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Summary

This report provides an update on the commissioned public health service for school aged children of school nursing that reported to Children and Young People Overview and Scrutiny Committee in January 2014.

A school nursing service is a service for school aged children. All school aged children in Medway are entitled to and can access the service, irrespective of the type of schooling they receive. The level of service that a child or young person receives will depend on the level of need required to support that child from a health perspective to access education.

Part 1 of the report will set the commissioning context of a school nursing service for school aged children within the Healthy Child Programme (age 5-19) as well as the council’s commissioning plans for the service.

Part 2 of the report will provide information about the provision of the service by Medway NHS Foundation Trust. The report will also provide an update on progress since the last report to this committee in January 2014.

Part One – The Commissioner - Public Health

1. Budget and Policy Framework

1.1 The Healthy Child Programme (HCP) is the government’s prevention and early intervention evidence based public health programme for children, young people and families. The programme is split into two stages; conception to 5 years and 5-19 years. School nurses (the school nursing service) are identified as the leaders of the 5-19 years element of the Healthy Child Programme.
1.2 Commissioning responsibility for the school nursing service was transferred to the Public Health Directorate, Medway Council from Medway PCT in April 2013, as a result of the Health and Social Care Act 2012. Therefore funding for the school nursing service now comes from the Public Health Grant, issued to Local Authorities annually. The commissioner of the school nursing service is responsible for ensuring that a service is available to the school aged children of Medway and that the service provided is of the required standard and delivers on the required outcomes.

2. Background

2.1 Since April 2013, local authorities have been statutorily responsible for commissioning and ensuring delivery of public health services for children and young people aged 5-19, including:

- providing prevention and early intervention services
- addressing key public health issues such as sexual health, emotional health
- addressing wellbeing issues such as obesity, drug, alcohol and tobacco misuse
- delivery of the Healthy Child Programme (5-19)

2.2 The importance of such a service is highlighted in ‘Getting it right for children young people and families (DoH 2012).

2.3 The service aims to improve health and reduce health inequalities by working with individuals, families and communities promoting health, preventing ill health and in the protection of health. Providing a child-centred approach, school nurses work in a variety of settings:

- with individuals, groups, families and communities
- in homes
- in wider community settings
- in schools

2.4 Across Medway, school nursing teams work within a multi-disciplinary and multi-agency environment.

3. What is a school nursing service?

3.1 A school nursing service is a service for school aged children rather than a service for schools. All school aged children in Medway are entitled to the service, irrespective of the type of school they attend.

3.2 School nurses are qualified nurses with additional specialist training in the public health needs of school aged children, including signposting and referring to other services where appropriate.

3.3 The role of a school nurse involves a range of skilled activities and communications at individual, group and community levels. It includes health promotion, advice, signposting to other services, active treatment/procedures, education, support, protection and safeguarding.

3.4 The school nursing service is responsible for delivering programmes or interventions that contribute to the improvement of health outcomes, including
reducing childhood obesity, reducing under 18 conception rates, reducing the prevalence of chlamydia and support for emotional well-being and good mental health. This service contributes to the early help system.

3.5 Significant work is currently underway at national level to develop a national service specification for school nursing, to complement the national service specification for the health visiting service.

4. **The national school nursing model**

4.1 The emerging national school nursing model is based on four levels of interaction with the community, families and individuals, with safeguarding as a theme through all levels. The four levels outline the continuum of support which children and young people can expect to receive through the school nursing services and multi-disciplinary working. This mirrors the 0-5 years’ health visiting model of service. The school nursing model is part of the early help system for children, working with other agencies to identify and support children with additional needs.

4.2 Levels of Service – The National School Nursing Service ‘Offer’

4.3 Community Level
School nurses have an important public health leadership role in the wider community as well as in schools. For example, contributing to health needs assessment, designing services to reach young people wherever they are, providing services in community environments and working with young people and school staff to promote health and wellbeing within the school setting. In particular, school nurses work with others to increase community participation in promoting and protecting health thus building local capacity to improve health outcomes.
4.4 Universal Level
School nurses lead, coordinate and provide services to deliver the Healthy Child Programme (HCP) for 5–19 years for a population. They provide certain universal services for all children and young people as set out in the Healthy Child Programme working with their own team and others including health visitors, general practitioners and schools.

