

THE TRANSFER OF CHILDREN FROM THE HEALTH VISITING SERVICE TO THE SCHOOL NURSING SERVICE	
Standard Operating Procedure (SOP)	
Ref No: 2132 Version: 4	
Prepared by: Service Manager Professional Lead for SCPHN	
Presented to: Care and Clinical Policies Group	Date: 15/02/2017
Ratified by: Care and Clinical Policies Group	Date: 15/02/2017
Review date: 10/03/2020	
Relating to policies: <ul style="list-style-type: none">· South West Child Protection Procedures www.swcpp.org.uk (site accessed 24/10/16).· Torbay and South Devon NHS Foundation Trust School Entry Screening by the Specialist Community Public Health Nurse (SCPHN) School Nurse (SN) Standard Operating Procedure (SOP) 15/12/14· Specialist Community Public Health Nursing (SCPHN). SOP No 9. School entry screening by the SCPHN school nurse (SN) team. 21st December 2106.	

1. Purpose of this document:

- 1.1 This document has been written to provide a standard for best practice when a child is transferred from the Specialist Community Public Health Nurse (SCPHN) Health Visiting Service to the SCPHN School Nursing Service.

2. Scope of this SOP:

- 2.1 This SOP applies to the Health Visiting and School Nursing teams employed within Torbay and South Devon NHS Foundation Trust (TSDFT).

3. Competencies required:

- 3.1 SCPHN practitioners who carry out the Healthy Child Programme (HCP) health and development reviews are expected to have knowledge and understanding of child development, and of factors that influence health and well-being. www.e-lfh.org.uk (site accessed 01/02/17).
- 3.1 TSDFT staff will be aware of the South West Child Protection Procedures www.swcpp.org.uk (last accessed 4/1/17) and how to refer to the Multi-Agency Safeguarding Hub (MASH) using the Child's Journey Threshold Matrix.

- 3.2 SCPHN practitioners will have attended training on the Signs of Safety.
- 3.3 SCPHN practitioners will have attended training on using the Torbay Family Health Needs Assessment (FHNA) tool and be familiar with the SCPHN Record Keeping Standard (Draft 2016).
- 3.4 SCPHN practitioners will have attended training and be expected to have knowledge of the Solihull Approach to use in practice.

4 Procedure / Steps:

- 4.1 The Child Health Information Service (CHIS) and the Administration HUB for SCPHN will send a list of all rising 5s by GP Practice to the health visiting teams. The HV team will review the child's records by the end of May preceding commencement of school in the autumn term to assess the level of service required (Universal, Universal Plus and Universal Partnership Plus) and follow the Health Visitor (HV) to School Nurse (SN) Transition Pathway (Appendix 1).
- 4.2 Children assessed as requiring the Universal level of service will have the health visiting records returned to CHIS. If the child is under 5 years old, the HV remains the named practitioner until the child reaches 5 years to ensure the needs of the child are met.
- 4.3 Children assessed as requiring the Universal Plus level of service may require a period of joint working and gradual handover up to the age of 6 years. The HV will complete the Parental Liaison Form (Appendix 2) to inform parents/carers of the transition to the SN service and to review concerns in planning and agreeing the time of the transition. It is important in these cases that there are no gaps in care and that there is always a named practitioner with responsibility for the care delivered.
- 4.4 It is the responsibility of the HV to liaise with the SN lead for the child's allocated school to share with them the Parental Liaison Form and subsequent decision on the transition to the SN service.
- 4.5 All children who have been identified as requiring a health plan in school should be transferred to the school nursing service to have this work completed.
- 4.6 Children assessed as requiring the Universal Partnership Plus level of service require a face to face meeting between the HV and SN prior to transition to agree the most appropriate lead professional for the child. The Parental Liaison Form will help inform this decision.
- 4.7 Following the transition, the decision should be documented on the child's health record by the HV. The child's records on Paris will be closed to the health visiting service.

- 4.8 CHIS and the Administration HUB should be informed of the transfer from the HV caseload to the SN caseload so that CHIS and the Administration HUB can be updated.
- 4.9 The Ages & Stages 60 Questionnaire and the School Entrance Screening Questionnaire (Appendix 3) is sent to all parents/carers by the school nursing team via the child's school two months prior to turning five (as per the SCPHN SOP No.9 - School Entry Screening by the SCPHN SN). Children under the care of the HV will have the completed questionnaire forwarded to them from the school nursing team for assessment and any actions required.

