

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Children and Young People's Select Committee
Date:	July 2014
Title:	Public Health in Schools
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1. Purpose of Report

1.1. This report summarises key aspects of the delivery of the Healthy Child Programme for 5-19 year olds can be achieved through school nursing. It does this in the context of the local authority public health duty which includes responsibility for children's (5-19) public health. It refers to recent detailed public health assessment of the needs and support available for our children and young people, which is being published as the 2013-2014 annual report of the Director of Public Health. This approach enables the development of useful and meaningful population health surveillance data, service activity and outcome information. It recognises the benefits of an integrated approach and alignment across public health, healthcare, educational and children's services to maximise the opportunities for our next generation.

2. Contextual Information

2.1. Hampshire includes a population of more than 232,000 children and young people aged between 5 and 19 years. Over 90% of these will receive their education from state funded schools and colleges. The country's future economic wellbeing rests with the achievements of it's young people coming through the education system. Educational attainment and subsequent economic activity is also demonstrably linked to the aspirations, physical and mental health of those young people.

2.2. The Health and Social Care Act (2012) placed the duty to "take steps to improve and protect the public's health" with upper tier and unitary local authorities, informed by a number of explicit responsibilities, one of which is "children's public health (5-19 years)". This is informed by a number of policy documents describing the evidence for such an approach. It is

helpful to consider this responsibility for local government in the context of a definition of “public health”. The formal definition of “public health” as described by a previous Chief Medical Officer for England, Sir Donald Acheson, is: “the art and science of promoting and protecting health and wellbeing, preventing ill health and prolonging life, through organised efforts of society”. It thus relies on the World Health Organisation definition of “health”, while acknowledging that “public health” is everyone’s business and does not rest with any single individual or organisation.

- 2.3. Children’s health is influenced from before their birth by the health and habits of their parents. The circumstances of a woman prior to and during pregnancy have a life long impact on her offspring. For example, women who drink significant amounts of alcohol throughout pregnancy will have children with varying damage to brain development, the most serious of which, encephaly, is incompatible with life, but more commonly results in intellectual impairment and associated, possibly serious, behavioural problems. Women who smoke are more likely to have stillborn babies, or small babies who are more likely to get repeated lung infections. The list is extensive.....

Babies are “designed” to receive nutrition from breast milk. Formula milk remains a sub-optimal substitute. Breast milk contains the optimal proportions of all nutrients, for a growing infant, including maternal immunoglobulins which protect the infant from infections. As a baby grows physically and intellectually, it relies on the interaction and stimulation it receives from it’s closest carers. The significant difference in brain development between small children who receive varying amount of intellectual stimulation has been well publicised across the media. Household habits, including adult social behaviours, diet and general approaches to activity, all have a real bearing on the state of our children before they reach school age.

3. The health of our school age population

- 3.1 The health needs for children and young people aged between 5 and 19 years are described in detail in the Hampshire Director of Public Health’s Annual Report 2013-2014. While the health of Hampshire’s children is generally satisfactory, there is no space for complacency with significant variations observed across the county. For example: 1 in 5 children is growing up in poverty in Havant, compared to 1 in 8 as the county average. While Hampshire has a smaller proportion of children who are overweight or obese than the England average, we see the same near doubling in the proportion of children recorded as "obese" between the measurements in year R and year 6, (8% to 15.4% for Hampshire). This cannot be considered acceptable.
- 3.2 Specific professional support for children during their school years has traditionally been provided by, or overseen by, “school nurses”. The Department of Health through the “School Nurse Development Programme” has agreed a new vision and service model for school nursing “Getting it right for children, young people and families: maximising the contribution of the

school nursing team: Vision and Call to Action”¹. This new service model relies on the Healthy Child Programme 5-19 years² and includes four levels with safeguarding as an explicit theme throughout as summarised below.

The School Nursing Offer

SAFEGUARDING	Community - to provide advice to all school-aged children(5-19yrs), and their families within the local community through maximising family support and the development of community resources with the involvement of community and voluntary resources.
	Universal services - Working in partnership with children, young people and families to lead and deliver the healthy child programme (5-19) working with health visitors to programme a seamless transition upon school entry.
	Universal plus - to identify vulnerable children, young people and families, provide and co-ordinate tailored packages of support, including emotional health and wellbeing, safeguarding, children and young people at risk with poor outcomes and with additional or complex health needs.
	Universal partnership plus - to work in partnership with partner agencies in the provision of intensive and multi-agency targeted packages of support where additional health needs are identified.

4 School Nursing in Hampshire

4.1 School nursing is a local authority commissioned public health service, currently available for 5-16 year olds attending state funded schools. The service is provided by two providers, Southern Health NHS Foundation Trust, which covers the majority of the county’s schools and Hampshire Hospitals NHS Foundation Trust. These contracts, which were transferred to the Council from the NHS in April 2013, run until 31st July 2015. A process is underway to commission a new service that is based on the national model, meeting national standards but addressing local needs, through a procurement process. This should be in place from the 1st August 2015 for 5-19 year olds on the roll of “state funded schools” or further education / training establishments in Hampshire.

