

**Child Health
and Wellbeing
Network**



NHS

**North East and
North Cumbria**

Ullswater Community College Integrated Health Hub Feasibility Pilot Report

June 2024

Part of:

**North East North Cumbria
Health & Care Partnership**



Contents

Purpose	3
Background	3
Aims and Objectives of the IHH.....	5
Financial summary	6
Implementation of the feasibility pilot.....	6
Phase One – Engage	7
Consult with the young people and families.....	7
Identify and consult with professional stakeholders	8
Phase two – Design.....	8
Work with professionals	8
Design the potential service.....	8
Support offered to UCC students in school:.....	9
Phase three – Test and review.....	12
Outcomes and impact of the IHH	12
Challenges and learning.....	16
Feasibility of IHH and next steps for UCC	18
Conclusion on feasibility of an IHH.....	19
Appendix 1 Student and Parent Survey Feedback.....	21
Appendix 2 - Student Case study	25



Purpose

The purpose of this report is to share the learning from the Ullswater Community College (UCC) feasibility pilot, the learning and findings may be of interest to those familiar with or interested in developing integrated healthcare within educational settings, to improve outcomes and access to health and wellbeing services for children and young people.

Background

The Ullswater Community College Integrated Health Hub (IHH) feasibility pilot is part of the Children's Integration Centre bid for NHS England Children and Young People's Transformation Programme funding, by the North East and North Cumbria Integrated Care Board's Child Health and Wellbeing Network.

The Integration Centre aims to connect expertise and relevant organisations and hosts the NENC Children's Integrated Care Fellowships. As the largest Integrated Care System (ICS) nationally with the [highest poverty levels outside London \(and the highest growth rate of child poverty in the UK\)](#) we need to deliver multiple integration models at pace to benefit the large number of disadvantaged young people in our region.

The feasibility pilot is based on the Cornwall Integrated Care Hub – A model of good practice, where a secondary school converted an old caretaker's house to house healthcare professionals in the school. It was a much-needed approach, given the difficulties that the rural Cornish community had in accessing healthcare – with many appointments for hospitals taking place in Bristol, nearly two and a half hours away. The healthcare hub allowed children and young people to access support, quickly and easily.

The integrated health hub approach was rolled out to another three secondary schools in Cornwall with the project evaluation identifying that it had many benefits including: improved preparedness for school, improved attendance, enhanced achievement and attainment and increased children's desire to want to come to school.

The indicative time scale for the programme was January to August 2022. Between January and April 2022 UCC completed a piece of work on behalf of the NENC Child Health and Wellbeing Network to develop evidence within a feasibility study and consultation exercise in the school and wider local community to explore the development of an integrated health setting in the school and for the locality. The IHH was implemented from May 2022 and resourced until August 2022, the school continues to resource the offer to date.

Project Context

Ullswater is a large secondary school (Approx, 1550 pupils and 200 staff) and has the largest catchment area of any school in England (Over 600 square miles). Centrally located in the county of Cumbria on the crossroads of the M6 and the A66, the school is accessible from across the county and on all the main transport routes to access the wider region.

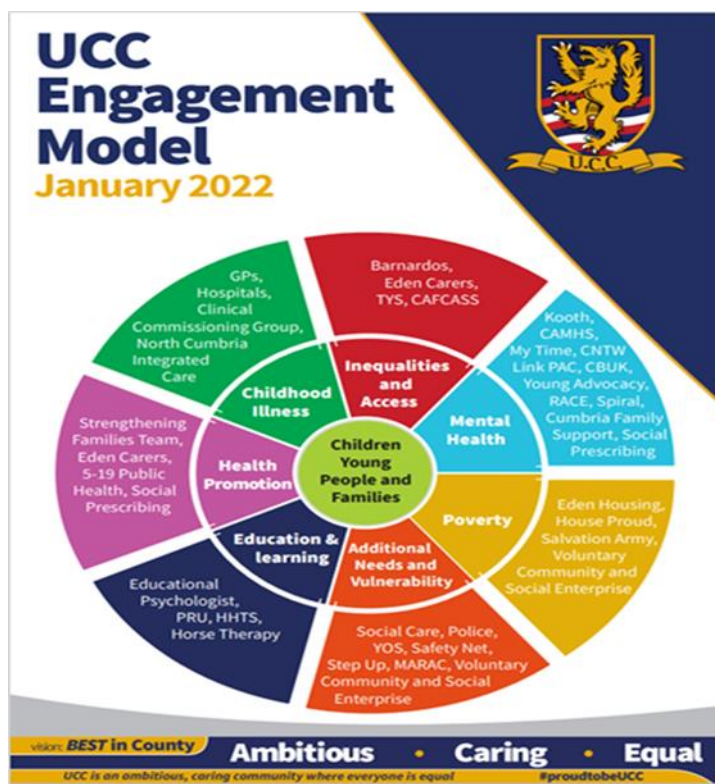


The school is on a journey of improvement following a decline in results up to summer of 2019 and an Ofsted rating of Requires Improvement in the same academic year. Having already gone through significant change and seen results return to be in line with expectations. Ullswater was inspected by Ofsted in April 2023 and were rated as “good” in all areas.

One aspect of the school’s future plans is exploring the possibility of a £35million new build on our current site to offer the latest facilities and learning experience to our students and staff. This also offers significant opportunities in the future to add to our existing provision for students.

UCC currently engages with many partners in health, social care and with third sector organisations in order to meet the needs of students at UCC, as shown in our Engagement Model mapped to the NENC Child Health and Wellbeing Network priorities.

