

PRESSURES IN THE SCHOOL NURSING SERVICES

To: Health Committee

Meeting Date: 19 October 2017

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: Not applicable *Key decision:* No

Purpose: To provide the Committee with information about the school nursing service

The report is presented to provide Health Committee with an opportunity to comment on the school nursing services and changes to the service delivery

Recommendation: The Health Committee are recommended to:

b) Note the content of the report

b) Support the action outlined in the report, which outlines the changes to the school nursing provision moving forward

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1. BACKGROUND

- 1.1 The school nursing service works across education and health, providing a link between school, home and the community. The school nursing service delivers part of the Healthy Child Programme (5 - 19), which is a universal progressive, needs based service delivered at four levels: Community; Universal; Universal Plus (single agency involvement); Universal Partnership Plus (multi agency involvement). The school nursing service is responsible for delivering a cost effective public health programme or intervention to improve health outcomes for school aged children.
This includes contributing to reducing childhood obesity, under 18 conceptions, prevalence of chlamydia, substance misuse and supporting good emotional health and wellbeing for children and young people.
- 1.2 School nurses are qualified and registered nurses or midwives, who may have undertaken further training to become a Specialist Community Public Health Nurse (SCPHN) and work in teams with a range of skill mix. School nurses are skilled in identifying issues and risks early and providing early intervention. The school nurses will support children and young people to enable them make healthy lifestyle choices, reach their full potential and enjoy life.
- 1.3 In April 2013, local authorities took on the statutory responsibility of delivering and commissioning public health services, including the school nursing services. Cambridgeshire currently commissions the service from Cambridgeshire Community Services NHS Trust (CCS), a local health provider.

2. MAIN ISSUES

- 2.1 In March 2017, CCS reported staffing issues, with school nursing service operating with only 60% of staff on establishment, due to staff leaving and long term sickness. Despite an ongoing recruitment drive, recruiting suitably qualified staff is a challenge. The Royal College of Nursing's publication: The Best Start: The Future of Children's Health (2017), identified workforce as a national issue. This report identified a fall in the number of full time school nurses of 16% between 2010 and 2017, whilst also identifying a rise in pupil numbers over this same period by 5%.
- 2.2 As a result of the staff shortages, CCS requested that some school nursing activity be reduced and commissioners consider changing the way the school nursing service is delivered to help capacity. This was agreed as a temporary measure to support the challenges in the services, with a view of continuing to review the way the school nursing service is delivered.
- 2.3 There were concerns at this time that some of the safeguarding responsibilities would not be able to be met, in particular, timely reports for initial case conferences and attendance at child protection conferences. Working with the CCG designated nurse and CCS safeguarding lead immediate action was taken. Guidance was agreed that ensured the school nurse input to safeguarding was consistent and clear. This offer concentrated on ensuring that the needs of children and young people are placed at the centre and that school nurses comply with safeguarding. This guidance will continue to be reviewed to ensure that needs continue to be met. A copy of this guidance is attached at Annex 1. This

prompt action has helped ensure that CCS has complied with its safeguarding responsibilities throughout this period of diminished staff numbers.

2.4 CCS also developed a detailed remedial action plan to address safeguarding issues and provide reassurance on how the challenges and risks within the school nursing service would be addressed over the next 18 months.

2.5 Current staffing:

- 15.2 Whole Time Equivalent (WTE) qualified school nurses including 2 WTE on the duty desk & 1 WTE Project Lead
- 6 WTE qualified nurses (not SCPHN trained), including 0.5 in MASH (Multi-Agency Safeguarding hub) ,
- 2.3 WTE Health Care Assistants

The total establishment numbers for the service is 35 WTE. A number of posts are filled within the school nursing service, but are not directly delivering front facing services:

- 0.5 WTE Long Term Sick
- 4.6 WTE SCPHN students in training
- 1.9 WTE Community Practice Teacher (CPT) (to support SCPHN 's in practice)

In terms of vacancies there are 4.9 WTE vacancies plus 2.5 WTE staff working but with impending retirement resulting in 7 WTE vacancies from September. One new staff member will be starting in September 2017. This means that front line delivery is at 70% of capacity.

2.6 Whilst staff vacancies are high there are also a high number of staff completing school nurse training. The training is on a part time basis, 50% of a full time equivalent post over 2 years. In order to deliver a high quality school nursing service, the team must maintain sufficient qualified Specialist Community Public Health Nurses (SCPHNs). In 2018/19 the commissioning of staff training will change, with Health Trusts themselves being responsible for the commissioning of training. Currently the training is commissioned through Public Health England. Due to the uncertainty around 2018/19 staff training, additional staff have been identified to complete training starting 2017/18. This decision was made at a time when there were a greater number of staff in the team. However, whilst the situation has now changed, reducing the number of staff on the training programme will result in the training not being viable. High numbers of staff in training will put further pressure on an already depleted team and the action plan developed takes this issue into account.

