

Health Promotion Service – Project Overview

TITLE	HEALTHY SCHOOLS CORNWALL and IOS
<p>NATIONAL TARGETS /LOCAL PRIORITIES</p>	<p>LAAs in Cornwall relevant to work of CHSP</p> <p>Successful children and young people</p> <ul style="list-style-type: none"> • Improved life chances for Children In Need, particularly but not exclusively Looked After Children and Young people • Improved standards in educational achievement <p>People across Cornwall have healthy lifestyles and reduced risks to health and well being</p> <ul style="list-style-type: none"> • A reduction in smoking • Improved sexual health • The rise in obesity halted • Improved mental health • Reduce harm caused by alcohol • Reduce the harm caused by illegal drugs <p>Individual inclusion</p> <ul style="list-style-type: none"> • Reduced health inequalities... <p>Creative, active, and safe communities</p> <ul style="list-style-type: none"> • <i>Fewer people offending (young and adult offenders)</i> <p>The work of Healthy Schools is overseen by the Child Health and Well-being Board which oversees the delivery of PSA 12 - improving the health and wellbeing of children and young people.</p> <p>PSA DELIVERY AGREEMENT 12 – Improve the health and wellbeing of children and young people</p> <p>Healthy schools is a key framework for the achievement of 3 out 4 delivery priorities:</p> <p>Increasing the uptake of school lunches Reducing childhood obesity Improving Emotional Health and Well-Being</p> <p>Healthy Schools is also linked to</p> <p>PSA DELIVERY AGREEMENT 14 – Increase the number of children and young people on the path to success (Healthy Schools is a school improvement as well as health improvement tool)</p>

PSA DELIVERY AGREEMENT 18 – Promote better health and wellbeing for all.

Healthy Schools is also emerging as a key element of the specific plans emerging from the Children's Plan (e.g. **The Staying Safe Action Plan**):

Healthy Schools recognises the link between child safety and pupil wellbeing. A Healthy School is one that provides a safe environment and where children and young people feel secure and able to share any personal safety issues with school staff and expect these to be dealt with professionally and in confidence.

Schools should identify and monitor their most vulnerable pupils. Referral arrangements should ensure that a school knows how and when to refer a child who has suffered from, or is in fear of, harm to appropriate specialist services.

We share the commitment to specific improvements:

- Strengthen PSHE, SRE, drugs and alcohol education
- Reduce bullying
- Make physical activities (including travel to school) safer
- Involve parents in decisions and
- Ensure children and young people are listened to and have the opportunity to acquire risk management skills.

The Children's Plan highlights the importance of a school being a healthy school as underpinning the wellbeing of every child (see page 31, paragraph 1.65 and page 71, paragraph 3.89 – see appendix B). Healthy Schools is recognised as an important component of **a 21st Century School** alongside extended services (see page 23, paragraphs 3.8 & 3.9 quoted in appendix A). Ofsted will be introducing a new SEF and a set of pupil well-being indicators for schools to report against. The new SEF and the well-being indicators will be closely aligned with the achievements of a school around in getting Healthy School Status and taking part in Healthy Schools Plus / enhancement.

The key role of Healthy Schools is to assist local authorities to respond effectively to the child health and well-being agenda. It can ensure that a minimum universal provision is in place to provide a framework within which schools can most effectively contribute to a number of national outcomes. This means that schools that achieve National Healthy School Status will have minimum evidence in place for the four key themes;

- **Personal Social Health and Economic education**
- **Healthy Eating**
- **Physical Activity**
- **Emotional Health and Well Being**

Support by this local programme can ensure that a school is able to support the links between behaviour, health and attainment and is ready to meet the

challenge of improving well-being.

The new HS enhancement model will take schools further forward in these themes and ensure that schools build on the minimum evidence to increase the school's contribution to local and national priorities.

Healthy Schools and National Indicators

Healthy Schools; Healthy Schools Plus and the HS enhancement model" are key delivery vehicles for some key outcomes for children and young people such as Be Healthy, Stay Safe, Make Positive Contribution and Environmental Sustainability within the National Indicator set.

Children and Young People –Make a Positive Contribution

NI 112 Under 18 conception rate

NI 113 Prevalence of Chlamydia in under 20 year olds

NI 115 Substance misuse by young people

Children and Young People –Be Healthy

NI 50 Emotional health of children

NI 69 Children who have experienced bullying

NI 114 Rate of permanent exclusions from school

NI 52 Take up of school lunches

NI 57 Children and young people's participation in high-quality PE and sport

NI 55 Obesity among primary school age children in Reception Year

NI 56 Obesity among primary school age children in Year 6

Environmental Sustainability

NI 198 Children travelling to school – mode of travel usually used

Healthy Schools is a key part of the **Cornwall Children and Young People's Plan and the Health and Well-Being Strategy for 2020** and the overarching **Sustainable Community Strategy** in its aims to improve health, tackle health inequalities, etc.

