

Appendix 10

**APPENDIX 10 – RESPONSES TO THE STAKEHOLDER/PROFESSIONAL PUBLIC CONSULTATION ON CHANGES TO HEALTH VISITING AND SCHOOL NURSING**

Health Visiting

| <b>Proposal</b> | <b>% Agree</b> | <b>% Disagree</b> | <b>% Neither Agree nor Disagree</b> | <b>Key Findings</b> |
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| <p>Deliver 7-11 months and 2-2.5 year checks for families not identified as vulnerable in groups at Children's Centres</p> | <p>Service Users<br/>16.18%</p> <p>Professionals<br/>24.64%</p> | <p>Service Users<br/>57.35%</p> <p>Professionals<br/>44.93%</p> | <p>Service Users<br/>26.47%</p> <p>Professionals<br/>30.43%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Many experience developmental health checks in CCs rather than individuals homes at the moment anyway.</li> <li>• Professionals will have a more stable working environment working in the same location for longer periods of time. Home visits are time consuming. Will help professionals to manage workload better.</li> <li>• To be successful the correct equipment and facilities must be in place for group checks.</li> <li>• Bringing families into children's centre may expose them to other professionals and activities that they may otherwise not be aware of.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Concern over the confidentiality of information in groups and the ability and comfort of parents to open up about concerns with many others around.</li> <li>• Group situations are not appropriate to identify developmental concerns or safeguarding issues. Privacy is essential for the accuracy of assessments.</li> <li>• Disclosure of important issues is more likely if a relationship has been established between HV and parent. Groups reduce the ability for a more personal service.</li> <li>• Reducing checks in people's homes removes safeguarding consistency of checking parent and child's living environment. Vulnerability can develop quickly and at any given time.</li> <li>• Relying on people to attend CCs may increase non-</li> </ul> |
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|   |  |  |  | attendance of parents.  |
| Reduce the overall number of baby clinics delivered with the aim of them all being done in Children's Centres | Service Users<br>17.91%<br><br>Professionals<br>23.19% | Service Users<br>59.70%<br><br>Professionals<br>56.52% | Service Users<br>22.39%<br><br>Professionals<br>20.29% | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• CCs are positive and dedicated environments that can also signpost families to numerous other services available. Offer social and community based environment.</li> <li>• Would be a more efficient use of the limited number of HVs available.</li> <li>• Could shift sessions from a purely medical approach to a wider, more inclusive session providing support with breast feeding, healthy eating etc.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• CCs may not be as accessible as GP surgeries for many.</li> <li>• Reduces joined up working between GP and HV services.</li> <li>• Clinics are already busy and overcrowded, so reducing the number would exacerbate this.</li> <li>• Concern this is taking nursing back to task orientated work and target setting. Reduces consideration of individual need.</li> </ul> |

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| <p>Introduce parental weighing of babies at clinics (whilst continuing to provide access to a Health Visitor for advice)</p>   | <p>Service Users<br/>17.91%</p> <p>Professionals<br/>23.19%</p> | <p>Service Users<br/>59.70%</p> <p>Professionals<br/>56.52%</p> | <p>Service Users<br/>22.39%</p> <p>Professionals<br/>20.29%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• This could reduce HV workload and them to target time to those most in need.</li> <li>• Empowers parents to know more about their child's health and development.</li> <li>• Group settings could help reduce stigmatization of more vulnerable families.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Parents may not understand how to use the equipment or know which health indicators to look for. Equals diminished accuracy and reliability.</li> <li>• This would limit a health professional's ability to monitor child and parent, potentially increasing safeguarding concerns.</li> <li>• Personal interaction and continuity or seeing the same GP/HV will be decreased. This may deter parents as it is unfamiliar and less focussed.</li> </ul> |
| <p>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)</p> | <p>Service Users<br/>18.18%</p> <p>Professionals<br/>25%</p>    | <p>Service Users<br/>60.61%</p> <p>Professionals<br/>50%</p>    | <p>Service Users<br/>21.21%</p> <p>Professionals<br/>25%</p>    | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Midwife and GP are more than adequate for this function. Due to staff numbers this may be happening in some cases anyway.</li> <li>• Maintaining midwife support a few months after birth would be useful in maintaining personal relationships and continuity of care.</li> <li>• Empowers mother and is less intrusive.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• How do you identify vulnerability of child/parent? Checks in the home before birth are significant in this process.</li> <li>• This may increase workload of GPs.</li> </ul>  |

