School Nursing Review Framework

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Foreword

The Public Health function transferred to Milton Keynes Council in April 2013 along with the commissioning responsibility for a number of public health services. The 5-19 School Nursing service was one of these.

This transfer of responsibility gives us some good opportunities to make sure that education, health and social care services for children and young people work in a much more integrated way and are more effective in improving health and wellbeing outcomes.
We have had some very valuable input into this review from a very broad range of stakeholders, including children and young people and would like to thank everyone who has contributed. December 2014.

**July 2016 Review refresh**
This document has been refreshed (July 2016) to capture the current status of the service and to inform the re-commissioning of 0-19 PH Children’s services from April 2018.

**The 0-19 recommissioning programme**
Responsibility for the delivery of public health services for 5 – 19 year olds transferred from NHS England to local authorities in April 2013. (The age range is extended to 25 for children with a learning difficulty or disability). In October 2015 responsibility for 0 – 5 year old public health services also transferred to local authorities.

The purpose of the project is to take full advantage of the opportunity this provides to review and remodel public health services for children and young people to:

- Bring about better integration with the council’s Children & Families services and other health and social care, early years and education provision;
- Achieve better outcomes for children and young people
- Improve service user experience by simplifying access to services and pathways;
- Achieve economies of scale and financial efficiencies
- Align the recommissioning and/ or procurement of services with timescales for the overall community health services block contract held by MKCCG and currently delivered by a common service provider (Central & North West London NHS Foundation Trust).

**The Scope**
All public health services currently commissioned for 0 – 19 year olds (up to 25 for those with a learning difficulty or disability) and including:

- School Nursing
- Drugs and Alcohol
- Sexual Health
- Health Visiting
- Family Nurse Partnership
- Healthy Weight
- Breastfeeding/Baby Friendly Initiative
- Dental/Oral Health
- Smoking Cessation

New integrated service from April 1st 2018

**Executive summary**
The review has identified some challenges faced by the service as well as key opportunities to enhance the impact the service can have on improving health and wellbeing outcomes for children and young people.

The service faces some challenges relating to the growth in the school age population in Milton Keynes and the subsequent increase in the number of schools that need to be supported. It is predicted that between 2011 and 2026 the school age population will increase by over a third. Historically the service is school based and to enable the service to respond to national guidance and
provide a more accessible service for children and young people and their parents this needs to change to be more flexible and more of a school aged service that is available off school premises and outside of school hours.

The review found that demands on the service relating to increases in child protection cases, as well as time taken to deliver mandatory programmes such as the National Child Measurement Programme, means that very little time is spent on the true public health and prevention element of the service, such as PSHE in schools.

There was a relatively low level of awareness of the role of the school nurses and the service and therefore little understanding of the functions they performed and what could be expected. This was further confused where the schools themselves have commissioned various roles in the school such as community matrons and welfare officers.

It is evident that in moving forwards we will need to focus on using the resources available as effectively as possible. In the context of a very constrained financial situation this means looking at doing things differently and being very focussed on making sure the service is being delivered where and when it can make the most impact, so that what it delivers will make the most difference.

The main issue to be addressed is to prioritise what the service delivers to make sure the service is being delivered to those who need it most. A Tiered model of provision is therefore being proposed:

The Tiered service model will be delivered according to agreed criteria, alongside actions to increase awareness of what the service can offer, and to deliver the service in a way that is more accessible to children and young people and their parents.

**July 2016 Refresh:**

The provision of the Childhood immunisation programme will no longer form part of the school nursing contract from 1\textsuperscript{st} Sept 2016. This will give more flexibility to the service, for example to pilot PHSE in a locality. The service specification has been amended to require the development of service level agreements between the School Nursing Service and Schools from Sept 2016. This will both ensure that the service will be delivered according to needs agreed with the school and that the schools are clear what they need to provide to support delivery.

1. **Introduction**

1.1 Transfer of Public Health to Local Authority:
As a result of the transfer of Public Health into local authorities, a local review of School Nursing took place to assess how the service meets the health and wellbeing needs of children and young people across Milton Keynes now and in the future.

1.2 Why are we reviewing the School Nursing Service:
The review will inform the future commissioning of School Nursing by Public Health within the Local Authority.

1.3 What we will do with the findings:
The findings from the review will influence how the School Nursing service works to contribute to ensuring that children and young people across Milton Keynes are happy and healthy.
2. Scope and objectives of the review

2.1 Scope of the review:
Review of the Milton Keynes School Nursing Services 5-19 years (including Specialist School Nursing & Matrons).

2.2 Objectives of the review:
To describe and understand the current School Nursing Service provision in MK:
- service delivery model, commissioning arrangements and governance of the delivery
- workforce information and professional mobilisation plans and activity
- known identified risks to the effectiveness of the service

To evaluate strengths and challenges of the service by assessing:
- service aims against national policy goals
- standard operating procedure against evidenced based national standards
- current outcomes and key performance indicators against that of IMD neighbours English average

To make recommendations for achieving improvements in quality and scope of the SN service that:
- gives high priority to addressing children’s public health indicators where performance in MK is below that in LA’s of comparable IMD and/or English average
- ensuring that if local users raise concerns, these concerns are taken into account

3. Methodology

Step 1: To establish a School Nursing Review group to map all of the School Nursing services in Milton Keynes to identify:
- details of the service, including location
- the commissioner
- the provider
- contract value and expiry date
- key health outcomes for children and young people that the Healthy Child Programme impacts upon and current performance within Milton Keynes local authority
- any evaluation of each service that has taken place

Step 2: School Nurse Service including specialist School Nursing and school employed matrons to incorporate:
- stakeholder views
- benchmarking – comparing with other areas
- cost effectiveness
- best practice
- workforce skill mix

Step 3: The final stage of the review will be to make recommendations to inform the future development of more integrated and effective commissioning of The Healthy Child Programme.

What is not in the scope: The Healthy Child Programme overall.

4. National Policy
“Public health nurses have a significant role in leading and co-ordinating delivery of public health interventions to address individual and population needs. The school nursing workforce is relatively small and cannot deliver the extensive Healthy Child Programme agenda in isolation. It is therefore important that the role of school nurses is clearly defined locally and robust arrangements are put into place to support multi-agency working.

