



# **CHILDREN & YOUNG PEOPLE SCRUTINY SUB-COMMITTEE 2006/07**

## **CHALLENGE PANEL ON SCHOOL NURSING December 2006**

### **CHALLENGE PANEL MEMBERSHIP:**

**Councillor Brian Gate – Panel Chairman**

**Councillor Julia Merison**

**Councillor David Perry**

**Councillor Sasikala Suresh**

**Councillor Yogesh Teli**

**Mrs Christine Millard – Association of Harrow Governing Bodies**

## **CHAIRMAN'S INTRODUCTION**

I would like to warmly thank all those officers from Harrow Council and from our partner organisations (Harrow Primary Care Trust and North West London Hospitals Trust) for attending the session and entering in to what we feel was a constructive and open dialogue with scrutiny members.

I would also like to thank our independent advisor Joy Tweed, who worked with us as part of the Centre for Public Scrutiny's health scrutiny advisory support function, and we very much valued the input of our co-optee Christine Millard from the Association of Harrow Governing Bodies.

We hope that this Panel's work will feed in to the discussions being held by the Hospitals Trust and PCT with regard to the future of school nursing provision in Harrow, as well as scrutiny's own standing review of NHS finances in Harrow. It should demonstrate the continued communication and joint working between the members of the council and our health partners and also raise awareness and assure partners that scrutiny councillors can serve as champions within the council for the vital work of Harrow's school nursing services.



**Councillor Brian Gate**  
**Vice-Chairman**  
**Children and Young People Scrutiny Sub-Committee**

## EXECUTIVE SUMMARY

The public health focus of the school nursing service has received renewed attention in recent years in the light of Government policies to improve health and reduce inequalities in health outcomes. *Every Child Matters* sets out five outcomes for children and young people and as a specialist community public health nurse working in partnership with pupils, parents, teachers and other agencies, the school nurse can contribute to the achievement of these five outcomes for children.

Harrow Primary Care Trust commissions local school nursing services and at present, local school health services are managed and delivered by the North West London Hospitals NHS Trust within the Division of Women and Children's Services. Provision of this type by an acute trust is not unique to the North West London Hospitals NHS Trust but is not replicated in many other Trusts nationwide.

Work is currently underway to redefine the future provision of school nursing services in Harrow and the review undertaken by this Challenge Panel hopes to inform these local deliberations and decisions.

The Review Group makes the following recommendations:

**Recommendation 1:** That all the agencies involved in drawing up the service specification for the future school nursing provision in the borough consider the evidence and deliberations of the Challenge Panel sessions, as detailed in this report.

**Recommendation 2:** That the Children and Young People Scrutiny Sub-Committee is provided with information regarding the utilisation of the current school nursing services – by numbers, types of clients and geographical clusters or schools.

**Recommendation 3:** That the draft service specification is brought to the Children and Young People's Scrutiny Sub-Committee for consideration at the earliest opportunity.

**Recommendation 4:** That work is undertaken with Harrow's schools in identifying appropriate role descriptions for school nurses and that this informs the new service specification.

**Recommendation 5:** That the Children and Young People Scrutiny Sub-Committee raises members' awareness that the high quality of Harrow's education services relies much upon the support services such as school nursing which is a fundamental part of the community and in supporting health agencies to provide services to children. School nurses should be recognised as such and valued by other school professionals.

## BACKGROUND: NATIONAL CONTEXT

### The national picture<sup>1</sup>

School health services were established in the UK in 1904 when the *Report of the Interdepartmental Committee on Physical Deterioration*<sup>2</sup> highlighted good health in childhood as fundamental to good health in adult life.

A review by the Chief Nursing Officer in 2004<sup>3</sup> identified the role that school nurses could play with children and young people, parents and carers, teaching staff and others, to:

- Review health at key stages and support the development of children's personal health guides.
- Provide general information, advice and support about health issues such as diet and nutrition, physical activity, emotional wellbeing, puberty, smoking and sexual health, and about where to get further help and advice.
- Support learning about healthy choices and managing risk.

