

# Schedule 1 - Specification

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## **1. Introduction and Summary**

- 1.1. The School-Based Health Service for Hackney and the City of London aims to coordinate and deliver public health interventions to protect and improve children's and young people's health and wellbeing in line with the Healthy Child Programme (HCP)[1]. The HCP is led by health visitors and school nurses, who work in partnership with a range of professionals and agencies to support children and families.
- 1.2. Since 2013, Local Authorities have commissioned public health services for school-aged children, including school nursing. The Children and Families Act 2014 places a statutory duty on governing bodies of state-maintained schools, academies, and pupil referral units to make arrangements at school to support pupils with medical conditions.
- 1.3. A child's mental and physical health should be adequately supported in school so that the pupil can play a full and active role in school life, remain healthy, and achieve their academic potential.
- 1.4. Local authorities are responsible for ensuring schools can meet these duties. This service supports the City of London Corporation and Hackney Council to meet these responsibilities by leading the 5-19 elements of the HCP. The HCP encompasses universal, targeted, and specialist services for all children that are personalised to meet individual needs and can identify and provide additional support for children with complex needs.
- 1.5. In Hackney, there are currently 58 state-maintained primary schools, 16 state-maintained secondary schools, 3 state-maintained special schools, one state-maintained pupil referral unit and one alternative provision free school. There is currently only one state-maintained primary school in the City of London. See [Appendix 2](#) for a current list of primary and secondary schools to be supported. The service provider must accommodate changes to the number of schools or the size and complexity of the school-age cohort during the contractual period and within the total financial envelope.
- 1.6. There are currently 29 independent schools in Hackney, including one

special needs school. The majority are Charedi Jewish schools. Safeguarding health duties within this specification are universal and extend to all resident children in the City of London and Hackney, including those not attending school or who are electively home-educated (EHE).

The Authorised Officer for this Service is [Nicola Donnelly]

The Service shall be led by specialist community public health nurses (SCPHN).

For information, the evidence base for this service is attached as [Appendix 1](#).

## 2. Strategic and Policy Context

2.1. [Healthy child programme: health visitor and school nurse commissioning guidelines](#). The HCP, launched eleven years ago, is a national, evidence-based, universal programme for children aged 0-19. The commissioning guidelines for the HCP were updated in 2023 [1] The guidelines were designed to support local authorities commissioning public health services for children and young people and, in particular, to support the delivery of the HCP. The guidelines emphasise the role of the health visitor and school nurse as leader of the HCP whilst also acknowledging the important contribution of a wide range of partners towards improving child and family health and wellbeing outcomes. School nurses use strength-based approaches to deliver public health interventions that support behaviour change, protect children's health and keep them safe. Services are provided at four levels: community, universal, targeted, and specialist. The HCP includes several high-impact areas that are evidenced to significantly impact health and wellbeing. The high-impact areas are:

- Supporting resilience and wellbeing
- Improving health behaviours and reducing risk-taking
- Supporting healthy lifestyles
- Supporting vulnerable young people and improving health inequalities
- Supporting complex and additional health and wellbeing needs
- Promoting self-care and improving health literacy

2.2. For ages 5 to 19, the commissioning guidelines cover the role of school nurses in delivering services in maintained schools and academies, including child health surveillance, health promotion, health protection, health improvement, and support.

2.3. The revised commissioning guidance (including updated guidance on high-impact areas) has been used to inform a new service model for the City and Hackney's School-Based Health Service (SBHS).

2.4. [Supporting Families Programme guidance 2022 to 2025 - GOV.UK](#)

The SBHS will support the ambition of the 'Supporting Families' programme to: '*see vulnerable families thrive...*' and to '*drive systems change locally...*'

*to create joined-up local services, able to identify families in need...* School nurses use their specialist skills to identify needs and work collaboratively as part of a multi-agency team to take early action to prevent worsening health and wellbeing outcomes for children and their families.

