

REPORT FOR THE CHILDREN AND YOUNG PEOPLE'S TRUST EXECUTIVE GROUP

Date of meeting:	October 2021
Report Title:	Children, Young People and Families Public Health update
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Status of report:	Not confidential
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1.	<p>Purpose of report/ Background</p> <p>This report provides the Trust Executive Group with an update on the public health work that has taken place in the last 12 months, contributing to the outcome “Supporting children, young people and families to make healthy lifestyle choices”.</p> <p>1.1 0-5s</p> <p>Maternal behaviours such as smoking, breastfeeding and vitamin consumption have an impact on the health and wellbeing of both the mother and baby.</p> <p>As part of the South Yorkshire and Bassetlaw Local Maternity System, Barnsley practitioners have been involved in the development of the Healthier Together website https://sybhealthiertogether.nhs.uk/ for pregnant women and parents to improve the health of children and young people in the area. This has been promoted by the Public Health Nursing Service and further work is planned around wider communications this winter.</p> <p>1.1.1 Smoking in pregnancy</p> <p>Smoking rate at time of birth for Barnsley is 14.2% (2020-2021). This is higher than the rate for England (9.5%).</p> <p>Smoking and exposure to second-hand smoke during pregnancy is responsible for an increased rate of stillbirths, miscarriages and birth defects. In recent years, the NHS has prioritised reducing smoking in pregnancy as part of its maternity safety agenda.</p> <p>The Barnsley thematic analysis of Sudden Unexpected Deaths in Infancy (SUDI) found that 100% of babies who died lived in a home where one or both parents smoked. These deaths occurred between the periods of 2 – 21 weeks. The findings of this analysis has led to the submission of a business case to support an incentives based smoking cessation programme with the key objective of supporting expectant mothers and their partners to quit during pregnancy and to support a sustained quit in the first year of their infants life.</p> <p>Currently the Stop Smoking in Pregnancy Team at Barnsley Hospital NHS Foundation Trust is a midwifery led service which has been supporting pregnant smokers and their significant others to quit since 2015. In line with the NICE guidance (2010) and Saving</p>
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Babies Lives Version Two (NHSE, 2019), all women booked to receive care at Barnsley Hospital should undertake a carbon monoxide (CO) test initiated by the midwife/support worker as part of the booking process. All women having a reading of 4 or above are referred to the specialist stop smoking team, this is an opt-out referral system. This includes women who have recently quit (2 weeks or less) or are attempting to quit due to a confirmed pregnancy. This ensures that the majority of smokers are referred and seen by the Maternity Stop Smoke Team. Barnsley maternity commits to CO testing at every contact to ensure timely referrals in cases of either continued smoking or possible relapses.

The proposed extension of the scheme would continue to supply incentive vouchers for remaining smoke free after birth (dependent on CO validation) to a period of four months postnatal stop smoking support.

1.1.2 Breastfeeding

Quarter 4 20/21 breastfeeding data shows that 32% of babies were recorded as receiving breast milk at the 6-8 weeks postnatal review. This has decreased over the year from 35.1% in quarter 1. The reduction could be due to more stringent data control measures as the Public Health Nursing Service is now meeting PHE's 95% quality threshold.

Although the quarterly data suggests the proportion of babies receiving breastmilk at 6-8 weeks appears to have declined over the last year, the average for the year is 33.4%. This is almost a 1% increase from the previous year (32.5%) and a 4.6% increase from 2018/19.

July 2021 data from Barnsley Hospital shows 66% of babies received breastmilk as their first feed (this will include babies resident outside Barnsley).

The Maternal and Infant Feeding Implementor Group meets regularly to ensure a multi-agency approach to the promotion and protection of breastfeeding. Currently work is ongoing with BMBCs HR team to ensure that the Council's Maternity and Adoption Procedure enables more women to continue to breastfeed on their return to work.

