

Published 2008



Joint Strategic Needs Assessment

Getting to the heart of Barnsley

S U M M A R Y D O C U M E N T



BARNSLEY
Metropolitan Borough Council

Barnsley **NHS**
Primary Care Trust

Executive Summary –

This document is a summary of Barnsley's first Joint Strategic Needs Assessment (JSNA.) The full version is available at: www.barnsley.gov.uk/bguk/Economic_Finance/Central%20Research%20Team/Joint%20Strategic%20Needs%20Assessment

It has been produced by Dr Paul Redgrave, Director of Public Health, Edna Sutton Executive Director Children, Young People and Families Services and Martin Farran, Executive Director, Adults Social Services.

We are delighted to introduce this jointly produced review of health and wellbeing in Barnsley. This JSNA has built on the experience of previous local Director of Public Health Annual reports and considers the wider factors affecting health and social needs. This JSNA outlines the key issues facing the people of Barnsley that we can tackle jointly.

Through the JSNA we have identified "the big picture" issues around health and well being for people in Barnsley. In doing so we have pulled together all the best available information about the current and future health and wellbeing needs of the Barnsley population.

Our aim is to develop and provide services that meet our communities' health and social care needs. We are doing this by incorporating a social model framework which examines a range of determinants that are having a negative impact upon the wellbeing and health of Barnsley's residents.

This will help us explore how issues around wellbeing, both protective and risk factors, are impacting upon the health of our communities. In considering this we have looked at the life circumstances or determinants of health, such as social exclusion, unemployment, educational attainment, of people experiencing disadvantage and how they contribute towards people making healthy choices.

We also need to understand if health inequalities are a result of social inequities such as reduced access to nutritious food, lower income levels and appropriate access to health care.

This is important because planners of services that aim to improve health and well being and reduce the burden of preventable disease need to be concerned not only with the individual factors but also with the context of broad public policies and environmental influences, group and family influences and the community context. Therefore, to assist organisations develop a universal approach we need to examine this wider context and the influences on people's lives and the choices that they make.

In the short term we aim to develop and inform the whole health and social care response so that it more closely meets the wants and needs of local people and to support short to medium term service planning. However, our longer term aspirations are to influence and support a universal approach to providing a robust health policy.

This is the first time that a JSNA has been produced and therefore we need to recognise some of the limitations of this first assessment. However, as the process is developed, in future years, it will become an integral part of the planning and commissioning, and performance management processes and will lead to a universal health and social care policy in Barnsley.

Barnsley now has a Sustainable Community Strategy which sets the vision for Barnsley and what we want to achieve. Our JSNA is part of the bigger picture that will help grow Barnsley's economy and with that the health our community will improve. Many of our health and social care needs are closely connected to the economic history of Barnsley.

Low employment opportunities and educational attainment have played a significant role in determining our current health issues. Evidence demonstrates that there is a close relationship between poverty and poor health. As you read through this document you will begin to understand this complex picture.

This JSNA explores our immediate health and social care needs as well as what we are doing to prevent future generations suffering from the same illnesses and diseases. It is also evident that we do not have all the answers.

In Barnsley the JSNA will build on the work that has been done on the Local Area Agreement by the Local Strategic Partnership, One Barnsley. We have a range of targets that all contribute to the health, wellbeing and social care agenda as well as addressing some of the wider determinants.

In the future, the JSNA will play a role in monitoring these indicators and others that are included in the National Indicator Set and the Vital Signs indicators.

Our JSNA will explore 3 key questions:

1. What needs to be done to prevent ill health in, and secure the wellbeing (in health and social care terms) of our community?
2. To whom do we need to provide services to secure their health and wellbeing?
3. What is the present configuration/ availability/ performance of relevant services, and how well do they match the identified need?

In doing so we will examine the correlation between what we believe with what the evidence tells us at a local level.

