# Warwickshire School Health & Wellbeing Service

Annual Report for the academic year 2016/2017 — Year 2







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## WARWICKSHIRE SCHOOL HEALTH AND WELLBEING SERVICE REVIEW 2016/17

This report aims to describe how the service is continuing to develop and build on our successes from last year 2015/2016. To highlight the real achievements of the service and outline our priorities for the coming year. We have a lot to celebrate, growing and strengthening our School Health & Wellbeing Service workforce, increasing their skills and talents so that they can fulfil their ambition to provide a first class service for the children, young people and families in Warwickshire. We have been shaping our services around the real needs of our families using tangible evidence from the Health Needs Assessments and feedback from service users. We are using a collaborative approach with children, young people, schools and other partners to truly work together to develop and deliver services to improve the health and wellbeing of Warwickshire families. We are pleased that we have been able to achieve this whilst maintaining a high quality and well governed service.

## INTRODUCTION FROM PUBLIC HEALTH:

The School Health & Wellbeing Service has been in place for 2 years now and is going from strength to strength. Locality teams are led by experienced qualified school nurses with a diverse and dynamic skill mix of staff from a range of health backgrounds including staff nurses, nursery nurses and administrators.

Through working in close partnership with the Education and Learning team and schools, we have successfully increased the completion rates of the health needs assessments to give us a rich picture of the health and wellbeing of young people in Warwickshire.

As well as informing local delivery by the service, this health intelligence is being used by commissioners across the county to support decision making around provision, such as speech and language, access to dentists and child accident prevention.

Services are now available for children and young people who are home schooled which ensures they have the same access to support as their peers. The launch of ChatHealth for teens, and the more recently launched ChatHealth for parents, is proving a popular way for families to access the service in a safe and confidential way. We know from research undertaken with families that having a range of ways to access the service is very important.

The plans for year 3 will further cement the place of the School Health & Wellbeing Service as playing a vital role in achieving positive health and wellbeing outcomes for children and young people in Warwickshire.

**Kate Sahota** 

Public Health Commissioning Lead

**Rachel Bundock** 

Children & Young People's Director



## SERVICE OBJECTIVES

Focus on reducing inequalities and improving outcomes

Use prevention and early help approaches

Evaluate preventative and public health programmes in school and community settings

Identify and support children and young people in need of early help

Deliver evidenced based approaches that contribute to children and young people's health, wellbeing and behaviour change

Co-ordinate care and refer on to other services

Support children and young people who have complex and or additional needs via co-ordination, advocacy, education and training

Contribute as part of a multi-agency team for children, young people and families with multiple problems

Support transition from pre-school and primary through to secondary school and further education

## PUBLIC HEALTH WARWICKSHIRE — IDENTIFIED PRIORITIES

Mental Health & Wellbeing

Promoting good mental and emotional well-being to enhance resilience

Bullying, including physical/on line, peer pressure

Focussing on early identification and support

Physical Health & Wellbeing

Supporting long term conditions (e.g. diabetes, asthma, epilepsy)

Screening and immunisation coverage

Promoting safety and reducing accidental injuries

Promoting good oral health

Positive Lifestyle Choices

Smoking, drugs and alcohol misuse

Relationships, sexual health, contraception and parenthood

Maintaining a healthy weight including physical activity and healthy eating

## CHAPTER 1: PROGRESS FROM 2015/16

In 2015-16 report, we identified the following 5 priorities which we have successfully met during 2016-2017

### 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 HNA 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 SHWB and Children and Young Peoples 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 CAMHS to develop a stepped approach with key partners such as education, offering early intervention in relation to Children and Young People's mental health

## CHAPTER 2: UNIVERSAL KEY STAGE CONTACTS

### **Health Needs Assessment (HNA)**

During 2016/17 we continued to deliver the nationally recommended universal key staged contacts through online questionnaires. These are completed by parents/carers at school entry and individually by children and young people in year 6. This year we piloted the year 9 questionnaire in 12 schools and we intend to offer the contact to year 9 students in all 36 secondary schools in 2017/18.

