The Future of School Nursing 2016
The Future of School Nursing 2016

Chaired By:

Sue Johnson,
Independent Consultant & Leadership Coach
The Future of School Nursing
Westminster Briefing

Jill Beswick
Chair
School and Public Health Nurses Association    July 2016
The future:

• Commissioning for outcomes
• Public service reform – place-based, multiagency, empowered and empowering public services
• Evidence based assessments and interventions
• Meaningful safeguarding
• Relationship based - behaviour change and outcomes
• Record keeping and data
• Internet and IT - for records, data, feedback, communication, health promotion, empowerment
• Engagement, co-production and co-design
Health and Social Care Act 2012

Local Authorities Responsibility to:

• Establish arrangements to reduce **child poverty**
• Promote the interests of children in the development of **health and wellbeing strategies**
• Lead partners and the public to ensure children are **safeguarded**
• Drive the high **educational achievement of all children**
• Lead, promote and create opportunities for co-operation with partners to improve the **wellbeing of young people**
4,5,6 Model

6 High impact areas

1. Building resilience and support emotional wellbeing
2. Keeping safe – managing risk and reducing harm
3. Improving lifestyles
4. Maximising learning and achievement
5. Supporting additional health and wellbeing needs
6. Seamless transition and preparing for adulthood
Public Service Reform

• All age, integrated place-based, multiagency teams including school nursing, CAHMS, children’s social care, adult mental health, drug and alcohol services, domestic abuse
• Co-terminus ‘cradle to grave’ places, matrix management, risk assessment, allocation meetings
• School Nurse and HV role with ‘Troubled Families’
• Family centred but do not lose focus on babies and children
• Lead professional role and use of skill mix
Relationship based face to face work - behaviour change and outcomes

- Behaviour change happens in context of a working relationship - works across all public health and safeguarding
- ‘relate first’
- Empowering style of relating
- Workforce enablers eg Motivational Interviewing, Solihull, Family Partnership Model plus supervision
- Pull in consultation, joint visit, supervision
- Do work which is therapeutic not ‘hold’ following referral
- Outcome measures eg Outcomes Star, Scott-Miller tools
CAHMS pathways

- Flexible middle ground - consultation, supervision, joint working, direct work by CAHMS or front line professionals

- Targetted Services eg YP drug and alcohol services, children’s social care
  Universal Services eg school nursing, schools
How do we best provide public services to our most vulnerable children and young people?

- Young carers
- Children who have mental health problems
- Children who have physical health problems
- Children who are disabled
- Children who have experienced trauma and loss
- Children and young people ‘looked after’
- Children of prisoners
- Child sexual exploitation
- Female genital mutilation
- Children who are abused or neglected
We need both knowledge and skills in relating:

- Culture of really listening - includes body language - behaviour, appearance, weight loss, lateness, trauny, running away, exclusion
- All staff trained in basics of responding safely;
- Self harm and suicide prevention
- Child protection
- Bullying
- On-line safety
- Anxiety and depression
Enhancing the role of schools in delivering mental health services

Universal services should include:

• High quality PSHE spiral curriculum
• SEAL (social and emotional aspects of learning)
• Positive culture of emotional intelligence
• bullying, social media, managing behaviour
• Teacher skills - Incredible Years (dinosaur programme)
• Accessible pastoral support and school nursing
At Carr Manor Community School we have four key values to ensure every child can reach the best possible outcomes:

• **Know our children well:** Having conversations with our pupils throughout the week, in coaching sessions, during Flexible Learning, and in lessons, means we get to know them really well. They also know the staff and each other and build strong relationships that equip them with the life skills they need to reach their goals.

• **Partners in learning:** At Carr Manor Community School we have a personal approach learning and pupils respond well to the curriculum and achieve because they have played a key part in building and developing their learning. As partners in learning, staff and pupils, working with outside agencies like businesses and other schools and colleges, work together closely to make the school experience positive and rewarding.

• **Enjoy and achieve:** As a result of this partnership in learning, pupils often exceed their aims in school, irrespective of their starting point. We are an inclusive school and our staff team is equipped to support and encourage progress whatever your child’s level of need. Our commitment to the school’s sense of community means that any issues are addressed quickly, and this safe learning environment allows pupils to enjoy their time in school and achieve the outcomes they want for the future.

