



23 April 2015

Agenda Item: 3

Children's Trust Board Sponsor: Kate Allen, Consultant in Public Health

DEVELOPING A SCHOOLS HEALTH HUB

Purpose of the Report

1. To update the Children's Trust Board on the Healthy Schools Programme review and subsequent recommendations.
2. To inform members of the proposed commissioning plans for a new Schools Health Hub to better suit the needs of schools and their pupils.
3. To inform the Children's Trust Board of proposed commissioning plans for the ASSIST (smoking prevention in schools) programme.
4. To inform members of the proposed commissioning plans for oral health promotion.

Information and Advice

5. This report provides the Children's Trust Board with an update on the Healthy Schools Programme, and subsequent plans to improve support for schools to develop and deliver interventions to improve a range of health outcomes, which in turn will impact on educational achievement and aspirations.

Healthy Schools Programme

6. The national Healthy Schools Programme was developed in 1999. Nottinghamshire extended their programme locally to also cover early years settings. Having undergone many national and local changes to the Healthy Schools Programme, a review of the existing programme was undertaken to provide essential information regarding the successes of the programme, whilst also enabling the identification of further improvements that may be required.
7. A 'Healthy School' is defined as *'one that is successful in helping pupils to do their best and build on their achievements. It is committed to on-going improvement and development. It promotes physical and emotional health by*

providing accessible and relevant information and equipping pupils with the skills and attitudes to make informed decisions about their health¹.

8. The Healthy Schools Programme involves an accreditation, based on the achievement of set criteria of four core themes:
 - Personal, Social and Health Education (PSHE), including Sex and Relationships and Drugs Education
 - Healthy Eating
 - Physical Activity
 - Emotional Health and Well-being, including Bullying.

Current commissioning arrangements

9. Associate commissioner arrangements are in place until 31st March 2016 with Nottingham North East Clinical Commissioning Group (CCG) as the lead commissioner. The commissioning of the current Healthy Schools Programme is managed by the Children's Integrated Commissioning Hub.
10. The Healthy Schools Programme was managed alongside School Nursing and provided by Health Partnerships within Nottinghamshire Healthcare Trust. Performance management arrangements are in place and led by the Integrated Commissioning Hub.
11. A dedicated Healthy Schools team was in existence until 31st March 2014. Health Partnerships disbanded the team and now the work is led by School Nurses across Nottinghamshire (including Bassetlaw). Concerns have been raised by commissioners regarding the capacity and skills of the School Health workforce to lead on the programme as many targets have not been achieved since April 2014.
12. Commissioners have recently identified that schools are not focusing on the four priority areas of the programme, with the exception of some primary schools focusing on the obesity elements. Performance monitoring for 2014/15 has recognised that schools are engaging in oral health promotion work, however this is not one of four priority areas, and a separate oral health promotion team is in existence to lead on this topic area with schools.
13. The budget for the work was £232,253 per annum. A proportion of this money has now been used by the School Nursing service to lead the work (£62,253), whilst the remainder has been used as a saving (£170,000) as requested by NNE CCG. Commissioners are looking to secure recurrent funding for the work to be commissioned following the £170,000 saving.

Healthy Schools Programme Review

14. A local review of the Nottinghamshire Healthy Schools Programme was conducted, in order to ensure that the service met and would continue to meet

¹ National Healthy Schools guidance, Department of Education and Employment. 1999

the health and wellbeing needs of children and young people. A summary of the review is attached as **Appendix 1** to this report.

15. The review identified a number of issues and challenges in relation to the Healthy Schools Programme:

- the programme was intended to be delivered across all school settings; however the previous dedicated team was unable to achieve this scale of delivery due to limited capacity
- although much of the feedback is positive, it is less so by schools who regarded the support received by the programme as limited or tokenistic
- the programme currently appears more reactive than proactive due to high demand and limited capacity
- Ofsted no longer values the Healthy Schools standard, however Ofsted is positive about the local Healthy Early Years Standard in Children’s Centres
- feedback suggests that schools do not consider assessments robust enough and would welcome a formal Ofsted recognised accreditation for completed assessments
- gaps in effective partnership working have been highlighted on a number of levels
- schools in target localities have been reluctant to engage in the programme.

16. Key recommendations have been made which propose that the commissioners remodel the programme to ensure that it meets identified health needs across Nottinghamshire.

