

NORTH YORKSHIRE COUNTY COUNCIL

YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

21 June 2013

The school nursing service in North Yorkshire - covering report

1.0 Purpose of Report

- 1.1 This report asks the Committee to note and comment on the information in the draft final report of the Member Task group looking at the school nursing service in North Yorkshire prior to it being presented to the Executive.

2.0 Background

- 2.1 The Scrutiny Review undertaken from November 2012 to February 2013 by a Task Group, looked into the School Nursing Service in North Yorkshire. This review was an addendum to the Committee's initial Scrutiny Review in 2011 on the Health Visiting and School Nursing Service. The initial review left open an opportunity to follow up on the School Nursing Service whilst the Government developed a new vision for those services which reflect the nursing role in public health in the school community.

3.0 Task Group Membership

- 3.1 The Task Group was comprised of County Councillor Andrew Backhouse (chairman of the Task Group) and former County Councillors Keith Barnes and John Batt.

4.0 Recommendations

- 4.1 The Committee is asked to note and comment on the information in the draft final report of the Member Task group looking at the school nursing service in North Yorkshire prior to it being presented to the Executive.

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Background Documents: None

Appendices: Appendix A Draft Final Report The school nursing service in North Yorkshire

North Yorkshire County Council

The Young People Overview & Scrutiny Committee

Report of the Task Group – April 2013

The School Nursing Service in North Yorkshire

1. Introduction and purpose of this Review

This report is an addendum to the original scrutiny review on Health Visiting and School Nursing.

The committee's scrutiny review on the Health Visiting and School Nursing Service in North Yorkshire undertaken in 2010-11 left Members feeling unclear and uncertain what the impact of the Health Visitor Implementation Plan – A Call for Action would have on the School Nursing Service. Recommendation eight of that report suggested that Harrogate and District Foundation Trust consider a review of the School Nursing Service at a local level. This review was overtaken by the Government's recognition of the importance of school nursing and had committed to developing a new vision for those services reflecting the nursing role in the school community.

In 2011 the Department of Health, Department for Education, key partner organisations, professionals, young people, children and parents joined forces to develop a service vision and model for school nursing services. Their aim was to develop a service that meets present and future needs, is visible, accessible and confidential. And one that delivers universal public health and provides early help and support to children and young people when and where they need it. The Department of Health published [Getting it right for children, young people and families](#) in March 2012 which sets out the results of the first year of development work.

The Task Group has used this report as a background document together with consultation meetings with Harrogate District Foundation Trust to determine how the service in North Yorkshire meets the needs of children and young people.

2. Background and context

The role of the school nurse has changed significantly from the traditional image of somebody who checked children for nits and offered words of comfort. Today's school nurse has key public health responsibilities, is unlikely to be based in a school and could spend up to 70% of the week involved in safeguarding and child protection work.

Until the 31st March 2013 the school nursing service is commissioned by NHS North Yorkshire & York Primary Care Trust it then transfers across to the responsibility of the local authority in this case North Yorkshire County Council. However, it should be mentioned at this point that the current School Nursing Service contract with Harrogate District Foundation Trust continues until 2015.

Another change from 1st April 2013 is that public health services for children from pregnancy to age 5 (Healthy Child Programme 0-5), including health visiting, family nurse partnership, responsibility for Child Health Information Systems will be part of the National Health Services Commissioning Board (NHS CB). Responsibility for children's public health 0-5 is due to transfer to local authorities in 2015.

3. What is the new service model vision for School Nursing

The new service model for school nursing is a four level model with safeguarding being a core part of each level right through from universal services education about protective behaviors, to working as part of a time providing high intensity services where these are needed. (see figures 1 and 2). This model aligns itself with the model for health visiting to provide continuity of services from 0-19.

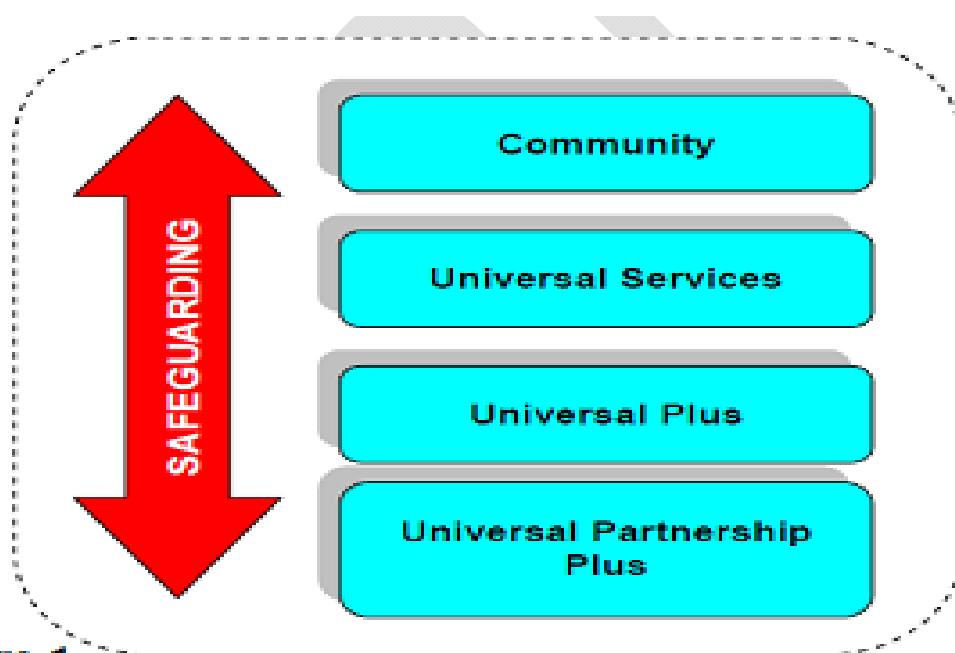


Figure 1

The School Nurse or Specialist Community Public Health Nurse (SCPHN) is a qualified nurse or midwife with specialist graduate level education in community health and the health needs of school aged children and young people. They work in a range of settings including mainstream education, faith schools and specialist services for looked after children and special schools. Their role involves a range of skilled activities and communications at individual group and community level; including health promotion, advice, signposting to other services, active

treatment/procedures, education, support, protection safeguarding and service coordination.

Working in partnership with other agencies and as part of a wider multi-disciplinary team is key to supporting the health and wellbeing of school-aged children and the dynamic process of interaction between the child, the family and the child in school.

Figure 2

■ **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 wellbeing within the school setting. In particular school nurses will 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 (HCP) to the 5–19 years population. 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 by 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 ongoing additional services for vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantaged children, young people and families or those with a disability, those with mental health or substance mis-use problems and risk taking behaviours. School nursing services also form part of the high intensity multi-agency services for children, young people and families where there are child protection or safeguarding concerns.

Figure 2

4. The School Nursing Service in North Yorkshire

It is well known that a range of complex services are required to support children and families and calls for well-trained competent professionals who focus their skills and expertise on where they can make the greatest impact. Early intervention is key to improving the health and well-being of children, young people and their families. The fundamental role of the school nurse is to improve children and young people's health and well-being by delivering preventative services and universal public health programmes in line with the Health Child Programme 5-19 and in North Yorkshire this is no different.

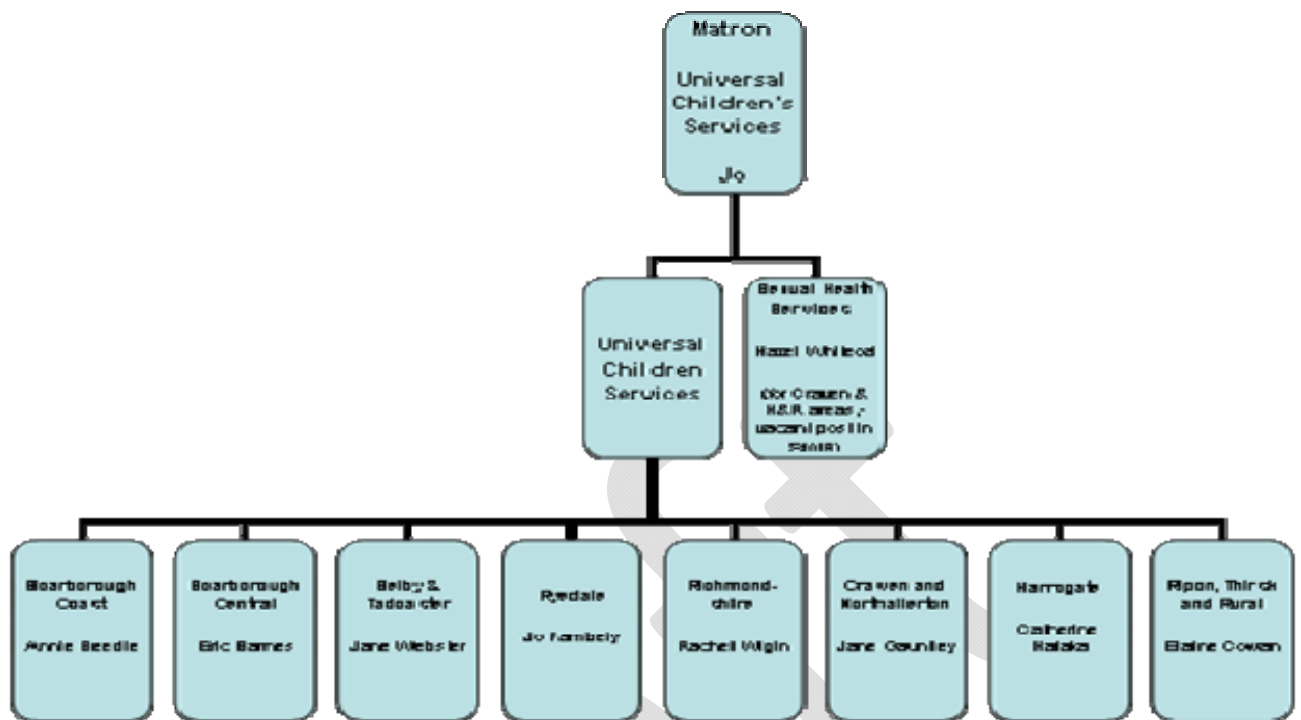
The North Yorkshire School Nursing Service is part of the 0-19 Universal Children's Service and since the 1st April 2011 this has been delivered by Harrogate and District NHS Foundation Trust (HDFT) and York Teaching Hospital NHS Foundation Trust (York covers Easingwold, Selby and Tadcaster). It was reported in our previous Scrutiny Review that 'the Health Visiting and School Nursing Service is based on a 0-19 Corporate Team model'.

The 0-19 Corporate Team model was introduced in 2006 in one locality where the school nursing resource was so low that alternatives needed to be considered. By integrating health visitors and school nurses into 'Corporate Teams' it was felt that workloads could be more evenly distributed using the appropriate skill type and level. In most localities the health visitors now support primary school aged children; ensuring nurses with specialist school nursing skills spend time with secondary school aged pupils who are increasingly exhibiting complex difficulties. The Corporate Team model continues to be rolled out across the County which encompasses changing practice and the way some services are delivered in some localities.

At the Task Groups consultation meeting with HDFT representation included a General Manager, the Universal Children's Services Matron, a Team Leader from Richmondshire and a School Nurse.

During the discussions the Task Group were advised that there are 18.34 full time equivalent (fte) school nurses covering the localities of Richmondshire; Hambleton; Scarborough; Whitby; Harrogate and District; Ripon and Craven and York Teaching Hospital NHS Foundation Trust covering Easingwold, Selby and Tadcaster. In the next few years two schools nurses are due to retire and the Task Group were reassured that the vacant posts would be filled.

Structure of the Corporate Team Model 0-19



Key points from the Task Group's consultation:

- The skill mix in a Corporate Team includes Health Visitors, School Nurses and Assistant Practitioners and administrative support.
- Schools Nurses have contact with young people in secondary schools; Health Visitors follow children through their primary school years.
- School Nurses consider they have a good relationship with their schools
- School Nurses deal with complex issues on a daily basis and the Task Group were provided with an example of “a diary day of a School Nurse” which included a number of young people in different locations who had mental health issues.
- There is no caseload limit for a School Nurse
- School Nurses run Drop In sessions for young people to access
- Provision for sex and relationship education in secondary schools is different in all localities as delivery is based on need and negotiated with the school.
- Referrals to the School Nurse can be a mix of requests for example from the school or a self-referral, from a GP or a Community Paediatrician or the Youth Service.

- School Nurses can also make a referral which includes the Child and Adolescent Mental Health Service.
- Completion of the new IT system (system1) which will capture more detail and content on services provided is in final stages. Once teething problems have been overcome it is anticipated that this will improve the mobile working of the School Nurse which is an area the service is keen to improve.
- Currently there is no feedback received from Schools or young people on the service being delivered but it was acknowledged by HDFT that this is an area where they need to get better at.
- There is no contact, involvement or discussion with the Schools Forum regarding the level of service being provided
- There is a School Nurse Call to Action Group which looks at sharing best practice and at the same time looking at the challenges facing the service

5. What do Young People say about the current School Nursing Service

The Task Group Chairman felt it was important to ask young people in North Yorkshire, as users of the service, what they thought about the School Nursing service so contacted the North Yorkshire Youth Council to ask if they would be willing to share their thoughts and views on the current School Nurse Service. The Task Group was duly invited to attend their February meeting and prior to attending forwarded a short questionnaire to give some guidance on the areas the Task Group was considering. (Appendix A)

There were approximately 16 young people present from various localities across the County. The following is a summary of what they said:

- A number thought the school nurse was approachable (on a par with teachers).
- Seen as a friendly face around the school
- One young man said he did not know there was a school nurse at his school
- A few commented that they did not know what a school nurse does
- Similarly they were not aware you could see a school nurse about mental health matters
- A number felt that the service was not advertised enough
- Perceptions were that it was just about giving out contraceptives, sexual health advice
- A number of boys thought the school nurse service was just for girls.
- Several had known about the service but had not been introduced to the school nurse which they think might have helped
- Image and perceptions of a school nurse - the young people (boys mainly) felt the SN would ask 'how are you' and be a shoulder to cry on. A few commented on the age of the school nurse and felt this would have some bearing on their perceptions about young people
- They asked us if there are any male school nurses.
- Also asked if there any school nurses in Further Education Colleges?
- One young man told us that he was told by his school he could not see the school nurse about mental health problems.
- A few said they would prefer to see their GP
- A few were not convinced about the confidentially aspect
- Only one young person was adamant that they did not feel the service was confidential, nor did they trust the school nurse to keep what was said confidential and that they thought they would go and tell a teacher.
- Another point raised was that the young people did not think that Drop In sessions on school premises were in the right place – not private enough
- Highlighted the point that sometimes in local communities you might know the school nurse

What could be done differently?

They said:

- ❖ Accessibility could be better e.g. one session on a Monday does not make the service accessible or convenient
- ❖ Visibility of School Nurse Service should be better and improved by promotion of the service so young people are better informed about the service and how they can access it – e.g. some young people were not aware they could self-refer.
- ❖ Being introduced to the school nurse would help

And on forms of communication?

They said:

- ❖ Wanted a confidential service and preferred to have a contact number they could ring anytime
- ❖ Texting – some said they would not use texting felt it would be too risky, others said they would not mind using it
- ❖ Email – no comments made about accessing service by email

6. Conclusions and Recommendations

There is no doubt that the current school nursing service is provided by well-trained competent professionals who focus their skills and expertise on where they can make the greatest impact. School nurses (SN) under the current 0-19 Corporate Team model focus their skills and spend time with secondary school aged pupils who are increasingly exhibiting complex difficulties.

The Task Group is aware that early intervention is key to improving the health and well-being of children, young people and their families. The current 0-19 Corporate Team model fulfils this key principle but whether it promotes the importance of the school nurse role in line with the new school nursing model and vision is unclear.

From the 1st April the commissioning of School Nursing Services becomes the responsibility of the County Council. The current contract with Harrogate and District Foundation Trust will run on until April 2015. In the interim Officers will be looking to commission a new school nursing service contract by 2015 which will be for all children aged 5-19 years. The Task Group acknowledges that it will not be easy unravelling the current provision (Corporate Team 0-19) which currently sees health visitors supporting primary school aged children and school nurses supporting secondary school aged pupils.