3. FUTURE PLANNING

3.1 The long term plan for the school nursing service is to be part of an integrated Cambridgeshire and Peterborough 0 - 19 service, including a range of provision; health visiting; family nurse partnership; children's centres; specialist therapy services, such as speech and language therapy, occupational therapy, physiotherapy; Child and Adolescent Mental Health Services. However, this integrated service will not be in place until April 2019. In the meantime a plan for school nursing needs to be in place.

3.2 An action plan has been developed to manage the service with the reduced workforce and CCS has introduced a number of new ways of working, including a greater use of technology to ensure the ongoing delivery of the school nursing service. Initiatives introduced include:

3.3 **Duty Desk**

The duty desk and help line was launched on 5th June 2017. The duty desk manages and coordinates all referrals and queries into the service, provides one to one support and where necessary, signposts callers to appropriate services. The school nurse referral form has been updated to reflect the presence of the duty desk and widely disseminated. Staff use specially developed algorithms based on the presenting concern, backed up by their clinical experience, to deal most effectively with queries / concerns.

The duty desk is staffed by a school nurse and administrator. It is open Monday to Friday, 9.30am to 4pm term time. During the summer holidays, emails not phone calls were responded to. It is planned to keep the duty desk open for phone calls, on reduced hours, during school holidays in the future.

All telephone calls are now redirected from nine locations across Cambridgeshire plus from the School Nurses' mobile phones.

- 467 telephone calls were received in the first three weeks of opening (Average 31 calls per day, peaking at 47)
- Over 200 emails are being received per week (40 per day)

Telephone calls are being received from parents, schools, GPs, other NHS Trusts and other professionals. This trend has continued until the start of the school holidays.

School nurses are positive about the duty desk, as they are able to contain their workload, and concentrate on planned work. Schools are reporting that in some cases the service is much more accessible.

3.4 **Medicines Management**

Traditionally, Medicines Management was carried out by school nurses at each school. The Universal Medicines Management for schools is now on line. This on line service offers a consistent, evidence based model, which is convenient for schools. Primary schools have already transitioned, and secondary schools are due to make this transition in September 2017. This has in turn reduced the demand on school nurse time in this area of work.

3.5 **Enuresis (Night time bed wetting)**

The school nursing service is commissioned to deliver nocturnal enuresis support for children aged 7 years or over requiring dietary, behaviour or enuresis alarm support. The school nursing service does not support children who are receiving medication support alone. A review of the enuresis support provided has been undertaken and cases where there is no requirement for dietary, behaviour and alarm support have been discharged back to the care of the GP. A clear pathway has been now been put in place for the management of nocturnal enuresis.

3.6 Moving Forward

The above initiatives have now been initiated and the action plan identifies a further range of measures that will be rolled out in the coming months to both address capacity issues, as well as ensure a consistent and transparent school offer across the county:

3.7 Management of Duty Desk

A robust triage process must be assured and understood by all practitioners and ensures that the limited staff resource is used effectively.

It is the plan to introduce a county wide allocation meeting once a week with school nurse and management representation. This will ensure that the more complex cases will be appropriated triaged and allocated according to need. A visible and managed waiting list will also be in place and the school nurses will work in zones to ensure an equitable countywide service.

3.9 Recruitment and Retention

It is essential that the service ensures ongoing recruitment to the service, as well as implementing retention initiatives, to ensure staff shortages are managed. The service is, as part of the workforce plans, looking at skill mix and identifying the roles that are required to deliver a school nursing service, and determining the qualification levels of staff able to carry out the roles.

3.10 Chat Health

Chat Health is a confidential texting service for young people aged 11-19. It guarantees swift access to a school nurse, during normal working hours, for signposting, advice and / or booking into an appointment clinic, as appropriate. Out of working hours, signposting advice is given particularly in relation to safeguarding. This scheme has been successfully implemented in different areas of the UK and a pilot in East Cambs and Fenland has recently been completed. The aim is to continue to build on the service in East Cambs and Fenland and to introduce this service to the whole of Cambridgeshire. Chat health is due to be launched across Cambridgeshire in October 2017.

