
**Update Public Health Nursing (School Nursing)
element of 0-19 Healthy Child Programme (0-19HCP)**

For consideration by: Health Scrutiny Commission

Decision to be taken on/Date of meeting: 1st Dec 2022

Lead director/officer: Ivan Browne

Useful information

- Ward(s) affected: all
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- Report version number: 1

1. Summary

0-19 Healthy Child Programme (0-19HCP) is commissioned by LCC and delivered by Leicestershire Partnership NHS Trust (LPT) and it is known locally as Healthy Together. Healthy Together is an integrated offer containing a number of Public Health elements including Public Health Nursing (School Nursing) (PHN(SN)).

Public Health Nursing, School Nursing (5-19 year's)

For the last 3 years the PHN(SN) team have been delivering a model where 80% of the team focuses on universal Public Health provision and 20% focuses on Safeguarding provision. This was first piloted in Reading.

This paper provides an update on the service following on from last year's update.

2. Recommended actions/decision

Scrutiny members are asked to note the contents of the report

3. Scrutiny / stakeholder engagement

Scrutiny: This paper provides an update on the service following on from last year's report at Scrutiny Committee.

Stakeholder Engagement:

The recommissioning of 0-19 Healthy Child Programme via Section 75 is being progressed. There has been consultation with staff and service users in 2022. Details of this engagement can be found towards the end of section 5.

As part of the recommissioning process LCC will run a joint Public Consultation with LPT from 16th January 2023 to 10th April to enable stakeholder to consider proposed changes to the 0-19 Healthy Child Programme service specification. Some details are included at the end of Section 5, and further information and updates on the Public Consultation is available.

4. Background and options with supporting evidence

This paper provides an update on the service following on from last year's report at Scrutiny Committee. Scrutiny members are asked to note the contents of the report.

5. Detailed report

Giving every child the best start in life is crucial to improving health outcomes and reducing health inequalities across the life course and is recognised as a fundamental action in helping our population live healthy, happy lives and supporting individuals to fulfil their potential. It is a key theme of the Leicester City Health and Wellbeing Strategy.

Early years have a lifelong effect on health and wellbeing, educational achievement and economic status. 0-19HCP is the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. As part of this, Public Health Nurses (School Nurses) PHN(SN) provide a vital and unique link between school, home and the community. PHN(SN) are there from the start of primary school all the way through to secondary school and into young adulthood. Throughout these years PHN(SN) use evidence-based practice to guide and support children and help promote good physical and mental health. From being at the forefront of spotting signs of abuse to encouraging healthy eating and providing support for stress, anxiety and suicidal thoughts to sexual health provision; the range of services PHN (SN) provide is wide and far-reaching. They support children through difficult transitions, whether it is starting school, moving to secondary school, starting GCES's or leaving school. In doing so, they play a key role in reducing health inequalities, reaching out to vulnerable and marginalised young people who may otherwise fall through the gaps.

The PHN(SN)'s clinical, pastoral, and supportive role is needed now more than ever as our young people continue to recover from the impact of the pandemic and during the ongoing cost of living crisis.

In a recent review of all PH services Public Health Nursing (School Nursing) ranked 4th out of 30 assessed. It scored the highest possible marks for prevention focus; evidence of effectiveness; cost effectiveness; health and social care integration; co-dependencies with other LCC departments; and innovation.

The PHN(SN) is a clinical service offered to children 5-19 within a school setting and supported with a digital offer.

The PHN(SN) is a small team who support all children in school in Leicester, they support:

- 9 Infant Schools
- 9 Junior schools
- 67 Primary schools
- 19 secondary schools
- 1 'all age/all through' school

and provide Public Health support to 8 Special Schools. There is a PHN(SN) offer for the 2 Pupil Referral Units, NEET (Not in Education, Employment or Training) and for Home Educated Children.

