

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee
10 May 2019

Subject: **Contract Monitoring Report – The Adolescent Health and Targeted Emotional Health Service**

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary:

This report provides an overview of the Adolescent Health and Targeted Emotional Health contract provided by the Kent Community Health NHS Foundation Trust (KCHFT) which has an annual value of approximately £1.6m.

The service delivers a universal whole school health approach to 98 schools to improve health and wellbeing of 172,420 secondary school-aged children in Kent. It provides a new integrated model for interventions for a range of health needs and a Targeted Emotional Health service.

KCC and KCHFT are continuously working to improve efficiency, ensure value for money and deliver service enhancements through contract management and service development. Performance has substantially improved in the second year of the contract.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **Comment on and Endorse** the progress made to transform services and ongoing activities to deliver continuous improvement.

1. Introduction

- 1.1 KCC commissions the School Public Health Services across Kent which offers both universal and targeted support. There was a move to a separate Adolescent School Public Health contract in 2017 to increase visibility of the universal offer that all secondary schools in Kent have access to. The Children's Social Care and Health Cabinet Committee previously endorsed this change which included closer integration with CCG commissioned services.
- 1.2 A joint procurement route was used for the purchase of School Public Health

Services and the Children and Young People's Mental Health Service (CYPMHS) due to interdependencies. The remit and contracts remain separate and additional information can be found in the background documents.

- 1.3 This contract monitoring paper focuses on the Adolescent Health and Targeted Emotional Wellbeing Service and provides details of the purpose, performance, outcomes, value for money and strategic direction of the service.

2.0 Why invest

- 2.1 The service has a crucial role in improving health and reducing health inequalities through leading delivery of the Healthy Child Programme (5-19) - systematically identifying those groups of young people who are at greater risk of poor health outcomes and working in partnership with other agencies to support health improvements locally. It makes a significant contribution to achieving KCC's strategic vision to ensure that children and young people in Kent get the best start in life¹ and a number of other strategic outcomes (Appendix 1.)

- 2.2 The National Institute for Health and Care Excellence (NICE) recommend that schools should be supported to adopt a comprehensive, 'whole school' approach to promoting the social and emotional wellbeing of children and young people. Good health and emotional wellbeing are closely linked to improved attendance and attainment at school, which in turn leads to improved outcomes into young adulthood and employment opportunities².

- 2.3 The service is an integral part of the Early Intervention and Prevention strand within Kent's Local Transformation ³(LTP) plan for Children, Young People and Young Adults' Emotional Wellbeing and Mental Health, supporting NHS Commissioners to meet key targets set by NHS England. These targets are to increase the proportion of children and young people with a diagnosable Mental Health condition who are able to access evidence-based treatment. Current national prevalence estimates suggest that 1 in 10 school-aged children has a diagnosable mental health condition.

3.0 What does the service provide?

- 3.1 The service facilitates a universal whole-school approach working with 98 schools (including Special Schools) to improve the health and wellbeing of 172,420 secondary school-aged children in Kent (11-18).

¹ [Increasing Opportunities, Improving Outcomes](#) – Kent County Council's Strategic Statement 2015 - 2020

² Current national prevalence estimates suggest that 1 in 10 school-aged children (three in every class) has a diagnosable mental health condition (Green h, McGinnity A, Meltzer h et al. (2005) Mental Health of Children and Young People in Great Britain, 2004 Basingstoke: Palgrave Macmillan.)

³ <https://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/transforming-health-and-social-care-in-kent-and-medway>

3.2 The offer includes:

- A named school health service lead
- Developing District and School Public Health Plans
- Supporting the delivery of Personal, Social and Health Education (PSHE) including relationship and sex education
- Delivering training for school staff and governors on developing school health policies and managing health conditions
- Attending transition events
- Supporting sustainability of HeadStart Kent.

In addition, the service plays a key role in supporting schools to manage individual Health Plans for young people with ongoing health needs and/or long-term medical conditions and in the protection and safeguarding of children.

3.3 Referrals are made through the Single Point of Access (SPA) for universal, targeted and specialist services. The SPA undertakes daily multi-agency triage of the referrals which are accepted from: children and young people; parents or carers; schools, colleges and higher education institutes; other health care professionals or partner organisations; and voluntary agencies. A confidential texting service, ChatHealth, is also available for young people (by texting 07520 618850) to have a conversation with a nurse. The number is monitored by the School Health Service, Monday to Friday, 9am to 5pm.

3.4 The School Health Team provide individual health improvement through universal health assessments, signposting and interventions as set out as follows.