5 Monitoring tool:

Standards:

Item	%	Exceptions
Annual dip sample	90%	
<p>Equality Statement. The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy</p>		

References:

- Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children (Department of Health, 2010)
- Health Visiting to School Nursing Programme: Supporting Implementations of the New Service Model No.2: School Nursing and Health Visiting Partnership – Pathways for Supporting Children and their Families (Department of Health, 2013)
- Health Visitor to School Nurse Transition Pathway (Appendix 3)

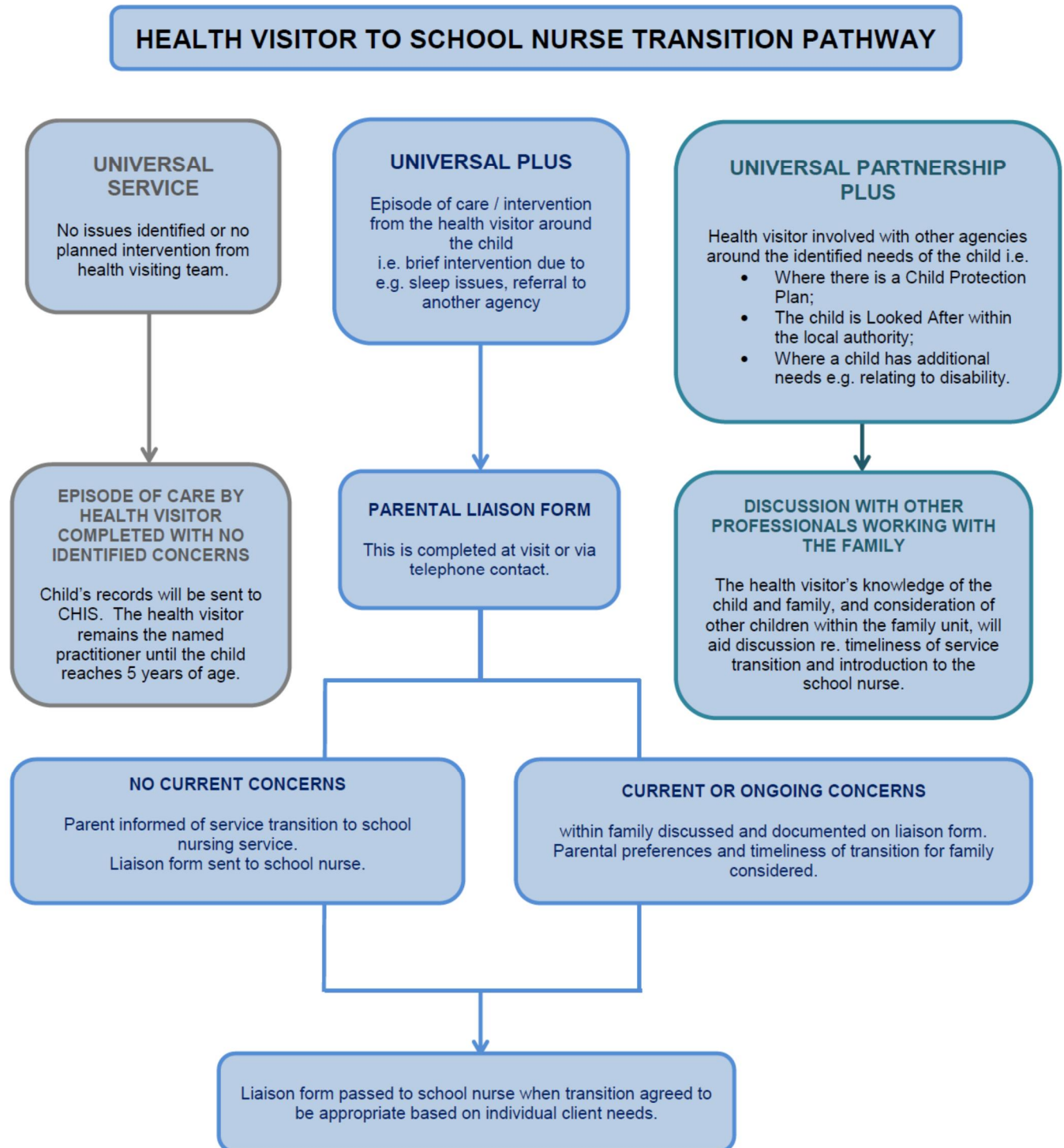
Appendix:

