

# **Children and Young People Overview and Scrutiny Committee 24 September 2019**

## **Warwickshire School Health and Wellbeing Service**

### **Recommendation(s)**

1. That the Children & Young People Overview & Scrutiny Committee note the progress of the service since 1<sup>st</sup> November 2015, and the future direction beyond the start of the new contract on the 1<sup>st</sup> November 2019.

### **1.0 Background**

- 1.1 As part of its Public Health duties, Warwickshire County Council has responsibility for commissioning the delivery of the Healthy Child Programme (5-19). In Warwickshire, this is delivered through the School Health & Wellbeing Service (SHWBS) and has been provided by third sector organisation Compass since 1<sup>st</sup> November 2015.
- 1.2 The SHWBS is a confidential, freely available service for all school-aged children and young people from 5-19 years old (up to 25 years old for people with special educational needs) and their families and carers. Healthcare professionals and support teams deliver preventative and universal public health programmes in schools across the county, as well as in youth centres, children's centres, homes and other locations in the community.
- 1.3. The team comprises qualified School Nurses, Community Staff Nurses, Healthcare Support Workers and Administrators, who operate out of three administrative hubs in the North, East and South of the county. These teams work flexibly to best meet the needs of children, young people and their families.
- 1.4. Core SHWBS activities include:
  - Annual height and weight measurements of Reception and Year 6 pupils as part of the National Childhood Measurement Programme;
  - Annual health and development questionnaires for Reception, Year 6 and Year 9 pupils;
  - Annual health reviews for 'Looked After Children' in partnership with the Looked After Children Health team and Children's Social Care;
  - Contributing to education and healthcare plans for children and young people with long-term health conditions or complex medical needs;
  - Support for schools in developing annual school public health plans and reviewing health-related policies, including the delivery of PSHE in the curriculum.
- 1.5 A needs assessment undertaken in 2014 made 15 key recommendations for the commissioning of the service in order to ensure it is fit for purpose:

1. The school nursing service needs to have a stronger public health focus to improve the health and wellbeing of school-aged children and young people in Warwickshire.
2. Since currently a large proportion of time is taken up by safeguarding work, the responsibilities regarding safeguarding should be clarified in the new service specification.
3. In order to reduce the health inequalities between different groups of children and geographical areas, the health promotion activities and interventions delivered by the school nursing team should be based on the identified up-to-date health needs of the school-age population taking into account the disparities and priorities in different parts of the county.
4. The service should link with the Public Health Commissioner to gain up-to-date information on local health profiles.
5. The name of the service should be changed to the Health Improvement Service for School-Aged Children or similar to reflect the skill-mix and the breadth of the service.
6. Taking into account the feedback from the users, the service should offer more flexibility in terms of how the service can be contacted, means of communication, location and timing of appointments/ advice sessions to meet the local needs, and be provided across the year.
7. The service should work across individual schools and community and be available to all school-aged children and young people living in Warwickshire, not only those who attend school.
8. The service should be extended to include 17-19 year olds.
9. More attention needs to be given to data collection on activities of the school health team. The activity and outcomes measures in the service specification need to be strengthened. Such data will inform any future service evaluation and commissioning of the service.
10. It should be considered how the uptake of health assessments/ reviews at reception age and year 6/7 could be increased. Children who are home schooled should also receive a health assessment. Any tool used/ developed/ introduced should reflect the requirements of the Healthy Child Programme and help to identify children with additional needs. It should also be considered how the data collected as part of the health assessments/ reviews could be collated and analysed further, as it is potentially a rich source of data on the health of all school –aged children across Warwickshire.
11. It should be ensured that the activities delivered by the service are based on the latest evidence base and that robust evaluation process is in place to evaluate the effectiveness of the interventions.
12. The Healthy Child Programme Audit should be repeated to check that the recommendations from the 2014 audit have been implemented.
13. The collaboration between different services needs to be improved including transition between health visiting and school nursing and the transition into adulthood.
14. The provider needs to ensure that all staff have been trained to the appropriate level, and up-to- date with the training including in safeguarding, Making Every Contact Count (MECC), behaviour change,

have a supervision and training and development plan and annual appraisal.

15. School nursing staff engagement in the service audits should be increased to ensure ownership and continuous service improvement.
  
