

Committee: Health and Wellbeing Board

Date: 30 September 2014

Wards: All

Subject: School Nursing Services in Merton

Lead officer: Dr Kay Eilbert, Director of Public Health

Lead member: Cllr Maxi Martin/Cllr Caroline Cooper-Marbiah

Forward Plan reference number:

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RECOMMENDATIONS:

- To note and consider findings from a review of School Nursing Services in Merton and progress following the review.
 - To consider review recommendations, action plan and next steps for the development of School Nursing Services.
 - To welcome the £30k increase in funds to provide additional capacity to address higher need schools in the east of the Borough.
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to inform the Health and Wellbeing Board about School Nursing Services in Merton, and ask the Board to consider recommendations for the development of services in Merton. The report sets out findings from a local review carried out by Public Health of School Nursing Services, recent national guidance on commissioning services and recommendations for service development and next steps.
- 1.2 The review engaged with schools, pupils and parents and found that schools are positive about the Service and would like more school nurse time and pupils who had used the school nursing service said that it had made a positive difference to them.
- 1.3 The review confirmed that the School Nursing Service delivers core elements of the Healthy Child Programme, and is broadly meeting performance targets where these have been specified. However, the Service did not deliver a number of services recommended in the Healthy Child Programme.
- 1.4 A number of factors that were found to influence the school nurses' ability to deliver the full Healthy Child Programme, these included:
 - workforce capacity and recruitment issues
 - Population growth and increasing complexity of needs
 - Resource and IT issues

- Delivering all of health's statutory safeguarding responsibilities, which should sometimes be the responsibility of other health professionals.

1.5 An action plan has been developed in response to the findings of the review and recent national guidance on School Nursing.

1.6 Going forward, it has been agreed that from April 2016 School Nursing services will be commissioned for Merton only, and not jointly with Sutton. This will provide an opportunity to shape services to better meet local needs in the borough better.

2. DETAILS

2.1 Introduction

The purpose of this report is to inform the Health and Wellbeing Board about School Nursing Services in Merton, and ask the Board to consider recommendations for the development of services in Merton. The report sets out findings from a local review of School Nursing Services undertaken in 2013, recent national guidance on commissioning services and recommendations for service development and next steps.

2.2 Context

From April 2013 local authorities have been responsible for commissioning public health services for children aged 5-19 years, including school nursing services and a statutory responsibility for the National Child Measurement Programme. As commissioners, the Public Health team in the London Borough of Merton want to ensure that school nursing services are meeting the health needs of children and young people, in line with national guidance, including the Healthy Child Programme 5-19 years and other statutory guidance including National Child Measurement Programme and 'Working Together' safeguarding guidance.

School Nursing Services are provided by Sutton and Merton Community Services, Royal Marsden NHS Hospital Trust. There are two borough based teams. The Merton team is based at the Wilson Hospital in Mitcham and includes 12.38 wte staff with a skill mix including qualified school nurses, school nurses, and nursery nurses.

The teams provide a school nursing service to all children and young people who attend a state maintained school or academy in Merton irrespective of where they live. This encompasses both universal and enhanced services, including health screening at Reception, National Child Measurement Programme (NCMP) at Reception and Year 6; health promotion; High School weekly drop-in sessions; Individual health plans. School nurses play an important role in safeguarding and child protection. A School nurse-led enuresis service is also available for all children who live or have a GP in

Merton. The School Nurse Immunisation team delivers a school based immunisation programme and works closely with the borough based team.

2.3 Review of School Nursing Services

The aim of the review of school nursing services in 2013 was to ensure commissioners had an in-depth understanding of the current service and make recommendations to shape service development and inform future commissioning of Public Health School Nursing Services by the Council.

The review focused on school nursing services provided to children and young people who attend a maintained school in the Boroughs of Sutton or Merton. It did not include service provision to young people who are not in school post-16; specialist nursing care in special schools; or immunisation services.

The review used both qualitative and quantitative methods, including:

- a review of evidence about policy and effective practice in school nursing; analysis of data to develop a population needs profile of children in schools; and review of service data and benchmarking with other boroughs to compare service models.
- The review made use of surveys and interviews in order to understand the views and experiences of stakeholders, including: online survey to schools (31 responses); online survey to parents of children in primary schools (261 responses); online survey to children in secondary schools (266 responses); online survey to school nurses (20 responses); and stakeholder interviews (21 interviews); feedback workshop with SMCS staff (40 participants).

