Wolverhampton Healthy Child Programme – Findings from Stakeholder Engagement

Public Health and Well-being

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CITY OF WOLVERHAMPTON COUNCIL

Contents

1. Introduction

The City of Wolverhampton Council's public health team, as part of the commissioning process, engaged with key stakeholders regarding the future 0-19 Healthy Child Programme service model.

Engagement with stakeholders commenced in 2015 and this was followed by a formal 8 week engagement process undertaken between May and July 2016. This document details the findings from the engagement.

The engagement process sought to obtain the views of key stakeholders on current services and to identify the best future service model to improve outcomes for children and families. This specifically relates to health visiting, family nurse partnership and school nursing services. To date we have engaged with over 450 professionals, parents, carers and young people to inform the development of our proposed service model.

Wherever possible the views of our stakeholders have been considered and incorporated into a new service model framework for the 0-19 Healthy Child Programme. We will consult on this new service model during August and September 2016 prior to commencing a tender process to enable a new 0-19 Healthy Child Programme service to be in place from 1 August 2017. Further background information about details of how you can provide feedback on the proposed new service model is available on our website at City of Wolverhampton Council - The Healthy Child Programme .

2. How we engaged with stakeholders

We employed a variety of methods to obtain feedback from our key stakeholders. This included attending stakeholder meetings and holding engagement events for professionals. We conducted five separate on-line surveys for prospective bidders, professionals, head teachers, parents and young people. We also conducted a number of focus discussion groups with service users. Samples of the materials used to engage with parents and young people and publicise the on-line surveys and engagement to parents and young people are attached in Appendix One. With the assistance of the Council Communications team Facebook and twitter were used to publicise the engagement process. We shall continue to conduct focus discussion groups throughout the formal consultation period to help inform the development of our new service model and service specification.

We attended key meetings with professional stakeholders to inform them of the proposed commissioning process and obtain their views on current services and priorities for the new service model. This included attendance at GP locality and primary care meetings, meetings with Head teachers and Personal and Social Health Education (PSHE) leads in schools.

We were fortunate to work with some young people from the youth council, care leavers forum and care leavers board who advised us over a number of weekly

meetings on the development of the young people's survey and shared their views on school nursing services.

We were fortunate to meet parents and carers of children with additional needs via the Voice for Parents Forum who shared their views on current services. Some parents kindly advised on the development of the parent's survey questionnaire. We also engaged with the Foster carer's forum to obtain their views on the services. A member of staff from Health Watch supported the early engagement work advising on the surveys as did colleagues in public health.

We held two multi-agency events for professionals where we shared initial findings from the engagement and discussed key issues that had arisen and implications for the new service model.

In addition we have engaged with Health Scrutiny and the Scrutiny board who further advised on the engagement and consultation process. We continue to engage with the Councillor for Public Health and Wellbeing, the Councillor for Children, Young people and Families and senior management within the Council. We have produced and sent briefings to key stakeholders via the Wolverhampton Voluntary Sector Council, The Council's Due North Procurement website, as well as GP, Councillor and School bulletins.

Early in the commissioning process we established a Healthy Child Programme (HCP) steering group with responsibility for overseeing the development of commissioning options and any subsequent tender process. This has included advising on and supporting the engagement process. Children's services and the Clinical Commissioning Group are represented on the group along with a GP representative and key council officers including the head of service for early intervention and safeguarding representatives. Steering group members have advised on the development and implementation of the engagement and consultation plans.

A summary of the main stakeholders we have engaged with is detailed in the table below. Over 450 stakeholders have expressed their views to date.

How we engaged with stakeholders	Who we engaged
Market engagement survey	A range of potential bidders including NHS trusts and the voluntary sector.
Stakeholder workshop	Managers and staff in current services and their key partners.
Two professional stakeholders	75 professionals from partner agencies

engagement events	including health, social care, education, early years and voluntary sector.
Young people's discussion and survey planning group	8 young volunteers from youth council, care leavers forum and care leavers board.
Young people's discussion planning group	3 young volunteers from The Way.
Parents forum discussion group	9 parents
Foster carers forum discussion group	24 foster carers
Parents on-line survey	136 parents
Young people's on-line survey	49 young people
Briefing to youth council members	13 young people
Two focus groups at Orchard Centre	14 young people
Teachers attending PSHE network	12 staff
Head teachers forum	40 staff
GPs and primary care via GP locality meetings, Team W, Practice nurses and practice managers forums and Local Medical Committee (LMC).	70 staff

3. Overview of key themes identified from engagement with stake holders

The key messages identified for the new service model that came out of the engagement with parents, carers, young people and professionals are:

Consistency

A key theme was that whilst many stakeholders gave positive feedback about working with or receiving services from an individual health visitor or school nurse there was an inconsistent approach to service delivery as a whole.