School nurses are qualified nurses who hold an additional specialist public health qualification, which is recordable with the Nursing and Midwifery Council. School nurses, with their teams, co-ordinate and deliver public health interventions for school-aged children. The nature of their work requires clinical input and effective leadership, which qualified school nurses are equipped to provide. The skill mix within school nursing teams needs to reflect local need and should be underpinned by a robust workforce plan which takes into account workload capacity and population health needs.

School nurses are the single biggest workforce specifically trained and skilled to deliver public health for school-aged children (5-19); Clinically skilled in providing holistic, individualised and population health assessment, with a broad range of skills at Tier 1 and Tier 2 health interventions; in a unique position within community and education settings to support multi-disciplinary teams, with relationships within primary and secondary care.”

4.1 National Model

**Your Community** describes a range of health services (including GP and community services) for children and young people and their families. School nurses will be involved in developing and providing these and making sure you know about them.

**Universal services** from the school nurse team provide the Healthy Child Programme (5-19) to ensure a healthy start for every child. This includes promoting good health, for example through education and health checks; protecting health e.g. by immunisation; and identifying problems early.

**Universal Plus** provides a swift response from the school nurse service when specific expert help is needed which might be identified through a health check or through providing accessible services where people can go with concerns. This could include managing long term health needs and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental wellbeing.
Universal Partnership Plus delivers ongoing support by the school nursing team as part of a range of local services working together and with families to deal with more complex problems over a longer period of time. Safeguarding throughout.\textsuperscript{1}

Children’s Commissioner Lightening Review - School Nurses Sept 2016

Heard from 775 School nurses from all over England in a survey. Some nurses report that they are using text messaging to engage Children and Young People and so reach a greater number. Full report can be found: http://www.safecic.co.uk/news/1350-news16916.

Conclusions from this review were:

- The majority of School nurses stated that Children and Young People in the schools they work in are unaware of their service
- School nurses are often playing a reactive rather than proactive role in schools, responding to young people’s problems rather than leading work on issues such as health education
- School Nurses spend an average twice as much time on paperwork than on doing direct work with Children and Young People in schools. 13% nurses stated they spent most of their day filling in paperwork
- Safeguarding & Child protection duties are a substantial part of school nurses duties
- School Nurses felt that Child Protection and thresholds are too high, meaning that concerns are not acted upon by children’s social care
- Almost half of School Nurses were unsatisfied with the outcome of at least half of the Child Protection referrals they had made to local authorities
- School nurses face significant restrictions in engaging directly with Children and Young People. Just over two-thirds of nurses were assigned to over five schools. These nurses told Children’s Commissioner how bureaucratic and reactive work is impacting on their ability to engage directly with pupils face-to-face and build trusting relationships. We found that in many cases, nurses can spend more time on paperwork and administrative duties than they do working directly with Children and Young People. This included safeguarding and Child protections duties
- The restrictions and thresholds imposed by other organisations and agencies mean that School Nurses have to take on additional roles. Over a third of School Nurses told Children’s Commissioner that Schools restrict what they can do in Schools. School Nurses also felt that the thresholds imposed by social services meant that a number of Children and young People at risk and/or in need of support were being turned away. As a result, schools and School Nurses often hold significant child protection concerns, without the power to intervene. Many School Nurses also felt that when they needed to get in touch with social services this was often difficult, which placed a strain on their time.

5. Local Context

Introduction and overview

Milton Keynes Local Authority ranked 181/266 in the Index of Multiple deprivation 2015. 18% (approx) Children and Young People live in areas that are among the 30% most deprived in England. 18% (approx) Children and Young People in Milton Keynes live in areas that are among the 30% most deprived in England (Child Poverty JSNA 2014/15). 3.16% (3,115) of MK households had dependent children and were led by an unemployed lone parent. in poverty in Milton Keynes. This is just below the England average of 19.2%. Level of child poverty is better than the England average with 17.6% of children aged under 16 years living in poverty.
The Child Health Profile provides a snapshot of child health and wellbeing for Milton Keynes compared to the England average and to the national best and worst-performing local authorities.

The profiles use the latest available data for each of 32 key child and young people’s public health indicators. They comprise part of a series of health profiles published nationally on an annual basis (historical profiles from 2011 onwards are available at http://www.chimat.org.uk/profiles). Local organisations can use this profile to work in partnership to plan and commission services based on local need. Some of the data may appear to be older than would be expected. This is because a process for ensuring that the data is accurate (data cleansing) takes time but is essential to provide reliable comparisons between different local authorities. Overall, the health and wellbeing of children in Milton Keynes is generally similar to the England average.

5.1 Population Health

**Health Needs in Childhood 5-19 Joint Strategic Needs Assessment 2015/16**

In 2015, 19.5% of Milton Keynes’ population were aged 5-19. Universal services for children must be of high quality with the capacity to identify children who are at risk of developing physical, emotional or mental health problems and provide appropriate support as early as possible.

Key findings from the Child Health Profile 2016

- Children and young people under the age of 20 years make up 27.2% of the population of Milton Keynes. 38.4% of school children are from a minority ethnic group.
- The health and wellbeing of children in Milton Keynes is generally better than the England average. The Infant mortality rate is worse than and the child mortality rate is similar to the England average.
- The level of child poverty is better than the England average with 17.6% of children aged under 16 years living in poverty.
- Children in Milton Keynes have average levels of obesity: 8.9% of children aged 4-5 years and 19.4% of children aged 10-11 years are classified as obese.
- GCSE achievement is worse than the England average. Only 54.1% of young people gain five or more GCSEs at A* to C grade including maths and English.
- Nationally asthma is the most common long term condition in childhood. Locally there were 186 emergency admissions because of asthma in 2014/15. This gives a rate which is higher than the average for England.

5.2 Who is at risk and why?

Children who contend with adversities, such as neglect, chronic poverty, family dysfunction and abuse, known as adverse childhood experiences, have higher risks of poor health and wellbeing and lower life chances. In 2012, 18.3% of Milton Keynes’ children lived in low income families (i.e. families in receipt of out-of-work benefits or tax credits where their reported income is less than 60 per cent median income). (For more information please see Child Poverty Section)

Adversities faced by children may be linked to parental long term mental or physical health problems, substance addiction and associated domestic violence.