- **Assessment:** The service utilises the evidenced based Lancaster tool to provide a validated, systematic approach to assess health needs at key transition points. This includes details of any developmental delays, disabilities and long-standing illness and details of the support that is currently in place. Health assessments generate early Health Awareness Prevention and Intervention (HAPI) alerts which are triaged by School Nurses so to offer appropriate support to young people and their families.
- **Interventions:** The Team offer a range of drop-in clinics in schools, colleges and youth hubs providing information and advice to support young people with a focus on key transition points. Appendix 2 includes the School Health Service's service leaflets for young people – Moving to Secondary School and Leaving School.

Tier 1 Packages of Care are provided for young people referred via the Single Point of Access. These packages are person centred, flexible and support a preventative approach for: Emotional Health and Wellbeing, Sexual Health, Continence and Enuresis, Stop Smoking, Drug and Alcohol misuse, Complex Health Needs, Healthy Eating and Lifestyle, Behaviour Management, Domestic Abuse and Parenting. Young people are able to self-refer to the service.

Tier 2 consists of Targeted Emotional Health and Wellbeing support and is an

integral part of the service offer and forms part of the Emotional Wellbeing and Mental Health (EWMH) pathway across Kent. This intervention consists of up to 6 sessions of 1-1 counselling support based on the needs of the young person for those aged from 5 to 19 years of age.

- **Signposting:** The service signposts to local organisations that will provide additional support to the parent, carer and the young person e.g. METRO for sexual health and Addaction for substance misuse. Parents, carers and young people are also signposted to websites such as Change4life for additional information on healthy eating, HeadStart Kent Resilience Hub for emotional health and Kooth online counselling services.

4.0 How is it delivered in Kent?

4.1 Following a competitive procurement process, the contract was awarded to Kent Community Health NHS Foundation Trust (KCHFT) and runs from 1st April 2017 to 31st March 2022. There is the potential for the contract to be extended for a further 2 year period.

4.2 The multi skilled district workforce includes qualified nurses; school staff nurses; assistant practitioners; public health assistants; and an administration team. A dedicated outreach team works with those children and young people who are outside of mainstream education, for example, children who are home-schooled or educated through a pupil referral unit (PRU).

4.3 The Single Referral Point (SPA) provides a clear referral pathway between universal, (Tier 1) targeted (Tier 2) and specialist (Tier 3) CYP mental health service provision. This new integrated model for triaging emotional wellbeing and mental health needs is delivered by staff from both KCHFT and NELFT. This “no wrong front door” partnership approach was established to ensure that no young person can fall between services and that there is somewhere for everyone from universal support to specialist crisis level. In February 2019, the decision was made to move the daily triage of referrals to a multi-agency approach that is now undertaken inhouse within SPA. This is provided by clinicians from;

- KCHFT –Universal School Health Team (Tier 1)
- CHATTS (since February 2019 for daily triage) – Targeted Emotional Health and Wellbeing Service (Tier 2)
- North East London (NHS) Foundation Trust (NELFT) - Specialist Children and Young People Mental Health Services (CYPMHS) (Tier 3)

4.4 The Targeted Emotional Health service was initially subcontracted to CXK Limited (CXK) and was supported by KCHFT’s Child and Adult Talking Therapy Service (CHATTS). Since 1st February 2019 the service has been solely delivered by CHATTS. This change has been necessary to reduce wait times and ensure sufficient capacity to meet need going forward.

4.5 As part of the wider health pathway, school nursing teams work closely with:

- Specialist Community Nursing
- Community Paediatricians
- Community Health Nurses
- GPs
- Acute Trusts
- The Bladder and Bowel Service
- Integrated Children's Services including Early Help and HeadStart Kent.