4.2 School Nurses are qualified nurses who hold an additional specialist public health qualification which is recordable with their national professional body - the Nursing and Midwifery Council. School nurses manage skill-mix teams and are ideally placed to lead and coordinate delivery of the “Healthy Child Programme 5-19 years. They are skilled in identifying issues and risks and

¹ Department of Health (2012). Getting it right for children, young people and families: maximising the contribution of the school nursing team: Vision and Call to Action

²Department of Health and Department of Children, Schools and Families (2009). Healthy Child Programme (from 5 – 19 years old). London: Department of Health

providing early intervention, signposting and referral to other services where appropriate, with a keen awareness to support safeguarding for all children.

- 4.3 The Healthy Child Programme 5-19 years is a national evidence based public health programme which offers every child a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and support to parents tailored to their needs, with additional support when needed and at key times. It seeks to reduce health inequalities and meet the needs of the most “at risk” children, young people and families. School nurses provide a crucial co-ordinate role to the effective delivery of this complex multi-agency programme, working to optimise the outcomes for children and young people. Most babies are born in reasonable health and the aim is to maintain this as they grow and develop into adulthood.
- 4.4 A commissioning review in 2013 compared the existing Hampshire services with those of our statistical neighbours³. This found that the Hampshire services were less well resourced with much lower levels of qualified public health nurses per child than comparable areas and nationally. This was clearly demonstrated as having a negative impact on the level and range of services available and hence outcomes, especially for the 11-19 year olds. In recognition of this, the financial resource available for the current contracts has been increased by the Council.
- 4.5 Service improvement plans were agreed with both providers for 2013/14 to include increasing the numbers of public health trained nurses, developing the services for 11- 16 year olds and piloting specific interventions e.g: follow up of children and young people who attend accident and emergency departments; domestic abuse and formalised links with Refuges; joint work with Asthma UK on developing the management of children in school who live with asthma; health reviews at Year 6/7 and integrated work with Health Visitors on school readiness, initially in Havant and Eastleigh.
- 4.6 The future service, from 1st August 2015, will be commissioned to lead and coordinate delivery of the Healthy Child Programme 5-19 years based on the new national model for school nursing, provide accessible universal services, early intervention and help and to work collaboratively to ensure integrated service provision based on the needs of children, young people and families.
- Across communities - this will mean working with existing partnerships (Local Childrens Partnerships) and Early Help Hubs to address local population health needs and to develop and promote local services. The service will support education establishments to promote health and wellbeing of its pupils through systematic ongoing implementation and evaluation of the outcomes from policy and guidance such as “Hampshire Healthy Schools Programme”; School Food Plans; “Supporting pupils with medical conditions” statutory guidance (2014)⁴. Discussions with each of Hampshire’s five Clinical Commissioning Groups are underway to develop the links and understanding of this

³ Drawing on Child and maternal health intelligence network (CHIMAT)

⁴ <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

new guidance, both across schools but also with GPs, community and acute healthcare providers.

- For Universal Services - the service will directly provide the Health Assessment and Reviews and the National Child Measurement Programme at Year R and Year 6/7 in line with the current evidence and guidance and signpost and refer to appropriate services. The service will focus on promoting uptake of screening and immunisation programmes, promoting healthy lifestyles (emotional health and wellbeing, healthy weights, substance misuse, sexual health) and providing schools, children, young people and parents and carers with support to access appropriate services
- Universal Plus - children, young people and parents should expect a swift response from the service when they need additional or specific expert health advice. This maybe delivered through direct provision such as assessment, brief interventions and monitoring or through sign-posting and onward referral. The service will have a role in identifying children and young people with particular vulnerabilities or “at risk” factors such as: children & young people with complex health needs; Children Looked After; Young Carers and ensuring that they are accessing effective services and support.
- The Universal Partnership Plus - service will work with children, young people and families in partnership with other agencies and services to deal with more complex issues over a period of time e.g: “Troubled Families”; Level 3 Early Help Hub and Youth Offenders.

5 Public Health Screening in School

5.1 The Healthy Child Programme Guidance recommends that hearing and vision screening is carried out routinely at school entry in line with National Screening Committee guidance. There is no evidence for or against doing routine screening at later ages and it is not offered in Hampshire.