UCC Model, January 2022, adapted from the CHWN Priority Wheel



In addition, there are areas of need where the school felt their ability to support CYP was more limited such as sexual health, drugs and addiction, healthy eating and eating disorders, gender, and sexuality.

Much of their work with partners in other sectors takes place as part of the Early Help Assessment framework. Whilst this does provide a way of coordinating support for children and families, often they felt that they fall short of genuine collaborative work between all stakeholders and believe that IHH would enable them to build this.

The pandemic had served to exacerbate already existing barriers to realising this goal such as geographical and physical isolation and limited opportunities for children and families to gain an experiential understanding of the wide range of support services available.



An Integrated Health Hub based at UCC would enable them to begin to address some of these barriers by providing the opportunity for CYP to take a more active role in seeking and engaging with support.

As a school they recognised and were committed to the need for additional services to ensure the success of our young people and wider community, not just in terms of their educational outcomes, but their life chances and opportunities.

Disparate Geography

Eden is regularly seen as affluent and not an area of need, however, the rurality, and significantly limited public transport issues are all important factors that impact the health and wellbeing of students and the local community. If students wanted to access the nearest sexual health clinic in Carlisle via public transport it would take them over an hour from school (not including significant distances some students travel to get to school too), the sexual health service is only open late one day per week which further restricts students' ability to access the services outside of school hours. Students that live in fellside villages can only access Carlisle services by getting one bus a week to Penrith. Poor access to services, also impacts on students and parent understanding of what services exist.

Ullswater Vision

Ultimately, they wished to:

'Bring together a combination of the best in the county has to offer in terms of services, that can be available and accessible to all and can act as a springboard for a new innovative approach to ultimately benefit all the young people of Cumbria'.

This philosophy aligns closely with the school's vision of *'Best in County'*. For UCC, this links to their farming heritage and is also open to interpretation in that it means many different things to many different people. Yes, they want the best academic outcomes, but to also aspire to offer the best personal development, pastoral support, educational experience, community engagement, services and support...

They recognised the challenges faced by the young people and communities of Cumbria and feel they had an opportunity to develop a sustainable and accessible offer to meet a much broader scope than a typical school and were enthused by the opportunities posed by a IHH to their school community.

Aims and Objectives of the IHH

Learning from the Cornwall model the aim of the UCC IHH was to ultimately test if this model would be beneficial in a NENC context, and if increased wellbeing could be achieved as well similar benefits as those achieved in Cornwall - improved preparedness for school, improved attendance, enhanced achievement and attainment and increased children's desire to want to come to school. The feasibility project agreed on the following key objectives to reach that aim:



- Establishing an on-site project team to support and deliver this work (including but not limited to an executive and senior lead, local project lead, access to data analytics, operational leads, nurse and therapist experts).
- Consultation with Children and young people on the benefits of an integrated health setting and their requirements and expectations
- Consultation with Local system (LA, CCG/NHS 0-19 services / CAMH, VCSE, Families and other local schools) on the benefits of an integrated health setting and their requirements and expectations on how it would be provided and commissioned.
- Collate, analyse and summarise the findings from the consultation exercise (To include a review of the Cornish model (funding would support an in person visit for school and community colleagues if necessary)
- Explore further and capture best practice elements of transitions for SEND/EHCP both into and out of the secondary setting, to include input from and into the transitions work.
- Remodelling of existing facilities and organisation of the linked team(s) to offer an interim health setting on site to allow the programme to be envisaged and experienced and to deliver pilot sessions to the school population and wider community and educational groups. Consideration is being given to the clinical and non-clinical requirements, including a welcoming safe space for young people and innovation in terms of equipment and access for the area to potentially deliver a range of additional services – e.g., remote consultations (private welcome environment with technology for online),
- Deliver pilot elements with students i.e., vaccinations delivery, Trylife viewing to explore sexual health (connecting with other appropriate initiatives), outreach psychology and remote consultations, smoking cessation clinics, literacy and numeracy adult learning classes etc.
- Deliver a final report with the findings and proposals and share learning through a network huddle scheduled for your summer term.
- To gather additional feedback overtime and overcome initial challenges to further improve a proposed future model.

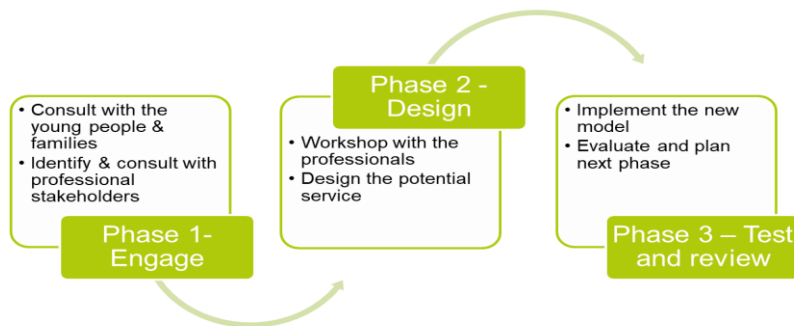
Financial summary

The total cost of the intended programme was circa £62,000 from implementation to conclusion. The CHWN contributed £35,000 to set up, establish and implement the programme with the remainder funded by the school. The school has continued to resource the IHH to date in addition. The cost to establish IHH will vary depending on local site provision and associated cost of relevant services.

Implementation of the feasibility pilot



The feasibility pilot was to be undertaken in three phases;



Phase One – Engage

Consult with the young people and families.

In order to ensure the integrated health setting is student-centred student and parent questionnaires were carried out to understand what their concerns and needs were around health and wellbeing. 227 students completed the survey across years 7 to 13, students aged 11 to 18 years and 243 parents from across all year groups responded to the survey.