5.0 What does good look like and how does Kent perform?

- 5.1 The Service redesign which followed the public consultation was based on the identified key areas for service improvement as outlined in Appendix 3. The Service has introduced all identified key changes during the first two years of contract which includes delivering a more visible and equitable service across Kent and increasing the proportion of children and young people with a diagnosable Mental Health condition who are able to access evidence-based treatment. (The Adolescent Health contract supports NHS Commissioners to meet this key target in Kent).
- 5.2 The Service performance is monitored by the public health commissioning team to ensure that it delivers against the expected outcomes. The KPI's and activity metrics include user satisfaction rates, uptake of the Lancaster screening tool, waiting times for access to interventions and numbers accessing tier 2 services. More information relating to these is set out below.
- 5.3 **Service user experience:** Has remained at a consistently high level and above the 95% target. Recent equity analysis illustrates that the service is serving high proportions of people in the most deprived areas of Kent. Over the long term, this will contribute to helping close the gap on health inequalities for young people. The service also collects regular feedback in the form of case studies (Appendix 4) and uses learning to improve services.
- 5.4 **Early identification of service user needs:** The service has created school and district-based health plans which draw on data from the Kent Public Health Observatory and the evidenced based Lancaster health needs assessment tool.
- The recent special educational needs and disabilities inspection reported that "school nurses use effective tools to measure the impact of their interventions".
 - The uptake of health assessments in the first year (undertaken in September 2017) was low, however 100% of schools were offered the opportunity to complete the tool and it is worth noting that although the previous contract offered an element of health assessment screening, this was not fully accessed across all schools.
 - Significant work has now been undertaken by KCHFT to increase engagement this year through the introduction of face to face sessions in schools. This has proved successful and increased uptake this year.
 - The service is also exploring opportunities to use sponsored promotional activity on social media platforms such as Instagram and Snapchat and use alternative formats to support engagement.

5.5 Engaging with and forming relationships with 98 Schools: KCHFT support engagement in schools through a range of mechanisms set out in a comprehensive communications plan. This includes:

- Attendance at the Headteacher's briefings.
- Promotion through KELSI (online resource for education professionals in Kent) and bulletins.
- All secondary schools are offered the opportunity to have Health Days/market place events delivered by School Nurses throughout the school year.
- Individual schools are offered training tailored to areas identified and agreed as part of the development of the individual School Public Health Plan. In the 2017/18 academic year 55 Health Days/ market place events were delivered to schools.

5.6 Universal offer of support to secondary age children, families and schools that offers choice of access and visibility (Appendix 5): There has been an increase in contacts with parents, children and young people where information and advice has been given.

- Since April 2017, 12,141 referrals (universal and targeted) have been made to SPA and the average number of referrals has increased from 24 a day in 2017 to 30 a day in 2019.
- Between 1st September 2017 and 31st August 2018, 1261 Packages of Care were initiated including;
 - 62% (776) for Tier 1 Emotional Health and Wellbeing,
 - 9% (115) for Weight Management and
 - 9% (111) for Behaviour Support.
- The average wait time from referral to intervention for Tier 1 is 14 days which is below the NHS waiting time target of 18 weeks and within expected levels
- Approximately 140 confidential text messages are received and responded to each month by ChatHealth. The majority relate to emotional health, low mood, anxiety, stress and body image. The young people require support via messaging, and very few have taken up a face to face appointment offer.

5.7 Provide a Targeted Emotional Health and Wellbeing Service - 5 to 18 years

- All emotional health and wellbeing referrals are reviewed and allocated to the appropriate service within 1 working day of receipt of referral. KCHFT have a target of 1800 individual CYP to be seen over a 12-month period (financial year) to support delivery of access targets set by NHS England.
- KCHFT have exceeded this target with 2627 young people actively receiving a service between April 2018 and end March 2019. The agreed wait time for new cases is a maximum of twelve weeks, but the service has experienced challenges meeting this and has put in place a daily triage process and is recruiting extra staff to help reduce wait times.
- KCC have commenced a review of Tier 2 provision which should conclude in September 2019 and inform future arrangements. KCHFT,

KCC commissioners and CCG Commissioners are working together to identify further funding to increase provision and address unmet need and reduce wait times. This remains the priority for 2019/20.

5.8 Schools and families are supported to manage individual Health Plans: The service has extended provision to include a wider population to ensure equitable access, specifically for those who are not in school, are in Special Schools or are in alternative educational provision. Children with SEN-D and their families are given appropriate referrals, support and advice and are aware of the local offer. Between September 2017 and December 2018 Tier 1 Packages of Care were initiated for 137 young people with Long Term Conditions.

5.9 Provides a responsive service focused on outcomes: The Service has responded flexibly to support new priorities. For example, by embedding and sustaining learning from the HeadStart Kent programme. The service is leading the roll out of the Resilience Toolkit across Kent and is supporting schools to achieve a newly developed Resilient School Quality Mark. A copy of the resilience toolkit used by schools is available at <https://www.headstartkent.org.uk/schools-and-practitioners/resilience-toolkit>

6.0 How much does it cost?

6.1 The Partnership between KCC and KCHFT uses open book accounting to ensure KCC only pays for services delivered. Through this approach KCHFT transfers any identified savings into a pooled fund to support service improvements across all areas of Public Health. This arrangement covers School Health despite these services being delivered via a contract.

