

Dear Colleague,

The future of School Nursing in Halton

I am writing to you to inform you of developments in relation to the Halton School Nursing service and to invite any comments you may have regarding these developments.

Halton's school nursing team's role is to work in partnership with children, young people and their families to help them to make the best possible start to life by monitoring their health and promoting good health habits from an early age. The school nursing teams see children and young people between 4 to 19 years of age who attend school or reside in Halton.

Halton Borough council assumed responsibility for the school nursing service in April 2013 and is committed to providing a service that is visible, accessible and confidential. The service will identify individuals health needs early, and work collaboratively to put in place extra support as required. They will work with children and young people with illness or disability within the school to put in place a package supporting the family. The service also works to promote positive health and wellbeing, and delivers immunisation and screening programmes for school aged children and young people.

Halton Borough Council is reviewing the existing commissioning arrangements for the school nursing service. This is in response to the Department of Health recommendations made in 'School Nursing - a call to action', and to best meet the needs of children and young people in Halton.

The Local Authority aims to commission a service that is of a high quality, meets the needs of local people and is value for money. The establishment of a new service specification that has been through a robust tendering process will enable Halton Borough Council to be confident that future commissioned services are delivered effectively to meet required standards in a way that is conducive to children and young people and their parents school nursing, schools and other

partner organisations.

This process has been informed by National School Nursing Guidance, the 'Vision and Call for Action' and legislation and include the particular expertise of the Public Health Commissioning Team to build on the current comprehensive specification to ensure that early intervention and long term investment can support children, young people and their families to reach their full potential.

The enclosed draft specification does not propose any significant changes to what the School Nursing service offers, or the way in which it provides key services but rather clarifies the responsibilities of the service and puts in place systems and measures to demonstrate its impact.

I am delighted to include information for you about the proposed specification for the School Nursing service that we would like to procure to provide the best possible outcomes for the children, young people of Halton and their families.

Please consider the enclosed information which makes up the proposed service specification and let me know any suggestions or comments that you may have.

At the end of the document is a brief questionnaire – I would be most grateful if you could complete it with any comments that you may have, or contact Simon Bell on 0151 511 6736 or simon.bell@halton.gov.uk to discuss the service further.

I look forward to hearing from you.

Yours faithfully,

Eileen O'Meara
Director of Public Health

Halton School Nursing Service - Draft Specification 2013

1. Key Service Outcomes

The aim of the specification is to ensure that School Nurses work to an agreed standard by incorporating guidance from the Healthy Child Programme (HCP) whilst providing an evidence-based approach to practice. The direction of service intervention will be determined by local/individual identification of need; focusing on prevention and early intervention in breaking the cycle of health inequalities within families (Marmot, 2009).

This specification sets out the minimum requirement for the school nursing service for Halton, that it is safe, accessible and of a high standard. Focusing on the promotion of health and the prevention of disease from the earliest age. The service will seek out and provide early interventions and continuing support for individual and group health needs on a universal and non-stigmatising basis. The school nursing service will provide signposting and hand-holding into health services for children and young people of school age (4 to 19 years) in order that they are given the very best chance to achieve good health as well as contributing to the ambitions for improving outcomes outlined by Halton Children's Trust.

"Halton's ambition is to build stronger, safer communities which are able to support the development and learning of children and young people so they grow up feeling safe, secure, happy and healthy, and ready to be Halton's present and Halton's future"

In particular it will embrace the content of 'Getting it right for children, young people and families. Maximising the contribution of the school nursing team: vision and call to action' (DH 2012) which identifies the next steps towards achieving improved services and outcomes. The new service model is set within the Healthy Child Programme which is based on best evidence to promote and protect the health of children in the developing years. It aims to join up best evidence of what should be done with the views of professionals, parents, children and young people on how it should be done. By implementing the model, good health outcomes and a positive experience can be achieved for children, young people and their families.

Summary of National / local context and evidence base

- Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and call to action (DH, 2012);
- Children Act 1989 & 2004;
- Healthy Lives, Brighter Futures (DH, 2009);
- Schools and Families (Department for Children Schools and Families (DCSF) 2009);
- Working together (DfES 2006) – currently under review;
- Healthy Weight, Healthy lives: National child measurement programme, (DH,

DCSF 2010/11);

- The NMC Standards and Codes of Practice;
- Fair Society, Healthy Lives, The Marmot Review, 2010
- Public Health Outcomes Framework (Department of Health, 2011)
- Children and young people's health outcomes strategy: Report of the children and young people health outcomes forum, 2012
- Halton Health & Well Being Strategy 2013
- Halton Children and Young Peoples Plan 2011 – 2014
- Halton Joint Strategic Needs Assessment

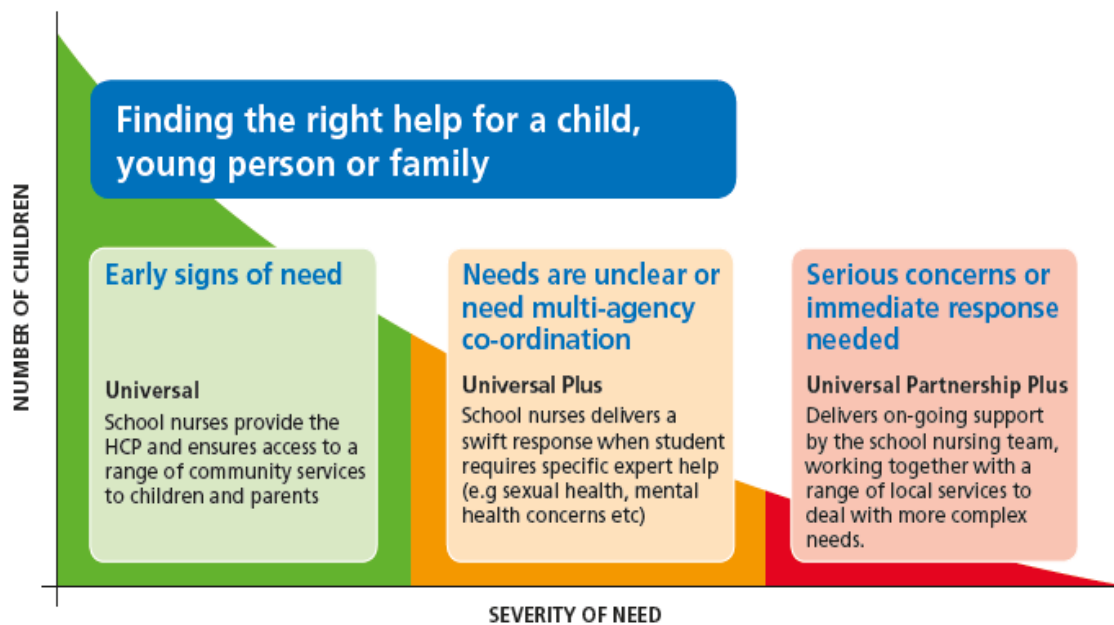
2. Aims and Objectives

The service will work proactively, and provide on-going commitment to an integrated model of service delivery. It will support the development of a School Health Profile and ensure that a robust action plan, developed in partnership with schools and other partners, is in place for every school.