Students were asked what their main concerns and worries are around their health and wellbeing. The survey identified their main concerns and worries to be, loneliness, feeling unable to cope and healthy eating. Students were asked what support they needed, and they highlighted the need for support around emotional wellbeing and mental health. Mental health was also identified through the parent survey as issues they are most concerned about for their children (See appendix 1, student and parent survey results).

The student and parent responses informed and shaped the key priority areas that IHH needed to address as part of the programme and identified services areas that needed to be engaged. The main areas that were highlighted as areas of concern were:

- Mental health
- Healthy Eating
- Loneliness
- Feeling unable to cope

One of the main issues for parents and students is support from mental health services. When students were asked to complete a survey regarding their needs around mental and physical health and access to the relevant services, more specifically what the barriers are to accessing these services the biggest difficulty was wait times (67.5%), followed by opening times (18.6%), confidentiality (11.9%) and getting there (11.3%).

Confidentiality was a high priority for students – with the IHH repurposed space in school they could offer an easily accessed, comfortable, confidential setting for students to access outside agencies.

Identify and consult with professional stakeholders

A stakeholder engagement event held May 2022 was the opportunity to consult with key stakeholders and providers around development of the hub and provision of services. This informal discussion gave insight into the capacity and feasibility for provision of services locally. From the Stakeholder event, a number of informal partnerships were formed as a result of establishing this network of agencies. This in time led to working arrangements and services offered as part of the IHH project, most notably from Barnardo's LINK and from Spiral. However, these partnerships were not formalised service agreements, and this ultimately impacted upon the sustainability of this offer.

This also provided the school with wider key contacts and understanding of local service offer and referral pathways which was beneficial when working with day to day to address the wider health and wellbeing needs of students.

Phase two – Design

Work with professionals

A core group was established to drive the project forward, this initially ran as a fortnightly meeting, however this became more infrequent due to time limitations, increased demand and capacity within the hub.

Working with professionals it became apparent that there were elements of the original model that could be delivered on school site and for others it was more around strengthening and understanding referral pathways and structures.

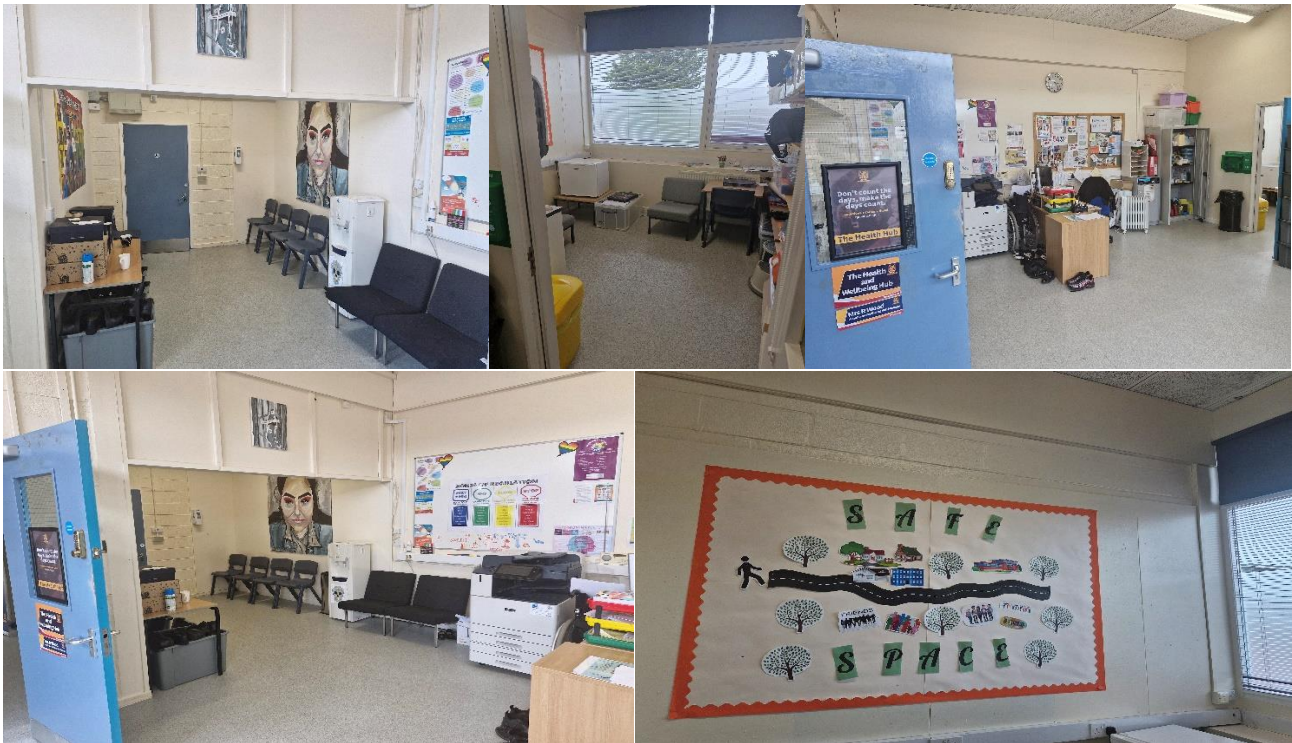
Design the potential service

A space was identified on the school site to repurpose to provide the IHH. While there was an obvious need to engage with wider stakeholders, school looked to build capacity within the school workforce, especially to address the highlighted mental health needs. They upskilled members of staff and sixth formers to be able to provide low level mental health support through Youth Mental Health First Aiders (YMHFAs) and Wellbeing Champions to ensure a sustainable and integrated approach. Through working with external professionals, they were able to identify services that could be delivered in the hub but also in the wider school setting where appropriate.

