Young People's Health and Wellbeing Strategy and Recommendations
11-19 year old
2013-2016
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Acknowledgements

The Young People's Health and Wellbeing Strategy Task Group was developed to identify key priorities for the young people of Barnsley.

The publication of this strategy would not have been possible without the assistance of many different people. We would like to thank the schools, students and young people of Barnsley who have given invaluable information.

Report Author:

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Foreword

I am pleased to present to you the first Young People’s Health and Wellbeing Strategy for Barnsley.

Over and over again, the published literature demonstrates that investing in our children and young people brings cost effective improvements that are sustainable at an individual, community and population level.

The current financial challenges also highlight the importance of using available resources wisely. Whilst there is a risk of focusing on short term savings, the simple fact is that we cannot ignore the evidence and the opportunity to improve health outcomes for the people of Barnsley, now and into the future. In seeking to achieve sustainable improvements it is absolutely essential that we work together to invest time, energy and resources in our young people who represent the future of the Borough.

We know that this will not be easy and the challenge requires the involvement of all Children and Young People’s Trust partners with a determined focus on tackling the social and wider determinants of health that are so important in influencing the health and lifestyle choices of children and young people.

I am most grateful to the Young People’s Health and Wellbeing Strategy Task Group for their work in developing the strategy. The Child Health Programme Board will now have responsibility for developing an action plan to deliver the strategy and for reporting back to the Children and Young People’s Trust on progress.

Sharon Stoltz
Director of Public Health for Barnsley (Acting) and Chair of the Barnsley Child Health Programme Board.
Executive Summary

Barnsley is the 47th most deprived local authority of the 326 English districts. In 2010, 24.9% of Barnsley's children and young people aged under 16 were living in poverty; higher than the England average of 21.1%. Despite this, the overall health of Barnsley's population has continued to improve; there has been a reduction in the gap between the health of our most disadvantaged communities and the population of Barnsley as a whole, contributing to a reduction of health inequalities in the borough.

The scope of Barnsley's Young People's Health and Wellbeing strategy does not extent to young people with disabilities and/or long term conditions, who's needs are set out specifically in the strategy 'One Path One Door' which can be found at: http://edemocracy.barnsley.gov.uk/0xac16000b_0x0049a64b. The Barnsley's Young People's Health and Wellbeing Strategy is aimed at young people who are Fraser competent and have an understanding of the consequences of their actions.

Young people aged between 11 and 19 years face many pressures and challenges, including growing academic expectations; changing social relationships with family and peers and the physical and emotional changes associated with maturation. These years mark a period of increased autonomy in which independent decision making may influence their health and health related behaviour and outcomes. Behaviours established during this transition period can continue into adulthood, affecting issues such as mental health, the development of long term conditions, tobacco use, diet, physical activity levels and alcohol use.

This document is about setting priorities for joint action that will make a real impact on young people's lives. The Joint Strategic Needs Assessment (JSNA) provides evidence of the needs of our young people; this strategy will put the evidence and the vision into practice by providing high level recommendations from which services for young people will be commissioned through joint working and collective action. The strategy sets out seven local key health priorities and brings together factors which impact on young people's health and wellbeing into a single, high level framework. The strategy will sit within a set of documents which demonstrate the journey from gathering data, to understanding whether we are achieving our goals.

Building on existing partnerships to improve health for young people is essential to ensure that health care services work well. This strategy sets out a framework for collaborative working to improve health outcomes for the young people of Barnsley. Young people have been consulted on how their health care is provided and how accessible information on services needs to be available.

This strategy will form the basis of transforming services within the current economic climate ensuring best value for money for the young people of Barnsley.
Recommendations

This strategy sets out the framework for collaborative working to improve the health and wellbeing of the young people of Barnsley. Early intervention can prevent ill health and reduce mortality and morbidity for young people. Health behaviours in childhood and teenage years set patterns for later life, and continued support for young people can mean that society as a whole can reap all the benefits of a resilient next generation, which is healthier and happier. To achieve this aim, in consultation with young people and wider stakeholders, the following eight overarching recommendations have been identified:

- Work with schools to ensure drop-in services with School Nursing, Youth Services and wider service providers are available within health and wellbeing spaces in Advanced Learning Centres (ALCs), at appropriate times and frequency.

- Develop a pathway to ensure that emotional health and wellbeing needs are met at the soonest possible opportunity.

- The Children and Young People’s Trust (CYPT) to develop an action plan to support schools and other settings in the delivery of evidence based interventions.

- The Children and Young People’s Trust to develop a communications strategy using appropriate mechanisms to disseminate information to young people.

- Children and Young People’s Trust supports the workforce to make 'Every Contact with young people Count' towards building resilience.

- Work with all agencies including the voluntary sector to improve the health and wellbeing of the young people of Barnsley.

- All providers of health and wellbeing services to be compliant with ‘You’re Welcome’ standards.

- Continue to engage with young people to understand their perception of health and health related behaviour.
1 Introduction

Local authorities are responsible for delivering and commissioning a range of children and young people’s public health services for 5 to 19 year-olds. This puts local authorities and Health and Wellbeing Boards, working in collaboration with Clinical Commissioning Groups, in a prime position to tackle the poor health outcomes experienced by children and young people. The Health and Wellbeing Boards are a crucial part of the new health landscape. The Board will ensure there is a focus on children within its priorities, that it has a thorough assessment of their needs through the Joint Strategic Needs Assessment (JSNA), as well as from engagement with children and young people themselves.

Barnsley's Health and Wellbeing Board's strategy clearly states that the vision for Barnsley is that:

"Barnsley residents, throughout the Borough, lead healthy, safe and fulfilling lives, able to identify, direct and manage their individual health and wellbeing needs, support their families and communities and live healthy and independent lifestyles."

The vision is based around the following core values:

- Promoting people’s independence, choice and control.
- No decision about me without me, (and preferably, made by me).

To achieve the vision for Barnsley, a series of outcomes have been developed for the residents and communities of the Borough, these are:-

- Every child has the best start in life, able to fulfil their potential, achieve their ambitions and play their fullest role in society, thereby breaking the link between early disadvantage and poor outcomes throughout life;
- Health inequalities within the Borough are reduced so that all residents have the best possible quality of life, with the gap against the national average reducing;
- Older people achieve healthy, independent living – adding years to life and life to years;
- Residents have greater choice and control over their health and wellbeing, able to manage their own needs and direct their own support.

The Barnsley Children and Young People's Trust (CYPT) is the delivery arm of the Health and Wellbeing Board, this strategy expresses the commitment of the CYPT to ensure continuous improvement in the commissioning and delivery of services to children, young people and families to contribute to the fulfilment of the overarching vision for all Barnsley residents. The purpose of the strategy is to:

- Improve the health and wellbeing of local young people
- Provide targeted support for young people
- Focus on early intervention and prevention
- Put emphasis on local action and responsibility by everyone
- Deliver joined up services to meet local need
- Promote the use of evidence based practice which increases the likelihood of positive lifelong outcomes
VISION
- Strong families, strong Barnsley
- Every child in a good school
- Success in learning and work

CORE PURPOSE
- To work together to improve children's outcomes

STRATEGIC PRIORITIES
- Keeping children and young people safe
- Improving education, achievement and employability
- Tackling child poverty and improving family life
- Supporting all children, young people and families to make healthy lifestyle choices
- Encouraging positive relationships and strengthening emotional health
- Improving staff skills to deliver quality services

OUTCOMES
- Being healthy
- Staying safe
- Enjoying and achieving
- Being an active citizen
- Earning a good living

1.1 National Policy
- Healthy Lives, Healthy People (2008)
- Working Together to Safeguard Children (2013)
- "You're Welcome" quality criteria; making health services young people friendly (DH 2008)
- NICE guidelines
- Public Health Outcomes Framework
- Children's and Young People Health Outcomes Framework

1.2 Local Policy
- Joint Strategic Needs Assessment (JSNA)
- A Call to Action – Barnsley Sexual Health and Wellbeing Strategy (2013-2016)
- Barnsley Children and Young People’s Plan, a BRIGHTER future (2013-2016)
- Barnsley Health and Well Being Strategy (2013–16)
- Barnsley Anti-Poverty Strategy (2013)
This strategy aims to take a whole community approach to improving the health and wellbeing of young people, with the acknowledgment that poor health choices and some risk taking behaviours are symptoms which may be underpinned by fixed and/or modifiable root causes. It draws on the JSNA and other local intelligence to identify the health and wellbeing needs and assets of young people, families and communities and how best to collectively address these through the local commissioning of services.