The 0-19 Public Health Nursing Service and Family Centres were reaccredited by UNICEF Baby Friendly Initiative in December 2019. The services have responded innovatively to the restrictions on services caused by the pandemic and have developed a new BFI Infant Feeding training programme, delivered via 3 virtual 1-hour sessions and 3 accompanying workbooks (previously 3 days face-to-face). Antenatal education, breastfeeding support groups and instant messaging were also launched on the Infant Feeding Service's Facebook page in 2020 to provide mums with information and support that was lacking due to face-to-face groups being stopped.

The Infant Feeding Team have increased capacity which has enabled the service to contact all mums within 72 hours of birth to offer infant feeding support, instead of just those who are breastfeeding. 1:1 support has resumed face to face and the aim is to get face-to-face groups back up and running in the New Year.

The IFT 'warm chain' of support campaign on social media for World Breastfeeding Celebration Week was a success with a combined reach of 7500 people for the posts across the week.

1.1.3 Healthy Start

Nationally, there are two parts to the Healthy Start scheme; Healthy Start food vouchers and Healthy Start vitamins.

The percentage of eligible families registered for the Healthy Start Scheme in Barnsley in 2020/21 was 56%, this is higher than the national figure of 55.4%. Currently, the Barnsley Maternal and Infant Feeding Implementer Group ensures a multiagency approach to the promotion of the Healthy Start scheme in Barnsley, through face-to-face and virtual contact with families by our Public Health Nursing Service, our Family Centres and Families Information Service, as well as Barnsley Maternity Service.

In February, a local campaign to promote sign up to the Government's Healthy Start scheme was delivered including:

- Social media posts across public-facing council channels promoting the benefits and signposting to the website for more information on how to apply.
- Internal communications raising awareness of Healthy Start amongst BMBC employees and asking those who work with eligible families to encourage sign up to the scheme.
- A promotional article in Good Food Barnsley's A5 booklet that went out to parents in February half term (as part of their walking initiative Febu-welly), to encourage eligible families to apply for the Healthy Start scheme.

It is the responsibility of local areas to provide or arrange the provision of Healthy Start vitamins and a review of the local Healthy Start vitamin scheme is underway, in order to inform provision across the Borough. The review aims to determine if the current processes and pathways are effective in ensuring that the right people are accessing vitamins at the right time and in the correct places. The output of the review will include recommendations for how the HS vitamin scheme could be delivered differently to improve access and coverage for women and children across Barnsley.

From October 2021, the national Healthy Start scheme is also going digital and we are planning further communications around this, as it moves away from paper-based applications and vouchers to digital applications and pre-paid debit cards.

1.2 Oral Health

Supervised toothbrushing clubs that were up and running in the Family Centres unfortunately were stopped due to the pandemic. In addition, limited access to dental appointments during the pandemic has likely led to a decline in oral health in children.

Currently work is progressing on

- the flexible commissioning process with Barnsley dental practices to increase access for children, older adults and vulnerable to improve oral health, with an emphasis on prevention.
- Identifying and targeting vulnerable groups for oral health promotion and prevention. Working with Oral Health Champions in 11 dental practices, working with health visitors and school nurses to identify children at high risk of dental caries for opportunities for prevention and early intervention.

1.3 Emotional health and wellbeing

The CYP Emotional Health and Wellbeing Lead has now been in post for 12 months, initially this was a temporary position, however, both BMBC Public Health and the CCG agreed to make this a permanent position in June 2021 to support the ongoing development of the CYP emotional health and wellbeing system.

A detailed mapping exercise was completed in March 2021 which considered all aspects of emotional health and wellbeing support across the system, identified key strengths of the system and areas of development. 30 recommendations were made and formed the basis of the CYP Emotional Health and Wellbeing Improvement Plan which was created in

collaboration with the multi-agency EHWP group. The improvement plan identifies 5 priority areas for the upcoming 12 months:

- Early intervention and prevention including ACEs
- Workforce development
- The role of education and the schools' workforce
- Improved support for vulnerable CYP
- Engagement and Co-production

The new COMPASS Mental Health Support Teams service was launched in February, the model has a clear focus on supporting schools to embed a whole school approach to emotional health and wellbeing, building resilience and supporting the schools' workforce to identify needs early and ensure the right support is in place at the right time. From September 2021, all secondary schools and 20 primary schools will have an identified link worker who will support schools with consultation and developing the whole school approach within each setting. The Mental Health Support Teams have a 12 month implementation period, in line with the national model of delivery, but the service is expected to achieve full borough coverage by March 2022 – at this point, all schools across Barnsley will have access to the service.

