
0-19 HARROW HEALTH VISITING
&
SCHOOL NURSING SERVICES
CONSULTATION OUTCOMES REPORT

ACKNOWLEDGEMENTS

We would like to thank the 0-19 project group who participated in much of the engagement meetings and also Tara Curtis from the CCG who led on most of the engagement with young people. We would also like to thank those that helped to promote the questionnaire including the early years education team, health visiting, school nursing, midwifery, paediatric services at Northwick Park Hospital.

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2 EXECUTIVE SUMMARY

This report highlights some of the key findings following the consultation and engagement activity with key stakeholders and groups in the borough who work with and receive support from the current health visiting and school nursing service. This report aims to support the development of the 0-19 specification and to highlight some of the key issues that have been picked up from the ground and from front line services and service users in the borough.

2.1 18 KEY THEMES AND RECOMMENDATIONS

Key themes that have emerged from the consultations include:

1. To improve **data sharing** between professionals and systems e.g. cannot see CLA children and SEND but good links reported with early intervention and children's centres.
 2. Children in Need cases and **safeguarding cases have increased** in Harrow capacity to deal with this and also the public health messages / support to PSHE
 3. **Red-book used as the key tool for sharing information** for under-fives, suggestions to expand this for older children.
 4. **NCMP contact to be better** used for other health checks including oral health, vision, hearing and links to transition record for 4-5 year olds.
 5. Supporting vulnerable children works well but demand has increased. **Issues with roles and responsibilities** between school nursing and community nursing.
 6. **Key health concerns:** Asthma, mental health especially bullying shifted to digital, speech and language, occupational health, vision and hearing, support to special educational needs and disabilities.
 - a. **Referrals to CAMHS** thresholds are high so in response New - Like-minded service Barnardo's in Harrow take lower level 2.5 tier mental health referrals, 20 schools currently bought in
 - b. **Aware that obesity is an issue** but concerns over what to do next after NCMP carried out, nothing to refer / support
 - c. **Referrals to IAPT** for anyone needing mental health support including mothers with post natal depression
 7. **Key health promotion messages:** breastfeeding support, oral health, healthy eating, immunisations, healthy start vitamins, emotional wellbeing
 8. **Concerns over capacity** and role of health visitors and school nurses in CP meetings for 0-19 model. Currently 50% of CP meetings cancelled, school nurses not always informed.
 9. Referrals to service works well in most cases **but feedback from service does not always happen**
 10. **Lack of visibility** of service to families in Harrow. Better understanding from parents of what service provides, e.g. 6-8 week check with GP and HV, what a school nurse does
 11. **Well received and continuity of training from respiratory and diabetic nurses** for example. More training and encouraging joint professional development. 2 year old reviews and integrated working.
 12. **Increase in demand for support to families with language barriers** due to increase in number of families in the area from non-English speaking countries.
 13. **Improving transitions from early years to schools and from children to adults** (PVI's, early support hubs – links with data sharing)
 14. **Introduce standardised protocols** of different pathways and service agreements
 15. **Improve access and choice for service users to contact service**, face to face, telephone, online and social media
 16. **Support from schools for buy back** (as long as in advance and clear what universal service provides)
 17. **Better understanding of what the voluntary and community sector provide** e.g grass root organisations
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3 METHOD

A combination of qualitative and quantitative analysis was used primarily through

- Focus groups
- Survey for professionals
- Survey for service users
- 1:1 meeting with service areas

The engagement work was carried out by a team of people from public health who sit on the regular Health Visiting and School nursing steering group held regularly and chaired by public health. Two surveys were produced specifically tailored for professionals and service users. The surveys closed on the 19th March 2017 and were live for 5 weeks

4 RESULTS

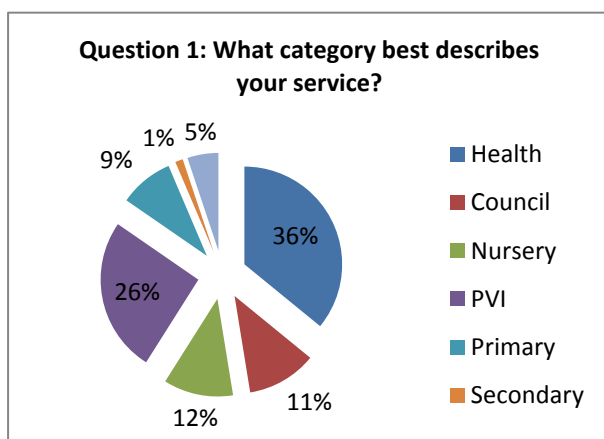
4.1 FOCUS GROUPS AND MEETINGS, HEADS OF SERVICE AND DIVISIONAL GROUPS

We held a total of 22 sessions including focus groups and 1:1 meetings. We engaged with key stakeholders from some of the most prominent groups covering public, private and voluntary sectors including parents, young people, heads of service, schools, colleges, disability groups, private sector childcare forums, listed in the chart below, details of groups engaged in Appendix 1.

Senco Forum	Early Years Strategy Group	Kids can Achieve	Breastfeeding peer support group
Young people user group 14-19	PVI and childminder forum	Children's centre parents group	Midwifery
Heads and directors meetings	Young carers Harrow	Primary and secondary schools	HASVO group
Stanmore college	Weald Rise - ESOL group	Afghan womens group	Safeguarding Forum

4.2 SURVEY RESPONDENTS

A total of 79 professionals and 15 service users responded to the questionnaires including online and hard copies sent back to us.



4.3 HOW SATISFIED ARE YOU WITH THE PARTNERSHIP WORKING BETWEEN YOUR SERVICE AND THE HEALTH VISITING SERVICE?

Results from the questionnaires show that there is a good working relationship between professionals in general, with the best relationships being amongst health professionals compared with the council staff. PVI's and Childminders also expressed that the relationship could be improved with the health visiting team.

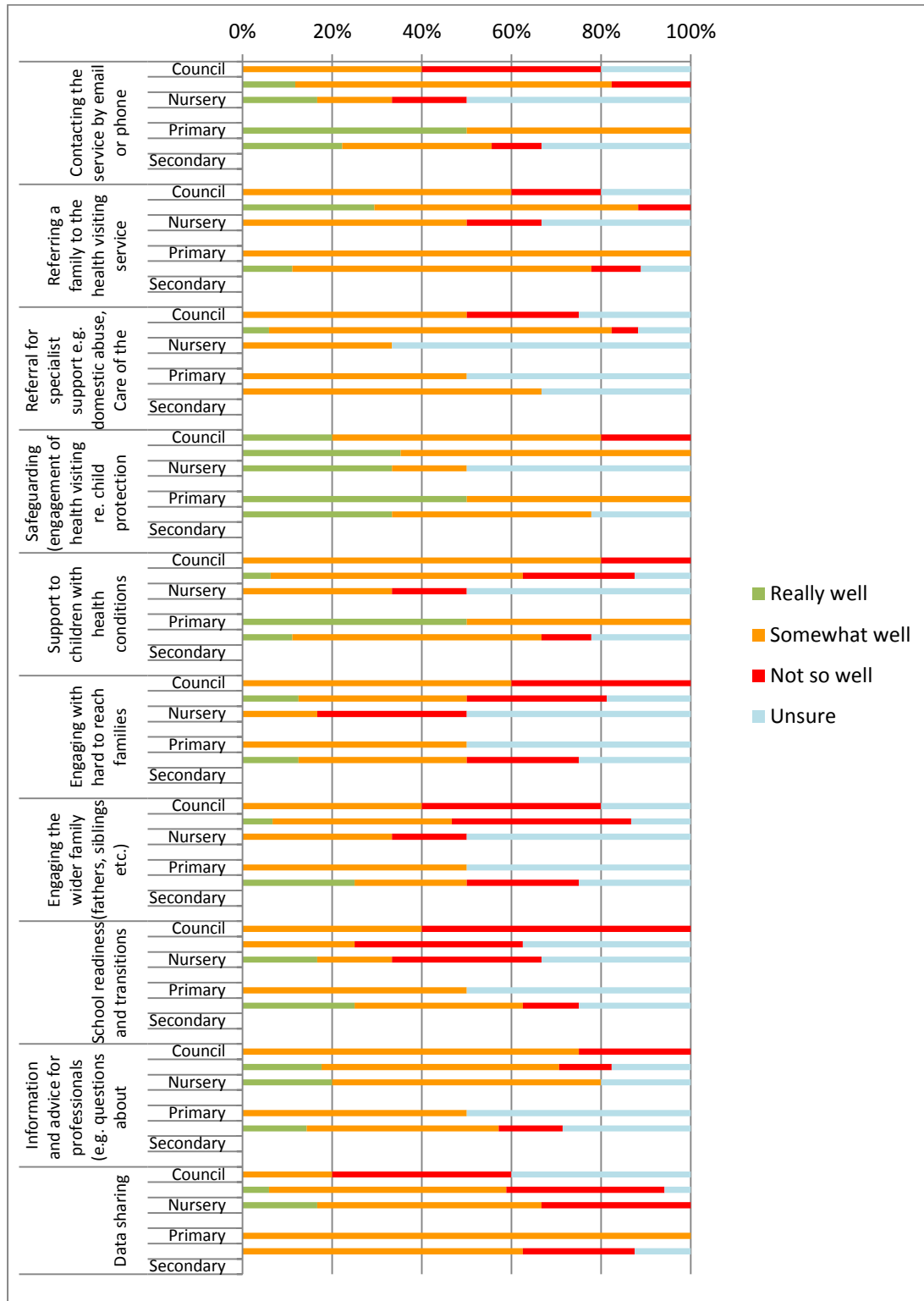
4.3.1 PROFESSIONAL KEY COMMENTS:

- Most areas would be supported better if information sharing pathways were improved - red tape at times stops effective identification of vulnerable groups. Also referrals into ES services need to be increased from HV's (*Council, survey comment*)
- Whilst lines of communication were discussed and negotiated between health visiting and early years, the emails that are being sent by our providers are for the most part not being responded to at all. (*Council, survey comment*)
- Health generally communication, seeking advice and referring families works well with the health visitors, as we have a specialist team of midwives who deal with safeguarding and vulnerable children (*Health midwives, survey response*)

4.3.2 SERVICE USER KEY COMMENTS:

- All parents' participants feel the Health visiting service is important and the service provided all that is needed for their children health and wellbeing. However, the service providers feel, "*Although they do an important role, I do not think they are visible*". (*Father, HASVO*)
 - All the participants shared the view that there is lack of information for the mother on how to cope with their new born (*new mothers especially*). They mentioned that the system belief Somali woman know how to cope with new born babies, however, things are not as thought and they struggle too. "*There is an assumption what Somali families know what to do but they do not know especially the new generation*" (*Mother, HASVO*)
 - "*Sometimes your alone just from hospital after a birth, struggle to feed the child, clean the baby and house, remember I have to eat and clean myself and the health visitor comes in, weighs the baby and record something in the red book, then folds her weighing machine and tell me you all right, have a good day. Without giving me a change to talk or ask questions. They do not reassure enough*" (*Mother HASVO*)
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4.4 CAN YOU TELL US HOW WELL THE DIFFERENT ASPECTS OF THE HEALTH VISITING SERVICE ARE WORKING FROM YOUR EXPERIENCE?



