APPENDICES

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

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NB: In the event that any of the hyperlinks contained within this document do not work, please contact the Public Health Analyst Team

APPENDIX ONE: NATIONAL POLICY CONTEXT

1. The Healthy Child Programme

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf

Published in November 2009, the Healthy Child Programme (HCP) sets out a recommended framework of universal provision and progressive services for children and families from pregnancy to 19 years of age to promote optimal health and wellbeing.

The HCP recognises the key role of a variety of professionals in promoting children and young people's wellbeing, with particular focus on health visiting from pregnancy to five years, and school nursing for 5-19 year olds.

Collectively the Programme has a key focus on the following:

- Identification of children with high risk and low protective factors
- Partnership working to develop high quality services
- Effective use of resources informed by a local needs assessment
- Delivery at a local population level regardless of school status - academy's, educated at home
- Evidence based programmes.

The Healthy Child Programme (5-19) 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 need it most.

The core ambition of the HCP is to have children and young people who are happier, healthier and ready to take advantage of positive opportunities and reach their full potential. The programme provides a Framework for universal and progressive services for prevention and early intervention,

2. Getting it right for children, young people and families- Maximising the contribution of the school nursing team: Vision and call to action

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf

In 2012, the Department of Health published a vision and call to action for school nursing services based on a framework for local services, to meet both current and future needs.

The national service model for school nursing is described within a community based tiered approach with safeguarding an integral part of each tier:

'School nursing is a Universal Service, which also intensifies its delivery offer for children and young people who have more complex and longer term needs (Universal

Plus). For children and young people with multiple needs, school nurse teams are instrumental in co-ordinating services (Universal Partnership Plus).

The guidance aims to:

- revitalise school nursing
- review and revise local services
- reaffirm school nurses as leaders and key deliverers on public health
- develop a framework for local service delivery
- involve children & young people in service development
- provide a service that is 'in sync with the way young people live their lives'

3. Maximising the school nursing team contribution to the public health of school aged children 5-19

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf

In 2014, the Department of Health published a national service specification for school nursing and guidance providing a framework for local commissioners and providers to support the development of local service specifications. The guidance emphasised the need for the skill mix within school nursing teams to reflect local need taking into account workforce capacity and population health need.

The guidance outlines the core school nurse offer and innovative ways that school nursing services can be commissioned and developed to meet local need and ensure effective, seamless delivery of public health services for school-aged children and young people.

4. Best start in life and beyond: Improving public health outcomes for children, young people and families 2016

https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

Published in January 2016, 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.

The Guidance describes the new '4-5-6' service model for the school nursing service, incorporating:

- **4** levels of the school nursing service: Community, Universal Services, Universal Plus, Universal Partnership Plus;
- **5** Health reviews: 4-5 yrs, 10-11 yrs, 12-13 yrs health needs assessments, School leavers –post 16 and the transition to adult services
- **6** High Impact Areas: Building resilience and supporting emotional wellbeing, Keeping safe, Improving lifestyles, Maximising learning and achievement, Supporting additional health and wellbeing needs, Seamless transition and preparing for adulthood

5. Working together to Safeguard Children (revised Guidance) 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

This guidance was developed to help professionals understand what they need to do and what they can expect of one another to safeguard children. It focuses on core legal requirements, making it clear what individuals and organisations should do to keep children safe.

The guidance makes clear that everyone who works with children – including teachers, GPs, nurses, midwives, health visitors, early year's professionals, youth workers, police, Accident and Emergency staff, voluntary and community workers and social workers – has a responsibility for keeping them safe.

The guidance outlines the importance of early help in promoting the welfare of children rather than reacting later. Early help can also prevent further problems arising and professionals should, in particular, be alert to the potential need for early help for children with specific needs or vulnerabilities.

The guidance also highlights the Section 11 duties of the Childrens Act 2004 which will need to be considered as part of current service provision and alongside the role of School Nurses in their role in safeguarding and Child Protection.

6. Guidance from the Royal College of Nursing and Department of Health

The Royal College of Nursing (RCN) has developed a series of literature to support the role of school nurses:

6.1 Royal College of Nursing Position Statement: The role of school nurses in providing emergency contraception services in education settings 2012

https://www2.rcn.org.uk/__data/assets/pdf_file/0005/78665/Emergency_contraception_position_statement_Final.pdf

The Position Statement clarifies the school nurses responsibility when providing Emergency Hormonal Contraception (EHC) to students in educational settings. The RCN clarifies the position that school nurses with appropriate training and experience are able to assess the need for EHC and supply this contraception using a Patient Group Direction (PGD). School nurses should also be appropriately skilled and competent to offer sexual health advice, and appropriate follow-up and referral to other health professionals.

6.2 Royal College of Nursing Toolkit for School Nurses: Developing your practice to support children and young people in educational settings 2014

http://www2.rcn.org.uk/__data/assets/pdf_file/0012/201630/003223.pdf

This toolkit complements the Department of Health's (DH) framework and suite of documents for School Nursing Services. The RCN toolkit provides school nurses with information and examples of good practice, including the promotion of a year round service availability and multi-disciplinary school nursing teams comprising of different grades and skill mix.

The toolkit sets out the following principles for school nursing:

- Having the responsibility for leading and delivering the Healthy Child Programme 5 -19 years.
- Identifying the health needs of children and young people both as individuals and communities, and planning work on the basis of local need
- Promoting the health, wellbeing and protection of all children and young people aged 5-19 years of age, in any setting
- Undertaking service design and workforce planning which is underpinned by local need, evidence and national health priorities
- Effective communication and partnership working
- Ensuring safe and effective practice and enhancing personal and professional development
- Using research to deliver evidence based services with clear outcomes, audit and evaluation integrated into the service

7. Department of Health: Health Visiting and School Nurse Programme: Supporting implementation of the new service offer: Developing strong relationships and supporting positive sexual health 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299269/Sexual_Health_Pathway_Interactive_FINAL.pdf

This guidance has been developed by the Department of Health (DoH) in partnership with Public Health England (PHE) and key partners and provides a pathway to support school nurses, sexual health service providers and partners working to support the contraceptive and sexual health needs of young people.

It builds on the evidence from the healthy child programme (5-19) and sets out the rationale for effective partnerships pulling together the core principles to support effective working, improve outcomes and promote a positive approach to sexual health.

It sets out the rationale for an integrated pathway between school nursing, sexual health services and partners, highlighting that school nurses are in a unique position to build trusting and enduring professional relationships with school aged children in which they can identify cultural and individual risk factors that may benefit from intervention that may otherwise go unnoticed.

Supporting young people to prevent early pregnancy and improve their sexual health contributes to a number of other indicators in the Public Health Outcomes Framework.

8. DoH and Public Health: Health Visiting and School Nurse Programme: Supporting implementation of the new service offer: Promoting emotional wellbeing and positive mental health of children and young people 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional_Health_and_Wellbeing_pathway_Interactive_FINAL.pdf

The document highlights the evidence that investment in promoting the mental health and wellbeing of parents and children in pre school years can avoid health and social problems later in life. The document outlines the contribution the Health Visiting and School Nursing service can make to improving emotional health and wellbeing

outcomes for children, young people and their families describing different levels of intervention across four tiers of the new health visiting and school nurse service model.

The guidance demonstrates how health visiting and school nurse services can support prevention, early intervention, on-going support and referral to specialist services whilst working collaboratively with partners.

9. The Marmot Review

http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report

The Marmot Review into health inequalities in England was published on February 2010 as 'Fair Society, Healthy Lives'. The Review looked at the differences in health and wellbeing between social groups and described how the social gradient on health inequalities is reflected in the social gradient on educational attainment, employment, income, quality of neighbourhood and so on.

The Review set out a framework for action under two policy goals: to create an enabling society that maximises individual and community potential; and to ensure social justice, health and sustainability are at the heart of all policies.

Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life; reducing this disadvantage and associated health inequalities requires action on six policy objectives (the highest priority being given to the first objective):

1) Giving every child the best start in life
2) Enabling all children, young people and adults to maximise their capabilities and have control over their lives
3) Creating fair employment and good work for all
4) Ensuring a healthy standard of living for all
5) Creating and developing sustainable places and communities
6) Strengthening the role and impact of ill-health prevention

10. Healthy Lives, Healthy People: Our strategy for public health in England 2010

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf

The White Paper outlines a new approach empowering individuals to make healthy choices and giving communities the tools to address their own, particular needs, placing local communities at the heart of public health.