4.5 Universal Plus Level
School nurses are a key part of ensuring children, young people and families get extra help and support when they need it. They offer ‘early help’ (for example through care packages for children with additional health needs, for emotional and mental health problems and sexual health advice) through providing care and/or by referral or signposting to other services. Early help can prevent problems developing or worsening.

4.6 Universal Partnership Plus Level
School nurses are part of a multi-agency approach to providing ongoing additional services for vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantaged children, young people and families or those with a disability, those with mental health or substance misuse problems and risk taking behaviours. School nursing services also form part of the high intensity multi-agency services for children, young people and families where there are child protection or safeguarding concerns.

5. Medway’s Child Population

5.1 School Age Population at 2013

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-9</td>
<td>16,821</td>
<td>6.2%</td>
</tr>
<tr>
<td>10-14</td>
<td>16,336</td>
<td>6.0%</td>
</tr>
<tr>
<td>15-19</td>
<td>17,845</td>
<td>6.6%</td>
</tr>
<tr>
<td><strong>5-19</strong></td>
<td><strong>51,002</strong></td>
<td><strong>18.8%</strong></td>
</tr>
</tbody>
</table>

Note: Uses mid-2013 population data from ONS.

5.2 Compared to England, Medway has a larger proportion of population between the ages of 0 and 14 years (18.9% compared to 17.8%) and between the ages of 15 and 24 years (14.2% compared to 12.7%). The largest numbers of children and young adults live in Chatham Central, Gillingham North, Gillingham South, Luton and Wayfield and Strood South wards, with one fifth or more of their populations under the age of 15 years.

6. Medway Action for Families

6.1 Public health works very closely with Medway Action for Families and is currently funding a two year pilot for a health post within the MAff service. This health post is hosted by the school nursing service, in order to ensure that the post holder has appropriate access to clinical supervision. The work of the MAff post is not the subject of this report.
7. **Exclusions to the School Nursing Service**

7.1 Community nursing service to children in school with learning difficulties. This activity is commissioned by Medway Clinical Commissioning Group. Note: Public health school nursing activities for children with learning difficulties are commissioned by Medway Council.

7.2 Year 6 (National Child Measurement Programme) – this is undertaken by the Medway Health Improvement team.

7.3 All immunisation programmes and screening programmes commissioned by NHS England are excluded from the service commissioned by Medway Council. However, NHS England also commission the school nursing teams to deliver this service.

7.4 The healthcare needs of the residential (custodial) youth offending population are the commissioning responsibility of NHS England and are therefore excluded from this service.

7.5 Young people in further education colleges and in the first year of university receive public health and health promotion input from the health improvement team. The school nursing service liaises with and supports this function as required.

8. **Re-commissioning of the Service**

8.1 The plans for the re-commissioning of the service are linked with the transfer of commissioning responsibility for the Health Visiting and Family Nurse Partnership services to the council in October 2015.

8.2 The intention is to have 0-19 Healthy Child programme services re-commissioned and operational by April 2016. However, there is a significant amount of preparation work to be achieved. A 0-19 Healthy Child Programme needs assessment must be undertaken (including user surveys). A task and finish group of the Joint Commissioning Management Group has been set up to ensure an integrated approach to health and wellbeing related services for 0-19 year olds. The outputs of this group will need to be factored into the re-commissioning plans.