4.4.1 PROFESSIONAL KEY COMMENTS:

- Great response to urgent matters only (*Health, respondent not specified*)
- Service is stretched but responsive to referrals from us still not able to share info on EMISWEB (*Health*)

- 2 year integrated health check is a good system but doesn't work because it is often reliant on parents contacting the health visitor which doesn't happen and so when the child reaches a setting there is not the questionnaire that should have been complete (*PVI, survey*)
- We have been self-supportive but it would be more useful if health visitors made more contact with us so we can support each other in issues (*PVI, survey*)

4.4.2 SERVICE USER KEY COMMENTS:

Most parents knew who their health visitor was but only 3 out of the 15 parents knew how to contact them. And those who knew how to contact, 1 said she could not get access to somebody when they call. Few parents know who the school nurse is. Even though all the parents did not know who their school nurse was, they normally get information about their child through the teacher. They did say that when there is an issue they are tired of repeating themselves to different professionals.

- “The number is not accessible. I think there should be more resources in children’s centres. You learn more from children’s centres we have the buildings but they are not utilised properly. It is confusing there is no road map here you don’t know where to go compared with what is available in other countries. You would feel more comfortable in a children’s centre” (*Parent, HASVO*)
- “One mother explained that she got confused about the channel to seek help when health issue arises with her child, either to call emergency or the health visitor first. She said the health visitor blamed her for calling the A&E before let her know what the problem was. (*Parent, HASVO*)
- A father says schools are different, and his former school use to manage if the child had a small issue but recently he says he has been called many times to take his kid home as they are not feeling well. He suggests there should be some kind of supervision and accountabilities, for example, knowing how many times a kid was sent home. “Nobody oversees what is going on”

Parents are tired of explain the same health problem to different health centre for example, the health visiting clinic, GP’s, hospitals and A&E. They suggest even though they have right information on the Red book the information ought to be in the system as well, so that same information is not explained again and again, some mothers do not speak English and cannot find a translator every time they visit appointments.

4.4.3 PARENTS FEEDBACK FROM HEALTH VISITING VISITS:

Antenatal visit	New Birth visit	6-8 week	12 month	2-2 1/2 year review
<ul style="list-style-type: none"> •8 Parents were not seen around 28 weeks of pregnancy (antenatal) •1 was seen •1 was unsure 	<ul style="list-style-type: none"> •9 Parents were seen within 10 - 14 days •1 Parent was unsure 	<ul style="list-style-type: none"> •6 Parents were visited when the baby was 6-8 weeks old •2 Parents were seen by the GP •2 Parents was not seen 	<ul style="list-style-type: none"> •2 Parents were seen at the 9 – 12 month review •2 Parents were not seen at the 9 -12 month review •5 Parents babies were not old enough •1 parent was unsure 	<ul style="list-style-type: none"> •2 Parents were seen at the 2/2 ½ years review •1 Parent was seen at the 2/2 ½ years review •6 Parents babies were not old enough for 2/2 ½ years review •1 Parent was not sure •See comments below:

- 1 Parent got support from another source – Cedars Children Centre
- 1 Parent didn't think they needed the support from a Health Visitor
- 1 Parent had a poor experience with Health Visiting and didn't want to attend

Antenatal visit	New Birth visit	6-8 week	12 month	2-2 1/2 year review
<ul style="list-style-type: none"> •9 Parents found it not applicable for the 28 week of pregnancy visit •1 Parent found it not useful 	<ul style="list-style-type: none"> •7 Parents found it Really useful for a visit 10 – 14 days following the birth •1 Parent found it Not useful •2 Parents found it Somewhat useful 	<ul style="list-style-type: none"> •6 Parents found it Really useful for a visit at 6 -8 weeks old •2 Parents found it Somewhat useful •1 Parent found it Not applicable •1 Parent found it Not useful 	<ul style="list-style-type: none"> •1 Parent found it Really useful at the child's 9 - 12 month review •1 Parent found it Somewhat useful •8 Parents found it Not applicable 	<ul style="list-style-type: none"> •1 Parent found it Really useful at the child's 2/2 ½ years review •1 Parent found it Somewhat useful •8 Parents found it Not applicable

Parents at the HASVO group said they did not have both fourth and fifth appointments said, they didn't know about all of the visits as there were no proper information and follow ups. They mentioned since there was no follow ups and reminders of the appointments they tend to forget and sometimes think that's it after the first few visits. *"In Sweden it was really good, when the child is 4 they have a test and look at the child's development. They know if the child needs help. Here that does not happen it is too late. Between 2.5 and 5 there is a big gap and they could do something. There needs to be more clarity with the parents as to what the mandatory areas are as we do not know". (Father, HASVO)*



8 Parents found the telephone number Really useful, 1 Parent found it not applicable, 1 Parent found it Somewhat useful. 9 parents were happy with the booking system for these visits. 1 Parent was not happy with the booking system – (Appointment was booked and then received a call to change the appointment. I wasn't spoken to very well.)



8 Parents found the home visits Really useful, 1 Parent it Somewhat useful, 1 Parent found it Not useful.



3 Parents wanted drop in visits
 2 Parents liked the idea of an online assessment
 2 Parents thought there should be less visits
 0 Parents thought there should be more drop in sessions
 2 Parents wanted named specialist health visitors for each topic and to contact them when there is an issue

8 Parents thought the Red book being online is a good idea (but also wanted a physical book in case it is lost)
 1 Parent wanted a single information leaflet (all the other parents said they received that)
 1 Parent wanted flexible appointments at evenings and weekends
 7 Parents thought using Skype to contact a health visitor is a good idea
 5 Parents thought more home visits in their own environment is a good idea
 5 Parents accessed a specialist HV for breast feeding

4.4.4 YOUNG PEOPLE'S VIEWS OF SCHOOL NURSING:

4.4.4.1 WHEN YOUNG PEOPLE WERE ASKED WHETHER THEY KNOW WHO THE SCHOOL NURSE IS:

- 1 responded they knew who they were and how to contact them
- 1 responded that they did not know who the school nurse was but knew how to contact them if needed.
- 1 responded they did not know who my school nurse is and I don't know how to contact the service for support (I wasn't aware that the service was available to me)

4.4.4.2 WHEN ASKED WHAT THEY THOUGHT THE MAIN ROLE OF THE SCHOOL NURSE WAS:

- 1 Young Person wrote that the role of a School Nurse is for emergencies only.
- 1 Young Person said if you feel unwell, fall over or have a panic attack.
- 3 Young People said the School Nurse is to provide medical help, first aid and other needs for students.
- 2 Young Person said to help and support people when they are in need.
- 1 young Person said to lesson pain, discomfort and look after people in need.

4.4.4.3 WHEN ASKED WHAT WOULD THEY FIND MOST USEFUL FROM THE SCHOOL NURSING SERVICE THEY RESPONDED:

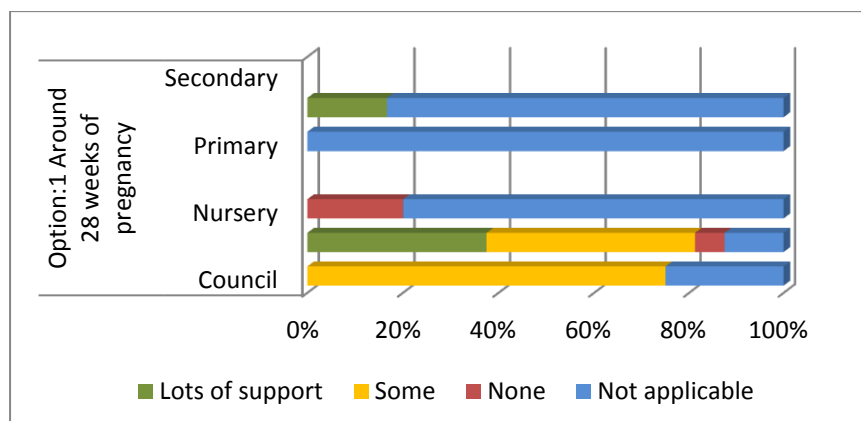
- Most said to support children with long term conditions like diabetes or epilepsy.
- Some said they would be useful for drop in sessions

4.4.4.4 WHEN PARENTS WERE ASKED WHAT THEY WOULD FIND HELPFUL FROM A SCHOOL NURSING SERVICE THEY RESPONDED:

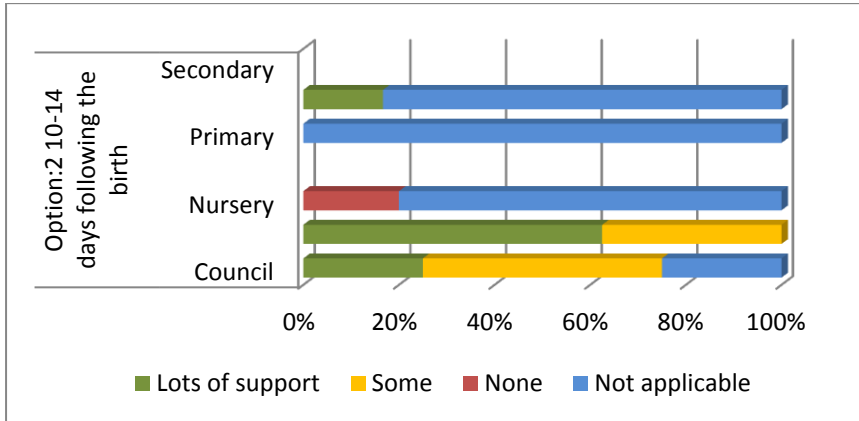
The school nurse would be useful in promoting Oral health (Universal), mental and emotional health (Targeted), Healthy eating, Physical activity, Relationships and Sexual health and puberty talks, Smoking, Drug and alcohol, Personalised service, Weight management after healthy weight letter in reception and year 6, Supporting children with long term conditions (e.g. diabetes, asthma), Drop in clinics, and Identifying health needs and referring to specialist services (e.g. CAMHS, drug and alcohol, sexual health, vision, hearing (Parent groups, HASVO, Cedars))