COMPASS MHSTs will also be supporting schools through workforce training, 1:1 support to children and young people and group work. The MHSTs also have a specific remit to support vulnerable young people, 4 groups have been identified – LGBTQ young people, those at risk of exclusion, young carers and electively home educated young people. These groups have been identified through local data and from the recommendations set out in the scoping report.

All services across the system have seen an increase in demand, with referrals for anxiety being particularly high. It is still unclear whether this is the continued impact of the pandemic or if this is the 'new normal' for referral numbers into the system.

Referrals into the Eating Disorder pathway have seen a particularly steep rise, with approx. 50 young people on the current CAMHS Eating Disorder caseload (as of August 2021) which is 50% higher than would be expected for the service. In response to this, a working group was established in April 2021, the scope of which has now widened to encompass all age eating disorder pathways. SYEDA, CAMHS, 0-19 PHNS, COMPASS and adults services are all involved in the working group and there is a specific focus on early intervention and supporting the whole school approach to healthy eating and healthy relationships with food. This work will tie in with developments across the wider PHSE system.

1.4 Healthy weight

1.4.1 National Weight Management Programme

The National Child Measurement Programme (NCMP) is a nationally mandated public health programme that includes height and weight measurement in Reception and Y6 and a pathway of targeted support for families.

Unfortunately, due to the pandemic, the mandated provision of the National Childhood Measurement Programme (NCMP) did not take place during 2020 and Public Health England (PHE) was working towards restarting the programme in January 2021. Due to the ongoing COVID-19 situation and a further lockdown and school closures at the beginning of the year, the NCMP measurements did not recommence as expected. There was a decision by PHE with a request that local authorities use the remainder of the academic year to collect a representative sample of data of 10% of local children, constructed via a selection of schools, to enable a national estimate of children's weight status for 2020/21. The PHN Service Manager sought direction and consideration for this

request from the Public Health Director Management Team in terms of balancing collecting sample data with school capacity and safety implications to facilitate this during high transmission rates and high level of school bubble closures including the need for vaccinations teams to catch up school vaccine programme and therefore a decision was made not to complete the 10% representative sample data.

1.4.2. Food

Whist food brings so much joy to Barnsley, it also presents major challenges. One in five children in Barnsley are starting primary school being overweight or obese and by the time children leave primary school, that rate rises to one in three. Two thirds of our adult population are either overweight or obese, with many residents suffering from diet-related ill health.

We also have people living in a situation of food poverty. Between March 2020 and May 2021, over 8000 individuals received emergency food parcels from the Barnsley Foodbank Partnership. It is therefore hugely important that we encourage and enable children in Barnsley to live a healthy and active lifestyle and that children maintain a healthy weight throughout their childhood, with access to good quality, affordable and nutritious food. This will help to ensure that our children transition into adulthood with good physical and mental health, increasing overall healthy life expectancy.

A range of work has occurred across the last 12 months, much of which is ongoing and developing further.

School Catering

- We will continue to work closely with school catering teams in the development of new and existing menus so that children across Barnsley have access to hot nutritious and enjoyable school meals throughout the school week. We will use local and regional produce to reduce food miles and maintain a local supply chain.

Healthier Food Advertising

- Public Health is currently working towards developing and implementing a Healthier Food Advertising Policy to restrict the advertisement of high fat, sugar, and/or salt products and promote the advertisement of healthier products. The proposed policy would apply to all Council owned advertising spaces with further work taking place to engage with privately owned advertising space and for them to adopt the same policy. This serves to protect our residents, particularly children, from exposure to junk food advertising that has influence over our food choices and calorie consumption.

