



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Adolescent Health Offer: a new integrated approach to reduce the harm to young people caused by substance misuse (drugs, alcohol and tobacco) and early sexual relationships (teenage pregnancy and sexually transmitted infections).	
Date of Meeting:	6th March 2018.	
Report of:	Executive Director, Health & Adult Social Care	
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Wards Affected:	All	
FOR GENERAL RELEASE		
Executive Summary		
The paper provides the Board with an update and seeks the endorsement on the new Adolescent Health Offer being developed to reduce the harm to young people caused by substance misuse (drugs, alcohol and tobacco) and early sexual relationships (teenage pregnancy and sexually transmitted infections). Members of the Health and Wellbeing Board noted this as an area where improvements could be made in July 2017.		



Whilst most young people are not using substance or involved in early sexual practices, there are a significant percentage for which this is causing a concern for. The impact of this set of risky behaviours has a significant effect on young people's lives, so it remains that reducing the harms caused by substance misuse (drugs, alcohol and tobacco) and early sexual relationships (teenage pregnancy and sexually transmitted infections) is a high priority area for improvement.

The paper outlines the background and delivery position in July 2017, the process completed to inform the changes and the stages required to complete the process so that a better response is applied.

Young people and families, plus residents from all wards will be affected.

Glossary of Terms

BHCC – Brighton & Hove City Council
PSHE – Personal Social Health Education
NHS – National Health Service
CVS – Community & Voluntary Sector
SCFT – Sussex Community Foundation Trust
FC&L – Families, Children & Learning
GCSE – General Certificate of Secondary Education

1. Decisions, recommendations and any options

- 1.1 That the Health and Wellbeing Board endorse the city wide approach addressed in this paper to reducing the harm caused to young people by substance misuse (drugs, alcohol and tobacco) and early sexual relationships (teenage pregnancy and sexually transmitted infections).

2. Relevant information

- 2.1. Members of the Board welcomed the Public Health Annual Report 2016/17 in July 2017 and also noted that there could be improvements made to reduce the level of young people misusing cannabis and alcohol in the city. This paper provides the Board with an update and seeks its endorsement to the new approach.
- 2.2. **Prevalence:** National and local data trends have shown that young people's use of drugs and alcohol tobacco had been declining since 2000. But the rate of decline slowed around 2013/4 (appendix one).
- 2.3. However the 'What about youth' survey data from 2014/15 revealed that Brighton and Hove had a significantly high rate compared with the rest of the country (appendix one) for drugs, alcohol and tobacco.
- 2.4. This is not the case for teenage pregnancy rates. Reducing teenage conceptions has been a corporate priority and seen as 'everyone's business' since the national teenage pregnancy strategy was launched in 1998. Locally

there has been a 63% reduction in the under 18 conception rate which is currently ahead of reductions seen in the South East and England which have both reduced by 59% over the same time period.

- 2.5. The adverse impacts on the health of young people from substance misuse, early conception/ sexual transmitted infection and smoking tobacco makes a strong case for these to remain high priority areas for improvement (See Appendix 2) There are added complexities to be addressed when creating an effective response such as the mixed messages attached to the legal position of smoking, using drugs or having underage sex, the pleasurable and acceptability for some young people of this risky behaviour and the clear links with exploitation, violence and criminal activity, such as drug dealing and the growing concern attached to County Lines.
- 2.6. The central focus of the new approach to address these behaviors will take into account the challenge practitioners will have in engaging young people:
 - Who do not see their behaviours as a problem and who, by changing their behaviors may find themselves having to break away from their friendship groups or
 - Live in families where parents are uncertain how to respond, don't see there is a problem or in some cases know illegal activities are happening and don't challenge this.
- 2.7. The commissioning and delivery background:**
- 2.8. Historically, young people's services had been set up around specific health areas such as under 18's substance misuse or teenage pregnancy, resulting in quite separated services. These services included PSHE support, early intervention and prevention for teenage pregnancy, substance misuse prevention, termination of pregnancy support and substance misuse treatment all in different parts of Children Services. There were further agreements with third sector partners and with the NHS for teenage pregnancy prevention support.
- 2.9. The structure was for different services to be delivered separately, but often with the same young people. There were six different access processes, management structures and quality assurance process. The ability to develop effective working relationships between settings such as schools and the network of providers was complex and not the most efficient use of the resource.
- 2.10. In August 2017, a review and redesign process found:
 - Existing service arrangements, were not responding effectively to the clustering of behaviours demonstrated by young people most at risk.
 - Some young people were falling between services and not having their needs met in a timely way.

- It did not address the apparent culture of acceptance regarding the use of substances across the city which has been confirmed by partners, parent / carers and young people.

