From:	Peter Oakford, Cabinet Member, Strategic Commissioning and Public Health Andrew Scott-Clark, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee
Date:	1 December 2017
Subject:	**Adolescent Health**
Classification:	Unrestricted
Past Pathway of Paper:	This is the first committee to consider this report
Future Pathway of Paper:	
Electoral Division:	All

Summary:
This paper provides an overview of the school public health service. It sets out the two areas of delivery, one of which is adolescent health and the main focus of this report. This paper highlights work to improve outcomes for adolescents, the mobilisation of the Adolescent and Emotional Health Service and the role of Personal, Social and Health Education (PSHE).

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to NOTE and COMMENT on this report

1. Introduction

1.1 Adolescence is understood as a developmental period which stretches from 10-19 and represents the transition from childhood into young adulthood. That said, brain development is understood to continue until the age of 25 and so many of the characteristics of adolescents are also present in the 19-25 age group.

1.2 There have been reductions, as shown in Section 3, in substance use, smoking and in under 18 conceptions over the last 15 years but there has also been a decline in emotional and mental health, including increases in the rates of self-harm. Obesity is also a health priority for adolescents with 1 in 5, 11-15 year olds estimated as being obese and physical activity declining across this age group. Adolescents are also more likely than other age groups to be victims of sexual exploitation and to be gang affiliated.

1.3 Improving adolescent health outcomes requires an integrated and holistic approach to delivering services with a focus on ensuring that they are youth friendly. This requires a multisectorial response which is a feature of the Transformation of Children's Mental and Emotional Health Plan. This plan includes the mobilisation of the Adolescent and Emotional Health Service delivered by Kent Community Health Foundation Trust (KCHFT) since April

2017. Key successes of the service to date are the development of a single point of access for referrals and an increase in emotional health interventions.

1.4 PSHE is a building block of adolescent health and wellbeing. It is currently not statutory but includes elements such as drug and alcohol education, sex and relationships education and financial management which are subject to statutory guidance in England. Some aspects of PSHE are included in the Ofsted Inspection Framework. The delivery of good quality Universal PSHE remains the responsibility of schools and colleges with opportunities to influence the quality of delivery provided through KCHFT Adolescent and Emotional Health Service, Head Start Kent and Sexual Health services. Addaction's RisKit and Mind and Body Programme and Choices and Barnardo's Positive Relationships Service, provide additional school based interventions for young people which support PSHE delivery. A challenge remains in ensuring that good quality PSHE is available to all adolescents, and that those who are of greater risk of poor health outcomes and less likely attending school, having access to PSHE.

School Public Health Workforce Services

2 Background and progress

2.1 As part of its responsibilities for public health and for delivering improved health and wellbeing outcomes for children and young people in Kent, KCC Public Health has commissioned school public health nursing services across the county since April 2013.

2.2 The Children's Social Care and Health Cabinet Committee has previously welcomed and endorsed the proposal to re-commission these services as part of a wider collaboration with health commissioners to implement *'The Way Ahead, Kent's Emotional Wellbeing Strategy for children, young people and young adults in Kent'.*

2.3 Following a competitive tendering process, which in part was joint with CCG commissioners for the Tier 3 Children and Young People's Mental Health Service (CYPMHS), KCC Public Health awarded two contracts in February 2017 to Kent Community Health (NHS) Foundation Trust (KCHFT).

2.4 The Primary School Public Health Service and the Adolescent Health and Targeted Emotional Wellbeing Service both commenced on 1st April 2017 and replaced the previous School Nursing contract and Young Healthy Minds contract.

2.5 In addition to providing a wide range of physical health services, the new services also play a critical role in delivering an integrated system to improve the emotional wellbeing of children and young people. These services include a universal (Tier 1) emotional wellbeing service for all school-aged children as well as more targeted (Tier 2) support for approximately 2,000 young people.

2.6 Examples of the **Primary School Public Health Service** include:

- Health Assessments at Year R [age 4-5 years] and Year 6 [age 10-11 years]

- Tier 1 interventions for a range of health needs (including emotional wellbeing) and referral on to specialist services where necessary
- Drop-in clinics in schools for advice and information

2.7 The **Adolescent Health and Targeted Emotional Wellbeing Service** provision includes:

- Tier 1 intervention for a range of health needs (including emotional wellbeing) and referral on to specialist services where necessary
- Health assessments at Year 10 [age 14-15 years] and Year 12 [age 16-17years]
- Drop-in clinics in schools for advice and information
- Support for secondary schools in developing School Public Health Plans and delivering whole-school approaches to improve the health of their pupils

Adolescent health

3. Introduction

3.1 Adolescence is a distinct period of development which spans childhood (up to the age of 18) and into adulthood. It is generally understood to be from 10 to 19 years of age.