6.2 The total contract value is £8,364,268 (April 2017 – March 2022). The contract is structured to deliver year on year efficiency savings to ensure that the service remains affordable but still deliverable against outcomes. Efficiency savings of £522,678 were also identified as a result of both contracts being awarded to the same provider and related mainly to management and utility costs.

Contract Year	17/18 (1)	18/19 (2)	19/20 (3)	20/21 (4)	21/22 (5)	Service Total
	£1,781,738	£1,676,381	1,643,769.50	£1,604,959	1,657,420.50	£8,364,268

6.3 The PHE Spend and Outcomes Tool (SPOT) for local authorities⁴ can be used to determine if the contract offers KCC value for money. It highlights that Kent spends very slightly less than the national average for the non- prescribed 5-19 Children's services.

7.0 Risk and key improvements

7.1 Risks are monitored using a shared risk register with the service. Key risks for the service include staffing, engagement with schools, unmet demand for targeted emotional health and Brexit. Further detail is provided in Appendix 6

⁴ Available at <https://www.gov.uk/government/publications/spend-and-outcome-tool-spot>

alongside a number of mitigations.

8.0 Conclusion

- 8.1 The Adolescent School Health Service has performed well in the majority of areas and exceed targets set for tier 2 mental health services. The service has introduced improved triage systems to support quick access and has reduced waiting times to be within the 14-day target.
- 8.2 The model continues to be refined so to respond to the needs of young people especially those requiring targeted emotional and mental health support and will look to expand use of technology.
- 8.3 KCC and KCHFT have taken a collaborative approach to develop a service action plan for 2019/20. Key priorities for the service include:
- Support whole system improvement for CYP MH in line with Kent's plan for transformation
 - Increase the percentage of young people completing the Lancaster health assessments
 - Further improve engagement with schools and support them to become a Resilient School (HeadStart Kent).

9.0 Recommendation

The Health Reform and Public Health Cabinet Committee is asked to **Comment** on and **Endorse** the progress made to transform services and ongoing activities to deliver continuous improvement.

10.0 Background Documents

- 10.1 10th November 2016 – Paper taken to CSCHCC for Key Decision and contract award

<https://democracy.kent.gov.uk/documents/s72999/B1%20-%20School%20Public%20Health%20Services%20-%20contract%20awards.pdf>

22nd March 2016 - Paper taken to Children's Social Care & Health Cabinet Committee (CSCHCC) on Emotional Health and Wellbeing Service

<https://democracy.kent.gov.uk/mgCommitteeDetails.aspx?ID=830>

11.1 Contact Details

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Appendix 1 – Strategic Outcomes:

Further information on the Healthy Child Programme 5-19 is available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/492086/HCP_5_to_19.pdf

KCC Strategic Statement:

Aims to ensure “Children and young people in Kent get the best start in life”. Further information can be found at

https://www.kent.gov.uk/_data/assets/pdf_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf

Kent Children and Young People’s Framework:

Aims to ensure Children and young people have good physical, mental and emotional health. Further information can be found at

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/childrens-social-work-and-families-policies/working-together-to-improve-outcomes>

Kent Joint Health and Wellbeing Strategy:

Every child has the best start in life

Supporting outcomes:

- A reduction in the proportion of 4-5-year olds with excess weight
- A reduction in the proportion of 10-11-year olds with excess weight

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/joint-health-and-wellbeing-strategy>

Kent’s Local Transformation Plan for Children, Young People and Young Adult’s Emotional Wellbeing and Mental Health:

Early intervention and prevention – put in place Kent-wide adolescent targeted support offer and risk-taking behaviours programme delivered in schools.

Supporting outcomes:

- Increasing investment in early intervention and prevention interventions
- Reducing inequality in access rates across Kent
- Identifying and providing support for those children and young people at greatest risk

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/transforming-health-and-social-care-in-kent-and-medway>

“The Way Ahead” - Kent’s Emotional Wellbeing Strategy for Children, Young People and Young Adults:

- Early Help: Children, young people and young adults have improved emotional resilience and where necessary receive early support to prevent problems getting worse
- Access: Children, young people and young adults who need additional help receive timely, accessible and effective support
- Whole Family Approaches: Children, young people and young adults receive support that recognises and strengthens their wider family relationships
- Recovery and Transition: Children, young people and young adults receive support that promotes recovery, and they are prepared for and experience positive transitions between services (including transition to adult services) and at the end of interventions.

