



**Kent Community Health**  
NHS Foundation Trust

**Kent Community Health NHS Foundation Trust**  
**District School Health Plan**

**School Public Health Service 2018/19**  
**Swale**





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# Introduction and rationale



- We know every child has to 'make the best of their potential, and grow up healthy' (Article 6, United Nations Commission on the Rights of the Child) but not all do. In total, 18% of children and young people in Kent live in poverty.
- Many children in Kent grow up healthy and attain well at school. However, the difference between outcomes for children, for those from higher social groups and those from lower social groups, is increasing. Children from lower social economic groups suffer disproportionate poorer health and wellbeing, including higher levels of obesity, social, emotional and mental health problems, risk taking behaviours, impaired speech and language skills and lower levels of attainment. Families and children and young people who are poorer and from lower socio economic groups have to work harder to do well.
- Engagement and attainment in education is a critical protective factor, which builds on the support from peers, families and communities to help mitigate such social and environmental risks to health and wellbeing. A whole school approach to health improvement in school, builds on the community assets to achieve and maintain positive health and wellbeing for all. Health interventions target support for those who need additional help to address issues, which may arise in early years and to reduce personal and social challenges and prevent future ill health as young people enter adolescence. Health interventions in school contribute to improved educational outcomes.
- Kent's School Public Health Service is a universal service and one that is progressive, meeting need among those who experience it most. It implements, promotes and facilitates ways of working which are known to be effective. It aims to work together with you to ensure children make the best of their potential and grow up healthy.

# Kent County Council and Kent CCG outcomes for children that are significantly worse than England

	Kent	Ashford CCG	Canterbury & Coastal CCG	Dartford, Gravesham & Swanley CCG	South Kent Coast CCG	Swale CCG	Thanet CCG	West Kent CCG
MMR vaccination one dose (2 years)	Red		Red		Red	Red		
DTaP/IPV/Hib vaccination (2 years)								Red
Children in care immunisations	Red							
Children in low income families					Red	Red	Red	
Obese children (10-11 years)				Red				
Hospital admissions for dental caries (0-4 years)		Red			Red		Red	
16-18 year olds not in education, employment or training	Red							
Children in care	Red							
Teenage mothers	Red				Red	Red		
Persons under 18 admitted to hospital for alcohol specific conditions			Red				Red	
Hospital admissions due to substance misuse (15-24 years)	Red				Red			
Smoking status at time of delivery	Red		Red		Red	Red	Red	
Hospital admissions caused by injuries in children (0-14 years)				Red				
Hospital admissions caused by injuries in young people (15-24 years)				Red			Red	Red
Breastfeeding initiation	Red							
Hospital admissions for asthma (under 19 years)		Red					Red	

Children in care immunisations, 16-18 year olds NEET, children in care, breastfeeding initiation only available at Kent level.

Source: PHE Child Health Profiles 2017



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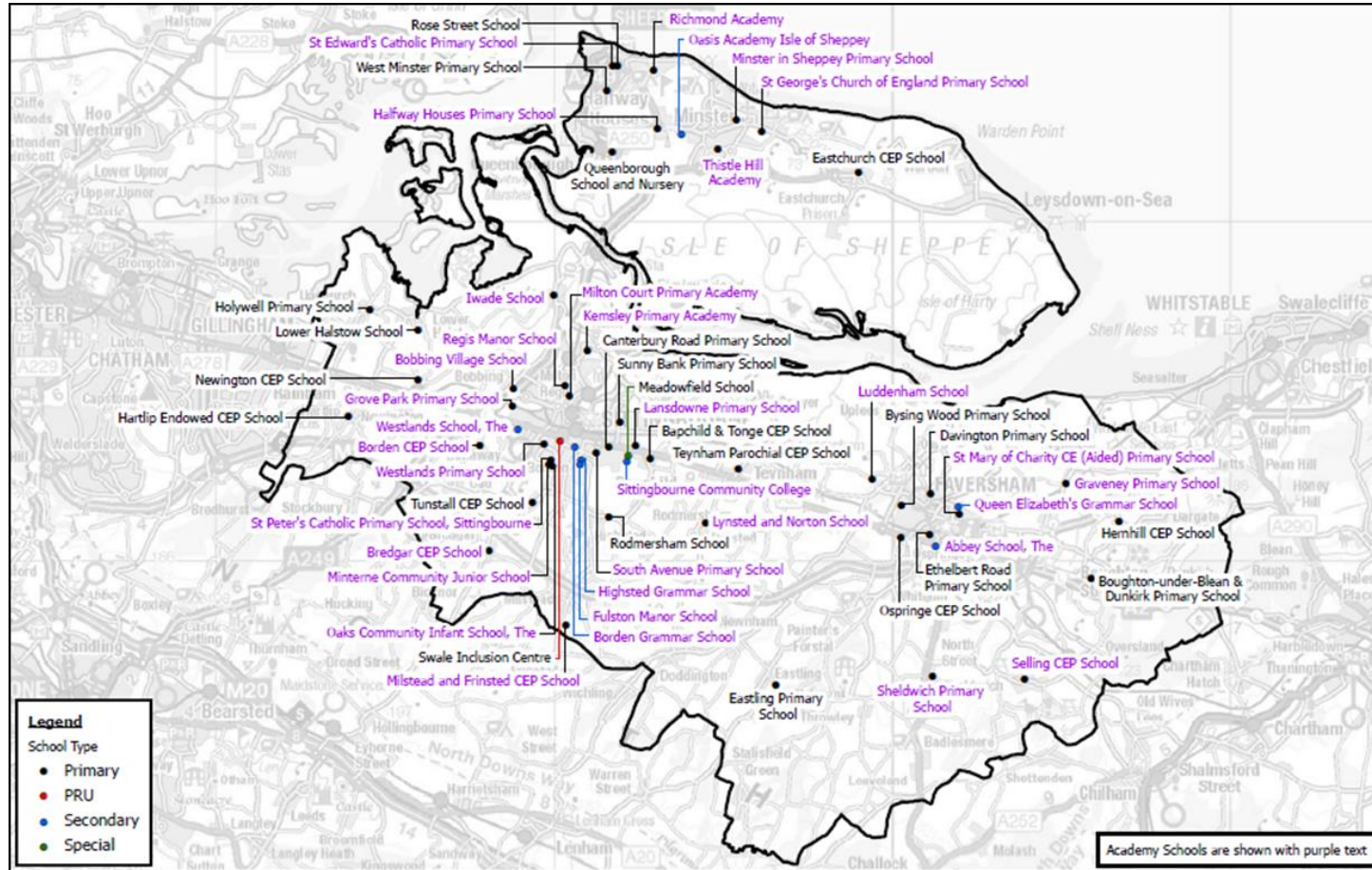
# Swale

