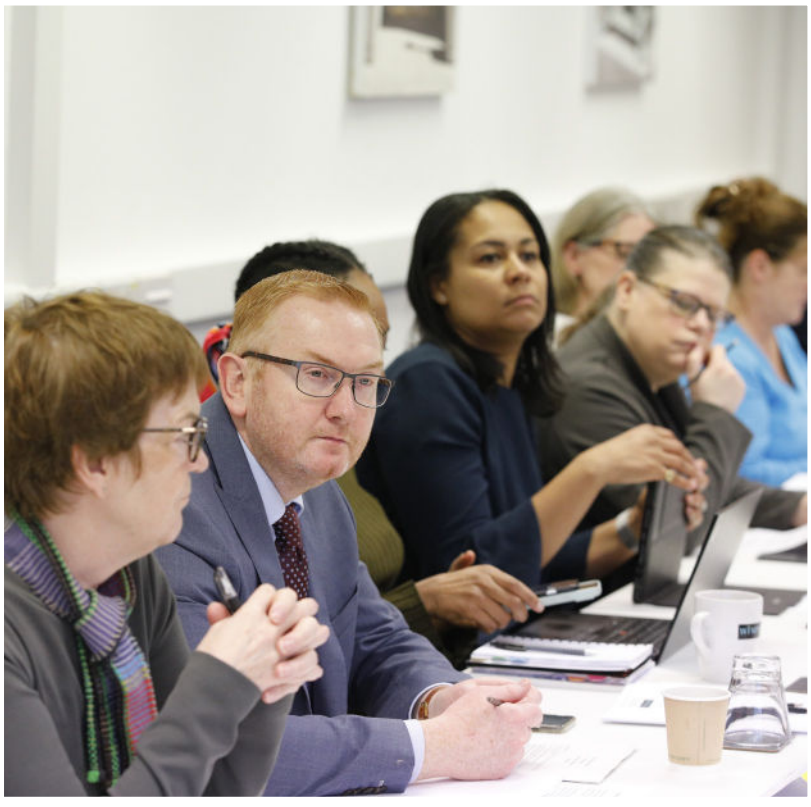
College of Medicine and Integrated Health

SAPHNA School and Public Health Nurses Association

Qni The Queen's Nursing Institute

A School Nurse in Every School

Report from a Round Table discussion held on 15 December 2023



‘The number of school nurses has been falling steadily. This reflects the impact of changes in commissioning arrangements within a challenging financial situation which necessitates difficult decisions.’

Executive summary

School nurses make a central contribution to the health and wellbeing of children and young people, helping them build firm foundations on which to progress to healthy adulthoods.

Despite this, the number of school nurses has been falling steadily. This reflects the impact of changes in commissioning arrangements within a challenging financial situation which necessitates difficult decisions. The result is a patchwork of such services across the country, a postcode lottery, with some children and young people now receiving no school nurse support.

The health of the younger members of English society is already poor and the lack of universal school nursing risks making it worse. Rather than creating opportunities for young people to flourish and to emerge into bright futures, the current situation is sowing the seeds for complex and expensive long-term problems.

The College of Medicine and Integrated Health, the School and Public Health Nurses Association (SAPHNA) and the Queen’s Nursing Institute (QNI) have joined forces to draw attention to this issue – and to push for urgent change. This includes a campaign to ensure there is a school nurse for every school.

In December 2023, the three organisations jointly arranged a round table discussion on school nursing. It brought together over 30 strategic partners, drawn from across the health and care systems. They agreed that:

- There is a clear and worsening crisis in the physical, emotional and mental health of England’s children and young people. This is having an impact now but also creating a time bomb, endangering the future success and health of our nation.
- Current services are insufficient to meet need. School nursing roles and services have been eroded in recent years and in many instances, resources are now insufficient to deliver the Government’s National Healthy Child Programme.
- Changes to commissioning, a lack of data, and a national failure to prioritise children and young people have all contributed to this problem.[1]
- The specific contribution of school nurses to the nation’s health must also be amplified, both within local communities and at a national level.
- More robust data is urgently needed on how the availability of school nurses varies across the country. It is also critical to build an understanding of how these varied services affect outcomes.
- Children and young people’s health must be made a societal priority if our nation is to flourish.