#### 2.1. [HM Government Family Hubs and Start for Life programme, 2022](#)

In April of 2022, Hackney Council was one of 75 local authorities to be awarded a share of £300 million in government investment between 2022 and 2025 to develop Children & Family Hubs and a 'Start for Life' offer [2]. Children & Family Hubs offer information, help and support to families from conception until age 19 (or 25 for young people with special educational needs or disabilities (SEND)). They bring together staff across various services, including the council, health services, and voluntary and community organisations. The redesign of the SBHS will consider the alignment of the SBHS with early help and ensure that the new service can adapt to new models of multi-agency working. The initial focus of the Children & Family Hub development has been on the 'Start for Life' offer and the first 1,001 days. The 0-19 offer is still in development, and as such, flexibility will be required in the specification for service.

#### 2.2. [North East London \(NEL\) Joint Forward Plan, 2023](#)

The NEL Joint Forward Plan has four system priorities. The SBHS will support the priority titled 'Babies, Children & Young People', in particular, to address levels of childhood obesity and increase rates of vaccination.

#### 2.3. [City and Hackney's integrated - Children and Young People's Emotional Health and Wellbeing Strategy, 2021-26](#)

The SBHS will also contribute to the City and Hackneys integrated 'Children and Young People's Emotional Health and Wellbeing Strategy 2021-2026' by working in partnership to 'support resilience and wellbeing,' an area of high impact for the HCP and a key priority for this strategy to improve and support the emotional health of children and families across the City and Hackney.

#### 2.4. [Hackney Joint Health & Wellbeing Strategy, 2022-26](#)

The SBHS will support the priority actions of the Hackney Joint Health & Wellbeing Strategy which are to:

- Improving mental health
- increasing social connection,
- supporting greater financial security.

The strategy is guided by the 'Marmot Principles'[3] of giving 'every child the best start in life' as well as 'enabling all children and young people to maximise their capabilities...' and 'prevent ill health...' by working in partnership to deliver the shared outcomes of the HCP.

#### 2.5. [City of London Corporate Plan 2018 - 23](#)

The City of London Corporate Plan has three main aims to:

- Contribute to a flourishing society
- Shape outstanding environments
- Support a thriving economy

The SBHS will contribute to these aims in particular to the first aim to contribute to a flourishing society by ensuring that children and young people that attend the Aldgate school enjoy good state of health and wellbeing.

#### 2.6. [City of London Children and Young People's Plan 2022-25](#)

The SBHS will support the City of London in achieving the vision of 'ensuring that the City of London is a place where children and young people feel safe, have good mental health and wellbeing, fulfil their potential and are ready for adulthood..' by providing SBHS in the Aldgate primary school, identifying any health and wellbeing needs early and working in partnership to deliver the HCP.

#### 2.7. [Hackney Council's Strategic Plan; Working Together for a Better Hackney 2022 - 26](#)

The SBHS service will support the Mayor's ambition to 'tackle inequalities and ensure that every child and young person in Hackney has the best start in life.' The new service model will enable a renewed focus on partnerships to promote health and reduce health inequalities at the school, community, and population levels. The Service shall undertake a systematic, anti-racist, and trauma-informed approach alongside education and health partners working to improve children's lives in City and Hackney.

#### 2.8. [Hackney's SEND Strategy 2022 - 2025](#)

The Hackney SEND Strategy has four key priorities to provide:

- Priority 1: Outstanding provision and services
- Priority 2: An earlier response
- Priority 3: Preparing for Adulthood
- Priority 4: Joining Up our Services

The SBHS will support Hackney's vision to provide an excellent, inclusive and equitable local experience for all Hackney children and young people with SEND, by contributing to the 'Team Around the School' graduated approach and supporting children and young people with long-term conditions, or special education needs under the care of the SBHS to access appropriate services on transition from secondary school.

#### 2.9. [SEND Strategy for children and young people ages 0-25 - 2020-24](#)

The City of London SEND Strategy has three key outcomes that aim to support the City of London's vision of ensuring that 'the City of London is the best possible place for children and young people to grow up.' The three key outcomes of the City of London SEND strategy are:

- To have a robust and inclusive multi-agency approach to identifying, assessing and meeting the needs of children and young people with SEND.
- For all children with SEND to be well prepared and successfully transition to adulthood.
- Children and young people with SEND are integral and valued community members.

The SBHS will support the achievement of the City of London vision by working effectively as part of a multi-agency team at the Aldgate school to support the health and wellbeing needs of pupils with SEND.