Barnsley’s JSNA states that whilst health and social care services make a contribution to health; wider determinants associated with environmental factors make a significant impact on the health and wellbeing of residents and communities. Factors such as early childhood experiences, education, family poverty, employment, housing, the environment and levels of income all have an impact on health, mental health and personal wellbeing and resilience. Child and adult health is determined by a multitude of factors, some of which are fixed, such as gender, age and genetic inheritance and some of which are variable. The interaction between all these factors is extremely complex. However, social and economic deprivation is one of the most powerful determinants of health inequalities. This is especially relevant in Barnsley, which remains relatively deprived compared to other parts of the country.

Young people who achieve a higher educational attainment are more likely to engage in healthy behaviours and are less likely to adopt unhealthy habits. This is particularly true in relation to physical activity, diet, smoking and sexual activity. The relationship between alcohol consumption and education is less straightforward, as different patterns are seen depending on whether drinking patterns or overall consumption is measured. Evidence demonstrates that shared priorities and effective partnership working across the statutory, voluntary and community sector, combined with efforts to engage with local people, are crucial to tackling health inequalities.
Factors influencing the behaviour and lifestyles of young people

The 'ladder of Youth Voice' demonstrates how young people can be supported to take responsibility for organising and influencing the design, delivery and evaluation of services. This strategy is written in accordance with article 12 of the UN Convention on the Rights of the Child, which states that children and young people have the right to influence decisions which affect them. In order to live fulfilling and healthy lives, young people should be supported to take full responsibility for improving their own health and wellbeing which means that, wherever possible, services should work in accordance with the principles of participation (developed locally through the voice and influence standards) and ensure that young people can make progress towards all provision being directly youth driven. This will assist services to become fully compliant with 'You're Welcome' standards, which is a central requirement of the Children and Young People’s Trust for all those involved in the delivery of health services to young people.
In recent consultation with young people (April 2013) conducted by the Barnsley Children and Young People's Trust Forum and the Barnsley Safeguarding Children Board, the young people of Barnsley clearly stated that:

"..... it is important that the services that work with children, young people and families build positive, trusting relationships that are based on factual information and that they communicate in a way that is truthful and easily understood by all...we've strongly valued having our say and would like to be involved in other work in the future in order to make positive steps towards better outcomes for children, young people and families."
1.3 Vision and Strategic Aims

Vision

Families, in whatever form they take, are the bedrock of our society. Mothers, fathers, brothers, sisters, grandparents, step family and extended family members provide support, safety and encouragement to children as they grow up, which they can use as a springboard for creating their place in the world. Often it is the commitment of mothers and fathers to do the best for their children which motivates the family to overcome the challenges which life throws at them.

The health and wellbeing vision for Barnsley is:-

“Barnsley residents, throughout the Borough, lead healthy, safe and fulfilling lives, able to identify, direct and manage their individual health and wellbeing needs, support their families and communities and live healthy and independent lifestyles.”

The vision is based around the following core values:-

• Promoting people’s independence, choice and control, and;
• No decision about me, without me. (DH 2010)

The vision for young people in Barnsley is built upon the belief that irrespective of ethnicity, ability, sexual orientation and lifestyle, they have the right to a healthy, safe and fulfilling life.

Aim of the Health and Wellbeing Strategy

To improve the health and wellbeing of 11-19 year old young people of the borough of Barnsley through addressing inequalities and by focussing on eight key identified health priorities. This strategy covers the young people of Barnsley’s health and wellbeing needs. It is intended to be a framework for action, and will be regularly reviewed to ensure that it is being implemented and remains appropriate. The scope and focus of the strategy may require revision in response to changing national or local policy and guidance.
1.4 Equality Statement

We are committed to ensuring that services are commissioned and provided to all, and that this strategy will not discriminate against anyone on the grounds of:

- Age
- Disability
- Gender reassignment
- Marriage or Civil Partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Gender
- Sexual orientation

Young people want to be respected; their views to be heard; to have stable relationships with professionals built on trust; and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with young people should see and speak to the young person; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs. A young person-centred approach is supported by The Children Act 1989 (as amended by section 53 of the Children Act 2004). This Act requires local authorities to give due regard to a young person’s wishes when determining what services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect an individual young person under section 47 of the Children Act 1989. These duties complement requirements relating to the wishes and feelings of young people who are, or may be, looked after (section 22(4) Children Act 1989), including those who are provided with accommodation under section 20 of the Children Act 1989 and children taken into police protection (section 46(3)(d) of that Act).

The Equality Act 2010 puts a responsibility on public authorities to have due regard for the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual young person and the process of assessment. No young person or group of young people must be treated any less favourably than others in being able to access effective services which meet their particular needs. The same duties of confidentiality apply when using, sharing or disclosing information about young people as about adults. Disclosing information that identifies the young person only if this is necessary to achieve the purpose of the disclosure, and keeping disclosures to the minimum necessary. However, fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of young people.
2 The Local Context

2.1 Key findings

Nationally, young people are often neglected as a population group in health data, being either aggregated with younger children or with young adults. Little attention has been paid to inequalities related to socio-economic status, age and gender amongst this group. This strategy seeks to identify and discuss the extent of these inequalities and highlight the need for preventative action in Barnsley.

The latest available mid-year population estimates (2012) from the Office of National Statistics (ONS) show that the total population for Barnsley is 233,671 this includes:

- 24,784 (10.6%) children aged 11-19 years

It is projected that the 11-19 year old population in Barnsley will decrease slightly by 0.03% between 2013 and 2021.

Deprivation in Barnsley is higher than the National average and increasing. According to the latest index of Multiple Deprivation in 2010, Barnsley ranked the 47th most deprived district in England. The need for health services for the population of Barnsley is amongst the highest in the country. In 2010, 24.9% of Barnsley children and young people aged under 16 were living in poverty, higher than the England average of 21.1%.

23.5% of the population of Barnsley is under the age of 20. 5.6% of school children are from a black or minority ethnic group. The health and wellbeing of children in Barnsley is mixed compared with the England average. Infant and child mortality rates are similar to the England average.

In 2012/13, 9.6% of Barnsley children aged 4-5 years and 21.7% of children aged 10-11 years were classified as obese compared with 7.8% and 19.4% for 2011/12. This shows a worsening picture compared with recent trends and childhood obesity in Barnsley is now at its highest level since 2006/07. 56.2% of children participate in at least three hours of sport a week, which is better than the England average.

The rate of under 18 years of age conceptions in Barnsley is significantly higher than the England average. In 2011 there were 44.1 conceptions per 1000 women aged 15-17 years in Barnsley (191 conceptions), compared to the England average of 30.7 conceptions per 1000 women aged 15-17 years. Barnsley also has the highest under 18 years of age conception rate in South Yorkshire (44.1 compared to Doncaster 35.2, Rotherham 40.9 and Sheffield 35.2) Nationally 49.3% of under 18 years of age conceptions lead to termination. In Barnsley this is much lower, at 39.8%, meaning that more teenagers in Barnsley give birth.

Understanding the extent to which young people choose to participate in certain lifestyle behaviours and how they perceive their own health status, will help to identify key priority areas for action.
2.2 Key priority areas for Barnsley

The key priorities are aligned to the Joint Strategic Needs Assessment (JSNA) and articulate the needs of the young people of Barnsley. This strategy sets out how improvements in these key areas will be planned, monitored and evaluated over the next 3 years.

