

# Starting a School Health Hub



## A Practical Guide for Schools and Multi Academy Trusts

Planning, mobilising and delivering a School Health Hub  
once funding is secured



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# Foreword

Schools are among the most trusted institutions in children's lives. They see children every day, understand their circumstances, and hold relationships with families that no other public service can easily replicate. When health, early help, SEND support and community services are brought into schools, rather than families having to find their own way to them, help arrives earlier, more easily, and in ways that feel safe rather than stigmatising.

This guide is written for stand alone schools and Multi Academy Trusts that have already secured funding to establish a School Health Hub. It is deliberately practical: it does not make the case for investment, and it does not dwell on theory. It focuses on the sequence of decisions, relationships and systems a school or Trust needs to put in place to move from an approved business case to a functioning Hub, drawing on the lessons of Bradford's pioneering School Health Hubs across primary, secondary and specialist settings.

Above all, this guide treats a Hub as a whole system change, not an add on service. Getting the foundations right in the first six months — governance, data sharing, recruitment and trust with families — shapes everything that follows.



# 1. What a School Health Hub is

A School Health Hub is a permanent, school-based health and wellbeing offer that brings together, under one roof and one coordinated pathway:

- School nursing
- Paediatrics
- Speech and language therapy
- Mental health support
- Early Help
- SEND navigation
- Community and voluntary sector organisations
- Preventative health programmes

It provides a single, coherent front door for families — replacing fragmented pathways, repeated referrals and long waits with coordinated, timely support that is easy to find and easy to trust.

## **A School Health Hub is not:**

- An extended school nursing service
- A drop-in clinic
- A time limited project
- A single agency initiative

It is a whole system model built around children, families and the school community — and it only works when every partner treats it that way, rather than as a room they occasionally visit.

## **Why this model matters now**

School Health Hubs sit at the intersection of several national priorities: earlier intervention and prevention, integration of health and education services, reduction of health inequalities, and closer working between the NHS and community institutions that families already trust. A Hub gives a school or Trust a practical vehicle for delivering on all of these at once, rather than treating each as a separate initiative.



## **Guiding principle**

The guiding principle of a School Health Hub is simple: meet children and families where they are, in the places they trust, and bring services together around them rather than expecting them to navigate complex systems alone.



## 2. How to Use This Guide

This guide assumes three things are already true for your school or Trust:

1. Funding has already been agreed — whether through a school budget, MAT investment, NHS partnership, charitable funding, or a combination of these.
2. The decision to establish a School Health Hub has been made. This guide does not cover the case for investment, fundraising, or commissioning strategy.
3. The school or MAT is ready to move into planning and implementation, with the intention of launching a Hub within six to twelve months.

Sections 3 and 4 set out the building blocks a Hub needs — its components, staffing and governing agreements. Section 5 gives a step-by-step implementation roadmap. Sections 6 to 10 cover staffing, budgeting, risk, and how to know whether the Hub is working. A worked example and a set of checklists are included at the end for teams who want a starting template rather than a blank page.



# 3. Core Components of a School Health Hub

Every successful Hub, regardless of school size or phase, includes five core components.

## 1. A School Health Hub Coordinator

A qualified School Nurse, seconded from the NHS provider, who acts as the clinical and operational lead for the Hub. They need:

- Access to SystmOne (or the equivalent NHS clinical record system).
- Clinical governance and regular supervision from their NHS employer.
- Strong skills in triage, assessment and multi agency coordination.
- The capacity and mandate to work across one school or several sites, depending on the model.

## 2. A physical base

A welcoming, stigma free space that families and children recognise as theirs, including:

- A central Hub room, visible and easy to find.
- A private, soundproofed consultation room for sensitive conversations.
- Access to additional rooms across the school or Trust for group sessions and outreach.

## 3. A multi agency team

Built around a consistent core of partners who attend regularly enough to be recognisable to families and staff:

- School staff (pastoral leads, SENDCo, safeguarding lead).
- NHS partners (school nursing, paediatrics, SALT, CAMHS/Mental Health Support Teams).
- Early Help practitioners.
- SEND teams.
- Community and voluntary sector organisations.
- Research or evaluation partners, where available.

