

School Nurse 121 Campaign



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PUBLIC HEALTH HAS 'LOST ITS WAY'

according to writer and commentator Roy Lilley. He uses the English government's recently published *Five Year Forward View* report to support this (NHS England, 2014). His argument is that we haven't managed to 'design out' ill health from our lives; it is still far too easy to lead an unhealthy lifestyle, and being healthy should be made a lot easier so that 'choosing health' becomes a feasible reality. The plan talks of responsibility for improvements in public health in future being held by local government and elected mayors. So are school nurses part of the problem – or part of the solution? How much of what they do is around system change and how much is concerned with encouraging individual behaviour change within the existing system?

HEALTH PROMOTING SCHOOLS

The World Health Organization's (WHO) 'Health Promoting Schools' initiative (WHO, 2014) was taken up by the UK government in 1999 to make schools an integrated environment covering physical, emotional and environmental health.

The programme was funded so that one teacher in each school could devote a little dedicated time to planning and organisation, and so that teachers and school nurses could participate in bespoke joint training in order to be more effective when working together. How many school nurses out there still have their personal, social, health and economic (PSHE) education certificate? The beauty of such enterprises is that everyone becomes involved, including school governors, teaching and peripatetic staff, clerical and catering staff, parent-teacher associations, and extending

into the community via the police, the local authority and voluntary groups. Everyone in the neighbourhood has their part to play to support health promoting schools and, ideally, this should become amalgamated into mainstream working.

All such projects are often enthusiastically taken up at first, and then gradually fade as keen staff move on, resources get squeezed and bench-marking becomes a tick-box exercise. Unfortunately, after the change of government in 2010, the programme ceased to be encouraged by the Department for Education and was left to local decision making. Some places, such as London and Leeds, are beginning to make a comeback (albeit on a limited scale) and you are left to imagine how much more could have been achieved in changing children and young people's health outcomes if we had continued as we started, and consolidated schools as a genuine hub for holistic public health innovation.

Public Health England has been doing some work with stakeholders, including Unite/CPHVA, to develop seven priorities where it is suggested we can achieve results if all parties concerned (public, private and voluntary) focus upon the

same issues. There is an understanding that improvements need multi-agency support; but, as always, who is to pay? The topics identified are:

- Tackling obesity
- Reducing smoking
- Reducing harmful drinking
- Ensuring every child has the best start in life
- Reducing dementia risk
- Tackling microbial resistance
- Reducing tuberculosis.

You will notice the absence of priority to improve mental and emotional health, but that does not mean it has been shelved; rather that these are considered the most urgent.

SCHOOL NURSE ROLE

The topics mentioned above come high on the possible list of interventions and there is no reason to think that school nurses should deliver on all. However, we need to think about what these look like from a public health point of view. Let's take the first one – obesity.

We know that the obesity rate in childhood is too high and is not improving, and we know that the rate increases steadily during the 12



compulsory education years. The document sets out the stark facts but doesn't give any answers. If we look at the problem from a whole school perspective, rather than only targeting the overweight children, what would that look like if school nurses were in charge?

First, breakfast; there would be an enormous effort to persuade parents and children of the importance of a nourishing start to the day. This would be in conjunction with community dietitians, breakfast clubs and local media. The Chambers of Commerce would need to be approached, and local shops persuaded to sell stickers, hair bands and comics to children rather than sweets, crisps and fizzy drinks. You might need to ask your geography teacher to map children's journeys to school so that they can be encouraged to take roads where they are less likely to come across temptation. Walking to school would need to be promoted and failing that, starting the day with an exercise session.

Second, cool, refreshing free water would be available to all children (as it is to most adults at work). Then, no tuck shop, under any circumstances; the parent-teacher association will need to be supported to find an additional source of income.

Although many school lunches are healthy, there remains the problem that packed lunches

need to be supervised and audited by the dietitian and the school nurse. Local takeaway shops often serve food high in fat and sugar, which is unsustainable if we really want to improve health. These shops will need to serve healthy products if families are to support them, and this will require a concerted approach from parents and schools. Where children need to pay for fares or food, cash-free alternatives must be put into place so that there is no money for shopping.

Going home from school needs similar conditions to the morning, and partnership work needs to be put in place to educate children, young people and families about what to eat when they get home. School cookery lessons should teach children how to make a cheap healthy snack so that growing children do not resort to junk food when they are 'starving'.

School nurses need to make sure that the whole school food policy is up to date and understood, and work with the PE department, clearly a hugely important element in tackling obesity. Science, mathematics, English and home economics departments would all need to work together, and this would need to be sustainable and not seen as 'just another project'. GPs, dentists, grandparents and churches should be seen as part of the solution over the weekend,

and school nurses would need to be on hand on Monday morning to help deal with problems.

This may all sound to you like a 'nanny state', but it is not a particularly new concept. We have seen several initiatives both in the UK and other countries, such as Birmingham's 'Healthy villages' and Canada's 'Village on a diet' programmes. School nurses are curtailed by their paucity in numbers and their contracts from embracing this kind of working, but the future might be entirely different from the past, and it will need to be, as the systems we have at the moment are simply not working. For a new year's resolution, can I suggest you inspire your managers and commissioners with your 'blue sky thinking'? They might even be excited to try it.

REFERENCES

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