Healthy Activities and Food (HAF) Programme

- School holidays can be particular pressure points for some families because of increased costs (such as food and childcare) and reduced incomes. For some children that can lead to a holiday experience gap, with children from disadvantaged families.
- The HAF steering group have and continue to work to ensure that we enable children and families to:
 - Eat more healthily over the school holidays.
 - Be more active during the school holidays.
 - Take part in engaging and enriching activities which support the development of resilience, character and wellbeing along with their wider educational attainment.
 - Be safe and not to be socially isolated.

- Have a greater knowledge of health and nutrition.
- Be more engaged with school and other local services.

Good Food Barnsley Partnership

- o Good Food Barnsley (GFB) is a broad coalition between the private, public and 3rd sectors. It is a joined-up movement and partnership working towards a shared vision of building a better Barnsley where everyone has the right to the food they need to thrive.
- o GFB works towards tackling food insecurity across the borough, promoting a vibrant and diverse food economy with a focus on sustainable and locally sourced food.
- o As stated above, our local Food Plan is being co-developed with GFB.

Weaning Education

- o In February 2021, the Public Health Nursing Service launched virtual weaning education via Facebook closed groups. This is delivered over a 2-week period for families with babies aged 12 weeks+. The group provides information on signs of readiness, home-cooked versus commercial baby food, healthy recipes, oral health and HS vitamins.

1.4.3 Physical Activity

The Active in Barnsley Strategic Plan was launched in 2019 with a vision of 'a healthy and proud Barnsley where active living is part of everyday life for everyone'. A key priority within this approach is our Active Schools and Colleges work to enable physical activity and movement to be built into the environments where children and young people are. Prior to the impact of covid, 45.2% of young people (u18) were meeting the CMO guidelines for physical activity (1hr per day). A further 20% were 'fairly active' (30-60 mins per day) with 34.9% considered 'less active' (less than 30 mins per day).

The What's Your Move Campaign was launched in May 2020 and is thriving. It is managed by BMBC and aims to encourage everyone to find the move that is right for them. There is a significant part of this campaign which is aimed at families to share information of what is out there and examples of local people being active as champions.

The BMBC PH sport and recreation team have created a number of physical activity interventions during the last two years to ensure that physical activity and movement is still an important feature of people's everyday lives. This has included:

- o In February 2021, 'Febru-welly' aimed to encourage everyone in Barnsley to get out whatever the weather with some social media competitions and games in partnership with Good Food Barnsley. In order to support those communities facing the greatest inequalities, we gave out 2500 sets of wellies and waterproof jackets to enable people to get involved.
- o In May 2021, a month-long skipping programme was funded with online resources and teaching aids culminating in a skipping celebration day. In total 23 schools and over 6000 children taking part!
- o Continued to provide holiday resources for families via our health holiday programme and food parcel at Summer, Easter, Spring bank and Feb half term.
- o The above was also supplemented with around 40 go-discover trails located around the borough, acting as fun mini orientation games linked to beat the street branding.
- o Created a summer challenge with 10,000 printed copies & downloadable versions to give lots of ideas of being active but also creating a positive mindset. Distributed through schools, market, family centres and the foodbank network.
- o Beat the Street walking intervention returned in July 2021 which engaged 100% of

primary schools and 24,000 children and parents.

1.5 Alcohol and substances (including smoking)

Work undertaken with the Emergency Department at Barnsley Hospital to identify any emerging risk factors, patterns, and trends to then be able to implement targeted effective interventions for children and young people.

A family support worker has commenced in the role of early help navigator within the Emergency Department at Barnsley Hospital, following recommendations and collaboration through the Barnsley Alcohol Alliance.

A data sub-group has been established to focus on the high rates of under 18 hospital admissions related to alcohol in girls and further work is continuing to understand data anomalies in this area and gain a true local picture of the suspected concern for young women – see attachment below.

A young people alcohol tool kit for professionals and young people has been developed to use as a guide for reducing alcohol-related harms.

Based on recommendations from the Alcohol Alliance and the Safer Barnsley Partnership Board, partnership work has been undertaken with the local adult alcohol treatment service to develop an Identification and Brief Advice (IBA) training package. This training is on-going and will aim to encourage all front-line workers and services, internal and external to the Council, to engage in alcohol awareness and IBA training.

