Standard required
Effective breastfeeding	Staff who were able to describe how they would support a mother to achieve effective breastfeeding	100%	80%
Responsive breastfeeding	Staff who were able to describe responsive feeding	100%	80%
Referral pathway	Staff who were able to recognise breastfeeding challenges beyond their remit and refer appropriately	100%	80%

Supporting information

Criteria	Result	Standard required
Staff who have been orientated to the policy	>80%	80%
Staff who have completed the training programme	>80%	80%
The written curriculum meets the standards	Meets standards	Meets standards

Children's centres visited as part of this assessment	Knaresborough Children's Centre Scarborough Children's Centre Thirsk Children's Centre Selby Children's Centre

Achieving Sustainability

Unicef UK is aiming for the Baby Friendly Initiative standards to become sustainable over time, thereby reducing the need for the current level of continued external re-assessments. In order to achieve this, we anticipate that facilities will start working towards new Achieving Sustainability standards which are summarised below. These standards will help facilities to embed and maintain Baby Friendly practices in the longer term.

For further guidance on Achieving Sustainability and how to implement these standards please visit unicef.uk/sustainability

Themes	Standard/Criteria
Leadership	• Baby Friendly lead/team with sufficient knowledge, skills and capacity. • Effective updating for Baby Friendly team • Baby Friendly Guardian in post • Leadership structures support proportionate responsibility and accountability • Managers are educated to support the maintenance of the standards
Culture	• Support for ongoing staff learning • Mechanisms to support a positive culture • Positive feedback from staff, managers and mothers
Monitoring	• Robust, consistent monitoring and reporting mechanisms in place • Evidence of analysis and action planning
Progression	• Demonstrates innovation and progress • Improvement in outcomes • Evidence of integrated working

Comments:

1. All managers interviewed had good knowledge around the implementation of Baby Friendly standards and as well as understanding the challenges faced
2. Four Champions have been identified who help the infant feeding Co-ordinator with training and audit, which enables delivery of training on a more local level, which is also cost effective
3. There are robust, consistent monitoring and reporting mechanisms in place. There is an integrated working group, which looks at specifications for the service.
4. There is good working relationships with Health Visiting services and the University of York, as demonstrated above. Work with maternity services are more challenging, due to the large number of maternity services across the district.
5. The specialist service has been set up with champions and a referral pathway in place. However very few referrals have been made and the team were unsure as to whether the

existing support is reducing the numbers needing referral to specialist clinics, or whether some mothers are being missed. Audits of mothers and evaluation of the specialist service is recommended to see whether the service needs to be reviewed.

6. There is to be a Children and family service review, so there may be changes to structure but it is not anticipated that this will have an impact on the implementation of Baby Friendly standards. Hopefully it should improve contact with vulnerable families.

7. There are some challenges with making savings, but in the model being developed it is anticipated that current standards are sustainable and embedded.

Background information

Progress with Baby Friendly accreditation	Stage 1 accreditation awarded April 2016. Stage 2 assessment due April 2018. Registered intent October 2014
Number of children's centres	Children's Centre's = 25 (Some satellite units)
Births per year	6,000
Local demographics	Covering over 3000 square miles, North Yorkshire ranges from isolated rural settlements and farms to market towns such as Thirsk and Pickering and larger urban conurbations such as Harrogate and Scarborough. Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the County that are ranked within the 10% most deprived areas in England. The County is also home to a significant military presence, including UK Army's largest garrison at Catterick in the North of the County. It is estimated that 17,000 MOD personnel may be based in North Yorkshire and this figure is likely to grow with redeployment to this area.
Main languages spoken other than English	
Project lead hours	37.5 hours
Any additional support for the project lead	There are about 20 Health Visiting Breastfeeding Champions who help the Community Infant Feeding Co-ordinator with training and audit. There are 4 Children's Centre Service Leader's who help the Community Infant Feeding Co-ordinator with training and audit. The Community Infant Feeding Co-ordinator gains monthly supervision and support from her manager which is beneficial.
Classroom and practical training (hours provided)	The BFI 'Breastfeeding and Relationship' training that we are undertaking in our area is a joint approach and run over half a day, one day or two days dependent on roles. 'Day 1' training is for all Health Visiting staff members and Children's Centre staff members who are working directly with families. 'Day 2' training is for Health Visitors only.

	The Half Day (3 hours) training is for HDFT Health Visiting Services and NYCC Children's Centre Services clerical and administration staff. BFI Annual Update training sessions are now being rolled out. They continue to be run as a joint approach. The first 1.5 hours is for all HDFT Health Visiting Staff members and Childrens Centre staff members and the second part of the session (1.5 hours) is for Health Visitors only. The training curriculum is devised from the audit results obtained.

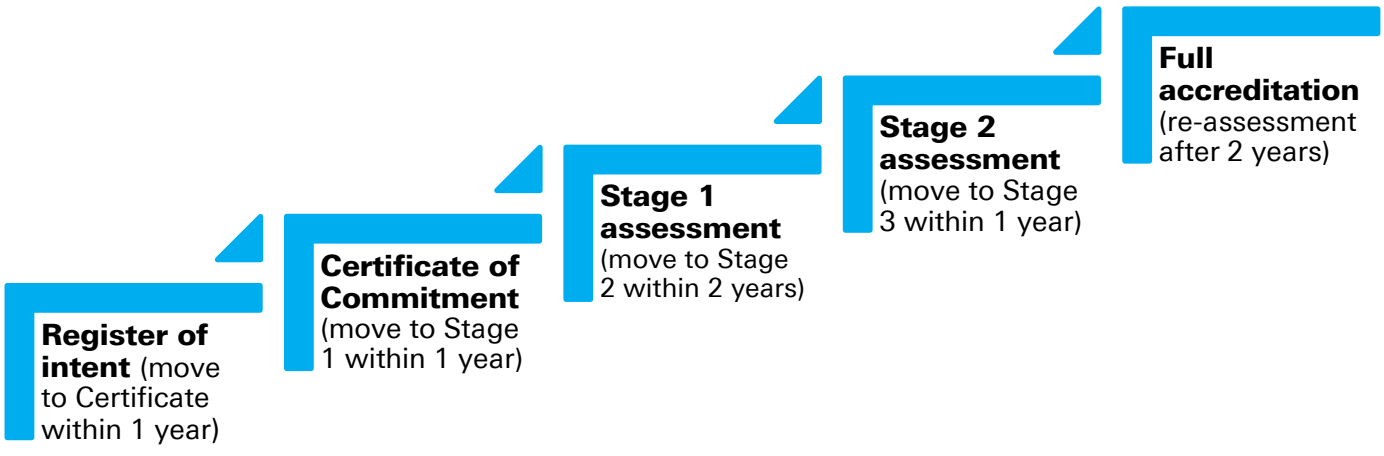
Appendix: About the Baby Friendly Initiative