### Table to show comparison between years (actual, %, variance)

|              | Population<br>2015 | HNA completed<br>in 2015 | %   | Population<br>2016 | HNA completed<br>in 2016 | %   | Variance |
|--------------|--------------------|--------------------------|-----|--------------------|--------------------------|-----|----------|
| School Entry | 6,405              | 1,638                    | 26% | 6,404              | 2,684                    | 42% | +16%     |
| Year 6       | 5,757              | 4,653                    | 81% | 5,796              | 5,278                    | 91% | +10%     |
| Year 9       | 0                  | 0                        | 0   | 5,655              | 1,543                    | 27% | +27%     |

The tables show that we have increased the number of health needs assessments completed allowing us to more accurately target interventions where there is real need.

The questionnaire generates alerts on an individual, school and population level.

### Individual level

### Table to show individuals alerts

| Alerts generated             | 2015-2016 | 2016-2017 | Variance |
|------------------------------|-----------|-----------|----------|
| Risk & Protective            | 1,244     | 1,437     | +193     |
| Emotional Health & Wellbeing | 1,475     | 1,708     | +233     |
| Holistic Health Interview    | 1,973     | 2,830     | +857     |
| Vision Screening             | 128       | 166       | +38      |
| Hearing Screening            | 70        | 128       | +58      |
| Follow Up                    | 15,402    | 8,285     | -7,117 * |
| Information                  | 6,861     | 8,149     | +1,288   |
| TOTAL                        | 27,153    | 22,703    | -4,450   |

<sup>\*</sup>reduction in follow up alerts for administrative purposes only are no longer generated as a result of the systems processes within the HAPI portal.

These alerts were followed up by the SHWB team offering individual information, advice (e.g. oral health and vision screening) and brief interventions (e.g. emotional health and wellbeing).

### 16th September 2016 – School to Healthcare Support Worker

I want to reiterate that your talk was inspirational and that all pupils were fully engaged with the content that you had so thoughtfully included.

It is vital to schools that speakers such as yourself are able to support the delivery of vocational courses such as Health and Social Care. The subjects that you included were vital to the students understanding of the work that a school nurse does and how multi agency groups work together for the welfare of young people.

I thank you again and hope that we can repeat this activity in the future as it was a very positive experience for the children of X School.

### School Level

The top

3

priorities for schools
 this year were
identified as Healthy
eating, transition and
bullying

We delivered

106
health promotion
sessions in individual
schools covering 146
topics

### Table to show the key Public Health Priorities identified for schools

The data from the health questionnaires (for children at reception and year 6) has been collated and analysed and themed topics identified for each school in order for them to receive their own anonymised aggregated report to evidence the health needs of their pupils.

| 8 topics identified on 146 occasions | Number of sessions | Number of pupils attended |
|--------------------------------------|--------------------|---------------------------|
| Healthy Eating                       | 38                 | 1,354                     |
| Transition                           | 35                 | 1,161                     |
| Bullying                             | 27                 | 723                       |
| Smoking                              | 22                 | 894                       |
| Drugs and Alcohol                    | 13                 | 546                       |
| Puberty                              | 5                  | 126                       |
| Emotional Health                     | 1                  | 4                         |
| CEOP                                 | 5                  | 124                       |
| TOTAL                                | 146                | 4,932                     |

### 1st February 2017 – School to Healthcare Support Worker

Thank you for your email. I do think the children found the survey very useful and they did respond very well to the display you and your colleagues brought along with you as well as the Q & A session you held after they had completed their surveys.

I feel it was a very positive session for all the children and will hopefully be of great benefit to them in the future should they need any support as a result of the survey. I think everything went very well indeed.

They only thing I could suggest as a possible consideration for the future, (and this could be tricky) but if there was anyway the survey could be available in a couple of different languages, such as Romanian for instance. This will always be a tricky one, but we are finding more and more that we are getting more children with English as a second language. This would make the survey more accessible to all children ir school.

Overall, very happy with the survey and the support you all gave.

Thank vou.

Tony Ryman, Croft Junior School

### **Example of intervention:**

The 'sugar game' was delivered in a local primary school by our healthcare support workers to help young people identify healthy snacks, drinks and breakfasts. Some of the comments from the students are below.

### What did you learn today?

How unhealthy my dad is!