## 4. A shared operating model

The systems that turn a group of professionals into a single service:

- Joint triage pathways, so a family only tells their story once.
- Shared data agreements that make joined up working lawful and safe.
- Coordinated casework with a single named contact per family.
- Clear escalation routes for safeguarding and clinical risk.
- Regular multi agency meetings with a standing agenda.

## 5. A prevention first offer

A balance of universal and targeted support, so the Hub is not seen only as a service for families already in crisis:

- Universal support — wellbeing sessions, health promotion, whole class or whole school activity.
- Targeted interventions — paediatrics, speech and language therapy, mental health support, SEND navigation.



## 4. Governance and Partnership Agreements

Once funding is secured, the next step is to formalise delivery arrangements. Two documents underpin every Hub.

### A. Service Level Agreement (SLA)

Between the school/MAT, the commissioning body and the NHS provider. It should define:

- Service objectives and scope.
- Staffing establishment and secondment terms.
- Clinical governance arrangements.
- Data protection responsibilities.
- Performance indicators.
- Reporting requirements and frequency.
- Cost and payment schedule.

### B. Memorandum of Understanding (MoU)

Between the school/MAT and the commissioning body. It should define:

- Shared vision and outcomes.
- Roles and responsibilities of each partner.
- Hosting arrangements (who employs whom, who manages the space).
- Budget holding and financial accountability.
- Parent and carer engagement responsibilities.
- Governance structure and escalation routes.

### Practical tip

Draft the SLA and MoU in parallel with recruitment, not after it. Coordinators appointed into a Hub with no signed agreements often spend their first months negotiating basic access and data questions that the paperwork should already have settled.

Both documents should be reviewed by each partner's legal or governance team before signature, and revisited at least annually — most Hubs find the first review after 6–12 months surfaces gaps that were invisible on paper.



# 5. Implementation Roadmap

This roadmap sets out a practical sequence for planning and launching a School Health Hub once funding is in place. Steps overlap deliberately — waiting for one to finish before starting the next adds months to the timeline for no benefit.

### Roadmap at a glance

| Step | Focus                                 | Timing      |
|------|---------------------------------------|-------------|
| 1    | Mobilisation planning                 | Months 1–2  |
| 2    | Recruit the Coordinator               | Months 2–4  |
| 3    | Prepare the physical space            | Months 2–5  |
| 4    | Establish governance                  | Months 3–5  |
| 5    | Data sharing & information governance | Months 3–6  |
| 6    | Align with local system offers        | Months 4–6  |
| 7    | Plan the first 12 weeks of delivery   | Months 5–7  |
| 8    | Launch and iterate                    | Months 7–12 |

### Step 1: Mobilisation Planning (Months 1–2)

Establish a mobilisation group. Include:

- Headteacher / CEO
  - School Health Hub Coordinator (once appointed)
  - NHS partner lead
- Early Help / SEND leads
  - Commissioning partner (e.g., a local authority commissioning team)
  - Family Hub representative

### Agree a mobilisation timeline

| Activity                | Typical Duration     |
|-------------------------|----------------------|
| Planning                | 2 months             |
| Recruitment             | 2–3 months           |
| Space preparation       | 1–2 months           |
| Data sharing agreements | 1–2 months           |
| Launch                  | September or January |

### Map existing need

Use existing school and system data to shape early priorities rather than starting from assumptions:

- Attendance data
  - Safeguarding patterns
  - SEND profiles
- Mental health referral rates
  - Community demographics



### Step 2: Recruit the School Health Hub Coordinator (Months 2–4)

Requirements: a qualified School Nurse, employed by the NHS provider and seconded into the Hub, with access to SystmOne and clinical governance in place from day one.

### Agree a mobilisation timeline

| Stage     | Timing       |
|-----------|--------------|
| Advertise | Spring       |
| Appoint   | Early summer |
| Induction | July–August  |
| Launch    | September    |

### Step 3: Prepare the Physical Space (Months 2–5)

Identify a central Hub base, a private consultation room, and an accessible, parent-friendly layout with clear signage and access routes. Ensure the space meets requirements for safeguarding compliance, confidentiality, accessibility and cultural appropriateness before families start using it.