The public health focus of the school nursing service has received renewed attention in recent years in the light of Government policies to improve health and reduce inequalities in health outcomes. The Government white paper *Every Child Matters: Change for Children*<sup>4</sup> sets out five outcomes for children and young people. They are to be healthy, stay safe, enjoy and achieve, make a positive contribution and to achieve economic wellbeing.

The Department of Health's National Services Framework for Children, Young People and Maternity Services<sup>5</sup> supports this agenda and is underpinned by the legislative framework of the Children Act 2004<sup>6</sup>. As a specialist community public health nurse working in partnership with pupils, parents, teachers and other agencies, the school nurse can contribute to the achievement of these five outcomes for children. As well as supporting children to stay healthy, the school nurse is part of the safeguarding team and also works with children who have complex health issues to help them to enjoy and achieve. The new inspection framework for schools assesses how the school contributes to these five outcomes.

The public health white paper *Choosing Health (2004)*<sup>7</sup> envisaged a wider role for school nurses. It made specific recommendations that the Chief Nursing Officer should work with nurse leaders and the Department for Education and Skills to modernise and promote school nursing, and to develop a national programme for best practice. The paper also promised new funding to Primary Care Trusts (PCTs) so that by 2010 there would be

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<sup>1</sup> Taken from a briefing paper by Joy Tweed, as part of the Centre for Public Scrutiny's health scrutiny advisory support days.

<sup>2</sup> *Report of the Interdepartmental Committee on Physical Deterioration*, Inter-departmental Committee on Physical Deterioration 1904

<sup>3</sup> *The Chief Nursing Officer's Review of Nursing Midwifery and Health Visiting Contribution to Vulnerable Children, Young People and their Families*. Department of Health 2004

<sup>4</sup> *Every Child Matters: Change for Children*. HM Government Stationery Office 2003

<sup>5</sup> *National Service Framework for Children, Young People and Maternity Services: Core Standards*. Department for Education and Skills & Department of Health 2004

<sup>6</sup> *The Children Act 2004*, HMSO 2004. This provides the legal underpinning for *Every Child Matters: Change for Children* – a series of documents that have been published to provide guidance under the Act, to support local authorities and their partners in implementing new statutory duties.

<sup>7</sup> *Choosing Health: Making Healthier Choices Easier*. Department of Health 2004

*“one full-time, year-round qualified school nurse working with each cluster or group of primary schools and the related secondary school, taking account of health needs and school populations. School nurses and their teams will be part of the wider health improvement workforce.”*

In March 2006, the Government published its new guidance to modernise and develop best practice<sup>8</sup> detailing how school nurses may need to work differently so as to contribute to the health improvement agenda. This envisaged

*“a school health team led by specialist community public health nurses (school nursing) working with registered nurses, trained support staff and others such as health promotion specialists, youth workers and nurse specialists in CAMHS (Child and Adolescent Mental Health Services).”*

This guidance sees school nurses as making a valuable contribution to the National Healthy Schools Programme<sup>9</sup> which is to be rolled out to all schools by 2009 and aims for all schools to be healthy places in which to work, learn and achieve. The key aims of this programme are to support children and young people in developing healthy behaviour, help to raise pupil achievement, help to reduce inequalities and help promote social inclusion. To achieve Healthy Schools Status schools have to demonstrate delivery of criteria in all areas of personal, social and health education (PSHE), including sex and relationship education, tobacco, alcohol and substance misuse education, healthy eating, physical activity and emotional health and wellbeing. The guidance stresses that the school nurse’s role in supporting PSHE is complementary to the teacher’s role and does not replace the school’s responsibility.

School nurses also have a key role in helping PCTs and local authorities meet Public Service Agreements on obesity, mental health, sexual health, accidents and substance misuse. They can also help schools to meet education targets for attendance and achievement. Most school nurses are employed and managed by PCTs. Schools are able to fund additional school nurse services to those provided by the PCT, either fully or jointly with the PCT. Extended school status funds may be used to support this. School nurses can work in other settings or teams, such as Sure Start children’s centres and pupil referral teams.

PCTs now have a statutory duty to cooperate with local authorities and other relevant partners to deliver integrated, child centred and outcome focussed services through a Children’s Trust approach. This offers more opportunity for integrated and multi-agency working and helps to target work on children and young people with additional needs. Integrated services will be delivered through two key community models – extended schools and children’s centres. Both will provide a range of services to support families with children, including the provision of universal and targeted health services, some of which will be provided by school nurses.