2.1 Early intervention

An effective, universal, preventative, collaborative and early intervening service has a crucial role in identifying 'at risk' children and young people. The service will aim to reduce the risk of this client group becoming the most vulnerable adults in the future. Early intervention and long term investment will support children, young people and their families to reach their full potential.

The school nurse service will need to identify key interventions within a local 'Wedge' model. The 'Wedge' model has been developed by the Department of Education and Association of Directors of Children's Services (ADCS) to inform choices and decisions about investment priorities. An effective model of local working through integrated local children and young people networks will be vital in order to demonstrate an effective and efficient delivery of service.



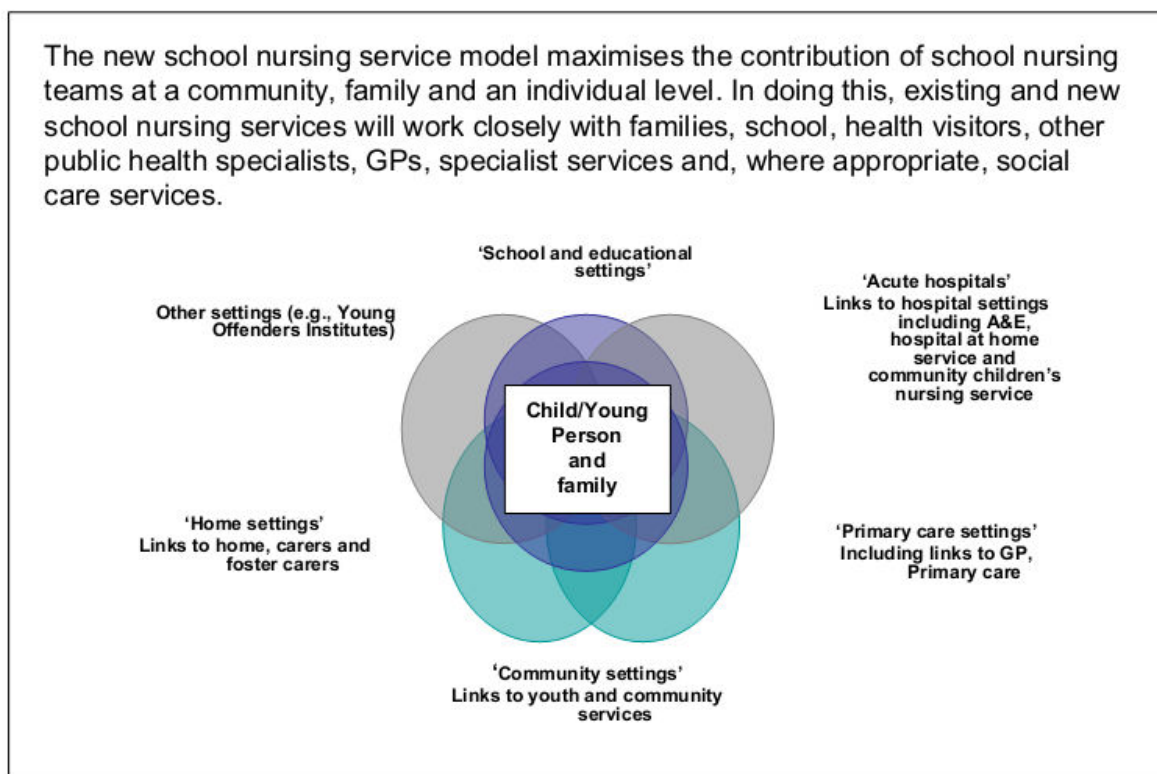
The 'Wedge' is a model developed by the Department of Education and Association of Directors of Children's Service (ADCS) to inform choices and decisions abx

Research into referral patterns indicate that teachers and other education services are best placed to detect the early onset of risky behaviours, but lack of time and conflicting priorities mean that teachers did not always follow through to ensure that young people received the help they needed.

This service will work in partnership with the school to identify young people who are at risk of poor health outcomes. The early indicators (not exhaustive) of needs include:

- truancy or school exclusion
- behavioural problems
- poor emotional, social or coping skills
- poor mental health
- learning difficulties
- specific disabilities
- low aspirations or low self-esteem
- poor family support or problems in the family
- domestic abuse
- friends or family members involved in risky, antisocial or criminal behaviour
- deprivation or poverty
- family instability
- drug or alcohol misuse
- not being in education, employment or training (NEET)
- homelessness
- health protection (infectious disease, emergencies)

The service will also develop health action plans for each young person in need, including children with long term conditions, looked after children, those on a child protection plan and any other child deemed appropriate.



2.2 Underpinning activities and approach (including safeguarding)

The service will:

- Undertake a school health entry assessment for all reception age children
- Provide public health advice, health promotion activity, health assessments, health screening, guidance and support to those of school age, involving their families, carers and education staff where appropriate;
- Routinely offer height and weight screening as part of the National Childhood Measurement Programme (NCMP) in reception and year 6;
- Undertake an assessment to facilitate the transition into year 7;
- Work within the scope of the Working Together to Safeguard Children document and local protocols and guidance around the safeguarding children agenda. It will provide professional reports to conference as appropriate, attend safeguarding conferences and take an active part in core group
- Initiate or attend meetings when a health need has been clearly identified (including long term conditions);
- Initiate the Common Assessment Framework (CAF) and act as lead professional where appropriate and where a health need has been clearly identified;

- Demonstrate integrated working and a commitment to the 'Team Around the Family' approach;
- Recognise the significant impact that domestic violence can have on children and young people and act in accordance with national and local guidance;
- Offer screening to any child moving into a Halton school from out of area as appropriate. All children will also receive a health assessment;
- Provide further screening, health assessment and advice at the request of parents at any stage of a child or young person's time at school;
- Offer support to individual children, young people, parents and families and make referrals to a wide range of other professionals when specific needs are identified, as appropriate.

2.3 Signposting and hand-holding into services

The term 'hand-holding' is widely used by Think Family practitioners to describe a helping approach to intervention. The term can be seen to equate with 'going with' or 'going alongside' families, both practically and emotionally, through a process of change.