• **Character for Learning:** Sometimes learning can be difficult and challenges will emerge for many children, but there is always support and guidance available. Our dedicated team of staff encourages, guides, and supports pupils to develop and demonstrate Character for Learning skills and dispositions, such as teamwork and resilience.
Our view is that leadership in the NHS should be collective and distributed rather than located in a few individuals at the top of organisations. It is through collective leadership that cultures of high-quality, compassionate and continually improving care will develop and thrive.
Personal traits of good leaders

- Honest
- Consistent
- Integrity
- Not defensive
- Broad minded
- Listen and accommodate
- Open to feedback

- Lack of bigotry
- Trust
- Know your staff
- Consistent with espoused values
- Authenticity
- Same human being across contexts
EI - part 1 personal management

• Emotional self awareness - reading one’s own emotions and recognising their impact
• Accurate self assessment know your strengths and limits
• Self confidence - a sense of your own worth
EI – part 2 self management

• Self control  - keep your disruptive impulses under control
• Transparency – honesty, integrity, trustworthiness
• Adaptability
• Achievement  - inner standards of excellence
• Initiative
• Optimism
EI part 3 Social Competence

- Emathy
- Organisational awareness
- Service - recognising and meeting client’s needs
EI part 4  Relationship management

• Guiding and motivating  - vision
• Influence  - persuasion
• Developing others  - feedback and guidance
• Initiate and manage change
• Conflict management
• Building relationships
• Cooperation and team building
Why do relationships matter?

- Productivity/attainment is improved
- Role modelling, mirroring and the next generation
- For children growing up in 21st century EI skills are vital
- They need to be able to interact positively
- They need to be able to handle a rapidly changing, multicultural world
Outcome measures babies and young children

- Smoking at delivery
- Low birth weight
- Infant mortality
- Maternal mental health
- % breast fed 6-8 weeks
- Excess weight 4-5 years
- A and E 0-4 and 5-19
- Emergency admissions 0-4

- 0-4 admissions unintentional and deliberate injuries
- Tooth decay 0-5
- Imms history 2 x MMR
- 2 – 2 ½ ASQ 3 (and SE)
- School readiness
Outcome measures school age children and young people

- 10-24 hosp admissions for self harm
- Emotional well-being CYP – ‘looked after’
- CYP killed or seriously injured RTAs
- Hosp admissions for injury 0-14 and 15-24
- HPV coverage
- Prevalence of smoking
- 1st time entrants to YJ

- Age 10-11 obese/overweight
- Chlamydia detection
- School attendance
- U 18 pregnancy/birth
- U 18 admission for alcohol/substance misuse
- Unplanned admission asthma/diabetes/epilepsy
- 5 A*-C and 5 A*-C (LAC)
- 16-18 years NEET
Evidence-based practice, research and expert knowledge

- Promote secure attachment eg NBAS, VIG
- Promote positive parenting eg Incredible Years
- Promote speech and language eg Well Comm
- Expert knowledge eg medical conditions, sexual and mental health, child protection
- Immunisations
- Decommission and stop ineffective activity
Meaningful safeguarding

- Face to face holistic health assessments
- Use evidence based tools that empower e.g.
  - ASQ 3 and SE, Graded Care Profile, Signs of Safety
- Expert knowledge - safety and risk
- Multiagency pathways with evidence based interventions – attachment, parenting
- High quality reports and records
- High quality supervision, reflection - revalidation
Record keeping and data

• Record keeping systems should be paperless and code in the background
• Analysis and sharing of data eg ethnicity, school readiness, ASQ scores to plan improvements in outcomes
• Assessment and analysis online - Lancaster Model
• Data can show your contribution to improving outcomes
Use data to explain why your service shouldn’t be cut

• 2 minutes in the lift to articulate your offer?
• 85 cases sexual abuse reported to police every day (31,000 per year UK)
• School nurses are a key resource to help with this and a wide range of issues eg medical conditions, sexual exploitation, female genital mutilation
• Count up the people you helped and tell commissioners
Internet - for feedback, communication, health promotion, empowerment

- Self care information
- Health passports - for own health information and health promotion
- Client feedback
- Health promotion
- Apps - eg Baby Buddy
- Text or email your school nurse
- Health for Teens and Chat Health
- E-learning resources eg Mind Ed
- Products and updates via Viv Bennett’s pages
Working with ‘Fixers’

Young people have lived experience of the issues that are affecting them and their peers.

