

# Business Case for the Review of Public Health Nursing Service for School Aged Children and Young People (5-19)

## **Summary of Main Issues**

A detailed review of the public health school nursing service for school aged children 5-19yrs (currently referred to as 'school nursing services') was undertaken.

The purpose of the review was to identify if the current service model meets current and emerging need, fits within the 'Journey to Excellence' and 'New Deal' programmes, and to highlight opportunities for service improvement.

The key themes identified in national and local policy, guidance, planning, and in what key stakeholders and partners have told us is important to them in a School Nursing Service included:

- Mental health and emotional wellbeing
- Obesity: healthy eating and physical activity
- Substance use: tobacco, drugs and alcohol
- Sexual health and contraception
- Support for the management of Long Term Conditions
- Safeguarding
- Oral health
- Flexible, needs led service delivery
- Delivery of the Healthy Child Programme
- Service design and delivery to include national recommendations (4-5-6 model) and local programmes (Journey to Excellence/New Deal)

Key stakeholders and partners reiterated the importance of a community based service model providing access to those children and young people who either do not wish to attend the service in school or do not access education within a traditional school setting.

### **Recommendation**

It is recommended that the Executive Committee consider the Business Case for the School Nursing Service and give approval to proceed with the re-commission of the proposed service model for the public health nursing service for school aged children aged 5-19.

## **1. Introduction**

- 1.1 This report briefs Members and strategic partners on the commissioning review of the School Nursing service.
- 1.2 The review of School Nursing will contribute towards the Council and Public Health objectives of 'working with people and partners for a healthier, caring, more prosperous and sustainable Bradford District'<sup>1</sup>.
- 1.3 This review has been informed by national and local strategy, opportunities relating to the transfer of Public Health into the Council, and a drive to improve the health outcomes for children and young people.
- 1.4 The new service model will benefit children and young people and support the delivery of a range of strategic outcomes relating to health and wellbeing.
- 1.5 Included within the scope of the review is the generic School Nursing Contract managed by Public Health. The annual Contract value is £3 million and is held by a local NHS provider.
- 1.6 This report highlights the key findings from the review, details the draft service model and requests approval from the Council Executive to proceed with re-commissioning the School Nursing service.
- 1.7 Proposals affecting the local Clinical Commissioning Groups (CCGs) and Children's Services will be taken for discussion through the Bradford Health and Care Commissioners Group (BHCC) and the Children's and Maternity Transformation and Integration Group (TIG).

## **2. Background Information**

### **2.1 Commissioning Background to School Nursing Services**

- 2.1.1 In April 2013 the responsibility for the commissioning public health school nursing service for children and young people aged 5-19 years transferred to the Council as part of the changes outlined in the Health and Social Care Act 2012.
- 2.1.2 The transfer to Public Health provided an opportunity to review the school nursing service in partnership with CCGs and BMDC Children's Services, with the overall aim to improve health and wellbeing outcomes for children and young people.

### **2.2 Strategic Context**

- 2.2.1 Nationally, new guidance and legislation (**Appendix 1**) places school nursing services at the heart of delivering prevention and early intervention services that are needs led and targeted to when and where children and young people need them most.
- 2.2.2 The Healthy Child Programme and 'Getting it right for children, young people and families – Maximising the contribution of the school nursing team: Vision and call to action' (2012) are the key drivers informing the review of the school nursing service.
- 2.2.3 The Healthy Child Programme focuses on school aged children up to the age of 19 and offers a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and tailored support for

children, young people, and families, with additional support when they most need it.

2.2.4 'Getting it right for children, young people and families – Maximising the contribution of the school nursing team: Vision and call to action' (2012) sets out a national service model to strengthen health services for school aged children and young people and to promote optimal health and wellbeing. The model will focus on a community based tiered approach with safeguarding integrated within each tier.

2.2.5 Subsequent national guidance and legislation builds on the 'Vision and call to action' outlining a school nursing service comprising multi-disciplinary teams with safeguarding at the heart of all work, being more responsive to the needs of children and young people, and taking a frontline role in areas such as contraception, sexual health, drugs and alcohol, and the National Child Measurement Programme.

2.2.6 The recently published guidance – 'Best start in life and beyond: Improving public health outcomes for children, young people and families' (January 2016) outlines the new '4-5-6' service model (**Section 4.6.1.3**) for the school nursing service. The guidance forms a suite of support guides to assist local authorities in the commissioning of health visiting and school nursing services to lead and co-ordinate the delivery of public health for children aged 0-19.

