

Date: Wednesday 3 July 2002

Venue: Committee Rooms 3 & 4, National Assembly for Wales

Title: Review of Services for Children with Special Health Needs - Report on School Nursing Service

Purpose

1. Members of the Health and Social Services Committee are asked to note the content of this report which is written in response to a request made at the Committee's meeting on 15 May for a paper on the recommendations relating to school nursing in *A Review of Health Visiting and School Nursing Services in Wales* (April 2000).

Background

2. *A Review of Health Visiting and School Nursing Services in Wales* (April 2000) was commissioned by the National Assembly for Wales and undertaken by a review team from the University of Wales Swansea School of Health Care Science led by Professor Dame June Clark.

3. The report makes 31 recommendations relating to child health, health visiting, school health services, education, workforce and wider policy issues. The recommendations have not been formally accepted by the Welsh Assembly Government. The Review was used to inform the Primary Care Strategy *The Future of Primary Care: a consultation document* (July 2001) which stated the need to consider "the specific recommendations made as a result of the review of Health Visiting and School Nursing services in Wales" (p.31). The summary of recommendations is attached as Annexe 1.

4. In some areas of Wales responsibility for the provision of school nursing is divided between the NHS and local education authorities (LEAs). The Review deals with those nurses employed by the NHS.

5. The Review found the school health service to be "fragmented, grossly under developed and under resourced" (p.208). There was confusion of purpose about whether the school health service should be seen as a service for schools, a service for children at school, or a service for school aged children. Evidence suggested that it was a service for children at school excluding those children who did not attend school and failing to ensure continuity of care outside of term-time.

6. The situation in Wales was found to be that of approximately 200 school nurses struggling to provide services in 2000 schools to almost half a million school children with, apparently, not a single new school nurse being trained in Wales in the previous five years.

Consideration

7. School nursing services continue to be provided by both NHS trusts and LEAs which has implications for training, line management and clinical governance of nursing practice.

8. Recommendation 54 of the Carlile Review (March 2002) states: "We recommend that all school nurses should be employed within the NHS, and seen clearly as a valued part of the primary care system and the recommendations contained in *Recognising the Potential: A Review of Health Visiting and School Health Services in Wales* (Renamed: *A Review of Health Visiting and School Nursing Services in Wales*) should be implemented". This recommendation was accepted in principle by the Welsh Assembly Government and will be taken forward in the context of the Primary Care Strategy.

9. Recommendation 55 states; "We recommend that every NHS trust should review the provision and management of the school nurse service, with the aim of providing an attractive career structure and a more effective service". This recommendation was accepted in principle by the Welsh Assembly Government and will be taken forward in the context of the Primary Care Strategy.

10. *The Policies and Practice of Resuscitation: An In-Depth Study of Lessons to be Learned from Events at Ysgol Crug Glas. Report to the National Assembly for Wales* (May 2002) , the draft and, as yet incomplete report by Dr. Philippa Russell, CBE and the team from the Council for Disabled Children, emphasises the important role of school nurses in relation to the care of children with complex health needs in education and endorses the above recommendations in the Carlile Review. This report further endorses recommendations 12, 13, 15 and 18 in *A Review of Health Visiting and School Nursing Services in Wales*. (April 2000). (See Annexe 1)

11. An all-Wales specification for school nursing has not been developed and there continues to be disparity across Wales. Specifications for school nursing have been developed to a greater or lesser degree by different NHS trusts, for example, the trusts in Bro Taf are currently developing a health authority-wide specification.

12. School nursing continues to focus on children at school although in some areas this has extended to include work outside of school hours.

13. There is no requirement to hold a school nurse qualification in order to practise as a school nurse but it is desirable for school nurses to have this qualification. Workforce planning figures for Wales indicate that at the end of December 2000 there were 176.53 registered general nurses who were in post as school nurses. Of these, 72.97 held a school nurse qualification. The predicted figure for the end of 2002 is 238.72 and of these 134.17 are expected to hold a school nurse qualification. Some school nurses will

hold a paediatric nursing qualification.

14. Education Purchasing Unit (EPU) funding for school nurse training is only available for staff working within the NHS. School nurses employed by LEAs are unable to access this funding.

15. Two educational establishments are currently contracted to offer school nurse training in Wales: the University of Glamorgan which offers a part-time course over two to four years and the North East Wales Institute (NEWI) which offers both a one year full-time course and a part-time course. The commissioning numbers for 2002/03 are 10 for the University of Glamorgan and 7 for NEWI.

16. Various developments will have implications for the work of school nurses:

- Recommendations contained in the Hall 4 report "Health for All Children".
- The Welsh Network of Healthy School Schemes encourages the development of local healthy school schemes. These, in turn, encourage the development of health promoting schools in their area. It is expected that 600 schools will be involved by March 2004 which is around 30% of schools in Wales.
- Department of Health (2001) *The Health Visitor and School Nurse Development Programme: School nurse practice development resource pack*. Using this document Cardiff and the Vale NHS trust will be starting a pilot project in September focusing on Ely, Cardiff. The project will last for an academic year and be evaluated. As two school nurses have retired the school nursing service in Ely has been reconfigured to enable a team of school nurses of different grades to provide a public health, child centred, needs led service. The project will also incorporate recommendations from the Hall 4 report. The team will link with both the Healthy Schools Scheme and voluntary agencies in Ely.
- The possibility of co-locating health and education services at school level.