### **3. Service Aims and Objectives**

#### **3.1. Aims (or vision for the service)**

The service aim is to lead the delivery of the 5-19 elements of the HCP to protect and improve health and wellbeing outcomes and reduce health inequalities for school-aged children in Hackney and the City of London.

#### **3.2. Objectives**

- To work in partnership to deliver against shared outcomes and reduce health inequalities at the individual, family, and community levels.
- Put the child or young person at the centre of service delivery.
- Operate a holistic preventive service that tackles key health issues in childhood and adolescence and encourages healthy behaviours into adulthood.
- Protect and improve children and young people's physical and mental health outcomes in Hackney and the City of London through consistent, targeted care.
- Provide opportunities for vulnerable children, young people, and families to access health professionals in the school setting, enabling them to seek help when needed.
- Reduce health inequalities for all children and target vulnerable groups with targeted and specialist interventions.
- Promote health messages and support families in adopting healthier behaviours.
- Provide a service that is innovative and flexible to ensure localised and responsive delivery.

### **4. Service scope**

4.1. The HCP is a national, evidence-based programme available to all children.

It aims to ensure that every child gets a good start to lay the foundation of a healthy life. School nurses lead the 5-19 element of the programme and support school-age children to achieve the best possible health outcomes.

4.10 School nurses provide an interface between children, young people, and their families, communities, health professionals, and schools. The SBHS for the City of London and Hackney seeks to provide a holistic health and wellbeing service through health promotion, ill health prevention, and early intervention strategies to address individual and population health needs.

4.11. This service specification is based on the national framework and guidance for school nursing that sets out four service levels – community, universal, targeted, and specialist. The service level is based on an assessment of individual needs and adapted to reflect the local context and local priorities. ‘Safeguarding children’ and ‘emotional health and wellbeing’ are themes that run through all levels.

4.12. The HCP focuses on six broad, high-impact areas where the service can significantly impact health and wellbeing and reduce inequalities. They are:

- Building resilience and supporting emotional wellbeing
- health behaviours and reducing risk-taking
- healthy lifestyles
- vulnerable young people and reducing health inequalities
- complex and additional health and wellbeing needs
- self-care and improving health literacy [\[1\]](#)

4.13. The Service shall provide an integrated public health nursing service linked to primary and secondary care, early years, childcare, and educational settings by having neighbourhood teams and nominated leads known to the stakeholders for every setting.

4.14. The four service levels are described in Table 1.

**Table 1: Healthy Child Programme service levels**

Service Level	Service Description
<p><b>Community:</b></p> <p>Placed-based approaches delivered in the local community by a range of frontline workers, providers, and commissioners. Local services work with families to improve children and young people's outcomes and reduce inequalities.</p>	<ul style="list-style-type: none"> <li>- Taking a population-based public health approach to preventing illness and promoting the health of all school-age children, their families/ carers, and the wider community;</li> <li>- contributing to health needs assessments, school health profiles, and developing health-related school policies.</li> <li>- School nursing services work with children and young people (aged 5 to 19) in and out of school settings, for</li> </ul>

	example, through digital and other virtual support.
<p><b>Universal:</b></p> <p>Services offered to everyone, ensuring that they receive screening tests, immunisations, and advice, support, and referral to targeted or specialist services. Universal services aim to prevent future problems by identifying those at higher risk and providing early support at a target or specialist level according to need.</p>	<ul style="list-style-type: none"> <li>- Providing universal services as set out in the HCP 5-19 for children and young people in school and those educated other than at school, i.e., children on roll but not attending school and/or EHE.</li> <li>- A focus on prevention and early intervention includes screening, tests, immunisations, height and weight measurement, health checks, health promotion, and advice.</li> </ul>
<p><b>Targeted:</b></p> <p>Targeted services provide timely and personalised expert advice and support when children, young people, and families need it for specific issues. This might include mental health and long-term condition management. Providers will often work with other agencies to coordinate holistic wrap-around support for people needing more targeted support.</p>	<ul style="list-style-type: none"> <li>- For example, by identifying vulnerable children, young people, and families, contributing to the development of Individual Health and Care Plans (IHCP) for children with common and long-term health conditions aged 5-19</li> <li>- emotional health and wellbeing;</li> <li>- safeguarding children and young people at risk and with additional needs.</li> </ul>
<p><b>Specialist:</b></p> <p>Specialist services provide specialist practitioner treatment. Providers often work with other agencies to coordinate holistic, wrap-around support for people with acute or ongoing needs, including complex needs management.</p>	<ul style="list-style-type: none"> <li>- This includes working with partner agencies to provide intensive multi-agency packages of support where additional needs are identified, for example, those with a disability, mental health or substance misuse problems, those indulging in risk-taking behaviours, and where there are child protection or safeguarding concerns.</li> </ul>

