

The health of school-aged children and young people in Southwark (5-19 years)

A school-based health needs assessment

Southwark Public Health

08 September 2017

GATEWAY INFORMATION

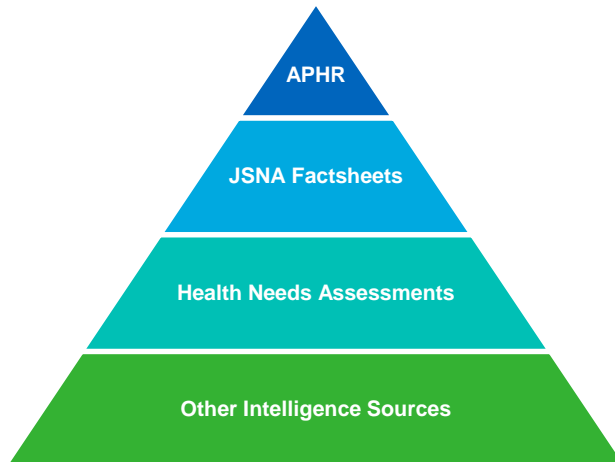
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report provides an overview of health and wellbeing in the borough.

Tier II: JSNA Factsheets provide a short overview of health issues in the borough.

Tier III: Health Needs Assessments provide an in-depth review of specific issues.

Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

This Health Needs Assessment aims to identify opportunities to improve the school health promotion offer

AIMS AND SCOPE

The aims of this health needs assessment (HNA) were to:

1. Develop an understanding of school-based health promotion and how to translate evidence into practice in the local context.
2. Understand the needs of school-aged children and young people in Southwark which can be met by school-based interventions.
3. Assess the current school health offer and the extent to which it meets the identified needs.
4. Identify opportunities to improve the school-based health promotion offer, so that it is better targeted towards need.
5. Make evidence-based recommendations for a strategic vision of school-based health promotion in Southwark.

The scope of this review with include:

- Health and wellbeing needs of children and young people that are amenable to school-based interventions
- Safeguarding and vulnerable groups

Although childhood immunisations and vision and hearing screening form a part of the Healthy Child Programme 5-19 years, they are delivered by external partners and will be out of the scope of this health needs assessment. The commissioning and delivery of the vision and hearing screening programme will be explored in more detail in a future project.

The review will explore the health and wellbeing needs of children and young people in the school setting

INTRODUCTION

The impact of childhood experiences on health status later in life is well documented. Additionally, there is a strong link between children's health status and their capacity to learn. Creating positive and healthy school environments can therefore have significant benefits in improving health, wellbeing, academic achievement and reducing inequities.¹

The Southwark Five Year Forward View² sets out Southwark Council and NHS Southwark CCG's joint ambition of improving the way that the local health and social care system operates to bring about better outcomes. This requires:

- Stronger emphasis on prevention and early intervention.
- Joint commissioning budgets and contracting arrangements to incentivise system-wide improvement and shared accountability.
- Moving towards population based inclusive contracts and greater emphasis on outcomes for defined segments of the population – population segmentation and outcomes-based commissioning has been proposed as one method.

Southwark Council and NHS Southwark CCG are exploring ways to deliver the Southwark Five Year Forward View for school-aged children and young people (CYP) in Southwark. This includes identifying and removing duplication, exploring models of integrated and locality-focused services to streamline and improve provision for children and young people, and better aligning provision to need. Public Health have undertaken this assessment as the lead agency for the Healthy Child Programme 5-19 years.

References

1. Langford et al. (2014) The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement (Review). Cochrane Database of Systematic Reviews 2014, Issue 4.
2. Southwark Council and NHS Southwark CCG (2015) Southwark Five Year Forward View: A local vision for health and social care: 2016/17 to 2020/21

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The Healthy Child Programme (5-19 years) provides national guidance for CYP health and wellbeing

NATIONAL POLICY CONTEXT

A number of key national policy documents set out the case for school-based health promotion, provide examples of best practice and emphasise the important role of school nursing. These are summarised below:

“Healthy Child Programme (HCP) From 5-19 years old (2009)”¹ is a national public health programme for CYP

- A good practice guide which provides a robust evidence-based framework of universal and progressive services.
- All CYP and their families who are resident or attending school in the local authority area should receive the Healthy Child Programme.
- HCP should be delivered by a multidisciplinary HCP team across localities, including primary care, the Schools Health Team, sexual health service, mental health workers, immunisation teams and safeguarding professionals.
- It is recommended that HCP is delivered in schools by Schools Health Teams with school nurses at their core, working with and supporting educational colleagues, in individual schools, in clusters of schools and across localities

“Getting it right for children, young people and families (2012)”² sets out the fundamental roles of the school nurse:

- Leading, delivering and evaluating preventative services and universal public health programmes (as set out in the HCP) for school-aged CYP;
- Delivering evidence based approaches and cost effective programmes or interventions that contribute to CYP’s health and wellbeing;
- Supporting a seamless transition into school, from primary to secondary school and transition into adulthood;
- Managing the interaction between health and education;
- Leading support for CYP who have complex and/or additional needs;
- Identifying CYP in need of early help and where appropriate providing support to improve their life chances and prevent abuse and neglect;
- Contributing as part of a multi-agency team, to the response for CYP and families who have multiple problems.
- Provides a new service model for school nursing, which is co-produced with children, young people, parents and professionals, consisting of four tiers of service with safeguarding as a theme through all levels (Figure 1).

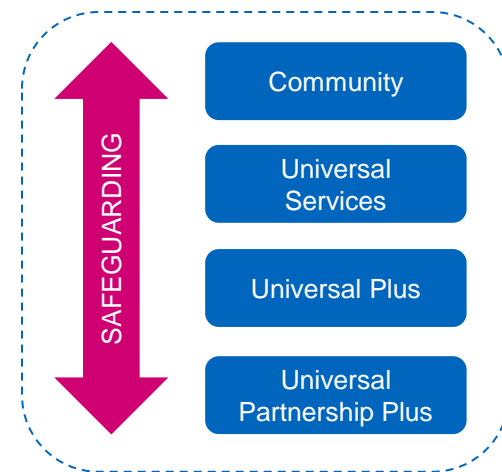


Figure 1: The 4-tiered service model for school nursing

References

1. Department for Health (DOH) Healthy Child Programme – From 5-19 years old. 2009
2. DOH (2012) Getting it right for children, young people and families – maximising the contribution of the school nursing team: Vision and Call to Action.

Public Health England has provided guidance on the commissioning and delivery of the HCP

NATIONAL POLICY CONTEXT

“Guidance to support the commissioning of the Healthy Child Programme 0-19” (2016)¹ supports local authorities in commissioning public health services for CYP and delivering the HCP.

It proposes a model of service for school nursing consisting of the following:

4 Levels of Service

Community
Universal
Universal plus
Universal partnership plus

5 Health Reviews

4-5 year old
10-11 year old
12-13 year old
School leavers – post 16
Transition to adult services

6 High Impact Areas

1. Building resilience and supporting emotional wellbeing
2. Keeping safe – managing risk and reducing harm
3. Improving lifestyles
4. Maximising learning and achievement
5. Supporting additional health and wellbeing needs
6. Seamless transition and preparing for adulthood

“Improving young people’s health and wellbeing – a framework for public health” (2014)²

- This document sets out a new way of thinking about young people’s health, taking an asset-based approach and focusing on wellbeing and resilience.
- It recommends a holistic health and wellbeing offer which addresses all factors affecting the young person rather than single health issues.
- The offer should focus on prevention and support to help build CYP’s resilience and life skills working with others including schools, families and communities.

References

1. Public Health England (2016) Guidance to support the commissioning of the Healthy Child Programme 0-19: health visiting and school nursing services (commissioning guide 1 and 2)
2. PHE (2014) Improving young people’s health and wellbeing – a framework for public health

The Healthy Schools London awards scheme promotes a whole school approach to health and wellbeing

LOCAL POLICY CONTEXT

The Southwark's Children and Families Trust is the main partnership between key agencies providing services for CYP and their families in Southwark.

The Trust published the updated Children and Young People's Plan for 2013-18, which sets out three areas for local transformation:

1. **Best start** – Children, young people and families access the right support at the right time, from early years to adolescence
2. **Safety and stability** – Our most vulnerable children, young people and families receive timely, purposeful support that brings safe, lasting and positive change
3. **Choice and control** – Children and young people with a special educational need or disability and their families access a local offer of seamless, personalised support from childhood to adulthood

However, the Children and Young People's Plan does not contain specific recommendations on health and wellbeing, which is reflected in the lack of health representation in the scorecard of performance measures with which the Trust will hold services and the system to account.

The Healthy Schools London (HSL) awards accreditation scheme was launched in April 2013 and coordinated by the Greater London Authority (GLA) to promote the whole school approach to health and wellbeing improvement.

- The aim of HSL is to encourage schools to improve their environments, support pupils to develop healthy behaviours, reduce health inequalities and ultimately improve educational attainment.
- The scheme seeks to help schools develop their health and wellbeing policies and recognise health promoting activities through a system of awards – Bronze, Silver and Gold.
- In Southwark, HSL is coordinated and delivered by the Southwark Healthy Schools Partnership, which promotes, recruits and supports schools to achieve Healthy Schools status, working closely with partner agencies, the voluntary sector and providers.
- HSL takes a school-led approach, which encourages schools to take ownership of the programme, with freedom to develop the areas of most concern to them.

References

1. Southwark Council (2016) Southwark's Children and Families' Trust: Children and Young People's Plan 2013-2018.
2. <http://www.healthyschools.london.gov.uk/> accessed 05/06/2017

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Southwark has a large and diverse population of children and young people

THE PICTURE IN SOUTHWARK

Children and young people (CYP) under the age of 20 years make up 22.6% of the population of Southwark

- Approximately 21,000 children aged 5-10 years
- Approximately 27,000 children aged 11-19 years

The population of CYP in Southwark is diverse, with over 60% from Black or other ethnic minority group

- 31% are from Black ethnic group
- 13% are from a mixed ethnic group
- 12% are from Asian ethnic group
- 8% are from other ethnic group

Southwark's population of CYP is also more deprived than the London regional average

- 23% of pupils attending a state funded primary, secondary or a special school are eligible for and claiming free school meals
- Southwark is ranked in the 2nd highest quintile in England for deprivation, for both primary and secondary school aged children.
- Around 15,000 children (28%) in Southwark aged under 16 live in low income families

Figure 2: Proportion of CYP in Southwark by ethnic group, 2014

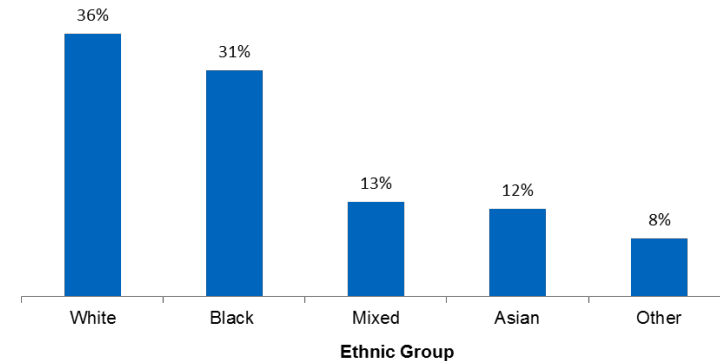
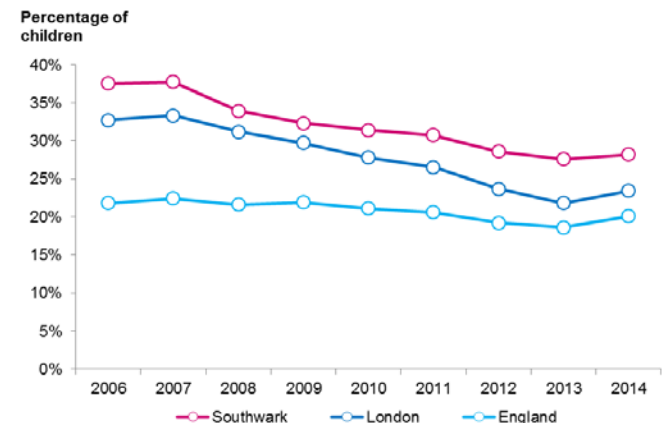


Figure 3: Children under 16 living in low income families



References

1. Office for National Statistics – Mid-Year Population Estimates 2015
2. Child and Maternal Health Intelligence Network – School-aged children, key indicators. Accessed 19/4/2017
3. Department for Communities & Local Government – Indices of Deprivation 2015
4. Department for Education – Schools, Pupils and their Characteristics: January 2016
5. HM Revenue and Customs. Personal tax credits: Children in low-income families local measure.

There are many vulnerable groups of CYP with greater risk of health and wellbeing needs

VULNERABLE GROUPS

There are many vulnerable groups of children and young people who may be disengaged and disadvantaged, with greater risk of health and wellbeing needs. These include:

- Looked after children, Children in Need and children with Child Protection Plans
- Children living in poverty
- CYP with Special Educational Needs and Disabilities (SEND)
- Young carers
- Young people with medical needs and long term conditions
- Children Missing Education (CME) and home educated children

- Excluded pupils and those at risk of exclusion
- Gypsy, Roma and Traveller pupils
- Asylum seekers, refugees and new migrants
- Young offenders
- Young people not in Education, Employment or Training (NEET)
- Teenage parents
- CYP who are lesbian, gay, bisexual, transgender, queer or questioning and intersex (LGBTQi)

This is not an exhaustive list of at-risk groups and while it is important that all vulnerable groups are given due consideration, this HNA was not able to include all of them.

- The vulnerable groups in the pink box are discussed in greater detail in the following slides as they have been identified to be of greater significance in Southwark.
- Focused health needs assessment are planned for the Young Offenders and children with SEND, which will interrogate their specific health and wellbeing needs further

Southwark has a high proportion of the most vulnerable children in society

VULNERABLE GROUPS – LOOKED AFTER CHILDREN

Children in care are children under 18 years who are looked after by the local authority (including adoption and care leavers)

- Rate of children in care in Southwark in 2016 was 75 per 10,000 children, which is significantly worse compared to the inner London regional average, making Southwark the third worst inner London borough.
- Nationally, school attainment for looked after children is much lower compared with non-looked after children at all key stages.
- Looked after children are almost 10 times as likely to have a statement of special educational need or an education, health and care plan (EHC) than all children.
- Looked after children with a statement or EHC plan are more than twice as likely to have social, emotional and mental health needs.

Children in need are those under 18 years who have been referred to the local authority and have been assessed to be in need of services

- In 2015/16, there were 3,339 children in need in Southwark, which equates to 5.3% of all children under 18.
- In nearly half of the cases, the primary need is neglect/abuse.
- Children in need also have lower school attainment compared to non-looked after children.