Since the publication of *Commissioning a Patient-led NHS*<sup>10</sup>, there has been much discussion around the future role of PCTs. While there is no longer a requirement for

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<sup>8</sup> *School Nurse: Practice Development Resource Pack*. Department for Education and Skills & Department of Health 2006

<sup>9</sup> *National Healthy School Status. A Guide for Schools*. Department for Education and Skills & Department of Health 2005

<sup>10</sup> *Commissioning a Patient-led NHS*. Department of Health July 2005

PCTs to disinvest themselves of provider services, there is an expectation that PCTs will clearly separate their provider and commissioning functions. Provider services such as school nursing will need to demonstrate value for money, equity and be of a high quality, as judged by specified criteria including user feedback.

New commissioning arrangements bring opportunities for school nurses to promote their services and secure agreement with commissioners regarding local needs, plans and appropriate resource levels. The white paper *Our Health, Our Care, Our Say*<sup>11</sup> clearly states

*“For children’s services, joint planning and commissioning by local authorities, PCTs, practice-based commissioners and other partners will be done through the Children’s Trust. Joint commissioning strategies will be based on the children and young people’s plan, which is informed by children, young people, their families and the community”* (2006: 164).

Therefore future commissioners of school nursing services may include practice-based commissioners, Sure Start children’s centres or extended schools. But however it is provided or commissioned, the school nursing service needs to contribute to an integrated service to the local community, through the children’s trust arrangements.

## **BACKGROUND: LOCAL CONTEXT**

### **Harrow’s School Nursing Services**

School health services are currently managed and delivered by the North West London Hospitals NHS Trust (NWLHT) within the Division of Women and Children’s Services. The provision of this type of integrated system of service delivery with both acute and community services managed by an acute trust is not unique to NWLHT but it is not replicated in many other Trusts nationwide.

As of 1 March 2006, there are 29,998 pupils enrolled in Harrow schools with 69 schools and tuition centres covered within the Harrow catchment. The present school nurse establishment (as at 28 November 2006) is 7.99 FTE with currently 4.98 FTE in post (vacancies 3.01 FTE). Currently all schools have an allocated school nurse with the exception of the special schools (Woodlands and Kingsley Schools) who have a daily rota in place. From January 2007, there will be an allocated school nurse for all schools, including special schools.

The school nurses’ workload concentrates on several core issues including:

- Child protection
- Selective school entry health assessments
- Immunisations
- Weekly nurse led enuresis clinic
- Drop in sessions at high schools to support and promote positive mental, physical and sexual health in young people
- Collection of height and weight data of all Reception and Year 6 children in Harrow as part of the national project to establish baseline information
- Health promotion including sexual health, accident prevention, diet and healthy eating, sun protection, asthma, smoking.

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<sup>11</sup> *Our Health, Our Care, Our Say*. Department of Health 2006

## REVIEW METHODOLOGY

In seeking to continuously improve scrutiny in Harrow, scrutiny councillors have recently introduced new ways to undertake their investigations of issues, policies or performance. One of these new ways of working is the Challenge Panel which serves to give time-sensitive issues more time and attention than is afforded at a committee meeting. This methodology also affords officers and members the time to discuss a particular policy area for development more informally and in more detail. Furthermore it provides members the opportunity to give an alternative 'real time' perspective to council/partner business and lend additional public accountability to the policy development process. Key findings can then be fed back to the sub-committee for endorsement.

The Challenge Panel on School Nursing set its scope<sup>12</sup> as the following:

- To examine, analyse and make proposals on the future delivery of school nursing services in the borough, especially with reference to new Government guidance published in March 2006 and the national policy framework.
- In doing so, promote a better shared understanding between the council and NHS partners of the roles and responsibilities of school nurses and in turn use this to inform the organisations' improvement agendas.

The meeting of the Challenge Panel was held on Tuesday 28 November 2006 and will report back its findings to the Children and Young People Scrutiny Sub-Committee on 9 January 2007.

