



City of Westminster

Westminster Health & Wellbeing Board

Date:	20 November 2014
Classification:	General Release
Title:	School Nursing Review and Service Re-design
Report of:	Meradin Peachey, Director of Public Health
Wards Involved:	All
Policy Context:	School Nursing services are commissioned by Public Health, but have an impact on both wider health and children's services and align to the WCC HWB strategy
Financial Summary:	NA
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1. Executive Summary

- 1.1 From April 2013, local authorities became statutorily responsible for delivering and commissioning public health services for children and young people aged 5-19, including School Nursing. A review of Tri-Borough School Nursing services has been undertaken to inform the proposed re-commissioning of a new school health/school nursing model to improve the health of school aged children and to provide a more outcome oriented, equitable, efficient, evidence based and consistent service across the boroughs.
- 1.2 The Review found that the School Nursing service in Westminster is delivering the core requirements of the Healthy Child Programme 5-19 years (vision and hearing screening and health assessments), the NCMP (national child measurement programme), immunisations and safeguarding but has insufficient capacity to provide a comprehensive preventive and early help service to schools. To meet the needs of the local school population, school nurses need to be part of an integrated school health model to address changing priorities and new technologies, leading to clear health and education outcomes.

- 1.3 Options for a new service model are being shaped, within the current financial envelope, which makes best use of School Nursing (SN) resources and skills to improve child health outcomes. Also, as NHSE (NHS England) are the responsible commissioners for school aged immunisation, additional SN capacity will be released through provision of a NHSE commissioned school based immunisation service proposed to be in place by the start of the next school year (September 2015).

2. Key Matters for the Board's Consideration

2.1 Findings from the evidence review

- 2.1.1 An evidence review of the effectiveness of school based health models found that nurses working in schools are well placed to make a positive difference to children's physical and emotional health. Nurses are trusted and popular with parents and schools and provide good value for money by supporting children's attendance, reducing school staff time in managing health problems and reducing children's use of emergency care services.
- 2.1.2 The evidence also supports an integrated social model of school health with school nurses taking an active role in liaising with related community based services, and planning and implementing health promotion strategies within the school community.
- 2.1.3 Nationally there is only a small pool of registered post-graduate SPHN (Specialist Public Health Nurse) School Nurses, currently about 1,300 in England. Any service model needs to make best use of their public health and leadership skills to manage a grade and skill mixed workforce of Staff Nurses, Nursery Nurses and SN Assistants forming part of the school health service that works to clear outcomes around e.g. sexual and mental health, obesity and other health preventative initiatives.

2.2 Consultation findings

- 2.2.1 Service users', staff and stakeholders' views and suggestions were obtained through a wide range of different consultation and engagement methods including on-line and Healthwatch surveys, focus groups, a young people's workshop, individual and group meetings and school visits. Consultation findings are being used to inform the new service model.
- 2.2.2. Local cyp (children and young people's) views reflected those of the National Youth Council's cyp consultation on school nursing services (2011). CYP want improved access to health information, advice and support in a school setting from a trusted and approachable health professional which is confidential and easily accessible. They stated a preference for individual face to face consultations, also text and web based information and advice on all aspects of physical and emotional health but particularly on sexual health, weight and body changes, drugs and access to counselling. There is also interest in SNs supporting peer led initiatives.

2.2.3 Parents of primary school children asked for increased access to school nursing service for health information and advice on childhood development and health issues e.g. sleep, minor illness, growth and healthy eating, delivered through coffee mornings and group sessions, assemblies and open evenings. They also wanted more SN engagement on supporting schools to meet the health needs of children with long term health conditions and disabilities.

2.2.4 Parents of older children said that they found it hard to talk to their teenage children about sexual health and other issues. They thought there needed to be a full time nurse at each secondary school and sessions for teenagers to talk about health worries and stress in a confidential and non-stigmatising setting, as young people were very reluctant to go to a GP for help and advice. They would also value web based information and parent drop-ins.

2.2.5 A significant number of schools in Westminster expressed a low level of satisfaction with the provision and consistency of the current SN service, although examples of excellent practice in individual schools were also identified. Schools felt the current service lacked the capacity to identify and meet the wider health needs of pupils, their families and the school community, especially at secondary level. Schools' priorities for a new SN service are:

- Co-ordinating and supporting management of care plans for increasing number of children with long term health conditions and special educational needs in mainstream school, to enable them to manage their condition well and to maximise their health and school attendance.
- Targeted early years SN/health, child development and parenting provision for vulnerable children and their families to better prepare them for transition to nursery and reception so children are ready to thrive at school. Also, to improve liaison with nurseries and schools so plans can be put in place to support vulnerable children's health and development needs before they start school.
- More SN involvement in integrated team around the school, early help services and whole school initiatives e.g. Healthy Schools Partnership, obesity prevention and dental health in order to maximise outcomes and minimise duplication of effort.
- Health screening and co-ordinating access to other health services; especially liaising with GPs, CAMHS and adult mental health services.
- Delivery of specific health education and promotion sessions for children and parents e.g. on puberty, hygiene, FGM.
- Safeguarding and targeted provision for excluded children and those in alternative provision

- Paediatric Nursing provision to provide clinical care for children with very complex health needs attending special schools

2.2.6 SN staff consulted felt they were managing to deliver the core and more routine requirements of the service well but were frustrated by lack of time and training to deliver other public health work and to support whole school interventions.

2.2.7 SNs also reported a significant proportion of their time was spent on safeguarding, especially attending in case conferences when it was not always clear what value they could bring to the meeting. They reported that it was difficult to cover vacancies or sickness and this resulted in gaps in service, low visibility and lack of continuity.

