



Appendix 1 –School Nursing Service Executive Summary Health Needs Assessment for Young People Aged 5-19

Executive Summary

Health Needs Assessment

for Young People

Aged 5 – 19 years old

Version	Date Issued	Brief Summary of Change	Owner's Name
1	04/12/2013	Initial draft	PL
2	23/12/2013	Updates from Commissioning Team	PL
3			

1. Introduction

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1.1 A health needs assessment is “a systematic review of the health issues facing a population leading to agreed priorities and resource allocation that will improve health and reduce inequalities”.

1.2 Health and well-being needs assessments are conducted so that commissioners can make plans for healthcare and other services, based on a thorough understanding of current service provision and young people’s needs. In this document, health refers to physical, mental and social health. This use of the term ‘health and well-being’ is consistent with the World Health Organisation definition of health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

2. Context

2.1 National Policy in relation to Public Health Service for children and young people aged 5-19

- **‘Maximise the School Nursing Contribution’.** “Getting it right for children, young people and families – Maximising the contribution of the school nursing team: Vision and Call to Action” (DH 2012) – this sets the vision for the role of School Nursing as the lead health agency for the delivery of the Healthy Child Programme (HCP) 5-19 years. The HCP is a nationally developed evidenced based initiative that embraces the concept of “progressive universalism” and includes five aspects of service delivery – the Community Offer, Universal, Universal Plus, Universal Partnership Plus and Safeguarding.
- **Marmot Review ‘Fair Society, Healthy Lives’ (2010)** - an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. It reinforces the need to take a proportionate universalism approach where actions are universal but with a scale and intensity that is proportion to the level of disadvantage.
- **Healthy Child Programme: From 5 to 19 Years Old (DH 2009)** – this provides a robust evidence based framework and sets out good practice for prevention and early intervention services for children and young people aged 5-19. It identifies the school nursing service as crucial to the effective delivery of the HCP and recommends that health, education and others work together across various settings

2.2 Local Context

- **Commissioning public health services** – responsibility for commissioning public health service for children and young people aged 5-19 transitioned from NHS Southampton City to Public Health, Local Authority on 1 April 2013
- **Southampton Joint Health & Wellbeing Strategy (2013-16)** –sets out strategic vision for improving the health of people of in the city and reducing health inequalities. The strategy covers three themes and Best Start in Life is one of the themes
- **5 – 19 year old Early Help Model** –

3. Needs Assessment Summary

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A full needs assessment was carried out in autumn 2013. The full document is available from xxxxxxxx.

1. Population

- 41,408 children aged between 5 and 19 live in Southampton.
- The primary school population is estimated to increase by 12.7% in the next 5 years (an average of 400 per annum). The secondary school population is also set to increase but by 2.7% in the same time period (an average of 76 children per annum).
- There is increasing ethnic diversity in Southampton, 77.7% of all residents were recorded as White British (compared with 88.7% in 2001) – this proportion was lower for school age children with 69.8% of school aged pupils in the January 2013 census
- A total of 124 different languages are reported to be spoken by primary schools pupils and 91 in secondary schools with the most prevalent language spoken as a first language second to English is Polish.

2. Social Place and Wellbeing

- Deprivation is a major issue in Southampton and children are particularly affected. Around one third of primary and secondary school aged children are living in the 0-20% most deprived areas based on the Index of Multiple Deprivation (IMD). This is also reflected in their high rates of eligibility for free school meals.
- Children in Southampton are not performing as well in GCSE attainment and achieving a good level of development at the foundation stage compared with national figures. Southampton is one of the worst performing areas in the country with regard to school absences and exclusions.
- Children in Southampton are more likely to be Not in Employment, Education or Training than compared with the England average.
- Domestic violence is an issue in the city, it accounts for 20% of violent crimes. Over 500 cases of domestic violence were presented to the Multi agency Risk Assessment Conference in Southampton between July 1st 2012 and June 2013. The number of children of victims going to MARAC in that time was over 600.

