Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
SCHOOL NURSE AND
SCHOOL/COMMUNITY HEALTH CLINICS
(11-19(25) YEAR OLDS)

Document Reference	SOP24-014
Version Number	1.0
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Date Last Reviewed:	11 April 2024
Date of Next Review:	April 2027
Consultation:	Hull and ER, Team Leaders, practitioners, 0-19 Clinical Network, Service Management Meetings
Ratified and Quality Checked by: **Date Ratified:**	0-19 Clinical Governance Meeting 11 April 2024
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*April 2024*	*New SOP. Approved at 0-19 Clinical Governance Meeting (11 April 2024).*

Contents

1. INTRODUCTION

The 11-19 Specialist Community Public Health Nurse – School Nurse (SCPHN-SN)/allocated health professional drop-in and referral health clinics will support the delivery of the 0-19 (25) Healthy Child Programme for children in Hull and East Riding (Office for Health Improvement & Disparities, 2023). This policy will enable Hull 0-19 IPHNS/East Riding 0-19 ISPHN school nursing teams to address the individual needs of all children identified as requiring support on an individual level whilst building community relationships to improve access to public health messages.

Getting it Right for Children, Young People and Families (DH 2012) and The British Youth Council (2011) highlight that young people want a school nursing service that is visible, accessible and confidential. The Royal College of Nursing (RCN 2017) advocates health drop-ins as a valued service for young people to discuss their health and well-being. However, points out that they need to be; delivered regularly, well publicised and involve the young people in shaping the clinic according to local need.

Clinics should adopt the principles of trauma informed practice.

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. Working definition of trauma-informed practice - GOV.UK (www.gov.uk)

The SCPHN-SN provides a key role in the reduction of child health inequalities through the provision of health education and information, targeted interventions, and signposting to other services for school-aged children (RCN 2017). Getting it Right for Children, Young People and Families (DH 2012) and Maximising the SCPHN-SN/allocated health professional team contribution to the public health of school aged children (DH 2014) highlight the role of the SCPHN-SN/allocated health professional in supporting the delivery of the Healthy Child Programme (Office for Health Improvement & Disparities, 2023) to children and young people who find it difficult to understand or manage their health needs. Furthermore, No Child Left Behind (PHE 2020) advocates an early intervention approach across organisations with the aim of reducing the risk of poorer outcomes in later life. The Hull school health team will work alongside; local authority services, voluntary teams, and health agencies to tackle the barriers children and young people encounter when accessing health care.

This document will set out the requirements for setting up and running 11-19 drop-in/referral health clinics, alongside community drop-ins and appointment sessions.

2. SCOPE

- This Standard Operating Procedure (SOP) is applicable to all 0-19 I(S)PHNS staff with an identified role or responsibility for the planning, undertaking or management for the 11-19 SCPHN-SN drop-in and referral health clinics.
- It is our vision that all children in Hull and East Riding have equal and unimpeded access to the community, universal and progressive school nursing offer. For this to be successful the team work closely in conjunction with their allocated schools, with every school having a named Specialist Community Public Health - SCPHN-SN.
- The SCPHN-SN/allocated health professional drop-in or referral health clinics, known as '11-19 health clinics' will be held weekly within secondary schools, colleges and alternative provisions to support accessibility to and visibility of the school health team. Holding clinics on the same day of the week, allows children, young people and educational staff to become familiar with the service which has been shown to increase attendance and as such engagement with public health messages (BYC 2011, RCN 2017).
- The drop-in/referral health clinic times will be used to fulfil the following types of appointments:

- Student self-referral drop-in
- Student led arranged appointment via Chathealth
- Professional/parent referral health assessments.
- Child Protection and Child In Need health assessments.
- Health needs follow-up.
- Ongoing pieces of work as part of an agreed plan with the child or young person.
- Health promotion group work/PHSE sessions.

- All young people aged 11-19 can access the clinics as part of the mandated service offer. Young people may be assessed as requiring a targeted or specialist service following an initial assessment appointment, where this can be delivered in school by a member of the School Health Team, this will be accommodated. Alternatively, appointments may be offered outside of the allocated 11-19 clinic time. Where a referral to specialist services is required, the school health team member will make the appropriate referrals and care will be managed by the referred to service
- Clinics can be delivered in a variety of settings by an appropriately trained professional, examples include youth services, LA building (accessible to young people outside of mainstream education provision) Pupil Referral Units

The SCPHN-SN (SN) provides a key role in the reduction of child health inequalities through the provision of health education and information, targeted interventions and signposting to other services for school-aged children (RCN 2017). This process applies to all suitably qualified staff who are delivering 11-19 clinics who are required to adhere to the requirements of this SOP.

3. DUTIES AND RESPONSIBILITIES

The Chief Executive: holds overall accountability for the adherence to this policy on behalf of Humber. This includes ensuring the organisation has the correct infrastructure and commitment to enable its implementation and application and seeks assurance through children's and learning disability divisional general manager and clinical leads.

Service Manager/Modern Matron: is responsible for:

- reviewing and updating the guidance at agreed time intervals or sooner if prompted by changes in legislation or best practice requirements.
- cascading the new revised information to all staff.
- arranging periodic audits of records to demonstrate continuous quality improvement.

Clinical Team Leaders: are responsible for:

- ensuring staff compliance to the guidance including comprehensive training and induction.
- providing support and advice to staff as needed.
- escalating issues that cannot be managed directly by themselves - to be discussed with service manager/modern matron.
- ensuring records are reviewed in supervision, in accordance with Humber Supervision Policy.

