

REPORT OF THE DIRECTOR OF PUBLIC HEALTH**DEVELOPING A SCHOOLS HEALTH HUB****Purpose of the Report**

1. To update the Committee on the Healthy Schools Programme review and subsequent recommendations.
2. To seek approval of proposed commissioning plans for a new Schools Health Hub to better meet the needs of schools and their pupils.
3. To seek approval of proposed commissioning plans for the ASSIST (A Stop Smoking in Schools Trial - smoking prevention intervention in schools) programme.
4. To seek approval for the exclusion of the Oral Health Promotion function within the Schools Health Hub with a view that this is commissioned separately.

Information and Advice

5. This report provides the Committee with an update on the Healthy Schools Programme and subsequent plans to improve support for schools to develop and deliver interventions to enhance a range of health outcomes, which in turn will have a positive impact on educational achievement and aspirations of pupils.

Healthy Schools Programme

6. The national Healthy Schools Programme was developed in 1999. Nottinghamshire extended the programme locally to also cover early years' settings. Following many national and local changes to the Healthy Schools Programme, a review of the existing programme was undertaken to provide evidence of the programme's impact, whilst also identifying further improvements 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 health*'¹.

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

8. The Healthy Schools Programme involves accreditation, based on the achievement of set criteria in relation to 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. The Children's Integrated Commissioning Hub (ICH) leads on the commissioning of public health and wider health services for children, young people and families in Nottinghamshire. Associate commissioner arrangements are in place for a number of services until 31st March 2016, with Nottingham North East Clinical Commissioning Group (NNE CCG) acting as the lead commissioner. The commissioning of the current Healthy Schools Programme is managed by the ICH, as an associate commissioner.
10. The Healthy Schools Programme is provided by Health Partnerships within Nottinghamshire Healthcare Trust (NHT). Performance management arrangements are in place, led by the ICH.
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 (the School Health Service) 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 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 prevention elements. Performance monitoring for 2014/15 indicates 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 exists to lead on this topic area with schools.
13. The budget for the Healthy Schools Programme was £232,253 per annum. A proportion of this money has now been used by the School Health Service to lead the work (£62,253), whilst the remainder has been used as a saving (£170,000) for the provider, as agreed by NNE CCG.

Healthy Schools Programme Review

14. A review of the Nottinghamshire Healthy Schools Programme was conducted, in order to assess whether the service met and could continue to meet the health and wellbeing needs of children and young people as detailed in the service objectives. A summary of the review is attached as Appendix 1 to this report.
15. The review identified a number of issues in relation to the 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, some schools regard the support received from the Programme as limited or tokenistic
- the Programme currently appears to be more reactive than proactive as a result of high demand and limited capacity
- Ofsted no longer measures achievement of 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 in some areas
- schools in some 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, together with sample policies and PSHE programmes to all schools requesting these.
Tackling Health Inequalities	<ul style="list-style-type: none"> • Ensure a targeted approach to schools in localities experiencing high levels of child poverty, poor health outcomes and 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 (NCC). • Support school pastoral care leads in their work to improve the emotional health and wellbeing of children and young people.
Workforce Development	<ul style="list-style-type: none"> • Those delivering the Programme must have sufficient knowledge and expertise to support schools appropriately, coordinating all interventions and ensuring effective partnership working. They will need access to key networks and stakeholders to ensure successful joint working. • Teachers should be supported to access accessible training to maximise engagement e.g. hold twilight sessions within schools.
Communication and Promotion	<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.
Partnership and Integrated Working	<ul style="list-style-type: none"> • Ensure any new model/programme is built on a partnership approach with a range of health services and interventions offered to school settings. • Provided co-ordination and quality assurance of visitors in schools, particularly those commissioned by NCC.