The PHN(SN) offer includes:

- School Health Agreements
- Statutory National Child Measurement Programme (NCMP) in reception and year 6
- Year 7, 9 and 11 Digital Health Contact (DHC), facilitated in school to avoid digital poverty barriers
- Triage Assessments followed, as required, by Baseline Health Assessments
- Evidence-based packages of care to support early interventions for physical,

- emotional, social and sexual health
- Review Health Assessments
- Chat Health (free and confidential text messaging service)
- www.healthforkids.co.uk and www.healthforteens.co.uk
- Health Promotion Fairs
- Sexual Health Clinics (for year 10 and 11)
- School Assemblies
- Parent information sessions including Healthy Bladder and Healthy Bowel, anxiety, behaviour, sleep and healthy lifestyle
- Statutory Safeguarding role.

This service uses a skill mix model and the team is made up of:

- Specialist Community Public Health Nurses (SCPHN)
- Healthy Child Programme Nurses (who are Registered Nurses) (HCPN)
- Healthy Child Programme Support Workers (HCPSW)
- Healthy Child Programme Practitioners (HCPP)

In order to best meet the needs of children the PHN(SN) workforce model was divided into two strands in October 2019 (for more information see appendix A) with staff rotating annually. The following model is based upon optimal staffing across the workforce.

- Public Health (80% of workforce)
- Safeguarding (20 % of workforce)

This model allows the workforce to deliver the public health/health promotion agenda as set out in the service specification and Standard Operating Guidance (2022), whilst also meeting the statutory safeguarding commitments as per the LSCB Guidance and Working Together to Safeguard Children (2020)

In the previous model, PHN(SN) were responsible for delivering both elements of the role concurrently. However, it became increasingly evident that the quality and consistency of the delivery of Public Health element was frequently compromised in favour of urgent Safeguarding work. The current model is able to manage the demands and commitments of statutory safeguarding responsibilities in Leicester, whilst also providing safe and effective Public Health support for young people and their families.

When the new model was established LPT created an internal Task and Finish group and followed the NHS model for improvement to support design, implement and evaluation. All 6 indicators score positive with the current position, indicating that these changes have been successful (appendix B).

Public Health Offer

There are 57,000 Children and Young People in Leicester Schools, and the PHN (SN) can be accessed by any child. However, the universal offer is aligned to targeted support and evidence-based packages of care. A typical full time equivalent caseload is 27 Universal children and 1 Universal Plus/Targeted child.

School Health Agreements

Annual School Health Agreements are completed with all schools. For the 2022/23

academic year a digital agreement has been created. This document is completed during a discussion with school staff and outlines the responsibilities of both the school and Healthy Together and the plans for delivery of care during the year. The team have currently undertaken 82 school agreements (67 Primary and 15 senior school).

National Child Measurement Programme (NCMP) in reception and year 6.

This is a mandated surveillance programme in which the height and weight of all children in Reception and year 6 are taken. This provides data on children’s weight, which helps in the planning of health any weight services. In Leicester parents are sent the results of children’s measurements and any child above a healthy weight is invited, along with their family, to participate in a Family Lifestyle Club (FLiC) that supports them to eat healthy and take part in physical activity (FLiC is commissioned as part of Healthy Together, more information is available)

2021 NCMP programme

This Table shows the number of schools and pupils who participated.

Local Authority	Number of Schools	Number of Reception Pupils	Number of Year 6 Pupils	Total Pupil Count
Leicester City	83	4529	5045	9,574

School involvement in NCMP is voluntary, 2 schools did not participate.

Year 7, 9 and 11 Digital Health Contact (DHC)

Schools are offered the opportunity to have children participate in a Digital Health Contact (DHC) in year 7,9,11. This is facilitated in school and is a proactive means to ask young people about their health behaviors and provides universal Public Health advice. There are key words and phrases that trigger a ‘red flag’, all red flags are triaged by the PHN(SN). This can lead to a Baseline Heath Assessment (face to face in school) and progress to evidence-based interventions of support, safeguarding, or referral to other services (e.g CAMHS) as required.