The Challenge Panel included a briefing from an independent source through the Centre for Public Scrutiny health scrutiny advisory support function. Members used a questioning plan outlining lines of enquiry for the question and answer session with key officers from all three organisations involved in the school nursing decisions in Harrow, in order to seek further elaboration on the most pertinent issues. The Challenge Panel included members from the Children and Young People's Scrutiny Sub-Committee and a co-optee from the Association of Harrow Governing Bodies. The Royal College of Nursing was invited to participate but was unable to send a representative on the evening of the Challenge Panel. It did however provide some comments after the Panel meeting and these are included in the next section of the report.

## FINDINGS AND CONCLUSIONS OF THE REVIEW

### **Evidence snapshot: North West London Hospitals NHS Trust**

The Hospitals Trust currently provides the service which is commissioned by the PCT. However it is recognised that the service has been struggling, mainly due to staff sickness and the levels of staff vacancies. The Hospitals Trust would suggest that it is perhaps better that the school nursing service is positioned with other community services.

The Hospitals Trust, which covers both Northwick Park and St Mark's Hospital and the Central Middlesex Hospital, is currently looking to reconfigure its services to align with

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<sup>12</sup> The scope document for the Challenge Panel's work is included in Appendix A of this report.

government's policy shift to move care outside of an acute setting to more within the community, and also against a backdrop of a heavy financial deficit position. In doing so, it is looking to identify its core and non-core responsibilities. The consultation on the reconfiguration of services is in its 'informal discussions' stage and should this develop to a formal public consultation, the whole package of proposals could be subject to scrutiny through a Joint Overview and Scrutiny Committee between the London boroughs of Harrow, Brent and Ealing.

#### **Evidence snapshot: Harrow Primary Care Trust**

It is unusual for school nursing services to sit within an acute trust however it was originally viewed that it would be best to have all children's health services within the Hospital Trust's provision.

The PCT and Council have discussed the issues with the Chief Executive of the Hospitals Trust and agreed that work should progress on developing a service specification (service level agreement) for future provision. If the Hospitals Trust cannot meet this specification to provide the necessary services, moves will be made to retender the service elsewhere.

The PCT is of the mind that it does not matter who provides the service so long as it is of good quality and meets the needs of Harrow's children and their families. It is also of the view that school nursing services would sit better outside of the medical model and within public health services. It is necessary that the service interfaces with the PCT's public health model and the local authorities children's services.

#### **Evidence snapshot: Harrow Council**

Harrow's schools are sympathetic to the current situation and understand the service's difficulties in recruiting staff. Schools want a long-term relationship with school nurses and therefore prefer a service where the nurses know the school and the children who attend it.

The Council's Children's Services welcomes the synergy between school nursing provision and work on the development of children's centres. Locating all services for children on one site may help to solve the issue of who the future provider should be, as school nurses will be with fellow professionals. However this may mean that they are separated from the rest of the services within their own organisation.

#### **Evidence snapshot: The Royal College of Nursing**

The Royal College of Nursing (RCN) has asked the Government how it can fulfil its commitment of one school nurse for every secondary school and associated primary school cluster (about seven schools) when many school nurses' posts remain unfilled due to lack of trained staff. RCN also raises concerns that the £1 billion of funding allocated to 88 PCTs for school nursing and sexual health services may also have been used to stem deficits instead of reaching the frontline. Appendix B of this report gives the most recent RCN briefing on school nursing<sup>13</sup>.

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<sup>13</sup> *School Nursing: Overstretched, Under Resourced*. Royal College of Nursing, September 2005. Please note that as this briefing is from over a year ago, some of the figures may now be out of date.



### **Challenge Panel findings and conclusions**

The findings and conclusions from the Challenge Panel's evidence gathering and discussions<sup>14</sup> are given below by the themes which formed the basis of the Panel's lines of enquiry (questioning plan):

- Current school nursing provision in Harrow
- Proposals for future provision of school nursing services
- Consultation
- Best practice
- Funding implications
- Multi-agency working
- Other issues e.g. confidentiality and equalities

The Challenge Panel requests that all the agencies involved in drawing up the service specification for the future school nursing provision in Harrow consider the evidence and deliberations of the Challenge Panel sessions, as detailed in this report.