Good working relationships have been developed with internal and external Communications teams. Working with public health our communications colleagues have developed alcohol communication plans for the previous three years and will continue this process over the length of this plan. In addition to this, an alcohol and stigma campaign has been developed with a part focus on young people, highlighting the impact of stigma, the ways this impacts people and how to avoid stigmatising behaviours.

Barnsley Council's public health team have worked collaboratively with Barnsley Hospital to secure NHS funding to be one of two Alcohol Care Team pilot sites in the North of England. We have worked collaboratively to develop a working model, specification, and pathways for this newly established service. The ACT will also focus on young people and dependant parents, and also assist in efforts to reduce alcohol attendance and admission for under 18s.

We are progressing work with Barnsley College to make their sites and surrounding areas voluntary smoke-free zones, including the removal of on-site smoking shelters.

1.6 Sexual Health and Teenage Pregnancy

From July 2020 a new Integrated Sexual Health Service (ISHS) was commissioned provided by Spectrum CIC. A new community Long Acting Reversible Contraception (LARC) Service was also commissioned and began in August 2021 this is a blended model using primary care and a peripatetic nurse.

Due to Covid-19 restrictions the ISHS has had limited services in place. Young People's outreach and drop-in facilities were stopped. This has been mitigated through online access to STI testing, information, EHC access in our ISHS and at nominated pharmacies across the borough is still accessible. Telephone triage remains in place and those most vulnerable or at risk are prioritised for appointments this includes young people. In addition, the C-card condom distribution scheme has remained in place.

Chlamydia screening is ongoing and online testing is available, the national chlamydia screening programme has changed and will be focusing on women for testing; reducing reproductive harm of untreated infection in young women rather than opportunistic testing both young men and women.

Teenage Pregnancy data is based on PHE published data 4th August 2021. TPS data is provided approximately 18 months retrospectively. Barnsley's 2019 under 18 conceptions rate of 27.7 is higher than the regional and national rates of 19.3 and 15.7 respectively and this rate the highest of the South Yorkshire authorities. The rate of 27.7 represents 105 conceptions to under 18's during 2019, a slight increase from 99 in 2018.

Whilst Barnsley's 2019 rate is above regional and national rates it is notable that it continues to reduce and is the second lowest during the period 1998 to 2019 with a percentage reduction between the two time points of 54%.

Large geographical differences exist in under 18 conception rates at ward level. In 2016-2018, rates ranged from 2.8 in Penistone East to 51.0 in Dearne South. Based on trend data from previous years, Barnsley's 2026 under 18 conception rate is predicted to be 20.1.

The proportion of under 18 conceptions leading to abortion in Barnsley has fluctuated during the period 1998 to 2019. Barnsley's rate has reduced by 15% during the period 1998 to 2019. More than half (52.4%) of under 18 conceptions in Barnsley in 2019 led to abortion. Barnsley's 2019 under 18 abortion rate of 14.5 is higher than the regional and national rates of 9.2 and 8.6 respectively.

A review and refocus of the teenage pregnancy framework has commenced. Ward data demonstrates a need to target specific wards with an approach that both improves access to services of sexually active young people in deprived wards and seeks to increase aspirations and ambitions breaking the teenage parenting cycle in some ward areas. Schools are now mandated to provide SRE and the ISHS offers training and RSE sessions to all secondary schools to support this. (See below regarding support for schools around PSHE.)

A new multi-agency comms team are now in place within ISHS, targeting young people through appropriate media such as TikToK to give information around relationships and sexual health in conjunction with our local colleges providing media representation for YP.

In terms of live births to women aged 18 and under, during the period 2016-2020, numbers ranged from 4 in Dodworth ward to 30 in Dearne North and St Helens wards. The Public Health Nursing Service are developing an enhanced pathway to support teenage parents.

1.7 Healthy Settings

1.7.1 Children's Health Survey

The Children's Health Survey is a large-scale survey to be run every 2 years and offered to year 4, 6, 8 and 10 or age equivalent for those not in school e.g. elected home educated. This has been developed on smart survey in collaboration with the BMBC Comms team incorporating:

- Dental hygiene
- Eating Habits
- Physical Activity
- Technology and social media use and internet safety
- PHSE knowledge and frequency of teaching
- Bullying

- Smoking and Alcohol
- Emotional Health

This is now finalised with the pilot to run September 2021, with a full launch to take place in February 2022.

