

## SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children's Scrutiny Panel    DATE: 24th January 2012

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### PART I FOR INFORMATION, COMMENT AND CONSIDERATION

#### TITLE :TEENAGE HEALTH AND WELLBEING

##### **1. Purpose of Report**

The purpose of this report is to provide information to the Scrutiny Panel about the health issues facing young people in Slough related to social inequalities and lifestyle choices, and the range of initiatives provided to support them and encourage adoption of healthier lifestyles.

Health inequalities arise from variations in social, economic and environmental influences along the life course. By improving the health of the most disadvantaged young people and reducing the gap between the most and least disadvantaged, many more young people will be able to participate positively in society.

##### **2. Recommendation(s)/Proposed Action**

The Scrutiny Panel is requested to note the information related to the health and wellbeing of young people in Slough, and support the positive action being taken to address their needs.

##### **3. Community Strategy Priorities**

###### **• Celebrating Diversity, Enabling Inclusion**

Services are provided for all young people at a range of venues with accessible opening times.

By supporting young people with their health and lifestyle issues, they will be able to participate in education, employment and training, gain pride from their achievements and become valued members of society.

###### **• Adding years to Life and Life to years**

Encouraging young people to make healthy choices during their teenage years will prepare them for a healthier adulthood, and support their future role as responsible parents who can care effectively for the health and wellbeing of their children.

###### **• Being Safe, Feeling Safe**

Raising awareness of self and others will enable young people to feel safe in school and on the streets, and refrain from activities and lifestyle choices which place them at risk. They will also be able to keep their children safe and healthy in the future.

• **A Cleaner, Greener place to live, Work and Play**

Supporting young people to make better choices about how they spend their leisure time, such as volunteering in their community, will reduce the numbers 'hanging out' on the streets, and reduce alcohol cans and drug litter.

• **Prosperity for All**

Supporting young people to maintain their physical and emotional health and wellbeing will enable them to engage in education training and employment opportunities, thus improving their life chances and those of any children they may have in the future.

**4. Other Implications**

(a) Financial

Teenage health services related to lifestyle choices rather than critical illness are considered to be in the Public Health domain. These are provided by Slough Borough Council (Early Intervention Grant), Public Health, and the Primary Care Trust through service provision and commissioning processes. The reducing Early Intervention Grant and financial pressures faced by partner agencies, has caused a significant impact on services for young people.

It is crucial that Local Authority, Public Health and Primary Care Trust budgets are aligned, and services commissioned collaboratively to support the health and wellbeing of children and young people across their life course, as identified in the Children and Young People's Plan, the Joint Strategic Needs Assessment, and the Health and Wellbeing Board discussions.

(b) Risk Management

Services related to young people's health and wellbeing previously delivered by the Health Improvement Team related to less complex teenage pregnancy, sexual health, drugs and alcohol issues, now form part of the work of the Integrated Youth Support Service (IYSS).

The main risk associated with teenage health is the reduction in services as budgets decrease, particularly more intensive and specialist care planned support.

Lack of local teenage health data sets continues to be a barrier, and impacts upon the ability to target services effectively at identified groups and communities in order to maximise available funding.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights or Legal implications immediately arising from this report. However, the panel may want to have regard to the Equalities Act 2010 in light of the risk associated with potential reduction in services for young people as budgets decrease, as highlighted in the report.

(d) Equalities Impact Assessment

An equalities impact assessment is not required in relation to this information report.

### (e) Workforce

Although there are no direct workforce implications within this report it is important to ensure we have a skilled and trained workforce that can address the issues in this area.

As general health and wellbeing work is integrated within IYSS, it is crucial that Youth Professionals are sufficiently skilled to deal with the physical and emotional health and wellbeing issues faced by many young people, in an outcome focused and structured way. It is equally important that if work is to be carried out by a generic workforce, that there are also staff available appropriately trained to deal with the more complex issues which often arise, particularly in relation to sexual health and substance misuse.

## 5. Supporting Information

### **Teenage Health and Wellbeing**

*'Fair Society, Healthy Lives': A Strategic Review of Health Inequalities in England Post-2010* sets out a vision to empower people to have control over their lives, and make healthy lifestyle choices. It is often more challenging for young people to make positive health choices due to the multitude of influences they are subjected to, and particularly so for young people who are considered vulnerable, who are more likely than their peers to experience poor health outcomes throughout their life course. It is important in the current economic climate, that the Local Authority, Public Health and PCT work collaboratively to commission services that are targeted towards young people most in need of support, to reduce health risk taking behaviour, improve their physical and emotional health and wellbeing, and promote personal resilience.