The programme is an indicator in **Ofsted Annual Performance Assessment of Children's Services**. Local Authorities are required to account for how they are helping schools to achieve HS status in the Comprehensive Area Assessment

Contribution to the **World Class Commissioning** process outcomes including: reducing unwanted teenage pregnancy; reducing childhood obesity, improving mental health and reducing health inequalities. (**Strategic Objective:** SO.1; SO.2; SO.6; SO.9)

Standards for Better Health domain:

	<p>Seventh Domain - Public Health</p> <p>Standards for Better Health statement:</p> <p>C22 Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by a) co-operating with each other and with local authorities and other organisations; b) ensuring that the local Director of Public Health’s Annual Report informs their policies and practices; and c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.</p> <p>C23 Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.</p>
<p>SCOPING</p>	<p>CHSP contributing to / following Nice Guidance</p> <p><u>Behaviour change</u> <u>Interventions to reduce substance misuse among vulnerable young people</u> <u>Preventing the uptake of smoking by children and young people</u> <u>Prevention of sexually transmitted infections and under 18 conceptions</u> <u>Promoting physical activity for children and young people</u> <u>School-based interventions on alcohol</u> <u>School-based interventions to prevent smoking</u> <u>Social and emotional wellbeing in primary education</u> <u>Social and emotional wellbeing in secondary education</u></p> <p><u>Contraceptive services for socially disadvantaged young people</u> <u>Looked after children</u> <u>Personal, social and health education focusing on sex and relationships and alcohol education</u> <u>School-based interventions to prevent smoking</u> <u>Weight management for overweight and obese children: community interventions</u></p> <p>More details http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7376&set=true</p>
<p>AIM(S)</p>	<p>Healthy Schools is a joint initiative between DCSF and Department of Health (DH) - which promotes a whole school / whole child approach to health. The Programme has existed since 1999. It is recognised as a key delivery mechanism in the Children’s Plan (DCSF 2007) and in Healthy Weight, Healthy Lives (DH 2008) amongst other strategies.</p>

	<p>Healthy Schools is intended to deliver real benefits in respect of:</p> <ul style="list-style-type: none"> • Improvement in health and reduced health inequalities; • Raised pupil achievement; • More social inclusion; and, • Closer working between health promotion providers and education establishments <p>We want all children and young people to be healthy and achieve at school and in life. We believe that by providing opportunities at school for enhancing emotional and physical aspects of health. In the longer term, this will lead to improved health, reduced health inequalities, increased social inclusion and raise achievement for all.</p> <p>Our Aims</p> <p>To deliver real benefits for children and young people, specifically:</p> <ul style="list-style-type: none"> • To support children and young people in developing healthy behaviours • To help raise the achievement of children and young people • To help reduce health inequalities • To help promote social inclusion <p>The Healthy Schools enhancement model is the start of a new journey for schools, but will build upon a lot of good practice already taking place in many Healthy Schools.</p> <p>The enhancement model has been designed to help schools continue to deliver measurable improvements to the health and well-being of children and young people, by supporting schools in developing new ways of encouraging them to actively embrace healthier behaviours.</p> <p>With an emphasis on continual development, the Healthy Schools enhancement model will enable schools to provide both universal and targeted health interventions within the school context, including offering greater support to children and young people who are most vulnerable.</p> <p>The model sets out a series of manageable stages to help schools to assess their needs, and to plan, deliver and monitor new health intervention activities over a 2-3 year period.</p>
<p>OBJECTIVES</p>	<p>Our target population consists of:</p> <p>Schools (and within schools children and young people, parents and carers, staff and governors)</p> <p>Our partners including strategic partners and those helping us deliver the programme in schools.</p>