The school nursing service will:

- Be accessible to school age children and young people and ensure that the service meets their needs by engaging with the local population;
- Provide a minimum of a weekly lunchtime or after school drop in service of a minimum of at least ½ hour at all secondary schools in Halton, offering children and young people the opportunity to discuss any health related issues they might have.
- Provide a minimum of a monthly drop in service for each primary school that lasts at least ½ hour and provides the opportunity for children, parents and carers or staff to seek advice and information and discuss any issues or areas of concern.
- Provide all Halton schools with a named school nurse, who will offer support on the basis of assessed need, taking into account local needs, safeguarding cases, and numbers of pupils on school roll.
- Offer ongoing signposting and hand-holding into services and support to children, young people and families on issues such as parenting, quitting smoking (including nicotine replacement therapy), substance misuse, sexual health, anxiety, depression, eating disorders and deliberate self-harm when health needs have been identified for the child or young person;
- Offer appropriate and ongoing support to children and young people who are looked after, have an identified long term condition or are young carers
- Ensure appropriate referrals to specialist services; and
- Support school staff in the coordination of specific health needs in school. This will include providing training in the appropriate use of inhalers,

adrenaline auto injectors prescribed for children and young people with diagnosed anaphylaxis and any specialist equipment as appropriate.

- Provide support, advice and guidance and co-ordination of care (where appropriate) for those children and young people with specific health needs or long term conditions.

2.4 Delivering national Public Health Programmes: Immunisations and Child Measurement Programme

The service will be responsible for the following Programmes:

National Child Measurement Programme

National Vaccination and Immunisation Programme – as appropriate to the population (commissioned by NHS National Commissioning Board)

2.5 Standard sexual health components to be included in school nursing service specifications (Cheshire and Merseyside Sexual Health Network, 2013, see Appendix 1)

The service will also offer (regardless of site and time of year) the following:

- Time for young people to talk about issues concerning them including relationships, sexuality, sex and peer pressure
- Provision of 1:1 sexual health service, to include all or some of the following depending on the faith ethos of the school: pregnancy testing, Chlamydia testing, condom demonstrations and provision, provision of emergency hormonal contraception under PGD, referral for first pill prescription. This will be delivered in a healthy lifestyles drop in session.
- Targeted work to support the reduction in teenage pregnancies
- Liaison with school PSHE leads to plan and implement joint activity re SRE curriculum

2.6 Safeguarding

The service will work within the scope of the Working Together to Safeguard Children document and local protocols and guidance around the safeguarding children agenda. It will provide professional reports to conference as appropriate, attend safeguarding conferences and take an active part in core group.

The service will initiate CAFs where appropriate and will take the role of lead professional in cases where a specific health need has been identified. The service will be specifically monitored against the KPIs as identified within Appendix 2.

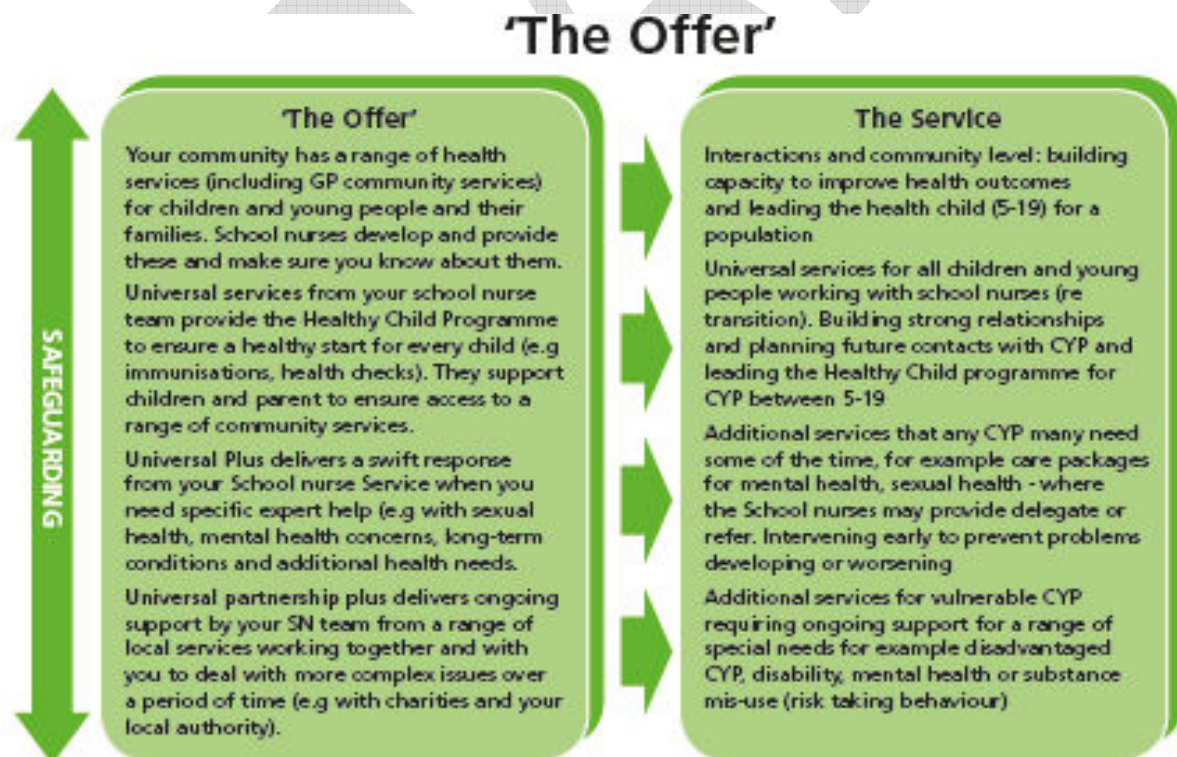
3 Service Model

This specification does not set out to tell school nurses how to care for young people – it sets out the specification for the school nurse service.

The School Nursing Team will be represented by Specialist Community Public Health Nurses (SCPHN), School Nurses and an appropriate skill mix of support staff. For the purpose of this document, the word School Nurse will be used for both School Nurses and SCPHN.

It is expected that the School Nurse will exercise professional judgement in collaboration with other agencies and using appropriate evidence bases when deciding whether or not a child or young person receives additional support and/or intervention.

The specification should be used in conjunction with agreed service procedures, policies, competences and LSCB policies, whilst adhering to the Nursing and Midwifery Council (NMC) code of professional conduct. The school nurse service will provide interventions targeted at different levels of identified need. The diagram below illustrates a national representation of how the level of targeted intervention will integrate with service delivery.