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/emotional-wellbeing-strategy>

“Future in Mind” – NHS England and Department of Health, 2015

- To increase the proportion of children and young people with a diagnosable Mental Health condition who are able to access evidence-based treatment

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Public Health Outcomes Framework (PHOF) February 2018

- 1.01ii Children in low income families (under 16's)
- 1.05 16-17-year olds not in education, employment or training (NEET) or whose activity is not known – current method
- 2.04 Under 18 conceptions
- 2.07ii Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
- 2.09i Smoking prevalence at age 15 – current smokers
- 2.10i Emergency Hospital Admissions for Intentional Self-Harm

<https://www.gov.uk/government/statistics/public-health-outcomes-framework-february-2018-data-update>

Appendix 2 – Example School Health Service Leaflets

Contact us

You can get in touch with us at any time, even during the holidays. You can text us too. Ask us for more information.

Phone 0300 123 4496

Email nem-tr.kentchildrenandyoungpeoplehealthservices@nhs.net
Web www.kentcht.nhs.uk/schoolhealthh

Who's in the team

Our team consists of school nurses, school staff nurses, school nurse assistants and secretarial support.

All school nurses are qualified nurses, with specialist training in public health.



Do you have feedback about our health services?

Phone: 0300 123 1807, 8am to 5pm, Monday to Friday
Text: 07899 903499
Email: kentcht.PALS@nhs.net
Web: www.kentcht.nhs.uk/PALS

Patient Advice and Liaison Service (PALS)
Kent Community Health NHS Foundation Trust
Unit J, Concept Court
Shearway Business Park
Folkestone
Kent CT19 4RJ

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Leaflet code: 01020 Published: March 2017 Expires: March 2020

Moving to secondary school

Your school nurse is still on hand to help

School Health Service

Age 11+

Moving schools can be exciting. There are a lot of things to think about: What will happen on the first day? What do I need to pack in my school bag? Will I make new friends? How much homework will I have? How do I get the bus by myself?

Don't bottle your feelings up – it's ok to be happy, anxious, excited, worried, nervous and confused, all at the same time!

If you want to talk to someone, your school nurse is there to help. They will listen to what you say and help you. Everything is confidential, which means they won't tell anyone else what you say (not even your parents), unless they think you or someone else is in danger.

What is a school nurse?

A school nurse is someone who promotes good health and wellbeing in school age children and young people.

Will I still get to see my school nurse once I start secondary school?

Yes, they are not going anywhere. They will still be there to support you with anything you need, so if life (or homework) is getting on top of you, make sure you tell them.

It's important to be happy and healthy so don't get caught up or worry about what your friends are or aren't doing. You'll be super busy at school so you need to make sure you have enough energy to get through the day. Make sure you eat a good breakfast and drink plenty of water too.

They also want to know how you're feeling – what's going on with your friends? What have you been up to?

I don't want to see the school nurse...

That's ok. The school nurse will be there to help until you are 19 so when you are ready, go and find them.

Why do I need to see the school nurse?

You can still see your school nurse whenever you like. Just go and find them for a chat. They can help with:

- making friends or problems with people at school
- bullying problems
- worries about weight and how you look
- healthy eating and eating problems
- worries and troubles – including changing schools
- puberty and growing up
- sexual health
- relationship advice
- smoking, drugs and alcohol
- other health problems, including long-term conditions
- and give advice about immunisations (injections)
- anything else you want to chat about.

I can't find my school nurse, I've looked everywhere... help!

School nurses see people at lots of schools so they might not be at your school all the time. That doesn't mean we don't want to see you too, so if you need us, just get in touch or ask your teacher to contact us.

Once we know you need help we can have a chat and if you want to, meet up – even during the school holidays!

What do I do if I feel sick at secondary school?

Speak to your teacher if you feel poorly or if you need help for something like a headache or blister.

If you want to talk to someone your school nurse is there to help.



Contact us

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Phone 0300 123 4496

Email nem-tr.kentchildrenandyoungpeoplehealthservices@nhs.net

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Leaving school

Don't worry your school nurse is still around

School Health Service

Age 15+

Now you're in year 11 it's almost time to say goodbye. You might be leaving to take up an apprenticeship, go to college or staying on at school.

Exams are a really stressful time, there is so much pressure and everyone wants you to do well. It's all people are talking about... are you revising? What subjects are you doing? Have you done all your homework?

Don't bottle your feelings up and let everything get on top of you. If you want to talk to someone, your school nurse is there to help. They will listen to what you say and help you. Everything is confidential, which means they won't tell anyone else what you say (not even your parents), unless they think you or someone else is in danger.

WHAT IS A SCHOOL NURSE?

A school nurse is someone who promotes good health and wellbeing in school age children and young people.



WHY DO I NEED TO SEE THE SCHOOL NURSE?

You can see your school nurse whenever you like though. Just go and find them for a chat.