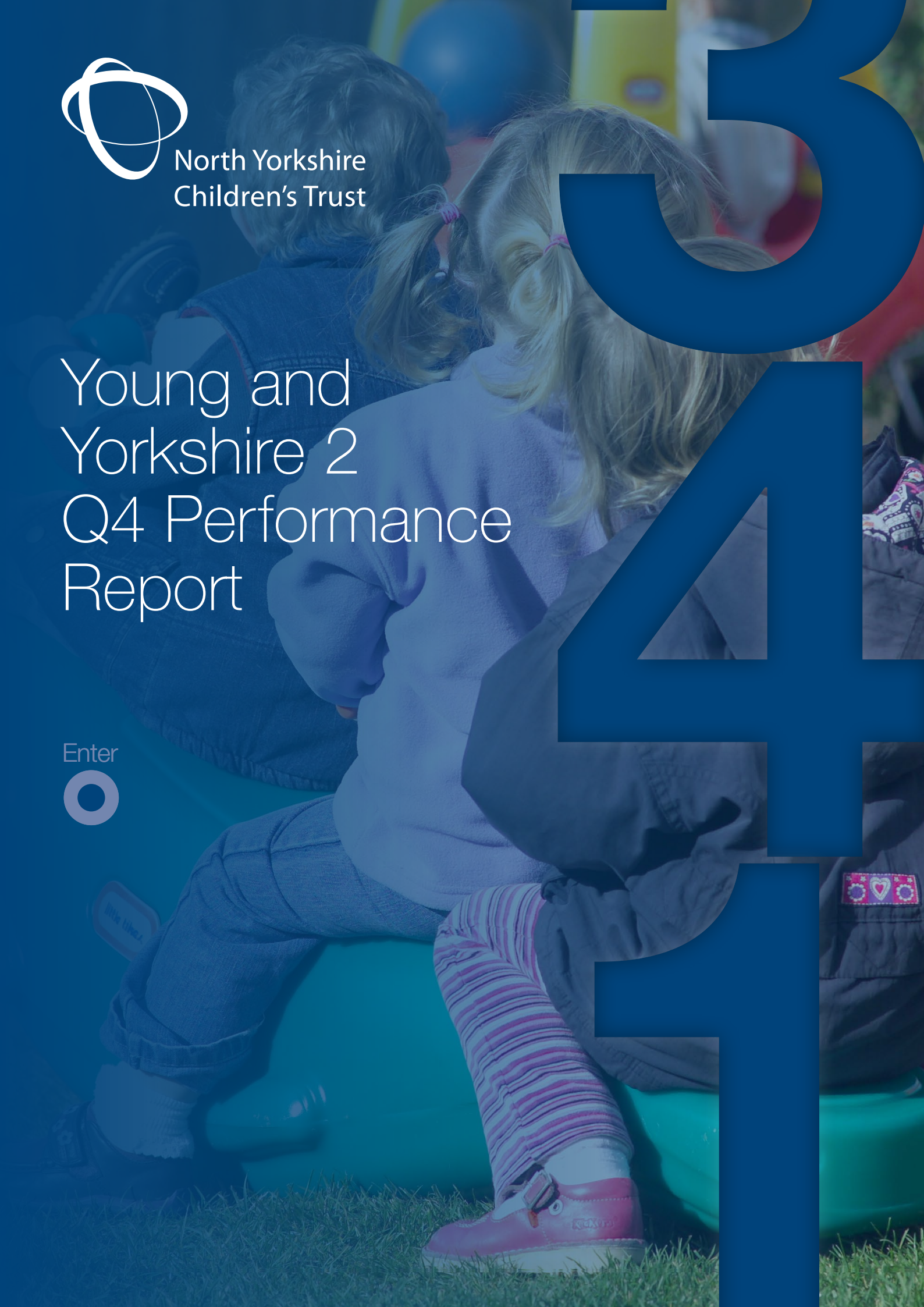
The Baby Friendly Initiative is a worldwide programme of the World Health Organization and Unicef. It was established in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practise in accordance with the International Code of Marketing of Breastmilk Substitutes. The Unicef UK Baby Friendly Initiative subsequently extended the principles to include community health-care services and university programmes for midwifery and health visiting/public health nursing.

In 2012, following a comprehensive review, the Baby Friendly standards were updated to include parent infant relationship building and very early child development, plus enhanced requirements in communication skills for staff. The new standards were introduced over several years of transition with full compliance from July 2017.

Initial accreditation as a Baby Friendly facility takes place in three stages:
Stage 1 of the assessment procedure is designed to ensure that the necessary policies, guidelines, information and mechanisms are in place to allow health care providers to implement the Baby Friendly standards effectively.
Stage 2 involves the assessment of staff knowledge and skills.
Stage 3 assesses the implementation of the Baby Friendly standards in the care of pregnant women and new mothers.
Re-assessment takes place after two years with the aim of ensuring that the standards are maintained. Ongoing assessment is carried out every three-five years with the same goal of ensuring the maintenance of standards.

The work of the Baby Friendly Initiative within the UK is overseen by the Designation Committee, a panel of impartial experts in the field of breastfeeding and neonatal care including representatives from paediatrics, midwifery and health visiting, voluntary organisations and mother support groups as well as representatives from Baby Friendly accredited facilities. The findings from all assessments are reviewed by the Designation Committee in order to ensure consistency and fairness.





North Yorkshire Children's Trust

Young and Yorkshire 2 Q4 Performance Report

Enter

‘Best start to life’

‘Every child and young person has the best possible start in life’

High level Outcomes:

1. **Education as our greatest liberator with high aspirations, opportunities and achievements.**
2. **A happy family life in strong families and vibrant communities.**
3. **A healthy start to life with safe and healthy lifestyles.**

Customer

Rates of Repeat Referrals to Children’s Social Care

Whilst demand for Children & Families Services continues to remain high, with the number of referrals increasing by 22% over the course of 2017/18 compared to 2016/17, we continue to report a rate of repeat referral (the percentage of referrals that have had a previous referral within 12 months) that is considerably below the national average. Compared to the national average of 21.9% and the statistical neighbour rate of 21.4%, our rate of 15.3% indicates that the service is providing the customer with the right support at the right time.

