

# School Nurse 121 Campaign



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I hope some of you managed to attend the Public Health England (PHE) regional school nurse events (there are now only four strategic health authorities in England: North, Midlands, South and London). I was at two of the meetings and, although the speakers were excellent and the workshops constructive, there was still a feeling from some delegates that there was no joining up of rhetoric and reality.

At both events, school nurses voiced their concern that they wanted to do further public health work, but that they simply didn't have the time or the resources, particularly given the amount of safeguarding work they are expected to carry out. This is known and understood by PHE, and they have presented the Treasury with the need for more funding, particularly because of the plans to roll out the flu immunisations to all children up to 16 years from next September.

However, even if further funding is released, there is no existing mechanism whereby the (English) government can direct local authorities to commission increased numbers of school nurses, as they are not a statutory requirement. That decision will be made by each local authority through the Health and Wellbeing Board, according to the evidence presented in the Joint Strategic Needs Assessment.

## Developing partnerships

Consequently, I urge you to redouble your efforts this year and pick up and run with the 121 Campaign, which is designed to

influence your local commissioners. If you can spare half an hour, look back over the last six months of *Community Practitioner* issues or the 121 webpage ([www.unitetheunion.org/cphva](http://www.unitetheunion.org/cphva)) to see where you could influence locally.

To reiterate, you (or your manager) need to have a robust partnership with:

- The elected member of your local council who has the lead for children
- The lead for children's services within the local authority (usually director)
- The Director of Public Health (this post may be shared across more than one local authority)
- The lead GP for children from each Clinical Commissioning Group (CCG) that relates to your local authority.

In addition, you need to have a partnership relationship with:

- The chair of governors in each of your schools and/or the governor with the lead for safeguarding
- The headteacher of each of your schools
- The lead for children in the local GP practice (nearest the school).

Where you have corporate working arrangements you will need to divide up the task between you, but you do need to get out there and explain how school nurses can improve health outcomes for young people.

More than this, you need to explain how this can be measured. The easiest way for us to find out whether or not what we do makes a difference is to ask children and young people themselves – so do consider using questionnaires and online tools to collect user views. It is an advantage that school nurses deal face to face with clients; many professionals and organisations are

reliant on second-hand information.

In Scotland, Wales and Northern Ireland the system has not changed recently, but there is less money within the NHS so, undoubtedly, there will be pressure to reduce services. It is important to influence decision makers that money needs to be spent 'upstream' on children's services to prevent problems later.

The PHE regional seminars were attended by a mixture of school nurses, public health leads and local authority commissioners, so the ideas from discussions were wide ranging. I mentioned above that you need to make yourselves known to the lead child health GP for the local CCGs, and particularly ask them how school nurses can engage better with their priorities, and offer a more joined-up service for



young people. It may well be that your GPs haven't realised the extent of the role of the school nurse, so when you are showcasing your work, don't forget to invite them. We heard from one part of the country where trainee GPs are routinely told about school nursing. Could you volunteer to do that? You would need to approach your manager and the university.

By the time you read this, the Children's Public Health Outcomes Framework should have been published, so your commissioners will want to align what they are doing with this. We will examine this in detail in a future issue of *CP*.

It was pointed out at one of the PHE events that local authorities are more likely to commission school nurses if they can be persuaded that doing so will save them money, rather than saving the NHS money. The general advice was to find out what is important to local decision makers that you have a passion about, and follow that through.

School nursing is a preventive social health model, but some nurses have raised concerns that they are being pushed

towards a medical model. You need to be clear that only an holistic universal service will deliver improved health outcomes, and individual task work will not. For example, public health is to prevent young people from becoming overweight, not to deal with the problem once it has occurred.

### Evidence-based practice

There are 13 pieces of National Institute for Health and Care Excellence (NICE) guidance that relate to schools, but judging from responses in the room very few areas are using this guidance. This is a pity, because we describe ourselves as 'evidence-based practitioners', so again we will put some information on this in this journal over the next few months.

I realise you have to work according to your employers directions, but I am a little perturbed by some non-evidence-based practice that is still going on in several areas: namely, audiology tests. All children born in Britain entering school now will have been eligible for newborn hearing screening, so there is no requirement for routine testing. Where there are concerns

about a child's hearing, they need to be seen by someone who can carry out the test in a sound-proofed room and can diagnose the problem. If school nurses can do this, they are the appropriate person, but if not, you will need to refer. I hope local protocols are reflecting this.

### Online resource

There is a new website for you to read, and I'm afraid you need to set aside a bit of time to look ([www.chimat.org.uk/schoolhealth](http://www.chimat.org.uk/schoolhealth)). The site is currently being populated and will eventually be added to the gov.org website. Let me know what you think.

### Catch-up sessions

I've been delighted to meet with school nurses throughout the country recently, so do continue inviting me to your meetings ([rosalind.godson@unitetheunion.org](mailto:rosalind.godson@unitetheunion.org)). I've also managed to do a few 'Lunch & Learn' and 'Cake & Catch up' sessions with smaller groups of nurses on particular topics, so will be rolling these out through 2014.

Happy New Year.