**Step 4: Establish Governance (Months 3–5)**

Create two groups with distinct, non-overlapping remits, each set up with its own signed-off Terms of Reference (ToR) before the Hub opens its doors.

**Operational Group (monthly)**

Focuses on caseload, triage, referrals, risks and day-to-day delivery. Membership should include the School Health Hub Coordinator (who often chairs it), a Trust or school representative, the commissioning partner, and — wherever possible — a parent or carer voice, so families have a route into decisions about delivery, not just the Steering Group. Its Terms of Reference should set out:

- Budget authority — a delegated approval limit for spend (e.g. up to a set threshold), with anything above that referred to the Steering Group for sign-off.
- Quorum — commonly 50% of full members, always including the Chair or Deputy Chair, with deputies of absent members counted towards it.
- Attendance expectations — a minimum annual attendance rate (many Hubs use 75%), with named deputies standing in when a member cannot attend, and apologies as the first item on every agenda.
- Secretarial arrangements — who circulates the agenda and rotates the taking of action notes, since most Hubs run this group without dedicated secretariat support.



**Steering Group (termly, but more often to begin with)**

Focuses on outcomes, performance, evaluation and system alignment, and receives updates and escalations from the Operational Group. Membership should include senior representation from the school/Trust, the NHS provider, the commissioning body, the funder, and any evaluation partner — with the commissioning body typically convening the group so every operational partner has an equal place at the table. Its Terms of Reference should also set out:

- Its accountability — to the commissioning body and the funder, with reporting timelines set against the funding agreement.
- Overall budget responsibility, including the threshold above which Operational Group spend needs its sign-off.
- Sustainability and scaling — explicit responsibility for gathering, from month one, the evidence needed to make the case for continued funding.
- A lifespan tied to the funded project period, ending once reporting requirements to the funder and commissioner have been fulfilled — not an open-ended commitment.

Whatever the split of responsibilities, both groups' Terms of Reference should also cover: who chairs and deputises; how a deputy stands in for an absent member; the review cycle for the ToR itself (annual is typical); and how each group is chaired, quorate and monitors its own attendance.

**Practical tip**

Draft both Terms of Reference alongside the SLA and MoU, not after the groups have started meeting. Agreeing chairing, quorum and budget delegation limits on paper before the first meeting.

Set clear escalation routes for safeguarding, clinical concerns and system barriers, and agree who holds each route before the Hub opens its doors.



**Step 5: Set Up Data Sharing and Information Governance (Months 3–6)**

Put in place a Data Sharing Agreement, GDPR compliance, NHS information governance standards, secure transfer protocols and a consent model — an opt-out approach is recommended for universal offers, with explicit consent for targeted clinical work. This step enables safe, joined-up working across agencies that use different record systems.

**Step 6: Align with Local System Offers (Months 4–6)**

Integrate the Hub with the wider system so it becomes the single front door for families rather than one more option among many:

- Early Help.
- Best Start in Life Family Hubs.
- SEND One Plan processes.
- Integrated Neighbourhood Teams.
- Mental Health Support Teams.

**Step 7: Plan the First 12 Weeks of Delivery (Months 5–7)**

Early priorities:

- Establish triage pathways.
- Map referral routes.
- Identify priority cohorts.
- Launch communications to families.
- Begin parent listening.
- Set up an evaluation baseline.
- Start small-scale interventions.
- Build relationships with school staff.

Examples of early activities:

- One Stop Health Shop events.
- Wellbeing sessions.
- SEND navigation support.
- Early Help triage.
- Mental health drop-ins.

**Step 8: Launch and Iterate (Months 7–12)**

Deliver universal wellbeing sessions, targeted clinical support, parent workshops and community engagement. Monitor caseload, timeliness, impact and feedback continuously, and adapt the model based on what the first months show — continuous improvement, not a fixed blueprint, is what sustains a Hub.



## 6. Staffing and Workforce Considerations

The School Health Hub Coordinator role is the single most important appointment in the mobilisation process, and delays here cascade into every other step. Treat recruitment as the critical path, not one task among many.

### Supporting the Coordinator

A Coordinator working alone, without visible senior backing, will struggle regardless of how good the paperwork is. Effective Hubs put three things around the Coordinator from day one:

- A named senior sponsor in the school or Trust who can unblock access and space issues quickly.
- Regular clinical supervision from the NHS provider, protected in their diary rather than treated as optional.
- A peer network with Coordinators in other Hubs, where one exists, to reduce professional isolation.