4.5 WHAT SUPPORT DOES YOUR SERVICE/ ORGANISATION PROVIDE TO FAMILIES?

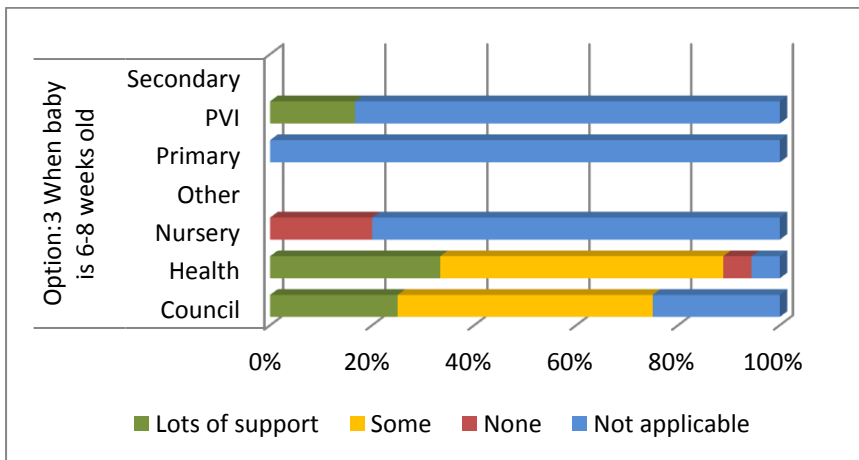
4.5.1 ANTENATAL



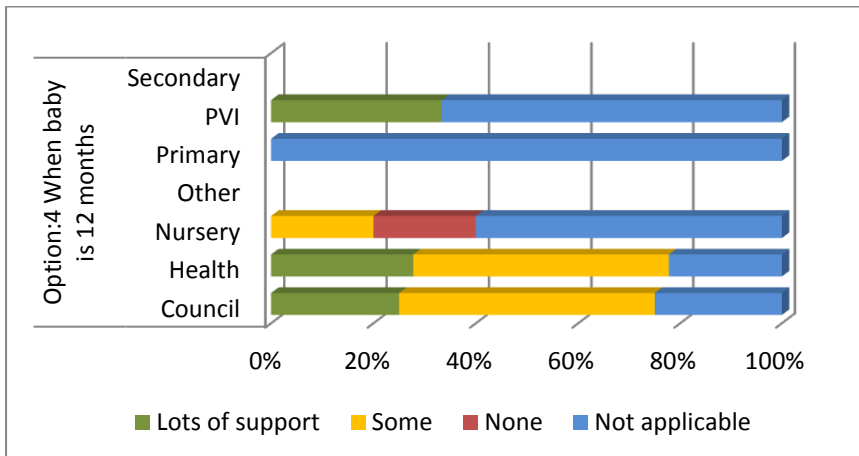
4.5.2 NEW BIRTH



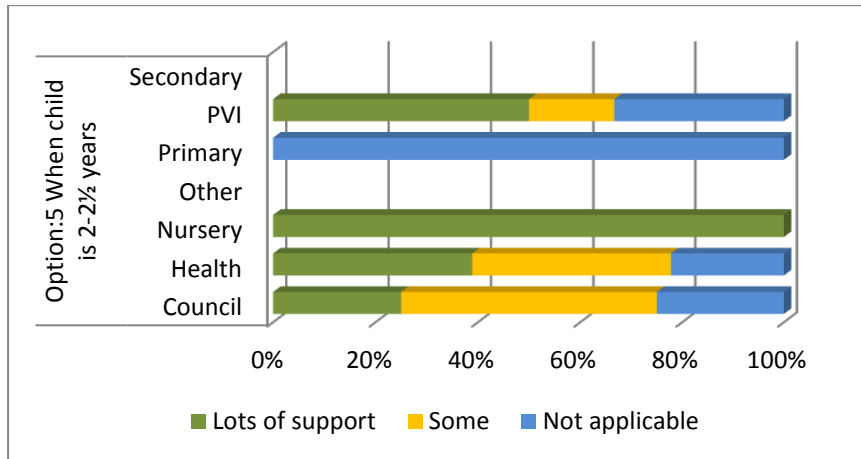
4.5.3 6-8 WEEKS



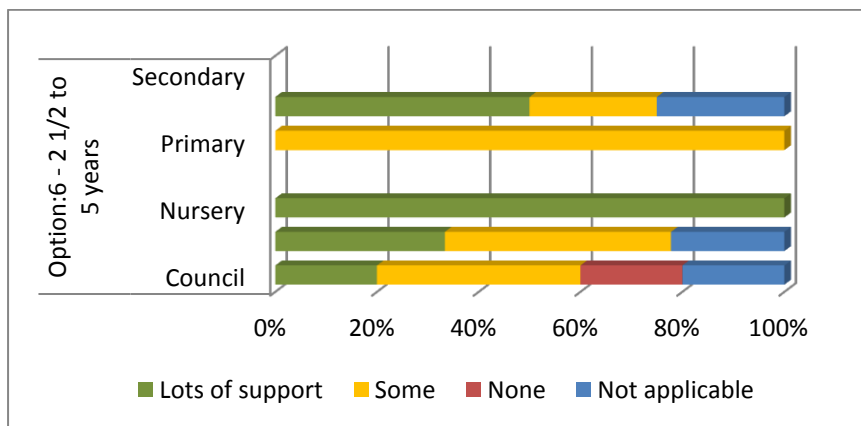
4.5.4 12 MONTHS



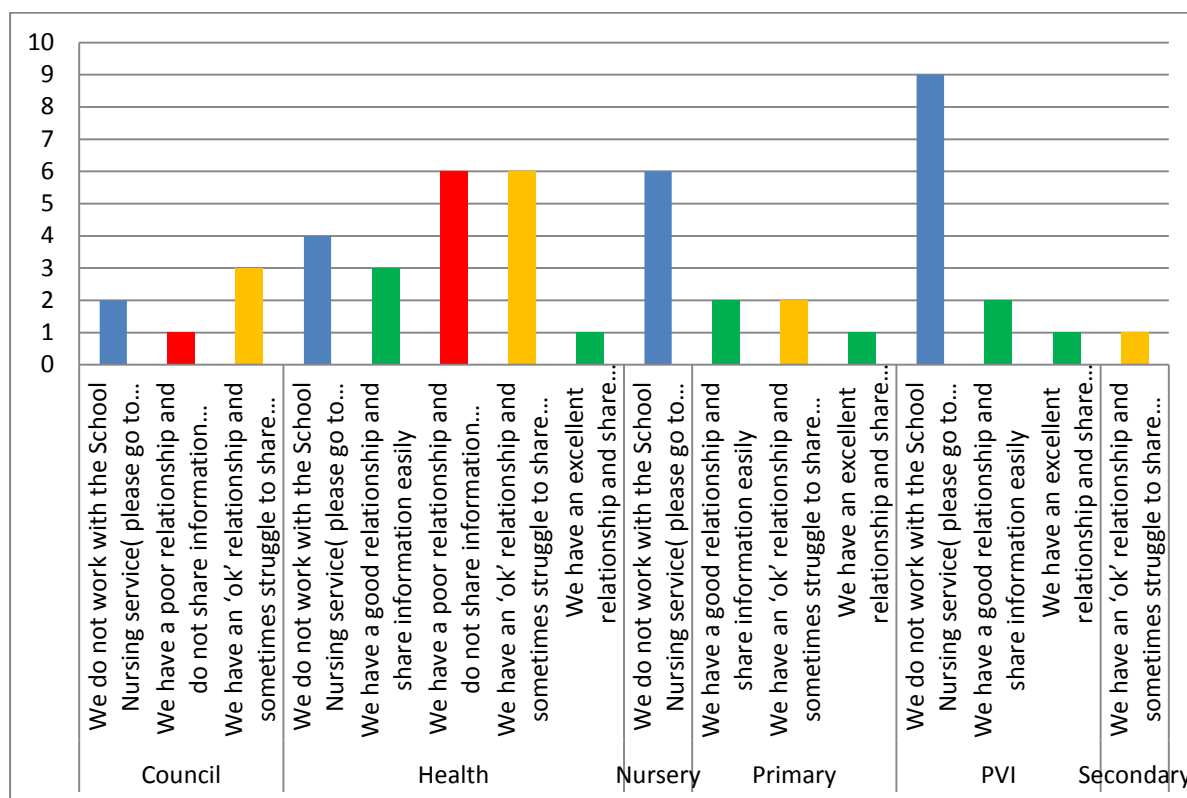
4.5.5 2 – 2 ½ YEARS



4.5.6 2 ½ - 5 YEARS



4.6 HOW SATISFIED ARE YOU WITH THE PARTNERSHIP BETWEEN YOUR DEPARTMENT AND THE SCHOOL NURSE/NURSING SERVICE?



Survey results that there health are the least satisfied with the relationship with the school nursing service as shown in the red bar compared with the green bar in the same sector.. The council have also stated that they do not share information easily. The PVI sector state that they do not have a relationship with the school nursing service.

4.6.1 COMMENTS:

- Providers attempt to share transition information which is not easily communicated or responded to (Council, survey)
- No routine sharing. Useful when there has been a one-to-one query (Health, Survey) Regular meetings would help meet other professionals and share information as we do with the HV (Health, survey)
- The school nursing service is a valuable service within children's community. We really value them (Health, survey)
- The school nursing team has been decimated to minimal, minimal support in Special schools. (Health, survey)
- The biggest hurdle is any gap between the tenure of one nurse ending and another starting. (Primary school, survey)

4.7 SCHOOL VIEWS OF SCHOOL NURSING SERVICE

4.7.1 WHEN ASKED HOW WELL THE SCHOOL NURSING SERVICE WAS WORKING

- The schools felt that they were receiving a really good service from the school nurses. They are able to give advice to the staff and support in meetings to bridge the gap between the school and health professionals. One school also said that they can bridge the gap sensitively with the parents.

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- Contacting the school nursing service worked well by phone.
 - Referring a young person to the service was also easy a couple of schools said that it is not as good as it use to be, sometimes nurses are not available.
 - Support with safeguarding although they feel a lot of time is spent doing this
 - Supporting children with long term health conditions was also going really well.
 - Engaging with the wider families not so well.
 - 3 high schools felt that the school nurses did not support PSHE lessons

4.7.2 WHEN ASKED ABOUT THE SUPPORT THE SCHOOL PROVIDES FOR STUDENTS

- Oral health – None of the high schools have anything in place for oral health. Primary schools have had visits from the oral health promoter but apart from this nothing else.
- Mental and emotional health – Buy in support through a counsellor and educational psychologists or link with WISH a charity. None of these schools have bought into the new CAMHS service
- Healthy eating – PHSE and canteen.
- Physical activity – part of curriculum
- Relationships and sexual health and puberty talks – invite into assemblies drama groups this works well.
- Smoking and illicit substances – COMPASS go in, attend parents evenings, have protocols in place
- Two schools said that they struggle to get a school nurse and not always available.