3. Lifestyles and health improvement

- Southampton has lower, but not significantly so, proportion of overweight and obese children compared with national figures. The prevalence of obesity and severe obesity more than doubles between the ages of 4-5 years and 10-11 years of age.
- Although the percentage of children in Southampton who are participating in at least 2 hours of HQ/PE or school sport is comparatively high, the participation in one or more community sports, dance or multi-skill clubs with links to the school is lower than expected. It is important to note that children should be doing at least an hour of physical activity a day so there is still room for improvement.
- Children in Southampton are more likely to be admitted for alcohol specific conditions than the national figures but admissions for substance misuse are not significantly different to the national figures. 4% of children in years 6, 8 and 10 reported that they smoked.
- The testing rate for Chlamydia is lower than it should be. The teenage pregnancy rate in Southampton, traditionally the highest in the region, is falling; however it is not decreasing as quickly as national figures and is higher than all its comparator areas. Last year in Southampton, 96 births were to mothers under the age of 19.

4. Health & Wellbeing

- Mental health problems are a widespread issue in Southampton and it is estimated almost three thousand children aged 5-16 in Southampton have a mental health disorder, of which almost two thirds have a conduct disorder.

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- Alternatively using CAMHS tier definitions it is estimated that 7694 young people aged under 18 in Southampton have mild emotional and behavioural difficulties, 3590 have moderately severe problems requiring input from professionals trained in mental health, 949 have severe and complex mental health problems requiring a multidisciplinary approach and 38 have very severe, persistent problems requiring specialist tertiary provision. This need is reflected in current services where 37% of school nursing referrals are for emotional and mental health and the high rate of admissions for self harm.
- Children with disability are a very heterogeneous group and it is estimated that there are almost 10,000 children in Southampton aged 0-19 who are living with a longstanding illness or mild disability and approximately 40 who have a severe disability. Continence issues (urinary and faecal) are difficult to quantify but 427 Southampton children aged 13-19 are estimated to suffer from bedwetting, 155 aged 15-16 are estimated to suffer from daytime wetting and 45 aged 11-12 have faecal incontinence. The younger age groups are even more affected by continence issues.

5. Social Health

- Bullying rates in Southampton are comparable to national rates with almost 10% of children reporting having being bullied.
- There are almost 7000 lone parent families in Southampton and they have high unemployment rates compared with national figures.
- The demand for Social Care in Southampton is very high with Southampton having higher rates of service use than national figures and comparative area figures, sometimes dramatically so e.g. the rate for child protection investigations is well over 200% higher than the national rate and similar area rates. There are higher than expected rates of initial assessment, core assessments, child protection investigations, child protection conferences, child protection plans, children designated in need and children looked after in care.
- Children in Southampton who leave care also fare poorly in achieving suitable accommodation and in being in education, employment and training at aged 19 compared with national figures.

6. Physical Health

- Infant and child mortality rate is similar to the England average and the proportion of children born with low birth weight is also similar to the England average.
- Almost half of emergency or urgent care admissions in children in Southampton are due to abdominal pain, asthma/wheeze, gastroenteritis, fever/minor infections, bronchiolitis and head injury. Southampton has a high rate of admissions for lower respiratory infections compared with the Clinical Commissioning Group Cluster.
- Southampton has a high rate of emergency admissions caused by unintentional and deliberate injuries to children. In 2012 there were 303 admissions for this in under 5s and 407 admissions in those aged 5-17.
- Children in Southampton also have poor dental health (42% aged 5 have decayed missing or filled teeth) and approximately 500 children have dental extractions under general anaesthetic every year. There is variable access to NHS dentistry across the city.

7. Current service provision

Staffing Structure

- The school health team teams are based on a locality model across three different localities with a named School Nurse for each school. The team include a range of practitioners with a Senior School Nurse Lead for each locality.
- The school nursing service currently employs 21.5 whole time equivalent staff (33 headcount). 88% (18.89 out of 21.46) staff time is clinical staff and 45% (15 out of 33) of all

staff employed are term time only however only 2 out of 15 B5 school nurses work the full year

- The service has a higher proportion of Band 5 staff (47%) compared to 25%, 40% and 17% and a lower proportion of Band 6-7 staff (21%) compared to 72%, 35% and 76% based on the benchmarking exercise with comparators
- Based on 27,740 pupils on the mainstream school roll and 17.89 WTE Clinical Time excluding Learning Disabilities Nurse the average Southampton school nurse caseload is approx. 1,550 and based on all staff a caseload of 1293. This is lower compared to the average caseload provided as part of the benchmarking exercise where average number of children per WTE was 3102 (Range 1502 – 6013) however it should be noted that it is difficult to compare like-with-like due to the quality of the information provided.