### The wider multi-agency team

Partners do not need to be on site every day, but they do need a predictable, published rota so families and school staff know who is available and when. A team that visits unpredictably is, from a family's point of view, indistinguishable from a team that isn't there.

# 7. Budget and Sustainability

Even where funding has already been agreed, mobilisation teams need a clear view of where it will be spent and how the model will be sustained beyond the initial funding period.

| Cost area   | What it typically covers                                                                               |
|-------------|--------------------------------------------------------------------------------------------------------|
| Workforce   | Coordinator salary/secondment costs, sessional time from paediatrics, SALT and mental health partners. |
| Space       | Room refurbishment, signage, furniture, IT and phone line.                                             |
| Systems     | SystmOne or equivalent access, secure data transfer tools, case management systems.                    |
| Training    | Safeguarding, clinical supervision, multi-agency induction.                                            |
| Evaluation  | Data analysis time, family and staff feedback collection, external evaluation if commissioned.         |
| Contingency | Cover for staff absence, unplanned space works, and unbudgeted safeguarding response.                  |

## Planning beyond year one

Funding agreed for an initial period — commonly one to three years — should not be treated as guaranteed beyond that point. Build sustainability planning into the Steering Group's remit from the outset: track the evidence needed to make the case for continuation, and identify which elements of the model (space, coordination role, data agreements) would be hardest to rebuild if funding lapsed and restarted later.





## 8. Risk Management

Most Hub mobilisations encounter the same handful of risks. Naming them early, and assigning an owner to each, is far more effective than discovering them mid-launch.

| Risk                                            | Mitigation                                                                                                                          |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Coordinator recruitment delay                   | Start advertising early; consider an interim secondment; keep the mobilisation group meeting even if the Coordinator seat is empty. |
| Data sharing agreement stalls                   | Begin information governance conversations in Month 1, not Month 4; use an existing NHS-approved template as a starting point.      |
| Space not ready for launch                      | Agree a fallback interim space; do not delay the whole launch for room refurbishment/ accessibility adjustments.                    |
| Partners attend inconsistently                  | Publish a termly rota; review attendance at every Operational Group meeting.                                                        |
| Families don't know the Hub exists              | Start communications and parent listening in Month 5, well before launch, not on launch day.                                        |
| Safeguarding thresholds unclear across agencies | Agree and test escalation routes before launch, using a walk-through of a hypothetical case.                                        |
| Funding cliff-edge at year end                  | Start sustainability evidence-gathering from Month 1; give the Steering Group explicit responsibility for this.                     |



# 9. Success Factors

From the Bradford pilot at Dixons Allerton Academy and Oastlers School, seven success factors consistently distinguish Hubs that embed well from those that stall.

**1. Relational culture**

Trust, listening and shared problem-solving between agencies, built through regular contact rather than occasional meetings.

**2. Shared language**

A working understanding of both NHS and education systems across the whole team, so referrals and escalation don't get lost in translation between services.

**3. Flexible working**

Creative, practical solutions to access barriers — timing, transport, language, digital exclusion — rather than a single fixed model of delivery.

**4. Strong parent engagement**

Genuine listening, proactive outreach and community organising, not just a suggestion box in the Hub or community room.

**5. Data discipline**

Shared data agreements and clear baselines in place before launch, not retrofitted once problems appear.

**6. Whole-family focus**

Support that recognises the family's full context, not just the presenting child or the presenting issue.