2.4 Evidence base for School Nursing

There is strong evidence supporting delivery of all aspects of the Healthy Child Programme (DH 2009), which is based on '*Health for All Children*', the recommendations of the National Screening Committee, guidance from the National Institute of Health and Clinical Excellence (NICE) and a review of health-led parenting programmes by the University of Warwick.

National guidance states that through the delivery of effective evidence based public health programmes and by implementing the Healthy Child Programme, school nurses services can enable a number of health outcomes including:

- Improving school readiness and a reduction in school absences
- Fewer children and young people requiring formal safeguarding arrangements – achieved through earlier identification and intervention;
- Improved mental health and emotional wellbeing among larger numbers of school-aged children;
- Greater numbers of children and young people living healthy lifestyles, including good diet and nutrition with reduced incidence of obesity and related health dangers that can affect later life;

- Reduction in teenage pregnancies and reduction in the incidence of sexually transmitted diseases;
- Reduction in health inequalities via tailored work with communities of children, young people and families;
- Signposting and guidance to local specialised services that can address specific and identified needs.

The new model for school nursing is based on four levels:

- **Community:** school nurses have an important public health leadership role to the school and the wider community;
- **Universal Services:** School nurses will lead, co-ordinate and provide services to deliver the Healthy Child Programme for 5-19 year olds;
- **Universal Plus:** school nurses will offer early help through providing care and/or referral or signposting to other services;
- **Universal Partnership Plus:** school nurses will be part of teams providing on-going additional services for vulnerable children and young people.

There is a lack of research into the effectiveness and cost effectiveness of current School Nursing practice in England on improving outcomes for children. This needs further development and has been recognised nationally, DH have commissioned a review of available evidence.

2.5 Key issues from new national guidelines

'Maximising the school nursing team contribution to the public health of school aged children: Guidance to support the commissioning of public health provision for school aged children 5-19' was published by DH/PHE in March 2014. This aims to set out the core school nurse offer and the innovative ways that school nursing services can be commissioned and developed to meet local need. Key issues include:

- **Skill mix of school nursing teams:** should reflect local need and be underpinned by a robust workforce plan which takes into account workload capacity and population health needs –however it does not include recommended staff-population ratios.
- **Service Model:** the guidance supports delivery of the 4 level model of school nursing: Community; universal; universal plus and universal partnership plus.
- **Service Delivery:** new recommendations include a move to a year-round service, including school holidays and delivery of the services in wider community settings, in addition to schools. This is not included in the current local service specification. It also includes recommendations for health and development reviews for Y6/7 and mid teens, which are not currently delivered locally due to capacity issues.
- **Children and Families Act:** school nursing will need to contribute to supporting schools as they take on new statutory requirements that governing bodies must make arrangements for supporting pupils at

school with medical conditions, and will need to contribute to the health elements of the Education, Health and Care assessments and plans.

2.6 Key issues from the Review of School Nursing Services

What is working well: The review identified that:

- Schools are positive about the School Nursing Service and would like more school nurse time.
- Pupils who had used the school nursing service said that it had made a positive difference to them.
- There is a commitment and passion among school nurses to deliver the Healthy Child Programme.
- Staff were very positive about the supportive team leadership of the service from managers.

Capacity to deliver the current service specification: The School Nursing Service delivers core elements of the Healthy Child Programme, and is broadly meeting performance targets where these have been specified (2012/13). Safeguarding, NCMP, and high school Drop-ins and enuresis clinics are prioritised. All other referrals received are then triaged and prioritised. However, the Service did not deliver a number of services in the current service specification:-

- Profiling community health needs to inform local planning to meet public health priorities
- Health and Development reviews at Year 6/7
- Health and Development reviews in min-teens
- Contribute to school based Personal Health and Social Education (PHSE) programmes

The review identified that the Service currently has limited capacity to deliver:

- Provide expert advice to local agencies and schools to support development of effective local services
- Ensure the service is accessible to clients and the role of the school nurse is widely known
- Reviewing and responding to Reception level health screening questionnaires
- Provide follow up support to parents after initial feedback about overweight and obesity (NCMP outcomes)
- Provide targeted support for CYP and families on health and risk taking behaviour (mental and emotional health, obesity, sexual health, substance misuse)
- Work with Youth Offending Teams

Service Challenges: The Review identified a number of factors that were found to influence the school nurse's ability to deliver the full Healthy Child Programme, these included:

- workforce capacity and recruitment issues
- Population growth and increasing complexity of needs
- Resource and IT issues

- Delivering all of health's statutory safeguarding responsibilities, which will sometimes be the responsibility of other health professionals

Workforce allocation: Merton has a slightly lower proportion of staff allocated to the Merton Team than Sutton (12.38 wte Merton and 13.17 wte Sutton) and invests approx. £40k more in the service than Sutton. This indicates the need to be a re-balance workforce allocation between the school nursing teams in Sutton and Merton. This is under discussion with LB Sutton and the service manager.