2018/19



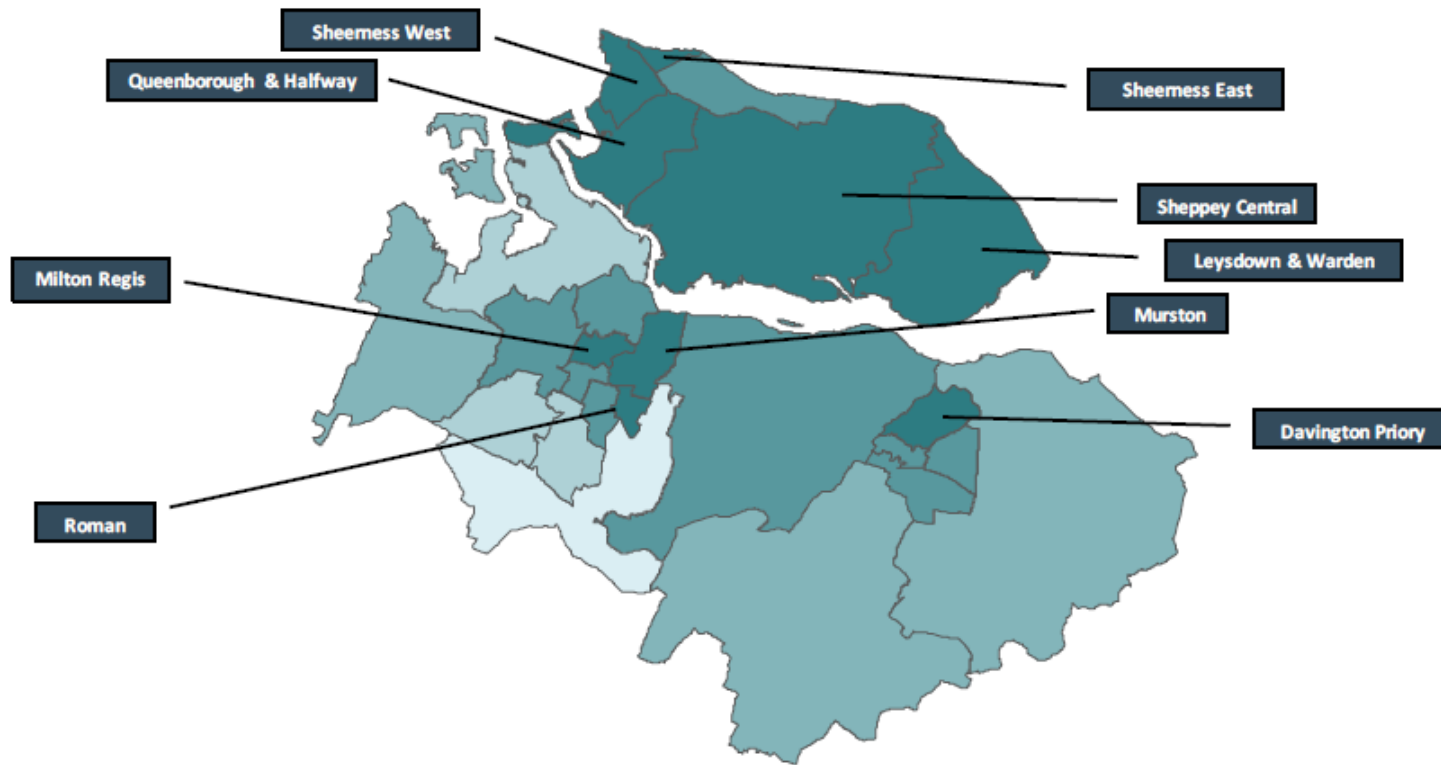
The District School Health Plan for Swale supports 58 schools.

- 1 academy infants school
- 1 all age Special School
- 1 Pupil Referral Unit
- 46 Primary Schools (4-11 age range)
- 1 academy junior school
- 8 Secondary Schools (11-19 age range)

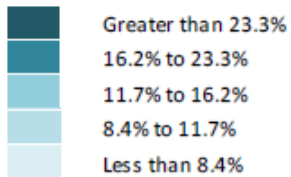


# Income deprivation affecting children (IDACI): by electoral ward

The percentage of children aged 0-15 years living in income deprived households, 2015

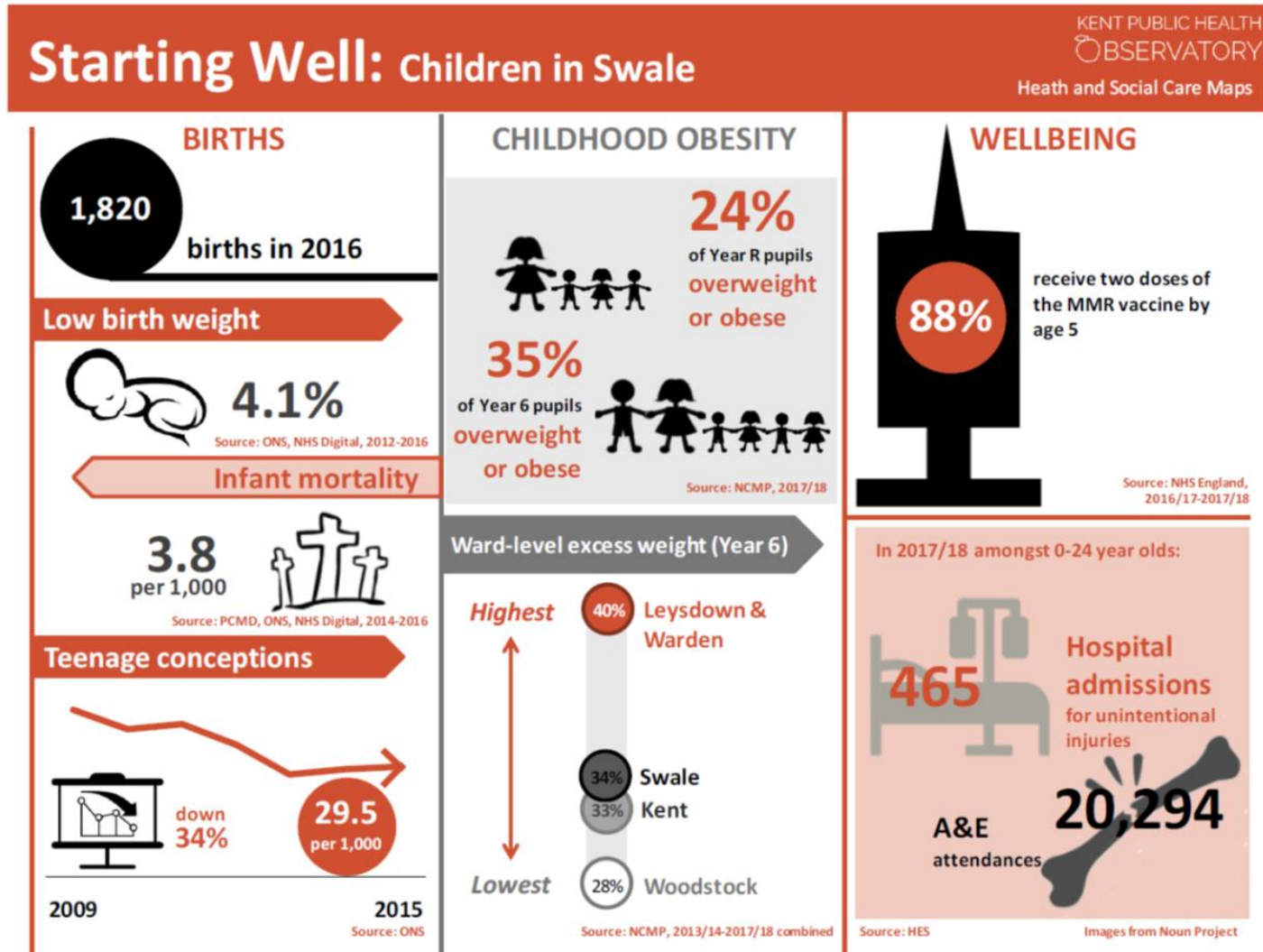


## Percentage



Source: DCLG, prepared by KPHO (RK), Oct-17

# Swale - highlights







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# NCMP - Swale

## Healthy weight



# NCMP: Obesity overview

- The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary school.
- Child obesity prevalence shows a strong association with socioeconomic deprivation. Obesity prevalence in children living in 10% most deprived areas of the country is more than double that of children living in the least deprived 10% of areas (PHE 2017).
- The consequences of obesity cause health problems that include heart disease, type II diabetes and cancer. It impacts on the ability to lead healthy active lives, employment and poses rising costs to the nation. In children, it can affect normal development and lead to stigmatisation having long-term consequences for physical and emotional wellbeing and resilience (DH 2011).