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| <p>Only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable</p>                  | <p>Service Users<br/>18.18%</p> <p>Professionals<br/>25%</p>    | <p>Service Users<br/>60.61%</p> <p>Professionals<br/>50%</p>    | <p>Service Users<br/>21.21%</p> <p>Professionals<br/>25%</p>    | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>Focus is better placed on vulnerable families and will free up HV time for those most in need.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>3-4 month checks are at a critical time for many development i.e. introducing solid food, maternal mental health, accident prevention discussion, infant social and emotional well-being. Should be open to all, especially all 1<sup>st</sup> time mothers.</li> <li>How do you identify children who become vulnerable and need a 3-4 month check? Increases the chance of many falling through the net if not offered to all.</li> </ul>  |
| <p>Transfer management of Lewisham's breastfeeding groups to the health visiting service (supported by maternity services)</p> | <p>Service Users<br/>39.39%</p> <p>Professionals<br/>35.82%</p> | <p>Service Users<br/>28.79%</p> <p>Professionals<br/>28.36%</p> | <p>Service Users<br/>31.82%</p> <p>Professionals<br/>35.82%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>Health visitor services have contact with the children and families until the age of 5 years. It is important that this message is reinforced following birth through breastfeeding support. This helps to build relationships with service users and therefore to identify vulnerabilities earlier.</li> <li>Helps in continuity of care, especially if lined to maternity services.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>Breast feeding network are specialists in breastfeeding, health visitors do not have the same depth of knowledge/experience or training as these specialists.</li> <li>HV services are already under resourced and under capacity. Why stop a service that works so well and is largely manned by volunteers.</li> <li>Concerns the number of groups available may reduce.</li> </ul> |

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| <p>Reduce the budget for administration by developing new ways of delivering this support (such as better use of technology)</p> | <p>Service Users<br/>44.62%</p> <p>Professionals<br/>53.03%</p> | <p>Service Users<br/>23.08%</p> <p>Professionals<br/>28.79%</p> | <p>Service Users<br/>32.31%</p> <p>Professionals<br/>18.18%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• If the technology introduced leads to more efficiency and reduction in costs this would be of benefit to both service users and professionals, provided there is adequate training and implementation.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Concerns admin duties would actually increase for clinical staff, preventing patient care. This could be due to the loss of admin staff which is offset through technological innovation.</li> <li>• Concerns appropriate electronic equipment would not be provided.</li> <li>• Some users may lack access to technological solutions and prefer using phones to book appointments and seek advice.</li> </ul> |
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| <p>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</p> | <p>Service Users<br/>64.62%</p> <p>Professionals<br/>64.18%</p> | <p>Service Users<br/>10.77%</p> <p>Professionals<br/>7.46%</p> | <p>Service Users<br/>24.62%</p> <p>Professionals<br/>28.36%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• A centralised hub would make more efficient working</li> <li>• Clinics are overcrowded and very busy so creating new services to absorb capacity would be good (as long as funding and trained staff available)</li> <li>• Appointment based system would work well if it could be implemented</li> <li>• Will free up HV time for home visits/assessments</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• This will reduce the holistic approach to care and safeguarding, reducing the ability of HVs to engage more widely in a child's health and development.</li> <li>• If a team only does this work they become deskilled and task focused and this is a safeguarding risk.</li> <li>• The supply of BCGs is very low at the moment and therefore a dedicated team would lack the resources to be effective.</li> </ul> |
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School Nursing