- 1.6 The SHWBS has undergone significant change following the previous commissioning exercise in 2014-15, where the contract was awarded to Compass from 1st November 2015 for a period of 4 years. Of the 15 original recommendations, 13 have been fully implemented with a wide range of evidence to support this. 2 recommendations are still in progress, with a growing range of evidence:
  - The service should be extended to include 17-19 year olds
  - It should be ensured that the activities delivered by the service are based on the latest evidence base and that robust evaluation process is in place to evaluate the effectiveness of the interventions.
  
- 1.7 In addition, a further audit has been undertaken on how well the service is delivering against the current service specification and the framework of the Healthy Child Programme (HCP). Of the 51 areas, there is evidence to support achievement of 49 these, with a further 2 requiring additional evidence:
  - Delivery of service for all children and young people in Warwickshire, including those educated at home, members of the travelling community
  - Annual health assessments for other vulnerable children, such as young carers
  
- 1.8 During 2018, Public Health completed a comprehensive review of the service delivery model implemented during the current contract to establish the impact of the changes and help shape future service delivery as part of the new contract, commencing on 1st November 2019. This has also been supported by a public consultation with parents, carers, schools and key stakeholders.
  
- 1.9 The “Health Needs Assessment of School-Age Children in Warwickshire and School Health & Wellbeing Service Review (Update 2018)” report provides all of the information summarised above and is available as background reading.

## **2.0 Current Service Delivery (2015 – 2019)**

- 2.1 Service delivery is monitored through quarterly performance reporting and contract meetings between the commissioner and Compass. A summary of progress is provided through the Annual Reports, which are distributed to all schools in Warwickshire and other key stakeholders. The annual reports are available as background reading.
  
- 2.2 Each annual report summarises the progress made on the key priorities agreed for that year, and sets out the new priorities for the forthcoming year. The service has successfully achieved the priorities set as part of the contract.

2.3 For example, the following 5 priorities were set in 2015-16, and the evidence for how those were achieved was provided in the 2016-17 report:

**PRIORITY 1 - Strengthen communications with key stakeholders**

- ChatHealth for teens launched in February 2017. Building on that success, we launched a ChatHealth service for parents in July 2017. This was in response to feedback from parents regarding the need for more access to the School Health and Wellbeing team. The service will increase the capacity within the team to give support and advice to parents/carers without increasing the workforce

**PRIORITY 2 - Extend access and engagement including with vulnerable and hard to reach groups**

- Implemented year 9 health needs assessment questionnaires including in three pilot sites where additional social norms questions were included
- Developed Youth Health Champions in pilot schools, these young people have been collaborating with us in pieces of work to help develop the service for example developing the questions and responses that have been used for the social norms component of the year 9 questionnaire
- Processes are in place to offer the universal service to children who are home schooled

**PRIORITY 3 - Measure impact and effectiveness of service intervention**

- Staff in the central area have been trained to use My Star to measure outcomes. This training will be rolled out to all staff in 2017-2018
- We have implemented Service user feedback questionnaires which is informing our practice. During 2017-18, we intend to introduce the youth friendly feedback forms developed by the Youth Health Champions
- We have implemented the refreshed You're Welcome standards in one of our schools as part of the national pilot. We intend to use these standards throughout the services to ensure that they are youth friendly

**PRIORITY 4 - Continue to review and revise our role within the safeguarding arena**

- Implemented a case management system that allows us to record and monitor a wider range of vulnerable groups of children and young people
- We continue to be in discussions with Warwick Hospital, UHCW and George Elliot to develop a robust A&E referral pathway and notification scheme

## **PRIORITY 5 - Increased integration and joined up partnership working**

- Use of a joint screening tool between the SHWBS and Children and Young People's Substance Misuse Service (YPSMS) to develop a shared understanding and clearer referral process. This enables an efficient access to early help for young people into specialist services
- Delivering the ChatHealth service jointly with YPSMS. This enables young people in Warwickshire to benefit from the combined expertise of the teams at a single point of contact
- Contributing to the Heads Up newsletter created by Warwickshire County Council
- Working with Sexual Health Services to develop a clear pathway to signpost young people to access specialist support
- Recruiting an Emotional Health and Wellbeing Nurse to act as a conduit between SHWBS and Rise to develop a stepped approach with key partners such as education, offering early intervention in relation to Children and Young People's mental health