This report outlines the main themes that emerged during the round table discussion. The report is divided into four sections:

1. An exploration of the problem
2. An explanation of the problem
3. Potential solutions to the problem
4. Actions that can be taken to advance those solutions.

The round table meeting and this report were funded by Sanofi. Sanofi had no input into the subjects that were discussed.

Section 1: Exploring the problem

Participants noted the worrying and growing evidence of poor health among children and young people in England. While there is a solid and evidence-based programme intended to ensure the best possible outcomes for every child, the expert resource intended to deliver it is being greatly depleted.

The health of England's children and young people is bad and getting worse

Round table participants highlighted the growing evidence of a crisis in the health and wellbeing of England's children and young people. The most recent Royal College of Paediatrics and Child Health (RCPCH) State of child health in the UK report reviews a range of key indicators, comparing results to those published in the first report in 2017.[2]

It demonstrated that performance against these indicators had worsened or stalled. There had been increases in the prevalence of mental illness; child poverty; youth violence; poor oral health; use of cannabis; rates of suicide; and rates of children on a child in need plan or having a child protection plan.

The RCPCH report was published in early 2020 – before the covid-19 pandemic, associated lockdowns, and the cost-of-living crisis. All these events have served to exacerbate and complicate already deep-seated problems and widening inequalities.

Current services are insufficient to meet need

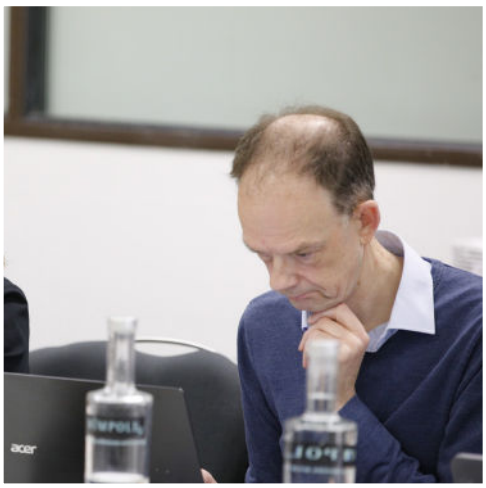
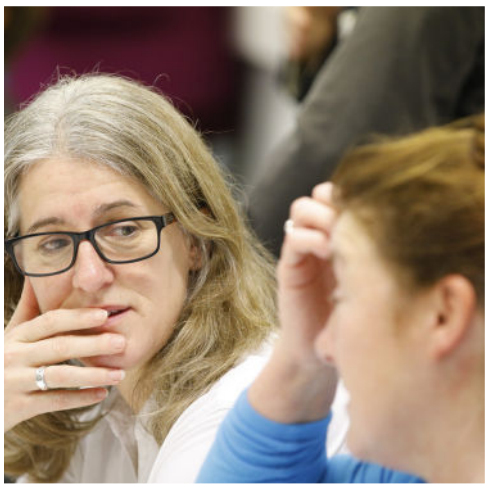
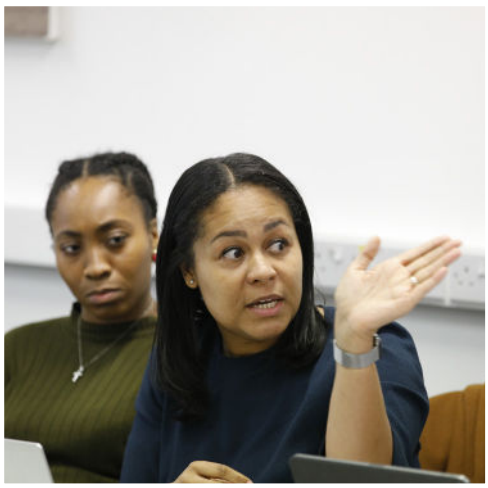
In a summary of its 2020 report, the RCPCH noted a common theme among the areas of insufficient progress: 'It is the indicators that rely on a robust public health mechanism where problems are most apparent.'[3]

It also noted the child health workforce was insufficient to meet demand. Where nursing increases had happened, these had 'primarily come in the hospital sector, at the expense of all services in the community such as the school nursing service.' These have been eroded by around 35% since 2009.

Round table participants noted that, in some areas, school nursing services have now been completely decommissioned.

There is a plan for good children's health, but increasingly limited resources with which to deliver it.