Developing a Schools Health Hub

17. In light of the Healthy Schools Programme review findings and recommendations, the ICH would like to progress the development of a Schools Health Hub, an outline of which can be found in Appendix 2. The aim of the new Schools Health Hub will be to improve health and educational outcomes, resulting in safe, healthy, happy, resilient children and young people who are able to achieve their potential.
18. 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.
19. The focus of the Schools Health Hub will not be the Healthy Schools Standards but rather advice, guidance and information for schools in relation to policy development, PSHE planning, training (including signposting to existing training and services) for school staff, together with health promotion interventions. A key objective of the service will be to support schools to support and improve the emotional health and wellbeing of their children and young people.
20. The new Hub will act as an umbrella for children's and young people's evidence-based health promotion 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 focus on priority public health issues. Commissioners of these interventions are already working together to shape the Schools Health Hub, to ensure high quality, consistency and adoption of best practice.
21. A recent schools mapping exercise identified that there were at least 32 interventions offered to schools by external providers including the NHS, NCC, Voluntary and Community Sector and private sector companies. Interventions include promotion of physical activity and healthy eating, training and information on 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 few are evidence based. It has become apparent that schools are confused about where and how to access support or how to identify effective interventions. There is scope for the Schools Health Hub to quality assure these services/interventions and work alongside providers to deliver comprehensive packages of support to target schools.
22. The proposed functions of the Schools Health Hub will include:

Family of school profiles and evidence base	PSHE and emotional resilience 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 e.g. 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

23. The focus on schools in areas of greatest child poverty will continue and the approach needs to ensure that secondary schools are engaged as well as primary schools within target localities. The darker boxes in the preceding paragraph highlight universal services for all schools, whilst lighter boxes identify activity for target schools.

Inclusion of ‘A Stop Smoking in Schools Trial’ (ASSIST) Programme

24. Smoking is the largest single cause of preventable illness in the UK and whilst smoking prevalence is falling overall, smoking levels in certain areas of Nottinghamshire and amongst certain populations remain high. In Nottinghamshire it is estimated that 2,500 11-15 year olds taking up smoking each year.
25. 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.
26. ASSIST is the only evidence-based smoking prevention programme with a positive impact, demonstrated through a randomised control trial of 10,730 students in 59 schools in England and Wales. Students were followed up immediately after the intervention, at one year and two 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.
27. ASSIST forms part of the new model for Tobacco Control services that are being re-commissioned by Public Health (please refer to the paper submitted to the Public Health Committee, May 2015). Thus the ASSIST programme will be commissioned at a different stage from the School Health Hub, by the ICH.
28. It is proposed that longer term, the ASSIST programme be co-ordinated as part of the Schools Health Hub, with the programme being formally commissioned. Should agreement be given, in the short term 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 by the Schools Health Hub in years two and three.

29. The Youth Service is in a good position to deliver the ASSIST programme because of their existing expertise in peer led approaches. Providing this intervention 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. There is potential for the Schools Health Hub to be commissioned internally, recognising that the Council's Youth Service may be in a good position to provide the service. However a robust and transparent approach will be taken to commissioning this new service.
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 two 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 should not 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) the recommendation that a teacher accompany the pupils on the two days out of school-costs to cover a supply teacher
 - f) evaluation of the programme

Further detail and break down of the costs can be found in Appendix 3.

32. Costs cover delivery of the programme in target secondary schools only; this equates to 22 of the 45 secondary schools over the three year period covered by the licence. The programme will be repeated in years two and three in schools of highest need. There is the option to extend the licence and programme beyond year three. This will be reviewed in year three.

Exclusion of the Oral Health Promotion Service

33. The level of dental decay in five-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 five-year olds is included within the Public Health Outcomes Framework.

34. In the Public Health England (PHE) Dental Public Health Intelligence Programme survey (2012), 2,522 children were surveyed in Nottinghamshire of whom 63% were clinically examined at school by trained and calibrated examiners. The survey identified that the proportion of five-year olds with tooth decay was 23% in Nottinghamshire compared with 27.9% in England as a whole. However there is variation across the county with districts towards the south having a higher proportion of children experiencing decay, particularly within the Gedling District. This in part is due to water fluoridation in central and north Nottinghamshire.
35. Currently, the specialist Oral Health Promotion Service^{2,3} provided by NHT, carries out a range of oral health promotion activities, ensuring oral health promoting messages are given and understood by the local population and targeting key stages in life from pregnancy and early years through to old age. The contract for this service is due to end on 31st March 2016 and the budget is £80,000 per annum.
36. 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, early years as well as work with the elderly in care homes.
37. Therefore it is proposed that an oral health promotion function is commissioned separately through a short procurement exercise, to ensure a new contract and 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

38. The aim of the Schools Health Hub is to improve a range of health and wellbeing outcomes, described below (Public Health Outcomes framework indicators), as well as more schools achieving an 'outstanding' Ofsted result through broadening of their curricula.