Service Activity

- *Referrals*: 1,800 received by school nursing service in 2012/13. The majority of referrals for primary school children are for treatments (40%) and secondary schools children, risk taking behaviour (25%) and emotional needs (21%).
- *Contacts*: In 2012/13 the school nursing service recorded a total of 8,865 contacts. 42% of contacts are first appointments, 18% follow up, 2% telephone consultation and 38% non-face to face client related activity.
- *Primary School* : the number of recorded contacts are highest within the most deprived IMD school centiles, this is an indication that the service is engaging with the more vulnerable pupils however the range in the number/rate of contacts between schools is significant within the 20% most deprived schools there is a 9 times difference in the highest contacts rate per pupil than the lowest, and city wide the difference is 72.5 times
- *Secondary School*: the number of recorded contacts are significantly different between schools, the lowest rate is 10.7 compared to highest of 270.8 – this is a 25.3 times difference.
- *Groups*: the service has 227 groups from April – September 2013, they covered 17 different topics e.g. including health promotion, HPV, sex education, puberty, anaphylaxis
- *Children Educated at Home*: 51 children on the caseload who are educated at home and known to the service. The number of children in Southampton educated at home children is September 2014 is 144 (Sep-14) so 35% are known to the service.

8. School Nursing Workshop and Stakeholder Surveys

Surveys were undertaken to gain opinions from school nurses, teachers and school staff, primary and secondary school aged children, parents and other stakeholders. A further workshop was held with members of the school nursing service to get more qualitative information and suggestions for service improvement. The headline results are summarised below.

School nurse Service

- Almost 75% of teachers and school staff that had worked with the current service rated it as 4 or 5 stars (out of 5) in their responses.
- More specialist school nurses are needed for robust health leadership
- An appropriate team skill mix was needed to address a range of issues, such as mental health and behaviour issues.
- Strong working relationships are needed with schools to allow for better school health.
- Better engagement is needed with stakeholders – such as CAHMs and GPs.
- There is the need for consistency, which is currently affected by part time and term time only contracts.

School nurse Role

- There is a need to clearly define the role of the school nurse and ensure partners are aware of the role and how to access the service.

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- It was felt that health promotion, safeguarding, health screening and checks, and immunisations and vaccinations were important parts of role
- It was felt that more time was needed in schools.

Mental and emotional health and wellbeing

- Mental and emotional health and wellbeing was identified as a significant gap by most responders to the survey, and this was further reinforced at the school nurses workshop.
- The majority of school nurses have received emotional first aid training but stated they are not confident in dealing with clients who are just below the CAMHs criteria, at the 'Tier 2' level of need.

Safeguarding

- Safeguarding was identified as a key pressure on the service and the number of cases is increasing. Case conferences are intensive and time consuming and the service write reports for children where there are no health concerns.
- The service have also highlighted that they receive very short notice with regard to the date of the case conference and on some occasions are not notified at all.

Administration

- Information reporting via RiO is a particular area of concern and accounts for a significant amount of time for school nurses.
- It is reported that admin support is inconsistent across the city, therefore the school nurses are carrying out a significant amount of admin work. This does not appear to be a good use of resources

Other

- It was felt that school nurses should be better linked with the school curriculum and with PSHE and lesson delivery from Year R to Year 11.
- There is a need for school nurses to help with intelligence on infectious diseases in school aged children
- It was felt that school nurses can play a key role in signposting, negotiation with and referral to specialist services for a range of health needs
- Healthy eating / physical activity and weight management came out as key health concerns for parents
- Health issues where the child's family speak English as their second language or have very little English vocabulary are a challenge

4. Key Priorities from Needs Assessment

Given the extent of deprivation in Southampton, it will face challenges around a number of health issues. A number of health issues have already been highlighted as areas of needs. Additionally there is going to be an increase in the size of the child population which indicates demand for services in this age group will increase.

- 1. Mental Health:** This is an area with potential for high demand and currently unmet need. Local evidence indicates that there is some service fragmentation without clear pathways of care and that there isn't enough provision to identify children at risk of emotional and mental health problems early.
- 2. Attainment, Attendance and Exclusion:** Southampton has a high proportion of school absences and exclusions. Children inside and outside the care system are performing less well as regards education and further attainment. School attendance must be a high priority given its

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relationship with educational success. Many children have long term illness or disability which may be affecting their participation. This is an area that require further investigation.

