



Item No: 11

Meeting Date: Wednesday 25th January 2023

Glasgow City Integration Joint Board

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Progress towards the development of School Nursing in Glasgow City

Purpose of Report:

1. To highlight the national review and refocus of School Nursing (SN) roles and services across Scotland;
2. Report on the development and implementation of this model across Glasgow City, and to
3. To highlight and discuss current financial challenges with regards to service development.

Background/Engagement:

In 2013, a Chief Nursing Officer (CNO) nationally led programme entitled 'Transforming Roles' aimed to provide strategic oversight, direction and governance to develop and transform Nursing, Midwifery and Allied Health Professional (NMaHP) roles to meet current and future needs of Scotland's health and care system, and ensure nationally consistent, sustainable and progressive roles, education and career pathways.

Phase 1 of 'Transforming Roles' focused on nursing. In 2013 as part of this programme a national review of the School Nursing role, services and interventions was commissioned, reporting in 2017. The published paper, ["Scottish Government Transforming Nursing Roles Paper 4 2017"](#), defined the refocused School Nursing role in NHS Scotland within the context of wider multiagency School Health and Wellbeing Teams.

Following this review, Scottish Government (SG) committed to fund an increase of 250 qualified School Nurses (SN) across Scotland, to support implementation of the nationally agreed school nurse role and implementation of evidence-based care pathways.

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	Scottish Government have subsequently revised this commitment due to current financial challenges.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☒ Chief Nurse Meeting Executive Board Nurse Director meeting. Not Applicable ☐
Recommendations:	The Integration Joint Board is asked to: a) Note the update regarding the development of School Nursing services in GCHSCP; and b) Note associated financial risks.
Relevance to Integration Joint Board Strategic Plan:	
Implementation of the model supports the IJB's key priority of prevention, early intervention and harm reduction.	
Implications for Health and Social Care Partnership:	
Reference to National Health & Wellbeing Outcome(s):	All outcomes are relevant. The outcomes most relevant to service development are: 1 "People are able to look after and improve their own health and wellbeing and live in good health for longer." These services place significant emphasis on prevention and early intervention. 5 "Health and social care services contribute to reducing health inequalities." Implementation of the agreed model will target and support our most vulnerable school age population and families.
Personnel:	All stakeholders are involved in shaping roles and services. A reduction in funding will exacerbate current risks and inhibit Glasgow City from delivering an evidence-based School Nursing Service in line with national policy requirements and Transforming Nursing Roles. Recent withdrawal of agreed Scottish Government funding directly effects our ability to honour agreed commitments.

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Carers:	School children and families identified as carers will have access to support and advice.
Provider Organisations:	As of wider ongoing work in this area links are, and will be, made with various provider organisations to ensure integrated approaches and support.
Equalities:	Proposals for services in Glasgow City demonstrate an equalities sensitive approach explicitly in terms of ethnicity and deprivation. Developing a formal EQIA will form part of the ongoing development of the model itself, building on synthesis of learning from the city plus engagement with communities and services around how to optimize equitable, high quality access, experience and benefit from services. This will be a more dynamic process, being reviewed and updated as future phases are developed.
Fairer Scotland Compliance:	All development will consider socio-economic differences.
Financial:	The Scottish Government announced national funding to support initial implementation of this work. Recent withdrawal of agreed Scottish Government funding directly effects our ability to honour agreed commitments.
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	Key risks will include: • Capacity supply for HSCP nursing and associated staff • Capacity of the system to support change given financial challenges • Longer term scalability, implementation and succession planning.
Implications for Glasgow City Council:	The development of this service links into GCC educational plans and aspirations and offers wider benefits for GCC and other community planning partners.
Implications for NHS Greater Glasgow & Clyde:	Implementation of the model described contributes to public and population health priority areas. It contributes to all strategic aims set of by the Health Board and specifically in relation to the transformation of Nursing, Midwifery and Allied Health Professional roles.

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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1 The purpose of this paper is to:

- Highlight the national review and refocus of School Nursing roles and services across Scotland;
- Report on the development and implementation of this model across Glasgow City and
- Highlight and discuss current financial challenges with regards to intended service development.