## 5. Ways of Working

### 5.1. Neighbourhood

5.1. The Service will advocate for the health of school-age children and young people by developing relationships with local services and community organisations. This may include participating in neighbourhood meetings and forums to address inequalities at the neighbourhood/ Primary Care Network level and to strengthen the links between the Service and the neighbourhood partnership.

5.1. There will be a named nurse or nurse-led team for each of the eight Primary Care Networks/ Neighbourhoods that the school sits within. To enable information sharing between the school health service



and other health and care professionals regarding the health needs of children and young people in the area, specifically for children and young people with complex health needs or where there are safeguarding concerns. Where possible, staff allocation should align with the paired neighbourhoods for Children and Family Hubs, see [Appendix 2](#).

5.14 The Service will work with public health, local health protection teams and infection prevention and control teams to ensure that schools are aware of relevant policies and guidance to mitigate the risk of infections and outbreaks within the school setting. Where necessary, the Service will support schools in managing infectious diseases and outbreaks in partnership with the North East North Central London UKHSA Health Protection Team, public health and local infection prevention and control teams.

#### 5.15. Schools, academies, and pupil referral units

5.15.1 There will be a named school nurse or nurse-led team for each school, with a regular presence in the school. The Service will outline the workforce configuration to deliver against the service outcomes; the final workforce configuration model will be agreed upon with the commissioner.

5.15.2 The SBHS will identify a lead who will act as the Commissioner's regular point of contact.

5.15.3 At the start of the school year, the service will allocate resources according to the number of pupils and their needs. If the service considers that this justifies changes to the core school nurse presence in schools, this must be set out in a plan to be agreed upon with the schools and the commissioner.

5.15.4 SBHS will be available to all state-maintained schools, including state-maintained special schools, and deliver services in line with the HCP. Children who require care outside the local authority's remit (i.e., those with complex health needs) will be met by a specialist nursing service commissioned by NHS North East London Integrated Care Board.

5.15.5 The SBHS will establish a partnership agreement with each school. The partnership agreement clarifies the services that will be available to schools (and alternative settings) as well as how the school and the Service will work together to meet the needs for the school-age population.

5.15.6 The named school nurse/nurse-led team must be visible and known to the children, young people, carers, and school staff. The named school nurse/nurse-led team will ensure that pupils know how to access the service using mobile and digital communication technologies such as QR codes and 'ChatHealth.' The purpose is to enable children and young people to contact school nurses to meet their health and wellbeing needs before they escalate. The Service should also ensure that digitally excluded children and families are

aware of and can access services.

- 5.15~~2~~<sup>1</sup> The SBHS will develop and maintain an annual school health profile for each school to help identify health and wellbeing needs and support a partnership approach to meeting these needs. As a minimum the school health profile should include school roll information, medical conditions, training requirements, safeguarding, planned health promotion activities and any other information to support provision of school nursing within schools. The parameters of the school health profile will be agreed upon during the mobilisation phase between the service, the commissioner, and the school.
- 5.15~~3~~<sup>1</sup> The Provider will establish systems to ensure that the data collection for the school health profile is as expedient as possible. A suitable digital platform must be identified and adopted by the Provider. The Provider can model or adapt the example school health profile published in the RCN Toolkit for School Nurses [An RCN Toolkit for School Nurses: Supporting your practice to deliver services for children and young people in educational settings](#). Data collection must be of sufficient quality to contribute information to school dashboards and needs assessments and inform wider health commissioning.
- 5.15~~4~~<sup>1</sup> The school nurse/team will be involved in strategic meetings and contribute to developing school policies to ensure that schools can effectively manage long-term health conditions and that policies conform to up-to-date clinical guidelines.
- 5.15~~5~~<sup>1</sup> The Service will also support schools in developing whole-school approaches to prevent illness and improve the health and wellbeing of school-age children.