SCPHN-SN: are responsible for:

- management of caseload and appropriate delegation to a suitably qualified 0-19 I(S)PHNS practitioner.
- providing support and supervision to delegated practitioner including overview of record keeping.
- escalating issues that cannot be managed directly by themselves – to be discussed with the clinical team leader.

Public Health Nurses: are responsible for:

- undertaking appropriate training and accessing supervision to ensure correct skills and knowledge to deliver the school health clinic.
- ensuring management of workload diary to include allocation of clinics/drop-ins
- escalation of issues that cannot be managed directly by themselves to the SCPHN-SN health team.

Nursing Associates: are responsible for:

- undertake appropriate level of training and access supervision to ensure correct skills and knowledge, working within sphere of competency to deliver the school health clinic.
- ensure management of workload diary to include allocation of clinics/drop-ins.
- escalate issues that cannot be managed directly by themselves to the SCPHN-SN health team.

All Clinical and Admin Staff Having Contact with Patients via the Telephone: are responsible for:

- entering contemporaneous record keeping and factual documentation details into the electronic care record (ECR) about appointments and telephone conversations with the parent/carer or health professional about the child.

4. PROCEDURES

4.1. Preparing 11-19 clinics for delivery

- The named SCPHN-SN will obtain agreement from School Governors and Head Teachers to proceed and agree a memo of understanding, regarding the School health clinic service. (example Appendix E)
- The named SCPHN-SN will agree and share days for the academic year by the end of September.
- The named SCPHN-SN will decide the correct health professional to deliver the clinics, this may be any staff member who is suitable trained and qualified to do so.
- The SCPHN-SN/allocated health professional will carry out a risk assessment of the environment where the clinic is to be held prior to each clinic to ensure personal safety.
- The SCPHN-SN/allocated health professional will be available in a room which allows for privacy but is accessible and comfortable as identified by young people (You're Welcome, 2023). 'You're Welcome': establishing youth-friendly health and care services - GOV.UK (www.gov.uk)
- The SCPHN-SN/allocated health professional will gather demographic information for all young people who attend as a drop-in to ensure accurate record keeping and continuation of care.

The named SCPHN-SN/allocated health professional will share their name and contact details with each allocated secondary school to arrange an initial meeting, where they will discuss the school's health profile(Appendix D) and offer the health clinic service.

The SCPHN-SN/allocated health professional will identify a link with both an educational and pastoral professional within school, who will share the commencement of the drop-in referral clinic with parents and advertise the clinic cross the provision alongside the ChatHealth service.

If the school chose to take up the clinic an agreed schedule of dates will be set for the academic year, it will be agreed that length of time in school will be reviewed and adjusted termly based on demand.

Children and young people have shared their opinion that the SCPHN-SN/allocated health professional should be available in a room which allows for privacy but is accessible and

comfortable (BYC 2011). The SCPHN-SN/allocated health professional will complete the You're Welcome criteria (Office from Health Improvement & Disparities, 2023) to ensure the allocated space and service meets the requirements in the criteria. Evaluation of the service will be completed yearly with children and young people in the school, they may approach the school student counsel to support this evaluation.

In addition, every school will be encouraged to complete a yearly school evaluation. The evaluation will be sent to the generic school address by the administration team and to the named SCPHN-SN/allocated health professional's main contacts within the school. The school will be encouraged to share the evaluation with all school staff to gain a whole school approach to their understanding of the SCPHN-SN/allocated health professional offer and the support they feel they need.

4.2. Managing Clinics

The named SCPHN-SN/allocated health professional will have protected time to attend their health clinics. Where there is a conflict in their schedule which cannot be managed within the school health team, the SCPHN-SN/allocated health professional will bring this to the attention of the team leads who will support the SCPHN-SN/allocated health professional in finding an appropriate alternative to the conflict.

All agreed clinics will be attended by the SCPHN-SN/allocated health professional, if there is a lack of demand this will be reviewed in conjunction with the identified school links and SCPHN-SN/allocated health professional team lead.

It is the named SCPHN-SN/allocated health professional's responsibility to arrange cover for clinics whilst on annual or other leave.

Where the named SCPHN-SN/allocated health professional is off sick, has special or short notice annual leave, the team lead will assess if the clinic requires cover or can be rearranged. Where the clinic requires cover, the team lead allocate to another SCPHN-SN/allocated health professional. Where another SCPHN-SN/allocated health professional, or appropriate 0-19 team member, is not available the team lead (or delegated professional) will inform the school directly and the SCPHN-SN/allocated health professional will provide an alternative date upon their return.

Where the clinic can be rearranged, the SCPHN-SN/allocated health professional will agree this with the team lead prior to agreeing to the new date.

The drop-in/referral health clinic times will be used to fulfil the following types of appointments:

- Student self-referral drop-in.
- Student led sexual health support – condoms distribution, EHC supply and pregnancy testing
- Professional/parent referral health assessments.
- Child Protection and Child In Need health assessments.
- Health needs follow-up.
- Ongoing pieces of work as part of an agreed plan with the child or young person.
- Health promotion group work/PHSE sessions.

Appointments may be required to be completed outside of the allocated clinics to meet the needs of the young people.