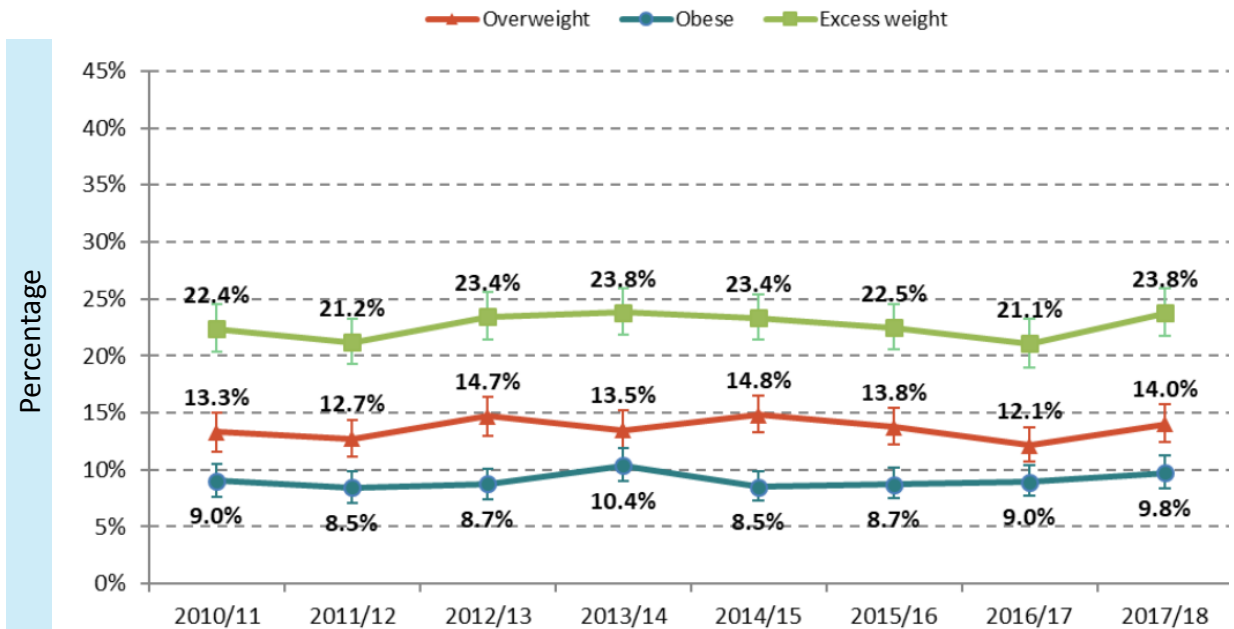
# NCMP reception year

## Reception Children -

The prevalence of overweight, obesity and excess weight amongst reception year pupils living in Swale remains at a similar level to that recorded in 2010/11.

\* Excess weight is overweight and obesity combined.

Prevalence of Overweight and obesity: Reception Year  
Prevalence of body mass index classifications for overweight and obesity, Swale,  
2010/11-2017/18



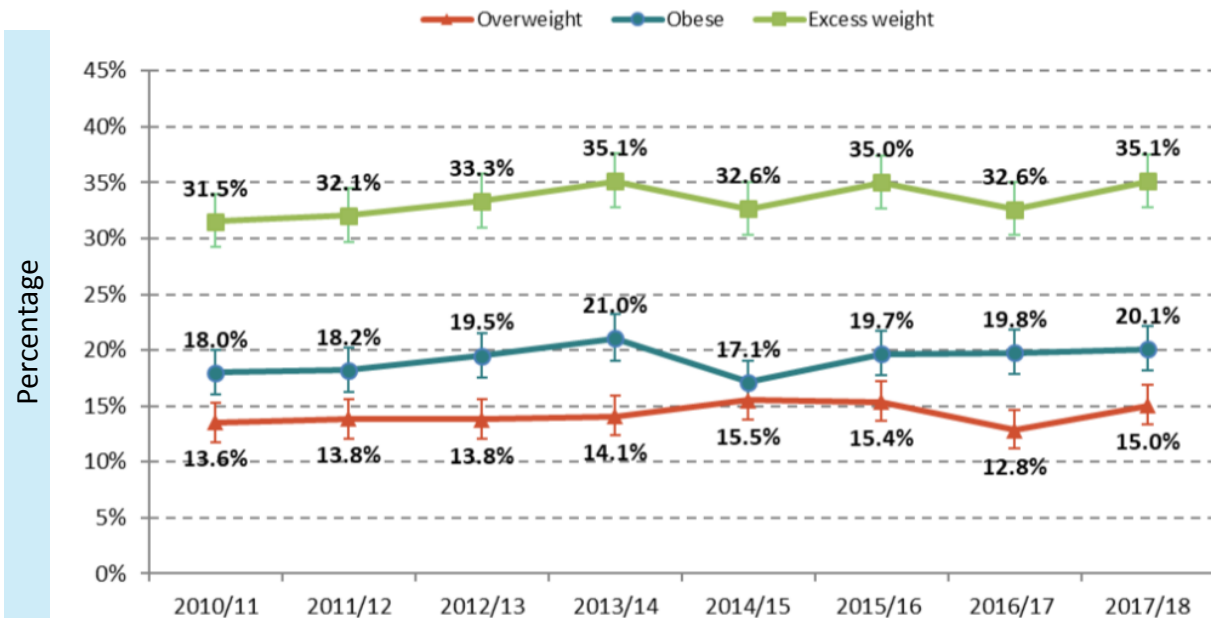
Source: NHS Digital, prepared by KPHO, October 2018

# NCMP Year 6

The prevalence of overweight and obesity amongst year six pupils living in Swale remains at a similar level to that recorded in 2010/11. However excess weight is significantly higher in 2017/18 than that recorded in 2010/11.

Whilst levels of overweight amongst year 6 pupils in Kent are fairly similar to those found in Year R, there is a striking difference in terms of obesity with the proportion of Year 6 pupils measured as obese amongst twice that of year R pupils.

Prevalence of Overweight and obesity: Year 6  
Prevalence of body mass index classifications for overweight and obesity, Swale, 2010/11-2017/18



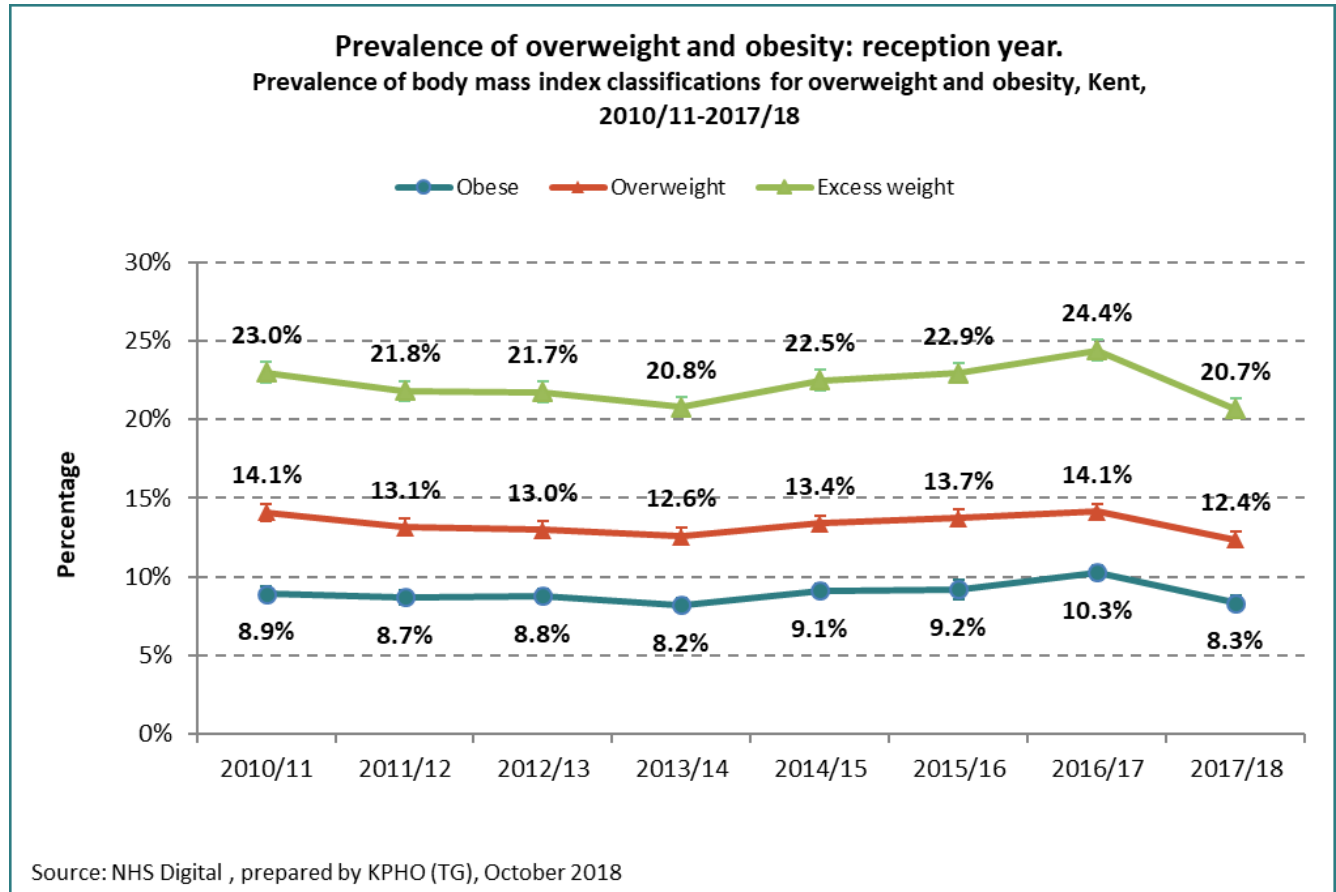
Source: NHS Digital, prepared by KPHO, October 2018

# NCMP in Kent : Year R

## Prevalence of obesity – trend between 2010/11 and 2017/18

The prevalence of overweight, obesity and excess weight increased between 2013/14 and 2016/17, alongside a decrease in the latest year 2017/18.