#### **5.16 Working with other services and transitions**

- 5.16~~1~~<sup>1</sup> The school nurse will liaise with the Enhanced Health Visiting (EHV) Service to ensure the safe transition of 4-5-year-olds on the targeted and specialist pathway into the SBHS when they enter reception class.
- 5.16~~2~~<sup>1</sup> The EHV should provide a written handover to the Service for all targeted and specialist caseload children. This should include details of immunisation records, any ongoing health or developmental issues, and safeguarding concerns, with a one-to-one transfer of children who require more intensive support. The service will work with the EHV Service to ensure, where possible, that schools are aware of any significant health issues before joining the school.
- 5.16~~3~~<sup>1</sup> Regarding the transition from primary to secondary school, the school nurse will ensure that health records are transferred to the named nurse for the secondary school, highlighting any children with complex health issues or long-term needs, safeguarding concerns, or special education needs.

- 5.16 Children and young people on Child Protection Plans (CPP) will exit the Service when they leave school at the end of year 13. The Provider shall carry out a health assessment of all young people leaving school subject to a CPP, which shall be shared with their GP, ensuring that where a child/young person is subject to a Child Protection Health Review, there is a phased handover of the case to the appropriate team, or key worker (if a school leaver).
- 5.16 Children with long-term conditions, complex health needs, or special education needs, under the care of the SBHS, Will be supported to access appropriate services when they leave secondary school with planning for this transition to take place well in advance.
- 5.16 The Service shall work closely with the children and young people that have health and wellbeing needs identified at the targeted and specialist level, such as for weight management services, to ensure the child continues to receive ongoing support, particularly as they move on to secondary school.
- 5.16 The Service shall also be responsible for processing the transfer (in and out of the borough) of records requested for school-age children by other boroughs.

#### 5.17 Emerging projects

- 5.17 The SBHS must operate flexibly to align with a changing health and care service delivery landscape, including all current and future transformation projects. There are three transformation projects in progress that aim to integrate children's and young people's services.
- **The Super Youth Hub (SYH)** is a City of London and Hackney health and wellbeing project that addresses challenges around service navigation and access for young people aged between 11-19 (up to 25 with SEND). The SYH will improve young people's autonomous access to support, ensuring that the right support is available at the right time in the right space.
  - **Children and Family Hubs (C&F Hubs)** Hackney Council is one of 75 local authorities awarded a share of £300 million by the Department for Education (DfE) to develop Children and Family Hubs. C&F Hubs will offer information, help, and support to families from conception up to age 19 (or 25 for young people with SEND). The Hubs will unite staff across various services, including the Local Authority, health services, and voluntary and community organisations. The Hubs will act as a 'one-stop shop' to offer guidance and advice on a range of circumstances. The City of London Corporation is currently reviewing its Children's Centres and also aims to adopt a Children and Family Hub model.
  - **The Multi-Agency Team** in Children Centres is a coordinated

early help system for children under six years; however, it is in the process of being restructured into a Children’s Multi-Disciplinary Team (MDT) to coordinate multi-agency intervention for children 0-11 yrs through the Children and Family Hubs. Information held by the school nurse will be integral to the MDT.

### 5.18 Geographical Context & Boundaries

5.18.1 There are eight neighbourhoods in City and Hackney.

- Springfield Park
- Woodberry Wetlands
- Hackney Downs
- Clissold Park
- Well Street Common
- Hackney Marshes
- London Fields
- Shoreditch Park and the City.

5.18.2 The configuration of neighbourhoods for the provision of C&F Hubs is summarised in [Appendix 2](#).

5.18.3 Service delivery in response to needs, including safeguarding, of the child or young person must precede any boundary discrepancies or disagreements.

