

## **APPENDIX 1: SCHOOL HEALTH SERVICE REVIEW: Summary of methodology, findings and commissioning recommendations**

### **Review Methodology**

A service review was undertaken to collate evidence to shape the commissioning of the School Health Services from 2016/17 and beyond. The review was led by Public Health and a summary of the methodology used is shown below:

- Steering group established including representations from Public Health, Nottinghamshire County Council (NCC) and Health Partnerships (within Nottinghamshire Healthcare NHS Trust).
- Family of school profiles developed and made available on the NCC website
- Survey for head teachers, teachers and school governors - 135 responses
- Survey for stakeholders (including GPs, local authority services, the voluntary and community sector, health services) - 276 responses
- Survey for school nurses and teams - 62 responses
- Workshops with school nurses - 78 participants
- Survey for young people – 1,609 responses
- Workshop for young people – 12 participants

*Detailed methodology details and analysis of findings are available on request from the Children's Integrated Commissioning Hub.*

### **Service provision in Nottinghamshire**

As identified by the provider of service, the aim of the School Health Service is “*to enable each school child to attain his/her optimum health and educational potential. The service is a partnership with the child/young person, parent/carer and education<sup>1</sup>*”.

The current service is delivered by locality child health teams within Health Partnerships. These teams lead on the delivery of the Healthy Child Programme (HCP) 0-19 years and include health visitors (0-5 years) and school nurses (5-19 years) and other practitioners.

The service is made up of a range of staff roles including qualified public health nurses (senior school nurses), health care assistants, community nurses, community health advisors for young people, community health assistant practitioners (formerly nursery nurses), community support workers, and clerical support staff.

At the time of the review there were 70.87 WTE school nurse roles across Nottinghamshire providing the service to 341 schools. In addition, nurses in Newark

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<sup>1</sup> CHP (2014) Nottinghamshire Services for Schools Brochure 2014-15

and Sherwood and Mansfield and Ashfield also deliver special school nursing so there is a greater reduction in the public Health nursing functions in these districts.

There is variable provision across Nottinghamshire, both in capacity of teams and in the interventions and services they provide. The variation does not necessarily reflect levels or types of need. It is recognised that the current School Health Service has displayed some excellent practice in many areas and yet this is not often communicated to wider partners or within the service itself.

There is a separate Children in Care nursing team which covers Nottinghamshire including Bassetlaw. In addition there is one dedicated specialist nurse practitioner attached to the Youth Offending Team, who covers all of Nottinghamshire. These services are also provided by Nottinghamshire Healthcare NHS Trust, and are the commissioning responsibility of Clinical Commissioning Groups.

### **Key Findings from stakeholders**

A summary of key findings include the following:

- a) Young people think school nurses are caring, trustworthy and knowledgeable and the School Health Service is valued by schools and wider stakeholders
- b) Despite positive feedback, 18% of schools stated that the current service was 'poor' or 'very poor'.
- c) School nursing activity is variable across Nottinghamshire
- d) Young people and schools are unclear who their school nurse is and how to contact them
- e) Schools, stakeholders and young people would like a clearer understanding of what they can expect from school nurses.
- f) School nurses would value a standard operating framework to guide their work and ensure that they have clear pathways in place and a clear model of what is expected of their role.
- g) Schools and stakeholders are concerned about the lack of consistency across the service, the increasing demands of safeguarding, as well as the apparent reduction in availability of school nurses in the last few years,
- h) School nurses face a number of demands on their time, including child protection, which means that key public health roles such as health promotion are not prioritised.
- i) Schools believe that there are a number of essential advice roles that the service should offer, specifically advice and interventions focussing on sexual health and contraception, eating disorders, healthy weighty and weight management, depression, pregnancy, anxiety, drugs, smoking cessation and alcohol, particularly in secondary schools.

- j) Young people identified a number of topics that they would like to see the school nurse provide. Young people want the School Health Service to offer:
- Sexual health and relationships support including, contraception and pregnancy testing, advice on pregnancy, advice on sex and relationships, sexuality and the C-Card scheme.
  - Emotional health and well-being including, eating disorder support, feeling down, stress and anxiety, self-harm, how to access counselling and advice on bullying.
  - Advice on drugs, alcohol and stopping smoking.
  - Regular health checks including height, weight, vision and hearing.
  - Support with family issues.
  - A variety of interventions with young people including one to one appointments, drop in services, as well as input into PSHE lessons, school assemblies and events such as health days.
- k) School nurses want to carry out more targeted outreach work with children and young people most in need.
- l) School nurses would like to contribute to PSHE programmes and health promotion campaigns to support children and young people.
- m) Schools do not think that the School Health Service should provide first aid support, providing medication or vaccinations or jabs, as these are or should be provided elsewhere e.g. school first aider and GP practice. There may however be a training need for schools following impending new statutory guidance 'Supporting pupils at school with medical conditions'<sup>2</sup>
- n) Schools and young people would like to see a school nurse based in school all of the time, yet they lack an understanding of the wider public health role of the service and the need for more targeted provision with children and young people not in formal education. There is also a lack of awareness of how stretched the service is.
- o) Current data collection and reporting of school nurse activity and impact on outcomes is insufficient
- p) There is low moral within the service, with a perceived lack of investment in comparison to the national focus on health visiting.
- q) School nurses would like to carry out more targeted work with children and young people most in need. They did however state that to achieve this they

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<sup>2</sup> DfE (2014) Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (DRAFT)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277025/draft\\_statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions\\_for\\_consultation.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277025/draft_statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions_for_consultation.pdf)

would need to have improved data sharing with others to identify those with additional needs or those educated at home for example.

### **Summary of commissioning recommendations following the review**

1. **Accessibility, visibility and communications** – There is a need for increased and improved promotional activities with children, young people and families, schools and wider stakeholders in relation to the role of the School Health Service, including the development of innovative approaches and social media methods to engage young people.
2. **Defined role and function** – The development of a standard operating framework for the service is required, to guide work and ensure clear pathways are in place with a clear model for service delivery.
3. **Consistency** – There is a need for consistency of provision across all localities across Nottinghamshire, with a clear universal core service offer. This in turn also requires that teams have the right skills to do their job. It will be useful to shape the teams based on the three localities of Nottinghamshire.
4. **Targeted** – There is a requirement for additional outreach work with children and young people not in mainstream school, including those being educated at home, those in alternative education; as well as those without a school place and 16-19 year olds in need. Key localities will need to be targeted for some interventions e.g. offering sexual health and contraception provision in teenage pregnancy hot spot wards.
5. **Prioritisation** – Delivery of public health priorities and evidence based interventions is required. The School Health Service should no longer carry out activity that is not included within the service specification.
6. **Health promotion** - Delivery to key public health priorities, including emotional health and wellbeing, smoking prevention, healthy weight, and improved sexual health must be prioritised. This will result in some elements of work (with no or weak evidence base) ceasing in order to increase capacity of the service e.g. hearing and vision screening.
7. **Reporting** - Improved use of performance management systems across the service to collect evidence of activity and impact; as well as routine feedback from service users, schools and stakeholders.

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