The JSNA will create projections and trends on which we can make robust predictions about future health care and wellbeing issues. It will explain how these can be supported by the health and social care agenda as well as the wider context in which our community lives. It will do this by supporting short to medium term service planning by ensuring that our services are shaped by our local communities in a way which best meets their needs.

The following challenges identify some of the big issues that we need to address if we are to improve the health, wellbeing and social care needs in Barnsley.

We have identified a range of health and wellbeing issues which are directly linked to lifestyle choices as well as deprivation and inequalities. In order to tackle some of those issues we will need further research to assess the effectiveness of intervention and how this can be used or adapted across the Borough.

We are currently working on updating the JSNA with the latest available information and data. Since producing this report a core dataset has been developed. This takes into account the indicators to support the Department of Health's key outcomes and the Local Government National Indicator set for local authorities. It is anticipated that an updated JSNA will be available in the autumn.

The Big Challenge:

Barnsley people, especially men, are dying earlier than the national average. Evidence suggests that 80% of premature deaths could be prevented by changes to people's lifestyle. We have identified a range of preventative lifestyle programmes that will support people to make healthier choices.

Circulatory disease, as a result of smoking, poor diet and lack of physical exercise, is the major cause of early deaths in Barnsley. This year we will be putting more money into improving treatment for people with cardiovascular disease.

People with a learning disability are living longer. However, people with learning disabilities suffer from greater health inequalities than the rest of the population. While services are responding to meet these needs we still need to ensure access to "mainstream" services such as housing, health, leisure, employment, transport etc.

Our stop smoking support services are helping people to give up smoking. However, evidence shows that we need to do more focused work with pregnant women, young people and those suffering from chronic disease.

Our diets could be healthier - 19.4% of the population consuming 5 or more portions of fruit and vegetables daily, the lowest figure in the Yorkshire and the Humber Region and lower than the national average of 26.3%. We will continue to implement the Barnsley Food Strategy and scale up work to support people and families make healthier and affordable choices.

Health and social wellbeing can be improved by physical activity. We will work with partners to ensure that we can increase access to and levels of physical activity.

Our birthrates are increasing. To respond to this challenge we will expand the maternity workforce to increase access for antenatal and postnatal care in the community.

Our young people are taking too many risks – evidence shows that over 50% of our young people are drinking regularly and sexually transmitted infections are on the increase. We have identified that we need to increase access to services for young people. Our Wellbeing Teams will work with schools,

pupils and parents from areas with high teenage pregnancy rates to support vulnerable young women.

We need to do more to prevent obesity. A third of Barnsley children are obese. We have been ranked as the eighth worst place in the country for risk of obesity. We will be prioritising childhood obesity and will ensure that we implement healthy weight and healthy lives programmes.

Evidence shows that mental health is more prevalent in some social groups. Estimates show that around 1 in 4 people will suffer from mental illness at some time in their lives. Currently, up to 30 % of all GPs time is spent on mental health issues. To support this work we will develop our understanding of the picture in Barnsley and review what we currently do to ensure that we have appropriate levels of service provision.

Barnsley's older population is set to increase at a rate higher than the national average particularly for the 65+ age group and the 75+ age group. Evidence shows that people over the age of 65 are far more likely to require health and social care support services and this projected growth in both numbers and percentage terms will require planning for future service provision.

Surveys of local people suggest that people want to maintain their independence and have more choice in the services you receive. We are modernising services and shifting the balance of care away from residential support towards support in the community and have plans to develop this approach further. An increasing range of services are being provided for the people of Barnsley through self directed support.

Too many children are living in poverty. 1 child in every 4 under the age of 5 is living in poverty. This is higher than the England average. Through improvements in education we will increase the opportunity, raise ambition and promote enterprise in our young people.

We need to continue to support people on Incapacity Benefit back into work. Our Condition Management Programme is helping but our data for 2006 shows that 12.9% of the working age population in Barnsley are claiming Incapacity Benefit/Severe Disablement Allowance compared to 7% in England.

What will we do with the evidence?

