

Health select committee update November 2017

1. In the interests of organisational efficiency the basis of the select committee update will now be the public health newsletter where one has been published covering a similar period of time, with other items of interest also included below that.

Bath & North East
Somerset Council

Public Health News

November 2017



Alcohol Awareness Week 13-19 November 2017

The theme of Alcohol Awareness Week 2017 focuses on alcohol and how it affects families. We'll be using this opportunity to start a conversation around harmful drinking to help break the cycle of silence and stigma that is all too often experienced by families. For more information on events and resources visit: <http://www.bathnes.gov.uk/services/public-health/one-you/alcohol-awareness-week> (this webpage will go live on 10 Nov).



Mental Health Time to Change Pledge

Bath & North East Somerset (B&NES) is calling all employers to sign the Mental Health Time to Change Pledge. The Council has joined a growing number of companies nationally who have signed the pledge, demonstrating their commitment to taking action to improve attitudes towards mental health – overcoming the stigma surrounding mental health issues and offering more support in the workplace. To find out more contact the Public Health Team or visit: <http://www.bathnes.gov.uk/latestnews/council-signs-time-change-pledge-support-mental-health>



NHS diabetes programme bulletin

NHS England is launching a new bi-monthly bulletin to keep up to date all partners, stakeholders and providers involved in the delivery of the NHS Diabetes Programme. The bulletin will include updates from across all streams of the Programme (NHS Diabetes Prevention Programme, Treatment and Care and Digital), share knowledge between delivery sites, help to build and maintain local engagement in the Programme and share reports, results and impact. Within your organisations, please can you publicise to interested colleagues that they can sign up to receive the bulletin here: <https://www.england.nhs.uk/email-bulletins/nhs-diabetes-programme-bulletin/>. The first bulletin is due to go out in November.



New guidance for professionals working with children and young people who self-harm

Over the past year a working party made up of professionals from a range of B&NES services and young people from our CAMHS Participation Group have come together to review current guidance for professionals working with young people who self-harm. It has been unanimously agreed that B&NES will adopt the information and guidance on the **HarmLESS** website developed by Oxford Health NHS Foundation Trust and this content will replace all previous guidance. HarmLESS <https://www.oxfordhealth.nhs.uk/harmless/> provides up to date information about:-

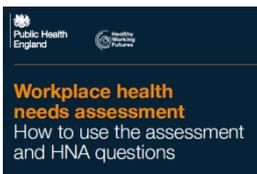
- What is meant by self-harm including thoughts and acts of self-harm, and risks and triggers for young people
 - Guidance on how to react and talk to young people who are self-harming using the acronym SLEEP (Stop, Listen, Empathise, Explore, Plan)
 - An online assessment tool to complete with a young person. This assessment automatically generates a safety plan
 - Links to others useful resources and web sites
 - Links to (B&NES) Child and Adolescent Mental Health Services (CAMHS)
- Anyone currently using the document entitled *Multi Agency Guidelines for Professionals Working with Children and Young People who Self-harm* should note that as of November 2017 this is now out of date and should be removed from circulation.

**STAY WELL
THIS WINTER**

It's not too late to get your Seasonal Flu Vaccination

Eligible groups can still have their free NHS flu jab at their GP surgery or at a participating pharmacy. Children in reception and years 1, 2, 3 & 4 will be offered the flu nasal spray by their school immunisation team. For further information, click [here](#) on the NHS Choices website. You can order posters and leaflets free of charge from the DH order line:

https://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf or download and print them and other resources from <https://www.gov.uk/government/collections/annual-flu-programme#2017-to-2018-flu-season>



Workplace Health Needs Assessment

Public Health England have published the *Workplace Health Needs Assessment*, a tool developed with Healthy Working Futures to help employers of all types and sizes to carry out workplace health needs assessments and provide practical workplace health advice. If you use this tool please do let us know how useful you find it. These resources add to existing materials for employers and local areas, including: employer toolkits developed with Business in the Community and others regarding mental health, musculoskeletal health, suicide prevention and suicide postvention; and a set of health and work infographics



Blue Light Training – working with change resistant drinkers (10 January 2018)

Due to high demand, another training date has been made available; book your place now for 10th January 2018 (see attached flyer).