They can help with:

- worries about weight and how you look
- healthy eating and eating problems
- worries and troubles – exams, problems at home or with friends and anxiety about going to college or university
- bullying problems
- sexual health
- relationship advice
- smoking, drugs and alcohol
- other health problems, including long-term conditions
- anything else you want to chat about.

If you want to talk to someone your school nurse is there to help.



HOW DO I FIND MY SCHOOL NURSE?

School nurses see people at lots of schools so they might not be at your school all the time. That doesn't mean we don't want to see you too, so if you need us, just get in touch or ask your teacher to contact us.

Once we know you need help we can have a chat and if you want to, meet up – even during the school holidays!

WHAT HAPPENS WHEN I FINISH YEAR 11?

We are here to help until you are 19 so you can contact us at any time for support and advice. We can chat on the phone, by email or text and even meet up if you need help.



Appendix 3 – Service Redesign 2016: Identified areas for service improvement

Following a detailed review of the School Nursing Service, which included a Public Consultation, the Children's Social Care and Health Cabinet Committee in January 2016 endorsed a new approach to the commissioning of School Public Health Services.

The approach included a move from a single contract (5 to 18 years) to two contracts, Primary School Public Health (5-11years) and Adolescent School Public Health (11-18 years) alongside the inclusion of targeted Tier 2 emotional health and wellbeing services for 5- 18-year olds in the Adolescent School Public Health Service.

Key changes:
Joint procurement with CCG's
Development of a single point of access where all referrals for Universal, Targeted, or Specialist provision go through a Single Point of Access (SPA) to ensure a no wrong front door approach to children and young people's emotional and mental health.
Increased focus on emotional health and wellbeing including roll out of the resilience toolkit developed as part of Headstart
Clearly defined packages of care e.g. bedwetting, long term conditions and new package of care around healthy lifestyles
Increased visibility e.g. named school nurse, uniform, school drops ins
Increased offer to include special schools and those not in mainstream school e.g. outreach team working with PRUs
Lancaster model to support early identification of need at key transition points This includes details of any developmental delays, disabilities and long-standing illness and whether support is currently in place.
Skill mix workforce to support reduction in vacancy rates with comprehensive training
Innovative ways to support engagement e.g. therapy dogs
Increased digital offer including a live chat service and improved website
Partnership focus with schools and other key agencies such as NELFT, early help and Headstart
Increased consistency and equity of across Kent e.g. vision screening now offered across Kent (previously only East Kent)

Appendix 4 – Service Case studies on improving outcomes

Case Study 1

Definition: *Case studies are analyses of persons, events, decisions, periods, projects, policies, institutions, or other systems that are studied holistically by one or more method*

Case studies one and two are written from the perspective of the school nurse.

Background Context	School health referral received from school requesting support for 16-year-old male due to low mood and poor attendance.
Intervention Action Taken	This took place over two appointments instead of one: Young person met in school at his request. Discussed referral and discussed role of school nurse. Listening visit offered - during the initial appointment he discussed how he has been feeling and life events that have left him feeling low. Discussed strategies that might be beneficial in managing feelings and a health care plan was agreed – the young person had previously accessed their GP for support and was told to return if no improvement. The young person was reluctant to do this due to difficulties getting an appointment in the first place and also because he felt that he would be wasting the GP's time. Reassurance offered and clarified that reasons were valid for the appointment and that he was following the GP's advice by returning.
Results Outcome Impact	<p>The young person stated that this was the first time he had been able to talk about his feelings. I was concerned that the interruption of the appointment would prevent the student from engaging at the follow up appointment due to the abrupt ending of the first appointment.</p> <p>Another appointment was arranged for the next working day and a brief action plan was put in place for the weekend. Details of School health's texting service and Kooth on-line counselling shared with student.</p> <p>The situation did not stop the student from engaging with school health at the next appointment. The health assessment was completed, and a clear action plan was put in place.</p>
Patient Experience	The young person reported that they found the appointment beneficial as they stated that they had difficulties talking about their emotions and found it difficult to talk to their family. They felt reassured that it was appropriate to be further assessed by their GP.