3.11 Direct School support including HYPAs (Health Young People Advice)

CCS plan to introduce an allocated time for each school to identify local health needs so that they are able to plan individual PSHE sessions and / or offer themed drop in sessions. All clinics will become appointment clinics. It is expected that the majority of appointments to be booked via young people using Chat Health. GPs, schools and parents will be able to book appointments through the duty desk.

3.12 Commissioners are exploring with CCS and other key stakeholders the introduction of a HYPA model in secondary schools, a place where young people can drop in to get a range of health support - including advice and guidance on sexual health and contraception, drug and alcohol issues, emotional health and wellbeing and weight management. A range of different services may link to this provision including i-CaSH (Integrated contraception and Sexual Health), the Emotional Health and Well-being leads, drug and alcohol services and other public health services.

3.13 Contract monitoring information received for school nursing indicates that a high amount of the support requested from children and young people relate to the emotional health and wellbeing. There has been investment into the provision of emotional health and well-being, particularly as a result of the transformation of CAMHS. For example, Kooth, a free on-line counselling service providing information and support to young people aged 11 to 24 years of age, has been introduced. Keep Your Head has been launched, a young people's mental health website for young people, parents/carers, teachers and other professionals, offering a central point for good quality information on keeping well, self help and support services. There has also been a recent invitation to tender for a mental health and emotional wellbeing service across Peterborough and Cambridgeshire, which will commence delivery from January 2018. The commissioners, alongside the school nursing service, will be looking at the services now available for emotional health and wellbeing and ensuring that these services become part of a "core offer" for schools. The new services will reduce the pressure on the school nurse provision, and provide a more integrated offer for schools across the county.

3.14 SUMMARY

- The school nursing services continue to be stretched and actions need to continue to be made to consider the ongoing arrangements for the delivery of the service, including the prioritisation of recruitment and retention.
- Safeguarding continues to be a priority and protocols have been adopted and the school nursing service are following the guidance and complying with the recommendations.
- Whilst there is a longer term plan in place to develop an integrated 0 - 19 service which includes school nursing services, the school nursing service needs to deliver a robust and consistent quality service across the county. An action plan has been developed detailing key actions for transformation in the coming months. It is proposed that the commissioners will monitor this on a monthly basis, to ensure that changes are delivered.

4. ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

4.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

4.2 Helping people live healthy and independent lives

The following bullet points set out details of implications identified by officers:

- The role of the school nursing service is to deliver public health programmes or interventions to improve the health outcomes for school aged children. They support children and young people to make healthy lifestyle choices, enabling them to reach their full potential and enjoy life. This supports children and young people to move on to live healthy and independent lives.

4.3 Supporting and protecting vulnerable people

The following bullet points set out details of implications identified by officers:

- School nurses are trained to identify the health needs of children and young people. They are skilled in working with children and young people, and whilst they offer a universal provision, will identify vulnerable children and young people and either signpost to more specialist service, or provide direct support to these children and young people.

5. SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

The following bullet points set out details of significant implications identified by officers:

- There are no finance/resource implications for CCC but the report outlines workforce and pressures on the school nursing service.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

5.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

5.4 Equality and Diversity Implications

The following bullet points set out details of implications identified by officers:

- Whilst the school nursing service is a universal service, the nurses are skilled at identifying issues and risks early amongst children and young people, assessing health needs and providing early intervention. The service will target those communities that are most in need of support, providing a progressive universal service, seeking to address health inequalities within the population.

5.5 Engagement and Communications Implications

The following bullet points set out details of implications identified by officers:

- The school nursing service will continue to engage young people, families and key stakeholders such as schools and GPs in both developing and reviewing the changes in service delivery.

5.6 Localism and Local Member Involvement

There are no significant implications within this category.

5.7 Public Health Implications

The following bullet points set out details of implications identified by officers:

- The school nursing service is a crucial element in delivering the Healthy Child Programme (5 - 19 years), which is a public health responsibility
- The school nursing service supports a range of public health issues:
- Anti-bullying
- promoting emotional health and wellbeing
- promoting screening and immunisations
- reducing obesity
- preventing teenage conceptions
- reducing chlamydia in young people
- reducing smoking
- reducing drug and alcohol misuse

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Clare Andrews 15 th September 2017.
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Paul White 14 th September 2017.
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Fiona McMillian 19 th September 2017.
Have the equality and diversity implications been cleared by your Service Contact?	Yes Liz Robin 15 th September 2017.

Have any engagement and communication implications been cleared by Communications?	Yes Matthew Hall 28 th September 2017
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Liz Robin 15 th September 2017
Have any Public Health implications been cleared by Public Health	Yes Liz Robin 15 th September 2017

Source Documents	Location
<p>The Best Start: The Future of Children's Health Valuing School Nurses and Health Visitors in England 2017</p> <p>Healthy Child Programme (5 - 19)</p>	<p>www.rcn.org.uk/professional-development/publications/pub-006200</p> <p>www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old</p>

ANNEX 1

School Nurses' Contribution to Child Protection, Child in Need and Team around the Child

The school nursing service will respond to requests for information about a child who is potentially at risk as soon as possible and within the same working day. The service will operate a single telephone number during office hours and school holidays for all enquiries and referrals. A minimum of 1 FTE school nurse will be available during school holiday periods.

Child Protection Conferences

The school nursing team will provide a summary report for initial child protection conferences as requested within 3 working days.

A school nurse will attend every initial child protection conference for school-aged children aged 4/5-19 providing 3 working days' notice is given. If requested, the attending school nurse will support the conference chair to identify the most appropriate health representative/s to be part of the core group and review conferences.

The school nursing team will undertake health needs assessments on children placed on child protection plans or if requested during the initial child protection conference. The only exception to this is where a child is taken into care following an initial child protection conference whereby the health needs assessment should be undertaken by the looked after children nursing team.

The health needs assessment completed by the school nurse will be undertaken with the child and family to identify any physical, mental and emotional health or wellbeing needs. The school nurse will subsequently devise an action plan to address any identified issues. The action plan will be shared with the social worker within 10 working days of the initial conference being held and therefore in time for the first core group. The continued involvement of the school nurse will be dependent upon the actions arising from the holistic health needs assessment.

Where no actions are identified for the school nurse – the school nurse will not be part of core group but should continue to receive the minutes of core group meetings and be invited review conferences. The school nurse will provide a report for the review where there is information to share. If not information that a standard letter will be sent giving apologies to the meeting. The school nurse will not attend review conferences unless they have an active role.

Where actions are identified for school nurse – the school nurse will be a member of the core group and will undertake the relevant actions and report completion to the core group and social worker. Once the school nursing actions are complete they will cease to be part of the core group but should continue to receive the minutes of core group meetings and reviews. As the school nurse role is focused on health promotion and early identification of issues there is unlikely to be an ongoing role for school nursing in a child protection plan. Accordingly, school nurses won't attend subsequent child protection plan review conferences unless the school nurse has identified there are ongoing actions for them.

If subsequent health needs or concerns arise the school nurse can be re-engaged by a written referral to the school nursing service.

Team around the Child and Child In Need meetings

A similar process applies to Child In Need and Team around the Child cases.

School nurses will attend initial CIN and TAC meetings of children on their current 'active' caseload only.

If health concerns are raised during the initial TAC/CIN then a formal referral to the School Nursing service is required. Upon receipt of a referral, the school nursing service will undertake a health needs assessment with the child and family, devise an action plan and share this with the social worker or lead professional within 10 working days of the referral being received.

No actions identified for school nurse - the school nursing service will not be part of the TAC or CIN groups but should continue to receive the minutes of meetings and reviews.

Actions identified for school nurse – the school nurse will undertake relevant actions and report completion to the social worker/lead professional. Once the school nursing actions are complete they will cease to be part of the TAC/ CIN group but should continue to receive the minutes of meetings and reviews. As the school nurse role is focused on health promotion and early identification of issues there is unlikely to be an ongoing role for school nursing in a TAC or CIN.

At any point during the TAC/CIN school nurses may be invited back in if health needs or concerns emerge.

Early Help Assessment

School nurses will undertake Early Help Assessment when they identify a child or young person with potential issues and carry out further action as appropriate (e.g. single agency referral, TAC). School nurses may act as Lead Professional for children on their 'active caseload' where they have an ongoing involvement in the child's case.

Other agencies undertaking Early Help Assessments and requiring a health assessment should make a referral to the school nurse.

Maintaining good information sharing

All school nurses will conduct a monthly review of their active CP, CIN and TAC cases on System1 and report any relevant information back to the social worker, lead professional or Multi-Agency Safeguarding Hub (MASH) as appropriate.

Dedicated school nurse clinic for child protection cases

The school nursing service will operate a monthly clinic for any children subject of a child protection plan. The clinic will offer weighing, measuring and hearing tests. The clinic will not offer health assessment or other physical examinations. Social workers requiring a health assessment should make a referral to the school nursing service for this.

Social workers are responsible for booking the child/ren onto the clinic and should ensure the child/ren are seen at the clinic **prior** to review conferences. This is to monitor and record the child/ren's growth. The school nursing service will update the child's social worker after clinic, including notification of non-attendance. Social workers will be responsible for following up non-attendance.