



23rd April 2015

Agenda Item: 2

Children's Trust Board Sponsor: Dr Kate Allen, Consultant in Public Health

**NOTTINGHAMSHIRE SCHOOL NURSING SERVICE PROPOSED
REMODELLING PLANS**

Purpose of the Report

1. To seek support for the proposed remodelling of the School Nursing Service following a review of the service.

Information and Advice

Current Commissioning of the School Nursing Service

2. The responsibility for commissioning School Nursing transferred from Primary Care Trusts (PCTs) to Public Health in the Local Authority in April 2013, following the Health and Social Care Act 2012. Public Health within Nottinghamshire County Council is responsible for commissioning the service to cover all of Nottinghamshire including Bassetlaw.
3. The School Nursing Service in Nottinghamshire is also commissioned to lead on a statutory duty for the Local Authority to deliver the National Child Measurement Programme (NCMP).
4. The commissioning of the School Nursing Service (excluding special school nursing) transferred from Primary Care Trusts within the NHS to Public Health within Nottinghamshire County Council in April 2013. In order to commission a service which impacts on public health outcomes, commissioners in public health have undertaken a review to find out what schools, stakeholders, and young people need from the service. Findings of the 2012-2014 review are available at www.nottinghamshire.gov.uk/schoolnursing
5. The most noticeable finding of the review is that the service is inconsistent, extremely stretched and cannot provide all of the universal elements of their public health role; so in this current financial climate, it is extremely likely that the service will need to be provided on a targeted basis for children and young people at risk of the poorest health outcomes. In addition, the service faces a number of increasing demands including child protection, which means that key public health roles are not prioritised.
6. Current provision is delivered by the Locality Child Health Teams of Health Partnerships within Nottinghamshire Healthcare Trust. These teams lead on the delivery of the Healthy Child Programme 0-19 years and include Health Visitors (0-5 years) and School

Nurses (5-19 years). Health Visiting is currently commissioned by NHS England and will transfer to the Local Authority in October 2015.

7. The service aligns its six Child Health Teams with Clinical Commissioning Group (CCG) boundaries.
8. 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. There are only 3.7 WTE Senior School Nurses across Nottinghamshire.
9. There are currently 70.87 WTE School Nurse roles across Nottinghamshire and there are 341 schools. This results in 0.28 WTE School Nurses per school. In addition nurses in Newark and Sherwood, Mansfield and Ashfield also deliver special school nursing so there is a greater reduction in the Public Health Nursing functions in these districts.
10. Capacity in the current service is extremely stretched hence the need to remodel the programme so that the service offers needs led, effective and efficient health interventions and services for children and young people aged 5-19.

Proposed Remodelling of the School Health service

11. A consultation exercise to support the proposed remodelling of the service has just been completed. Consultation included an online survey as well as an event held at County Hall on the 19th March 2015. There have also been presentations for most CCGs and planned engagement with schools.
12. The consultation has confirmed a number of changes to the service:
 - a. The service name will stay as 'School Health' despite the need to understand the broader role of the 'school nurse' in non-school settings, e.g. public health nurse 5-19 year olds'. Even though 58% of respondents stated a name change would be useful, feedback from events and presentations could not offer an alternative name. Concerns were also expressed regarding losing national links with school nursing bodies and qualifications and any Department of Health guidance for school nurses.
 - b. There will be a requirement for the service to increase its health promotion role. 61% of consultation responses agreed that this was a priority area of work.
 - c. School interventions that could be delivered by school staff will cease including lessons on oral health and washing hands. School nurses should instead prioritise the requirements of schools including support to educate children about puberty, sexual health and brief interventions.
 - d. Involvement in child protection meetings has been reviewed and a new pathway is currently being agreed by the NSCB Executive Group. This aims to reduce the time staff attend child protection meetings unnecessarily (i.e. no health issues to address).
 - e. NHS England are now commissioning a separate vaccination and immunisation service and this may no longer be provided by the current School Health Service