Customer Resolution Centre Service Level Agreement Review

The Service is currently in the process of reviewing the Service Level Agreement with the Customer Resolution Centre to ensure that contacts have a smooth and efficient transition from the initial point of contact to screening within the MAST.

School places

The percentage of children receiving their first preference school place remains very high at both primary (94%) and secondary (90%).

Percentage of children receiving first preference school place		
	2017	2018
Primary	95.8%	94.4%
Secondary	89.5%	90.3%

Education Health and Care (EHC) Plan performance

The service successfully transferred all possible Statements of SEN to EHC Plans in accordance with the Government deadline of 31 March 2018 (there were 3 outstanding all of which were permitted exemptions; 2 children moved into area; and 1 awaiting tribunal). In 2017/18 80% of EHC Plans were issued on time compared to 56% nationally and 57% in Yorkshire and the Humber.

Priority: Good or outstanding schools and settings

Ofsted outcomes

The percentage of pupils attending a good or outstanding school remains very high. In quarter 4 there were 20 inspections; 15 judged good; 4 judged requires improvement; and 1 judged inadequate.

Percentage of pupils attending a good or outstanding school (as at 31 March 2018)		
	Primary	Secondary
North Yorkshire	88.3%	84.6%
Yorkshire and Humberside	85.3%	72.3%
National	89.7%	80.3%

However, for primary schools the percentage of children attending a good or outstanding school in Scarborough is significantly lower than the other districts at 70%. This figure is even lower for disadvantaged pupils at just 57%.

Percentage of all / disadvantaged pupils attending a good or outstanding school by district (as at 31 March 2018)				
	Primary		Secondary	
District	% all pupils	% disadvantaged pupils	% all pupils	% disadvantaged pupils
Craven	83.0%	77.3%	91.8%	78.6%
Hambleton	89.6%	90.8%	44.1%	42.2%
Harrogate	88.5%	88.5%	100.0%	100.0%
Richmond	86.6%	79.7%	100.0%	100.0%
Ryedale	97.8%	98.5%	100.0%	100.0%
Scarborough	70.1%	57.4%	62.9%	45.1%
Selby	98.1%	99.5%	89.1%	88.5%

For secondary schools the percentage of children attending a good or outstanding school is low in Hambleton (44%) and Scarborough (63%). These figures are even lower for disadvantaged pupils (42% in Hambleton and 45% in Scarborough).

Disadvantaged achievement

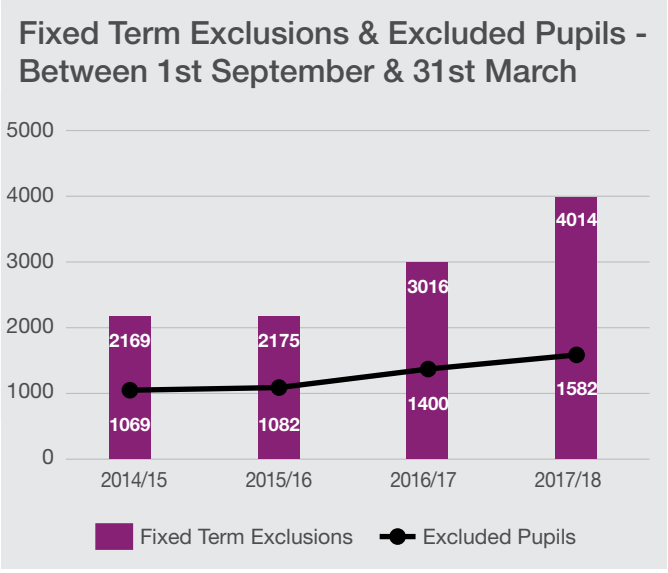
There are currently 12,080 disadvantaged (eligible for Free School Meals in any of the last 6 years, looked after in care or adopted) pupils in North Yorkshire schools. Whilst the performance of disadvantaged pupils improved in 2017 this was at a slower rate than the improvement for other pupils. At Key Stage 2 the performance of disadvantaged pupils in North Yorkshire is ranked in the bottom quartile nationally and at Key Stage 4 the key indicators are ranked in the second and third quartiles.

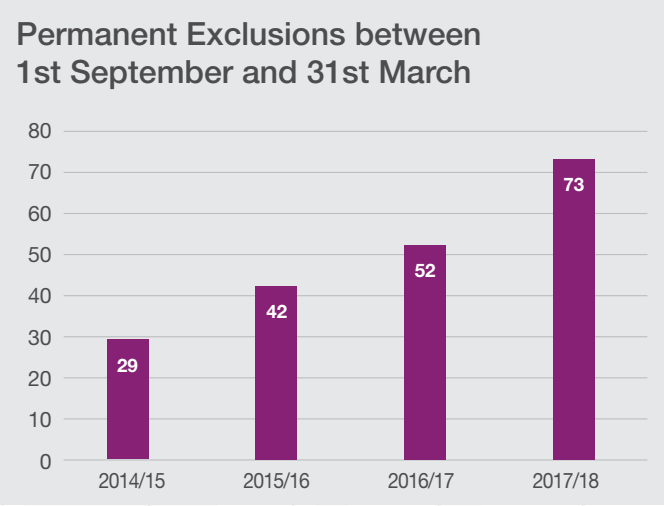
Disadvantaged pupil attainment national rank (ranked out of 152)		
	2016 rank	2017 rank
Key Stage 2 - % achieving the expected level or above in reading, writing and maths combined	91	136
Key Stage 4 – Attainment 8 score	103	90
Key Stage 4 – Progress 8 score	101	69

The Achievement Unlocked project has worked with 58 schools to improve disadvantaged achievement. Overall disadvantaged pupils in the Achievement Unlocked schools have made more progress than the schools not included in the project. However, there is a marked variation in the performance of individual schools with some achieving significant improvements and others actually showing a decline in performance. This demonstrates that the intervention has only been successful where the school leadership is strong and fully engaged.

Exclusions

The number of fixed-term and permanent exclusions continues to increase. The charts below compare the first two terms of the last four academic years. In 2017/18 to the 31 March 2018 there have been 4,014 fixed term exclusions (1,582 pupils) and 73 pupils permanently excluded.





Exclusions are concentrated in a relatively small number of schools with 88% of all schools having no permanent exclusions and 62% of all schools having no fixed term exclusions. The top 10 schools for total exclusions are secondary and account for 53.7% of all exclusions. During the period covered by this data, half of the top 10 schools were Local Authority maintained and half were academies.