Continuity

This was of particular importance for parents and foster carers. They would like to be able to develop a relationship with a named member of staff who has knowledge of

the family and child. Parents don't want to have to repeat information to different staff.

Make better use of technology to support service delivery

Technology needs to be used much more effectively to support service delivery. Staff should be supplied with appropriate devices i.e. smart phones or Ipads. Improve information sharing and record keeping through instigation of electronic record keeping that enables staff to readily access and input data into electronic records during visits. Better use of social media to engage with young people. Better use of websites, apps and Skype to communicate with and provide information to parents and young people.

Communication

All stakeholders including parents and young people identified that communication needs to be improved particularly communication between health visitors and GPs.

Accessibility

Many parents stated difficulty in contacting their health visitor or booking an appointment; they expressed a need for drop-in without appointment or telephone contact. Young people also wanted to be able to access their school nurse more often in their school.

Early help and prevention

Stakeholders want the new service model to intervene earlier, making greater use of 'early help' assessments. To provide joined up working to support families including working closely with strengthening family's teams to provide a multi-agency model. Also a strengthened role in supporting emotional health and mental wellbeing.

Family Nurse Partnership and supporting vulnerable families

We received positive feedback regarding the Family Nurse Partnership nurses and the individual support they provide for young parents. However there was an overall concern expressed regarding the current limited capacity of FNP to meet the needs of all young first time mothers who meet the criteria. A consistent theme was the need to expand the current criteria of FNP. Additionally, there were requests to build capacity within the health visiting service itself to be more able to address the needs of vulnerable and/or complex families.

The new service model

Overwhelmingly stakeholders agreed with the principles we proposed for the new service model. We found support for delivering an integrated 0-19 Healthy Child Programme service as a cost effective solution and offering a better quality service

via a seamless pathway for children and young people. Stakeholders support the continuation of the mandated development reviews and suggested consideration of additional checks e.g. at 3 years.

4. What professionals and partners told us in the on-line survey

Characteristics of respondents

70 professionals from a variety of backgrounds including health, primary care, education, early years, social care and the voluntary sector responded individually to our on-line survey**.** All of the respondents stated that they worked in Wolverhampton. Most of the respondents to our survey had some experience of working with at least one of the three services and many had experience of all three. There were also a small number of health visitors and school nurses who completed the survey. The findings and the emerging themes from this survey and the Head teachers' survey were considered at our subsequent engagement events for professionals.

5. Views regarding current health visiting services

We asked stakeholders to consider what in their opinion does the current health visiting service do well. Respondents to the survey highlighted that they appreciate the following about current services:

- Recognition of the value of health visitors' universal access to families without stigma and engagement with families.
- Acknowledgement that many health visitors are very skilled practitioners who liaise and communicate well and adapt their approach as needed.
- The potential that delivery of the Healthy Child Programme has to offer a standardised level of support to all families based on their needs and provide active support for vulnerable families.
- Many stakeholders described the current service as good, that services generally provided by health visitors are professional and efficient, .however acknowledged there are sometimes issues due to capacity.
- Health visitors have excellent knowledge of families and will follow up quickly any safeguarding concern.
- Health visitors are proactive about identifying developmental or medical concerns with children and referring them appropriately and promptly.
- Some examples of innovative work were shared e.g. well attended Saturday morning development clinic.
- Health visitors work collaboratively with social work teams.
- Provide additional support to struggling parents.
- Good liaison with the school nursing service.
- Responding to GP safeguarding concerns.

One stakeholder commented:

"On the whole the service provided is professional and efficient but caring."

6. We asked stakeholders how the health visiting service be improved in the new service model.

There were a number of key areas identified by respondents that could be improved in the new service model. These are summarised in the table below.