In 2011, among 4,643 households with children, one person had a long-term health problem or disability. Although 26% of the Milton Keynes population are from a black and minority ethnic (BME) group, 36.9% of pupils belong to a BME group (school census 2015).
5.3 Level of need in the population
Increasing percentages of Milton Keynes’ school pupils aged 12-13 and 14-15 who took part in the Health Related Behaviour Survey (HRBS) travelled to school by car increasing the risk of childhood obesity (27% in 2005 rising to 44% in 2013). In 2013/14, 18.6% school children in Year 6 (age 10-11), were obese, national average is 19.1 (2013/14)

- The decreasing percentages of Milton Keynes pupils in the HRBS who think that solvents are always unsafe (42% in 2005 falling to 34% in 2013). Local partners report increasing use of New Psychoactive Substances (legal highs) amongst young people in line with national trends
- Rates of admissions for Asthma and diabetes among children are significantly higher than the English average in 2011/12
- Young People’s Mental Health, in comparison with the 2008/09 – 2010/11 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is similar in the 2011/12 – 2013/14 period. The admission rate in the 2011/12 – 2013/14 period is similar to the England average. Nationally levels of self-harm are higher among young women than young men.

5.4 Current services in relation to need
Current health services for children and young people in Milton Keynes include:

- School nursing teams assigned to schools and working in partnership with Health Visitors and other health local providers, have the remit of delivering the Healthy Child Programme and the National Childhood Measurement Programme
- Children’s weight management service is provided by ‘Why Weight’ (see also JSNA chapter on Healthy Weight)
- Specialist contraceptive and sexual health service for under-25 year olds consisting of a core hub, and targeted outreach sessions are provided by Brook
- Compass and G4S at Oakhill Secure Training centres are the main providers of specialist drug and alcohol treatment for children aged below 17 years in Milton Keynes

Primary, community and secondary children’s health service are provided by Milton Keynes General Practitioners, Central North West London Community Foundation Trust and Milton Keynes University Hospital NHS Trust.

5.5 Projected service use and outcomes
It is predicted that between 2011 and 2026 the school age population will increase by over a third.

5.6 User views
Jan 2016 Public Health held a workshop at the Young People’s MysayMK Conference. The aim of the session was to give some awareness of the Milton Keynes Health & Wellbeing Strategy objectives and to gain views on these and any comments and areas for further development/gaps. The Young People’s responses were themed as follows: mental health early prevention and support, more consistent approaches regarding education, personal, social and health education, support for homelessness, teenage pregnancy prevention and support and other environmental and external influences for example accessible play spaces/environments. These comments are influencing in a range of ways from Commissioning awareness and Healthy Young People’s Network Public Health Contracts and through input within the Health & Wellbeing Strategy.
6.0 Evidence of what works and policy drivers

Available evidence-based guidance on service specifications and programmes to ensure best health and wellbeing outcomes for children include:

- The Sutton Trust Toolkit of Strategies to Improve Learning Summary for Schools Spending the Pupil Premium (2011)
- Maximising the school nursing team contribution to the public health of school-aged children 2014

6.1 Local health and wellbeing priorities

Health and Wellbeing Board

Health and Wellbeing Boards are a key element of the new health and social care system. The boards bring together commissioners of services across the National Health Service, public health, social care and children’s services, and build on the current strong local partnerships and joint working across health and social care within Milton Keynes. Milton Keynes Council has provided strategic leadership in developing a Health and Wellbeing Board for Milton Keynes.

Health and Wellbeing Strategy 2015 - 18 Key Indicators:

Starting Well- Health and Wellbeing measures
- Reduced likelihood of developing preventable mental health problems
- Reduced levels of childhood obesity and increased levels of physical activity
- Reduced hospital admissions for children and young people
- Reduced incidents of repeat domestic abuse
- Improved scores for Good level of Development at Foundation Stage
- The impact of the ‘toxic trio’ will be reduced
- Family homelessness will decrease

7. Current Schools and growth of Milton Keynes Information

Over 44,500 children and young people attend one of 110 schools in the Milton Keynes borough.

Growth in MK

‘Milton Keynes has been identified as a growth area nationally. As such there is significant new housing development expected across Milton Keynes over the next 10-15 year, with 28,000 new homes in total. This is an average of 1,750 homes per year. The latest figures (from July 2015) show that of the 28,000 new homes to be delivered, approximately 6,600 have already been constructed. Land for a further 21,000 homes has also been identified as being deliverable up to 2026, with large sites that will be built out over a long time period having further capacity for around 1,500 likely to be built out beyond 2026.

A significant proportion of growth will result from large-scale developments in the expansion areas, namely the Western Expansion Area, Brooklands and Broughton Gate, Redhouse Park, Oxley Park, Tattenhoe Park, Newton Leys and the Strategic Land Allocations. There is also development in some of the older areas of Milton Keynes, including Campbell Park, Central Milton Keynes, Kents Hill, Bletchley, Woburn Sands and Wolverton.
Nationally there had been a significant reduction in the birth rate. Until now Milton Keynes has not reflected this reduction and instead births have continued to increase. Recent data has suggested that this increase may be at an end, however, since births have decreased by 2% from 4141 in 2013 to 4055 in 2014.

School Place Planning Framework 2015-16. The growth of Milton Keynes has inevitably led to an increase in the demand for school places. For further details please see appendix.

8. School Nursing Review – June 2016 refresh information

8.1 Current school nursing service
This school aged population is covered by six, part-time, specialist School Nurse post holders and this represents 8,363 children for each School Nurse. It should also be noted that whilst the Health Visiting service officially retain responsibility for children up to the age of 5 years, children are now starting full time education prior to this age. Therefore handovers of children to School Nursing take place from the age of 4 years when they start school.

“This has changed over the last year. One school nurse has retired, one took a promotion and two left for career development in other roles.
Despite an extensive recruitment campaign we have been unable to recruit locally and acknowledge that this is a national issue.
A registered nurse with a SCPhN health visitor qualification has undertaken the transfer of skills module at Northampton University and has successfully now qualified as a school nurse. We have been able to recruit a school nurse practice teacher and now have 3 Specialist School Nurses equating to 2.4 WTE.
We are currently in the process of commencing a further recruitment campaign.” (CNWL)

8.2 Current School Nursing Workforce
CNWL School Nursing Service
Members of the School Nursing Service Team are employed on a part time, term time only basis. The exceptions to this are the School Nurse Team Leader, one Community Practice Teacher post holder and the service Administrator who are employed year round.

As of 1st June 2016

<table>
<thead>
<tr>
<th>Staff Grade</th>
<th>WTE</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 7</td>
<td>1.0</td>
<td>Team Lead</td>
</tr>
<tr>
<td>Band 7</td>
<td>1.0</td>
<td>Community Practice Teacher/ Specialist School Nurse</td>
</tr>
<tr>
<td>Band 6</td>
<td>1.4</td>
<td>Specialist School Nurse</td>
</tr>
<tr>
<td>Band 5</td>
<td>5.34</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Band 3</td>
<td>1.0</td>
<td>Team Administrator</td>
</tr>
<tr>
<td>Band 3</td>
<td>5.52</td>
<td>Health Assistant</td>
</tr>
<tr>
<td>Band 2</td>
<td>1.38</td>
<td>Admin Assistant</td>
</tr>
<tr>
<td>Total Establishment</td>
<td>16.64</td>
<td></td>
</tr>
<tr>
<td>Service breakdown</td>
<td>14.64</td>
<td>Staff working on Caseload</td>
</tr>
<tr>
<td>Current vacancy</td>
<td>0.7</td>
<td>Band 6 Specialist School Nurse</td>
</tr>
</tbody>
</table>
Due to the difficulty in recruiting specialist school nurses we have reviewed the model of the service and have built capacity to deliver, through increasing skill mix, particularly with the health assistant role to deliver the school entrant screening and NCMP. There are still some vacancies which are out to recruitment.” (CNWL)

8.3 Service Activity Figures
Screening activity covers hearing and vision testing plus re-tests. Additionally ad-hoc screening is undertaken where parent or teacher concerns are raised outside of the routine core screening. NCMP activity covers height & weight measurements in Reception and Year 6.

<table>
<thead>
<tr>
<th>Reception Screening</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of children in reception</td>
<td>3,672</td>
<td>3,773</td>
<td></td>
</tr>
<tr>
<td>Total number of children screened for hearing &amp; vision</td>
<td>3,351</td>
<td>3,662</td>
<td></td>
</tr>
<tr>
<td>Hearing re-tests</td>
<td>611</td>
<td>655</td>
<td></td>
</tr>
<tr>
<td>Vision re-tests</td>
<td>385</td>
<td>573</td>
<td></td>
</tr>
<tr>
<td>Ad hoc Screening – Hearing</td>
<td>263</td>
<td>182</td>
<td></td>
</tr>
<tr>
<td>Ad hoc Screening – Vision</td>
<td>155</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Ad hoc Screening – Height &amp; Weight</td>
<td>117</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>4,882</td>
<td>5,174</td>
<td></td>
</tr>
<tr>
<td>Referrals to Audiology</td>
<td>256</td>
<td>259</td>
<td></td>
</tr>
<tr>
<td>Referrals to the Orthoptist</td>
<td>268</td>
<td>367</td>
<td></td>
</tr>
</tbody>
</table>

NCMP
| NCMP Reception | 3,351 | 3,662 |
| NCMP Year 6 | 2,787 | 3,134 |
| TOTAL | 6,138 | 6,796 |

Immunisation Programme Figures shown are for immunisations delivered during the 2013/14 academic year. * Please note the immunisation element of the contract comes to an end 31st August 2016.

<table>
<thead>
<tr>
<th>Immunisation type</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria/Tetanus/Polio</td>
<td>2,178</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis C</td>
<td>2,251</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV (Figure represents total of 3 doses given</td>
<td>3,520</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>7,949</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enuresis (Bedwetting) Service
The School Nurse led Enuresis Service is available to children aged 7 – 16 years. Clients must be resident within the Milton Keynes area, or attend a school within the Milton Keynes area, or be registered with a Milton Keynes area GP Practice. The Enuresis Service is currently carrying an ongoing caseload of 130 clients (this figure is as at 29.05.14 and will fluctuate across the year).
This figure remains static with 129 children currently on the caseload as of 1\textsuperscript{st} June 2016

**Emergency Adrenaline Injector Training**

Emergency Adrenaline Injector training is delivered to schools via a training presentation that has been developed in joint partnership with the School Nursing Service, Community Paediatricians, Specialist Nurse for Children with allergies and Matron for Children with Complex Needs.

The training programme involves:

- Delivery of a PowerPoint presentation.
- Demonstration of trainer adrenaline injector devices.
- An interactive session for education staff to handle and ‘have a go’ of the training devices.
- A question and answer session.

Sessions are offered at times to suit school staff – before, during, after school hours or on school inset/training days. Most sessions are requested by schools at the beginning or end of the academic year although sessions are requested and delivered throughout the school year. Some schools require multiple sessions due to the numbers of staff requiring training. Training sessions are available to all schools. It should be noted that some schools do not require training each year.

<table>
<thead>
<tr>
<th>Emergency Adrenaline Injector Training</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of schools</td>
<td>53</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Number of sessions delivered</td>
<td>69</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>Number of education staff trained</td>
<td>1,383</td>
<td>1,364</td>
<td></td>
</tr>
</tbody>
</table>

100% of schools in MK are offered Anaphylaxis training however; a number of schools commission external providers to deliver training.

Other activities that School Nursing teams are regularly involved with include:

- Safeguarding children: Information gathering, report writing and attendance at Child Protection Conferences: attendance and contribution at core groups, attendance at strategy meetings
- Multi agency meetings representing Health
- 1:1 interventions with parents / carers – behaviour, health advice, toileting/soiling
- Assessment and referrals to Community Paediatricians or other health professionals
- Targeted Mantoux and BCG vaccination
- Work with parents and schools to create individual care plans to support students with health needs to be effectively managed in school
- Link professionals between different health departments, education, housing and other areas to support families.
- Provide a health resource for school staff and families
- Provide health support and advice to schools and families where health needs are affecting school attendance.

8.4 Current School Nursing Service Specification - up to 31\textsuperscript{st} August 2016, for School Nursing Specification 1\textsuperscript{st} September 2016 (Please see Appendix 6)
**Type of Contact**

Programme of Care

- Immunisation programme
- Targeted BCG Programme: The school nurses shall identify which school entry children require BCG screening and provide BCG immunisation to all identified as ‘at risk’. Requiring one clinic attendance/ at risk child
- Hearing, vision, height and weight screening of all new school entrants for whom consent is received

**School entry**

4 ½ - 5 years

- Eye Care Leaflet
- Child health needs assessment
- Parental consent sought for:
- referral to another service
- referral for further support
- Contact with Community Paediatrician as necessary to discuss issues and children in need.

**Year 6**

- Height and weight measurements for obesity monitoring

**Year 8**

- HPV vaccination
- Immunisation programme
  - Targeted BCG Programme: The school nurses shall identify which year 9 children require BCG screening. They shall determine their immunity through visual identification of the BCG scar (through identification of scar /Mantoux testing BCG immunisation to all identified as ‘at risk’). Requiring two clinic attendances/ at risk child (Mantoux and BCG)
  - Low dose Diphtheria/Tetanus/Polio, delivering Men C at the same time as DTP
- Additional targeted MMR immunisation programme
- Child health needs assessment
- Child Health Records Service informed
- Health issues identified
- Additional Immunisation campaigns e.g. MMR
- Child seen where assessment indicates this

**Transfers-in**

- Target services for children identified with health needs or safeguarding concerns.

**Children at School - general**

- Target services for children identified with health needs or safeguarding concerns.

**Targeted support to school community to implement Schools4Life Programme**

- Examples include:
  - Immunisation Campaign

**Targeted support for children with Enuresis**

- Provide enuresis alarms for identified children
- Referrals to paediatrician for further medical assessment if required

---

**Service Delivery - Service Model**

<table>
<thead>
<tr>
<th>Universal</th>
<th>Progressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Health and development reviews</td>
<td>- Emotional and psychological problems addressed</td>
</tr>
<tr>
<td>- Screening and physical</td>
<td>- Support with behaviour change</td>
</tr>
</tbody>
</table>
- Examinations
- Immunisations
- Promotion of health and wellbeing, e.g.:
  - Smoking
  - Diet and physical activity
  - Keeping safe
  - Dental health
- Mental health needs assessed
- Signposting to information and services

(smoking, diet, keeping safe, dental health)
- Promoting child development, including language
- Additional support and monitoring for children and young people with health or developmental problems
- Common Assessment Framework completed
- Topic-based groups and learning opportunities
- Help with accessing other services and sources of information and advice

Higher risk
- High-intensity-based intervention
- Referral for specialist input
- Action to safeguard the child
- Contribute to care package led by specialist service

8.5 Performance Data
The following key performance indicators were agreed as a result of the recommendations from the school nursing review CNWL

**DRAFT: KEY PERFORMANCE MEASURES FOR 2015/16**

**CHILDREN'S COMMUNITY SERVICE For April 2015/16 Contract Specification**

Template with Immunisation and vaccinations to follow from PH area team

To extract from old KPI: % of schools (designated staff within) who have received up to date training in 'Dealing with Anaphylaxis' and diabetes awareness

Including/Remaining but changing (wording examples below):
- Percentage (cumulative) of reception children Screened (Immunisation status, heights and weights/NCMP)
- Percentage (cumulative) of year 6 children heights and weights/NCMP
- Percentage of schools who have received Sex and Relationship Education

<table>
<thead>
<tr>
<th>Performance Requirement</th>
<th>Threshold</th>
<th>Method of Measurement/ Reporting Requirement</th>
<th>Consequence of Breach</th>
<th>Contract Reference (ie. SQPR/SDIP/QUIN)</th>
<th>Frequency of Reporting with cut-off date for reporting</th>
<th>Information Source – where known or &quot;new&quot; required</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of eligible staff are up to date with the relevant level of safeguarding training</td>
<td>100%</td>
<td>Management/ activity Report</td>
<td>To be agreed</td>
<td>SQPR</td>
<td>Quarterly</td>
<td>Local data collection</td>
</tr>
<tr>
<td>To provide a comprehensive Health Assessment at school entry (R&amp;YR1) screening for visual impairment; hearing primary care and dental access; immunisation status review; referrals to supporting specialist services, using the Making every contract count referral process, following identification of specified need. The quality and key outcomes</td>
<td>95%</td>
<td>Management/ activity Report</td>
<td>NA</td>
<td>SQPR</td>
<td>Quarterly</td>
<td>Local data Collection</td>
</tr>
<tr>
<td>Performance Requirement</td>
<td>Threshold</td>
<td>Method of Measurement/ Reporting Requirement</td>
<td>Consequence of Breach</td>
<td>Contract Reference (ie. SQPR/SDIP/C QUIN)</td>
<td>Frequency of Reporting with cut-off date for reporting</td>
<td>Information Source – where known or “new” required</td>
</tr>
<tr>
<td>--------------------------</td>
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</tr>
<tr>
<td>of the school entry health assessment will be monitored through an Annual Audit</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To deliver the National Child Measure Programme to children in Year R and 6.</td>
<td>95%</td>
<td>To National Child Measurement Programme Database</td>
<td>NA</td>
<td>SQPR</td>
<td>Annually</td>
<td>National NCMP website</td>
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<tr>
<td>% children who are identified as overweight or very overweight being referred to family weight management programmes</td>
<td>95%</td>
<td>Activity Report</td>
<td>NA</td>
<td>SQPR</td>
<td>Quarterly</td>
<td>Local Data Collection</td>
</tr>
<tr>
<td>Numbers of pupils who have been actively signposted to the commissioned Sex and Relationship Education and Drug and Alcohol Service in Milton Keynes</td>
<td>To be agreed</td>
<td>Management/activity Report</td>
<td>NA</td>
<td>SDIP</td>
<td>Quarterly</td>
<td>New</td>
</tr>
<tr>
<td>To work with key partners in implementing the recommendations of the school nursing review</td>
<td>Implementation plan agreed by end of April 2015</td>
<td>Annual Review Quarterly Reports – of implementation plan</td>
<td>SDIP</td>
<td></td>
<td>Quarterly – Annual</td>
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### Activity Report Submission 2015 - 16

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<tr>
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<tbody>
<tr>
<td></td>
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<td>TOTAL</td>
<td>April</td>
<td>May</td>
<td>June</td>
<td>July</td>
<td>August</td>
<td>September</td>
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<tr>
<td>Referrals</td>
<td>722</td>
<td>598</td>
<td>44</td>
<td>45</td>
<td>72</td>
<td>27</td>
<td>4</td>
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<td>Admitted Contacts</td>
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<td>343</td>
<td>127</td>
<td>139</td>
<td>246</td>
<td>137</td>
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<tr>
<td>Discharges</td>
<td>903</td>
<td>635</td>
<td>46</td>
<td>30</td>
<td>63</td>
<td>104</td>
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<td>TOTAL</td>
<td>Forecast</td>
<td>Outturn</td>
<td>Variance</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

### Prevalence of obesity in children 2014/15

<table>
<thead>
<tr>
<th>Reception Year</th>
<th>2014/15 %</th>
<th>95% confidence intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milton Keynes</td>
<td>9.1</td>
<td>8.2</td>
</tr>
<tr>
<td>Year 6 Pupils</td>
<td>2014/15 %</td>
<td>95% confidence intervals</td>
</tr>
<tr>
<td>--------------</td>
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<td>-------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lower CI</td>
</tr>
<tr>
<td>Milton Keynes</td>
<td>19.4</td>
<td>18.0</td>
</tr>
<tr>
<td>England</td>
<td>19.1</td>
<td>19.0</td>
</tr>
</tbody>
</table>

Source: The Health and Social Care Information Centre (HSCIC). National Child Measurement Programme (NCMP)

Date published by source: December 2015
Next update: December 2016

Notes
Pupil location is derived from postcode of the school

9. School Nursing Review Consultation

9.1 Stakeholder engagement from consultation
The Public Health team has led this review alongside other Milton Keynes Council and School Nursing Colleagues, and engaged with a range of stakeholders including: schools, governing bodies, children, young people and external partners such as the voluntary and community Sector. A wide range of views from those involved with children and family services was critical to inform the review. The consultation commenced from 2nd September 2014 for 12 weeks and during this time we looked to arrange some focus groups and questionnaires to go out to school nursing team and matrons and within the local communities and schools so that school colleagues, parents, children and young people and other stakeholders can all have their say.

9.2 School Nursing Review Consultation Key findings
- School aged or school based service, need to define
- Term time working is an issue, a more flexible working approach could be looked at
- Some Parents/Carers/Young People commented that they did not know their school nurse and what they did.
- Increase profile and visibility: Marketing of the School Nursing Service and what is available to target audience is needed
- Milton Keynes is still growing which is affecting the service and will continue to increase until 2025 so currently not able to support all schools in a consistent way, need to formally address the growth in Milton Keynes as there is currently no capacity for the service development as a result of the growth.
- Need to ensure that the school nursing service is informed in advance of new schools being built and others closing so there is time to arrange the right support
- Need to factor in Safeguarding issues which are growing and are time consuming
- No longer have time to promote Personal Health Social Education
- Immunisations and Vaccinations take up a lot of time, but are sometimes the only contact the School Nurse has with the Children and Young People look at other options for example community clinics for immunisations, can also support home schooled children and young people and parents who would like to be there and can support when schools cannot give up a room/mop ups for children and young people who were ill on the day it was being given
Continuation of delivering mandatory services: National Child Measurement Programme, Vision and Hearing Screening

- Time Issues around supporting all children (including SEN) care plans
- Additional pathway support, further opportunities for signposting to who can support when not applicable to school nursing service
- Joined up working with other professionals could be more formalised to offer consistent up to date support for CYP e.g. working with Matrons, CAMHS
- Increase opportunities to visit school settings on a more regular basis and to meet with parents, out of school times and in
- Look into potential for schools buying in a resource e.g. PHSE
- Networking opportunities
- Issues around Immunisations and Vaccinations taking up time that prevents other contracted work
- Review National Child Measurement Programme work looking into additional referral pathway support, delivering administration and follow up work within the contract
- Update monitoring and evaluation processes and additional kpi's around new priorities.

10. Gap Analysis local against national guidance

Themes from the gap analysis local against national guidance (for full Gap analysis document please see Appendix 6)

- School nursing team and hours of work
- Consider capacity of working with Special Educational Needs Children that School Nursing Teams are working with
- PHSE
- Safeguarding
- Administration
- Technology difficulties
- Pathways
- Immunisations and Vaccinations
- Other things to consider: others perceptions of what the service does

11. Recommendations

As Milton Keynes is still growing, particular responsibilities within the existing School Nursing services such as safeguarding, care plans, immunisations/vaccinations/weighing/measuring/screening and administration is affecting the time the service has to deliver other priorities and as Milton Keynes will continue to increase until 2025 this will impact on the existing School Nursing service and how it can support Children and Young People.

Currently the School Nursing service may not be able to support all schools in a consistent way. Accommodating growth of Milton Keynes and the Schools that will come into the area will need to be a key priority.

Proposed service model: School Aged Tiered Model School Nursing Service:

To plan and design:

1. To design a tiered model approach which is responsive and proactive
2. To develop criteria which will be based on numbers linked to need
3. Ensure that the School Nursing Service has capacity for growth in line with Milton Keynes and the new schools using the data section of the local context within this documents
4. A more flexible working approach to existing School nursing teams hours, consider contracts and financial envelope
5. As part of the development of the School Nursing Service as a school aged model, including all children, for example which will include home schooled, through community development work
6. Increase profile and visibility. Market the School Nursing Service and what is available to all and to targeted areas, specifying what is in the school Nursing Service Programme
7. Configuring the School Nursing Team skill mix and ensuring that the service works within the Locality Authorities Model which includes appropriate workforce Continuous Professional Development
8. Look at potential options around Immunisations and Vaccinations to free up more time for other work
9. Have a public health/Milton Keynes council view on how emergency inhalers for schools and school leads for children with LTC could be done. To have a plan to school nursing competencies and understanding of all this work and feedback from school nurses and what they need
10. Additional pathway work to support knowledge and signposting to others who can be signposted for support when not applicable to school nursing service e.g. pathways from NCMP into weight management services
11. Firm up joined up approach working with other professionals could be more formalised to offer consistent up to date support for CYP e.g. working with Matrons, Stopping Smoking Service, CAMHS, etc.
12. Include further training and development for example, CAMHS training and support for school nurses to deliver Tier 1 CAMHS
13. Support and redevelop of the Healthy Schools Agenda/Award System, progressing from the local Healthy Early Years Award and building on the original Healthy Schools Agenda
14. Create Timescales and Service Development Plan

10.1 Suggestions of what the Tiered Model could look like:

**Tier 1 – Universal**: Screening, NCMP, Immunisations, Health Information offered - phone number

**Universal +**: Enuresis, Soiling, Sleep Issues, BCG, Health Input – care plans – allergies + anaphylaxis training, Bereavement Support, Ad Hoc Screening, A + E slips, PHSE – general/targeted, Monitoring - e.g. Growth, Motiv8, Advice – Asthma – Diabetes, Referrals to other services: OT’s, Paediatrics, CAMHS

**Universal Partnership +**: Safeguarding concerns – meetings, Child Protection, Family Support Meeting, TAC/TAF, Attendance Meeting in School - poor attendance, CCN, Mental Health, CAMHS

**Capturing the voice of a child**

Young people were consulted during the school nursing review. Responses are available in detailed consultation document Appendix 8. Further consultation was held around the Health and Wellbeing Strategy at the Mysaymk conference January 2016, which influences this work Mysaymk Conference 22nd Jan 2016
Starting Life Well Workshop outline presentation and learning from the young people is available in Appendix 9.
12. Where we are at now June 2016 Review Refresh
Update on progress in implementation of recommendations made as a result of the review

Here is the Action planning document of progress and developments as a result of the recommendations above:

**School Nursing Recommendations**  
**Action Plan**  
**Updated June 2016**  
**Next update Meeting**

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Progress updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Extract immunisations from SN specification from Sept 2016</td>
<td>Completed</td>
</tr>
<tr>
<td>2 (Replacing Tiered model) To develop Service Level Agreements to work with</td>
<td>March 2016 Beds SLA template for comments for June meeting</td>
</tr>
<tr>
<td>Schools to agree roles and responsibilities of SN and Schools, including</td>
<td>June 2016 Professional Development Group to review and will then discuss with a</td>
</tr>
<tr>
<td>Universal offer and any other activities agreed (which will market and</td>
<td>primary and secondary school for feedback to then use from Sept 2016</td>
</tr>
<tr>
<td>increase profile and visibility.)</td>
<td>June 2016 Please see as above</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
<td><strong>Progress updates</strong></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **3** Scope SLA workload and capacity (from imms extraction and some potential opt outs for extra activities from schools) with the view to prioritise community health drop ins for home schooled children and plan and provide some PSHE work | March 2016 Options for locality roll out or alternative arrangements  
June 2016 Capacity estimated and continuing to work on this to in preparation for September 2016  
June 2016 Look into PHSE training options and feedback |
| **4** Understand the implications for the School Nursing Service of population growth in Milton Keynes and the new schools and explore options to increase capacity if needed | June 2016 Contact Head of Delivery Settings and Schools regarding whether there is growth money and developing an information sharing process for the School Nursing Team to access the information about new schools and school expansions in advance |
| **5** Monitor and report active referrals to Sexual health and Drugs and Alcohol services and other referrals from hearing and screening by including on System one templates  
Amending NCMP letter so that the letter states SN will automatically refer to the weight management service  
Use the referral pathways and information available on HYP Network Webpages as soon as available and work to support knowledge and signposting to others for support when not applicable to school nursing | March 2016 New processes discussed, to update on progress of these at June’s meeting  
June 2016 Agreed that the Reporting on active referrals will be to: Drugs and Alcohol, Sexual Health, Why Weight and CAMHS  
June 2016 Agreed opt out in NCMP Letters and Automatic Referral wording  
June 2016 School Nursing Team will send through wording for the virtual network about the School Nursing Service |
<table>
<thead>
<tr>
<th><strong>Recommendations</strong></th>
<th><strong>Progress updates</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td></td>
</tr>
<tr>
<td>Develop and implement quality monitoring processes in line with CCG</td>
<td>June 2016 Public Health working with CCG to have a streamlined quality monitoring process to then share and cascade across and agree a process</td>
</tr>
<tr>
<td>6 Discuss &amp; agree on CAMHS training and development needs through transformation fund</td>
<td>March 2016 Research arranging of training and looking into funding options available, linked to Tier 1 CAMHS, and update</td>
</tr>
<tr>
<td>7 Support the Healthy Young People Award</td>
<td>21/07/2015 First working group meeting completed last week, School Nurse Lead attended the group. April 2017 to look into the comments and outcomes from the workshop sessions of the HYP panel and to then agree any appropriate KPI’s after this in April</td>
</tr>
<tr>
<td>8 Revise Specification draft to implement Sept 2016</td>
<td>March 2016 Cascade updated draft for all to comment on before June 2016 meeting</td>
</tr>
<tr>
<td>9 Refresh the review document from the School Nursing Review 2014*</td>
<td>New Section linked to existing School Nursing review refresh for July 2016* June 2016 All information received regarding refresh will be fed back</td>
</tr>
</tbody>
</table>
References

Appendix 1 Maximising the School nursing Contribution to the Public Health of School aged Children April 2014
Appendix 2 Child Health Profile
Appendix 3 2014/15 JSNA Health needs in Childhood 5-19 yea
Appendix 4 Health and Wellbeing Board
Appendix 5 School Place Planning Framework Schools and Lifelong Learning
Appendix 6 School Nursing Specification September 2016
Appendix 7 Health & Social Care NCMP Data
Appendix 8 Annual Vaccination data for 2014/15 shows MK LA and PCT (HSCIC Quarterly data)
Appendix 9 Mysaymk Conference 22nd Jan 2016

Appendix 1 Maximising the School nursing Contribution to the Public Health of School aged Children April 2014


Appendix 5 School Place Planning Framework Schools and Lifelong Learning www.milton-keynes.gov.uk/schools-and-lifelong-learning For example, 2635 children started mainstream school for the first time in September 2004, which increased to 3761 in September 2014. This represents an increase of 43% over a ten year period. Based on the number of places allocated in the coordinated admissions process, it is anticipated that there will be 3793 children starting school for the first time in 2015, yet to be confirmed by the October school census at the time of publication. If this is the case then the number of children joining the primary sector will be 18% more than the number leaving Year 6 in 2015.
There are slightly more boys than girls in Milton Keynes schools, including special schools and nurseries.

<table>
<thead>
<tr>
<th>Gender</th>
<th>2015 Pupils</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>22693</td>
<td>51%</td>
</tr>
<tr>
<td>Girls</td>
<td>21704</td>
<td>49%</td>
</tr>
<tr>
<td>Total</td>
<td>44397</td>
<td>100%</td>
</tr>
</tbody>
</table>

Figure B6: Gender balance in Milton Keynes schools, January 2015

Milton Keynes has a rich and diverse population. 40.3% of the mainstream school population (years R-11) is from Black and Minority Ethnic (BME) families. This compares with the 2005 figure of 20.7%. 44% of pupils of primary age are BME, compared to 36% of those of secondary age. Comparing the statistics between 2005 and 2015, Milton Keynes has seen a 21% growth in pupil number. The most significant growth has been the Black African cohort which has grown by almost 7% (3230 extra pupils). White British pupils had the biggest decrease at nearly 18% with the number of pupils reduced by 1766.

