

Why is Health and Wellbeing important to my school?

Schools are very important places in which children and young people's health and wellbeing can be supported and improved. Research has shown that aside from parents, a supportive school is the most important protective factor in helping children and young people to stay healthy and avoid risks.

What's more, the healthier your pupils are the more likely they are to achieve better educational outcomes and fulfil their potential in life.

As a Governor you have a really important role to help the pupils in your school succeed by helping to create a healthy culture throughout the school.

There are many opportunities to do this like through the curriculum, targeted projects, having onsite health services, providing physical activity and healthy eating opportunities, reinforcing positive individual and peer group behaviour, having positive behaviour and bullying strategies and creating a healthy culture.

Your school will also need to draw on the support of health services and that means you need to engage with local partners to get your voice heard and get the support your pupils need. The more you engage, the better support you are likely to get for your school. You know your pupils needs best, make sure your health partners do as well!

Did you know?

The health service is going through a number of radical changes at the moment. Are you and your fellow governors aware of the impact this may have on the running of your school? Perhaps it could be an agenda item for your next meeting? Perhaps your Local Authority or local health contact could come and talk you through this? The Department of Health website has lots more information www.dh.gov.uk

School Governor Factsheet

What do OfSTED say?

Schools' support for pupils' health and wellbeing is evaluated in the new Ofsted inspection framework. This is what it says:

When evaluating the behaviour and safety of pupils, inspectors will consider pupils' ability to assess and manage risk appropriately and to keep themselves safe. The importance of developing pupils' understanding and commitment to their own and other's health and wellbeing, is also highlighted in Ofsted's supplementary PSHE guidance for inspectors undertaking subject survey visits.

Have you thought about?

How your school is removing all the barriers it can to raise achievement and standards, and do these include poor health outcomes which may lead to behaviour and absenteeism problems? Is your school a healthy environment?

Do you have whole-school health and wellbeing policies?

What has Ofsted said on how health and wellbeing policies in your school has contributed to the schools overall inspection ?

Are you aware of all the data that is available to your school to understand the health and wellbeing profile of your pupils ?

Do you know what parents expect of your schools contribution to better health outcomes? How do you engage them?

How do you know if your health and wellbeing work is having a positive effect?

How do you engage and harness the view of your pupils and their health and wellbeing needs? How is your school working with local partners, like School Nurses, to support the best health outcomes for children and young people?

Do you understand how the health system works and how this will impact of the health provision offered to your school?

Does your school make reasonable adjustments and accommodations for children with medical needs?

Is your school maintaining the school food nutritional standards?

Does your school have effective training and support in managing children with long-term medical conditions like asthma and diabetes?

Are there particular health issues in your school or local area that you need to bring to the attention of local health services and those people that plan those services?

Does your school have a quality programme of Personal, Social, Health and Economic Education (PSHE) that it is planned and monitored?

Your Local Authority will be taking the lead for public health from April 2013 taking over from Primary Care Trusts. Each year they will make decisions on money for health in your area. They need to hear from you to take your school needs into account.

Health and wellbeing boards and children, young people and families

Key success factors

- A local partnership dedicated to children and young people (linked into the governance of health and wellbeing boards) is essential.
- Commissioning of NHS services for children and young people must sit alongside commissioning of all services for children (the concept of holistic commissioning).
- Health and wellbeing boards should prioritise interventions for children and young people which are proven to work.
- Commissioning of services should be informed by the views of children, young people, parents and families.
- Health and wellbeing boards should ensure a focus on early intervention, within an overall understanding of a 'lifecourse' approach to provision.