- Smoking
- Food and Nutrition
- Alcohol and Substance Misuse
- Emotional Health and Wellbeing
- Physical Activity
- Sexual Health and Relationships
- Oral Health

The strategy focuses on five themes which run through each of the key priority areas:

- Prevention and early intervention
- Access to services
- Evidence based practice
- Building resilience and self reliance/self directed care
- Building capacity in the workforce
2.3 Young People’s Health and Lifestyle

Barnsley is made up of distinct communities, with young people enjoying a strong identity both with their neighbourhoods and Barnsley as a whole. In addition, the role of the extended family, close friends and peers is very important in the development of children and young people. This is a key strength of Barnsley as a community, but it can also present challenges where there is a prevailing culture of behaviour that can impact negatively on health outcomes for young people; for example in attitudes towards the use of alcohol or in a reluctance to engage with key services. Evidence shows that family relationships, followed closely by those with friends and peers, plays a key role in determining the behaviours and habits of children and young people which will remain with them into adulthood.

Parental communication is one of the key ways in which the family can act as a protective health asset, promoting pro-social values that equip young people to deal with stressful situations or buffer them against influences. Young people who report ease of communication with their parents are more likely to report positive body image, higher self-rated health, not smoking, greater life satisfaction and fewer physical and psychological complaints. They are also less likely to participate in aggressive behaviours and substance misuse.

A positive school experience is considered a resource for health and wellbeing, while a negative experience may constitute a risk factor, affecting young people’s mental and physical health. ‘Liking school’ has consequently been identified as a protective factor against health compromising behaviours including bullying, sexual health risk taking behaviour, smoking and drug use. School experiences occur during crucial developmental periods in young people’s lives, and influence the development of their self-esteem, self-perceptions and health behaviours; with subsequent effects on future health and life satisfaction.

Establishing peer friendships is a critical developmental task for young people, and may have a long term effect on their social adjustment. Friends provide a unique social context to gain essential social competencies, afford different kinds of social support and help young people face new situations and stressful life experiences. Friendship is associated with positive development, promoting higher levels of happiness, self-esteem and social adjustment. Peer support also provides a protective factor against feelings of depression and isolation. Young people with few friends may lack opportunities to learn social skills, face difficulties relating to others, have low perceptions of self-worth and life satisfaction, and experience more frequent depressed moods. They are also more likely to become victims of bullying.

Peers become increasingly important to young people during adolescence, and the number of activities with peers outside the home environment increases; this is often associated with risk taking behaviours. However, peer contact is nevertheless important in the development of protective factors. Young people who participate in youth clubs, for example, have been found to have more positive perceptions of their health and wellbeing and engage in more healthy behaviours. Contact with peers has an important effect on young people’s ability to resist peer pressure and influence peer group behaviour.
The use of social media has increased faster among young people than the rest of the population and it has become an integral part of young people's lives, enabling them to contact social networks irrespective of time and place. Social media has been associated with both risks and benefits. Although internet use has been linked to loneliness, recent evidence suggests that the greater use of social media is associated with more face-to-face contact with friends.

Communities that have positive networks and mutual aid (social capital) create better mental health, more health promoting behaviours, fewer risk taking behaviours, better overall perceptions of health and a greater likelihood of physical activity. Building community social capital is therefore a means of tackling health inequalities.

Data gathered and analysed from the Barnsley Young People's Health and Lifestyle Survey (year 10) 2013, clearly demonstrates that young people do not make choices in isolation - risk taking behaviours are inter-related. The evidence clearly demonstrates that programmes aiming to promote positive development among young people should involve multiple social contexts.

A number of young people report a range of risky behaviours ongoing at the same time. The clustering of multiple risky behaviours in youth has been known to lead to poorer outcomes. Clustering may also pose particular problems in areas of social deprivation, when some groups may find it hard to change their behaviour because of constrained choices and pressures on local services. The graphs throughout the next chapter present clusters of behaviours as identified in the Barnsley Young People's Health and Lifestyle Survey (year 10) 2013.
3 Key Priority Areas

3.1 Smoking

The use of tobacco amongst young people continues to remain a serious health concern. The national ambition, set out in the Tobacco Control Plan, is to reduce the number of 15 year-olds smoking in England from 15% to 12% by 2015. The Strategy is focused on 11-19 year olds, however, it is recognised that some children begin to smoke at an earlier age. Recent legislation stopping sales from vending machines and phasing out the display of tobacco products in shops will help to achieve this goal. Smoking causes 1 in 5 deaths in people aged over 35. It is the primary cause of preventable illness and premature death. Two thirds of smokers begin before they are 18 (Health and Social Care Information Centre 2012).

Concerns about levels of smoking amongst young people arise from awareness about the longer term outcomes such as cancer, but also the shorter term negative effects such as respiratory illness and impact on physical fitness.

Our Ambition

All young people in Barnsley to be smoke free.

The above graph shows the difference in health and lifestyle choices made between young people who smoke and those who do not. Interventions aimed at stopping smoking for young people will need to take a holistic approach in order to address the underlying cause. We can see from the information that 97% of young people who smoke also drink alcohol, and a third have taken drugs.
The fact that nearly half of young people who smoke are telling us that they are not happy with the way they look, may indicate interventions based on raising self-esteem will have a positive effect on stop smoking. We know that there are clear links between healthy nutrition, emotional health and wellbeing and academic achievement; yet the evidence provided in the Barnsley Young People’s Health and Lifestyle Survey (year 10) 2013 tells us that only 41.1% of young people who smoke eat breakfast everyday before school, compared to 60.3% of young people who do not smoke.

Evidence Base

- NICE Guidance recommends smoking prevention activities be incorporated into school health and wellbeing strategies. A whole school approach is encouraged, targeting parents, carers and staff as well as young people. (NICE 2010)
- Schools and other educational establishments are expected to undertake smoking prevention activities and promote local stop smoking services to pupils who already smoke (2010)
- NICE Guidance recommends schools to consider offering evidence based, peer led interventions which can be delivered both in the classroom and in other settings. (NICE 2010)
- Enforcement of legislation to prevent under age sales of tobacco products.
SMOKING: Priority Areas by Theme

PREVENTION AND EARLY INTERVENTION

Suggested Initiatives
- Ensure all schools have a smoke free policy for pupils and staff within buildings and grounds
- As part of Personal, Social and Health Education (PSHE) network to offer training in generic policy development
- Uptake and encourage cessation
- Maintain test purchasing operations for under age tobacco sales led by Trading Standards and continue to educate retailers
- Work in partnership to reduce availability of illicit and counterfeit tobacco from ‘cig/fag’ houses in Barnsley
- Targeted media campaigns to raise awareness of the dangers of smoking, including second-hand smoke, and denormalise smoking in teenagers
- Every contact counts
- Integrated communications plan - learn from other initiatives/build on social norms

What success will look like
- Reduction in reported smoking rates
- All schools will evidence an effective smoke free policy
- An increase in young people accessing smoking cessation advice through School Nursing Service, primary care or generic smoking cessation services
- Fewer young people report being exposed to second hand smoke

ACCESS TO SERVICES

Suggested Initiatives
- Support the Implementation of ‘You’re Welcome’ initiative. (DH 2011)
- Inclusion of ‘You’re Welcome’ in future commissioning intentions
- Increase smoking cessation through use of social media
- Continue and improve engagement with young people on access to health services

What success will look like
- Increase in numbers of young people accessing services
- Effective use of Wellbeing spaces
- Clear information available for young people around smoking cessation
- Commissioned services will demonstrate the use of ‘You’re Welcome’ initiative
SMOKING: Priority Areas by Theme (cont…)

BUILDING CAPACITY IN THE WORKFORCE

- Support service providers in the implementation of ‘You’re Welcome’ initiative
- Support professionals who deliver services to young people to have an increased awareness of smoking cessation
- Train front line professionals in basic motivational interviewing techniques
- All staff to be trained in ‘Every Contact Counts’ initiative
- Develop and roll out training ‘working with young smokers’ to health and social care professionals