2. Background

- 2.1 Shifting the balance of care from hospital to community and primary care settings at, or near people's homes aims to improve population health, increase quality and safety, and secure best value from health and social care services. Delivering on these aims has required a different approach which enables community nursing staff to develop new and innovative ways of working to provide safe, effective, person-centred care and clinical interventions tailored to need.
- 2.2 Health Visitors (HVs), Family Nurses, General Practice Nurses, District Nurses, Community Children's Nurses, School Nurses (SNs) and their wider teams, work as integrated community teams, providing a seamless interface and reducing boundaries between their practice and place of care. The establishment of integrated community teams play a key role in prevention, early intervention, reducing inequalities building on current roles and best practice to meet the requirements of people with more complex health and care needs in a range of community settings.
- 2.3 In December 2017 the Scottish Government published the first of a series of papers on Transforming Nursing, Midwifery and Health Professions' (NMaHP) Roles as part of the transformations change agenda in health and social care in Scotland. Building on the national Health Visiting review, and universal services provided for children under 5, this review included refocusing the School Nurse role and wider school health team towards both targeted and early intervention and health promotion across Health and Social Care Partnerships.
- 2.4 Building on a scoping exercise of existing services across Scotland and a review of internationally published evidence, the driving rationale of this refocus was to ensure health assessment and provision of services via qualified School Nurses to communities' most vulnerable children and families, including those looked after or accommodated. A key aim was to reduce the instance of adverse childhood experiences, limit the effects of inequality and help target

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health and wellbeing improvement to the most vulnerable children by targeting School Nursing services and by implementing a clear referral-based service.

2.5 The SG nationally led scoping exercise demonstrated:

- Considerable variation in SN roles, how, where, and when interventions were performed. This ranged from SNs being involved in delivering health promotion and teaching sessions to those involved in targeted interventions and home visits for vulnerable children and families
- Guidance and assessment tools used differed greatly
- A lack of focus on hard to reach families and children in greatest need
- Although some Boards had piloted resource allocation models and attempted to adhere to Unite/RCN guidance on resource allocation no national model had been developed to guide SN resource allocation or approaches in Scotland
- Current University training courses focused on Public Health Nursing (PHN) as opposed to HV or SN specifically. Both courses and practice required to be refocused on current policy drivers and research-based evidence
- A lack of career development and the need to develop a framework for advance practice within these disciplines.

2.6 In addition, a lack of clarity existed in a number of areas around the title of roles and services. The title of School Nurse should only be utilised by those nurses who have undertaken a year's postgraduate training at Masters Level, in line with Health Visiting or District Nursing roles and services. Others involved in the delivery of 'school health services' although not done by School Nurses can involve staff nurses, health improvement workers, health care support workers or other members of a multi-disciplinary/multiagency team.

3. Refocused role

3.1 Following national work, the agreed refocused School Nursing role centers on a continuing focus on prevention and early intervention although takes a targeted approach to supporting the most vulnerable children and families over five years. Following assessment by HVs at 4 years of age, those children and families allocated an 'additional' health plan indicator (HPI), (indicating the value of additional support), beginning at school entry, the national review identified eleven priority areas and pathways for qualified School Nurses to focus on, set out below:

- Emotional/Mental health and wellbeing
- Substance misuse
- Child protection / Vulnerability
- Domestic Abuse
- Looked-after children
- Homelessness
- Sexual Health
- Pregnancy and Parenthood
- Youth justice
- Young carers and
- Transitions.