The Healthy Child Programme 5-19 (25 years for those young people with additional needs), led by school nurses, is intended to provide an evidence-informed blueprint for services and interventions that are required to support the health and wellbeing of young people in England, including school nursing.[4] A national, evidence-based scheme, it is designed to support universal and uniform coverage for children and young people and is regularly updated – most recently in 2023. However, only one aspect of it is mandated nationally – the national child measurement programme.[5]

‘NHS England workforce figures show a 33% fall in the number of school nurses between 2009 and 2022. Of the 1,945 staff in the latest count, only 852 were described as ‘qualified school nurses’.’

Many round table speakers said it provides a useful framework focused on keeping children healthy and well. However, the ability to deliver the programme is impacted by the dwindling number of school nurses. NHS England workforce figures show a 33% fall in the number of school nurses between 2009 and 2022.[6] Of the 1,945 staff in the latest count, only 852 were described as ‘qualified school nurses’, many of whom will no longer be practicing as such.

This represents a significant loss of expertise, knowledge, and skill at the cost of the health of young people, their families, and the nation. Round table participants argued the impact is already being seen in the worsening health outcomes for young people. All agreed that action must be urgently taken to reverse these trends.

Section 2: Explaining the problem

A complex range of factors have contributed to school nursing resources being reduced, and more broadly to the crisis in children and young people’s health. These include changes to commissioning, a lack of data, and what one participant characterised as ‘inter-generational discrimination’ within both healthcare and the country as a whole.

Insufficient prioritisation

Participants agreed that children and young people’s health has not been adequately prioritised nationally.

One speaker characterised this as ‘inter-generational discrimination’, with resources often concentrated on older people in their last year of life – where often, sadly, trivial differences can be made – rather than at the beginning of it.

With a reduced focus on funding services for children and young people, school nursing has become depleted, resulting in school nurses feeling overwhelmed and unable to deliver all elements of their role. This then leads to a cycle of recruitment and retention challenges.

Changes to public health commissioning

The Health and Social Care Act 2012 moved responsibility for many public health services from the NHS to local government.

One speaker, who works within a local council, suggested the full cultural impact of commissioning changes had not yet been worked through. Brave discussions about how best to implement school nursing services were difficult to have, because of a sense of ‘them and us’ – the NHS service being reluctant to converse with a local council that previously did not commission it.

There is also limited financial freedom for local government on school nursing decisions. In large part, such services are funded via public health grants from central government – which have fallen in real terms over several years.[7] Participants agreed that this left local councils with difficult choices on which services to keep and which to cut.

Challenges in quantifying the problem

There is no central government oversight, so it is not possible to state with certainty how many school nurses are in place and in which areas, or to comprehensively know where services have been increased or decreased.

Similarly, there is limited data on how outcomes relate to such decisions. While anecdotal reports and common sense lend credence to the idea that cutting school nursing services harms health, there is no definitive proof of the precise nature of the impact. Nor is there a full understanding of how various levels of funding affect health.

Even at a national level, it has been challenging to be sure how much money is spent on children's health or to explore trends over time.[8]

The Health and Social Care Act 2022[9] places a legal duty regarding children on integrated care boards. Delegates reported that while many integrated care boards (ICBs) have children as a stated priority, one speaker said few are able to quantify how much is being spent on services for children and young people.[10]

All this makes it difficult to build a full picture of how services and spending vary, and how these variations impact on health.

Recruitment and retention issues

School nurses are skilled and qualified professionals, educated to post-graduate level, whose practice is informed by a biopsychosocial perspective and grounded in prevention. The round table heard it was a role which traditionally involved considering the broad range of biological, psychological and social factors, and intervening appropriately to support not only children and young people but their wider families.