There are 284 children in Southwark with a Child Protection Plan in 2015/16

- Most common latest category of abuse is neglect for nearly 50%, followed by emotional abuse.

Figure 4: Rate of looked after children under 18 years

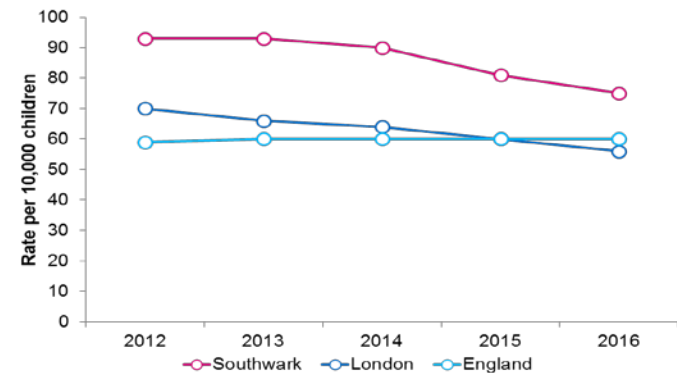
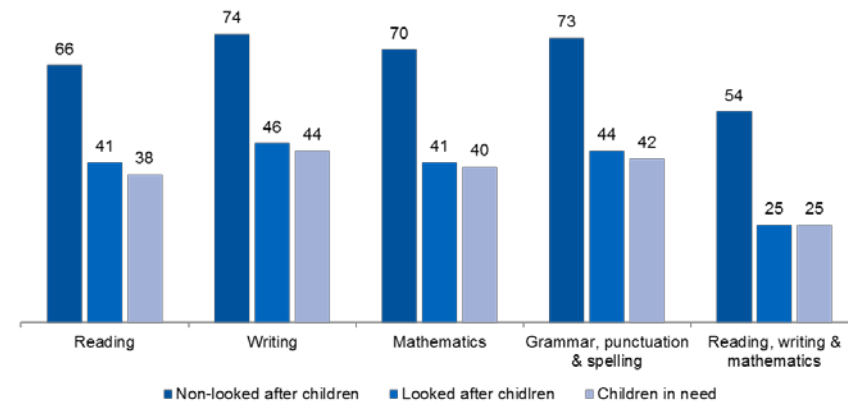


Figure 5: Percentage of children reaching the expected standard or above at key stage 2



References

1. Department for Education (DfE). Children looked after in England <https://www.gov.uk/government/collections/statistics-looked-after-children>
2. DfE. Outcomes for children looked after by local authorities in England, 31 March 2016.
3. DfE. Statistics: children in need and child protection <https://www.gov.uk/government/collections/statistics-children-in-need>

Child poverty is rising with significant and long lasting impacts on children's education and health

VULNERABLE GROUPS – CHILD POVERTY

Child poverty is an important issue for public health. The Government in 2011 set out the approach to tackling poverty for this Parliament and up to 2020¹. This strategy met the requirements stipulated in the Child Poverty Act 2010, focussed on improving the life chances of the most disadvantaged children, and sat alongside the Government's broader strategy to improve social mobility.

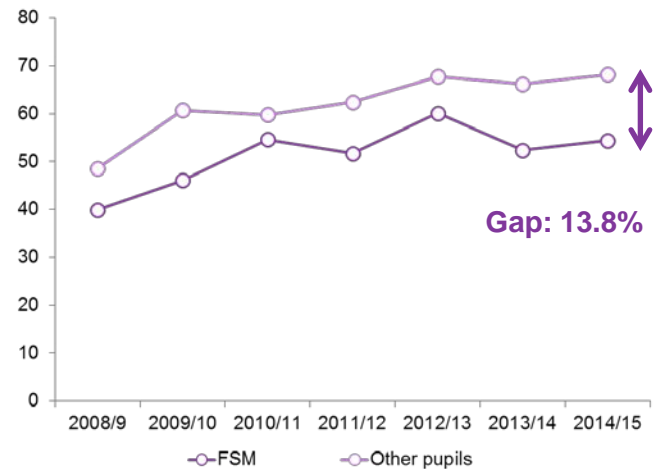
However, despite national efforts to move families above the relative income line, child poverty in the UK has actually increased in absolute terms since 2010/11 from 3.6 million to 4 million in 2015/16². In Southwark, it is estimated that 37% of our children were living in poverty after housing costs in 2015, which equates to approximately 21,000 children³.

Child poverty can have significant and long lasting impacts on children's health and wellbeing:

- Children eligible for free school meals (a proxy) are less likely to achieve 5 GCSEs at C or above compared to other pupils. The gap in Southwark is 13.8% which has remained largely stagnant since 2008 (Figure 6).
- Children living in poverty in the UK are more likely to die in the first year of life, become overweight or obese, have tooth decay and suffer from chronic long-term conditions such as asthma and mental illness.
- This inequality persists through the life course, and contributes to the gap in healthy life expectancy that exists between the most deprived and the least deprived. In Southwark, this gap is 9.4 years for men and 10.4 years for women.

In addition, children from families with no recourse to public funds (such as asylum seekers) are at increased risk of poverty as they are unable to access welfare benefits, homelessness assistance, social housing and, in cases, employment.

Figure 6: Percentage of pupils achieving 5+ A*-C grades including English & Maths GCSEs



References

1. HM Government (2011) A new approach to child poverty: tackling the causes of disadvantage and transforming families' lives
2. Department for Work and Pension (DWP) Households Below Average Income, 1994/95 to 2015/16: Children Summary
3. End Child Poverty: Children in poverty, Oct-Dec 2015 estimates; ONS – Mid-year population estimates 2015 (under 16s)
4. Department for Education (DfE). GCSE and equivalent results in England 2008/9 – 2014/5 (Revised)
5. Wickham S, et al. Poverty and child health in the UK: using evidence for action. Archives of Disease in Childhood 2016;101:759-766.
6. PHE Public Health Profiles, indicator 0.2vi – SII in healthy life expectancy based within local authorities 2009-2013.

Despite a stable prevalence, there has been an increase in the number of children with complex SEND

VULNERABLE GROUPS - SEND

While there has been a substantial long-term reduction in the proportion of children identified as having special educational needs and disabilities, recent figures show the number of children with the most complex needs (those with EHCPs), has been increasing.

- There has been a long-term reduction in the prevalence of SEND in Southwark, from 24.5% to 17.0%. Figures for 2017 show that 8,145 children in the borough were identified as having SEND
- This may be related to a number of factors, including more accurate identification of those who have SEND, and those who do not, following a Ofsted review in 2010, and reforms implemented in 2014.
- While the proportion of children with EHCPs has remained stable in recent years, the number of these complex children has increased due to a rising population. This places significant demand on services across the system, including education, health and social care.
- The remaining children with lower-level SEND (83%) receive special educational needs (SEN) support from the local authority through notional SEN funding. In terms of health, the needs of this cohort are not vastly different from other children in Southwark and should be met as part of the Healthy Child Programme. However, some children with SEND may be at higher risk of mental health problems and may suffer from long term conditions – both are discussed later in this HNA.
- A more detailed Joint Strategic Needs Assessment of children with SEND is currently in progress.

Figure 7: Percentage of children with SEND

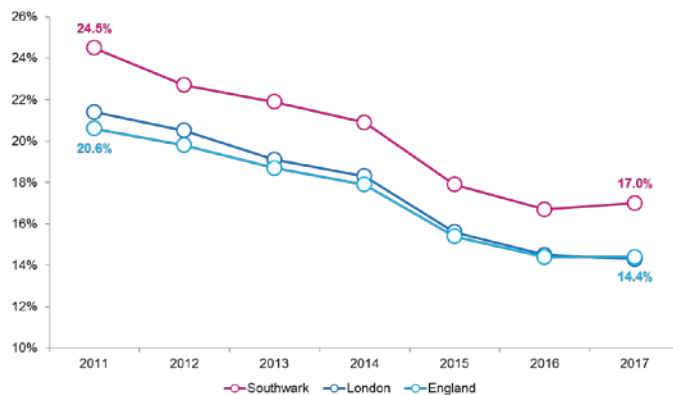
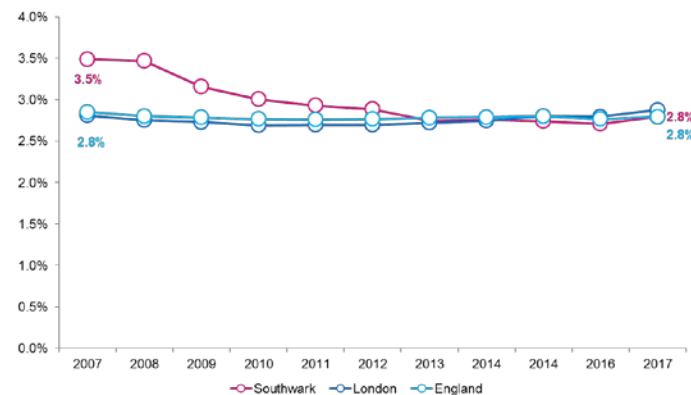


Figure 8: Percentage of children with a statement or EHC plan



References

1. Department for Education. Special Educational Needs: January 2017
2. Department for Education. Statistical Release – Children with Special Educational Needs 2014: An Analysis
3. Engagement with SEND team

There are approximately 2,400 young carers in Southwark who may have health and wellbeing needs

VULNERABLE GROUPS: YOUNG CARERS

The 2011 Census showed that there are approximately 2,400 young carers less than 25 years old in Southwark. Young carers are often school-aged children who may provide care for their parents, family members and siblings as a result of long term illness or disability.

- The 2016 Schools Health Education Unit (SHEU) survey in Southwark reports that 25% of Year 6 pupils said they care for someone at home on a regular basis; 10% of whom said that this stopped them doing things that they want to enjoy.
- Young carers are more likely to be from Black, Asian or minority ethnic groups.
- The demands of caring can have long-term impact on young carers' health, wellbeing and future prospects. They are more likely to have a SEND, have significantly lower educational attainment at GCSE level, and to not be in education or training between the ages of 16-19 years.

In Southwark, the Joint Carers' Strategy 2013-2016 was developed in response to the detailed analysis of carers in the borough and shaped by the changing policy framework in which services are commissioned such as the Care Act 2014 and the Children and Families Act 2014. The strategy demonstrates a priority in supporting young carers and protecting them from caring which harms their wellbeing and development.

Imago is commissioned by Southwark Council to provide support to young carers. In the past year, Imago has supported 288 young carers, 88% of whom are 16 years or younger.

- The most common primary conditions needing care are disability, long term health condition, and mental health.
- The majority provide 1-19 hours of care per week; however there are 11 young carers who provide 40-50 hours.
- Imago visits each young carer referred to the service, assessing their risk of inappropriate caring and the impact of their caring responsibilities on their health and wellbeing.
- Referrals are usually made by schools, Early Help Localities Service and social care; however nearly a quarter are self-referrals by young carers or their parents. GPs rarely make referrals to this service, which is an area that should be improved.
- A diverse range of interventions are provided for the young carers, which are child-centred and child-led; including resilience building, cookery lessons, first aid and medication help, homework skills, money management and disorder specific support.
- Young adult carers aged 18-24 are given support with education, training and career planning.

References

1. Office for National Statistics - 2011 Census
2. SHEU. Supporting the health and wellbeing of children and young people in Southwark. 2016
3. Children's Society – Hidden from View
4. Data from Imago 2016/17

Hospital admission rates for asthma and epilepsy in CYP is higher in Southwark than the London averages

VULNERABLE GROUPS - LONG TERM CONDITIONS

Since 2014, school governing bodies have a statutory duty to support children at school with medical conditions, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

- School policy should be developed to ensure this, which includes the development of individual healthcare plans (along with parents and healthcare professionals), ensuring adequate training of staff to implement the policy and deliver against all individual health plans, including in contingency and emergency situations.
- Common long term conditions requiring input from schools in Southwark include asthma, epilepsy, type 1 diabetes, allergies and sickle cell anaemia.
- In Southwark, the unplanned hospital admission rates for asthma and epilepsy in children under 19 years are higher than London averages, suggesting a need for better management of these conditions in the community, including schools.

The Department for Education's guidance advises that school nurses have a major role to play in supporting schools to provide a safe environment for children with medical conditions:

- They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school (along with parents).
- They may support school staff on implementing a child's individual healthcare plan and provide advice and liaison.
- They may liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Figure 9: Hospital admission rate for asthma, under 19 years

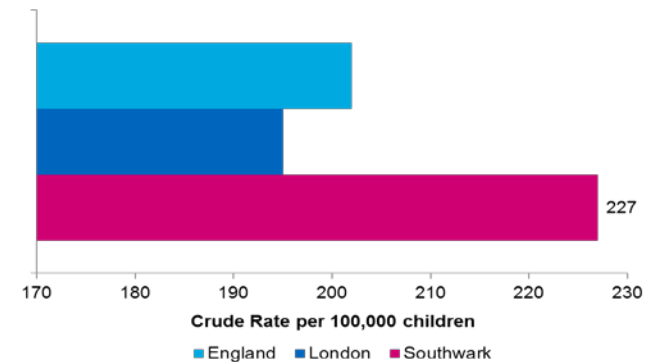
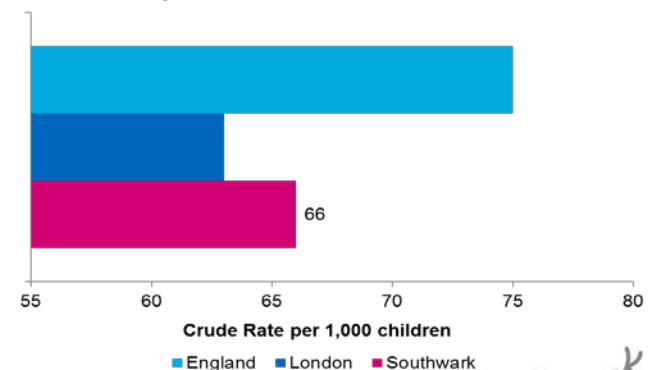


Figure 10: Hospital admission rate for epilepsy, under 19 years



References

1. Department for Education (2015) Supporting pupils at school with medical conditions
2. PHE Fingertips – Child Health Profiles and Children's and Young People's Mental Health and Wellbeing

There is a significant gap in the health offer for home educated children and children missing education

VULNERABLE GROUPS - HOME EDUCATED CHILDREN

There are approximately 100 home educated children in Southwark. However, there is no statutory guidance which states that parents have to notify the local authority of their intention to home educate their children, therefore the actual number of home educated children in Southwark may be higher.