Programme Content	<ul style="list-style-type: none"> • Remodel the programme and establish a Schools Health Hub to offer information, advice and guidance for schools focusing on priority Public Health issues and ceasing the ' Healthy School Standard'. • The Hub should provide time limited intensive packages of support to target schools; as well as sample policies and PSHE programmes.
Tackling Health Inequalities	<ul style="list-style-type: none"> • Ensure a targeted approach to schools in localities experiencing high levels of child poverty and poor health outcomes; in particular schools with high levels of pupils eligible for free school meals. • Engage reluctant target schools by engaging the Governing Body, Head Teacher, PSHE leads and Education Improvement colleagues in Nottinghamshire County Council.
Workforce Development	<ul style="list-style-type: none"> • Those delivering the programme must have sufficient knowledge and expertise to support schools appropriately. • Teachers must be supported to access training held in target schools to ensure engagement e.g. twilight sessions to enable sustainability of skills within schools. • Sample policies and PSHE programmes should be made available to schools e.g. tobacco control.

<p>Communication and Promotion</p>	<ul style="list-style-type: none"> • Ensure there is clear and regular communication with schools and other settings regarding the work e.g. development of regular bulletin. • Development of a webpage for schools to access a wealth of information re. national health promotion campaigns, advice, evidence based programmes, quality assured visitors to schools, sample policies etc.
<p>Partnership and Integrated Working</p>	<ul style="list-style-type: none"> • Ensure the new model/programme is built on a partnership approach with a range of health services and interventions offered to school settings. • Co-ordination and quality assurance of visitors in schools is required, in particular those commissioned by Nottinghamshire County Council.

Developing a Schools Health Hub

17. In light of the Healthy Schools review findings and recommendations, the Integrated Commissioning Hub would like to progress the development of a Schools Health Hub. A summary of which can be found in Appendix 2 of the report.

18. The aim of the new Schools Health Hub will be to improve health and educational outcomes resulting in safe, healthy, happy, resilient young people who achieve their potential.

19. Public Health has served notice on the current provider of the Healthy Schools Programme as the contract is due to cease on 31st March 2016.

20. The focus of the Schools Health Hub will not be the Healthy Schools Standards but advice, guidance and information for schools regarding policy development, PSHE planning, training (including signposting to existing training and services) for school staff, as well as health promotion.

21. The new hub would act as an umbrella for children's and young people's health promotion based services, supporting a joined up partnership approach, whilst maintaining a schools focus. This model will bring together key health related visitors to schools, ensuring quality assurance, a co-ordinated approach and a required focus on priority Public Health issues. Commissioners of these interventions are already working together to shape the Schools Health Hub.

22. A recent schools mapping exercise identified that there were at least 32 interventions offered to schools by external providers including the NHS, Nottinghamshire County Council, Voluntary and Community Sector and private sector companies. Interventions include promotion of physical activity, healthy eating, child sexual exploitation, domestic violence, substance use, first aid, E-Safety etc. These are not co-ordinated or quality assured; some are free whilst others charge, and very few are evidence based. It has

become apparent that schools are confused about where and how to access support to identify effective interventions. There is scope for the Schools Health Hub to quality assure these services/interventions and work alongside them to deliver comprehensive packages of support to target schools.

23. The proposed functions of the Schools Health Hub will include:

Family of School Profiles and evidence base	PSHE programme development	Strategic engagement with target schools	Health and Wellbeing Policies
Guidance and Information	Training for school staff teams and Governors	Co-ordination of the ASSIST programme with target schools	Health Promotion campaigns eg Change for Life
Communication route for Schools re health and wellbeing	Partnership work with School Nursing	Quality assurance of visitors to schools	Co-ordinated health and wellbeing packages for target schools

24. A continued focus on targeting schools in areas of greatest child poverty must continue. This approach must ensure that secondary schools are engaged as well as primary schools within target localities. The darker boxes above highlight universal services for all schools, whilst the lighter boxes identify activity for target schools.

25. The consideration of commissioning this function within Nottinghamshire County Council is seen as more beneficial because of the potential to influence target schools with greater ease. The NHS led Healthy Schools Programme has always struggled to engage target schools. A Local Authority led service could be hosted within the Youth Service or Education, Standards and Inclusion Service.

Inclusion of the ASSIST programme

26. Smoking is the largest single cause of preventable illness in the UK, but whilst smoking prevalence has been falling, smoking levels in certain areas of Nottinghamshire and amongst certain populations still remain high. In Nottinghamshire it is estimated that 2,500 11-15 year olds taking up smoking each year.