- f. The service will be commissioned to offer a drop in session in or near each secondary school across Nottinghamshire. They will also be asked to establish family drop in services in or near primary schools in areas of greatest need. 92% of online responses agreed this was a good opportunity to engage young people on a range of health and wellbeing issues. 60% agreed that if the service is stretched there should be targeted provision of drop in services to areas of greatest need. In addition respondents stated that schools are not always the most appropriate setting and suggested alternatives including Health Centres, GP practices, youth centres and libraries. There was consensus that young people should have a say in the development of drop in services.
- g. The service will have a supporting role in early intervention approaches to promote emotional health and wellbeing, including work with young people who self-harm and/or experience eating disorders and/or anxiety. 54% of respondents to the online survey expressed concern that the service would be unable to cope with this demand and 89% stated that there would be a requirement for additional training.
- h. The service will be required to support the Concerning Behaviours pathway.
- i. There will be a continued requirement for the service to offer brief interventions with children and young people at risk of poor health outcomes through risky behaviours e.g. smoking.
- j. There will be a requirement for the service to take an active role in preventing teenage conceptions and improving sexual health for 13-19 year olds. This will include signposting to specialist services, working alongside community contraception and sexual health services, sex and relationships education (SRE), one to one support and C-Card condom scheme provision; with scope to also offer pregnancy testing, Chlamydia screening and prescribing Emergency Hormonal Contraception in some cases.
- k. There will be greater integration with Health Visiting to aid the transition between services. 94% of respondents stated that commissioning of Health Visiting and School Nursing should be integrated.
- l. There will be a requirement to work with target groups including young offenders; those educated at home, those excluded from schools, Children in Care, etc. Health Partnerships already provide the Children in Care team and the nurse working at the Youth Justice Service, closer working between these services is also required. 67% of consultation responses agreed that a targeted approach was required.
- m. There will be a requirement to ensure that the service is needs led, having consistent services across Nottinghamshire with additional targeted interventions where those interventions are needed most.
- n. The service will be based on the three localities used by the Local Authority rather than CCG boundaries. 82% of respondents stated that the service should align itself with these localities.
- o. There will be a standard operating framework for the service. 99% of all respondents in the survey agreed this would be useful so that stakeholders understood what the service offers, pathways and the processes and policies used. However there were a small number of comments which indicated the need for flexible approaches for some settings.

- p. There will be improved promotional work led by the service to ensure that stakeholders, children, young people and families understand who to contact and what support is available. This will include a webpage for young people, presentations at school assemblies, posters and/or leaflets for young people as well as a texting service. The service will also be promoted to professionals and parents and carers.
- q. There will be a requirement for partnership working with the Early Help Unit.
- r. There will be a requirement to assist schools with their statutory duty to support children and young people with medical conditions. This will include co-ordination and links with health services, but they will not take the lead role as the duty does lie with schools.
- s. The NCMP will be integrated into commissioning plans for the Healthy Child Programme.

Areas of the Contract yet to be confirmed:

13. There have been two contentious issues highlighted through early briefings and consultation with stakeholders. These include the potential ceasing of vision and hearing screening for pupils in Year One, and the need to find alternative funding for incontinence and enuresis work.
14. **Vision and Hearing Screening** – a literature review¹ was completed in October 2014 by a public health registrar in Nottinghamshire. The review was conducted to look for further evidence. The results of this broadly support the National Screening Committee's (NSC) conclusion that there is very little evidence that these screening programs are, or aren't, effective, both from a clinical and a cost perspective.
15. Evidence was sought on the clinical and cost-effectiveness of school-entry visual and auditory screening, in order to inform local commissioning decisions. The NSC recommendations were noted, and the latest review of visual screening from the NSC used to examine the evidence supporting this. No such review for auditory screening was available, reflecting the NSC's decision to delay reviewing this policy until further research has been conducted.
16. The recommendation for practice is thus that any commissioning decisions regarding school-entry visual and auditory screening are made with regard to the current NSC recommendations (that such screening be conducted) but also with regard to the lack of evidence to support this position. In the absence of such evidence, local evidence, local practice, budget constraints and local priorities should also be considered when making commissioning decisions regarding these screening services.
17. The Children' Integrated Commissioning Hub (ICH) has received a number of consultation responses that challenge the proposal to cease vision screening. These responses stem in the main from Orthoptics, the Nottinghamshire Eye Health Local Professional Network for Derbyshire and Nottinghamshire; a number of paediatricians and individual GPs have also expressed concern; whilst others make reference to the quality and skills of the staff completing the screen. The current service provider fully

¹ Fox, A (2014) *The Evidence for the Clinical and Cost-Effectiveness of Visual and Auditory Screening on School-Entry - A Literature Review*. Nottinghamshire County Council.

supports the requirement to cease this function and this view is also supported by schools.