Key themes	Suggestions from stakeholders on how health visiting services can be improved in the new service model.
Expand the current mandated development reviews/checks.	Include an additional check at 3-4 months to support maternal mental health, child safety and healthy eating habits. Provide an additional check at age 3 years. Some GPs would like the measuring and weighing of babies at 6-8 weeks reinstated.
Intervene earlier with families to address needs, provide early help and strengthen multi-agency working.	Requires greater use of and lead on 'early help' assessments. More joined up working to support families including working within strengthening families teams to provide a multi-agency model. A move to electronic record keeping is key to supporting above. Intervene early to provide support to parents via clinics e.g. for children with sleep problems or finicky eaters to prevent problems escalating and later referrals to specialist services.
Better integration with the Violence Against Women and Girls (VAWG) agenda.	This includes addressing domestic violence and abuse, sexual violence, female genital mutilation, forced marriage and honour based violence. Need to identifying victims and potential victims, accessing pathways and providing education to families.
Better engagement and integration with GP practices.	Improve the communication between health visitors and primary care as a matter of priority as a number of GPs and practice nurses have stated that this has worsened since health visitors no longer located within GP practices. Consider a named health visitor for each GP practice. Health visitors to proactively chase and encourage children who fail to attend for immunisations. Feedback to surgeries regarding domestic incidents as currently not routinely reported.
Partnership working.	Improve the liaison and communication between health visitors and schools. Closer partnership working with nurseries and better work around school readiness including undertaking the two year old assessments at the nursery and ensuring that the two year check information is shared with the nursery. Clarify roles and responsibilities to avoid duplication especially in relation to safeguarding.

Improve communication with parents.	Make better use of technology e.g. a website for parents to enable access to sound evidence based information and to include a mechanism to ask health visitors questions.
Improve parents access to services.	Some GPs described receiving complaints from parents who find booking an appointment a barrier to seeking help from the health visitors at the time of need which could be resolved by provision of drop-in clinic appointments. Have a named health visitor allocated to each family.
Ensure adequate levels of staffing to deliver the new service model.	A number of respondents commented on issues relating to perceived lack of capacity and highlighted the need to ensure that there are adequate staffing levels to deliver the new service model and address the deprivation and high level of needs of families in the City.

7. What professional stakeholders told us about the family nurse partnership (FNP) service and how services for vulnerable families could be improved in the new service model

Most stakeholders commented on how well the family nurse partnership service provided support to vulnerable young families and there was an acknowledgement of the high standard and quality of the services provided. It was noted that this was made possible as FNP staff have the time to support vulnerable parents with smaller caseloads unlike health visitors in the universal service. It was also acknowledged that family nurses are well supported in their role as they have access to high quality resources, training and supervision.

We received positive feedback regarding the Family nurses themselves and the individual support they provided to young families. Their motivation and how they go above and beyond their roles to help the families was noted.

Despite the positive feedback about FNP there were a number of concerns expressed by many of the respondents about the programme as a whole.
The first concern respondents highlighted was regarding the current lack of capacity of the FNP programme to enable all young families who meet the FNP criteria to access the service. A number highlighted their experience of young women having been offered FNP services but later declined due to lack of FNP capacity which they saw as disappointing and a missed opportunity for their clients to have benefitted from the service.

The second concern raised was as regards how equitable the FNP service is in terms of families who may be eligible for the service but are unable to receive due to limited capacity and for wider vulnerable families who don't meet the FNP criteria. It was suggested that additional investment in FNP was required to increase the capacity of family nurses so that more eligible young people could receive the service. It was also suggested that the current FNP service should be reviewed and

widening of the current criteria be explored to make the service more equitable and enable more vulnerable families to access intensive support when they require it. Stakeholders also made clear that there is a need to build the capacity within the health visiting service itself to be able to address the needs of vulnerable families and enable them to have more regular contact with vulnerable families.

Key themes	Suggestions from stakeholders on how services for vulnerable families can be improved in the new service model
Need to address the current unmet needs of young parents who meet FNP criteria but are unable to avail of the service due to FNP capacity.	Expand the number of FNP staff to enable more vulnerable families to be supported. FNP consider offering less intensive support to families so that FNP could be offered to more families. . Consider role of universal health visitors and integration of FNP into the health visiting service.
Need to broaden the FNP criteria to enable more vulnerable families to be supported.	Widen the criteria of FNP and expand the number of staff to enable more vulnerable families to be supported The need to expand the numbers of families being supported should not be at the cost of diluting the input as this would make the FNP programme less effective.
Grow the FNP model by integrating into the universal health visiting service.	Integrate and share the learning from FNP across the universal health visiting service which could include rotation of health visiting staff to enable development of skills and knowledge.
Improve partnership working to address needs of vulnerable families.	Allocate a named social worker and health visitor to each vulnerable family. Better use of technology could support health visitors i.e. enable quicker and safer use of information and promote greater awareness of shared services. Increase capacity within universal health visiting to enable health visitors to spend more time with vulnerable families. Better engagement with 'troubled families' and Violence Against Women and Girls (VAWG) agenda. Improve working relationships and communication between GPs and health visitors to enable concerns re families to be readily and easily discussed.

