

SERVICE SPECIFICATION

Service	Rotherham School Nursing Service
Commissioner Lead	Rotherham Metropolitan Borough Council (Director of Public Health)
Accountable Lead Provider	The Rotherham NHS Foundation Trust
Period	1st of July 2014 – 30th June 2017
Date of Review	July 2015
Version	Version 9

1. PURPOSE

The Rotherham School Nursing Service aims to provide high quality community based services for all children, young people and their families and carer's who are resident in the Borough of Rotherham and attend a Rotherham School up to age of 18, with the aim of helping them to achieve their optimum health and well-being.

The Service will deliver the national Healthy Child Programme 5 – 19 years. This good practice guidance sets out a framework of universal and targeted services for children and young people. It has established the context for the emphasis of the school nursing provision to be on using holistic health assessment skills to establish where early intervention and preventative (or “early help”) public health skills should be directed, enabling a more responsive service to be delivered based on need and in partnership with health visiting, schools, primary care and others. In addition, the Service will contribute to early help working, child protection and safeguarding of children in accordance with the policies and procedures of the Rotherham Local Safeguarding Children Board.

The School Nursing Service is to be strongly integrated with the Health Visiting Service, the Family Nurse Partnership Programme and multi-agency Early Help services led by the local authority (including the Families for Change initiative); will ensure a seamless level of care and multi-agency teams to strengthen integrated working across the Healthy Child Programme 0 – 19 pathway of care.

The fundamental role of the School Nurse is to improve children and young people's health and wellbeing, providing a health response that is appropriate to their identified health needs, by:

- Leading, delivering and evaluating preventative health services and universal public health programmes, as set out in the Healthy Child Programme 5-19, for school aged children and young people both within school and community settings.
- Supporting and where appropriate delivering evidence based approaches and cost effective programmes or interventions that contribute to children and young people's health and well being e.g. Supporting Tier 1 CAMHS work e.g. behaviour and parenting support where appropriate, contributing to a reduction in childhood obesity, under 18 conception rates, delay onset and problematic use of alcohol and prevention of sexually transmitted infections. Using a care pathway approach, School Nurses where appropriate will co-ordinate relevant services, support young carers, refer to other agencies and where necessary delegate within the team to maximise resources and utilise the expertise of other skilled professionals.
- Supporting the interface between primary and secondary care to ensure a seamless transition into school, from primary to secondary school and transition into adulthood (as appropriate).
- Interacting with education regarding the child or young person's health and wellbeing, including emotional health and wellbeing which are important for the achievement of optimal education. Principally this will be achieved by contributing to a robust assessment to ensure that the

commissioning of more complex acute interventions is proportionate, timely and achievable. In partnership with Special Schools' Nurses, School Nurses provide health support for children and young people who have complex and/or additional needs and long term conditions including providing support to improve their life chances.

- Preventing abuse and neglect. This will include participation in safeguarding procedures or the Family CAF process where specific health needs have been identified, either both physical/ and emotional or both.
- Playing an active role in supporting the health needs of Looked After Children (LAC). School Nurses will work closely with LAC Healthcare team ensuring that health assessments are timely, effective and of sufficient quality to support the child/young person. Their work may involve supporting or signposting to evidence based parenting programmes to sustain improvement for children and young people.
- Utilising a variety of technology and media to enhance (not replace) existing service provision including SMS texting facilities to support drop-in and appointment delivery

In summary, the School Nursing Service is a service for all children between the ages of 5 and 19 which aims to increase the health, well-being and safety of children and young people in Rotherham. This will be achieved by working in partnership with children and their families offering a range of interventions that include, parenting advice, advocacy and public health promotion.

2. Scope

Rotherham Metropolitan Borough Council (RMBC) is committed to ensuring that a high quality, comprehensive, integrated, community based Child Public Health Service is available that ensures the early detection and treatment of relevant conditions and issues that impact upon children. The Child Public Health Service will directly influence the achievement of the strategic objectives set out in Rotherham's Early Help Strategy. These are:

- To identify the health needs of children, young people and their families and carers (across the continuum of need).
- To understand and respond quickly to the health needs of children and young people and families and carers (across the continuum of need).
- To support the re-focusing of resources from crisis intervention to prevention (from find and fix to predict and prevent), including working with partner schools to support children who may be at risk of sexual exploitation.
- To mitigate the effects of child poverty (including health inequalities focussing on the 11 deprived communities –see Appendix A), particularly in vulnerable groups such as Looked After Children or children with additional health needs by supporting families and carers to fulfil the child or young person's potential.
- To provide the context for multi-agency partnerships to work together to improve outcomes for children, young people and families for generations to come.

The scope of this approach will support the achievement of better health outcomes for children and families as outlined in the Rotherham Children and Young People's Plan. In addition it will lead to a reduction in health inequalities (Health and Well-Being Strategy) and improved life chances by ensuring that children and young people are given the best opportunity to reach their full potential through a focus on the 5 Every Child Matters Outcomes of:

- Being healthy
- Staying safe
- Enjoying and achieving

- Making a positive contribution
- Achieving economic well-being

This service specification is intended to provide the framework for a modernised School Nursing Service to deliver the national vision set out in the School Nurse Development Programme (DH, 2012 Getting it Right for Children, Young People and Families: maximising the contribution of the school nursing team vision and call to action) and describes the service which the Commissioner expects to be delivered and maintained throughout the period of the contract. It follows that the Provider should notify the Commissioner promptly of any in year failure to deliver the services as specified or any capacity and demand issues arising from the implementation of this service specification. Significant changes in service will be subject to a formal agreement to vary the contract.