4.7.3 OTHER COMMENTS:

- Although they are able to support referring to CAMHS it takes a long time to get feedback from the CAMHS service. They feel that there is a gap to support with mental health. There is a perceived increase in mental health issues and difficult for those schools that do not have a school counsellor. Self harm, anxiety, panic attacks getting worse and under reported.
 - Many of the students go to see the school nurse because they are unable to see their GP or make an appointment.
 - Some of the things they go to see the school nurse about (Nower Hill) problems with periods, skin, a few with asthma. School nurse feels that there is poor nutrition, some come in with stomach problems and say they cannot eat breakfast because it makes them feel sick. They choose not to eat and so come in to school hungry.
 - One school currently has 3 haemophiliacs; factor 8 is kept at the school. They feel they are able to manage this through the medicine management policy.
 - A case study of a student who was morbidly obese but was supported by the school nurse and student looked forward to being weighted as he managed his weight loss.
 - The schools felt that school nurses are really important as they are like an outsider, separate from the school where they are able to talk about things that they are not able to talk about with their teachers. Consistency is important as students start to trust the school nurse and able to disclose what they need. Face to face is very important and shouldn't be replaced by online as there is a lot of online support already.
 - *"Height and weight done and the flu nasal spray is also done. Regular contact with the school nurse. Able to provide the list of children so that when they turn up they are able to do NCMP. This works well. There is a questionnaire for children that start reception, then the letter informing about the flu nasal spray. We do as much as we can to inform the parents but sometimes the letters do not get to the parents they end up staying in the child's bag. We have coffee mornings and also a news letter that goes out to the parents"*
 - *"Children are coming to school still in nappies. Maybe a nurse can come in to talk about some of the things that they need to be ready. There are language barriers, they try to communicate with the*
-

parents and have people that speak different languages. Romanian, Indian, Hindi are covered but not all languages. Sometimes another child can explain”

- “We attended a one day course on Asthma which was really helpful. The children are going to school asking for inhalers. Parents to be involved and also link in for children that have LTH conditions. One of the major concerns are around asthma – children do not know how to use the inhaler properly. Parents need to be involved. Children think that welfare are doctors and nurses but they are not. The first port of call sometimes A&E. Maybe a parents session, not much support from parents they are ‘not bothered’ poor parent engagement despite the school trying. (Weald Rise primary school)

4.7.4 WHEN ASKED WHETHER THE SCHOOL WOULD PURCHASE ADDITIONAL SERVICES FROM THE COMMISSIONED SERVICE THE OVERALL ANSWER FROM ALL SCHOOLS WAS YES BUT IT:

- Depends what it is
- Needs to be clear and effective and thought of a year in advance when schools plan their budgets
- When asked whether there are any areas they would like to see being developed further:
- School nurse drop in for parents
- Face to face is important
- Link the nurses to attendance officers for those who have poor attendance

4.7.5 WHEN ASKED WHAT THE THREE THINGS SHOULD BE CONSIDERED:

- Mental health
- Child protection and safeguarding support
- Better engagements with parents

4.7.6 WHEN ASKED WHAT OPPORTUNITIES DO YOU THINK THE 0-19 SERVICE WILL BRING

- Consistency will increase - positive
- Transition from primary to secondary school – positive
- Skills set for workforce delivering 0-19 how will that work – negative

4.7.7 SCHOOL NURSES VIEWS:

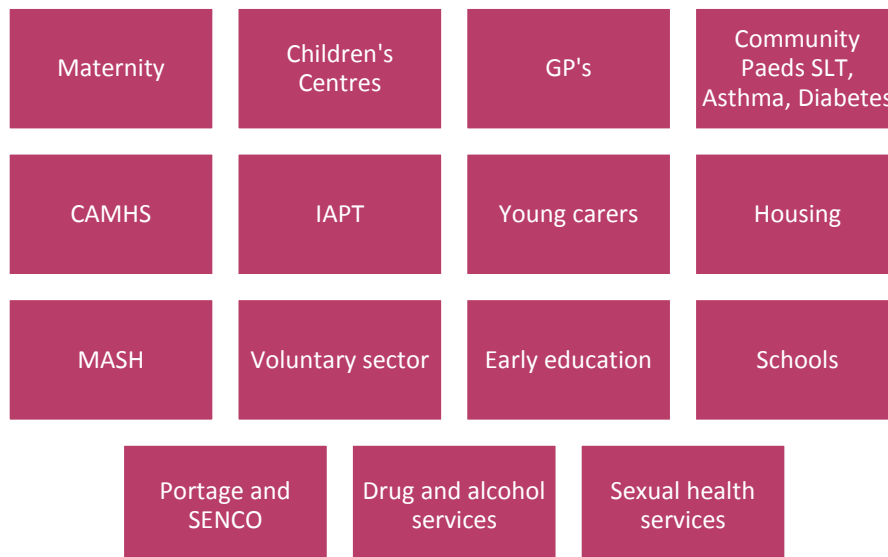
- The team feel that they pull together on a day to day basis and have a diary to organise their time.
 - Feel that the 0-19 will create stronger links
 - **Child protection case conferences take up a lot of time sometimes they are cancelled at short notice and this wastes time (mentioned several times)**
 - **Question from nurses: what do we want the role to be about is it health promotion or supporting those with special needs. Number of CIN have gone up and this takes up SNs time. 50% of meetings are cancelled for CP meetings.**
 - Issues with System 1.
 - Concerns about the skill mix for the 0-19 does this mean adjusting JDs? Would this mean a public health nurse that covers 0-19 years? Would be good to have specialist posts to cover oral health breastfeeding etc.? Training needed.
 - Issues with transitions for children attending school including potty training.
 - Dental health, puberty talks, bullying has shifted to digital something to be done about this, obesity but nothing to refer to.
 - Big issue with Asthma, training and continuity of training and link with respiratory nurses at NPH. Would be useful to have a standard protocol of the different pathways.
 - Would be useful to have acute information from hospital – mention of Symphony pulling together of information on children to aide communication.
 - Information sharing – E Red book would be good and utilising for over 5s?
 - Access to resources for those that are hard to reach. Tooth brushes for example for oral health
-

- HENRY training useful although nothing to refer children to that have been measured through NCMP, just a level one intervention on healthy eating, promote change for life resources
- Mental health support is essential and access to CAMHS.
- School nurse support with Epipen and epilepsy training
- All schools have medicine management policy since DfE introduced this.
- SNs work with safeguarding teams mainly not with whole school
- Laurie Ward (NHSE) is a school nurse who is doing some work on immunisations for LAC. MASH team requests works well but the nurse is from LNWHIT not CLCH so there are some issues with data
- Spend a lot of time on child protection and safeguarding and not enough on health promotion
- The medicine management policy for schools, 2014 does not define the role of the school nurse in terms of who leads and is responsible for the child's medicine management
- Work well with asthma and diabetes nurses at NPH. Find they pick up some of the community nursing responsibilities the roles to be more defined.
- Receive the A&E list but not filtered so that those that do not need to be looked at in more detail are marked. It is important that they know who they are though in case they have attended other hospitals so that they are aware and can cross check.

4.7.8 HEALTH PROMOTION ACTIVITIES CARRIED OUT BY SCHOOL NURSING SERVICE:

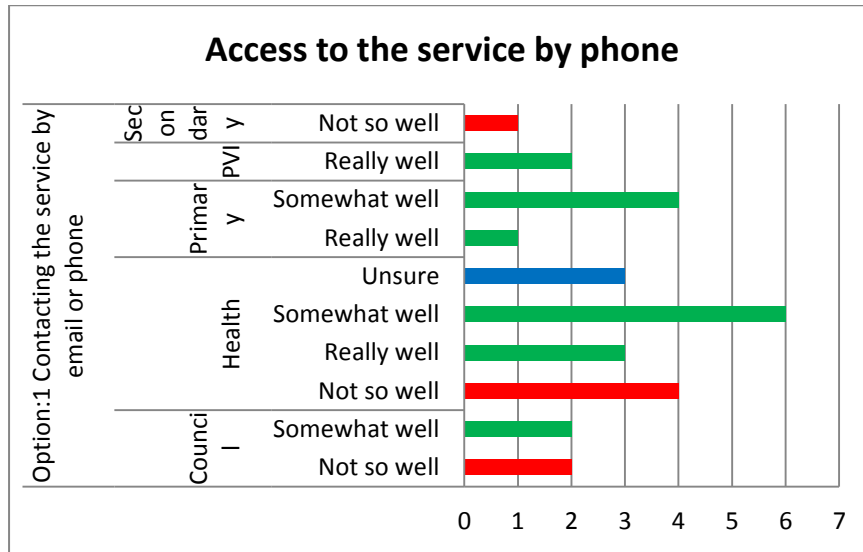
- Oral health
- Healthy start vitamins
- Training activities – e.g. Henry