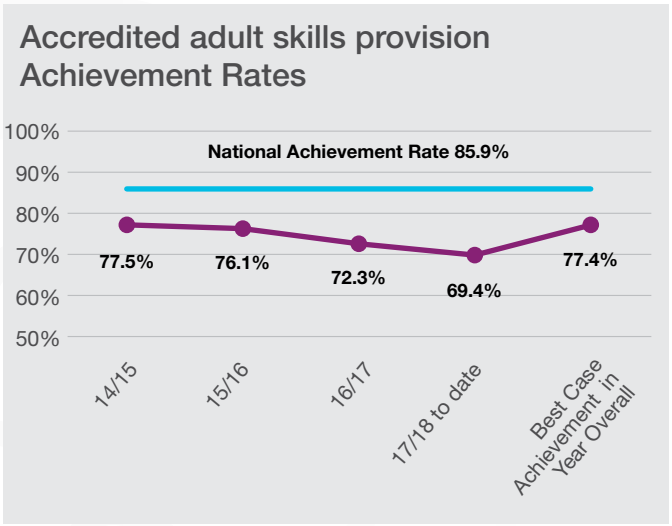
There is a spike in exclusions in school years 9 to 11 and males account for 70% of the total. Around 30% of excluded pupils are SEN with the most common primary need Social, Emotional & Mental Health (58%).

Analysis shows that children excluded (fixed term or permanent) in either the final year of primary school (Year 6) or the final year of secondary school (year 11) achieve significantly lower at Key Stage 2 and 4.

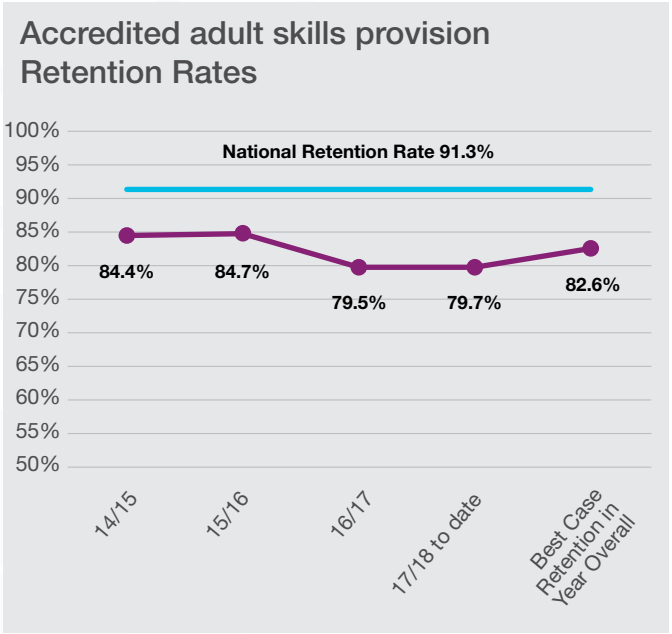
Adult Learning & Skills

In 2017/18 the Adult Learning and Skills Service was allocated a total of £3.8 million from the Education and Skills Funding Agency. Of this funding 78% was allocated to education and training adult provision; split between accredited skills provision (1,337 learners to 31 March 2018) and non-accredited community learning provision (1,860 learners to date).

For accredited adult skills funded provision the overall achievement rates for the last four academic years are shown in the chart below. The 2017/18 achievement rate to date is 69.4% which is below the 2015/16 national rate of 85.9%. The best case scenario for 2017/18, should all the learners that are currently on roll achieve their qualification, is that the overall achievement rate increases to 77.4%.



To date the 2017/18 retention rate is 79.7% and the best case scenario is that this increases to 82.6% should all learners currently on role remain on their course. This is below the 2015/16 national rate of 91.3%.

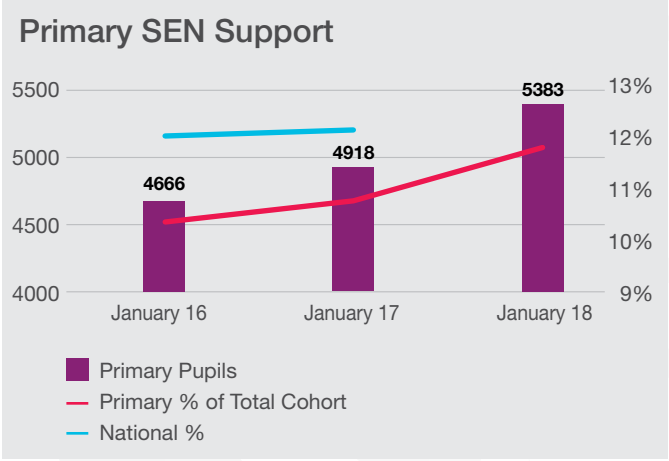


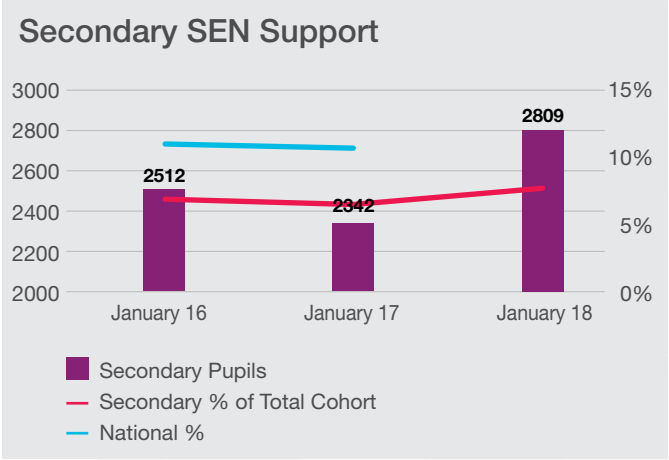
The 2017/18 to date pass rate for adults on non-accredited community learning funded provision is 93.5% with a best case scenario of 95.4% should all learners currently on roll achieve a pass. In 2016/17 the achievement rate was 96.1%.