## 6. Outcomes (or deliverables)

6.1. The SBHS contributes to a wide range of health and wellbeing outcomes for children and young people. **Outcome measures should align between health, education, and other school-age providers to enable shared outcomes across health and social care systems.**

6.2. Key outcomes drawn from the [Public Health Outcomes Framework](#) & the [child and maternal health profile](#) are summarised in the [Table 1](#) below:

**Table 2: Summary of outcome indicators**

Public Health Outcomes Framework	Maternal and Child Health
Wider determinants - Reducing the number of children in child poverty - Pupil absence	School age children - Admissions for asthma, diabetes, and epilepsy (0-9 years )

<ul style="list-style-type: none"> <li>- First-time entrants to the youth justice system</li> <li>- 16-17-year-olds not in education, employment or training (NEET) or where activity is not known</li> </ul> <p>Health Improvement</p> <ul style="list-style-type: none"> <li>- Under 18s conception rate</li> <li>- Reception and year 6 prevalence of overweight</li> <li>- Prevalence of physically active children and young people</li> <li>- Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years/15-24 years)</li> </ul> <p>Health Protection</p> <ul style="list-style-type: none"> <li>- Childhood vaccination coverage (with a particular focus on those vaccines delivered through schools)</li> <li>- Chlamydia detection rate per 100,000 aged 15-24</li> </ul> <p>Healthcare and premature mortality</p> <ul style="list-style-type: none"> <li>- Percentage of 5-year-olds with experience of visually obvious dental decay</li> </ul>	<p>Primary school-age children</p> <ul style="list-style-type: none"> <li>- Percentage of 5-year-olds with experience of visually obvious dental decay</li> <li>- Reception and Year 6 prevalence of underweight, overweight and severe obesity</li> <li>- Persistent absences - primary school</li> <li>- Children aged 6 -10 killed and seriously injured in road traffic accidents</li> <li>- School readiness - percentage of children achieving a good level of development at end of reception</li> </ul> <p>Secondary school-age children</p> <ul style="list-style-type: none"> <li>- Under 16s conception rate</li> <li>- Teenage mothers</li> <li>- Hospital admissions due to substance misuse</li> <li>- Admission episodes for alcohol-specific conditions - under 18s</li> <li>- Children aged 11-15 killed or seriously injured in road traffic accidents</li> <li>- Persistent absences - secondary school</li> <li>- Admission episodes for alcohol-specific conditions under 18s</li> <li>- Average attainment 8 score</li> <li>- Average attainment 8 score for children in care</li> </ul> <p>Supplementary indicators</p> <ul style="list-style-type: none"> <li>- Percentage of school pupils with social, emotional and mental health needs</li> <li>- Percentage of looked after children</li> </ul>
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	<p>whose emotional wellbeing is a cause for concern</p> <ul style="list-style-type: none"> <li>- A&amp;E attendances (under 18 years)</li> <li>- Hospital admissions as a result of self-harm (10-14 Years &amp; 15-19 Years)</li> </ul>
<p>Additional health outcomes:</p> <ul style="list-style-type: none"> <li>- Early identification of hearing problems</li> <li>- Early identification of vision problems</li> </ul>	

## 7. Service Specific Requirements

### 7.1. School Health Profile

7.1.1 School nurses will identify children and young people's health and wellbeing needs within their school caseload to provide a holistic service to the whole community, family, and individual.

7.1.2 The Service will establish robust and efficient automated systems to collect timely and reliable health and wellbeing data to inform a school's health profile at the start of the academic school year.

7.1.3 The Service will contribute to developing a public health profile of the local area and community, identifying local health risks and environmental factors that may affect young people's health and wellbeing.

7.1.4 The school nurse will contribute information to health dashboards and needs assessments conducted by the City of London and Hackney Public Health Team, as well as to inform wider health commissioning.

7.1.5 The SBHS will use this data and information to influence school policy, target whole school approaches in managing long-term health conditions and promote health and wellbeing.

### 7.2. Safeguarding

7.2.1 The Provider will work within the scope of all relevant Statutory Guidance, Practice Guidance, and Safeguarding Children Partnership priorities. These include working in line with the [London Safeguarding Children Procedures](#), the current Working Together to Safeguard Children [4], and Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children [5].