4.7.9 PATHWAYS TO SERVICES MOST COMMONLY USED BY BOTH HEALTH VISITING AND SCHOOL NURSING SERVICE:

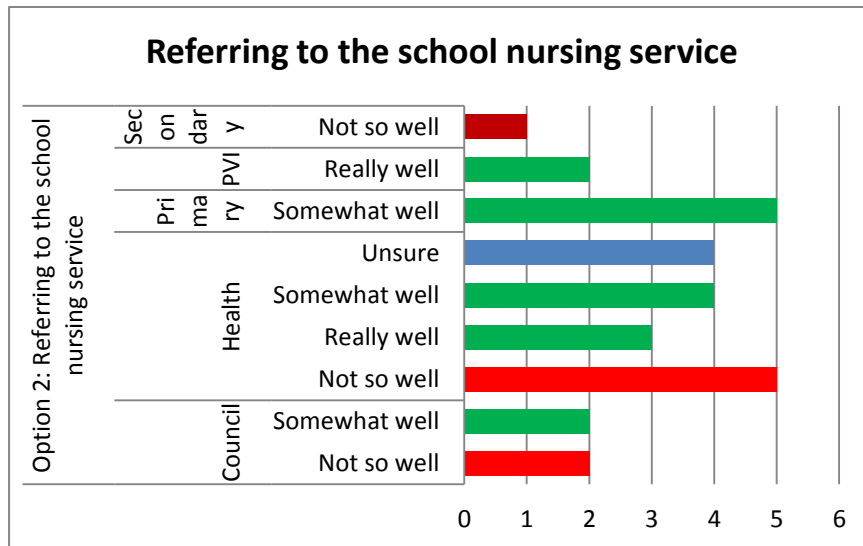


4.8 HOW WELL IS THE SCHOOL NURSING SERVICE WORKING FROM A PROFESSIONALS VIEW

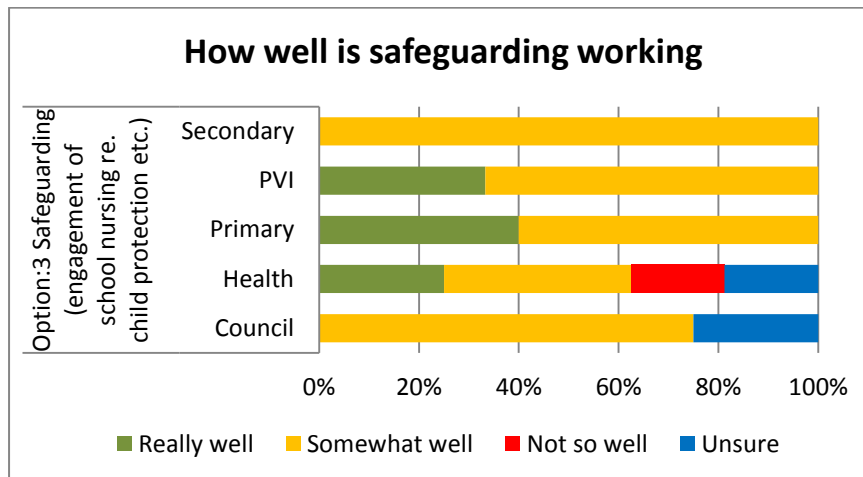
4.8.1 ACCESS TO SERVICE BY PHONE



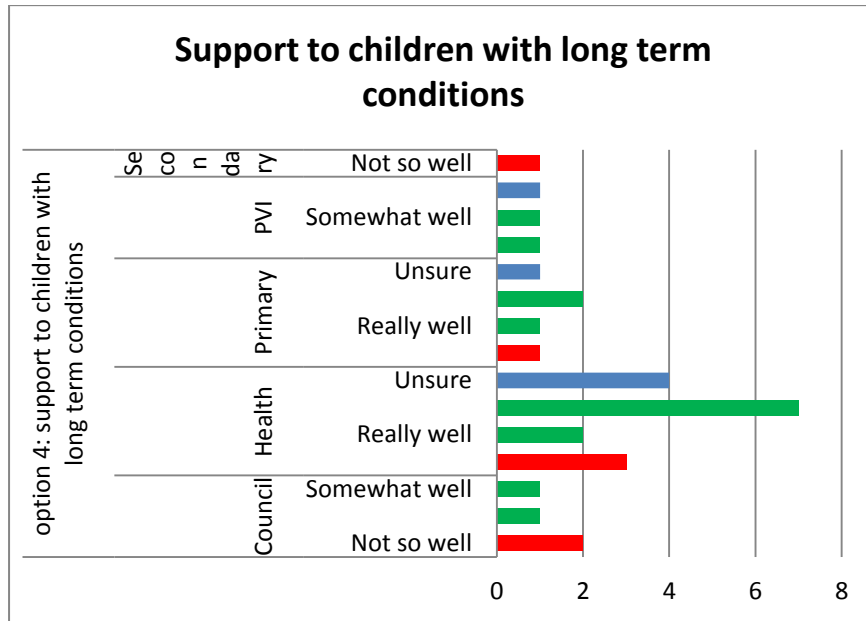
4.8.2 REFERRING TO THE SCHOOL NURSING SERVICE



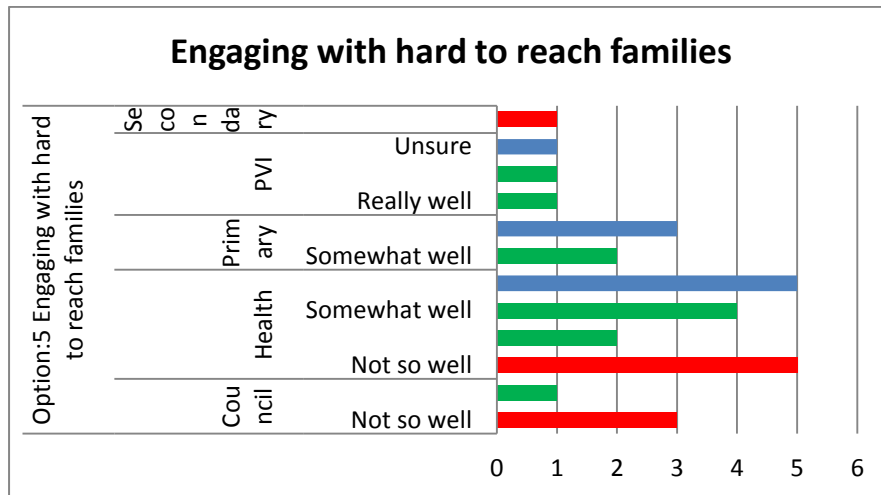
4.8.3 SAFEGUARDING



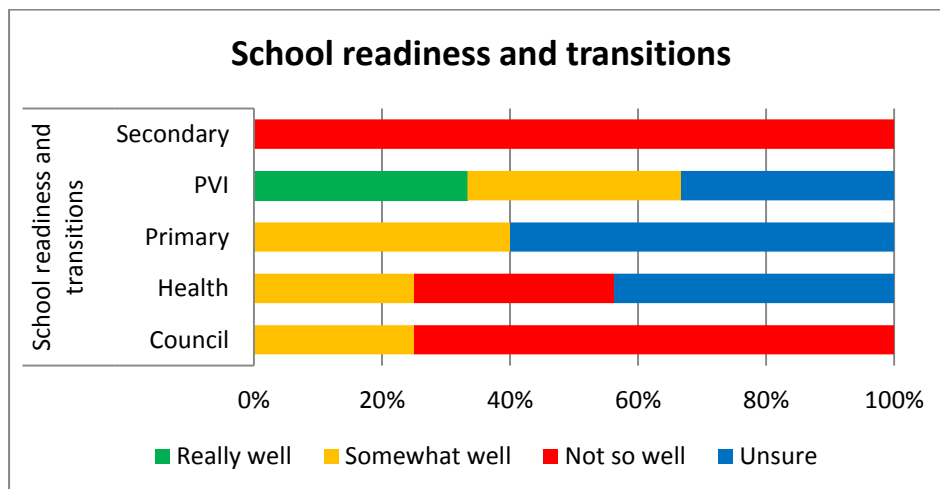
4.8.4 SUPPORTING CHILDREN WITH LONG TERM CONDITIONS



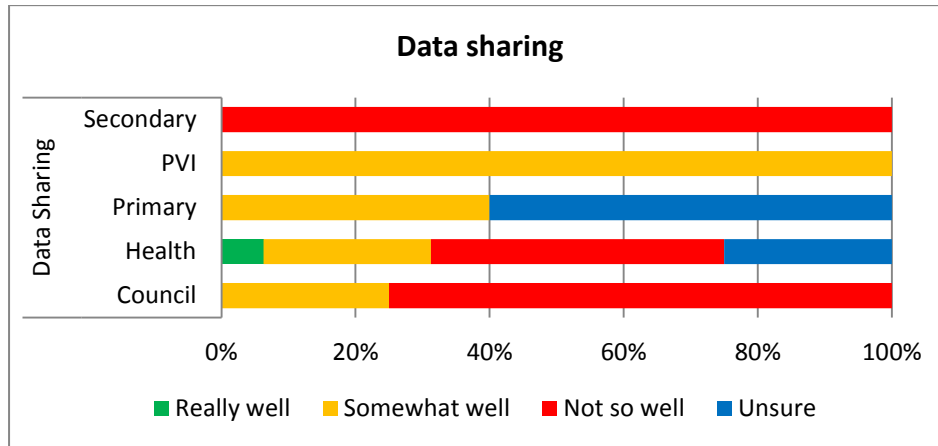
4.8.5 ENGAGING WITH HARD TO REACH FAMILIES



4.8.6 SCHOOL READINESS AND TRANSITIONS

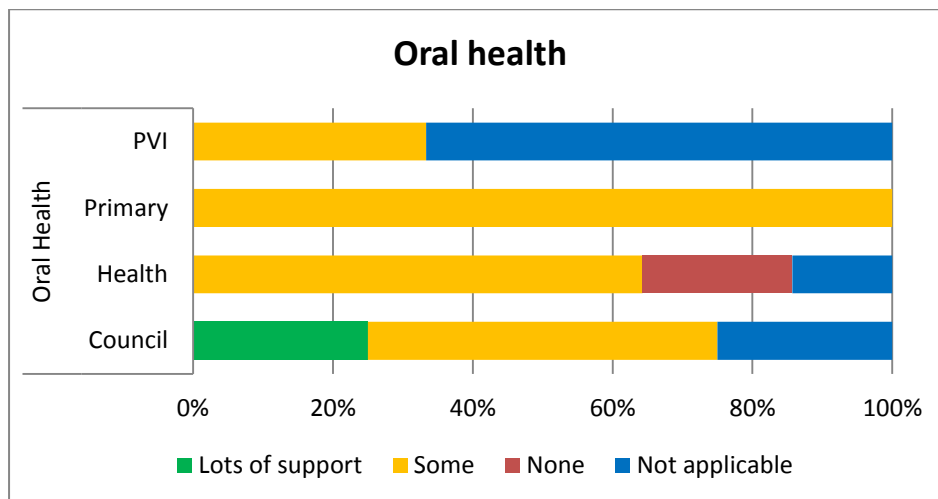


4.8.7 DATA SHARING



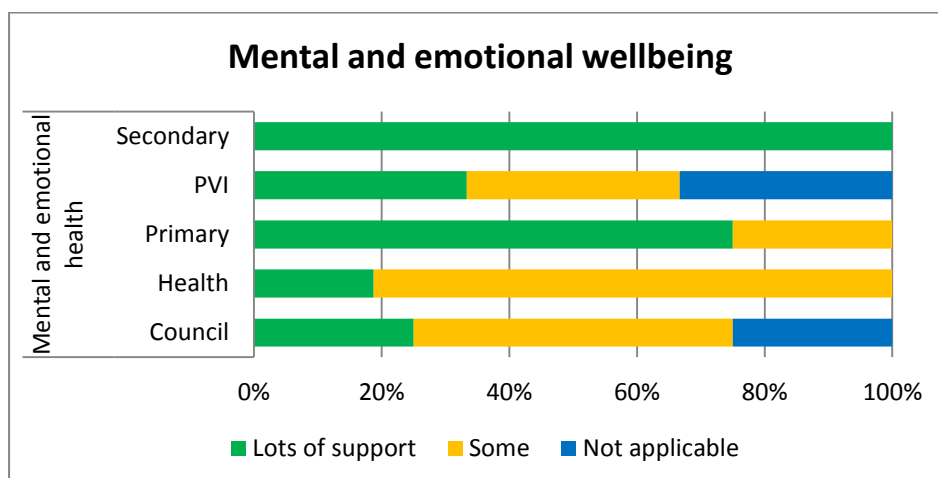
4.9 WHAT SUPPORT DOES YOUR ORGANISATION PROVIDE FOR CHILDREN 5-19

4.9.1 ORAL HEALTH



Brush for life packs are given out, very useful way of promoting oral health in schools. Problems with oral health. Nothing done apart from the oral health promotion from PH. (**Primary school**)