- Interpretation of the overall trend, whilst the 2017/18 figures were lower than the previous year and 2010/11, the overall trend for overweight, obesity and excess weight was stable.



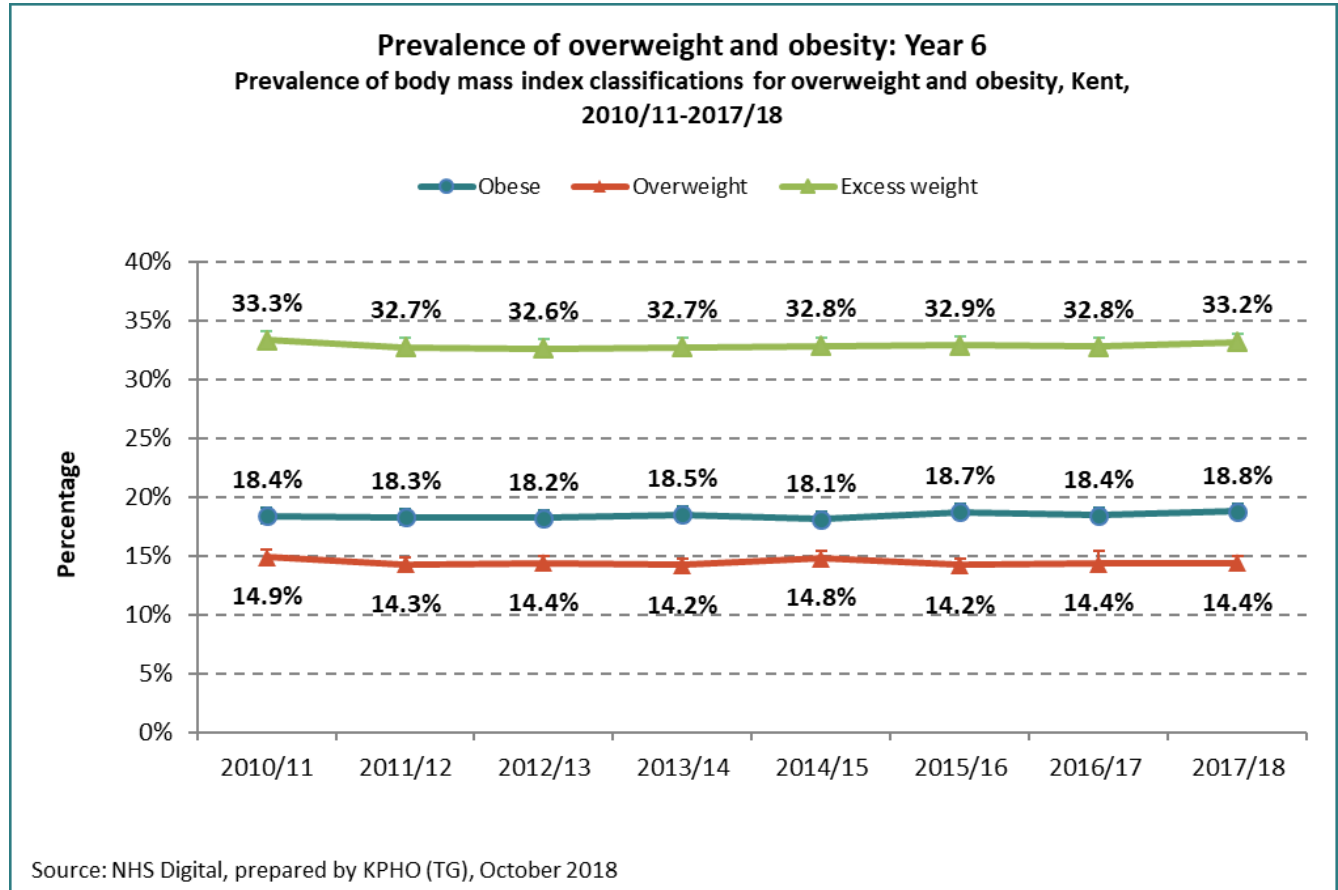
\* Excess weight is obesity and overweight combined

# NCMP in Kent : Year 6

Prevalence of obesity – trend between 2010/11 and 2017/18

The prevalence of overweight, obesity and excess weight within Kent year six pupils has been stable within the latest year, as well as, in comparison to the levels reported in 2010/11.

\* Excess weight is obesity and overweight combined



# NCMP – Proactive Phone calls (2018)

In addition to sending NCMP result letters to parents, the SPHS has been commissioned by KCC to proactively follow up children identified as very overweight (on or above the 98th centile).

Evaluation of NCMP feedback has shown that proactive follow-up can help to increase parental recognition of their child's weight status in parents of very overweight children.

Improving parental acceptance of the result may assist in minimising resistance to feedback, support understanding of the impact of an unhealthy weight, and encourage access to and uptake of services.

	Year R (to date)	Year 6
Proactive phone calls made	767	700
Families spoken to	179	299
Families signposted to support	122	251
No answer/wrong number	321	401
Packages of care accepted (Kent)	16	64
Packages of care accepted (Swale)	<5	6

# Healthy weight – How can schools support?

All schools will have received school level results from the local authority, enabling them to make an assessment of the 'health' of the children within their whole school community.



In addition:

- Promotion of health eating, healthy lifestyles and physical activity to all year groups through PHSE delivery, curriculum and enrichment activities.
- Opportunities for families to engage in healthy lifestyles activities.
- Promotion of school public health package of care for families.
- Sharing of information with SPHS, such as contact details of parents where requested to enable swift and effective communication with parents.



# How can the School Public Health Service support?

- Signposting, advice and support.
- 1:1 package of care for families (child identified as an unhealthy weight).
- Whole school support – at any point and/or specifically relating to NCMP whole school result letter. This could include teacher training and whole school policy support.
- Proactive phone calls to families of children identified as very overweight (on or above 98th centile) to offer follow-up support.



# Swale

## Immunisations

‘After clean water,  
vaccination is the most  
effective public health  
intervention in the world for  
saving lives and promoting  
good health’

(Yarwood 2014)



# Immunisations

## Immunisations provided by our Immunisation Team:

- **Flu** – reception year and school years 1-4
- **Cervical cancer and genital warts (HPV)** – girls aged 12-13
- **Meningococcal disease strains A, C, W, Y (MenACWY)** – all children aged 13-14
- **Diphtheria Tetanus and Polio (Td/IPV)** – year 9 students (aged 14)

We understand children with special educational needs or disabilities may find vaccination sessions particularly stressful. Our immunisation nurses are very experienced at supporting children and young people who have additional needs and may be anxious about vaccinations.

## Why vaccinate in school ?

- School-based immunisation is an effective and sustainable delivery strategy for immunisation of school-aged children.
- School attendance levels are key to reaching high coverage.
- Special measures need to be implemented to reach out-of-school and absent pupils, such as community-based clinics.