1.7.2 Healthy Learning Healthy Lives framework

BMBC Public Health provide a “Healthy Settings” platform for children and young people's settings in Barnsley, which would include a PSHE portal, a self-assessment tool and award. The benefits of which would be:

- A single online hub where settings could easily access evidence-based and quality assured resources, support and guidance.
- A simple and easy to use self-assessment tool that allows settings to identify areas where they are doing well, need to improve etc.
- Reduced number of criteria that are meaningful and achievable; not simply a tick box exercise but not too onerous that settings don't engage.
- Different criteria across the wide range of settings but maintaining a level of consistency.
- A whole-settings approach to improving health and wellbeing for children and young people.

This is being produced by Create Development in collaboration with information and expertise provided by Doncaster Council who have already integrated this within their borough. The development of the Healthy Learning Healthy Lives Framework is in the final stages with a pilot planned for September 2021 and a full launch to take place in February 2022.

1.7.3 PHSE Portal

The Children's health survey and the Healthy Learning Healthy Lives framework will be located on the PHSE portal/webpage, which will also serve as a hub for all PHSE resources, including links to related media, which will act as a central location for high quality resources and teaching material and along with guidance. It is eventually hoped that schools will all receive their own log ins to this portal, where they will be able to access survey results of their school. The PSHE Portal is in development with the BMBC information technology team and is due for launch alongside the other projects in February 2022.

2. Recommendations

Members are asked to:

2.1. Consider the information provided in this report and provide support from their service areas where appropriate.

3. Next steps

3.1 0-5

- Further promotion of the Healthier Together website across Barnsley.

3.1.1 Breastfeeding

- Plan for BFI reaccreditation 2022.
- Re-establish face-to-face support groups and Breastfeeding Welcome scheme.
- Ensuring culturally competent and inclusive infant feeding services.
- Support review of antenatal education with Early Start and Families Service.

3.1.2 Healthy Start

- Complete review of HS vitamins scheme and progress action plan from recommendations made as a result.

3.1.3 Smoking in Pregnancy

- Public Health Nursing Service specification being redeveloped and will include antenatal contact for all expectant mums at 28 weeks gestation - safe sleep and prevention of SUDI to highlight risks of parental smoking to be highlighted to both parents. Improved care continuity between midwifery and health visiting will also be a key feature.
- To progress incentives based business case to increase the quit to Postnatal support to support the quit beyond pregnancy (4 months postnatal).

3.2. Oral Health

- Re-establish supervised toothbrushing clubs in Family Centres.
- Increase the number and type of settings delivering supervised toothbrushing clubs, extending to schools.
- Improve the provision of oral health access and poor oral health prevention to children and vulnerable groups via flexible commissioning.

3.3. Emotional Health

- Continue work within Eating Disorder Working Group to review current service offer and develop and all age pathway
- Develop Designated Mental Health Lead Network to support the schools' workforce to understand the EHWP system and how to access support for children and young people
- Complete vulnerable CYP needs assessment to understand the current landscape of services and how services may be developed to meet the needs of individual vulnerable groups

3.4. Health Weight

3.3.1 NCMP

- The current position as it stands, and direction from PHE is that the NCMP for 2021/22 should return in full to pre-covid delivery and measure all YR and Y6 eligible children. PHE inform that these measurements will be essential to help assess the impact of Covid on school aged children because it will provide population level data to help understand how COVID-19 has impacted child obesity prevalence and inequalities. It will also enable local authorities to engage with parents and families who may need support to achieve and maintain a healthier weight by providing advice and information about services and programmes in their area.

3.3.2 Food

- A refreshed Food Plan 2022-2025 is being coproduced with Good Food Barnsley CiC will be and launched in early 2022.
- The Food Plan will lay out our five key priorities (food access, education, diet-related ill health, food environment, and sustainability) and outcomes for the next four years, helping us to remain focussed and accountable against many actions and areas of work that will sit alongside the plan.

