



Part of:

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



Ullswater Community College Integrated Health Hub Feasibility Pilot Summary Report



Purpose

The purpose of this report is to share the learning from the Ullswater Community College (UCC) Integrated Health Hub (IHH) 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.

This document is a summary of the key learning. If you are interested in finding out further details, [click here to access the full report](#).

Aim

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

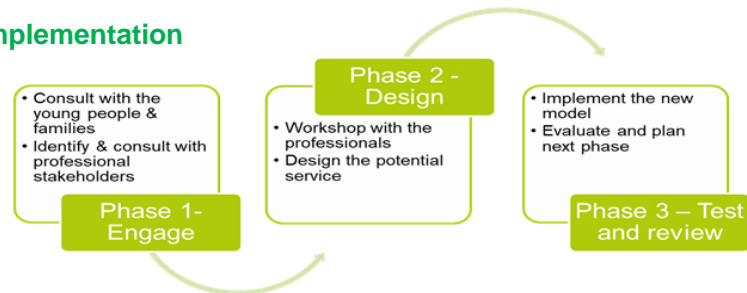
The Ullswater Community College Integrated Health Hub (IHH) feasibility pilot is part of the Children's Integration Centre bid for NHS England Children and Young People's Transformation Programme funding, by the North East and North Cumbria Integrated Care Board's Child Health and Wellbeing Network.

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.

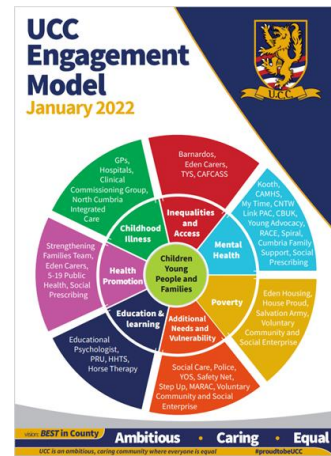
Implementation



Student and parent consultation

The main areas that were highlighted as areas of concern by students and parents were:

- **Mental health**
- **Healthy Eating**
- **Loneliness**
- **Feeling unable to cope**
- Barriers to accessing 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**



Outcomes



Development of the IHH gave the school **greater understanding** of the local system context, challenges, services available and referral process and criteria.



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.



A total of 147 student referrals were initiated supporting 132 students to access services **without the need to leave** the school environment.



Individual students who have accessed support via the hub have benefitted from positive outcome including **improved resilience**, emotional wellbeing and **improved school attendance**.

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".

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."

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 provision and delivery of services within the hub and wider school setting to students.	There was variation in the level of external 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.
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.



Conclusion on feasibility of an IHH

This project successfully highlighted the potential benefits of an Integrated Health Hub within a secondary school. These includes strengthened relationships, sustained dialogue with service providers and service provision, enhance capacity through delivery of training and increase confidence and competence levels.

It also highlighted valuable learning and pitfalls from one school's journey to achieve this at pace for the purposes of this feasibility work.

Learning from the UCC IHH pilot highlighted for an IHH 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 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 into 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