#### **RECOMMENDATION 1:**

That all the agencies involved in drawing up the service specification for the future school nursing provision in the borough consider the evidence and deliberations of the Challenge Panel sessions, as detailed in this report.

### **Current school nursing provision in Harrow**

Currently the service is struggling mainly due to staff shortages and sickness. This has led to the Hospitals Trust having to look for innovative ways in which to still provide a good service. Funding for the service allows for 7.99 FTE however the current operational level is five qualified nurses plus three vacancies. Of these three, 1.5 FTE has been filled by 'unqualified' nurses (healthcare assistants). It was with the agreement of the schools' headteachers that healthcare assistants be used to bridge the gap and meet needs. Indeed, the role of healthcare assistants is growing and their use in this situation allows for flexibility within the schools and within the budget also.

There have been difficulties in recruiting to the school nursing service which offers work on a pro-rata basis for term-time only. Children's Centres may offer a good opportunity in this respect as they are open all year round and therefore a robust recruitment strategy for Children's Centres will be important. Members alert officers to their concerns about the vacancy rate for what would appear to be attractive term-time jobs that would suit a number of local nurses. This raises the question as to whether the jobs are made to appear attractive enough to appeal to potential candidates. However, it is recognised that the family-friendly policies within the health sector already allows for great levels of flexibility e.g. in shift patterns.

The Panel was particularly encouraged by the provision of weekly drop-in centres for high school children, where nurses with a wealth of information could redirect children and young to other services if appropriate. Members would request that that the utilisation (by numbers, type of client and geographical clusters/schools) of the school nursing service is

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<sup>14</sup> Witnesses questioned by the Challenge Panel: Jean Bradlow (Director of Public Health, Harrow Primary Care Trust), Heather Clements (Group Manager+ Schools and Children's Development, Harrow Council), Karen Taylor (Divisional General Manager Women's and Children, North West London Hospitals NHS Trust) and Melanie Zurbrugg (Head of Children's Nursing, North West London Hospitals NHS Trust).

ascertained and shared with councillors. This would help inform the reasons for continuing with particular aspects of the service (supply based on demand) within the specification for future provision. It is recognised that some schools have individual school counsellors and this would impact upon use of school nurses as a point of contact/information.

**RECOMMENDATION 2:**

That the Children and Young People Scrutiny Sub-Committee is provided with information regarding the utilisation of the current school nursing services – by numbers, types of clients and geographical clusters or schools.

**Proposals for future provision of school nursing services**

All the agencies emphasise that of the paramount importance is not who provides the service, but rather what is provided i.e. a high quality service meeting local needs. Defining the future service specification is a joint piece of work across the organisations. After definition of the local service specification, should NWLHT be unable to provide the service requirements and a retendering process is undertaken, there is the option that another PCT could provide the service. The new provider would not be the local authority, as it does not currently employ clinicians. Similar to Harrow PCT, the local authority looks upon its role as one of commissioner rather than of provider. The future service would need to be integrated and fit with the Children's Trust model. The current service is unable to deliver this level of integration because of depleted staffing levels but schools need consistency.

Integration of the school nursing service with other services is a positive direction of travel. Having school nurses allocated to specific clusters within the borough allows the expertise to be spread across schools according to need, with more intensive support needed within special schools. The school nursing service should fit with community services such as health visiting which serves children up to pre-school age. There is a high level of liaison between health visitors and school nurses and this continuity is especially important for vulnerable families. Such a holistic approach will also help address the needs of those 'on the edge of vulnerability' for example with regard to diet and nutrition, achievement etc. Furthermore, parents appreciate the opportunity to ask questions of the school nurse which perhaps they cannot raise with their GP e.g. advice on bedwetting.

The Panel acknowledge that the current service provision sounds very integrated and expresses concerns that should the future service go elsewhere following retendering, that this integration and continuity cannot be ensured. Officers reassured members that any service commissioned would be integrated with children's centres as such multi-agency knowledge and intelligence is vital in ensuring continuity of care. The Panel remain concerned that should NWLHT be unavailable to deliver according to the new specification and the new service is provided elsewhere, that the new provider will not have the available body of expertise and necessary skills base. It should be asked whether existing school nurses are willing to transfer organisations - will the skills base needed change and can a new agency provide this local knowledge? Should NWLHT not be able to provide the new service, this will split up a cohesive community children's health service provided from within the one organisation locally and the worry is that this could impact upon work across agencies.