| <b>Proposal</b>   | <b>% Agree</b>  | <b>% Disagree</b>   | <b>% Neither Agree nor Disagree</b>                             | <b>Key Findings</b>   |
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| <p>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</p> | <p>Service Users<br/>67.21%</p> <p>Professionals<br/>62.30%</p> | <p>Service Users<br/>8.20%</p> <p>Professionals<br/>6.56%</p> | <p>Service Users<br/>24.59%</p> <p>Professionals<br/>31.15%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• The combined assessment is a better use of time, as long as there is a realistic amount allocated for the combined check, which needs to be thorough and holistic.</li> <li>• It is good for early intervention, and allows services to be developed around the child to give them the support they need, and not have their</li> </ul> |

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| children) & hearing and vision screening |  |  |  | attainment impacted later on in life.<br><br><b>Negative</b> <ul style="list-style-type: none"><li>• Reception age it is difficult for children to fully participate in hearing and sight tests. The earliest time this is possible is year 1.</li><li>• Therefore, these tests should be revisited when the child is slightly older, or else things will be missed due to the child being unable to understand/communicate.</li></ul> |
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| <p>Develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support</p> | <p>Service Users<br/>82.54%</p> <p>Professionals<br/>76.19%</p> | <p>Service Users<br/>6.35%</p> <p>Professionals<br/>4.76%</p> | <p>Service Users<br/>11.11%</p> <p>Professionals<br/>19.05%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• That it makes sense and enables early identification, which lowers the cost of tackling obesity later in life, especially when resources are strained.</li> <li>• School Nurses have good relationships with children, so this makes sense, as long as there is joined up working and collaboration between professionals, especially GPs.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• The programme needs to be properly resourced, as historically there has been a poor uptake of weight management courses from parents.</li> <li>• Concerns over the capacity of school nurses to take this on were raised, as well as the impact on children having visible support for their weight in a school environment.</li> <li>• Others commented that MyTime should deliver this programme instead of school nurses.</li> </ul> |
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| <p>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)</p> <p>Require school nurses to physically locate safeguarding leads in the new redesigned Multi-Agency Safeguarding Hub (MASH)</p> | <p>Service Users<br/>52.46%</p> <p>Professionals<br/>50.79%</p> | <p>Service Users<br/>14.75%</p> <p>Professionals<br/>17.46%</p> | <p>Service Users<br/>32.79%</p> <p>Professionals<br/>31.75%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• It is good that there was a coordinated care approach and different professionals working together, such as MASH, in order to safeguard those most vulnerable.</li> <li>• Other comments suggested it was positive that schools take more of an active role in safeguarding, as it is the primary concern for everyone.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Comments focused on the vital role of the school nurse, and the fact that they should be attending all meetings, as the voice of the child. This allows the school nurses to keep informed of any developments, and pick up things that other professionals may have missed.</li> <li>• Communication between different agencies was also claimed to be bad, which is having a negative impact on safeguarding, as well as lack of respect for the role of the school nurse.</li> </ul> |
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| <p>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 &amp; sexual health and signpost and refer young people to other local services</p> | <p>Service Users<br/>62.71%</p> <p>Professionals<br/>62.30%</p> | <p>Service Users<br/>23.73%</p> <p>Professionals<br/>21.31%</p> | <p>Service Users<br/>13.56%</p> <p>Professionals<br/>16.39%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• It is sensible to have a dedicated service for teenagers as Lewisham has high needs which schools cannot meet, and there is a lack of services in the borough for them.</li> <li>• Other respondents felt that the service should be run by school nurses, and a mix of professionals outside the school environment, to increase trust and confidentiality.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Capacity- and how stretching a service that was already limited would work.</li> <li>• Others feared that face to face support would be replaced by online support, which they felt was not suitable.</li> <li>• Many comments suggested existing structures should be invested in and improved, as well as increasing the marketing of existing services, as opposed to creating other ones.</li> <li>• Another respondent felt that we are treating teens as adults, whereas they need more support in schools.</li> </ul> |
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| <p>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)</p> | <p>Service Users<br/>65%</p> <p>Professionals<br/>63.93%</p> | <p>Service Users<br/>16.67%</p> <p>Professionals<br/>22.95%</p> | <p>Service Users<br/>18.33%</p> <p>Professionals<br/>13.11%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• It is a good way to <b>normalise disabilities and other lifelong conditions</b> to have this support in a school environment, which would lead to better understanding.</li> <li>• Some School Nurses commented that they <b>already have good relations with specialists</b> who they work with, and get advice and support from.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• <b>They would rather the community nurses and specialist teams</b> with more knowledge pick up this work.</li> <li>• They were also concerned that school nurses were <b>over stretched</b> already.</li> </ul> |
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| <p>Continue to provide immunisations in schools, but deliver these via a different immunisation team</p> | <p>Service Users<br/>35%</p> <p>Professionals<br/>33.87%</p> | <p>Service Users<br/>15%</p> <p>Professionals<br/>19.35%</p> | <p>Service Users<br/>50%</p> <p>Professionals<br/>46.77%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>This is welcomed as it <b>frees up school nurses time to concentrate on other more important health and safeguarding issues.</b></li> <li>The immunisation team would be able to work across a variety of <b>locations</b> and be more <b>efficient</b> than the current system.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>Delivery of immunisations is part of <b>holistic care</b>, and provides an opportunity for the school nurse to <b>make contact with the children and identify</b> any other problems.</li> <li>School nurses would already be <b>familiar</b> with the children, and understand which of them may need more support for getting their immunisations done.</li> </ul> |
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Children Centres