2.2.7 Services should be delivered through a community based tiered approach delivering evidence based practice and interventions that are outcome based and measurable.

2.2.8 Commissioners and providers of school nursing services should consider the wider impact on the community including the development of career opportunities through a clear route from local colleges and universities into the school nursing profession.

### 2.3 **Justification for Continued Investment and Business Need**

2.3.1 Continued investment in a public health nursing service model for school aged children is integral to improving the health and wellbeing of children & young people aged 5-19 across the Bradford district in terms of early intervention and prevention, early help (as part of the Journey to Excellence programme), and through the provision of specific interventions for vulnerable children, young people and families.

### 2.4 **Children & Young People's Strategic Plan/Health and Wellbeing Strategy**

2.4.1 In addition to the key themes raised in the national policy context, a review of local policy and planning ( **Appendix 2**) emphasises the importance of working collaboratively with key partners to improve services and get better value for money; focusing on the delivery of interventions to improve health and wellbeing and reduce health inequalities in particular:

- Ensuring that children start school ready to learn
- Accelerating educational attainment and achievement
- Ensuring young people are ready for life and work
- Ensuring that there is education, employment and skills for all
- Safeguarding vulnerable children and young people
- Reducing health and social inequalities

## 2.5 **Service vision**

'Maximising the school nursing team contribution to the public health of school aged children' and 'Best Start in life and beyond' set out a vision for School Nursing Services "to improve the health and wellbeing of children and young people and reduce health inequalities."

## 2.6 **Outcomes**

To achieve this ambition, the school nursing service should focus on the following outcomes referenced in 'Best start in life and beyond' (PHE, 2016) and incorporating key public health outcomes for children and young people:

- More children and young people achieve positive physical and emotional milestones (contributing to improved rates of school readiness)
- More children and young people who have the greatest need make the greatest improvement, closing the gap in inequality in health outcomes
- All children and young people are safe and protected within their families wherever possible
- Children and young people are safe and protected resulting in a reduction in hospital admissions caused by unintentional injuries to children and young people
- More children and young people are a healthy weight, through a reduction in the number of children who are overweight and obese at 4-5 years and 10-11 years
- More children and young people have better mental health
- More children and young people are smoke free, reducing the prevalence of smoking locally.
- Children and young people are supported to reduce substance misuse
- Children and young people parents and carers are supported to reduce teenage conceptions and improve sexual health
- More children and young people grow up free of tooth decay
- Education providers, parents, and children and young people are supported to proactively manage long term conditions or complex health needs within education based settings.

## **3. Current Service Provision**

### **3.1 Current Service Model**

3.1.1 The school nursing service specification is embedded within a larger block contract between the Council and the provider. Performance information is submitted quarterly and any contract or performance related issues are raised and managed within the quarterly Service Managers Group (SMG) meeting between the Council and the provider.

3.1.2 The key functions of the service have been developed to meet the service expectations set out in the national 'Getting it right for children, young people and families' guidance which is detailed below:

Tier		Descriptor
1	<b>SAFEGUARDING</b>	<b>Your Community</b> School nurses have an important public health leadership role in school and the wider community. School nurses will work with others to increase community participation in promoting and protecting health thus building local capacity to improve health outcomes.
2		<b>Universal services (U)</b> School nurses will lead, coordinate and provide services to deliver the Healthy Child Programme(HCP) for the 5-19 years population. They will provide universal services for all children and young people set out in the HCP working with their own team and others including health visitors, general practitioners and schools.
3		<b>Universal Plus (UP)</b> School nurses are a key part of ensuring children, young people and families get extra help and support when they need it. They will offer 'early help' (for example through care packages for children with additional health needs, for emotional and mental health problems, sexual health advice) through providing care and/or by referral or signposting to other services. Early help can prevent problems developing or worsening.
4		<b>Universal Partnership Plus (UPP)</b> School nurses will be part of teams providing ongoing additional services for vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantaged children, young people and families or those with a disability, those with mental health or substance mis-use problems and risk taking behaviours. School nursing services also form part of the high intensity multi-agency services for children, young people and families where there are child protection or safeguarding concerns.

3.1.3 The current service model comprises of ten area based multidisciplinary teams; each team working with an established number of schools ranging from 15-29 per team (**Appendix 3**).

