

**Annual conversation with key teacher**

Please complete all areas of this form, record on SN termly audit and save a copy of this form to: M:\GGrpSh\School Profiles for SCPHN

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| **Date**:  (*to be added at time of conversation* ) | | | | **Headteacher/ Named School Link:**  ( *to be added at time of conversation* )  **School/Setting:**  (*to be added at time of conversation* ) | | | | |
|  | | | | | | | | |
| Core offer:  **Health Screening and NCMP** Reception, NCMP Year 6  **Immunisations** – Fluenz: Reception-y6, HPV year 8, DTP & Men ACWY y9.  **PHSE** – offer for year 5&6 ( Puberty and wellbeing)  Year 7 (wellbeing recap and intro to SN)  year 8 (Healthy Relationships and CSE) year 9&10 ( Sexual Health) – Contraception / STI’s  **Drop In arrangements** – Primary/ Secondary/ Community – frequency.  **Interventions – (Wellbeing Workshops; Protective Behaviours;**  **Solihull Interventions with families – Emotion/Behaviour/Relationship; Family intervention: Healthy Weight Management/Sleep/Toileting**  **1:1 interventions: health promotion regarding drugs/alcohol/smoking/sexual health**  - arrangements for seeing during the school day / out of school. | | | Discuss the details of the Universal Delivery to be delivered and record if any variation to expected Universal Delivery: | | | | | |
| Confirm structure/scheduling for planning:  **Which Term?** – NCMP year 6  **Which Term?** – Reception Screening  **Autumn Term** – Flu Enz / HPV dose 1  **Spring/ Summer Term** – HPV dose 2 / DTP / Men ACWY ( scheduled on the same day of the week )  **Agreement**  -PHSE  **Drop In arrangements** – confirm space provision in the school / appropriateness for providing confidential service.  **One to one interventions (as detailed above)** –confirm location for seeing students one to one/ system for allow students out of lessons.  **SHEU Survey –** Y8 and 10 (2018/19)  Y4 and 6 (2019/20) | | | Discuss details of scheduling planning and record - | | | | | |
| Commissioner expectations to support conversation:  Our Commissioners are Public Health Department, Northamptonshire County Council in line with the Public Health Outcomes Framework and Healthy Child Programme. They have commissioned-  All the above core offer inclusively for Children and Young People 5-19 in Northamptonshire whether in Local Authority Schools, Academies, Private schools, home educated or not currently in education.  Use of school and locality profiles from NCC and SHUE data to identify needs within school and community environment. | | |  | | | | | |
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| **Checklists** | | | | | | | | |
| School pack  **Team Structure –(Integrated 0-19 Team which includes Health Visitors and Community Nursery Nurses alongside the team that focus on the school aged population)**  **Specialist Community Public Health School Nurse** **SCPHN**  (named nurse for case load of Schools with leadership responsibility for team)  **Staff Nurse** – ( qualified nurse)  **School Nurse Support Worker**  (Nursery Nurse/ Youth Worker/ SNSW)  **School Nurse Assistant**  There will be a named SCPHN nurse for your school and a number of other team members who will be working to support the service delivery within your school. The SCPHN nurse is your key contact and will lead and allocate service and care delivery as appropriate. | |  | | | | ✓ to confirm discussion | | Further information required? Yes/No |
| Top tips information (topics)  Bed Wetting, Sun Safety, Sleep Needs – see NHFT web link/ School Nursing / top tips | | | |  | |  |
| Referral:  [www.nhft.nhs.uk/0-19](http://www.nhft.nhs.uk/0-19) | | | |  | |  |
| Team structure-  Name of SCPHN –  Names of Staff Nurses in team –  Names of SNSWs in team –  Names of SNAs in team -  All staff have an enhanced DBS clearance in order to work with children, young people and families and there is an expectation that ALL NHFT staff wear photographic ID badges identifying their name and role within the organisation.  A standard DBS letter confirming this is available on request. | | | |  | |  |
| Contact information *( to be added by SCPHN having conversation )*  Direct line to office base –  Team email address ( net account ) - | | | |  | |  |
| Health promoting Schools | | Information about the SHEU survey: Plan to participate in the SHEU Survey?  Any support required from SN team? | | | |  | |  |
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| Website direction | | Ask Normen  [www.asknormen.co.uk](http://www.asknormen.co.uk) | | | |  | |  |
| Talk Out Loud  [www.talkoutloud.info/](http://www.talkoutloud.info/) | | | |  | |  |
| NHFT  [www.nht.nhs.uk/0-19](http://www.nht.nhs.uk/0-19) | | | |  | |  |
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| **School Health Plan** | | | | | | | | |
| **Needs identified through drop-in and school nurse interventions** |  | | | | | | | |
| **Needs identified by school** |  | | | | | | | |
| **Needs identified through school profile** |  | | | | | | | |
| **Needs identified through the SHEU Survey** |  | | | | | | | |
| **School Health Plan agreed between School and SN** |  | | | | | | | |
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|  | | | | | | | ✓ to confirm complete | |
| Record on the SN Termly Audit  Give copy to Head Teacher/ Named School Link  Save to M:\GGrpSh\School Profiles for SCPHN | | | | | | |  | |
| Name of Specialist Community Public Health Nurse: | | | | | Date: | |  | |