HERTFORDSHIRE COUNTY COUNCIL

PUBLIC HEALTH AND PREVENTION CABINET PANEL

6 SEPTEMBER 2018 AT 10.00 AM

Agenda Item No.

3

HEALTH RISK BEHAVIOURS IN CHILDREN & YOUNG PEOPLE

Report of the Director of Public Health

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Executive Member: - Richard Roberts, Public Health and Prevention

1. Purpose of report

1.1 This Report: -

- Describes current trends for health risk behaviours among young people within Hertfordshire
- Summarises the evidence relating to the prevention of health risk behaviours
- Sets out the public health approach to address health risk behaviours among young people in Hertfordshire.

2. Summary

2.1 Health risk behaviours have been defined as behaviours which 'potentially expose people to harm, or significant risk of harm which will prevent them reaching their potential, or damage their health and wellbeing' and include substance misuse (drugs, alcohol and smoking) and risky sexual activity.

2.2 Adolescence is a period during which risk-taking, including health risk behaviours, increases sharply, with potential long-term effects on health and wellbeing.

2.3 The evidence[1] suggests a slow and steady decline in risk behaviours and negative outcomes, such as drinking; drug use; smoking and teenage pregnancy. However, whilst officers are aware that risky behaviours are in decline overall for young people, it is unclear if the same can be said for vulnerable within this cohort as some evidence[2] indicates increasing severity and complexity of need among some vulnerable young people.

2.4 The apparent increase in children and young people suffering from poor emotional health, particularly in relation to self-harm which is a risky behaviour usually undertaken by someone to cope with or express emotional distress or discomfort, is a growing concern for officers. This reinforces the importance of the public health role in promoting positive mental health among children and young people

3. Recommendation/s

3.1 Panel is asked to:

- consider and comment on the report and the themes it addresses.
- support the proposed approach to addressing health risk behaviours among young people within Hertfordshire
- note and endorse the Director of Public Health's intention to ask the Children Services Panel and Health and Wellbeing Board consider this report as part of how we support the delivery of the new Hertfordshire's Plan for Children and Young People.

4. Background

4.1 The Health and Wellbeing Strategy seeks to ensure that children and young people get the best outcomes possible for their lives. The County Council has recently published the Hertfordshire's Plan for Children and Young People with its focus on outcomes to ensure that the needs and priorities of the county's children and young people are effectively met.

4.2 There is a need to work as a multi-partner system to reduce, prevent and respond to health risk behaviours. Whilst this paper provides an initial public health focused view, it is intended that Public Health and Children's Services alongside other partners will be undertaking a joint piece of work

[1] Horizon Scanning Programme Team (2014). Risk behaviours and negative outcomes. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/452169/data_pack_risk_behaviours_and_negative_outcomes.pdf

[2] Determinants of risky behaviour in adolescence: Evidence from the UK (ESRC, 2018).

to map services and priorities relating to health for young people (including health risk behaviours). This should provide further information to support wider system wide development and collaborative working.

4.3 The Public Health approach to reducing risky behaviours focuses on activities that will prevent all health risk behaviours and promote positive mental health, through building coping strategies and resilience. This approach enables officers to develop consistent and clear messages for schools and other young people focused agencies, which apply to all risk behaviours. A summary of work undertaken to prevent health risk behaviours is summarised in table 1. Public Health also commissions the Health-Related Behaviour Questionnaire which provides insight on the health behaviours of children in Hertfordshire primary and secondary schools. This, alongside other sources of information, including a needs' assessment conducted by the School Nursing Service, is used to inform local priorities and commissioning decisions for children and young people in Hertfordshire. Public Health work closely with relevant partner agencies to ensure there is a joined up approach across the spectrum of need.

4.4 Prevention of health risk behaviours will lead to significant improvements in children and young people's long term health and wellbeing into adulthood.