Students were consulted regarding their health and wellbeing to understand their need and challenges but were not engaged in the design and implementation of the IHH, this could



have strengthened the approach to ensure students voice was central the look and design of the space making it more student friendly.



Support offered to UCC students in school:

Initial plans for the hub involved the employing of a school nurse. As plans for the hub developed it became clear that this appointment may not have been the most effective for the support required in school. After discussions it was decided that it would be more appropriate to have a first aider in the hub and put an Occupational Therapist in post as they would have more expertise around supporting students with their mental health needs.

The school employed a Health and Wellbeing Hub Manager to oversee the establishing and running of the IHH, part of this role involved engaging with wider partners to build relationships to strengthen the hub offer. They attended meetings including Cumbria Children and Families Partnership locality groups in order to understand the wider community need and gain insight into what other services existed.

Services provided through collaboration in the integrated health setting:

Service	Delivery area	Service Offer	Outcomes for Students
Spiral	Preventing the affects bullying and emotional resilience	Virtual drop in the hub	Improved emotional resilience, and coping strategies
Sexual Health Outreach	Sexual Health	In person drop in	Improved access to Condoms and Chlamydia Testing
Wellbeing Champions	Peer led mental health support	Daily hub drop in	Improved attendance and attitude towards school Increased emotional resilience through regular support
Youth Mental Health First Aiders	Staff trained to be able identify and offer support and signposting to students who are struggling with low level mental health issues	throughout school	Support a whole school approach to reducing stigma and ability to identify and engage with student around Mental Health and signposting for additional via hub
Occupational Therapist (two days a week)	Individual referral through a needs led basis, supporting students around MH	Identified room within school due to room capacity within the hub	Improved school attendance Improved school engagement Improved student MH and wellbeing Increased onward referrals statutory services



Eden Young Carers	Individual support via referral	Delivered in designated space due to availability of hub space	Improved support for young carers within school setting Improved schools' ability to identify students who had caring duties
Your Voice	Provides independent advocacy for young people to ensure they speak up and ensure they are heard assisting them to try and resolve any issues that maybe causing them anxiety, emotional or mental distress		Ensure young people feel listened to and empowered
LINK	Social prescribing, referral based managed via the hub	Delivered in designated space due to availability of hub space	Improved emotional resilience. Improved attendance Increases self-awareness for students when they are struggling and their ability to implement coping strategies

Online offer

Kooth	Online mental health and emotional wellbeing support service for children and young people	Virtual offer	Improved emotional wellbeing and resilience.
E school nurse	Twice weekly online health support and advice for parents, carers and professionals who are supporting children	Virtual offer	Improved emotional wellbeing and resilience



	and young people aged 5-19 years old.		
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Referral-based delivered off-site

Youth Substance Misuse Officer	Substance misuse support	1:1 sessions available via referral	Harm reduction Reduced substance misuse Abstinence
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Phase three – Test and review

Implement the model

The hub was accessible to students from May 2022 and quickly became the central point for students to visit for not only health and wellbeing needs but wider student support. Examples of this are lost property, school shop and uniform issues.

Through connections made at the stakeholder event, students began accessing both online and in person support through Spiral and Sexual Health drop ins, previously students had to travel 1hr via public transport to access the Sexual Health service.

Due to space available in the hub, some services provided support in other confidential spaces within the school site, e.g., LINK Barnardo's and Eden Carers.

OT provision began in January 2022 to provide 1:1 support with students two days a week in school. This role is based on a tiered approach for students who have accessed YMHFA, Kooth, LINK services but require further support. These students may also be on waiting lists for local mental health services. The OT also provides training for YMHFA and Wellbeing Champions.

Evaluate and plan the next phase

Outcomes and impact of the IHH

There is high footfall and demand from students using the hub daily, given the nature of the hub this could be for a multitude of reasons. Due to staffing capacity, it has not been possible to monitor and record individual contacts. However, records of onward referrals and access to other services have been measured. A total of 147 referrals were initiated supporting 132 students without the need to leave the school environment to the services below.

Occupational Therapist Service

39 students accessed the OT service, outcomes for the individuals accessing the service were improved attendance, emotional wellbeing, and resilience of the students.



Parental feedback Occupational Therapist

I just wanted to say Thank you so much for the work you have done with my son! You have had such a positive impact on him since the sessions began. he really is so much happier and positive about things now and I don't think he would have come as far as he has without your help and support. Thank you.

We are absolutely certain that your support with our son has been a much needed and valuable support to his continued recovery! Over the years he has struggled to engage with therapy and this has been the one consistent support we believe has helped and one that he has engaged with. It has helped to know we could call upon you to intervene when we have met challenges with him too. Thank you.

See Appendix 1 for a case study of a UCC student who attended sessions with the Occupational Therapist.

Spiral

The Spiral service aims to provide support at the earliest stages prevent the effects that bullying has on young people and the community, working with young people who may have increased anger, low mood and anxious thoughts. These are all factors that can lead to bullying behaviour and becoming a target of bullying. Spiral ran online sessions in the hub. The service supported 25 students, enabling them to gain knowledge on their and their peers developing brain and learning how to manage difficult and overwhelming emotions. This led to outcomes including improve resilience and self-esteem for individual students.

A Year 9 student after attending an online Spiral session:

"I found it really helpful, what she said made a lot of sense and I think the strategies she gave me will help."