1. (a) Health Visitor to School Nurse Transition Pathway Flow Chart.
(b) Guidance Notes for transition pathway of Information from Health Visiting to School Nursing.
2. Parental Consultation Document (HV to SN Liaison Form)
3. School Entrance Screening Questionnaire (including list of applicable countries)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1		October 2014	Draft	
2		December 2014	Transposed onto current template	
3		January 2015	Draft	
4	Ratified	10 March 2017	Revised	Care and Clinical Policies Group
4		2 February 2018	Review date extended from 2 years to 3 years	

APPENDIX 1 (a)



APPENDIX 1 (b)

Guidance Notes for Transition Pathway of Information from HV to SN

“The primary responsibility for ensuring that health information is passed on to the school should lie with the health visiting team and the school nursing service and other school health team members” (Healthy Child Programme 5 to 19) – therefore a joint approach is required.

Readiness for School:

Do you need to know more to make an assessment of need?
Is a Health needs assessment required?

Liaise with parent to obtain further details and consent to speak to other professionals if necessary. The following questions may be useful to consider:

- Who else is involved in the child's care?
(Paediatrician, GP, Specialist Nurse, Community Children's Nurse, Social Care, allied health professions, local authorities)
- Are there any issues at home?
- Are school staff aware of any support needs?
- Does the child have any additional health needs and/or complex needs?
- Is there an appropriate health care plan in place regarding day to day and emergency management?
- Is there any additional input from HV/SN team or other professional required?
- Has a SHEF been initiated?

Communication:

Health visiting service remains key contact until 5th birthday or until transition during the first year of school life.

Transition Arrangements:

Parents are advised of role and contact for school nursing service by health visiting service where transition of care within the service is required HV/SN meeting jointly with the family if indicated.

Early Help – Child has an Unmet Need:

Identify lead professional to liaise with parent and any professionals involved around child to co-ordinate any support and/or education/training to enable child's needs to be met within school.

APPENDIX 2

HEALTH VISITOR TO SCHOOL NURSE LIAISON FORM

NAME: DATE OF BIRTH:
 ADDRESS: TELEPHONE No:
 POST CODE:
 DISABILITY: YES / NO PREFERRED LANGUAGE:

FAMILY MEMBERS

ADULTS	RELATIONSHIP	ADDRESS
.....
.....
.....
.....
.....

CHILDREN	DoB	RELATIONSHIP	ADDRESS
.....
.....
.....
.....
.....
.....

SHEF COMPLETED: YES / NO DATE COMPLETED:

PROFESSIONALS INVOLVED

LEAD PROFESSIONAL: Tel:
 GP NAME: Tel:
 GP ADDRESS:

 HEALTH VISITOR: Tel:
 SCHOOL: Tel:
 SOCIAL WORKER: Tel:

SUMMARY OF ANY CHILD ISSUES

SUMMARY OF ANY FAMILY ISSUES

ACTIONS TO BE TAKEN AND COMPLETED BY

- I give consent for this information to be shared with other agencies in accordance with the Data Protection Act (1998)*

PARENT/CARER'S SIGNATURE:

PRINT NAME: DATE:

HEALTH VISITOR'S SIGNATURE:

PRINT NAME: DATE:

COPIES SENT TO:

.....

APPENDIX 3

SCHOOL ENTRANCE SCREENING QUESTIONNAIRE

Child's Name: DoB:

Parent's Surname (if different from child):

Address:

.....

Post Code:

Home Tel: Mobile Tel:

School: Class/Teacher:

Family Doctor: GP Surgery:

Health Visitor:

Is your child fully immunised? YES / NO (*please circle – if NO or UNSURE please contact your GP*)
If your child has not had two MMR vaccinations please contact your GP

Supporting You and Your Child:

Please take time to access information available on NHS websites for advice,
guidance, and support on various health issues:

- www.nhs.uk
- www.nhsdirect.nhs.uk

Additionally, talk to your child's school teachers.
They also have links to various resources and referrals such as
Speech and Language Therapy and Educational Psychology to support your child.

Urgent concerns need to be directed immediately to your GP.

Does your child have a medical condition that may affect them at school? YES / NO

- (If YES please give details)

.....