3.3.3 Physical Activity

- Restart the Active School Group following a break due to covid. Action plan created and resource to be identified to drive physical activity and movement in the school environment.
- Work with partners to develop needs led interventions to help encourage more children and young people experiencing the benefit of an active lifestyle.
- Continue to use the What's Your Move Campaign to create a social movement

and provide information on activities to the wider public with a focus on children and families.

- Support the wider engagement of the sport and physical activity sector in Barnsley to be involved in the delivery of the healthy holiday programme to support food security during school holidays.

3.5. Alcohol and substances (inc smoking)

- Continue the work mentioned above for this area, considering any further recommendations from TEG.
- Working with Barnsley College on a Smart Survey to understand smoking behaviour and prevalence among students and staff.

3.6. Sexual Health and Teenage Pregnancy

- There is a Covid19 recovery plan in place to reinstate YP drop in and outreach services as soon as possible.
- Progress with review and refocus of Barnsley's teenage pregnancy framework.
- PHNS enhanced pathway to support teenage parents to be piloted on 2 localities where TP rates are increased.

3.7. Healthy Settings

- Survey and Healthy Learning Healthy Lives Framework pilots to run September 2021, with a full launch to take place in February 2022.

4. Risks and barriers

4.1 Breastfeeding

- Covid-19 restrictions have stopped face-to-face antenatal education and postnatal support groups which is a barrier to providing advice and guidance, although this has been mitigated through use of online options.

4.2 NCMP

- The programme would need to be delivered within the schools safety controls and robust infection prevention controls, potentially taking additional time within the school to complete measurements

4.3 Sexual Health

- There is still immense pressure on the service regarding staff shortages.
- As a clinical service with staffing issues this may close the service completely.

4.4 Oral Health

- Continuing limited dental appointment availability is an ongoing risk in light of Covid-19.
- Potential increase in poor oral health could lead to an increased need which might be difficult to fulfil.
- Risk of inequality in provision of toothbrushing clubs if not all settings engage.
- Lack of engagement from families to support the efforts of toothbrushing at home.

4.5 Healthy Settings

- Risk of poor uptake from schools with regards to both the survey and the healthy setting framework, given the difficult times currently due to Covid-19, i.e., limited capacity, fluctuating staffing levels, and possible outbreak management measures in place.
- Risk of the timeline slipping due to IT aspects of the projects.

5. Financial Implications

None.

<p>6. Stakeholder engagement</p>	<ul style="list-style-type: none"> • Worked with Maternity Voice Partnership to seek feedback on infant feeding support in Barnsley. • Working with Barnsley College on a Smart Survey to understand smoking behaviour and prevalence among students and staff. • Stakeholder Working Group set up to develop healthy settings framework and CYP lifestyle questionnaire.
<p>7.</p>	<p>365 The Barnsley Children Young People 's Trust Offer Please tick as appropriate to identify the related CYP Trust Strategic Priority(s) and CYP Plan Priority(s) covered in this report.</p> <p>6 Strategic Priorities:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Keeping children and young people safe <input type="checkbox"/> Improving education, achievement and employability <input checked="" type="checkbox"/> Tackling child poverty and improving family life <input type="checkbox"/> Improving staff skills to deliver quality services <input checked="" type="checkbox"/> Supporting all children, young people and families to make healthy lifestyle choices <input checked="" type="checkbox"/> Encouraging positive relationships and strengthening emotional health <p>CYP Plan Priorities (if applicable).</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Early Help <input checked="" type="checkbox"/> Emotional Health and Wellbeing including access to Therapeutic Services <input type="checkbox"/> Improved Life Outcomes for CYP with SEND & Transitions at all key life stages <input checked="" type="checkbox"/> Inclusion & Engagement <input type="checkbox"/> Youth Council key issues & Local Campaign Priorities
<p>8.</p>	<p>Appendices/ background papers</p> <div style="text-align: center;">  <p>Under18Alcohol.pptx</p> </div>

Please note that any presentations need to be sent to the CYPTrust mailbox no later than a day before the meeting. Presentations cannot be brought on a datastick.