HEALTHY SCHOOLS S		h Committee		
Meeting Date:				
From:	Direc	tor of Public H	lealth	
Electoral division(s):	All			
Forward Plan ref:	2017/	052	Key decision:	Yes
Purpose:	Health Schoo	n Committee fo	or a competitive te	the support of the nder for a new Healthy ambridgeshire County il areas.
Recommendation:	The H	lealth Committ	ee is asked to:	
	a)	Service for so	-	ssion a Healthy Schools Cambridgeshire and eas.
	b)	approve the to Support Servi		a Healthy Schools
	c)	with Peterbor commissione agreement to	ough Ċity Council	
	d)	•		to the Director of Public Chair and Vice Chair of

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the Committee.

1. BACKGROUND

- 1.1 Schools are uniquely placed to influence the health and wellbeing outcomes of their students from childhood into later life. There is also evidence that improvements in health and wellbeing have a positive impact on attainment. They are able to create appropriate learning opportunities and environments within schools and with the communities that they serve to influence the adoption of positive health behaviours. The mandatory responsibilities that require schools to demonstrate policies and interventions that support health and wellbeing acknowledge their key role.
- 2.2 Historically there have been a number of approaches to support schools with health and well being initiatives. These vary from the development of whole school strategic frameworks to inform policy to the direct delivery of school-based services. Some are universal and others targeted to areas of greatest need. A recurrent theme in many of the programmes is the development of a whole school approach. This approach reflects the evidence base that the whole school environment, which includes the wider community, needs to engage and support the development and maintenance of positive health behaviours. Schools and their wider communities need to develop the capacity and resilience to engage in supporting the health and well being agenda.
- 2.3 Schools have traditionally received support to achieve health and wellbeing outcomes from a variety of sources. This proposal aims to develop this work by bringing together resources into one commissioned service model that complements, develops and integrates existing services and programmes, creating efficiencies and securing increased value for money. It is focused upon developing the capacity and resilience of schools and their communities to improve health and well being outcomes. It will include direct provision of particular services, an advice and support service that will enable schools to develop interventions across a wide range of topics and quality assurance for externally secured/commissioned resources. This is the first service to be commissioned through the Cambridgeshire and Peterborough Public Health Joint Commissioning Unit, formed in May 2017, which will be for both areas. As this a jointly commissioned proposal it includes a description of services in Peterborough as contextual information.

2. MAIN ISSUES

Current Service Delivery

- 2.1 Cambridgeshire County Council has provided through its Personal Social and Health Education (PSHE) service a long-standing schools based programme. Most recently, it has been primarily developing strategic frameworks for schools to develop health and well being prevention and health promotion programmes. Public Health has also commissioned the PSHE service to undertake specific pieces of work, which has included developing a mental health video for schools and developing a toolkit for schools to use when implementing the new mandatory Sex and Relationship Education requirement. Recently the PSHE service was commissioned to scope out the different resources that schools currently use to develop and implement health and well being programmes. The aim was to identify their support needs.
- 2.2 Both the CCC and PCC areas have had a Healthy Schools Programme which is an

evidence based whole schools approach to improving health through the creation of an environment and culture that helps their pupils to be healthy, happy and achieve. It has an accreditation and award system. In Cambridgeshire, the programme is currently not promoted but a new Healthy Schools Programme has been developing in Peterborough. Programme development is being provided by Public Health and a staff member from PCC is supporting schools with implementing the Programme.

- 2.3 The following are commissioned services delivered by different providers across the two local authorities.
 - Both CCC and PCC have tobacco control programmes. In Cambridgeshire, it is the peer led evidence based "Kick Ash" programme, provided by CCC's PSHE and Public Health teams with support from the Stop Smoking Service CAMQUIT. In Peterborough Operation Smokestorm is provided by the Lifestyle Service.
 - The commissioned CCC Everyone Health and PCC Solutions 4 Health lifestyles services provide a range of services, which includes providing stop smoking training for school staff and stop smoking services for students, physical activity programmes, training youth health champions and student training for promoting health.
 - Currently both CCC and PCC separately commission the Soil Association to provide its Food for Life programme in schools. The Food for Life Programme uses an evidencebased model to work with schools helping them build knowledge and skills through a 'whole setting approach'. This engages children and parents, staff, patients and visitors, caterers, carers and the wider community to adopt a healthier eating lifestyle. In Peterborough this is available to all schools but in Cambridgeshire it is targeted to areas where there are higher levels of childhood obesity.

The school nursing service also provides services that support prevention and the promotion of health and wellbeing.

- The Healthy Young Person's Advice Clinic (HYPA) is a schools based service that has input from different agencies and coordinated by school nurses. The HYPAs provide advice and support on young person's health issues
- School nurses also input into the PSHE programme provided by schools addressing a range of topics.

Other inputs are provided by agencies to provide specialist input around specific topics, e.g. sexual health or drugs and alcohol. These may be commissioned for schools as in the case of the voluntary agency DHIVERSE that is commissioned by Public Health to provide sexual health input. Alternatively, less commonly agencies such as the young people's drug and alcohol service provide clinicians to offer sessions free of charge to schools.