Key strategic questions and challenges for boards

- Does the health and wellbeing board link effectively with the local children's trust, safeguarding board and clinical commissioning groups (CCGs) to ensure cohesive governance and leadership across the children's agenda?
- Does the health and wellbeing board have an agreed process to ensure children's issues receive sufficient focus?
- Has the health and wellbeing board contributed to defining the early help offer, as recommended by Professor Munro?
- Is the health and wellbeing board making appropriate use of local mechanisms to listen to the views of children, young people and families?
- Does the local health and wellbeing strategy analyse and prioritise the health needs of children and describe success?
- Have the views of frontline staff and clinicians been factored into the board's planning?
- Has the health and wellbeing board got an agreed method of engaging with schools?
- Has the health and wellbeing board got a clear plan to maximise the use of public assets (children's centres, schools, youth services, health centres, etc.) to improve health outcomes for children?
- Is the health and wellbeing board satisfied that the common assessment framework is sufficiently embedded in the local partnership?

This poster was produced in June 2012 by the health and wellbeing board learning set for children and young people. It represents their key learning and does not necessarily showcase best practice but aims to provide health and wellbeing members with an accessible and helpful resource. This learning set was led by Anthony May, Corporate Director for Children and Families and Cultural Services for Nottinghamshire County Council, anthony.may@nottscc.gov.uk.

For further information, or to comment on this poster, please email hwb@nhsconfed.org.

04/12/12

Vision

That health and wellbeing boards
make an effective contribution
to improving health and
wellbeing outcomes for children
and young people.



Further resources

- The Department of Health Children and Young People's Health Outcomes Strategy (due to be published in July 2012)
- A plethora of Local Government Association resources, collated by the LGA: www.local.gov.uk/childrens-health
- Local authority child health profiles (published by the Child and Maternal Health Observatory ChiMat): www.chimat.org.uk/profiles
- The NHS Atlas of Variation in Healthcare for Children and Young People: www.chimat.org.uk/variation
- NHS Confederation review of policy documents on children and young people's health and wellbeing: www.nhsconfed.org/hwb
- Assured Safeguarding – GP and Health Leader Edition (safeguarding advice for GP and health leaders developed by the East Midlands group of Directors of Children's Services): www.jrjep.com
- Commissioning Child Health and Wellbeing Services (information and guidance framework developed by the East of England Strategic Network for Child Health and Wellbeing Commissioning Champions) – EOE Info and guidance framework
- National Institute for Health Research (for health-related research materials): www.nihr.ac.uk
- A guide for commissioners of children's and young people's and maternal health and wellbeing services NHS North West: www.northwest.nhs.uk/childhealth

The spectrum of children's health needs

Taken from the project scope of the Department of Health Children and Young People's Health Outcomes Forum

- Health promotion, prevention and improvement
- Primary care
- Children with poor mental health
- Urgent care for children with acute illness
- Children with long-term conditions
- Children with complex health needs
- Children with disabilities
- Looked after children
- Palliative care
- Ensuring the use of medicines for children optimises health outcomes
- The health sector's contribution to safeguarding children
- The health sector's contribution to support for troubled families

Supported by



Commissioning in the new NHS for children, young people and their families

Key success factors

- Commissioning is informed by active engagement with children, young people and families using methods appropriate for them
- Commissioning is planned and coordinated across the whole spectrum of child's health needs, with key transitions from maternity and into adult services, and with related services meeting their wider needs including education and children's services
- Commissioning plans are achieved through effective engagement with Health and Wellbeing Boards and clear alignment with local JSNA and JHWS that clearly set out the needs of children and young people
- There is clear accountability within all commissioning organisations for commissioning child health services
- Commissioners have effective access to appropriate clinical expertise on children, including from providers
- Commissioning plans take a patient centred perspective and consider the needs of the family and the context in which the children and young people live, including the need to support them in education
- Commissioners ensure that care is delivered in age appropriate settings using standards like "You're Welcome"
- There is clarity on the totality of funding available to meet local children and young people's needs across all relevant commissioners
- Commissioners understand the whole lifecourse and the impact of health and wellbeing in childhood, particularly maternity and the early years, on health in adult life and on health inequalities
- The needs of particularly vulnerable or at risk groups of children and young people are fully considered

Vision

Commissioners ensure that the health and wellbeing outcomes of children, young people and their families are improved