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- 3.2 To compliment this approach the model included establishment of wider integrated multi-disciplinary school health services consisting of staff nurses, health improvement workers and education colleagues based in and around schools who would provide a universal approach to the delivery of additional required Public Health screening such as assessment of Body Mass Index (BMI), height and weight and provide additional 'drop in' facilities for all children. Where additional health or support needs were identified by this wider team, referral would then take place to the School Nurse who could follow up and assess what additional support might be required. Clear criteria and referral procedures were developed to be utilised by all stakeholders for referral to the School Nurse.
- 3.3 Improved liaison, information-sharing and targeted interventions in these areas can achieve significantly better outcomes for children and young people. The refocused role incorporates health assessments of all looked-after children at home or in kinship care, enabling greater access to assessment and routine screening for the most vulnerable children and young people, most likely to experience the poorest outcomes. Where appropriate, this enables looked-after and accommodated children's nurses (Health for All Teams) to focus on the most complex vulnerable children and young people in residential care and provide supervision and guidance to core services.
- 3.4 Partnership-working, particularly with parents/carers, the wider family, general practitioners and other health professional, education, criminal justice and social work sectors and voluntary organisations, is central to the refocused role. The intention is support for early identification, early referral, and prevention of deterioration and therefore early escalation of issues. The ultimate aim is to improve middle to long-term health outcomes for the most vulnerable children and young people.

4. Educational Preparation for school nurses

- 4.1 Work was also undertaken to refocus school nursing education pathways, preparation, clinical placements and continuing professional development activity to ensure alignment with this review and ensure education responds to future service and population requirements.

5. Early adopters

- 5.1 The refocused role was tested in two early adopter sites, NHS Dumfries and Galloway and NHS Tayside, from November 2015 to November 2016. An evaluation carried out by the Scottish Collaboration for Public Health Research and Policy (SCPHRP) and a consultation exercise with school-aged children and young people was commissioned and undertaken by Children in Scotland. The aim of the evaluation was to assess how the refocused role worked in practice and to provide learning and guidance to support national training and implementation.
- 5.2 Whilst the findings' limitations were recognised, they support the refreshed role, highlighting the important part nursing can play in early identification and intervention and in achieving positive outcomes for children and young people,

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particularly in areas such as mental health and wellbeing. The main findings are shown below:

Main findings

- There was clarity of role and referral processes, enabling positive and appropriate partnership-working and effective referral mechanisms.
- The referral pathway most utilised in both sites was emotional health and wellbeing, where over 400 referrals taking place over six to nine months.
- The mental health pathway provided an overarching focus for the school nursing service, with the remaining nine pathways clearly impacting on children and young people's emotional health and wellbeing. The ten existing pathways were therefore reconfigured to sit under an overarching heading of 'Vulnerable Children and Families', indicating the two main sources of referral and intervention (mental health and wellbeing, and risk-taking behaviour).
- The importance of frequent and detailed holistic assessment was emphasised.
- Complex assessment of all vulnerable children and families, in particular for looked-after children, was found to be key.
- Clarity on school nurses' roles in child protection.
- Having a separate dedicated immunisation team to deliver immunisation programmes positively impacted on the ability of school nurses to implement the refocused role and deliver improved outcomes.
- The benefits of home visiting and the importance of offering services at home, in schools and within communities was reinforced.
- Referrals to child and adolescent mental health (CAMH) services reduced, with possible reductions in CAMH service waiting times starting to be realised and further anticipated. The timing of, and threshold for, referrals into CAMH services improved.
- A potential role for the third sector in reducing referrals to medical, CAMH and health services was identified.
- Future benefits in educational attendance, attainment and achievement in school were anticipated.
- School nurses' work with parents/carers and wider families increased.
- The refocused role supported early identification, early referral and prevention of deterioration and escalation of issues, ultimately affecting middle-to long-term health outcomes.

Refocused School Nurse Role within Early Adopter Sites in Scotland: Main Report, can be accessed at: <https://www.gov.scot/publications/realist-evaluation-refocused-school-nurse-role-within-early-adopter-sites-9781788511230/>

The report of the consultation exercise, School Nursing Service Review: Consultation with Children and Young People, can be accessed at: https://childreninscotland.org.uk/wp-content/uploads/2017/09/Report_School_NursesJuly_2016.pdf

- 5.3 Following these pilots the pathways originally identified were reconfigured to sit under an overarching heading of 'Vulnerable Children and Families', indicating the two main sources of referral for School Nursing intervention: mental health and wellbeing and risk-taking behaviour.
- 5.4 In 2019 following publication of the agreed national model for both School Nursing and the wider school health team, each Health Board was asked to implement and work towards the agreed model. Scottish Government agreed that given the historical lack of investment in School Nursing at both national

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and local levels, each Board would be asked to set out workforce plans for achievement over the next five years; 2019 – 2024.