27. ASSIST is a smoking prevention peer support programme delivered to year 8 pupils in school. It involves training influential peers to have informal interactions outside of the classroom to encourage their peers not to smoke.

28. ASSIST is the only evidence-based smoking prevention programme. Evidence is from a randomised control trial of 10,730 students in 59 schools in England and Wales. Students were followed up immediately after the intervention, at 1 year and 2 years post intervention. Results showed a 22% reduction in the odds of being a regular smoker in an intervention school compared to a control school. There was evidence to suggest that ASSIST worked best in close knit communities e.g. ex mining areas.
29. ASSIST forms part of the new model for Tobacco Control services that are being recommissioned by Public Health (please refer to the paper submitted to the Public Health Committee, May 2015), however the programme will not form part of the proposed tender and will be commissioned separately by the Children's Integrated Commissioning Hub.
30. To run the ASSIST programme a licence must be purchased and the programme must be delivered in a specified manner in order to maintain effectiveness, as follows:
- a) The children must be nominated by their peers from Year 8 in secondary schools
 - b) 18% of the year group must be identified and trained and must be representative of the gender balance in the year group.
 - c) The children must undertake 2 day training sessions, delivered out of school by non-school staff.
 - d) At least 15% must be recruited as peer supporters.
 - e) The conversations that follow must be informal and delivered outside of lessons.
 - f) A trainer to child ratio of 1:15 when in school and 1:10 when out of school is required.
 - g) Schools with a large year group (over 170) will require parallel training sessions to be run.
 - h) The programme shouldn't be delivered to schools with less than 60 in a year group.
31. An ASSIST programme budget of £150,000 per annum has been allocated from the tobacco control budget and will include:
- a) A three year licence.
 - b) Trainer time (to be trained initially and to deliver the training and follow up sessions)
 - c) A coordinator as part of the School Health Hub to 'sell' ASSIST to schools and set up and monitor the programme with schools
 - d) Costs associated with training days e.g. venue, travel, food, costs to cover a supply teacher
 - e) It is recommended that a teacher accompany the pupils on the 2 days out of school-costs to cover a supply teacher
 - f) Evaluation of the programme
32. Costs will focus on target secondary schools only; this equates to 22 of the 45 secondary schools over the 3 year period covered by the licence. The programme will be repeated in years 2 and 3 in schools of highest need.

There is the option to extend the licence and programme beyond year 3. This will be reviewed in year 3.

33. It is proposed that the ASSIST programme is co-ordinated as part of the Schools Health Hub with staff to deliver the programme identified through the Council's Youth Service. Should agreement be given it is the intention that the programme be commissioned immediately with a view to commencing delivery in schools from September 2015. This would mean that for this first year, the coordination would be directly with the Council's Youth Service, and subject to agreement, by the Schools Health Hub in years 2 and 3.
34. The Youth Service is in an ideal position to deliver the ASSIST programme because of their existing expertise in peer led approaches. The option to include this as an in house service is also more cost effective as existing senior Youth Workers will take on this role with a small increase in hours, rather than commissioning new posts. It will also enable an earlier start date of September 2015. The proposal for the Schools Health Hub to also be commissioned internally will provide opportunities for greater influence over target schools.

Exclusion of the Oral Health Promotion Service

35. The level of dental decay in 5 year old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children. Oral Health in 5 year olds is included within the Public Health Outcomes Framework.
36. In the Public Health England (PHE) Dental Public Health Intelligence Programme survey (2012) identified that the proportion of 5 year olds with tooth decay was 23% in Nottinghamshire compared with 27.9% in England. However there is variation across the area with lower-tier local authorities towards the south having a higher proportion of children with experience of decay, particularly within the Gedling district, this in part is due to the public health funded water fluoridation available in central and north Nottinghamshire.
37. Currently the specialist Oral Health Promotion Service^{2,3}, located in Nottinghamshire Healthcare Trust, provides a range of oral health promotion services and ensures the key oral health promoting messages are given and understood by the local population by targeting key stages in life from childhood to the elderly. A particular focus is given to children and their development including support and educational packages for primary schools. The contract for this service is due to end on 31st March 2016 and the budget is £80,000 per annum. The current service was also commissioned by Public Health within Nottingham City Council.

