

From: Graham Gibbens, Cabinet Member, Adult Social Care and Health
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To: Children's Social Care and Public Health Cabinet Committee

Date: 9th July 2014

Subject: A New Model for School Public Health

Classification: Unrestricted

Summary:

This paper presents a new model for the delivery of School Public Health (SPH). It takes into account national guidance about School Public Health Nursing and Kent County Council (KCC) transformation agenda for 0-25 years old implemented through the Kent Integrated Family Support service (KIFSS) and Kent Integrated Adolescent Support service (KIASS). It incorporates the requirements laid out in the Children and Families Bill 2014.

The model is informed by a review of the Kent school nursing service in Kent, which included the views of children, parents and carers, school heads and wider stakeholders.

The model will be subject to an equality impact assessment and further stakeholder and public consultation.

Recommendation:

Children's Social Care and Public Health Cabinet Committee is asked to comment on the proposed new service model.

1. Introduction

1.1. The purpose of this paper is to outline the Public Health proposals for a new SPH service across Kent.

2. Background

2.1. SPH nursing and Healthy Schools are currently two universal and progressive services commissioned across Kent. They lead and deliver key elements of the Healthy Child Programme 5-19 including the mandated National Childhood Measurement Programme (NCMP)¹.

¹ DH (2014) 'Maximising the school nursing contribution to the public health of school aged children: guidance to support the commissioning of public health provision for school aged children'

- 2.2. SPH nursing includes a vaccination programme, which is commissioned separately by NHS England and School Nursing provision to special schools and children in care that is commissioned by Clinical Commissioning Groups (CCGs)².
- 2.3. Kent Community Health Trust (KCHT) delivers the SPH service across Kent with the exception of Swale, where it is delivered by Medway NHS Foundation Trust.
- 2.4. SPH nursing and Healthy Schools work at the interface between health and education. They have an important role in addressing health inequalities by aiming to address public health outcomes such as road safety, teenage pregnancies, obesity, sexual health, mental health and wellbeing, immunisations and health determinants (alcohol, drug misuse, smoking, physical activity and diet).
- 2.5. SPH nursing uses individual assessments and interventions approach. Healthy Schools takes a whole school approach, supporting schools to plan and implement whole school interventions.
- 2.6. School nurses make a significant contribution to safeguarding process.

3. Local policy 'Facing the Challenge: Towards a Strategic Commissioning Authority'

- 3.1. The proposed SPH model requires that their users (children, parents and carers) are actively involved in the development and implementation of the service, as well as supporting children and parents to build their resilience and capacity to improve their health and wellbeing.
- 3.2. Kent Health and Wellbeing Strategy has prioritised 'giving children the best start in life' through delivering person centred, integrated and jointly commissioned services.

4. Review of School Nursing

- 4.1. A review of School Nursing in Kent took place in April 2013. It identified a range of issues including the following:
- A lack of a standardised service across Kent
 - An absence of key parts of the Healthy Child Programme; in particular health assessments at Year 6

- Groups of children that did not have full access to School Health service (including children in pupil referral units (PRUs) and young offenders)
- Information sharing between health and education professionals, parents and carers required improvement
- The School Health service was not visible to its users (parents and carers, children and young people) and in some cases to school heads.

4.2. The school nurse review steering group agreed a set of principles for the redesign of School Nursing (see new model for school nursing in Kent)

5. Financial Implications

5.1. The School Nursing and Healthy Schools services in Kent are funded through the Public Health Grant.

Service	Funding 2014-2015
Healthy Schools	£ 547,000
SPH nursing	£ 4,500,000

6. A new model for School Health in Kent

6.1. The School Nursing and Healthy Schools services will be brought together in one School Public Health service, maximising the resources available to improve school health.