The White Paper highlights the commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives and improving the health for the poorest, fastest.

For the 5-19 population this includes taking care of children's health and development which could improve educational attainment and reduce the risk of mental illness, unhealthy lifestyles, road deaths, and hospital admissions due to tooth decay.

11. Legislation

11.1 Children Act 2004

http://www.legislation.gov.uk/ukpga/2004/31/contents

The Children Act 2004 provides the legal basis for how social services and other agencies deal with issues relating to children and was designed with guiding principles in mind for the care and support of children.

These are:

- To allow children to be healthy
- Allowing children to remain safe in their environments
- Helping children to enjoy life
- Assist children in their quest to succeed
- Help make a contribution – a positive contribution – to the lives of children
- Help achieve economic stability for our children's futures

This act was brought into being in order for the government in conjunction with social and health service bodies to help work towards these common goals.

11.2 Public Services (Social Value) Act 2012

http://www.legislation.gov.uk/ukpga/2012/3/enacted

The Public Services (Social Value) Act came into force on 31 January 2013 and requires local authorities commissioning public services to consider how they can secure wider social, economic and environmental benefits.

Before the procurement process begins, commissioners should consider about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders

In the context of school nursing Services, this could include investing in a local workforce through stronger links with local universities, and the impact of stronger community based services for 5-19 year olds across the district.

11.3 Health and Social Care Act 2012

http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

The Health and Social Care Act sets out the Government's aims to reduce central control of the NHS, to engage doctors in the commissioning of health services, and to give patients greater choice.

Local Authorities are now responsible for improving the health of their population including commissioning of public health services for children and young people aged 5-19, as well as the National Child Measurement Programme and other early intervention and prevention services.

Directors of Public Health have taken responsibility as commissioners for school nursing services which are now funded through the Public Health grant. The commissioning of immunisation and specialist nursing care for children became the responsibility of NHS Commissioning Board and services such as CAMHS are now the responsibility of Clinical Commissioning Group.

11.4 Children and Families Act 2014

http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

The Children and Families Act makes provision to provide greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life.

In addition, the Act places a Duty on 'the appropriate authority for a school' which must make arrangements for supporting pupils at the school with medical conditions.

12. Public Health Outcomes Framework

The Public Health Outcomes Framework sets out a vision for public health outlining desired outcomes and indicators that will help local areas to understand how well public health is being improved and protected, with a key focus on the reduction of inequalities in health. School nurses contribute to a number of these indicators as indicated in the table below:

Domain 1: Wider Determinants	▪ Reduced incidence of domestic abuse
Domain 2: Health Improvement	▪ Under 18 conception rate ▪ Excess weight in 4-5 and 10-11 year olds ▪ Reduced hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years ▪ Emotional health and well-being of looked after children ▪ Smoking prevalence – 15 year olds ▪ Self-harm ▪ Diet and nutrition
Domain 3: Health Protection	▪ Chlamydia diagnosis (15-24 year olds) ▪ Population vaccination coverage ▪ Late diagnosis of HIV
Domain 4: Healthcare public health and preventing premature mortality	▪ Tooth decay in children aged 5 years

13. Summary and Key Themes

Nationally new guidance and legislation place school nursing services at the heart of delivering prevention and early intervention services which are needs led and targeted to when children and young people need it most.

The school nursing service should comprise of multi-disciplinary teams with safeguarding at the heart of all work, being more responsive to the needs of children and young people, taking a frontline role in areas such as contraception, sexual health, and drugs and alcohol.

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.

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.

APPENDIX TWO: LOCAL POLICY CONTEXT

1. Families First

http://www.bradford.gov.uk/bmdc/BCYPP/families_first

Families First is a local programme forming part of the national Troubled Families Programme, working with families facing serious problems with the aims of:

- Reducing truancy
- Reducing crime and anti-social behaviour
- Supporting all over 16s in the family into work

The programme addresses other issues that these families are likely to experience including:

- debt and financial difficulties,
- housing problems,
- health issues,
- substance abuse
- domestic violence.

Families First is unique in Bradford in that the scheme focuses on the needs of the whole family rather than individuals, supported by a key worker working within a multi-disciplinary team.

Those families with the greatest needs are targeted, this comprises of up to 600 families a year.

The programme is also designed to last beyond the end of the funding, by making long-lasting changes to the way that different agencies, such as the Council, Police and Health Services work together, in order to improve services and get better value for money.

2. Joint Health and Wellbeing Strategy

http://www.cnet.org.uk/_library/downloads/W27843_Health_and_Wellbeing_Strategy_Plain_English_Ver.pdf

Bradford's Health and Wellbeing Strategy 'Good Health and Wellbeing: Strategy to improve health and wellbeing and reduce health inequalities 2013-2017' outlines the key objectives, priorities and actions required to secure improvements in health and wellbeing, to reduce health inequalities and ensure life expectancy continues to improve in line with national and regional trends. The Joint Strategic Needs Assessment (JSNA) provides a strategic examination of "need" across the Bradford District and provides the evidence-base to inform the Joint health and Wellbeing Strategy (JHWS) in particular, helping to identify the key priorities for the District.

The following objectives and priorities are particularly relevant for the School Nursing Service:

- Objective 1; Give every child the best start in life
- Objective 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives.

- in particular Priority 5: Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people
- Objective 6: Strengthen the role and impact of ill health prevention
- in particular Priority 17 – reduce harm from preventable disease caused by tobacco, obesity, alcohol, and substance misuse.

3. Bradford Health Inequalities Action Plan 2013 - 2017

https://jsna.bradford.gov.uk/documents/home/Bradford%20and%20Airedale%20Health%20Inequalities%20Action%20Plan%202013.pdf

The Health Inequalities Action Plan was developed to support the Joint Health and Wellbeing Strategy to improve health and wellbeing specifically targeting activity to address the significant inequalities within the district; in some parts of the district, people lead far shorter, less healthy lives than those in other areas.

The Key Priorities for the Action Plan that relate to the School Nursing Service are:

- Priority 1: Reduce and alleviate the impact of child poverty
- Priority 4: Ensure young people are well prepared for adulthood and work, with a focus on helping children with disabilities to maximise their capabilities
- Priority 5: Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people.
- Priority 17: Reduce harm form preventable disease caused by tobacco, obesity, alcohol and substance abuse

4. Children and Young People's Plan 2014-16

http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/young_peoples_plan

The Children and Young People's Plan is the joint strategic plan for the Bradford Children's Trust.

The plan identifies how partners will work together to promote the health and wellbeing of children and young people in the Bradford district. It summarises activity to plan, commission or provide services, as well as the impact expected on the lives of children, young people and families.

The key priority areas for the plan are:

- Ensuring that children start school ready to learn
- Acceleration 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

5. Child Poverty Strategy 2014-2017

https://www.bradford.gov.uk/NR/rdonlyres/D5E6B555-992E-4779-A8BF-AD09C053051C/0/ChildPovertyStrategy201417.pdf

The Child Poverty Strategy describes the most important issues to address to reduce the impact of child poverty.

In the most recent district child poverty data for 2011, one in four children and young people (25.8%) aged 0-19 lived below the child poverty line in households with less than 60% of average income. Nationally the rate is one in five (21.1%).

The three priorities of the Strategy are:
1) Boosting educational attainment and skills for children, young people and families in poverty to improve their job prospects and reduce worklessness.
2) Reducing health and social inequalities
3) Creating safe homes and neighbourhoods for all children and young people.

6. Integrated Early Years Strategy for children up to 7 years 2015-2018

https://www.bradford.gov.uk/NR/rdonlyres/4F168FB7-3239-496A-9029-F96B32556BD6/0/W32253IntegratedEarlyYearsStrategy.pdf

The Integrated Early Years Strategy is a three year strategy that aims to improve the life chances of children in Bradford by addressing inequalities, narrowing the gap and improving outcomes for all children including disadvantaged children and families across the district.