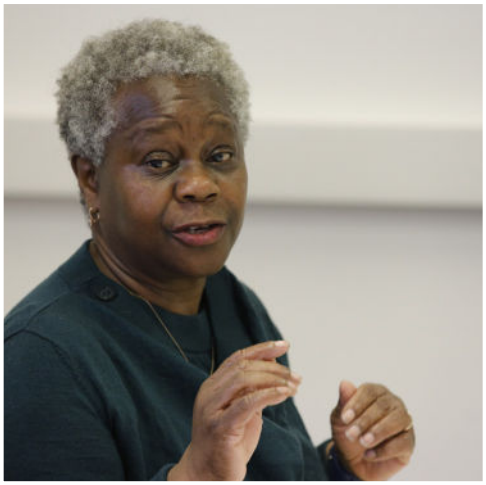
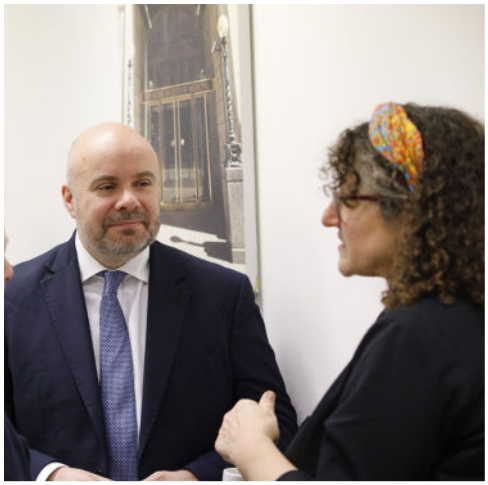
Increasingly, however, roles do not offer opportunities to use these skills. One participant described the job now as firefighting and plugging gaps. Another spoke of school nurses often working now solely as safeguarding nurses – not public health professionals.

To be clear: school nurses do have a crucial role to play in safeguarding which is integral to all levels of the Healthy Child Programme. School nurses are best placed to use their unique public health skills to promote safety, prevent and protect from harm, including as early as possible when an event happens. At present, a disproportionate amount of school nurse time is often focused at the child protection and 'child in need' end of the continuum. The risk is that their involvement is bureaucratic rather than beneficial to improving outcomes for the child. The system sees school nursing as bringing the health dimension to discussions.

The change in the focus of the role means that it is difficult to retain experienced staff, who may be disillusioned by an inability to use the full range of their skills. It also makes the role less attractive to prospective nurses. This is a key factor in understanding the crisis not only in children's health but also in the school nursing workforce itself.

Case study: Commissioning changes, demotivated staff, local inequalities

The experiences of one participant highlighted how commissioning changes can alter significantly the services available to young people, and fundamentally affect the retention of nursing staff.


‘School nurses are skilled and qualified professionals, educated to post-graduate level, whose practice is informed by a biopsychosocial perspective and grounded in prevention.’

The speaker had worked in a school nursing service that offered a comprehensive range of support. However, changes were made to the commissioned services provided and interventions and services previously delivered by school nurses were reassigned for delivery by other services, such as education.

School nurses were no longer commissioned as a specialist service and were redeployed into other Children and Young People’s teams, such as Looked After Children. School Nurses felt devalued and unable to utilise their specialist skills, leading to a reduction in job satisfaction.

Many staff chose to leave. It was difficult to recruit into the new posts, in particular while a neighbouring local authority offered a well-integrated school nursing service.

This is not unique. SAPHNA is aware of one school nursing professional working across two neighbouring local authorities – one council is seeking to invest additional funds in the service; the other considering decommissioning it entirely. Such inequalities harm young people and their families.

Section 3: Finding the solutions

Generating political will, gathering robust data, and building coalitions of interest should all be key aims of anyone wishing to further good child health generally and the role of school nurses in particular. Such activity will underpin the ‘A school nurse for every school’ campaign.

Building political will

The extent to which children and young people’s health seems to have been politically deprioritised was a key theme of the discussion. With a General Election due in the next 12 months, this is likely to be the best opportunity there has been in a while to build political will for changes that support the wellbeing of young people. Those who understand the impact of school nursing can valuably make that case to prospective members of any new government, and prospective MPs as well.

There are examples with which it may be possible to shape a new government’s understanding of what is possible. Scandinavian countries provide a model of what prioritising children and young people’s health looks like. One participant spoke of visiting the head of child services in Finland, who described a national philosophy of taking care of children as an investment in the future wellbeing of the nation. This approach includes the Departments for education and for health.

The societally accepted much higher rate of taxation in these countries, and their smaller populations, is often presented as a reason the model could not be adopted here. The philosophy, however, could be. Even a rebalancing of priorities with funding, so that proportionally more goes onto children and young people’s services, would make a difference.

Clarifying roles, responsibilities, and leadership

All those around the table felt the multi-faceted, biopsychosocial approach of the school nurse role as traditionally conceived was crucial to preserve. It is critical to increasing recruitment and retention, and vital to supporting the best possible health and wellbeing of the nation’s young people.