8. What professional stakeholders told us about the school nursing service and how services could be improved in the new service model

We asked stakeholders what in their opinion the current school nursing service does well. Stakeholders clearly value the role of school nurses and contribution they make in schools in a number of ways. These include:

- The skills of the school nurse in terms of excellent communication skills, knowledge of the school population and their ability to work with young people at their level.
- Health promotion delivered by school nurses and provision of sexual health including the c-card scheme and delivery of the national child measurement programme.
- The support provided for children with additional needs to families, children and schools including health plans and advice re medicines management.
- The input into safeguarding including attendance at meetings and liaising with schools on Child Protection and Children in Need cases and providing advice when requested.
- Excellent source of knowledge about health and how to refer to specialist services.
- Appreciation of the health input into all schools, including presence in schools and the links to wider school initiatives.

Some of our stakeholders comments about school nursing:

"Having a named school nurse provides an excellent opportunity for face to face communication where any concerns regarding students may be discussed and acted upon if necessary. Our school nurse responds quickly to any emails and deals with matters speedily and efficiently. She is an excellent source of knowledge regarding health care and is able to add 'background' knowledge regarding the care/conditions of some of our pupils."

"They manage many demands. They work across all agencies. They have multiple qualifications and experience. They are flexible and responsive to need. Schools value their input and support. Working relationships are excellent."

"We are very lucky at present, we have a regular service with two nurses, one does the drop in for the C card and is there for sexual health and advice and the other one is our support with individual cases, working with self-harmers, dealing with mental health and seeing students who are on CIN, CP, LAC etc."

"From *my point of view I feel the school nurses are paramount to our working day. We need the on-going advice, teacher training on particular subject areas which are necessary to enable staff to relate to students well with particular problems. Education is key and the school nurses are paramount to this learning process."*

9. How school nursing services can be improved in the new service model

We asked stakeholders to tell us how school nursing services might be improved in the new service model. There were a number of key areas identified by respondents that could be improved in the new service model. These are summarised in the table below.

Key themes	Suggestions from stakeholders on how school nursing services can be improved in the new service model.
Improve the access to a school nurse in the school setting.	Increase visibility of the school nurse and increase the number of days that school nurses are available in schools. School nurses currently do not spend enough time in school to be able to see the children. Take a more active role in some schools. Increased contact with parents and children. Provide a clear service offer to all schools. Allocate more time to secondary schools. More delivery of health promotion especially sexual health. More preventative work e.g. asthma management.
Expand the role of the school nurse to enable wider work to be undertaken with families.	School Nurses should go out to work with the families as a whole. Work with vulnerable children needs to be done at home with their families as well as in the school. Teachers and families should be directing children with behavioural problems directly to the school nurse as a first point of contact. Utilise their skills to offer more targeted support with all families.
Improve partnership working.	Work more collaboratively and avoid repetition. Provide a more integrated approach with other agencies - not in a silo with education. Explore links with other organisations as well as schools for e.g. Third Sector. Publicise their role to other organisations more. Locate in the city strengthening families' hubs. More integration with the Violence Against Women and Girls agenda.
Increase capacity of the school nurses.	School Nursing is stretched to its capacity and offers a more reactive service than a preventive service. Increasing staff numbers and allowing school nursing to work with families with early intervention which then reduces the pressures on other services. Increase capacity of nurses in line with increasing school population due to more children moving in to the City and increasing birth rate. Address need to provide services to more schools Consider impact on school nursing due to the increase in statutory school age and due to new schools opening. Increase capacity to enable school nurses to contribute to Education, Health and Care plans as currently do not have the capacity to do this. Need to increase number of school nurses in specialist roles such as home education. Address increasing demands due to the statutory

	safeguarding, Looked After Children and Children in Need work.
Make better use of the skills and expertise of school nurses.	Maximise opportunities for more proactive work i.e. health promotion, parents groups. To become more public health focused and not do everybody else's jobs. Increase skills in behaviour management. Provide opportunities for staff to shadow strengthening family's hub staff and increase understanding of thresholds.
Strengthen role in emotional wellbeing and mental health.	More engagement with CAMHS; beyond just making referrals. Much more emphasis on prevention and early intervention on emotional, behavioural and mental health issues. Be more proactive and better linked up with, for example, HeadStart.
Improve communication and better use of technology.	Make better use of technology to share information and to communicate with pupils and parents.