### **Teenage Health - Vulnerability Factors**

Poor outcomes, included those related to health and wellbeing, are most likely to be experienced by young people who come from families where there is instability, poverty, deprivation, homelessness, domestic abuse, drug and alcohol misuse, antisocial or criminal behaviours, parental mental health issues, or general lack of parental support, including those who become Looked After Children, and subsequently Care Leavers.

Also, young people who themselves have learning difficulties and disabilities, social and behavioural problems, low aspirations, low self esteem, poor emotional, social or coping skills, and those not in education employment or training. These young people have an increased risk of involvement in a number of issues, any of which can negatively impact upon their health and wellbeing, leading to poor health outcomes for rest of their lives.

These include:-

- Teenage Pregnancy
- Sexually Transmitted Infections
- Sexual Exploitation
- Substance Misuse
- Alcohol abuse
- Smoking
- Emotional health issues
- Obesity

Slough has a total population of about 128,400 (ONS mid-2009 estimates) of which there are some 30,800 children aged under 18 years (24.0% of the total population) and 33,300 aged 0-19 (26.2%), of these, 7,965 children live in poverty which is 24.1% of the population.

In the last 12 months there have been 498 referrals to the Integrated Youth Support Service (IYSS) for young people aged 13-19, including 383 referrals via the Early Response Hub. The key themes include issues which relate both to the young people themselves or their parents or siblings, and have either a direct an indirect effect on their health and wellbeing including:-

- Witnessing, or being victims of domestic abuse
- Risk of sexual exploitation and unwanted pregnancy
- Substance misuse, including alcohol
- Relationship breakdown
- Offending behaviour or behavioural difficulties
- Emotional and mental health issues, often including self-harm
- Self esteem
- Homelessness

### **Teenage Pregnancy (Appendices 2 and 6)**

There has been considerable success in reducing the under 18 teenage conception rate, and places Slough in the top 5 areas in England for reduction from the 1998 baseline figure of 121 pregnancies, and a rate of 56.5 per 1000 females. As young parents and their babies suffer disproportionate health and social inequalities throughout life, reducing teenage pregnancies has a significant positive impact on the lives of families, and the services required to support them.

The 2009 figure for Slough showed 78 pregnancies, a rate of 35.1 per 1000s females 15-17, which is below the England Average rate of 40.2 but above the South East average rate of 30.1. The abortion rate remains similar year on year at around half of all conceptions. In 2010 there were 153 abortions carried out on young women aged under 19 in Berkshire East, of these 12% were second or subsequent terminations. In order to address this issue, the new contract for termination of pregnancies has a strong focus on post abortion contraception, particularly long acting varieties.

The sustained decrease in the under 18 conception rate is not mirrored by the under 16 conception rate, which although relatively small, has shown little variation with a decrease from 53 to 47 pregnancies since 1998. In the same period the abortion rates for this cohort of young women have risen from 41.5 to 61.7 per 1000 females. However, as these numbers are very small the data is suppressed to avoid identification, but this also means that it is impossible to target initiatives to decrease these unwanted conceptions.

The latest national ward data available is 2006 to 2008, which showed Britwell as the highest rate ward followed by Chalvey and Haymill. Better local data collection, sharing and analysis is required to provide timely information which can be used to identify trends and target initiatives.

The Family Nurse Partnership and Children's Centres specifically target teenage mothers to support them to care effectively for their children. The aim is to provide intensive family support to sustainably improve the physical and emotional health and wellbeing of young mothers, their children and partners. It is hoped that this early intervention will break the cycle of familial teenage pregnancy and poor outcomes for children.

### **Sexual Health (Appendix 3)**

The most common sexually transmitted infection affecting young people is Chlamydia which is often asymptomatic. The screening rates have risen from 7% of the age appropriate population to 27.6% across Berkshire East over the last year, meaning many more young people will be diagnosed and treated, before Chlamydia affects their long term health and fertility.

To prevent unwanted pregnancy and poor sexual health, the PCT commission a number of services. There are three accessible community sexual health clinics for young people, two provided within Slough at Britwell and East Berkshire College, and one provided by South Bucks in Burnham High Street. There is a young people's Speakeasy service once a week at the Garden Clinic, Condom distribution is widely available at young people's venues and Emergency Hormonal Contraception is available at all local pharmacies, free to young women under 18. There are also two Sexual Health Promotion Specialists based within the Public Health team who provide a range of sexual health interventions across Berkshire East.