New Service Delivery Model and Outcomes

2.4 It is proposed to commission a new primary and secondary Healthy Schools Support Service that will contribute to the achievement of the 0-19 Healthy Child Programme outcomes. There is a particular focus upon the following health outcomes for children and young people.

- decrease in childhood obesity
- increase in levels of physical activity
- decrease in the level of self-harm
- decrease in levels of substance misuse including tobacco use.
- decrease in teenage pregnancy and sexually transmitted infections
- an improvement in school attainment
- 2.5 In 2016 Public Health commissioned CCC PSHE to identify which support services were available to schools. Schools commission a wide range of services to address the health and well being needs of their students. The aim was to identify what is available and what schools need to develop their programmes. The main findings were:
 - school staff require training in relation to health and wellbeing
 - schools require access to information about services and provision to support work on health and wellbeing
 - quality assurance of resources and services which are available to schools to ensure that they reflect evidence and best practice
 - organisations commissioned to provide support to schools need to be marketed effectively and monitored for use.
- 2.6 This information along with feedback from the Healthy Schools programme in Peterborough has informed the development of the proposed service delivery model.
 - There will be two levels of service comparable to the universal and universal plus concept.

Universal Offer. All schools will receive a universal offer, which will an include assessment of need based on evidence (e.g. annual National Child Measurement Programme, Health Related Behaviour Survey), policy development, toolkits for project delivery, advice, support and signposting. Information will be available on a website where schools will be able to assess their needs and secure information and tools to help then address their needs through the school's environment and the wider community.

Universal Plus Offer: Schools with poorer health outcomes or health inequalities such as higher levels of childhood obesity will have a universal plus offer. This will enable them to access a health and well being advisor and where appropriate to be offered services to help them develop their school and community programmes. The following two programmes will be offered to schools with the highest needs.

- Healthy Eating/Nutrition programme
- Peer led whole school approach Tobacco Control programme (Kickash model)

Existing services such as the Peterborough Youth Champions will support delivery of these programmes. For example, the well evaluated Kickash programme is currently only provided in Cambridgeshire. In Peterborough, the School Health Champions will support the delivery of this model.

- The new service will have a key role in quality assuring services that schools wish to commission ensuring that they are evidence based, evaluated and meet any associated standards. Quality assurance has been clearly articulated by schools as one of the key areas where they require support. It should be noted that any direct service provision that is commissioned must meet the associated quality standards.
- It is acknowledged that the role of the proposed service has a clear interface with other services working in schools. A central role for the new Service will be to identify existing and potential prevention resources, working with schools to secure better value through avoiding duplication, aligning complementary services and enabling the expansion of and development of programmes. This will include engaging and working with different local agencies and communities to secure their support along with existing services and programmes such as school nursing, the emotional health and wellbeing service, physical activity programmes and the HYPAs, enabling them to develop and expand their services.
- The new Service will be tasked with expanding the Healthy Schools Accreditation Programme. The National Healthy Schools Programme (NHSP) was a joint Department of Health and the former Department for Children, Schools and Families initiative that was launched in 1998 to improve health, raise pupil achievement, improve social inclusion and encourage closer working between health and education providers. The NHSP included an accreditation and award scheme to schools which could demonstrate that they had embedded, through a whole school approach, four criteria relating to health and well being. The "whole school" concept means that all aspects of the school environment including the engagement and involvement of their local communities are included in efforts to support the achievement of health and wellbeing outcomes. This includes policies, strategies and programmes.

The National Programme was discontinued in 2010 but many areas have since adopted the model. PCC has reintroduced the Healthy Schools award based on the former national Healthy Schools concept. The scheme is now in its second academic year and has 12 schools accredited as a "Healthy School".

The proposed Healthy Schools Service would support schools to achieve "Healthy Schools" status and adopt the accreditation system established in Peterborough. Schools in both the Peterborough and Cambridgeshire areas would have the option to work towards securing Healthy Schools accreditation. However schools that do not choose to seek accreditation will not be excluded from receiving the Healthy Schools Service offer. Initial consultation with schools in Cambridgeshire suggests that the Healthy Schools accreditation would not be widely supported but Head Teachers were generally supportive of other aspects of the proposed support service.

Performance Monitoring

2.7 The new services will have the following deliverables and have measurable key performance indicators and targets. The following are the high-level indictors, which will measure activity. Others that indicate impact on behaviour change and quality measures will accompany these.

- schools engaged with the Service and receiving support.
- schools that offer a nutrition programme.
- schools offering a tobacco control programme
- organisations providing services in schools
- engaged community members with the capacity and resilience to support health and well being initiatives in schools.

Funding and Commissioning

2.8 The annual value of the proposed service is £223k shared across Cambridgeshire and Peterborough on capitated basis. This funding represents the current aggregated value of the existing commissioned contracts. The contract length would be 3 years plus 1 plus 1, giving a total value of £1,115,000.