**Part Two – The Provider – Medway NHS Foundation Trust**

1. **School Nursing Service in Medway**

1.1 The current provider of the Medway school nursing service is Medway NHS Foundation Trust. The service is split into two geographical teams:

- the Rainham and Gillingham team
- the Chatham, Rochester and Strood team.
1.2 Special schools in Medway also receive a school nursing service, planned according to the needs of those children. These are:

- Dane Court and Abbey Court Schools which cater for the needs of children with severe learning disabilities. These schools also receive a community nursing service.
- Bradfields School which caters for children with moderate learning disabilities
- Rivermead School – an educational provision for children with a range of complex needs
- Will Adams and Silverbank pupil referral units

1.3 All children aged 5-19 years and their families who normally reside in Medway are supported by the school nursing service. The term ‘aged 5-19’ is defined as when the child reaches school age or at full time school entry whichever is the sooner, to the 19th birthday or when they leave secondary school education, unless otherwise identified (for some children with disabilities or special needs, the upper age limit is 25).

1.4 All schools, including academies, independent schools, free schools and home schooled children are supported by the school nursing service. A particular aim of the service is to contribute to the reduction of health inequalities and so resources are allocated accordingly. For schools on the geographical boundary of Medway, the service liaises with the Kent school nursing team to ensure that a child receives the most appropriate support when additional needs are identified.

1.5 The school nursing service is a needs led service and therefore the level of contact and presence in schools is dictated by the needs of the children and young people attending at any given time. For some schools this may be only once in a school term for others this may be significantly more often. The school nursing service also has telephone contact with schools and is able to advise and support school staff on a range of issues which do not necessarily require the school nurse to visit.

1.6 Safeguarding issues take priority above all other work of the school nursing service. Circumstances where a child or young person is identified as experiencing difficulty, distress or unmet health needs where there is no other professional involvement and there is no identified safeguarding issue requiring immediate attention are prioritised over those where the school nursing role would supplement any existing service provision. Other school nursing activities such as entrant health assessments which may be deemed routine but which are exclusively delivered by the school nursing service are also prioritised above those activities which may be available through other agencies or services.

1.7 Key universal/core functions of the Medway school nursing service:

- health assessment at school entry/Year R, including the National Child Measurement Programme, an audiology assessment and a vision assessment. Signposting of the family to and encourage the uptake of screening and/or services as a result
- Puberty sessions to Year 6/7
• Make use of opportunities to promote healthy weight, sexual health services and emotional health and well-being services
• Offer support to schools in the delivery of the PHSE curriculum. (Note: a pilot project is currently underway to set a local curriculum and to train schools and teachers. School nurses will not deliver the whole programme, rather support schools/teachers to deliver the programme in each school, through training, running specialist sessions, providing resources.)

1.8 Key targeted functions:

• identify and assess individual needs and develop an appropriate package of care/individual health plan, which may include referral to other services
• targeted intervention for emotional health and well-being
• Advise on and offer support for risk taking behaviours eg smoking, drug taking
• healthy weight sessions
• enuresis clinics

1.9 Specific targeted functions:

• contribute as appropriate to the CAF, CHIN and Child Protection processes
• work with the Looked After Children team (see below)
• work within the safeguarding system to support children and young people assessed as being vulnerable or at risk

1.10 Looked After Children
As at 31 March 2014, there were 378 children in care of Medway Council. This represents 62 per 10,000 of the 0–17 year olds in Medway compared with a national average of 60 per 10,000 as at 31 March 2013.

1.11 Looked after children often have a greater degree of need of services at the levels of universal plus and universal partnership plus. The school nursing service works closely and has developed strong links with the LAC nursing service in order to support the health and well-being of looked after children in Medway. The LAC nursing service routinely refers children for hearing assessments as part of their LAC health reviews and to the school nurse led enuresis service for support with night time wetting. The school nursing service provides information regarding the placement of looked after children in schools which often serves to identify children placed in Medway by other local authorities. When a child is made subject to a care order particularly if that child has previously been subject to a child protection plan and in receipt of support from the school nursing team the LAC nurses make contact with the identified nurse to enable a handover and identify any ongoing school nurse involvement required. Furthermore if the LAC nurse identifies the potential for any school nurse intervention contact is made with the relevant school nursing team. The Lead Nurse for LAC Nursing and the Lead Nurse for School Nursing meet monthly to ensure that the two services are linking well, address specific issues that have arisen and to develop ways of joint working further.
### 1.12 Ratio of School Nurses to Pupils in Medway