6. Greater Glasgow and Clyde

- 6.1 In GGC circa 2018/19 substantial financial savings were made from existing School Nursing services across the Health Board. This led to a marked reduction of school nursing staff across the board, particularly in Glasgow City School team. Historically, in comparison to other Health Boards in Scotland, GGC has invested less in training and has had less qualified School Nurses. The starting point and baseline for achievement of the refocused national role and intended model therefore is lower than that of other Health Boards.
- 6.2 In response to published guidance and following discussion with all HSCPs, GGC Health Board took the decision to focus only on implementing three of the 11 nationally agreed pathways. The remaining pathways were identified as being delivered by other services or covered by the three priority pathways identified. Each HSCP was asked to augment this decision with supplementary local pathways depending on local need and services. Consequently, a different approach has been taken to delivery across HSCPs. Following recent discussion and review this approach and decision is being revisited.
- 6.3 The three GGC pathways initially agreed for implementation were Emotional / Mental Health and Wellbeing, Child protection and Vulnerability and Transitions. As outlined above, a national Public Health Child Health screening programme (Hall 4) determines national public health measures to be undertaken across the age ranges. In school children this includes Primary 1 height and weight, and Primary 7 BMI Measurement. In addition to these national requirements, across GGC an additional measure was introduced; an oversight of orthotic screening to be completed by HCSWs in School Health. This sits outside national requirements, was not resourced and discussions have since taken place as to the need and viability of this service continuing to be provided.

7. Development and implementation in Glasgow City HSCP

- 7.1 In response to implementing HSCP strategic objectives and in order to lead local development and implementation of the national professional and clinical agenda around Transforming Nursing and Allied Health Professional (AHP) roles, in 2019 Glasgow City set up three overarching work-streams across Adult, Older Peoples and Children and Families services. Chaired by the Chief Nurse and Professional Nurse Leads, in partnership with managerial colleagues, within Children and Families this work has included the development and implementation of detailed work-plans for all services including Family Nurse Partnership (FNP), Health Visiting (HV), SN and immunisation services. All plans incorporate work related to Specialist Children's Services, Child and Adolescent Mental Health, Health Improvement work such as school counselling and youth health services and links with and into Adult services. The development of School Nursing roles and services in the city has therefore been driven by this workstream.

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8. Development of School Nursing and wider Health Teams

- 8.1 Improvement methodology was utilised to support development and implementation. A working group was established in 2019 to drive forward service change and development. A project plan was established to ensure clarity of aims, anticipated outcomes and areas for consideration and learning. Three locality teams in the city were merged to form one Glasgow City School Nursing Team, initially with 1 Team Leader (TL). This central team has three locality-based sub groups and resources are pooled within sub groups to meet needs and demands of the service. This model will develop over time and has ensured consistent practice, the most effective use of single TL resource and limited school nurse numbers and encourages local integration with health visitor, social work and GP colleagues. The current School Nursing resource at November 2022 is below.

BAND	NUMBER IN POST	WTE	NUMBER OF VACANCIES	WTE
BAND 7	3	2.40 (0.6 PracticeTeacher)	0	0
BAND 6	13	12.20	0	0
BAND 5	5	5.70	2	2.00
BAND 3	7	6.44	1	1.00
BAND 2	1	0.6	1	1.0

- 8.2 Analysed on a monthly basis, the creation of Population Reports has allowed a robust review of numbers of referrals to school nursing services including, who referrers are; identified pathways; numbers and length of time on caseloads; numbers of Initial Referral Discussions (IRDs); number of clients discharged and number of Children's Reporter requests. School Nursing Teams also aim to capture qualitative information in relation to the young person's journey. In addition, work completed includes; full implementation of the three agreed priority pathways for the city; development of referral pathways to facilitate appropriate referral into School Nursing services, School Nurse and team role profiles; competency frameworks; agreed data collection methods and an agreed service specification for School Nursing services in Glasgow City which is leading GGC-wide developments.