7.2.2 There is no commonly used definition of childhood vulnerability. A child can be vulnerable to risks and poor outcomes because of individual characteristics, the impact of action or inaction by other people, and their physical and social environment [6]. The SBHS

should ensure staff are trained to understand extra familial risks and contextual safeguarding (see [Contextual Safeguarding](#) information and resources on the [CHSCP](#) website). Vulnerable children may be defined as those with emotional and/or mental health needs; with child protection concerns; Children in Need (CIN); Looked After Child (LAC); children at risk of offending; children with SEND; and those living with parents/carers where there is mental illness, domestic abuse, substance misuse, or any other factor that impact the health and wellbeing of the child.

7.18.10. The role of the SBHS in safeguarding practice should be clearly outlined in a 'memorandum of understanding' agreed upon between the commissioners and local safeguarding partners located in the City of London Corporation and Hackney Council, the Metropolitan Police, and North East London NHS Integrated Care Board (ICB).

7.18.11. Local arrangements should ensure that the professional who 'knows the individual child or family best' is identified as the most appropriate professional to engage with safeguarding procedures. When the school nurse is identified as the most appropriate professional, safeguarding activities **may** include:

- A full health assessment, an associated care plan, and timely review and evaluation.
- Undertaking Child Protection Health Reviews for children on a Child Protection Plan or Child in Need plan when the family is known to the service and refers to other health services as appropriate.
- Lead and liaise on delivery of the health aspects of multi-agency care plans for children, young people, and their families where they are known to the SBHS service and there are child protection or safeguarding concerns.
- Finding cover within the service where necessary (i.e., due to national child weight measurement absence)

7.18.12. ensure that vulnerable children are up to date with the comprehensive basic HCP services, including

- A school entry health check including hearing and vision screening
- National Child Weight Measurement (NCMP) in reception and year 6
- Immunisation status

7.18.13. The service will ensure that all vulnerable children receive the full universal health offer by working in partnership with other school health teams, including the Health of Looked After Children service, all commissioned immunisation providers, sexual health services, Young Hackney Health and Wellbeing Service, Young Hackney Young People's Substance Misuse Service, CAMHS Alliance

services, young people's weight management services, and Oral Health Promotion. See [primary interdependencies](#) under the section Partnerships for further examples.

- 7.18.14. Service will ensure attendance at all safeguarding and multi-agency meetings and provide a report for vulnerable children on the caseload *when the school nurse is the identified lead health professional*. Practices should align with locally agreed arrangements for school nursing attendance at safeguarding meetings.
- 7.18.15. Provider should identify a named School Health Practitioner to safeguard children's health who do not access education or EHE.
- 7.18.16. conduct outreach work alongside the social work team with children when poor school attendance is due to a safeguarding issue or where there is a cause for concern. Working closely alongside teams who are supporting children with their school attendance and those who are EHE.
- 7.18.17. Accepting discharges of 5-19 year-olds who attend Accident and Emergency (A&E) where they do not meet the thresholds for referral to Children's Social Care and provide ongoing health care as appropriate. The Service shall develop a Standard Operating Procedure (SOP) to accept discharges. Data on A&E discharges and healthcare provided will be captured by the Service, and anonymised data will be shared annually with the commissioner.
- 7.18.18. Provider shall undertake routine observations of home environments as part of a day-to-day risk assessment where appropriate.
- 7.18.19. service shall be flexible and responsive, ensuring that children, young people, and families seeking health advice or support receive a response as quickly as possible, depending on priority. Concerns requiring an immediate response shall be addressed on the same day.
- 7.18.20. Service shall ensure robust safeguarding procedures throughout the SBHS and clear referral pathways between this service and other children and young people's services. Services will be provided per City and Hackney Safeguarding Children's Partnership <https://chscp.org.uk/> procedures, which are congruent with national and local guidance and legislation. Each practitioner should understand their duty to safeguard children and young people.
- 7.18.21. [London Safeguarding Children Procedures](#) state that 'as a minimum quorum, at every conference, there should be attendance by local authority children's social care and at least two other professional groups or agencies, which have had direct contact with each child who is the subject of the conference'.

7.19. **Multi-Agency Safeguarding Hub**



7.19**12.** service shall also deliver a 1.0 full-time equivalent (FTE) dedicated School Health Practitioner role in the Hackney and City of London Multi-Agency Safeguarding Hub (MASH) to work alongside an equivalent Health Visitor post.