Prioritising needs: The review identified that there was wide variation in levels of need in Merton schools, based on an analysis of deprivation, free school meals and ESOL population. This indicated the need to move to a needs-based model of service allocation within Merton. School Profiles are now being developed which will lead to a needs-based service level agreement with each school in Autumn 2014.

Safeguarding: the delivery of statutory safeguarding responsibilities has been identified as a significant pressure by staff and schools. School nurses prioritise their response to safeguarding concerns, which sometimes creates a tension between delivering child protection requirements and capacity to deliver the full Healthy Child Programme. The review identified that dependent on role, between 40-80% of school nursing time was spent on safeguarding related roles. Most recent information from the service provider estimates that 60% of School Nurse time is allocated to work towards safeguarding. Guidance from Department of Health states that School Nurses services should 'work collaboratively to ensure there is clarity regarding respective roles and responsibilities of appropriate health professionals as identified within local protocols and policies in line with Working Together to Safeguard Children and using the Safeguarding Pathway for health visitors and school nurses to provide clarity on roles and responsibilities'¹

Service managers have looked at best practice in other areas (including Barts Health in central London and Warwickshire), with a view to proposing potential changes to working practices for school nurses, whilst not undermining the robustness of the safeguarding system. This will need careful consideration and the aim is to progress this in academic year 2014/15. Any changes will provide assurance to Merton Safeguarding Children's Board and Directors from LBM and MCCG there would be no negative impact from any change, and in line with 'Working Together' guidance.

Resource and IT issues: the review identified a need to improve IT support, mobile working and opportunities for increased efficiency to minimise school nurse time spent on administration/record keeping.

¹ Maximising the school nursing team contribution to the public health of school-aged children
Guidance to support the commissioning of public health provision for school aged children 5-19 (DH 2014)

See Appendix 1 for Executive Summary of the Service Review.

2.7 Recommendations and Actions

The review identified a range of recommendations for service development and the new national guidelines for commissioning recommends a number of additional service developments, including a move the full year service and expanding access to services to community settings in addition to schools. At the same time new resources have not been identified, which is a significant challenge in the context of increasing population, particularly at primary school age.

An action plan has been developed in response to the review and recent developments. Key priorities include:

Recommendation for Action	Progress – August 2014
1. Ensure investment in School Nursing workforce reflects resource allocation in Merton –Priority action.	Negotiation underway between commissioners and LB Sutton. Report to Section 101 Board in September 2014.
2. Need to increase capacity of the teams in order to deliver more of the preventative aspects of the Healthy Child Programme –Priority action.	Recruitment to vacancies in Merton School Nurse team complete.
3. Manage safeguarding functions: need to review and address the impact of pressures of safeguarding roles –Priority action	Service managers have reviewed practice in other areas, with a view to proposing changes to the current process. Proposal to go to DPH and DCS, - September 2014, then One Merton Group and MSCB.
4. Need to move to a needs-based model of allocating school nurses to schools, to ensure that the service is more equitable –Priority action	Development of School Profiles for all schools in Merton by September 2014. Schools to be ranked by need (high, med, low) using 'Lancaster model'. Service level agreement offer to be made to all schools for academic year 2014/15 based on needs ranking. Investment of additional £30k from Public Health Grant to service to support higher needs schools from Autumn 2014.
5. Need to increase the visibility of the service	School Nurse to attend parent's evenings for children starting Reception in September 2014. To attend Year 7 and 9 assemblies Autumn term 2014.