2.1 Aims and Objectives of Service

2.1.1 Aim:

The overall aim is to ensure children, young people, families and carers are offered a core programme of evidence based preventative health care with progressive care and support for those who need it.

2.1.2 Objectives:

The Service will:

- Review children at school entry, Year 7 and when they move into Rotherham, by gathering information from children, parents, teachers and health professionals e.g. Health Visitors. Invite any child where concerns have been expressed around development, ill health or safety for a face-to-face contact and assessment of need.
- Undertake the National Childhood Measurement Programme with children in Reception and Year 6 class groups.
- Identify children who are overweight or underweight, offer targeted support to achieve a healthy weight and signpost or refer to specialist services and weight management programmes.
- Participate in the delivery of the Rotherham Looked After Children (LAC) and Care Leavers (CL) Service by undertaking health assessments of children aged 5 to 19 in accordance with statutory guidance and the requirements set out in the separate Looked After Children and Care Leavers Service Specification 2012-2015.
- LAC and CL review health assessments will be in line with local and national expectations with health plan being agreed and shared with relevant partner agencies, the young person and the carer.
- Provide school and teaching staff with the information they require to appropriately manage children in school with health care plans relating to identified needs e.g. allergies, asthma, medical conditions.
- Offer universal hearing screening of all children in reception year class groups.
- Support children presenting with nocturnal enuresis through simple interventions.
- Provide school and teaching staff with information and appropriate support to deliver Sex and Relationships Education in school

Monitor children in mainstream schools with additional/special needs and support communication between the school and the relevant health provider regarding health assessments and any multi-agency Family CAF that is instigated (leading if appropriate) as a consequence.

- Work with the designated school safeguarding lead and local authority services with regard to children with a Family CAF, Child in Need or Child Protection Plan and young people at risk of sexual exploitation, providing health assessment and reports if appropriate, to inform progress. As appropriate direct work with families providing support, as detailed in the Plan to reduce the vulnerability of children.
- Support the early identification of children with additional needs and develop and implement early

intervention strategies as part of a 'Team Around the Family' to improve outcomes and prevent further escalation of issues through the use of the Family Common Assessment Framework (FCAF) and support for multi-agency Team Around the Child/Family processes.

- Provide information, guidance and support on a one to one basis, where required, to children and young people, their parents and carers, to promote a healthy lifestyle. This will include emotional health and wellbeing, including: Tier 1 CAMHS (identification and referral), stopping smoking advice, drugs and alcohol advice, promoting physical activity, healthy eating, sexual health advice and services including C-Card (Hardware), signposting for Chlamydia screening, pregnancy testing and emergency contraception. The School Nurse Service will refer to specialist services as appropriate.

2.2 Expected Outcomes including improving prevention

The Service will support the delivery of public health outcomes set out in the national Public Health Outcomes Framework:

Improved:

- Readiness for School
- Emotional wellbeing of looked after children

Reduced:

- School absences (by working in partnership with the Education Welfare Officer)
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions due to intentional or deliberate injuries
- Under 18 conception rates
- Chlamydia in 15-24 year olds
- Smoking prevalence in 15 year olds
- Alcohol misuse
- Substance misuse

Further work will be undertaken on outcome measures linked to the Joint Health and Well-Being Strategy and Rotherham Children and Young People's Plan.

Domain 1	Preventing people from dying prematurely	Y
Domain 2	Enhancing quality of life for people with long-term conditions	Y
Domain 3	Helping people to recover from episodes of ill-health or following injury	Y
Domain 4	Ensuring people have a positive experience of care	Y
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Y

2.3 Evidence Base

The strong evidence for the Healthy Child Programme is set out in Health for All Children (Hall and Elliman, 2006) and underpins the core programme which has been supplemented by NICE guidance. The list below is not exhaustive and the service is expected to demonstrate that it has systems and processes in place to take account of emerging published evidence and best practice guidance.

- Getting it Right for Children, young people and Families: Maximising the contribution of the school nursing team: Vision and call to action (DH, 2012).
- Healthy Child Programme 5 – 19 years (DH & DCSF, 2009)
- Rotherham Children and Young People's Plan (2013-2016)
- Rotherham Early Help Strategy (2012-2015)
- Rotherham Health & Wellbeing Strategy (2012-2015)
- Rotherham Families for Change Delivery Plan (April 2012-2015)

- No Health Without Mental Health (DH, 2011)
- Healthy Lives, Healthy People: Our Strategy for Public Health in England (DH, 2010)
- National Child Measurement Programme Guidance for Primary Care Trusts (updated annually)
- “You’re Welcome” Quality Criteria for Young People Friendly Health Services (DH, 2011).
- Green Paper Support and Aspiration: a New Approach to Special Educational Needs and Disability (DfE, 2011)
- Working Together to Safeguard Children (DfE, 2013)
- Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (DH 2010)
- Healthy Lives Healthy People: A call to Action on Obesity in England (DH 2011)

2.4 Service Description

The School Nursing Service is the core Public Health service for school age children in Rotherham, guiding parents/carers and helping to give all children a healthy start in life. The School Nursing Service will deliver the Healthy Child Programme 5 – 19 years through needs led universal and targeted provision working with children young people and their families, including children who are subject to school exclusion, home tutored and children not in a school setting, together with Looked After Children.