10. What stakeholders think about Health development reviews

Evidence shows us that there are key times for health checks or development reviews to be undertaken to ensure that parents are supported to give their baby or child the best start in life, and to identify early those families who need extra help. These are universal checks meaning that they are offered to every parent.

It is currently recommended nationally that health visitors provide reviews at:

- Antenatal Health Promoting Review from 28 weeks of pregnancy
- New baby review within 10-14 days of birthdate
- 6-8 week assessment (Maternal Mental health)
- 1 year review
- 2-2.5 year review

In addition Schools nurses provide reviews at:

- School entry
- In Year 6/7 (transition to secondary school)

Some Local Authorities have chosen to deliver additional checks at different stages based on their local families' needs. We asked our stakeholders if beyond the development reviews listed above, were there any additional times or stages in a child's life when an additional health review may be beneficial.

The majority of stakeholders support the continuation of the mandated checks as detailed above. 73.4% of respondents recommended additional times or stages in a child's life when a health review may be beneficial. Suggestions for additional reviews were:

- When a child is three years old.
- At some point during primary school years between the school entry and Year 6 transition reviews.
- Additional reviews during the secondary school years including mid-teens and school leaving check in year 11.
- It was also highlighted that there is a long time between the 6-8 week check and the one year check where parents may be in need of additional support.
- Some GPs would like health visitors to undertake the measuring and weighing of babies at 6-8 weeks which is currently a GP responsibility.

11. What professional stakeholders think are the most important issues affecting children, young people and families in the city today

The new service model will need to address the findings of the public health needs assessment and the key priorities of the Wolverhampton Children & Young People's Plan. This plan seeks to ensure that:

- Fewer children are obese
- The rate of infant mortality is reduced
- Fewer parents, children and young people suffer from mental ill-health
- More parents, children and young people who misuse substances are supported through treatment

We asked our professional stakeholders what in their opinion are the most important issues affecting children, young people and families today that should be addressed by the new service model. A wide range of issues were identified. The main three issues were that were consistently highlighted as priorities that the service model needs to address are:

- Obesity (including prevention and including lack of physical activity).
- Mental health and wellbeing.
- Prevention and early identification of problems and help for parents.

The table below provides more detail on issues raised by stakeholders that they would like the new service model to address.

Summary of priorities identified by stakeholders for the new service model to address:
Obesity • Lack of physical activity in all age groups. • Healthy eating including provision of cooking classes and addressing lack of cooking skills. • Education of parents to reduce the risk of childhood obesity. • Address maternal obesity.

Mental health and wellbeing • More preventative work to address mental health problems including building resilience and promoting emotional wellbeing. • Supporting mental health of parents as parental emotional well-being and mental health issues affecting ability to parent consistently. Address parental alcohol and substance misuse. • Collaborative work between school nurses champions of mental health prevention in schools. Address body image and self-harming in schools. • More resources available for parenting programmes e.g. triple P. More knowledgeable and supported parents will result in lower chances of mental health disorders emerging.
Early identification of problems, prevention and early help • Early identification of problems so that children, young people and parents are supported and increased early intervention capacity to support early help. • Early intervention remains key, with antenatal and new birth contacts establishing a relationship between professionals and families that will endure to support them throughout the early years. Health visitors are best placed to deliver this support and develop the family/ professional relationship. • A multi-disciplinary approach is required and better communication about the care, notes sharing and concern about the children. • Supporting parents of children with additional needs to allow them to access services and enable their children to reach their full potential and ensuring children have healthy lifestyles to allow them to become healthy adults.
Neglect and safeguarding issues • Working with vulnerable families • Coping with substance misuse (especially alcohol) in parents. • Domestic violence and violence against women & girls.
Parenting and parenting programmes • Address lack of parenting skills, lack of parental engagement and lack of parental attention. • A lack of structure and discipline in the home. • Promote positive parenting • Parenting support • Many children falling through the cracks that could be addressed with more resources available for parenting programmes e.g. triple P More knowledgeable and supported parents will result in lower chances of mental health disorders emerging.
Promotion of healthier lifestyles • Health promotion/healthier lifestyles for children and their parents and