The five objectives of the Strategy are:
1) Children ready for school and schools ready for children
2) Improve health and wellbeing for all children in the district and reduce health inequalities
3) Support and increase parents knowledge and skills
4) Support the development of high quality leadership together with a highly skilled and responsive workforce
5) Integrated working and system change

7. Journey to Excellence

http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/journey_to_excellence_thriving_children_strong_families

Journey to Excellence is a new programme of change involving key partners across the district. Its purpose is to ensure there is a shared approach to working with families that builds on their strengths and provides safety and stability for children.

The programme will deliver the following changes:

Developing the integrated Early Help offer across all key agencies to:

- develop an ‘Early Help’ gateway for the public and staff

- develop an approach that takes account of the whole family
- get it right first time to reduce repeat referrals
- focus on reducing the demand on children's specialist services

Refocusing children's placement provision within the district to deliver:

- smaller children's homes
- more foster carers for teenagers
- a shared model of care across placements, health, education and other key services

Provide a better response to young people in crisis:

- young people in crisis receive a rapid and supportive response
- develop a model for more joint working across key social care and health teams
- there are more safe spaces for young people when they are in crisis

Develop an integrated service across children's, adult's and health services for young people with aged 14-25 years with complex health and/or disabilities:

- timely plans which prepare young people for adulthood
- adult services within the Council will lead more young people and families to direct their own support through direct payments

BMDC Childrens Services are working with partners to develop a plan to use Signs of Safety to cut across the programme. Signs of Safety is a practice tool to identify strengths, risks and clear action plans with families. It provides an assertive and shared approach to assessing needs and draws upon techniques from Solution Focused Brief Therapy. The programme has worked well in other Local Authorities to reduce demand for specialist services and improve outcomes for children and young people.

8. New Deal for Bradford

Government funding for the Council's services has been cut by £167.6 million since 2010 and the reductions are set to continue. Inflation and rising demand for services mean that the size of the cuts (in real terms) is even higher.

To support the management of budget reductions, the Council is talking to local people, communities, partners and businesses to develop a 'New Deal' for Bradford.

The numbers of younger and older people are growing and so is the number of people with disabilities. Other challenges include more children needing care and protection. Inflation is also increasing costs and this all puts pressure on services.

The Council already spends about half of the money it has for services on helping schools, families and young people and giving care and support to children, older and disabled people and people with mental health issues.

So the demand for and cost of services is going up while the money to pay for them is going down. Business as usual is not an option.

The ‘New Deal for Bradford’ has five outcomes to build a bright future for the district. These are:

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

The Council is working with partners to innovate, share money and resources, work towards the same goals, and liaise with local people and communities to establish a ‘New Deal’ about what they can expect from local services, their rights and responsibilities, how they and other people could help by doing things differently and the support required to achieve this.

9. Summary and Key Themes

In addition to the themes raised in the national policy context a review of local policy and planning emphases 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 and 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

APPENDIX THREE: CURRENT SERVICE PROVISION

1. School Nursing: Public Health Funded Provision

The key functions of the service have been developed to meet the expectations set out in the national 'Getting it right for children, young people and families 2012' guidance.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf

1.1 Health Assessment at school entry in reception (4/5 years)

1.1.1 At school entry the school nurse takes over responsibility for a child from a health visitor and undertakes a holistic health assessment. This is informed by the pre-school information shared by the health visitor and the results from a parental questionnaire. The review of this information identifies children needing a face to face health and development review. Components to be included in this review are:

- Review of immunisation status, identifies any outstanding immunisations and refers to GP practice or other provider for vaccinations as required
- Review of access to primary care, urgent care and dental care.
- Review of appropriate interventions for any physical, emotional or developmental problems that may have been missed or not addressed.
- Ensure seamless transition between health visitor and school nurse for those children with additional risks and health needs that require ongoing care as part of the active caseload.

1.2 National Child Measurement Programme (NCMP)

1.2.1 NCMP in Reception Year

The school nurse ensures all children aged 4/5 years have their height and weight measured for the National Child Measurement Programme, following NCMP guidelines, feeds back the results of the measurements to parents/carers. If indicated general advice and support is provided or signposted to, and where necessary in the case of children who have a BMI over the 90% centile are followed through with appropriate support and intervention.

1.2.2 NCMP in Year 6

The school nurse ensures each child aged 10/11 years has their height and weight measured for the National Child Measurement Programme, following NCMP guidelines, and where appropriate follows those children who are above the 91st centile or below the 0.4th centile with appropriate intervention and support.

1.3 Case Load Management

1.3.1 School nurses will work with individual children and young people who have additional risk and health needs in line with the tiered model for school nursing provision and addresses statutory responsibilities in relation to Safeguarding, Children Looked After by the Local Authority and children with complex health needs and disability.

1.3.2 Individual professionals will be alert to potential indication of abuse or neglect and will work with health, social care and education colleagues to promote wider awareness.

1.3.3 Close liaison with other agencies is critical; depending on the threshold of risk and need, either a CAF should be initiated or safeguarding policy and protocols adhered to.

1.3.4 The school nursing service should contribute to relevant inter-agency processes in accordance with statutory, national and Local Safeguarding Children Board policies and procedures. The service will work with individual children and young people who have additional health needs in line with the tiered model for school nursing provisions outlined in the new vision 'Getting it right' and local Well Child Pathway.

1.4 Safeguarding and Child Protection

1.4.1 School nurses are required to assess and support children where there are safeguarding issues or child protection concerns, this includes the assessment of health issues and delivery of appropriate interventions.

The service will attend all initial Child Protection Case Conferences for school aged children and young people and provide the required report as per the Local Safeguarding Children Board procedures. The school nurse will undertake a holistic assessment for all children subject to a Child Protection Conference (either prior to the conference or as soon after the conference as possible). There is an expectation that a representative from the school nursing service will attend all relevant review conferences and be a member of the Child Protection Core Group where the school nurse is the lead professional. The schools nursing members should:

- Follow Safeguarding Children Policies, Procedures and Guidance.
- Allocate a named school nursing team member to each family where safeguarding children concerns exist, to lead school nursing assessment, planning and evaluation of interventions.
- Attend and provide written reports for multi-agency safeguarding meetings.
- Undertake child and family focussed assessments using professional knowledge, skills and tools such as the Common Assessment Framework (CAF) to identify indicators of vulnerability or child maltreatment.
- Participate in multi-agency procedures for safeguarding children, including appropriate information- sharing, multi-agency assessment, joint working and referral, as set out in BSCB guidelines.
- Participate in safeguarding children supervision at least three monthly.
- Access safeguarding children training

1.5.1 Other Activities

- Contribution to the statutory Health Needs Assessment of Looked After Children
- Management of Long Term Conditions and Additional Care Packages
- Short –term packages of care for specific health need e.g. Asthma, severe allergy, anaphylaxis, nocturnal enuresis
- Advice, support and assessment (including risk assessment if needed) to support emotional health and wellbeing
- Health advice and support

APPENDIX FOUR: SCHOOL NURSING SERVICE TEAM CONFIGURATION

1. Current Service Model (as of 04.11.2015)

1.1 The school nursing 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.

1.2 The school nursing service is split into ten area based multidisciplinary teams comprising of qualified School Nurses, Staff Nurses, Nursery Nurses and Health Care Support Workers. Each team works with an established number of schools ranging from 15-29 schools per team.

1.3 The school nursing service comprises of approximately 54 fte (70 people) multi-disciplinary practitioners including School Nurses, Staff Nurses, Nursery Nurses, and additional support e.g. (a bi-lingual support worker).

1.4 The staff demographic is not reflective of the demographic profile of Bradford and district; 98.7% of staff are female and 89.7% of staff define themselves as White British followed by 6.4% Asian Pakistani. This compares with a District breakdown of 51.30% female, 63.86% White British and 20.41% Pakistani (Census 2011).

APPENDIX FIVE: SCHOOL NURSING SERVICE: FINANCIAL BREAKDOWN

1. The current contract for school nursing (2016/17) is £3 million per annum.

1.1 When examining the budget against the current contract value of £3 million high level budget lines can be broken down into:

- 68% on direct staffing
- 31% on overheads – including clinical overheads, premises etc.

1.2 The remaining budget is allocated against indirect and non-pay costs including clinical/office consumables, travel, locality management etc.