“Getting it right for children, young people and families” (DoH 2012) sets out a four level model with safeguarding as a theme through all levels. These levels outlined below describe the continuum of support children and young people in Rotherham can expect to receive through the School Nursing Services and multi-disciplinary working and are listed below.

Your School – Your Community

- School Nursing will, act as “*local leaders for health for the school aged population and their families*” work as part of the school and family of schools and the wider health, local authority and voluntary services to improve the health and wellbeing of the school aged population and their families.

Universal Provision

- The School Nursing Service will lead and co-ordinate the delivery of the Healthy Child Programme for the health and wellbeing of the school and community within a defined school cluster area.
- **The Universal provision is:**
 - To undertake holistic health assessments, promote health and contribute to safeguarding the school age population.
 - To offer advice and support to individuals and groups of children, young people and the adults who care for them ensuring they are referred to the appropriate health and social care provision; or receive effective health management support from the School Nursing Service.
 - To use the ‘Make Every Contact Count (MECC) philosophy, Support Practitioners should be able to demonstrate level one competency, School Nurses level 2, in line with the local framework.
- **All Schools irrespective of need receive a core offer:**
 - Health leadership for the school, and learning community provision.
 - A formal handover of care from the Health Visiting service for children who have identified health or social care needs to ensure an integrated and seamless level of care.
 - School Entry, Year 7 and on moving into Rotherham, Holistic Health questionnaire and targeted intervention should the needs indicate this.
 - Where there is a health specialist service involved with a school child the School Nurse will respond by completing a holistic health review as appropriate and liaise with the school and specialist agency.
 - Children with health needs that impact upon their ability to learn will be supported through health assessment and reviews to manage their health condition.
 - Development of coordinated actions in response to Public Health priorities as identified in the school health profile with particular emphasis to support the school in their responsibilities to promote health.

A response to Public Health Priorities as they arise (there is an acknowledgement that Commissioners/Providers would agree priorities for core work if the public health priorities were to be sustained over a period of time)

Universal Plus (Health only response)

- The School Nursing Service will respond to the identified health needs in a timely and organised way to minimise the impact of the health condition and improve the child's ability to actively participate in school life and increase attainment.
- The School Nursing Service will support public health initiatives within schools for example reducing teenage pregnancies and the prevention of sexual exploitation.
- The Universal Plus provision is for children who have a health need that can be responded to by the School Nursing Service or the wider health provision.

Universal Partnership Plus (Vulnerable or Complex Families on Rotherham's Continuum of Need)

- The School Nurse will provide health *leadership* and work in partnership with the school, learning community, other health and wider early help and social care provision to ensure that a child has their health and wider social care needs met. There will be a named School Nurse for each School Learning Community with team coverage for absence.
- The *Universal Partnership Plus* provision is for children and families that have complex health and wellbeing needs that warrant a multi-agency response; this may include families that are identified as part of the Families for Change cohort
- Where the needs are predominantly health-related the School Nurse can act as lead professional for the Family CAF process if they are deemed the most appropriate.

2.5 Safeguarding

- The School Nursing Service is responsible for their contribution to the safeguarding process, and will follow the guidance and pathways developed through the Rotherham's Local Safeguarding Children Board.
- It is recommended that further work is undertaken with the wider safeguarding team, including TRFT, Named Professionals for safeguarding to utilise a holistic health assessment tool for children subject to a Child In Need or Child Protection Plan that can be used for evidence in terms of quantifying the child's health needs, and associated care plans that will follow. It is assumed that this documentation will release the School Nurse from attending unnecessary core group and other meetings if there are no current identified health concerns. The School Nurse will always be expected to attend initial and first review child protection case conferences.
- If health needs are identified the School Nurse will assist in the development of a care plan and in the assessment and review process, until such health needs are met.
- If further referrals are made to the School Nurse re health issues, the School Nurse will complete a new assessment and assist the care planning process as part of the overall child protection/child in need plan. This will be part of a time limited (evidenced based) intervention.
- The School Nursing Service will support the identification of any Private Fostering arrangements and ensure these are referred into social care as a matter of urgency.
- Where a case is being stepped-down from social care led support to multi-agency Early Help services the School Nurse will participate in the Family CAF process, leading if appropriate

2.6 Looked After Children and Care Leavers

- The School Nursing Service has a responsibility to support the delivery of the Looked After Children and Care Leavers Service Specification by undertaking local health assessments within statutory guidance for children aged 5 to 19.
- The School Nurse will be a proactive health advocate for LAC ensuring that their identified health needs are met within the health system and escalating any barriers efficiently and effectively.
- The Schools Nurse will be expected to engage with the Independent Reviewing Officer (IRO) for a LAC, including contributing to the review process.

2.7 Accessibility / Acceptability

The School Nursing Service aims to provide high quality community based services for all children, young people and their families and carer's who are resident in the Borough of Rotherham and attend a Rotherham School, with the aim of helping them to achieve their optimum health and well-being. The Service will liaise with further education providers to ensure effective communication/transition for

vulnerable young people.

The School Nursing Service is offered to all children and young people who are a resident in the Borough of Rotherham and attend a Rotherham School up to the age of 18 years. The Service has to be flexible and delivered in the most appropriate setting dependent on the needs of the child / young person including schools, the home, clinic and GP practice settings and other community based settings as appropriate.