Skittles have 14 cubes of sugar

Name one change you could make after today's activity

I won't eat loads of coco pops

how much sugar I have

eat more fruit and drink more

look at the labels for sugar

Comments from students about the lesson

I felt the ladies were really kind and helpful and didn't judge our reactions and it was really fun

I really enjoyed it

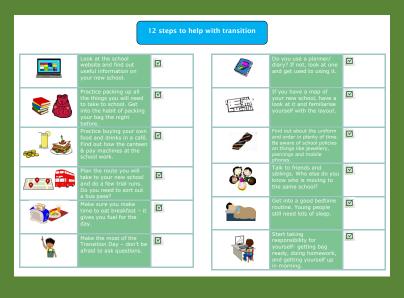
### **Population Level**

### Table to show the key Public Health Priorities identified for Warwickshire

Anonymous population results from the Health Needs Assessment for Reception and year 6 can be found at http://www.warwickshire.gov.uk/schoolhealthandwellbeing

| Public Health Priority | Number of schools | % of schools |
|------------------------|-------------------|--------------|
| Healthy Eating         | 171               | 90%          |
| Transition             | 125               | 65%          |
| Bullying               | 98                | 51%          |
| Substance Misuse       | 45                | 24%          |
| Smoking                | 40                | 21%          |
| Weight management      | 22                | 12%          |
| Puberty                | 6                 | 3%           |
| Oral Health            | 6                 | 3%           |
| Emotional Health       | 3                 | 2%           |
| Long Standing Illness  | 1                 | 1%           |
| Vision                 | 1                 | 1%           |
| Physical Activity      | 1                 | 1%           |

• The data has directed the public health campaigns that the service is supporting. We will be supporting Anti Bullying, Physical Activity and Oral Health Month during the next academic year.

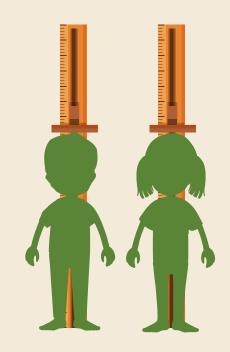


- The School Health staff supported the development of a transition booklet with the Youth Health Champions.
   This booklet supports year 6 students and their parents in their transition to Secondary School. The booklet provided practical and helpful tips, many of them from the personal experiences of the Youth Health Champions. This booklet was shared with all primary Schools in Warwickshire.
- The service works in partnership with Warwickshire Public Health and shares anonymised data which influences service development in Warwickshire.

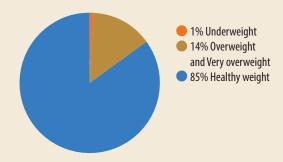
## National Child Measurement programme (NCMP)

The NCMP is one of the universal contact points with school aged children at reception and year 6 and is used with the data collected from the HNA to inform the school public health priorities and plans.

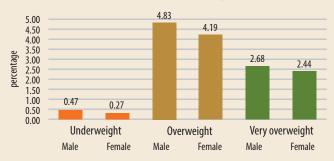
Our NCMP programme is led by our Healthy Lifestyle Co-ordinator and delivered in schools by our school nursing health care support workers. Our results from this year are comparable to 2015/2016 and show a 1% (60 children) reduction of children who are overweight. We are pleased with this reduction and will continue to work with children, young people, families and schools to establish and sustain healthy eating habits.



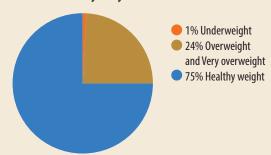
### NCMP summary for school entry children



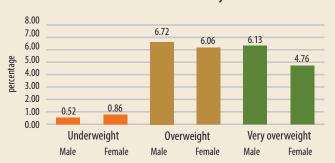
### NCMP results for school entry children



### NCMP summary for year 6 children



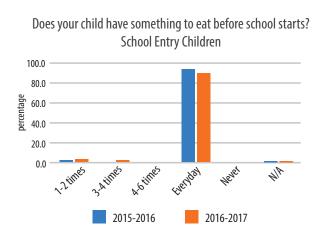
### NCMP results for school entry children