Should the SCPHN-SN/allocated health professional identify health or wellbeing trends from the drop-in or referrals, they will discuss this with the school link with a view to providing a whole school approach to provide health information for the need. This may be delivered via whole school PHSE sessions or small group work; these may be facilitated by the IPHNS or by services available in Hull and East Riding.

SCPHN-SN/allocated health professionals and wider school health team should commit to continued promotions and visibility across the provisions – completing national Public Health Day events e.g., Mental Health week, Stoptober etc.

4.3. Delivery of clinics

The Healthy Child Programme – School Nursing
The Healthy Child Programme 5-19 sets out the good practice framework for prevention and early intervention services for children and young people aged 5–19 and recommends how health, education, children's social care and other partners should work together in a range of settings to significantly enhance a child or young person's life chances. It contains the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing (PHE 2021, DH 2009b). The I(S)PHNS will work in conjunction with Early Help team, Children Missing Education/ Attendance team, NEET panel, Home-schooled team, Substance misuse services, Youth Justice, youth services, Virtual school, alongside voluntary and community groups and many other professionals working with children and young people aged 5-19(25).

Service levels:
Community: Reflects the school nursing team role in leading public health initiatives within schools and contributing to the wider assessment of population needs to identify relevant health and wellbeing outcomes. To provide advice to all school aged children and their families, ensuring services are provided in places accessible to children throughout the year and undertaking wider health promotion and protection activities through engagement and collaboration with local services.
Universal: The school nursing team will lead, co-ordinate and provide services to deliver the Healthy Child Programme (PHE 2021, DH 2009b) in conjunction with health, social care, education and youth services professionals. This will include working with the health visiting team to provide a seamless transition into school, school health checks and health clinics for secondary school aged children.
Targeted: Describes the SCPHN-SN role as a key provider of early help for those children who require additional support for their physical, emotional and social health needs. The SCPHN-SN may signpost or refer onto appropriate health or community services for chronic or complex needs.
Specialist: Where the SCPHN-SN is involved in the provision of additional services to vulnerable children and families with specific concerns requiring co-ordinated input from a range of professionals. This may include supporting children, young people, families and professionals in accessing additional specialist healthcare services at which point care will transfer to them.

Referrals
Professional
A referral form will be completed where a health, education, social care or other professional has a concern about a child's health or wellbeing needs. Completed referral forms are required to ensure professionals are working together to meet the identified health needs and can evaluate the expected outcomes as per The Healthy Child Programme (Office for Health Improvement & Disparities, 2023) which brings professionals together to reduce the repetition of interventions, prevents undue harm to the child or young person by having to repeat their experiences to multiple professionals and provide support at the correct level of care.

Young people will not be seen by the SCPHN-SN/allocated health professional upon professional request without a current referral form. The referral form must have been shared with the parent/young person and informed consent gained to attend the appointment. Professionals must acknowledge that a referral does not guarantee an appointment.

Referrals will be reviewed by the named SCPHN-SN and any actions agreed prior to being included as part of a support plan. SCPHN to inform the referrer that assessment/support has been completed and the YP has been discharged. Another referral is required if there is a new health need/request for intervention.

Where an appointment is not appropriate due to the level of care required, the young person receiving specialist care or a more appropriate service being available, the SCPHN-SN will inform the referrer directly and provide signposting to the alternative service

Self
Young people attending high school education provisions and beyond can self-refer to the clinics. This can be done via email, telephone, text (ChatHealth) or via the allocated school self-booking system developed. Parental consent is not required to initiate an appointment (see section on consent below) ensuring that young people have opportunities to discuss health needs in confidence with a registered health professional.

'All referrals from whatever source, including children, young people and families transferring into area, should receive a response within a maximum of 5 working days, with contact made with the child, young person, or family within 10 working days. Where the referral is urgent the service will ensure a response is provided within 24 hours (GOV UK, 2023)'

An appointment will be given to the young person within 10 working days of receipt of referral/request.

Confidentiality
The School Health service respects children and young people's right to confidentiality as being equal to that of anyone of any other age. The School Health service works closely with children, young people and their families throughout their life course to enable them to develop informed decision-making skills about their health and well-being.

All members of School Health Team are aware of their duty of care, consent and confidentiality when working with school-age children and young people and will encourage them to involve their families in decisions about their health. When school health team professionals first meet with the child or young person, it will be made explicitly clear that whilst their confidentiality will be respected it cannot be absolutely guaranteed if there are concerns for their own or someone else's safety and they are deemed to be at risk of significant harm.

If the SCPHN-SN/allocated health professional assesses that they may need to disclose information, because they consider that the child or young person is at risk, this should be discussed with the child or young person so that they are aware of the reasons for disclosure. Advice and support can be sought from:
Humber Teaching NHS FT Children's Safeguarding team HNF-TR.SafeguardingHumber@nhs.net or local authority children's services teams.
Hull: Worried about a child | Hull
East Riding: Support and protection for children (eastriding.gov.uk)

Consent
Children under 16 years old: there is no specific age when a child or young person becomes competent to consent to treatment; therefore, all members of the public health nursing team must make an assessment of the child's ability to give consent at each appointment. This will be documented in the electronic care record.

The UK courts have stated that under 16s will be competent to give valid consent to a particular intervention if they have '*sufficient understanding and intelligence to enable him or her to understand fully what is proposed' sometimes known as 'Gillick [Fraser] competence*' (DH 2001).