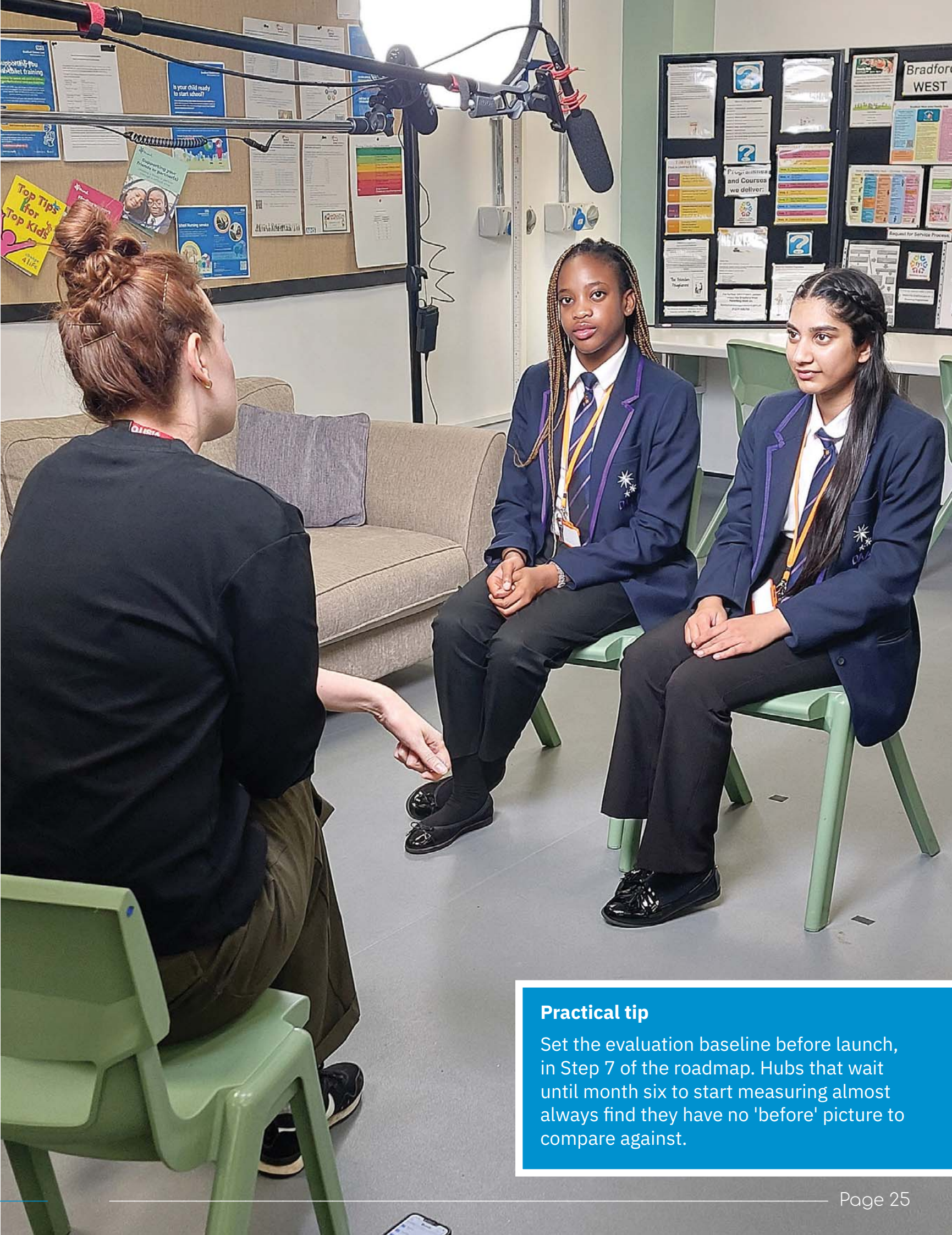
**7. Visible presence**

A physical space that families recognise and trust — the single most consistent marker of an embedded Hub across Bradford's sites.

# 10. Evaluation and Impact

Evaluation should combine quantitative, qualitative and system-level measures, reviewed by the Steering Group on a termly cycle.

| Category      | Example measures                                                                                                                      |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Quantitative  | Triage times; number of families supported; reduction in fragmented referrals; attendance improvements; SEND identification patterns. |
| Qualitative   | Parent feedback; staff feedback; learner voice; case studies.                                                                         |
| System impact | Reduced escalation; improved access; stronger safeguarding; better multi-agency coordination.                                         |



**Practical tip**

Set the evaluation baseline before launch, in Step 7 of the roadmap. Hubs that wait until month six to start measuring almost always find they have no 'before' picture to compare against.