3.1.4 The staffing model comprises of approximately 54 fte (70 people) multi-disciplinary practitioners including School Nurses, Staff Nurses, Nursery Nurses, Health Care Support Workers and additional support e.g. (a bi-lingual support worker).

3.1.5 The staffing demographic is not reflective of the demographic profile of Bradford and district; 98.7% of all staff are female and 89.7% of all staff define themselves as White British (followed by 6.4% Asian Pakistani). This compares with a district breakdown of 51.3% female, 63.9% White British and 20.4% Pakistani (Census 2011).

### 3.2 **Safeguarding**

A significant amount of school nurse time is spent on safeguarding as the school nurse is likely to adopt a key role, taking responsibility for assessing health issues, delivery of interventions, compiling relevant reports for multiagency safeguarding meetings, Child Protection meetings and case/review conferences.

## 4. **Review of School Nursing Services**

4.1 A commissioning review of school nursing services has been undertaken by Public Health and strategic partners including CCG's and CBMDC Children's Services.

### 4.2 **Purpose**

The purpose of the review was:

- To identify if and how the current service model meets current and emerging need taking into consideration the changing demographic profile of children and young people within the Bradford District.

- To review how the service model fits with children and young people's services with particular emphasis on the new offer for children and young people.
- To identify key opportunities to make improvements in prevention and early intervention in partnership with key stakeholders such as schools, primary care, Children's Social Care, Voluntary and Community Groups and other organisations.

#### 4.3 **Scope of Review**

The scope of the review is limited to the generic School Nursing Service.

- 4.3.1 Services out of scope of the review include the Immunisation and Vaccination Service commissioned by NHS England Commissioning Board, and the Community Nursing Service (Children with Special Needs), commissioned by the CCGs and forming part of a separate review which runs concurrent to this review.

#### 4.4 **Value of Service in Review**

The total value of the service in scope of the review is in the region of £3 million per annum.

#### 4.5 **Project Leadership**

- 4.5.1 This review is being led by a Project Board made up of representatives from the following Council departments and partner organisations:

- Airedale, Wharfedale and Craven Clinical Commissioning Group
- BMDC Department of Childrens Services
- BMDC Department of Public Health
- Bradford City Clinical Commissioning Group
- Bradford Districts Clinical Commissioning Group
- NHS England

#### 4.6 **Key Findings of the Review**

A set of key findings has been developed which have been informed by the literature review of national and local legislation, guidance and, policy, and consultation with school nurses, schools, children, young people and parents, and other key stakeholders. These findings will directly inform the design of the school nursing service across the district. A detailed overview of these findings is provided in the Appendices. The following provides a brief summary of the key findings:

##### 4.6.1 **Literature Review – National Guidance, Policy and Legislation**

Please refer to **Appendix 1** for further information.

- 4.6.1.1 National guidance and legislation describe a school nursing service embedded within the prevention and early intervention agenda.

- 4.6.1.2 The school nursing service should ensure that safeguarding is embedded within all work, being more responsive to the needs of children and young people and taking a frontline role in areas such as contraception, sexual health, drugs, alcohol and tobacco.

- 4.6.1.3 Services should be delivered through a community based tiered approach delivering evidence based practice and interventions that are outcome based, measurable and incorporate the 4-5-6 service model described in 'Best start in life and beyond' (PHE, 2016):

- 4 levels of service: Community, Universal, Universal Plus, Universal Partnership Plus (please refer to Section 3.1.2).
- 5 Health Reviews: 4-5 year old health needs assessment (HNA), 10-11 year old HNA, 12-13 year old HNA, School leavers – post 16, Transition to adult services.
- 6 High Impact Areas: Building resilience and supporting emotional wellbeing, Keeping safe – managing risk and reducing harm, Improving lifestyles, Maximising learning and achievement, Supporting additional health and wellbeing needs, Seamless transition and preparing for adulthood.

4.6.1.4 The literature review also highlighted the need for the school nursing service to comprise of an appropriately skilled and experienced workforce, working in multi-disciplinary roles (comprising of different grades and skill mix) that reflect local need, taking into account workforce capacity (providing year round service availability), population health need, and the core (4-5-6) school nurse offer (PHE, 2016):

- 4 Levels of service
- Health promotion and prevention
- 5 Health Reviews
- Targeted support for vulnerable young people
- Defined support for children with long term conditions, and additional and complex needs
- 6 High Impact Areas
- Local pathways and arrangements in place to support collaborative working with partners
- Ensuring safe and effective practice and enhancing personal and professional development

#### **4.6.2 Literature Review – Local Guidance and Policy**

Please refer to **Appendix 2** for further information.