<table>
<thead>
<tr>
<th>Team</th>
<th>Total School Aged Population</th>
<th>Number of Schools</th>
<th>Average caseload per School Nurse</th>
<th>Team Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham, Rochester &amp; Strood</td>
<td>22,573</td>
<td>Primary: 47</td>
<td>9 schools (4,308 children)</td>
<td>Team Leader:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior: 11</td>
<td></td>
<td>School Nurses:1.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Independent: 4</td>
<td></td>
<td>School Health Advisor:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Staff Nurses: 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Support workers: 2</td>
</tr>
<tr>
<td>Rainham &amp; Gillingham</td>
<td>18,397</td>
<td>Primary: 32</td>
<td>8 schools (4,741 children)</td>
<td>Team Leader:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior: 7</td>
<td></td>
<td>School Nurses:2.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Independent: 2</td>
<td></td>
<td>Staff Nurses: 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alternative placement: 3</td>
<td></td>
<td>MLD: 1</td>
</tr>
<tr>
<td>Special Schools</td>
<td>481</td>
<td>SLD: 2</td>
<td>240 school aged children</td>
<td>Team Leader:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MLD: 1</td>
<td></td>
<td>School Nurses:3</td>
</tr>
</tbody>
</table>

Note: Team leaders are full time all other staff are employed on a term time only basis.

1.13 There have been long term recruitment and retention issues of qualified School Nurses, across the country, as well as local recent retirements which have led to a review of the Medway staffing model. A decision to recruit School Health Advisors was made, following a national move to broaden the skill mix within the school nursing team. The School Health Advisor role will have expertise in specialist fields of health promotion and can therefore bring valuable skills and expertise to the service relevant to work with children and young people.

1.14 Recent recruitments to the school nursing service include two School Staff Nurses on fixed term contracts and a School Health Advisor – a qualified nurse with additional qualifications and expertise in sexual health and teenage pregnancy. These staff commenced service in November 2014. The service is currently seeking to recruit another School Health Advisor. There is currently a 0.76 WTE Band 6 vacancy

1.15 Changes to the Gillingham/Rainham team: one member of the administrative team has been successfully seconded to a health care assistant (HCA) post. HCAs take responsibility for the routine health screening of reception year children and the National Child Measuring Programme for children in Reception year. This diversity and skill mix within the team has increased the capacity of school nurses and school staff nurses to focus on those children and families with more complex needs, safeguarding needs and public health interventions. This model change will be monitored in year and if successful in freeing up school nurse capacity, will be considered for the whole service.

1.16 Changes to the Chatham, Rochester and Strood team: the staff nurses have been allocated caseloads of primary schools for the first time in September 2015. This is to provide a consistent contact for schools. These staff nurses are also taking responsibility for safeguarding within that caseload. The staff nurses are being supported to manage their caseloads by the school nurses, through
additional training and supervision both clinical and safeguarding which is delivered by the organisation’s safeguarding team.

1.17 A Lead Nurse for School Health providing dedicated over-arching leadership and management for the teams was recruited and commenced service in August 2014.

2. Outcomes

2.1 The work of the school nursing service contributes to a range of public health outcomes.

2.2 Monthly and quarterly performance data are submitted to the public health team. Below is a sample of school nursing service performance measures from September 2013 to July 2014 (academic year).

a. **Year R Health Assessment** – every child is eligible to receive a health assessment in Year R. This includes a screening test of the child’s hearing, height and weight measurement and a sight screening by an optometrist. The measurement of height and weight serves two purposes; firstly it provides an indicator of a child’s growth pattern and screening for growth issues. Secondly it contributes to the National Child Measurement Programme (NCMP) and in so doing identifies children with healthy and non-healthy weights which are determined by calculation of BMI. All children in maintained and free schools schools are routinely offered Year R health assessment. Children attending independent schools are offered this assessment. Children in receipt of home schooling do not routinely receive an offer of this screening. Health assessments are only completed with parental consent. Parents can choose to be present for their child’s health assessment although this is not obligatory.