Spiral provided the following feedback:

"Due to the collaboration with the Integrated Health Hub, Spiral was able to deliver online drop-ins to Ullswater Community College students. Twenty-five UCC students were able to access Spiral's services in a private setting thanks to the orchestration of the Integrated Health Hub. The feedback from the students demonstrated that they felt they had benefited from the support session that they attended."

Sexual Health drop in

An informal agreement was established for provision of a sexual health outreach drop in at UCC by the Sexual Health service, to provide access to sexual health advice, condoms and chlamydia testing kits. Eleven students accessed the initial Sexual Health drop in in the hub. Subsequently it was moved down the sixth form area as sixth form students would be less likely to visit the hub and it felt there was a greater need for this age group. The subsequent



sexual drop in was not accessed by any students. It was hoped the sexual health offer would be delivered on a regular basis, but this has become an ad hoc provision due to capacity within the sexual health service and the small number of students accessing the service.

Student feedback who accessed the Sexual Health drop-in:

"I found it really helpful talking to and getting advice from a professional who doesn't work in school confidentially".

Link Social Prescribing Service

41 referrals have been made to the LINK social prescribing project (Barnardo's). 15 of the 41 referrals have been supported by the service with a further 11 students currently supported by LINK via IHH. One student was referred to an alternative service via LINK.

Feedback from the LINK Barnardo's service

The hub has helped our service by:

- Being a consistent, single point of contact for us to liaise with to streamline our large amount of UCC referrals, discuss young people and clarify information within referrals.
- It has enabled a solid working relationship which has allowed us to feel part of the school community and be embedded within the school week/timetable.
- The hub is a place for us to sign post young people to as a safe space within school when we are not around and reinforces the importance of student's well-being to be able to access their education.
- We have been able to 'hand over' students to have continued support from the health hub following our 1:1 session, rather than them having to go straight back into a lesson if they are struggling that day.
- We have been able to see young people quicker as we have worked with UCC to develop an offer that works for both us and them.

Wellbeing Champions

Wellbeing Champions are sixth form students who have received Youth Mental Health First Aid training from the OT to offer low level peer support for students identified via the hub. 15 students have been trained and they have supported 31 students within school.





Feedback from Year 8 student who was paired with a 6th Form wellbeing champion:
“Thank you for getting someone to talk to me. It helped me a lot with talking about my feelings after I’ve been feeling depressed a week ago. I feel much better now and brighter.”

Student feedback IHH

The school carried out a follow up survey with students to try and understand the impact accessing the hub has had on their mental health and wellbeing.

18) Overall, how well do you feel lately?



Overall, 65% of students reported feeling either very well, quite well or moderately well, this lower than the national comparative survey, and 35% reported feeling not very well or not well at all this was higher than the national comparative survey.

19) How often have you asked for help with your health or wellbeing from the UCC Health Hub?



20) When you have needed it, how often have you had help in school to access health services? (example: Link, Barnardos, Kooth, Spiral, or any other)



21) Has the UCC Health Hub made it easier for you to get help with your health and wellbeing?



It was evident from the survey that over 30% of students who responded to the survey have accessed the hub.

As the hub did not record individual contacts, there was no clear way of identifying individual students who had accessed the hub for mental health and wellbeing support. Therefore, the results of the whole school survey are not necessarily representative and does not reflect the impact for individual students. A more targeted approach to students who have accessed the hub would have given greater insight to student perceptions of access to support.

Despite the work that has been done at UCC, presentation of need from young people and enquiries from parents it still feels that knowledge of existing services and support isn't always landing with the right people at the right time.

Challenges and learning

The aims and objectives of the project were to develop an Integrated Health Hub within the school setting and test the feasibility of this approach based on the Cornwall Model. The Cornwall model was developed in 2009, under PCT infrastructures, since the development of the model there have been significant changes to the NHS and Public Health, in 2013 PCT's evolved into Clinical Commissioning Groups and Public Health responsibility transferred to Local Authorities this added complexity to the commissioning landscape as responsibility for the commissioning of Children and Young Peoples Services health service was divided across multiple statutory bodies.

Early discussions with stakeholders gave insight into various service offers but also highlighted the limited capacity within the local system that would impact the feasibility of this approach in UCC. Local CCGs were being disbanded as part of a transition to new model of Integrated Care Boards. There was significant uncertainty across local statutory bodies in relation to areas of responsibility and funding commitments. This made it challenging to engage local commissioners and providers due ongoing system change and service capacity and restrictions.



The challenges faced at UCC, were not in different to those in Cornwall, changes in the healthcare system and school leadership across the IHH sites, led to change in purpose of one of the hubs to focus on alternative education and withdrawal of funding from health due to cost savings across phase two sites meaning portacabins that that hosted the IHHs were no longer funded. Service offers from outside agencies also waxed and waned due to budget cuts and capacity. Therefore, it is important that funding is not solely health focused to ensure sustainability of the approach and cross sector buy in.

The stakeholder engagement event and subsequent meetings led to improved and more transparent communication between school and local service providers, this improved the school's understanding of service capacity and strengthened knowledge around signposting and referral procedures.

No formal service level agreements were established with service providers, those that have committed to delivering in school have been based on informal agreements and this has been a limiting factor in developing a sustainable model. Commissioners have an important role in the development of integrated service delivery as they work with key partners across the system (including providers) to understand population needs, determine key priorities and design, plan and resource services to meet local needs. Engaging commissioner early and throughout the programme is essential, there needs not just to be support in principle but commitment to align commissioned services to be able to deliver the principles of the IHH, this will support a collaborative approach and buy-in from service providers.