Following the successful 1-1 intensive interventions and small group work related to sexual health and self esteem delivered as part of the Targeted Youth Support pilot, IYSS now provide 1-1 support for young people on a range of issues related to sexual health awareness, to reduce sexually transmitted infections and teenage conceptions. There are also staff with a sexual health specialism now based within the Looked After Children's Team and the Youth Offending Team, to provide additional support to those young people at the earliest opportunity, and any other young people identified by colleagues as requiring an intensive intervention.

### **Sexual Exploitation**

Police intelligence identified 10 teenage girls in Slough who were possibly being sexually exploited by a group of boys and young men. The Engage Project, which is a collaboration between Social Care and IYSS has been set up to address this issue and aims to empower young people involved in sexual exploitation through intensive 1-1 work, volunteering activities in the community, a sense of self awareness and pride, and an appreciation of others. The project is raising awareness amongst young women and providing emotional support to those already involved, whilst also educating young men about this sexually abusive practice.

There is now a Solace Sexual Assault Referral Centre based at Upton Hospital which provides a discreet and caring environment to support victims of rape and sexual assault. This includes forensic examination, storage of evidence and liaison with the police if required. This has meant that people already traumatised by their experience no longer have to travel to get support or deal with numerous agencies following their ordeal.

### **Drugs & Alcohol (Appendices 4 and 6)**

In common with other areas throughout the UK, cannabis and alcohol are the most commonly used substances by young people in Slough, and the most difficult to tackle due to the prevalence and perceived normality amongst teenagers. Research suggests that in the last decade drug use by school pupils aged 11-15 has fallen by one-third, and the last Tell Us Survey showed the number of young people using drugs and alcohol in Slough is much lower than average; also hospital admission rates for alcohol specific conditions and substance misuse are both significantly lower than the England average. As habits formed during adolescence can have a lifetime impact, the reduction in drug use amongst young people is a very positive long term indicator of health.

### **Substance Misuse**

The IYSS team, and commissioned Voluntary and Community Sector services provide advice and support for young people involved in substance and alcohol misuse. There are staff with a substance and alcohol misuse specialism based in the Looked After Children's Team and the Youth Offending Team, who provide outcome focused care planned interventions to support young people with more intensive needs to desist from drug taking or minimise their risk of harm. There is a youth counselling service called Talk2SYPC, which provides counselling and behaviour therapy for young people who require a structured psychosocial intervention. Only 21 young people required structured treatment in 2009/10 most of whom were aged 16 or 17 years, with 19% being aged 15 or under.

There are currently no young people in Slough who are injecting drug users, and the number using crack or opiates is less than 5% of the total treatment population. This is a large reduction from

previous years and very encouraging as these are extremely addictive drugs which often lead to a lifetime of substance misuse and criminality.

### Alcohol Misuse

Alcohol is widely used by young people, either alone or in conjunction with other substances; 43% of those in treatment stated alcohol as either their primary, secondary or third drug.

IYSS professionals and commissioned voluntary sector providers are delivering small group work at community venues across Slough to raise awareness amongst young people of the health and social risks related to alcohol misuse. They are also able to identify any young people with problematic alcohol misuse at the earliest opportunity, and refer them for individual, intensive, outcome focused support to address their issues.

A Community Alcohol Partnership has recently been set up which aims to tackle public underage drinking through co-operation between alcohol retailers and local stakeholders, such as trading standards and licensing teams, schools, young people's health and youth services, and the police. The partnership will address both the demand and supply side of underage drinking through enforcement, education and public perception to provide a multi faceted approach to reducing the harm caused by alcohol consumption.

The Trading Standards Team have worked in collaboration with 17 schools in Slough to deliver the theatre production, Last Orders, a hard hitting play addressing the impact alcohol can have on physical, emotional and sexual health. The team also work closely with the Police to provide Proof of Age cards, and use 'Test Purchase' initiatives to reduce under age sales, which contribute to reducing the accessibility of alcohol

### Smoking

It is difficult to ascertain the exact numbers of teenagers who smoke, but research has shown high levels of regret amongst those who start smoking. It is important therefore not only to reduce the number of young people who start smoking, but to provide support for those who want to stop. Following requests from young people for smoking cessation services, the PCT are commissioning a specific young people's smoking cessation services as part of a new contract.

Reducing smoking rates will have a profound effect on the general health and wellbeing of Slough residents. Along with reducing the risk of cancer, coronary heart disease and chronic obstructive pulmonary disease during their life course, there will be less pregnant women smoking and consequent low birth-weight babies, also less child ill health associated with living in a smoke filled environment such as asthma.