Priority: Improved outcomes for children and young people with special educational needs and disability

SEN support

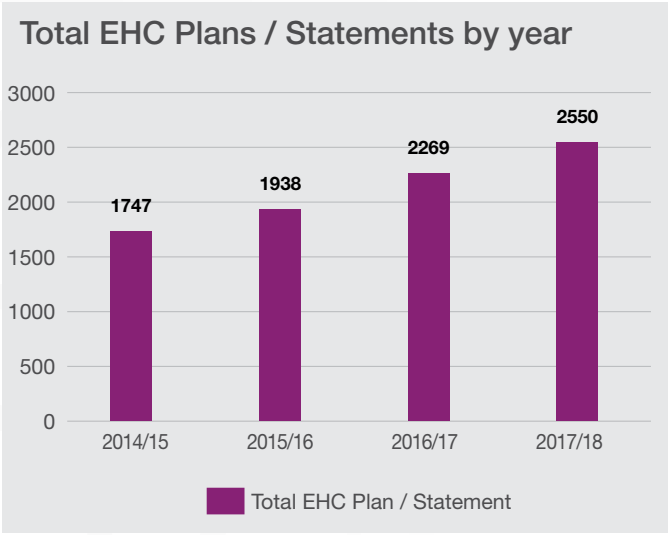
Between January 2016 and January 2018 there has been an increase of 1,014 children (primary and secondary) receiving SEN support with the overall total now 8,192. The gap to the national rates of SEN support appear to be closing which is a positive sign and demonstrates that the needs of more children are being identified and support is being put in place within the school setting. There is on-going work to ensure that support is of the right quality and tailored to meet the needs of the child.





Education Health and Care Plans

The total number of Education Health and Care Plans continues to increase and at the end of quarter 4 2017/18 was 2,550. This represents a 46% increase since 2014/15.



The number of children with an EHC Plan in out of county placements is increasing with 529 as of April 2018 (approximately 1 in 5 children with an EHC Plan). These placements are generally more costly than placements within North Yorkshire. There are a number of factors behind this trend, which include the increasing number of children with EHC Plans resulting in an insufficiency of placements in North Yorkshire and parental preference. One of the priorities in the Strategic Plan for SEND Education Provision 0-25 is to provide additional capacity within North Yorkshire so that more children are placed locally.

Out of county placements for children with EHC Plans		
April 2016	April 2017	April 2018
476	512	529

Areas of need

The most common primary need for children on an EHC Plan is Autistic Spectrum Disorder (29%) and for children receiving SEN support it is specific learning difficulty (21%). Social, Emotional & Mental Health is the most prevalent primary need across the whole SEN population.

Most prevalent primary need of SEN population	
EHC Plan	SEN support
Autistic Spectrum Disorder (29%)	Specific Learning Difficulty (21%)
Social, Emotional & Mental Health (19%)	Moderate Learning Difficulty (20%)
Moderate Learning Difficulty (17%)	Speech, Language & Communications Needs (20%)
	Social, Emotional & Mental Health (17%)

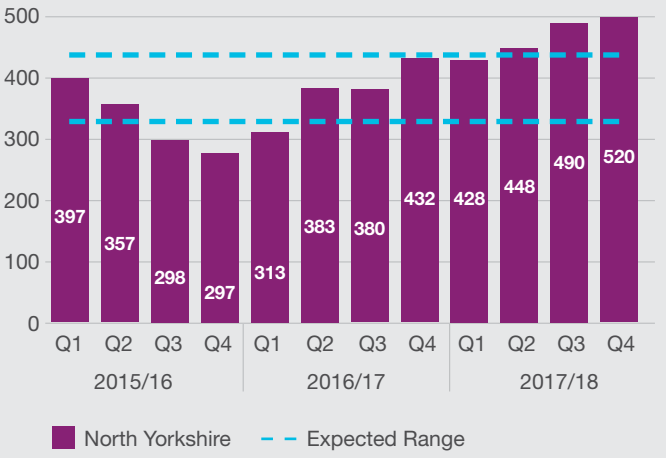
Priority: Safeguarding children and supporting families

"Children's services is now the top immediate pressure for councils", a recent study of senior leaders at English Councils identified. Whilst North Yorkshire is, undoubtedly, feeling increasing pressures on Children's Services, as the number of Children's Social Care cases remains high, services appear to be reacting well.

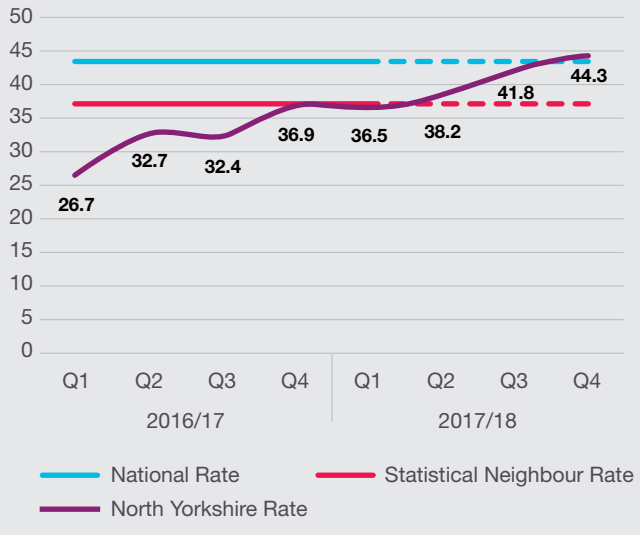
Throughout the course of 2017/18, we have seen demand remain consistently high compared to the last financial year. This year has seen a 22% increase in the total number of referrals between 1st April and 31st March alongside a 20% increase in the number of Children subject to a Child Protection Plan over the past 12 months. Despite this increased demand, and the challenges that this could pose on resources and capacity, the service continues to perform strongly, with a consistently high rate of assessments completed within the statutory timescale of 45 days (95% in Quarter 4). This is indicative that, not only is the service continuing to perform strongly, but that the service is working more efficiently to ensure that the increased demand is not resulting in families waiting longer to receive the support they need.

We are continuing to see an increasing number of children subject to a Child Protection Plan, increasing by 6% from 490 at the end of last Quarter to 520 open cases at the end of March 2018. This equates to a rate of 44.3 per 10k, slightly higher than the national average of 43.3 per 10k. Analysis of current cases, and comparative analysis of previous cohorts, indicates that this increase is likely to be a reflection of the increasing demand for services that are being observed nationwide, and it is to the Service's credit that we are able to continue to provide child focused interventions to keep children safe and support sustainable change in the face of increasing demand.