The schools receive information, on a school population level, about the key themes, and these can be used as a focus for School Health Fairs or public health events throughout the school year, including targeted assemblies. Engagement with the Youth Advisory Board (YAB) suggested that assemblies were viewed as a good means to relay public health messages.

The DHC was recently evaluated by Universities of Sheffield and Bristol and found to be an effective way to identify unmet health need (appendix C).

Last academic year the following schools completed the DHC.

- Year 9: Castle Mead
- Year 9: Sir Jonathan North
- Year 9: Moat Community College
- Year 9 & Year 11: Willow Bank
- Year 11: New College

This equated to 788 students completing the forms. Of this, 400 of these generated red

flag responses.

Triage and Baseline Health Assessments

All children who are referred to the service are triaged by a PHN(SN), some are provided with advice and guidance and some are invited for a Baseline Health Assessment which includes an assessment of any risks PHN(SN) use this tool to understand the holistic health needs of a child including physical, social, sexual (where age appropriate to do so) and emotional health.

This assessment is completed for all referrals requiring a package of care and for any child or young person who is to be the subject of a safeguarding meeting. It is completed by either a Public Health Nurse or Healthy Child Program Nurse.

The contact is in line with the Standard Operating Guidance and the national 0-19 Healthy Child Programme, it uses the 'Assessment Framework' upon which the following areas are assessed:

- Gillick competency of the child or young person/Consent given to complete the assessment.
- Overview and understanding around confidentiality and when sharing of information would take place.
- General health needs – including vision problems, registration at a dentist, physical appearance, known medical problems and growth measurements.
- Family and Environmental factors – who does the child or young person live with, do they get along with the household members, are they supportive, and any concerns about home.
- Education and Development – including any identified difficulties at school, neurodevelopmental concerns or receipt of any additional support in school.
- Continence
- Behaviour – concerns at school or home
- Emotional health – including a tool to scale how the child or young person feels (this allows identification to monitor the effectiveness of any strategies recommended), friendships, bullying, safe adults to talk too, is a safety plan needed and ensures that full risk assessment of emotional health has been completed (see below).
- Lifestyle – to include sleep, diet, exercise and substance use.
- Caring responsibilities.
- Gender
- Safeguarding concerns – including on-line safety
- For secondary school aged children only – sexuality and relationship explored.

Alongside the Baseline Health Assessment staff assess for emotional risk or risk-taking behaviours. This assessment was developed in partnership with CAMHS. It focuses on the emotional health and includes the following areas:

- Harm to self – including self-harming behaviours, suicidal intent/ideation or plans, self-neglect or risk-taking behaviours.
- Harm from others – sexual exploitation risk (past or present), neglect, abuse, bullying or unlawful restrictions (including physical restraint or locks on doors) Living in a home environment where there is domestic abuse (Past or present).
- Harm to others - sexual assault, violence or aggression towards others, arson, weapons or criminal activity, being a perpetrator of domestic abuse.
- Signs of risk – Including mental state, social network

- Protective factors – Emotional Resilience, motivation and engagement with service.

For each risk assessment the PHNSN/HCPN provides clinical interpretation of any risks identified which includes a record of the risk assessed (Low, raised, High, Increased Safeguarding Risk and Medical emergency).

Between September 2021-2022 745 Triage Assessments and 888 Baseline Health Assessments were completed

Evidence-based packages of care

Baseline Health Assessments often lead to additional evidence-based care packages in accordance with local care pathways and protocols. Such additional support can be provided over several weeks for identified health issues such as sexual health, emotional health and wellbeing and healthy weight. This work may result in referring to specialist services or the Early Help offer. There are also opportunities to sign post children and young people to evidence-based resources including the Health4 websites and ChatHealth text messaging service

Review Health Assessments

Upon completion of a package of care, there are a number of possible outcomes:

- The identified need is resolved, and the child/parent are discharged to Universal services with ongoing Universal support including Healthy Together's digital offer and information on how to access parent led Healthy Child clinics.
- The identified need has not been resolved and either an additional session of support is provided or the child/young person is referred to another, more specialist, service.
- The GP is informed if there are any unmet health needs that cannot be addressed by Healthy Together and the care plan is documented.