RMBC has a single equality scheme which ensures that people are not treated less favourably on the basis of their age, disability, gender, racial group, sexual orientation, religion or belief

- The Service will work in partnership with parents and carers and in an integrated way with other agencies
- The Service will be flexible and responsive, adapting to the individual needs of children and families in terms of their circumstances, e.g. strengths, level of risk, culture, ethnicity, language and disability.
- The Service will be required to evidence effective working arrangements with a range of local services to deliver evidence based progressive interventions.

2.8 Whole System Relationships and Interdependencies with other services

The School Nursing Service is linked to other Children's Services (Community and Hospital), Child and Adolescent Mental Health Service (CAMHS), Public Health, Sexual Health Services, Local Authority Services, Schools, Primary Care and the Healthy Settings Team and representatives from:-

- NHS Rotherham Clinical Commissioning Group (CCG)
- The Rotherham NHS Foundation Trust
- GPs, Community Paediatricians, Health Visiting Teams, other Primary and Secondary Care Staff
- Extended Schools, Teachers and support staff, Children's Centres and Nurseries
- Rotherham Metropolitan Borough Council – adults' and children's services, Integrated Youth Support Services, Housing Services and Early Help Services, including Educational Psychologists and Behavioural Support Staff
- The local voluntary and community sector

Working together across all these services is important for disadvantaged children and those with additional needs. Wherever possible consideration should be given to the co-location of services and the use of one multi-agency plan (Family CAF) for families where the threshold is met.

The service will ensure that policies and procedures relating to safeguarding are adhered to and that the School Nursing workforce has undertaken training appropriate for their professional role. All School Nursing staff working with children and young people are required to have a Disclosure and Barring Scheme check undertaken by their employer.

WHOLE SYSTEM RELATIONSHIPS AND INTERDEPENDENCIES

Formal Links are expected with the following services to ensure seamless care.

Other services as required	Adult Mental Health Services	Adult Alcohol & Substance Misuse Services	Child Sexual Exploitation Team	Know The Score	Voluntary Sector	Maternity and Adult Services	Social Services	Health Visiting	Therapy Services	Community Children's Nursing	Health Visiting Service	CAMHS Services	Specialist Services e.g. STH	Child Development Services	LAC Team/Nurse	Out of Hours Services	GP Practices
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Children , young people and their families are active partners in decisions about their care 'No Decision About Me Without Me'

2.9 Relevant Networks and Screening Programmes

Healthy Child Programme 5 to 19
 National Child Measurement Programme
 Rotherham and Young People Partnership
 Think Family Partnership
 Early Support Panel
 Child Health Programme Board
 Children's Health Services Professional Forum
 Rotherham LAC Quality Assurance Group

This is not intended to be a complete list.

3. Service Delivery

- The Service is equitable in provision and responsive to varying patterns of need across the Borough to help address health inequalities and early identification and intervention.
- The School Nursing team will comprise members who have the competency to provide a service that covers all the key priorities (see also 2.4 Service Description). The service will cover all children and young people aged 5-19 who are resident in the borough of Rotherham and attend a Rotherham school up to the age of 18 and includes children being home schooled, and children placed in Rotherham from other areas e.g. LAC.
- The Service will develop strong working relationships with nurses working in Special Schools, the Looked After Children's nurse, Child Sexual Exploitation nurse, the Youth Offending Services Nurse Practitioner and Specialist Nurses supporting those with Long Term Conditions and disability, thus enabling all children and young people to fully engage and access services and provision.

Care and Referral Pathways will be developed to outline the appropriate involvement of the School Nursing Service and will include:

- Primary Care - for referral to and from primary care and to identify those children who

have consistently defaulted and not completed the childhood immunisation schedule including school booster and HPV vaccination.

- Schools – including referral pathway for repeated school absence due to ill health, (this will be in partnership with the Education Welfare service), and a referral pathway for families who meet the criteria for the Families for Change initiative.
- Cascading training within the service to ensure all staff are familiar with pathway and referral processes including; weight management, substance misuse, sexual health, continence management, bereavement support, emotional and mental health, asthma, eczema and for young people with disabilities and complex needs.
- The Health Visitor to School Nurse handover of care to be used to identify those children who have health needs, or who are vulnerable with an effective verbal handover and transfer of information to ensure a smooth transition.

All GP Practices and each school learning community to be supplied with the contact details of the School Nursing Service to facilitate effective and timely communication.

The following clarifies the key priorities of work:

Health Leadership (Your School Your Community)	
Activity	Action
Provide health leadership at a learning community level to ensure the health needs of the school age population becomes a priority and is addressed through the new school health and wellbeing responsibilities.	<ul style="list-style-type: none"> • Through analysing the health reviews, and the locality health profiles work in partnership to include health needs within school planning. • Identify health themes and needs to enable the school to prioritise health actions. • Support the school to fulfil their health duties through the provision of appropriate information.
Promoting the School Nursing Service	<ul style="list-style-type: none"> • As part of the transition process to secondary school the School Nurse will actively promote the School Nursing Service to the school and pupils through universal means. A brief description of the role of the School Nursing Service and contact details to be displayed on notice boards in schools
Identifying Health Needs (Universal Provision)	
Activity	Action
Completing Rotherham wide School Entry and Year 7 Health Review pathway and to develop a pathway for all children and young people to be identified for a health assessment.	<ul style="list-style-type: none"> • Undertake a standardised holistic health assessment through the school entry review including targeted hearing test if there is an identified concern. • SNs will implement a holistic health assessment pathway for all Year 7 children to establish their health and needs at this transition point. The assessment will commence at the start of secondary school provision and if appropriate a health management plan should be in place. • Pathways for identifying children and young people who may require a health review and/or further support should be identified and promoted to other health professionals, practitioners and schools. • Identify those children who will require additional support in managing their health condition and provide support as appropriate.