The British Medical association (2024) state, for a young person under the age of 16 to be competent, s/he should have:
• the ability to understand that there is a choice and that choices have consequences
• the ability to weigh the information and arrive at a decision

• a willingness to make a choice (including the choice that someone else should make the decision)
• an understanding of the nature and purpose of the proposed intervention
• an understanding of the proposed intervention's risks and side effects
• an understanding of the alternatives to the proposed intervention, and the risks attached to them
• freedom from undue pressure.

If the child is assessed as Gillick competent and can give voluntary consent after receiving the appropriate information, that consent will be valid and additional consent by a person with parental responsibility will not be required (DH 2009c).

However, as good practice, the SCPHN-SN/allocated health professional will seek to involve the child's family in ongoing support, unless there is an overriding safety concern which is likely to put them at risk of harm, this may include parental attitudes to any identified concerns. Likewise, the child who is assessed as competent may request their information not to be shared, the SCPHN-SN/allocated health professional will respect their confidentiality, unless they can justify disclosure on the grounds that they have reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm (DH 2009b and DH 2009c) at which time local safeguarding procedures will be followed.

Children over 16 years old: in law, children over 16 are deemed to be competent to consent for treatment or intervention. However as good practice the SCPHN-SN/allocated health professional will assess their ability to give consent and follow the guidelines as for the under 16-year olds.

In each UK nation, the age at which people can legally consent to sexual activity (also known as the age of consent) is 16-years-old. (Sexual Offences Act 2003; Sexual Offences (Northern Ireland) Order 2008; Sexual Offences (Scotland) Act 2009; Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005).
This is the same regardless of the person's gender identity, sexual identity and whether the sexual activity is between people of the same or different gender.

Assessment processes

- Universal offer process – see Appendix B.
- Targeted and specialist offer
- N – 072 Was not brought and no engagement policy – see Appendix C

At Universal level young people may attend the clinic for many reasons. SCPHN-SN/allocated health professional should follow the Healthy Child Programme Guidance below in relation to the presenting issues. Where multiple complexities may be present the SCPHN-SN/allocated health professional should complete a holistic health needs assessment (appendix A) and progress young person's intervention to targeted level. SCPHN-SN/allocated health professional should seek supervision on cases as required when considering escalated needs/issues as per Humber Teaching NHS FT Supervision Policy Supervision Policy - Clinical Practice and Non-Clinical N-039.pdf (humber.nhs.uk)

Universal - 11 to 16 years - Healthy Child Programme Schedule of Interventions Guide - DHSC (e-lfh.org.uk)

Universal - 16 to 24 years - Healthy Child Programme Schedule of Interventions Guide - DHSC (e-lfh.org.uk)

At targeted level, following a holistic health needs assessment, SCHPN-SN/allocated health professional should utilise the Healthy Child Programme guide below and work with young person and family (as required) alongside an agreed co-produced care plan.

Targeted - 11 to 16 years - Healthy Child Programme Schedule of Interventions Guide - DHSC (e-lfh.org.uk)

Targeted - 16 to 24 years - Healthy Child Programme Schedule of Interventions Guide - DHSC (e-lfh.org.uk)

At Specialist level the SCPHN-SN should, following a holistic health needs assessment, utilising the Healthy Child Programme below for support. In addition to this SCPHN-SN should follow the Vulnerable SOP in terms of manging attendance at meetings for children on a Child protection Plan. INTRODUCTION (humber.nhs.uk)

Specialist - 11 to 16 years - Healthy Child Programme Schedule of Interventions Guide - DHSC (e-lfh.org.uk)

Specialist - 16 to 24 years - Healthy Child Programme Schedule of Interventions Guide - DHSC (e-lfh.org.uk)

The school health team work closely with commissioned services in the city to support mental health needs. If a young person attends the clinic, they should be supported to access the correct service for their level of need. If the young person discloses self-harm/ self-injury staff should complete a holistic health needs assessment in accordance with Recommendations | Self-harm: assessment, management and preventing recurrence | Guidance | NICE

4.4. Training Requirements

- Prior to undertaking any tasks outlined within this SOP, all staff with an identified role or responsibility must be trained and assessed as competent.

4.5. Performance Indicators

- All young people requesting/referred for a clinic appointment are offered one within timescale
- Number of young people accessing the drop ins at all secondary schools (including special schools and alternative providers)
- Number of young people accessing the 16+ service (broken down to service area)
- Number of young people accessing condoms/pregnancy testing/chlamydia testing/EHC through the drop in

5. REFERENCES

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Appendix A – Holistic Health Assessment for Children and Young People

Name	NHS number:
Address Phone number	
DOB	
School	GP
Ethnicity	
Child /Guardian legal- consent to share information	
Child/legal guardian -consent to assessment	
Signed	Date
Gillick competency: Use ‘drop in’ guidance.	

0-19(25) Health Assessment template

Health and wellbeing

Physical health and wellbeing

Continence

Up to date with immunisation

Yes	No

Parental concern about child / Child/young person's views (add to template)

Child health observations

Weight Height BMI Vision

Current regimes

Medical needs in school Medication Feeding Breathing problems

Services involved

CAMHS Incontinence / community nursing Dental service

Dietician

Occupational therapy

Paediatrician

Specialist nurse

Physiotherapist

SALT

Other services

Emotional and behaviour status

Relationship problems

Level of mood

Bereavement

Victim of bullying

Concern about sexual orientation

Advice about DV

Starting a new school

Social behaviour

Dietary history

Leisure activities

Ability to sleep

Concerned about appearance

Alcohol drinking behaviour

Substance misuse behaviour

Tobacco smoking behaviour / advice

Advice and Information – child/young person

Advice given to child or young person regarding:

Alcohol consumption		Enuresis	
Behaviour		Smoking	
Benefits		Exercise	
Bullying		Contraception	
Dental health		Immunisation	
Diet		Psychological wellbeing	
Domestic abuse		Social / personal circumstances	
Drug misuse		Sexual health	
Any other advice			

Advice and Information – Parent/carer

Advice given to parent or carer regarding:

Child's behaviour		Child's minor illnesses	
Dental health		Child safety	
Diet		Child's sleep	
Enuresis support		Child's travel needs	
Child health surveillance		Parental smoking	
Immunisation		Sibling rivalry	
Any other advice			

Outcome

Practitioner analysis

Child health plan

Follow up arranged

Health Assessment Prompt Sheet

Rationale

To be completed by a registered nurse for children and young people who have a child protection plan or are identified as having safeguarding needs. These young people are at increased risk of their health and wellbeing needs not being met and the assessment is designed to establish if there are any unmet health needs and formulate an action plan to meet these needs.

NB: Professional judgement to be used re: age-appropriate questions/cultural issues or the need for further assessment. Always include the voice of the child/young person in your records. What do they think? Be specific about what they say, use direct speech where possible.

Consent

Check for consent to share information. See guidance on Gillick Competency.

Health Assessment

Record height and weight if any concerns or no recent screening
If no dentist advise family to contact dental helpline on 476 9649
Record name of consultants, specialist nurses or therapist e.g., CAMHS
Attendance at A&E/ /GP if known emotional wellbeing or behavior issues
Accessing routine health screening and immunization
Basic health needs i.e. diet, physical presentation, sleep pattern, medical history
Ability to take appropriate responsibility for own health i.e. management of specific health conditions e.g. asthma, diabetes
Vison/Hearing – check if up to date

Family/Social Health

Who lives in your house? List the names
Any recent changes?
Do you get on with everyone?
Who can you talk to e.g. at home/school/SCPHN-SN/allocated health professional?
Educational development – considering any SEN needs, adaptations, attendance, young person's views of school eg bullying
Do you have to look after anyone?
Family and environment factors and the impact on the child/young person
Appropriate and timely response by parents to illness/accidents/treatment or medication
Evidence of safe environment at home/accidents or accidental injuries
Impact of parental health on the child
Parenting capacity and impact on the child/young person applying principles of Think Family

Healthy Lifestyles

What sort of exercise does the young person do? PE, walking to school, clubs e.g. football, netball etc
Activities/hobbies

Diet; what do you think is a healthy diet? encourage fluids.

Emotional Health

Sleeping. Bedtime Routine, room sharing, sleeping patterns e.g. waking in the night, nightmares
Friendship/bullying
Any worries
Any self-harm
Ability to make relationships and relate to peers
Mental and emotional health or behavior issues

Sexual health

Puberty, information/education given
Sexual health, are you in relationship, have you had sex, Contraception and STI information given. Chalmydia screen offered.
CSE concerns.(consider Bichard/CSE risk assessment)

Risk taking behaviour

Smoking? How many? Does the young person wish to give up
Alcohol/substance misuse
Access to information and advice about a range of health issues including risk taking behaviours e.g. smoking and drinking

Safety

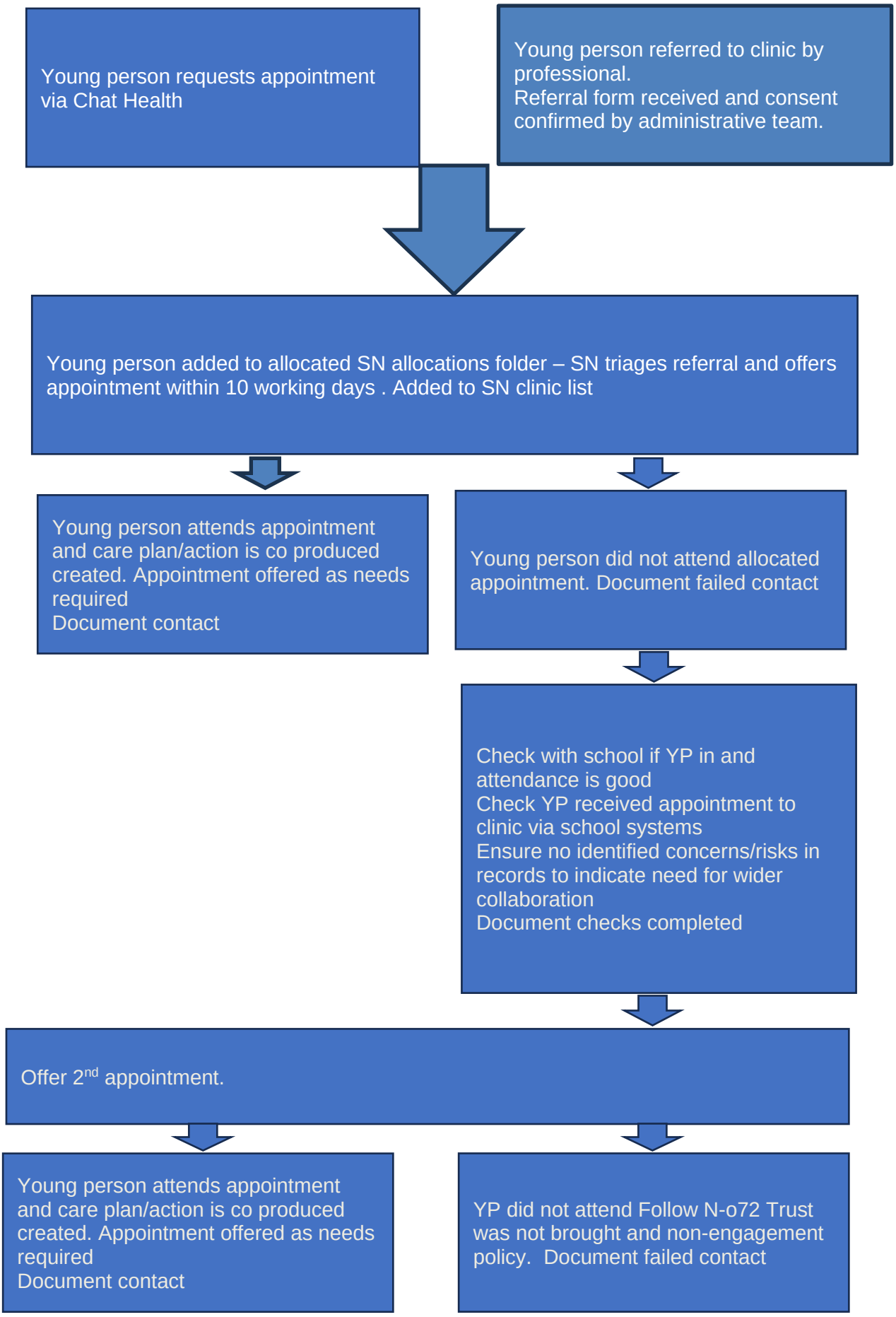
Who do you hang out with?
Do you use the internet? Discuss E safety. Posting sexual images on phone/ facebook/sexting etc. Do you understand the implications i.e. it's a criminal offence
Have you been Missing from home E.g. staying out without letting parents know, where are they staying out all night e.g. town centre
Road safety, Stranger danger, walking to school
Any you scared of anyone or anything (think domestic abuse)

Evaluation of health needs

Please include any actions for health with time scales for completion, using SMART targets. Eg. missing immunisations, referrals, continence assessments etc to be completed with time scales and any other actions or follow up necessary.

Any documentation to be inserted into client records must be in the approved Trust format and accessed via the Trust's intranet.

Appendix B – Universal Contact Process for Clinics



Appendix C – Was Not Brought and No Engagement Policy Hyperlink

Was Not Brought and No Engagement Policy N-072

Humber Teaching
NHS Foundation Trust

Hull 0-19 Public Health Nursing Service

School Profile document

Name of school:
Date of completion:

What we do

The Hull 0-19 Integrated Public Health Nursing Service is delivered and lead through the Healthy Child Programme. It offers a comprehensive programme of screening, developmental reviews, information, early intervention/prevention, and health promotion

guidance to support parenting and healthy choices which enhance a child or young person's life chances. The IPHN Service aims to empower families and young people to make informed and positive decisions about health.
The Healthy Child Programme provides individual and tailored support to ensure that children receive appropriate referrals to specialist services and that families are signposted to wider support systems. The programme will ensure that each family receives support that is appropriate for their needs with the most vulnerable families receiving additional support in partnership with education and other agencies.
The Hull 0–19 service consists of specialist community public health nurses who are health visitors and school nurses who are supported by public health nurses, nursing associates, health and development practitioners, administration teams, specialist practitioners and infant feeding specialists.
Our staff work closely with other services and settings, including community midwives, GPs, children's centres, early years' settings, schools, and higher education settings. We also work closely with other agencies for children with complex health needs or special educational needs and disabilities (SEND) to ensure they get the services and care they need.

Hull 0-19 Integrated Public Health Nursing Service Contact details

Address: Walker Street Centre, 70 Walker Street, Hull, HU3 2HE

If you are a professional, you can call or email us -the telephone and email box are manned 08:30am -5:00pm Monday to Friday (excluding Bank Holidays).
Single Point of Contact: 01482 259600
Email: hull.cypcommunityservices@nhs.net

ChatHealth service

ChatHealth is a service where children, young people or parents can contact a Hull 0-19 practitioner directly for advice and support with health. There are two numbers, as detailed below:

If you are supporting a parent to gain advice, support from our service they can also contact us via telephone or email and via our text messaging number Hull's 0-19 Parentline – **07312 263206 or use the QR code**

If you are supporting a young person aged between 11-19 you can share the ChatHealth mobile number **07312 263199 or use the Qr code below**

Do you follow us on Facebook? You can find us by searching for **Hull Health Visitors & School Nurses – IPHNS**

School demographic information

School contact details

School Name …….
School address ……..
School phone number ……..
School email ……..

Type of school (tick all which apply)

Primary	Secondary	Sixth Form	Pupil Referral Unit	Alternative Provision	Special Educational Needs provision

Academy Trust (if applicable) ……Humber Education Trust……..

Name of headteacher:	
Name of deputy Head:	
Name of allocated DSL:	
Name of SEN/SENCO lead:	

Number of pupils	
Age range of pupils	
Number of Children Looked after	
Number of children receiving free school meals	
Ofsted rating	

Professional discussion on local area data

ChiMat
JNSA data
National observatory data
Any areas of need or health inequality

Discussion of family/parental factors – smoking, unemployment, domestic violence

Summary of health needs within school	Professional discussion
Number of children with chronic diagnosed condition (such as diabetes, epilepsy, asthma) *Have staff had training update? Do school need contact for specialist nurses? Does each child have care plan to manage this?*	
Number of children with Special Education Needs *Any provisions within the school to support those with SEN? Is any support required?*	
Number of children with EHCP	
Any identified behavioural concerns in school? *Attendance concerns, bullying, any substance misuse as examples*	

Emotional and mental health needs *Consider number of referrals made for this, comment also on what mental health services are provided in school currently, can school nurses link in with these services as part of action plan?*	
Obesity levels *Consider local NCMP data*	
Any identified areas of parental support required	
Student and staff feedback of any identified areas of health need	

Facilities available in the school • *Private room for school nursing staff to complete appointments?* • *water fountains?* • *healthy snacks offered to children?* • *sanitary products available to young people ?* • *health and wellbeing information available – ChatHealth and school nurse information given to parents?* • *Afterschool clubs/activities?*	

Agreed action plan and important school events to attend

Event/activity *(Examples of offer below – delete as required)*	**Date/time/venue**	**Actioned by**
PHSE offer in schools *NCMP offer*	Summer term – May/June/July	
Referrals for individual identified health needs – individual referrals		
Parents evening		

Transition events? *(From nursery and year 6)*		
Talks/displays/events – targeted agreed health promotion for identified needs		

The Hull 0-19 Public Health Nursing Service will endeavour to attend all agreed events and will ensure all efforts are made to attend; however, we are unable to account for future potential staff absence or other organisational priorities that may occur at the time of each event. The Hull 0-19 service will communicate any problems promptly with the school.

School nurse sign and agree: Date:
School staff representation sign:

APPENDIX E

Appendix 6. Template Memorandum of Understanding (MoU)

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Many Health Partnerships choose to sign a Memorandum of Understanding (MoU), either at the start of the Partnership or to formalise the work of an existing Partnership. Developing an MoU can be an important way to ensure that both partners agree on the broad purpose of the Partnership, as well as setting out how the two sides will work together. An MoU can encourage a greater feeling of ownership by both partners – provided that the process of developing and drafting the MoU is a true collaboration, rather than being driven from the UK.
Some Partnerships choose to write a brief one-page MoU, while others prepare a more formal and lengthy document. The following relatively short example is based on a range of MoUs developed by real Partnerships. It is intended to serve as an example only – please ensure that any MoU you sign has been adapted to fit with your specific needs and that it also meets the laws and regulations of any relevant bodies operating in the countries involved.

MEMORANDUM OF UNDERSTANDING
Between XXX and YYY
Dated xxx

1) Introduction

Organisation XX and Organisation YY hereby agree to develop a Health Partnership (known as 'the Partnership') between both organisations, with the aim of fostering cooperation and the exchange of knowledge and skills in the areas of: xx and xx
Organisation XX and Organisation YY share the belief that exchanges of skills and experience are an important resource in:
• Supporting improvements in health services and systems in developing countries,
• Bringing personal and professional benefits to health workers in the UK and,
• Enhancing solidarity between those from different countries.
We acknowledge, therefore, a mutual interest in working to support health systems and in building the capacity of health workers in country xx.
We share a commitment to the following key principles. We will:
• Respond to priorities identified by Organisation XX (the 'southern' partner), in dialogue with Organisation YY.
• Ensure that the Partnership focuses on areas where there is a demonstrable health care need, or need for health system strengthening.
• Ensure that the activities of the Partnership are in alignment with national and local healthcare priorities and plans in country xx.
The agreement to form a Partnership has the full support of the Board at Organisations XX and YY (following meetings on xx).

2) Purpose of the Partnership

The Partnership will encompass:
• xx
• xx
• xx

COMMENTS:
Example areas of knowledge and skills e.g. education, clinical practice, training, working practices, technologies, health system strengthening, research.
As well as Board support, some MoUs also mention relationships with DFID, Royal Colleges, THET or other supporting organisations here.
This should describe the main purpose or broad aims of the Partnership.

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3) Alignment

In line with the 2005 Paris Declaration on Aid Effectiveness, we acknowledge the importance of ensuring that the Partnership is in alignment with the health care priorities and plans of the Ministry

of Health in country xx, and with local health plans for region xx. We will therefore make every effort to ensure that all activities of the Partnership are in line with current health care plans. This has been discussed with the Ministry of Health in country XX (during meetings on xx dates).

4) Coordination, roles and responsibilities

Each organisation will establish a (describe group eg Steering Group, Partnership Committee) to coordinate the work of the Partnership. The group will meet (frequency), and will comprise the following FpoeroOplreg:anisation XX [ ] For Organisation YY [ ]

The key roles and responsibilities for the (Steering Group/ Partnership Committee) will be:

- xx
- xx

Key contacts: In addition, we nominate the following staff as Partnership Coordinators, who will be the normal initial contact points for information or action points for this Partnership: For Organisation XX [ ] For Organisation YY [ ]

The specific roles and responsibilities of the Partnership coordinators will be:

- xx
- xx

Ways of working together: In carrying out the roles and responsibilities described in this section, each side agrees to work with consideration for the other and to foster mutual respect.