9. Investment

- 9.1 Following publication of the agreed national model, in 2019 the Scottish Government announced its intention to fund an additional 250 School Nursing roles across Scotland to support implementation. Across GGC this uplift funded an additional 56.7 School Nurse posts. Investment started in 2020 to run over a four-year period. Within Glasgow City this aimed to increase resource by 30.24 WTE Band 6 qualified School Nurses by end of 2023.
- 9.2 Achievement of this has been impacted by levels of attrition in School Nursing and staff leaving to secure more senior posts such as Band 7 posts in other services such as Health Visiting, Family Nurse Partnership and Specialist Services.

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- 9.3 A significant number of Staff Nurses and Band 6 nurses have been recruited since 2019 using additional funding streams (mental health non-recurring funds) to support workload, manage risk and with the longer term view of supporting the wider school health workload and succession planning to enhance the future qualified workforce. In addition, to ensure career pathways the future model for School Nursing in the city includes the development of Advanced Practice or Clinical Nurse Specialist type roles at Band 7 for Qualified School Nurses who may specialise in identified priority areas such as Child Mental Health and Wellbeing. This allows a clear career pathway for development in the profession and a proactive ability to assist in tier 1-2 mental health interventions and preventative work, shown to be effective in early national evaluations which saw a reduction in CAMH waiting lists across Board areas.
- 9.4 As has been the case in the development of other services, additional funding provided by the Scottish Government did not include funding of the infrastructure required to support the development of professional roles and clinical services such as Practice Teachers (required to support and supervise students) and the requirement for additional Team Leaders at Band 7 who manage these roles and teams.
- 9.5 In October 2022, the Scottish Government advised that their commitment to fund the agreed increase of 250 qualified school nurses across Scotland was being revised due to an unprecedented cost crisis. Withdrawal of agreed Scottish Government funding directly effects our ability to honour agreed commitments.

For 2023 this was to impact on Glasgow City significantly and the last proposed cohort of students had to be initially advised that the course may no longer continue, leaving a shortfall of 7.14 qualified staff for the city, indicated below.

HSCP Intake	Cohort Early Adopter Jan 2019	Cohort 1 Jan 2020	Cohort 2 Jan 2021	Cohort 3 Sept 2021	Cohort 4 Jan 2022	Cohort 5 Sept 2022	Cohort 6 (cancelled) Jan 2023	Total Uplift received	Planned End Point	Deficit from Original end Point (if CH 5 not cancelled)
Glasgow City	2	2	4.6	2	5.5	7	0	23.1	30.24	-7.14

Following additional discussions with the Scottish Government in November 2022 Government colleagues confirmed that NHSGGC will be awarded funding for 50 WTE qualified school nurses reflecting the number trained to date or who are currently in training. This includes the September 2022 cohort of students. The overall funding commitment has reduced to from 56.07 to 50 WTE across GGC.

As a result, Glasgow City's allocation will now be 27 WTE instead of 30.24 WTE based on revised HSCP national resource allocation formula (NRAC) allocation and revised funding commitment. Unlike smaller HSCPs who have already received full uplift and allocation from the Scottish Government, Glasgow City is disadvantaged overall by a reduction of 3.24 WTE SN resource.

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10. Service challenges and risks for School Nursing Services in Glasgow City