BUILDING RESILIENCE AND SELF DIRECTED CARE

Suggested Initiatives
- Public Health Nurse Practitioner input on policy and content of PSHE
- Increase awareness through the use of social media
- Peer led initiatives such as ASSIST to reduce smoking

What success will look like
- Improved access to Stop Smoking Service reported by young people
- Increase in the number of brief interventions by professionals
- Reduction in the smoking rates in young people

Smoking - Recommendations

- Drop-in services within Advanced Learning Centres provided by e.g. School Nurse Team, Youth Services and Addaction
- School Nursing Service provide information, motivational interviewing and signposting to stop smoking service
- Smoke-free campaigns in Area Councils
- Services available at a time and place convenient for young people
- Public Health Nurse Practitioner input on policy and content of PHSE
- Second-hand smoke free training for 0-19 yrs services

Smoking - Outputs

- Increased awareness of smoke free environments
- A reduction in the number of young people taking up smoking and an increase in the number of young people accessing smoking cessation services
- Young people reporting a reduction in exposure to second-hand smoke
- An increase in numbers of staff able to give smoking cessation advice

What success will look like
- Improved access to Stop Smoking Service reported by young people
- Increase in the number of brief interventions by professionals
- Reduction in the smoking rates in young people
3.2 Food and Nutrition

In 1987 less than 10% of UK children were overweight or obese. This increased to a third of all children in 2007, and the Government predicts that two thirds of our children will be overweight or obese by 2050 (Foresight 2007). Our aim is to prevent this prediction becoming a reality. West Midlands children are already some of the fattest in England – 34% of boys and 30.6% of girls are either overweight or obese; and in some Birmingham districts, up to 50% of 11 year olds are overweight or obese. Some of these children already have diabetes, hypertension, fatty livers, depression, and early markers for future heart disease. When these children reach their late teens and early twenties they are likely to suffer from diseases normally associated with much older adults, exemplified by the growing number of cases of Type 2 diabetes (previously called “adult-onset diabetes”) in obese children. The global health consequences of this will be severe, and prompted The Lancet to report that “We may be the first generation in history where our children will die before their parents”.

Unhealthy weight in childhood remains a problem in Barnsley, especially amongst year 6 children, and this is a significant risk factor for poor health in later life. Adolescent nutrition is an area of increasing concern, partly because of the relationship to unhealthy weight. As young people move towards independence from their families, they have more control over what they consume and habits of a lifetime can be formed at this stage. Poor nutrition has many implications for both current and future health status. Experts recommend that a well balanced diet, providing all the nutrients required, should include at least 5 portions of fruit and vegetables a day (1 portion = 80grams).

The School Food Plan (http://www.schoolfoodplan.com/) aims to ensure that all children eating in English schools are offered good food and given education that cultivates their understanding of food and nutrition.

Our Ambition

All young people in Barnsley will have a healthy weight.

The daily intake of fruit and vegetable consumption is linked to many positive health outcomes. It promotes optimal health in childhood, growth, intellectual development and lower levels of body fat. A poor diet also has significant effects on children's behaviour, concentration and mood. Children with diets lacking in essential vitamins, minerals and essential fatty acids tend to perform worse academically, cannot concentrate and are more aggressive.

The following graph shows the difference in health and lifestyle choices made between those young people who ate something before the beginning of the school day and those who did not. In order for pupils to be equipped to learn effectively in school lessons, it is important that they eat before school.
Regular breakfast consumption is associated with a better diet that includes fruit and vegetables and less frequent use of soft drinks. Unhealthy weight is in general lower in young people who eat breakfast, which is also advocated as a means of improving cognitive function and academic performance. We can see from the information that the young people who do not eat before school are also more likely to miss a midday meal and are unhappy with the way they look.

Factors that may motivate young people to consume more fruit and vegetables include changing the environment; for example by increasing availability in schools and at home, promoting parental consumption and encouraging growing clubs in young people’s settings. Evidence shows that healthy school meals significantly improve educational outcomes, in particular in English and Science, and a 15% reduction in absenteeism due to sickness.

**Evidence Base**

- Healthy Weight Healthy Lives (DH 2008) is a strategic approach to reducing obesity and maintaining a healthy weight
- Eat Better Start Better (although aimed at younger children). It is recognised that good eating habits start at a young age and have life long benefits
- The Caroline Walker Trust provides practical resources to help deliver nutritional advice
FOOD AND NUTRITION: Priority Areas by Theme

PREVENTION AND EARLY INTERVENTION

Suggested Initiatives
- Link with the planning/licensing department in the Local Authority around take away food outlets
- Provision of ‘healthy’ choice menu in education settings
- Input into PSHE curriculum around body image and awareness of the links between food, mood and educational achievement
- Work with local fast food outlets and supermarkets, through health trainers and local communities in the promotion of healthy food choices, aimed at young people
- PSHE/Health Events: provide young people education to understand food labelling, behaviours and feelings, and the impact of food on mental health and alcohol calories
- Build on local and national initiatives such as change4life and 5-a-day
- Work with the Local Authority to regulate and monitor fast food outlet licensing

What success will look like
- Young People have access to services around diet, weight management (including underweight) and body image issues
- Local Authority Directorates’ attendance at the Public Health Network Forum
- More young people will have a healthy weight

ACCESS TO SERVICES

Suggested Initiatives
- Support the ‘You’re Welcome’ initiative (DH2006)
- Inclusion of the ‘You’re Welcome’ accreditation in future commissioning intentions
- All staff providing food in educational settings to have training around ‘healthy food’ choices
- Explore opportunities to provide healthy eating projects in educational settings

What success will look like
- Young people will know how to access services around diet, weight management (including underweight) and body image issues
- ‘You’re Welcome’ accredited services for young people
- Practitioners are trained in addressing the needs of young people around food and nutrition
FOOD AND NUTRITION: Priority Areas by Theme (cont…)

BUILDING RESILIENCE AND SELF DIRECTED CARE

**Suggested Initiatives**
- Use existing forums e.g. Youth Council and School Council to inform development, implementation and monitoring of resources and training which will ensure the inclusion of the young people’s voice

**What success will look like**
- Young people will have the knowledge to make informed choices about their own diet and nutrition
- Young people will know who to contact and how/where to access advice about food and nutrition

Food and Nutrition - Recommendations

- Use of the Barnsley Young People’s Health and Lifestyle Survey (year 10) 2013 and Barnsley College Survey to provide the type of information young people are telling us they want around healthy eating
- Dedicated PSHE curriculum time around food and nutrition

Food and Nutrition - Outputs

- Young people will have a voice in menu choice in educational setting
- Access to advice and information for young people, including those not in education

BUILDING CAPACITY IN THE WORKFORCE

- Public Health Outcomes will be considered throughout all Directorates within the Local Authority
- Support staff to implement the ‘You’re Welcome’ initiative
- All staff providing food in educational settings are trained to give nutritional advice
3.3 Alcohol and Substance Misuse

There is a considerable amount of data suggesting that adolescent alcohol consumption levels have been a concern for many years. In 2009 the Chief Medical Officer of England published the first official guidance on alcohol aimed specifically at young people. This guidance recommended that the healthiest and safest option was for children to remain alcohol free up to the age of 15, and that older teenagers who did drink alcohol should do so in a supervised environment.

Health problems caused by acute intoxication in young people are serious, and they are more likely to experience coma, hypothermia, breathing difficulties or be involved in accidents whilst under the influence of alcohol. In 2010/11 there were over 180,000 hospital admissions, 3% (6,000) were young people under the age of 18 (Public Health England 2013).

A range of research has been carried out on what influences drinking behaviour among young people. For younger children it is generally thought that parents and other family members play the key role in forming their initial understanding of alcohol, but as children grow older and begin to socialise more, peers start to have an increasing impact on their attitudes, choices and behaviour. There has also been an increase in the attention paid to the impact of commercial advertising and social networking on drinking behaviour.