Commissioners of all children's health and care – NHS and LA – together assess needs, plan and coordinate commissioning to create high quality, integrated pathways of care for all children and young people out of maternity and right through into adult services

Key elements of the pathway

Commissioners should think about the following key elements:

- **Primary care** – with GPs and their teams prepared and trained to work effectively with children, young people and their families
- Appropriate access for children and young people to **Community Children's services**, such as children's community nursing teams, structured so they can provide acute and palliative care in home settings and support the management of long term conditions and mental health
- Access to effective **public health services** including support for children, young people and families, especially new parents, through health visitors and family nurse partnerships and school nursing and mental health promotion
- **Secondary care services** – mental health, general paediatrics and surgery, configured in a way that provides sustainable services, including:
 - Fully staffed 24 hour paediatric services
 - 8 to late services close to home
 - Safe general, acute and specialist surgical services with paediatric trained anaesthetist input
- Safe and sustainable **specialist care** through highly specialised services which are comprehensive and located in strategic sites

Resources:

ChIMat has a range of resources for commissioners including the *PREview tool and data atlas which provides ready analysis and presentation of local, regional and national data over time.* www.chimat.org.uk

The National Service Framework for Children, Young People and Maternity Services (DH, 2004) still provides the most comprehensive standards for high quality integrated care from pregnancy right through to adulthood

The NHSCB is developing a range of commissioning resources which can and should be applied to child health services just as to adult services www.commissioningboard.nhs.uk

| Key LA Public Health commissioning responsibilities |
|---|
| Healthy Child Programme for school-age children, including school nursing |
| Contraception (over and above what GPs provide) |
| Testing and treatment of sexually transmitted infections, sexual health advice, prevention and promotion |
| Mental health promotion, mental illness prevention and suicide prevention |
| Local programmes to address physical inactivity and promote physical activity |
| Local programmes to prevent and address obesity, including National Child Measurement Programme and weight management services |
| Drug misuse services, prevention and treatment |
| Alcohol misuse services, prevention and treatment |
| Local smoking related activity, including stop smoking services and prevention activity |
| Locally-led initiatives on nutrition |
| Population level interventions to reduce and prevent birth defects (with PHE) |
| Dental – oral health promotion |

| Key NHS CB commissioning responsibilities: public health |
|--|
| Public health services for children from pregnancy to age 5 (Healthy Child Programme 0-5), including health visiting and family nurse partnership and responsibility for Child Health Information Systems (responsibility for children's public health 0-5 due to transfer to LAs in 2015) |
| Immunisation programmes |
| National Screening programmes |
| Public health services for those in prison or places of detention |
| Sexual assault referral services |

| Key CCG commissioning responsibilities |
|---|
| Children's healthcare services |
| Maternity Services (and routine newborn services) |
| CAMHS |
| Adult mental health services |
| Community health services, including speech and language, continence, wheelchair services and home oxygen services (except for public health services such as health visiting and family nursing) |
| Elective hospital care |
| Urgent and emergency care, including A&E and ambulance services (for anyone present in their geographic area), out-of-hours primary medical services except where retained by practices |
| Services for people with learning disabilities |
| NHS Continuing healthcare |
| Infertility services |

| Key NHS CB commissioning responsibilities: healthcare |
|--|
| Primary medical services commissioned under the GP contract, out of hours where retained by practices |
| Pharmaceutical services provided by community pharmacy services, dispensing doctors and appliance contractors |
| NHS sight tests and optical vouchers |
| Dental services |
| All health services for children, young people and adults in prisons and other custodial settings (adult prisons, young offender institutions, juvenile prisons, secure children's homes, secure training centres, immigration removal centres, police custody suites) |
| Health services for families of members of the armed forces (where they are registered with Defence Medical Services) (Primary care for members of the armed forces will be commissioned by the Ministry of Defence) |
| Specialised and highly specialised services |

Based on NHS Commissioning Board Commissioning Factsheet for CCGs (July 2012)
www.commissioningboard.nhs.uk