2.11. The findings from an evidence review, feedback from key stakeholders and trends within existing performance identified the need to move towards an integrated and streamlined Adolescent Health Offer. The new service would need to be able to respond across the cluster of health behaviours (substances misuse and sexual health) and provide a joined up response.

2.12. The target audiences for the Adolescent Health Offer are to be:

- Young people who are involved in risky behaviour – but do not see it as a concern through diversionary activities delivered by an experienced partner agency.
- Young people who will engage with support and treatment through talking therapies
- All young people will have the opportunity to receive high quality teaching and learning by being provided with PSHE support to school staff
- Parent / carers will have access to health promotion information and signposting via social media communication, workshops plus consultation support or direct work where a young person is in treatment.

2.13. Summary of the process being completed to achieve the future position. (From August 2017 to March 2018)

2.14. The new Integrated Adolescent Health Offer will cluster health behaviours together (working across substances misuse and sexual health) and provide a single, branded service placed under the leadership of Families, Children and Learning, in partnership with an external partner to deliver diversionary activities and social media driven health promotion. Central to the model will be that young people and their families have single joined up plans.

2.15. To develop the new Adolescent Health Offer, there are three components to be completed to achieve a single service offer from April 2018 which will build on:

- The recognition that young people are ‘vulnerable’ rather than problematic when experimenting or involved in risky life choices.
- The adolescent research that shows the brain is still developing and young people are learning how to assess risks, make moral and political judgements and control impulses. It will recognise the balance of influence shifts during this stage from parents to peers or other significant adults.
- Improving protective factors around young people in families or with key adults such as teachers, youth workers and health team workers.

- 2.16. *Component One: Strategic Leadership and operational delivery of the talking therapies / education support.*
- 2.17. The leadership role will be held with Families Children & Learning Directorate and redesign period is under way. This will mean that the Adolescent Health offer will be an integral part of the citywide adolescent response which fits strategically under the Adolescent Management Board. This strategic leadership will also ensure the Adolescent Health offer meets all the requirements attached to any Safeguarding Learning Review / Serious Case Review, as appropriate
- 2.18. The Adolescent Management Board, chaired by the Executive Director, Families, Children & Learning, brings together the statutory partner agencies as identified in the Crime and Disorder Act 1998 and wider non-statutory partner agencies in Brighton and Hove. The Board will incorporate the statutory duties and functions of a youth offending board which cover young people up to 18 and address the wider issues of risk and safety (exploitation), health (substance misuse and early sexual relationship) housing and transition issues as young people move to adulthood and adult services.
- 2.19. The new Adolescent Health offer will continue to have an emphasis on prevention through supporting quality teaching and delivering health promotion activity to ensure young people are educated and informed to make healthy and safe choices. Talking therapies will engage with young people who want to change or can be encouraged to change their behaviour. Different packages of support will provide wrap around behaviour change support for young people through trusted adults, such as parents / carers and key professionals.
- 2.20. In addition, this partnership approach between Public Health and FC&L will ensure connectivity with the future strategic planning for Vulnerability, Violence and Exploitation. This new strategy will incorporate prevention, intervention and enforcement within its remit and was borne out of initial intelligence linked to gangs, knives and County Lines.
- 2.21. *Component Two: Purchasing of Diversionary Activities and social media health promotion to engage with targeted young people.*
- 2.22. A commissioning process has begun to purchase a menu of diversionary activities that will engage young people who do not see their risky health behaviour as a problem or cannot see a way from their situation, into an intervention that will support the reduction of such risky behaviour and improve their resilience. In year one the priority group identified by data will be young men.
- 2.23. Such activities will need to be engaging and attractive enough to move young people away from what they consider to be attractive and risky activities, and who themselves may have already been involved in diversionary activities earlier in their lives. This may include a process of dynamically engaging

young people into activities such as drill / rap music, filming, drama, adrenalin sports.

2.24. The provider will also use social media to take forward the campaign started in component three and innovatively implement a social media strategy over the life course of the contract.

2.25. The first commissioning process has been completed and no contract was awarded. This is due to the bids not meeting the quality threshold and Public Health are in the process of feeding this back. An exit plan is being agreed with the existing provider which will include an appropriate timeline.

2.26. In partnership with FCL, an interim arrangement is being finalised and an update will be provided to the board in the chairs communication at the June board.

2.27. *Component Three: Social media campaign*

2.28. To ensure we have a comprehensive response available, a campaign and accompanying social media strategy is being developed to go live with the new health offer. The consultation process clearly identified that parents and carers were in need of additional support and there has been a growing local debate attached to the acceptance of young people's use of cannabis.

2.29. The social media campaign being developed will inform the parent / carers of the health promotion key facts and create a dialogue between young people and parents / carers on the health and wellbeing impacts of substance, alcohol and tobacco use.