The final decision as to where the future provision goes rests with the PCT as the commissioner. The PCT's preferred choice of provider would be NWLHT and the PCT is unlikely to provide the service itself. Joint commissioning between the local authority and the PCT is a step forward in other services and the pooling of resources feature in joint work and central targets, for example as demonstrated by the local area agreements. However, it is equally recognised that all three of the organisations are facing challenging times with regard to resources and finances. This would appear to heighten the need to creatively use and target these scarce resources. There is a synergy and shared funding to be found centrally for example through the Healthy Schools Initiative and pursuing these opportunities is encouraged.

The timescales given for these local decisions is to have a service specification drawn up in time for the next financial year (April 2007) with implementation likely for the start of the new school year in September 2007. This would also allow it to fit with Harrow's strategy for children's centres.

The PCT strongly reiterates that there is no question of withdrawing this service as this would appear a very shortsighted move given the added value provided by school nursing services.

**RECOMMENDATION 3:**

That the draft service specification is brought to the Children and Young People's Scrutiny Sub-Committee for consideration at the earliest opportunity.

**Consultation**

The Panel asked about the consultation that had taken place so far with staff about the changes. It was informed that the general staff view was that school nurses wanted to belong to an organisation with a clear direction for its services in the future. As such, they did not mind where the service was positioned. Consultation has also taken place with schools and headteachers, as well as the local authority.

**RECOMMENDATION 4:**

That work is undertaken with Harrow's schools in identifying appropriate role descriptions for school nurses and that this informs the new service specification.

**Best practice**

The requirement in *Choosing Health* guidance is for all school clusters to have a school nurse by 2010. Harrow's school nursing service at full capacity almost meets this requirement, however there are always ever expanding expectations to continue to provide high quality services and continuously improve.

The new service specification will draw on best practice and guidance. With regard to central government policy moving towards PCTs as commissioners rather than providers, the final policy is not yet determined and therefore the long term picture is rather unclear. The PCT will need a formal way in which to commission the services it provides, however such deliberations will not hinder decisions about the future of school nursing services.

The Panel asserts that education and schools are the 'jewel in Harrow's crown' and therefore everything should be done to continue to support these services. Schools are the one place where agencies can approach the entire child population. Furthermore Harrow is helped by a strong history of positive joint working by the key partner organisations and adopting a holistic approach to duties and responsibilities. The 'Every Child Matters' agenda has brought to the fore holistic objectives surrounding children and how all agencies can work together to deliver.

**RECOMMENDATION 5:**

That the Children and Young People Scrutiny Sub-Committee raises members' awareness that the high quality of Harrow's education services relies much upon the support services such as school nursing which is a fundamental part of the community and in supporting health agencies to provide services to children. School nurses should be recognised as such and valued by other school professionals.

**Funding implications**

The funding for the school nursing service is in the PCT baseline service level agreement with NWLHT and is not currently threatened in any commissioning budget cuts. School nursing is a high priority service and one that is also integral to the work of the local authority in enhancing the work of Children's Services. It is recognised that all the three organisations are facing challenging financial times however strides should be made to enhance provision through joint pooling of resources and working.

As such, moving the service to a different provider should not have any funding implications and the receipt of central funding will not be dependent on where the service is positioned, as the PCT will remain the commissioning body.

**Multi-agency working**

Given the history of positive partnership working in Harrow and the local circumstances around resources, it is imperative that the new school nursing service integrates with other services. This is an opportune time given the development of a service specification for the new service and also developments around children's centres. A model of how school nursing will fit with children's centres is not yet defined however locally the intention is that school nursing and health visiting will sit within children's centres.

Children's centres do not come with a prescribed template as they will be individually tailored to local needs and may differ with regard to the services included and the accommodation used. If services are to be co-located, professionals across organisations will need to communicate and consider sharing roles as children's centres must be responsive to the people using them and therefore the fostering of generic skills will be necessary. Children's centres offer an informal way to join together organisations and the people within them.