Case Study 2

Background Context	<p>Referral received for a 17-year-old young person who attends a Special School in Kent for advice & support around toileting.</p> <p>On contacting the Parent who had not given consent I was soon to establish that Parent would not consent to this.</p> <p>Parent informed me that the young person had weakened Bladder & Bowel Muscles & had been informed by a Paediatrician that it would be very unlikely for this young person to ever achieve continence.</p> <p>I fed back to the referrer who was disappointed on young person's behalf & stated that the Young person had voiced themselves that they would like to be dry.</p> <p>I advised referrer to go back to Parent to discuss & if consent was obtained, I would gladly work with the young person, family & school.</p> <p>A further referral was received with Parental consent.</p>
Intervention Action Taken	<p>Initial meeting took place in school, present were Parent, Class Teacher, Referrer HCA From School & myself.</p> <p>Parent did show some resistance into establishing a toilet programme that could be followed both at home & school ensuring a consistent approach for the young person.</p> <p>School were very motivated & working collaboratively Parent agreed to try at home.</p> <p>Tier 1 Bladder Training Advice given & a programme agreed.</p> <p>It was also agreed to contact the Children's Continence Product Team to change day products to a pull up which would aid in the toileting process</p> <p>A request was put in & the change authorised.</p> <p>Following the meeting I met with the young person & the Teacher & Teaching Assistant I showed them an app, a social story of a young person who wished to become continent.</p> <p>This young person's enthusiasm was contagious, they clearly stated that they would like to become dry, they did not like the fact that they had to wear products & that they were bulky & visible to others</p> <p>Throughout the social story I stopped the app to discuss what was occurring which they clearly understood & could recognise that the young person needed to void or open their bowels.</p> <p>Pull ups have now been obtained for this young person, school have now taken a further step & during school time they are now wearing underwear</p> <p>The young person is toileted at regular intervals & is happy to sit on the toilet having had occasional success.</p> <p>A follow up meeting has been arranged for Mid-March.</p>
Results Outcome Impact	<p>Should this young person achieve continence it will have a huge positive impact on them for their independence & self-esteem & to protect their vulnerability in the future.</p>
Patient Experience	<p>The voice of the young person was listened too, advocated by school staff, who persisted to obtain support & completed two referrals for support for this young person in this sensitive matter.</p>

Lessons Learned	To always put the best interests of the young person first, that Parents may not always agree that a successful outcome can be achieved but it is worth trying for that young person & if not completely successful in the end we have at least tried & given her the best advice & support that we can.
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Case Study 3

Definition: *Case studies are analyses of persons, events, decisions, periods, projects, policies, institutions, or other systems that are studied holistically by one or more method*

Background Context	<p>Referral process for young person in Year 9 – parent had expressed worries regarding young person’s emotional health and suicidal thoughts had been mentioned by young person.</p> <p>Previous referral from GP to CYPMHS had been declined and advised to contact Early Help. Early Help had declined referral and parent advised to self-refer to School Health</p>
Intervention Action Taken	<p>School Health referral triaged through SPA by Clinician.</p> <p>Clinician identified that the “voice of the child” was not present through any referral and no-one had asked young person what they wanted.</p> <p>Clinician spoke with young person and assessed that a Tier 2 Targeted intervention (counselling) would be suitable for the young person.</p> <p>Young person was also signposted to online resources for emotional health while waiting for counselling to begin.</p>
Results Outcome Impact	<p>Following discussion with young person it was agreed that young person did not require Tier 3 Specialist provision at that stage. Young Person accessed Tier 2 provision. Clinician was able to successfully determine the appropriate support for the young person quickly.</p>
Patient Experience	<p>Parent and young person were happy with the intervention</p>
Lessons Learned	<p>The voice of the child is paramount to determine and assess the correct and most appropriate intervention and support.</p> <p>The triage of referrals within SPA is essential to make sure that children and young people access the right provision first time and not get passed around but also that a clinician ensures any assessment includes the voice of the child/young person.</p>

Appendix 5 – Analysis of Year 10 Health Assessments

In 2017/18 784 HAPI alerts were generated. At 1st March 2019 893 HAPI alerts had been generated. This assessment is currently open and will close at the end of the school year.

Question	September 2017 to August 2018			September 2018 to August 2019 (at February 2019)		
	Requested info (answered "Yes")	Requested info (answered "No")	Not answered	Requested info (answered "Yes")	Requested info (answered "No")	Not answered
Health & Wellbeing	54	213	< 5	71	217	< 5
Accidents & Safety	31	234	< 5	37	256	< 5
Emotional Health	58	204	11	77	216	< 5
Healthy Eating	32	231	11	42	250	< 5
Physical Activity	34	229	7	34	260	< 5
Bullying	30	245	< 5	31	261	< 5
Weight Management	52	213	10	44	249	< 5
Alcohol	109	138	19	132	158	5
Smoking	140	120	13	136	143	14
Drugs	141	114	18	154	124	17
Solvents	113	138	19	133	143	19
TOTAL	784	2095	91	891	2277	78