## 11. Worked Example: A Composite Mobilisation Timeline

The following illustrative example (a composite, not a real school) shows how the roadmap plays out in practice for a secondary school within a Multi Academy Trust launching in September.

| Month | What happened                                                                                                                              |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1     | Mobilisation group convened; Headteacher and NHS partner lead agree scope; attendance and safeguarding data pulled to inform priorities.   |
| 2     | Coordinator post advertised; space options shortlisted; SLA drafting begins with legal input from both partners.                           |
| 3     | Coordinator appointed; Operational and Steering Groups established; data sharing agreement drafted using NHS template.                     |
| 4     | Coordinator induction begins; consultation room refurbishment starts; local system alignment meetings held with Early Help and SEND leads. |
| 5     | Data sharing agreement signed; parent communications begin; evaluation baseline agreed; triage pathway tested with a hypothetical case.    |
| 6     | Space ready; rota published for multi-agency partners; One Stop Health Shop event held to introduce the Hub to families.                   |
| 7     | Formal launch; universal wellbeing sessions begin; targeted referrals start flowing through the new triage pathway.                        |
| 9     | First Steering Group review of early data; minor adjustments made to referral routes based on staff feedback.                              |

## 12. Conclusion

Once funding is secured, establishing a School Health Hub becomes a structured, achievable process. With the right partnerships, governance, space, data agreements and early priorities, any school or Trust can build a model that transforms access to support, strengthens early intervention, reduces inequalities, and aligns education more closely with the wider health system.

Most importantly, it places children and families at the centre of a coordinated, compassionate system – one that works with them, not around them.

# Appendices

## Appendix A: Mobilisation Checklist

| Task                               | Owner                       | Status |
|------------------------------------|-----------------------------|--------|
| Mobilisation group convened        | Headteacher / CEO           |        |
| Coordinator post advertised        | NHS partner lead            |        |
| SLA drafted and under legal review | Commissioning partner       |        |
| MoU drafted and under legal review | Headteacher / CEO           |        |
| Physical space identified          | School / Trust estates lead |        |
| Data Sharing Agreement drafted     | Information governance lead |        |
| Operational Group established      | Coordinator                 |        |
| Steering Group established         | Headteacher / CEO           |        |
| Evaluation baseline agreed         | Steering Group              |        |
| Parent communications plan agreed  | Family Hub representative   |        |
| Launch date confirmed              | Mobilisation group          |        |

## Appendix B: SLA / MoU Content Checklist

Use this list to check nothing has been missed before either document is signed.

- Service objectives and scope clearly stated
  - Staffing establishment and secondment terms defined
  - Clinical governance and supervision arrangements set out
  - Data protection and information governance responsibilities assigned
  - Performance indicators and reporting frequency agreed
  - Cost and payment schedule confirmed
- Roles and responsibilities of every partner named, not implied
  - Hosting and space arrangements documented
  - Budget holding and financial accountability assigned
  - Parent and carer engagement responsibilities included
  - Governance and escalation structure diagrammed or described
  - Review date set (recommended: 6–12 months after launch)

## Appendix C: Exemplar Terms of Reference – School Health Hub Operational Group

### About this exemplar

This template is adapted from the Terms of Reference used by the Priestley Multi Academy Trust School Health Hub (2026–2027), and is shared here as a starting point for other schools and Trusts. Replace all text shown in [square brackets] with details specific to your school or Trust. The budget thresholds, meeting frequency and membership list are illustrative; adjust them to match your own governance and funding arrangements.

## Terms of Reference for [School / MAT Name] School Health Hub Operational Group

|                      |                                                                                    |
|----------------------|------------------------------------------------------------------------------------|
| Document details:    | Terms of Reference for the [School / MAT Name] School Health Hub Operational Group |
| Version:             | 1                                                                                  |
| Date approved:       | [date]                                                                             |
| Frequency of review: | Annual                                                                             |
| Commissioner:        | [Commissioning body, e.g. local authority, alliance or NHS commissioner]           |
| Funder:              | [Funder name and programme, if applicable]                                         |

### A. Overall Aim

The [School / MAT Name] School Health Hub Operational Group will be responsible for overseeing the operational delivery of the School Health Hub project across [School / MAT Name] schools, commissioned by [Commissioning Body], with funding from [Funder].

The operational group is made up of representatives from the key operational organisations in the delivery of the project, and parental/guardian representatives from the school communities. This is an equal partnership where each member has a role in the successful delivery of the project.

