

HEALTH OF CHILDREN AND YOUNG PEOPLE IN HEREFORDSHIRE

Report By: DIRECTOR OF CHILDREN'S SERVICES

Wards Affected

Countrywide.

Purpose

To brief scrutiny members on the work undertaken by Children's Services and its partners to improve and maintain the health of children and young people in Herefordshire.

Financial implications

The ongoing work will be met through the existing budget arrangements

Report

1. National Healthy School Status (NHSS) is a new approach to the holistic education of children and young people not only in school, but also as part of the wider community.
2. It follows what was a less rigorous process that became subsumed by the new status in September 2005.
3. The new status consists of four themes to which the local Herefordshire Healthy Schools Partnership (HHSP) has added a fifth. The themes are Healthy Eating, Physical Activity, Personal Social and Health Education (PSHE) that includes Sex and Relationship Education (SRE) and Drugs Education, and Emotional Health and Well-Being (EHWB). The additional local theme is that of Difference and Diversity.
4. This more holistic approach is fully in keeping with the five outcomes of Every Child Matters.
5. Healthy Schools is a partnership between Health and Children's Services, and the local team is based at the Education and Conference Centre in Blackfriars Street. The team consists of a PSHE and Healthy Schools Coordinator, a health promotion specialist out posted from the Primary Care Trust, Project Worker, School and Community Gardener, Drugs Education Officer and Race Equality Officer.
6. Far from being a delivery mechanism for the various criteria specified within the NHSS documentation, the HHSP works with schools to ensure quality input from a variety of community partners. With a more unified approach

recently to the provision for children, the HHSP has started to work very effectively at both a strategic and operational level.

7. A strategic steering group has met for the first time this academic year, to set terms of reference and to bring the partners up to speed with recent changes. Representatives from strategic roles within the Police, Fire and Rescue Service, Health, Children's Services as well as many community partner groups were represented. At an operational level there have always been, and continue to be, good, effective and efficient working relationships.
8. Nationally there is an expectation that 50% of all schools will have the new status by the end of 2006, and that all schools will have it by the end of 2009. Locally the team has a target of 50% by the end of the academic year 2005 - 2006. Currently 54 schools are already engaged in the process and we are confident we should see success. There is to be an award ceremony on 27th June at the Bishops Palace, where the Bishop will give the awards.
9. NHSS aims to encourage a holistic approach to learning, giving children and young people the skills to make wise decisions about issues that will affect their lives and health. This is done through securing good quality teaching and learning in a physical, social and emotional environment, which is safe, secure and appropriate. The learning and environment is for children and young people, and also for staff, parents and the wider community. Many schools have already embarked on the process of becoming an Extended School, and there is a clear need for partnership working with the Extended Schools agenda, which we are developing. NHSS remains a 'quality assurance' mechanism for Extended Schools provision.
10. The Healthy Schools team has also been working to ensure that all partners working with schools do so within a clear structure of good lesson planning and resource preparation, delivery and feedback. All work is being encouraged within the guidance provided by QCA.
11. As far as possible the HHSP encourages student voice and the effective setting up and use of school councils. We provide training on this for any school needing it. It is essential that children and young people are heard, and that their views are valued. To this end we have worked to promote the Herefordshire Youth Council. We also await the launch of our website which will enable children and young people to continue using their voice, and to celebrate good practice in schools and link with partner agencies.
12. **Drugs Education**
A report was submitted to Scrutiny in March 2005 and there is nothing further to add at this point.
13. **Sex and Relationship Education**
A health promotion specialist from the PCT is part of the HHSP with a specific remit for this area. Schools and the team plan their work based on local data. The school nursing service has been working together with the HHSP in developing good quality SRE education appropriate for age and stage based on this data. Parents have also been encouraged to take part in this

collaborative working. School nurses alongside teachers have been taking a part in Continuous Professional Development (CPD) in PSHE. We have the fourth cohort starting in April on a programme funded through the Teenage Pregnancy Unit (TPU). There has also been a lot of work done this year on raising self-esteem, particularly aimed at reducing teenage pregnancies.