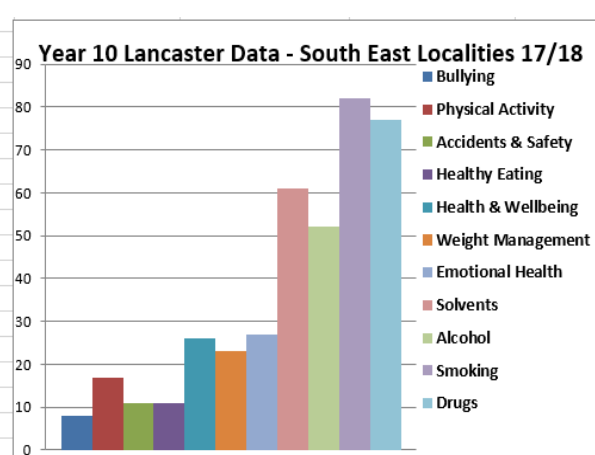
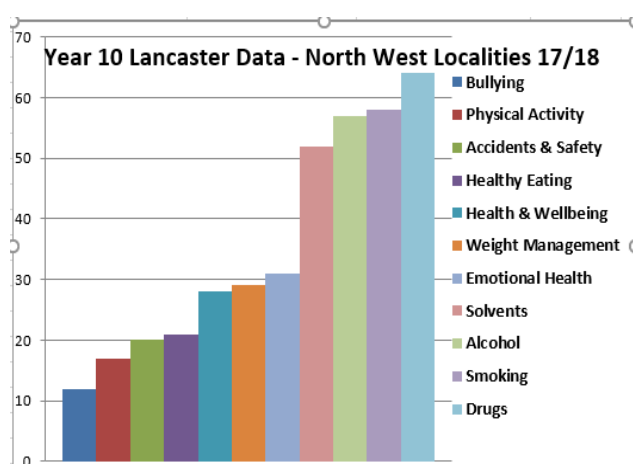


Table 2 – Tier 1 Packages of Care

	1st Sept'17 – 31st Aug 18	1st Sept 18 – 1st Dec'18
No. of new packages of care started – Total	1261	264
No. of new packages of care started - Substance misuse	9	<5
No. of new packages of care started – Sexual Health	16	< 5
No. of new packages of care started - Domestic abuse	8	<5
No. of new packages of care started - Behaviour support	111	24
No. of new packages of care started - Tier 1 Enuresis Advice & Information	47	< 10
No. of new packages of care started - Weight management inc Change for life	115	19
No. of new packages of care started – Tier 1 Emotional Health and wellbeing	776	151
No. of new packages of care started - Parenting	45	12
No. of new packages of care started - Smoking	<5	<5
No. of new packages of care started - Long Term Conditions	99	38
No. of new packages of care started – Continence	33	< 5

Appendix 6 – Key Risks

Risk	Mitigating Actions
Staffing – It can be a challenge to recruit staff with the required skills to ensure full staffing levels across the country.	<ul style="list-style-type: none"> • KCHFT have a robust staff retention policy which offers a number of benefits to staff. In addition, they proactively advertise and offer relocation fees and flexible working. • KCHFT are actively recruiting to vacant posts for both clinical and non-clinical appointments.
Engagement with schools	<ul style="list-style-type: none"> • Communications and marketing strategy • Updated offer on website • Revised school partnership agreement • Increased support in schools for health assessments • KCHFT have worked with schools to nominate a school lead • Termly newsletters are on KELS to keep schools informed of service activity and developments • KCHFT are attending Head Teacher briefings during Spring Term alongside NELFT to ensure joined up approach to communication with schools
Unmet demand for Tier 2 Targeted Emotional Health service	<ul style="list-style-type: none"> • Discussions with CCG commissioners are in place to identify additional funding through Transformation Fund. • KCHFT have identified and costed for additional capacity within CHATTS to provide extra capacity • Establishment of daily multi-agency triaging of all referrals to ensure no wrong front door approach in place and quick access and prioritisation • KCC are currently undertaking a review of Tier 2 provision
Brexit – impact on business continuity	<ul style="list-style-type: none"> • KCHFT have a business continuity plan in place where any identified risks to service delivery have had mitigations put in place to ensure services to schools is able to be delivered across the county e.g. Staff based in district localities and not area based to allow flexible working and easier travel across the county. KCC will monitor this
Partnership relationship with NELFT – impact on Single Referral Point	<ul style="list-style-type: none"> • MOA is in place between NELFT and KCHFT to ensure that both organisations work towards joint strategic outcomes. • KCHFT and NELFT are currently reviewing and refining this document to include operational arrangements