5. National evidence

Current trends

5.1 A review of national evidence suggests a slow and steady decline in risk behaviours and negative outcomes, such as drinking, drug use, smoking and teenage pregnancy. Some key trends for England are summarised below[3]:

a. There has been a long-term decline in the prevalence of smoking since the mid-1990s amongst 11-15 year olds in England. The Smoking, Drinking and Drug Use among Young People in England survey (2016) found that 7% of 15 year olds were regular cigarette smokers compared to 8% at the time of the last survey in 2014. This continues the longer-term decline seen since 2006, when 20% of 15 year olds were regular smokers. The rate of child smoking experimentation remains almost static with 19% of 11-15 year olds having smoked at least once. This is slightly up from the 18% recorded in 2014, but much lower than the 39% in 2006.

b. The use of electronic cigarettes in young people remains low, with only 11% of 11-15 year olds ever experimenting with an electronic cigarette, which is that same as reported in 2014.

[3] NHS Digital (2017). Smoking, Drinking and Drug Use Among Young People in England – 2016.

c. In 2016, 10% of pupils said they had drunk alcohol in the last week. The percentage of young people aged 11-15 drinking at least once a week has declined from 19% in 2003 to 5% in 2013 (no data for 2016). The numbers of 16-24 year olds in Great Britain that drink heavily on a single occasion has also declined. For males aged 16 – 24 years, the proportion drinking more than 8 units on at least 1 day decreased from 32% to 22% between 2005 – 2012 and for females drinking more than 6 units has declined from 27% to 17% over the same period, although the downwards trend has flattened out in the most recent years.

d. In 2016, 24% of pupils reported they had ever taken drugs. This compares to 15% in 2014. Authors note that results for drug taking from this survey should be treated with caution until the survey is repeated in 2018.

e. Following a downward trend since the late 1990s, teenage (under 18) conception rates in England and Wales are now at their lowest since records began in 1969[4]. The latest data that is available is for quarter 1, 2017 with teenage conception rates (conceptions per 1000 women aged 15 -17 years) of 18.5. *Hertfordshire has below the national rate of 11.8.* However, though data issues make comparison difficult across countries, the UK still has one of the highest teenage birth rates of any developed country[5].

f. Young people in the UK experience the highest diagnosis rates of the most common Sexually Transmitted Infections (STI's) and this is likely due to greater rates of partner change among 16 to 24 year old people. Young women are more likely to be diagnosed with an STI than their male counterparts; this may be due to a greater uptake of Chlamydia screening through the National Chlamydia Screening Programme (NCSP), which targets those aged 15 to 24 years, as well as disassortative sexual mixing between younger women and older male partners. Between 2016 and 2017, there was a large increase in diagnoses of gonorrhoea (27%; from 8,887 to 11,261) and syphilis (22%; from 228 to 278), however syphilis is still rarely diagnosed in young people[6].

5.2 While these are positive trends a number of caveats to the data described above are noted.

a. While there is a decline in a number of health risk behaviours, they remain high by international standards. For example, globally, 'heavy

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[4] BMJ 2017;357:j1888

[5] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/adhocs/005466livebirthswomenagedunder18andunder20per1000womenaged15to17and15to19ineu28countries20042013and2014

[6] PHE (2018). Sexually transmitted infections and screening for chlamydia in England, 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713962/hpr2018_AA-STIs_v5.pdf

episodic drinking' by 15-19 year olds is higher in Europe than any other region, and the UK has one of the highest rates in Europe.

b. Similarly, while recent trends in the UK show reductions in adolescent substance misuse there is evidence that adolescents are using substances in an increasingly risky way[7]. For example, decreases in illicit drugs use appear largely due to downward trends in marijuana use, whereas Class A drugs have seen an increase in adolescent and young adult use since 1996.

c. Most data is based on information that has been self-reported. This could impact education about the risk and consequences of such behaviours, as fewer children and young people may detail their participation in these when asked even though the survey is anonymous.

d. Those most likely to be engaging in harmful risk behaviours are often the most disengaged from public services and so the most difficult to engage in research. For example, the Health Related Behaviour Questionnaire undertaken in schools will not include those who are regularly absent or excluded from school and may therefore underestimate the problem.

e. Importantly, there is significant variation in behaviours and outcomes amongst this generation of children and young people. Participation in multiple risk behaviours is associated with a range of negative outcomes such as low educational attainment, being bullied and emotional health problems.

f. For many risk behaviours, there appears to be an evidence gap; whilst we know that risk behaviours are in decline overall, we cannot be sure if the same can be said for vulnerable groups of young people.

g. It is possible that an overall decline in risk behaviours masks different trends for particular groups of children and young people, particularly the most vulnerable. For example, while the numbers of children and young people who drink has declined, among 15 year olds who report drinking weekly, 83% of boys and 57 % of girls reported being drunk more than 10 times during last 30 days[8].

