

Title of paper:	Public Health Nursing for School Aged Children and Young People							
Report to:	CYPP							
Date:	27 TH MARCH 2013							
Relevant Director:	Dr Chris Kenny, Director of Public Wards affected: All City Wards							
	Health							
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Other officers who	Sarah Diggle							
have provided input:								
Relevant Children and Young People's Plan (CYPP) objectives(s):								
Stronger safeguarding – With a key focus on ensuring that there are high standards of								
safeguarding across all agencies and that the Farthership takes a pro-active approach to								
the elimination of domestic violence.								
Healthy living – With a key focus on increasing the proportion of children and young people who have a healthy weight								
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Reducing substance misuse – Partnership work to lessen the impact on children of								
parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.								
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employment, education and training.								
Improving attendance – Improving rates of attendance at both Primary and Secondary as								
a key foundation of improving outcomes.								
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Summary of issues (including benefits to customers/service users):

The School Nursing service in Nottingham City is delivered by CityCare Partnership. They aim to provide a needs led, equitable and consistent School Nursing service across the City, for all children from school entry age to 19 years.

School nurses are key professionals in supporting children and young people in their developing years between school entry age and 19 to have the best possible health and education outcomes. The government recognised the importance of school nursing in the public health strategy 'Healthy Lives, Healthy People' (DH 2010) and committed to developing a new vision for those services reflecting the nursing role in public health in the school community. In March 2012, the Department of Health published 'Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and Call to Action'. This guidance gives a new vision and model for the profession.

The commissioning responsibilities for the Public Health School Nursing Service will be undertaken by the Public Health Department of Nottingham City Council from the 1st April 2013. As part of the transition process a full review of the service is underway. The aim of the review is to develop a school nursing service model for Nottingham based on local need and in accordance with '*Call to Action'* to ensure children, young people and families are offered a core programme of evidence based preventative health care with additional care and support for those who need it. This process has 4 key elements:

- Analysis of School Cluster health data to identify areas of greatest need and determine health priorities for the school health team.
- Collation of stakeholder views on the current service and proposed areas for development: Teachers, Parents / Carers, Children and Young People, School Nursing Teams and others that work with children and young people.
- Mapping of current service provision to assess how far current activity corresponds with Call to Action

and identify gaps in terms of service delivery and need.

Mapping of current team structures

Initial results will be reported by summer 2013, with a new service model developed by March 2014.

Reco	Recommendations:							
1								
	Note the evidence base and the resultant gold standard service function of the Public Health							
	School Nursing Service							
2								
	Consider the implications of the review and future commissioning of Public Health School Nursing							
	Service on partner services and service users							
3								
	Consider the interdependencies involved in particular, Health Visiting Services, which will be							
	commissioned by the NHS Commissioning Board until April 2015 when the responsibilities will become those of the Public Health Department of Nottingham City Council.							

BACKGROUND AND PROPOSALS

The School Nursing service in Nottingham City is currently delivered by CityCare Partnership. They aim to provide a needs led, equitable and consistent School Nursing service across the City, for all children from school entry age to 19 years. School nurses are key professionals in supporting children and young people in their developing years between school entry age and 19 to have the best possible health and education outcomes. The government recognised the importance of school nursing in the public health strategy 'Healthy Lives, Healthy People' (DH 2010) and committed to developing a new vision for those services reflecting the nursing role in public health in the school community. The governments vision and call to action document 'Getting it right for children, young people and families' (2012) sets out a framework and service model to secure effective services for school aged children and young people, which fits local circumstances and meets local health needs. The framework is based on:

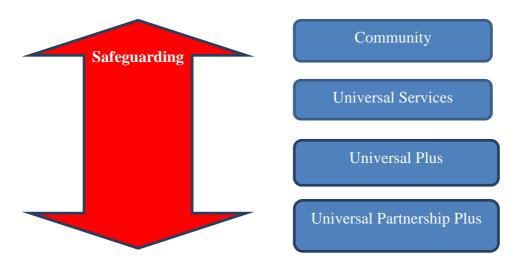
- The Healthy Child Programme 5-19
- Public Health Outcomes Framework
- You're Welcome Standards