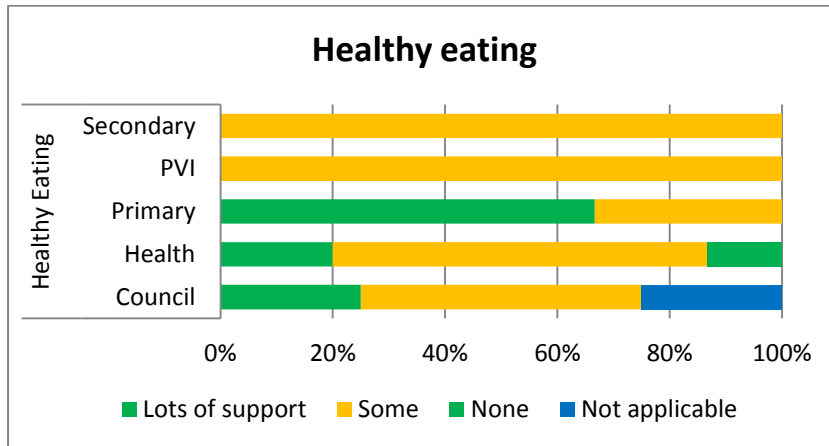
4.9.2 MENTAL HEALTH



If there are problems then the SENCO or safeguarding on the case straight away. The Educational psychologists are also available. Morning clubs and after school clubs available for children that are late to

get them in early on time. There are some people that come in that do stories and activities, also a theatre group that come in (**primary school**)

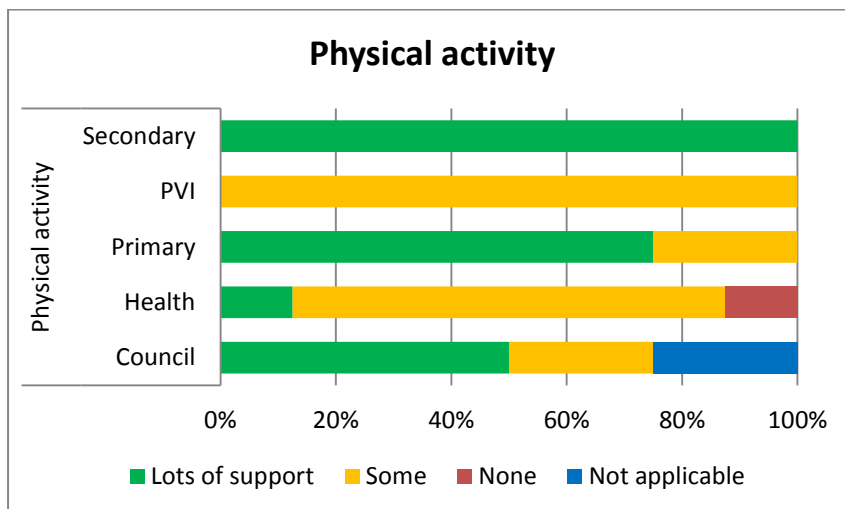
4.9.3 HEALTHY EATING



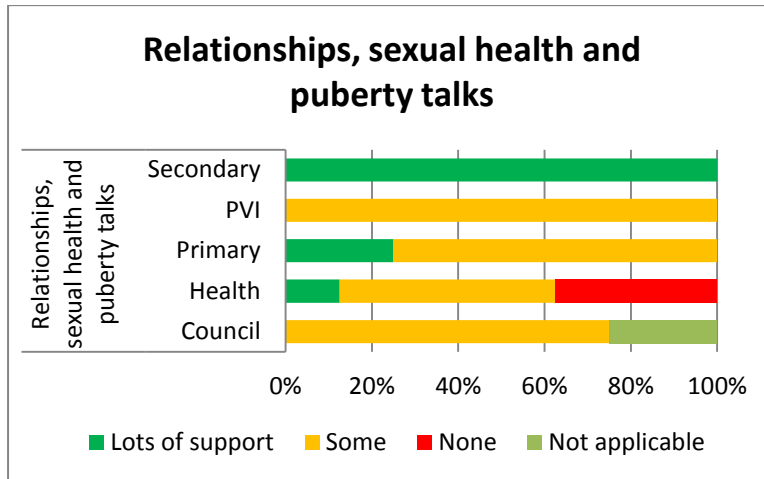
Up until year 2 the children are given fruit. Nursery have milk every day. We still get chocolate biscuits and crisps. No fizzy drinks. Alternatives are given. A child who is quite hyper had oreos, yoghurt, chocolate etc., as head dinner lady I check lunch boxes and tell teacher to speak to the parent about this.

Dieticians attended last year coffee morning. Parents that attended were very interested. I think it would be useful for someone to come in to talk about healthy eating at coffee morning. We do send the change for life information to all the parents. (**Primary school**)

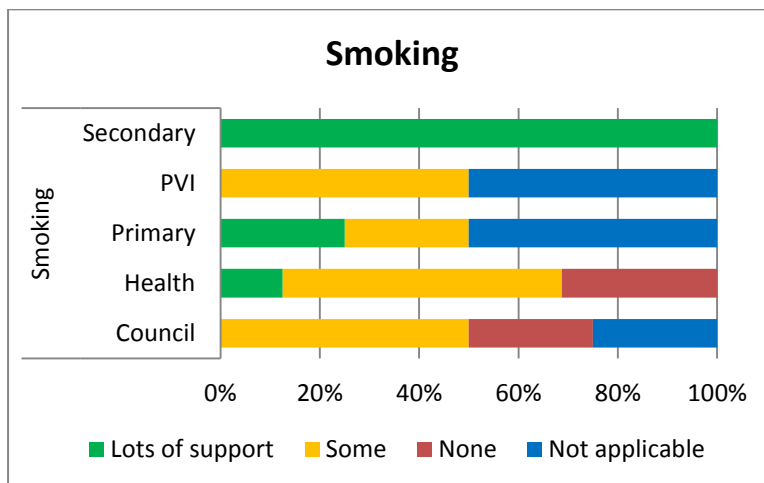
4.9.4 PHYSICAL ACTIVITY



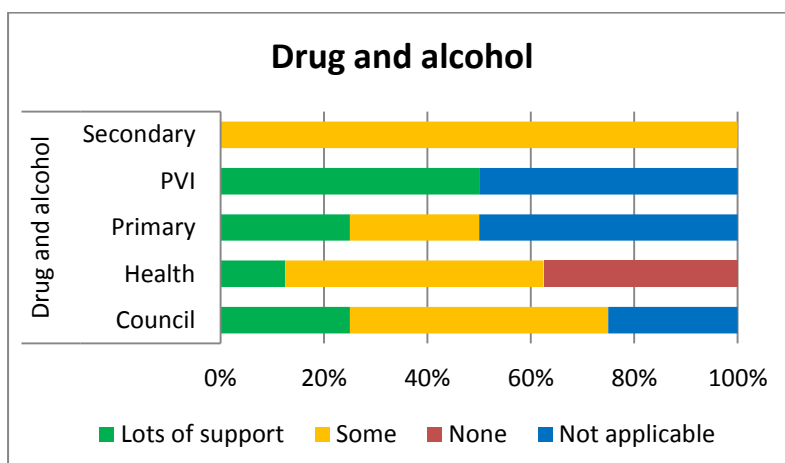
4.9.5 RELATIONSHIPS, SEXUAL HEALTH AND PUBERTY TALKS