Between September 2021 – 2022 there were 723 Review Health Assessments completed.

Chat Health

ChatHealth is an award winning, free, confidential text messaging service for Young People and their parents. Either parent of a school aged child/young person or young person themselves can text at any time and they will receive a reply and support from a PHN(SN).

For a case study please see Appendix xxx

Since it was created in 2014 ChatHealth has been rolled out to 70 other NHS Organisations meaning that more than 60% of School Nursing services in England, Northern Ireland and Wales offer ChatHealth. This makes it possible for around 2.8 million young people (aged 11-19) and their parents and carers to easily send a message to get confidential help and advice about a range of health and wellbeing issues.

www.healthforkids.co.uk

Health For Kids is a fun website for primary school aged children (5-11), and their parents, to learn about their health. Its packed full of fun characters, interactive articles and exciting games to play. In the Grownups area parents and carers can get health information and advice to help keep their children healthy and happy.

Between September 2021-2022 Health For Kids saw 130,594 users (114,060 new users).

Health for Kids was pioneered by LPT and has been rolled out to 11 other NHS Trusts.

www.healthforteens.co.uk

Health For Teens is a website for young people aged 11-19 about everything they want to know about health. It features bite-size information on a range of physical and emotional health topics, with engaging and interactive content such as movie clips, audio snippets and quizzes.

The 'your area' section brings local information to teenagers including advice, articles, events and helps them to find the right local support services.

Health for Teens was pioneered by LPT and has been rolled out to 13 other NHS Trusts.

The Healthy Together digital offer, including the websites, won the overall award at the 2020 Forward Healthcare Awards. For more information on ChatHealth, Health for Kids, and Health for Teens please visit <https://impacts.dhtsnhs.uk/>

Health Promotion Fairs

PNH(SN) support schools in the delivery of Health Fairs following the 7,9,11 health and well-being questionnaires have been completed. The schools receive a report on their schools cohorts health and wellbeing that will form the planning of the health fairs. There were 2 health fairs undertaken in the city last academic year due to the recovery phase following covid-19.

Sexual Health Clinics

The PNN(SN) team offer a sexual health service to all senior schools including some of the additional needs schools. This provision is only delivered to schools that have consented as part of the School Health Agreement meeting. PHN(SN) can provide support, advice and offer pregnancy testing and condom distribution using the C-C card initiative.

Currently 11 secondary schools have consented for PHN(SN) to deliver sexual health provision.

School Assemblies

PHN(SN) work in partnership with schools to deliver Public Health messages and support as identified in the School Health Agreements. The last academic year saw a theme of 'Emotional Support' identified. The following events were delivered as school assemblies or pop-up lunch time events.

Theme:	Number of events:
Healthy Eating	6
Worries – emotional health	32
Exam stress	6
Dental health	5
Chat Health and PHN(SN) promotion	12

Other events where the PHN(SN) has a presence include coffee mornings with parents, sports days and parent days.

Parent Information Sessions

Parent information sessions are offered as a blended approach alongside the digital offer. The below shows how many sessions were undertaken iSeptember 21-Septemebr 22.

Theme	Number of sessions
Healthy Bladder Healthy Bowel	138
Healthy Bladder healthy Bowel – additional needs	60
Anxiety	9
Sleep	51
Behavior	35
Continence initials	63
Continence reviews	121

In addition, PHN(SN) have developed a Healthy Growth Care pathway and a parent information session to support with healthy growth in 5-19.

Statutory Safeguarding role.

The PHN (SN) Safeguarding team are currently responsible for all telephone strategy calls and all Section 17 & 47. In August 2022 there were 8 Active Section 17's and 35 Section 47's.