APPENDIX SIX: CURRENT AND FUTURE HEALTH AND WELLBEING NEEDS OF CHILDREN AND YOUNG PEOPLE

1. Bradford district is one of the most deprived local authorities in England, ranking 26th (out of 149) in the 2010 Index of Multiple Deprivation. Nearly a quarter of the population is aged under 16 (23.5%). The large 0-19 population in the District means that our most recent 2011 child poverty rate of 25.8% equates to 35,820 children and young people.

2. Children and Young People Aged 5-19

2.1 The number and proportion of the district's total population aged under 19 years is increasing and the relatively high proportion that live in poverty is likely to increase the general demand for services and support to families including early help and preventive services as well as those that seek to reduce the impact of poverty. This presents the District with a growing challenge as over the last decade there has been an increase of over 20% in 0-4 year olds which will have an impact on the future school aged population.

Age groups:	2014
0-4	41.018
5-9	40,036
10-14	36,145
15-19	35,393

Source: Mid-2014 Population Estimates, ONS

2.2 The ONS subnational population projections for Bradford District suggest that, although the population overall will continue to grow steadily, the 5–19 year old age group will reach a peak in 2025.

Age groups	No of C&YP	% increase pa	% increase accumulative
Year 2017			
5-9 yrs	**40,500**		
10-14 yrs	**37,600**		
15-19 yrs	**35,000**		
Total	**113,100**	**n/a**	**n/a**
Year 2019			
5-9 yrs	**40,500**		
10-14 yrs	**39,000**		
15-19 yrs	**34,700**		
Total	**114,200**	**+ 0.96%**	**+0.96%**
Year 2021			
5-9 yrs	**40,600**		
10-14 yrs	**39,500**		
15-19 yrs	**35,700**		
Total	**115,800**	**+1.4%**	**+2.3%**

Year 2023			
5-9 yrs	**40,400**		
10-14 yrs	**39,800**		
15-19 yrs	**37,100**		
Total	**117,300**	**+1.3%**	**+3.6%**
Year 2025			
5-9 yrs	**40,300**		
10-14 yrs	**39,900**		
15-19 yrs	**38,300**		
Total	**118,300**	**+0.85%**	**+4.4%**

Source: ONS 2012 Subnational Population Projections

2.3 The District has approximately 223 schools (including Pupil Referral Units). As the larger child population moves into and through primary school the District is estimated to need 320 additional class groups across the primary sector compared to 10 years ago. As the higher number of children currently aged 2 to 11 moves into the secondary sector the District will require around 200 additional secondary class groups.

2.3.1 Poverty is linked to many factors and is a key determinant to poor health outcomes. This in itself highlights the importance of ensuring school nursing services and extra resources, are delivered in an effective way in order to tackle inequalities in health and wellbeing of school age children.

3. Age

3.1 The number and proportion of the district's younger population is set out in **6.1.**

3.2 The age profile of the population varies across the wards. The more deprived wards in the inner city have a particularly young population. Nearly half of the District's young people are concentrated in just 10 of its wards; Little Horton, Bradford Moor, Bowling and Barkerend, Toller, Manningham, Tong, Keighley Central, City, Great Horton, and Heaton.

4. Gender

4.1 As would be expected, there is an even split between the number of girls and boys in Bradford and district.

5. Ethnicity

5.1 Bradford district contains a rich mix of ethnic groups and cultures. Just under half of the Districts 0-19 population are from Black and Minority Ethnic (BME) groups. The district has some newly established communities that are growing relatively fast through inward migration. These communities are mostly of white ethnicities from Central or Eastern European countries with a significant Roma/Gypsy element within some of the communities.

6. 0-19 Age Group

6.1 This diversity is more pronounced in the younger population, as the following table based on 2011 census data shows:

	Age Band	
Ethnicity	0 to 4 year olds	5 to 19 year olds
White	50.69%	54.23%
Pakistani	32.31%	30.20%
Other Asian	7.61%	7.82%
All Other	9.39%	7.75%

6.2 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.

6.3 This may have a profound impact on the way services are delivered, since different ethnic groups are likely to have different needs. For example, 81% of CEE migrants speak Polish, Slovakian or Czech at home. There may also be a significant issue with school attendance; in 2013, 43% of the children missing from education were CEE. Furthermore, CEE children are more likely to have special educational needs and to live in temporary accommodation.

6.4 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.

7. Religion

7.1 It is vital that the school nursing service understands the diversity of religious beliefs present in the population of Bradford. According to the 2011 census, the largest religious category amongst 0-14 year olds is Muslim, as the following table shows.

	Age 0 to 4	Age 5 to 9	Age 10 to 14	Age 15 to 19
Muslim	38.96%	40.44%	36.73%	32.04%
Christian	26.69%	31.28%	34.64%	36.24%
No religion	24.87%	20.48%	20.89%	23.95%
Religion not stated	7.90%	6.14%	5.86%	5.86%
All other	1.57%	1.65%	1.87%	1.91%

7.2 It is possible that certain interventions and/or advice may need to take religious beliefs into account.

8. Main/first Language

8.1 Almost 32,000 school children in the Bradford district have a first language that is not English; this equates to 43% of primary pupils and 35% of secondary pupils. This is nearly three times higher than the Yorkshire and Humber averages; which are 16% and 12% respectively for primary and secondary pupils.

http://www.migrationyorkshire.org.uk/userfiles/attachments/pages/664/bradfordlmpsummarynov2015.pdf

9. Health and Wellbeing of Children and Young People

9.1 Joint Strategic Needs Assessment

A statutory duty to produce a Joint Strategic Needs Assessment (JSNA) has existed since 2007. The Health and Social Care Act 2012 identified a central role of the JSNA as bringing together partners from NHS, Local Government and the voluntary and community sector to analyse current and future health needs of the population.

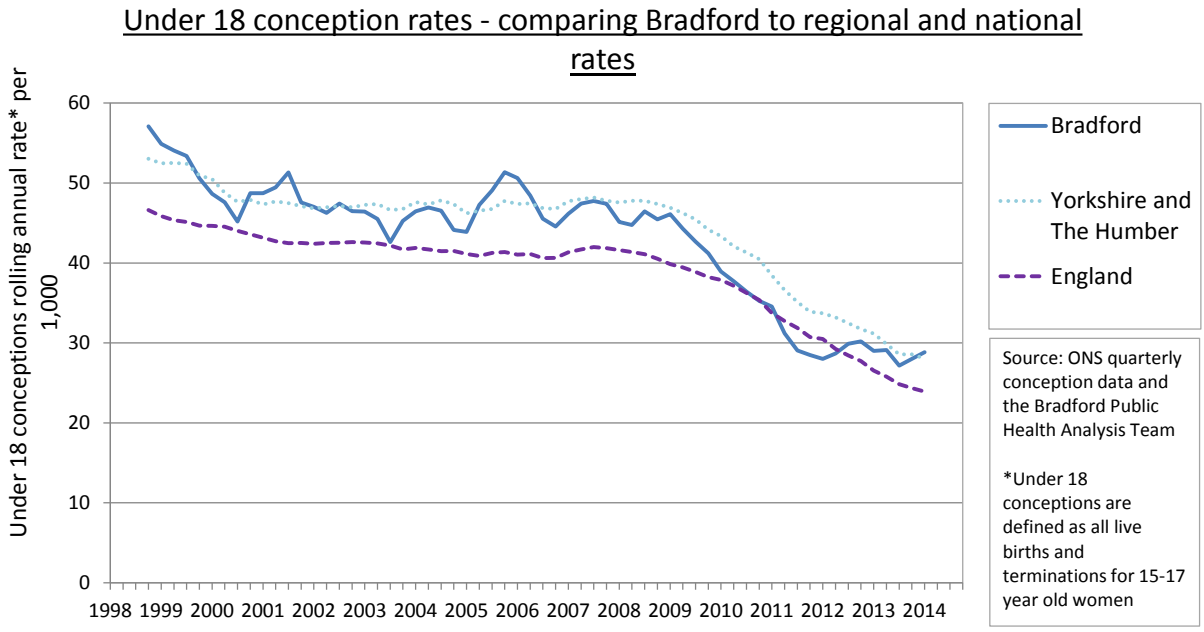
The local JSNA for Bradford District analyses the health and wellbeing needs of the population so it informs the effective commissioning and planning of children's services across the district.