- Parents are encouraged to submit a proposal to the local authority detailing their plans to educate their children and how they will achieve this. The home education team will also arrange an annual review.
- However, parents do not have to conform to any of these guidelines and do not have to provide any evidence of what educational input they are offering.
- Very few of the families electively home school for philosophical reasons or personal preference. The majority of families are considered vulnerable and to some degree 'hidden' from most of the statutory services; this may also represent a safeguarding risk.
- A significant number of children have special educational needs; and some parents felt forced to take their children out of school due to emotional and behaviour problems such as anxiety and bullying. This means that this group of children with a SEND may not have their needs identified in a timely way. Potentially, these children may also have health needs that are not addressed.

Children who are thought to be missing in education (CME) are referred to Children's social care and followed up by the Early Help Localities Service. These children may be more vulnerable and at greater risk of threats such as child sexual exploitation and gang involvement. As a result, monitoring, reporting and follow up is more rigorous with this cohort to ensure safeguarding responsibilities.

Currently, home educated children have almost no access to health promotion services, which may exacerbate existing health inequalities experienced by this cohort of children.

- They are not receiving the universal offers promoted by the Healthy Child Programme.
- School nurses are not made aware of home educated children; they are also not currently commissioned to work with home educated children and may not have the capacity to do home visits or ensure health promotion offer is delivered effectively.
- The only access to health services is through safeguarding, CAMHS involvement and normal primary care routes. There are no proactive or preventative activities for this cohort of children.
- The home education team are not aware of health promotion services that are available to school educated children, including school nursing and the healthy weight specialist nurse, and the team are keen for better information and signposting to health services.
- A multi-agency audit of home education and CME was undertaken in 2015 by Southwark Safeguarding Children's Board (SSCB) which reported similar findings and recommended better communication and information sharing between all agencies and partners.

References

1. Engagement with Home Education team – Nusrat Bashir-Dar
2. Engagement with health lead for Children Missing Education – Jeanette Gyasi
3. Engagement with School Nursing team
4. Southwark Safeguarding Children's Board Multi-Agency Home Education and Children Missing Education audit – October 2015

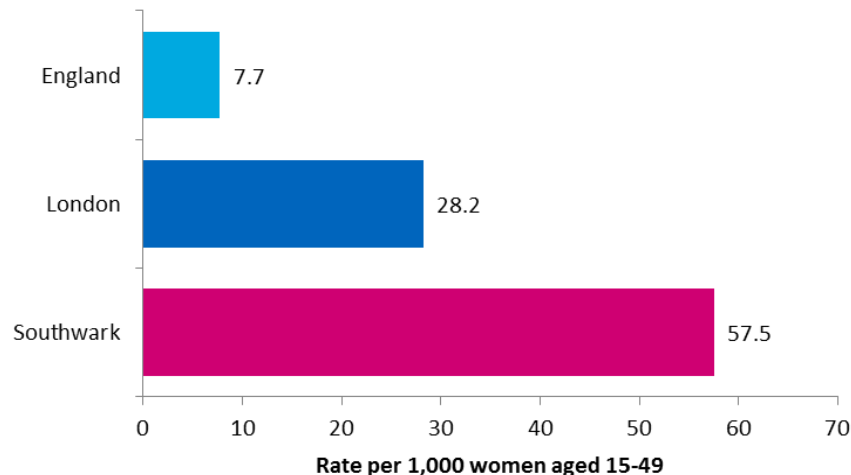
Estimated prevalence rate of FGM in Southwark is more than 7 times higher the national rate among 15-49 year olds

FEMALE GENITAL MUTILATION

Female Genital Mutilation (FGM) is defined by the World Health Organisation as “*all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons*”

- Not all cases of FGM are known to services. The estimated prevalence of FGM in the borough suggests that over 7,000 females in Southwark may be affected.
- Of these, over 5,300 are girls and women aged between 15-49.
- Procedures are mostly carried out on young girls between infancy and adolescence.

Figure 11: Prevalence rate of women aged between 15-49 years old, 2015



- In 2015/16, 53% of new cases in Southwark were from women born in Eastern Africa, including Ethiopia, Eritrea and Somalia.
- Of the 290 cases identified in Southwark in 2015/16, when recorded, only 15 were referred from a GP. The majority of cases are identified as a result of pregnancy.
- Latest data shows an increase in proportion of women who are being advised on the health implications of FGM, from 29% in April-June 2016 to 39% in the final quarter of 2016.

References

1. City University. Prevalence of National and Local FGM estimates; Dr Alison McFarlane. July 2015

Tooth decay is the top cause of hospital admissions for five to nine year olds, yet it is largely preventable

DENTAL HEALTH

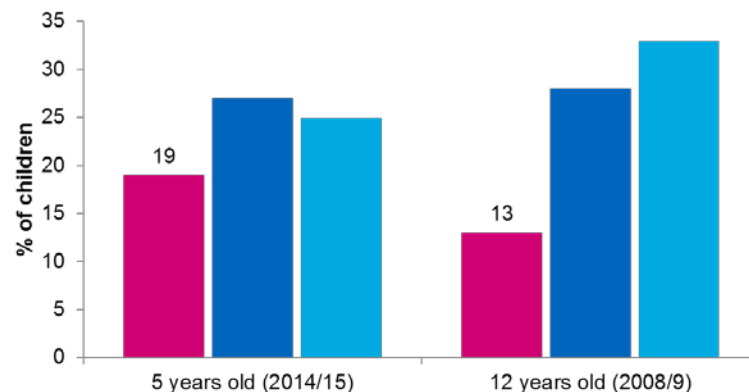
Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable through diet and good oral hygiene.

- Poor oral health can affect children and young people's ability to sleep, eat, speak, play and socialise with other children. Other impacts include pain, infections, poor diet and impaired nutrition and growth
- Dental decay is the top cause of hospital admission for five to nine year olds.
- In 2015/16, there were more than 40,000 hospital operations to remove teeth in under 18's in England, costing hospital trusts more than £35.6 million.
- In these cases, tooth decay is too advanced to be treated by a dentist alone in primary care. Instead, hospital treatment under general anaesthesia is required, which is itself associated with morbidity and risk of mortality.
- In addition, there is significant inequalities in oral health, with children in deprived communities having poorer oral health than those living in more affluent communities.
- Dental health is therefore a good proxy measure of overall child health and diet.

In Southwark, 19% of five-year-olds (in 2014/15) and 13% of twelve-year-olds (in 2008/9) have one or more decayed, missing and filled teeth. Both are significantly lower than London and national averages.

- However, the SHEU survey in 2016 found that for primary school children in year 4 and 6, 18% said they had never been to the dentist or had been more than a year ago.
- Only 88% of pupils said that they cleaned their teeth at least twice the day before the survey.
- For secondary school children in year 8 and 10, only 79% of pupils said they cleaned their teeth at least twice the day before (compared with 84% of the wider reference sample).

Figure 12: Proportion of children with one or more decayed, missing and filled teeth



References

1. Faculty of Dental Surgery (2015) The state of children's oral health in England
2. Local Government Association (2016) Tackling poor oral health in children: local government's public health role
3. PHE National Dental Epidemiology Programme for England: oral health of survey of five-year-old children 2015
4. NHS Dental Epidemiology Programme for England: oral health survey of 12-year-old children 2008/2009
5. SHEU. Supporting the health and wellbeing of children and young people in Southwark. 2016

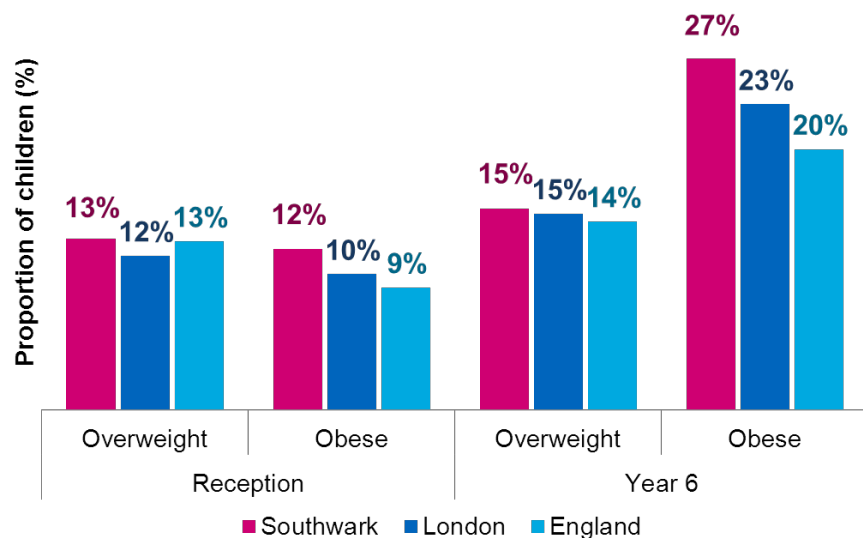
■ Southwark ■ London ■ England

Child obesity and excess weight in Southwark is significantly above the London and national averages

HEALTHY WEIGHT

- Southwark is ranked fifth for excess weight and fifth for obesity in Reception and Year 6 children in London
- There has been no statistically significant change in the prevalence of excess weight or obesity in Southwark since the National Child Measurement Programme (NCMP) began

Figure 13: Prevalence of overweight and obese children in Reception and Year 6



- Fewer than three in 10 children in Reception are overweight or obese (excess weight). By Year 6 this increases to more than 4 in 10 children
- Excess weight is highest among children from Black or Black British ethnic backgrounds, and lowest among children from Chinese ethnic backgrounds
- Excess weight is significantly higher among deprived communities, and the association increases with age
- Despite the high prevalence of excess weight, only 7% of primary school children said they had used a health service to help them reduce weight

References

1. National Child Measurement Programme (NCMP) 2015-16
2. SHEU. Supporting the health and wellbeing of children and young people in Southwark. 2016

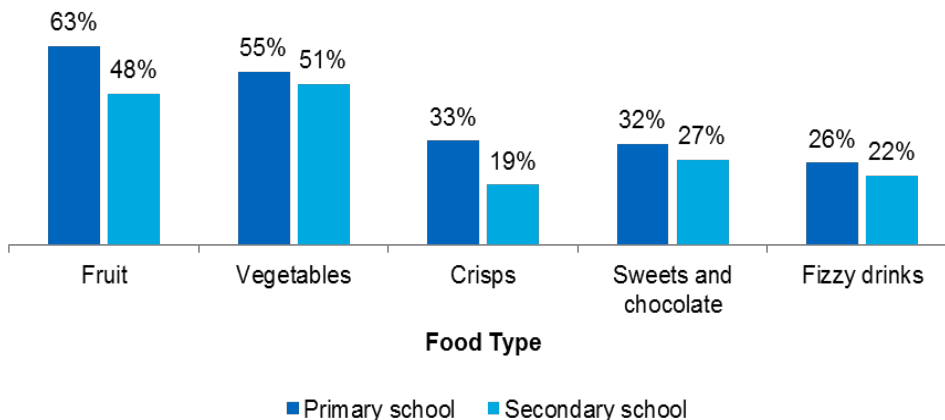
Fruit and vegetable intake among children in Southwark is low and decreases with age

NUTRITION

Fruit and vegetable intake among children in Southwark is low, and decreases from primary to secondary school age

- SHEU survey in 2016 reports that among primary school children (Year 4 and 6), 63% ate fruit 'on most days' and 55% had vegetables. Among secondary school children (Year 8 and 10), this proportion decreases to 55% and 51% respectively.
- Meanwhile, intake of crisps, sweets and fizzy drinks is higher in primary school children.
- Fruit and vegetable intake has increased between the 2014 and 2016 SHEU surveys, however intake of junk food has increased in primary school children and remained largely the same in secondary school children.

Figure 14: Proportion of children eating food types 'on most days' (school stage)



Take away food is popular among both primary and secondary school children

- 26% of primary school children reports having take-away food 'on most days' or 'every day'
- 6% of secondary school children said they bought their lunch from a takeaway or shop

References

1. SHEU. Supporting the health and wellbeing of children and young people in Southwark. 2016

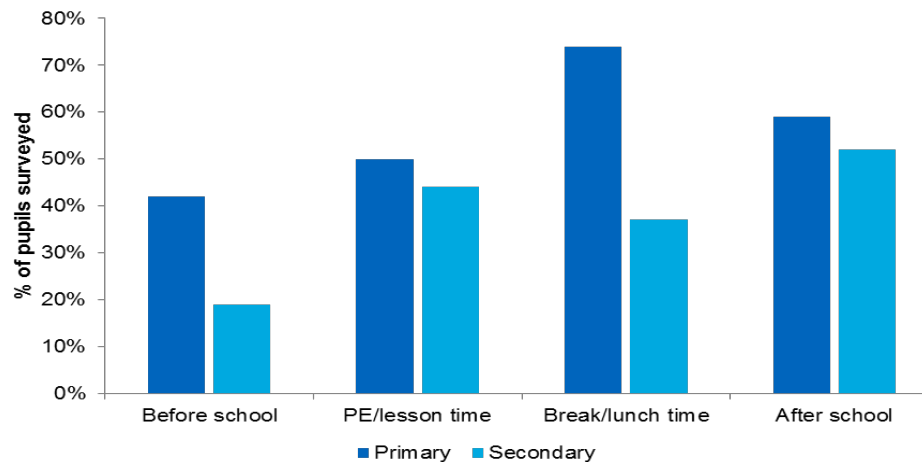
Level of physical activity reduces from primary to secondary school children

PHYSICAL ACTIVITY

Physical activity is enjoyed by the majority of children, however provision of activity in school hours is limited and decreases from primary to secondary school age.

- The 2016 SHEU survey showed that 83% of boys and 66% of girls in secondary school said that they enjoy physical activity 'quite a lot' or 'a lot'.
- 74% of primary school pupils did something active during break/lunch time 'most' or 'every day' in the last week. This decreases significantly to only 37% in secondary school pupils.
- During PE/lesson time, 50% of primary school pupils said that they did something active 'most' or 'every day' in the last week, which decreases to 44% in secondary school pupils.

Figure 15: Proportion of children reporting doing something active 'most' or 'every day' in the last week



References

1. SHEU. Supporting the health and wellbeing of children and young people in Southwark. 2016

Mental health disorders are particularly common among vulnerable groups of children and adolescents

MENTAL HEALTH AND WELLBEING

Nationally 1 in 10 children and young people aged 5-16 have a clinically diagnosed mental health disorder. In Southwark, this equates to:

- 1,460 children with emotional disorders such as depression and anxiety.
- 2,300 children with conduct disorders such as oppositional defiant disorder and socialised conduct disorder.
- 650 children with hyperkinetic disorders including attention deficit hyperactivity disorder (ADHD).