Is your child under the care of a Doctor or other specialist for this or any other condition? YES / NO

- (If YES please give details)

.....

Is your child on any medication? YES / NO

- (If YES please give details)

.....

Is your child registered with a Dentist? YES / NO

- (If YES please give details).....

The **BCG** (for Tuberculosis) is not given as part of the NHS routine vaccination schedule. We are, however, running a selective vaccination programme for those children who may have been exposed to Tuberculosis (TB). Please complete the following questions: depending on the responses you give, the School Nurse Team may share this information with a specialist nurse who will contact you for further assessment.

Has your child already had the BCG vaccinations? YES / NO

**If you answered YES, there is no need to re-vaccinate.
If NO please answer the following:**

Was your child born in, ever lived in, or visited for longer than 3 months, a country with a high incidence of TB?
(see attached list of countries**)

YES / NO If YES, which country?

.....

Does your child have a parent or grandparent who was born in a country with a high incidence of TB?
(see attached list of countries**)

YES / NO If YES, please give details:

.....

Has there been a family history of TB within the last five years? YES / NO

Please also let your child's teacher know about any health difficulties such as, vision, hearing, asthma, epilepsy, etc., as we may need to work together to set up a Health Care Plan for your child whilst in school.

Please tick this box if your child is being seen for any hearing concerns:

Please give details:

.....
.....

I understand that the School Nursing Service will see my child at school for screening of height, weight and hearing and I give consent for this to take place.

Signed: (Parent / Guardian) Date:
.....

Thank you for your help.

Everyone working for the NHS has a legal duty to keep your information confidential, and anyone who receives that information from us is also under a legal duty to keep it confidential. If you are receiving care from other people as well as the NHS, we may need to share relevant information to enable us all to work together for your benefit. Please note that this screening process may be undertaken separately throughout the academic year and you will be informed of the results in a timely manner.

**COUNTRIES (World Health Organisation, 2011)		
Afghanistan	Guam	Papua New Guinea
Algeria	Guatemala	Paraguay
Angola	Guinea	Peru
Armenia	Guinea-Bissau	Philippines
Azerbaijan	Guyana	Qatar
Bahrain	Haiti	Rep. of Korea
Bangladesh	Honduras	Rep. of Moldova
Belize	India	Romania
Benin	Indonesia	Russian Federation
Bhutan	Iraq	Rwanda
Bolivia	Kazakhstan	Sao Tome and Principe
Bosnia and Herzegovina	Kenya	Senegal
Botswana	Kiribati	Sierra Leone
Brazil	Kyrgyzstan	Solomon Islands
Brunei	Laos PDR	Somalia
Burkina Faso	Latvia	South Africa
Burundi	Lesotho	Sri Lanka
Bulgaria	Liberia	Sudan
Cambodia	Libyan Arab Jamahiriya	Suriname
Cameroon	Lithuania	Swaziland
Cape Verde	Madagascar	Tajikistan
Central African Republic	Malawi	Thailand
Chad	Malaysia	Timor-L'Este
China	Mali	Togo
China (Hong Kong SAR)	Marshall Islands	Turkmenistan
China (Macao SAR)	Mauritania	Tuvalu
Congo	Micronesia	Uganda
Cote D'Ivoire	Mongolia	Ukraine
Djibouti	Morocco	UR Tanzania
Dominican Republic	Mozambique	Uzbekistan
DPR Korea	Myanmar	Vanuatu
DR Congo	Namibia	Vietnam
Ecuador	Nepal	Yemen
Equatorial Guinea	Nicaragua	Zambia
Eritrea	Niger	Zimbabwe
Ethiopia	Nigeria	
Gabon	Northern Mariana Islands	
Gambia	Pakistan	
Georgia	Palau	
Ghana	Panama	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

<i>Please select</i>				
Who may be affected by this document?	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (<i>please state</i>):			

Does this document require a service redesign, or substantial amendments to an existing process? No	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (<i>please state</i>):			

Rapid Equality Impact Assessment (for use when writing policies and procedures)

Policy Title (and number)	SCPHN No 8	Version and Date	(4) 01/02/2017		
Policy Author	Service Manager Professional Lead for SCPHN				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Local policy change giving the health visitors the opportunity to work with children up to the age of 6 years					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Staff					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Service Manager Professional Lead for SCPHN	Signature			
Validated by (line manager)		Signature			

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.