4.6.2.1 In addition to the themes raised in the national policy context a review of local policy and planning emphasizes the importance of working collaboratively with key partners to improve services and get better value for money, all underpinned by the 'Journey to Excellence' and 'New Deal' programmes; focusing on the delivery of sustainable interventions to improve health and wellbeing and reduce health inequalities, in particular:

- Keeping children and young people safe
- Reducing the incidence of obesity, drug, alcohol and tobacco use
- Increasing the levels of physical activity and healthy eating

#### **4.6.3 Population: Current and Future Need**

Please refer to **Appendix 6** for further information.

4.6.3.1 The number (152,592 at 2014) and proportion of the Bradford district's total population aged under 19 years of age is increasing and the relatively high proportion that live in poverty is likely to increase the general demand for services and support to families, in particular, early help and preventative services. This presents the Bradford district with a growing challenge; over the



last decade there has been a population increase of over 20% in 0-4 year olds which will impact on the 5-19 population over the next few years.

4.6.3.2 The 2011 census data for the 5-19 population shows a White British population of 54% and a South Asian Pakistani population of 30%. The gender split is broadly similar at approximately 50%.

4.6.3.3 The greater number (nearly half) of the young population are concentrated in more deprived wards and just under half are from Black and Minority Ethnic communities, including newly established communities from Central and Eastern European Countries; many of which may not speak English as a first language.

4.6.3.4 It is recognised that this diversity is likely to continue to grow. The population of Central and Eastern European (CEE) migrants has grown significantly over recent years, but the extent to which this may have occurred may not be fully understood. This may have a profound impact on the way services are delivered, since different ethnic groups are likely to have different needs.

4.6.3.5 Given this context, it is possible that as the diversity of Bradford district's young population increases, children entering the education system will have higher levels of need and therefore may require proportionally greater support from the school nursing service to ensure their health and wellbeing is considered.

4.6.3.6 Emerging themes from local needs and population data specifically the Joint Strategic Needs Assessment (JSNA) and the Child Health Profile for Bradford (2016) include:

- Oral health
- Long term conditions
- Obesity
- Mental Health/emotional wellbeing – ensuring 'parity of esteem' between emotional and physical health
- Educational attainment
- Hospital admissions for injuries amongst young people
- Vulnerable young people including those with disabilities, at risk of sexual exploitation, substance misuse, domestic violence

#### **4.6.4 Findings from the Consultation**

A full and detailed report about the Consultation can be found in **Appendix 7**.

Opinions from a range of stakeholders were sought to ascertain their views about the school nursing service.

The two main consultation methods were questionnaires and organised group discussions.

There were 5 questionnaires in total to obtain the views of;

- Primary School pupils (830 responses);
- Secondary School pupils (215 responses);
- Parents (156 responses);
- Teachers (82 responses);
- GPs 17 responses).

There were five organised group discussions set up to better understand stakeholder views of the current service and future expectations.

The key findings from the consultation exercise have been divided into a number of broad categories:

#### **4.6.4.1 Access and Awareness**

- There is good awareness of the role of the School Nurse, but in secondary schools, most boys do not know of the role of the School Nurse
- Girls are more engaged with the school nursing service.

#### **4.6.4.2 People's experience of the service**

- People's experience of the service experience has tended to be positive.

#### **4.6.4.3 People's expectations of the service**

- Children and Young People would prefer to see someone "in school" and for them to be easily contactable.
- Girls and young female students prefer to see a woman. Boys and young male students are less concerned about the gender of the school nurse, but those who did in primary school showed an overwhelming preference for seeing a male nurse.

#### **4.6.4.4 Needs**

- The issues on which children, young people and parents most want advice and help relate to two main categories: Emotional and mental health, and lifestyle choices – including healthy eating, diet and exercise and medical conditions.

#### **4.6.4.5 Organisational Matters**

- Those working in, or closely with, the service are unclear about the boundaries of the role of the School Nurse, and feel that it is misunderstood by others.
- Some key stakeholders expressed the view that schools need to be more supportive of the service.
- Many people suggested that the service needs to be more accessible generally, and particularly to harder-to-engage groups e.g. children who are not in school.
- Concerns were raised around the capacity of the current service, and whether demand outweighs provision.
- Whilst many contributors reported that partnership working was a strength of the current service, it was suggested that the service may function better through closer working with other services including CAMHS, GPs, Health Visitors, Children's Centres and Children's Social Care.