There is a higher risk of mental health disorders for the most vulnerable children:

- It is estimated that 95% of imprisoned young offenders have a mental health disorder, many of whom have more than one disorder.
- For looked after children, who are some of the most vulnerable individuals in our society, the prevalence of behavioural or emotional problems is estimated to be as high as 72%

Bullying is a significant issue in schools. The 2016 SHEU survey found that:

- Around 30% of year 4 and 6 children reported being bullied in the last 12 months and 16% said they were often or very often afraid to go to school because of bullying
- Around 12% of year 8 and 10 children reported being bullied in the last 12 months and around 5% said they were often or very often afraid to go to school because of bullying
- For all age groups, the way they looked was the top reason for being picked on or bullied

References

1. Public Health England (PHE) Fingertips – Child Health Profiles and Children's and Young People's Mental Health and Wellbeing
2. ONS (2004) Mental health of children and young people in Great Britain
3. ONS (1997) Psychiatric morbidity among young offenders in England and Wales
4. Sempik, J. et al (2008) Emotional and behavioural difficulties of children and young people at entry into care. *Clinical Child Psychology and Psychiatry*, 13 (2), pp. 221-233.
5. SHEU. Supporting the health and wellbeing of children and young people in Southwark. 2016

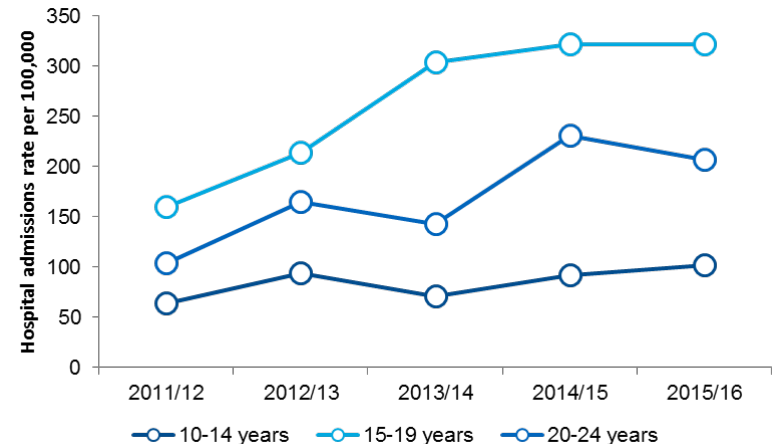
Increasing burden of mental ill-health in children and adolescents has led to high rates of hospital admissions

MENTAL ILLNESS ADMISSIONS

In Southwark, the rate of hospital admissions for mental health disorders among children and adolescents are on the rise:

- There were 90 hospital admissions for mental health conditions among Southwark's children aged 0-17 years in 2015-16. This makes Southwark the 3rd worst borough in London and significantly worse than the national average.
- The rate of hospital admissions due to substance misuse in 15-24 year olds has more than doubled from 30 per 100,000 population in 2011 to 64 in 2015.
- Around 1 in 10 young people will self harm at some point, with girls more likely to self harm than boys. Research in this area is generally based on surveys of those who seek support / treatment after harming themselves, and so are likely to underestimate how common self harm is.
- The rate of hospital admissions due to self-harm among young people in Southwark is increasing, and particularly high for those aged 15-19 years.

Figure 16: Hospital admission rates for self-harm per 100,000 population, by age



References

1. PHE Fingertips – Child Health Profiles and Children's and Young People's Mental Health and Wellbeing; Healthcare
 2. Royal College of Psychiatry (2014) Self Harm www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx
- Note: Self harm is coded separately to mental and behavioural disorders.

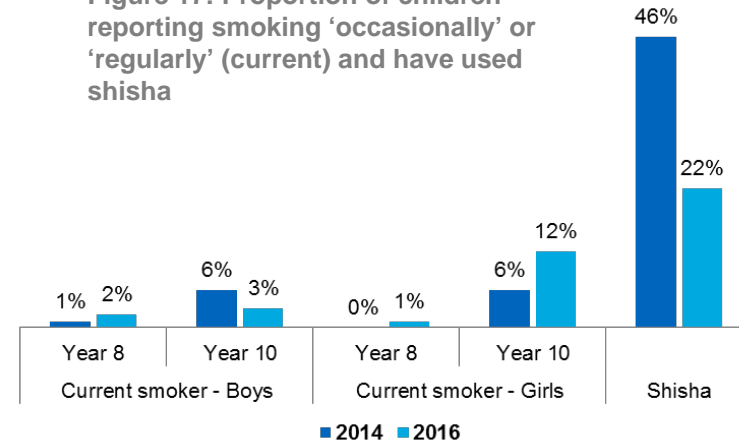
Tobacco smoking in Southwark is low, however use of shisha and cannabis remains problematic

LIFESTYLE RISK FACTORS

Smoking prevalence in CYP is difficult to estimate but surveys suggest it is lower than regional and national averages

- The national *What About YOUth* (WAY) survey in 2014 found that 4.5% of 15 year olds surveyed in Southwark were current smokers (occasional and regular). This is lower than the London average of 6.1% and national average of 8.2%
- The SHEU survey in 2016 found that 12% of Year 10 girls and 3% of Year 10 boys smoke 'occasionally' or 'regularly'. Smoking in Year 10 girls has significantly increased between 2014 and 2016.
- Use of shisha is significantly higher than tobacco smoking in secondary school children. Those that smoke shisha are also more likely to be offered cannabis.

Figure 17: Proportion of children reporting smoking 'occasionally' or 'regularly' (current) and have used shisha



Cannabis is the most common type of illegal drug taken by CYP

- WAY survey reports that 6.6% of 15 year olds surveyed in Southwark had taken cannabis in the last month (this is significantly worse than the London average of 5% and England average of 4.6%)
- SHEU survey in 2016 found that 9% of year 10 boys, and 14% of girls reports having ever used cannabis
- The majority of secondary school children found school lessons about drug education useful, although 20% could not remember having any such lesson.

Alcohol consumption by CYP in Southwark is lower than London and England averages

- WAY survey reports that 2% of Southwark's 15 year olds are regular drinkers (at least once a week); while Southwark's under-18 hospital admission rate for alcohol-specific conditions is 15 per 100,000 population. Both metrics are lower than London and England averages.

References

1. What About YOUth (WAY) Survey 2014/15
2. SHEU. Supporting the health and wellbeing of children and young people in Southwark. 2016
3. SHEU. Supporting the health of young people in Southwark. 2014

Under 18 conception rate has reduced by around 70% between 2000 and 2015, but STI rates are rising

SEXUAL HEALTH

Under 18 conception rates are falling nationally and locally

- Southwark rates have reduced by around 67%, from 314 conceptions in 2000 to 101 conceptions in 2015.
- Around 73% of all under 18 conceptions in Southwark lead to abortions compared to national average of 51%.

Sexually transmitted infection (STI) rates in Southwark are among the highest in the country

- The newly diagnosed STI rates* in Southwark residents age 15-24 have increased by 17% between 2012 and 2015, making Southwark the fifth highest for new STI diagnoses across 33 London boroughs in 2015.
- In the same year chlamydia detection rate in Southwark was 4405 versus 2280 in London and 1914 in England per 100,000 people aged 15-24 years.
- High rates of STIs, particularly gonorrhoea and syphilis, reflect high levels of risky sexual behaviour. However, higher uptake of STI testing may have contributed to the rise in diagnosis rate.
- For chlamydia, which is often asymptomatic, achieving higher detection rates actually reflects improved control of infections. Identifying and treating more infections means individuals will have reduced risk of serious sequelae and will no longer be infectious to others.
- In addition, offer of a test normalises testing behaviour for STIs and contributes to young people having better sexual health.

Figure 18: Under 18 conception rates between 2000 and 2015

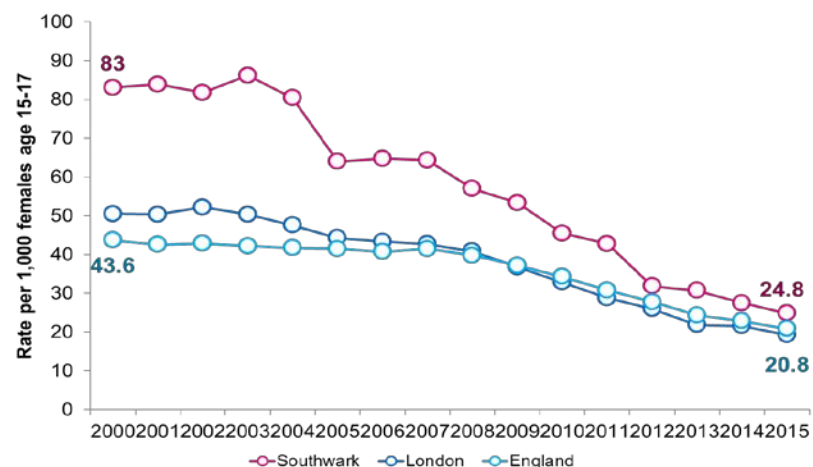


Figure 19: All new STI diagnoses excluding chlamydia



References

- Public Health Outcomes Framework 2016
- PHE (2015) Southwark Local Authority HIV, sexual and reproductive health epidemiology report (LASER): 2015

* Excluding chlamydia

Awareness of common STIs and local sexual health services among year 8 and 10 pupils is relatively low

SEXUAL HEALTH ATTITUDES

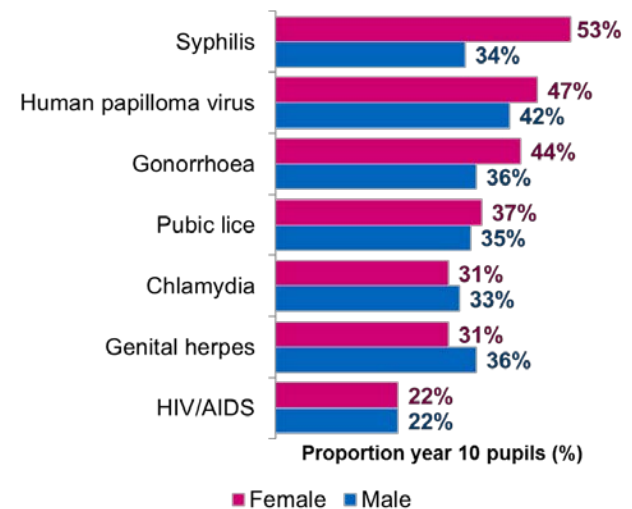
The SHEU survey 2016 revealed important information about sexual health behaviours and relationship attitudes in CYP:

- Overall awareness of sexual health services was poor with only about 9% of pupils in years 8 and 10 reporting being aware that there were special contraception and advice service for young people available locally.
- Only 13% of boys and 8% of girls in year 8 knew where to get condoms free of charge; in year 10 this increased to 62% and 63% respectively.
- Around a third of boys in year 10 reported that they have never heard or know nothing about common sexually transmitted infections .
- A much higher proportion of girls in years 10 reported never hearing or knowing nothing about such STIs like syphilis and gonorrhoea compared to boys.
- About 23% of Year 8 and 10 pupils responded that they have experienced at least one negative behaviour in a relationship with a past or current boyfriend/girlfriend.
- Nearly 15% of Year 8 and 10 pupils responded that they got a message or picture in the last 12 months that scared or upset them, while 2% said this has happened 'several times'.

In 2016, 105 young people participated in Healthwatch Southwark's workshops and surveys around sexual health. Not all participants were Southwark residents, and only 51% attended Southwark schools and colleges. It found that:

- Awareness of where to get free condoms was inconsistent, some respondents said *"We just haven't been educated enough"*.
- While most participants said it was easy for young people to get information about sexual health, some felt they had not even had the basics and several people felt that information was only available to those who actively sought it out.
- When asked whether schools provided good information and education about sexual health 50% agreed, and 41% disagreed (with 9% not being sure). There was a lot of variation in how much sex education different schools had provided – some covered only puberty, while others focused on avoiding pregnancy without much details on STIs.

Figure 20: Proportion year 10 pupils who have never heard or know nothing about common STIs



References

- SHEU. Supporting the health and wellbeing of children and young people in Southwark. 2016
- Healthwatch Southwark - Young voices on sexual health (November 2016)

Schools have a critical role in early intervention and prevention of youth violence

YOUTH VIOLENCE

Youth violence is a rising problem across London, for both young men and women.

- The London Assembly Police and Crime Committee’s investigation into serious youth violence found that in 2015-16 there were 6290 victims of serious youth violence; a 4% increase on the previous year and over a 20% increase on 2012-13.
- An increasing number of young women are victims of serious violence; they represent almost a quarter of all victims, which is a rise of around 58% compared to 2011/12
- A gang element was identified in just under 5% of serious youth violence in 2015-16. It’s clear that serious youth violence is a broader issue than gang involvement and there is suggestion that much of the violent activity involves peer groups, rather than gangs as they are traditionally known.
- Knife crime continues to play a significant part. It is identified in around 50% of all serious youth violence.

In the last ten years (between 2005 – 2015) 185 adolescents were murdered on the streets of London, with almost 20% of these occurring in the boroughs of Southwark and Lambeth.

Oasis Youth Support	March 2016 – April 2017
Referrals	74
Engaged with service	23 (3-4 pending)
Gender	21 male, 2 female
Average age	15
Low risk cases	7
Medium risk cases	4
High risk cases	12
Weapon was used in the incident	12 (8 involved a knife)
Gang involvement	11

Table 1: Oasis Youth Support service 2016-17

- The London Crime Reduction Board (LCRB) has highlighted the critical role of schools in early intervention and prevention. It emphasises that better relationships between schools and community safety partners must be built and access to any prevention programme must be universal.
- Youth workers are supporting young victims of violence in 6 London hospitals, including 4 Major Trauma Centres. This includes St Thomas’ Hospital and King’s College Hospital, the main hospital that serve Southwark. Oasis Youth Support provides violence interventions at St Thomas’ Hospital (see table left of Southwark referrals aged 12-16). Redthread have not provided data.

References

1. Mayor of London. Strategic Ambitions for London: Gangs and Serious Youth Violence. June 2014
2. London Assembly Police and Crime Committee. Serious youth violence. July 2016
3. 13 Citizens Report. (2015). Mapping the Location and Victim Profile of Teenage Murders in London from 2005 to 2015.
4. Engagement with Oasis Youth Support service

Southwark has a large population of children and young people with many health and wellbeing needs

SUMMARY OF LOCAL PICTURE

What Southwark is doing well on:

- Rates of smoking, alcohol consumption and drug misuse are lower in Southwark than London and national averages.
- The proportion of five- and twelve-year-old children having one or more decayed, missing and filled teeth is lower in Southwark compared to London and national averages.
- Chlamydia detection rate is higher in Southwark compared to London and national averages. For a sexually transmitted infection which is often asymptomatic, achieving higher detection rates actually reflects improved control of infections.