'The Offer' - Wendy Nicholson, Professional Leadership Team - Department of Health School Nursing Programme of Development - 2011

3.1 Service description

The service will provide a health service for children and young people in Halton of school age (up to 19 years) and will operate 52 weeks a year and will be delivered by suitably qualified nurses and support staff. The service will seek out and provide for individual and group health needs on a universal basis, focusing on the promotion of health and the prevention of disease from the earliest age. Interventions will be based upon up to date evidence based practice and relate to need. This will include (but not limited to) the following services:

- Deliver a Universal, Universal Plus and Universal Partnership Plus Service, working in a range of settings.
- Early identification of health needs through formal partnerships with schools children and young people and their families/carers.
- Working with partners to improve the health outcomes of children and young people.
- Deliver school age immunisation programmes as directed by Public Health England.
- Underpinning activities and approach (including safeguarding);
- Universal advice and support to schools, young people and their families;
- Signposting and hand-holding into services;
- National Child Measurement Programme
- Health protection: rapid response and ongoing participation during outbreaks or other incidents

3.2 Roles and Responsibilities

The School Nurse Team will promote the holistic health of the school aged population, thereby enabling them to realise their potential. They will encourage children and young people to think about their health and support them to become responsible for their own health and wellbeing as they progress through childhood and adolescence.

The role is varied and includes:

- Keeping children and young people safe from harm and protecting them from injury and abuse in accordance with LSCB policies.
- Offering health advice and universal health surveillance, incorporating early intervention and support to children and young people and their families. The school nurse will work in partnership with colleagues in education, allied health professionals and children and young people's services.
- Working with schools and academies to develop health policies, e.g. sexual

health, contributing to the Personal Social Health Economic (PHSE) education Curriculum.

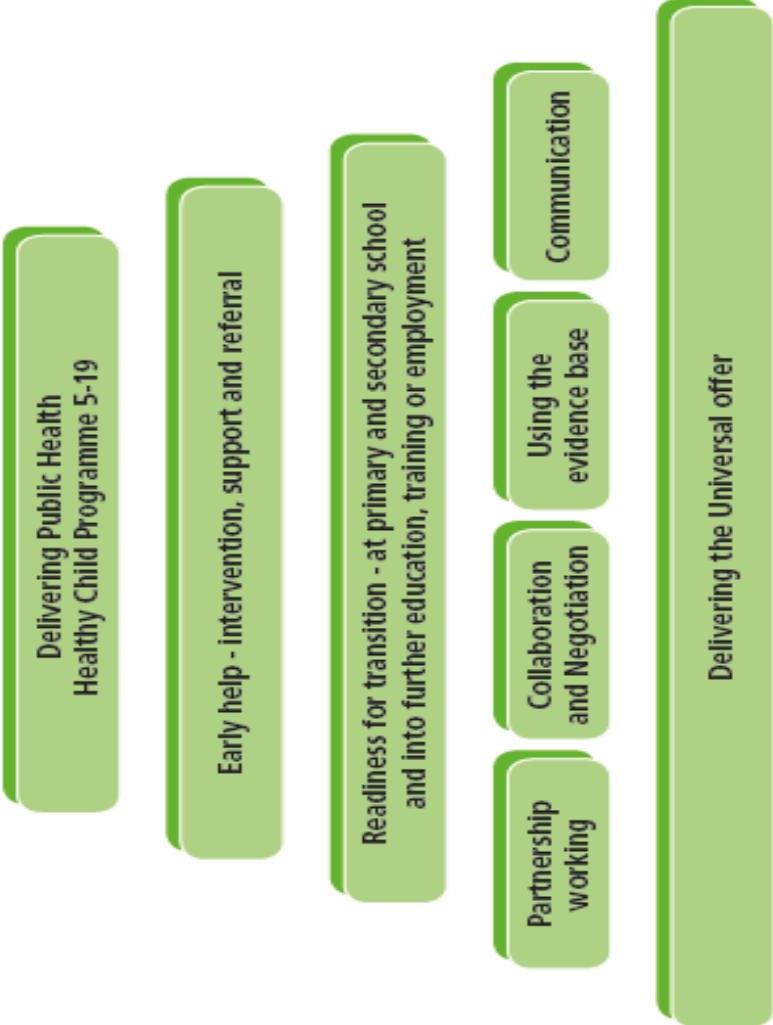
- Reviewing the health status of children and young people and facilitating care plans (e.g. for long term conditions) as required.
- Offering a choice of services that are accessible and confidential to children, young people and families (e.g. 'drop in' or appointments)
- School nursing teams will promote early intervention to support children, young people and families to reach their full potential
- Health protection of school age population, i.e. provide a trained and proficient immunisation workforce as required by Public Health England and aim to achieve full immunisation uptake

The next 2 graphics summarise the role and scope of the school nurse service.

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The illustration below represents the Department of Health's School Nursing Service vision and model:

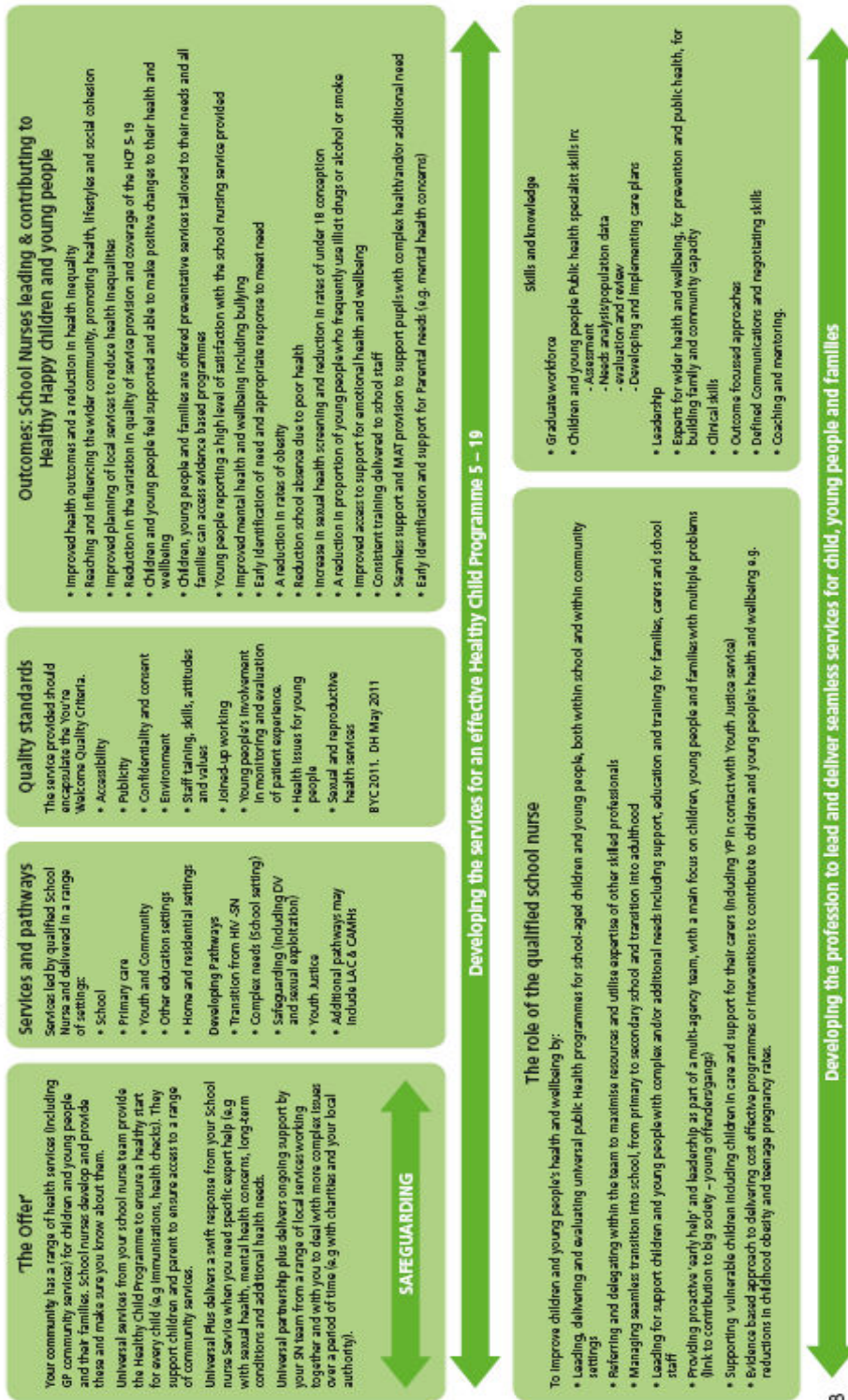
The role of the School Nurse



"The Role of the School Nurse" – Wendy Nicholson, Professional Leadership Team – Department of Health School Nursing Programme of Development-2011

The illustration below represents the Department of Health's School Nursing Service vision and model, for improved health and wellbeing for children and young people. The illustration highlights developing the profession to lead and deliver a seamless service for children, young people and families.

School Nursing for improved health and wellbeing for children and young people



3.6 Care Pathway

The school nursing service will follow a care pathway similar to that below. The care pathway will be further developed in line with government and local guidance.

Universal	Universal Partnership	Universal Partnership Plus
<p>Reception Entry</p> <ul style="list-style-type: none"> •School Readiness Intervention (including Immunisation Promotion) •Health Assessment, including review of immunisation status •Vision / Hearing Screening •NCMP •Health Promotion activity re hand washing and oral health 	<p>Reception Entry</p> <ul style="list-style-type: none"> •Handover between HV service and SN service for children with additional needs, including LTC's •Signposting for outstanding Immunisations 	<p>Reception Entry</p> <ul style="list-style-type: none"> •Handover between HV service and SN service for children with safeguarding requirements
<p>Yr 6</p> <ul style="list-style-type: none"> •NCMP •Healthy weight / lifestyles intervention •Joint delivery of SRE/PHSE (incl. puberty and transition) 	<p>Yr1 – Yr5</p> <ul style="list-style-type: none"> •Coordination of short term packages of support – Level 2 interventions (including support to parental health were this impacts on child wellbeing) •Duration of intervention: 4-6 weeks •Requirement to evidence outcomes 	<p>Yr1 – Yr5</p> <ul style="list-style-type: none"> •Coordination / contribution to Medium to Long Term Packages of Support (level 3 / 4 interventions) •Coordinate development and review of Annual Health Action Plan for children with LTC's •Ongoing attendance at appropriate safeguarding meetings
<p>Yr 7</p> <ul style="list-style-type: none"> •Health Assessment •Introduction to the School Nurse Assembly 	<p>Yr 6</p> <ul style="list-style-type: none"> •Signposting for healthy weight / lifestyles interventions 	<p>Yr 6</p> <ul style="list-style-type: none"> •Handover of care to SN covering secondary setting
<p>Yr 7 - 11</p> <ul style="list-style-type: none"> •HPV Vaccination Programme •Health promotion re risk taking behaviour (including alcohol, substance misuse, smoking and sexual health) •School Leaver Booster Programme •Any additional immunisation programmes introduced for school aged children as directed by PHE 	<p>Yr 7</p> <ul style="list-style-type: none"> •Follow up of children with additional needs identified at level 2 	<p>Yr7 – Yr 13</p> <ul style="list-style-type: none"> •Coordination / contribution to Medium to Long Term Packages of Support (level 3 / 4 interventions) •Coordinate development and review of Annual Health Action Plan for children with LTC's •Ongoing attendance at appropriate safeguarding meetings



Children, young people and their families will be provided with up to date information and support to enable them to recognise and manage their own health needs and promote healthy living. Those receiving services will receive regular reviews as appropriate to their situation, to ensure that the service continues to match their needs. This may also be in conjunction with other partners involved in their treatment.

The school will inform the service when the child is registered at the school. The nursing service will work with other professionals on an individual case led basis. Consultations and referrals will involve carers and all related staff when appropriate. Feedback will be sought at each meeting and outcomes acted upon accordingly. Actions will be monitored in family support meetings / conferences / reviews and

annual local education authority (LEA) reviews.

There are several sources of information for the school nursing service to be aware of, and to ensure that all records are kept up to date. All staff must work within the standard information sharing protocols.

4 Who is the service for?

4.1 Geographic coverage / boundaries

The school nursing service will cover all children and young people that attend schools located within Halton. This will include special, independent, academies; primary, secondary, free schools and those not in mainstream settings, e.g. Pupil Referral Units and approved training providers. There will be a clear partnership reciprocal relationship with neighbouring authorities.

The service will ensure that any coverage / boundary issues that may arise will be dealt with proactively in collaboration with neighbouring providers, and relevant commissioners as appropriate.

Delivery of a service that meets the needs (including safeguarding) of the child or young person must take precedent over any boundary discrepancies or disagreements.

4.2 Referral criteria and sources

The service will provide a universal service with open access for any child or young person aged 4 to 19 attending education provision within Halton, and for Halton residents either receiving home education or not currently in any educational provision. Core services will be offered to independent education providers. School nurses will be accessible via telephone or face to face either at their office bases, (e.g. health centres) or through the schools or through home visits or meetings at other suitable community venues.