## **5. Recommendations for the proposed Service Model**

5.1 Throughout this review there has been consistency in the identification of the priorities and high-level service expectations. This has been reflected in national and local policy, guidance, planning and, in what key stakeholders and partners have told us is important to them in a School Nursing Service.

5.2 Key themes identified included:

- Mental health and emotional wellbeing
- Obesity: health eating and physical activity
- Substance use: tobacco, drugs and alcohol
- Sexual health and contraception
- Support for management of Long Term Conditions
- Safeguarding
- Oral health
- Flexible, needs led service delivery
- Delivery of the Healthy Child Programme
- Service design and delivery to include national recommendations (4-5-6 model) and local programmes (Journey to Excellence/New Deal)

Key stakeholders and partners reiterated the importance of a community based service model providing access to those children and young people who either do not wish to use the service within a traditional school setting, or who do not access education within a traditional school setting because they are:

- Home schooled
- Excluded
- Not registered to attend education (because they have not allocated a place, recently moved into the area etc.)

As a result it is recommended that the name of the service reflect the community based nature and ethos of the proposed service model.

5.3 A summary of the proposed Service Model which will incorporate the key themes is provided in **Appendix 8**. It incorporates the following high level principles:

- Delivery of an integrated public health nursing service according to the needs of children and young people aged 5-19 years and linked to primary and secondary care, early years, childcare and educational settings which follow locally agreed pathways.
- Community based teams with nominated leads known to stakeholders and a named School Nurse/Practitioner for every educational establishment and GP surgery.
- Appropriately skilled and experienced workforce working in multi-disciplinary roles (comprising of different grades and skill mix).
- Flexible workforce that reflects local need and capacity, providing year round service availability.
- Delivery of the universal Healthy Child Programme through assessment of need by appropriately qualified staff; health promotion, screening, and engagement in health education programmes.
- Delivery of evidence based outcome focused interventions to improve health and wellbeing and reduce inequalities by focusing on the needs of all children and young people, specifically vulnerable groups (including those who do not attend mainstream education).
- Assessment, referral and (if appropriate) delivery of targeted interventions to address Public Health and Bradford district priorities including tobacco, substance misuse, contraception and sexual health, mental health and emotional wellbeing, physical activity and healthy eating, and oral health.
- Safeguarding embedded and fully engaged within all work.
- Service delivery forming a key part of 'Journey to Excellence' with 'Early Help' and 'Signs of Safety' integrated within the service model.

- Service delivery to incorporate the 4-5-6 service model as outlined in 'Best start in life and beyond' (PHE, 2016)
- Work with children, young people, parents, education providers and other key partners as public health leaders, championing health improvement, and good health and wellbeing.
- Build on resilience, strengths and protective factors to improve autonomy and self-efficacy with a focus on 'parity of esteem' between mental/emotional, and physical health and wellbeing
- Work proactively with key partners to support children and young people with long terms conditions and health needs to promote resilience and self-care.
- Supporting transition into education and adulthood.

5.4 It is recommended that a detailed service specification be developed to articulate the proposed service model. The new service specification will be developed with advice from the Council's Commercial Team and supported by a working group consisting of commissioning colleagues from Health, CCGs, BMDC Children's Services (and other specialist input where it is required).

5.5 The service specification and contract, along with advice from the Council's Commercial Team will be used to inform the preferred sourcing option.

#### **5.6 Key Milestones**

Key milestones will be developed following approval at Council Executive:

- March – May 2016: Approvals – PHDMT, CMT, School Nurse Project Board, BHCCG
- June 2016: Approval from Council Executive to proceed with the development of the service specification.

#### **5.7 Performance Management**

5.7.1 The service specification will include a suite of performance indicators and targets. Robust contract management arrangements will be put in place to ensure that services are delivered effectively and in accordance with the Council's expectations.

#### **5.8 Understanding Service Demand**

5.8.1 The Joint Strategic Needs Assessment and the Office of National Statistics (ONS) predicts an increase in the Bradford and district school aged population and an increase in the demand for services. Population projections (**Appendix 6**) indicate that the increase in the 5-19yrs school aged population could be in the region of 3.6% (from 113,100 in 2017 to 117,300 in 2023) during the standard contract term of 5-7 years.