3. **Lifestyles and physical health:** Sexual health is a priority given the high rates of teenage pregnancy and lower rates of sexually transmitted infection testing. Accidents and injuries are also important as are those due to road traffic accidents. Dental health is also important given the poor dental health and variable access to NHS dentistry across the city. Alcohol consumption in children is also a priority.
4. **High risk groups and targeted intervention:** Some groups are at higher risk of poor health. This review has identified that those with disabilities or long term conditions form a sizeable proportion of the total child population. Young offenders and looked after children are also high risk groups. Children with development issues are also a priority as failure to meet developmental milestones can impact on longer term achievement. Some children are outside mainstream or special schools i.e. are educated at home or are in Pupil Referral Units. Any health interventions planned must consider these groups and their specific challenges and needs.
5. **Linkages across providers:** There are a lot of organisations and agencies across the city who work with children on important issues such as child health, child healthcare, safeguarding and child protection and the wider determinants of health e.g. education. It is essential that the system is linked appropriately so that children at risk or who have specific needs are able to access appropriate and prompt support.

5. Key Recommendations for Future Commissioning

The needs assessment key recommendations are summarised as follows:

1. To clearly define the role of the school nurse and actively promote the role
2. To provide a service throughout the whole year, being less focussed on term time
3. To align School Nursing teams by agreed School Locality Clusters and to develop health priorities at a school cluster level to be signed off by partners
4. To provide health leadership and work in partnership with the school, school cluster, other health and wider social care provision to ensure that a child has their health and wider social care needs met and build capacity within these settings to deliver the Healthy Child Programme. There will be a named school nurse to each school
5. To provide a more qualified service with Band 6 Public Health Leaders and School Nurses with special interest in key areas
6. To further develop the service capacity to meet the emotional health and wellbeing needs of young people who do not reach the CAMHs criteria, this should be an integrated a 'team around the child' approach. The new model should include identified school nurses with special interest in emotional health and wellbeing
7. To improve accessibility to meet the needs of service users and ensure all young people, education, health, and other stakeholders know how to access the service.
8. To allocate resources based on the needs of the school/cluster highlighted within the School Health Outcomes matrix and School Cluster modelling tool. This will include a clear minimum offer to all schools and a targeted extended offer to those with greater levels of need
9. To ensure early identification of vulnerable families is clearly identified through the transfer of care from HV to SN, and ensure contact is made with the family either prior or as soon as the child enters school
10. To develop working protocol with schools for appropriate School Nursing intervention. This will include recurrent school absence and clear referral pathways to and from Primary Care to ensure children who are recurrently ill and of school age are followed up by the service

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11. To promote uptake and deliver the locally agreed NHS England Childhood Immunisation programme
12. To define the public health offer to Special Schools for children with disabilities
13. The service will play a greater role in targeting children in need, addressing the wider determinants of health and taking a whole family approach, working as part of a multiagency model. This will include school nurses being actively involved in the new Early Help team for 5-19

6. Proposed Model for Health and Wellbeing Service for School Aged Children and Young People aged 5-19

- 6.1 The Health and Wellbeing Service for School Aged Children and Young People will be the lead health agency for the delivery of the Healthy Child Programme (HCP) 5-19 years. This is a nationally developed evidenced based initiative that embraces the concept of “progressive universalism” and includes 5 aspects of service delivery – the Community Offer, Universal, Universal Plus, Universal Partnership Plus and safeguarding.
- 6.2 School Public Health Nurses will provide leadership in health for school aged children and young people in Southampton. They will work closely with schools, a variety of other health and social care partners, and other stakeholders, to improve the overall health and wellbeing of the children and young people of Southampton so they can their full potential.
- 6.3 The service will deliver provision based on the four service offer levels within A Call to Action

