

Chapter 10: Conclusions and recommendations

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Young people aged 10 to 24 have historically attracted less policy interest than younger children and older adults, and therefore have received less investment in terms of specifically tailored health services or measurement of outcomes (Sheehan *et al.*, 2017). It is a common misconception that adolescence and early adulthood are the healthiest periods of life and this may partly explain the lack of investment in this age group. Yet young people in this age group have distinct health needs to those of younger children. We have highlighted in our report that young people aged 10-24 experience a range of behavioural, emotional and social changes as they make the transition into adulthood, providing a unique window of opportunity to intervene and promote health.

It is vital that health policy and practice do recognise these distinct needs and ensure that services are tailored to meet the changing needs of young people (Sawyer *et al.*, 2012). Investing in adolescent health has benefits that extend well beyond health. It has been estimated that investment in this age group will yield a 10-fold economic benefit for later adulthood (Sheehan *et al.*, 2017).

Summary of key findings

One of the key aims of the *Key Data* series is to collate descriptive data for the 10 to 24 age group from publicly available sources, in order to promote better understanding about the age group as a whole. To this end the report provides a unique collection of statistics describing the population, living circumstances and overall health of young people in the UK in 2019.

By so doing the report highlights a number of important trends. These include areas of improvement in young people's health outcomes, areas where prior improvement has stalled or where young people's health outcomes are worsening, and other emerging trends that have implications for health policy and commissioning of services.

Some of the key areas that have shown improvement include young people's health risk-taking behaviour. Young people's rates of smoking, alcohol consumptions and teenage pregnancy rates have been on the decline over the past decade.

An area where previous progress has stalled is in young people's mortality rates in the UK, which appear to have plateaued since 2012. The two most common causes of death among young people are accidents and self-harm, both potentially preventable, which calls for a renewed policy focus.

Areas in which young people's health outcomes are poor or worsening include rising obesity rates, a decrease in adequate sleep, poor pre-conception health for young women reinforcing health inequalities experienced throughout the life course, poor outcomes for young people with chronic conditions such as asthma and diabetes, increasing rates of mental health problems and self-harm and some rising health inequalities for this age group. Health inequalities are a strong feature among several indicators of young people's outcomes in the 10-24 age range, driven in part by economic disadvantage, but also including inequalities relating to other social determinants such as ethnicity.

Emerging trends that have a significant impact on young people's health include an increase in the number of young people over the age of 16 going into care, a significant rise in secondary school exclusions in England, high rates of loneliness and – despite falling unemployment rates – the fact that young people are increasingly engaged in precarious employment such as zero hour contracts.

Recommendations for action

To improve the state of young people's health in the UK, actions need to be taken across the following broad categories;

1 Developing policy initiatives that focus more specifically on 10-24 year olds

Unlike many other similar high income countries, the UK does not have a dedicated youth health policy or strategy. There are very few specific health outcome indicators relating to the 10-24 age group in the various outcomes frameworks that shape the work of the health system. Those that do exist relate mainly to reproductive health and risky health behaviours such as smoking, whereas this report demonstrates how many other areas of young people's health need to be considered beyond this if outcomes are to improve.

Alongside evidence that young people are among the least satisfied with the health services they receive, they have suffered from funding cuts to youth services in the local community, and to public health funding cuts. In England, children and young people's services do not feature in many Sustainability and Transformation Plans. The focus in the new NHS longterm plan on the 0-25 age group is to be welcomed (Department of Health and Social Care, 2019), but the overarching aims of this need to be translated into clear strategies for delivery. This includes:

- Ensure that aspirations in the new NHS longterm plan are translated into specific guidance relating to the 10-24 age group as distinct from younger children or older adults.
- Adopt a 'health in all policies' approach, assessing the likely impact of all policy initiatives on young people's health, recognising the wider determinants affecting outcomes for this age group.