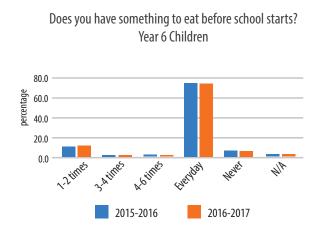


Children who measured overweight or very overweight for their age were referred to Fitter Futures, however only approximately 15 per cent of those referred accessed the course to receive support and advice. To increase uptake, for the next academic year there will be a pilot programme where the parents of those children whose results are over the 99.9 centile will be telephoned by the SHWB team prior to their referral to emphasise the benefit of the support Fitter Futures provide. Additionally, we are working with other partners to establish sustainable approaches to encourage and promote healthy lifestyles habits in schools.

### **Example of intervention:**

Data we collected as part of the universal key staged contacts showed that breakfast consumption fell between school entry and year 6 pupils. Additionally, one of our local Primary Schools, despite hosting several initiatives around healthy eating, continued to have concerns about pupil's breakfasts, particularly as some young people were consuming sugary snacks before the school day began. We responded to this with a partnership approach working with the school, Change-Makers - the Family Lifestyle Intervention Service and Coventry, Solihull and Warwickshire Sports Partnership (CSW) to offer a 6 week breakfast initiative called Get Up and Go Breakfast Club for children in year 5 to find out if a healthy breakfast combined with physical activity helped pupils concentrate during the morning lessons.





The results revealed that overall during the pilot there was a 35% decrease in the number of children consuming sweets and biscuits. With several pupils highlighting that they didn't have sweets or biscuits when walking to school as they knew breakfast would be provided. A 30% increase in engagement levels during the morning lessons was noted by school staff.

This was a small but successful partnership initiative which increased the uptake of children eating a healthy reduced sugar breakfast and improve their physical activity and also enabled us to work jointly and effectively with local partners. The pupils who took part in the pilot will be in year 6 this academic year so we will be able to use the findings from this pilot together with the data we collect from them in the year 6 Health Needs Assessment to find out if the healthy messages and behaviours have been sustained. We will also be sharing our findings with the children so that they can help create future programmes. We hope to obtain further funding to replicate this pilot in other Warwickshire schools.

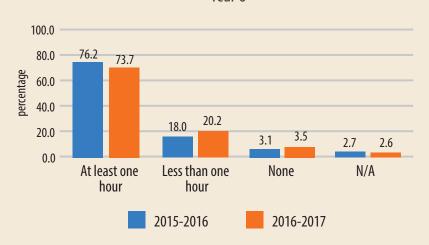


Written by Maggie Clarke, Assistant Director Healthy Child Programme, Compass featured on Viv Bennett (PHE Chief Nurse) Blog promoting School Health's healthy lifestyle pilot project with Change Makers.

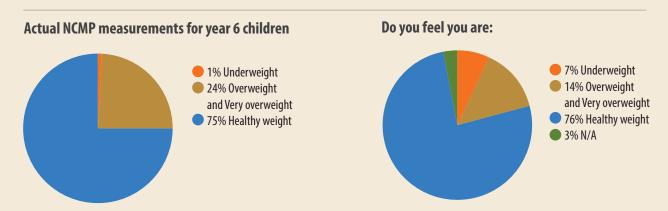
## How much moderate physical activity does your child do each day? School Entry



### How much moderate physical activity do you do each day? Year 6



### **Perceptions**

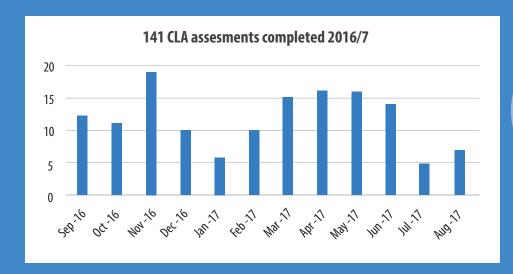


Early indications from the data regarding the perceptions of a healthy weight indicate that some young people perceive themselves to be a healthy weight or underweight when actual measurements show that not to be the case. We will be tracking this data over time and will use the evidence gathered to inform not only our interventions and health promotion messages but also to inform the programmes delivered by agencies such as Change Makers to allow them to reflect body perception and healthy weight into their 10 week courses.