- 10.1 In Glasgow City, the School Nursing team currently deliver a service based on three priority pathways. Expectations by the Board and Scottish Government are that this will need to extend to full implementation of all 11 pathways in line with national policy. Significant opportunities exist in developing this service to meet the needs of our families and children and young people.
- 10.2 National guidance set out skill mix models to organise wider school health services across clusters of schools consisting of Band 5 Staff Nurses and HCSWs linked to School Nursing teams. As highlighted, the role of these wider teams are to undertake nationally agreed public health screening measures, provide drop in facilities to promote access for all school children who may require additional support in schools as well as supporting the poverty agenda, emotional health and wellbeing and any other appropriately delegated work from qualified School Nurses.
- 10.3 Reduced funding will have a significant impact on our ability to implement national models expected and agreed and effect our ability to contribute effectively to the implementation of the Scottish government's Mental Health Strategy 2017-2027, which clearly highlights the increasing demand for Child and Adolescent Mental Health Services. The importance of early intervention in diminishing the prevalence and risk of poor mental health and subsequent poor outcomes in later life is well known. An ambition within the Mental Health Strategy is for *'Every child and young person to have appropriate access to emotional and mental health well-being support in schools'*. In line with previous national work cited it is evident from the number of referrals received in the city for tier one and two emotional health well-being assessments, analysis and planned intervention requests for support into the service have significantly increased, incurring a current waiting list of 1000 young people awaiting assessment.
- 10.4 School Nurses have the training, knowledge and expertise to effectively contribute to prevent escalation of need and promote the best outcomes for children and young people and are in a unique position to offer evidence-based intervention to support anxiety, low mood, self-harm, provide emotional resilience work and a variety of evidenced based targeted interventions. The service can play a critical role in reducing the need for more specialist mental health support if assessment and support is able to take place as early as possible with intervention and support available to provide young people with skills and tools to foster resilience.
- 10.5 A reduction in fully qualified School Nurses in Glasgow City reduces capacity to attend initial child protection case conferences for vulnerable young people and therefore contribute to the child's plan effectively. Assessment and analysis are required to determine need, vulnerability and plan of care and support to be implemented in order to contribute to improving long term outcomes for children and young people and improve health inequalities.

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- 10.6 In addition to the workload generated by referrals and Notification of Concerns, School Nurses in Glasgow City receive approximately 1500-1800 A&E discharge forms per month for children attending across the three areas of the city. These require to be prioritised to identify the most vulnerable children within the large volume of paper forms received every month, which is resource intensive. There is work underway to revisit and re-align this process. Approximately five years ago, School Nursing services began receiving information from Board Public Protection services for every child / young person subject to an Initial Referral Discussion (IRD). Currently this provides significant workload and risk to the team. The combination of A&E discharge forms (many for children where they have attended for routine reasons - not child protection) and IRD forms, means that School Nurses are spending considerable time on addressing these and are not therefore able to prioritise LIAM (Let's Introduce Anxiety Management), meaning reduced opportunity to intervene early. Discussions are currently underway across GGC to address risk and clarify expectations and roles. Guidance and information on the process is lacking and requires agreement.

11. Summary

- 11.1 It is well known that prevention, early identification and intervention throughout the early years of life are crucial to people's future experience of health and wellbeing. It is also recognised that continuing preventative approaches and holistic assessment of children and families and those who have experienced, or are at risk of, adverse childhood experiences (ACEs) are equally vital. The refocused role of the School Nurse and wider team presents significant opportunities for early evidenced based intervention and support for the most vulnerable families and children in the city. Roles focus on public health priority areas and are embedded in integrated multiagency working. Public Health approaches utilise strength-based models, reducing inequalities by increasing access to appropriate interventions, responding to the needs of vulnerable and hard-to-reach groups, increasing levels of literacy and numbers, raising attainment and improving health and wellbeing outcomes. Building on Health Visiting's Universal Pathway our model provides a robust platform of service provision and an integrated approach to services across the 0-19 age range, underpinned by interdisciplinary and multiagency working.
- 11.2 The current short-term uplift in school nursing resource will not be sufficient to support delivery of agreed standards of care, specific targeted interventions in line with agreed care pathways and ensure provision of a wider universal service for school aged children and young people. Continuing scarcity of qualified school nurses will mean the need to consider how ongoing educational preparation and the infrastructure required is funded to meet national requirements and ensure provision is responsive to future service and population requirements.
- 11.3 A reduction in funding will exacerbate current risks and prevent Glasgow City from delivering an evidence-based School Nursing Service in line with national policy requirements and Transforming Nursing Roles.

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12. Recommendations

12.1 The Integration Joint Board is asked to:

- a) Note the update regarding the development of School Nursing services in GCHSCP; and
- b) Note associated financial risks.