The number of young people in England in 2011/12 who needed help for drug or alcohol use has fallen for the third year running. The number treated for Class A drugs such as heroin, cocaine or ecstasy has reduced by more than two thirds from five years ago, to 631 (from a peak of 1,979 in 2006-07). The vast majority of under 18’s (92%) receive support for primary problems with cannabis or alcohol. The proportion of under 18’s who left specialist services having successfully completed their programme rose to 77% in 2011-12 from 50% five years ago.

Locally the number of young people presenting to drug treatment services has remained consistent at approximately 200 young people per year. There have been some specific trends in substance misuse locally, particularly with the increase in use of both Ketamine and Mephedrone. Mephedrone in particular became a common presenting issue during 2012/13 with Mephedrone related presentations to services at times equalling those of alcohol and cannabis. Referrals come from a wide variety of sources, with education and youth justice pathways being the most utilised. Work undertaken locally over the past year has introduced a screening tool and clear referral pathway into Barnsley Hospital (BHNFT) aimed at identifying substance-misusing young people.

There remains particular concern over the long term health implications of alcohol and other substance misuse. Young people who report drinking regularly at age 14/15 (Barnsley Young People's Health and Lifestyle Survey (year 10) 2013) are also much more likely to engage in other risk taking behaviours such as smoking and unprotected sex. There is also a significant link with the use of alcohol among young people, and anti-social and nuisance behaviour in communities around Barnsley.
Our Ambition

All young people in Barnsley to be alcohol free.

The above graph shows the difference in health and lifestyle choices made between those young people who drink alcohol and those who don't. We can see from the information that, of the young people who drink alcohol, they are also more likely to smoke, have taken drugs and had sexual intercourse. Over half are worried about how they look and are less likely to have eaten before school.

Evidence Base

- National Healthy School Standard
- NICE guidance PH7 School based interventions on alcohol
- NICE guidance PH44 Interventions to reduce substance misuse among vulnerable young people
- Research outlining the efficacy of differing approaches to substance misuse education
## ALCOHOL AND SUBSTANCE MISUSE: Priority Areas

### PREVENTION AND EARLY INTERVENTION

**Suggested Initiatives**
- Promotion and support of the ‘Sex, Drugs and Alcohol’ pack as a schools resource
- Work with partners to promote and reinforce pathways, build confidence and share information appropriately, both about specific young people and also about drug and alcohol associated behaviours

**What success will look like**
- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns
- Embed within the educational approach the provision of supported environments for young people to discuss issues that are relevant to them
- Reduction in reported experimentation amongst young people
- An increase of young people engaging with support networks and services, including school health staff and school mentors
- An increase in young people reporting that they access PSHE and consider it a positive experience.

### ACCESS TO SERVICES

**Suggested Initiatives**
- Increased use of Common Assessment Framework (CAF) in relation to substance misuse
- Greater use of evidence based approaches

**What success will look like**
- Short term increase in young people being referred to substance misuse treatment services
- Increase in young people self referring to services.
- Longer term reduction in young people being referred to substance misuse treatment services
### ALCOHOL AND SUBSTANCE MISUSE: Priority Areas (cont...)

#### BUILDING RESILIENCE AND SELF DIRECTED CARE

**Suggested Initiatives**
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when needed
- Enable young people to support each other in their decision making
- Enable young people to promote healthy lifestyles to each other with sufficient independence to maintain the credibility of the message

**What success will look like**
- Reduction in reported experimentation among young people
- Short term increase in young people being referred to substance misuse treatment services
- Longer term reduction in young people being referred to substance misuse treatment services

#### BUILDING CAPACITY IN THE WORKFORCE

- Increase in practitioners’ own knowledge in the evidence base
- Support professional training to deliver substance misuse awareness through PSHE
- Support professionals to increase their confidence in talking about and recognising the signs and symptoms of substance misuse, both in and out of educational settings

### Alcohol and Substance Misuse - Recommendations

- An organisation wide (whole school) approach in secondary education to evidence based drug and alcohol education
- Vetting and recommendation of interventions through the multi-agency sex, drug and alcohol group

### Alcohol and Substance Misuse - Outputs

- Embed innovative approaches to support young people in building self esteem and resilience e.g. peer support
- Ensure that the approaches taken reduce the likelihood of subsequent experimentation (some approaches are evidenced as increasing experimentation)
- Appropriate entry points to formal support and treatment services with established and appropriately used pathways
- Visible effective provision for young people presenting with alcohol or substance misusing behaviours
3.4 Emotional Health and Wellbeing

Many people don’t like to apply the term ‘mental health’ to young people, as the first thing that comes to mind is ‘mental illness’ and the stigma that comes with that. However, the term needs to be reclaimed, the positive side of mental health emphasised and the stigma surrounding it challenged. The term 'mental health' should be viewed as a continuum, encompassing a range of states from emotional wellbeing to mental or emotional distress, mental health problems and mental ill health.

Every child and young person, regardless of their circumstances, deserves the right to be mentally healthy. Mental health problems often have their roots in childhood, so tackling problems when they first emerge is both morally right and cost effective (Department of Health, 2011). Mental health problems in childhood are associated with poor outcomes in adulthood.

Improving young people’s mental health is an important ambition, by promoting emotional resilience, good mental health and improving early and effective evidence based treatment for those who need it. The Mental Health Strategy Implementation Framework sets out specific actions which local organisations can take. Schools and colleges in particular have a key role to play in promoting good mental health for all young people, targeted support for those at risk of poor mental health and in intervening early when problems become apparent.

A key objective of this local strategy is that ‘more young people will have good emotional health and wellbeing’, and early identification and intervention services will be paramount as schools, and all partners working with young people, including those beyond health and social care, share this common goal.

Measuring and isolating the impact of a particular service or intervention on the development of young people’s social and emotional capabilities is not straightforward. Part of the difficulty lies in the sheer variety of outcomes that are impacted through the process of personal and social development, from intrinsic personal outcomes to longer-term extrinsic outcomes such as employment, good health or avoidance of offending behaviour – and also the huge variety of influences on young people’s lives, including school, youth projects, family, friends, possibly mentors or specialist professionals and the wider community (The Young Foundation 2012).

Family and Relationships

The ability to form relationships independently is a key part of a young person's development. However, the role of parents / carers and other close family remains vital to the potential for young people to enjoy positive emotional health and wellbeing. Relationships with parents / carers and other close family will have a direct impact on the feelings, mood and behaviours of young people and it is important to acknowledge that many parents / carers will find dealing with an adolescent child very challenging "parenting is probably one of the hardest jobs an adult will undertake, but probably also the one for which the least amount of training and preparation is provided." (Carolyn Webster - Stratton 2005).
There is a need to promote positive parental and close familial relationships across all services, from universal to specialist services, offering psychosocial support to young people, and to do so within a context of engaging the whole family, within their community, which will help young people to develop and maintain positive social relationships.

Our Ambition

All young people in Barnsley to enjoy positive emotional health and wellbeing.

The above graph shows the difference in health and lifestyle choices made between those young people who are happy with the way they look and those who are not. We can see from the information that the young people who are not happy with the way they look, feel lonely often, admit to being bullied, with over 17% never feeling happy at school.