Children with identified safeguarding needs require a full Baseline Health Assessment. Having a Baseline Health Assessment before the initial case conference enables all professionals in the meeting to have as full a picture of the child's health needs as possible. PHN(SN) have a unique perspective and relationship with young people and can provide essential information to contribute to safeguarding.

Between September 2021-September 2022 756 children have been supported by the School Nursing safeguarding team in Leicester City. 234 for Section 17 (Child in Need) and 522 for Section 47 (Child Protection Plan)

Commissioning in Leicestershire

From 1st September 2022 Leicestershire Partnership NHS Trust ceased to provide PHN(SN) on behalf Leicestershire County Council and Rutland County Council for children attending Leicestershire and Rutland Schools in year 7-11. The offer for Reception to year 6 remains largely unchanged. The Year 7-11 pathway in Leicestershire will now be via a new 'Teen Health' non-clinical service hosted by the County Council, and in Rutland it will be via Early help for Public Health concerns. Safeguarding concerns will be via the lead health agency such as GP's, CAMHS, Community paediatricians etc.

These changes have implications for:

- Leicester City Children attending schools in Leicestershire and Rutland (about 15% (or 3,500) City children)
- Leicestershire and Rutland Children attending Leicester City schools (about 3% (or 1000 children)

Many of these children are on a Universal pathway and are not accessing either:

- Public Health Nursing (School Nurses)
- Public Health Nursing (Safeguarding)

However a small but significant number of city children will be accessing these services, including, potentially very vulnerable children who are subject to Section 17 or Section 47. The total number of city children this affected between January 2022-September 2022 was 36.

Historically PHN(SN) have worked with children in their school, rather than by their place of residence/postcode; when LPT provided both Leicester City and Leicestershire/Rutland with the same service this was a reciprocal arrangement that worked well and it wasn't an issue. The school based model is also the most commonly used nationally. But now the Leicestershire and Rutland offer is changing significantly we need to consider the implications of children living in the Leicester City and require access to Safeguarding provision and support, as they will have Leicester City social care support and the implications for Leicestershire and Rutland children attending a Leicester City school.

This Risk has been placed on the Risk Register.

In the short term, LPT have worked hard to create the offer below, but this is just an interim solution:

Safeguarding: Leicester City Children attending a Leicestershire or Rutland school

PHN(SN)'s will be alerted about a pending safeguarding meeting through either LPT Safeguarding team (Section 47 initial child protection meetings), or directly by the social worker leading the Section 17 assessment. The City PHN(SN) will provide a written report from Healthy Together information and present this at the safeguarding meeting. In this meeting they will seek parental consent to complete a holistic Baseline Health Assessment (BHA) in partnership with education colleagues so this can be completed within the school setting regardless of locality. If a health need is identified through the BHA it is either supported through targeted interventions by Healthy Together or referred onto an appropriate specialist health service.

The PHN(SN) safeguarding team will be the health representative on strategy calls.

Safeguarding: Leicestershire and Rutland child attending a Leicester City school

PHN(SN) will be alerted about pending telephone strategy meetings or safeguarding meetings through either LPT's Safeguarding team for Section 47 initial child protection meetings & telephone strategy calls, or directly by the social worker leading the Section 17 assessment.

Strategy calls, section 47 and section 17 for Children in years 7-11 with a Leicestershire postcode that attends a Leicester city school will no longer be covered by the Leicester City 5-19 Public Health Nursing (School Nursing) team. These will be managed by Leicestershire and Rutland County Local Authority 11 plus offer.

For a case study, please see Appendix E

LPT, LCC and Leicestershire and Rutland County Councils are working together to identify what the safeguarding and Public Health offer for children will look like. Additionally, the Designated Nurse for Safeguarding, in the Integrated Care Board (ICB), is overseeing the new arrangement for a period of one year to ensure that statutory obligations for health representation in safeguarding are met.