National Child Measurement Programme	<ul style="list-style-type: none"> • SN team will book the NCMP measurement schedule with the school to enable the school to plan. • SN team will deliver the NCMP according to the NCMP delivery requirements • SN team will provide advice and support to children and parents following the results letter and signposting or refer to weight management services as appropriate
Provide health input to support children who have health conditions that will affect their ability to participate in school life.	<ul style="list-style-type: none"> • SN in partnership with the school, the child and their parents will consider the best approach to support the family. • SN will ensure that there is a personalised health care plan in place to improve school participation, working in partnership with the multi-agency health care team as appropriate. • SN will participate in the transition reviews.
Reactive and Responsive (Universal Plus) and (Universal Partnership Plus)	
Activity	Action Pathways Guidance
<p>Provide health input to manage and respond to all identified health needs.</p> <p>Instigate Partnership working as appropriate to the needs of the child/family.</p>	<ul style="list-style-type: none"> • Ensure that the early identification of vulnerable families is clearly identified through the transfer of care from HV to SN, and the School Nurse acquaints herself with the family either prior or as soon as the child enters school • Follow appropriate guidance and pathways where in place. Be involved in the development of pathways and referral systems to ensure that the health needs are met and managed in a timely and appropriate way, using the Family CAF tool to coordinate multi-agency interventions.
Specific Health Issues/Conditions the School Nurse will respond to:	
Follow-up on A&E attendance.	<ul style="list-style-type: none"> • All Children & Young People's A&E attendances and admissions to TRFT are notified to the School Nursing Service and this information is included in the Child's SystmOne record. Any attendance or admission that gives cause for concern will be reviewed by the School Nursing Service in line with agreed procedures. • Where appropriate the School Nurse will act as liaison between health providers, the family and the school to provide appropriate support in the school setting.
Drug and alcohol misuse	<p>School Nurses:</p> <ul style="list-style-type: none"> • provide brief intervention and appropriate signposting for personal alcohol and drug prevention advice. • offer support for the Child/Young Person following TRFT admission. • use the agreed alcohol pathway for young people under the age of 16 years attending A&E as a result of alcohol misuse. • to make full use of the 'Where are you at' Screening Tool.
Smoking Prevalence	<ul style="list-style-type: none"> • provide brief intervention for stop smoking • provide stop smoking support to children and young people wishing to stop smoking • refer young people to local stop smoking services where appropriate • promote social norms messages to prevent uptake of

	smoking by children and young people
Domestic Abuse	<ul style="list-style-type: none"> • SN Team to identify and support children and young people who are exposed to domestic abuse. • To follow safeguarding procedures in relation to domestic abuse including assessing for Child Sexual Exploitation (CSE). • To refer the case on (e.g. to Multi Agency Risk Assessment Conference in high risk cases). • Refer high risk domestic abuse cases involving 16/17 years olds to MARAC
Emotional Well-Being	<ul style="list-style-type: none"> • SN to provide Tier 1 mental health and emotional support e.g. self-harm, anxiety and low mood (where appropriate) and the identification and referral for children and young people requiring more specialist support to CAMHS • Where bullying is an issue ensure children receive support through partnership working with the school and the local authority. Influencing the school undertaking preventative actions that promote positive emotional wellbeing and positive mental health for children and their families • Specific emphasis to ensure that there is an understanding of the Looked After Children's specific needs and the school are sensitive to this. • Identify and signpost children and young people who have been bereaved by suicide for support
Sexual Health and reducing teenage conceptions.	<ul style="list-style-type: none"> • Ensure Teenage Pregnancy Pathway is followed • Enhanced School Provision – <ul style="list-style-type: none"> ○ Following “<i>The Young People Friendly</i>” principles ○ Instruction on condom use and distribution ○ Assessing for risk of CSE ○ Access to emergency contraception • Refer/or where appropriate provide: <ul style="list-style-type: none"> ○ Instruction on condom use and distribution ○ Pregnancy testing ○ Chlamydia screening • To be delivered in partnership with Contraceptive & Sexual Health Services and Genito-urinary Medicine Service, as appropriate to need. • Encouraging use of community provision e.g. Youth Start
Looked After Children (LAC)	<ul style="list-style-type: none"> • SN to work proactively in conjunction with the LAC Health team to support the implementation of the health plan relative to a child's needs in school. • LAC pathway - SN to be proactive in working with the school to ensure that LAC specific needs are responded to in the school setting. This includes: <ul style="list-style-type: none"> ○ Alcohol/ Substance misuse (including smoking) ○ Promote uptake of immunisations as appropriate ○ Physical health and well being ○ Mental health and emotional wellbeing,