Commissioners, and indeed those in all other parts of the system, must be supported to understand the ‘true role’ of a school nurse and work to ensure staff can fulfil it.

NHS England representatives at the round table argued there are new opportunities to build this understanding. They noted that, as of November 2023, the chief nursing officer (CNO) has taken over professional leadership of public health nursing.[11]

This means that school nursing will be part of the chief nursing officer's forthcoming strategy. The strategy has been created with a wide range of stakeholders, including public health nurses, and to emphasise the importance of a biopsychosocial approach to nursing. The round table heard that delivery plans will be built based on delivering the ambitions that the strategy will include.

It was noted that the NHS long term workforce plan separately commits to a 48 percent increase in school nurses.[12] While this is welcome, it is important to note it only relates to training places – not to funded roles.

Building the data

Round table participants agreed there was a need to build a much more reliable source of the school nursing workforce and, particularly, to connect this to outcome measures.

An ability to create dashboards that show how school nursing investment, services and outcomes differ between areas would be particularly valuable in building the case for change.

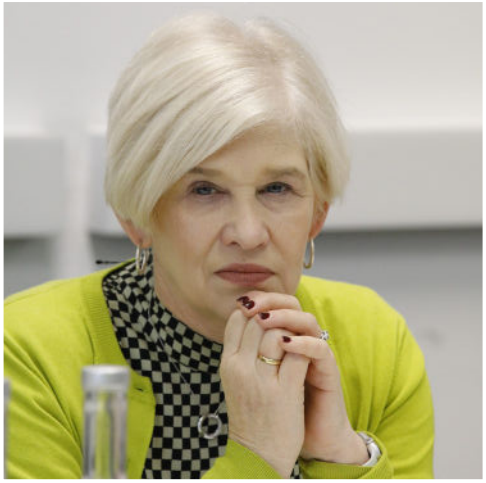
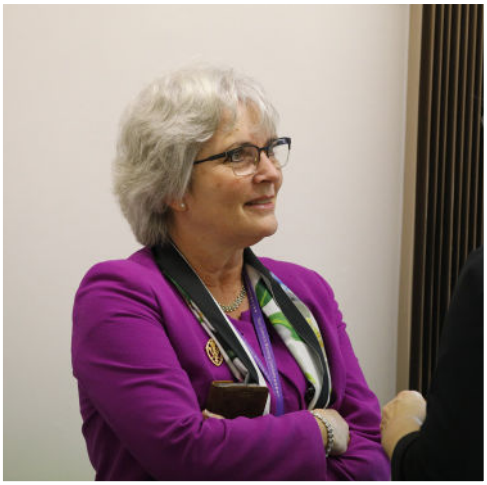
ICBs should be encouraged to build understanding of spending on children and young people within their geographical footprints. Ideally, one or two pieces of key data – which indicate how school nursing services are performing, and the impact on child health – should be added to all ICB board papers. Further work is needed to determine which specific pieces of data these might usefully be.

Building a coalition of support for school nursing

Discussion at the round table centred on the need to build support from outside the health sphere as well as within it. As one speaker commented, there may be other sectors which can advocate more powerfully for healthcare than healthcare itself can. Building support among teachers and teaching unions is already an activity for SAPHNA – and those within the CNO's office said they were working closely with, for example, the Department for Education – but local health and care systems might valuably forge similar connections.

The need to see school nursing as one key resource within a system, and to have it be part of an integrated approach, was highlighted. Considering how school nurses can fit in as part of the broader system, and how to capitalise on and complement the resources already present through initiatives like social prescribing, could be a valuable way of reinforcing the roles.

Where pots of money are available for new projects, such as mental health support teams, there would be real value in considering how school nurses could provide such services. Rather than reinventing the wheel each time, those resources could be invested in school nursing.


‘The role of young people themselves in describing the services they want to see, including school nursing, is crucial in service development.’

It was noted that professional rivalries are understandable in a time when everyone feels under pressure and money is stretched. Setting these to one side, however, and understanding the contributions each profession can make, will yield the best results.

The role of young people themselves in describing the services they want to see, including school nursing, is crucial in service development.