The future:

Key Performance Indicators (KPI's):

The following KIP's will be in place from Quarter 4, 2023, which will enable detailed information about the delivery and performance of the service:

- Number of schools with children in year 7 participating in DHC's
- Number of schools with children in year 9 participating in DHC's
- Number of schools with children in year 11 participating in DHC's
- Number of children with completed Digital Health Assessments
- Number of referrals received into service
- Amber referrals: Number of children/Young people seen for a Triage/ Baseline Health Assessments within 10 working days.
- Green referrals: Number of children/Young people seen for a Triage/ Baseline Health Assessments within 20 working days.
- Number of Review Health Assessments completed
- Number of Baseline health assessments completed prior to a Child Protection (Section 47) or Child in Need (section 17)
- Number of Baseline health assessments completed within 10 working days of a Child Protection (Section 47) or Child in Need (section 17)

Use of a Section 75:

The use of a Section 75 to re-commission 0-19HCP is currently being progressed. A Section 75 is an agreement made under Section 75 of National Health Services Act 2006 between a local authority and an NHS body in England. The intention of Section 75 Agreements is to improve services for users through **either** 'pooled budgets' (where two organisations bring together resources) **and/or** 'delegated functions' (where one organisation exercises an agreed function on behalf of another) **if it could be reasonably expected that this would lead to an improvement in health as a result of the way those functions are exercised**

This is a contractual partnership, it is legally binding, for a specific length of time (but partners are able to leave/terminate early with specified notice periods), with clear outcomes that partners are accountable for achieving that are decided via collaboration and co-design.

There are an increasing number of Local Authorities considering and using Section 75 to re-commission 0-19HCP. Our closest example is Derbyshire who have provided support and guidance throughout this process.

Papers detailing the progress of the re-commissioning can be provided.

Voice of Schools in the development of the Section 75 Public Health Nursing (School Nursing) provision:

The team worked with 5 schools (3 secondary, 2 Primary) between 23rd September and

13th October 2022. Feedback was:

- Transient nature of the work force meaning either currently or in the recent past they had experienced issues with the stability of the PHNSN attending their setting (all schools).
- The referrals process tends to work well, but that they don't always hear back about whether the PHNSN has taken the referral or what the outcome of the referral was. If this communication were to be improved, the schools thought it would improve partnership working (4 schools). For this to include better correspondence about which referrals were taken and which weren't, and clarity about why the PHNSN can't see certain students if they are accessing other services such as CAMHS.
- A more formal feedback including the voice of the young person (One secondary school noted they would like the voice of the child included in feedback/evaluation of the services, as currently they are unable to feedback about their experience, and any feedback received tends to be in informal moments such as results day when individuals share how contacts with the PHNSN helped them to overcome issues)
- More information about what is included in the offer being shared with students, parents, and other staff members (all schools), including informal stands during lunch times/open days for students to learn about the service
- More session availability, more help around healthy lunchboxes/healthy weight, and information about the impact of vaping (Primary Schools).
- One secondary school mentioned they would like to see more bereavement support (not counselling), low level mental health support and group sessions about topics the school has noticed may be an issue (e.g. puberty, vaping).
- PHNSN role in supporting establishing EHCP's (to pupil and child)

This findings will feed into the service specification.

Voice of Young people in the development of the Section 75 Public Health Nursing (School Nursing) provision:

In early 2022, two listening sessions were held with young people, one with the Youth Advisory Board (YAB) and one with young people attending a group run by Centre for Fun and Families.

Some young people had directed experience of the support a PHN(SN) can offer, but most did not. Those that did praised the service highly, those that did not were unsure what the service was, what it offered, or how to access it.

All young people felt the role of the PHN(SN) could be better promoted, publicised and visible. Both groups suggested more assemblies, the more inactive or innovative the better.

Both groups wanted a variety of ways in which the PHN(SN) could be contacted and reducing stigma and maintaining confidentiality were considered very important.

