APPENDIX 9 – RESPONSES TO THE PUBLIC CONSULTATION ON CHANGES TO HEALTH VISITING AND SCHOOL NURSING

Health Visiting

Proposal	% Strongly Agree + Agree	% Strongly Disagree + Disagree	% Neither Agree nor Disagree	Key Findings
Deliver 7-11 months and 2-2.5 year checks for families not identified as vulnerable in groups at Children's Centres	35.57%	48.66%	15.44%	**Positive** • CC is a nice environment and allows for social mixing. • The service is already offered like this in many people's experience. • When mother and child are mobile then it is reasonable for them to go to CCs for checks. • Allowing HVs more time to perform their duties is very important. Not travelling to people's houses would allow this, as well as saving money. • As long as the service is the same people are happy to travel for more one off based checks. **Negative** • Individual and confidential advice and support would be necessary and very important. Group settings may reduce the ability for parents to discuss personal issues in this manner. • Groups may lead to unhealthy comparisons of children with one another by parents. • Routine checks in a family home hugely necessary to assess vulnerability and care status. • Health visitors were a waste of time. They lacked knowledge, checks were too basic and it was all about ticking a box rather than meeting individual needs.

Reduce the overall number of baby clinics delivered with the aim of them all being done in Children's Centres	29.83%	56.27%	13.22%	**Positive** • Attending sessions in CCs helps introduce parents to other services and support on offer (breastfeeding, weaning, sleep management etc.) whilst socialising with others in similar situations and a nice environment. • GPs are already overcrowded and do not have the same dedicated service as CCs. Delivering them in CCs seems reasonable and sensible. • CCs are a nicer environment. • Recommend making different days/times of the week available for those who work **Negative** • All clinics (both GPs and CCs) are overcrowded and waiting times are long, this will be exacerbated if clinic numbers are reduced. Children will suffer knock on effects. • Many people have strong relationships with their GPs. Moving clinics to CCs would reduce the sense of community and trust, as well as make it more difficult for people to access weighing facilities due to travel difficulties. • Reducing investment can create greater costs later in the health care lifecycle

Introduce parental weighing of babies at clinics (whilst continuing to provide access to a Health Visitor for advice)	29.83%	56.27%	13.22%	**Positive** • Increases the control parents have over child health checks, empowering them. • Provides the opportunity for parental weighing without the sometimes unnecessary need for excessive HV advice, i.e. it will reduce the medicalization of healthcare at a young age. • Parental weighing will save time, increase parental confidence and responsibility. • As long as more vulnerable children are watched over most families can manage weighing by themselves. **Negative** • Worry that at risk children may be missed if parental weighing is implemented too widely and professionals are unable to see everyone on an individual basis. • Parents may lack experience with equipment and the health indicators they are looking for, for a healthy child. • Parental weighing can cause parents to become anxious and weigh their child too often. This could lead to depression and other anxieties. • Travelling longer distances with new born babies is difficult. Having a wide spread of geographic accessibility would be a necessity for new families, with clinics offered weekly.

Only provide checks during pregnancy for women identified as vulnerable by maternity services (other women will continue to have access to GPs and midwives for health checks during their pregnancy)	37.96%	46.10%	13.56%	**Positive** • Many people were unaware that HV checks during pregnancy were an option and did not feel they needed the support (However, lack of communication a negative factor). • Many people don't see the point of seeing a HV when they access the same advice and support from midwives and GPs anyway. Keeping care under maternity services for a while after birth would mean a continuity of care that HVs can't deliver • Constant visits from multiple health professionals can 'trap' people at home. • However, there must continue to be sufficient GP and midwife support. • Some people thought that more HV checks could be combined with routine visits to other health professionals. E.g. 3.5 years children could access checks in nurseries. • At risk families should definitely continue to receive this support. **Negative** • Many children will slip through the net if we only target known vulnerable families. Vulnerability is not always easy to spot and linked to key indicators like deprivation. It can develop quickly and in all families. Reducing this step reduces the ability to spot vulnerability. • Vulnerability needs to be clearly defined and assessment channels clearly identified. • Missing vulnerable children may in turn put pressure on children's social care further down the line, increasing costs. • Building antenatal relationships with HVs very important for future interaction