2 Targeting health promotion and early intervention at 10-24 year olds

Emphasis on securing the 'best start in life' is often thought to mean younger children but is also critical for young people aged 10-24, as this is the age when life-long behaviours are established, with huge potential impact on future health. Actions include:

- Ensure that health promotion and protection campaigns consider young people and how to message them most effectively. Different messages are relevant for young people in relation to issues such as physical activity and obesity compared with younger children or older adults. Targeting young people directly is important, as they begin to access information and services independently.
- Ensure that best use is made of the opportunity presented by the introduction of statutory relationships, sex and health education into secondary schools in September 2020.

3 Commissioning services that meet the unique needs of young people

Despite being regular users of health services, surveys show that young people are not always satisfied with the health services or information they are given, and their accounts are often less positive than those of other age groups. In addition, young people with longterm conditions can struggle with the transition between children's and adult services. Actions include:

- Ensure that those who commission and deliver services for young people are involving them in co-designing youth friendly options.
- Encourage organisations that commission health services to have a representative with expertise in young people's health.
- Support better partnership working between formal health services and the voluntary, community and social enterprise sectors to provide a coordinated offer that delivers continuity of care for young people.
- Incentivise investment in young people's health through, for example, Public Health England, NHS and primary care quality outcomes frameworks.
- Recommend initiatives such as the Department of Health and Social Care's 'You're Welcome' quality criteria for youth-friendly health services, which is a systematic framework to help commissioners and service providers to improve the suitability, accessibility, quality and safety of health services for young people (Department of Health, 2011; British Youth Council, Association for Young People's Health and Youth Focus North West, 2017). It is important that these standards are applied not just to paediatric services but also to general practice and to adult services that frequently encounter 18 to 24 year olds.
- Invest in co-ordinated transition services particularly for young people with longterm conditions, mental health problems and care leavers.

4 Introducing new measures to reduce the number of young people's deaths

Reducing premature and preventable deaths is the prime objective of any health service. Accidents are the most common cause of death and serious injury in young people aged 10-24, but suicide is a particular issue for young men. Actions include:

- Encourage more uptake of 20mph zones, with priority given to deprived areas, where young people are at greatest risk of traffic-related injury.
- Consider introducing graduated driving licencing and restrictions on motorbikes above 50cc for young people.
- Evaluate what type of suicide prevention interventions work with young men and ensure services and programmes are planned with young men in mind.

5 Collecting and sharing data and research on young people's health specific to the age group 10-24

Young people between the ages of 10-24 have different patterns of need from younger children or older adults, but data on these young people are often bundled up with other age groups. Both national and local data are important. The former can provide critical benchmarking and a framework to help to develop the latter. Healthcare professionals need to be aware of the needs of their local population of this age group, in terms of the mix of gender, ethnicity and deprivation, so as to provide and fund care according to local healthcare needs.

- Support the collection of high quality, robust, national data that shed light on the experiences and outcomes for this age group, distinct from those under 10 and over 25.
- Encourage the development of more representative survey data on a broad range of health issues faced by young people. More data particularly on young people's use of primary care and prevalence of disability among young people are urgently required, as are mental health prevalence data for young people that are representative of the whole of the UK.

6 Taking specific actions to reduce health inequalities before early adulthood

Health inequalities are present in a number indicators of young people's health outcomes and in some cases such as obesity the gap between the richest and the poorest is widening. We need:

- More data on health inequalities specific to adolescence and early adulthood.
- Recognition of the role of social determinants of health in all policies affecting the age group.
- Trials of new models of care for vulnerable young people that encourage integrated working with the voluntary sector and social care to address the social determinants of health.
- Increased investment in public services such as youth work particularly in areas of high deprivation.

In health terms there is a danger that young people between the ages of 10 and 24 are an invisible generation. The data we have presented in this report urge us to invest more in their health, in order to improve their lives now, and to give them the best chance of healthy adulthood in the future.

References

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