| <p><b>Proposal</b></p>   | <p><b>% Strongly Agree + Agree</b></p> | <p><b>% Strongly Disagree + Disagree</b></p> | <p><b>% Neither Agree nor Disagree</b></p> | <p><b>Key Findings</b></p>   |
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| <p>Offer the same services at fewer or different locations (such as an area based 'hub' supported by smaller sites, including the use of schools</p> | <p>35.38%</p>                          | <p>49.23%</p>                                | <p>13.85%</p>                              | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>Efficient use of limited resources</li> <li>Reduce duplication</li> <li>Better co-ordination and centralisation of service</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>Concerns over capacity and accessibility</li> <li>Could increase admin costs</li> <li>Need to make sure CCs are located in areas of the most need</li> </ul> |

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| and community settings)  |        |        |        |   |
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| Offer the same services, but targeted towards families with higher needs | 34.92% | 50.79% | 14.29% | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Targeted work for families with higher needs is appropriate, as these families are often referred to Children's Centres via the early intervention service and are more in need</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Family support needs to be able to respond to a wide range of need, not just families identified on the HV targeted caseload</li> <li>• Vulnerability not always obvious</li> <li>• Lacking vulnerability does not mean you will not need support</li> <li>• Stigmatization increased and social mixing reduced if targeted families grouped together</li> </ul> |
| Co-locate Children's Centres with other health and education services    | 68.25% | 9.52%  | 22.22% | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Co-location and integration will improve communication and contact between services and increase referral rates</li> <li>• Useful for families to have only one place to travel to</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• As the HV service deals with the under 5s, it does not make sense co-locating with education services.</li> </ul>   |

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| <p>Integrate the one-to-one family support service provided by Children's Centres with our health visitor support for vulnerable families</p> | <p>57.58%</p> | <p>25.76%</p> | <p>15.15%</p> | <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• If Children's centre workers are in the same team as HVs they will work better together and reduce duplication</li> <li>• Helps CCs to provide a consistent offer across the borough that is evidenced based and has clear outcomes</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• HVs do not have the capacity or funding to deliver this support</li> <li>• HVs should mainly be a medical resource</li> </ul> |
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