What Southwark can improve on:

- In Southwark, the unplanned hospital admission rates for asthma and epilepsy in children under 19 years are higher than London averages, suggesting a need for better management of these conditions in the community, including schools.
- There is a large number of young carers in Southwark who are at risk of inappropriate caring responsibilities, which may have negative impacts on their physical and mental health and wellbeing.
- Home educated children are largely “hidden” from statutory services and have almost no access to health promotion services, which may contribute to existing health inequalities.
- The estimated prevalence of FGM in Southwark is more than seven times higher than the national rate. Although procedures are mostly carried out on young girls, the majority of cases are diagnosed in pregnancy.
- Childhood obesity remains a significant issue in Southwark, particularly among deprived communities. In addition, CYP in Southwark report low fruit and vegetable intake and low provision of physical activities during school hours, which decreases from primary to secondary school age.
- A high burden of mental ill-health in the borough has led to high rates of hospital admissions mental health disorders including substance misuse and self-harm.
- STI rates in 15-17 year olds are rising in Southwark; and awareness of common STIs and local sexual health services among young people is very low.
- Youth violence is a rising problem across London with knife crime playing a significant part. Youth workers are supporting victims in the major trauma centres, however schools have a critical role to play in early intervention and prevention.

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School-based health promotion services in Southwark are provided by a multitude of partners

THE SOUTHWARK RESPONSE

School-based health promotion services for children and young people in Southwark have been delivered through a multitude of stakeholders and partners, these include:

- The Healthy Child Programme 5-19 years, for which the school nursing team is a core delivery partner
- Healthy Schools London (HSL) awards accreditation led by Southwark's Healthy Schools Partnership
- Children and Young People Health Partnership (CYPHP) programme for Southwark and Lambeth
- Children and Adolescents Mental Health Service (CAMHS)
- Southwark's Early Help Localities Service
- Southwark Education team
- Individual schools, for example through PSHE and SRE. In Southwark there are 73 primary and 18 secondary schools, of which 14 are academies. There are 7 special schools and 1 pupil referral unit.

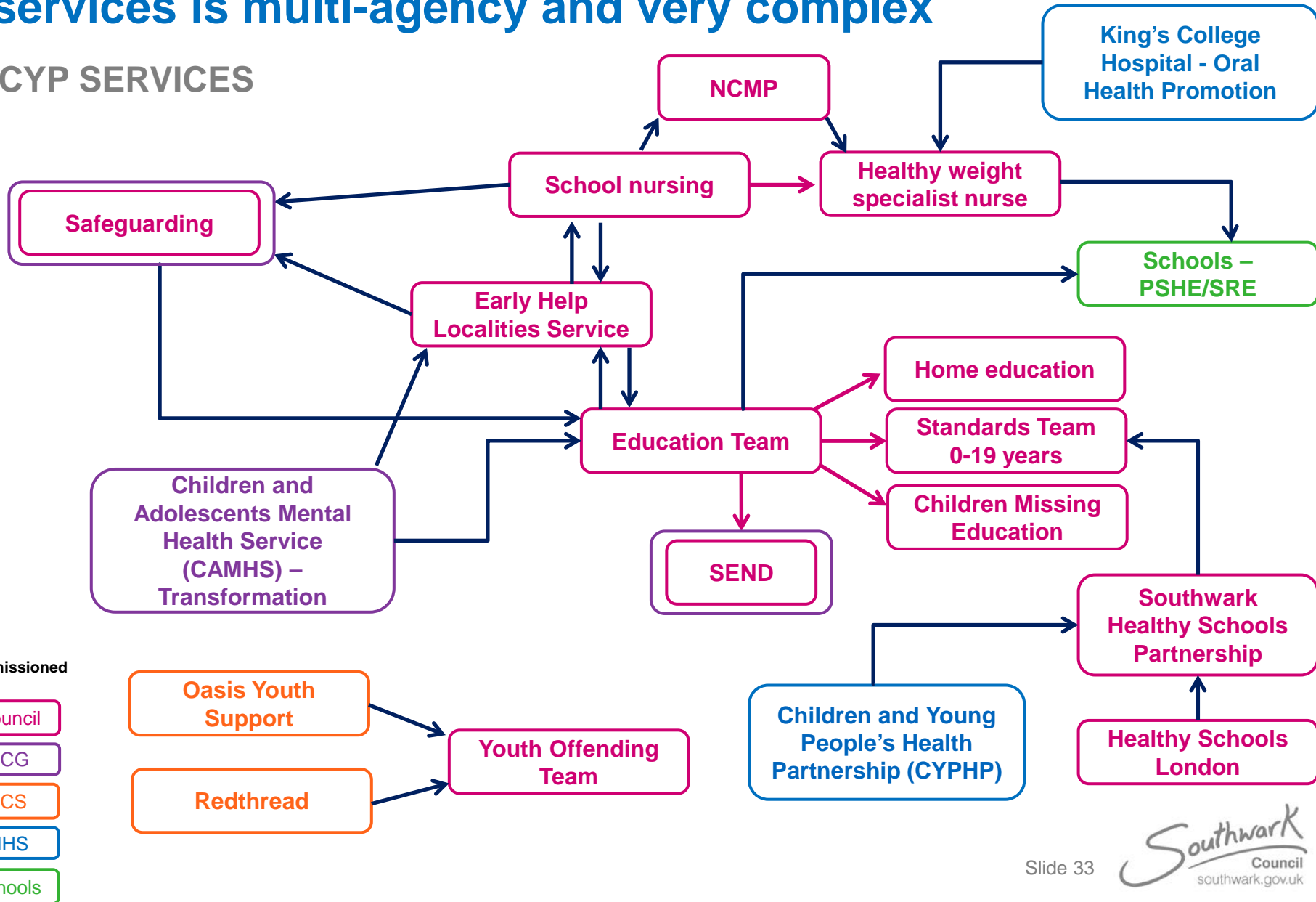
This complex landscape threatens inconsistency and inequity in service provision across the borough's primary and secondary schools, and a lack of overall strategic vision of what a truly comprehensive school-based health promotion offer is in practice.

The commissioning context for school-based health and wellbeing services is equally complex.

- Responsibility for the HCP 5-19 was transferred to Public Health in local government in April 2013. School nursing provision is commissioned by the CCG through the Section 75 agreement.
- Healthy eating, activity and obesity services (including the healthy weight specialist nurse) are commissioned by the CCG on the local authority's behalf (also through the Section 75 agreement)
- Local authority's Public Health grant contributes to the funding and delivery of the Healthy Schools London awards accreditation through Southwark's Healthy Schools Partnership
- Safeguarding services are commissioned by Council and CCG, this includes Early Help Localities Service
- Child and adult mental health service (CAMHS) is commissioned by CCG
- Oral health promotion is directly commissioned by NHS England
- CYP sexual health services are commissioned by Lambeth Public Health on Southwark's behalf across Lambeth and Southwark. However, each borough will be commissioning their own integrated wellbeing service (to include substance misuse, sexual health and mental wellbeing) later in 2017.

The operational landscape for school-based CYP services is multi-agency and very complex

CYP SERVICES



Many partners are involved in school-based health and wellbeing and their roles are described here

Commissioner	Service / partner	What are their roles?
Local authority	School nursing (SN)	Health promotion – school based; and directly with CYP Health assessments and NCMP Individual care plans Safeguarding Sign-posting and liaising with families and external partners
	Education	Healthy Schools Partnership delivering Healthy Schools London Home education; SEND; 0-19 Standards Team
	Safeguarding	Early Help Localities Service; CME; FGM
	YOS	Youth violence/crime prevention
CCG	CAMHS	Universal and tiers 2, 3, 4 services
	Safeguarding	Early Help Localities Service (CAMHS specialist) Safeguarding nurse / health representation
Schools	Lessons: including PSHE, SRE, PE, Science, Spiritual, moral, social and cultural (SMSC) education	Health and wellbeing, living in the wider world (economic wellbeing and careers education); sex, relationships and sexual health education; physical activity; promoting SMSC and British values.
	Support for children with long term conditions	Individual care plans; medicines management
	Safeguarding	Identifying and raising concerns, appropriate onward referral
Voluntary sector	Redthread / Oasis Youth Support	Youth violence prevention
NHS	Oral health promotion	Dental health promotion including nutrition and healthy diet
	CYPHP (acting commissioner)	Emotional resilience training programme (provided by The Training Effect)

Table 2: The roles of school-based health promotion services, by commissioner. 2017

School nurses report limited partnership working across the system and a lack of strategic direction

SCHOOL NURSING SERVICE

The school nursing workforce:

- There are approximately 22 whole time equivalent (WTE) school nurses including Band 3 support worker, Band 5 registered nurses, Band 6 specialist community public health nurses (SCPHN) and Band 7 team leaders.
- There are two locality teams in Southwark, with school nurses allocated depending on level of experience and the needs of the schools.
- Band 5 SNs generally cover primary schools, typically 6 schools per nurse; while Band 6 SNs generally cover secondary schools, typically 4 schools per nurse. This is because experience and further training is required to work with young people in secondary schools, compared to primary school children and their parents.
- The team is currently under recruited by three WTE members of staff. However there is little guidance or benchmarking locally or nationally on the desired school nursing workforce and skill mix.
- Each school has a named school nurse however since 2016 a centralised hub model has been used where schools refer into a single point of contact (via email / phone), which are then triaged and distributed.
- The school nursing service is year-round, however the majority of school nurses work on a term-time contract only due to limited funding, which limits the capacity for work during school holidays.
- Staff retention and turnover is problematic across London. The centralised hub model hopes to reduce the impact that this may have on schools through a single point of contact.

Identifying CYP and school health and wellbeing needs

- This tends to be based on experience of what schools have requested in previous years and there is currently no systematic way of assessing need in order to prioritise particular services or assigning resources.

Measuring impact

- Very few outcomes are actually measured to assess impact of service.
- Only statutory service outcomes are assessed, including NCMP uptake and attendance at child protection conferences.

Partnership working

- School nurses report that there is little partnership working with other service providers in schools and they have very limited knowledge of what is being provided by other agencies in schools.
- The school nursing service lacks strategic direction from the commissioner around what it is they should offer; at the same time, there is a lack of co-ordination and strategic overview of what providers are offering and dissemination of this information to all other providers.
- School nurses report a lack of accountability / governance structure around health promotion services; therefore if a service gap is identified (for example home educated children), it is not clear who should be responsible.

References

1. Engagement with Southwark school Nursing team

Developing health care plans for children with medical conditions is both time and resource intensive

WORKLOAD – HEALTH CARE

The school nursing workload can be broadly categorised into health care activities, safeguarding, and health promotion activities.

Health care plans

- SNs support schools to develop individual care plans, which are both time- and resource-intensive. Care plans are developed for every child with medical needs in schools, including asthma, allergies, epilepsy and sickle cell anaemia. Care plans are developed primarily with parents, however SNs often have to liaise with specialist community nurses and/or GPs to obtain a fuller picture of the child's health needs; which may be difficult and time consuming.
- Care plans used to be reviewed annually, but it has been agreed that parents should request a review if there are any changes in the child's health needs.
- SNs also provide advice to schools on medication and health policies; and provide annual staff training on the use of epi pens and other medication/equipment and awareness raising for specific health conditions as required.
- School governing bodies ultimately have statutory responsibility for the health care plans and ensuring that children with long term conditions are kept safe in schools.
- However, communication between school nurses and health professionals needs to be better established and timely so that any changes in health conditions can be reflected accurately in the health plans.

Review of hospital admissions

- SNs are notified of all emergency hospital admissions; approximately 1300 cases per month. These are triaged and RAG-rated and approximately 30% will require follow up with parents and schools. These include self harm, mental health issues, new diagnosis and exacerbations of LTCs, pregnancy, safeguarding issues and emotional issues.
- This is not a clear component of the HCP 5-19, however school nurses feel that information is useful because it may highlight problems that may not be identified through other means.

Additional needs

- SNs support the school and parents/carers in managing children with complex needs and liaise with the Complex Care team as necessary.
- SNs hold regular bladder and bowel clinics for toilet training and bedwetting

References

1. Engagement with Southwark school nursing team

Safeguarding forms the bulk of a school nurse's workload, yet only applies to 1% of Southwark's CYP

WORKLOAD – SAFEGUARDING

Safeguarding – Child protection plans and Child in Need

- School nurses are involved with the safeguarding actions as the health lead of approximately 217 children with a child protection plan and 250-300 children in need (snapshot). This equates to approximately 1% of all children in Southwark, yet SNs report they spend approximately 40-50% of their time on safeguarding and child protection work.
- Each Band 5 and 6 nurse has a caseload of 15-20 children. At referral, each child will be seen in the school by the school nurse and assessed for health and wellbeing needs. A report is written and submitted thereafter. Often, this is the first time the school nurse has been in contact with the child and their family.
- SNs must attend the initial and follow up case conferences for each child protection case, a review conference 3 months later and 3-6 monthly conferences thereafter. SNs also attend core group meetings and safeguarding supervision meetings with the safeguarding specialist to discuss each case under their care.
- Furthermore, SNs may also be requested to attend the Multi-Agency Risk Assessment Conferences (MARAC) on domestic violence, Multi-Agency Safeguarding Hub (MASH) conferences, and Team around the Child (TAC) meetings for children in need.
- SNs also contribute to or complete the Common Assessment Framework referral with schools where a health problem has been identified and additional intervention is required .
- There may be further additional safeguarding work for Looked After Children and other vulnerable children.
- No guidance has been provided locally or nationally about a threshold number of cases a SN should be expected to take on safely and effectively.

School nurses feel that there needs to be greater understanding about the role of the SN in safeguarding between partners to ensure that the appropriate health professionals are involved at the right time. For example, should school nurses attend every case conference if there are no obvious health needs; or when should the child's GP become involved from a health perspective?

References

1. Engagement with Southwark school nursing team

School nurses play a vital role in school-based health promotion but have limited capacity for proactive work

WORKLOAD – HEALTH PROMOTION

Health promotion is at the core of the school nursing service. However, school nurses report that the majority of their workload is reactive with little capacity for proactive health promotion work. Their workload includes:

- Providing health and wellbeing information at school health fair, parents forums, coffee mornings and assemblies.
- Delivering classroom sessions as part of a broader PSHE programme for example on hand washing, dental health and medicines safety.
- Providing advice and links to health information on topics such as sexual health, smoking, healthy weight and drugs and alcohol.

Public health surveillance and screening

- The National Childhood Measurement Programme (NCMP) is delivered by school nurses. Band 3 SNs measure the height and weight of all reception and Year 6 children in state maintained schools (approximately 6000 per year). In addition, further time and administrative support is needed for the collection, cleansing and distribution of results.
- While it is hoped that SNs can use this opportunity to deliver healthy weight messages to children, time and resource constraints mean that in practice this is not possible. SNs have identified this service as a potential stand-alone service which can be delivered by a dedicated team.
- As part of the transition from health visiting to school nursing services, a health questionnaire is sent to parents through the school on school entry at reception to identify any health needs. Currently this is a very slow process and limits the capacity to respond to the health needs identified in a timely fashion. School nurses will be piloting a new way of engaging parents on school entry through the use of Parent Line, a new text service for parents (October 2017)

Drop-In sessions

- Confidential drop-in sessions are provided to school nurses to 80% of secondary schools in Southwark. A minimum of one session a month (1-2 hours) is provided for young people to access support for their health and wellbeing. This is also open to parents.
- This service is well used, and the first audit/evaluation of the service is being undertaken.