### B. Key Objectives

- The objectives of the [School / MAT Name] School Health Hub Operational Group are to:
- Support the School Health Hub Coordinator (SHHC) in operational delivery, including scoping, responding, and prioritising work in line with the aims and remit of the School Health Hub.
  - Agree primary and secondary activity and impact of the School Health Hub – i.e. the activity that happens as a direct result of the funding/SHHC, or additional activity that occurs as a result of the Hub's existence – to inform funder reporting and wider system engagement for future growth and scaling.
  - Approve budget spend up to £[X]; for spend over £[X], make recommendations to the Steering Group for approval.
  - Provide a mechanism for children and young people, parents and community members to make decisions in the delivery of the School Health Hub.

### C. Chair

Chair – [TBC, e.g. School Health Hub Coordinator]  
Deputy Chair – [TBC]

### D. Membership: Full Members

| Role / Organisation                                                                           | Name                                           |
|-----------------------------------------------------------------------------------------------|------------------------------------------------|
| School Health Hub Coordinator                                                                 | [Name]                                         |
| [School / MAT] representative(s) (Trust-wide link person or individual reps from each school) | [TBC]                                          |
| [Funder / system partner] representative                                                      | [TBC]                                          |
| Representatives of parents from [School / MAT] school(s)                                      | [TBC, with a plan for engagement to be agreed] |

### Deputies

If a member is unable to attend, a delegated deputy may attend in their place. Apologies will be the first agenda item at every meeting, at which time deputies will be identified.

### Other Attendance

The Operational Group may choose to invite other individuals or organisations as required.

### E. Reporting and Accountability

The [School / MAT Name] School Health Hub Operational Group is accountable to the [School / MAT Name] School Health Hub Steering Group.

The School Health Hub project is commissioned by [Commissioning Body] and funded by [Funder], as applicable.

### F. Frequency of Meetings

The [School / MAT Name] School Health Hub Operational Group will initially meet monthly.

### G. Frequency of Attendance

The Operational Group will monitor member attendance: the minimum annual attendance rate expected is 75%, with (where possible) informed deputies accepted when members are unable to attend. The Chair will notify any members of any low attendance rate. The group may request the ad-hoc attendance of any other individual as required.

### H. Quorum

The Operational Group shall be considered quorate with 50% of full members. The quorum must include the Chair or Deputy Chair. Deputies of full members will be included in the calculation of the quorum.

### I. Secretary Responsibilities

No secretary support is provided; the agenda will be circulated by the Chair prior to the meeting.

The taking of action notes will be rotated at the meeting and circulated by the Chair post meeting.

Apologies should be sent to the Chair in advance of the meeting.

### J. Lifespan of Meeting

The meeting will cease to be required at the end of the funded project period [end date], once all reporting requirements to [Funder] and [Commissioning Body] have been fulfilled.

### K. Finance Accountability

Funding for the School Health Hub is provided by [Funder], commissioned through [Commissioning Body].

[Commissioning Body] holds overall accountability for ensuring the funding is spent in line with the funding agreement's terms and conditions, and will provide guidance to the Operational and Steering Groups on the mechanism for spending the funding in the delivery of the School Health Hub.

The Operational Group has authority to approve spend up to £[X], and will make recommendations to the Steering Group for any spend in excess of this.

# Appendices (continued)

## Appendix D: Exemplar Terms of Reference – School Health Hub Steering Group

### About this exemplar

This template is adapted from the Terms of Reference used by the Priestley Multi Academy Trust School Health Hub (2026–2027), and is shared here as a starting point for other schools and Trusts. Replace all text shown in [square brackets] with details specific to your school, Trust and local partnership. The membership list reflects the partners involved in the Bradford pilot; adjust it to match your own local system.

### Terms of Reference for [School / MAT Name] School Health Hub Steering Group

|                      |                                                                                 |
|----------------------|---------------------------------------------------------------------------------|
| Document details:    | Terms of Reference for the [School / MAT Name] School Health Hub Steering Group |
| Version:             | 1                                                                               |
| Date approved:       | [date]                                                                          |
| Frequency of review: | Annual                                                                          |
| Commissioner:        | [Commissioning body, e.g. local authority, alliance or NHS commissioner]        |
| Funder:              | [Funder name and programme, if applicable]                                      |

#### A. Overall Aim

The [School / MAT Name] School Health Hub Steering Group will be responsible for overseeing the development and delivery of the School Health Hub project across [School / MAT Name] schools.