Conclusion

17. This Review provides background information on the school nursing service in Wales. Although the Review's recommendations relating to school nursing were made two years ago they are still relevant today. School nursing in Wales continues to be an under-developed and fragmented service. A future issue for the Welsh Assembly Government will be to consider the recommendations of the Review and whether they should be approved.

Jane Hutt
Minister for Health & Social Services

A Review of Health Visiting and School Nursing Services in Wales (April 2000)

Summary of Recommendations

Wider Policy Issues

1. The Assembly should adopt the targets and strategies set out by the World Health Organisation in *Health 21* and use it as a framework for its own action plan for primary health care.
2. The Assembly should give urgent consideration to the development on an all-Wales basis of appropriate clinical information systems for community health services.
3. New ways of working should be developed and tested in pilot studies within the framework of the developing Local Health Groups in at least three areas covering geographical differences and urban and rural areas.
4. Local health Groups should establish a Public Health Directorate as soon as possible. Meanwhile, trusts should review their public health function in conjunction with health authorities, local authorities and Local Health Groups and appoint a senior manager to take forward this development.

Child Health Services

5. We recommend the retention of health visiting as a universal service for families with children, with intensity of services based on client demand and the health visitor's assessment of need.
6. The health visiting services should also be formally extended to include children in other settings away from home, for example in foster or residential care.
7. A senior health visitor should be appointed in every NHS trust to provide advice to the trust board, LHGs, local education authorities and social services departments on all aspects of child health.

Health Visiting Services

8. A specification for the core services to be included in the health visiting service should be developed on an all-Wales basis, supplemented by local specifications to be developed by Local Health Groups on the basis of their assessment of the needs of their local population.

9. Further work should be undertaken by Local Health Groups to identify the need for health visiting services to elderly people.
10. Trusts should examine their management arrangements for the health visiting service to ensure effective professional leadership and support for front line staff; the arrangements should include a designated head of the health visiting service.

School Health Services

11. The Assembly should reconsider the role of the school health service as a year-round service for all school aged children.
12. A specification for the core services to be included in the school health service should be developed on an all-Wales basis, to include a programme of health surveillance, an immunisation programme, health teaching on both an individual and group basis, arrangements for the identification and support of children in need, and open access to a school nurse for every school age child for confidential consultation and advice.
13. Service agreements should be negotiated between the NHS, education authorities, school governors, school heads for the provision of health services to all children to ensure equity and comparable standards of service.
14. Every school should have a designated school nurse; to make the concept meaningful, no nurse should have to serve more than five schools.
15. A health profile should be developed by the named school nurse for every school in consultation with NHS services, education authorities, school governors, school heads and parents. The profile should be updated annually and used to plan services appropriate to the needs of the particular school.
16. Regular audit should be undertaken by every school to contribute to a regular LHG report on the health of the school aged population in its area.
17. We recommend that the CPHVA (Community Practitioners and Health Visitors' Association) National Framework for School Nursing practice (CPHVA October 1999) should be explored for implementation in Wales within the LHG pilot sites which we have recommended.
18. A training needs analysis of all school nurses should be undertaken as a first step in an intensive programme of staff development for existing staff.
19. More research should be commissioned and undertaken to improve the evidence base of effective school health provision.

Education Issues

20. The current curriculum and learning outcomes for health visiting and school nursing should be reviewed by the UKCC (United Kingdom Central Council for Nursing, Midwifery and Health Visiting) or its successor body as soon as possible. To ensure the quality of professional education in Wales in the short term, the Assembly, in consultation with the professions and the education providers, should use its commissioning power to ensure that appropriate standards for the education of health visitors and school nurses are specified and achieved in Wales.
21. Opportunities for shared learning with related disciplines other than nursing should be actively sought.
22. The length of the course for preparation for health visiting should be extended from the current minimum of 32 weeks to at least the previous minimum of 51 weeks, and a ten-week period of supervised practice should be reinstated. Part time options of equivalent length (probably spread over two years) should be developed.
23. A minimum period of three months preceptorship for newly qualified health visitors and school nurses should be a mandatory requirement.
24. The minimum required entry criteria to courses should be standardised at 120 credits at level 1 and 120 credits at level 2. Access modules at level 2 should be available for students who do not yet meet the required entry criteria.
25. A nationally recognised and approved preparation for Community Practice Educators at degree level should be developed and stipulated as a requirement for teaching and assessing health visiting and school nursing students.
26. Community Practice Educators should be educated to at least degree level, and in the longer term to Masters level.
27. A range of specialist modules (e.g. child protection, community development) at different academic levels and modes of delivery should be developed, and Trusts should enable those staff working in these fields to undertake them, either as stand alone programmes, or as component parts of a further qualification.
28. Funding arrangements for initial and continuing education for school nursing should be urgently reviewed.

Workforce issues

29. A further review of the health visitor and school nursing workforce, in the form of a detailed census, should be undertaken as a matter of urgency. In addition to personnel data, this should include standardised data about each practitioner's caseload
30. Further work should be undertaken by the Assembly's Health and Social Services and Under Sixteen Education Committees to ascertain more precisely the numbers, qualifications, current responsibilities and work patterns of staff employed as school nurses in both the health and education sectors in Wales.
31. There should be an intensive programme of recruitment and training to increase the number of qualified school nurses;