[7] CPRU (2017. Helping young people say 'no': the prevalence of risk-taking
[8] PSHE Association (2015). Current trends in health, wellbeing and risky behaviours amongst children and young people: a synthesis of recent evidence.

6. Hertfordshire data and trends

6.1 The Health-Related Behaviour Questionnaire is conducted every two years in primary and secondary schools across the county, providing us with health behaviour data on mental health, sexual health, healthy lifestyles, and substance misuse. The questionnaire was last reported in 2016[9]. The data provides useful trend data over time and also enables Hertfordshire to compare itself to the wider England sample. The survey is completed with pupils in years 5 and 6 (9 – 11 year olds) and years 8 and 10 (12 – 15 year olds).

6.2 The Health-Related Behaviour Questionnaire results have been used as a benchmark and to inform services by a number of partners including Tobacco Control, Performance and Improvement, County Community Safety Unit, Early Intervention & Targeted Support, Hertfordshire Trading Standards, Clinical Commissioning Groups, District Councils, Hertfordshire Sports Partnership, TONIC: substance misuse review in Herts, Letchworth Partnership of Schools and Herts for Learning.

6.3 Hertfordshire health behaviour trends broadly reflect national trends, with Hertfordshire generally in line with national averages or reporting slightly healthier behaviours. The Health-Related Behaviour Questionnaire data does indicate however that Hertfordshire pupils:

- are more likely to worry about exams and tests than is seen in the wider sample
- slightly fewer primary school children felt they had been told how to stay safe online (85% compared with 88%)
- only one in three young people in Hertfordshire felt that their school lessons on sex education were ‘quite’ or ‘very’ useful, compared with almost half (44%) of the England sample
- a higher proportion of Hertfordshire young people report having drank alcohol in the last 7 days than in the England sample, and fewer Hertfordshire young people report never drinking. However, rates have dropped significantly over time, with 32% having reported drinking alcohol in the last 7 days in 2010, compared with 14% in 2016.

6.4 Below are some key findings from the Health-Related Behaviour Questionnaire relating to drugs, smoking and alcohol. These findings provide some useful insight into drug use among school age children and where they obtain their information on these matters.

- 10% of Year 6 pupils said that they were ‘fairly sure’ or ‘certain’ that they knew someone personally who used drugs (not as medicines). 23% of Year 8 and 54% of Year 10 school pupils said the same.

[9] https://www.hertshealthevidence.org/documents/thematic/hrbs-hertfordshire-briefing-2016.pdf

- 8% of pupils said that they had taken at least one of the drugs listed in the questionnaire compared with 6% of the wider sample across England.

- 14% of pupils drank alcohol on at least one day in the week before the survey. 4% of pupils said that they got drunk on at least one day in the last week (Year 8 and Year 10)

- 68% of pupils reported that they would like their parents to talk to them about drugs while 36% said they would like it to come from their teachers (year 5-6). *The public health nursing service have dedicated websites for parents covering topics such as these to improve parents understanding of risk behaviours affecting young people*

- 36% of pupils said that their drugs lessons at school were 'quite' or 'very useful' compared with 51% of the wider sample. Findings of the survey are shared with *schools to support curriculum development. A dedicated 'HealthforTeens' website is also in place since this survey.*

- 23% of Hertfordshire pupils said that they have a parent or carer who smokes compared with 33% of the wider sample (Year 8 and Year 10).