Only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable	37.96%	46.10%	13.56%	**Positive** • 3.5year visit is less important as children are most likely to be in some form of childcare by this point. • As long as vulnerability criteria is clearly defined than GP and midwife checks are sufficient for most families following birth not identified as in need of extra support. • Many respondents support families identified as vulnerable that need extra support **Negative** • The 3-4month check is essential for HVs as they are able to discuss post pregnancy support such as weaning and breastfeeding, it provides a real opportunity to see mum and baby together after the initial 6week visit and look for signs of postnatal depression. • Many people who wouldn't identify as Vulnerable said they felt they could have used more support in the early months after pregnancy, especially after a first birth. • Many parents seemed unaware that these checks were additional and not part of the mandatory 5 developmental checks already delivered. Nevertheless many believed they should be delivered as standard to help prevent vulnerability and improve a child's development. • Targeting vulnerability can increase stigmatization of certain people

Transfer management of Lewisham's breastfeeding groups to the health visiting service (supported by maternity services)	33.33%	31.29%	26.87%	**Positive** • The service has just received Baby Friendly Initiative level 3 and so is well placed to manage these groups. • Voluntary services should be overseen by professional expertise and support to ensure it is carrying out services properly. • As long as the service continues and the providers are qualified to deliver then it doesn't matter who provides this support. • However, the council should continue to support the input of volunteers as they are helpful and can reduce the clinical atmosphere of what is supposed to be a therapeutic intervention for the mother and child. **Negative** • Many parents worry if the HV service has enough expertise, experience and capacity to deliver these sessions properly. They believe HV would require more training if they run this service. Many believe the breastfeeding network is best placed to deliver advice and support through its voluntary and multiagency working model. • Taking away volunteer networks reduces a dedicated community service that value and care for mothers without the need for local authority input, control and resources. Why not transfer all breastfeeding support to the voluntary network? • Useful to have independent advice. In many experience HV experience and views are mixed. • How would this save money or make the service better? Seems like increasing the workload of HV who lack the ability to deliver.

Reduce the budget for administration by developing new ways of delivering this support (such as better use of technology)	58.53%	20.40%	17.39%	**Positive** • Increased and improved online resources may be beneficial for those who lack the time to call HV services or lack the language skills to interact with them. Making calls can be a long and laborious process to access information or make appointments. Online booking services would make organisation easier for both HV and parents, saving time and money. • Online access to information is 24/7 and not limited to HV working hours. • A lot of information is duplicated by midwifery and health visiting, the booklets and leafletting cost could be reduced by merging resources. • Mobile working should be introduced so that health visitors can complete the necessary notes at the visit, whilst offline if necessary, and not have to continuously travel between the office and appointments to input data. Agile and mobile working a must. • If the technology introduced would lead to more efficiency, a reduction in costs and improved contact times then this would benefit the service. However, proposals lack detail at this point. **Negative** • Must consider there are those without internet access or the knowledge to use more technical solutions. Those identified as vulnerable are more likely to have poor online and technology access. Some service users also liked the reassurance of being able to talk to someone on the phone instead of a computer screen. • Administration is a vital component of HV service delivery. However better technology could mean the loss of admin jobs. Many people would not support this. Furthermore, if admin staff are lost it may also lead to decreased clinical time for HV's and therefore poorer outcomes for families as they have to absorb more administrative duties. • The success of technological

				improvements depends on IT systems and training. These must be in place before technological improvements made. Currently they are not. • Many fear technological improvements will be too costly to be implemented fully.