## **CHAPTER 3: SAFEGUARDING**

### **Children Looked After Assessments**

A core part of the SHWB service delivery is the annual review assessments for children who are looked after (CLA). Warwickshire has significantly more children in care than the England average (Warwickshire child health profile March 2017 Chimat@phe.gov.uk) subsequently the number of children looked after assessments the team undertook has increased from 2015/16.



Nurse was nice and easy to talk to Child Looked After

Hi X,

I just wanted to say a huge 'thank you' for the excellent and timely health assessment you recently completed for a looked after young person. It was professionally produced and comprehensive. It was a really good example of how to complete an assessment and is much appreciated. We seldom receive assessments to this high standard so it is much appreciated and fully meets the national requirements. Please feel free to use this for next revalidation.

Kind regards,

Named nurse for looked after children

The School Health & Wellbeing Service continues to identify and work with children and young people in need of support and protection, acting within National, LSCB and Compass standards.

| Safeguarding meetings attended                            | 1091 |
|-----------------------------------------------------------|------|
| Safeguarding meetings contributed to                      | 573  |
| Safeguarding information requests received including MASH | 430  |

#### MASH information requests received

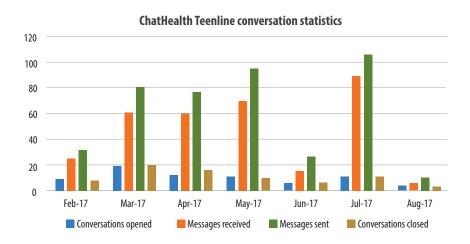
| Number of Information requests received | 226       |             |          |                 |  |
|-----------------------------------------|-----------|-------------|----------|-----------------|--|
| Number of cases info provided           | 157       |             |          |                 |  |
| Cumulative total consists of            | 380       |             |          |                 |  |
|                                         | North 103 | Central 169 | South 47 | Area unknown 61 |  |

### ChatHealth teen text messaging help line

Since the launch of our teen health line in February 2017 we have seen a gradual increase in the use of the service with over 327 messages received up to the end of August. We are tracking the conversation attributes from messages together with the data from the Year 9 Health Needs Assessment so that we can respond more quickly and effectively to the needs of our young people. In the next year, we intend to track those young people who contact the service to ascertain:

- · How many require no further follow up
- How many make an appointment with the School Nurse for support and brief intervention
- How many signposted for information and support
- How many referred to other agencies

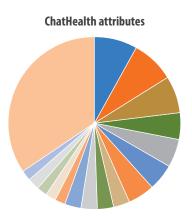
So that we can provide more tailored interventions to address the identified needs of young people.



Sexual health and contraception is emerging as one of the areas where we are receiving the most queries. We will be sharing this information with our colleagues from Respect Yourself Warwickshire to help them target their services and interventions and to ensure that young people are receiving the most appropriate advice. We are also receiving messages regarding emotional health and wellbeing and will start work on robust pathways, assessment tools and referral processes in to specialist services. We intend to appoint to a new post in 2018 which will be an Emotional Health and Wellbeing Nurse working across the SHWB team and CAMHS and who will lead the SHWB team, schools, EYS CYP substance misuse service, and other partners in supporting the emotional health and wellbeing of our children and young people.

Hello I'm asking about STI checking for males? What happens? Will my parents find out? I want to go on the injection as I'm worried I could become pregnant. Last time I had sex was last night, when could I have the injection due to this?

I'm 17 years old.



- 8% Sexual Health Contraception
- 8% Puberty
- 7% Self Harm
- 5% Immunisation
- 5% Medical Other
- 5% Bullving
- 5% Self Esteem
- 3% Sexuality or gender (LGTBQ)
- 3% Anxiety or panic attacks
- 3% Relationships
- 3% Emotional wellbeing / worry
- 2% Sexual Health STI
- 2% Sexual Health Pregnancy
- 2% Healthy Eating
- 2% Eating Issues
- 2% Continence Enuresis
- 34% Junk

I've had a bit of a problem with self harm for a while and I've tried a lot of things to try and stop but I can't, any ideas?