### **3.0 Future Service Delivery (2019 and beyond)**

3.1 The "Health Needs Assessment of School-Age Children in Warwickshire and School Health & Wellbeing Service Review (Update 2018)" identified 6 priorities for the commissioning of the service from 1<sup>st</sup> November 2019:

1. Priority should be given to ensure **robust communication methods** are developed and implemented (in conjunction with schools and key partners, such as the Family Information Service). The main focus of this communication should be to raise awareness of what the service is and how it can support families and schools.
2. **Mental and emotional health and wellbeing** continues to be highlighted by parents/carers and schools as an area of concern. The service should work with the whole school workforce to increase the skills, confidence and competence of staff dealing with the emotional health and wellbeing of their students.
3. Hospital admissions as a result of **self-harm** (aged 10-24 years) continue to rise in Warwickshire and the rate is above average for England. This should be incorporated into the priority area for mental and emotional health and wellbeing
4. **School readiness** has been identified as a priority for Warwickshire and the service plays a crucial role in "reaching down" to early years settings and childminders to ensure they are able to support children in becoming school ready through preventative public health interventions/education.
5. **"Positive lifestyle choices"** is already listed as a key priority for the service. As the service includes delivery of the National Child Measurement Programme (NCMP), this should be enhanced to include a food culture, physical activity and weight management dimension in order to:
  - a. Aid consistency in accessing follow-on support from NCMP for children, young people and families

- b. Support a whole school approach and “Healthy Schools” culture
  - c. Support a whole population approach and promote the adoption of healthy attitudes towards food/eating/physical activity
6. The current service specification provides a clear framework for the provider to base the service model around and for contract and performance management to be undertaken effectively. However the service specification needs to be revised to incorporate the recommendations from the most **recent national documents** relating to commissioning 5-19 Public Health Services.

3.2 The service supports the achievement of the Outcomes defined for Children’s Commissioning within Warwickshire County Council:



Nationally, the following six high impact areas have been identified as the most important areas to focus on in order to maximise positive health & wellbeing outcomes for children and young people:

**1. Resilience and emotional wellbeing**

- i. More children and young people have better mental health
- ii. All children and young people are safe and protected, within their families wherever possible

**2. Keeping safe: Reducing risky behaviours**

- i. Children and young people are safe and protected, resulting in a reduction in hospital admissions caused by unintentional injuries to children and young people.
- ii. A reduction of the number of children and young people killed or seriously injured on the road
- iii. More children and young people are smoke free, reducing the prevalence of smoking locally
- iv. Children and young people are supported to reduce substance misuse
- v. Children and young people are supported to reduce teenage conceptions, improve sexual health and develop positive relationships

### 3. Improving lifestyles

- i. More children and young people are a healthy weight, through a reduction in the number children who are overweight and obese at 4–5 years and 10–11 years
- ii. More children and young people are supported through family/teen weight management programmes to maintain/reduce body mass index, increase physical activity levels, increase fruit and vegetable intake and increase levels of self-esteem
- iii. More children and young people grow up free of tooth decay
- iv. Increased population immunisation coverage for children and young people, to reduce the prevalence of preventable ill health

### 4. Maximising learning and achievement

- i. More children and young people achieve positive physical and emotional milestones (contributing to improved rates of school readiness)
- ii. More children and young people develop and achieve their potential, through improved rates of school attendance
- iii. More children and young people, particularly the most disadvantaged children, improve academic results to close the attainment gap between the most and least deprived

### 5. Supporting complex and additional health and wellbeing needs

- i. More children and young people, who have the greatest need, make the greatest improvement, closing the gap in inequality in health outcomes

### 6. Seamless transition and preparation for adulthood

- i. More 16–19 year olds are able to achieve their potential through increasing percentage of 16–19 year olds in employment, education and training and reducing numbers NOT in employment, education and training (NEET)

3.3 The key elements of the service from 1<sup>st</sup> November 2019 will include:

Service Level		Core Activities
<b>Your Community</b>	<p>A range of health services (including GP and community services) for children, young people and families.</p> <p>The SHWBS is involved in developing and providing these and ensuring people know about them.</p>	<ul style="list-style-type: none"><li>• Youth Health Champions Networks</li><li>• Community/asset development</li><li>• Supporting campaigns and health events</li><li>• Signposting and referral</li><li>• Support for early years settings in getting children “school ready” and transition to reception</li><li>• Local needs assessment intelligence to shape service delivery and community support</li></ul>