- The School Nurse service offers all Year R children a hearing screening test. Parents consent to the test and can be present; however it is mostly undertaken in their absence. Staff providing this screen are trained by audiologists to undertake an “Audiometer Sweep Test” and if this is failed, a Pure Tone Audiometry Test. The staff work to stringent clinical guidelines to perform the test, relying on a set of thresholds for follow up or onward referral to paediatric audiology services for audiology testing and/or the GP for further assessment. The results are recorded and parents are informed. If children, parents or teachers raise concerns about a child’s hearing at any time they can and should be referred to the paediatric audiology service via their GP.
- The School Nurse service offers all Year R children a vision screen. Parental consent is required and staff are trained by orthoptists to undertake the screen. The staff work to “retest and referral criteria” agreed with the Orthoptic Services. These may involve a rescreen,

referral to the Orthoptist or to an Optician. The results are recorded and parents are informed of the results. If parents have any concerns, but the results do not meet the criteria for a referral to the Orthoptist they are advised to seek further testing with an Optician. Of course, children have access to free eye tests through high street opticians should concerns be raised by them or their families at any time.

The uptake and outcomes from hearing and vision screening across Hampshire is recorded in the Child Health Information System, currently managed by Southern Health NHS Foundation Trust. From 2013/14 there is a requirement for the school nurse service to report this by locality and to develop the reporting over time to include the proportion who are referred on for audiology or vision testing. The move of Public Health to the Council has prevented ready access to the data pending resolution of information governance issues.

5.2 The National Child Measurement programme has been in place as a population health surveillance programme since 2006/2007. Height and weight are assessed in year R and year 6, with parental consent and overweight and obese children and their families are advised and referred as appropriate. This is a nationally mandated public health responsibility for local authorities and has an established, reliable national data collection. In Hampshire we have between 85% and 90% of eligible children assessed in year R annually.

5.3 Vaccination status is checked as part of the universal Year R Health Assessment by school nurses and parents are advised and encouraged to complete vaccination programmes by their GPs. Two vaccines are specifically given to school age children, the human papilloma virus (HPV) and School Leaver Booster vaccines⁵. Both of these important health protection measures have had low rates of uptake in Hampshire and need to be improved to mitigate avoidable risk from cervical cancer (HPV), diphtheria, tetanus and polio and meningococcal C.

- The uptake rate for the completed course of HPV in 2011/12 was 85.1% in Hampshire, well below the DH 90% target.
- The uptake of School Leaver Booster in 2011/12 was 62.4%

Since April 2013 national immunisation programmes have been commissioned by NHS England. Delivering immunisation programmes through a school based service has been shown to be effective in increasing uptake and the school nursing service has a significant role in play in facilitating improved uptake of these vaccines whether or not it continues to be commissioned to provide the service in the future.

5.4 Good dental and oral health depend on establishing good diet and oral hygiene from an early age. Many of the factors which result in poor dental

⁵ <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

health also lead to other serious avoidable diseases and there is a strong relationship between deprivation and poor dental health.

Data on the 'dental health' of Hampshire's five year-old children are sourced from the national NHS survey of children's dental health. In 2012/13 fewer than a fifth of Hampshire's five-year-olds experienced some dental decay, but this varied from 12.1% in Winchester and Fareham to 28.5% in Havant and 23.4% in Rushmoor. This year's survey is planned to include children attending Special Schools in Hampshire who are especially vulnerable to poor oral health. In Hampshire dental health services have been reoriented to preschool and reception years and a "Smile for Life" Programme is being piloted in Winchester and Gosport children centres and in twenty Early Years settings where obesity levels are high and there are high numbers of 2 year old free places.

6. Conclusions

- 6.1 Our future adult workforce depends on how we enable our children to become healthy, resilient adults. Much of this is through what families do, but the Council has an extended opportunity to support this through its public health responsibilities for school aged children.
- 6.2 The public health nursing for school aged children needs to complement that of early years services and public health nursing for 0-5 year olds and children's services for all children of all ages as well as aligning with the approach to the educational ambition delivered by schools. Development of links with GPs and healthcare providers for children must be an ongoing and iterative process.
- 6.3 The transfer of children's public health 5-19 to the local authority as part of it's public health responsibilities offers the opportunity to ensure the evidence based Healthy Child Programme is able to deliver improved health outcomes for our children.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	Not specifically
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u> June 2014
Direct links to specific legislation or Government Directives		
<u>Title</u> Health and Social Care Act		<u>Date</u> 2012

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1 The additional investment for school nursing and refocus of the service will enable a robust implementation of the findings of the Hampshire School Nursing Review and associated health needs assessment for our school aged children. This will improve access to appropriate school nursing services for children, young people and families across Hampshire, including those with protected characteristics. The service will respond positively to the needs of all children and young people, including cultural, religious, language, gender, sexuality, disability, age and communication needs.
- 1.2 A detailed Equality Impact Assessment has been completed as part of the procurement of Public Health School Nursing Services.

2. Impact on Crime and Disorder:

- 2.1. Early intervention in children and young people to promote resilience and emotional wellbeing is likely to reduce involvement with the Criminal Justice System.
- 2.2. Children and Young People within the Youth Offending Team will be prioritised for access to the Healthy Child Programme.

3. Climate Change:

- 3.1. There will be no direct impact on climate change.
- 3.2. A consideration of climate change and its impacts on the population form part of the evidence informing interventions to improve and protect the public's health.