This will feed into the service specification.

6. Financial, legal, equalities, climate emergency and other implications

6.1 Financial implications

6.2 Legal implications

Noted this is an update report only. Previous and ongoing legal advice is being provide in respect of the recommissioning of 0-19 Services.

Legal advice to continue to be obtained as needed.

Mannah Begum, Principal Solicitor, Commercial and Procurement Legal, Ext 1423

6.3 Equalities implications

When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

Protected groups under the Equality Act 2010 are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

An Equality Impact Assessment (EIA) is currently underway on the 0-19 Healthy Child Programme and the school nursing provision is included within this. The EIA will need to be updated to reflect the outcomes of the LCC joint public consultation with LPT which will run from 16 January to 10 April 2023, as part of the recommissioning process.

Stakeholders will have the opportunity to consider proposed changes to the 0-19 Healthy Child Programme service specification. We need to ensure the public consultation is accessible, fair and proportionate and communicated to relevant stakeholders.

Carrying out an equality impact assessment is an iterative process that should be revisited throughout the decision-making process and updated to reflect any feedback/changes due to consultation/ engagement as appropriate. The findings of the Equality Impact Assessment should be shared, throughout the process, with decision makers in order to inform their considerations and decision making.

Where any potential disproportionate negative equalities impacts are identified in relation to a protected characteristic/s, steps should be identified and taken to mitigate that impact. The EIA findings should continue to be used as a tool to aid consideration around whether we are meeting the aims of the PSED, and to further inform the work being progressed on the 0-19 Healthy Child Programme.

Sukhi Biring, Equalities Officer, 454 4175

6.4 Climate Emergency implications

6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

7. Background information and other papers:

8. Summary of appendices:

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

10. Is this a “key decision”? If so, why?

Appendix xx: 6 change that would indicate that the change was an improvement

Indicator	Current position
Following Safeguarding Meetings all children and young people to be offered a baseline health assessment and completed within 10 working days	<p>70% of children and young people are seen within 10 days.</p> <p>Themes for the non-completion of the baseline health assessment within this timeframe are as follows:</p> <ul style="list-style-type: none"> • COVID infection. • Poor school attendance. • During school holidays venues to complete the health assessments are limited. • Lack of parental engagement/consent. • Lack of COVID risk assessed rooms within schools. • Healthy Together was not invited to the initial safeguarding meeting. • Low staffing and sickness.

<p>No cancellations or rescheduling of Public Health activities in schools due to capacity to deliver safeguarding commitments</p>	<p>There has been no cancellation of Public Health activities since start of model</p>
<p>For staff to report a manageable balance of delivering the safeguarding and public health elements of the service.</p>	<p>64% of staff have rotated through both safeguarding and public health – with new starters making up 23% of staff who have not yet rotated.</p> <p>Since the start of the model the rotation of staff has been extended from the initial 3 month rotation, then to 6 months and now is completed on a 12 month basis. This follows staff feedback that the shorter rotation periods caused disruption to planning and implementing public health interventions throughout the academic year and was difficult to manage.</p> <p>The 12 month rotation (which has been in place through the pandemic) is allowing staff to maintain both public health and safeguarding skills and feedback identifies this is more manageable.</p>
<p>For staff to report increased confidence to support safeguarding cases</p>	<p>70% completion of baseline health assessment within 10 days of an initial safeguarding meeting is indicative of increase confidence of staff aligned to the safeguarding workforce.</p>
<p>Improved communication between Healthy Together, Schools and Social Care</p>	<p>Staff outside of our organisation have identified positive feedback from social care relating to the one cloud telephone number.</p>
<p>A representative from Healthy Together at all 0-19 safeguarding meetings</p>	<p>When staff are invited to a safeguarding meeting, Healthy Together sends representation. For the 0-5 element of the service delivery this is in the form of a PHN(HV). For the 5-19 element of service delivery this is either a PH(SN) or a HCPN.</p>