DOMAIN 1: Improving the wider determinants of health
Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities
Reduced numbers of children in poverty
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

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/>

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

Proposed commissioning timetable for Schools Health Hub

39. The draft commissioning timetable for the procurement of a Schools Health Hub is as follows:

	Target Date
Serve 12 month notice on Healthy Schools Programme which is currently part of the School Health Service contract	March 2015
Consider commissioning of Schools Health Hub and the option of providing this function within NCC	June 2015
Scope which schools have the greatest needs	June 2015
Commence procurement process for Schools Health Hub	1 st July - 31 st December 2015
Mobilisation period	1 st January – 31 st March 2016
New contract start date	1 st April 2016

Other Options Considered

40. A range of options have been considered for this work and the model has been developed in consultation with public health leads, schools and young people. The continuation of the Healthy Schools Programme model was initially the preferred option. However following feedback from schools, it was agreed that this was not the best way forward.

Reasons for Recommendations

41. The recommendations have been developed to support schools to improve the overall health, including emotional health and wellbeing of children and young people aged 5-19years. Recommendations stem from the review of the Healthy Schools Programme and aim to ensure schools are successful in helping pupils maintain good health, do their best and fulfil their potential. The School Health Hub will be committed to on-going improvement and development. It will promote physical and

emotional health by providing accessible, relevant information and by equipping pupils with the skills and attitudes to make informed decisions about their health⁴.

Statutory and Policy Implications

42. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Crime and Disorder Implications

43. The Schools Health Hub will support community safety interventions in schools where there is desired positive impact on the health and wellbeing outcomes of children and young people.

Financial Implications

44. Funding for the Schools Health Hub has yet to be finalised and an agreement in principle to support the work is required prior to agreement in relation to funding. Initially, a three year pilot project is under consideration, with robust evaluation of the impact of the Hub in year three. Initial estimates indicate that a budget of £200,000 per annum would be required and it is envisaged that if there is agreement to a three year pilot, non-recurrent funding would be sought from the Public Health budget.
45. The ASSIST programme budget of £150,000 per annum has been allocated from the tobacco control budget and includes a three year licence. Further detail and breakdown of the detailed costs can be found in Appendix 3.
46. The specialist Oral Health Promotion Service budget is £80,000 per annum. The contract for the service is due to end on 31st March 2016, so it is proposed that an oral health promotion function is commissioned with the same budget through a short procurement exercise, thus ensuring a service is in place from April 2016.

Implications for Service Users

47. The Schools Health Hub aims to improve the overall health and wellbeing outcomes for children and young people of school age. The Hub will support a range of interventions and aid the evaluation and effectiveness of interventions.

RECOMMENDATIONS

That the Committee:

- 1) notes the findings and recommendations of the Healthy Schools Programme review.
- 2) approves the proposed commissioning plans for a new Schools Health Hub to replace the Healthy Schools Programme.

⁴ National Healthy Schools guidance, Department of Education and Employment. 1999

- 3) approves plans to commission the ASSIST programme through Nottinghamshire County Council's Youth Service with immediate effect and subject to approval of recommendation 2, coordinate the programme through the new Schools Health Hub model in due course.
- 4) approves the proposed separate commissioning of a Specialist Oral Health Promotion service and approves procurement plans to have a new contract in place from April 2016.

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Constitutional Comments (CEH 22/04/15)

48. The Public Health Committee has the delegated authority to consider and decide on the recommendations in the report by virtue of its terms of reference

Financial Comments (KAS 24/04/15)

49. The financial Implications are contained within paragraphs 44-46 of the report.

Background Papers and Published Documents

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.