All children and young people who attend Special Schools will have access to the service and fall into the categories stated below:

- Children with a statement of Special Educational Needs (SEN);
- Children with life limiting conditions;
- Children requiring physiotherapy, speech and language therapy and occupational therapy; and
- Looked after children (LAC) attending the special needs schools.

4.3 Referral processes

There will be open access to the service. A child or young person may self-refer, be referred by their family or by teaching / school staff or other partner organisations.

4.4 Days / hours of operation

The service will normally be available between 8.30am and 5.00pm, Monday to Friday. The service will ensure that cover is available outside of this where relevant and appropriate and that there is continuity of service provision, where appropriate, during school holidays.

4.5 Discharge processes

When a child/ young person and their family leave the Halton borough there will be a clear local protocol in place to ensure continuity of services for the family, as appropriate, in the new residing borough. Disadvantaged and socially excluded families will be actively followed up to reduce the incidence of families not being linked up in their new residing area.

For children and young people on the Universal pathway

When the child and/or young person leave their respective schools, they will be discharged to the care of their GP (for referral if necessary).

For children and young people on the Universal Plus, and Universal Partnership Plus Pathways

The Service will retain an oversight and co-ordination role where appropriate. Until the 19th birthday of the young person.

4.6 Response time and prioritisation

Depending upon the individual circumstance of the request, children, young people or families seeking advice and support from the service will usually receive a response within 5 working days.

Each school will have a link to a community clinic and prioritisation will be given dependant on the need at the time. Children and young people who require support of the school nurse will have an individual review, the timing of this will be dependent upon the urgency of the support required.

4.7 Exclusion criteria

The service is a universal provision and will not have any exclusion criteria.

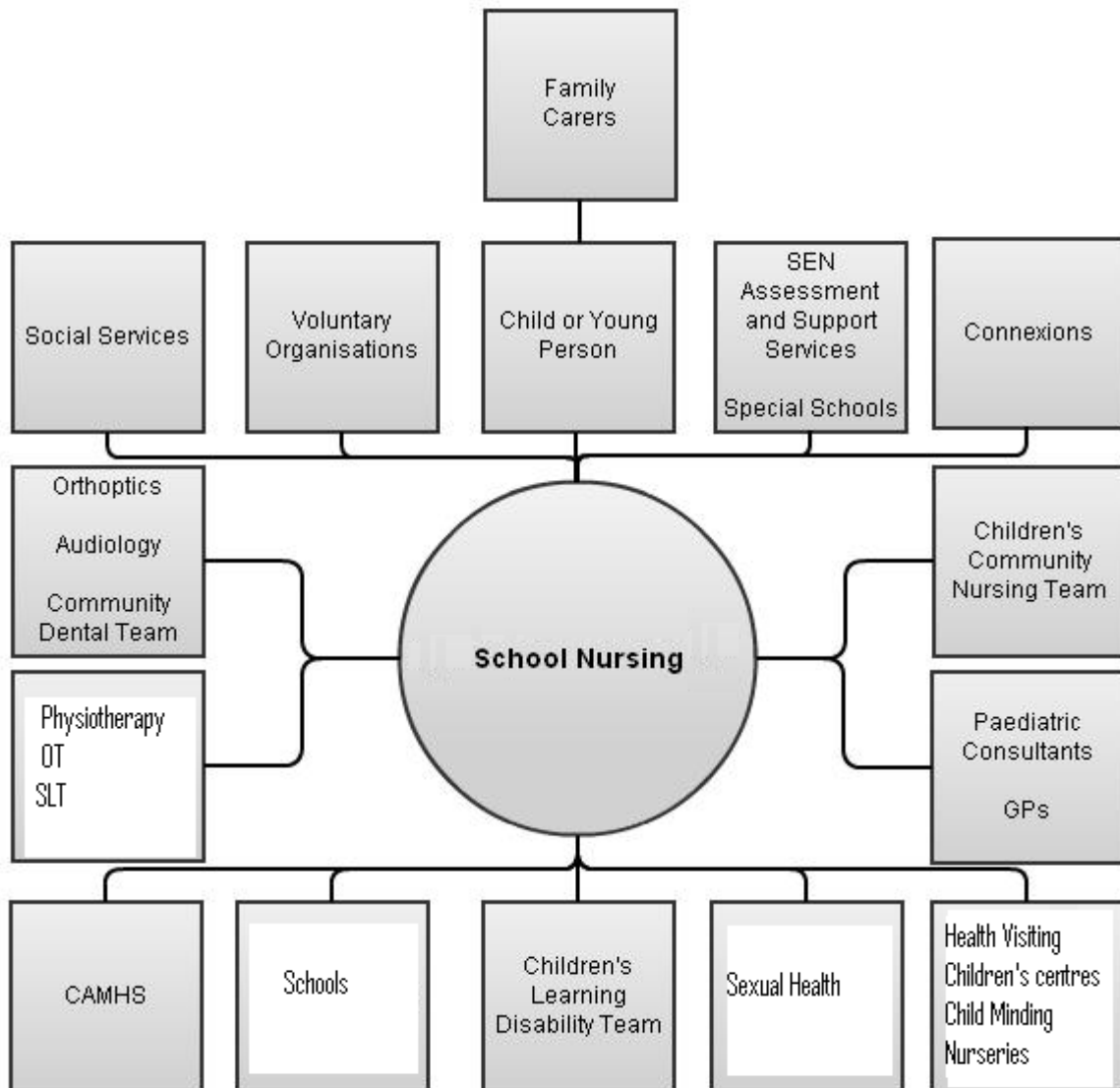
5 Workforce and system relationships

5.1 Whole system relationships

The service and its staff will have a clear understanding of how their service interlinks with other services within Halton and clear referrals pathways for specific needs.

The service will ensure that Halton policies and procedures relating to safeguarding are adhered to and that all staff members have undertaken training appropriate for their professional role. All staff working in this service must have an up to date enhanced Disclosure and Barring Service (DBS) check.

The service will work as part of a wider network of partners and service providers to ensure an integrated approach to service delivery is maintained.



The service will work with interpreter services locally to ensure equality of access and provision for children, young people and their families who do not have English as a first language. These will include providers of interpretation for foreign languages and sign language.

5.2 Interdependencies and other services

The service will maintain close links with a wide variety of stakeholders, children and young people, parents, staff working in schools, general practitioners (GPs), the Health Visiting service, safeguarding leads and specialist health providers.