	<ul style="list-style-type: none"> ○ particularly bullying and integration ○ Promoting positive sexual health and appropriate risk assessment for CSE <ul style="list-style-type: none"> ● School Nurse to undertake health needs assessments on request in accordance with statutory guidance (<i>Please refer to Looked After Children and Care Leavers Service Specification Jan 2013 to 2015</i>)
Young Carers	<ul style="list-style-type: none"> ● SN to identify young carers who require/want additional support (as appropriate) ● SN to provide additional and ongoing support (as appropriate) to identified young carers in Rotherham Schools ● SN to liaise with Barnardo's Rotherham Young Carers Service and schools to support young carers. ● To promote the Rotherham Young Carers Card within all Rotherham Schools
Promoting the uptake and completion of immunisations.	<ul style="list-style-type: none"> ● Develop communication and pathways between Primary Care and SN team to enable proactive follow-up of children and young people with incomplete immunisation status. ● Promote the benefits of immunisations through innovative approaches. ● Ensure children and young people with associated risk factors are offered appropriate vaccinations including HepB, BCG and influenza. ● Signpost children and young people who have missed immunisation to their GP practice.
Underweight and Obesity	<ul style="list-style-type: none"> ● Follow the Healthy Weight Framework for overweight and obese Children and Young People. ● Refer children identified to be under the 3rd BMI centile to their GP and follow-up as appropriate. ● SN service to have appropriate training to enable them to identify and respond to issues of under and overweight children and young people. ● School Nurse to influence school to prioritise healthy lifestyle as part of the school curriculum.
School Absence – SN to follow up on children who are recurrently absent due to ill health or children who are excluded who may have health problems.	<ul style="list-style-type: none"> ● Support clear referral pathways to and from Primary Care to ensure children who are recurrently ill and are of school age are followed up and the GP is aware of school absence history to support the child and maintain school attendance ● SN to contribute to the holistic assessment of C&YP who miss school due to ill health. which may lead to the development of health management plans by the relevant health provider. These health plans will require appropriate monitoring and review. ● Work with EWOs to identify school absence levels due to poor health and contribute to the development of suitable plans to increase support for the child/family to improve attendance.
Public Health –	<ul style="list-style-type: none"> ● The SN service will respond to local public

<ul style="list-style-type: none"> As a PH provision the SN will respond to a PH crisis as emergency planning procedures require. Promote PH actions as appropriate to the need. E.g. TB risks screening etc 	<p>health needs as identified in the health profiles and respond accordingly.</p> <ul style="list-style-type: none"> Facilitate an appropriate (regular) drop-in offer in every secondary school, this will require close monitoring to assess usage and outcomes and assessment of effectiveness The SN Service will prioritise and respond to PH needs as required, including in response to vaccine preventable disease outbreaks Use TB guidance to assess risk according to national guidelines and refer for vaccination according to agreed local pathways.
Safeguarding & Early Help	
<p>Vulnerability and Safeguarding across the continuum of need to include vulnerable, complex and acute. This will include children subject to statutory plans (Child Protection Plan and Child in Need Plan) as well as the Family CAF (non-statutory):</p> <p>Identify children who are vulnerable/at risk or respond to referrals. These children will require the completion of a holistic health assessment, with an associated care plan in place and subsequent evaluation. Each case will be closed at the end of each episode of statutory intervention (an episode of Care includes the timeframe from initial assessment to successful completion of health need).</p> <p>The SN will work in partnership with the family and provide health expertise.</p>	<ul style="list-style-type: none"> Follow Rotherham Local Safeguarding Children policies and procedures. All SN to be trained to agreed level 3 of Intercollegiate Doc 2010 in line with Royal College of Nursing expectations. All SN Teams to be trained in the effective use of Family CAF and BAAF documentation SN to contribute to the standardised holistic multi-agency assessment of children identified with social care needs). This is to be used for the basis of joint case reviews and other planning reviews. If there are health problems the SN will coordinate actions from relevant health providers aimed at improving the child's health outcomes New referrals for health needs for the same child will come from case reviews Provide reports following agreed standards.
Integrated Working (Universal Professional Plus)	
Activity	Action / Pathways / Guidance
<p>The School Nurse will work as part of a multi-agency whole team approach, delivering the Healthy Child Programme to support the development of a seamless and responsive service to maximise the level of support a child and family needs at a time most appropriate to the need.</p> <p>Integrated working requires the sharing of relevant health information to enable the multi-agency team to inform its work and that of the school and other agencies, so that they can respond effectively to the health needs of the school and community.</p>	<ul style="list-style-type: none"> Where possible the SN should be co-located with the Health Visiting Service and other early help providers, or have access to "hot desk" facilities to improve the sharing of information and communication processes. The SN will attend the school leadership meetings, as appropriate to provide the specialist health input. The SN will attend Family CAF Lead Worker meetings where appropriate. Where a case is being worked via Family CAF and is deemed to be 'stuck' a referral will be made to the Early Help Support Panel.

4. Referral, Access and Acceptance Criteria

4.1 Geographic Coverage/Boundaries

All children and young people aged 5 to 19 and resident in Rotherham and attending a Rotherham school.

4.2 Location(s) of Service Delivery

School Nursing provision will be provided in accessible venues throughout the Borough, and where possible will be co-located with Health Visiting services and Early Help Providers.

4.3 Days/Hours of Operation

The service will operate from 9am-5pm Monday to Friday, 52 weeks a year, but will be flexible to meet the needs of service users).

4.4 Inclusion Criteria

- Where children are attending schools within Rotherham but live in another area, it is the School Nurse's responsibility to respond to the child's needs within the school setting, but liaise with cross boundary health practitioners where there are health and social care issues within the home setting.
- The School Nursing Service covers all Rotherham Children, including LAC and Young People who are placed in Rotherham by another Local Authority. These placing Local Authorities will be invoiced according to national tariff and local agreement for Initial and Review Health Assessments that are undertaken by the Rotherham School Nursing Service. Rotherham LAC placed out of area will have their statutory health assessments undertaken by the most appropriate and effective means, the management of these health assessments will be undertaken by TRFT LAC Team who will utilise the DoH LAC Checklist Tool.