Encouraging braver commissioning of school nursing services

SAPNHA is aware of emerging models of school nursing delivery. For example, in the east London borough of Tower Hamlets, GP surgeries have come together to form a social enterprise that provides a range of services – including school nurses. These different models of providing services perhaps need to be considered and discussed more widely. Of concern is the increasing number of schools employing their own nurse. This is usually in response to the reduced visibility of school nurses from the local authority. However, these school-employed nurses tend not to be qualified school nurses, and are often professionally isolated, which can be problematic.

Local authority representatives at the round table spoke of a desire to be braver in commissioning decisions. There was some optimism that the new NHS provider selection regime could ultimately help support this. These new procurement rules have an express aim of supporting collaboration across systems, increasing flexibility in processes, and ensuring all decisions are made in the best interests of service users.[13]

Supporting school nurses to amplify their role and contributions

The need to amplify the contribution of school nurses was raised frequently during the discussion.

Data will do this in part, but it was also strongly argued that nurses themselves should be supported to speak of their value. This could mean providing resources to school nurses that enable them to prove the business case for their work.

With ICBs now bedded in as statutory organisations, there may be new opportunities to make the case for school nursing. Each ICB has to have an executive children’s lead,[14] and there are regular national meetings of these leads. Having school nurses contact their local executive children’s lead and/or speak at the national meeting may help drive the case for them.

Section 4: Action points

Participants committed to a range of actions intended to further children and young people’s health, and the role of school nurse as central to it.

National influencing

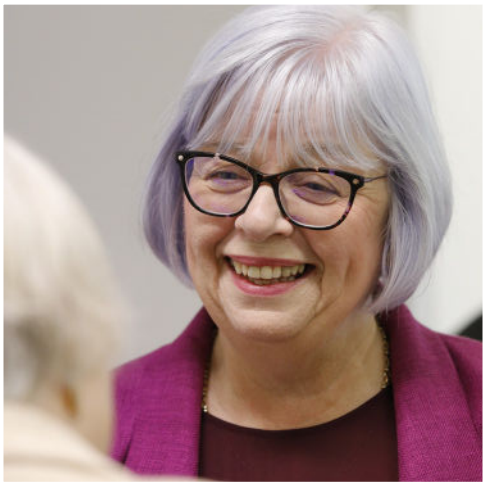
- **Offer politicians and national leaders opportunities to experience the value of school nursing services by shadowing a school nurse.** It is crucial to build understanding among politicians of why children and young people’s health and wellbeing is so important, and the ways in which it is currently being neglected. It will be particularly powerful to provide the opportunity for such leaders to experience

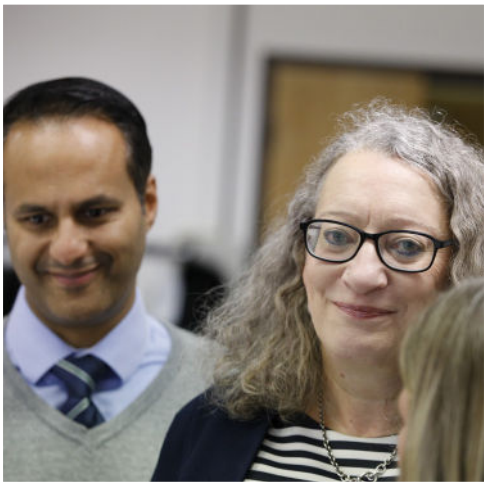
first-hand the impact of well supported school nursing services. The pending General Election means politicians will be seeking visits to better understand the health and wellbeing of children and young people, and the need for young people's health to be a top priority. We will offer the opportunity for shadowing to all senior policy makers.

- **Explore opportunities to have politicians and national leaders visit Scandinavian countries and witness the strong focus on young people.** Participants at the round table admired the way in which Scandinavian countries have built a national understanding of the importance of children's health, and then developed services around this. Facilitating UK politicians to visit such services could support the growth of a similar understanding in the UK.
- **Initiate legislative change which will improve the health and wellbeing of children and young people.** Legislation around smoking, alcohol and obesity will be important in supporting the overall agenda of children and young people's wellbeing. Initiating legislative change where possible will help build an environment in which this agenda is seen as a priority.
- **Encourage more elements of the Healthy Child Programme to be mandated for delivery by school nurses.** At present, only the national child measurement programme is mandated for delivery by school nurses. Making more aspects of the Healthy Child Programme mandatory for school nurse delivery would serve to not only underscore the importance of school nursing but would provide an additional means of benchmarking services and outcomes.