Email: public_health@bathnes.gov.uk

Telephone: 01225 394067

Website: www.bathnes.gov.uk/se

2. Maternity services transformation;

The local Maternity system (LMS) across B&NES, Wiltshire Swindon (STP footprint) has co-developed a transformation plan, in response to the national Better Birth Recommendations and the NHS Five Year Forward View. This is an exciting time for our maternity services and for women and families in B&NES, Wiltshire and Swindon. Service user representatives have been centrally involved in developing our local transformation plan, working alongside key stakeholders, sharing information, considering needs, identifying gaps and shaping services that have women and their families at the centre

The vision is that: “All women have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence.”

The plan has four core commitments, with actions against each one:

a. Women and their chosen support networks will be partners in care

Women will receive unbiased, timely information to enable them to participate fully in personalised care planning, and they will be encouraged to explore and question available options. Services will reflect on the language they use, focusing on the women's experience. Above all women will be listened to.

b. Maternity services and organisational partners within the LMS will work collaboratively

Woman will receive a service that is seamless and joined up irrespective of where they access their care. Women will receive personalised care and staff will be enabled to provide continuity.

c. We will enhance safety through assisting all women to experience the best birth possible for their personal circumstances.

Woman will be supported to make informed decisions, ensuring risks and benefits are assessed, discussed and managed proportionality. We will adopt an approach that works with the physiology of labour and optimises physical and mental good health. Learning will be shared across organisations and multidisciplinary teams will learn together.

d. Women, partners and their families will be supported and enabled to optimise their health in preparation for pregnancy, birth and parenthood.

Ensuring staff have the skills and confidence to deliver consistent and effective public health interventions that positively impact on outcomes for women and children.

A full Engagement Plan is being developed, which will build on the work commenced by the Royal United Hospital in Bath in relation to place of birth. The MTP plan will be finalised by the end of November. The STP wide Maternity Strategy and Liaison Committee (MSLC) undertook a place of birth survey earlier this year with more than 800 responses. This feedback was used during the development of the plan and will form the basis of the Engagement Strategy.

The mobilisation and implementation of the plan will be support by a dedicated project midwife, which is being funded from national money dedicated to the development of Local Maternity Systems. This post is currently being recruited to.

For more information, or to see the entire document contact Deborah Forward, Margaret Fairbairn or Jo Lewitt.

3. Briefing for councillors on Relationships and Sex Education (RSE) from the South West Regional Sexual Health Office.

From September 2019 all schools will have to make provision for RSE and this briefing has been prepared for councillors across the region.

Relationships and Sex Education A briefing for councillors

Relationships and Sex Education is changing.

There is an opportunity to improve local delivery that will have a direct effect on the outcomes for our young people.

This briefing for elected members sets out the rationale for providing comprehensive Relationships and Sex Education (RSE) in schools and the opportunities that statutory RSE offers to local authorities in safeguarding young people and improving their public health outcomes.

WHAT IS RELATIONSHIPS AND SEX EDUCATION (RSE)?

- School based Relationships and Sex Education (RSE) is an important source of information for young people and is associated with positive sexual health outcomes
- RSE is learning about the emotional, social and physical aspects of growing up, relationships, sex, sexuality and sexual health
- RSE prepares children and young people for the modern world, protecting them from dangers and providing them with the skills, knowledge and values to determine their sexual and reproductive wellbeing and enjoy safe and fulfilling relationships

Background and statutory changes

CURRENTLY:

- The Department for Education states that all schools should make provision for personal, social, health and economic (PSHE) education, but schools are free to develop their own PSHE programme to reflect the needs of their pupils
- Relationships and Sex Education (RSE) is often, but not exclusively, delivered as part of a planned, taught programme of PSHE education
- Some elements of RSE such as reproduction, HIV, AIDS and sexually transmitted infections are taught to pupils in secondary education through the National Curriculum. Independent schools, academies and free schools do not have to follow the National Curriculum, and so are not under this obligation
- Parents have the right to withdraw their children from PSHE or RSE lessons, but not the statutory National Curriculum lessons. However the majority of parents are happy for their children to attend RSE lessons

FUTURE:

- From September 2019:
 - **In all secondary schools 'relationships and sex education' will become statutory** – looking at what constitutes healthy relationships as well as the dangers of sexting, online pornography and sexual harassment
 - **In primary schools 'relationships education' will become statutory** - focusing on building healthy relationships and staying safe
- Lessons will be delivered at an age-appropriate level using appropriate language, topics and activities
- The parental right of withdrawal from sex education will be maintained
- There will be flexibility for schools in their approach, including for faith schools to teach within the tenets of their faith
- RSE will help all schools to fulfil their statutory duties in regards to safeguarding, wellbeing and equality
- This change represents an opportunity for public health and local authorities who commission sexual health and children and young people's services to help shape RSE

Why is RSE important?

The need for RSE in schools has never been stronger as it provides an opportunity for young people to discuss and reflect on their attitudes and values, whilst gaining essential life skills and knowledge

Positive outcomes

- RSE enables the development of personal and social skills and positive attitudes towards sexual health and wellbeing
- RSE provides young people with an understanding of what constitutes a healthy relationship
- RSE enables young people to access advice and support when it is needed

Consensual relationships

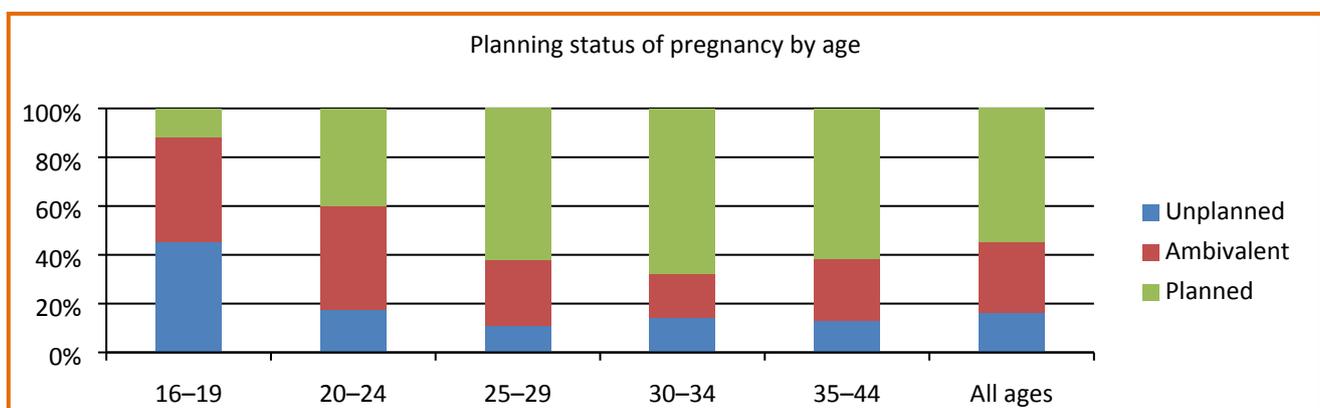
- If RSE is provided at school, women are less likely to report that they have experienced sex against their willⁱ

Delay the age of first sex

- Young people are more likely to be older when they first have sex, waiting until they are ready before they start having sexⁱⁱ