<p style="text-align: center;"><b>Universal Services</b></p>	<p>Providing the Healthy Child Programme (5-19) to ensure a healthy start for every child.</p> <p>This includes promoting good health, e.g. through education and health checks, checking immunisation status and identifying problems early.</p>	<ul style="list-style-type: none"> <li>• Health Needs Assessments at: <ul style="list-style-type: none"> <li>- Age 4-5 (school entry)</li> <li>- Age 10-12 (year 6/7)</li> <li>- Mid-teens (year 9)</li> <li>- Post-16</li> </ul> </li> <li>• National Child Measurement Programme for Reception and Year 6 children</li> <li>• Annual School Health &amp; Wellbeing Plans</li> <li>• Developing positive food culture within schools</li> <li>• Comprehensive training offer and support to develop whole school approaches for schools on subjects, including: <ul style="list-style-type: none"> <li>- medicines management</li> <li>- mental and emotional health &amp; wellbeing</li> <li>- bullying &amp; resilience</li> <li>- parenting (e.g. Solihull Approach)</li> <li>- healthy eating, food culture and physical activity</li> <li>- drugs, alcohol and tobacco</li> </ul> </li> </ul>
<p style="text-align: center;"><b>Universal Plus</b></p>	<p>Providing a swift response when specific expert help is needed.</p> <p>This may be identified through a health check, or having services available for concerns to be discussed.</p> <p>It may include support, such as, managing long term health issues, support for emotional health.</p>	<ul style="list-style-type: none"> <li>• Early intervention and targeted support for individuals, e.g. self-harm, anxiety, body image</li> <li>• Group early intervention, e.g. parent workshops around continence, parenting, behaviour management, emotional health</li> <li>• Contribution to Healthcare Plans and Education and Health Care Plans*</li> <li>• Health assessments for Young Carers and home-educated students</li> <li>• Family and teen weight management services for those with an identified need (group and individual)</li> </ul> <p>* Where most appropriate professional</p>

<b>Universal Partnership Plus</b>	<p>Delivering ongoing support as part of a range of local services working together with families to deal with more complex issues over a longer period of time</p>	<ul style="list-style-type: none"> <li>• Safeguarding</li> <li>• Review Health Assessments for Looked After Children*</li> <li>• Developing and reviewing pathways with key services, contributing to the following key areas: <ul style="list-style-type: none"> <li>- Social Care</li> <li>- Child Sexual Exploitation</li> <li>- Domestic Abuse</li> <li>- Youth Justice</li> <li>- SEND</li> <li>- Neglect</li> <li>- Young Carers</li> <li>- Alcohol &amp; Substance Misuse</li> <li>- Trafficking</li> <li>- Missing children</li> <li>- County Lines</li> </ul> </li> </ul> <p>* Where most appropriate professional</p>
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3.4 The service will continue to be monitored through quarterly contract meetings and the production of a published annual report as a continuation of the existing arrangements.

## 4.0 Financial Implications

4.1 Following approval by Cabinet on the 11<sup>th</sup> December 2018, the procurement process began in February 2019 and, following a competitive tendering exercise, Compass were successful in securing the contract from 1<sup>st</sup> November 2019. The annual contract value is £2.3m and the first contract period will run until 31<sup>st</sup> October 2022, with 2 options to extend for a further 3 years each, to 31<sup>st</sup> October 2025 and 31<sup>st</sup> October 2028.

## 5.0 Environmental Implications

5.1 An Environmental Impact Assessment was undertaken as part of the commissioning process and there is a low risk of environmental impact within this contract.

## Background Papers

1. Health Needs Assessment of School-Age Children in Warwickshire and School Health & Wellbeing Service Review (Update 2018)  
[apps.warwickshire.gov.uk/api/documents/WCCC-644-506](https://apps.warwickshire.gov.uk/api/documents/WCCC-644-506)
2. SHWBS Annual Report 2015/16  
<https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1095>

3. SHWBS Annual Report 2016/17  
<https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1475>
4. SHWBS Annual Report 2017/18  
<https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1936>

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Dahmash, Williams, Davies, Skinner, Chilvers, Morgan, Hayfield, Chattaway and Roodhouse