An ongoing challenge that was apparent was that the health Hub space was still not entirely fit for purpose, while there have been alterations and improvements made there are still limitations to site, there is currently one consultation room in the health Hub and another confidential space available outside of the health Hub. This also limited the school's ability to provide services within the hub to the wider community.

One aspect of the schools future plans is exploring the possibility of a £35 million new build on our current site to offer the latest facilities and learning experience to our students and staff. This also offers significant opportunities in the future to add to our existing provision for students and provision of a hub to the wider community with co-located facilities.

UCC challenges	Issue faced	Cornwall	Recommendations to address challenges
Location of Integrated Health Hub	Limited capacity to offer 1-1 and services to the wider community	Schools in Cornwall had identified standalone hubs	New build to incorporate standalone hub
Engagement from stakeholders and service providers	Limited capacity from local services impacted on the ability to formalise	There was variation in the level of externals service offers across the three Cornwall hubs.	Ensure early and ongoing engagement of key local partners and commissioner in the initial planning stage to establish an integrated delivery model prior to and throughout the project.



	provision and delivery of services within the hub and wider school setting to students.		
Data and impact measures	The frequency of use and multi-function of the hub impacted on staff's capacity to monitor the number individuals access the hub on a daily basis	Designated health and wellbeing hub therefore students were only visiting for that purpose	Establish designated health and wellbeing hub that then monitor usage based on Health Wellbeing needs, not general schools' issues e.g., school uniform, lost property, student sickness. Need ensure a robust monitoring system is developed
	Student Hub feedback was done as a whole school instead targeting students that used the hub, therefore impacted on the results	unsatisfactory sample sizes meant there was an imprecise knowledge of the perceived user-friendliness of The Haven and student mental health status.	Develop a feedback mechanism that is engaging to students and allows real time feedback to ensure ongoing monitoring and evaluation of the service.

Feasibility of IHH and next steps for UCC

UCC value the IHH approach, the support and wider resource it has brought to the school to improve the health and wellbeing of students it has shown that a model is possible but has identified helpful learning and recommendations.

UCC have committed to continue to fund the Occupational Therapist and Programme lead who oversee the hub. Next steps include a partnership with Barnardo's Mental Health Support Teams, strategy that will be embedded in the overall strategy for the Integrated Health Hub:

- Offer Whole School Approach to Mental Health and wellbeing. This may include working with the Designated Mental Health Lead to ensure mental health and wellbeing is embedded in the whole school approach, policies and day to day life of the school. This may also include assemblies, training to staff and parents, open days providing wellbeing events.
- 1:1 therapy or group work- targeted interventions (for Key stage 3)



- Consultation- to support school to manage the mental health and wellbeing of children in their school, signposting to relevant services if needs are over our threshold. Support to navigate the referral process and navigate the system around seeking support for young people.
- New service for schools, jointly commissioned by NHS and education deploying EMHPs (Education Mental Health Practitioners) in school, possibly 2 days per week to provide CBT interventions in a tiered approach.
- Embedding whole school approaches - especially in identification of need
- Training for staff, parents to support students' mental health needs
- SEND specialism - working with autistic children with mental health needs.
- Small group intervention and individual work using the Decider Skills.
- Explore development of a Padlet for the Integrated Health Hub to provide clarity to parents and young people about direct services accessible through the health Hub and external services.

The final component of their strategy is to continue to improve signposting, knowledge and understanding of existing services and support. With regards to the limitations of the current space there will be a priority placed on the creation of a standalone IHH when the plans for the new build are finalised.

In order to develop a true Integrated Health Hub model, conversations with commissioners and key stakeholders need to begin as part of planning and maintained to maximise the opportunity and influence strategic decision makers in taking an innovative approach to the commissioning of service delivery within education settings.

The school has been able to maintain ongoing discussions with service providers through the relationships established as part of the IHH and now have a sexual health drop in as agreed regular termly offer up until July 2025. The development of the Mental Health Support teams (delivered by Barnados) in North Cumbria has provided in school provision to support students in Years 7 - 9, on a referral basis.

Conclusion on feasibility of an IHH

This project successfully highlighted the potential benefits of an Integrated Health Hub within a secondary school. It also highlighted valuable learning and pitfalls from one school's journey to achieve this at pace for the purposes of this feasibility work.

The IHH feasibility pilot, gave the school greater understanding of the local system context and challenges, what services were available locally, referral criteria and pathways into those services. The school also benefitted from strengthened relationships with local service providers, enhancing the health and wellbeing offer within the school setting and improved outcomes for students. The strengthened relationship has also led to sustained dialogue with providers and longer-term service provision within the IHH. The local learning and change of local approach in the school has led to the school, enhanced capacity internally through



delivery of training, to increase confidence and competence of staff and students to deliver low level intervention to support student wellbeing.

Learning from the UCC IHH pilot highlighted that for the model to be feasible and successful in improving health and wellbeing outcomes for children, young people and the wider community the following areas need to be considered and implemented both at a system and local school level.

System level

- Use of **data and intelligence** to identify schools with poor health outcomes to ensure the offer addresses health inequalities where it is most needed.
- Integration of health services in education settings needs to be built into local **strategic planning and commissioning**. This would ensure:
- Service providers have the **flexibility to adapt** service delivery and improve accessibility of services through provision in education settings.
- Strengthened **buy-in** from service providers to collaboratively develop the offer.
- There needs to be **cross sector contribution** to funding from health, education and social care for delivery of the model to enable a sustainable approach that is not solely reliant on health funding resulting in cross sector collaboration to address local needs.
- Understanding of the local health and wellbeing service offer for children and young people and referral pathways to ensure timely referrals ensuring **young people needs are met by the right service at the right time**. This also supports the inclusion of wider services in to the IHH delivery model.