Total Number of Child Protection Plans

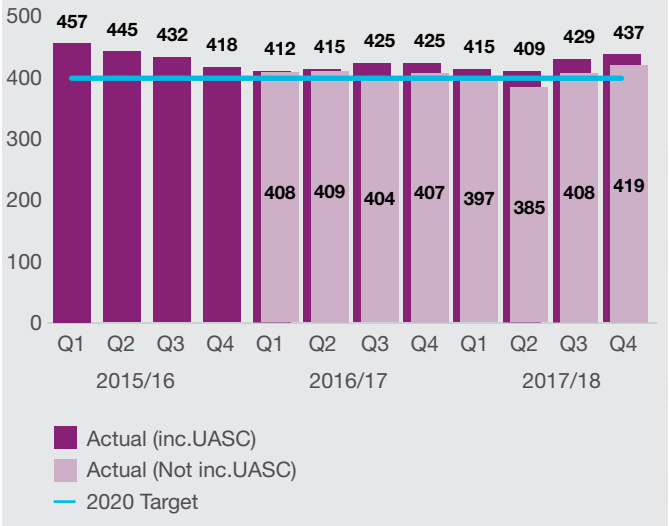


Rate of Children Subject to Child Protection Plan (per 10,000 0-17 year olds)



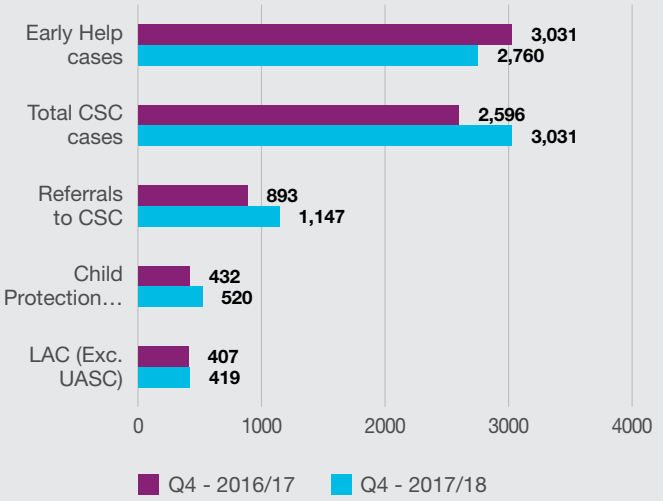
Reflecting the national trend, North Yorkshire has seen its LAC population increase over the past 2 Quarters to the highest number since Quarter 2 2015/16. Analysis of the rate of admission indicates that we are continuing to apply thresholds consistently and that the scrutiny of the 'Placement and Permanence Panel' continues to ensure that children are only entering care when it is suitable. Looking externally, despite this recent increase in the number of Looked After Children, our rate of Children in Care per 10,000 children aged 0-17 is almost half of the latest recorded national rate (60 per 10k) and statistical neighbour average (57.2 per 10k), at 37.3 per 10k. We must however look inwardly and recognise that this increase in Looked After Children may pose potential challenges for the service in regards to placement sufficiency and resources.

Total Number of Children in Care



Over the past 12 months we have seen a 21% increase in the number of Early Help cases (individuals aged 0-19) closed with action plans completed. This reflects the positive work that the Prevention Service is undertaking in effectively supporting an increasing number of families to make sustainable progress. Although the number of Early Help cases being closed is increasing, the number of open Early Help cases has decreased by 9% over the past 12 months whilst the number of cases open to Children's Social Care has increased by 17%. This decrease in Early Help and increase in Children in Need may be an indication that not only is demand increasing, but that cases are presenting increasingly complex needs. To fully understand this shift, it is recommended that the Strategy and Performance Team complete an in depth piece of analysis to determine what the drivers are for this and ensure that children are receiving support at the earliest possible stage.

Demand for Children & Families Services Q4 2016/17 and Q4 2017/18



With the Council's reinvigorated focus on School Readiness in mind, it is encouraging to report that, with the help of our Early Help Services, take up of 2 year olds funding over the past 2 years (up to the end of the Autumn Term 2017) has steadily increase, from 62% to 89%. This indicates that an increasing number of families are accessing early education provision.

Future Focus

Improving the attainment of disadvantaged learners is a key priority for the service and applying the learning from the Achievement Unlocked project around the importance of school leadership is critical to this.

There is an increasing amount of work underway to support schools in looking at how they can sustain education provision of appropriate breadth and quality when faced with the linked challenges of low pupil numbers and financial pressures. Much of this work relates to assisting schools to establish collaboration with partner schools. Currently 26 out of 61 schools with 50 or less pupils on roll are not in a collaborative arrangement and the service intends to introduce a targeted approach to assist these schools during 2018/19. Although collaboration helps with sustainability the service is also now beginning to see established formal collaborations facing financial difficulties and significant officer support is being provided to explore sustainable options.

Continue to respond to the increase in exclusions through the programme of activity underway within mainstream, Alternative Provision, the Pupil Referral Service and specialist provision to support young people who are at risk of permanent exclusion or young people who are at risk of becoming disaffected through repeated fixed term exclusions.

Formal consultation on the Strategic Plan for SEND Education Provision 0-25 will take place between 18 May 2018 – 28 June 2018.

As part of the Children & Families Service's commitment to continuous improvement, over the past Quarter, the Service has been producing a Self-Assessment Framework which identified areas for improvement, relating to practice, performance and outcomes. The Service is currently, and will continue to, work through the Self-Assessment Framework and accompanying Service Improvement Plan to develop service, practice and outcomes further.

The Children & Families service, along with colleagues from Strategic Support Services, are currently in the process of reviewing the Performance Management Framework, to deliver a robust 'Bottom up' approach to Performance Management.

1.0 Appendix – Best start to life

Primary Indicators:		Latest data / figure	RAG status (better or worse)	Benchmarking data	Comments	Direction of travel (number up/down/ same)
1.1	Gap in Life Expectancy at Birth - Female/Male	F=4.9 yrs M=4.0 yrs		England: F=7.3; M=9.3 Statistical neighbours: F: Mean = 5.6; range: 4.0-8.1 M: Mean = 7.2; range: 5.5-9.5	This indicator measures inequalities in life expectancy using the slope index of inequality (SII). The SII measures how much life expectancy varies with deprivation.	
1.2	Life expectancy at birth	F = 84.2 yrs M = 80.6 yrs		England: F=83.1; M=79.5 Statistical neighbours: F: Mean = 83.7; range: 82.7-84.7 M: Mean = 80.2; range: 79.2-81.2	An important summary measure of mortality and morbidity, life expectancy estimates average number of years an infant might expect to live based on current mortality rates.	
1.3	Breastfeeding initiation	73.6%		England = 74.5% Statistical neighbours: Mean = 73.7; range: 64.1-81.8	Exclusive breastfeeding is recommended for the first six months of infancy. Breast milk provides ideal nutrition for infants. There is evidence that babies who are breast fed experience lower levels of ill health. Observational studies show that breastfeeding is associated with lower levels of child obesity. Mothers who do not breastfeed have an increased risk of breast and ovarian cancers and may find it more difficult to return to their pre-pregnancy weight.	
1.4	Smoking at the time of delivery	2016/17 12.9% (equates to 686 women)		2016/17 National average 10.7%	Smoking status in North Yorkshire at the time of delivery fell from 14.2% in 2015/16 to 12.9% in 2016/17. However, this remains significantly higher (14%) than national average (10.6%). Scarborough district has the highest rate at 17.3%, equating to 177 women (26% of all women in North Yorkshire who were recorded as smokers at the time of delivery)	
1.5	The percentage of children aged 4 or 5 (reception) who have excess weight	2016/17 21.2%		National 22.6%	Percentage of children at reception age who are overweight and obese has increased by 0.6% from 2015/16.	

