Health Visiting and School Nursing – supporting children with disabilities and additional needs

Engagement document

1 November 2014 to 1 December 2014

Health Visiting and School Nursing
Families and Young Peoples Division
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Introduction

In September 2014 Leicestershire Partnership NHS Trust (LPT) started an internal consultation process to gain staff views on changes proposed to the current Specialist Health Visiting (SHV) team. We are committed to providing high quality support to children and young people with disabilities and additional needs and their families, and want the views of as many users of the current specialist health visiting service as possible to help us shape future services. We have extended our staff consultation to 1st December 2014 to allow us to consider the views of this wider engagement.

Families often experience contact with many different clinicians when addressing the needs of their child. Over the last year the specialist health visiting team has become a part of the health visiting and school nursing service. This gives us an excellent opportunity to look at way the whole service addresses the health needs of the children and young people.

We want to improve the way services are delivered for children and young people with disabilities and additional needs by:

- reducing unnecessary overlaps of services offered by our various clinicians, and
- improving the co-ordination of services for children with disabilities or additional needs.

We believe that the child’s health visitor or school nurse is ideally placed to provide the care currently delivered by the specialist health visiting team, removing the need for a specialist health visitor role.

In addition to the designated health visitor and school nurse for each child, we are looking to introduce two new roles to support the whole service: focused on improving continence support and improving the skills of all health visiting and school nursing clinicians to meet the needs of children with disabilities or with additional needs.

We are keen to hear the views of as many parents/carers, children and young people, and wider stakeholders as possible. This leaflet provides you with further information about the proposed new vision for delivering support for children and young people with disabilities or additional needs, and
their families, and invites you to give your views.

Current Service

Specialist health visiting team

The current specialist health visiting team is made up of Health Visitors and a Support Worker that offer advice, support and specialist information to parents and carers of disabled children and young people from birth to nineteen years old. This includes adjusting to and dealing with a diagnosis; advice on practical and behavioural issues; and managing ongoing changes. The team work in partnership with health visitors, school nurses and through referrals to other specialists in our service and to partner agencies.

Health Visiting Service

The Government-led Health Visitor Implementation Plan sets out what health visiting services need to do both nationally and locally. Since 2011 the health visiting workforce here in Leicester, Leicestershire and Rutland has been increased from 130 whole time equivalent (WTE) health visitors to the expected target of 228.5 WTE by March 2015, which means there are almost 100 more health visitors available to deliver services.

The national Healthy Child Programme (DH 2009) is the guidance that all health visitors must follow. This includes their key role in identifying health issues as early as possible and improving the health and wellbeing of all children by co-ordinating services offered to them. They offer a number of contacts to all families at key stages of a child’s development: antenatal, new birth review, 6 weeks old, 10 months old and 2 years of age reviews. These are called ‘universal’ contacts.

Health visitors and their team are also trained to offer ‘universal plus’ packages of care, for example; to support behavioural issues such as sleep, temper tantrums, or supporting mothers with postnatal illness.

Health visitors support the most vulnerable through more intensive programmes such as the family nurse partnership, and children with additional needs or safeguarding needs, where many services are involved. This is known as ‘universal partnership plus’ care.
The role of the health visitor with children with additional needs has been clearly defined in the following two documents;

- **Children and Families Act (2014)**

- **National Service Specification 15/16**

These documents include the role of health visitors to provide assessment, care planning and ongoing support for babies and children up to school entry with disabilities, long term conditions, sleep or behavioural concerns, other health or developmental issues.

The health visitor relationship with the family starts with the antenatal contact and this care continues until the child enters school or special school, at which point their care transfers over to the school nursing service.

**School Nursing Service**

School nurse teams are led by specialist community public health nurses (SCPHN) who are qualified nurses with specialist graduate level education in community health and the health needs of school-aged children and young people. School nurses work in partnership with other agencies and as part of a wider multidisciplinary team to support the health and wellbeing of school-aged children.

‘School nursing is a service that understands the dynamic process of interaction between the child, the family, the child in school (including alternative education providers) and the child in the community. The fundamental role of the school nurse is to improve children and young people’s health and wellbeing’ (Dept. of Health, 2012).

School nurses provide advice, education, support, health promotion, safeguarding, service co-ordination and signposting to other services at individual, group and community level.

Children and young people’s needs may include a whole range of conditions that affect their access to education. Children with particular health needs can be receiving their education in any type of educational setting, and their conditions will range from mild to high dependency. **It is part of the work**
of school nurses to offer equitable access to all these children and young people.

Those children attending a special school will have access to a named special school nurse. Their remit is to work as a member of the school nurse team, delivering public health nursing and supporting a defined caseload of children and young people with complex healthcare needs and learning disability, within a special school setting.

### Why change?

We know that evidence from service users says that children, young people and their parents or carers value having access to one health practitioner who acts as a single point of contact for them and who:

- supports them in making choices about the help they need;
- makes sure that they receive the right help at the right time, delivered by the most appropriate practitioners;
- makes sure that overlaps and inconsistency by our professionals are avoided;
- supports their transition to other services.

We believe that the child’s health visitor or school nurse is ideally placed to provide the care currently delivered by the specialist health visiting team, removing the need for a specialist health visitor role which can often lead to duplication of health visiting and school nursing services.

Changes to the way that this very important support is provided to children and young people with disabilities and additional needs have been proposed by clinical leaders following the large increase in the number of health visitors in Leicester, Leicestershire and Rutland; and because the health visiting, school nursing and specialist health visiting teams have been combined into one service over the last year.