The number of children eligible for a health assessment between 1 September 2013 and 31 July 2014 was 3,243 and 96% received assessment (number exclusive of home schooled children and children attending special schools). Screening in special schools is carried out by the children’s disabilities team and on average they screen about 10 per year.

Only those children whose parents opted out and did not consent to the Year R assessment did not receive it. Every effort is made to ensure children not in school on the day of their planned assessment have a further opportunity later in the school year.

In conjunction with Medway Supporting Healthy Weight Team, a robust pathway for delivery of the NCMP in Year R was implemented in September 2014. This has highlighted the need to have a growth pathway to ensure that children whose growth may be of concern although their BMI might be healthy and vice versa are not missed. The work on this pathway has commenced and is likely to be completed for implementation in January 2015. Staff carrying out the health assessments have been alerted to the two functions of growth measuring and will continue to manage potential growth issues as they have done previously.
b. **National Child Measurement Programme** – The National Child Measurement Programme provides national and local data on childhood obesity throughout England. Children are weighed and measured at two points during their primary education. Firstly during the reception year at school and again during year 6. In Medway the school nursing service delivers the NCMP for Year R children only. Parents and carers of children who are identified as being overweight or very overweight are given advice and signposted to the MEND programmes delivered by Medway Supporting Healthy Weight Team. Historically School Nurses have provided support and guidance to parents on healthy weight and continued to monitor children’s weight. In September 2014 a new NCMP pathway developed in collaboration with Medway Supporting Healthy Weight Team was implemented. This pathway amongst other things provides explicit guidance on how cases must be progressed to ensure that children and families receive the right support to achieve healthy weight.

For the academic year 2013-14

- 3,163 children were eligible to take part in the NCMP (numbers reflect parents opted out or child unable to stand on scales/ have height measured due to a health reason such as user of mobility aid)
- 3029/ 95.76% took part.

c. **Health Plans** – A number of children and young people in school have health needs which require a specific plan of care to be in place at school. Some of these plans are used in emergency situations such as severe allergic reactions and anaphylaxis or asthma. Others such as toileting plans are necessary to enable school staff to confidently manage children’s health needs for the duration the child is in their care. Children and young people who require care plans do not necessarily have any additional educational needs and therefore do not require an Educational & Health Care Plan which, under the new Special Educational Needs and Disabilities (SEND) legislation, replaces the educational statementing process. Education services take primary responsibility for EHCP’s. School nurses however will contribute to EHCP’s where appropriate i.e. where a child has an identified health need in addition to their educational needs. To support the new SEND process School Nurses have received an update from the Educational Psychology Team and attended local training events at which School Nurses provided a presentation aimed at highlighting to school staff the role School Nurses can play. Schools hold responsibility for alerting the school nursing service if it is felt a child has a health need. School nurses have a responsibility to link with their schools and maintain their profile in order that school staff consider involving school nursing where appropriate.

For the academic year 2013-2014, 322 children and young people were identified as having a recognised health need requiring a health care plan in school. 100% of health care plans were maintained up to date either through review at the beginning of the school year or having been initiated during the school year.

d. **Enuresis** - The medical term for bed wetting which is the involuntary passing of urine during sleep. The causes of bed wetting are not fully
understood but it may be considered a symptom that may result from a combination of predisposing factors. (NICE 2014)

Data for the service is currently incomplete. A review of the enuresis caseload between January 2014 and July 2014 was recently undertaken by the nurse running the clinics in the Rainham and Gillingham locality and are as follows:

- Number of first appointments offered to new patients: 31
- Children still being seen for further follow up at time of caseload review: 7

Some children will require further investigation for a variety of issues such as day time wetting, bladder over activity and non-resolving enuresis.