Evidence Base

- Healthy Child Programme 5 to 19 years (DH 2009)
- E-learning modules to support professionals
- NICE guidance
- Strong Families Programme
- Family Nurse Partnership
- Motivational Interviewing approach to assessments
- Making Every Contact Count Initiative
- Cognitive Behaviour Therapy
- Counselling support
- You’re Welcome criteria (DH 2011)
EMOTIONAL HEALTH AND WELLBEING: Priority Areas

PREVENTION AND EARLY INTERVENTION

Suggested Initiatives
- Gap analysis of current services
- Work collaboratively to promote young people’s social and emotional well being
- Develop robust system to measure young people’s social and emotional wellbeing
- Expand current Barnsley Young People’s Health and Lifestyle Survey (year 10) 2013 to wider cohort
- Increased access to pastoral care for young people
- Inclusion of social and emotional wellbeing in all young people’s improvement plans, policies, systems and activities
- All settings to have anti-bullying policies and accurate reporting systems in place
- Positive promotion of equity and diversity in young people’s settings
- National and local suicide prevention strategy recommendations

What success will look like
- Young people report positive emotional health, improved self-esteem and greater levels of confidence
- Parents/cares report greater understanding of positive emotional health and confidence in supporting young people

ACCESS TO SERVICES

Suggested Initiatives
- Identify service gaps in emotional health support services
- Involve young people in designing services
- Ensure young people have access to school nursing services through school based drop-in’s

What success will look like
- Young people have increased access to services
- Increased open access to School Nursing Service
EMOTIONAL HEALTH AND WELLBEING: Priority Areas (cont…)

BUILDING RESILIENCE AND SELF DIRECTED CARE

Suggested Initiatives
- Robust programme of progressive learning related to PSHE
- Nurture groups
- THRIVE Programme
- Coping strategies
- Mental Health First Aid
- Evidence Based Parenting Programmes
- I know I can Programme

What success will look like
- Social norms approaches introduced into secondary education
- Young people report improved emotional health and wellbeing with timely access to appropriate support

Emotional Health and Wellbeing - Recommendations
- Develop an Emotional Health and Wellbeing Pathway
- Collective approach in all secondary education to enable young people to develop social and emotional skills
- Raise awareness of support services
- Work with parents/carers to recognise and actively encourage emotional health and wellbeing
- Development of early intervention counselling services
- Embed innovative approaches to support young people in building self-esteem and resilience

Emotional Health and Wellbeing - Outputs
- Promote positive personal safety, reducing risk taking behaviour and minimising harm
- Increase safe, nurturing environments, reducing bullying and violence, promoting positive behaviours
- Improve access to psychological therapies
- Ensure young people have knowledge and skills to seek out supportive services

BUILDING CAPACITY IN THE WORKFORCE

- Practitioners have skills and knowledge to support young people
- Practitioners recognise when a young person’s EHWB is compromised, and responds appropriately
- Integrate social and emotional wellbeing training into continuing professional development for practitioners and governors involved in secondary education
- Skilled workforce supporting the emotional health and wellbeing needs of young people before reaching crisis point
3.5 Physical Activity

Physical activity is essential for long term and short term physical and mental health outcomes. It is associated with musculoskeletal and cardiovascular health, and reduced anxiety and depression amongst young people (Strong et al 2005). Good physical activity habits established in youth are likely to be carried through to adulthood.

Young people’s physical activity levels are critical to their overall health (DH 2011). Current guidelines for children and young people recommend at last one hour of moderate to vigorous physical activity every day. The proportions of young people engaging in physical activity nationally are 28% males and 15% females (DH 2011).

Findings from the World Health Organisation (WHO) Health Behaviour of School aged Children Survey (2011) report that young people who reported low life satisfaction also reported the lowest levels of participation in physical activity. Among young people from low socio-economic backgrounds the highest level of life satisfaction was reported by those young people who undertook physical activity every day.
Our Ambition

All young people in Barnsley to participate in and enjoy physical activities.

The above graph shows the difference in health and lifestyle choices made between those young people who are physically active outside the taught curriculum and those who are not. We can see from the information, that of the young people who are physically active outside the taught curriculum report that they are less likely to smoke, more likely to eat before the beginning of the school day and more happy with the way they look. However, there is little difference in health related behaviours in respect of having sex and drinking alcohol.

Evidence Base

- NICE Guidance
- Building resilience
- You’re Welcome Criteria (DH 2011)
### PHYSICAL ACTIVITY: Priority Areas

#### PREVENTION AND EARLY INTERVENTION

**Suggested Initiatives**
- Increase healthy lifestyle survey to engage year 6 pupils
- Facilitate a whole settings approach to education relating to nutrition and physical activity
- Support brief interventions, making every contact count
- Implement Tour de France Legacy Curriculum Programme into all Barnsley Schools

**What success will look like**
- Repeating healthy lifestyle surveys will demonstrate an increase in participation in physical activity
- Co-ordinated approach to physical activity throughout the Borough

#### ACCESS TO SERVICES

**Suggested Initiatives**
- Robust referral pathways into support/services for young people
- Support the implementation of strategies which facilitate young people to have easy and safe access to active travel opportunities
- Support the implementation of strategies which facilitate young people to have easy access to play opportunities
- Support the implementation of strategies which facilitate young people and their families to use Barnsley's open spaces for active leisure time activities
PHYSICAL ACTIVITY: Priority Areas (cont…)

BUILDING RESILIENCE AND SELF DIRECTED CARE

Suggested Initiatives
- Promote and influence local physical activity initiatives
- Competitive sports in education

What success will look like
- Young people engaging in extracurricular activities
- Young people reporting increase in physical activity

Physical Activity - Recommendations
- Raise resilience in young people to feel confident to participate in daily physical activity
- Engage young people in designing physical activity programmes, play areas and development of green areas
- Appropriate signposting and availability of services for overweight and obese young people
- Equitable access to services across the Borough

Physical Activity - Outputs
- Provision of extra curricular physical activities that are accessible and engaging for young people
- Develop the local environment to ensure that the easy choice is the healthy choice i.e. Walkability and Cycleability of our communities
- Use of local young people as sports ambassadors

BUILDING CAPACITY IN THE WORKFORCE

- Increase in skilled workforce providing sporting initiatives for young people and communities
- Local communities engaging in physical activities
- Local training programmes to increase skills and knowledge of physical activity and healthy eating agenda, increasing awareness and recognising sedentary lifestyles
3.6 Sexual Health and Relationships

Developing a sense of sexual identity is a key part of adolescent development. Staying safe, happy and healthy through the process is important. Early sexual activity, initiated while young people are still developing emotionally and cognitively, may increase the risk of unplanned pregnancy or sexually transmitted infections (STIs).

In a Joint Ministerial Statement issued in March 2012, a general reduction in the number of teenage births and abortions was welcomed, however, it was noted that there is still too much variation between local areas.

“This Government remains committed to reducing rates of teenage pregnancy still further and improving outcomes for young parents and their children. This is central to our aim to reduce inter-generational poverty and inequalities. That’s why the under 18 conception rate is a national measure of child poverty and one of the three sexual health indicators in the Public Health Outcomes Framework.”

(Joint Ministerial Statement 2012)

While UK data is sparse, a relationship has been detected between teenage conceptions and teenage hospital admission rates for alcohol harm. Nationally, teenage binge drinking is a growing concern, with adolescents in the United Kingdom ranked in the top five of thirty countries for measures of alcohol misuse. There is increasing evidence of a link between excessive intake of alcohol and poor sexual health (RCP 2011).

Addressing under 18 years conception rates, alongside work to reduce sexually transmitted infections, is a government and public health priority. Access to contraceptive and sexual health services, advice and clear messages about using both a condom and the most appropriate effective contraception is necessary to achieve both outcomes. Alongside this, good Sex and Relationships Education (SRE), taught by trained professionals, gives children and young people the knowledge and life skills to resist peer, partner and media pressures, and to understand issues such as sexual consent and responsibility.

Estimating the rise in STIs is difficult in young people, but there is evidence to suggest that the incidence of the most frequently occurring STIs has increased in Barnsley (Barnsley Sexual Health Strategy 2013).

Negative outcomes can be reduced if initiative aims are met:

- To ensure that young people do not engage in sexual relationships before they are developmentally ready; and
- To ensure effective use of contraceptives

Child Sexual Exploitation (CSE) is currently one of the most important challenges facing agencies nationally and locally and is a key priority for Barnsley Safeguarding Children Board (BSCB). Child sexual exploitation can have a serious long term and lasting impact on children and young people affecting their physical and emotional health and wellbeing, education attainment, personal safety, relationships and future life opportunities. The impact of CSE on family life can also be significant placing considerable strain on all family members and increasing the risk of family breakdown. BSCB has implemented a CSE Strategy and Action Plan.
Our Ambition

All young people in Barnsley are able to make informed decisions about relationships, sex and their sexual health.