	<p>School nurses to use every opportunity to promote the service and Public Health messages e.g. lunch time stall, school fairs etc.</p> <p>Plans subject capacity.</p>
6. Need to increase on-going engagement with parents and pupils	<p>Service to use 'Meridian' system to evaluate school nurse Drop-Ins and Year 7 questionnaires.</p> <p>Agreed to postpone stakeholder feedback questionnaires until new service interventions are in place.</p>
7. Need to strengthen pathways and links with other services.	<p>Areas to be developed include:</p> <ul style="list-style-type: none"> • Reception transition and Year 6 transition. • Develop pathways for transition into and out of SNS and for high needs groups. • Develop clear referral routes and linkage across services. • Produce information for professionals including GPs; strengthen setting out School Nurse roles and remit.
8. Need to address the implications of the Children and Families Act 2014.	<p>LB Merton and School Nurse Service reviewed and agreed guidance to schools on new statutory medical policy and role of school nurses in developing health plans for students with health needs in line with requirement for October 2014.</p>
9. Need to review service recommendations from new National guidance and agree appropriate service response.	<p>Need to review how to address recommendations subject to releasing capacity, including:</p> <p>Move to year round service and availability at evenings and weekends; availability of service in community settings other than schools; delivery of health and development reviews for Y6/7 and mid-teens.</p>

3. Next steps

- The service provider aims to implement key recommendations in the academic year 2014/15 – progress will be reviewed by Public Health commissioners, DCS and MCCG.

- There has been agreement on a revised set of KPIs for the service specification for 2014/15.
- As part of the NHS block contract with the Royal Marsden NHS Trust, the School Nursing service will continue to be delivered by SMCS until March 2016, in line with contractual arrangements.
- Going forward it has been agreed by Merton CCG and LB Merton, that from April 2016 community health services, including School Nursing Services, will be commissioned for Merton, and not jointly with Sutton.
- It has been agreed that the process of re-commissioning school nursing services will commence in September 2014, as part of the re-procurement of community services, in partnership with Merton CCG.

A local Review of Early Years, commissioned by Public Health and CSF, identified the need to develop integrated pathways across children's centres, midwifery, health visiting and the transition into school nursing services. This will be progressed in 2014/15. From October 2015 LB Merton will also become responsible for commissioning Health Visiting Services, which will be transferred from the current commissioner, NHS England. This will also provide the opportunity to look for synergies across services.

1 ALTERNATIVE OPTIONS

1.1. n/a

2 CONSULTATION UNDERTAKEN OR PROPOSED

2.1. The review involved consultation with a wide range of stakeholders including service users.

3 TIMETABLE

3.1. The aim is to commence implementation of recommendations from academic year 2014-15.

4 FINANCIAL OR RESOURCE IMPLICATIONS

n/a

5 LEGAL AND STATUTORY IMPLICATIONS

5.1. The Council has a statutory duty to commission the National Child Measurement Programme which is delivered by the School Nurse Service. The Council has statutory duties to safeguard and protect

children and young people and the MSCB has a statutory duty to assure the safeguarding effectiveness of services locally.

6 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

6.1. n/a

7 CHILDREN & YOUNG PEOPLE'S PLAN IMPLICATIONS

7.1. The Review and recommendations contribute to the delivery of Merton Health and Wellbeing Strategy: Priority 1: Giving Every Child a Healthy Start. The Children and Young People's Plan sets out ambitions to improve outcomes for all children and young people, but in particular to narrow the gap for the most vulnerable including children in need; with a child protection plan, Looked after children and children with complex needs.

7.2.

8 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

8.1. n/a

9 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

APPENDIX1: Executive Summary of Review of Sutton and Merton School Nursing Service –December 2013

Appendix 1

Executive Summary of the Review of Sutton and Merton School Nursing Services –December 2013

Introduction

From April 2013 local authorities have been responsible for commissioning public health services for children aged 5-19 years, including school nursing services and a statutory responsibility for the National Child Measurement Programme. As commissioners, the London Borough of Merton and London Borough of Sutton want to ensure that school nursing services are meeting the health needs of children and young people, in line with national guidance set out in the Healthy Child Programme 5-19 years and the 'Getting it right for Children and Young People' vision and model for school nursing.

In order to understand local services fully and make recommendations to inform and shape service development and future commissioning, a review of the Sutton and Merton school nursing service was undertaken between July and October 2013. The review was led by Merton public health team, with input from Sutton public health and officers from LB Merton and LB Sutton, with full support from the Sutton and Merton School Nursing Service.

Scope and methods

The review focused on school nursing services provided to children and young people who attend a maintained school in the Boroughs of Sutton or Merton. It did not include service provision to young people who are not in school post-16; specialist nursing care in special schools; or immunisation services.