Theme	Service Provision
Community Offer	<p>To provide a Public Health Leadership role in the school and wider community lead for health for the 5 – 19 year old population during the full year.</p> <p>To building the capacity within schools, school cluster, other health and wider social care provision schools to deliver the HCP</p> <p>To work with stakeholders/service users to increase community participation in promoting and protecting health thus building local capacity to improve health outcomes.</p>
Universal Provision	<p>To provide “core” offer that will cover the following key areas in line with the Healthy Child Programme for all irrespective of needs.</p> <ul style="list-style-type: none"> - Health leadership - Health promotion and protection - Identifying and responding to health needs - Integrated working <p>To actively promote the role of the school nurse to schools, young people health services, and other agencies and ensure they know how to access the service</p> <p>To provide a named Public Health Nurse (B6) for each School Cluster responsible for developing school cluster action plans based on identified population needs</p> <p>To provide a named School Nurse (B5) for each School and GP Practice</p>
Universal Plus (Health agency intervention)	<p>To respond to the identified health needs in a timely and organised way to minimise the impact of the health concern and improve the child’s ability to learn and participate in school life.</p>

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	<p>To ensure young people get extra help and support when they need it through providing the care and/or signposting to other services.</p> <p>To provide a minimum of 3 x school nurses with special interest in emotional health and wellbeing (one for each School Locality Cluster)</p>
Universal Partnership Plus (Multi-agency intervention)	<p>To have identified through a holistic health assessment the health and wider needs of the child and promote responsive partnership working.</p> <p>To provide in partnership with other agencies ongoing additional support 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, risk taking behaviours, etc...</p> <p>The service will also be required to play an active part in the 5-19 Early Help Team. Three School Nurses will work as part of this team providing intensive casework support to families of children in need.</p>
Safeguarding	<p>To be responsible for their contribution to the LSCB: Southampton Safeguarding Children Board safeguarding process</p> <p>To be trained to Level 3 (according to Working Together 2010 guidance), adhere to the competencies within 'Children and young people: roles and competences for healthcare staff' (2010) and are trained in professional challenge / leadership (key message from the current serious case reviews).</p> <p>To contribute to assessing the health of the child for children who are subject to child protection planning. To prepare a report in advance of the conference, share it with parents and child prior to the conference and attend and contribute to CP conferences and core groups where appropriate.</p>

7. Outcomes, Performance Monitoring and Review Process

- 7.1 The service will contribute towards improving the health and well-being needs of children and young people in Southampton City to ensure they reach their full potential and narrowing the inequalities gap within the most deprived areas of the city.
- 7.2 The service will contribute towards improving a range of outcomes for children (with other partners contributing to these), this includes Public Health (PHOF) and NHS (NHSOF outcome framework indicators):
- Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare for Children and Young People (NHSOF 1a ii)
 - Child Poverty (PHOF 1.1)
 - School readiness (PHOF 1.2)
 - Smoking prevalence – 15 year olds (PHOF 2.9)
 - School attendance (PHOF 1.3)
 - Self harm (PHOF 2.10)
 - First time entrants to youth justice system (PHOF 1.4)
 - 16 – 18 year olds in education, employment and training (PHOF 1.5)
 - Children killed and seriously injured on roads (PHOF 1.10)
 - Domestic violence (PHOF 1.11)

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- Childhood obesity (PHOF 2.6)
- Emotional health and wellbeing including Looked After Children (PHOF 2.8)
- Diet (PHOF 2.11)
- Alcohol admissions (PHOF 2.18)
- Hospital admissions for asthma, diabetes and epilepsy in under 19s (NHSOF 2.3ii)
- Emergency admissions for children with LRTI (NHSOF 3.2)
- Hospital admissions for Hospital admissions caused by unintentional and deliberate injuries in children and young (PHOF 2.7)
- Teenage conception rate (PHOF 2.4)
- Chlamydia diagnoses, 15 – 24 year olds (PHOF 3.2)
- Population vaccinations coverage (PHOD 3.3)
- Reduction in social care referrals
- Educational attainment
- Oral health
- Young people’s participation in sport and positive activities
- Sexual health and STIs

7.3 The service will be responsible for delivering the following indicators.

- Ensure immunisation uptake for the routine immunisation programmes meet or exceed WHO targets of 95% uptake for primary vaccinations and 90% uptake for booster vaccinations
- Coverage of the National Child Measurement Programme (NCMP)
- Coverage of the school entry reviews and the year 7 health reviews and developing individual care plans from the reviews
- Development of public health action plans at a school cluster level that are signed off by stakeholders
- Regular attendance at x GP Practice meetings
- Improving uptake of service with children excluded from school and children educated at home
- 80% young people know how to access the school nursing service
- 100% of schools know who their school nurse and how to contact them