The project is commissioned by [Commissioning Body], with funding provided by [Funder].

The steering group is made up of representatives of the key operational organisations in the delivery of the project. This is an equal partnership where each represented organisation has a key function in the successful delivery of the project.

[Commissioning Body], as the commissioning body but not part of the day-to-day operational delivery of the project, will act as the convener of the steering group to ensure all operational partners have an equal place in it.



#### B. Key Objectives

The objectives of the [School / MAT Name] School Health Hub Steering Group are to work as a partnership to:

- Oversee the delivery of the School Health Hub across [School / MAT Name] schools, including receiving updates from the Operational Group and providing steer and decision-making where required.
- Hold overall responsibility for the spend of the School Health Hub budget, with delegated authority for spend approval up to £[X] to the Operational Group.
- Oversee the co-production of the School Health Hub offer with children, young people, their parents, carers and families.
- Oversee the evaluation of the School Health Hub project.
- Ensure the terms and conditions of the funding agreement are adhered to, including reporting timelines to [Funder] and [Commissioning Body].
- Actively work for the sustainability of the School Health Hub within [School / MAT Name], and scaling of the model within the wider local education and health system.

#### C. Chair

The Steering Group will be chaired by [role/name, e.g. the Director of the commissioning body]. The Deputy Chair will be [TBC].

### D. Membership: Full Members

| Role / Organisation                                                                              | Name   |
|--------------------------------------------------------------------------------------------------|--------|
| [Commissioning Body] (Chair)                                                                     | [Name] |
| [Commissioning Body] representative                                                              | [Name] |
| [School / MAT] representative(s)<br>(Trust-wide link person or individual reps from each school) | [Name] |
| [NHS provider] representative                                                                    | [Name] |
| [Funder] representative                                                                          | [Name] |
| [Evaluation partner] representative                                                              | [Name] |
| [University / placement partner] coordinator                                                     | [Name] |

#### Deputies

If a member is unable to attend, a delegated deputy may attend in their place. Apologies will be the first agenda item at every meeting, at which time deputies will be identified.

#### Other Attendance

The Steering Group may choose to invite other individuals or organisations as required.

#### E. Reporting and Accountability

The [School / MAT Name] School Health Hub Steering Group is accountable to [Commissioning Body] as the commissioning body for the project.

The School Health Hub is also accountable to [Funder] as the funder of the programme.

The Operational Group will report to the Steering Group.

#### F. Frequency of Meetings

The Steering Group will meet termly but more often to begin with (initial frequency, to be confirmed).

#### G. Frequency of Attendance

The Steering Group will monitor member attendance: the minimum annual attendance rate expected is 75%, with (where possible) informed deputies accepted when members are unable to attend. The Chair will notify any members of any low attendance rate. The group may request the ad-hoc attendance of any other individual as required.

#### H. Quorum

The Steering Group shall be considered quorate with 50% of full members. The quorum must include the Chair or Deputy Chair. Deputies of full members will be included in the calculation of the quorum.

#### I. Secretary Responsibilities

No secretary support is provided; the agenda will be circulated by the Chair prior to the meeting.

The taking of action notes will be rotated at the meeting and circulated by the Chair post meeting.

Apologies should be sent to the Chair in advance of the meeting.

#### J. Lifespan of Meeting

The meeting will cease to be required at the end of the funded project period [project end date], once all reporting requirements to [Funder] and [Commissioning Body] have been fulfilled.

Editable versions of the appendix templates are available to download from our website:  
[www.educationallianceforlifechances.org.uk/our-work/systems/](http://www.educationallianceforlifechances.org.uk/our-work/systems/)



# Starting a School Health Hub

## A Practical Guide for Schools and Multi Academy Trusts

Planning, mobilising and delivering a School Health Hub  
once funding is secured



Informed by learning from Bradford's School Health Hub Pilot  
funded by NHS Charities Together (2025-2027)

Registered Charity: 1211984