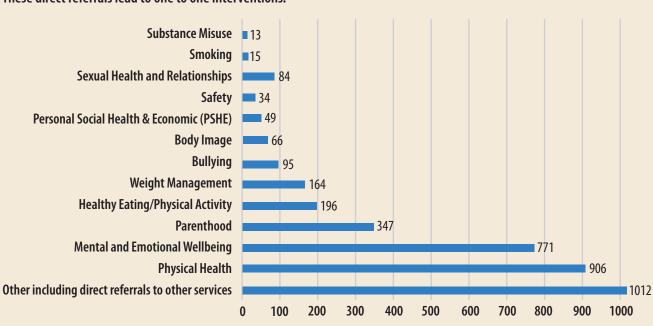
### Other work streams

### Referrals in

The service have received 3,752 direct referrals from schools, health professionals, families and young people. The two most common referral type were Physical Health and Emotional Health. The service have provided support around emotional health by providing one to one support and have completed health care plans to support those children and young people with physical health needs. The Family Brief Intervention Workers have provided targeted work with families and children around parenting, behaviour and sleep.

### Intervention types

These direct referrals lead to one to one interventions.



Referrals received 2016-17

24% Education 29% Self/Relative

16% Others

31% Health Professionals

### **Individual Health Care Plans**

We continue to support schools to develop individual health care plans for children and young people with medical needs to ensure that students are properly supported in school, remain healthy and can achieve their full academic potential.

### **Medicines management**

The School Health & Wellbeing Service offer School consortium based locality training for medicines management. In 2016-17, the service has trained 85 representatives from 34 schools covering anaphylaxis, asthma and epilepsy.

In addition to our core offer, the service are now offering individual school based training as part of a traded offer. This has been in response to feedback from head teachers and school staff. From March 2017 we offered the following two courses:

- Asthma and the administration of pre-prepared adrenaline in response to Anaphylaxis.
- Administration of emergency medication for Epilepsy

## CHAPTER 4: HOW THE SERVICE IS MAKING A DIFFERENCE

### **Social Values**

Social Values statement

The activities provided in Warwickshire through dynamic partnerships between the School Health and Wellbeing Service, Young People and Families, School communities and the Local Authority create a strong, well connected and strengths based approach that improves the social, economic and environmental lives of all children, young people and families. Empowering them to seek positive solutions to sustain healthy behaviours.

During the past year, we have been striving to make a real difference to the way in which we deliver services to children, young people and families in Warwickshire we have achieved this in a variety of ways:

### **Compass - Network of School Health Champions**

In our role providing public health services, we have engaged with young people to develop a Warwickshire youth health champions network within schools enabling effective co-production with young people on how public health promotion and protection messages are effectively communicated.

This gives them opportunities for learning and active citizenship that contribute to individual records of achievement, personal development and self-belief and awareness. This year we have recruited over 40 young health champions from five schools – representing cross sections of the community (gender, age, ethnicity, children looked after, SEN and young carers). Projects include being involved in the refreshed You're Welcome standards pilot which aims to ensure youth friendly services and the teen health podcasts.

We are working to extend the youth health champions across all Warwickshire schools during 2018/19 to enable young people to develop and champion positive health messages to their peers in school.



### Delivering health messages to teenagers

Compass SHWB Service and Compass Young People's Substance Misuse Service have been involved in an innovative partnership project to develop 10 Teen Health Podcasts which will have national coverage and be available on YouTube and on the Compass website, accessible and free to download. These podcasts are a response to young people's feedback on how health messages are communicated to them. The podcasts include young people and professionals discussing health and wellbeing topics, to tackle myths and provide information to inform listeners.



Our young health champions creating themed podcasts (on emotional health and substance misuse issues) with Radio 1 DJ Cel Spellman

We have been involved in the delivery of two of the podcasts. Through consultation with young people from our Youth Health Champions at a school in Nuneaton, we identified the theme of our podcasts:

- Substance misuse and peer pressure
- Sexual health, self-esteem and the influence of media has on the way young people think

Feedback from the young people about their participation in the podcasts was very positive and they are looking forward to being able to access them from December 2017.