The clusters for children's services do not match those for the PCT. However, in Sutton and Merton, each GP surgery is linked to a school nurse – this is not necessarily so for Harrow's GPs. The PCT is looking to synergise the clusters between GPs and school clusters however GP clusters are not just geographically based and there is a need to ascertain a best-fit model.

The Panel is encouraged that the three agencies work so closely together, know each others' organisations and the challenges faced by each and that there are open means of communication. There is the positive impression that these services for children's health do not demonstrate silo working but rather more positively, relationships of trust exist across the agencies.

### **Other issues - confidentiality and equalities**

Members were keen that the issue of confidentiality on behalf of children is highlighted in future school nursing provision. The service is signed up to the rigorous Harrow Information Sharing protocol and nurses will share information about the child if it is in the child's best interests, and this is explained to children. This is an integral part of the training for school nurses. Relationships of trust are vital to a successful school nursing service. The consistent application of confidentiality from the outset helps develop trust from children.

Members noted the need to recognise particular cultural and gender sensitivities around school nursing services especially in a borough as diverse as Harrow. Many of the issues that children and young people bring to school nurses can be of a highly personal nature and they may prefer to speak to someone who better appreciates the gender or cultural sensitivities. All school nurses receive mandatory training on equalities, culture and diversity. The school nurses in Harrow are all females, however should any pupils wish to speak to a male advisor, they can be redirected to a more suitable or comfortable source of support.

There are plans for more drop-in facilities in Harrow town centre which should seem 'cooler' for some young people. Harrow has a good youth service and there are more male workers in that service. Members are impressed with how the services were moving forward with working with young people especially in developing drop in centres.

The Panel however points out that this does not entice children and young people to access the school nursing service in the first place, but rather it assumes that they are already within the 'system'. Therefore there is a need to target those who access the 'trendier' places in the town centre.

## **FURTHER INFORMATION**

For more information on the work of Challenge Panel, please contact:

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## APPENDIX A: SCOPE DOCUMENT

**CHILDREN & YOUNG PEOPLE  
SCRUTINY SUB-COMMITTEE  
2006/07**



### **CHALLENGE PANEL ON SCHOOL NURSING**

1	<b>SUBJECT</b>	School Nursing
2	<b>COMMITTEE</b>	Children and Young People Scrutiny Sub-committee
3	<b>REVIEW GROUP</b>	<p>Members:</p> <p>Councillor Gate – review lead member  Councillor Green  Councillor Merison  Councillor Teli  Councillor Perry  Councillor Suresh  Councillor Zeid</p> <p>Co-optees – Christine Millard – Chair, Association of Harrow Governing Bodies</p>
4	<b>AIMS/ OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• To assess the options, developed by North West London Hospitals Trust, for the future service provision.</li> <li>• To inform the development of a full service strategy for school nursing in Harrow, and the consultation on the wider strategic options, to be conducted by the North West London Hospitals Trust between December 2006 and March 2007.</li> <li>• To stimulate dialogue and understanding between members and partner organisations (North West London Hospitals Trust, Harrow PCT) to drive improvements in practice.</li> <li>• To suggest ways in which the school nursing service can best deliver services for Harrow's pupils within the national policy framework.</li> <li>• To understand the national and local policy drivers for school nursing.</li> </ul>
5	<b>MEASURES OF SUCCESS OF REVIEW</b>	<ul style="list-style-type: none"> <li>• Arrival at a preferred option for future service provision.</li> <li>• Development of a full service strategy for school nursing in Harrow.</li> <li>• Closer working relationship between the council, scrutiny and NHS partners.</li> </ul>
6	<b>SCOPE</b>	<ul style="list-style-type: none"> <li>• To examine, analyse and make proposals on the future delivery of school nursing services in the borough, especially</li> </ul>