The JSNA contains a number of key recommendations that we need to progress throughout the year. Through our partnership arrangements we will work together to ensure that we provide a joined up service that takes account of current needs as well as ensuring that we are prepared for the needs of future generations.

Dying too Young In Barnsley

It's a harsh and unacceptable reality that people in Barnsley are dying too young. Our life expectancy is lower than the national average. Even more startling is the fact that there is great variation in life expectancy across the borough.

Life Expectancy

Key Challenges

The life expectancy projections for 2009-11 suggest that male life expectancy in Barnsley will not increase as fast as the national average. 76.7 years in Barnsley and 78.5 years for the England average, a gap of 1.9 years.

There is an 11.6 year difference for males and a 12.9 year difference for females in life expectancy at a neighbourhood level across Barnsley.

Circulatory disease is the major cause of premature mortality in Barnsley.

80% of premature deaths could be avoided by changes to people's lifestyle.

The prevalence of chronic conditions, such as diabetes, dementia, stroke and high blood pressure are major causes of ill-health and disability locally.

Poor mental health is a risk factor for many physical problems. Depression increases the risk of subsequently developing cardiovascular diseases. Poor general physical health is also three times more common among young people who report significant emotional distress.

Particular groups within the local population also experience poorer health and lower life expectancy. Gypsies and travellers in the UK report 2 to 5 times the average level of health problems such as respiratory diseases, anxiety, and miscarriage, while asylum seekers and refugees suffer higher levels of stress-related problems.

What we are doing

The biggest causes of death in Barnsley are smoking, cardiovascular disease, poor diet and low levels of physical activity as well as social exclusion. We have targeted neighbourhoods with the worst health which has resulted in life expectancy increasing for both males and females in the most disadvantaged areas and for Barnsley as a whole. This has been achieved through a range of economic, environmental and social regeneration programmes and health promotion initiatives that make up our preventative programme called Fit For The Future. This is a multi-agency approach to tackling poor health across the Borough.

We will continue to work with local communities to help build an infrastructure so that health programmes reach the most vulnerable people.

Smoking

Key Challenges

Smoking is one of the biggest causes of preventable ill health and premature death in Barnsley and is the single greatest cause of inequalities in health. Smoking accounts for 1 in 7 deaths from coronary heart disease and 3 in every 10 deaths from cancer.

Around 50,000 adults are smokers which is over 25% of the population. Smoking, rates are highest in the most disadvantaged areas of the borough.

1 in 4 new mothers were smokers at the time of delivery.

42.4% of young people in Barnsley have reported smoking occasionally often or daily.

Almost 50% of 14 and 15 year olds in Barnsley live in homes where someone smokes and a third of these young people also smoke on a daily basis.

What We Are Doing

The new Smokefree Barnsley action plan has prioritised reducing smoking prevalence in pregnant women, young people, disadvantaged communities, those with chronic diseases and routine / manual workers.

Diet and Obesity

Key Challenges

19.4% of the population consume 5 or more portions of fruit and vegetables daily, the lowest figure in the Yorkshire and the Humber Region and lower than the national average of 26.3%.

A third of Barnsley children are obese or overweight

Barnsley has been ranked as the eighth worst place in the country for risk of obesity. National projections are that 60% of men and 40% of women will be obese by 2050.

Since 1980 the prevalence of obesity has nearly trebled in the UK and is continuing to rise. Obesity is caused by excessive calorie intake, which is not balanced out by physical activity. Obesity is linked to deprivation and the prevalence in Barnsley reflects the high level of deprivation in the Borough. It is estimated that 28.5% of Barnsley adults are obese. The national figure is 23.6%.

What We Are Doing

We know that eating at least 5 portions (400g) of a variety of fruit and vegetables a day could reduce the risk of deaths from chronic disease such as heart disease and stroke by up to 20%. Therefore, we have implemented the Barnsley Food Strategy to promote health eating. We are promoting healthy eating initiatives to improve food provision in the work place.