6.2. It will improve outcomes for children and young people in Kent by:

- Placing SPH nurses in a leadership and coordination role for the Healthy Child Programme 5-19 to ensure a consistent and standardised service
- Improving links with school leadership teams and school governors
- Being located in multi-agency hubs – e.g. KIASS Hubs and KIFSS Children Centres, to improve integration with the children and young people's workforce including where provision is needed in alternative education settings.
- Improving communication between health and education professionals, parents, carers, children and young people
- Operating all year round
- Allocating resources according to need, with particular regard to vulnerable groups, e.g. young offenders, NEETs (not in education, employment or training), young carers, children in care and with disabilities

- Providing tiered support (depending on need) using individual and whole school approaches
- Improving visibility to parents and carers and the wider children and young people's workforce
- Actively involving children and young people in the design and delivery of the service through the implementation of the 'You're Welcome' principles³
- Developing district school public health plans
- Employing IT technology to increase effectiveness and generate intelligence
- Prioritising the school nurse involvement in safeguarding proceedings where their contribution is effective

6.3. More detail is provided in Appendix 1.

7. Interdependencies

7.1. Interdependencies and whole system review of community nursing

SPH nursing is part of the child health nursing system. A whole system review has been identified as a priority by local CCGs. As the commissioning priorities for children are agreed by CCGs, the SPH model may need to be modified to conform to the outcomes of the review (e.g. pathway development for children with health conditions such as diabetes, epilepsy, asthma and allergies)⁴.

7.2. Children and Families Bill 2014

The Children and Families Bill 2014 will require additional statutory responsibilities for children with complex health needs, long term conditions and special educational needs and disabilities, including the development and review of a Health, Education and Social Care Plan. This applies to children and young people aged 0-25 years old. The SPH nursing will continue to ensure that information is shared between school, children and families and the specialist and community nurses who will be involved with these children. Guidance is pending and the model for the SPH service will take this into account.

7.3. Safeguarding

³ You're welcome - Quality criteria for young people friendly health services
www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf

⁴ DH (2014) 'Statutory guidance on supporting pupils at school with medical needs'
www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

There is a need for further work to fully understand the role that school nurses play in Safeguarding and that capacity to deliver appropriate safeguarding work is enhanced through the new model.

7.4. Health Visiting Service.

KCC will inherit the commissioning of the Health Visiting service in October 2015. The current provider of both services is Kent Community Health Trust (KCHT) and the workforce management structure is aligned. Work will take place with KCHT to fully assess the workforce implications of the tendering process and the necessary management actions.

The Childrens Health and Wellbeing Board has recently agreed a task and finish group to review Early Intervention pathways for children and young people commissioned across all children's service agencies, and within the framework of the Healthy Child Programme. This is an important piece of work which will provide significant information to explore the interdependencies outlined above and ensure a fully integrated PH school nursing service.

8. Conclusion

8.1. This paper lays out the new model for the SPH service, which will be subject to further consultation with a range of stakeholders and reviewed through the Childrens Health and Wellbeing Board to ensure a fully integrated model.

Recommendation(s)

Children's Social Care and Public Health Cabinet Committee is asked to comment on the proposed new service model.

9. Background Papers - none

10. Contact details

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Service Model

1. Leadership, Management and Integration

The proposed SPH service will place SPH nurses in a leadership and coordination role for the Healthy Child Programme 5-19. They will manage and supervise teams of registered nurses, paediatric nurses and school health practitioners.

The SPH service will not deliver all the elements of the Healthy Child Programme and therefore it is important to take a partnership and integrative approach.

SPH nurses will link with KIASS and KIFSS teams at district level and improve links with school leadership teams and their school governors.

2. Scope

The SPH service will meet the needs of all children and young people of aged 5-19, who are educated in Kent. It will be available to children and young people and their parents and carers in wherever they receive their education and training, e.g. state maintained schools and academies, home schooled. The SPH service will liaise with independent schools. However, it is anticipated that independent schools will employ their own nurses to meet the needs of their pupils.

The School Nursing provision for children in special schools is the responsibility of CCGs.

The SPH service will identify whether immunisations are up to date, as part of their assessment process and identify and refer children at increased risk, including children at increased risk of tuberculosis for BCG vaccination. They will also contribute to emergency planning response in school settings including outbreaks of communicable diseases.

The SPH service will operate all year round (e.g. progressive work and safeguarding work being undertaken with families during school holidays as well).

3. Setting

SPH service will operate in school, family and community settings. The service will aim to be located in multi-agency hubs – e.g. KIASS Hubs and KIFSS Children Centres, to improve integration with the wider children and young people's workforce.