Recommendation 1

That the newly commissioned service for school nursing 5-19 years delivers universal public health and provides early help and support to all children and young people in North Yorkshire.

The views and key messages from North Yorkshire's Youth Council (young people aged 11-19 years) are very simple they would like the new service to be more visible, more accessible, confidential and take into account the views of young people. As important is that it is accessible when and where the young people need it.

- The need for the school nursing service to be accessible, confidential and convenient to young people
- There should be information about what the service offers and young people should be introduced to their school nurse
- To be able to contact the school nurse directly to access the services through confidential booking services (texting / email)
- That the school nursing service focus is on helping young people to keep healthy and also provide early help and advice on teenage health issues such as mental health, drug and alcohol abuse before they reach crisis point

Recommendation 2

That the newly commissioned school nursing service is accessible, confidential and convenient to young people

At our consultation meeting with HDFT the school nurses said that they work with each school to fulfil the needs and agreed requirements of that school. However the Task Group could not find anything to suggest that schools agree to operate core principles across the county which could possibly be aided by linkages to the Schools Forum. For example that all young people introduced to the school nurse and provided with adequate information when they commence their relevant primary or secondary school education and that feedback is received on the service provided to the schools and from young people especially in secondary school settings.

Recommendation 3

That embedded within the newly commissioned school nursing service is a requirement for all children and young people to be introduced to the school nurse and provided with appropriate information at each relevant stage of their education and that there is provision made to encourage feedback from users of the service.

The current providers of the school nursing service have said that they are working to improve how they engage with young people to obtain their views and feedback on the service provided. The Task Group encourages Harrogate District Foundation Trust to look into this area as soon as possible.

Recommendation 4

That Harrogate and District Foundation Trust continue their efforts to engage with young people and obtain their views and feedback on the current service being provided.

Background Documents & Appendices

Background Document - Department of Health - Getting it right for children and families publication

Appendix A - Questionnaire forwarded to North Yorkshire Youth Council

YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Task Group on 'The role of the School Nurse in North Yorkshire'

Members of the YPOSC are looking at the School Nursing Service being delivered across North Yorkshire. They would like to know what you think about the service either individually or as a group:

1. Do you know what the role of a school nurse is?
2. Do you know if your school/college has a school nurse and were you introduced to them?
3. Is there a Drop In session available at the school/college? How often is it?
4. Is this the right place for young people to access confidential health advice?
5. If you or a friend needed to contact the school nurse for health advice would you know how to get in touch?
6. Do you know if you can send them a text message?
7. What is your opinion of the school nursing service?
8. Do you think it is young people friendly?
9. How could it be more young people friendly?
10. Anything else you want to add?

Your comments and remarks will be included anonymously into the Members reports which will also be shared with Health Colleagues.

What Children, young people and parents told the government about developing a school nursing model:

A number of common themes emerged from the consultation with children, young people and parents, which are summarised below.

Children

School nurses need to be more visible in schools.

Pupils should be introduced to their school nurse.

Pupils should be told when the school nurse is available to see them.

Pupils should be told where the school nurse can be found

Young people

School nurses need to be visible and well known to pupils. School nurses need to use technology such as texting and emailing.

School nurses need to offer *early* help to support young people.

School nursing services need to offer choice to young people in order to ensure that services are accessible and confidential.

Young people want to be able to offer their views about the services they receive

Parents

School nurses need to be more visible in schools and to parents.

Parents should be introduced to the school nurse and the service available.

Parents need to be advised directly about the service through letters, leaflets and clear information.

Parents need to be told where the school nurse can be found and provided with contact details.

The following are a few quotes provided by young people

On importance

'Health matters – see a school nurse'

'helping young people keep healthy through public health programmes and providing early help'

'See a school nurse before it gets worse'

On support

'Helping me if I am scared or worried'

'Supporting [me] in times of need'

On access and confidentiality

'Advertising the fact you can talk to them without being judged will make them more known'

'I like the idea of text messaging because just telling a teacher is not private'

'Quality = confidentiality'

'available around places other than the school / colleges - online or through youth clubs'

On what makes a good school nurse

'Someone you know and can trust'

'Being in sync with the youth...'