Physical Activity

Key Challenges

19% of the Barnsley adult population take part regularly in sport and active recreation; this is lower than the Yorkshire and the Humber figure of 20.1% and the national figure of 21%

Data from the Active People Survey of sport and active recreation in England show that Barnsley is in the bottom 25% nationally for participation in sport and active recreation.

Low levels of physical activity is a key contributing factor to the increasing prevalence of people who are overweight and obese. It is estimated that 37% of coronary heart disease can be attributed to physical inactivity. In addition, physical inactivity may be responsible for up to a threefold increase in the risk of stroke.

It is recommended that children and young people should achieve a total of at least 60 minutes moderate intensity physical activity each day.

What We Are Doing

Historically, a large proportion of our cultural provision was provided in conjunction with our coal mining heritage. It was organised by the Coal Industry Social Welfare Organisation (CISWO) which provided a range of activities and facilities through subscriptions taken directly from miners' wages. We are now trying to reinvigorate our cultural scene.

Currently, the government recommends that adults should take part in at least 30 minutes of moderate physical activity on five or more days a week. We have initiatives in place to promote physical activity.

We will continue with the work to encourage people to achieve 5 x 30 minutes recommended level of physical activity.

We are providing activities appropriate to individuals with chronic disease.

We are implementing our Sport and Active Recreation Strategy.

Population Trends

To ensure that agencies are able to meet the current and future health care needs of the local population it is important to understand the diversity of the population. This is done by age, gender, disability and ethnicity. To ensure that services can provide the appropriate level of care and service is important to know:

Key Challenges

- Birth rate increasing.
- Barnsley population projected to increase by 9.0%, slightly lower than the national average.
- Significant increase in the 65+ and 75+ age groups, higher than the national average.
- Decrease in the number of 10-14 and 15-19 year olds.
- Non-white population has doubled since 2001 to 3%; this is primarily South Asian and East European and may continue to increase.
- In Barnsley there are an estimated 2,250 people with dementia living in the community now and this is likely to rise to 3,550 by 2021
- People over the age of 65 are far more likely to require health and social care support services and this projected growth in both numbers and percentage terms will require planning for future service provision.

Health Care Provision

Key Challenges

Barnsley has an average list size of 2111 patients per GP compared to a national average of 1802 patients per GP (BMA 06/11/07)

An ageing population will require more complex health care needs and will lead to an increase in home carers.

In Barnsley there are 1758 registered carers and of those 844 provide care to someone over the age of 75.

Up to 30% of all General Practitioners time spent with patients is spent on mental health issues

Access to high-quality primary care services has a key role in helping people to live longer healthier lives. Research suggests that areas with the poorest health outcomes are also those with the fewest GPs. Barnsley PCT is ranked in the bottom 10 percent of PCTs with the fewest doctors.

What We Are Doing

We have introduced Direct Payments which have increased choice and control in the way people chose to receive their health care. This has resulted in a 429% increase in people receiving Direct Payment from 2005 to 2007.

We are working with carers to produce a Carers Strategy.

We are improving opportunities for adults to live independently. This has enabled many adults with learning disabilities to have their own accommodation.

We expect Direct Payments and Individual Budgets to be commonplace, and a wide choice of service providers responding to what their "customers" want. There has been a steady increase in the number of 65+ receiving care in their own home.

Barnsley PCT has developed an approach to delivering world class primary care across Barnsley which will address the shortfall in GP numbers and raise the overall quality of primary care provision. There are two major elements to this initiative. Through the Equitable Access in Primary Care Programme, a Health Centre and 3 new GP practices in areas of particular need will be commissioned to commence from April 2009. A local procurement for world class primary care is increasing capacity and implementing quality within existing GP practices.

Health and Social Exclusion

It is important to recognise that in order to tackle many health problems the underlying causes associated with poor health have to be addressed.