3.2 Adolescents are often thought of as a healthy group and most are. However, adolescence is a period in childhood where preventable deaths do occur primarily caused by injuries including traffic accidents and by suicide. Adolescence is also a period when health harming behaviours like smoking and substance misuse and when symptoms of mental health disorders appear. Adolescents also become sexually active and are at risk of conception and contracting sexually transmitted diseases. Increasing age comes with increasing independence and that can leave adolescents at risk of entry into the criminal justice system, gang affiliation and sexually exploitative relationships. Exposure to health harming behaviours, adversities and onset of mental health disorders will often persist into adulthood unless preventative interventions are delivered.

3.3 A healthy adolescent population increases the likelihood of a healthy adult population.

4. Adolescent Health – what are the current successes and concerns?

Under 18 conceptions:

4.1 These have declined in Kent from 871 in 2011 to 573 in 2015. The rate in Kent, 22.2 per 1000 females aged 15-17, is now similar to that of England, which has also declined.

Tobacco Use:

4.2 The annual national survey of 11-15 year olds, undertaken annually provides trends data on tobacco use. 3% of pupils reported that they smoked at least one cigarette a week, the survey definition of regular smoking. This is at a similar

level to 2013, and confirms the decline since 2002, when 10% of pupils were regular smokers[1].

4.3 According to the national One YOUth survey undertaken from 2014/15, it is estimated that the Kent value of 10.5 % of 15 year olds being a current smoker is higher than the South East [9%] and England values [8.2%]. One YOUth estimated that in Kent 7.3% of 15 year olds are regular smokers. This is higher than the South East [5.8%] and England [5.5%] values[2].

Substance (Drug and Alcohol) Misuse:

4.4 National survey' data tells us that in 2014, 15% of pupils had ever taken drugs, 10% had taken drugs in the last year and 6% had taken drugs in the last month. There has been a decline in drug use since 2001.

4.5 In 2014/15, 38% of 11 to 15 year olds had tried alcohol at least once, the lowest proportion since the survey began. The average (mean) consumption of alcohol among those who had drunk in the last week was 9.8 units. Pupils' consumption varies widely and 22% of those who had drunk alcohol in the last week had drunk 15 units or more[3].

4.6 These improvements in health behaviours are positive but there are still communities in Kent, generally the most deprived, where prevalence rates remain high. Specialist substance misuse treatment services for young people also report higher levels of complexity amongst their service users that England.

4.7 Mental health and emotional health of adolescents is declining. This is putting pressure on the system of care and resulting in children and young people not getting to the services that they need. National research indicates that just 2% of children and young people who need a mental health service receive it[4]. The current ambition of the 'Five Year Forward View for Mental Health[5] is that by 2020/21 at least 70,000 more children and young people should have access to the high quality mental health they need.

Self - Harm:

4.8 National prevalence data for mental and emotional health comes from a range of surveys which use different data collection tools. This creates problems in making comparions over time. That said there has been an increase in reports of self harm amongst men and women aged 16 to 24 years old. A recent report[6] found that between 1/4 and 1/3 of young women report self harming between the ages of 15-24 years.

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[1] http://digital.nhs.uk/catalogue/PUB30132 Accessed 02/11/16
[2] ONE YOUth web sourced from PHE fingertips
[3] http://digital.nhs.uk/catalogue/PUB30132
[4] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[5] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[6] Hagell A, Shah R Coleman J [2017] *Key Data of Adolescent Health 2017* London: Association for Young People's Health http://www.ayph.org.uk/keydata2017/FullVersion2017

4.9 Obesity:

Obesity is a national public health priority, frequently focussed on primary age children. Despite the systematic weighing and measuring provided by the National Child Measuring Programme it is estimated that 1 in 5 school pupils aged 11-15 are obese[7]. On average teenagers consume 8 times the recommended daily sugar allowance[8]. Physical inactivity increases over the period of adolescence and by age 13-15 only 19% of boys and 7% of girls achieve one hour of daily exercise.[9]

4.10 Sleep

Recent national research found that a quarter of secondary school children reported that they do not get enough sleep.[10]

5.0 Approaches to Improving Health Outcomes for Adolescents:

5.1 Improving and intervening in adolescence requires the engagement of multiple sectors including health, social care and education. It requires working in partnership with parents and carers and with adolescents themselves. This multi sectorial response is evidenced in programmes like the Transformation of Children and Young People's Emotional and Mental Health which includes Head Start, currently being delivered in Kent.

5.2 The framework below illustrates what works in achieving adolescent health outcomes. It is important to note that relationship building, is key to adolescent health as is taking a positive asset based approach to adolescents, rather than focussing on their negative behaviours and needs and integrating services to provide holistic interventions.