2.30. The Adolescent Health Offer's overarching outcomes include:

- More young people who smoke, drink or use drugs are supported to stop/reduce their use.
- More young people choose not to smoke, drink or use drugs.
- More young people choose not to have early sexual relationships.
- Increased reporting of young people who are sexually active using contraception effectively.
- Reduction in the number of young people who have sexually transmitted infections. (Chlamydia)
- There are fewer school exclusions/ managed moves:
 - All young people found in possession of cannabis have a joint family plan with the school; this will include input from the Adolescent Health Offer from point of fixed / internal exclusion.
 - All young people found dealing drugs, have a joint family plan that is flexible and can move with the young person which includes input from the Adolescent Health Offer.

- Increased confidence of parents / carers in supporting their young people to make healthy choices attached to drugs, alcohol, tobacco and sexual relationships.

2.31. *Joint city-wide ownership:*

2.32. Key to success for this model is a joint understanding and approach, whereby Council and NHS partners, Police, schools and colleges, and the breadth of services working with young people such as the CVS, SCFT, mental health services, youth workers and the Adolescent Health Team work together to create an integrated city wide response.

2.33. Reducing the harm to young people caused by substance misuse (drugs, alcohol and tobacco) and delaying early sexual relationships (teenage pregnancy and sexually transmitted infection) needs to be every body's business, not a single provider or a single school. Hence the recommendation, the Health and Wellbeing Board takes a city wide leadership role and endorses the Adolescent Health offer described. This will ensure our city leaders champion the approach, as well as key stakeholders.

2.34. Next steps:

- To work with two schools to co-produce a whole school approach to reduce the harms caused by such risky behaviours and to ensure the two systems work seamlessly together. (Cardinal Newman and Patcham High School) from January to May 2018.
- To complete FC&L redesign by March 2018
- To purchase Diversionery Activities and social media health promotion by May 2018.
- To launch the rebranded service in May 2018
- To launch the social media campaign in June 2018, prior to the school summer holidays and festival periods.

3. Important considerations and implications

Legal:

3.1 *New service contracts will need to be procured in accordance with the Council's Contract Standing Orders and the Public Procurement Regulations 2015 as applicable. Legal advice as to adherence to the necessary processes and content of any contractual arrangement should be sought as appropriate.*

Lawyer consulted: Judith Fisher

Date: 8.02.2018

Finance:

- 3.2 The budgets currently held under the function of Children's 5-19 Public Health Programmes and Substance Misuse Ru- ok? contracts in 17-18 will be funding the new Adolescent Health offer.

The total of the in house provision from Public Health totals £0.276m per annum or £0.828 over 3 years.

In addition there is a contribution from FC&L of £0.060 per annum from the YOT (Youth Offending Team) budget or £0.180m over 3 years.

The external Commissioning contracts affected total £0.125m per annum, £0.375m over 3 years. These are currently with Impact Initiatives (Youth Collective), YMCA (Teenage Pregnancy Prevention post) and YMCA Downslink (peer led group work).

There will be a minimum savings of £0.025m per year from the Integrated Offer in 2017/18 to 2018/19 onwards, reducing the annual amount from £0.461 to £0.436 pa or £1.308 over 3 years. These figures are all based upon pre-savings 17-18 budget figures and are subject to final negotiation.

Any re-provision of this service will need to be managed within this existing budget.

Finance Officer consulted: David Ellis

Date: 22/02/18

Equalities:

This report is focused on a particular cohort of young people, those who are affected by the harm caused by substance misuse (drugs, alcohol and tobacco) and early sexual relationships. There are a wide range of services in place which provide services for all young people.

The findings from an evidence review, a review of data and feedback from key stakeholders (young people, parents / carers and professionals working with young people) highlighted that there were a small group of young people with multiple needs who required a specific intervention. The Adolescent Health Offer has been set up to respond to the specific equalities implications identified in the joint strategic needs assessments in Improving Health: Developing Well (Children and Young People). <http://www.bhconnected.org.uk/content/needs-assessments>

In year one, the focus for the diversionary activities includes young men who do not see their risk taking behaviour as a problem or do not know how to move away from their risky lifestyle.

There will be on going monitoring of the service and its outcomes to ensure it does reach its key group and also to build any learning into other existing services. With a full Equalities Impact Assessment being required in year one to inform this process further.

Equalities Officer: Sarah Tighe-ford

Date 23/02/2018

3.1

Sustainability:

- 4 There are no significant sustainability implications. Any initiatives implemented will build local social value through networking, volunteering, mentoring and workforce development. Diversionary activities will be encouraged to use local assets both indoor and outdoor, such as venues and parks. Any service base will be in line with the Council Policy to use sustainable materials and wider issues such as using water fountains to avoid plastic and promote healthy drinks.

Health, social care, children's services and public health:

The implications for health, social care, children's services and public health have already been covered in this paper.