Prevent unplanned pregnancy

- Young people are less likely to become pregnant before reaching the age of 18



Source: Natsal-3 survey 2012

Improve sexual health

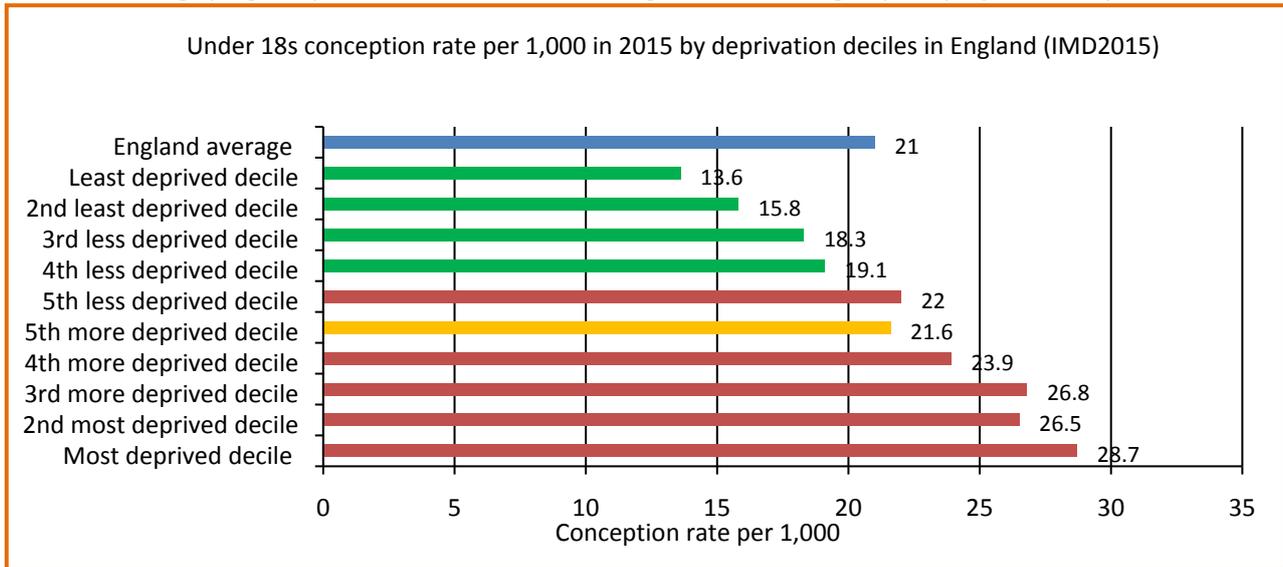
- Young people are more likely to use contraception when having sex and have fewer sexual partners

Be aware of, or report abuse

- Young people receiving RSE are more likely than others to tell an adult if they had, or were experiencing sexual abuseⁱⁱⁱ
- RSE reflects today's changing environment, educating young people about the risks of sexual violence and online access

Public health priorities

- RSE improves health outcomes for young people, addressing public health priorities related to sexual abuse, unplanned pregnancies, teenage pregnancies, sexually transmitted infections and health inequalities – rates of sexually transmitted infections, teenage pregnancy and abortion are still affecting different social groups disproportionately