Fixers engages them in telling their stories but with insight about what they would have done differently or how they could have had more support so that it benefits others.

This peer approach built on co-design and story telling has real impact.
Young people want their school nurse to be: Visible, accessible and confidential

- The British Youth Council asked young people what they wanted.....
- Visible - co-teach PSHE, be present in school
- Accessible - hold lunch time ‘drop-in’ twice a week
- Confidential - Young person may initially present with something minor then next time they come may disclose rape, female genital mutilation, pregnancy, self-harm
Unique Selling Points for School Nurses

- Assessment skills
- Access to children & young people
- Holistic offer from asthma to drugs to sexual health and safeguarding
- Holistic approach enables relationship development to facilitate behaviour change
- Nursing and Public Health graduates
Conclusion

• School Nurses are ideally placed to lead in delivering public health outcomes
• High level leadership skills needed - luckily we have these and we have a bespoke leadership course
• Pathways from PHE re complex needs, safeguarding
• Products from SAPHNA eg Health Passports, Healthy Weight
• New website and conference in October
The Future of School Nursing 2016

Rosalind Godson,
Professional Officer – Health Sector,
Unite the Union
• Engaging with children and young people and embedding their views into your service design

• Catering for those with complex needs

• Supporting your school nursing workforce to overcome the challenges ahead
Visible accessible confidential

- BYC report 2011: 69% young people did not know their school nurse
- ‘You’re welcome’ criteria
- 75% YP can access smartphone
- 96% YP (16-24) have smartphone
- websites/text/apps/ phone calls
NMC user feedback

- verbal and non verbal: how was it for you?
- letter or email: from parent?
- survey: yes, and anonymous
- report data: specific measurable, achievable, realistic, timely
- text, phone or message
- focus groups

To become a more responsive school nurse; to use feedback to reflect and assess and make improvements to practice.
Complex needs

Governing bodies are legally responsible for:

- Education, health and care plans
- Individual healthcare plans
Individual healthcare plans

- triggers, signs, symptoms & Rx
- medication (dose, storage, side-effects)
- parental permissions
- training needs of staff
- dietary requirements
- self management
- managing absences (staff and child)
- managing off site visits
- confidentiality
- emergencies
Role of the school nurse

- advice & support; policy making;
- awareness with other children
- liaising with other health professionals
- Identifying the type and need for training
Challenges ahead

• being visible and providing consistent regular support

• making every contact count

• afraid to raise profile and expectations

• just not enough school nurses
The workforce

- incredibly committed
- frustrated & not fulfilling potential
- they think outside the box
- trusted by young people
- NMC competent
Support the workforce

- conferences, awaydays, TOIL
- congratulate all the time
- promote in newsletters, local paper
- no management by email
- vacant caseloads are vacant
- address sick leave
- involve trade unions
Next steps

- politically active
- increasing use of technology and sm.
- out of hours working
- targeted work for commissioners
- healthy schools programme
A question

• Over half of adult mental health problems start before the age of 14 yrs old.

• Why?
• Who’s job is it to prevent this?
The Future of School Nursing

Presented by:
Sarah Logan, RN(Child), BSc(Hons) SCPHN, Queen’s Nurse.
Sarah Deakin, RN(Child), BSc(Hons) SCPHN.
Cavell Nurses’ Trust Leadership in School Nursing Award
Winners 2016.

Quality first and foremost
What do we do…

School nurses, together with a skill mix team, coordinate and deliver public health interventions for school-aged children. The job requires clinical input and effective leadership, which combined with evidence based practice demonstrates a robust workforce committed to the health and wellbeing of children and their families.
Some of our Key Public Health issues are...

- Reducing U18 conceptions
- Emotional health and wellbeing
- School Health Profiles
- Immunisations
- Screening – Thompson
- Safeguarding
Reducing U18 conceptions and SRE

• How are we working towards reducing this?
• Prevent, Protect, Promote (PHE 2015)
• Clinic in a box – regular sessions to provide a consistent service/competencies/updates to ensure the standard delivered to YP is EBP and relevant.
• Evaluations from Young People for feedback on how they want the service to be delivered.
• Brief intervention pathways to support school nurses when young people attend drop in.
Upstream approach to tackle inequalities

- We liaise with school to plan and implement lessons to all schools to deliver healthy bodies/body changes and puberty sessions.
- We offer drop in sessions to all schools to ensure parents/carers are able to access information and encourage collaborative working.
- SRE is implemented re-enforcing positive messages to YP with regards to key areas such as positive body image.
And there’s more….