The main causes and consequences of social exclusion are: poverty and low incomes; unemployment; poor educational attainment; poor mental or physical health; family breakdown and poor parenting; poor housing and homelessness; discrimination; crime; and living in a disadvantaged area.

We know that poverty and social exclusion can also pass from one generation to the next. Experiencing poverty in childhood and having parents who did not gain qualifications at school or college are powerful influences on a child's life, often continuing to affect their life chances as they get older. This can have the negative impact of people no longer getting involved in their community, lose their confidence and feel that they can no longer influence what happens in their life.

To understand the impact of social inclusion and its impact upon health it is necessary to understand the following:

Deprivation

Levels of deprivation are measured by the following:

- Income
- Employment
- Education, Skills and Training
- Health and Disability
- Barriers to Housing and Services
- Crime
- The Living Environment

Barnsley is ranked 43rd most deprived local authority in England. This is less deprived than it was in 2004. This change is evidence that there have been some positive changes in the last three years in Barnsley, although the borough is still disadvantaged.

As a result of many factors a number of communities have lost their strong community focus.

Poverty Estimates

Key Challenges

Having been high for many years, the rate of Incapacity Benefit Claimants is now falling in Barnsley. Since 2001, the rate has fallen by 1.7% in Barnsley whereas it has been stable across England as a whole. Data for 2006 shows that 12.9% of the working age population in Barnsley are claiming Incapacity Benefit/Severe Disablement Allowance compared to 7% in England.

23.9% of all dependant children are living in poverty in Barnsley, higher than the England average of 19.7% 1 in 4 (26.4%) of children aged 0 to 4 years are living in poverty in Barnsley, again this is higher than the England average of 21.3%.

Barnsley has 10,375 (24.9%) children under the age of 16 living in child poverty. This is higher than the England average of 19.7%.

1 in every 4 children (26.4%) under 5 is living in poverty in Barnsley. This is higher than the England average of 21.3%.

Barnsley has a higher percentage of children and young people under the age of 18, in households where at least one adult is claiming a working age benefit than the national average (28.3% and 20.6%, respectively).

Mental Health

Mental Health problems are common; around one in four people will suffer from mental illness, experiencing anxiety or depression at some time in their lives. Stress, anxiety and depression account for a third of all lost working days. Up to 30% of all General Practitioners time is spent with patients with mental health issues.

Based on these estimates approximately 29,234 (16.4%) Barnsley adults aged 16-74 have a neurotic disorder.

Education

Just over 50,000 people of working age in Barnsley (37%) have no or low (level 1) qualifications. The regional and national equivalents are around 30%

Barnsley's education results are rapidly improving but remain below the national average. 2007 saw the best GCSE results so far. Provisionally 53% of our young people have achieved 5 A* - C grades, which represents an 18% improvement from 2002.

A broader range of services is now available in most schools, demonstrating that Barnsley is fully committed to meeting its extended schools targets to create for children, young people and their families, increased access to activities and support

Children & Young People & Families

The Barnsley Young People's Health Survey 2006 is a unique survey that identifies the health needs and behaviours of 14 and 15 year old pupils across Barnsley. The key headline figures and challenges from the analysis are:

Key Challenges

- 86.3% of the young people reported that their health was good, very good or excellent.
- 19.3% of young people hadn't eaten fruit nor vegetables on the previous day. 9.7% had eaten five or more portions of fruit and vegetables on the previous day.
- 56.6% of the young people reported that they had never smoked.
- Of the smokers 17.8% reported that they smoked daily, 19.6% reported they smoked occasionally and 4.4% said they smoked often.
- 3.6% reported that they drank alcohol daily. 53% reported that they drank alcohol occasionally and 36.7% said they drank alcohol often.
- 76.1% of the young people reported that they had never tried illegal drugs.
- Breastfeeding initiation is lower than the national average. In 2006/07 51.2% of new mothers initiated breastfeeding at the time of discharge from hospital, this figure did not achieve the 2006/07 target of 55%.
- As at August 2006 there were 150 people under 24 caring for a severely disabled person in Barnsley. This is 3.6% of the total number of carers in Barnsley – greater than the GB average (2.6%) and the South Yorkshire average (3.3%)
- As at 31st March 2007, 358 children and young people were looked after by the Council compared with 272 the previous year.
- Young people who are transferring from children's services are doing so with higher levels of complex needs. Children and young people are living much further into adulthood with conditions that have previously had shorter life expectancy.