The review used both qualitative and quantitative methods, including: a review of evidence about policy and effective practice in school nursing; analysis of data to develop a population needs profile of children in schools; and benchmarking with other boroughs to compare service models. The review made use of surveys and interviews in order to understand the views and experiences of stakeholders, including: online survey to schools (31 responses); online survey to parents of children in primary schools (261 responses); online survey to children in secondary schools (266 responses); online survey to school nurses (20 responses); and stakeholder interviews (21 interviews).

Context

Nationally a new 'vision and call to action' (2012) set out opportunities to maximise the contribution of the school nursing team to improving the health of children and young people. This outlined the need for services that are visible, accessible, confidential, which deliver universal public health and ensure that there is early help and advice for young people when they need it.

The new model for school nursing is based on four levels:

- Community: school nurses have an important public health leadership role to the school and the wider community;

- Universal Services: School nurses will lead, co-ordinate and provide services to deliver the Healthy Child Programme for 5-19 year olds;
- Universal Plus: school nurses will offer early help through providing care and/or referral or signposting to other services;
- Universal Partnership Plus: school nurses will be part of teams providing on-going additional services for vulnerable children and young people.

Locally the school nurse service is delivered through two borough based teams, by Sutton and Merton Community Services, part of the Royal Marsden Hospital NHS Trust. The Sutton team is made up of just over 13 whole time equivalent staff and the Merton Team is made up of just under 10 whole time equivalent staff. In addition the Sutton team has 0.7 WTE staff as part of a buy-back service. Both teams have a skill mix including team leader, practice teacher, specialist school nurses, school nurses, community nursery nurses and administrative support. A number of staff work part-time and term-time only.

Key findings

Schools are positive about the school nursing service, they value the school nurse role and want an increased presence and visibility of the school nurse. They recognise the importance of safeguarding and supporting pupils with long term health needs, but also want an increase in preventive work in schools. There is a low level of visibility and awareness about the service among parents and pupils who participated in the review, and there is limited awareness and understanding of what can be expected from school nurses among some professionals, such as GPs.

There is commitment and passion among school nurses to deliver the full Healthy Child Programme, but the workforce feel under significant pressure and under-resourced. Staff highlighted the importance of the positive support they get from team leaders and administrative staff in addition to good training and development opportunities.

Overall Sutton has a bigger school population than Merton, with significantly higher numbers at secondary school level. Overall Merton has a higher level of estimated needs than schools in Sutton (based on analysis of free school meals, ethnicity, English as a second language and special educational needs). There is a high level of variation in need between schools within both Sutton and in Merton.

All schools in Sutton and Merton are offered core universal services for all pupils. These include health screening on entry to Reception; delivery of the National Child Measurement Programme in Reception and Year 6; weekly drop-in service for secondary schools. Time pressures to deliver safeguarding responsibilities and administrative burdens have been identified as barriers to delivering some preventive aspects of the Healthy Child Programme and some functions set out in the service specification 2013/14 are not being delivered, including health and development reviews at Year 6 and mid-teens.

In addition to the universal caseload, school nurses have an enhanced caseload for children with additional needs, including safeguarding. Merton has a lower proportion of pupils on the enhanced caseload compared to Sutton. The review found that there is some correlation between the enhanced caseload and proportion of children eligible for free school meals in schools, and this relationship is strongest in Sutton schools and weakest in Merton secondary schools. There is no correlation between enhanced caseload and children who have English as a second language.

Both Sutton and Merton school nursing service teams do not meet best practice recommended workforce levels based on '1 specialist school nurse to every secondary school and its feeder schools'. In Sutton the gap is stark with 6.01 WTE specialist school nurses (Band 6 and 7) and 14 secondary schools (out of a total workforce of 13.07 WTE). In Merton there are 5.55 WTE specialist school nurses and 8 secondary schools (out of a total workforce of 9.74 WTE). However, Merton has 10,000 more pupils at Primary School than Secondary School, so a recommendation based on total school population would be more meaningful for Merton. Overall, Sutton has a higher workforce allocation than Merton, with a gap of 3.33 WTEs in Sutton's favour, not including the buy-back service. There is a high vacancy rate among specialist school nurses and challenges in recruiting both school nurse teams. Current vacancies are partially filled by agency/bank staff.