4.5 Location of Provider Premises

- Premises used by the Service Provider will be fit for purpose
- Premises must meet the requirements of the Health and Safety at Work Act (1974), the Disability Discrimination Act (1995) and if necessary the Health and Social Care Act (2008):code of practice for the prevention and control of healthcare associated infections

5. Continual Service Improvement/Innovation Plan

5.1 Monitoring and Evaluation

The Commissioner and Provider will meet at Quarterly Performance Monitoring Meetings. One of these meetings will be an annual service review meeting. Reports on the Service are required at each monitoring meeting and should be submitted at least 5 working days before the meeting. The required format will be agreed with the Commissioner over the initial contract period and will be based on the national Child Health Information Service schedule.

The Provider will be expected to adhere to reporting against the quality requirements set out in the national Local Authority Standard Contract for the delivery of Public Health services.

The Service will identify a plan and agree a methodology with the Commissioner for measuring the outputs of the Service being offered and for ensuring that any unmet need is both identified and brought to the attention of the lead Commissioner.

5.2 Surge Capacity

The Service will be expected to provide mutual aid in times of crisis e.g. pandemic flu, requirement for mass vaccination.

5.3 Workforce Development

The Provider must have in place a detailed staffing plan that describes the staffing arrangements that will enable the delivery of the service for the duration of the specification and make this available to the Commissioner on request. This should be underpinned by a workforce strategy including training

requirements, consideration of staff retirements and succession planning. The staff will need to develop their knowledge and skills to deliver the core programme. The Service will be required to have in place clear policies for:

- Clinical and child protection supervision.
- Staff appraisal
- Individual professional development plans.

As a minimum the Provider must ensure that all clinical staff engaged in delivery of the Service are registered with the appropriate regulatory body and have achieved the expected level of safeguarding training as agreed by RLSCB.

6. Key Service Outcomes

See section 2.

7. Baseline Performance Targets – Quality, Performance and Productivity

Performance Indicator	Indicator	Threshold	Method of Measurement	Frequency of Monitoring
1.1 Service User Experience	Overall client satisfaction is positive	80%	Service evaluations Children and Young people's Lifestyle Survey	Annually
1.2 Workforce Plan developed to include recruitment & retention of qualified School Nurse workforce, skills & training needs analysis of existing workforce & trajectory for training and development to meet competency gaps	Improved quality and competency of provision	Baseline analysis of workforce to be completed by May 2014. End of year annual report.	Baseline report May 2014 Annual management report March 2015	Annually
1.3 Development of shared protocols and pathways with training in place to reflect it	Number of shared protocols and pathways	Gap analysis completed by March 2014 with trajectory and timeline for care pathways and guidelines to be completed	Quarterly management report	Quarterly

8. Activity

The Provider is required to participate in the new national ISB 1069 Children and Young People Secondary Uses Dataset which becomes mandatory in April 2013. Please see <http://www.ic.nhs.uk/maternityandchildren> for further information.

The table below (8a) lists activity for monitoring only and aims to inform the future development of key performance indicators:

Table 8a

Activity Monitoring	Method of Measurement	Frequency of monitoring
1. Number of care plans initiated	School Nursing data	Quarterly
2. Number of care plans closed	School Nursing data	Quarterly
3. Number of family CAFs initiated by the School Nursing Service	Early Help Performance Dashbaord	Quarterly
4. Family CAFs led by the School Nursing Service.	Early Help Performance Dashbaord	Quarterly
5. % of initial case conferences attended	School nursing data	Quarterly
6. % of case conferences attended with ongoing school nursing input	School nursing data	Quarterly
7. Safeguarding supervision uptake (as per TRFT policy)	% and number of staff School health collected data	Quarterly
8. Number of children and young people identified with self-harm behaviour	School nursing data	Quarterly
9. Number of 16/17 year olds referred to MARAC (as part of the vulnerable child and young people caseload)	Number of children referred School nursing data	Quarterly
10. Staff attending the Multi-agency Domestic Abuse Training at level 2 and 3	% of school nurse workforce	Quarterly

Table 8b

Key Performance Activity Indicator	Method of Measurement	Threshold	Frequency of Monitoring
1. Your School - Your Community			
1.1 Two targeted school nurse delivered community public health campaigns delivered annually in each school learning community (evidence based)	Number of campaigns delivered School Nursing data	100%	Annually
1.2 A minimum of one monthly drop in sessions delivered in each secondary school	Number of drop-ins delivered	80% (year on year stretch target to be agreed)	Quarterly
1.3 All schools are provided with details of their named school nurse ad know who they are	Audit of schools	100%	Every 6 months

1.4 The service actively promotes their role and the service core offer	Audit of schools Young People's Lifestyle Survey	Threshold to be determined	Annually
2. Identifying Health needs			
2.1 98% of school entry (Reception year) health reviews completed annually in order to identify those requiring additional support.	Number and % of reviews completed Number and % of those identified as requiring further support School Nursing data	100% offered a health review 90% to be reviewed as part of first year roll out.	Quarterly
2.2 Pathway for identifying children at Year 7 requiring a holistic health review as part of transition support	Number and % of reviews completed Number and % of those identified as requiring further/ongoing support Number and % of referrals for specialist support School Nursing data	100% offered a review % take-up target to be established following first year roll out	Quarterly
2.3 98% coverage of NCMP in reception year (3335 total for 2012/13)	NCMP national dataset	98% of eligible children	Annual review
2.4 92% minimum coverage of NCMP in year 6 (3045 total for Y5 (2012/13)	NCMP national dataset	92% of eligible children	Annual review
3. Health Care Plans			
3.1 100% of eligible Looked After Children Health Assessments to be completed within timescale set out in statutory guidance (children 5 to 19) ¹	School nursing data	100% of referrals for health assessments received	Quarterly
4. Specific Health Issues the School Nurse will respond to:			
4.1 Improving mental and emotional health and well-being			
4.1a % of young people assessed for mental and emotional ill-health are supported and/or appropriately referred e.g. CAMHS, MIND ,Youth Start	Number for young people assessed for emotional and mental ill health Number supported through the school nursing service Number referred for specialist support	100%	Quarterly