The key priorities identified through the Joint Strategic Needs Assessment are identified within the Joint Health and Wellbeing Strategy, the Bradford Health Inequalities Action Plan and the Children and Young People's Plan (**Appendix 2**)

https://jsna.bradford.gov.uk/documents/Miscellaneous/JSNA%20-%204/CYP%20JSNA%202015%20Executive%20Summary.pdf

9.1.1 Sexual Health

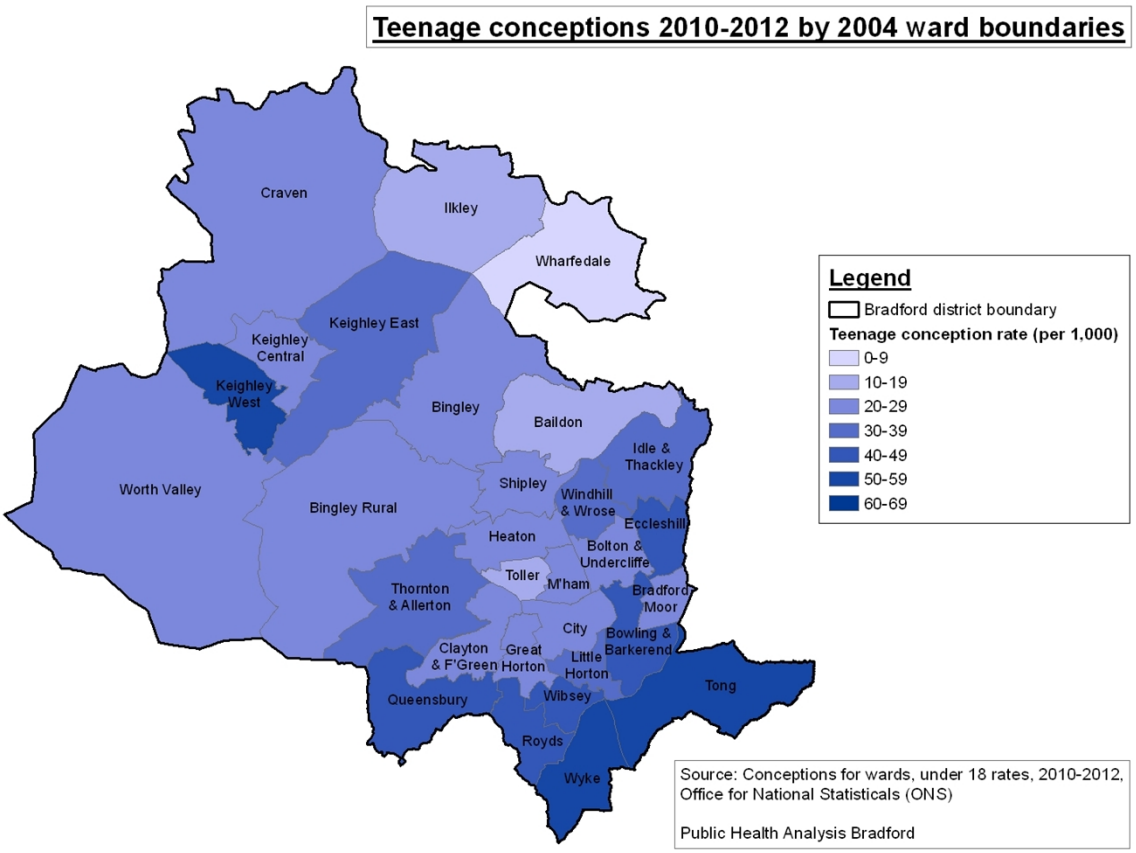
9.1.1.1 Teenage conceptions



The latest data shows that, when averaged across the four quarters of Q2 2013 to Q1 2014, the teenage conception rate of 28.9 per 1,000 in the Bradford district was higher than the Yorkshire and Humber rate of 28.1 per 1,000 and the England rate of 23.9 per 1,000. The Bradford district teenage conception rate has decreased considerably over time from 57.1 per 1,000 in 1998 which, at the time, was the highest rate in West Yorkshire. The trend over time has decreased in all West Yorkshire local authorities and the rates are now very similar. Improved education and working with young people and their parents has been key to reducing teenage pregnancies across the Bradford district, and the role of the School Nurse may be key in influencing this.

Across the four quarters of Q2 2013 to Q1 2014, there were 308 conceptions for 15-17 year old women in the Bradford district, although it is unknown what proportion of the conceptions results in a live birth and what proportion terminates the pregnancy.

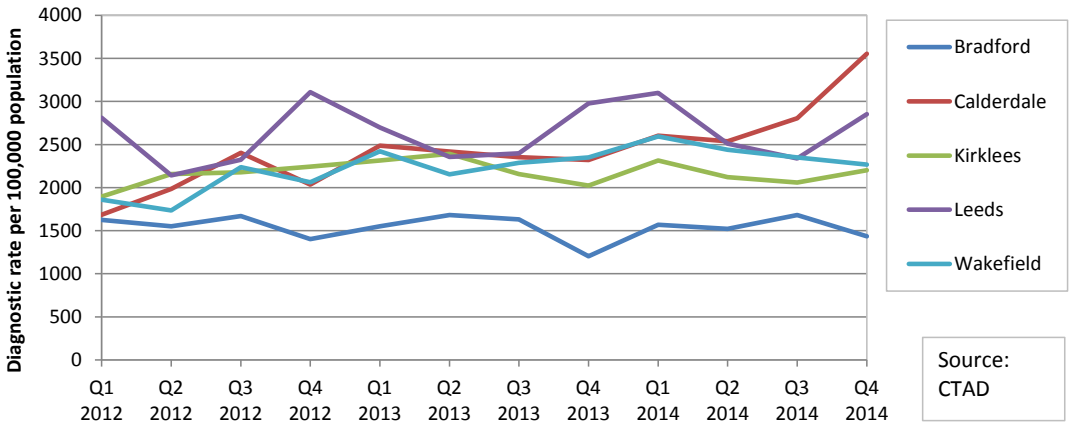
The following map shows that the wards with the highest teenage conception rates in 2010-2012 were Wyke, Tong and Keighley West. Between 2009-2011 and 2010-2012, the ward with the greatest increase in rate was Wyke which has not been considered a hotspot historically. This highlights the importance of monitoring the changing Public Health needs of local people.



9.1.1.2 Chlamydia

Public Health England has recommended a target of 2,300 Chlamydia diagnoses per 100,000 15-24 year olds to reduce the prevalence of Chlamydia in the population. Bradford has the lowest Chlamydia diagnosis rate for 15-24 year olds in West Yorkshire at 1,436 per 100,000 in Q4 2014. Bradford district's low diagnosis rate could be due to low testing coverage, low numbers of tests performed in outreach services or a low prevalence of Chlamydia within the population.

Chlamydia detection rates in the 15-24 year old population across West Yorkshire Local Authorities



9.1.2 Oral and Dental Health

Within West Yorkshire Bradford district has the highest prevalence of decay amongst 5 year olds with almost half (46%) having dental decay. Bradford district's prevalence is significantly higher than Yorkshire and Humber (34%) or England (28%). The prevalence of dental decay has reduced from 52% in 2007, achieving 2012 target of 50% set in Oral Health Strategy (2009).

9.1.3 Long Term Conditions

School nurses have a crucial role in the prevention and management of long term conditions. These conditions are becoming more prevalent and are better-diagnosed than ever before, and Bradford has a much higher proportion of children that are disabled and have complex health needs than the national average.

9.1.3.1 Asthma

In 2012, hospital admissions for asthma in Bradford and Airedale were higher than both the national and regional average. Local data showed a large increase in admissions among 5-10 year old children – ie those of primary school age.

9.1.3.2 Epilepsy

The prevalence of epilepsy is 25% higher in the most socially deprived areas of the UK compared to the least socially deprived areas (Purcell 2002). Parts of Bradford district are known to be amongst the most deprived in England, and so it follows that the prevalence of epilepsy may present a significantly greater challenge to Bradford district than to less deprived areas.

9.1.3.3 Diabetes

In Bradford district there were 229 children registered as having Type 1 diabetes and 18 with Type 2 diabetes under 19 years of age in 2010.