ChatHealth

- This is a CYPHP funded confidential school nurse text messaging service for young people aged 11-19 years which is available Monday – Friday 09:00 – 17:00.
- Reasons to text the service include self-harm, smoking, drug use, pregnancy, low self-esteem and bullying.
- The service has very good uptake and there are plans to promote and advertise the service more widely across schools.

References

1. Engagement with Southwark school nursing team

CYP and their parents want school nursing to be better publicised and more easily accessible

SCHOOL NURSING REVIEW

What do CYP and parents want from school nursing?

The Department of Health consulted many children and young people (through the British Youth Council and National Children's Bureau) and their parents (through Netmums) to feed their views and experiences of school nursing services into its recommendations in *Getting it right for children, young people and families* (2012):

- Children aged 6-11 years indicated a need for school nurses to provide emotional and social support and assistance at times of distress. In addition, children referred to wanting help when dealing with bullying.
- Young people aged 11-18 years iterated the need for the school nursing service to be accessible, convenient, confidential and well-publicised. Young people wanted the ability to use technology to access the service directly, such as texts and emails.
- There should be information provided to young people about what the service offers, how to access it, what will happen when they access the service and how the service links to other services.
- Important that school nurses invite and encourage young people to give their opinions of the service offered and whether it meets their needs, and for the service to be reviewed and acted on as necessary.
- There should be focus on both universal health and wellbeing promotion, as well as providing targeted early help and advice so that young people can get help, particularly around areas such as mental ill health and drug and alcohol abuse, before they reach crisis point.
- Over half of parents surveyed had not received information about the school nursing service; 82% had never seen the school nurse to discuss their child's health. Parents' preferred methods of communication were letters home, leaflets and use of parents evenings.

In addition, a recent review by the Healthy London Partnership of school nursing service across London from the perspective of school nurses, commissioners and providers found that¹:

- There were variations between boroughs on staffing levels, workforce and skills mix, with no benchmarking available to provide guidance.
- School nurses spend a significant amount of time on safeguarding, and considerations should be given to spreading the safeguarding workload across a safeguarding team.
- There was little understanding among commissioners about what is being delivered by school nurses; and a similar lack of knowledge among school nurses about the commissioning process.
- There was a lack of strategic thinking regarding school nursing across London, with boroughs working separately.

References

1. DOH (2012) *Getting it right for children, young people and families – maximising the contribution of the school nursing team: Vision and Call to Action.*
2. Information presented at the Healthy London Partnership School Nursing Event on 5 April 2017

Uptake of services provided by the Healthy Weight Specialist Nurse by families and schools is poor

HEALTHY WEIGHT SPECIALIST NURSE

The healthy weight specialist nurse (HWSN) was commissioned in 2016 and works as part of the school nursing team. This is a Tier 2 healthy weight service.

- Offers follow up for children identified as overweight or obese from NCMP at reception and year 6.
- Parents receive a letter explaining the NCMP result and are advised to call the HWSN for advice/guidance. They are offered the Healthy Weight Clinic (a one-off workshop provided by school nurses) or a one-to-one session with the HWSN.
- Referrals can also be made from any other professional or organisation that work with children between the ages of 5 and 12, such as school nurses, GPs, paediatricians and social workers.
- The HWSN also works to raise awareness of childhood obesity and provide health promotion in the local area:
 - GPs – develop collaboration and awareness of referral to HWSN
 - Schools – assemblies, in-class sessions, parents evening and coffee mornings

However, current uptake of this service is poor:

- 14% uptake of Healthy Weight Clinic (for NCMP collection year 2015/16)
- Uptake of HWSN's services in schools, such as assemblies and in-class sessions, is also poor. This may be due to:
 - Unclear understanding of what the HWSN does – universal offer vs. targeting overweight children.
 - Schools afraid of offending parents and upsetting children.
 - Healthy weight and physical activity not being a priority for the schools.
- In London Borough of Camden, a similar healthy weight nutritionist service is available, and uptake is reported to be approximately 30% from NCMP. Further investigation is therefore needed to better understand parents' barriers to accessing this service, and identify any learning and opportunities for improvement from Camden's model.
- The first evaluation of this service is currently underway.

Partnership working with other stakeholders who share a common goal is important and may increase uptake of service:

- Linking to Healthy Schools awards to incentivise schools to take up HWSN's school-based health promotion services
- Working with the oral health promotion programme to tackle sugar reduction together.
- Liaising with GPs, Early Help Localities Service and social care to increase awareness of the offer.

References

1. Communications with Healthy Weight Specialist Nurse (Yancy Jensen) - 18 May 2017
2. Information presented at the Healthy London Partnership School Nursing Event on 5 April 2017

Healthy Schools London has successfully engaged schools but it should be aiming for more

HEALTHY SCHOOLS LONDON (HSL)

In Southwark, the HSL awards accreditation is led by the Southwark Healthy Schools Partnership, consisting of key partners and agencies. As of June 2017, 90 state maintained schools in Southwark have registered on the HSL website:

Bronze award
51 schools

- Complete a review of the school's current practice in improving health and wellbeing provision for all children and young people

Silver award
20 schools

- Undertake a needs analysis to identify action that will help pupils to achieve good health and wellbeing, including one universal action and one targeted action. Submit an action plan of how the school will deliver these actions and the outcomes to be achieved.

Gold award
4 schools

- Implement the action plan and demonstrate that the school has achieved the planned outcomes and provide evidence of the sustainability of these changes. Engage with the wider community and support others to help CYP maintain health and wellbeing.

Schools may identify their pupils' health and wellbeing needs through:

- JSNA factsheets, local health profiles, outcomes frameworks, locality reports, reach analysis reports
- Borough wide surveys – e.g. from engagement events, Keep Active survey, providers' surveys, and SHEU survey
- School-level surveys, pupil and parent voice surveys
- Experience and local knowledge
- Nationally available data and intelligence

Schools are supported by the 0-19 Standards Team in achieving their HSL award status with a focus on sustainable improvement; however teacher awareness is still inconsistent with some teachers not knowing their school's Healthy School status.

The new dedicated Southwark Schools website was co-designed with teachers and schools to provide a one-stop source of information, guidance and best practice. The HSL section provides planning tools, templates, supporting documents guide and example reports from schools for all three awards.

- However, teachers continue to report that more knowledge sharing and examples of best practise would be useful, particularly for schools aiming to move to a higher award.
- This raises the question of how well schools are accessing the website and using the information.

References

1. Healthy Schools London: <http://www.healthyschools.london.gov.uk/>
2. Engagement with Southwark Education Team – Lee Souter; and Deputy and Assistant Head Teachers
3. Southwark Council's Schools' website: <http://schools.southwark.gov.uk/>

PSHE is a useful medium to promote health and wellbeing but delivery varies between schools

PSHE CURRICULUM

Personal social health and economic education (PSHE) is a school subject and a planned programme of learning through which CYP develop the knowledge, understanding and skills to keep themselves healthy and manage their lives.

- In Southwark, PSHE and Wellbeing curriculum frameworks have been developed to support schools in fulfilling the statutory obligations of supporting pupil wellbeing and is fully aligned to the new Ofsted framework and national curriculum themes. These have been co-designed with schools to ensure that they are impactful and achievable.
- The frameworks and their implementation also contribute to schools achieving the Healthy Schools London awards.
- The frameworks group learning into three core themes: health and wellbeing, relationships, and living in the wider world (including economic wellbeing and aspects of careers education). PSHE is linked to other areas of the school curriculum, including Science and SMSC education.
- Learning provided through a comprehensive PSHE programme is also essential to safeguarding pupils. Topics include keeping children safe from extremism, child sexual exploitation and FGM.
- The PSHE and Wellbeing curriculum is largely delivered by school teachers, and partners and external agencies may support its delivery through one or more of the sessions.
- However, while PSHE is part of the national curriculum, non-maintained schools are not bound by the national curriculum. Schools are free to develop their own PSHE programme; this hopes to reflect the particular needs of their pupils but it may also lead to variation in the quality and quantity of PSHE education in schools across the borough.

There is a huge number of providers of PSHE-related interventions in schools, most are targeted towards specific topics. With so many providers willing to deliver services to schools, it may be difficult for schools to prioritise and assess the quality of various provisions.

- Currently, schools participate in a wide range of interventions, including PATHS+, MindUp, Cues-ed and Discover, which are provided through more than 20 providers.
- Southwark schools have requested support from the local authority to ascertain which national and local providers and services were effective, to improve the quality and consistency of provision. In addition, all commissioned providers' services across Southwark Healthy Schools Partnership are quality assured. This remit is part of the agreed action plan from the Strategic Programme Board.
- However, the local authority would not have the capacity nor health-based expertise to review and quality assure all PSHE-related interventions on the market; it may be more appropriate for this function to be taken up regionally/nationally by an expert body, such as the Healthy London Partnership.

References

1. <https://www.schools.southwark.gov.uk/pshe-healthy-schools/pshe-sex-relationship-education-sre-wellbeing-2>
2. Engagement with 0-19 Standards Team and Lead for Healthy Schools – Lee Souter

Safeguarding is an essential function for all services that work with children and young people

SAFEGUARDING

Southwark's Safeguarding Children Board (SSCB) oversees work in Southwark to ensure that CYP are kept safe from harm and abuse. The Board has a statutory duty to make sure services are effective and work together.

- Safeguarding in the school setting involves several services:
 - Early Help Localities Service
 - MASH (Multi-Agency Safeguarding Hub)
 - Specialist Family Focus Team
- Referrals can be made by schools to all three services via a single Common Assessment Framework (CAF), which is then triaged and sent to appropriate teams.
- School nurses also have a vital role to play in safeguarding by supporting schools in making a CAF referral, ensuring children with Child Protection Plans and Children in Need are appropriately assessed for health needs, and attending safeguarding conferences. However, they are not represented at the MASH and have a limited relationship with Early Help Localities Service.

Early Help Localities Service is a Tier 2 safeguarding service for prevention and early intervention for CYP.

- It is funded primarily through schools via the dedicated schools grant (DSG) and topped up by funding from the local authority. All primary schools pay into the service. Some secondary schools buy a package of services from Early Help separately, however not all secondary schools do, which may lead to inequalities and gaps in provision.
- The Early Help Localities Service operates 5 locality teams comprising Educational Welfare Officers, Educational Psychologists, CAMHS specialists, Family Support Officers, Early Years Support Officers, and a social worker.
- The teams link directly to primary and secondary schools providing support to families on matters including attendance, exclusions, SEN advice and support, and behaviour support.
- The CAMHS specialist is provided through the CCG Transformation funding and is available to all children regardless of whether their school pay into the service. It links to Tier 3 CAMHS services at SLAM.
- The Early Help Localities Service works closely with two other safeguarding agencies – MASH; and the Specialist Family Focus Team, which deals with complex families
- Schools generate the majority of referrals.
- Early Help also provides pre-referral prevention support, for example with children who are frequently late, providing early intervention to identify issues and managing them before they become longstanding.

References

1. Engagement with Early Help localities manager – Surma Shah

Early Help Localities Service provides prevention and early intervention but it lacks health representation

SAFEGUARDING

One issue which has been highlighted is the lack of health presence within Early Help Localities Service:

- There is a need for a health professional to sit within the locality teams to support gaps in knowledge/skills, such as diet and nutrition advice, bladder/bowel issues and disorder specific support. School nurses may be able to take up this role in an integrated prevention / early help service, however there is a risk that having school nursing as a part of a safeguarding service may further increase the safeguarding workload and reduce capacity for health promotion.
- Currently, there is a good working relationship with health visitors, but less collaboration with school nurses, which can be particularly problematic when children transition from health visiting to school nursing services around age five.
- The Early Help Localities Service does not currently work with the Healthy Weight Specialist Nurse, but this has been identified as an opportunity for collaboration in the future

Another aspect of safeguarding which is important in Southwark is tackling FGM. Southwark has a high burden of FGM and schools play a major role in the early help and prevention offer for FGM:

- FGM is included in the PHSE and Wellbeing curriculum.
- School nurses are being trained in FGM prevention by safeguarding leads both in terms of discussing FGM with girls and being aware of the risk factors and where to refer suspected cases to.
- Rotherhithe Primary School is part of a new initiative project on FGM led by Barnados to raise awareness and empower girls. It has been successful and there are plans to roll out this model across all schools in Southwark.
- There is successful joint working between health and education in the establishment of an FGM clinic at Rotherhithe Primary School.
- Other areas of school health promotion may use the foundations of joint working built here to expand the level of partnership working across health and education.

References

1. Engagement with Early Help localities manager – Surma Shah
2. Engagement with Lead Nurse for Safeguarding for children (Clarisser Cupid)

The oral health promotion programme targets priority schools but better partnership working is needed

ORAL HEALTH PROMOTION

Oral health promotion (OHP) for children in Southwark's schools is provided by King's College Hospital NHS Trust (commissioned by NHS England).

- A new Delivery Plan for 2017-18 has been developed which focuses on early intervention and targets specific groups in the community most at risk of oral disease.
- Increasing exposure to fluoride is a cost-effective intervention; this will be achieved with the distribution of twice yearly toothbrushing packs to children in 5 priority primary schools in the borough. This is supported by OHP delivered in schools and 'feeder' early years groups and will aim to raise awareness of oral health and the value of regular tooth-brushing. Schools with the highest proportion of children eligible for free school meals are prioritised.
- Materials and informal advice provided through an OHP display stall for parents at drop off/pick up times and coffee mornings will promote OHP messages to the home and wider community.
- Workforce training is an important element, which will enable staff working with children to communicate and support OHP messages over the longer term to increase sustainability and impact. This includes school nurses and health visitors. However, training is currently ad hoc and lacking in strategic guidance. A structured programme of training needs to be put in place to increase engagement and uptake.

The OHP programme will seek to collaborate with the Healthy Weight Specialist Nurse to co-ordinate the healthy diet messaging to children, in order to increase the impact on both oral health and obesity.

Currently, there is very limited interaction between the oral health promotion programme and the wider Dental Public Health team in the borough. Consideration should be given to improving collaboration with Dental Public Health so that local priorities are aligned and activities are joined up to improve impact, sustainability and cost-effectiveness.

References

1. Engagement with King's College Hospital NHS Trust Oral Health Promotion programme – Wendy McEvoy

Mental and emotional health and wellbeing is a local priority but still regarded as a gap

MENTAL HEALTH AND WELLBEING

Mental and emotional health, wellbeing and resilience is a local priority for both health and education partners.