- Bhundia T, Edwards S, Kakoullis I (2015) 'Service Review of the Healthy Schools & Early Years Programme: A Commissioners Report', Integrated Commissioning Hub, Nottinghamshire County Council.

Electoral Divisions and Members Affected

All

C0625

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

childrens.commissioning@nottscc.gov.uk

0115 97 72676

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.

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.

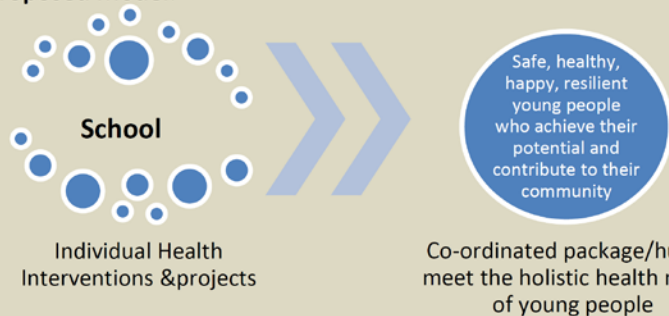
Objectives:

- 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:



For more information:

Children's Integrated Commissioning Hub 0115 97 72676
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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

ASSIST costs for in-house delivery**ASSIST initial costs:**

	Licence (3 years)	3 day training for staff to deliver ASSIST (NB. actual training is included in licence fee)
	£49K + VAT (£58, 800)	
Cost of trainer time x 10		=£1542.45 x 3 days= £4627.5
Total	£63,427.50	

Cost of coordinator = £19,212.70 (part time)

Cost of trainer = £154.25 per day, £77.13 per half day paid on a daily/ half daily basis + half an hour travel time per day (£10.28)

Cost per school = £6506.08 (+allow 1 extra day planning and prep per trainer for their first school=£1,542.50). Full breakdown per school, see overleaf.

Year 1

=one third of licence fee=£19,600 +
 initial 3 days training=£4627.5+
 coordinator = £19,212.70 +
 8 schools =(£6506.08 x 8)=£52,048.64 + end of year celebration @ £500 +
 10 x 1 day extra planning =£1542.50
=£97,531.34

Year 2

=one third of licence fee=£19,600 +
 Initial 3 days training for 10 additional trainers=£4627.5 +
 Coordinator = £19,212.70 +
 18 schools= (6506.08 x18)=117,109.44 + end of year celebration @ £500 +
 10 x 1 day extra planning=£1,542.50
=£162,592.14

Year 3

=One third licence fee=19,600+

Coordinator=19,212.70 +
 22 schools = (6506.08 x 22)=£143,133.76 + end of year celebration @ £500
 =**£182,446.46**

Average cost per year=£147,523.31 + 2476.69 for evaluation each year = £150,000

ASSIST ongoing costs per school based on average no of trainers required (4) per school, training 40 pupils.

	1st ASSIST session (half day inc planning and prep)– Peer Nomination	2nd ASSIST session (half day inc planning and prep) – Recruitment	3rd session (whole day)– Training x 40 pupils x 2 parallel sessions	4th session (whole day)– Training x 40 pupils x 2 parallel sessions	5th session Follow-up 1 (half day inc planning and prep)	6th session Follow-up 2. (approx. half day inc planning and prep)	7th session Follow-up 3. (half day inc planning and prep)	8th session-Follow-up 4. (half day inc planning and prep)	Total (£)
Cost of trainer 1	£87.41	£87.41	£164.53	£164.53	£87.41	£87.41	£87.41	£87.41	853.52
Cost of trainer 2	£87.41	£87.41	£164.53	£164.53	£87.41	£87.41	£87.41	£87.41	853.52
Cost of trainer 3	£87.41	£87.41	£164.53	£164.53	£87.41	£87.41	£87.41	£87.41	853.52
Cost of trainer 4	£87.41	£87.41	£164.53	£164.53	£87.41	£87.41	£87.41	£87.41	853.52
Trainer Travel expenses									800
Transport									600
Venue hire									192
Catering									800
Cost of supply teacher	n/a	n/a	£150/day	£150/day	n/a	n/a	n/a	n/a	300
Incentives	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	400

Cost per school: Total= £6506.08