5.3 Relevant networks and screening programmes

The School Nursing service will be responsible for delivering national screening programmes as those described in the core school health programme. Current programmes include the National Child Measurement Programme and Immunisations. The National Commissioning Board will assume commissioning responsibility for immunisations programmes, whereas the Local Authority will commission child measurement. The Local Authority commissioners will expect the school nursing service to ensure maximum uptake.

The service will be expected to have representatives on local boards, steering groups and working groups as determined flexibly and in line with local needs and priorities.

5.4 Training/ education/ research activities

Staff will be:

- Required to attend all mandatory training;
- Expected to undertake training relevant to their role on an ongoing basis as identified through personal development plans (PDP), including confidentiality as specified in *You're Welcome* and in line with continuing professional development;
- Encouraged to complete relevant training to diploma level;
- Encouraged to undertake specialist practitioner training;
- Required to contribute to the ongoing development of the core school nursing programme using relevant data collection tools.

5.5 Staffing

Each local secondary school will have a dedicated named School Nurse who will also be responsible for the cluster of primary schools to which it is linked. Special schools will also have a named School Nurse.

Service delivery will be provided by the most appropriate member of the team and will be delivered by a skill / grade mix of staff.

In Halton there are a variety of schools:

- **50** primary schools
- **7** secondary schools
- **4** special schools
- **1** all through school (nursery to secondary)
- **3** maintained nursery schools and many primary schools with nursery classes

Staff will be expected to have a wide range of skills and competencies including knowledge of:

- Health promotion, behaviour change and motivational interviewing;

- Safeguarding;
- Health needs of children and young people;
- Sexual health;
- Causes and treatment of health issues;
- Screening skills in hearing, height and weight assessment;
- Emotional health and well being;
- Immunisations; and
- Public health issues.

Staff will have access to training in order to develop these skills. All training will be based upon current evidenced based practice and Nursing and Midwifery Council (NMC) guidelines. Unqualified staff will attain / work towards core competencies to NVQ level 3 standards and be trained in specific areas of care according to the needs of the child or young person.

6 Key Performance Indicators				
<u>8 Quality and performance standards</u>				
<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Frequency of Monitoring</i>
<u>Outcomes</u>				
Reduction in Teenage Pregnancy	NI 112(variant) Teenage conception rates		Live births drawn from data systems Terminations gathered through central booking	Quarterly
Reduction in levels of obesity	NI55 – Obesity levels at reception NI56 –Obesity levels in year 6		National Child hood Measurement programme (NCMP) Reception children with height and weight recorded Year 6 children with height and weight recorded	Annually
Immunisation rates	Immunisation take up rates	95% - HPV 80% booster (split these up?)	Cover data from Department of Health Immunisation rates for booster of tetanus, diphtheria and polio (13-18) Immunisation of HPV Vaccination (13)	Quarterly
Screening for Chlamydia	NI113- Chlamydia Screening rates		Screening rates reported through national and local screening programme	Quarterly
Hospital admission rates			Alcohol attributable	Annually

attributable to alcohol			admission data	
9. Activity				
9.1 Activity				
<i>Activity Performance Indicators</i>	<i>Method of measurement</i>	<i>Baseline Target</i>	<i>Threshold</i>	<i>Frequency of Monitoring</i>
School health Profile and Action plan developed for each school and refreshed on a termly basis	Plans shared with the commissioner	All schools to have a plan in place		Termly
Demographics of CYP activity: NHS number, Name, Address, postcode, DOB, ethnicity, GP to be recorded	All data will be monitored by monthly activity data submission	TBD		Quarterly
Number of interventions detailed into universal, universal plus and universal partnership plus and by setting	Monthly performance reports	N/A		Quarterly
Total patient contacts by type (domiciliary/ drop in / telephone)	(number and %)	TBD	TBD	Quarterly
Total onward referrals	(number and type)	TBD	TBD	Quarterly
Number of School entry assessments	(number)	100% of reception aged children		Quarterly
% of reception children receive vision screening (measure in August)	(number, and %screened, onward referral, those reported as requiring additional support and % of false positives)	90%		Annually
% of reception children receive hearing screening (measure in August)	(number, and %screened, onward referral, those reported as requiring additional support and % of false positives)	80%		Annually
% coverage for National Child Measurement Programme for Reception	(number, and %, breakdown of those classed as overweight /obese)	90%		Annually

Number of children referred on to weight management programmes	(number and %)			
% coverage for National Child Measurement Programme for Year 6	(number, type and %)	90%		Annually
Number of children referred on to weight management programmes	(number and %)			
% of year 8 Girls to have received three doses of HPV to be (measured in August)	(number and %)	95%		Quarterly
% of 10-18years olds to have received the school age booster	(number and %)	80%		Quarterly
Number of children with incomplete immunisation status, who are now complete	(number and %)	50% Completed 100% Followed up		Quarterly
% of Children and young people who are transferred into area, to receive a health assessment within 1 month of the School nursing service being informed.	(Number and %)	100%		Quarterly
Number of annual Health Care Assessments undertaken for Looked After Children notified to service	(number, and %)	100%		Quarterly
Total of caseload with active Health Care Plan in place, split into LAC, CP / CIN / CAF, Long term condition and Youth offending#)	(number, type and %)	100%		Quarterly
Number of Year 6 children assessed for transition into year 7 (measured in August)	(number, and %)	100%		Annually
Number of children and young people from age 11 to 19 to have access to a sexual health service (weekly??)delivered locally to the young person	(number of sessions)	100%		Quarterly
Total number of sexual health interventions by type	(number of Chlamydia Tests, Pregnancy Tests, EHC Provided, Pre and Post Termination Support, Condom			Quarterly

	demonstration and provision, and Sexual Health Promotion and onward referrals) (see Appendix A)			
Number of A&E notifications received	(number and number identified as requiring follow up)			Quarterly
Number of children and young people followed up following A&E attendance	(number and outcome)			Quarterly
Actual number of patients/service users completing a feedback/satisfaction questionnaire	(number and %)	TBD	TBD	Quarterly
Actual number of patients/service users reporting that the service met their individual needs	(number and %)	TBD	TBD	Quarterly
Actual number of patients/service users reporting a satisfactory outcome as a result of using the service	(number and %)	TBD	TBD	Quarterly
Number of service users reporting that they would recommend the service to a family member or friend	(number and %)	TBD	TBD	Quarterly
Number of complaints	(number, type and result of complaint)			Quarterly
Number of staff	(number, WTE and grade)			Quarterly
Vacancies	(number WTE and grade)			Quarterly
Relevant staff to receive sexual health training	(number WTE and grade)			Annually
All staff to receive inter-disciplinary training relating to Your Welcome Theme 4 Confidentiality 4.4 and Theme 5 Staff training 5.2 and Working Together safeguarding	(number WTE and grade)			Annually

Please see Appendix 1 and Appendix 2 for specific KPIs relating to sexual health services and safeguarding which are integral parts of this specification.