What We Are Doing

The dental health of 5 year olds is improving, Dental health deteriorated from 1997-98 to 2003/04, however, the latest figures for 2005/06 indicate an improvement in the dental health of 5 year olds.

Barnsley's teenage pregnancy rate is higher than the national average. However, it is improving and is the second lowest in South Yorkshire.

We have developed a Children & Young People's Plan which states what we are doing to improve the lives of children, young people and families in Barnsley.

We have established a Child Health Promotion Programme to improve general health and wellbeing among children and families in the community.

We will continue to develop Family Support especially to those who need it most.



Appendix 1 – Director of Public Health Annual Report Recommendations

All Age All Cause Mortality/Life Expectancy

Strengthen the understanding of the links between health gain and the wider determinants of health.

PCT to develop capacity to commission for health and wellbeing as well as health care including expanding commissioning to address wider determinants.

Coronary Heart Disease

Continue screening 40-74 age group so that 90% have their cardiovascular risk score.

Raise the profile of preventative programmes and cost effectiveness.

Cancer

Further develop existing services and market programmes to prevent cancer and to detect it as early as possible.

Develop a clear understanding amongst local people of available and forthcoming screening programmes.

Mental Health

Develop a more detailed mental health needs profile for Barnsley.

Review Barnsley's mental health strategy to ensure it reflects those needs and makes adequate service provision for groups facing a higher risk of mental ill health.

Ensure that broad health promoting interventions are accessed by those with mental health problems.

Attention is given to promoting social networks within communities.

Ensure that the PCT commissions improved access to psychological therapies.

Dementia

Research the level of dementia in local population to more accurately predict the likely change in prevalence over time (PHO)

Establish a number of patient and carer defined outcomes to drive the commissioning process.

Assess the advantages of early detection of cognitive decline in all settings particularly within acute medicine and A&E.

High Blood Pressure and Stroke

Continue to improve the detection rate of raised blood pressure in the population.

Monitor the quality of blood pressure and treatment through Primary Care audit.

Establish an accurate baseline salt intake in the population through local research. Set targets for reduction.

Ensure all public sector meals have recommended reduced salt content.

Continue to work with food manufacturers and retailers to reduce salt in food to recommended levels.

Diabetes

Complete pilot of a diabetes awareness and screening programme

Introduce an appropriate diabetes screening programme.

Raise public awareness and the preventable nature of the type 2 diabetes.

Give diabetes a high priority within Commissioning due to the rising prevalence and diabetes being the main cause a wide range of other diseases including blindness, renal failure and limb amputation

Develop a commissioning process based on the whole care pathway and ensure that psychological support is an integral part of the care pathway .

Tobacco Control

Ensure that Barnsley meets their 2008/09 4-week quit target of 1820 quitters.

Maximise reduction in smoking prevalence with particular reference to key groups – pregnant women, young people, more deprived communities, chronic disease groups and routine and manual workers.

Increase the number of Smokefree Environments:

- Develop and implement the Smokefree Homes campaign.
- Develop and implement the Smokefree Barnsley Excellence Award.

Reduce the availability and use of contraband and counterfeit tobacco in the borough.

Obesity (See also Physical Activity and Food)

To ensure continued support to enable the Barnsley Healthy Weight Action Plan is implemented

Provision and uptake of appropriate training on weight management for both health and non-health professionals.

To develop a multidisciplinary team to support and coordinate primary care interventions, and secondary care referrals for patients whose health and wellbeing are at a high risk due to obesity and its associated co-morbidities.