2.2.8 Other stakeholders consulted welcomed a review of the existing service and a clearer more targeted role for school nurses within an integrated school health model. Closer working with Paediatricians and Specialist Paediatric Nurses was seen as a useful way forward to providing more joined up support for children with long term conditions. A lack of SN support for 3-5 year olds was identified as a gap. Improved visibility, communication and increased access were seen as priorities

2.3 Core components of a new model

2.3.1 It is proposed that a new effective model of school health is developed, that achieves efficiencies within current levels of funding and focuses on improving priority child health outcomes, to include all the components described below:

- Provision of school aged immunisation is de-commissioned by WCC (to be commissioned by NSHE), but health promotion of immunisation is retained to ensure local immunisation rates are maintained and improved;
- Provision of the Healthy Child Programme of screening and health assessments and delivery of the NCMP (a mandatory requirement) is commissioned;
- A school health information website & 'virtual school nurse' and confidential text service is commissioned;
- Evidence-based interventions with clear outcomes linked to child public health programmes and priorities (e.g. obesity prevention, oral health promotion) are commissioned to link effectively all school based health interventions and outcomes and current ineffective interventions e.g. Fit and Fruity healthy eating sessions, are decommissioned;
- Skill and grade mix team of SPHN SNs (post graduate qualified school nurses) registered nurses, nursery nurses and other health workers or assistants is established to work to most efficacy;

- A paediatric nursing service is commissioned by Central London CCG for QE2 and College Park Specials schools;
- A lead SN for excluded children is commissioned;
- Safeguarding: a pilot is commissioned of the Shropshire school nursing health needs assessment model for all children subject to initial or review Child Protection conferences.

2.3.2 In addition to the core components of the new model described above, two initial options have been developed to make best use of school nursing workforce and other health resources. The Health and Well Being Board are asked to consider the initial options below and to give a steer on the direction of travel for the re-commissioning of a school health/school nursing service.

2.3.3 Option 1 includes a school health model with a number of lead or specialist roles to provide additional expertise, training capacity and co-ordination to support specific public health outcomes e.g. sexual health, mental health. This could also provide career opportunities for SNs to help staff recruitment and retention. Further consultation would be undertaken to ensure that these roles reflect priority health needs locally.

2.3.4 Option 2 includes a school health model which deploys a qualified SPHN SN workforce where they are most needed - in secondary schools, high need primary schools and MLD (Moderate Learning Disabilities) special schools. It utilises skills of other staff to support primary school with lower level needs e.g. nursery nurses are skilled at working with young children and families. This model requires less specialist roles as SNs will have more capacity to develop and lead health promotion initiatives according to priority needs of each school population.

3. Background

3.1 Schools provide an important learning and nurturing environment for the vast majority of children and adolescents throughout the years of critical physical, social and psychological development. Besides parents and the wider family, school is a primary institution for improving children's health and well being. This is why effective provision of support, and relevant health services, for pupils, their families and the wider school community, is essential for the current and future health of the local population.

3.2 The move of commissioning to local authority Public Health provides an opportunity to review school nursing services to develop a new locally tailored modernised service that is responsive to the changing needs of children, families and the schools communities. It also addresses Westminster schools' dissatisfaction with the current model and the historic inequity of provision across the boroughs.

3.3 The review process included:

- Health needs analysis of school aged children and young people (cyp)
- Evidence of effectiveness of SN and school based health interventions
- Analysis of current provider's performance and capacity
- Benchmarking and review of different models and innovative approaches to SN commissioning and service provision in other local authorities
- Consultation with school nursing teams, children and young people, schools, parents and carers, and other key stakeholders

3.4 The review has also taken into account recent guidance and legislation:

- A new national vision and guidance for School Nursing which aims to raise the profile of school nurses and refresh the service model, focusing on the needs of more vulnerable cyp including excluded children, young carers, cyp with mental health needs. (DH, 2012).
- Guidance to support the commissioning of public health provision for school aged children 5-19: *Maximising the school nursing team contribution to the public health of school aged children* (DH/Public Health England, 2014).
- Requirements of the Children and Families Act (2014), including the development of a joint EHC (Education Health and Care) plan for all children with special educational needs.
- School nurses' responsibilities to identify girls at risk of FGM and take action, and to help teachers have the confidence to intervene.
- Guidance on the provision of clinical care to meet the health needs of children attending special schools (RCN/UNISON, 2012)

3.5 Other drivers, priorities and consultation findings have informed options for a new school health model:

- Children are starting school and nursery earlier and more vulnerable children need significant support to achieve a good level of school readiness (a key early years' public health outcome).
- A qualified health professional/nurse is needed to support referrals and contribute to delivery of integrated customer journeys/care pathways for public health interventions and services delivered through schools, such as child oral health promotion programmes, the NCMP, obesity prevention and healthy family weight services and young people's sexual health services.

- Schools, pupils and parents need more consistent and accessible SN/health advice services and increased provision at secondary school, particularly for excluded and vulnerable young people.
- Increasing numbers of children with long term health conditions and disabilities attend mainstream education and schools need qualified paediatric nursing health support to ensure their health needs can be safely met.

3.6 A School Nursing Advisory Group of key stakeholders, which includes Schools, Paediatric Health Services, Children's and Early Help Services, Parent Representatives, and Youth Representation via Healthwatch, is providing critical overview to the review process.

4. Legal Implications

- 4.1 NCMP (The National Child Measurement Programme) is one of 6 local authority mandated public health functions set out in the Public Health Grant Conditions (Jan 2013).
- 4.2 Provision of school aged immunisation is now the commissioning responsibility of NHS England (Health and Social Care Act 2012).

5. Financial Implications

- 5.1 Adequate budget and resources have already been allocated

If you have any queries about this Report please contact:

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