Maintaining robust child protection systems is paramount to ensure the safety of vulnerable children and school nurses have an important role to play in safeguarding. However, the review highlighted challenges in the quantity of school nurse time taken up with safeguarding (estimated at between 40-80%), the appropriateness of school nurses routinely being the health lead, regardless of their knowledge of the child or lack of knowledge, and the impact on capacity to deliver their role in preventing children and families entering the child protection system.

School Nurses work closely with a range of partners including teachers, social care, safeguarding teams and health visitors and signpost to local services, and have positive working links with other professionals. However, the review did not identify clear local pathways for children and young people of school age, for example, children with specific needs such as complex needs, youth justice, looked-after children or mental health needs. Linkages across public health services were identified as mixed and linkages with some groups of professionals are limited, such as GPs and youth justice.

The review indicated that core school nursing workforce allocation is lower in Merton. A 'buy-back' service is only offered to Sutton Schools, four schools currently buy this service resulting in an additional 0.7 WTE of school nurse capacity. The school nursing service performance indicators are not outcomes focused, in common with other school nurse services identified by the review. New KPIs for 2013/14 were agreed to report on from Quarter 3, however, these are not currently being reported.

Nationally, a school nursing service specification is being developed and it will be important to consider this in the context of findings from this review.

Key recommendations

Increase school nurse capacity to deliver universal services:

- Use innovative approaches. Including the skill-mix of the school nurse teams.
- Improve IT support and opportunities for increased efficiency to minimise school nurse time spent on administration/record keeping.
- Increase administrative support for data inputting.
- Agree information sharing protocols with schools and Local Authorities.
- Clarify requirements from schools in securing office space and timely access to pupils.
- Ensure gaps in workforce are filled on temporary or permanent basis; increased focus on prevention may attract workforce and help reduce recruitment challenges.
- Consider further investment in areas of highest need.

Manage safeguarding functions:

- Review and define safeguarding roles to ensure that these are both robust and efficient in use of time, using 'LEAN' approaches.
- Review findings from the provider audit of efficacy of the school nurse role in child protection (Jan 2013).
- Negotiate a formal memorandum of understanding between providers and Local Safeguarding Children's Board on school nurse safeguarding roles.

Respond better to school population needs:

- Undertake school health needs profiling/assessment to better understand needs.
- Move to a needs-based model of allocating school nurses workforce to schools
- Subject to evaluation of effectiveness, expand the school nurse buy-back service offer to Merton schools, with priority to higher need schools, and look to extend to wider range of Sutton schools.

Increase visibility of the service:

- Establish a standard approach to the introduction of the school nurse in primary and secondary schools; hold a termly drop-in session for primary parents.
- Develop a website for the school nurse service/ e-newsletter
- Use technology, such as an 'App' with and for children and young people, which provides a single point for information and signposting on a range of health topics.
- Further engagement with parents of primary school in order to manage expectations and prioritise resources.
- Further engagement with secondary school pupils in order to explore communication methods to increase effective use of nurse time.

- Engage Youth Advisors and the British Youth Council School Nurse Champions programme

Strengthen pathways and links across services

- Develop local pathways for transition into and out of the school nurse service and for high need groups of children and young people, including clear referral routes across services for children and young people.
- Produce information for other professionals setting out school nurse roles and remit and increase routine communication.

Commission effectively:

- Ensure that workforce allocation to borough-based teams is fair and fully reflects investment by Local Authorities.
- Review performance indicators to reflect quality and outcomes better.
- Review local specification for 2014/15 in light of new National service specification framework (expected early 2014).
- Specify the 'core offer' that all schools should receive and a menu of options that schools can buy-in over and above the core offer.
- Increase provider evaluation of initiatives to provide evidence of impact of services.
- Introduce quarterly monitoring meetings with Public Health Commissioners.

Agree model for future services:

- Hold a stakeholder event to co-create a local vision for future services for school nursing in line with national model for a 'whole systems approach through the delivery of integrated pathways'.
- Review options for closer alignment with other preventive services for children and young people (including sexual health, weight management, substance-misuse and stop smoking services).
- Ensure future commissioning arrangements better reflect different needs of schools within both Sutton and Merton. Consider co-commissioning approaches with schools.

Conclusion and next steps

This review is timely and is part of the process of developing school nursing services and has provided a range of information about school nursing in Sutton and Merton. The findings and recommendations will be used to inform service development and future commissioning arrangements, in a joint effort with NHS England, which is working with local government and Directors of Public Health. Engaging with stakeholders, and in particular young people, in the development of school nursing services will be important to ensure that services are responsive to children and young people's needs.

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