5.8.2 If the contract is to improve the health and wellbeing of children and young people and reduce health inequalities it will need to allow scope for innovation and include consideration of:

- Better utilisation of the workforce and skill mix
- A focus on 'must do' business and identification of areas of current work no longer required or which could be delivered by other services
- A focus on 'New Deal' principles; focusing on 'Early Help', and empowering children, young people, parents, education providers and other key partners to be more proactive in promoting and managing their own health and wellbeing

## **6 Equality and Diversity**

### **6.1 Equality and Diversity**

An Equality Impact Assessment has been undertaken and is included as **Appendix 9** of this report. This document assesses the equality and diversity impact of the recommendations and proposed service model described in this report.

### **6.2 Council Policies and Priorities**

6.2.1 Bradford Council Strategic Priorities; despite the financial challenges that the district faces the Council remains committed to achieving the key objectives of:

- Good schools and a great start for all our children
- Better skills, more good jobs and a growing economy
- Better health and better lives
- Safe, clean and active communities
- Decent homes that people can afford to live in.

The key objective 'Better health and better lives' reinforces the main aim of the School Nursing Service of increasing health and wellbeing of the 5-19 population.

6.2.2 The commissioning of school nursing services directly supports the delivery of objectives and priorities from a range of Council strategies including the:

- Good Health and Wellbeing: Strategy to improve health and wellbeing and reduce health inequalities 2013-2017  
**Objective:** Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Children and Young People's Plan 2014-16  
**Priority:** Reducing health and social inequalities
- Bradford and District Child Poverty Strategy 2014-2017  
**Priority:** Reducing health and social inequalities
- Integrated Early Years Strategy 2015-18  
**Objective:** Improve health and wellbeing for all children in the district and reduce inequalities

### **6.2.3 New Deal**

6.2.3.1 New Deal is the Council's approach to changing the way the Council and other public services work with people, communities, businesses and the voluntary sector to improve and protect the quality of life for people in the Bradford District.

6.2.3.2 In order for the Council to achieve the key priorities, the Council will need to make changes to the type of services it buys and the way they are delivered by:

- Reducing the demand for services by changing expectations and promoting involvement
- Investing in prevention and early intervention
- Reducing inequality

### **6.3 Resources and Value for Money**

- 6.3.1 Like all Councils, Bradford has to cut spending. Government funding for Council funded services has been cut by £165 million over the last few years and the reductions are set to continue.
- 6.3.2 Between now and 2020, the money for Council services (under the Council's direct control) is forecast to reduce by at least another 25% (9.56% within Public Health), on top of the savings already made.
- 6.3.3 The numbers of younger and older people are growing and so are the numbers of people with disabilities. Other challenges include more children needing care and protection and managing the increase in costs associated with inflation. This all puts pressure on services.
- 6.3.4 As noted in **Section 4.4** of this report, the total cost of investment in School Nursing Services in Bradford for 2016-2017 is £3,000,000. Given the current financial climate, it is likely that the total cost of investment will be reduced so innovative solutions will need to be considered to ensure the proposed service model demonstrates value for money whilst managing an increase in demand and changing demographic need.

### **6.4 Legal Implications**

Commissioning of the school nurse service will be conducted in accordance with the Council's Contract Standing Orders, and National and European procurement regulations. Public Health is working with the Council's Commercial Team to agree an appropriate sourcing option.

### **6.5 Risk Management**

- 6.5.1 Risks associated with the commissioning of the school nursing service have been identified, reviewed and managed through fortnightly Project Team meetings and four weekly Project Board meetings.
- 6.5.2 The identification of new and increasing risks is an on-going process and will continue to be through the life of the project.

## **7 Conclusion**

The Review and subsequent commissioning provide an opportunity to ensure that the public health nursing service for school aged children (5-19) is able to deliver and respond effectively to national and local priorities, improve the health and wellbeing of children and young people, and reduce health inequalities; all within a climate that requires new and innovative ways of working to address increasing need and limitations in investment.

## **8 Recommendation**

It is recommended that the Executive Committee consider the Business Case for the School Nursing Service and give approval to proceed with the development of the proposed service model for the public health nursing service for school aged children (5-19).

## **9 Background Documents**

Please refer to the Appendices document