- We have been instrumental in offering sessions regarding CSE, including follow up assemblies providing a visible accessible confidential service for young people to access.
- We use positive relationships with school colleagues with regards to vulnerable YP in recognising signs of danger.
- We provide an upstream public health approach to support school age children and demonstrate strong leadership within a multiagency arena (DH 2009)
Emotional Health and Wellbeing

• Drop ins – Primary and Secondary School
• We have a pilot in one of our high schools for an emotional healthy school, this encompasses training for staff, multi agency working and working with YP to reduce stigma and encourage positive mental health.
• Linking in with specialist agencies for training for staff
School Health Profiles

• Collaborative working with commissioners and other specialist providers
• Demonstrating leadership in coordinating bespoke profiles for schools depending on local public health data.
• Measureable, therapeutic outcomes for Children and Young People.
Immunisations

- Proactive in offering immunisations to school age cohort. This includes HPV, MEN ACWY, MMR and Flu programme
- Brief intervention work during immunisation session such as healthy eating
- Named School Nurse coordinates session to enable successful signposting to drop in if necessary.
Thompson Screening

• Utilising technology to support screening process of reception age children in vision and audiology.
• Working with commissioners to establish future planning of screening and identifying trends in data.
• Re-enforcing strong relationships within Primary Schools and demonstrating leadership of HCP.
Safeguarding

- Utilise documentation and guidelines to ensure safe practice
- Attend meetings and work as part of the multi-agency team surrounding the child and the family.
- Identify concerns and offer early intervention when appropriate
School nursing teams need to work collaboratively with a number of professionals including health and social care teams, teachers and youth workers to deliver the evidence based public health interventions, to ensure that opportunistic yet appropriate interventions are maximised.
Many thanks…

Any Questions…?
The Future of School Nursing 2016

Question Time
The Future of School Nursing 2016
Learning From Good Practice

Ruth Butler
School Nurse, Queens Nurse
Children’s Health and Development Division, CLCH

Healthmatters.clch.nhs.uk
Commissioning Effective School Health Services

School Nurses

- Specifically trained
- Uniquely placed
- Trusted by young people

Guidance to support the commissioning of public health provision for school aged children.

Department of Health, 2014

Interventions generally well received by young people, their families and their schools

Commissioning Health Promotion

We need to take seriously our commitment to health promotion

Leading Change, Adding Value (May, 2016)
Five Year Forward View (2014)
Securing our Future Health: Taking a Long-Term View (2002)

Less than 6% of the School Health team’s time was spent on health promotion.

Study Into The Westminster School Health Team Activities, April 2014
Commissioning Evidence-Based School Health Services

Evidence is needed for health interventions to be prioritised.


However... evidence for the school nurse’s effectiveness is “small and relatively weak”.


British Journal of School Nursing Vol. 10, No. 10

- Lack of evidence to objectively evaluate health interventions
- Most evidence was qualitative
- Absence of adequate assessment models

This affects the ability of school nurses to: evidence their good practice
learn from their good practice
share their good practice
Learning From Good Practice

Newcastle-Upon-Tyne
Developed Pop-Up Stalls

CLCH
• Pop-up stalls
• Lead school assemblies
• Classroom teaching
• Parent coffee mornings
Rationale For Intervention

- Third of 5 year olds have tooth decay
- Commonest reason for hospital admission in children 5-9 years
  (Royal College of Surgeons, 2015)

### Socio-economic Differences

<table>
<thead>
<tr>
<th>Children with Severe or Extensive Tooth Decay</th>
<th>Not Eligible for Free School Meals</th>
<th>Eligible for Free School Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Year Olds</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td>15 Year Olds</td>
<td>12%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Health and Social Care Information Centre
Preparation For Intervention
Developing Resources
Implementation
May - June 2016

Pop-Up Stall
School Assemblies
Classroom Lessons
Coffee Mornings
Evaluating Practice