1.0 Appendix – Best start to life

Primary Indicators:		Latest data / figure	RAG status (better or worse)	Benchmarking data	Comments	Direction of travel (number up/down/ same)
1.6	The percentage of children aged 10 or 11 (Year 6) who have excess weight	2016/17 30.6%		National 34.2%	Percentage of children at year 6 (10-11 years old) age who are overweight and obese increased by 1.1% from 2015/16	
1.7	Children and young people (age 10-24) admitted to hospital as a result of self-harm	496.9 per 100,000		England = 404.6 / 100,000 Statistical neighbours: Mean = 451.8; range: 230.9-659.9	Hospital admissions for self-harm in children and young people have increased in recent years, with admissions for young women being higher than for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.	
1.8	Hospital admissions caused by unintentional and deliberate injuries to children under 15	126.4 per 10,000		England = 101.5 / 10,000 Statistical neighbours: Mean = 100.3; range: 70.6-129.0	Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health. Hospital admissions due to injuries remain significantly higher than England (126 v 102 per 100,000, respectively). Work to reduce injuries in children includes a parental checklist developed by Health Visiting and prevention services; more intensive work about home safety targeted at families which have increased risks; and raising awareness among the wider workforce about the potential risk factors. There is additional educational and engagement work on road safety as part of the 95 Alive road safety strategy.	
1.9	The rate of children and young people admitted to hospital for mental health conditions per 100,000 (under 18s)	2016/17 75.1 per 100,000 population (88 0-17 year olds)		2016/17 - National 81.5 per 100,000	The rate of children & young people admitted to hospital for mental health conditions has decreased from 100.8 per 100k in 2015/16 to 75.1per 100k in 2016/17. The rate remains statistically similar to the national average. One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, among adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders	
1.10	First time entrants to the youth justice system aged 10-17 (per 100,000 population)	2016/17 296		Target 430	The figure of 296 per 100,000 10-17 population equates to 159 young people. The number of first time entrants in North Yorkshire has reduced by 40% in the 15 months ending 30 June 2017.The figures in North Yorkshire are now lower than the Region (358), Family (319) and National (313) figures.	

1.0 Appendix – Best start to life

Primary Indicators:		Latest data / figure	RAG status (better or worse)	Benchmarking data	Comments	Direction of travel (number up/down/ same)
1.11	The Number and Rate of Sexual Offences Against Children aged 0-17 per 10,000 CYP population	2017/18 Q4 160 (13.7) Full Year 655 (55.9)		2016/17 Q4 198 (16.9) 2017/18 Q1 155 (13.2) Q2 154 (13.2) Q3 176 (15.0)	The number of offences has remained within the expected quarterly range (178-134) throughout 2017/18. 655 offences were reported in 2017/18, an increase of 3.8% on 2016/17.	→
1.12	The Number and Rate of Violent Offences Against Children aged 0-17 per 10,000 CYP population	2017/18 Q4 374 (31.9) Full Year 1338 (114.2)		2016/17 Q4 315 (26.9) 2017/18 Q1 336 (28.7) Q2 308 (26.3) Q3 320 (27.3)	The number of violent offences increased in Q4 (although not significantly). For the year to date 1338 offences were recorded, up by 14.0% on 2016/17. Benchmarking against other similar districts highlighted that although the rate of violent offences (whole population) in Scarborough was lower than Margate or Blackpool, it was higher than in Skegness or Weston-Super-Mare.	→
1.13	The percentage of children reaching a Good Level of Development in the Early Years Foundation Stage Profile	2017/18 71.7%		National 70.7% Target 2% above National 2016/17 70.1%	This is a key indicator in relation to school readiness. North Yorkshire is marginally above the national performance for pupils achieving a Good Level of Development and performance has improved steadily over the last 3 years. However, in 2016/17 1,753 children did not achieve a Good Level of Development. Further analysis is being undertaken by Strategic Support to better understand this cohort of pupils.	↑
1.14	The percentage of pupils working at the expected standard or more in Reading, Writing and Maths Key Stage 1	2017 Reading 74.7% Writing 67.7% Maths 74.1%		2016 Reading 72.3% Writing 63.2% Maths 70.4%	Performance in reading writing and maths has improved between 2016 & 2017. The gap to the national rate for Reading and Maths has narrowed, but the gap for Writing has increased slightly. North Yorkshire remains below the national position for all three subjects.	↑

1.0 Appendix – Best start to life

Primary Indicators:		Latest data / figure	RAG status (better or worse)	Benchmarking data	Comments	Direction of travel (number up/down/same)
1.15	The percentage of pupils working at the expected standard or more in Reading, Writing and Maths Key Stage 2	2017 58.7%		National 61.1%	The percentage of children achieving the expected level in Reading, Writing and Maths improved by 7.6% between 2016 and 2017. However, this was slightly below the national rate of improvement and North Yorkshire performance has fallen further below the national position (2.4%).	↑
1.16	Progress 8 score at Key Stage 4	2017 0.17		National 0.03	Performance at Key Stage 4 is significantly above the national average and places the local authority in the top 15% nationally.	↑
1.17	Overall attendance in Primary and Secondary Schools	Primary 96.1% Secondary 94.6% 2016/17 academic year		Primary 96% Secondary 94.8% (Autumn & Spring term 2016/17)	The overall attendance rate for the 2016/17 academic year has remained relatively stable over the past year and in line with the national averages.	→
1.18	Percentage of young people with a level 2 and level 3 qualification by age 19	2015/16 Level 2 90.1% Level 3 64.4%		2015/16 All Local Authorities Level 2 – 85.2% Level 3 – 58.5%	The percentage attainment of Level 2 & Level 3 qualifications has improved steadily since 2006/2007. North Yorkshire performance is above the all local authority average. 2016/17 data available end of May 2018.	↑
1.19	The percentage of young people who are not in education, employment or training (NEET) in academic year 12 and year 13	1.2% (De 2017)		National 2.6% Y&H 2.9%	The percentage of young people who are not in education, employment of training (NEET) in academic year 12 and year 13 in North Yorkshire is below the national and regional rates. However, the percentage of 16-17 year olds with unknown education, training or employment status is reducing but higher than all benchmarks.	→
1.20	The number of open early help cases (Prevention)	2017/18 Q4 Q4 2,760		2017/18 Q1 3,075 Q2 2,840 Q3 2,727	The number of open Early Help cases has reduced over the course of 2017/18, reducing by 9% over the past 12 months. In the context of increasing demand for Children' Social Care, this indicates that the needs of children and families may be increasing in complexity, to levels that Early Help Services are not in a position to provide. Target currently under review.	→