14. The overall sexual health of teenagers in Herefordshire is improving, but the conception rate has gone up. With a teenage pregnancy (TP) rate of 37.8 (per 1000 females ages 15-17) for 2004, Herefordshire has gone up by 1.4% since the 1988 baseline rate. This was predicted by the TP Coordinator, due to small numbers of conceptions in Herefordshire. Comparing this to the regional picture, West Midlands has a rate of 45, and we are significantly lower than that. Having only 126 conceptions in 2004 but 96 in 2003 – it is difficult to maintain a downward trend.
15. However, despite this rate of change, the work towards targeting teenage pregnancies continues in schools. In particular a resource at KS3 that targets alcohol and behaviour associated with alcohol use is going into all schools. This resource deals with sexual behaviour and activity under the influence of alcohol, through a drama/role play approach. This is in line with current evidence as to what is effective in the delivery of harder to teach subjects. With this resource and Healthy Schools working with schools to ensure SRE policies are robust, the work to reduce TP rates is more exciting than ever. In the coming year, Healthy Schools and the TP Coordinator will be working on 'kite marking' high school SRE lessons.
16. **Personal Social and Health Education (PSHE)**
A new PSHE Coordinator has been in post since September, and is working with the team to ensure quality provision of PSHE. This is being done through work directly in schools, but also with training of new teachers as part of work done with Marches Consortium. Within schools the work is being monitored for quality whether it is discretely timetabled or mapped across the curriculum. The extent to which it meets the criteria of the NHSS shows areas for development. Together with school nurses, teachers are following year long CPD in PSHE. The fourth cohort is starting in April. This will ensure good quality provision in schools.
17. **Healthy Eating**
This aspect of school life has been given a very high profile recently and the HHSP has worked hard to ensure sustainability of any changes being made. The HHSP is working with the PCT (as part of the multi-agency Obesity Strategy), the council (school meals provision) and various community groups, to ensure that the need for good food in schools is understood by all stakeholders. The 'Food in Schools Toolkit' has been used as the basis for progressing schools towards this important goal. Schools are only too aware of the link between food, water and effective learning, but need support to ensure it becomes embedded in the culture of the school. The PCT health promotion specialist has produced guidance for the council on school food provision.

18. Physical Activity

The move away from PE and team games to a broader provision of Physical Activity is not only part of the NHSS framework but also links with the Obesity Strategy. NHSS aims to encourage the removal of barriers to participation by promoting/providing a wide range of activities that suit all children and young people. This has been facilitated recently through the Sports College partnerships and the teams of Partnership Development Managers (PDMs) and School Sports Coordinators (SSCOs). They work within guidelines from Youth Sport Trust in supporting physical activity in schools.

19. Emotional Health and Well-being

There have been guidance and schemes of work issued recently by the DfES, which develop skills of emotional health and well-being. HHSP has been involved in training teachers in the delivery of these, and also in placing this good practice within the NHSS criteria. EHWP encourages the achieving of potential by all students and the development of skills for later life. This area is fundamental in the holistic education of children and young people.

20. Difference and Diversity

As we have a Race Equality office in the HHSP, we added this dimension to the NHSS documentation. It formalises good practice that should exist in all schools. Resources and training have been provided to facilitate this theme. Documentation has been drawn up, cross-referencing NHSS with the five outcomes of ECM and the criteria schools have to address for the Ofsted SEF (Self Evaluation Form). This also spells out the value of being a 'Healthy School'.

21. In conclusion it has become increasingly clear that NHSS is an important school improvement tool, provides an excellent focus for improving the health of children and young people, and is also a good audit mechanism to identify areas for development. The service is being sought by partner agencies including Hereford and Worcester Fire and Rescue Service, and the Police, to engage in collaborative provision for schools. The future is indeed exciting.

Recommendation

Scrutiny Members are invited to note the report and comment on it as appropriate.