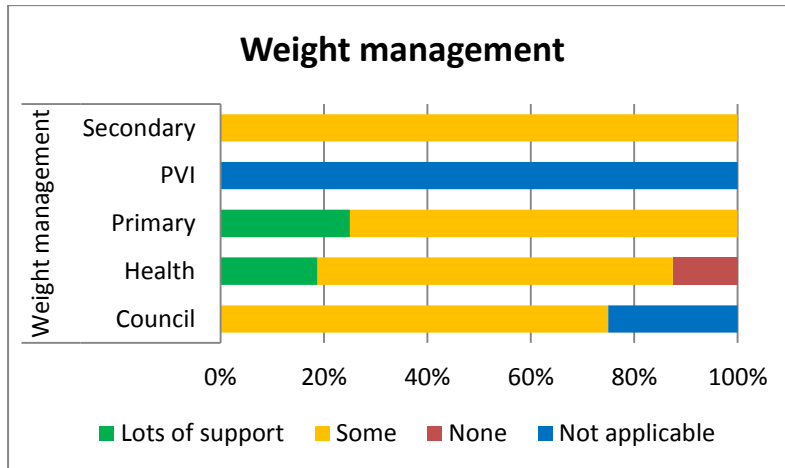
4.9.6 SMOKING



4.9.7 DRUG AND ALCOHOL



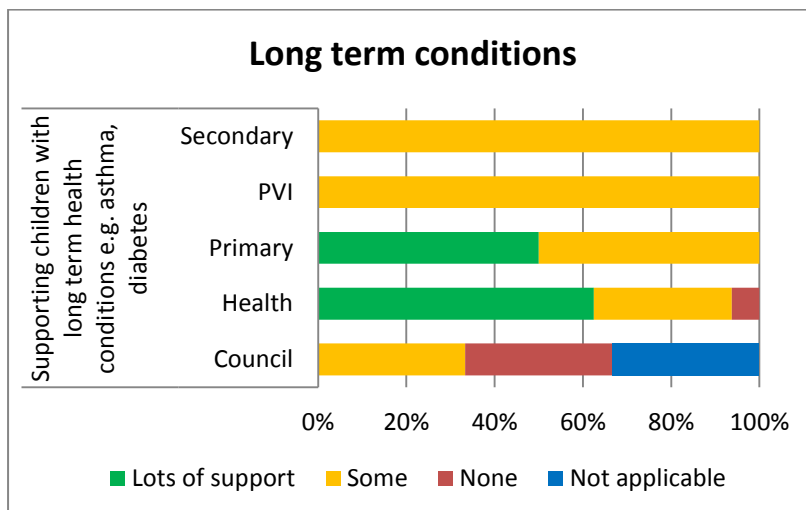
4.9.8 WEIGHT MANAGEMENT



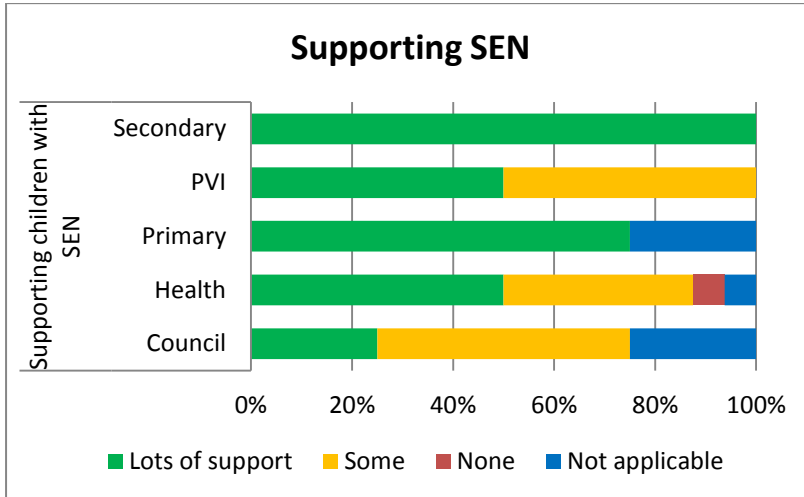
4.9.8.1 NCMP EXPERIENCE FROM A PARENT

- Schools did this for my daughter and said that there was a borderline overweight. There was no conversation and left it at that.
- My daughter became blind at the age of 6. It seems that it does not go any further. It was never followed up. Was on cortisone and gained weight and this showed up at the NCMP. Every year had to repeat the same things and what her condition was. The primary school blamed me as she was not speaking properly because she had a hearing problem. Why is there no files about my child and why don't they come prepared if there is information there already.

4.9.9 LONG TERM CONDITIONS



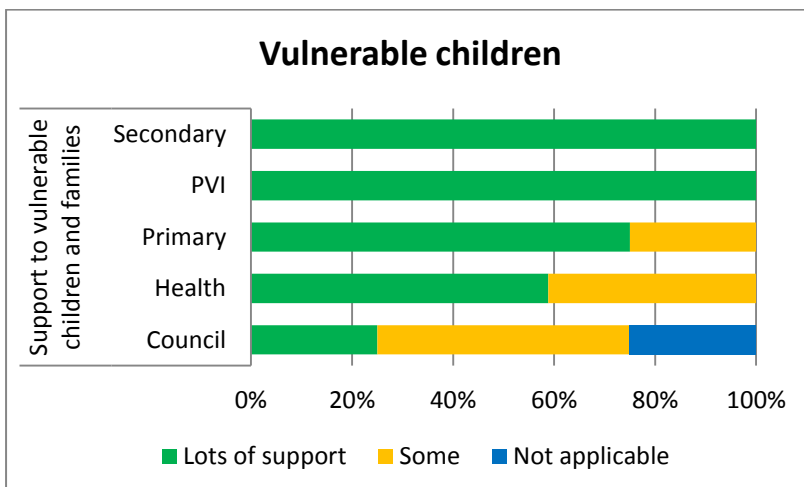
4.9.10 SUPPORTING SEN



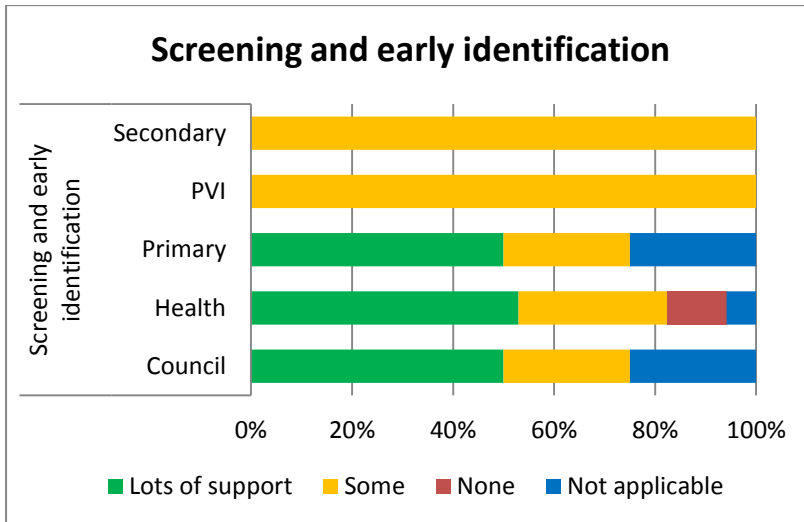
4.9.11 EXPERIENCE OF A CHILD WITH SPECIAL NEEDS

- A mother with an autistic child explains that her child was not diagnosed early enough due to misinformation. She had to explain the condition of the child every time she visited a health centre. Until she asked for a consultant to diagnose what the problem was.
- “One of my children (of four) has autism and had issues getting proper diagnosis. Depends on the school and where you go. When you need assistance it depends on how good the GP is. “There are lots of professionals in schools but the parents do not know”.
- A father suggests, “You can only get what you want when you fight the system, some mothers don’t speak English and they will go with what they are told at the first instance”.
- I had a case with a child that had headaches. Spoke to the mum and said that I was concerned. Suggested to take to the opticians. Child was 7 years old and ended up needing glasses. If we are doing height and weight and oral health why not the sight and hearing as this particular child may have had the problem for some time but it was not picked up earlier. A health check for children that start school would be good. (Primary school)

4.10 VULNERABLE CHILDREN

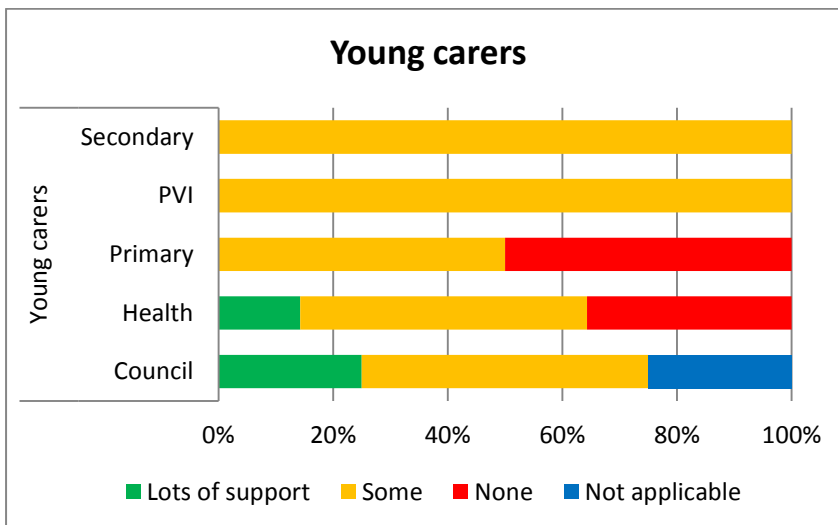


4.10.1 SCREENING AND EARLY IDENTIFICATION



I had a case with a child that had headaches. Spoke to the mum and said that I was concerned. Suggested to take to the opticians. Child was 7 years old and ended up needing glasses. If we are doing height and weight and oral health why not the sight and hearing as this particular child may have had the problem for some time but it was not picked up earlier. A health check for children that start school would be good. **(Primary school)**

4.10.2 YOUNG CARERS



4.10.3 WHAT ADDITIONAL SERVICES DOES YOUR SCHOOL BUY IN TO SUPPORT CHILDREN WITH ADDITIONAL OR COMPLEX NEEDS?

There is a mixed bag of support that schools buy in, depending on need and what is available mainstream e.g: Play therapist / Educational Psychology/ SALT/OT

“We buy provision from a play therapist and from educational psychologists. We have bought in music therapy” (Primary school)

“We use our own budget to provide a mentoring team and qualified counsellor” (Secondary school)

4.10.4 IF THE 0-19 SERVICE DID NOT MEET ALL OF YOUR SCHOOL'S REQUIREMENTS WOULD YOU CONSIDER PURCHASING ADDITIONAL SERVICES FROM THE COMMISSIONED SERVICE?

Most schools that responded to the survey and when asked at the focus group agreed that they would consider purchasing from the commissioned service but this would be dependent on budgets and timings.

4.11 THINGS SHOULD WE CONSIDER WHEN COMMISSIONING THE NEW 0-19 SERVICE?" (21 RESPONSES OUT OF 78)

4.11.1 COUNCIL VIEWS

- Data sharing and referral pathways and services by school nurses in the community
- Feedback from nurseries is that although 2 year review is completed by nurseries, ASQ's are not always completed by health. Surely this is a hand in hand review
- We don't feel confident enough or professional in areas like dental, feeding, weight issues because we don't have the home connection to know the whole story and if health visitors are more involved with us jointly then we could talk to parent together as We would like to see a greater completion level by health visitors of their ASQ3 checks at 2&1/2. We would also hope that subsequent to feedback, that the HV teams in Harrow are encouraged to feedback to providers making referrals, for whatever reasons

4.11.2 HEALTH VIEWS

- More varied caseloads and integrated working
- Information sharing
- Excellent opportunity to bring coordinated approach for CYP families and to improve information sharing , services and ultimately outcomes for CYP
- At the moment health visiting is a 'tick box exercise'. We do not have the time or resources to facilitate health promotion. We have highly vulnerable caseloads and are not able to access the wider community. Better partnership working with health services who work within schools at all levels
- Targeted support for CYP with long term conditions and complex needs.
- Appropriate nursing support for CYP in special schools
- Better relationships between 'community' workers to allow training between different specialities and communication
- Early identification of developmental delay
- In being more proactive in chasing/case finding vaccine non-attenders or defaulters
- School nurse and health visiting team working together and sharing information and maybe school nursing team attending once a month meeting with GP to discuss any children on safeguarding register and just general update on registered children
- Specific referral form, Email referrals not fax, An acknowledgment of referral, A reply within one week at least then progress updates. When discharged from service let us know !
- The interface and communication is crucial - the feedback mutually about cases To explore the probability of joint meetings with HV and midwives as practical