4.1b % of Looked After Children who are assessed for mental and emotional health are supported and/or appropriately referred e.g. CAMHS, MIND, Youth Start	Number of Looked After Children Assessed for emotional and mental ill-health Number supported by the school nursing service Number referred	100%	Quarterly
5. Improving sex health and reducing teenage pregnancy			
5.2a Provide sex and relationships education support to all primary schools as part of the SRE curriculum	Number of schools provided with support School Nursing data	90%	Quarterly
5.2b % of young people who are given contraceptive advice and provided access to appropriate contraception including EHC	Number of young people given advice and number referred School nursing data	90%	Quarterly
5.2c % of young people who may be at risk of becoming a teenage parent and given advice and support and/or referred to services e.g. IYSS	Number identified and number of referrals School nursing data	90%	Quarterly
5.2d % young people who receive sexual health advice and support are assessed for risk of Child sexual Exploitation	Number of young people given sexual health advice and support Number of referrals to the CSE Specialist Nurse	To be determined	Quarterly
6. Smoking Prevalence: to reduce smoking among children and young people			
6.1a % of children and young people offered advice and/or support or referred to Rotherham stop Smoking Service	Number of young people offered advice Number of young people given school nurse support Number of young people referred to Rotherham Stop Smoking Service	90%	Quarterly
7. Weight Management: to increase the number of children and young people who are a healthy weight			

7.1a % of children and young people identified as on or under the 3 rd BMI centile (very underweight) are referred to their GP with school nurse follow-up	Number of children identified (including those identified and referred to the school nursing service)	100%	Quarterly
7.1b All children and young people on or above the 98 th BMI centile are referred to Tier 2 or Tier 3 weight management services (as appropriate) with school nurse follow-up	Number of children identified and number referred	90%	Quarterly
7.1c Referring 200 Children annually to weight management service (including both tier 2 and 3 provision)	Number of children referred	200	Quarterly
8. Drug/Alcohol misuse: reducing the harm caused by alcohol			
8.1a % of young people identified as using drugs and/or alcohol are screened using the 'Where you are at' screening tool and given advice and/or appropriate referral to 'know the Score'.	Number of children and young people screened and given advice Number of children and young people referred	100% of young people identified are screened	Quarterly
9. Self Harm: to reduce self-harming behaviour among children and young people			
9.1a % of children and young people who are identified as self-harming are referred for specialist support (following the self-harm pathway) are assessed	Number referred to specialist support	100%	Quarterly

8.1 Activity Plan / Activity Management Plan

Plans need to be in place for current provider, The Rotherham NHS Foundation Trust (TRFT) and the Rotherham Metropolitan Borough Council (RMBC) Public Health Directorate, to work together on:

- The development of the School Nursing Service workforce plan
- Staff training and continuing professional development
- Arrangements for effective clinical, professional competency and safeguarding supervision

- Development of data collection and reporting systems to enable effective performance and monitoring of outcomes
- Serious incident reporting and root cause analysis
- Development of holistic health assessment tool for children subject to child protection plan to as evidence base for School Nurse involvement
- Enhancement of the protocol, care pathway and guidelines for health assessments of Children in Care / Looked After Children aged 5 to 19
- Ensure up to date, evidence based protocols, care pathways and clinical guidelines are used in connection with:
 - Alcohol/Substance misuse
 - Teenage pregnancy
 - Unhealthy weight – underweight as well as overweight and obesity
 - GP to School Nurse referral
 - Referral and management of continence
 - School Nurse follow up of A&E attendances and hospital admissions
 - Provision of input only on STIs and contraception as part of school based delivery of PSHE programmes relating to sexual health and relationships
 - Proactively promote school health drop-ins to maximise access to sexual health and contraceptive advice and support for young people
 - Development of programme for clinical audit to be shared with the Commissioner

A timeline for the production of these plans and the plans themselves need to be agreed with the Commissioner.

8.2 Capacity Review

The Provider is required to undertake a capacity review and gap analysis, in partnership with the Commissioner, to establish an appropriate allocation of school nursing capacity to schools and an appropriate level of skills mix, including any requirement for specialist skills and competencies and additional training. An action plan to address any gaps should be provided to commissioners and reported on a quarterly basis.

Appendix A Rotherham 11 Deprived Communities

The Rotherham 11 deprived neighbourhoods comprise of areas within:

1. East Herringthorpe
2. East Dene
3. Eastwood
4. Canklow
5. Town Centre
6. Dalton Thrybergh
7. Ferham Masborough
8. Rawmarsh
9. Dinnington
10. Maltby South
11. Aston North

For the key postcodes please see the excel sheet attached below



Copy of Disad areas
postcodes.xlsx

Appendix B Core Contact and Pathway