Diabetes prevalence by age and type 2010		
Age Range	**Type of Diabetes**	**Number of cases**
0 - 9 years	**Type I diabetes**	**50**
10 –19 years	**Type I diabetes**	**179**
0 – 19 years	**Type II diabetes**	**18**

9.2 Weight and Physical Activity

9.2.1 In 2013/14, the National Child Measurement Programme (NCMP) showed that 36.4% of year 6 pupils in the Bradford district are overweight or obese. This is higher than the National average of 33.5%, and the proportion of year 6 pupils in Bradford district who are overweight or obese has increased over the last 5 years.

9.2.2 21.6% of Reception aged (4-5 years old) pupils in the Bradford district were overweight or obese. This is slightly lower than the National average of 22.5%. However, the proportion of those who are obese in Reception is slightly higher than the National average with 9.8% compared with 9.5% nationally.

9.3 Mental Health and Emotional Wellbeing

9.3.1 Mental health disorders are common among children and young people, as shown in the table below:

Estimated Numbers of Children and young people with a Mental Disorder in Bradford				
Age Range	**Gender**	**Number of Children**	**ONS 2004 Prevalence**	**Number with a Disorder**
5 - 10 years	**Female**	21057	5.1	1074
	Male	22048	10.2	2249
	All 5 - 10	43105	7.7	3319
11 - 15 years	**Female**	17501	10.2	1785
	Male	18195	13.1	2384
	All 11 - 15	35696	11.7	4176
5 - 15 years	**All**	**78801**	**9.6**	**7565**

9.3.2 School nurses are an important part of providing universal Tier 1 services offering health & wellbeing support and signposting to more targeted services and specialist support.

9.4 Young Carers

9.4.1 Data, compiled from the 2011 census, shows nearly a quarter of a million people aged 19 and under in England and Wales were caring for parents, siblings and others. These young carers may remain hidden due to the fear of being identified, not realising they are a young carer or through professionals not acknowledging their role and therefore failing to identify and support them.

9.4.2 Key statistics:

- 9% of the 166,363 young carers in England care for 50 hours a week or more (census 2011)
- 80% care for 1-19 hours per week; and 11% for 20 – 49 hours per week
- 22% of young people under 16 in the UK (2.6 million) live with a hazardous drinker (BMC Public Health 2009).
- In the UK, 335,000 children live with a drug dependent parent (BMC Public Health 2009)
- Young carers have significantly lower educational attainment at GCSE level, the equivalent of nine grades lower overall then their peers e.g. the difference between nine Bs and nine Cs
- (The Children's Society, Hidden from View, 2012).

9.4.3 The 2011 Census identified a 7.6% increase in the number of young carers in Yorkshire and Humber, and estimated there to be 175,000 young carers nationally, equating to in the region of 2500 young carers in the Bradford district. This is likely to

be an under-estimate due to the low recognition of the caring roles taken by children and young people in relation to parental substance misuse.

9.4.4 The term Young Carer should be taken to include children and young people under 18 who provide regular and on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. A young carer becomes vulnerable when the level of care giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical wellbeing or educational achievement and life chances.

9.4.5 The current NHS and Public Health Outcomes Framework contain indicators for child health, each having an impact on the health and wellbeing of the population along the life course. Families with particular illnesses or disabilities such as HIV, mental ill-health and substance misuse may still feel stigmatised and fear seeking external support. Practitioners supporting young carers should be aware of the prejudices and stereotypes that may exist around cultures, and disability, or about adults who misuse drugs/alcohol or have mental health needs in terms of their parenting capacity and competence (Working together to support young carers and their families August 2012)

10. Child Protection and Safeguarding

10.1 Child protection/Safeguarding

The number of children who were the subject of a Child Protection (CP) Plan in the Bradford district at 31 March 2013 was 374 (a reduction of 16 children compared to the previous year). This is a rate of 27.2 per 10,000 under 18 population, This is lower than the national rate of 37.9. The proportion of boys (56%) was higher than girls. The category of abuse reasons for children subject of a CP Plan were: Neglect (46%); Emotional Abuse (39%); Physical Abuse (10%); Sexual Abuse (5%).

Children from an ethnic minority background are under-represented in terms of being subject to a CP Plan (29%) compared to 47% of children and young people from ethnic minority background in the district.

10.2 Children affected by Parental Risk Factors

From 1st April 2013 to mid-September 2013, 2684 child assessments were carried out by Children's Social Care; the following parental risk factors were identified:

- 220 (8.2%) of social care assessments carried out noted parental drug use to be an issue.
- 228 (8.5%) of social care assessments carried out noted parental alcohol use to be an issue.
- 297 (11.1%) of social care assessments carried out noted parental mental health to be an issue.
- 440 (16.4%) of social care assessments carried out noted domestic abuse to be an issue.

10.3 Child Sexual Exploitation

Analysis of local data shows the number of children and young people in the District at medium to high risk fluctuates between 60 and 100. Whilst the majority of children at risk are female, local and national analysis indicates that approximately 10% of the total is male. The majority of those at risk (approximately 70%) are recorded as White British. However, some 15% are recorded as British Pakistani origin, with the

remaining 15% recorded as other Black or Minority ethnicity; this includes a growing proportion of children of Eastern or Central European origin. The age of these young people range from 11 – 18 years; the peak age for victimisation being approximately 15 years 6 months.

11. Youth Justice

Bradford's child health profile shows there were 261 first time entrants to the youth justice system in 2013/14, which was not significantly different from the England average. The rate has shown a reduction for four consecutive years.

Work with the Youth Justice Board and Youth Offending Team (YOT) has established children's mental health as an important partner in delivery of services to this vulnerable group of young people. In the context of a high young population within the Bradford District and high levels of social deprivation, crime is something that young people in Bradford may be drawn to. The role of the school nurse may be crucial in ensuring that young people presenting challenging behaviours have the support and access to experienced mental health workers who will be able to ascertain any psychologically-based causes or consequences of offending.

https://www.bradford.gov.uk/NR/rdonlyres/86B0CA85-02F7-49CD-8448-4A4C5C7FB6BA/0/CYPTransformationPlanFutureinMind2015.pdf

12. Child Health Profile – 2016

The Child Health Profile for Bradford local authority is published annually (last updated 15 March 2016) via Public Health England, and provide a snapshot of performance around child health and wellbeing, using 32 selected key health indicators. This profile (below) enables comparisons to be made locally, regionally and nationally.

http://www.chimat.org.uk/resource/view.aspx?RID=273397

Whist there have been improvements against the key health indicators, Bradford local authority is significantly worse both regionally and nationally in key areas such as:

- Oral Health
- Hospital admissions caused by injuries in young people
- Educational attainment
- Obesity

This is consistent with the priority areas highlighted through the JSNA.