Develop a local dedicated immunisation team that will be able to provide community clinics to deliver BCG vaccinations to babies who have not received this after birth	55.22%	18.51%	21.89%	**Positive** • Many people would be happy to travel to one off appointments from a dedicated service as long as they knew there was enough supply and they had a guaranteed timetabled slot. Reliability of obtaining vaccinations, especially BCGs, has been poor. • If this improves access, supply is distributed better, and vulnerable families are targeted it is a good idea. Local teams would be able to more effectively monitor areas and provide simple and consistent information. • HVs are already constrained with their functions, taking the load of the BCG clinics off them will be ideal to help them focus more on their primary responsibilities. • It can be frustrating for many parents to have to go to numerous locations for vaccinations. Local dedicated support should have a single location for ease of access. **Negative** • All new-borns should be offered BCGs by midwives as occurs in other boroughs. • The nurse immunizing must continue to assess and report back to the HV team any concerns they have. Assessing a baby and observing parent-child interaction is best done by community nurses who are part of the health visitor team. It is really important that this work is joined up and not separate from the HV service. • All immunisations should be delivered in the same place by the same team. It gets confusing with numerous locations and health professionals. • Having a dedicated BCG immunisation team is not a good idea as it is likely to mean lower paid/skilled nurses doing a task-orientated role instead of community monitoring.

Appendix 9

School Nursing

Proposal	% Strongly Agree + Agree	% Strongly Disagree + Disagree	% Neither Agree nor Disagree	Key Findings
Provide a combined assessment for reception children consisting of a school entry health assessment, National Child Measurement Programme (weight checks for reception and also for year 6 children) & hearing and vision screening	78.26%	5.14%	12.65%	**Positive** • The combined assessment is a good way for early intervention and to collect data. It is also a good idea if it is organised properly, since one assessment to cover all bases will save time for parents and children, and also money. **Negative:** • Time: a realistic amount of time needs to be allowed for the combined check, and how this would work for all children, in all schools. • Some comments talked about the workload of nurses, which was already stretched and how they would not have capacity for such an assessment. • There were also concerns about not having checks at primary school age, and how would changes in a child's vulnerability be detected. • Some respondents commented that they didn't understand what the proposals meant and how the health checks worked now, whilst others thought this might cost more money in the long run.

Develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support	83.33%	3.17%	10.32%	**Positive:** • It makes sense and enables early identification, which lowers the cost of tackling obesity later in life. • GP's and schools themselves do not current adequately address the issue, so having school nurses pick this up could be beneficial. • There was lots of surprise that this wasn't the case already. **Negative:** • The programme needs to be resourced properly, and not just provide identification but also support afterwards. • The programme would also need to be careful it doesn't lead to stigma and has to be a holistic service. • Concerns about capacity and understanding of this issue by school nurses were also raised, and the evidence base behind this was questioned.

Require school nurses to attend ICPC and first core group meetings (subsequent attendances will be assessed according to the health needs of the individual child) Require school nurses to physically locate safeguarding leads in the new redesigned Multi-Agency Safeguarding Hub (MASH)	83.06%	7.26%	6.45%	**Positive** • Many agreed overall but wanted to make sure all children could still access the service. • School nurses should have a greater role in CP cases than they do at the moment. This would increase safeguarding of vulnerable children. • Some respondents felt that school nurses are able to create better relationships with children and parents than teachers. **Negative** • Some respondents were unsure if this proposal meant a reduction of universal service and a focus only on the vulnerable. • This service should be for all children, it is pointless of school nurses to do this as they do not get to know the children adequately enough, and for that reason they should be present at all CP meetings. • They should also have reduced workload in terms of meetings in order to meet the needs of the most vulnerable children.

Create a dedicated 'teenage health service' which will be accessible from a number of venues in the borough as well as from schools, be provided by a mixture of health and non-health staff, offer online advice and one to one support about health and emotional wellbeing and risk behaviours e.g. alcohol or drugs misuse & sexual health and signpost and refer young people to other local services	63.71%	20.16%	12.50%	**Positive** • It is sensible to have a dedicated service for teenagers as long as it is accessible and adequately resourced. • The service needs to be widely available and encourage teenagers to attend. Lewisham has high needs which schools cannot meet, so this will be a welcome addition if it works. **Negative** • Some children may not be able to access the hubs due to parental control, so there still needs to be access within schools for help. • Some young people may not go out of their way to access the service outside school and so drop-ins at schools are still essential. • There were a few comments about how these hubs are best placed in schools as any other location would reduce the amount of young people going to them (good promotion is essential). • Who would run the service? was another concern (some mentioned school nurses are being suited) and a risk highlighted was it becoming a 'non-contact' service. • Another comment stated that the service should be open to pre-teens as well, as well as being available online (although we cannot assume everyone has access to the internet). • Seeing as needs of teenagers, especially mental health issues are increasing, the proposed cut of 22% is seen as 'dangerous' by some respondents.

Create a dedicated nursing team, supported by community children's doctors, to provide support to children with long term conditions and disabilities (and train school staff on how to look after these children in schools)	55.33%	24.59%	16.39%	**Positive** • It is good in principle as long as school nurses are adequately resourced and trained to be able to deal with such conditions and disabilities. **Negative** • GP's would be able to deal with this more effectively, and school nurses are not trained for this. They are also over stretched already. This should be left to specialist doctors and nurses, and the school nurse should have a more universal role. • A number of respondents commented that they were unsure about what this actually meant, and how this was different from what was already present.
Continue to provide immunisations in schools, but deliver these via a different immunisation team	35.08%	27.42%	33.87%	**Positive** • This is welcomed as it frees up school nurses to concentrate on other more important health and safeguarding issues. • The immunisation team should be made up of professionals, such as GP's and nurses and be able to deliver this efficiently, and should also be trained to work with young people. **Negative** • Delivery of immunisations is part of holistic care, and this would be broken up by different providers. • School nurses are perceived as doing this well already, so why change something that is working. • There were also concerns that the relationship children had with their school nurse, would be lost, and if the child had, for example, a phobia of needles, an immunisation service wouldn't be able to provide personal care as a school nurse would.

Appendix 9

Children Centres (Public)

Proposal	% Strongly Agree + Agree	% Strongly Disagree + Disagree	% Neither Agree nor Disagree	Key Findings
Offer the same services at fewer or different locations (such as an area based 'hub' supported by smaller sites, including the use of schools and community settings)	32.63%	44.56%	19.65%	**Positive** • Offering a wider service at fewer hubs is a good cost effective measure • Increased provision to more residents • Local schools should be used as hubs where services would be accessible to larger proportions of people • Could offer consistency of service across multiple sights – Deptford Park Play Club a good example of how this could look. • Hopefully well trained and more experienced staff attracted and retained **Negative** • Transport, accessibility and increased administration concerns • Concern over the capacity of hubs and the likelihood of overcrowding, reducing 1-to-1 support • Loss of local CC communities • Fewer locations offer less choice • Service should be reduced, but not the number of locations

Offer the same services, but targeted towards families with higher needs	30.88%	46.32%	20.70%	**Positive** • Targeting support may reduce the doubling up of service provision. • Many respondents thought this was a worthwhile policy, helping those most in need **Negative** • Many respondents felt they may be neglected and left behind if they were not classifieds as high need - especially more affluent families. • The same facilities should be on offer to all. Do not stigmatize less vulnerable families and reduce social mixing. • Vulnerabilities can develop quickly and in many different socio-economic situations, not just for traditional vulnerable characteristics.
Co-locate Children's Centres with other health and education services	61.06%	13.68%	22.11%	**Positive** • May improve sharing information and overall awareness of what the local health service has to offer • This already occurs in some people's experience and has been useful **Negative** • It can be confusing travelling to multiple destinations and speaking to many different people
Integrate the one-to-one family support service provided by Children's Centres with our health visitor support for vulnerable families	52.48%	14.54%	22.70%	**Positive** • HV are experienced practitioners and can easily support the practice, supervise children centre staff whilst supporting families and children • This will help improve communication between these services. **Negative** • Transport considerations. Meting vulnerable families in their home continues to be vital. • The added team management would be a very large additional demand on the HV team. The change is financially driven and would impact greatly on the health visitor workload • One-to-one should remain open to all without the need to be selected