School level

- **Commitment from senior leadership team** and governors within the school to drive improvements in health and wellbeing of students and wider community, this will ensure a whole school approach, maximise impact and the longer-term sustainability of the model. This will also support evolution of the offer to ensure it remains responsive to local need.
- **Understanding of health and wellbeing needs** of students, staff and local community, to ensure the IHH meets the needs of the target population (including wider community). This also ensures that the appropriate services are engaged to support IHH delivery.
- **Students need to be engaged** and involved in the leadership and development of IHH offer to ensure it meets the needs of the student population ensuring co-production, inclusivity and accessibility. This also will support appropriate uptake.
- **Availability of an appropriate space** that is a dedicated health hub for service delivery that is also accessible to the wider community and ensures that services are delivered confidentially. This may also increase confidence in the offer and therefore uptake.



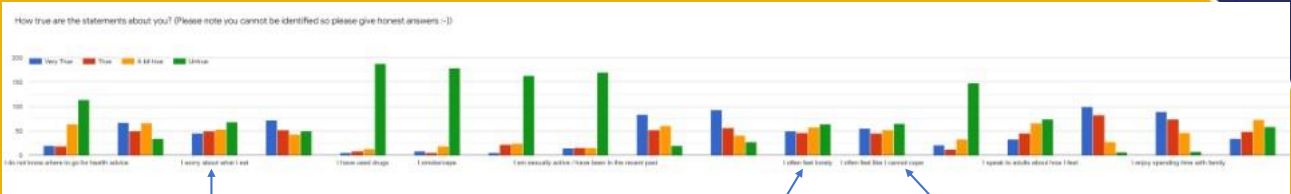
- Identified IHH **staffing team** to oversee the day to day running of the IHH to ensure capacity within the school setting/staffing and provide resilience and consistency in the offer.
- Undertake **local scoping** to identify available resource and associated cost to develop and deliver IHH, to support decision making and cost benefit analysis.
- Agree **baseline and outcome measures** along with robust monitoring systems to measure impact of the IHH with reference to local needs and priorities, to enable collation of data and evidence to support future development and funding decisions.

Thank you to the school for their energy and commitment to see this work through and extend its reach past the end of our feasibility project boundary. Thank you to colleagues in Cornwall for sharing experience of developing Integrated Health Hubs

Appendix 1 Student and Parent Survey Feedback



We asked our students what their main concerns and worries are around their health and wellbeing.



Healthy eating

Loneliness

Feeling unable to cope

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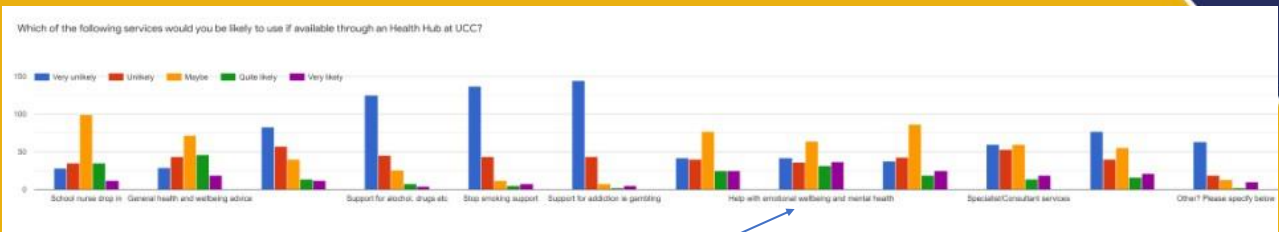
Caring

Equal

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We asked students what support they need and they told us.....



Help with emotional wellbeing and mental health

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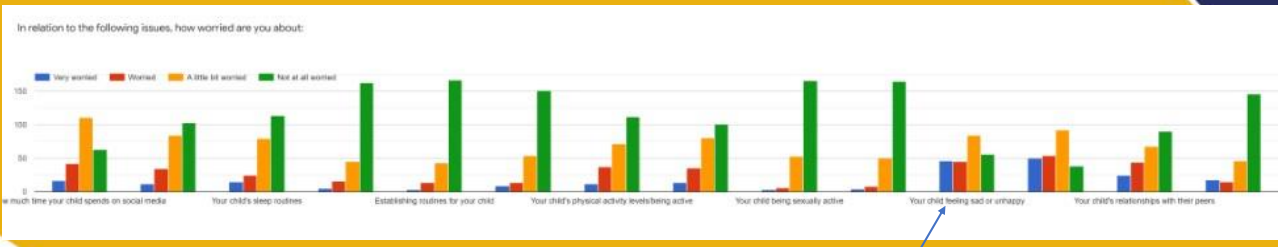
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We asked parents which issues they are most concerned about for their children...