## Increased access to our services empowering people with the skills and tools to help themselves and their families

### **ChatHealth**

The introduction of the ChatHealth line for teenagers has allowed young people to access the SHWB team in a confidential and safe way at times that are convenient to them in a way they report they would like to receive advice.

Building on that success and in response to parental feedback that they would like increased and speedier access to advice and support from the SHWB team. In July 2017, we introduced a ChatHealth line for parents. This service enables parents or carers of school aged children and young people to seek advice and support about their child's health, they can message for advice on all kinds of health issues including general health, child development, behaviour, toileting advice and emotional health and wellbeing. All conversations are confidential.

Hi I
am struggling to
deal with my 5 year old sons
behaviour. He will not listen. I have
tried charts, time out rewards nothing
is working he always has to be right it
seems like he does not get it.

My son is 15 and said he's bisexual neither his dad or myself know how to go about handling it.

My son is depressed, since a fight with his dad in June and a long running stressful son-dad power battle. Am worried he's now self harming, is suicidal and is completely irrational. Advice on how to get him help would be welcome.

### Increasing understanding of the Year 9 Health Needs Assessment process

Two staff members were involved in creating a film which has been embedded into the Year 9 HAPI questionnaire log in page for 2017. The film describes the HNA process, addresses frequently asked questions and promotes the SHWB Service and the ChatHealth advice and support text line.

The schools will also be provided with the film clip so that they can use it in classroom settings or school assemblies to assist with the completion of the questionnaire.



Clip from our School Health Year 9 Video to promote the HNA contact and online questionnaire.

### 23rd March 2017 - School re School Staff Nurse and Healthcare Support Worker

Ηi

I just wanted to give my feedback regarding the HAPI Questionnaires that Yr9 were involved in on Thursday (16/17th March) and Friday, the nurses were really lovely ladies to work with.

During the sessions the nurses settled students quickly and efficiently and explained the process clearly, students felt they could ask for support at any time and the nurses responded to questions quickly, both nurses were easy to work with friendly, professional and approachable

Overall the sessions were well run and productive.

Regards

Lorraine Brown, Hartshill School



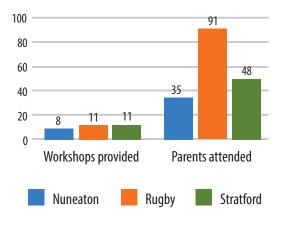
### **Parent Workshops for toileting issues**

This year we introduced Parent
Continence Workshops delivered by our
Family Brief Intervention Workers. These
are held regularly all over the county and
offer parents helpful strategies along with
information, monitoring tools and advice
around drinking, healthy eating, toileting
and exercises so that children can achieve
a positive outcome. It also enables
parents to share their own skills and
knowledge to find solutions to common
problems.



After almost 3 years
Compass have enabled
us to finally see the light
at the end of the tunnel to
help our children become
dry at night.
Parent - May 2017

### Continence workshop attendees



### **Staff wellbeing**

We know that we need well motivated, happy, well trained and looked after staff in order to deliver our service.

Our annual staff time out days create opportunities for our staff to influence and improve the services we deliver to children, young people and families and their own working environment.

We have an ongoing programme of staff development and training including:

- Epilepsy, Asthma and long term medical conditions
- · Emotional health & wellbeing
- Basic Life Support
- Safeguarding including Child Sexual Exploitation
- Substance Misuse
- Children Looked After Review Health Assessments
   Additionally, 2 staff start Specialist Community
   Public Health Nurse training in September 17.



## CHAPTER 5: PRIORITIES FOR YEAR 3

### Ready for school 3-5 years

- Review the pilot taking place in Early Years Settings in North Warwickshire
- Develop pathways with partner agencies
- Develop a countywide "Ready For School?" policy
- Develop a toolkit for Early Years Settings
- Work with Dr Katherine Brown, Coventry University to evaluate the pilot

### **SEND**

• Explore ways of introducing Health Needs Assessment at key staged contacts to special schools

### Links/joint working with Young Peoples Substance Misuse Service

• Introduce joint assessment tools and early help pathways

### Home schooled - Vulnerable Groups

• Provide them with the opportunity to complete the universal key staged contacts of Health Needs Assessment at Year 6 and Year 9