Data Collection: Summer 2016

Parents/Carers
• Feedback cards
• Number of conversations

Children
• Observation of skill
• Dot voting

School Staff
• Written and verbal feedback
# Evaluating The Intervention

## Quantitative Data

<table>
<thead>
<tr>
<th>Activity</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of schools visited</td>
<td>8</td>
</tr>
<tr>
<td>Number of school assemblies</td>
<td>3</td>
</tr>
<tr>
<td>Number of Pop-Up Stalls</td>
<td>6</td>
</tr>
<tr>
<td>Number of coffee mornings</td>
<td>1</td>
</tr>
<tr>
<td>Number of classroom lessons</td>
<td>15</td>
</tr>
<tr>
<td>(Delivered by the Oral Health Team)</td>
<td>(3)</td>
</tr>
<tr>
<td>Contacts with children (5-11yrs)</td>
<td>906</td>
</tr>
<tr>
<td>Contacts with parents/carers</td>
<td>129</td>
</tr>
<tr>
<td>Learnt Something Today?</td>
<td>Yes: 82</td>
</tr>
<tr>
<td></td>
<td>No: 4</td>
</tr>
<tr>
<td>Completed Feedback Cards</td>
<td>31</td>
</tr>
</tbody>
</table>
Qualitative Data

“Thank you all for coming to run the stall this morning. Parents said it was very helpful.”

“I didn’t know the dentist was free for children.”

“I really found the stall interesting. I’m shocked about the sugar in things!”

“The children really enjoyed the assembly”

“I’ve put your visit onto the news section on our website”

“It’s been helpful to us, that you’re supporting our work in the Oral Health Team”
Learning From Good Practice

Advantages/Benefits
• Significantly increased the number of contacts
• Raised the profile of the School Health Service
• Team building improved cohesiveness
• Provided good training opportunities
• No preparation time needed for individual interventions
• Anyone was able to cover for unexpected absence

Costs/Barriers
• Initial investment of time
• Difficult to objectively evaluate the effectiveness quantitatively
• Other aspects of the school nurses role often takes priority

“The oral health pop ups have had a tremendously positive impact on my two SCPHN students’ knowledge, presentation skills and confidence in schools and within the team.”
Learning From Good Practice

- Identify a clear rationale for the intervention
- Plan the evaluation at the start
- Start small and learn from experience
- Working in a multi-disciplinary team enables the sharing of skills and expertise.
- Share good practice with others
- Share evidenced effectiveness with commissioners
Learning From Good Practice

Thanks to the South Westminster School Health Team

Afsana Begum       Katy Blades       Susan Butcher
Ade Dawadou        Meury Febres-Petch Garry Hill
Nyasha Muchetwa    Jane Saxton       Jessica Streeting

Ruth Butler
School Nurse, Queens Nurse
The Future of School Nursing 2016

Tim Davis,
Senior Commissioner – Public Health,
Southampton City Council &
Kate Slater,
Public Health Programme Lead,
Solent NHS Trust
Southampton Healthy Ambition
- A modern 5-19 Public Health Nursing Service
(School Nursing)

July 2016
Southampton Background

- Southampton City Council, is a unitary authority and its boundaries largely co-terminus with the Southampton City Clinical Commissioning Group (CCG)
- 5 – 19 year old resident population (2016 estimate) - Approx 41,000
  - 5-9 year olds estimated to increase by 11.4% in 2018 (390 per annum)
  - 10-16 year olds estimated to increase by 9.5% (382 per annum)
  - 17-18 year olds estimated to fall by 3.4% (75 per annum)
- Ethnicity (2015 School Census) – 67.7% of school aged children recorded as White British compared to 77.7% of all residents in 2011 Census
  - Polish is the most common language spoken as first language other than English
- IMD (2015) - Ranked 67 out of 326 (1 most deprived)
- Special Education Needs (2013) - 21.7% (18.8% England)
Southampton CCG Clusters by LSOA, Children’s Centre Areas & School Clusters

South West Hampshire LSOAs with a majority (>50%) of their resident population registered with a single GP cluster

Resident population by majority cluster
SW Hampshire LSOAs
- Cluster 1 (33)
- Cluster 2 (22)
- Cluster 3 (34)
- Cluster 4 (15)
- Cluster 5 (36)
- Cluster 6 (37)
- No majority (167)