Food

Continue to implement the Barnsley Food Strategy action plan.

Improve the supply and availability and purchase of healthier food choices in convenience stores, vending machines, supermarkets and non food retailers.

Scale up work to support people to develop food based skills in planning meals, cooking, shopping and budgeting.

Encourage an increased consumption of fruit and vegetables as part of a balanced diet focusing on women, children and families.

Promote healthy eating initiatives and improve food provision in workplaces.

Alcohol

To use the findings from the 2008/09 gap analysis on current provision of alcohol treatment to commission appropriate services.

Commission social marketing activities around safe and sensible drinking for adults and young people.

Update and implement the Barnsley Alcohol Strategy action plan.

Training:

- Develop training on alcohol issues to be delivered in schools and youth settings
- Implement brief interventions training for primary care and tier 1 staff.

Physical Activity

To ensure continuation of work to encourage the population of Barnsley to achieve the 5 x 30 minute recommended level of physical activity.

To scale up work to ensure that the environment is conducive to physical activity, particularly active travel.

To continue the development of activities appropriate to individuals with chronic disease.

To continue to develop and implement Sport and Active Recreation Strategy.

Sexual Health and HIV

Deliver a comprehensive range of public health interventions and communications, using social marketing techniques, which are linked to national campaigns, are highly visible and improve awareness of local sexual health services, Sexually Transmitted Infections (STIs) and abortion services.

Develop a robust clinical governance framework to ensure local implementation of the national standards for sexual health and You're Welcome Quality Criteria for all contraception and sexual health services across the borough.

Improved continuous monitoring of performance supported through improved data collection and surveillance and the development of a centralised booking service into GUM.

Increased access to sexual health, contraceptive and abortion services for young people and vulnerable groups through enhanced primary care services (inc LARC), C-Card, school-based and community services and Chlamydia screening.

Children and families

Support the nine wellbeing teams to deliver measurably improved outcomes.

Ensure that partners are aware of and action the updated national Child Health Promotion Programme (CHPP).

Ensure a cross partnership action group is supported that will ensure the implementation of the Healthy Weight, Healthy Lives, guidance for local areas.

Continue to develop family support provision and review the impact of programmes.

To undertake a second year 10 health and lifestyle survey in 2008 to better understand the needs of young people and families.

Teenage pregnancy and Parenthood

Co-ordinate and implement high quality PSHE/SRE in primary and secondary schools incorporating the key aspects of delay, safer sex, alcohol and drugs.

Well Being Teams work with schools, pupils and parents from areas with high teenage pregnancy rates to support young girls at an early stage who may be more vulnerable to becoming teenage parents.

Provide of multi-agency support to teenage parents co-ordinated through Common Assessment Framework (CAF) and lead professional roles. Ensure clear referral pathways between maternity, Family Nurse Partnership, Children's Centres, Housing, etc, to provide early support in the ante-natal period with duration and intensity tailored to individual need.

Encourage engagement in learning activities that foster success, ambition and raise aspirations (pre and post 16) with the provision of flexible local courses supported through Care to Learn for young teenage families.

Maternity

Support the planned increase in the maternity workforce.

Give additional support to pregnant women and their families if they smoke.

Improve nutritional advice and support to women during pregnancy.

Support the PCT's work to achieve Baby Friendly status as a Barnsley Community.

Develop targeted pre conceptual advice and information for more vulnerable groups.

Work Place Health

That the PCT and its partners develop a Healthy Workplace Award to drive up standards of occupational health and safety and develop the health promoting role in Barnsley workplaces

One Barnsley and its partners continue to develop Healthy Work Programmes in the NHS and Council workforces in Barnsley

One Barnsley and its partners continue to support the further development of the Condition Management Programme and monitor outcomes.

That the PCT facilitates the role of GPs and other healthcare professionals in providing advice and support where appropriate to help patients enter, stay in or return to work.