### Post 16 HNA

• Deliver the universal Health Needs Assessment to young people who are post 16 and work with the Association of Young People's Health (AYPH) to ensure that the data we collect leads to interventions, advice and support that is meaningful and empowering

### **Lifestyle Behaviours**

• Establish prevention early help care pathways to respond to: emotional health, sex and healthy relationship; drugs, alcohol and tobacco; and healthy eating

### **Evaluate Service**

- To work with Warwickshire Observatory to analyse and review the data collated
- To identify trends year on year
- To evaluate our interventions and approaches and measure their impact on Children, young people and Families in Warwickshire

## GLOSSARY

### **Healthy Child Programme (5-19 years)**

Good practice guidance which sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health 2009. Healthy Child Programme: From 5–19 years old.

### **Health Needs Assessment (HNA)**

A method of ensuring that the allocation of staffing, resources and interventions are underpinned by a systematic assessment of individual and population needs.

### National Child Measurement Programme (NCMP)

An annual programme to tackle child obesity and delivered by local authorities on behalf of Public Health England. NCMP involves measuring the height and weight of all school aged children in reception and year 6. Over 99% of eligible state-maintained schools across England, including academies, participate in the NCMP.

### **Specialist Community Public Health Nurse (School Nurse)**

Qualified nurses or midwives with specialist graduate level education in community health and the health needs of children and young people. The SCPHN qualification is recordable with the Nursing and Midwifery Council (DH, 2012).

### **Public Health plans**

Developed from the Health Needs Assessment and NCMP data to form school plans and identified public health priorities using the data as evidenced need. Public health plans are developed on an annual basis in conjunction with schools.

### **Population reports**

Data derived from the health needs assessment (health questionnaires) covering a range of topics specific to the universal contacts with children and young people: reception (aged 4 to 5 years); year 6 (aged 10 to 11 years); year 9 (aged 13 to 14 years); and post 16s. Population reports are a summary of aggregated data that encompasses school populations, locality populations and county wide population.

### **Child and Adolescent Mental Health (CAMHS)**

CAMHS assess and treat children and young people with emotional, behavioural or mental health difficulties.

### The Multi-Agency Safeguarding Hub (MASH)

The MASH involves representatives from the County Council, Police, Health, Probation and other key agencies working together to safeguard children, young people and adults. The MASH acts as the first point of contact, receiving safeguarding concerns or enquiries and collating information from different agencies to build up a holistic picture of the circumstances of a case.

## CONTACTS

Telephone number: 03300 245 204

ChatHealth Teen Line Text: 07507 331 525

ChatHealth Parent Line Text: 07520 619376

Email: warwickshireSH&WBService@compass-uk.org

Service Manager: Matt Conibere, The Mansley Business Centre, Timothy's Bridge Road,

Stratford upon Avon CV37 9NQ. Telephone: 03300 245 204 Option 2

### **Locality hubs:**

### Central hub - covering schools in Rugby, Leamington Spa, Warwick and Southam

Team Leader: Jane Wild

Address: Valiant Office Suites, Lumonics House, Valley Drive, Rugby CV21 1TQ. Telephone: 03300 245

204 Option 1

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warwickshireshwb.service@compassuk.cjsm.net

## South hub – covering schools in Stratford, Kenilworth, Alcester, Shipston and Kineton

**Team Leader:** Tracy Bainton

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### North hub – covering schools in Nuneaton, Bedworth, Atherstone and Keresley

Team Leader: Karen Cornick

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warwickshireshwb.service@compassuk.cjsm.net



### **Teen line**

Young people can now text a school nurse from their mobile phone. ChatHealth, the school nurse messaging service, is confidential and available Monday to Friday from 9am to 5pm. You can message for advice on all kinds of health issues, like sexual health, emotional health, bullying, healthy eating and any general health concerns. Look out for more information around school. You can still get in touch with the school nurse in the same way as you might have done before, if you prefer.

Text number: 07507 331 525

### **Parent line**

Parents/Carers can now text a school nurse from their mobile phone. ChatHealth, the school nurse messaging service, is confidential and available Monday to Friday from 9am to 5pm. You can message for advice about general health, child development, behaviour, toileting and emotional health and wellbeing.

Text number: 07520 619376





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