The following table indicates the organisations currently receiving the funding which would be allocated to the new Service.

	Soil Association	CCC Personal, Social Health Education	Kick-Ash provided by PSHE
CCC Public Health	70k	50k	38k
PCC Public Health	65k	0	0
TOTAL	135k	50k	38k

Please note that efficiency savings of £25k against the CCC Public Health Soil Association contract were made in 2017/18.

2.9. This not a savings proposal but the ambition is to secure better value from the funding. The Soil Association contract value was benchmarked against other similar schemes, which suggested that increased productivity was feasible. However, it is difficult to compare programmes as they invariably differ in required resources and costs.

<u>Risks</u>

- 2.10 The market for what is relatively a different type of school support service is not clear. This proposal focuses upon developing the capacity and resilience of schools and their communities to improve health and well being outcomes. It will being together a mixed service that includes direct provision, quality assurance, an advice and support service across a wide range of topics. Market testing is planned and some initial consultation work has commenced.
- 2.11 The proposed Service could potentially support a large number of primary and secondary schools across Cambridgeshire and Peterborough. The challenge will be to ensure that the resource allocation is informed by need and that there are different types of support available that use digital approaches as well as face-to-face contact.
- 2.12 CCC's PSHE Service is a Traded Service The inclusion of the funding that is currently allocated to CCC PSHE could affect the stability of this Service. The PSHE Service is included in those services that are scheduled to be reviewed by CCC in the coming months.

Commissioning Timeline

- 2.13 This is one of the first services to be commissioned by the new Cambridgeshire and Peterborough Public Health Joint Commissioning Unit. The contract will be with Cambridgeshire County Council and currently discussions have started with legal to formulate the appropriate agreement.
- 2.14 The two Soil Association contracts end on March 31st 2018 but exemptions have been secured until June 30 2018 to enable the current academic year programme of work to be completed. The PSHE work is provided through an internal CCC MOU, which expires at the end of the 2017/18 academic year.
- 2.15 The invitation to tender is scheduled for January 2018, an award being made at the end of May 2018 and a contract start date of September 1 2018 in line with the academic year.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for the local economy.

3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority in paragraphs 1.1.amd 2.4

3.3 Supporting and protecting vulnerable people

The report above sets out the implications for this priority in paragraph 2.6

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out the implications for this priority in paragraph 2.8

4.2 Statutory, legal and risk implications

The report above sets out the implications for this priority in paragraphs 2.10, 2.11, and 2.12.

Legal advice on the process to be followed will be sought from LGSS Law who will work with officers to ensure the tender process is carried out in accordance with the requirements of the regulations

4.3 Equality and Diversity

The report above sets out the implications for this priority in paragraph 2.6

4.4 Engagement and communication implications

The following bullet points set out details of implications identified by officers:

• The proposal will support schools to engage with their local communities, ensuring that they are involved in supporting and participating in school activities that support the health and well being of students and staff.

4.5 Localism and Local Member

• There are no localism or local member issues

4.6 Public Health

The following bullet points set out details of significant implications identified by officers:

- Schools can positively influence the health and well being of their students, staff and local communities.
- Improving health and well being is associated with improving educational attainment.

Implications	Officer Clearance	
Have the resource implications been	Yes: 1 November 2017	
cleared by Finance?	Name of Financial Officer: Clare Andrews	
Has the impact on Statutory, Legal and	Yes : 31 October 2017	
Risk implications been cleared by LGSS	Name of Legal Officer: Fiona McMillan	
Law?		
Are there any Equality and Diversity	No: 2 November 2017	
implications?	Name of Officer: Diane Lane	
Have any engagement and	Yes : 1 November 2017	
communication implications been cleared	Name of Officer: Matthew Hall	
by Communications?		
Are there any Localism and Local	No : 31 October 2017	
Member involvement issues?	Name of Officer: Elaine Matthews	
Have any Public Health implications been	Yes : 31 October 2017	
cleared by Public Health	Name of Officer: Raj Lakshman	

Source Documents	Location
Promoting children and young people's emotional health and wellbeing: A whole school and college approach: Public health England 2015	https://www.gov.uk/govern ment/uploads/system/uplo ads/attachment_data/file/4 14908/Final_EHWB_draft _20_03_15.pdf
Guidance: Personal, social, health and economic (PSHE) education 2013. Department of Education	https://www.gov.uk/govern ment/publications/persona l-social-health-and- economic-education- pshe/personal-social- health-and-economic- pshe-education
Evaluation of the Greater London Authority's Healthy Schools London programme: London School of Hygiene & Tropical Medicine	https://clahrc- norththames.nihr.ac.uk/ev aluation-healthy-schools- programme/
National Healthy Schools Programme: Developing the Evidence Base: Institute of Education 2009	http://eprints.ioe.ac.uk/419 5/1/Warwick2009HlthySch IEvBase_FinRep.pdf