



## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **IMPLEMENTATION OF A SCHOOLS HEALTH HUB**

#### **Purpose of the Report**

1. To update the Public Health Committee on the progress of the development of the Schools Health Hub (SHH), the aim of which is to support schools to improve the health, wellbeing and educational outcomes of their pupils.
2. To highlight the joint working between the Schools Health Hub and the Tackling Emerging Threats to Children Project and existing support to schools, provided by different teams within Nottinghamshire County Council.

#### **Information and Advice**

1. This report provides the Public Health Committee with a briefing on the development of the Schools Health Hub (SHH) and plans to integrate the SHH Hub team with the newly formed 'Threats to Children Team' within Nottinghamshire County Council.

#### **Background**

2. Following the de-commissioning of the Healthy Schools Programme, the need to develop a new service to support schools to identify local public health issues affecting their schools and to improve the health, wellbeing and educational outcomes of their pupils was identified.
3. The proposal to develop a Nottinghamshire Schools Health Hub (SHH) was supported by the Public Health Committee in May 2015 and non-recurrent funding of £400K was identified to support this proposal.
4. The aim of the SHH is to support schools to improve health and wellbeing and educational outcomes, resulting in safe, healthy, happy, resilient children and young people who are able to fulfil their potential. In addition, schools will be able to demonstrate to Ofsted that they are broadening their curricula.
5. The focus of the SHH will be to provide advice, guidance and information for schools in relation to policy development, PSHE planning, training (including signposting to existing training and services) and in relation to evidence based interventions to improve health and wellbeing of pupils and staff. More specifically, the SHH will support schools to identify specific local public health issues affecting a given school and to provide guidance and support to the school to address these concerns.
6. The SHH will contribute to the work underway as part of the local Transformation Plan for Children and Young People's Mental Health and Wellbeing<sup>1</sup>.

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<sup>1</sup> <http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>

## Implementation of the Schools Health Hub

7. The SHH will act as an umbrella for children's and young people's evidence-based health promotion services, maintaining a schools focus and working with providers of health and wellbeing related interventions and services to schools.
8. A schools mapping exercise completed in 2015 identified that there were at least 32 different interventions offered to schools by external providers including the NHS, Nottinghamshire County Council (NCC), the Voluntary and Community Sector and private sector companies.
9. Interventions provided by these organisations covered issues such as promotion of physical activity and healthy eating, addressing child sexual exploitation, domestic violence, substance use, first aid, E-Safety etc. These were not always co-ordinated or quality assured, some were free whilst schools paid for others and very few were evidence based. It is apparent that schools are confused about where and how to access high quality effective interventions.
10. The SHH will quality assure interventions offered to schools and provide a co-ordinated approach, covering key public health and wellbeing issues. Commissioners of these interventions are working together to shape the SHH.
11. Key elements of the SHH model are SHH co-ordinators and high quality on-line information provided through the NCC Schools Portal. The establishment of three fixed term contract SHH co-ordinator posts was approved by the Children and Young People's Committee in June 2016, as part of the development of the Support To Schools service and establishment of the *Threats to Children* Team. The SHH co-ordinators will be employed within the Children, Families and Cultural Services (CFCS) Directorate as part of the new NCC *Threats to Children* Team.
12. SHH co-ordinators will work with key partners to improving the health and wellbeing of children and young people, including other members of the *Threats to Children* Team, education colleagues, Primary Mental Health Workers (as part of One CAMHS), and the 0-19 Healthy Child and Public Health Nursing teams.
13. There will be a focus on schools in areas of greatest child poverty and SHH co-ordinators will encourage engagement from both secondary schools and primary schools in target localities.
14. Proposed areas of support are identified overleaf. The darker boxes in the table detail services provided to all schools, whilst lighter boxes identify targeted activities.

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

## Desired Outcomes of the Schools Health Hub

15. The overarching aim of the SHH is to improve outcomes for children and young people, including contributing to improvements in priorities within the Public Health Outcomes Framework (as outlined below) and to support more schools to achieve an 'outstanding' Ofsted result by broadening their curriculum.

<b>DOMAIN 1: Improving the wider determinants of health</b>
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

<b>DOMAIN 2: Health improvement</b>
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

<b>DOMAIN 3: Health protection</b>
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

<b>DOMAIN 4: Healthcare public health and preventing premature mortality</b>
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

## Proposed timetable for the implementation of the Schools Health Hub

16. The timetable for the implementation of the Schools Health Hub is as follows:

Action	Target date
Form SHH Steering Group to determine function and oversee implementation	February 2016
Develop job description/person specification and submit for job evaluation	March 2016
Team leader and base for team to be identified	May 2016

Explore job evaluation outcome with Tackling Emerging Threats steering group	July 2016
SHH recruitment planning finalised	1 <sup>st</sup> Sept 2106
Interviews held for SHH co-ordinators	17 <sup>th</sup> -18 <sup>th</sup> Oct 2016
All <i>Threats to Children</i> Team members in place	Mid Dec 2016
Mobilisation period of the <i>Threats to Children</i> Team	1 <sup>st</sup> Jan – 31 <sup>st</sup> March 2017
SHH fully operational	1 <sup>st</sup> April 2016
Quarterly SHH Steering Group meetings to ensure health and well-being focus within the tackling emerging threats team	Ongoing from 1 <sup>st</sup> April 2017

### **Interdependencies between the Schools Health Hub and other support to schools services**

17. Clear links and potential inter-dependencies between the planned function of the SHH and the plans to support schools in relation to the 'Tackling Emerging Threats to Children' (TETC) agenda, (i.e. PREVENT duty, child sexual exploitation and bullying/cyber-bullying) were identified by members of the SHH Steering Group and the TECT Steering Group.
18. It was agreed that it would be beneficial to bring the work of the two groups together, in order to maximise efficiency and reduce duplication, since both teams were to be operating in a similar way working with schools. In addition, the importance of simplifying the support to schools was recognised. Therefore it was agreed to establish one joint team, incorporating tackling emerging threats specialist staff and the SHH co-ordinators.
19. SHH co-ordinators will use their knowledge of local health needs to inform the development of and to maintain the planned young people's health and wellbeing website, identified as a priority within the NCC Young People's Health strategy (2015).
20. SHH co-ordinators will promote public health interventions delivered as part of other services commissioned by Public Health within NCC (e.g. ASSIST, C Card, Everyone Health)
21. SHH co-ordinators will support schools in accessing academic resilience programmes commissioned as part of the local Transformation Plan for Children and Young People's Mental Health and Wellbeing.

### **RECOMMENDATION/S**

That the Committee:

- 1) Notes the progress of plans to develop and implement the Schools Health Hub within Nottinghamshire
- 2) Notes the interdependencies and joint working between the Schools Health Hub and other support to schools services, particularly the Tackling Emerging Threats to Children Project

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**Constitutional Comments (SMG 20/9/16)**

22. Because this report is for noting only no Constitutional Comments are required

**Financial Comments (KAS 20/09/16)**

23. There are no financial implications contained within 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.

Integration of Educational Psychology Service and Schools and Families Specialist Services into the Support to Schools Service, Children and Young People's Committee, 20 June 2016:  
[INTEGRATION OF EDUCATIONAL PSYCHOLOGY SERVICE AND SCHOOLS AND FAMILIES SPECIALIST SERVICES INTO THE SUPPORT TO SCHOOLS SERVICE](#)

[EDUCATION, STANDARDS AND INCLUSION STRUCTURE](#)

**Electoral Division(s) and Member(s) Affected**

- All