Mental health

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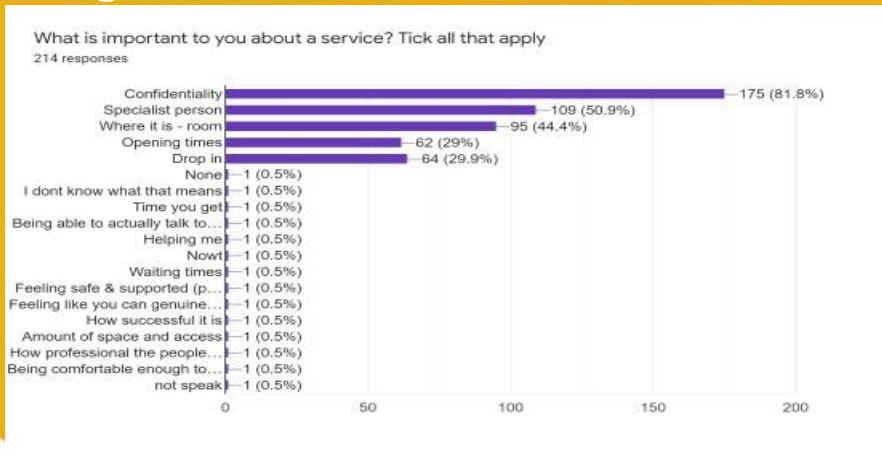
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What is most important to our students when accessing a service



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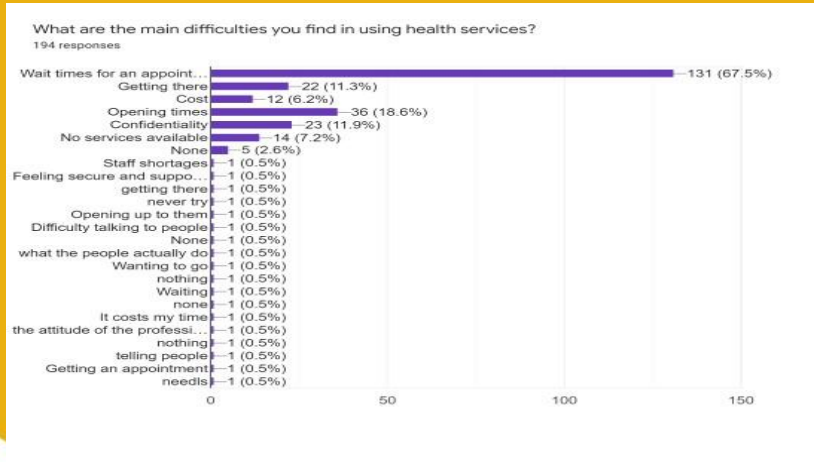
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What were identified as being the main barriers to young people when accessing services.....



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Appendix 2 - Student Case study

Student x was referred for OT sessions in January 2022 by Miss Key, at this time student x was struggling with their gender identity and with regulating their emotions in school. Student x was missing school on many days or spending it in Eamont block, student x was struggling to develop positive social outlets and dependent on their mother for co-regulation and viewed school as very unsafe. Student x had a strained relationship with their father also.

Outside of UCC student x was spending most of their time in their bedroom, gaming and on their mobile phone, student x was eating all of their meals in their bedroom also and seldom cleaned their teeth or showered.

Student x became easily dysregulated and was unable to regulate their emotions independently, consequently they would often reach states of fight or flight in classroom environments which would lead to student x being unable to progress in lessons and caused disruption for others in lessons. Student x would repeatedly present to Eamont block for support from Miss Key around their emotional difficulties and struggled to contain themselves. Student x mother also struggled to hold space for student x difficulties and was referred to Cumbria Family Support as part of the TAF early Help protocol with their consent.

Student x was engaging in OT sessions, they would often present in a dysregulated state and zones of regulation and neuroscience were discussed with student x to help them feel better understand their anxiety response and emotions. They also looked at cognitive reframing around automatic negative thoughts and unhelpful thinking styles. To promote calm the Regulate Sessions focused on listening to their difficulties, exploring and raising their awareness of their emotions, validating these, increasing their self-awareness, challenging their limited beliefs and negative world view and setting appropriate short and long-term goals.

As therapeutic rapport increased student x confidence in their communication and interaction skills improved. In time student x was able to maintain appropriate eye contact and body language in conversations. They grew more confident interacting with others and started to enjoy an age-appropriate social life both within and outside of school. Student x was supported to liaise with some teaching staff around their difficulties to raise awareness of these and discuss options to help them catch up on their learning. In terms of student x long-term goals, they were also supported to explore completing further education in photography at Kendal college as a means to increase their motivation to engage in secondary studies.

Student x relationship with their father remained strained and theories of compassion and self-compassion were used to support around this. Student x disclosed their father had been physically abusive, which resulted in this incident being reported to Safeguarding and they received Children's Services input to monitor and prevent risk of further harm. This disclosure had a positive impact on student x relationship with their father and appeared to result in student x feeling able to disclose an incident of sexual abuse by their grandfather in earlier childhood in sessions and pursue attending the police station to participate in a video interview to make a statement regarding this.

Given student x difficulties with organisation, history of tending to avoid eye contact, sensory defensiveness around some foods, repetitive movements when anxious, difficulties relating to others, difficulties adjusting to changes in their routine and tendency to take things very



literally student x was also referred to the Springboard Child Development Centre for an assessment by a paediatrician to assess for autism spectrum disorder. This was accepted and after around a 12 month wait student x was diagnosed with this by their Paediatrician.

Currently student x attends college in Kendal studying film, photography & media. The OT supported student to apply for a place in college, supporting with interview preparation and handing over the work together to the college pastoral support team.

Whilst working with the OT student x became more settled in school and much better able to regulate their emotions. Student x was able to attend all their lessons independently and broadened their social network as we discussed means to improve their social skills. Student a also secured a job in a local café which further bolstered confidence and communication and interaction skills. Student x also appeared to make some progress with their organisational skills and was supported to build on their CV for college through gaining advice from Cumbria Local Enterprise Partnership. Student a's relationship with their father also improved and they were no longer engaged in self-harming.