18. Further information has been requested including data from Orthoptists within Acute Trusts re the referral sources, the appropriateness of referrals and the impact on outcomes for children referred to the Orthoptists by School Health within the three acute trusts.
19. There has been no challenge regarding the proposal to cease hearing screening.
20. We know that there are some cases where vision screening can be effective in spotting an issue for a child; however a universal screening programme is not an efficient use of time or very limited resources. It may be better to include vision concerns as part of the drop in services offered in primary and secondary schools.
21. 52% of respondents to the online consultation questionnaire stated that the vision and hearing screening should continue.
22. With this in mind the Public Health Committee will ultimately make the decision as to include this element within future contracts or not.
23. **Incontinence and Enuresis clinics** – at present the school health service offers ad hoc clinics to help children and families deal with issues of day time or night time wetting, or soiling. They have developed expertise in this area of work however it has become a substantial element of their workload in some areas. Many other Local Authority areas have a dedicated team to offer these clinics.
24. Despite some links with emotional health and wellbeing, this element of the service is not considered a public health function so commissioners in the ICH will need to identify alternative funding for this work to continue.
25. There is no performance management of this work as it is not included with the service specification for the School Health Service, and it only became apparent to commissioners when undertaking the School Nursing review.
26. 68% of respondents to the online questionnaire stated that this function should be commissioned through an alternative source of funding rather than public health. This would also ensure consistency of provision across Nottinghamshire.
27. The ICH has asked the current provider to map current activity. They have identified the following:
 - a. In January 2015 alone, there were 139 referrals for these clinics.
 - b. Referrals came from parents (55%), GP's (20%) and Paediatricians (25%).
 - c. The reasons for referral are as follows, night time wetting (73%), soiling (13%) and day time wetting (14%).
 - d. The support offered includes clinics, home visits, telephone support and support for children with special needs.
 - e. The age range of referrals is 5-12 years.
28. Some of this work will be led by Special School Nursing as part of the Integrated Community Children's and Young People's Healthcare programme (ICCYPH) and Health Visitors support those aged under 5 years. Further work is required to understand the costs involved in offering this service from the Public Health Nursing

Service 5-19 year olds (School Health). There may be scope to work with CCGs to develop and commission one or two posts dedicated to this work.

29. In addition, the new drop in services for primary school settings can also offer support to children, parents and carers with these concerns rather than a standalone clinic.

Next Steps for Commissioners

30. Commissioners plan to procure an integrated service to deliver the Healthy Child Programme. The commissioning of School Nursing and Health Visiting may be combined with commissioning of Children Centres if legal criteria and timescales allow.

31. Commissioners are due to begin a tender process in the next year to enable a service with a new service specification to be in place in 2016. Findings of this review will help the development of the tender specifications and external interested parties will also be able to access this report through the Nottinghamshire County Council website. In the meantime, there will be continued engagement with the existing provider of public health nursing services to evidence impact and share the findings of this review.

32. Involve a number of representatives in shaping the tender documentation and procurement panels including schools, young people and public health.

RECOMMENDATION/S

- 1) The Children's Trust Board notes the content of the report.
- 2) The Children's Trust Board approves the proposed changes to how the future service is remodelled prior to agreement by the Public Health Committee.

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Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972

- Nottinghamshire School Nursing Review, September 2014 – implications for commissioners (including Appendices 1-3) available at www.nottinghamshire.gov.uk/schoolnursing