Bradford Child Health Profile — March 2016

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

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

	Indicator	Local no.	Local value	Eng. ave.	Eng. Worst	Eng. Best
Premature mortality	**1** Infant mortality	47	5.8	4.0	7.2	1.6
	2 Child mortality rate (1-17 years)	24	17.3	12.0	19.3	5.0
Health protection	**3** MMR vaccination for one dose (2 years) ● >=90% ● <90%	7,695	94.1	92.3	73.8	98.1
	4 Dtap / IPV / Hib vaccination (2 years) ● >=90% ● <90%	7,875	96.3	95.7	79.2	99.2
	5 Children in care immunisations	550	82.1	87.8	64.9	100.0
Wider determinants of ill health	**6** Children achieving a good level of development at the end of reception	5,030	62.2	66.3	50.7	77.5
	7 GCSEs achieved (5 A*-C inc. English and maths)	3,060	47.5	57.3	42.0	71.4
	8 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0	42.9
	9 16-18 year olds not in education, employment or training	990	5.4	4.7	9.0	1.5
	10 First time entrants to the youth justice system	283	487.2	409.1	808.6	132.9
	11 Children in poverty (under 16 years)	29,595	24.0	18.6	34.4	6.1
	12 Family homelessness	192	0.9	1.8	8.9	0.2
	13 Children in care	880	63	60	158	20
	14 Children killed or seriously injured in road traffic accidents	34	27.5	17.9	51.5	5.5
Health improvement	**15** Low birthweight of term babies	278	3.7	2.9	5.8	1.6
	16 Obese children (4-5 years)	582	8.6	9.1	13.6	4.2
	17 Obese children (10-11 years)	1,345	21.5	19.1	27.8	10.5
	18 Children with one or more decayed, missing or filled teeth	-	46.0	27.9	53.2	12.5
	19 Hospital admissions for dental caries (1-4 years)	164	497.2	322.0	1,406.8	11.7
	20 Under 18 conceptions	299	27.9	24.3	43.9	9.2
	21 Teenage mothers	81	1.1	0.9	2.2	0.2
	22 Hospital admissions due to alcohol specific conditions	45	32.5	40.1	100.0	13.7
	23 Hospital admissions due to substance misuse (15-24 years)	77	111.3	88.8	278.2	24.7
Prevention of ill health	**24** Smoking status at time of delivery	1,192	15.1	11.4	27.2	2.1
	25 Breastfeeding initiation	5,481	70.7	74.3	47.2	92.9
	26 Breastfeeding prevalence at 6-8 weeks after birth	3,226	41.6	43.8	19.1	81.5
	27 A&E attendances (0-4 years)	19,109	465.9	540.5	1,761.8	263.6
	28 Hospital admissions caused by injuries in children (0-14 years)	1,593	135.9	109.6	199.7	61.3
	29 Hospital admissions caused by injuries in young people (15-24 years)	1,238	179.4	131.7	287.1	67.1
	30 Hospital admissions for asthma (under 19 years)	420	287.3	216.1	553.2	73.4
	31 Hospital admissions for mental health conditions	111	79.9	87.4	226.5	28.5
	32 Hospital admissions as a result of self-harm (10-24 years)	483	463.8	398.8	1,388.4	105.2

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

1 Mortality rate per 1,000 live births (age under 1 year), 2012-2014
2 Directly standardised rate per 100,000 children age 1-17 years, 2012-2014
3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2014/15
4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2014/15
5 % children in care with up-to-date immunisations, 2015
6 % children achieving a good level of development within Early Years Foundation Stage Profile, 2014/15
7 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2014/15
8 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)
9 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2014
10 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2014
11 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2013
12 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2014/15
13 Rate of children looked after at 31 March per 10,000 population aged under 18, 2015
14 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2012-2014
15 Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2014
16 % school children in Reception year classified as obese, 2014/15
17 % school children in Year 6 classified as obese, 2014/15
18 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
19 Crude rate per 100,000 (age 1-4 years) for hospital admissions for dental caries, 2012/13-2014/15
20 Under 18 conception rate per 1,000 females age 15-17 years, 2013
21 % of delivery episodes where the mother is aged less than 18 years, 2014/15
22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14
23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2012/13-2014/15
24 % of mothers smoking at time of delivery, 2014/15
25 % of mothers initiating breastfeeding, 2014/15
26 % of mothers breastfeeding at 6-8 weeks, 2014/15
27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2014/15
28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2014/15
29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2014/15
30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2014/15
31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2014/15
32 Directly standardised rate per 100,000 (age 10-24 years) for emergency hospital admissions for self-harm, 2014/15

13. Health and Lifestyles Survey - 2013

13.1 Key Issues

In 2013, the Council and the three Clinical Commissioning Groups (CCGs) in the area carried out the Children and Young People (CYP) Lifestyle Survey. The survey was designed to gain an understanding of the health and wellbeing of school age children in the Bradford district. Pupils across the years 4, 7 and 10 were asked to complete the questionnaire; there were 9,732 responses to the questionnaire. Half of the respondents were from primary schools and the other half were split roughly equally between the two secondary school year groups. 70% of primary schools in Bradford, and 64% of secondary schools took part in the survey. There was also an almost equal distribution of gender (51%: Male, 49%: Female). 48% of respondents were White British and 38% were South Asian.

The survey suggested several things about Children and Young People in the Bradford district:

https://jsna.bradford.gov.uk/documents/home/Children%20and%20Young%20Peoples%20Lifestyle%20Survey%202013%20-%20FULL%20VERSION.pdf

https://jsna.bradford.gov.uk/documents/home/Children%20and%20Young%20Peoples%20Lifestyle%20Survey%202013%20-%20SUMMARY.pdf

13.1.1 Healthy eating

Pupils in year 10 were more likely to consume fizzy drinks and snacks on most days than were pupils of the same age and sex in the England sample.

13.1.2 Oral health

Responses from secondary school pupils showed that pupils in the most deprived quintile are more likely than others to have gone to the dentist last time because they were having trouble with their teeth.

13.1.3 Smoking

About a third of year 10 pupils had tried smoking, with 10% reporting that they smoke regularly. Pupils from more deprived areas were more likely to have tried smoking, and be regular smokers; similarly pupils from more deprived areas reported exposure to smoke in the home and in a car, compared with those from other areas.

Despite a change in law around the sales of cigarettes restricted to those aged 18 and above, 51% of smokers reported that they obtained their cigarettes by buying from a shop.

13.1.4 Substance use

Year 10 pupils in the Bradford district were less likely to have drunk alcohol in the week before the survey than males in the same age in the England sample. Alcohol consumption is higher among those in the least deprived quintile compared with those who live in the more deprived areas, which is the opposite of those reporting to have tried smoking.

Year 10 pupils in the Bradford district were less likely to know a drug user than were pupils of the same age in the England sample. 16% of year 4 pupils said they would like to talk with their school nurse about drugs; this was higher for girls (18%) than boys (14%).

13.1.5 Access to contraception

47% of year 10 pupils say that they know where to get free condoms from; this was lower than their peers across the rest of the country when compared with the England sample. Pupils from the most deprived quintile were the least likely to know where to get condoms free of charge. Year 10 pupils were asked where they can get condoms from free of charge 6.1% said that they can obtain them from school.

13.1.6 Bullying

The 2013 Children and Young People (CYP) Lifestyle Survey highlighted that 32% of Year 4 pupils in the Bradford district reported that they had been bullied at school in the 12 months preceding the survey; this figure fell to 23% for Year 7 and 17% for Year 10 pupils. The most common perceived reasons for being picked on or bullied were size/weight and appearance. Compared to an England sample, young people in Bradford were no more or less likely to be bullied.

12. Summary and Findings

Examination of the local population identifies a growing young population. 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.

As the population increases, children entering the education system will have greater levels of need and therefore may require proportionally greater support from School Nurse Services.

Emerging themes from the local population data include:

- Oral Health
- Management of Long Term conditions
- Obesity
- Mental Health/emotional wellbeing
- Targeted Support for Vulnerable Young People

APPENDIX SEVEN: STAKEHOLDER CONSULTATION

Please refer to attached document

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School_Nursing_Revie

APPENDIX EIGHT: SCHOOL NURSING SERVICE MODEL

Key principals of the service model

- 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 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 health 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.

Figure 1 (below) illustrates the service model for public health nursing services referenced in the 'Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and call to action'. It outline the key service functions.

Figure 1:

Tier		Descriptor
1	SAFEGUARDING	**Your Community** 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		**Universal services (U)** 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		**Universal Plus (UP)** 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		**Universal Partnership Plus (UPP)** 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.