# Immunisations

## Vaccination uptake 2017/18

### Primary

#### Flu vaccination

(Nasal) 2017/18 Kent-wide

Year R	49.4%
Year 1	58.6%
Year 2	57.6%
Year 3	54.6%
Year 4	53.9%

**Overall 54.9%**

### Secondary

#### HPV

#### Kent average

Dose 1	88.4%
Dose 2	83.3%



The **Men ACWY** vaccine helps to protect against disease caused by four of the main groups of meningococcal bacteria - A, C, W and Y

#### Men ACWY

Kent Average  
87.4%

\* Immunisation data for Swale district unavailable for 17/18 as contract in Swale did not begin until 2018

# Swale

## Dental health



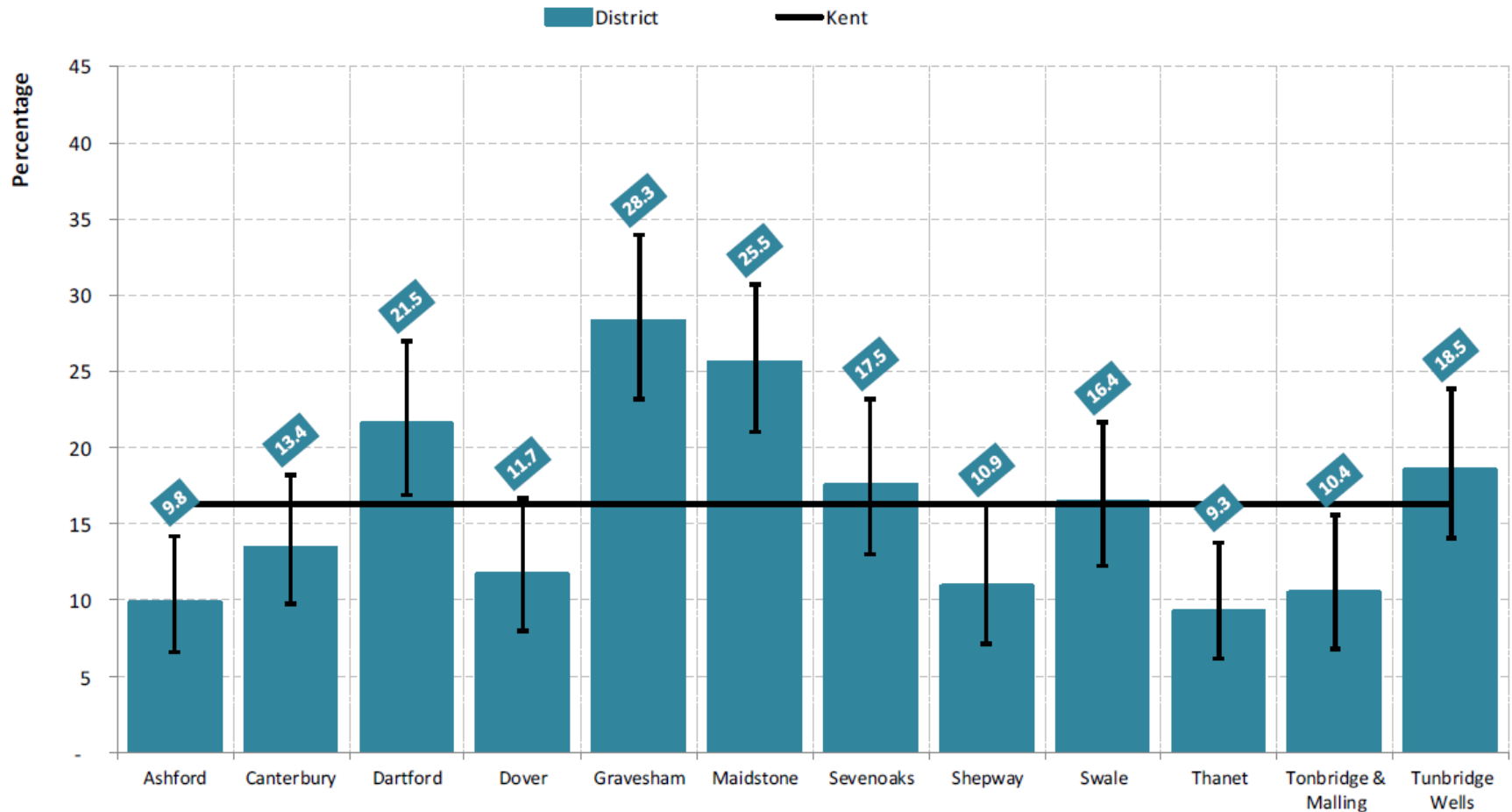
Every child who has teeth is at risk of tooth decay, but the risk increases for those living in the deprived areas where the imbalance in income, education, employment and neighbourhood circumstances affect the life chances of children's development.



# Tooth decay in children aged 5

16.4% of children in Swale had experienced decayed, missing or extracted teeth by the age of 5.

The percentage of children at age 5 years, within the survey sample, who experienced decayed, missing or extracted teeth, 2017



# SPHS support

School health teams have an important role in promoting oral health, making every contact count and giving children, young people and families information and support to be able to make healthier choices. By using opportunities to offer oral health advice such as at parent and young people drop-ins and at new parent talks maximises the reach of messages we give.

 Public Health England

Healthmatters Levels of tooth decay in England



A **quarter** of 5-year-olds have tooth decay with on average **3 or 4** teeth affected



The majority of tooth decay in children under 6 was untreated

There were **7,926** episodes of children aged under 5 years having 1 or more teeth extracted in hospital because of tooth decay





# Swale

## Sexual health

“Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely an absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence.” (WHO 2006a).

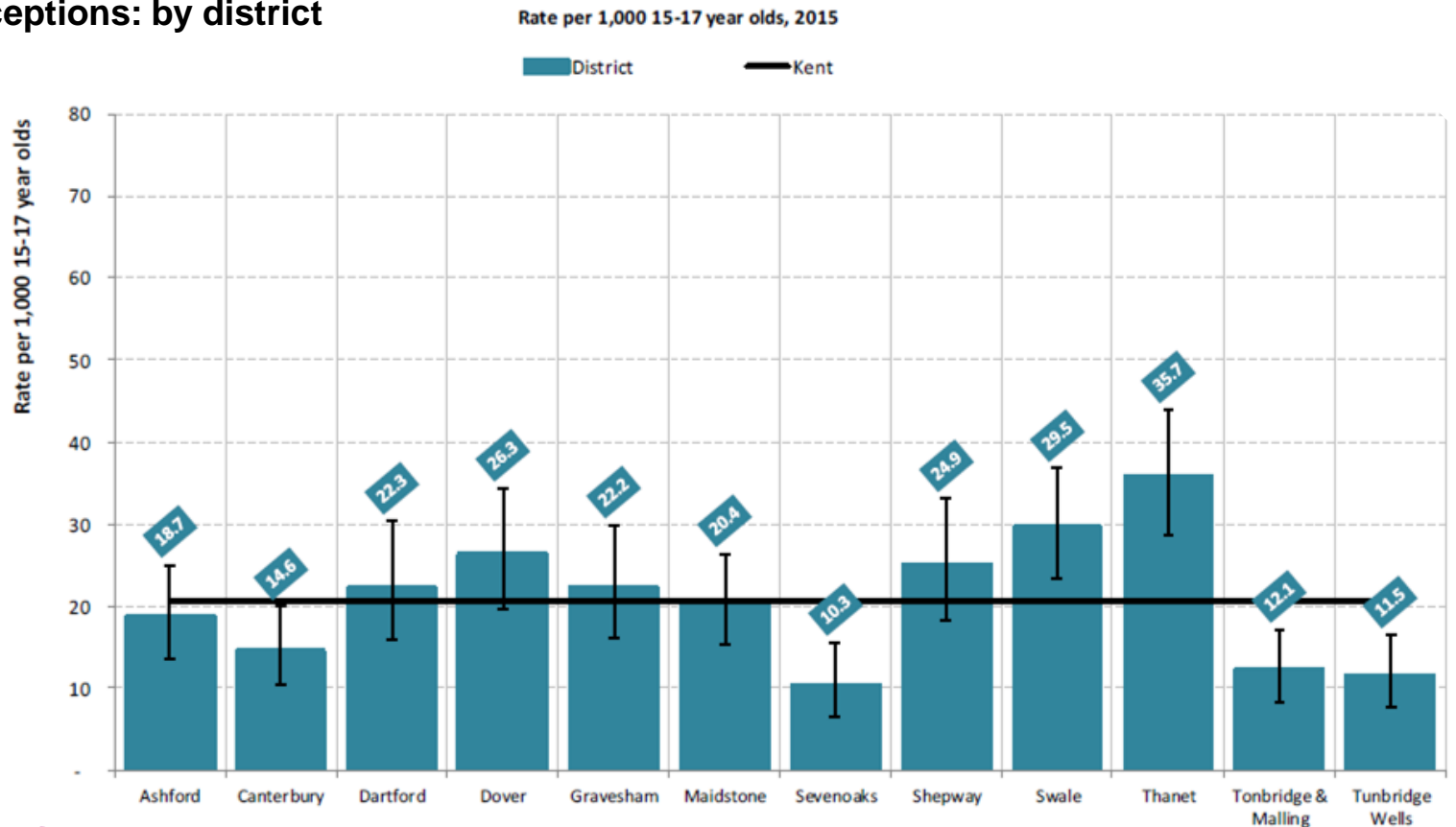




# Sexual health

*In the Swale district, whilst there have been improvements in teenage conception rates at a rate similar to the Kent average, teenage conception rates remain above the Kent average.*