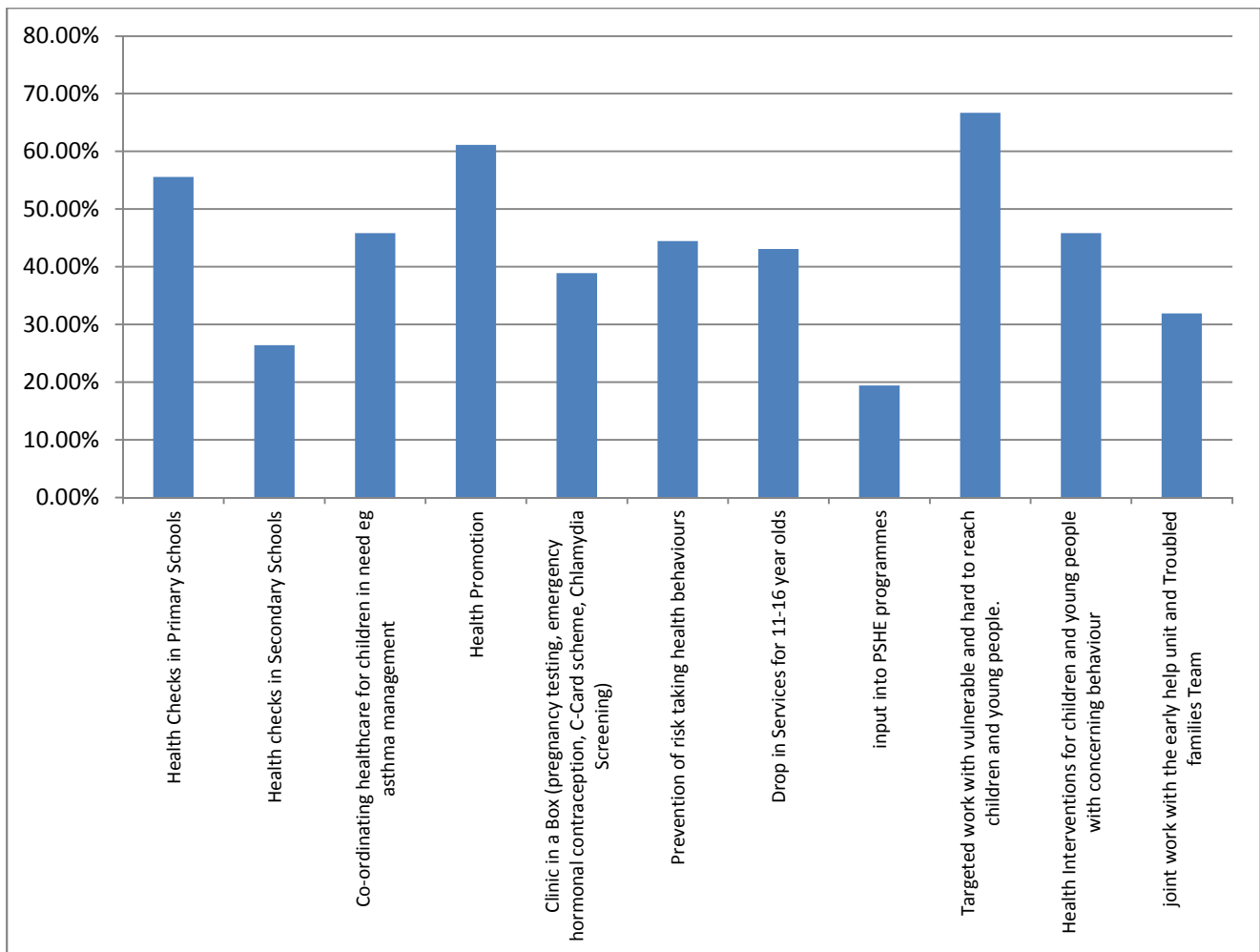
- Healthy Child Programme and Public Health Nursing for children and young people, Children's Trust Board 6th March 2014
- Healthy Child Programme and Public Health Nursing for children and young people, Nottinghamshire Health and Wellbeing Board, 8th January 2014.
- Nottinghamshire School Nursing Service Review – implications for commissioners. Nottinghamshire Children's Trust Board 6th November 2014
- Fox, A (2014) *The Evidence for the Clinical and Cost-Effectiveness of Visual and Auditory Screening on School-Entry - A Literature Review*. Nottinghamshire County Council.

APPENDIX ONE

Headline results from the School Nursing Online Consultation April 2015 (not included in the main report)

1. Priority roles

Figure 1: At present, school nursing activity varies across Nottinghamshire, which five roles do you think are essential?



2. Priority topics

For Primary Schools the following topics were identified as priorities. These are ranked in order following the responses from the participants.

1. Emotional health and wellbeing (Anxiety, depression, self-esteem, eating disorders, self-harm)
2. Healthy Eating
3. Domestic Violence and Healthy Relationships
4. Physical Activity
5. Puberty
6. Oral Health
7. Hand washing
8. Alcohol

9. Smoking
10. Sexual Health
11. Substance use

For Secondary Schools the following topics were identified as priorities. These are ranked in order following the responses from the participants.

1. Emotional health and wellbeing (Anxiety, depression, self-esteem, eating disorders, self-harm)
2. Domestic Violence and Healthy Relationships
3. Sexual health
4. Alcohol
5. Healthy eating
6. Smoking
7. Puberty
8. Physical activity
9. Substance use
10. Oral health

3. Information and Communication

Figure 2: Young people and schools are currently unclear who their School Nurse is and how to contact him/her. It is proposed that the new service should have a clear communications plan to promote the service and what is provided. Which methods do you think should be used to share information? (Tick the five most important communication methods)