After the national restructure of commissioning arrangements in 2013 the health visiting service is now subject to a national service specification. The SHV funding arrangements sit outside of this national specification and therefore it is important to review how we deliver this service through the new commissioning arrangements.
We are proposing that the child’s health visitor or school nurse provides the care currently delivered by the specialist health visiting team, removing the need for a specialist health visitor role. This will avoid unnecessary duplication and improve the co-ordination of services that we provide.

This service would be further strengthened by the introduction of two new roles support 0-19 years:

- **Continence Lead health professional** to support and develop a co-ordinated service for children and young people with continence difficulties
- **Health Visitor (for children with additional needs)** who understands the new vision and can act as a dedicated resource in this field to staff and partners, and be a link with the SENCO and Early Help. This person will work closely with LPT’s assistant practitioners for smooth transitions between school nursing and health visiting services to more specialist advanced nurse practitioners, medical, therapy and mental health services.

The current Downs pathway involves a joint assessment with an SHV and HV. This very important work will continue by a fully trained health visitor and the pathway will be updated to reflect this.

There are several changes we are already making to improve the quality and delivery of our service to families, young people and children with additional needs. These include:

- Developing a clearer referral system to GPs and our community paediatric service.
- Developing new pathways and updating other pathways to reflect this new model.
- New Care Navigator roles to support parents and carers and run a new telephone support number.
- More toileting group sessions for parents/carers in preparation for school readiness.
- Providing continence assessment training for staff.
- Training a health visitor in each neighbourhood on continence products.

**We have also introduced new innovative services fit for children in the 21st century including:**
• www.healthforkids.co.uk - an educational website for primary school children to learn more about staying healthy.
• Award winning ChatHealth confidential messaging services for young people to speak to their school nurse.
• Piloting a confidential text messaging service for young people with additional needs.

Impact on Service Users

We envisage there to be no negative impact on service users. The changes we are proposing are about improving the way that we deliver services for children and young people with disabilities and additional needs, and for their families. Families will receive support for their child’s health needs by a fully trained, qualified and well-supported health visitor or school nurse.

Health visitors and school nurses will also be able to support families with the education and health care plan that has replaced the SEN (Special Educational Needs) statement. These changes are aimed at giving families greater involvement in decision making by working with all relevant services to ensure better outcomes for children.

Impact on Staff

It is proposed that the current specialist health visiting team members be redeployed into the wider health visiting workforce. As outlined in the Current Service section above, health visitors and school nurses will deliver support to children and young people with disabilities and additional needs as per the national specifications and duties outlined already. New posts will be advertised around continence and strategic support and training to strengthen the skills of the health visiting and school nursing workforce.

Estimated Cost

This exercise is expected to broadly cost the same as the current SHV service. This is due to the redistribution of the staff members across different teams and the recruitment of additional roles.

Next steps

We are seeking views from service users, staff and partners on the proposals by 1st December 2014. This feedback, together with any
feedback received before this engagement exercise, will all be taken into account before any final decisions are made about the way we deliver services for children and young people with disabilities and additional needs. We plan to make a decision by the end of the year.

**Making sure we consider equalities**

This engagement is part of an ongoing process of ‘due regard’ assessment in line with the Equality Act 2010, to assess the impact of these proposed changes. This covers issues such as age, race, gender, maternity, disability, marital or civil partnership status, sexual orientation, and religion or belief.

**How you can give us your views**

We are committed to working in partnership with parents/carers, children and young people with disabilities and additional needs, and our staff and partners, to continue to improve the services we offer. We would value your views on the service improvements we are making and if you have any further improvement ideas. You can do this in a number of ways.

**Tell us in person?**

We are holding three focus group meetings, for the public and stakeholders, where you can provide your views and suggestions, on 18th November.

You can book to attend one of the following. Numbers are limited to provide an opportunity for full discussions.

1. **Birkett House: Launceston Rd, Wigston, Leicestershire LE18 2FZ**
   
   Meeting Room 2
   
   10am – 11.00am (public/users)
   11am – 12pm (partners)

2. **NSPCC: 3 Gilmour Close, Leicester, LE4 1EZ**
   
   Travis Perkins
   1pm – 2pm (partners)

3. **NSPCC: 3 Gilmour Close, Leicester, LE4 1EZ**
   
   Travis Perkins
   6pm – 7pm (public/users)

**Send us your views by post?**

There is a form on this document that you can fill in with your views and send FREEPOST to:

**RSUL-LSXC-AGJU**

Chris Buzzard

Health Visiting and School Nursing Service Manager

Leicestershire Partnership NHS Trust
Tell us your view online?

- You can fill in the form online at [https://www.surveymonkey.com/s/HVSNChildrensdisability](https://www.surveymonkey.com/s/HVSNChildrensdisability)
- Or email your views to: [fypcdivision@leicspart.nhs.uk](mailto:fypcdivision@leicspart.nhs.uk)

About this engagement

If you would like to talk to someone about how this engagement exercise has been put together and delivered, please contact Kamy Basra, Communications Manager by emailing [kamy.basra@leicspart.nhs.uk](mailto:kamy.basra@leicspart.nhs.uk)

Thank you

Thank you for taking the time to read this engagement document. We hope it gives you a clearer understanding of why we are proposing changes in the way we deliver services for children and young people with disabilities and additional needs and their families.

By working together we can help this valuable service evolve and remain a vital part of your NHS.