The above graph shows the difference in health and lifestyle choices made between those young people who are aware of sexual health services and those who are not. We can see from the information that this has little impact on the risk taking behaviour.

Evidence Base

- Integrated programmes involving schools, community and health care settings are most likely to be effective
- Early implementation of comprehensive education on relationships and sexual health
- Equitable healthcare service provision for young people to access contraception and sexual health advice
- The Sexual Health and Wellbeing Strategy for Barnsley 2013
- A Framework for Sexual Health Improvement in England (DH 2013)
### SEXUAL HEALTH AND RELATIONSHIPS: Priority Areas

#### PREVENTION AND EARLY INTERVENTION

**Suggested Initiatives**
- Implement communication strategy to include social media and online information
- SRE for vulnerable young people at risk of sexual exploitation
- Work to address sexting, teen relationship abuse and pornography
- Resources and services supporting young fathers
- Engage with the voluntary sector to deliver universal SRE

**What success will look like**
- Increase in young people accessing services
- Increase in young people's confidence and happiness with services

#### ACCESS TO SERVICES

**Suggested Initiatives**
- Develop a settings based service which focuses on enabling access to service when and where young people need it
- Review communication strategy to include social media and online information
- Trial deployment of specialist staff and services to ALCs
- Pilot resources and initiatives with a year group in an ALC to review impact

**What success will look like**
- A young people centred service with holistic needs considered
- Responsive and effective workforce, working together
- A confident workforce to deliver SRE
**SEXUAL HEALTH AND RELATIONSHIPS: Priority Areas (cont…)**

### BUILDING RESILIENCE AND SELF DIRECTED CARE

**Suggested Initiatives**

- Social norms programme to promote positive healthy behaviours
- School nurses available at drop-in sessions for young people to access support
- Strong PSHE curriculum to support and build on resilience in young people

**What success will look like**

- Increase in safe sexual practices and positive relationships for young people
- Reduction in teenage pregnancy
- Short term increase in sexual transmitted infection referrals
- Long term decrease in sexual transmitted infection rates
- Rise in the uptake of Human Papilloma Virus (HPV) vaccination

### BUILDING CAPACITY IN THE WORKFORCE

- Review of deployment of key staff
- Development of a toolkit/ lesson plans for teachers/tutors.
- Train staff in specialised areas such as pornography and domestic violence
- Staff peer to peer mentoring
- External speakers sharing best practice and network events

### Sexual Health and Relationships - Recommendations

- Provide resources and hold events that enable young people to consider and understand the benefits of considered risk taking behaviours and safe practice
- Develop a mechanism for early identification, referral and signposting to relevant services
- Embedded innovative approaches to support young people in building self-esteem

### Sexual Health and Relationships - Outputs

- A settings based approach to enabling young people to develop skills and knowledge in relation to good sexual health and positive relationships
- Young people to be involved in the development of integrated sexual health services
3.7 Oral Health

Evidence indicates that people living in deprived communities have poorer oral health, with higher levels of tooth decay and more periodontal (gum) disease. They also tend to access oral health care services less frequently than the general population, often seeking care only when they experience pain or have other symptoms. These findings are confirmed in Barnsley.

The 2009/10 NHS Dental Epidemiology Programme survey of 12 year old school children showed that over 43% of 12 year olds in Barnsley experienced dental caries compared with 33% in England as a whole, with each of those children having over 2 teeth affected. Again, more dental caries were experienced by children in the most deprived areas.

Healthwatch Barnsley have engaged with a number of young people in Barnsley and asked about their attendance at a dentist. 43% had been to the dentist within the last 6 months, and 20% said that they had last been over a year ago. The reasons for young people not having been to the dentist needs to be further explored.

Certain health damaging behaviours increase the risk of oral disease. However, many of the risk factors and lifestyle choices that impact on general and oral health are only partially controlled by personal choice, with behaviours influenced by complex social and environmental conditions shaped by family, social and community factors as well as political and economic conditions.

The key lifestyle choices of a young person which leads to a detrimental impact on the young persons oral health, and which impacts on their future adult oral health are:

**Smoking:** Cigarette smoking and chewing tobacco increase the risk of oral cancer by a factor of three, and there is evidence that exposure to second-hand smoke also increases the risk. Smoking also increases the severity of gum disease, premature tooth loss and poor wound healing.

**Food and nutrition:** The consumption of sugary foods and drinks is the primary cause of dental caries. High sugar consumption is also associated with weight gain and obesity. The omission of breakfast and irregular main meals, as well as smoking, is significantly found to be associated with caries.

**Alcohol:** There is an increased level of dental caries, tooth erosion, periodontal disease and oral cancer in people who misuse alcohol. When used in conjunction with tobacco, the risk of developing oral cancer increases by a factor of 38.

**Illegal drugs:** Intravenous drug use is associated with poor oral health, in particular dental decay and periodontal disease. This is due to a complex relationship between a number of factors, including poverty, self-neglect, consumption of high sugar foodstuffs, poor oral hygiene and the intake of methadone syrup.

**Sexual health:** There is evidence that infection with high-risk Human Papilloma Viruses (HPV) increases risk of oral cancer, particularly HPV-16. A history of more sexual partners or oral sex partners has been associated with an increased risk of some cancers, and a younger age at sexual debut, or history of oral sex, with an increased risk of cancer of the tonsil and base of the tongue, again pointing to the role of sexually-transmitted HPV.
Our Ambition

All young people in Barnsley will have good oral health.

The above graph shows the difference in health and lifestyle choices made between those young people who visited a dentist in the last 6 months and those who did not.

Evidence Base

- Healthy Child Programme 5-19 yrs (DH 2009)
- NHS Dental Epidemiology Programme survey of 12 year olds 2008/09
ORAL HEALTH: Priority Areas

PREVENTION AND EARLY INTERVENTION

Suggested Initiatives
- Implementation of recommendations from the 2008/09 NHS Dental Epidemiology Programme survey of 12 year olds
- Support professionals working with young people in schools or in the community to raise awareness of the need for good oral hygiene
- Work in partnership with professionals to reduce tobacco use and alcohol consumption
- Target local council areas supported by Oral Health Action teams to support parents, professionals, dentists and GPs to promote oral health activities appropriate of 11-19 year olds

What success will look like
- Reduction in tooth decay in young people
- Young people will access regular dental check-ups
- Reduction in dento-facial injuries which may occur through contact sports

ACCESS TO SERVICES

Suggested Initiatives
- Support the implementation of 'You’re Welcome' initiative (DH 2011)
- Inclusion of 'You’re Welcome in future commissioning intentions
- Increase in oral health awareness through the use of social media

What success will look like
- Increase in young people accessing dental services
- Dental services are ‘You’re Welcome’(DH 2011) accredited
## ORAL HEALTH: Priority Areas (cont…)

### BUILDING RESILIENCE AND SELF DIRECTED CARE

**Suggested Initiatives**
- Encourage the uptake of HPV vaccination, as it is estimated that in the UK 8% of cancers of the oral cavity and 14% of cancers of the oropharynx are linked to HPV infection

**What success will look like**
- Reductions in decayed, missing and filled teeth as measured by surveys; reduction in dental extractions
- Increase in 11-19 year olds visiting dentists on a regular basis
- Rise in the uptake of HPV vaccination

### BUILDING CAPACITY IN THE WORKFORCE

- Support school nurses, non health staff, general practitioners and general dental practitioners and staff to promote the oral health of 11-19 year olds
- Support staff in the implementation of 'You're Welcome' initiative
- Support staff to have the skills to measure the effect of oral health promotion activities
- The delivery of oral health messages are embedded in the delivery of the Healthy Child Programme 5-19 yrs
- Support stop smoking professionals to provide oral health awareness to their client group
- Support dental practice staff to routinely receive stop smoking brief intervention training