- Smoking rates are lower in Hertfordshire than in other areas, and the number of Hertfordshire pupils that said they had tried smoking in the past or smoke now has reduced from 34% in 2008 to 16% in 2016, with only 6.6% of 15 year olds smoking occasionally or regularly and 76% of pupils said they had "never even taken a puff". *This has largely been achieved through reducing smoking in the adult population and through legislative measures such as increasing the legal age to purchase tobacco from 16 to 18, removing access to tobacco through vending machines, enforcement measures with retailers to prevent sales to under 18, and removing tobacco advertising.*

6.5 The survey also includes a section on risky sexual activity and knowledge of sexual health services. The Health-Related Behaviour Questionnaire provides useful intelligence on young people's beliefs, current levels of knowledge around STI's and access to services to support health promotion priorities. The 2016 survey showed:

- 27% of pupils say they know where they can get condoms free of charge (Year 8 and Year 10 ages 12 - 15) This compared with 50% of the wider sample (Year 8 and Year 10 ages 12 - 15). Public Health provides funding to *YC to deliver sex and relationship education programmes in youth settings. Correct and consistent condom use is advocated to prevent the spread of STI and unplanned pregnancies. A review of the Hertfordshire free condom scheme (C-CARD) resulted in changes to the current model. Under the new scheme condoms will be easier access in a range of locations. Early indicators show young people accessing condoms, who had not done so under the previous model.*

- 32% of pupils agreed that there is pressure on young people to have sex and 82% of pupils agreed that it is ok to wait to have sex (Year 8 and Year 10 ages 12 - 15).

- 18% agreed that most 16 year olds have not had sex, 48% weren't sure but 34% disagreed with this statement (Year 8 and Year 10 ages 12 - 15)

6.6 The Health-Related Behaviour Questionnaire includes a section on mental health and self harm; an area which is highly relevant to health risk behaviours. The 2016 survey showed that 81% of pupils said they have never self-harmed. 10% said they had and 8% didn't want to say. 17% of Year 10 girls self-harmed and 10% did not have any support. If they told someone, most would talk to a friend (Year 8 and Year 10 ages 12 - 15). *This information was used to inform the development of the self-harm toolkit for schools, and prevention is being enhanced through extensive work with schools and other relevant partners to promote healthy coping strategies.*

6.7 It was noted earlier that online safety is important for several reasons and closely connected with emotional wellbeing. The survey showed:

- 88% of pupils said that they have been taught how to keep safe online (Year 8 and Year 10 ages 12 - 15)

- 22% of pupils said they had received a message on social media which scared or upset them (Year 8 and Year 10 ages 12 - 15)

- 12% of pupils said they have shared personal information e.g. address or phone number online with someone they don't know in real life (Year 8 and Year 10 ages 12 - 15)

7. New and emerging health risk behaviours

7.1 There has been a significant increase in the use of social media and online gaming, particularly amongst children and young people in a short space of time (referred to as 'digital immersion'). There is clear evidence*10* that moderate use of technology is likely to have significant positive impacts, improving wellbeing and social connectedness and is a valuable source of information and support on key health and wellbeing issues. However, for a small minority of young people who use technology extensively, there could be a range of negative impacts. The Health Related Behaviour Questionnaire indicated that 18% of secondary school pupils had met someone in person that they had first met online, and that the likelihood of this increased with age. Schools also report

[10] [10] Horizon Scanning Programme Team (2014). Risk behaviours and negative outcomes. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/452169/data_pack_risk_behaviours_and_negative_outcomes.pdf