² <http://www.nottinghamshirehealthcare.nhs.uk/our-services/health-partnerships/county-health-partnerships/other-services/oral-health-promotion/>

³ <http://www.nottinghamshire.gov.uk/caring/yourhealth/staying-healthy/oralhealth/>

38. Following discussion and review of current work, commissioners felt that the inclusion of the Oral Health Promotion function into the Schools Health Hub was not appropriate because of their active work with antenatal and postnatal services and early years as well as work with the elderly in care homes.
39. It is proposed therefore that an oral health promotion function is commissioned separately through a short procurement exercise to ensure a new contract and potential provider is in place from April 2016. The successful provider of the oral health promotion function will be expected to work in partnership with the Schools Health Hub to deliver all aspects of the service that are delivered in schools settings.

Desired Outcomes of the Schools Health Hub

40. The aim of the Schools Health Hub will impact on a range of health and wellbeing outcomes as described below, in addition to more schools achieving an ‘outstanding’ Ofsted result by broadening their curriculum. The Schools Health Hub will positively impact on priorities within the Public Health Outcomes Framework:

DOMAIN 1: Improving the wider determinants of health
Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities
Reduced school absences
Reduced incidence of domestic abuse
School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception
Reduced numbers of first time entrants to the youth justice system
16-18 year olds not in education employment or training
Reduced levels of Domestic Abuse
DOMAIN 2: Health improvement
Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Reduced smoking prevalence in 15 year olds
Reduced teenage conception rates
Reduced hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
Improved emotional wellbeing of looked after children
Reduced alcohol and drug misuse
Reduced excess weight in 4-5 year olds and 10-11 year olds
DOMAIN 3: Health protection
Objective: The population’s health is protected from major incidents and other threats, while reducing health inequalities
Reduced chlamydia prevalence in 15-24 year olds
DOMAIN 4: Healthcare public health and preventing premature mortality
Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
Reduced tooth decay in children aged 5

RECOMMENDATION/S

- 1) To note the findings and recommendations of the Healthy Schools Programme review.
- 2) To note plans to develop and commission a Schools Health Hub.
- 3) To note plans to commission ASSIST (smoking prevention in schools) programme.
- 4) To note plans to commission Oral Health Promotion Services.

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Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Children's Trust Board 'Service Review of the Healthy Schools and Early Years Programme: A Commissioners Report' April 2014
- Health and Wellbeing Board 'Tobacco Control' 1st April 2015

Nottinghamshire Healthy Schools and Early Years Programme – a commissioner’s report 2014

Objectives:

- To scope and review the current service provision in place against the HSP service specification
- To analyse data to assess the impact, level of engagement and effectiveness of the current work areas/ service provision implemented
- To gain the views an understand the contribution of stakeholders in the delivery of the HSEYP
- To gain the views of the wider school community on the impact of the HSEYP
- To gain the views and identify the needs from the provider and commissioner with the aim of informing the recommendations for future commissioning
- To formulate and present recommendations based on the findings with the aim of informing the future commissioning requirements of the service

For more information

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Aim of report: To review the progress to date for the Nottinghamshire County Healthy Schools and Early Years Programme (HSEYP) in order to evaluate the effectiveness and impact of the programme; and to present recommendations on the future commissioning of the service.

Methodology:

To ensure the robustness of the review the following quantitative and qualitative methods were used to provide a complete picture of the service activity to date:

- Questionnaires
- Face to face semi structured interviews
- Cross review/ analysis of qualitative and quantitative data
- Observational methods
- Review of national and local documentation including the service specification

Key Findings:

- This review suggests that the current service specification is not fit for purpose.
- Intended to be delivered countywide within all school settings of, the team was unable to achieve this scale of delivery.
- Management have faced uncertainty, due to restructuring and changes in staffing, whilst the provider has experienced budget constraint, impacting on their ability to support the programme.
- Although much feedback is positive, it is less so by service users who regard the support received by the programme as limited or tokenistic.
- The programme currently appears more reactive than proactive due to high demand and limited capacity.
- Feedback suggests that service users do not consider assessments robust enough.
- Gaps in effective partnership working have been highlighted on a number of levels.
- Ofsted no longer values the Healthy Schools standard, however Ofsted are positive about the Healthy Early Years Standard in Children Centres.
- Schools in target localities have been reluctant to engage in the programme.

Conclusions:

The review can conclude that the four key priority areas including sexual health, substance use, emotional health and wellbeing, and physical health and wellbeing, continue to be a priority focus of the HSEY programme, when targeting resources.