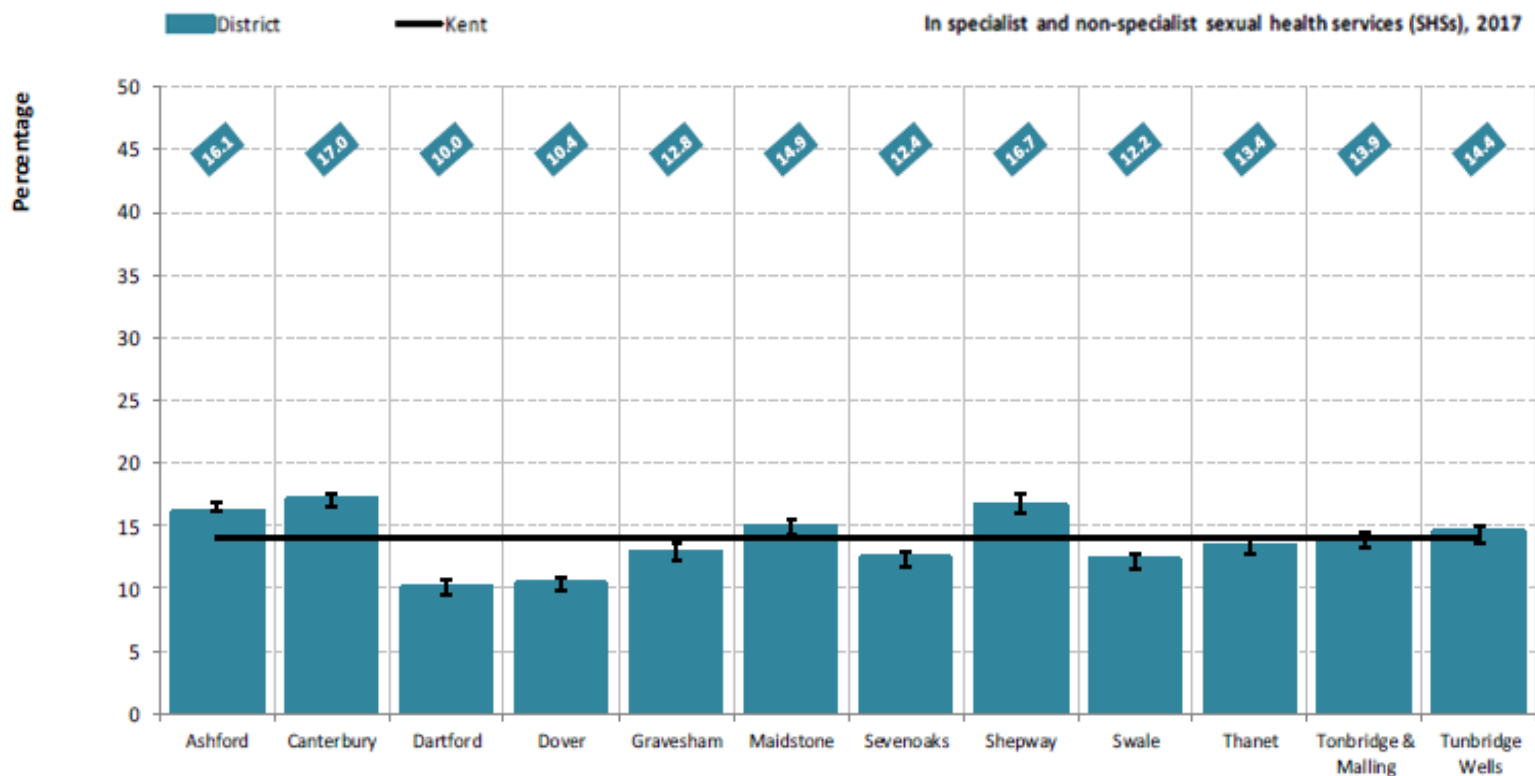
## Teenage conceptions: by district



# Swale priority

- Increase chlamydia screening test uptake
- In Swale a lower proportion of 15 to 24 year old girls were screened for chlamydia than Kent in 2015.

## Proportion of population aged 15 to 24 screened for chlamydia: by district



# School Public Health Service, schools and other agencies

- Schools can support children in primary and secondary schools through the provision of good quality RSE.
- Schools and staff can promote vaccinations and screening programmes, which will help to protect young people.
- Schools and other youth providers can promote accessible (local) services for young people where they can be supported with any concerns or issues, for example this may be a school based drop-in or a local young people's clinic.
- The School Public Health Service identifies children who may require support or advice about sexual health through CHAT Health, a confidential texting service for young people aged 11 to 19, Lancaster questionnaires, Drop ins and marketplaces.
- Kent Community Health NHS Foundation Trust provides integrated sexual health clinics across Kent and Medway, which offer screening and treatment for sexually transmitted infections; contraception including long acting reversible contraception; HIV treatment and care services; young people's services and sexual health promotion. The clinics provide appointments and walk-in sessions.
- The PHSE Association provides high-quality, robust resources to support RSE and PHSE curriculum delivery - [www.pshe-association.org.uk/](http://www.pshe-association.org.uk/)
- Information about where young people in Kent can access support (including in an emergency) can be found at: [www.kent.gov.uk/social-care-and-health/health/sexual-health](http://www.kent.gov.uk/social-care-and-health/health/sexual-health)

# Swale

## Emotional health and wellbeing

A child's capacity to learn is underpinned by good mental health and emotional wellbeing. Social isolation and disadvantage affect a child's capacity to develop resilient behaviours compromising development and positive outcomes.

(Young Minds 2007)



# Key findings – NHS Swale CCG

## National picture

### Mental health is a big issue for young people...

- **1 in 10 children** have a diagnosable mental health disorder – that's roughly 3 children in every classroom. (i)
- **1 in 5 young adults** have a diagnosable mental health disorder (ii)
- **Half** of all mental health problems manifest by the age of 14, with 75% by 24. (iii)
- **Almost 1 in 4 children and young people** show some evidence of mental ill health. (including anxiety and depression) (iv)
- **In 2015**, suicide was the most common cause of death for both boys (17% of all deaths) and girls (11%) aged between 5 and 19. (v)
- **1 in 12 young people self-harm** at some point in their lives, though there is evidence that this could be a lot higher. Girls are more likely to self-harm than boys. (vi)

NHS Swale CCG has 27,117 children and young people aged 0 to 19, making up to 25% of the population.

