

Subject:	Public Health Schools' Programme		
Date of Meeting:	27th November 2013		
Report of:	Dr Tom Scanlon, Director of Public Health		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of this report is to bring the Public Health Schools' Programme to the attention of the Health and Wellbeing Board Members.
- 1.2 The proposed Public Health Schools' Programme takes into account recent policy changes, the opportunity afforded by the arrival of Public Health in local authorities, the need to build on the good work of the Healthy Schools/Settings programme as well as the concerns of schools themselves. The programme reflects evidence based practice. The programme will be offered to all state schools including academies and free schools. It is anticipated that in due course the programme will be rolled out to colleges.

2. RECOMMENDATION:

- 2.1 That the Health and Wellbeing Board note and comment on the report and agree to refer it the Children and Young People's Committee for endorsement.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 As of 1st April 2013, Public Health within local authorities is responsible for commissioning the Healthy Child Programme 5-19, which includes school nursing. In April 2015, the commissioning of the Healthy Child Programme 0-5 will also pass to Public Health in Local Authorities. The 0-5 programme is currently commissioned by the area team (Surrey and Sussex) of the NHS Commissioning Board although this is in partnership with local public health teams.
- 3.2 The Department of Health Call to Action for school nursing (2011) recommends a revitalisation of school nursing services for the delivery of a core programme of evidence based preventative health care for all children and young people, with additional support and care for those who needs it. School nursing is now within the remit of Public Health in local authorities.

- 3.3 A national Public Health Outcomes Framework has been developed to assess progress in improving Public Health. Several of the indicators in this framework support a Public Health approach to school health.
- 3.4 In recent years the local approach to health in schools has been through the national Healthy Schools Programme, alongside a number of other public health programmes. In 2010 there were changes to the national programme with resultant local funding reductions. Two council employees, one funded by public health now oversee a streamlined Healthy Settings Programme for schools, nurseries and colleges with a reduced number of criteria and school self-validation of progress. In addition to this programme, a number of health promotion and prevention activities are commissioned by the Public Health team. For example:
- BIKE IT: a project to encourage and support children to cycle as part of their school journeys;
 - Community Youth Champions: an after school peer mentoring project where pupils aged 11-15 years are trained as advocates for physical activity;
 - Smoking prevention and cessation: education about tobacco and associated development of smoking policies and stop smoking sessions;
 - Sun safety campaigns;
 - National Child Measurement Programme for children aged 4-5 and 10-11 years.
- 3.5 There can be capacity challenges in the effective implementation of these interventions including when they require school nursing support at universal level.
- 3.6 There are also a number of national programmes delivered through schools through the NHS Commissioning Board in partnership with Public Health England and local authority Public Health; for example the management of communicable disease outbreaks and national vaccination programmes.
- 3.7 The Annual Report of the Chief Medical Officer, Our Children Deserve Better: Prevention Pays (2012) recommends that local authorities support schools to engage in the health agenda to create school connectedness, build resilience, support health and wellbeing and encourage physical activity. The National Institute of Health and Clinical Excellence (2007; 2010) recommends that a range of public health interventions should be school-based including to prevent smoking and alcohol consumption.
- 3.8 Following the formal move of Public Health in the City Council, The Director of Public Health met with primary, secondary, special needs schools and with schools Governors to discuss the public health priorities for children and young people and the possibility of developing a broad Public Health Schools' Programme.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The Public Health Schools' Programme takes a comprehensive approach to health and wellbeing. The programme will provide a whole school community approach to health improvement for pupils, staff and parents. This will

contribute to pupils' attainment and achievement and support the implementation of the Early Help Strategy.

4.2 Schools will be provided with Annual School Health Profiles with information about their pupils' demographics as well as health and lifestyles issues and inequalities:

- * Immunisation profile - MMR (5yr olds), HPV (secondary schools)
- * Healthy weight prevalence - primary school entry and leaving
- * Lifestyle profile- smoking, alcohol /drug use, physical activity
- * Mental health - self-reported mental wellbeing, self harm; domestic abuse, emotional wellbeing
- * Sexual health - sexual activity, teenage pregnancy

Note: In the event of some school-level datasets being too small and risking identification of individuals, relevant data will not be shown.