Figure 2: School Nurse Delivery Model: Flexible Community Based Working

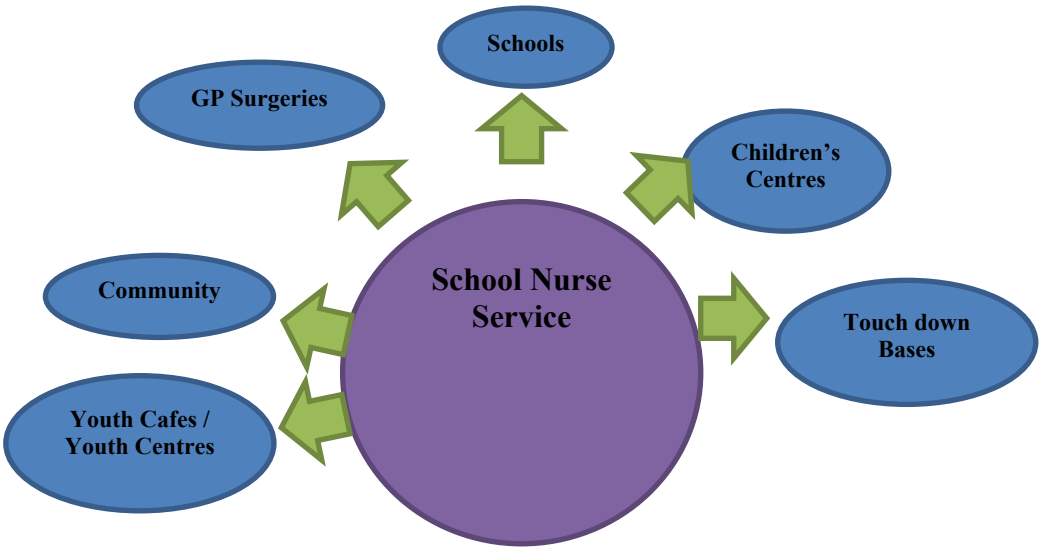
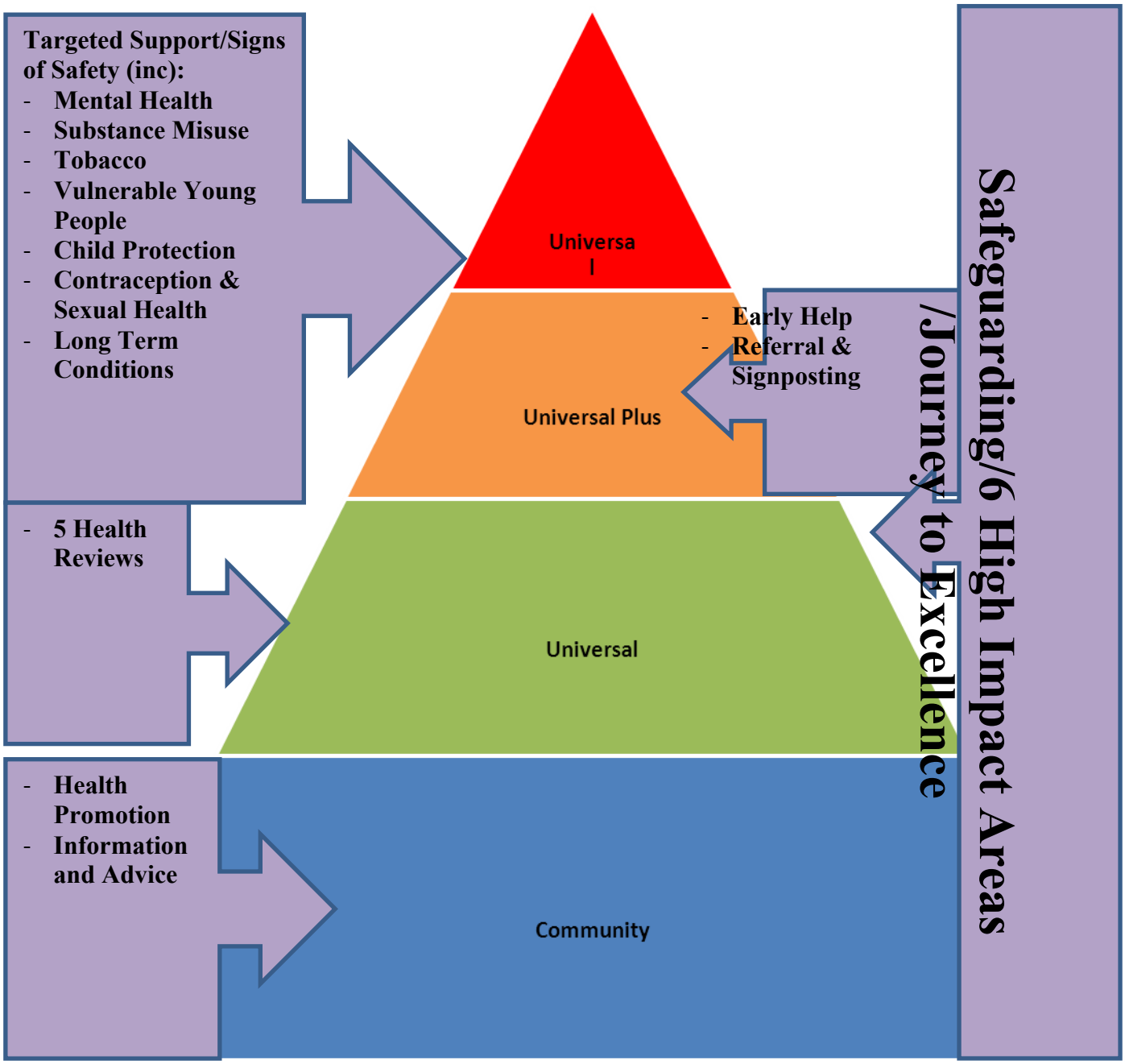


Figure 2 illustrates an example of a community based model providing easy access to children and young people.

Figure 3


Targeted Support/Signs of Safety (inc):
- Mental Health
- Substance Misuse
- Tobacco
- Vulnerable Young People
- Child Protection
- Contraception & Sexual Health
- Long Term Conditions
- 5 Health Reviews
- Health Promotion
- Information and Advice
Universa l
Universal Plus
Universal
Community
- Early Help
- Referral & Signposting
Safeguarding/6 High Impact Areas /Journey to Excellence

APPENDIX NINE: EQUALITY IMPACT ASSESSMET

Equality Impact Assessment Form

Reference –

Department	Public Health	**Version no**	1.0
Assessed by		**Date created**	29.01.2016
Approved by		**Date approved**	
Updated by		**Date updated**	
Final approval		**Date signed off**	

Section 1: What is being assessed?

1.1 Name of proposal to be assessed:

Recommendations for the Public Health Nursing Service Model for School Aged Children aged 5-19.

1.2 Describe the proposal under assessment and what change it would result in if implemented:

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

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

Key themes identified in national and local policy, guidance, planning and, in what our key stakeholders and partners have told us is important to them in a School Nursing Service 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 attend the service in school or do not access education within a traditional school setting.

The proposed changes outlined in the recommendations will result in a more accessible service that is better able to respond to the needs of children and young people.

Section 2: What the impact of the proposal is likely to be

The Equality Act 2010 requires the Council to have due regard to the need to-

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

2.1 Will this proposal advance equality of opportunity for people who share a protected characteristic and/or foster good relations between people who share a protected characteristic and those that do not? If yes, please explain further.

The proposal will help to reduce health inequalities among children and young people aged 5-19 and this will include those with a protected characteristic. The new service model will ensure improved service accessibility for priority groups such as children who do not access education through traditional settings, and those not in education. This will be achieved through service delivery that community and available throughout the year.

2.2 Will this proposal have a positive impact and help to eliminate discrimination and harassment against, or the victimisation of people who share a protected characteristic? If yes, please explain further.

The proposal will not directly eliminate discrimination, harassment or victimisation.

2.3 Will this proposal potentially have a negative or disproportionate impact on people who share a protected characteristic? If yes, please explain further.

The Equality assessment carried out indicates that this proposal is not likely to have a negative disproportionate impact on most if not all protected characteristics. However, one of the main aims of the new service model is to reduce health inequalities so will therefore have a

positive impact on children and young people who experience health inequalities.

2.4 Please indicate the level of negative impact on each of the protected characteristics?
(Please indicate high (H), medium (M), low (L), no effect (N) for each)

Protected Characteristics:	**Impact** (H, M, L, N)
Age	L
Disability	L
Gender reassignment	N
Race	L
Religion/Belief	L
Pregnancy and maternity	N
Sexual Orientation	L
Sex	L
Marriage and civil partnership	N
Additional Consideration:	
Low income/low wage	L

2.5 How could the disproportionate negative impacts be mitigated or eliminated?

Not applicable

Section 3: What evidence you have used?

3.1 What evidence do you hold to back up this assessment?

The Business Case for the Review of the Public Health Nursing Service for School Aged Children Aged 5-19 years

3.2 Do you need further evidence?

No

Section 4: Consultation Feedback

4.1 Results from any previous consultations

Yes

4.2 Feedback from current consultation

Yes

4.3 Your departmental response to this feedback – include any changes made to the proposal as a result of the feedback

The proposed service model has been informed by consultation feedback