

School Nurse 121 Campaign



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‘How should school nurses in England deliver the Healthy Child Programme?’ is the question vexing school nurse managers in England, particularly as the Healthy Child Programme (HCP) is aimed at all 5–19 year olds, not just those in school.

To compound the problem, or maybe to concentrate the mind, many areas have decided to hold a sort of community services ‘commissioning fair’ to which all potential providers are invited.

If you have been following my campaign articles over the last few months in *Community Practitioner*, your local authority commissioners will be well aware of the wonderful service you can offer and will be quite clear that only qualified school nurses can offer the depth and breadth a universal service straddling health and education needs. You will also have been contributing data into your Joint Strategic Health Needs Assessment so that services are properly commissioned next year.

However, it is likely that you have been very busy with the day job and haven’t had time to realise that the Health and Social Care Act (which Unite strongly opposed at the time) has meant that all community services can be outsourced to commercial private companies or voluntary sector organisations. The (English) government has been active in expounding the value of the school nursing service, and has

produced various guidance, which I have flagged up for you in previous issues, but local authority commissioners are not obliged to follow it.

Action

Continue to befriend your public health director but realise that they need you to set your service into a framework of improving health inequality across the 5–19 age range not just those in school. School nurses must be radical with ideas about how to address unmet need and suggest frugal innovation that produces rapid returns and palpable benefits. You need to be the answer to the problem.

Your service has to look good when set against slick presentations from commercial companies and there is no reason why it shouldn’t; but we all need to guard against complacency. There are many areas where school nurses can check the quality of the service offered. For example:

- Are your school entrant questionnaires fit for purpose and are you using them well?
- Are your assessments evidence based and effective?
- Do you have systems in place to immunise hard-to-reach young people?
- Are you involving children and young people in designing the service?
- Are you using the results from the National Child Measurement Programme (NCMP) to target obesity prevention in your schools? (The English government statistics about the National Child Measurement Programme are now available on the following website: www.noo.org.uk). An analysis of NCMP



- data by Public Health England (PHE) has shown that children from deprived areas are almost twice as likely to be obese than those from affluent areas, and that this trend is worsening. The recent changes in children’s Body Mass Index between 2006/07 and 2011/12 are also available at: www.noo.org.uk/NCMP/National_report
- Are you using available dental health data to target sugar consumption and oral hygiene in your schools?
 - Are you visible in your schools? Is your photo on the board with other photos of school personnel and on the website with contact details? If you are working in a corporate team, then provide a team photo
 - Here’s an idea from a meeting I went to recently: many school meals services are very keen to increase the numbers of

children having them. Do you ever ask to sample them?

- Do school staff, children and parents know how to contact you?
- Do you know what the local health key performance indicators are? There will be obvious ones, such as tackling obesity and smoking, as well as others such as reducing visits to A&E. Remember, they will be based on the five public health outcomes adapted for children and young people:

1. Reduce child deaths
2. Prevent ill health for children and young people and improve their opportunities for better long-term health
3. Improve the mental health of children and young people
4. Support and protect the most vulnerable by focusing on the social determinants of health
5. Provide better care for children and young people with long-term conditions and disability.

Action

Find out all the local public health outcome measures that could possibly relate to 5–19 year olds and make sure that school nurses have plans to improve them.

I realise that many of you are simply too over-burdened with work to consider any of these matters – but you need to boast about what you are doing and be positive about what it is you could do if you were properly resourced. For example, ERIC (the enuresis charity) reports that there are 13,000 hospital admissions for chronic constipation each year in the UK. I have no way of verifying that figure, but if this is happening in your local area then your early intervention would prevent some of those cases.

Although money for school nursing services comes from Public Health England, GPs are still influential on health and wellbeing boards so your links remain important. If there isn't an adequate system

in place for GPs to access the school nursing service, then change it and advertise this improvement.

Action

July is Sickle Cell Awareness Month, so even if you just have a small meeting to update yourselves, make sure that you have a photo, and are in the trust's newsletter. Remember, a picture tells a thousand words.

Your management may be undertaking another service review, which feels threatening and demoralising, but do not spend too much time looking inwards. Your union reps should be involved with any reconfiguration to get the best outcome. Where there isn't a rep, then please consider coming forward yourself.

Keep in touch with us through the websites (see the front of this journal for contact details) and social media, and remember to invite me to your school nurse meetings.

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