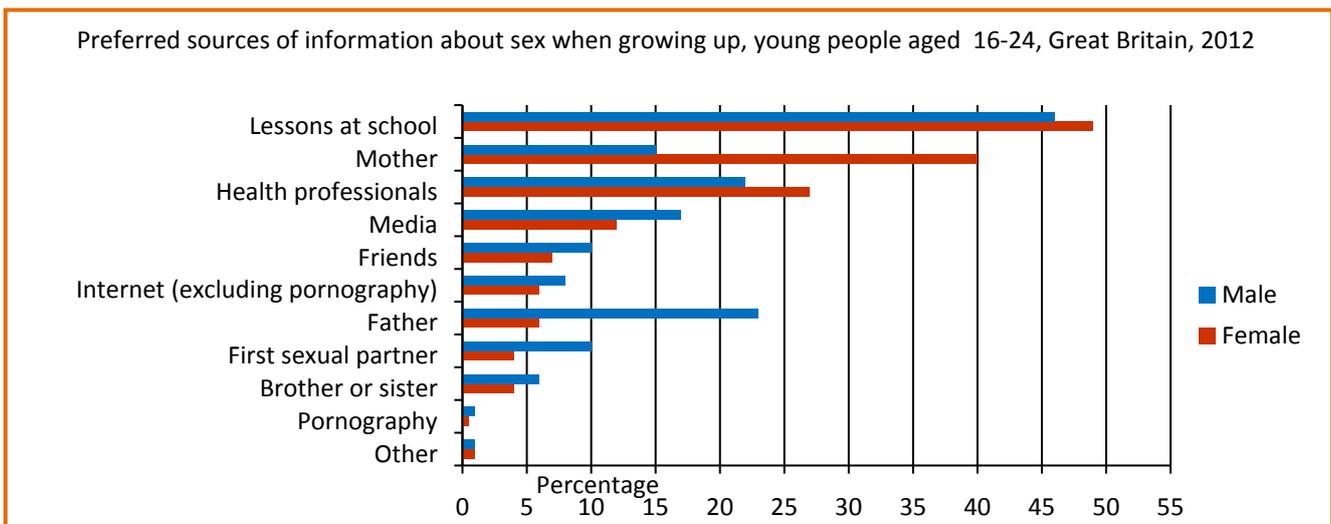


Source: ONS

Support for parents

- As many parents feel they lack the skills, confidence and knowledge to talk to their children about sex, they look to schools for support and the provision of RSE
- RSE can adapt, ensuring it reflects the developments in digital technologies. Young people have constant, widespread and often uncontrolled internet access. This has changed how young people learn about sex and relationships, and conduct their sexual lives, bringing new risks and challenges in the delivery of RSE

- Secondary age young people report a preference for receiving their sex education through school lessons



Source: Natsal-3survey 2012

There is evidence that teaching children and young people about relationships and sex makes them likely to wait until they are older to have sex, and more likely to make healthier choices when they do^{iv}

What can be done locally?

- Elected members can:

- Be local champions for quality RSE in schools and across council services
- Ensure local input into the national consultation on the content of RE, RSE and PSHE during the autumn of 2017
- Ensure information about supporting RSE is included in the JSNA, Health and Wellbeing strategy and local children's plans
- Visit or talk to head teachers, teachers, PSHE leads and Healthy Schools Coordinators about delivering good quality RSE, following best practice guidance and support schools in sharing good practice with each other
- Communicate positive messages and the benefits of high quality, age appropriate, se-positive RSE with fellow Members and school governors
- Ensure that commissioners and providers are seeking the views of children and young people to inform what is provided and how it is delivered in schools
- LAs need to provide strong leadership at this important time and support schools to make the necessary changes

Delivery is just as important as content in RSE – staff delivering RSE should have expertise in sexual health, be enthusiastic and liaise with local sexual health and advice services.

Further information and contacts

<http://fingertips.phe.org.uk/profile/sexualhealth> - local trends and comparative data on reproductive health, STIs and HIV

www.rsehub.org.uk – briefings for heads, governors and councillors, resources and reports

www.sexeducationforum.org.uk – evidence, resources and FAQs on statutory RSE

www.pshe-association.org.uk – evidence and resources

<https://riseabove.org.uk/tag/relationships> - Rise Above, a new schools programme

<https://campaignresources.phe.gov.uk/resources/campaigns> - new resources for teaching PSHE in schools

<http://researchbriefings.files.parliament.uk/documents/SN06103/SN06103.pdf> - House of Commons briefing paper

<https://www.bristol.ac.uk/policybristol/policy-briefings/sex-education/> - Delivery is just as important as content

The DsPH Network and Office for Sexual Health South West - a regional network led by local authority Directors of Public Health that provides leadership and co-ordination within existing structures, to help ensure that the sexual health needs of the population in the South West are met (Wendy.Lawton@southglos.gov.uk)

ⁱ Natsal-3survey 2012

ⁱⁱ Journal of Adolescent Health 2012

ⁱⁱⁱ Cochrane review 2015

^{iv} Kirby 2007, UNESCO 2009, NICE 2010