- CYP receive mental and emotional health and wellbeing promotion in schools through many routes, including the PSHE curriculum and the school nursing health promotion offer such as assemblies and classroom session.
- Schools participate in several programmes that link to mental and emotional wellbeing, including PATHS+, MindUp, Cues-Ed and Discover. These are directly provided by external partners.
- However, teachers in Southwark report that they feel there is not enough provision in schools to support children's emotional and mental health and that they themselves are ill-equipped to provide this support due to a lack of knowledge and training.
- This is reflected in Southwark Healthwatch's "Young voices on mental health" report which found that the majority of participants disagreed that their schools had provided good education on mental health. Large numbers of CYP said they had not received any information at all, and for those that had received information, it was felt to be inadequate.

CYPHP has commissioned an emotional resilience training project which aims to build capacity and capability in schools.

- Training is offered to all primary and secondary schools in Lambeth and Southwark and is delivered to teachers via an online web resource. Once trained, teachers can deliver effective emotional resilience lessons to the pupils.
- The programme began in January 2017 and so far 34 schools (12 in Southwark) have taken part and are completing an audit tool to identify baseline needs, staff skills and competencies, and existing emotional health and resilience in pupils.
- The programme has been well-received by schools and appear to align with schools' perceived needs. However, despite teachers expressly feeling unprepared to deal with the mental and emotional health and wellbeing needs of their pupils, uptake of this training programme available to help them is low, especially in Southwark as compared to Lambeth (although this is only in the first six months of the programme).

In 2016, the CAMHS Transformation Fund provided a non-recurrent sum to be spent on school-based programmes for emotional and mental health and wellbeing.

- Schools were encouraged to apply for this funding. For an application to be successful, it needed to emphasise collaboration with other schools, have a good understanding of local services, and pilot innovative ideas.
- 33 applications were received and 19 were granted with a total reach of 65 schools, both primary and secondary.
- Proposals were school-led and based on their own perceived needs and what works for their pupils.
- Successful bids included a range of interventions, including mentoring, mindfulness, and therapeutic storytelling.
- Most schools started their programme in September 2016 and are in the process of evaluating their impact.

References

1. Engagement with Deputy Headteachers and Associate Headteachers
2. Southwark Healthwatch – Young Voices on mental health (November 2016)
3. Engagement with CYPHP Public Health workstream – Susan Malkin and Mark Bowles
4. Engagement with CAMHS Transformation Fund commissioning manager – Carol-Ann Murray

We need innovative ways of delivering sexual health education and improve awareness of services

SEX AND RELATIONSHIPS

Sex and relationships education (SRE) provides the majority of relationships, sex and sexual health information and promotion for CYP in the school setting.

- Recent government amendment to the Children and Social Work Bill on 1 March 2017 made SRE compulsory in all schools by September 2019 to ensure universal coverage for all pupils and improve quality.
- The subjects would be made part of the basic school curriculum (as now for sex education in state maintained secondary schools), which allows schools flexibility in developing their planned programme, integrated within a broad and balanced curriculum, and appropriate to the age of the pupils and their religious backgrounds.
 - All primary schools (maintained, academies and independent) will be required to provide relationships education.
 - All secondary schools will be required to provide relationships and sex education.
- School nurses also promote positive sexual health behaviours through their confidential drop-in sessions in secondary schools and may signpost to appropriate CYP services as necessary. However, the recent statutory change emphasises that responsibility for relationships and sex education falls primarily with schools.

The SHEU survey in 2016 found that while 44% of secondary school pupils found SRE lessons ‘quite’ or ‘very’ useful, only 10-11% of pupils responded that they would like to talk to teachers in school lessons about relationships and sexual health; and only 5-7% would like to talk to the school nurse.

This suggests that we need to consider innovative ways to engage CYP about sexual health; and ensure that sexual health services are better signposted and accessible to young people. Some examples of innovation include:

- The *NHS Go* app, a London wide health app co-designed by young people, which aims to improve young people's access to relevant health information and advice.
- The *Come Correct* condom distribution scheme has been active in Southwark since 2015, however there are problems establishing and embedding the service in the borough. Uptake and activity in Southwark continues to lag behind Lambeth and Lewisham.
- An integrated wellbeing service for Southwark young people has been commissioned to help young people make healthier choices around alcohol, drugs and sexual health

References

1. DfE (2017) Policy statement: relationships education, RSE and PSHE.
2. SHEU. Supporting the health and wellbeing of children and young people in Southwark. 2016
3. Engagement with Southwark school Nurses; LSL Sexual health commissioner Jennifer Reiter.

A strategic public health approach to violence prevention in schools is needed

YOUTH VIOLENCE

In Southwark, methods to tackle youth violence remain largely reactive, however more proactive approaches are emerging.

- The youth offending service (YOS) usually identify at-risk individuals after an incident, such as an arrest for possession of cannabis. However they work closely with several other services in order to promote early intervention. These include the Specialist Family Focus team, Early Help Localities Service and MASH.
- Some schools have pastoral meetings with Early Help Localities Service every term to identify individuals of concern; however not all schools participate.
- Each school has a linked police officer who may undertake targeted prevention work with specific children who are at risk of crime or custody.
- Oasis Youth Support (OYS) is piloting a school-based violence prevention programme (OYS Elevate) in Southwark and Lambeth, working with 12 students deemed at particular risk of violence, child sexual exploitation, gangs and criminal activity at two local school. If successful, and if funding can be secured, it is hoped that this can be rolled out across more schools in the borough, and prevent more young people from attending A&E due to violence and/or entering the criminal justice system.
- Redthread and Oasis Youth Support also provide violence reduction interventions to young victims admitted through the emergency departments at King's College Hospital and St Thomas' Hospital respectively.
- However, it appears that the violence prevention offer in schools is currently inconsistent and largely dependent on local priorities and budgets. A more strategic public health approach to violence prevention in schools is much needed in Southwark. It should be noted that a new Knife Crime Action Plan is currently being developed in Southwark in 2017 which may offer valuable insights.

A greater understanding of the underlying causes for youth violence may offer opportunities to prevent violent behaviours earlier in life.

- Knife crime in young people is often a reflection of fear, and the difficulties young people have in talking about their feelings.
- Emotional literacy – being able to talk about your feelings and understanding that of others – should be emphasised in primary school age children so that they develop the skills to avoid conflict and violence.
- Behavioural management, such as conflict resolution, should be a more prominent part of PSHE in schools. Using a model of trauma-informed practice to help young people think about how to deal with difficult experiences in a more positive way.
- Educating parents of school children on how to spot the risks and warning signs of their child's potential involvement in violence is also needed.
- The use of peer navigators and peer listeners may be a helpful intervention.

References

1. Engagement with Youth Offending Service – Jenny Brennan
2. Engagement with Oasis Youth Support – Tom Isaac

A summary of services delivered against the HCP 5-19

HCP 5-19 recommended components		What's being delivered in schools?
Key health priorities	Mental and emotional health and wellbeing (universal; tiers 2, 3 and 4 specialist CAMHS)	Social and emotional aspects of learning (SEAL) delivered by teachers; PSHE; CYPHP emotional resilience training; CAMHS specialist in Early Help Localities Service; SN health promotion and other services; HSL; prevention interventions such as PATHS+, MindUp, Cues-Ed and Discover; specialist CAMHS services
	Promoting healthy weight (NCMP, physical activity, nutrition, active travel)	NCMP; healthy weight clinic, Healthy Weight Specialist Nurse (Tier 2); PSHE curriculum; SN health promotion activities; HSL
	Long term conditions / disability	Individual care plans; review of Emergency Department discharges and follow up; medicines management for schools; support and training for teachers; HSL
	Teenage pregnancy and sexual health	PSHE curriculum; SRE curriculum; SN health promotion and other services eg ChatHealth, Drop-in's, C-card; HSL
	Drugs, alcohol and tobacco	PSHE curriculum; SN health promotion, ChatHealth, Drop-in's and referral to specialist services; HSL
Health and development reviews	Year 1 (4/5 years)	Health assessment at school entry and NCMP at reception (SN)
	Year 6/7 (10-12 years)	NCMP at Year 6
	Mid-teens – embarking on the next transition stage	Transition support for children with complex needs as they move to adult services
	Health assessment for LAC	This is largely done by the LAC nurse
	Children with SEND at transition	Paediatricians/complex care nurses support transition to adult services
Safeguarding	Alert to risk factors and signs of child abuse and follow local safeguarding procedures where there is cause for concern	SN assessment for CIN/CPP, health reports, attendance at case conferences; SN engagement with families; Liaising with Early Help Localities Service - through the Common Assessment Framework (CAF) approach
Identification of additional needs	Identifying SEND	Schools refer to SNs through the central hub; CAF referral by schools to access extra support (e.g. SENCO and specialist CAMHS); SNs provide bladder and bowel clinics
Screening	Vision and hearing	This is currently commissioned by CCG and delivered by King's College Hospital NHS Trust.
Immunisations	Childhood immunisations according to routine immunisation schedule	Delivered by a separate SN team from Hounslow and Richmond Community Healthcare NHS Trust.
Signposting	Supporting CYP and parents to find and access appropriate services	Early Help Localities Service; SN services including coffee mornings, Drop in's, ChatHealth, Parent Line, healthy weight clinic and NCMP,
Healthy environments	Ensuring the school environment promotes health and wellbeing	HSL; PSHE and SRE curriculum; statutory requirement for all schools meals to follow nutritional standards; breakfast clubs

Table 3: Services delivered in schools aligned to the Healthy Child Programme 5-19 years

The health promotion offer in schools is complex, multi-agency and often fragmented

SUMMARY OF LOCAL RESPONSE

- There is a plethora of health promotion services delivered in the school setting for children and young people; this complex landscape threatens inconsistency and inequity in service provision across the borough's schools. Individual offers tend to target specific topics and there is very little collaboration between providers, so the risk of duplication is high.
- Health and wellbeing in schools is a fragmented system at the moment, with health, education and external partners often working in isolation. There appears to be little integration or collaboration with each other.
- Schools may be overwhelmed with the sheer volume of health promotion offers available and find great difficulty in prioritising and choosing interventions.
- School nurses should be the link between health and education, however currently that doesn't seem to always be the case and at times they work independently from both, with little strategic direction. In addition, school nurses' workload tends to be reactive, particularly in terms of safeguarding; there is therefore less capacity for proactive health promotion work. Careful consideration is needed to define the school nursing role and workload.
- While childhood obesity continues to be a significant issue in Southwark, access to and utilisation of the Healthy Weight Specialist Nurse is poor; greater understanding of the barriers to access is needed.
- Healthy Schools London would benefit from a shift in emphasis from recruitment and engagement to providing direct emphasis on evidence-based actions to improve health and wellbeing.
- Mental and emotional health and wellbeing is a national and local priority for CYP and many services are delivered to and by schools, although with limited strategic guidance and collaboration.
- Sexual health education and awareness of services is poor in Southwark. Innovative methods of disseminating information to young people should be developed.
- Youth violence, in particular knife crime, is a significant issue in Southwark. A strategic public health approach to youth violence in schools is needed, with a focus on prevention and early intervention.

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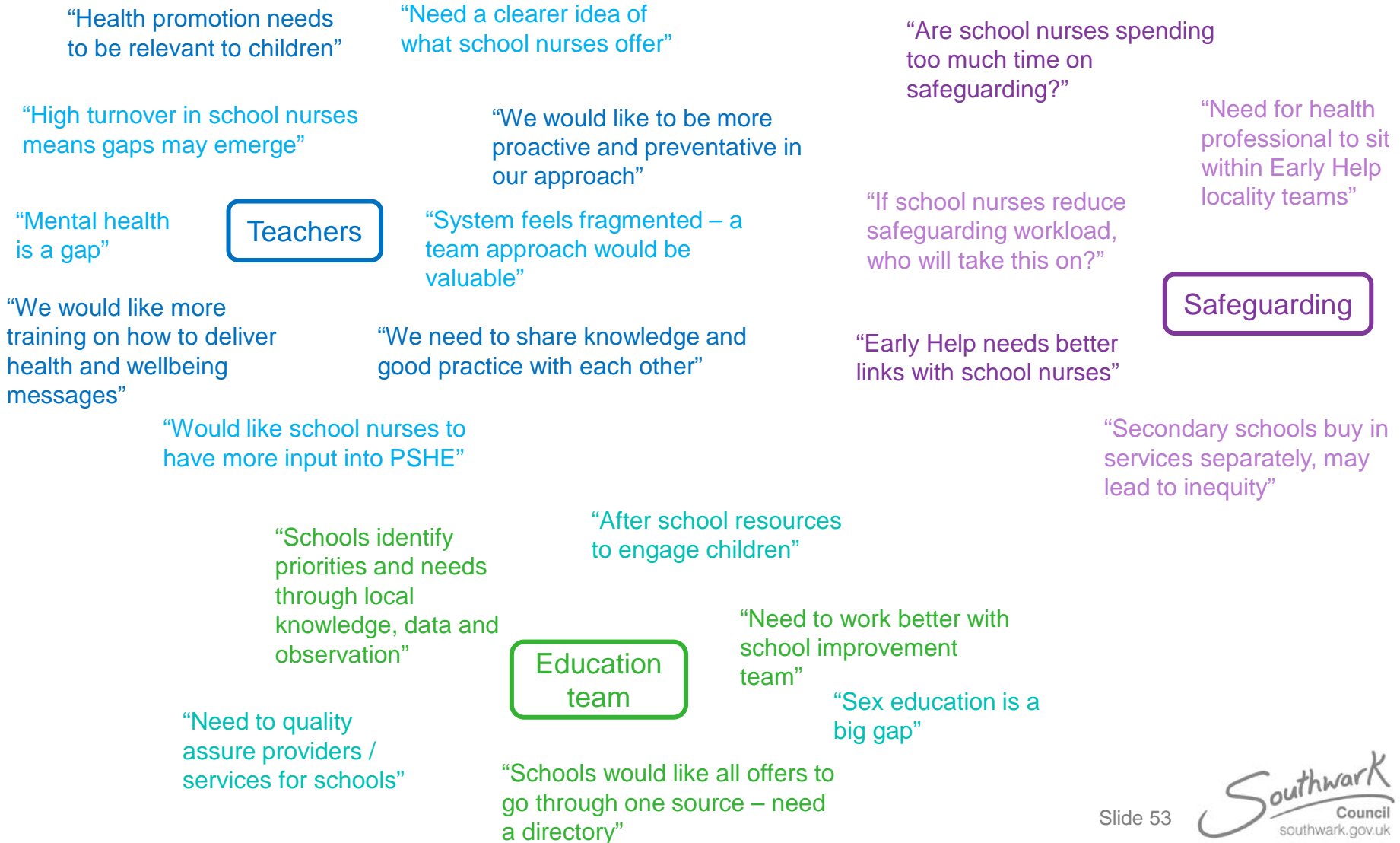
A broad range of stakeholders have been consulted, including internal and external agencies

STAKEHOLDER ENGAGEMENT

Many stakeholders and partners have been involved in this health needs assessments between May and August 2017, providing their knowledge, expertise and experience of health promotion in the school setting, some of which has been discussed in the previous chapter. They include:

- School nursing team including Southwark team leader (Nina Perrin) and the Health Weight Specialist Nurse (Yancy Jensen)
- Southwark PSHE and Healthy Schools lead (Lee Souter) and the 0-19 Standards Team
- Southwark Home Education Team (Nusrat Bashir-Dar)
- Safeguarding:
 - Lead health professional for Children Missing Education (Jeanette Gyasi)
 - Early Help Localities Service (Surma Shah)
 - Lead Nurse for Safeguarding for Children (Clarisser Cupid)
- CAMHS Transformation Fund commissioner (Carol-Ann Murray)
- Designated Clinical Officer for SEND (Bridget Nichola)
- Southwark Youth Offending Service (Jenny Brennan)
- Southwark's school teachers via the Deputy and Assistant Head-teachers Briefing
- NHS Southwark CCG Clinical Lead for Children and Young People (Rob Davidson)
- CYPHP Transformation Lead (Susan Malkin) and delivery partner – The Training Effect (Mark Bowles)
- King's College Hospital oral health programme manager (Wendy McEvoy)
- Imago Young Carers service (Caroline Hallett, Director of Strategy and Development)
- Oasis Youth Support (Tom Isaac)
- Public Health England CYP public health (Nicky Brown)
- Sexual health commissioner (Jennifer Reiter)

Key stakeholders have been involved and their experiences are summarised here



Key stakeholders have been involved and their experiences are summarised here

“Schools have approached CCGs for support in assessing quality of service providers”

Health / GP

“There are many academies in Southwark; they have a different governance structure and therefore there are fewer opportunities and levers for engagement”

“Imago is a well-known and trusted service for young carers that is responsive and effective; school nursing can learn from this”

“GPs have very limited contact with school nurses – don’t know what they do”

“Mental health interventions is an area where quality assurance is particularly important”

“Should align school nursing work streams with their skills and knowledge base”

“Health promotion in schools needs to be strategic, with a ‘must do’, ‘should do’ and ‘could do’ tiered service”

“Work is largely reactive, not proactive”

“Lack of accountability / governance structure around health promotion”

“Not enough health promotion for complex needs children”

“Lack of coordination and strategic overview of what providers are providing – need a centralised system”

“Very little partnership working with other service providers”

“Lack of timely contact from hospital/GP when there is a change in health care plan”

“Evident fragmentation of health promotion services”

“Immunisation programme has many teething problems”

“Safeguarding workload is high”

“We should leverage pupil premiums as a mechanism for focusing school budgets on health and wellbeing”

“Huge number of providers of PSHE related interventions, this may be overwhelming for schools”

External partners

“Education, health and social care working in silos, lack of collaboration and communication”

“We should be considering joint commissioning across sectors”

“Difficult to assess impact of interventions”

The experiences and views of CYP have been considered in local, regional and national surveys

WHAT DO CYP WANT?

It is essential to take into consideration the experiences of children and young people around health promotion in schools. In this health needs assessment, we have used local, regional and national surveys of children and young people to inform our recommendations.

- The SHEU surveys of Southwark's children and young people (2014, 2016) provided a wealth of local knowledge about the health and wellbeing needs of CYP.
- "Getting it right for children, young people and families" (2012) reported the findings of several surveys of primary and secondary school age children about what CYP would like from school nurses (see slide 36 for details).
- Southwark Healthwatch's *Young Voices* report on sexual health and mental health (2016)

"A good place to learn?" (2002) reports the findings of a survey of nearly 400 secondary school students across London, which asked young people what they thought the priorities should be in creating healthier schools for the future. The key findings were:

- Students reported concerns about the price of school food, monotony of meals, and the need for more culturally appropriate food options.
- Students reported smoking and drug-use were widespread and education about risks should start early. Students wanted facts, in a neutral and non-moralistic way, and to learn from outside experts, including ex-users.
- Over half of the students had been bullied, but felt that schools did not treat bullying seriously enough.
- Nearly 90% of students thought that counselling or peer support in schools was a good idea.
- Students linked school environment, emotional wellbeing and learning and saw 'environment' as spanning physical and emotional aspects.
- 80% of students thought that school councils were a good idea but wanted them to be more representative and powerful

References

1. SHEU. Supporting the health and wellbeing of children and young people in Southwark. 2014; 2016
2. DOH (2012) Getting it right for children, young people and families – maximising the contribution of the school nursing team
3. Southwark Healthwatch – Young voices on sexual health; Young voices on mental health (November 2016)
4. King's Fund (2002) A good place to learn?

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Evidence shows that school-based health promotion can be effective under the right conditions

EVIDENCE REVIEW

The evidence base for school-based health promotion is extensive; it demonstrates both the characteristics of a successful programme and some of the challenges, which should be taken into consideration when designing a school-based health promotion offer.

Key success factors

- Specific interventions can be successful for reducing BMI and smoking, increasing physical activity and fruit and vegetable intake, and tackling bullying
- Effective programmes are more likely to be complex, multifactorial and involve activity in more than one domain (curriculum, environment and community)
- Programmes should be relevant to pupils, interesting, responsive, interactive and increase new knowledge / skills
- Several health-risk behaviours tend to co-occur, which opens up opportunities for integrative programmes that address multiple behaviours

Key challenges

- Lack of data on the impact of health promotion on academic achievement / attainment, which is essential in demonstrating the value of health promotion to schools and teachers
- Lack of data on how programmes are implemented
- In an education system where schools have autonomy over what is taught and how, there is likely to be variation in programme implementation which makes it difficult to draw conclusions concerning effectiveness, while also raising questions about the practicality of transferring programmes from one context to another

References

1. Langford, R et al (2014) The WHO Health Promoting School framework for improving the health and wellbeing of students and their academic achievement (Review) Cochrane Database of Systematic Reviews, Issue 4
2. Stewart-Brown, S (2006) What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? WHO Regional Office for Europe (Health Evidence Network report)
3. Pearson, M. et al (2015) Implementing health promotion programmes in schools: a realist systematic review of research and experience in the United Kingdom. Implementation Science (2015) 10:149
4. Peters, L. et al (2009) Effective elements of school health promotion across behavioral domains: a systematic review of reviews. BMC Public Health 2009, 9:182
5. Institute of Education (2009) National healthy schools programme: developing the evidence base.

Both Healthy Schools London and the school nursing offer can be improved to have greater impact

IMPROVING PRACTICE

A comprehensive evaluation of Healthy Schools London in 2016 identified several key points and recommendations:

- HSL awards were seen as a useful tool to engage schools in considering health and wellbeing in the school environment.
- Participation in HSL did not have an impact on the use of evidence-based health improvement interventions within the school setting.
- HSL tended to influence school policy in areas that are specifically required for the Bronze award – healthy eating, physical activity and emotional health and wellbeing.
- While HSL can support schools to be healthier places, they had limited influence over the choices pupils make outside the school and in other aspects of their lives. Therefore a key area for improvement may be encouraging stronger links between schools and local communities.
- The evaluation recommended that HSL would benefit from a shift in emphasis at a regional level from a focus primarily on recruitment and engagement to providing more explicit and direct emphasis on evidence-based actions and interventions to enhance the health and wellbeing of the school environment.
- A requirement to contribute to peer-to-peer school support/mentoring component could be included within the Silver and Gold award criteria to encourage schools to work more closely together and share knowledge and best practice between schools.

Several areas in England have attempted to transform the school health offer to better align to CYP's needs, a few examples of good practice are described below:

London Borough of Tower Hamlets:

- A service audit identified that SNs spend 70% of their time on safeguarding, when only 2-3% of the CYP population have a CP/CIN plan.
- Transition from a surveillance service, to one of targeted assessment of actual and predicted health needs.
- Active engagement of families in devising child-centred health plan.
- Regular contact with specialist services, school staff and families.
- This change has resulted in greater involvement with the family and recognition of the public health role beyond height and weight measurements.

Warwickshire County Council:

- Service is designed flexibly to respond to an annual planning and delivery cycle around the three terms
- September: Collecting data through health needs assessments at Reception, Year 6, Year 9 and Post-16 using surveys sent to the children. Return rate ranges from 25-80%. The team collate data at the individual, school, locality and population levels. Service utilisation data is also used to identify priority needs.
- December: Identify individual and school priorities to develop individual school public health plans
- April: Deliver targeted activities based on the action plan

References

1. NIHR CLAHRC North Thames – Healthy Schools London Evaluation Summary Report – September 2016
2. Information presented at the Healthy London Partnership School Nursing Event on 5 April 2017

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Following this health needs assessment, several challenges and opportunities are emerging

CHALLENGES AND OPPORTUNITIES

Challenges

- Health, education and social care partners need to communicate with each other more effectively so that there is greater awareness of what interventions are being provided by whom. This can reduce duplication and ensure any gaps are identified early and rectified. This may require a centralised information collating function.
- The school nursing offer is poorly defined and is not well understood by CYP, schools and other partners; and a high staff turnover can exacerbate this issue
- The school nursing service tends to be reactive, and lacking in strategic direction. There is no systematic way of identifying what schools need and ensuring that services are aligned to need.
- Ensuring that the school nursing service is delivered through a team approach with the appropriate skill mix that is aligned to the needs of individual schools.
- Prioritising the plethora of health promotion interventions and services into 'must do', 'should do' and 'could do' categories so that resources can be more effectively allocated.
- Identifying and promoting the use of evidence based health promotion interventions in the school setting

Opportunities

- Recognising that schools function autonomously and leveraging this potential to create individualised health plans for schools which are responsive to each school's needs. Schools, school nurses and HSL lead can work together to achieve this.
- The SHEU survey can be developed into an annual survey for all schools, to support the identification of health needs in a timely fashion (see Warwickshire model) and inform the planning of health promotion work.
- An Integrated health promotion offer involving key agencies should be considered, for example: school nurses integrated into the Early Help Localities Service; integrating school nurses as a part of HSL; oral health promotion and healthy weight services; an integrated youth violence prevention offer with youth workers and YOS. Consider the formation of a multidisciplinary 'school health team' to coordinate the integrated offer with school nursing at the core.
- Promote the setting up of a regional bank of evidence based interventions for schools to access (similar to London Grid for Learning for educational interventions)

This health needs assessment provides a broad overview of CYP health in schools but has limitations

LIMITATIONS

- This review has focused primarily on health needs that are amenable to interventions in the school setting. However, the wider environment in which children and young people live and grow up, including the family and local community are equally important, but this review has not been able to assess this.
- This review has only assessed a few of the vulnerable groups of CYP who have increased risk of health and wellbeing needs, due to time constraints and the availability of local data. Future work should consider the other risk groups such as migrants, excluded pupils and young offenders.
- This review has sought to use local data where possible, however in some areas, only regional or national data is available (e.g. mental health and wellbeing)
- This review sought to engage as many partners and stakeholders as possible, however only limited engagement was achieved with teachers and Head-teachers (likely due to the proximity of this review to the end of the school term).
- Due to time and resource constraints, this review has not been able to directly engage with Southwark's children and young people on their views on health and wellbeing in the school setting.
- This review sought to provide a comprehensive understanding of services / providers delivering health and wellbeing interventions in schools; however it is not exhaustive, and some gaps may remain.

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The school health promotion offer is currently fragmented and greater strategic direction is needed

SUMMARY & KEY FINDINGS

This HNA aimed to develop an understanding of school-based health promotion and identify opportunities for improvement.

- There is a strong link between children's health and their capacity to learn. This is reflected in the National Healthy Child programme, which should be delivered by a network of agencies involved in children's health and education with school nurses at the core.
- Southwark has a large and diverse population of children and young people, many of whom are vulnerable and live in deprived communities. There are many significant health needs in our CYP population which can be addressed in the school setting, including childhood obesity, sexual health, mental and emotional health and wellbeing and youth violence. Children who are deprived and vulnerable may be at increased risk of these health needs. Health promotion for home educated children is a significant gap that has been identified.
- There is a huge number of separate interventions being offered to schools to promote health and wellbeing, but better communication between providers and between schools is needed to avoid duplication and improve effectiveness. This may require a centralised information collation and coordination function.
- The HSL awards accreditation has the potential to increase awareness and promote a range of activities to improve health and wellbeing. However, it can be more fully utilised to drive the health and wellbeing agenda in schools, particularly in driving evidence-based sustainable actions. This may require a pan-London response to increase the requirements for each award level, and create a database of evidence-based interventions that schools can use.
- The school nursing service will benefit from a shift in emphasis from one that is primarily reactive, to a more strategic and proactive approach. This may involve yearly schools needs analysis to inform priorities and designing individualised school health plans; aligning the workforce skill mix to different school needs more effectively; and a more integrated way of working with Early Help Localities Service to deliver prevention and early intervention. School nursing service could also be represented at "Strategic Programme Board: PSHE, Wellbeing, Healthy Schools and Lives in Education" meetings

This health needs assessment has provided a broad overview of school-based health promotion. It has identified areas to be considered for improvement, which will require further in-depth review and understanding in order to develop an integrated health promotion offer across health, education and social care.

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NEXT STEPS

RECOMMENDATIONS

Following this health needs assessment, several recommendations have been outlined below with suggested leads for each item.

Recommendation	Details	Suggested Lead
School nursing audit / review	Develop an in-depth understanding of the school nursing service against nationally recommended roles and responsibilities. Consider the possibility and feasibility of joined-up delivery of school nursing across London.	Sigrig Blackman Nina Perrin
Review of safeguarding workload	This may be a part of the school nursing audit. To better understand the spread of safeguarding workload across the safeguarding team.	Sigrig Blackman Clarisser Cupid
Health promotion for home educated children	Liaising with Education team to explore how to secure health promotion support for home educated children, involving key partners including school nurses and GPs	Sigrig Blackman Education access team (Neil Gordon-Orr)
Evaluating Healthy Schools London for Southwark	Discuss and evaluate whether HSL awards accreditation can be upgraded in Southwark to emphasise more direct interventions that are evidence-based and demonstrating impact on health outcomes. Identify strategies to encourage teams and functions across the system to collaborate with the Healthy Schools Partnership	Lee Souter Kirsten Watters
School nursing transformation	Following the school nursing audit, develop a strategic vision for school nursing which is more proactive and preventative. Consider aligning the school nursing skill mix to specific work streams; and for school nurses to co-produce yearly health plans with schools (and HSL lead), through a cyclical process of needs analysis, priority setting and target actions (see Warwickshire County Council example)	Sigrig Blackman

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