4.11.3 SCHOOL VIEWS

- Increasing links between health visitors and nurseries
 - Working more closely with families in supporting parenting, behaviour, diet and sleep
 - Links with health visitors and nurseries
 - Support for special needs schools. We feel there should be a dedicated nurse for the MLD schools in Harrow, with an understanding of the range of needs of the pupils within those schools. We feel that nurse needs to build an established and close relation
 - Closer working relationship so that the school nurse is more accessible to students.
 - Health visitors are able to work in liaison with secondary professionals
-

4.11.4 PVI AND PRIVATE SECTOR NURSERY VIEWS

- A better relationship between parents and health visitors. There is a huge shortage of health visitors, and when they were funded well, they were invaluable.
- It would be great to have a named Health Visitor that we could contact
- Better support from health Visitors
- Coordination meeting with health visitor coordinator on regular basis

4.12 WHAT OPPORTUNITIES DO YOU THINK THE 0-19 SERVICE WILL BRING?

4.12.1 COUNCIL VIEWS

- A chance to improve on what could be considered 'over zealous' data protection protocols that appear to be hindering processes and information sharing, which could possibly result in leaving children and families vulnerable.
- Consistency for children. Especially those with SEN
- More streamlined service
- Opportunities to fill gaps and ensure that the service meets the needs of Harrow families
- Opportunities for integration with Early Support

4.12.2 HEALTH VIEWS

- Better health status of diverse communities. Better integration
- Increased health awareness and access to the appropriate services
- Better relationships between teams
- Allow health visiting to take on childhood immunisations such as BCG's rather than the school nurses doing this for the under 5s
- Better transitions between pre school / school children
- Continuity of care, lower risk of loss to service
- Good continuation of care for the family.
- joined up care
- more health promotion

4.12.3 SCHOOL VIEWS

- Increased support for children post 16
- More collaborative working across the sector
- To address health issues much earlier and engage parents
- It will bring a more successful all round care for families and children and more purposeful holistic support for our preschool (PVI)

4.13 WHAT RISKS DO YOU THINK THE 0-19 SERVICE WILL BRING?

Risks raised by the council

- Having joint away days to encourage professionals to network and understanding how we all fit into a child's journey
 - A current lack of acting on referrals and information shared is leaving children more open to negative outcomes
 - By making this a 0-19 service, the scope is being widened on the age group being addressed, and if the 0-5 is already overburdened
 - Weakening of safeguarding input and interventions with neglectful parenting
-

-
- capacity - we often hear - we don't have time to complete forms - we don't have time to check if they attended
 - Consistent input to vulnerable families
 - Information sharing and red tape be removed
 - Transitions to adulthood are critical
 - The reorganisation needs very careful planning before implementation. I am concerned that staff will be spreading themselves very thinly and dealing with many different demands and more safeguarding issues, instead of using our health promotion skills wit

Risks raised by health

- Financial concerns
- Duplication and loss of current service
- I feel the amount of child protection spread across the board may impact upon the day to day role of a school nurse/health visitor such as losing important aspects of the job like PSHE & healthcare training
- Increased demands
- Gaps in service
- Generalisation which will be pushing individuals to accept "one size fits all" when actually it doesn't.
- Less specialised skills
- Risk that the service will be so thinly spread or that it will not be able to recruit the right staff with the right skills to deliver integrated care
- Accessibility and equity of the services provided in deprived areas
- Ensure CYP and families are consulted and appropriate needs identified
- How will it be possible to manage vastly increased caseloads with the staff levels that currently exist?
- Information sharing through health - with one IT system
- Sharing of information at key points of transition in a CYP life i.e. from pre-school -school , primary to secondary and onto adult life
- The 2 services working together.

Raised by education including: Early Years settings, primary and secondary schools

- Time to make better links with Early Years setting
 - multi-disciplinary/ training
 - The role of volunteer organisations in supporting schools
 - Focus on early intervention with parents.
 - Continued OT / SALT services for primary schools
-

5 APPENDICES

5.1 APPENDIX 1 – LIST OF 1:1 MEETINGS AND FOCUS GROUPS

We held a total of 22 sessions including focus groups and 1:1 meetings listed below:

1. SENCO forum
2. Early Years Strategy group – *Fiona Ajose, early years lead for Harrow, including x2 early education support officers, educational psychologist*
3. Kids Can Achieve

The session was offered in a group format covering School Nursing. I sat and spoke to all the young people aged 10yrs – 15yrs old that attended the session. 1 Young Person was aged 10yrs -12yrs. 7 Young People were aged 13yrs – 15yrs. 8 Young people participated in the consultation based at Kids Can Achieve.

- 7 Males
 - 1 Female
 - All have a diagnosis on the Autism spectrum
4. Breastfeeding peer support group – *led by Julie and Mary Laura Waller led on this*
 5. Young people user group 14-19

8 Young people participated in the consultation based at CCG Young people's Group. 1 Young Person was aged 10yrs -12yrs. 7 Young People were aged 13yrs – 15yrs. All females, from HA1,2,3,7,8 and WD19 areas.

6. PVI and Childminder Early Years forum
7. Children's centre parents group – Cedars

10 Parents participated in the consultation based in Cedars Children Centre.

- 9 Mothers
 - 1 Father
 - 3 Parents had children in school under 7yrs old
 - No babies or children had additional needs
8. Heads and Directors meeting
 9. Antenatal midwifery training
 10. Head of midwifery meeting – Daniel O'Leary at NPH
 11. School nursing team -

8 including Manager Ann Hourihan attended focus group.

12. Young carers in Harrow
13. Kids Universe – Reach a parent
14. Young peoples group
15. HASVO group

- *15 participants for a focus group – Male 8 and Female 7 all from Harrow area. 58 children in total from this group. The group had children with different age group but most had children under the age of 19 years, only two had children with disabilities that were also under 19 years old, 1 had no children but was participating on behalf of her Aunt. All the participants were Somali by ethnicity.*

16. Weald Rise Parent workshop – *17 parents attended the English language for beginners group led by Jeminah from the early education team. (Most of these were mothers of Romanian origin, recently migrated to the UK with children at Weald Rise School between the ages of 25 and 35.)*

17. Stanmore college

18. Primary and secondary school focus group

- *Rooks Heath College – Angela Hains (Line Manager for Rooks Heath College's Welfare Department). School nurse mixed school, approx. 1,200 pupils*
- *Nower Hill High School – Mary Gill (School nurse, paid for by school). Mixed school approx. 1,900 pupils*
- *Park High Stanmore – Krysia Dalziel (Asst Head) and Sam Browne. Mixed School approx. 1,700 pupils*
- *Hatch End school – Maria Abrams (Pastoral Support Manager) Mixed school 1,700 pupils*
- *Bentley Wood – Lucy Saunders (Asst head) girls school 1,200 pupils*
- *Weald Rise primary (nursery to year 6)*

19. Early Support Hilary O-Byrne
 20. Asia Chetouani – Safeguarding forum
 21. Afghan Women's group
-

22. Individual meetings with the following schools: Canons High School; Norbury Primary School; Canon Lane primary school; Kenmore Park Nursery and Infant School; Kingsley; Woodlands

5.1.1 APPENDIX 2 – DETAILED BREAKDOWN OF CONSULTEE NUMBERS

Meeting	Professional/Stakeholder	YP	Parent
SENCO forum	25		
Midwives training	18		
Early Years Strategy group	4		
Breastfeeding peer support group			8
Young peoples group 14-19		10	
Parents with Children and YP with needs 13-19 years	y	10	
2 year old review training	29		
Children's centre parents group, Cedars Children's Centre			10
Heads and Directors meeting	30		
Initial stakeholder event	45		
Antenatal midwifery training	18		
GP forum	5		
Young carers from Harrow Carers		10	
YP with needs Kids can Achieve 8-13 years		8	
Kids Universe – Reach a parent			7
Young peoples group		8	
Asia Chetouani – Safeguarding forum	20		
Primary school engagement	1		
School nursing team	8		
HASVO group			15
Weald Rise Parent workshop			17
Stanmore college		10	

Meeting	Professional/Stakeholder	YP	Parent
Secondary school focus group	6		
CCG Young people user group		8	
CCG YP workshop		8	
Afghan Women's group	15		10
Early Support	1		
Norfolk telecon	3		
Leicester telecon	1		
Early years forum	50		
Head of midwifery meeting	2		
PVI and Childminder Early Years forum	50		
Merton telecon	1		
Hillingdon telecon	1		
Greenwich telecon	1		
Lewisham telecon	1		
Harrow GP practice managers meeting	12		
NPH Paediatricians	2		
Paediatric Liaison post	1		
Meeting with Kingsley and Woodlands	5		
Canons High School	1		
GP consultation	1		
Norbury School	3		
Touchpoints meeting	10		
Canon Lane Junior	1		
Kenmore Park Infant and Nursery	1		
2nd stakeholder event	30 (not included in the total as it was the same attendees as at the event on 30.1.17)		
Totals	372	72	67

In addition, as set out above, a total of 79 professionals and 15 service users responded to the questionnaires (online and hard copies).

5.2 APPENDIX 3: LIST OF WHAT DO THE EARLY SUPPORT HUBS PROVIDE – FROM EARLY SUPPORT

- Healthy living support advice and promotion during pregnancy
- Walk & Talk sessions
- Music and movement, physical play & outdoor active sessions
- Cooking and fussy eaters sessions (0 – 19/25years)
- Oral health sessions
- Healthy living sessions 5 – 9 years
- Weaning sessions
- Health visitors drop in
- Health visitors appointments
- HV development checks
- 2 year health & dev checks/progress checks
- Hearing & VI sessions
- Transitional checks – health & dev
- Workshops – toilet learning, sleep routines, healthy eating
- Sexual health services – via partner orgs
- Foodbank voucher holders
- Midwifery
- Ignite & Barnardos – well being & mental health services
- Talking therapies
- Speech and language services

(From Rachele O'Byrne, ES hub manager Cedars)

5.2.1 EARLY SUPPORT HUBS

1. **Cedars Children's Centre, Whittlesea Road, Harrow, HA3 6LS (Main Children's Centre and Early Support Hub)**
 2. **Hillview Children's Centre, 2 Grange Road, South Harrow, HA2 0LW (Main Children's Centre and Early Support Hub)**
 3. Chandos delivery site, Chandos Crescent, Edgware, HA8 6HL (CC and ES delivery site)
 4. Elmgrove delivery site, Kenmore Avenue, Kenton, HA3 8LU (CC and ES delivery site)
 5. Gange delivery site, Canning Road, HA3 7NS HA3 7SN (ES delivery site)
 6. Kenmore Park Children's Centre (delivery site no CC), Warneford Road, Kenton, HA3 9HZ (CC and ES delivery site)
 7. Stanmore Children's Centre, William Drive, Stanmore, HA7 4FZ (CC and ES delivery site)
-