7.19**13.** school health practitioner within the MASH shall provide strategic and individual health support by working collaboratively alongside the designated health visitor to ensure that children aged 0-19 referred to the MASH are seamlessly supported. Duties may include:

- To support Children's Social Care to identify the most appropriate health professional(s) to engage with safeguarding procedures and attend safeguarding meetings. This includes coordinating and confirming the attendance/involvement of the identified professionals in safeguarding practices and procedures. The most appropriate professional is the one that knows the individual child or family best, and this may be the GP, children, and young people's mental health practitioner or therapist.
- Providing expert clinical advice concerning referrals.
- Searching, collating, and analysing health information to form part of the MASH screening process.
- Undertaking health checks for Section 47 discussions, attending the strategy meeting and contributing to the discussion on safety planning.
- Leading health checks for children and young people referred to the Children and Young People's Partnership Panel (CYPPP).

#### **7.20 Meeting additional and complex health needs**

7.20**14.** Support for children at school with medical conditions should be provided per statutory guidelines [Supporting pupils at school with medical conditions - GOV.UK](#)

7.20**15.** The Provider shall ensure that children in mainstream settings and attending special schools with disabilities and long-term health conditions receive services according to the HCP.

7.20**16.** Ensure the delivery and coordination of generic training in mainstream and special schools to manage common health and long-term conditions, including emergency response (e.g., asthma, anaphylaxis, and diabetes). See [Appendix 8](#) for a detailed breakdown concerning the roles and responsibilities of supporting children in school with medical conditions, including training.

7.20**17.** The SBHS is responsible for notifying the school when a child has been identified as having a medical condition that will require school support. Where possible, this should be done before the child starts school. School nurses would not usually have an extensive role in

ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff in implementing a child's IHCP and provide advice and liaison, for example, on training [7].

- 7.20.24 ~~0.24~~ Teachers have overall responsibility for the development of IHCP. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist, children's community nurse or paediatrician, who can best advise on the child's particular needs.
- 7.20.25 ~~0.25~~ SBHS should support schools and other educational settings, including those children and young people that are EHE, in ensuring that plans are in place for all children and young people in need of them in both special and mainstream schools for long-term health conditions, including but not limited to; asthma, allergies, epilepsy, diabetes, eczema, sickle cell thalassaemia or for health conditions that may adversely impact on school attendance such as continence issues. The SBHS will contribute to coordinating these plans, ensuring they are delivered and reviewed effectively, except where the child is under the care of the Children Community Nurse Team (CCNT) and receiving specialist school nursing services.
- 7.20.26 ~~0.26~~ Work with children and families in maintained settings in City and Hackney where attendance is poor, including carrying out home visits in the event of poor attendance due to poor health and communicating with GPs and the primary care child safeguarding clinical lead for the practice where there are concerns, except where the child is under the care of the CCNT whereby the CCNT nurse will lead.
- 7.20.27 ~~0.27~~ Work closely with the CCNT to deliver support for those children with complex needs and continuing health needs within the remit of the HCP. Where the CCNT is the lead nursing service for a child, the CCNT will coordinate and lead the care planning, including for any common or long-term health conditions, though they may coordinate this care with the SCPHN-trained school-based nurses.
- 7.20.28 ~~0.28~~ Ensure children in special schools can access universal services by working closely with other school health teams, including the Health of LAC service, school immunisation service, sexual health services, Young People's Substance Misuse Service, CAMHS Alliance, and Oral Health Promotion Services.
- 7.20.29 ~~0.29~~ Ensure eligible children entering mainstream settings with additional health needs are assessed and have an IHCP in place, alerting the school to health needs and negotiating how these will be managed during the school day. See the [eligibility criteria table](#) for more information.
- 7.20.30 ~~0.30~~ Contribute to the termly multidisciplinary meetings organised for the care of children aged 5-19 years with SEND, including the Team Around The School (see [Appendix 7](#)).

7.20161 updating schools on any changes in legislation or requirements around managing medicines in schools for long-term health conditions and in line with the HCP through training updates and communications utilising existing channels and working in close partnership with Hackney Education.

7.20162 support young people with learning disabilities and or Autism Spectrum Disorder (ASD) who are aged 14 to access the GP health check. All children and young people with learning disabilities or ASD are eligible for health check