	<p>Our objectives for the year include:</p> <p>Management of the Programme</p> <ul style="list-style-type: none"> • Management of change for team and schools. 2010, like 2009, will hold considerable challenges for the programme in managing changes to programme. These changes will have implications for the workload of the programme and our capacity to support schools (effectively we are running 3 separate programmes). • Further develop work with partners in developing and delivering the programme at school level. • Continuation of development of innovative / effective practice in childhood obesity, child mental health and emotional health and well-being; teenage pregnancy; drugs and alcohol and tackling inequalities. <p>Partnership</p> <ul style="list-style-type: none"> • Consolidate role of Healthy Schools within local strategic structures, and maintain contribution to HWB strategy, LAA, NSF. CYPP. • Continuation of the review and remodel of the HS Quality Assurance Group (QuAG) as part of the new Quality Assurance System (QuAS) <p>Work with Schools</p> <ul style="list-style-type: none"> • Maintaining current practice of ensuring every school has a dedicated support worker able to provide appropriate support for individual school needs. • Programme of training and support for schools around achieving, evaluating and maintaining Healthy School Status and making the transition to the HS enhancement model • Ensuring the few remaining schools without National Healthy School Status are provided with on-going, targeted support towards achieving Status and are not ignored in the change process. • Continuing development of parent and carer involvement in Healthy Schools work of schools through targeted support for schools wanting to involve parents and carers more. • Further development of the engagement and involvement of children and YP in the programme.
<p>PROJECT TARGETS and BEHAVIOURAL GOALS</p>	<p>During 2010 – 2011 we have been set / are setting for ourselves the following ‘headline’ targets by April 2011:</p>

	<ul style="list-style-type: none"> • 20 more schools will achieve National Healthy School Status • 100 schools will be part of the Healthy Schools enhancement model (including those engaged in HS Plus as long as they are doing the Annual Review) • 50% (136) of schools will be engaged in HS Plus (SHA target)
<p>THE PROPOSITION</p>	<p>Our work will continue to offer high level, school specific support to enable schools to achieve wherever they are in Healthy Schools.</p> <p>This will include school visits and assistance from a dedicated school support worker, briefing meetings, training for teachers and governors, work with parents and carers.</p> <p>Continued development of our website and support resources including provision of detailed local data / needs assessments to enable schools to focus work on priority areas.</p> <p>On-going innovation in approaches to HS work including projects such as lunchbox workshops; dance mat sessions and use of rowing machines (definitely intended to make our product more 'fun, easy, popular'.</p> <p>Work with partners</p> <p>Contribution to national HS strategy development and implementation.</p>
<p>EVALUATION</p>	<p>For numbers of schools involved in various aspects of the programme the baselines are the current situation and are recorded on the national databases.</p> <p>In addition our own database records other data like attendance at training, courses delivered etc.</p> <p>Individual schools are developing meaningful and measurable behaviour change outcomes for their work around HS Plus and HS enhancement model. These are being recorded via the national databases and will provide evidence of impact of the programme.</p>
<p>DELIVERY PARTNERS and Stakeholders</p>	<p>National HS Programme Schools</p> <p>Children and Young People Parents and carers County PSHE /SRE adviser School Travel Plan team ABC SEAL leads TP coordinator Alcohol worker</p>

	<p>DAAT CC children's portfolio holder CC school meal lead School Improvement Team TaMHS Mental Health Team Extended Services Partners PSHE (other) AST School SRE support worker PADL team Geographical SSCOs NCMP lead Speakeasy worker Headteachers (via CAPH / CASH School nurses Children in Care (CICESS) team</p>
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Appendix A

Referenced extracts from The Children's Plan

The role of schools

- 1.64 Schools play a vital role in promoting physical and mental health, and emotional wellbeing, underpinned now by a duty to promote the wellbeing of pupils in the Education and Inspections Act 2006, guidance on which will be issued early in 2008.
- 1.65 This role is being strengthened through:
- ensuring that every school is offering a wide range of extended activities and services from 8am to 6pm;
 - the Healthy Schools Programme, with all schools expected to be working towards Healthy School Status by 2009, and at least 75 per cent having achieved accreditation;
 - our school building programmes, including Building Schools for the Future, with better school kitchens and dining rooms; and better PE, sport, play and outdoor recreation facilities, and facilities designed with the delivery of mainstream services in mind;
 - efforts to ensure local authorities work with schools and parents to increase cycling and walking to and from school; and
 - better techniques for early identification and assessment of additional need, and more
 - effective joined-up working to support swift and easy referral to specialist services.

Personal Development

- 3.89 Personal development is also addressed through the National Healthy Schools Programme. Schools with National Healthy School Status will provide their pupils with the skills, understanding and attitudes to make informed decisions through personal, social and health education, healthy eating, physical activity, and emotional health and wellbeing. Our ambition is for all schools to work towards achieving National Healthy School Status by 2009, as set out in Chapter 1.