The School Health Service also underpins professional pathways which include:

- supporting the transition from health visiting to school nursing services
- delivering public health to young people in the youth justice system
- supporting children with complex needs in school settings
- safeguarding
- emotional health and wellbeing

The service model (Figure 1) is set within the context of the Healthy Child Programme 5-19 which is based on the best evidence to promote and protect the health of children in the developing years and aligns with the service model for health visiting thus promoting continuity of service and a smooth transition from 0-19 years.

Figure 1 Service Model for School Health Nursing Service



Description of the Service Model for School Health Nursing Service Elements

School Nurse teams within Nottingham City provide a high quality family centred public health service working with individual children, young people, families, schools and communities to improve health and tackle inequality. Table 1 below shows that the total population for Nottingham City Schools is approx 27,000. Through a unified and consistent approach they will plan and deliver services which promote the health of children, young people, their families, the school and the whole community. They will work with other statutory, voluntary and professional groups to provide services to target local need. School Nursing teams deliver services based on the four levels model as described in 'Getting it right for children, young people and families' (2012):

Community: School Nurses have an important public health leadership role in the school and wider community 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 well-being 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.

Universal Services: School Nurses will lead, coordinate and provide services to deliver the Healthy Child Programme from 5-19 years old (see pathways below). They will provide 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.

Universal Plus: School Nurses are a key part of ensuring children, young people and families get extra help and support when they need it. They will 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 referral or signposting to other services. Early help can prevent problems developing or worsening.

Universal Partnership Plus: School Nurses will be part of teams providing on-going additional services for vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantage, disability, mental health or substance misuse and risk-taking behaviours. School nurses will also form part of the high intensity multi-agency services for children, young people and families where there are child protection or safeguarding concerns.

Safeguarding is a core part of each level right through from universal services education about protective behaviours, to providing high intensity services where these are needed. School Nurses will work effectively with multi-agency partners to achieve the best outcomes for children and young people (see LCHS policy for safeguarding children and young people).

Table 1 Nottingham City Schools Population Figures

J	Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	TOTALS
Primary School Population	1488	1415	2903	1249	1223	2809	2807	13894
	Year 7	Year 8	Year 9	Year 10	Year 11			
Secondary School Population	2646	2651	2697	2574	2532			13100
Total School Population								26994

Nottingham City Schools / Numbers on Roll: July 2011

Evidence of Need

The Joint Strategic Needs Assessment identified a number of key issues in Nottingham including:

Accidental injury:

- Despite improvements, avoidable injuries are still the biggest cause of death in children aged between 1 and 14¹ and as such are a major public health issue in the East Midlands. Nottingham's high level of avoidable injury is related to its high level of deprivation.
- The major causes of hospital admissions in children aged under 15² were falls (45%), exposure to inanimate mechanical forces (18%), road traffic accidents (11%) and poisoning (6%).

Child obesity:

- Published results from the National Child Measurement Programme undertaken during the 2010/11 academic year suggest that:
 - o In Reception (aged 4-5 years), 27.5% of boys and 22.9% of girls were overweight or obese;
 - o In Year 6 (aged 10-11 years) 35.7% of boys and 37.2% of girls were overweight or obese.
 - Nottingham's children have a significantly higher prevalence of obesity compared to the England average at age 4 to 5 years (10.9% compared to 9.4%) and at age 10 to 11 years (22.2% compared to 19.0%)

Children and young people mental health:

 The exact prevalence of mental and emotional disorder in children and young people in Nottinghamshire is not known. By using national data and assuming the national average rate, the approximate local prevalence of diagnosable child mental illness in Nottingham would affect 3,010 children and young people. It is reasonable to predict this figure to be higher when considering local risk factors and levels of need.