1.0 Appendix – Best start to life

Primary Indicators:		Latest data / figure	RAG status (better or worse)	Benchmarking data	Comments	Direction of travel (number up/down/ same)
1.21	The total number of children subject to a child protection plan (rate per 10,000)	2017/18 Q4 44.4 (520)		2017/18 Q1 36.4 (427) Q2 38.2 (448) Q3 41.8 (490)	The number of open Child Protection Plans increased for the fourth successive quarter and is 96 higher than at the end of Q4 last year. Analysis has been undertaken to identify and underlying cause behind the increase – this has concluded that the increase cannot be limited to one reason/location and appears to be as a result of increased demand across the county	↑
1.22	The total number of Children in Need (DfE Definition)	2017/18 Q4 3031		2017/18 Q1 2,697 Q2 2,631 Q3 2886	The number of Children in Need (CiN) refers to all children with an open involvement with children's social care. Mirroring increases in demand across child protection, the number of children in need increased this quarter and is above the range we would expect (2680 to 2600)	↑
1.23	The total number of looked after children	2017/18 Q4 437	Under review	2017/18 Q1 415 Q2 409 Q3 429	The number of looked after children has increased for the second successive quarter and is at its highest point since Q3 2015/16. Although the number of looked after children has increased, our rate per 10,000 (37.3) remains more than a third lower (39%) observed nationally at the end of 2016/17 (62 per 10k) Target under review.	→
1.24	The percentage of referrals to children's social care that are repeat referrals	2017/18 Q4 15.8% Full year: 15.2%		2016/17 Target 20% 2017/18 Q1 12.0% Q2 18.6% Q3 14.7%	Although performance has decreased slightly in comparison with Q3, the re-referral rate in Q4 remained at the lower (better) end of the expected range, and well below the statistical neighbour average (21.4%) This indicates that in North Yorkshire children and families are supported by services to make meaningful and sustained progress. Full year performance – 15.2% in 2017/18, compared to 16.8% in the same period last year and remains much better than national average (22% at the end of 2015/16)	↓
1.25	The percentage of pupils who attend a good or outstanding school	Primary 88.3% Secondary 84.6%		National Primary 89.7% Secondary 80.3%	North Yorkshire continues to perform well for percentage of children attending a good or outstanding school particularly at secondary level.	↗

1.0 Appendix – Best start to life

Primary Indicators:		Latest data / figure	RAG status (better or worse)	Benchmarking data	Comments	Direction of travel (number up/down/ same)
1.26	The percentage of Education Health and Care Plans (EHCP) issued in 20 weeks (excluding exceptions)	2017/18 Q4 78.2%		2017/18 Q2 85% Q3 88%	Performance has dipped slightly this Quarter, following an increase last Quarter, to 78.2%. Despite this, the overall performance for 2017/18 of 80% is well above the national average of 55.65% and the latest statistical neighbour average of 59.2%.	
1.27	The number of children with a Statement of SEN or Education, Health and Care plan	2,550 with statement of SEN or EHC Plan		n/a	The total number of Education Health and Care Plans continues to increase and at the end of quarter 4 2017/18 was 2,550. This represents a 46% increase since 2014/15.	
1.28	The number of children receiving SEN support	8,192 children receiving SEN support		n/a	The gap to the national rates of SEN support appear to be closing which is a positive sign and demonstrates that the needs of more children are being identified and support is being put in place within the school setting.	
1.29	The percentage of children and young people who 'always' feel safe at home	KS2 91% KS3/4 90%		GUNY New Data due 2018	The Growing up in North Yorkshire survey is undertaken every 2 years with the next survey due summer 2018.	
1.30	The percentage of children and young people with a high measure of resilience.	2016 KS2 35% KS3/4 20%		KS2 - 34%, KS3/4 - 26%	A measure of resilience is calculated from the 'Growing Up in North Yorkshire' survey, using questions relating to how children respond to difficult situations. The 2016/17 return shows that the KS2 outcome of 35% is above the benchmark figure of 34%. For secondary schools the outcome is 20%, below the 26% benchmark figure.	

1.0 Appendix – Best start to life

Primary Indicators:		Latest data / figure	RAG status (better or worse)	Benchmarking data	Comments	Direction of travel (number up/down/ same)
1.31	The percentage of children and young people with a high score on the Stirling Children's Wellbeing Scale (KS2) and the Warwick/ Edinburgh Mental Wellbeing Scale (KS4)	2016/17 KS2 53% KS3/4 25%		KS2 36% KS3/4 24%	Based on returns from the 'Growing Up in North Yorkshire' survey, the Stirling children's well-being scale comprises fifteen questions for children in primary school based on three areas of well-being; emotional outlook, emotional state and social desirability. In North Yorkshire, the KS2 outcome of 53% for this indicator is well above the 36% benchmark. For secondary schools, where a similar scale is used known as the 'Warwick/ Edinburgh mental well-being scale', the outcome is 25% and is also above the benchmark of 24%.	↑
1.32	The percentage of SEND children and young people with a high measure of resilience.	2016/17 KS2 28% KS3/4 19%		KS2 26% KS3/4 21%	This indicator is taken from the biennial 'Growing Up in North Yorkshire' survey. The measure of resilience for the SEN cohort at KS2 is 28%, above the benchmark of 26%. The secondary schools outcome is 19%, marginally below the benchmark of 21%.	↑ →
1.33	The percentage of SEND children and young people with a high score on the Stirling Children's Wellbeing Scale (KS2) and the Warwick/ Edinburgh Mental Wellbeing Scale (KS4).	2016/17 KS2 39% KS3/4 21%		KS2 38% KS3/4 20%	This indicator is taken from the biennial 'Growing Up in North Yorkshire' survey. The well-being outcome for children with SEN at KS2 is 39%, marginally above the benchmark of 38%. The secondary schools outcome is 21%, marginally above the benchmark for secondary schools of 20%.	↑