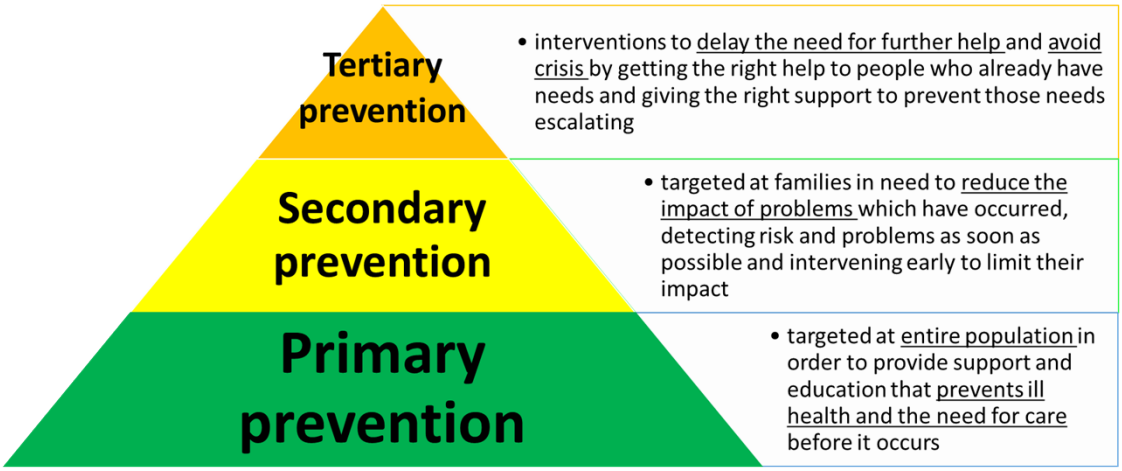
incidences of pupils sharing inappropriate images of themselves with a trusted peer that then gets shared amongst the wider peer group, often resulting in real emotional and long lasting distress for the person involved. It can therefore be seen that internet safety is a relatively new area of health behaviour risk, but the evidence in this area is still emerging.

7.2 There is growing concern about an apparent increase in children and young people suffering from poor emotional health[11]. For example, there is some evidence which suggests that self-harm, often conceptualised as a behaviour that people use to cope with emotional distress or discomfort, is on the rise, particularly among teenage girls; around one third of 15 year old girls report having self-harmed. There is a shortage of reliable data on the extent of self-harm amongst adolescents because self harm is a behaviour that many people will keep hidden and not seek help for. Hospital admissions for self-harm are estimated at 200,000 per year, but this does not include the majority of young people that do not require hospital treatment. Hertfordshire has a self-harm toolkit to support relevant professionals, particularly those in schools. This includes guidance documents, resources, and a care pathway.

8. Public health approach for health risk behaviours among Children and Young People in Hertfordshire

8.1 Public Health takes a population approach with a focus on reducing risks and enhancing protection across the life course, taking a proportionate approach across the three levels of prevention (see figure over page). Table 1 summarises key areas of work led by the Public Health service to prevent health risk behaviours. Public Health and Children's Services will be undertaking a joint piece of work to map services and priorities relating to health for young people (including health risk behaviours). This should provide further information to support wider system wide development and collaborative working.

[11] PSHE Association (2015). Current trends in health, wellbeing and risky behaviours amongst children and young people: a synthesis of recent evidence. https://www.pshe-association.org.uk/system/files/Trends%20in%20young%20people%27s%20health%20and%20risky%20behaviours%202016%20-%20a%20briefing%20by%20the%20PSHE%20Association%2031-08-16.pdf



8.2 Primary prevention is a key objective for the prevention of risky behaviours among children and young people, where we work with key partners to prevent young people participating in health risk behaviours. This work is mainly focused in a school setting and with partners who work with young people, using evidence based tools and training of staff. There is a clear cross over between mental health and health risk behaviours so some of the related strands of work are also summarised.

8.3 Evidence[12] shows that effective prevention programmes for young people's health risk behaviours focus on increasing self-confidence, empowerment, increasing resilience, and giving them the skills to say 'no' to smoking, drinking and drugs, and the coping strategies to be able to respond to their problems more effectively. This can be achieved through developing basic life skills, such as problem-solving, personal decision-making and stress management[13].

8.4 Public Health's approach to reducing risky behaviours therefore focuses on activities that will prevent all health risk behaviours and promote positive mental health, through building coping strategies and resilience. This enables officers to develop consistent and clear messages to schools and other agencies which apply to the prevention of all risk behaviours.