Special Provision

The needs of children and young people with statements of Special Education Needs (SEN) or education health care plan, are met through a combination of mainstream, mainstream with enhanced resources (‘departments’), and special school provision.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Mainstream</th>
<th>Home</th>
<th>Special</th>
<th>Total</th>
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<tr>
<td>0-5 Years</td>
<td>34</td>
<td>3</td>
<td>32</td>
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<tr>
<td>Key Stage 1</td>
<td>88</td>
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<td>Key Stage 4</td>
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<td>5</td>
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<td>267</td>
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<tr>
<td>16+ Years</td>
<td>107</td>
<td>2</td>
<td>124</td>
<td>233</td>
</tr>
<tr>
<td>Total</td>
<td>789</td>
<td>24</td>
<td>650</td>
<td>1463</td>
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</table>

Figure B11: Children with statements of SEN, January 2015

There are six special schools in Milton Keynes as follows:

<table>
<thead>
<tr>
<th>School</th>
<th>Age Range</th>
<th>Year Groups</th>
<th>Specialism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romans Field</td>
<td>5 to 11</td>
<td>Year 1 to 6</td>
<td>Behaviour, emotional and social difficulties</td>
</tr>
</tbody>
</table>

25
Slated Row  |  4 to 19  |  Year R to 14  |  Moderate to complex learning difficulties
--- | --- | --- | ---
The Redway  |  2 to 19  |  Year N to 14  |  Severe and profound multiple learning difficulties
Stephenson Academy  |  11 to 19  |  Year 7 to 14  |  Mental health, emotional and social difficulties
The Walnuts  |  4 to 19  |  Year R to 14  |  Severe social communication difficulties
White Spire  |  8 to 19  |  Year 3 to 14  |  Moderate to complex learning difficulties

Figure B12: Summary of Milton Keynes special school provision

As at January 2015, there were a total of 721 pupils attending the six special schools. Of that total, 693 lived in Milton Keynes and 28 lived in other local authority areas. Conversely, 25 pupils lived in Milton Keynes but attended special school provision in other local authority areas. When comparing these figures to the total number of children and young people across Milton Keynes, a total of 1.5% of the pupil population is educated in dedicated specialist provision. 0.6% of children are educated in special school provision when first starting school and this rises at each transition point until reaching 2.0% of the pupil population in Milton Keynes schools by Year 10.

Planning for the impact of new housing

...A pupil yield of 5.8 children per year group per 100 homes is used to project the level of additional demand which will eventually be generated from new housing development. This is a locally adopted formula based on local research and trends from recent Milton Keynes developments. Figure C1 outlines the likely projected demand from housing developments:

<table>
<thead>
<tr>
<th>Number of houses</th>
<th>100</th>
<th>250</th>
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<tr>
<td>Pupil Yield</td>
<td>6</td>
<td>15</td>
<td>29</td>
<td>58</td>
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<tr>
<td>Additional Classes required</td>
<td>0</td>
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<td>1</td>
<td>2</td>
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Figure C1: Final pupil yield from housing developments and the number classes eventually required

Primary Planning
Live birth data (published annually by the Office of National Statistics), retention rate and average retention figure. Fig C2 shows that on average the retention figure is 92%... These include families that have moved away or moved into other local authority areas, children living in Milton Keynes but attending schools in other local authority areas, and children who enrol in other provision such as special schools, the private education sector and other alternative settings.

<table>
<thead>
<tr>
<th>Year</th>
<th>ONS Births (Sept – Aug)</th>
<th>Year R Intake</th>
<th>Intake less projected demand from new housing</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>3820 (2008-9)</td>
<td>3819</td>
<td>3478</td>
<td>91.0%</td>
</tr>
<tr>
<td>2014</td>
<td>3809 (2009-10)</td>
<td>3801</td>
<td>3534</td>
<td>92.8%</td>
</tr>
<tr>
<td>2015</td>
<td>3977 (2010-11)</td>
<td>3963</td>
<td>3670</td>
<td>92.3%</td>
</tr>
</tbody>
</table>

Figure C2: Birth data against actual intake in Reception

Projected demand arising from new housing is calculated separately. This is because development in Milton Keynes is significant and can vary substantially with the economic climate. For full details including plans to fulfil demand refer to School Place planning framework document available from access and sufficiency team Milton Keynes Council.

**Appendix 6** School Nursing Specification September 2016

**Appendix 7** Health & Social Care NCMP Data

**Appendix 8** Annual Vaccination data for 2014/15 shows MK LA and PCT (HSCIC Quarterly data)

MMR vaccination for one dose (2 years) coverage 94.3%
DTaP/IPV/Hib vaccination (2 years) coverage 95.8%

**HPV vaccination programme: Annual data, as submitted by PCT’s / LA for first, second and third vaccines coverage**
Routine cohort, school year 8 girls (12 to 13 year olds)
This report provides the HPV vaccine coverage in the school year 2014/15. Of 152 local authorities in England, all offered the priming (first) dose to the eligible cohort in the school year, and 86 offered both doses in the school year. Other local authorities will offer the second dose in the 2015/16 school year. Therefore coverage of the completed course for the 2014/15 school year 8 cohort at national level will not be available until autumn 2016.

Key points:
- Vaccine coverage data collected in 2014/15 are not directly comparable to previous years due to changes to the HPV schedule from three doses to two in September 2014
- Out of 25 NHS England Area Teams, 17 achieved over 90% coverage for the priming dose
- *Out of 152 local authorities in England, 86 offered two doses of HPV vaccine in all schools within the 2014/15 school year while others deferred the second dose to the next school year. Among those offering two doses in 2014/15, coverage for completed courses ranged from 59.9% to 98%
- Coverage for completed courses of the three-dose schedule for last year’s routine cohort (school year 9 in 2014/15) increased by 1.4% to 88.1%

Source: Public Health England (PHE)

Date first published: 18 December 2015

Appendix 9 Mysaym Conference 22nd Jan 2016
Starting Life Well Workshop
Workshop outline
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Workshop presentation and comments from young people
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