A review of the school nurse led enuresis clinic is planned and will be undertaken in conjunction with the overall reshaping and remodelling of the school nursing service (see 2.8 below). It will also feature in the review of enuresis services provided by Medway NHS Foundation Hospital Trust. The review will enable the identification of the differing elements of enuresis management i.e. those which are public health related and those which are clinical to ensure that each is appropriately and adequately resourced.

e. **Safeguarding** - Data at August 2014:

- 76 children were subject to the CAF process and were receiving school nursing service involvement.
- 140 children and young people were subject to CIN plan
- 294 children of school age were subject to Child Protection Plan

School nurses attended 105 strategy meetings between September 2013 - August 2014. A review of safeguarding activity identified that 62.75 days were taken up with safeguarding activity during the three month period June - August 2014. In light of the demand this places on the school nursing service and the impact on the capacity to deliver other elements of their public health role a review of safeguarding processes within the service was undertaken. This resulted in agreement that school nurses would continue to attend every Initial Child Protection Case Conference convened for school aged children but would only attend Review Child Protection Case Conferences where there was active school nurse involvement. This is in accordance with Kent & Medway Safeguarding Board Procedures (2014). School nurses will become involved at any time during the process if required to do so.

Links have been established with Children’s Social Services CAD - who are responsible for managing contacts and referrals to children’s social services and plans have begun to be made to strengthen links in the future. School nursing was represented at the recent launch of the Medway Child Action Network (CAN).

f. **Telephone contacts** - Between 1September 2013 and 31August 2014 the school nursing service had a total of 3,827 telephone contacts. These related to a wide range of issues including relaying the outcome of
screening, requesting consent to referral to another service and offering advice and guidance with regard to a particular issue such as behaviour or enuresis.

The school nursing service is exploring how it might develop a website that is user friendly to children, young people their families and carers. The service will engage young people in its design to ensure that what is produced meets both their needs as well as providing essential appropriate content. The service is also seeking other technology which might be employed to improve access to advice and guidance by all service users but especially young people.

g. **PSE sessions** – During the academic year 2013-14 a total of 139 PSE sessions were delivered in schools by the school nursing team. In addition to this, the school nursing service has been supporting Medway Council Public Health Directorate to implement a comprehensive PSHE project aimed at ensuring that young people in secondary education in Medway have equal access to a PSHE programme taught by appropriately skilled teachers.

Under new leadership, work has been initiated to improve the service function and efficiency in order to maximise the team’s capacity to increase to support school and deliver PSE and other public health sessions.

3. **Service Developments Since January 2014**

3.1 Since January 2014 much progress has been made in developing the school nursing team and strengthening links with partner organisations. The school nursing team have worked with Public Health’s Supporting Healthy Weight Team to review the existing NCMP process and produce clear guidance for the management of those children found to be overweight or very overweight. This was implemented in September 2014. The new process ensures that all children found to be overweight or very overweight receive a consistent response and are referred to the Supporting Healthy Weight Team. The school nursing service has played an integral role in the development of a new Medway Obesity Care Pathway which will be implemented from 1 January 2015.

3.2 A school nurse has been working with the Public Health to deliver assemblies about Chlamydia to year 11 students. These will be followed up by assemblies regarding testicular and breast awareness. Further sessions are planned for delivery to year 12/12 students regarding chlamydia in early 2015.

3.3 A review of the audiology service currently being provided by school nurses will see this additional work being withdrawn by July 2015. School nursing is working closely with West Kent Hearing Service to ensure a robust alternative referral pathway is in place for children who fail their hearing screening in school which is carried out at school entry. Children will be referred to the appropriate audiology or ENT services via their GP.