8.5 Public Health works closely with relevant services working with young peoples (including YC Hertfordshire and the Youth Justice services) to support young people who are undertaking health risk behaviours to promote early detection, minimise harm and reduce the impact of these risks. This is particularly important for vulnerable groups who will not traditionally access mainstream services and education. Public Health also has responsibility for the commissioning and delivery of treatment services and wider prevention programmes relating to smoking, sexual

[12] CPRU (2017. Helping young people say 'no': the prevalence of risk-taking Behaviour and what works to reduce it. https://www.ucl.ac.uk/children-policy-research/documents/publications/case-studies/Adolescence_ThemeV6.1_WEB_FINAL.pdf
[13] https://www.ucl.ac.uk/children-policy-research/documents/publications/case-studies/Adolescence_ThemeV6.1_WEB_FINAL.pdf

health, drugs and alcohol and will ensure that they are tailored to meet the needs of all age groups.

8.6 Officers work closely with relevant partner agencies to ensure there is a joined up approach and explore areas for collaboration. For example, officers have recently agreed some joint priorities with Children's Services on young people's health and the mapping of health related services for young people, which will include health promotion and prevention initiatives. This will enable any gaps or priorities for improvement to be identified.

8.7 Another key role of the Public Health team is to generate evidence and information to help guide commissioning and policy decisions relating to child health and wellbeing. To this end, the Health Related Behaviour Questionnaire and Child Health profiles provide officers with health behaviour data on mental health, sexual health, healthy eating, physical activity, drugs, alcohol, smoking, and safety.

8.8 Members are asked to consider and support the proposed approach to address health risk behaviours among young people in Hertfordshire.

Table 1 – summary of current and future areas of work on the prevention of health risk behaviours

	Examples of current approach	Future areas of work

Universal / Primary prevention	• Pastoral leads network for secondary schools enables earlier identification of trends in relation to risky behaviours, and helps to share key information and training opportunities
	• Self-Harm toolkit, guidance and pathway
	• Public Health commission, contribute to, or deliver several projects designed to increase emotional wellbeing and resilience. While it is not their primary aim, these projects through their encouragement of healthy coping strategies, should also contribute to a reduction in risky behaviours.
	  ○ Mindfulness Training for primary and secondary schools
	  ○ Self-harm training for school based professionals
	  ○ Mental Health First Aid Youth training
	  ○ Exam Stress information and training (pupils, parents and professionals)
	  ○ Embed mental health and wellbeing into school and community based physical activity projects to increase understanding of how physical activity can benefit mental health and wellbeing e.g. primary school athlete mentors programme
	• Commissioned by Public Health, YC Hertfordshire has provided 9,288 young people with sexual health knowledge and information using a variety of methods, from one to one individual needs based work in a YC Hertfordshire One Stop Shop, delivery of planned group work sessions as part of a larger project.
	• Just Talk campaign launched January 2018 to encourage teenage boys to feel more comfortable talking about their mental health and wellbeing, and to recognise the value in seeking help
		• Primary school pastoral leads networks are being established in each district in order to more effectively identify emerging issues including risky behaviours, and in order to share information more effectively
		• Public health and children's services are working with the Hertfordshire Safeguarding Children's Board on the development of a Wellbeing strategy over the next 6 months – this will cover self-harm in YP and mental health
		• Using evidence from HRBQ, pilot the 'Re-fresh' sexual health education programme to Yr12 & Yr13 students.
		• Sexual health and relationships toolkit – A toolkit was developed for schools in 2016. This will be updated in 2018.
		• Public Health plan to develop and implement a programme of engagement with parents so that we can positively/actively engage with families to support parents with key public health priorities.
		• Five ways to wellbeing promotion in primary schools
		• Just Talk campaign will continue, being expanded to include Special Schools and year 5 and 6 in primary schools
		• Social media activity (linked to Just Talk) to showcase healthy coping strategies and positive mental health messages
		• Mental Health kitemark for schools

