School Nursing and Local Authority Commissioning

Commissioning of School Nursing Service by London borough councils metropolitan borough councils; county councils and unitary authorities is no longer new. Public health commissioning responsibilities passed from the NHS to local government in 2013 and at the start there was call for nurses to be involved with the new commissioning arrangements so that children's nurses, school nurses and health visitors were able to convince local authorities of the value of their services. Many concerned with health visiting saw the commissioning of school nursing services as a useful pilot before the larger health visiting services moved from being commissioned centrally to local authorities this October. The DH / PH (2014) document, Maximising the school aged nursing team contribution to the public health of school-children set out quite what school nurses could and should provide. Two years on it is worth considering how this is working in practice.

The advantages of commissioning by local authorities are great. Local authorities have statutory duties for children and young people related to improving their health and wellbeing, improving educational achievement, reducing child poverty and protecting children and families, as well as responding to emergency planning including outbreak response to health issues in schools. With these aims and duties it seems reasonable for school nursing to be embedded in local authority services.

It goes without saying the links with education are huge with local authorities in 2014 being responsible 84% of schools (LGA 2014). The potential for commissioners of school nursing also to be concerned with schools and children's social care is huge with a cross fertilisation between health, education and wellbeing generally. Local authorities are actively involved in the delivery of a variety of services that impact on health and well-being whether we are considering housing, transport the environments and pollution control, in other words public health in its widest form. Local authorities have been working to address in equalities for some time, and some would argue more than the NHS, with active involvement in community regeneration. Maximising the school aged nursing team contribution to the public health of school-children said there was a need to capture user insight (pg. 9). Local authorities are in a better position to do this than health services as they are
generally responsive to local voices and groups and ultimately individuals can approach their councillors, influence what they do and ultimately vote them in or out.

Local authorities are not the same as they were in 1974 when school nursing was last sited there. School structures in particular have changed, not all now are accountable to local authorities with academies and free schools, which in 2014 numbered about 3,500 (LGA 2014), being independent of local authority control and accountable directly to Whitehall. How much influence the local government has in this area is questionable and most likely negligible.

If schools are fragmented so are the providers of school health services. Some are local health providers, perhaps a community health trust which has provided managed and developed school nursing, health visiting and other community services for some years and some are new organisations, NHS or Foundation Trusts from outside the area, Social Enterprises or businesses, perhaps with a different aims or ethos to what has gone before or the staff or users are used to. On the plus side the newcomer may embrace new ideas and new ways of working but may have limited grasp of the aims of the specialist school nursing service. Submitting a tender for such a service provides an opportunity to understand the service potential, explore the needs of the area, and provide a service to meet them. However the lack practice knowledge by both those tendering and evaluating the bid, together with the speed tenders are frequently undertaken may mean this does not always happen.

Alongside this are significant budget constraints. Local councils have shouldered the biggest cuts of any part of the public sector - in total more than 40% and local government with other departments it was announced in November (Local Government Chronicle 2015) have all agreed further deals. School nursing services tend to be much smaller than health visiting services, and in some local authorities, are poorly understood. It can be argued that has this has put School nursing at increased risk.
If the provision of school nursing via commissioning in local authorities is proving difficult is there an alternative? With processes dictated formed by the Health and Social Care Act of 2012 the answer is currently no. Therefore school nursing and those developing the tenders in response to service specifications need to move from their knowledge and understanding of the health economy to become aware of the context of the local authorities; what is important to them in general and the specific local authority in particular. Local authorities, or those responsible for drawing school nursing service specifications, need to be understand the services they are commissioning together with the potential of school nursing? If they do not comprehend this who will tell them? It is a case of the providers, managers, educators, practitioners and users saying clearly (or to carry on saying) what they can provide and need.

As specialist community public health nurse lecturers we are still asked ‘why do you educators teach school nurses and health visitors all that material on policy and politics?’ This is the reason.

Department of Health / Public Health England (2014) Maximising the school aged nursing team contribution to the public health of school-children


Local Government Association (LGA) (2014) All-school education trusts would end parent confusion and drive improvement

http://www.local.gov.uk/media-releases/-/journal_content/56/10180/6343439/NEWS#sthash.mJ71ZCdo.dpuf

Local Government Chronicle (2015) DCLG agrees spending review cuts

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