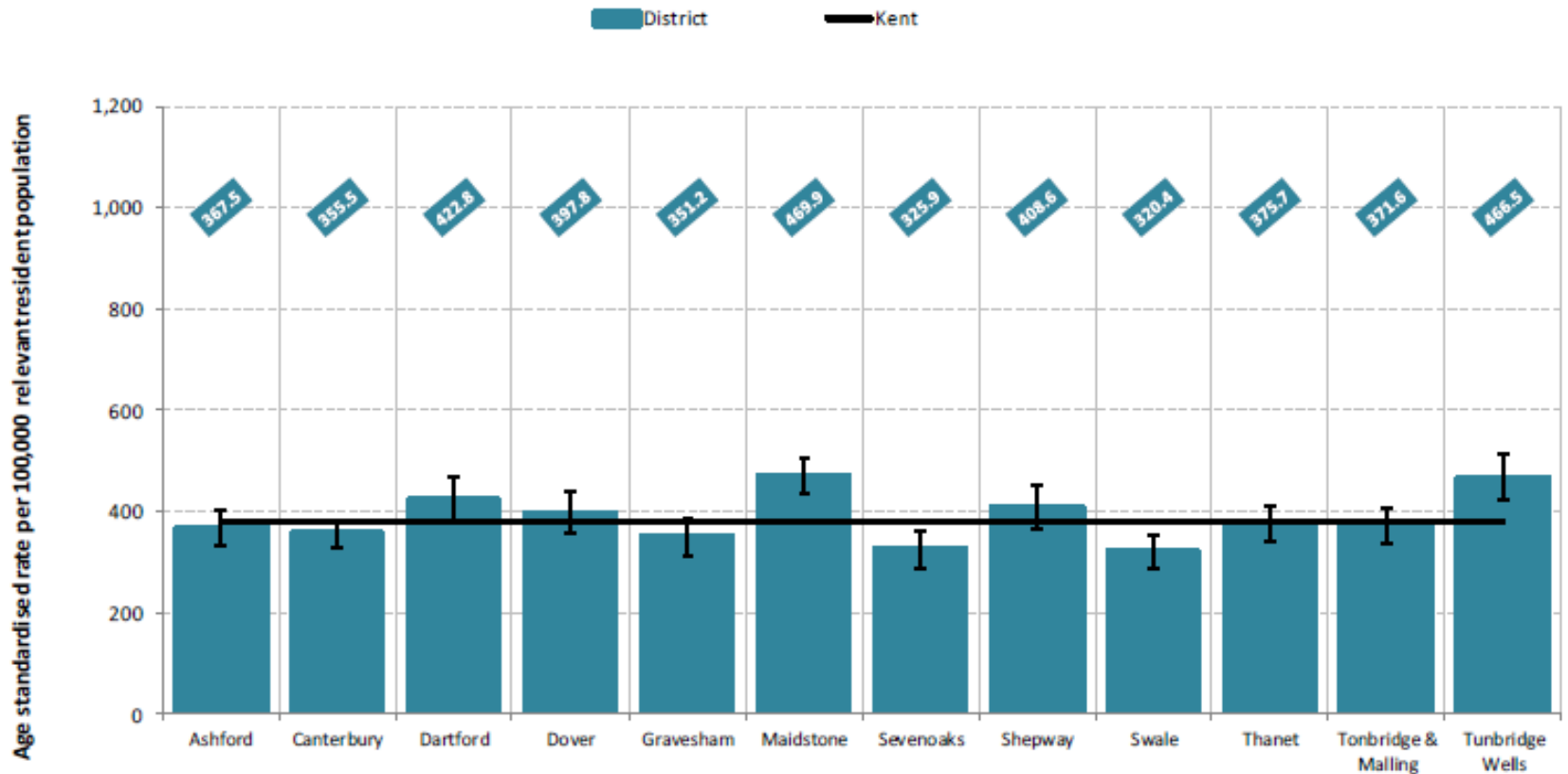
The number of children and young people who may experience mental health problems appropriate to Children and Young People's Mental Health Services (CYPMHS) living in Swale CCG are:

- **between 2400 and 3600 at Tier 1 (early intervention/prevention)**
- **about 1700 at Tier 2 (therapeutic intervention/counselling)**
- **451 to 731 at Tier 3 (specialist CYP mental health service)**
- **between 18 and 115 at Tier 4 (hospital in-patient)**



## Emergency hospital admissions for self-harm in young people aged 10-24 years: by district

Age standardised rate per 100,000 children and young people aged 10-24 years, ICD 10: X60-X84 (main recorded cause), 2013/14-2017/18



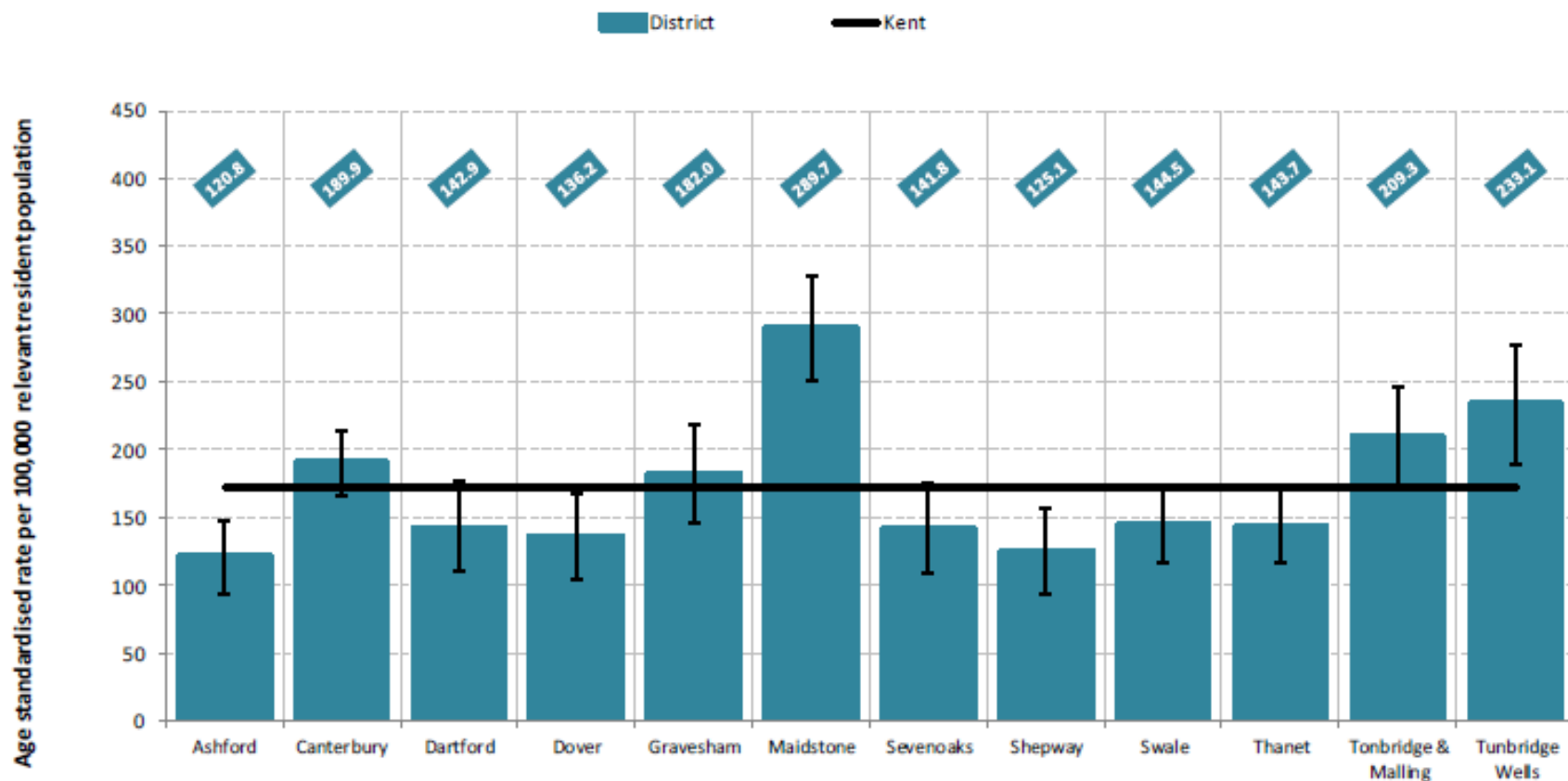
### Self-Harm

Within Swale, the self-harm admission rate varies significantly, ranging from 1.3 per 1,000 population aged 10 to 24 in West Downs to 9.1 in Leysdown and Warden. Leysdown and Warden ward has a significantly higher rates than Swale.

Across Kent, 28% of individuals admitted to hospital for self harm between April 2014 and March 2017 had been admitted on more than one occasion since April 2010.