PHE Framework for Young People's Health (PHE 2015)[11]

[7] NHS Digital NCMP
[8] Hagell A, Shah R Coleman J [2017] *Key Data of Adolescent Health 2017* London: Association for Young People's Health http://www.ayph.org.uk/keydata2017/FullVersion2017
[9] Hagell A, Shah R Coleman J [2017] *Key Data of Adolescent Health 2017* London: Association for Young People's Health http://www.ayph.org.uk/keydata2017/FullVersion2017
[10] Hagell A, Shah R Coleman J [2017] *Key Data of Adolescent Health 2017* London: Association for Young People's Health http://www.ayph.org.uk/keydata2017/FullVersion2017
[11] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399391/20150128_YP_HW_Framework_FINAL_WP__3_.pdf

6.0 Adolescent Emotional Health Service:

6.1 The Adolescent Emotional Health Service delivered by KCHFT is part of the School Public Health Service and brings together Public Health School Nursing delivering one to one health interventions at Tier 1, with whole school health improvement and Tier 2 emotional health interventions, reaching into primary age. Delivered by a workforce of 36wte school and school staff nurses, 20wte assistant and public health practitioners, this contract commenced in April 2017. Key successes of the service to date are, the development of a single point of access (SPA) for referrals and an increase in emotional health interventions. The SPA, which is staffed by clinicians, is delivered with North East London Foundation Trust (NELFT), the provider of the Children and Young People's Mental Health Service and ensures that children and young people get to the right service in a timely way. Emotional health interventions at Tier 1 have increased. The service has also developed an outreach team who will ensure equity of access to their service for adolescents who are home schooled, in PRUs and who are young offenders.

6.2 Going forward the service will be implementing a Year 6 and Year 10 health assessment which will both generate data on the health needs of the school population for the purposes of focussing whole school health improvement, and identify young people who will benefit from health and wellbeing interventions. The service is already learning from Head Start Kent with a view to embedding and sustaining the universal elements of the programme.

7. Personal Social Health and Education (PSHE)

7.1 PSHE delivery in schools and colleges is not statutory in England but builds on the statutory guidance to schools on the delivery of drug education, financial education, sex and relationship education (SRE) and the importance of physical activity and diet for a healthy lifestyle. This guidance applies to maintained schools only. PSHE will vary significantly in quality.

7.2 PSHE is a building block of health, wellbeing and safeguarding and has been linked to reducing the risk of sexual exploitation, increasing understanding of safe and unsafe relationships and reducing under 18 conceptions.

7.3 It introduces young people to health and wellbeing issues and at its best creates opportunities for young people to build knowledge, share their experiences, and practice scenarios. This develops health literacy and thinking skills as well as enabling young people to disclose their own needs and navigate their way to services if they need them.

7.4 The delivery of good quality Universal PSHE remains the responsibility of schools and colleges with opportunities to influence the quality of delivery provided through KCHFT Adolescent and Emotional Health Service, Head Start Kent and Sexual Health services. In addition, Kent County Youth Council have identified PSHE as a priority and are in the process of finalising a set of 'Curriculum for Life' resources designed to complement PSHE delivery and have worked with Public Health Specialists to develop a set of values for the implementation of SRE. Addaction's RisKit and Mind and Body Programme, and Choices and

Barnardo's Positive Relationships Service provide additional school based interventions for young people which support PSHE delivery.

7.5 Good quality PSHE and additional school based health and wellbeing interventions benefit those adolescents who are in school and college settings. Youth Hubs play an important role in delivering additional PSHE and may benefit from a standard approach but their reach is limited. A challenge remains in ensuring that PSHE is delivered to a high quality in all schools and colleges in Kent and those who are of greater risk of poor health outcomes and who are less likely to attend school have access to it.

8. Conclusion

8.1 Despite some gains in adolescent health, the adolescent population, particularly those in Kent's most deprived communities are experiencing a decline in emotional and mental health and high prevalence of obesity and lack of physical exercise. A multi sectorial response is required with a particular focus on the most deprived communities and those adolescents who are least likely to benefit from universal school based interventions like PSHE.

9. Recommendation

The Health Reform and Public Health Cabinet Committee is asked to NOTE and COMMENT on this report.

Background documents: none

Report Author:

Jo Tonkin, Public Health Specialist
03000 416775
Jo.tonkin@kent.gov.uk

Wendy Jeffreys, Locum Consultant in Public Health,
03000 416310
wendy.jeffreys@kent.gov.uk

Relevant Director:

Andrew Scott-Clark, Director of Public Health
03000 416659
Andrew.scott-clark@kent.gov.uk