School Clusters
- Bitterne Park (10)
- Carfell (11)
- Lordshill (8)
- Redbridge (9)
- Regents Park (8)
- Sholing (7)
- Upper Shirley (9)
- Woodlands (7)
- Woolston (9)

Data Note: For LSOAs within Southampton, the number of patients registered at any Southampton GP practice resident within the LSOA has been used as the denominator based on ACG data. However, as ACG data is not available outside of Southampton, LSOAs outside of the city have used the Hampshire County Council 2012 Small Area Population Forecasts as a proxy denominator.
Southampton Child Health Profile  
March 2016

The chart below shows how children’s health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- **Significantly worse than England average**
- **Not significantly different**
- **Significantly better than England average**
- **Regional average**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Local no.</th>
<th>Local value</th>
<th>Eng. ave.</th>
<th>Eng. Worst</th>
<th>Eng. Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Infant mortality</td>
<td>9</td>
<td>2.8</td>
<td>4.0</td>
<td>7.2</td>
<td>1.6</td>
</tr>
<tr>
<td>2 Child mortality rate (1-17 years)</td>
<td>5</td>
<td>9.9</td>
<td>12.0</td>
<td>19.3</td>
<td>5.0</td>
</tr>
<tr>
<td>3 MMR vaccination for one dose (2 years)</td>
<td>3.259</td>
<td>95.7</td>
<td>92.3</td>
<td>73.8</td>
<td>98.1</td>
</tr>
<tr>
<td>4 Diph / IPV / Hib vaccination (2 years)</td>
<td>3.311</td>
<td>97.2</td>
<td>95.7</td>
<td>79.2</td>
<td>99.2</td>
</tr>
<tr>
<td>5 Children in care immunisations</td>
<td>255</td>
<td>88.0</td>
<td>87.8</td>
<td>64.9</td>
<td>100.0</td>
</tr>
<tr>
<td>6 Children achieving a good level of development at the end of reception class</td>
<td>1.993</td>
<td>66.1</td>
<td>66.3</td>
<td>50.7</td>
<td>77.5</td>
</tr>
<tr>
<td>7 GCSEs achieved (5 A*-C inc. English and maths)</td>
<td>1.038</td>
<td>51.1</td>
<td>57.3</td>
<td>42.0</td>
<td>71.4</td>
</tr>
<tr>
<td>8 GCSEs achieved (5 A*-C inc. English and maths) for children in care</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8.0</td>
<td>42.9</td>
</tr>
<tr>
<td>9 16-18 year olds not in education, employment or training</td>
<td>330</td>
<td>4.8</td>
<td>4.7</td>
<td>9.0</td>
<td>1.5</td>
</tr>
<tr>
<td>10 First time entrants to the youth justice system</td>
<td>102</td>
<td>540.3</td>
<td>409.1</td>
<td>808.6</td>
<td>132.9</td>
</tr>
<tr>
<td>11 Children in poverty (under 16 years)</td>
<td>9.645</td>
<td>22.7</td>
<td>18.6</td>
<td>34.4</td>
<td>6.1</td>
</tr>
<tr>
<td>12 Family homelessness</td>
<td>168</td>
<td>1.7</td>
<td>1.8</td>
<td>8.9</td>
<td>0.2</td>
</tr>
<tr>
<td>13 Children in care</td>
<td>580</td>