# Hospital admissions for alcohol-specific conditions in young people aged 10-24 years: by district

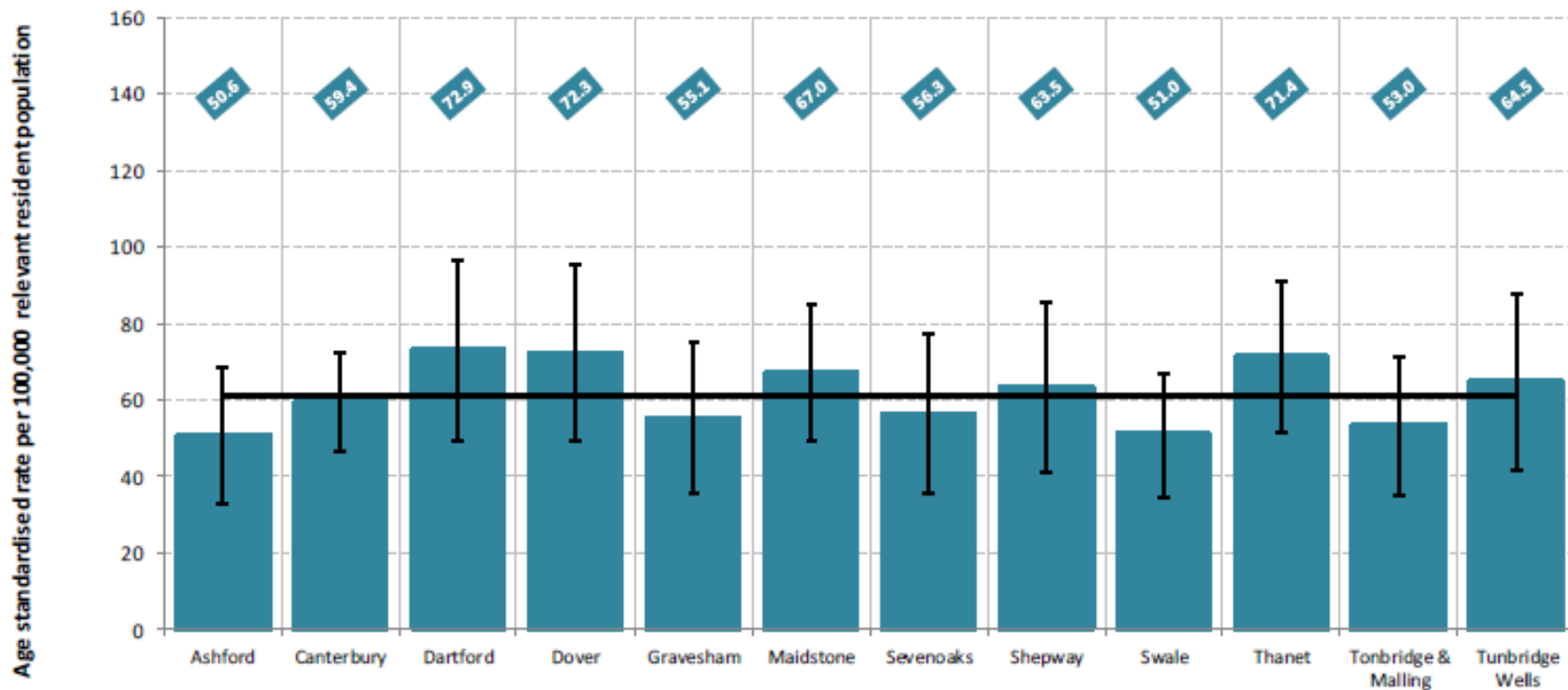
Age standardised rate per 100,000 children and young people aged 10-24 years, ICD10: E244, F10, G312, G621, G721, I426, K292, K70, K852, K860, Q860, R780, T510, T511, T519, X45, X65, Y15, Y90, Y91, 2015/16-2017/18



# Hospital admissions for substance misuse in young people aged 10-24 years: by district

Age standardised rate per 100,000 children and young people aged 10-24 years, ICD 10: F11-19, T40, T52, T59, T43.6, Y12, Y16, Y19 (primary diagnosis), 2015/16-2017/18

District Kent





# Emotional health – SPHS offer

Through our emotional wellbeing counselling service, we work with children and young people aged 5 to 19, who are experiencing emotional difficulties such as:

- low mood
- mild anxiety
- unhealthy coping strategies.

Our Emotional Wellbeing Service provides counselling and brief solution-focused interventions, which build emotional resilience and coping strategies.

All of our emotional wellbeing practitioners are qualified counsellors and all sessions with a child/young person are confidential, with the exception of any safeguarding concerns.

We support children and young people who are experiencing a variety of difficulties in their lives. Key triggers for these difficulties can include:

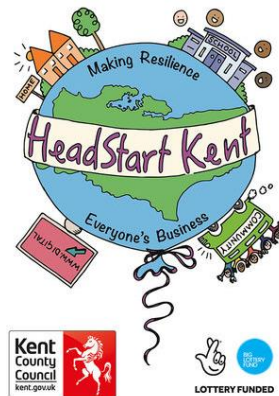
- bullying
- death or critical illness in the family
- domestic abuse
- family break-up
- sibling conflict
- poor home environment
- transition/change.

As part of the service, up to six sessions of group work or counselling are offered, either via phone or face-to-face – whichever is most appropriate for the child/young person.

# School and other agency support

A whole-school approach to social and emotional wellbeing is one which “pervade(s) all aspects of the life of a school” (NICE, 2015:2), including:

- whole-school policies and practices that promote positive wellbeing
- training and CPD for staff
- the school culture, ethos and environment
- teaching, learning and the curriculum
- partnerships with parents, families and the wider school community.



## Headstart (for CYP aged 10-16 years)

HeadStart Kent is part of Kent County Council’s Early Help and Preventative Services and aims to help young people cope better when faced with difficult circumstances in their lives, preventing them from experiencing common mental health problems.

HeadStart aims to focus on building a sustainable system where every young person in Kent will be able to say with confidence:

- People around me understand wellbeing and how to promote it.
- My overall wellbeing is not impacted by the pressure to achieve and to be perfect.
- There is always someone for me to talk to.

Find out more, and find the free Resilience Toolkit (for Schools) at:

[www.headstartkent.org.uk/](http://www.headstartkent.org.uk/)

# Swale

## School Public Health service

Our teams work hard to improve the general health and wellbeing of children, young people and their families to support children to get the best start in life.



# Find out more about us.....

Visit our website:

<https://www.kentcht.nhs.uk/service/school-health/>

Visit our Young People's website:

<https://www.kentyouthhealth.nhs.uk/>

We have school health teams across Kent. Referring to one of our teams is easy:

Tel: 0300 123 4496

Email: [nem-tr.kentchildrenandyoungpeoplehealthservices@nhs.net](mailto:nem-tr.kentchildrenandyoungpeoplehealthservices@nhs.net)

Online Referral form:

<https://www.kentcht.nhs.uk/service/school-health>

We take referrals directly from:

- Children and young people
- Parents or carers
- schools, colleges and higher education institutes
- Other health care professionals or partner organisations
- Voluntary agencies

Working hours: 8am – 6pm



## CHAT HEALTH For young people aged 11-19

- If a young person is worried or concerned about a health issue and needs advice, they can text the Chat Health service: School Health Kent - 07520 618850
- Advice can be given about anything: Exam stress, feeling depressed or sad, sexual health or body image concerns, healthy lifestyle advice or feeling anxious or worried about something.
- The number is monitored by the School Health Service, Monday to Friday, 9am to 5pm.



# Swale

## Whole school health

A whole school approach is cohesive, collective and collaborative action in and by a school community that has been strategically constructed to improve student learning, behaviour and wellbeing



# Promoting improved outcomes for pupils in Swale

**The District School Health Plan supports the national strategic drive to tackle inequalities by a life course approach (Marmot M 2010):**

- To give every child the best start in life
- To enable all children and young people to maximise their capabilities and have control over their lives.
- The School Public Health Service supports these objectives by the schedule of health promotion, prevention and early intervention set out in the Healthy Child Programme 5-19 (2009). The progressive, universal nature of this programme allows services to be shaped to the inequalities profile and health need assessments identified in this District School Health plan with a core ambition for 'healthier, happier children and young people who are ready to take advantage of positive opportunities and able to reach their full potential (DH 2009).

**School Public Health Service Team:**

- The School Public Health Service provides a key link between health, education and wider children and young people's services to offer guidance and support on a range of health-related issues. School Nursing lies at the heart of the service, 'using autonomy, clinical skills and professional judgement to lead and co-ordinate the delivery of the Healthy Child schedule for the benefit of the local cohort of schools' (DH 2009).
- National guidance also acknowledges the role of health improvement practitioners in use of whole school approaches to create the context for the Healthy Child Programme and supporting the development of those components of the programme, which fall within schools' statutory and non-statutory duties. In this way the School Public Health service is able to bring about effective behaviour change by working at population, whole school and individual levels. (NICE PH6 2007).

# Curriculum and health promotion

- PHSE – resources to support schools to deliver high-quality PHSE education for young people available at:
  - [www.pshe-association.org.uk/](http://www.pshe-association.org.uk/)
  - [www.sexeducationforum.org.uk/](http://www.sexeducationforum.org.uk/)
- School policies can support effective PHSE, including health promotion, through the reinforcement of acceptable behaviour, acceptance and inclusion of all pupils and staff, led and role modelled by senior leadership, such as emotional health and wellbeing policy, behaviour policy, anti-bullying policy.

## National health campaigns:

- 7 February Time to Talk Day
- 20 March World Oral Health Day
- June BNF Health Eating Week





Compassionate



Aspirational



Responsive



Excellent

 In everything we do, **we care** 