A number of strengths and positives were highlighted throughout the analysis of both quantitative and qualitative data. However, the review also highlighted weaknesses, particularly with regard to the future planning, targeted, development and sustainability of the previous team to ensure full and successful delivery of the programme.

Key recommendations have been made, that propose that the commissioners remodel the programme to ensure that it meets identified health needs across Nottinghamshire.

Recommendations:

1. Remodel the programme to offer information, advice and guidance for schools focusing on priority health issues and ceasing the 'healthy school standard'.
2. Review the Children Centre work with commissioners to identify alternative funding.
3. Ensure a targeted approach to localities experiencing high levels of child poverty and alternative education settings.
4. Those delivering the programme must have sufficient knowledge and expertise.
5. Ensure there is clear and regular communication with schools and other settings
6. Ensure a new programme is built on a partnership/umbrella approach with a range of health interventions offered to school settings. These should be quality assured, and schools supported to engage in health issues.

APPENDIX TWO

Nottinghamshire Schools Health Hub Proposals 2015 - 2016

Aim of Programme: To develop and commission a model for a schools health & wellbeing service to deliver key public health priorities aimed specifically at children and young people in Nottinghamshire County, with the aim of improving public health outcomes resulting in safe, healthy, happy, resilient young people who achieve their potential.

Rationale: Based on the healthy schools programme review findings, the Children's Integrated Commissioning Hub (ICH) will seek to scope and map health activities provided by internal departments and external groups/organisations, within all schools in Nottinghamshire, as a continuation and review of a previous mapping exercise undertaken in 2009. This work stream will ultimately inform the ICH and enable the team to advise on commissioning, based upon an accurate base lined list of health services or interventions provided in Nottinghamshire schools.

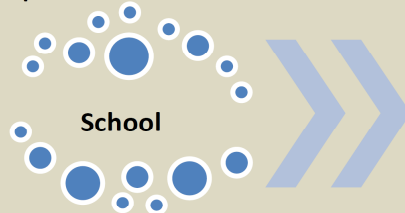
Objectives:

- To scope and review the current service provision and needs in order to inform the new model
- To analyse data and determine the public health priorities for children and young people locally to tailor the programme accordingly and adopt a targeted approach
- To gain the views and consult with the school community (head teacher, staff, governors, parents and pupils), public health and NCC colleagues and other stakeholders to inform the development and delivery of the model
- Link with other key current providers who currently deliver health services within a school setting
- To scope and identify the needs for the successful provider with the aim of informing the service specification
- To complete the service specification and begin the procurement process accordance to the timeline set
- To successfully interview and award the contract to the chosen provider with the aim of service delivery beginning 1st April 2016

Current Situation:

- The current provision does not meet the public health needs for children and young people in Nottinghamshire and is not needs led
- Schools are reluctant to engage
- PSHE is not statutory

Proposed Model:



Individual Health Interventions & projects



Co-ordinated package/hub to meet the holistic health needs of young people

For more information:

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Development of Model:

1. Establish a steering group and any sub groups where required to oversee the commissioning process
2. Based on the review and evidence, cost for, propose and secure the budget.
3. Base the model on the needs locally for children and young people and understand what they want.
4. Consult with schools to understand their needs.
5. Ensure there is clear and regular communication with schools and other settings to support engagement
6. Shape a new programme/hub on a partnership/umbrella approach with a range of health interventions offered to school settings. These should be quality assured, and schools supported to engage in health issues.

Commissioning Timeline:

1. Decommission the healthy schools and early years programme by 31st March 2015
2. Scope which schools have the greatest needs by 31st March 2015
3. Market Management by June 2015
4. Engage schools on the commissioning process by June 2015
5. Begin procurement process by July 2015
6. Award contract to begin 1st April 2016

List of Current/Possible Public Health/NCC Interventions:

Sex & Relationships Education, Drugs Education, Healthy Schools, Smoking education, CSE, Bullying, Obesity prevention, School Nursing, CaSH provision, TIE, oral health promotion, Sport, Youth Arts, DV education, Suicide prevention, first aid, Emotional Health & Well-being, community safety, etc...

Desired Outcomes:

- Safe, healthy, happy, resilient young people who achieve their potential
- Lower prevalence of young people:
 - Smoking
 - Being overweight or obese
 - Misusing substances
 - Becoming teenage parents
 - Experiencing bullying
 - Poor school attendance
 - School exclusions etc...
- Increased school attainment
- More schools achieving an 'outstanding' Ofsted result by broadening their curriculum