4.3 Schools will identify a number of issues that they wish to focus on based in part on the issues identified in their School Health Profile. Schools will be offered support in the development of relevant school policies such as drug and alcohol, healthy weight (school meals, vending machines), tobacco control and other health and wellbeing related policies. Schools will also be offered support in the development of school resilience and emergency management plans. There will be opportunities for schools to sign up to parental contracts for parents not to provide alcohol to their children.

4.4. Health and wellbeing for pupils and students. Based on the issues identified in the School Health Profile, the work will incorporate the current healthy settings work and the public health initiatives already in place, for example healthy diet and nutrition, physical activity, substance misuse, smoking cessation, sexual health, emotional health and wellbeing - including mindfulness and suicide prevention, injuries and accident prevention and targeted work aimed at reducing inequalities in health. The proposed initiatives will enhance the Personal Social, Health and Economics (PSHE) education programme. There will also be scope for support to improve vaccine uptake in this programme

4.5 Staff and parent initiatives. A number of public health programmes will be offered to staff and parents: smoking cessation, drug and alcohol awareness, mental health and wellbeing promotion, Change4Life and Smart Restart (a national programme offered at the start of the new school year to establish healthy habits), and parenting initiatives.

4.6 Reducing inequalities. Some schools may be offered additional support including, though leisure and tourism and public health departments, easier access to out of school activities in culture and leisure.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The Director of Public Health engaged with head-teachers from primary, secondary and special needs schools to discuss the public health priorities for children and young people and to discuss what a wider Public Health Schools' Programme might include. These discussions informed the development and the content of the Public Health Schools' Programme which the Director of

Public Health recently presented to head-teachers and to a meeting of the Governors, Strategy and Partnership group.

- 5.2 The head-teachers from two secondary schools attended meetings and training on parental contracts.
- 5.3 As part of the School Nursing development work engagement with school nurses, schools and other stakeholders is taking place.
- 5.4 The Public Health Programme Manager consulted with the Youth Council and engagement is on-going.

6. CONCLUSION

- 6.1 The Public Health Schools' Programme will provide a whole school community approach to health and wellbeing. It will contribute to pupils' attainment and achievement.
- 6.2 The programme will support the delivery of Brighton & Hove City Council children services strategic priorities including the implementation of the Early Help Strategy.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The programme will pool current financial resources funded by the Public Health grant spread across the Healthy Settings programme, public health schools' initiatives, school nursing programme and other programmes where resources can be redirected. Schools may also contribute.
- 7.2 There are no anticipated additional costs associated with this programme and it is expected to deliver improved value for money.

Finance Officer Consulted: Anne Silley

Date: 31/10/13

Legal Implications:

- 7.3 There are no legal implications arising from the report

Lawyer Consulted: Elizabeth Culbert

Date: 31/10/13

Equalities Implications:

- 7.4 An Equality Impact Assessment will be conducted.

Sustainability Implications:

7.5 The Public Health Schools' Programme will support the sustainability priority of Local and Sustainable Food by encouraging schools to promote healthier diets using locally sourced food where possible. The programme will support the priority of Health and Happiness through the promotion of healthy lifestyles and wellbeing.

Any Other Significant Implications:

7.6 None.

Supporting documentation

Appendices

1. Public Health Outcomes Framework.

Public Health Outcomes Framework

A national Public Health Outcomes Framework has been developed to assess progress in improving Public Health. Several of the indicators in this framework support a Public Health approach to school health:

- Improved readiness for school:
- Increased population vaccination cover;
- Reduced tooth decay in children aged 5;
- Reduced excess weight in 4-5 and 10-11 year olds;
- Reduced smoking prevalence in 15 year olds;
- Increased Chlamydia diagnoses 15-24 year olds;
- Reduced under 18 conception rates;
- Improved emotional wellbeing of looked after children;
- Reduced hospital admissions due to unintentional or deliberate injuries;
- Reduced alcohol and drug misuse;
- Reduced school absences.

Documents listed in Members' Rooms

None.

Background documents

None.