The Trading Standards Team carried out 11 tobacco Test Purchase operations with young people in 2010-11, and have made visits to shopkeepers related to counterfeit tobacco products. This increases the knowledge of shopkeepers about their social responsibility and encourages their vigilance, leading to reduced accessibility of tobacco.

A recent worrying trend in the UK is the rise in popularity of Shisha smoking. This involves smoking flavoured tobacco through a Hookah, where the smoke is cooled prior to inhalation by passing it through water. This has led to the myth that smoking Shisha is less harmful than smoking cigarettes, but in fact smoking tobacco based Shisha can be more harmful, due to the quantity of smoke inhaled. Tobacco free Shisha based on herbs, tea and sugar cane derivatives contain less carcinogens, but smokers still risk their health due to the affects of taking smoke into the lungs.

Shisha cafes have been widespread in Asia and the Middle East for many years, and although Hookah smoking has been common for hundreds of years, it has only recently become a youth-oriented pastime. Work has already begun to raise awareness amongst young people of the reality that smoking Shisha has the same harmful effects and health implications as smoking cigarettes.

## **Emotional Health**

The teenage years are a time of emotional turbulence and a number of young people need support with emotional health and wellbeing issues. These issues can usually be addressed with a brief intervention from a Primary Mental Health Worker, short term support from an IYSS professional, or a longer care planned intervention by staff with specialist knowledge.

Some young people with particularly complex issues need additional specialist psychological support. The youth counselling service at SYPC called Talk2SYPC has provided counselling sessions for 87 young people over the last year on issues such as anger management, relationships, depression and bullying.

Supporting young people to deal with their emotions and enabling them to build emotional resilience, effectively supports their transition to adulthood by reducing their engagement in risk taking behaviour.

## **Obesity**

There is no data available on exact obesity levels in teenagers as they are not systematically weighed, however as there is a direct correlation between obesity and deprivation, high levels would be expected in Slough. 263 (21.4%) of children in Year 6 are obese, which is worse than the England average of 18.7%, and a significant increase on the rate of 13% of Reception age children.

The Schools Nutrition Network provide support to schools to ensure healthy eating practises, and 5 out of the 10 secondary schools are now complying with the 2008 Nutritional Standards at lunch times with a further three schools working towards them. This ensures that children eat healthily during the school day, but also provides them with knowledge about eating a healthy, balanced diet to guide them at home.

Along with a healthy diet, physical activity, sport and exercise are essential to stop rising obesity levels, and just 39% of children currently spend 3 hours or more on school sport per week in Slough, which is significantly below the England average. However there is an active Schools Sports Network operating between Slough schools to share knowledge and best practice, which should increase the quality and quantity of exercise opportunities.

A number of services have been commissioned by the Local Authority, Primary Care Trust and Public Health from the Voluntary and Community Sector over the last year to provide sporting activities, encourage healthy eating and physical exercise. A number of families have so far engaged in the programme but final results are yet unknown.

## **6. Conclusion**

Research studies have shown that universal health awareness raising with young people does little to alter their lifestyle choices, which are more determined by family circumstances and peers. Additionally there are numerous national web based and telephone resources available to support young people and their parents in relation to healthy lifestyle choices.

Young people are generally well aware of the risks associated with drugs and alcohol, and how to access the widely available contraceptive services in Slough, but some choose not to, and this usually relates to vulnerability factors, particularly low self esteem, low attainment, lack of aspiration and personal resilience, and it is these that are the biggest determinants of poor health outcomes for young people.

The level of referrals for 1-1 support for young people identified through the Drop In at SYPC and the Early Response Hub is increasing significantly for all issues, as are the known cases of sexual exploitation. Underlying this trend is a group of vulnerable young people who need outcome

focused, brief, short and long term interventions to provide structure, guidance and support to improve their health, family and social outcomes.

It is of concern that PCT commissioning priorities are becoming heavily focused on the Marmot Report related to early intervention in the chronological sense by targeting pre birth to 5 years of age. School Nurses are spending increasing amounts of time in Child Protection Conferences rather than working with teenagers in schools, and Public Health commissioning and services happen in isolation. It will be vitally important as the Public Health function moves across to the Local Authority, and the remit of the Health and Wellbeing Board is established, that targeted early intervention services to support the physical and emotional health and wellbeing of teenagers is prioritised. Additionally, the future Commissioning Care Groups led by GPs will need to consider the broader determinants of health and lifestyle choices along with the provision of acute and critical medical care.