4. Equitable Delivery

The SPH service will provide a universal and progressive offer aiming to be equitable across Kent. This will mean using resource allocation tools and allocating resources accordingly.

In order to achieve equity, the SPH will prioritise the identification and service provision to vulnerable groups such as young offenders, young carers, NEETs and children in care and with disabilities.

5. Model of Delivery

The SPH service will operate within the framework published by DH⁵, which outlines a four tiered service (universal, universal plus, partnership plus and community) and in line with the requirements of the Children and Families Bill 2014. These levels are described in detail below:

Universal: 'working in partnership with children, young people and their families to lead and deliver the healthy child programme (5-19), working with health visitors to deliver a seamless transition upon school entry'.

SPH service will deliver public health interventions for school aged children including whole school health improvement and individualised health interventions at Tier 1 and Tier 2. This includes:

- Identifying health needs of individual children and whole school populations
- Advising educational teams on the resources, policies and procedures that they should be in place to meet these health needs
- Leading on the delivery of the NCMP and ensuing interventions and referrals
- Assessing health needs at year R/1, year 6/7 & reviewing them at the age of 15
- Supporting education teams to deliver whole school health improvement including PHSE (personal, social, health and economic) education and the adoption of standards such as smoke free schools.

Universal Plus/Early Help: 'to identify vulnerable children, young people and families, provide and coordinate tailored packages of support, including emotional health and wellbeing, safeguarding, children and young people at risk with poor outcomes and with additional or complex needs'

This includes:

- Contributing to individual health care plans for children with asthma, diabetes, epilepsy and anaphylaxis
- Initiating health, education and social care plans for children with SEND (special educational needs and disabilities) and complex health needs
- Training school staff to meet the needs of children as recorded in their health plans

⁵ DH (2012) Getting it right for children, young people and families Maximising the contribution of the school nursing team: Vision and Call to Action
www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf

- Delivering early help assessments and contributing to the 'Team around the Family' as required
- Making and supporting referrals to other agencies and monitoring the engagement and outcome of those referrals

Universal Partnership Plus: 'to work in partnership with agencies in the provision of intensive and multi-agency targeted packages of support where additional needs are identified'

This includes:

- Delivering early help assessments and contributing to the 'Team around the Family' as required
- Initiating health, education and social care plans for children with SEND and complex health needs

Community Offer: 'to provide advice to all school aged children and their families with the local community, through maximising family support and the development of community resources with the involvement of community and voluntary teams'

6. Quality Services for Young People

The service will work towards 'You're Welcome' standards, which will be underpinned by the action participation of children and young people in designing, delivering and reviewing the service. This will be incorporated in the performance framework for the service.

7. Materials, tools and equipment

The SPH service will work with commissioners to agree the resources and tools that will be used to deliver individual and whole school health improvement, e.g. smoke free schools and quality standards for the delivery of PHSE education.

SPH service will implement smart and mobile technology for recording interventions and outcomes.

8. Training for Schools

The SPH service will provide training for schools to ensure that they meet the health needs of their pupils.

9. Communication

The SPH service will establish contacts with every educational setting and every GP practice and ensure a School Nurse is allocated to each school and each GP practice. One School Nurse may be responsible for more than one school and more than one GP practice.

Children and their families will be provided with information and contact details for SPH service using media such SMS text services, websites and social media but also more traditional posters and leaflets.

10. Intelligence Led

SPH service provision will be guided by district level data, which will be provided (where possible) at school level. This will enable the development of district school health plans, which will be agreed with school heads, local partners (KIFSS and KIASS district leads).

The universal reach of the SPH service and the systematic assessment of health needs at years R and 6 means that there are significant opportunities to generate intelligence for population health needs assessment and for health commissioning.

11. Information Sharing

The SPH service will work to improve information sharing between health and education professionals, as this has been identified as an issue that could affect children and their families.

12. Safeguarding

The SPH service will comply with the Kent Safeguarding Children Board policies and procedures and with the national safeguarding guidance⁶

⁶ HMG (2013) Working Together to Safeguard Children
www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf