

School Nurse 121 Campaign



Rosalind Godson
Professional Officer, Unite/CPHVA
rosalind.godson@unitetheunion.org

The recent headline of a Royal College of General Practitioners (RCGP) press release was succinct: *Health leaders declare 'State of Emergency' on childhood obesity*. The serious suggestion is that a Child Obesity Action Group be set up, which will involve collaboration between doctors, nurses, midwives, dietitians, dentists and schools. They call for a raft of measures, some of which will improve the situation, such as the right infrastructure, investment and knowledge to bring about the necessary changes.

Other suggestions are not so useful, such as increased support for the National Child Measurement Programme, more data gathering and more IT programmes, all of which take resources away from frontline work. They point out that while there are many initiatives across the country (England), child obesity treatment provision is a postcode lottery, and there needs to be a consistent response to the problem across the country. Of course, this would be a lot simpler if there were designated qualified school nurses to lead on this work and put all the evidence into practice.

Adolescent health

The World Health Organization has recently launched *Health for the World's Adolescents: A Second Chance in a Second Decade*, presenting a global overview of adolescent health and health-related behaviour. I cannot do better than quote from the report: 'What happens during the early years of life affects adolescents' health and development which, in turn, affects health during the adult years

and development of the next generation' (WHO, 2014).

School nurses will need to make sure that commissioners understand this 'second chance' and do not put all their resources solely into early intervention projects. The adolescent public health nurse is a specialism some local authorities will want to develop. CPHVA would encourage this and echo the RCGP, in that we need a consistent approach to adolescent health across the UK. A qualified school nurse in every secondary school would be able to lead and develop health initiatives, which would greatly impact upon adult health morbidities.

Many of you attend local professional meetings that discuss your outputs relative to your employers' targets, and which showcase local initiatives and relevant multi-agency working, but it is important not to lose sight of the wider agenda. Our adolescents are world citizens; many have relatives in other parts of the globe – and easy access to international travel and social media means that they are not bounded by local decisions. When you look at the world statistics for illness and death, road traffic accidents, mental health disorders, asthma and infections feature in the top 10, as they do here.

Personalised care framework

If you haven't yet looked at the *Framework for Personalised Care and Population Health for Nurses, Midwives, Health Visitors and Allied Health Professionals* I mentioned in a previous edition of *CP*, have a look at it now. It describes a life course approach to public health, although only the 'early years' one has been uploaded at present (Public Health England, 2013). There are six models for priority interventions and two of those,

alcohol and tuberculosis, are relevant to adolescents.

Alcohol misuse is also a growing problem in children and young people with over 24,000 receiving NHS treatment for alcohol-related problems during 2008/9 (Public Health England, 2013). There are facts, suggestions for guidance and e-learning opportunities and a reminder of the National Institute for Health and Care Excellence (NICE) guidance on brief interventions. School nurses need to have full possession of the facts and the evidence of interventions to engage usefully with young people, and to liaise with the youth service and police where possible to carry out joint projects.

Tackling tuberculosis

The Local Government Association (LGA), in conjunction with Public Health England, has published *Tackling Tuberculosis* as the UK now has one of the highest incidence rates of any western European country (LGA, 2014). Although largely confined to London and the Midlands, all school nurses should know what to look out for, especially as families are moved around by the benefits system and unaccompanied refugee children may arrive in schools. We need to be pro-active and not allow this disease to take hold of our young people as it did in previous generations.

CMO report on mental health

The Chief Medical Officer (England) has published her annual report on mental health which, although not mentioning school nurses at all and health visitors only once, does have a chapter (3) on children and young people's mental health. I urge you to read it: www.gov.uk/government/uploads/system/uploads/attachment_data/file/351629/Annual_report_2013_1.pdf

The statistics are depressing and point to complacency: more than 75% of adults who access mental health services had a diagnosable disorder prior to the age of 18 and incidences of self-harm are increasing. Despite this, there has been extensive disinvestment in specialist child and adolescent mental health service (CAMHS) provision in England since 2011, amounting to 25% in some areas, and removal of early intervention services across the country.

On the plus side, the Children and Young People Improving Access to Psychological Therapies (IAPT) partnerships (with NHS, voluntary and local authorities) are commended. Schools are seen as a key focus for mental health promotion and intervention, both for targeted and whole school approaches. It is CPHVA opinion that school nurses should be trained in tier

one mental health recognition and support, and be integral to this partnership working; therefore, it is vital that we increase the numbers. One of the recommendations from this report is that commissioning should recognise the potential of schools to promote resilience among children and young people and as settings in which to deliver child mental health interventions.

School nurse impact pathways

There are now many pathways available from Public Health England to demonstrate how school nurses can impact on various public health issues, and most of you have seen them. However, they do need school nurses to explain in detail to commissioners how they will help deliver local priorities. Do find out who is representing the public health of 5–19 year olds at the level of the health

and wellbeing boards, and local authority overview and scrutiny committees, and make sure that you either are that person or you influence or accompany that person. The question local authorities need answered is ‘Why should I employ a school nurse to do this?’ Make sure you have the answer.

References

- Local Government Association. (2014) *Tackling Tuberculosis*. London: LGA.
- Public Health England, Department of Health. (2014) *A Framework for Personalised Care and Population Health for Nurses, Midwives, Health Visitors and Allied Health Professionals*. Available from: www.gov.uk/government/publications/framework-for-personalised-care-and-population-health [Accessed September 2014].
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