3.4 Since coming into post in August 2014 the Lead Nurse for School Health has been working to develop effective working relationships with partner agencies. The links made with children’s social care partners will be strengthened by
planned reciprocal shadowing experiences for staff to enable them to gain an understanding of each other’s roles, how systems operate, the wider context of roles and how we can work better together. Links will be strengthened at managerial level to ensure that these plans come to fruition. Links have been established with Medway Stop Smoking Service and plans are being developed which will enable school nursing to reduce the number of children who start smoking through health promotion opportunities and increase the number of referrals made to the service for children and young people who wish to stop. Links have also been made with the Chatham and Rochester Primary Schools Consortium where a brief presentation about school nursing in Medway was delivered. A leaflet describing the school nursing service for professionals and parents is currently in the development process. Following a meeting with Health Visiting Leads at Medway Community Health further work to improve transition at school entry is planned. Through networking, connections have been established with other services available to schools which school nurses are well placed to signpost to schools. An example of this is the NSPCC Childline Schools Service, currently offering assemblies and workshops to year 5 and 6 children. Children are enabled to understand different forms of abuse, identify signs of abuse and know where to access help.

4. Future Plans For The Service

4.1 Medway School Nursing Service now benefits from dedicated management and leadership of the Lead Nurse for School Health and as such is a stronger position to move forward as a service. It is envisaged that the school nursing teams serving Medway will be co-located, the Lead Nurse, currently accommodated at Medway Maritime Hospital will also be located with the team. Appropriate accommodation is being actively sought. Achieving this will be key to the pace of change to the service structure and functioning. Team structures, roles and responsibilities are being reviewed it is anticipated that this work will continue throughout the remainder of the 2014-15 academic year. Initial investigations have started towards moving to an electronic record keeping system, it must be stressed that this work is very much in its infancy and is unlikely to be achieved within this academic year.

4.2 Work has been initiated to standardise the school nursing processes which will ensure that regardless of where teams are located they will deliver consistent, equitable services. This will be achieved by the development of robust practice guidance, operational policies and competency frameworks. Specific aspects of service delivery will be reviewed such as the enuresis service to ensure services delivered are adequately and appropriately resourced. It is anticipated that this work will be completed early in 2015.

4.3 Work needs to be undertaken to build on existing relationships with schools. Schools are well placed to support school nurses in service delivery which would enable some processes to be rationalised thereby improving efficiency. To facilitate this school nursing will develop contact schedules for schools outlining the services the school population should expect to receive. These will serve to identify the needs for individual school populations, allowing school nursing activities to be planned in advance and outline the responsibilities of both school nursing and schools. It is anticipated that these will be introduced at the end of the current academic year in readiness for the 2015-16 academic year.
4.4 The new school nursing information leaflet will be circulated to all schools; parents will receive a copy when children receive their health screening. A copy of the leaflet will be supplied to the Inclusion and Access service to be included with information sent to parents of home educated children. This will enable families who choose to home educate to access the same services available to those children educated at school.

5. Risk management

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
<th>Risk rating</th>
</tr>
</thead>
</table>
| Service capacity | Lack of capacity to deliver universal structured public health interventions for healthy weight, emotional health and well-being, sexual health, smoking, drug and alcohol use etc. | • Revised approach to input to child protection conferences.  
• Development of more efficient working practices. | B2 |
| Commissioning intentions for school nursing service | A full understanding of the commissioning synergies and links with commissioning partners (CCG, NHS England, Medway Council) is needed in order to inform future commissioning intentions. | • Dialogue with NHS England is on-going with regards to their commissioning intentions  
• A task and finish group of the Joint Commissioning Management Group, CCG, Public Health and Children & Adults Directorate is currently mapping health and social care 0-19 services with a view to ensuring integration of services and seamless pathways of care. The outputs of this group will influence the commissioning intentions for the school nursing service  
• 0-5 Healthy Child Programme services (Health Visiting and Family Nurse Partnership) become the commissioning responsibility of public health in October 2015. | A2 |
6. **Financial and legal implications**

6.1 Funding for the school nursing service comes from the public health grant.

6.2 There are no direct legal implications arising from this report.

7. **Recommendation**

7.1 Members are asked to note the report.

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**Background Papers**

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