	Examples of current approach	Future areas of work
	when needed • Mental health and physical activity three year project – £250k funding was secured from the Premier League, with match funding of £25k from Public Health, and £25K from CAMHS transformation monies. This project will look to support children to build healthy coping strategies and gain a better understanding of mental health and the support services and information available. A universal preventative aspect of the project will be delivered in schools to year 6, 7 and 9. And a targeted aspect focussed on teenage boys and girls with early signs of emerging mental health issues will be run in the community. An extensive mental health awareness raising training programme for sports coaches across Hertfordshire will also help to skill up the wider workforce • Anxiety toolkit – in recognition that anxiety is an increasingly dominant issue for children and young people, a toolkit has been developed for schools. This again will help young people to develop healthier coping strategies for handling difficult emotions. • The public health nurse service 5- 18 (school nursing) support young people who are referred into their service (or self- refer), either offering them direct support or signposting them to other support services where appropriate. The service also offers an anonymous text messaging service for secondary school aged children. • Free condoms available in a range of youth settings and pharmacies • Short film clip produced to show what happens when you visit a sexual health service in Hertfordshire. Available online and for those working with young people. • Promote and support all secondary schools, followed by all	• Develop a more sustainable approach by training Youth Connexions and school-based PHSE leads on aspects of the ASSIST programme which can be implemented without requiring a licence to do so. • Consider the other lower cost/free interventions to reduce smoking in the school aged population (e.g. Young and Smokefree -interactive video; Smokefree schools' toolkit)

	Examples of current approach	Future areas of work
	primary schools, to become accredited as 'Smokefree' which provides a toolkit for schools to assess themselves against promotes parents and staff to quit smoking and provides support for pupils found to be smoking. • My Teen Brain (MTB)[14] is a training module developed in response to ongoing new research that evidences the adolescent stage as being the next key stage of brain development after the early years. This is for professionals and parents, and recently is also being made available for young people themselves	
Secondary prevention	• Public Health provides funding to YC Hertfordshire to support those working with vulnerable groups to provide one to one support and advice on health risk behaviours • 88 pharmacies accredited to deliver sexual health service (to those under 25 years), which includes provision of Emergency Contraception, Chlamydia Screening and free condoms. • In 2017, 8,370 young people aged 15-19 years accessed Sexual Health Hertfordshire for sexual health and contraceptive purposes. • Maintain young people friendly stop smoking services, but focus on preventing the uptake of smoking, by reducing smoking in adults who smoking, particularly in routine and manual groups and referrals through routes where young people have support to quit and stay quit. • Hertfordshire Health Improvement Service provides specialist support to teenage mothers and their partners who are found to be smoking.	• Health Behaviour Training – training is being developed for staff from services which support vulnerable young people including Targeted Youth Support, Children Looked After, Foster Carers, Families First staff and third sector organisations. The training will look at risky behaviours such as sexual behaviours, and substance use. It will encompass an online training resource open to all, and a series of face to face training sessions. • Partnership work with HCC Children's services to agree key areas where they can collaborate to improve outcomes for children, young people and their families. For example, we have a Graduate Management Trainee who will be undertaking some work around mapping services and priorities relating to health for young people; this will include health risk behaviours. • Increase support to primary care to increase uptake of Chlamydia testing amongst young people.

[14] https://www.hertfordshire.gov.uk/extranets/early-help-professionals-area/my-teen-brain-for-schools.aspx#DynamicJumpMenuManager_1_Anchor_3

	Examples of current approach	Future areas of work
		• Plan and organise a 'Sexual Health and Young Peoples' briefing event delivered to staff working with young people; to include changes to Hertfordshire condom distribution. • Develop and deliver YC Hertfordshire Sexual health training sessions to workforce delivering sexual health interventions, including condom distribution. • There is planned joined up work between Public Health, Hertfordshire Health Improvement Service, YC Hertfordshire Prince's Trust to improve the health of young people by focusing on identified need and reducing risk behaviours.
Tertiary prevention	• Public Health provides funding to the Youth Justice team to train those working with vulnerable groups to provide one to one support and advice on health risk behaviours.	

9. Equality Impact Assessment

9.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.

9.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum, this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

9.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

9.4 An Equality Impact Assessment (EqIA) has been undertaken and this is annexed at Appendix [1]:

10. Financial Implications

10.1 There are no financial implications to this plan at this stage, as the current and future initiatives outlined in this report are funded through the existing public health budget.

Appendix 1 EQIA