<td>120</td>
<td>60</td>
<td>158</td>
<td>20</td>
</tr>
<tr>
<td>14 Children killed or seriously injured in road traffic accidents</td>
<td>13</td>
<td>311</td>
<td>17.9</td>
<td>51.5</td>
<td>5.5</td>
</tr>
<tr>
<td>15 Low birthweight of term babies</td>
<td>80</td>
<td>2.6</td>
<td>2.9</td>
<td>5.8</td>
<td>1.6</td>
</tr>
<tr>
<td>16 Obese children (4-5 years)</td>
<td>242</td>
<td>8.5</td>
<td>9.1</td>
<td>13.5</td>
<td>4.2</td>
</tr>
<tr>
<td>17 Obese children (10-11 years)</td>
<td>456</td>
<td>20.8</td>
<td>19.1</td>
<td>27.3</td>
<td>10.5</td>
</tr>
<tr>
<td>18 Children with one or more decayed, missing or filled teeth</td>
<td>-</td>
<td>29.9</td>
<td>27.9</td>
<td>53.2</td>
<td>12.5</td>
</tr>
<tr>
<td>19 Hospital admissions for dental caries (1-4 years)</td>
<td>20</td>
<td>153.7</td>
<td>322.6</td>
<td>1,406.8</td>
<td>11.7</td>
</tr>
<tr>
<td>20 Under 12s with asthma</td>
<td>129</td>
<td>30.2</td>
<td>24.3</td>
<td>43.9</td>
<td>9.2</td>
</tr>
<tr>
<td>21 Teenage mothers</td>
<td>36</td>
<td>1.2</td>
<td>0.9</td>
<td>2.2</td>
<td>0.2</td>
</tr>
<tr>
<td>22 Hospital admissions due to alcohol specific conditions</td>
<td>42</td>
<td>87.1</td>
<td>40.1</td>
<td>100.0</td>
<td>13.7</td>
</tr>
<tr>
<td>23 Hospital admissions due to substance misuse (15-24 years)</td>
<td>43</td>
<td>90.4</td>
<td>88.8</td>
<td>278.2</td>
<td>24.7</td>
</tr>
<tr>
<td>24 Smoking status at time of delivery</td>
<td>499</td>
<td>14.7</td>
<td>11.4</td>
<td>27.2</td>
<td>2.1</td>
</tr>
<tr>
<td>25 Breastfeeding initiation</td>
<td>2,437</td>
<td>73.2</td>
<td>74.3</td>
<td>47.2</td>
<td>92.9</td>
</tr>
<tr>
<td>26 Breastfeeding prevalence at 5-6 weeks after birth</td>
<td>2,767</td>
<td>66.7</td>
<td>540.5</td>
<td>1,761.0</td>
<td>263.6</td>
</tr>
<tr>
<td>27 A&amp;E attendances (0-4 years)</td>
<td>10,741</td>
<td>656.7</td>
<td>540.5</td>
<td>1,761.0</td>
<td>263.6</td>
</tr>
<tr>
<td>28 Hospital admissions caused by injuries in children (0-14 years)</td>
<td>561</td>
<td>136.0</td>
<td>109.6</td>
<td>199.7</td>
<td>61.3</td>
</tr>
<tr>
<td>29 Hospital admissions caused by injuries in young people (15-24 years)</td>
<td>695</td>
<td>140.4</td>
<td>131.7</td>
<td>287.1</td>
<td>67.1</td>
</tr>
<tr>
<td>30 Hospital admissions for asthma (under 19 years)</td>
<td>92</td>
<td>176.1</td>
<td>216.1</td>
<td>563.2</td>
<td>73.4</td>
</tr>
<tr>
<td>31 Hospital admissions for mental health conditions</td>
<td>45</td>
<td>90.6</td>
<td>87.4</td>
<td>226.5</td>
<td>28.5</td>
</tr>
<tr>
<td>32 Hospital admissions as a result of self-harm (10-24 years)</td>
<td>230</td>
<td>487.3</td>
<td>208.6</td>
<td>1,388.4</td>
<td>105.2</td>
</tr>
</tbody>
</table>