5) Communications

Our preferred methods of communication are: xx

All communications regarding the activities of the Partnership will normally be copied to: xx

Reference could be made here to specific local or national health plans eg a national xx-year health plan, or Basic Health Package, where available. This section could also discuss how updates will be provided to the Ministry or other official bodies, if these have been requested.

Roles and responsibilities can include, for example, communications with partners, fundraising, and publicity as well as development/review of plans. Having named contacts can be a useful way to make clear who is the first 'point of call' – but see Chapter 2.3 on communication, for suggestions on broadening communications as a way to avoid bottlenecks.

Specific issues of importance to your particular Partnership *relationship could be mentioned here. To give one example, you might like to agree to arrange visits so that they are convenient for both sides and do not coincide with the 'no visit' periods of the host organisation, where these exist. Specify here if email, phone, fax or post is preferred. This can help prevent the communication difficulties that can arise when, for example, one side relies heavily on email, while the other side – with less reliable ICT – prefers phone or post, and checks email only rarely. It can be useful to copy communications about the* Partnership *to several people; this can help prevent delays when, for example, one person is away or has email difficulties. Unanswered emails and letters can quickly lead to frustrations.*

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Template Memorandum of Understanding (MoU)
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6) Planning, development and activities

We are committed to the principle of responding to the priorities identified by Organisation XX (the southern partner), in dialogue with Organisation YY.
We acknowledge that planning is most effective when there is input from a range of people from both Partnership partners - and from other stakeholders.
(For a new Partnership*)*
Before specific activities begin, the priority needs will be identified and agreed. Both sides will work together to agree overall outcomes and to prepare a detailed (costed?) plan of activities (for xx years?), including estimates of the required resources (including staff time).
The process for development and review of these plans will be: xx
(For an MoU formalizing an existing Partnership:)
This MoU recognizes and encompasses the existing activities taking place between the organisations, including:
• xx
• xx
In addition, Organisation XX has identified the need for xx and xx. As a result, new outcomes that will be established under the Partnership include:
• xx
• xx
These will be delivered through the following outputs and activities:
• xx
• xx
The process for development and review of these plans will be: xx

7) Monitoring and evaluation

We are committed to tracking our progress regularly, to learning from our experiences, and to sharing this information with each other – and with other organisations that might benefit.
Monitoring
Regular monitoring of the Partnerhip's activities will be carried out in the following ways:
• xx
• xx
Evaluation
Specific activities and visits will be evaluated (when? How often?) and each partner will provide feedback to the other.
For guidance on planning and programme design, please refer to:
• Tools and Guidance section of THET's resource library www.thet.org/hps/resources/toolsguidance
• Chapter 2.2 of the Health Links Manual
For both new and existing Partnership***s***
Will detailed activity plans be developed? Will they be costed? How many years will these plans cover? You might like to have an activity plan attached to the MoU as an Appendix.
Describe the role of Partnership *Committees, panels or others involved in developing and reviewing plans here – or refer to Section 4*
For both monitoring and evaluation, consider –
- What data will need to be collected?
- How will it be collected?
- How often?
- How this will analysed and reviewed.
For each item it will be helpful to agree who will carry out the work, and when and to check that this is realistic.
For guidance, please refer to:
THET's resource library - Monitoring and Evaluation Plan,
or contact a member of the Evaluation and Learning team.

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Appendix 6. Template Memorandum of Understanding (MoU)

8) Entry into effect, amendment and termination
This MoU shall come into effect from the date of signature by the heads of the two organisations involved. This MoU shall continue in effect, with modification by mutual agreement, until it is terminated by either party.
9) Duration and review
We shall review the operation of this MoU in (xx months or years) after its signature. At that time, we will consider how well the MoU is working and review progress; we will consider whether the MoU should be extended – and if so, what further deliverables should be identified.
10) Additional sections
Other sections that you might like consider adding to your MoU include:
• Settlement of disputes
• Confidentiality
• Auditing – including frequency, and who will cover the cost of this
• Visits – including agreement over appropriate timings for visits, and who will cover the costs
• Financing – eg, estimating total costs per year and detailing how this might be met – perhaps with a disclaimer for the UK side in the event that they are unable to raise sufficient funds
11) Signatures
This MoU is signed by
For Organisation XX: [name, signature, date]
For Organisation YY: [name, signature, date]

Appendix F – Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** School Nurse and School/Community Health Clinics (SOP24-014)
2. **EIA Reviewer (name, job title, base and contact details):** Heidi Fewings (Service Manager) Walker Street, Hull, 07976709533
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** SOP

Main Aims of the Document, Process or Service **To support delivery of clinics in our local schools, colleges and community settings**
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	This SOP is applicable to all children of high school and further education age.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	The SOP is applicable to all young people regardless of disability.
Sex	Men/Male Women/Female	Low	This SOP is not impacted by an individual's sexual alignment.
Marriage/Civil Partnership		Low	n/a
Pregnancy/ Maternity		Low	n/a
Race	Colour Nationality Ethnic/national origins	Low	This SOP is not affected by race.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This SOP is not affected by religious or cultural beliefs.
Sexual Orientation	Lesbian Gay men Bisexual	Low	This SOP is not affected by an individual's sexual orientation.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This SOP is not affected by an individual's gender identity.

Summary

Please describe the main points/actions arising from your assessment that supports your decision. No points arising for actions.	
EIA Reviewer: H Fewings	
Date completed: 17/04/24	Signature: H Fewings