		<p>with reference to new Government guidance published in March 2006 and the national policy framework.</p> <ul style="list-style-type: none"> <li>• In doing so, promote a better shared understanding between the council and NHS partners of the roles and responsibilities of school nurses and in turn use this to inform the organisations' improvement agendas.</li> </ul>
7	<b>SERVICE PRIORITIES (Corporate/Dept)</b>	<ul style="list-style-type: none"> <li>• Empower Harrow youth</li> </ul>
8	<b>REVIEW SPONSOR</b>	Lynne McAdam, Service Manager Scrutiny
9	<b>ACCOUNTABLE MANAGER</b>	Paul Clark, Director of Children's Services
10	<b>SUPPORT OFFICER</b>	Nahreen Matlib, Senior Scrutiny Officer
11	<b>ADMINISTRATIVE SUPPORT</b>	Existing resources from within the Scrutiny Team
12	<b>EXTERNAL INPUT</b>	<ul style="list-style-type: none"> <li>• Stakeholders: school nurses</li> <li>• Partners: North West London Hospitals Trust, Harrow PCT, schools (headteachers and governors)</li> <li>• Experts: Centre for Public Scrutiny (use of free advisory support for health scrutiny – 0.5days of 5days allocation for 2006/07), Royal College of Nursing</li> </ul>
13	<b>METHODOLOGY</b>	<p>It is proposed that the review of school nursing be conducted as a Challenge Panel in November, incorporating the following stages:</p> <p><u>Preparatory Work</u> Briefing materials for members, including national and local policy drivers (e.g. Every Child Matters, National Service Framework for Children, Young People and Maternity Services, health white paper) and benchmarking information from other authorities.</p> <p><u>Pre-Panel Session</u></p> <ul style="list-style-type: none"> <li>• Using briefing materials, identification of key local issues to examine.</li> <li>• Development of a questioning plan for the Panel meeting.</li> </ul> <p><u>Challenge Panel (November)</u></p> <ul style="list-style-type: none"> <li>• Involve experts and stakeholders in questioning senior managers within the NHS trusts and senior council officers and members.</li> </ul> <p><u>Post-Panel Session</u></p> <ul style="list-style-type: none"> <li>• Draw together conclusions/findings, frame recommendations and evaluate the scrutiny process.</li> </ul> <p>Work for this Panel could be conducted in one long session – a</p>

		<p>half-day or twilight session, with the Challenge Panel meeting sandwiched between preparatory and post-meeting meeting sessions.</p> <p>Final report of the Review to be completed by December, for presentation to the next formal meeting of the CYPC (9 January 2007).</p>
14	<b>EQUALITY IMPLICATIONS</b>	Any involvement of children and young people in this review would give due consideration to their individual needs e.g. taking account of their own experiences, the need for confidentiality, language requirements, disability needs, familiarity with a setting as formal as council committees.
15	<b>ASSUMPTIONS/ CONSTRAINTS</b>	<ul style="list-style-type: none"> <li>• That council/NHS officers and health professionals will be willing to engage, especially given the timeframe covers that of the Joint Area Review.</li> </ul>
16	<b>SECTION 17 IMPLICATIONS</b>	There are none.
17	<b>TIMESCALE</b>	<p>Challenge Panel to report back to the next meeting of the Children and Young People Committee on 9 January 2007.</p> <p>Key Dates:</p> <ul style="list-style-type: none"> <li>• 18 October – Children and Young People agree to progress review of school nursing.</li> <li>• Late November – Challenge Panel</li> <li>• 9 January 2007 – Children and Young People Committee considers report on Challenge Panel findings</li> <li>• Early February – NHS decision on future of school nursing service</li> </ul>
18	<b>RESOURCE COMMITMENTS</b>	Scrutiny Officer, with administrative support where required.
19	<b>REPORT AUTHOR</b>	Scrutiny Officer with review group.
20	<b>REPORTING ARRANGEMENTS</b>	<p>Outline of formal reporting process:</p> <p>To Service Director           [✓]    When: Challenge Panel</p> <p>To Portfolio Holder           [✓]    When: Challenge Panel</p> <p>To CMT                           [ ]     When.....</p> <p>To Cabinet                       [ ]     When.....</p> <p>To be confirmed.</p>
21	<b>FOLLOW UP ARRANGEMENTS (proposals)</b>	To be confirmed.

## APPENDIX B: ROYAL COLLEGE OF NURSING BRIEFING