**Notes:**
- All data is age-standardised. Figures have been smoothed. This is indicated by a hash mark in the appropriate bar.
Southampton City Needs Assessment

Assessing need & provision:
• Estimated that almost 3,000 children 5-16 years have a mental health disorder
• 37% of school nursing referrals for emotional and mental health
• Ongoing increase in number of children home educated
• 1,800 referrals and 8,865 contacts to school nursing service in 2012-13

Stakeholder local intelligence:
• Need for public health leadership,
• Better working relationships with schools and GPs needed
• Need for consistency across school year and school holidays
• Mental and emotional well-being needs not well enough met
• Increasing safeguarding demands pressure on current service
Priorities and recommendations from Southampton City Needs Assessment

Priorities:
• Mental health
• Attainment, attendance and exclusion
• Lifestyles and physical health
• High risk groups and targeted intervention
• Linkages across providers

Recommendations:
• Define and promote role
• Whole year service
• Health leadership and partnership working
• Capacity to meet emotional and well-being needs
• Early identification of vulnerable families in transition
• Targeting children in need
Southampton’s Children and Young People’s Public Health Nursing Service (5-19 years)

• Leading and co-ordinate delivery, through partnership working, of the healthy children programme for 5 to 19 years
• Promote health and well-being and reduce inequalities
• Supporting smooth transition and the most vulnerable
• All children and young people living within the City
• Service provided in a range of settings
• Building community capacity
• Throughout the year as opposed to having a school term focus
• Shaping service in relation to changing needs and variations across localities
• Immunisation and vaccination **NOT** included in this specification
Key changes in service content

1. Ambitious expansion of public health leadership capacity to reinvigorate links between education and primary care provision to give more children the best start in life
2. Increased presence of health services in schools and colleges
3. Delivery of the healthy child programme to specials schools and to those not in education
4. Improved early help for emotional wellbeing and mental health
5. Extension of service into 16-19 age range
6. Better integration and collaboration with council run early help services
7. Increased input for GP practices to offer early support and reduce referrals
Public Health Service
Model to improve outcomes 5-19 years

- Early Help Nurses x3
- Provision of supervision to team
- UPP
- UHA
- Child protection conferences and core groups
- Emotional Health and Wellbeing Practitioners
  - Family Navigator
  - UPP
  - Deliver HCP to Young carers and non engaged
  - Deliver HCP to non engaged/transient
  - Provide clear pathways to meet identified needs
- School Health Profiles
  - Assessment at Yr R, 6, 11
  - NCMP vision and hearing
  - Immunisations
  - PHSE
  - Drop ins – primary and Secondary and FE
  - Building Community Capacity
  - Peer programmes
  - Information and guidance
- Community

Support to schools to manage complex packages of care
Lead on training needs analysis
Overcoming the challenges of implementing the model

One contract with joint outcomes to achieve
Clear roles and responsibilities
Clear lines of accountability
Team away days
Joint training sessions
Joint team meetings
Joint supervision
Sharing knowledge and skills all the time
Highly valued

Glad the service is there – not sure what would have happened otherwise

Need more of it please!

I really like talking to my nurse as he helps me

Excellant Service

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Excellent Service

I really like talking to my nurse as he helps me

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Glad the service is there – not sure what would have happened otherwise

Need more of it please!

I really like talking to my nurse as he helps me

Excellant Service

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Excellent Service

I really like talking to my nurse as he helps me

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Glad the service is there – not sure what would have happened otherwise

Need more of it please!

I really like talking to my nurse as he helps me

Excellant Service

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Excellent Service

I really like talking to my nurse as he helps me

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Glad the service is there – not sure what would have happened otherwise

Need more of it please!

I really like talking to my nurse as he helps me

Excellant Service

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Excellent Service

I really like talking to my nurse as he helps me

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Glad the service is there – not sure what would have happened otherwise

Need more of it please!

I really like talking to my nurse as he helps me

Excellant Service

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Excellent Service

I really like talking to my nurse as he helps me

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Glad the service is there – not sure what would have happened otherwise

Need more of it please!

I really like talking to my nurse as he helps me

Excellant Service

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Excellent Service

I really like talking to my nurse as he helps me

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Glad the service is there – not sure what would have happened otherwise

Need more of it please!

I really like talking to my nurse as he helps me

Excellant Service

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Excellent Service

I really like talking to my nurse as he helps me

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Glad the service is there – not sure what would have happened otherwise

Need more of it please!

I really like talking to my nurse as he helps me

Excellant Service

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Excellent Service

I really like talking to my nurse as he helps me

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Glad the service is there – not sure what would have happened otherwise

Need more of it please!

I really like talking to my nurse as he helps me

Excellant Service

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Excellent Service

I really like talking to my nurse as he helps me

Team were quick to respond to us

I moved GP practice to access the help my son needed

We need more of our Emotional Health and Wellbeing worker

Glad the service is there – not sure what would have happened otherwise

Need more of it please!

I really like talking to my nurse as he helps me

Excellan
Questions and further information

Tim Davis – Senior Commissioner
tim.davis@Southampton.gov.uk

Kate Slater – Public Health Programme Lead
Catherine.slater@solent.nhs.uk

July 2016
The Future of School Nursing 2016

Question Time
The Future of School Nursing 2016