Local influencing

- **Explore new commissioning opportunities and models.** Local authority participants at the round table were keen to consider new commissioning models for school nursing. This could involve capitalising on recent legislative changes in procurement and may lead to new ways of delivering services that will prove more viable in the current financial environment.
- **Forge greater connections with schools and young people.** The importance of school nursing can often most powerfully be promoted by schools and by young people receiving school nursing services. Round table participants from the health services sphere spoke of a desire to build greater connections with schools in their local areas.
- **Establish stronger connections between school nurses and executives within ICBs, and support nurses to demonstrate their value.** All ICBs are required to have an executive lead for children. School nurses should seek to establish connections with their ICB lead and speak more broadly to executives about the importance of their work. Enabling nurses to demonstrate the value of their services in a way that resonates with executives will be important in building productive relationships, supporting the health and wellbeing of school aged children and young people within the ICB footprint.





‘It is crucial to build understanding among politicians of why children and young people’s health and wellbeing is so important, and the ways in which it is currently being neglected.’

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Participants

College of Medicine
- Dr Michael Dixon, Chair, GP, former co-chair of the National Social Prescribing Network
- Sir Sam Everington, vice-chair, GP, chair of Tower Hamlets CCG
- Professor Dame Donna Kinnair, council member, non-executive director at East London NHS Foundation Trust, former general secretary, Royal College of Nursing
- Dr Naveed Akhtar, GP, council member, co-chair Integrated Medicine Alliance
- Amanda King, CEO

School and Public Health Nurses Association
- Sharon White, CEO, former co-chair of School Nurses International
- Maggie Clarke, executive lead officer
- Sallyann Sutton, professional officer

The Queen's Nursing Institute
- Dr Crystal Oldman, chief executive
- Dr Amanda Young, director of nursing programmes (innovation and policy)
- Fiona Rogers, nursing programme manager (innovation)

NHS England
- Acosia Nyanin, deputy chief nursing officer, professional and system leadership
- Duncan Burton, deputy chief nursing officer, delivery and transformation programmes
- Dr Emma Pascale Blakey, sustainability and innovation lead

Office of Health Improvement and Disparities
- Professor Jamie Waterall, deputy chief nurse
- Lynne Reed, deputy director 0-19 clinical programmes unit
- Gillian Turner, National Lead Nurse for Children & Young People

Association of Directors of Public Health
- Marie McLoughlin, consultant in public health, London Borough of Brent
- Shona Okeke, public health strategist, London Borough of Brent
- Ann Keen, nursing adviser to the Labour Party, former health minister,
- George Plumptre, CEO, The National Garden Scheme
- Liza Jarvis, children and young people social prescribing lead, StreetGames. Representing the Social Prescribing Network
- Tamoor Tariq, deputy leader, Bury Metropolitan District Council, Cabinet Member for Adult Care, Health & Well- Being. Representing the Local Government Association. (unable to attend on the day)
- Dr Rebecca Rosen, GP, senior fellow in health policy, Nuffield Trust
- Dr Sarah Bekeart, senior lecturer, children's nursing team, Oxford Brookes University, researcher in public health issues relating to teenagers and school nursing roles
- William Roberts, CEO, Royal Society of Public Health, Deputy Chair of the Terrence Higgins Trust and a Non-Executive Director of Housing 21 and POBL, two large housing and care providers
- Professor Russell Viner, chief scientific advisor, Department for Education, professor of adolescent health at UCL, Great Ormond Street Institute of Child Health (unable to attend of the day)
- Helen Bedford, Chair of the Personal Child Health Record Committee, Royal College of Paediatrics and Child Health, Professor of Children's Health, Co-Director GOS ICH (Education), Co-Director MSc Paediatrics and Child Health, UCL Great Ormond Street Institute of Child Health
- Professor Patricia Owen, immediate past president, Institute of Health Promotion and Education, emeritus professor of nursing, Keele University, visiting professor of nursing, Birmingham Newman University
- Rachel Gallagher, consultant in public health, Newcastle City Council. Representing Faculty of Public Health
- Andy Bell, CEO, Centre for Mental Health
- Dympna Cunnane, CEO, OurTime, charity for children of parents with a mental illness
- Alison Dunn, joint managing director, Chamberlain Dunn
- Joy Shepherd, Chamberlain Dunn
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