Additional Key performance indicators will be included to accommodate new immunisations programmes, as required

The Service will also be expected to ensure that the voice of the child / service user is captured at regular intervals to inform service development.

Case studies and additional insight activity will be expected to be shared on a regular basis.

9.2 Activity Plan / Activity Management Plan

Activity Plan

Any Activity Plan required by this Service guidance shall specify a forecast threshold to function as an early warning of where the actual level of demand exceeds the forecast threshold, with the intent that any breach of the forecast threshold will be reviewed by the relevant parties without delay.

The service will need to use an appropriate system to collect:-

- Patient information-age band /ethnicity
- GP
- Care locations
- Activity - Clinical/non clinical
- Health Promotion Activity
- Outcomes
- Individual additional information that may be pertinent to the care of the individual and also support data collection for monitoring purposes e.g. asylum seekers, children staying in women's refuge, etc.

9.3 Capacity Review

A capacity review will be undertaken by the Service in 2013. The findings from this review will inform the development of this specification and future commissioning plans along with the JSNA.

Service capacity will continue to be reviewed through regular monitoring against the Key Performance Indicators contained within this specification.

6 Continual Service Improvement

The service, in liaison with the commissioner where appropriate, will look to continually improve its service offer. It will ensure that it advises the commissioner where there are significant changes to services. Issues will be raised at the regular contract meeting with the commissioner, and in between meetings as required.

APPENDIX 1

Standard Sexual Health Components to be included in School Nursing Service Specifications

N.B. This content is only applicable when included as part of a holistic school nursing specification.

1. Aims and objectives of service

To support the young people to make appropriate, positive and active health choices through access to enhanced advice, information and services which need to be age and gender specific as well as being open to diversity and cultural sensitivity.

To demonstrate commitment across the Partnership to work together to improve the health and well-being of young people by providing young people friendly preventative and clinical services at a time and place convenient to them.

To expand the range of health and well-being services offered to students in secondary schools, co-ordinated through the school nursing service.

Expected Outcomes including improving prevention

- Reducing teenage conceptions and associated negative health and social outcomes
- Reducing the under 18 conception rate
- Reducing the under 16 conception rate
- Ensuring equality and equity of access to sexual health and contraception services for young people
- Increased uptake of Chlamydia screening programme
- Increased uptake of Emergency Hormone Contraception (EHC)
- Increased evidence of condom use

2. Service description/care pathway

The service will offer, (regardless of site and time of year) the following:

- Time for young people to talk about any issues concerning them including relationships, sexuality, sex and peer pressure.
- Provision of 1:1 sexual health service, to include all or some of the following, depending on the faith ethos of the school: pregnancy testing, Chlamydia testing, condom demonstration and provision, provision of emergency hormonal contraception under PGD, referral for first pill prescription
- Targeted work to support the reduction of teenage conceptions
- Provide swift and supportive referral to termination of pregnancy services
- Liaison with school PSHEE leads to plan and implement joint activity re SRE curriculum

Agreed services:

- Chlamydia testing
- Pregnancy testing

- EHC provision
- Pre and post termination support
- Sexual health promotion advice
- Free condom demonstration and provision

3. Applicable Service Standards

3.1 Applicable national standards eg NICE, Royal College

- NICE guidelines – PH3 Prevention of Sexually Transmitted Infections and under-18 conceptions [Feb 2007], PH33 Increase in the Uptake of HIV Testing among Black Africans in England [March 2011], PH34 Increasing the Uptake of HIV Testing to Reduce Undiagnosed Infection and Prevent Transmission among Men who have Sex with Men [March 2011]
- Department of Health (2005) ‘Your Welcome quality criteria: Making health services young people friendly’
- Fraser Guidelines¹
- Medical Foundation for Sexual Health Standards for sexual health services (Medfash, 2005) – in particular, Standard 1: Delivery networks; Standard 2: Promoting Sexual Health; and Standard 3: Access to services.

4. Key Service Outcomes

<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Frequency of Monitoring</i>
PH Outcomes Framework 2013-16				
Domain 2 Health Improvement 2.4	Under 18 conceptions- Teenage Pregnancy		No. of EC prescribed. No. and outcome of pregnancy tests. No. of referrals to contraception provision.	Quarterly
Domain 3 Health Protection 3.2	Chlamydia diagnoses (15-24 year olds)	Diagnostic rate of at least 2.4 per 1000 resident population		
Activity Performance Indicators	Method of measurement	Baseline figures from 2012-2013	Target for 2013-14	Frequency of Monitoring
Young people who are sexually active accepting Chlamydia test	Record monthly Number of YP 15-18 accepting the offer of Chlamydia test per school			Quarterly
Young people requesting condoms	Record monthly number distributed			Quarterly
Young women request and prescribed	Record monthly Number of young			Quarterly

¹ General Medical Council. 0-18 years: guidance for all doctors. London: GMC; 2007.

Emergency Hormone Contraception (EHC)	women seen that month from aged 13 to 18 requesting EHC per school			
Young women request and provided with a pregnancy test	Record monthly the number of young women requesting pregnancy test.			Quarterly
Young people request relationships and sexual health advice	Record monthly the number of young people requesting relationships and sexual health advice			Quarterly
Young people requiring onward referral to sexual health services and reason for referral	Record monthly the number of young women signposted to other service and reason for referral.			Quarterly

APPENDIX 2 – To be added

The Halton School Nursing Specification

1. This specification covers the health service provided to children and young people of school age from 4-19. What would be the most appropriate name for this service?

	Please tick
a) School Age Health Service specification	
b) School Nursing specification	
c) Specification for the provision of healthcare to school aged children	
d) Other (Please state)	

2. What do you think is good about the current School Nursing Service?

Response area for question 2. A large empty rectangular box with a grid watermark.

3. Have you any suggestions as to how the service could be improved?

Response area for question 3. A large empty rectangular box with a grid watermark.

4. Do you feel there is anything missing from the draft specification? If so, what?

Response area for question 4. A large empty rectangular box with a grid watermark.

5. Have you any other comments about School Nursing?

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6. About you

I am responding as: (please tick)

A child / young person	
A parent / carer	
A School Nurse	
A GP	
Another member of Health Staff	
A Head Teacher	
Another member of education staff	
Other Partner organisation	
A Commissioner	
An elected member of the Council	
Other (Please specify)	

Thank you for taking the time to help us to improve this specification.

Please return this form, along with any other comments before XX XXXX to:

Simon Bell
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