### Oral Health - Recommendations

- Work in partnership with Oral Health Action Teams, NHS England commissioners and local dentists to promote young people's access to dental services
- School Nursing Service to promote regular dental visits
- Support parents/carers to have the skills to promote good oral health for young people
- Support young people's healthy lifestyle choices around tobacco, alcohol and sugar consumption
- Optimise exposure to fluoride

### Oral Health - Outputs

- Improved access to dental services for young people
- Improvement in young people's oral health
4 Editorial Group

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5 Consultation

Barnsley Patient Council
Barnsley College Senior Management Team
Barnsley College Health and Wellbeing Team
South West Yorkshire Partnership Foundation Trust
Clinical Commissioning group governing Body
Barnsley Youth Council
Barnsley Safeguarding Board
Barnsley Police
General Practitioners Practice managers Group
Young People of Barnsley
6 Conclusion

Good health and wellbeing for young people are essential for the future of the adult population. Making improvements to services now will pay dividends in the future, quite apart from the moral and ethical case for doing so.

Parents and the wider community play a major role in a young person's health and development, through positive parenting and creation of an environment that is safe, healthy and encourages active learning. Young people's physical, social and cognitive development strongly influences their educational attainment, economic participation and health. Parents, communities and services will need to work together to ensure that they have the skills to give young people the support they need to achieve their goals.

With the right supportive relationships, strong ambitions and good opportunities, all young people can realise their potential and be positive and active members of society. Most get these from and through their families and friends, their school or college and their wider community, enabling them to do well and to prepare for adult life. All young people benefit from opportunities and support, but some young people and their families, particularly the most disadvantaged and vulnerable, need specific additional and early help to address their challenges and realise their potential.

This strategy will ensure, so far as is reasonably practicable, equity of access for all young people to the positive, preventative and early help they need to improve their wellbeing. The strategy has taken into account the views of the young people of Barnsley and has sought to understand the needs of our local young people. The recommendations strive to secure the best possible local offer within available resources, reviewing the sufficiency of the offer if it does not result in positive feedback from young people on the adequacy and quality of local provision and positive trends in qualitative and quantitative data.
7 Recommendations

The following eight overarching recommendations provide the framework for the specific recommendations for each of the identified priorities.

- Work with schools to ensure drop-in services with School Nursing, Youth Services and wider service providers are available within health and wellbeing spaces in Advanced Learning Centres (ALCs), at appropriate times and frequency.
- Develop a pathway to ensure that emotional health and wellbeing needs are met at the soonest possible opportunity.
- The Children and Young People's Trust (CYPT) to develop an action plan to support schools and other settings in the delivery of evidence based interventions to secure health improvement and reduce health inequalities.
- The CYPT to develop a communications strategy using appropriate mechanisms to disseminate information to young people.
- CYPT supports the workforce to make 'Every contact with young people count' towards building resilience.
- Work with all agencies including the voluntary sector to improve the health and wellbeing of the young people of Barnsley.
- All providers of health and wellbeing services to be compliant with ‘You're Welcome’ standards.
- Continue to engage with young people to understand their perception of health and health related behaviour.

Identified priorities

Smoking - Recommendations

- Drop-in services in Advanced Learning Centres provided by School Nurse Team, Youth Services and Addaction
- School Nursing Service provide information, motivational interviewing and signposting to stop smoking service
- Smoke-free campaigns in Area Councils
- Services available at a time and place convenient for young people
- Public Health Nurse Practitioner input on policy and content of PHSE
- Second-hand smoke free training for 0-19 yrs services

Food and Nutrition - Recommendations

- Use of the Barnsley Young People's Health and Lifestyle Survey (year 10) 2013 and Barnsley College Survey to provide the type of information young people are telling us they want around healthy eating
- Dedicated PSHE curriculum time around food and nutrition

Alcohol and Substance Misuse - Recommendations

- An organisation wide (whole school) approach in secondary education to evidence based drug and alcohol education
• Vetting and recommendation of interventions through the multi-agency sex, drug and alcohol group

**Emotional Health and Wellbeing - Recommendations**

• Develop an Emotional Health and Wellbeing Pathway
• Collective approach in all secondary education to enable young people to develop social and emotional skills
• Raise awareness of support services
• Work with parents/carers to recognise and actively encourage emotional health and wellbeing
• Development of early intervention counselling services
• Embed innovative approaches to support young people in building self-esteem and resilience

**Physical Activity - Recommendations**

• Raise resilience in young people to feel confident to participate in daily physical activity
• Engage young people in designing physical activity programmes, play areas and development of green areas
• Appropriate signposting and availability of services for overweight and obese young people
• Equitable access to services across the Borough

**Sexual Health and Relationships - Recommendations**

• Provide resources and hold events that enable young people to consider and understand the benefits of considered risk taking behaviours and safe practice
• Develop a mechanism for early identification, referral and signposting to relevant services
• Embedded innovative approaches to support young people in building self-esteem

**Oral Health - Recommendations**

• Work in partnership with Oral Health Action Teams, NHS England commissioners and local dentists to promote young people's access to dental services
• School Nursing Service to promote regular dental visits
• Support parents/carers to have the skills to promote good oral health for young people
• Support young people's healthy lifestyle choices around tobacco, alcohol and sugar consumption
Glossary

**Barnsley Children and Young Peoples Trust** - this is the local partnership that brings together partners and organisations responsible for providing services for children, young people and families in the borough.

**Commissioning** - The process of ensuring that health and care services are provided so that they meet the needs of the population; there are a number of stages including assessing population needs, prioritising outcomes, procuring products and services, and overseeing service providers. The concept of commissioning is expanding to include the way decisions are made about directing investment as well as direct service commissioning.

**Epidemiology** - is the study of the patterns, causes, and effects of health and disease conditions in defined populations.

**Health and Wellbeing Board** - A statutory committee of a local authority which, subject to the passage of the Health and Social Care Bill, will lead and advise on work to improve health and reduce health inequalities among the local population. It will have a performance monitoring role in relation to NHS Clinical Commissioning Groups, Public Health and Social Care. Members will include councillors, GPs, health and social care officers and representatives of patients and the public, including local HealthWatch.

**Health Inequalities** - Differences in the health (and increasingly wellbeing) experienced by different groups in a community which are avoidable and therefore held to be unacceptable.

**Healthy Child Programme** - A national Public Health Programme for children and young people.

**I Know I Can Programme** - A programme designed to build confidence and strengthen life skills for young people in Barnsley.

**Joint Strategic Needs Assessment (JSNA)** - The process and document(s) through which local authorities, the NHS, service users and the community and voluntary sector research and agree a comprehensive local picture of health and wellbeing needs. Subject to the passage of the Health and Social Care Act, the development of JSNAs will be the responsibility of Health and Wellbeing Boards. CCGs and the NHS National Commissioning Board will be required to “have regard to” JSNAs when developing their commissioning plans.

**NICE** – National Institute for Health and Care Excellence. NICE guidance helps health and social care professionals deliver the best possible care based on the best available evidence

**Resilience** - The capacity to recover quickly from difficulties.

**Socio-economic Status** - Is an economic and sociological combined total measure of a person’s work experience and of an individual’s or family’s economic and social position in relation to others, based on income, education, and occupation.
**Social Capital** - Greater interaction between people generates a greater sense of community spirit.

**Social Media** - Social media refers to the means of interactions among people in which they create, share, and exchange information and ideas in virtual communities and networks.

**You're Welcome** - The You're Welcome (YW) quality criteria sets out principles to support health service providers to improve their services and be more young people friendly. The self assessment toolkit supports services to work through the You're Welcome quality criteria, and enable service commissioners and providers to assess whether services meet the criteria and are delivering young people friendly services.
References