Children's oral health:

• The current rate of decayed, missing and filled teeth (dmft) in Nottingham City is three times that of Nottinghamshire and only one local authority in England has a worst record.³

Immunisation:

¹ EMPHO Profile of Avoidable Injury in the East Midlands: children aged 0-14 years

² EMPHO HES extracts 2005-06

³ British Association for the Study of Community Dentistry

• Using MMR as a tracer condition, NHS Nottingham City's performance is significantly below the performance of other East Midlands PCTs and poor in comparison with statistical neighbours. There is also a link with inequalities, which shows lower uptake in the most deprived GP quintiles.

Teenage pregnancy:

The teenage conception rates in Nottingham have been steadily falling but remain higher than most Local Authorities. The rolling quarterly rate for Q4 2011 was 49.5 per 1000 girls aged 15-17. Nottingham City has been consistently above both the England and East Midlands rates for the last 10 years.

Smoking:

- The 2009 Nottingham City Citizens Survey showed that 41% of 16 and 17 year olds are current smokers a similar prevalence to adults in the city. Nottingham has the third highest smoking prevalence in England.
- NICE guidance on school-based interventions for preventing uptake of smoking among children and young people recommends that School Nurses work with others to develop whole-school approaches to tobacco control, peer-led interventions and provide a coordinated approach.

Evidence Base

Department of Health (2009) Healthy Child Programme: From 5 – 19 year olds

Department of Health (2012) Getting it right for children, young people and families: Maximising the contribution of the school nursing team: vision and call to action

Children and Young People's Health Outcomes Strategy: Report of the children and young people's health outcomes forum (2012)

Department of Health (2010) Healthy Lives, Healthy People: Our strategy for public health in England

Department of Health (2012) Improving outcomes and supporting transparency: A public health outcomes framework for England, 2013-2016

Department of Health (2012) Supporting implementation of the new service offer: School Nursing Service and Youth Justice Interface

Department of Health (2012) Supporting implementation of the new service offer: Safeguarding children and young people: enhancing professional practice – working with children and families

Munro (2011) The Munro review of Child Protection Final Report: A child-centred system

Nottingham City Public Health JSNA

Marmot Review (2010) Fair Society, Healthy Lives

MECC: <u>www.nhs.lc/makingeverycontactcount</u>

Future Commissioning Responsibilities

The commissioning responsibilities for the Public Health School Nursing Service will be undertaken by the Public Health Department of Nottingham City Council from the 1st April 2013. As part of the transition process a full review of the service is underway. This process has 4 key elements:

- Analysis of School Cluster health data to identify areas of greatest need and determine health priorities for the school health team.
- Collation of stakeholder views on the current service and proposed areas for development: Teachers, Parents / Carers, Children and Young People, School Nursing Teams and others that work with children and young people.

- Mapping of current service provision to assess how far current activity corresponds with Call to Action and identify gaps in terms of service delivery and need.
- Mapping of current team structures

Initial results will be reported by summer 2013, with a new service model developed by March 2014..

1. RISKS

CYPP should be informed of the future commissioning intentions for the Public Health School Nursing Service in Nottingham City.

2. FINANCIAL IMPLICATIONS

None

3. LEGAL IMPLICATIONS

None

4. CLIENT GROUP

Children and Young People aged 5 to 19 years of age.

5. IMPACT ON EQUALITIES ISSUES

An equality impact assessment will be completed during the process of reviewing the Public Health School Nursing Service in Nottingham City.

6. OUTCOMES AND PRIORITIES AFFECTED

The commissioning review and improved service outcomes for Public Health School Nursing in Nottingham City will affect the following CYPP priorities:

Stronger safeguarding – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.

Healthy living – With a key focus on increasing the proportion of children and young people who have a healthy weight.

Reducing substance misuse – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people. **Raising attainment** – Raising the attainment levels and increasing engagement in employment, education and training.

Improving attendance – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.

7. CONTACT DETAILS

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