promotion of lifestyle services. • Address teenage pregnancy, sexual health and attitudes to sex and body image due to social media and internet • Substance misuse, alcohol, smoking, maternal smoking. • Ensuring children with a medical condition to be well controlled to allow them to become healthy adults, includes both physical and emotional health with early identification of issues to allow them to be managed promptly. • 'hands-on' learning to show children through living a healthier lifestyle is beneficial, not just showing them through a talk or a presentation but through doing, such as cooking classes or exercise groups that are interesting.
Poverty, child poverty and issues associated with deprivation • Recognition that poverty and poor education lead to poor health so consider needs of children and young people living in poverty. • In particular areas of the city breaking the cycle of unemployment/ lack of educational achievement and aspiration and deprivation is a primary challenge and one with which interagency working is key. • Address poverty, unemployment, lack of social mobility and aspiration, less ability to access facilities.
Relating to how future services should be delivered including better access to services, communication and sharing of information • Provide access to more support and services. • Improve communication. • Monitoring of non- attendance of hospital appointments • Ensuring that children from all ethnic and socio-economic backgrounds can equally access support and services. • Address language barriers and mobile families. • Health services to be able to share information in a better way. • Everyone is working in silo and greater awareness of what and who and where is required • To be proactive in the health of the child, providing the support required and go that extra mile to undertake this. • That every child is known to a health service professional or have access to a named professional

12. Principles of the new service model

The new service model will largely be drawn from the evidence based national service specifications for health visiting, family nurse partnership and school nursing as detailed in the 0-19 Healthy Child Programme Commissioning Guidance which can be found on City of Wolverhampton Council - Further information

However we have developed with the Healthy Child Programme steering group a number of key principles for the new service model. The new service model will:

- Ensure that all children and young people are supported to achieve good outcomes.
- Be underpinned by an evidence base.
- Share a holistic view of a child's health, well-being and development with partners as much as possible.
- Build on current service components that are working well.
- Address service areas identified as needing improvement.
- Have a clear and strong commitment to addressing inequalities and evidencing this commitment.
- Identify those at risk of poor outcomes early, is part of joint working arrangements to address these, and reports on outcomes achieved.
- Continually learn and apply lessons from serious case reviews.
- Demonstrably adhere to new national guidance as it emerges for e.g. new guidance on child sexual exploitation.
- Encourage a culture of self-help within the community.
- Contribute to and support robust systems between health, social care and education.
- Seek opportunities for innovative service delivery through involvement of the voluntary sector in delivery of the Healthy Child Programme.

We asked our professional stakeholders to consider these principles and consider whether they agreed with them. The vast majority agreed with predominantly all the principles i.e. over 90%. The only principle that had less response was the principle to seek opportunities for innovative service delivery through involvement of the voluntary sector in delivery of the Healthy Child Programme. Only 78% supported this principle.

We asked if there was anything missing from our key principles. 70% said that there was nothing to be added to our principles. We were asked to consider the following comments and gaps in relation to the principles:

- There is no reference to the fact that Wolverhampton is a multicultural city and there are areas which are unique within its population. Some of these need targeted intervention.
- Evidence base can sometimes lead to an over rigid criteria for engagement e.g. Family Nurse Partnership might work with others too.
- Encourages a culture of self-help in the community but don't do this as an alternative to providing services but as building on assets.
- Inter-agency education/learning of knowledge and skills (inter-agency CPD for improving care to CYP).
- Identify who is the lead in the delivery of the healthy child programme.

- Early identification and referral for SEN e.g. Speech, language and communication disorder and delay, sensory needs etc.
- Explicit principle re prevention and early intervention of mental health issues.
- Addressing emotional wellbeing through working with appropriate agencies within schools.
- Encourages awareness of the very many excellent (often free or cheap) services available in the City.
- That the service is developed and monitored through co-production with young people and parents.
- Ensures that children and parents/families take responsibility for their own health. Too much emphasis on helping families actually dis empowers them and we can easily create a culture of dependency. GP services are flooded by users who do not take any responsibility for their health and feels that it is everyone else's duty to help them. Self-reliance and self-care and empowering families to take care of themselves should be a main part of the strategy otherwise we are setting up a generation of families to be forever dependant on others.
- Ensure staffing is adequate and fulfil expectations. Short staffing is not conducive to good practice.
- Ensure learning from Domestic Homicide Reviews (DHRs), Suspicious Activity Reporting (SARs) as well as Serious Case Reviews (SCRs) - there are implications for children.
- More advice and support during pregnancy about being good parents.
- Information governance.

13. Future role of the voluntary sector in delivering the Healthy Child Programme

We asked a specific question regarding the future potential role for the voluntary sector to support delivery of some aspects of the Healthy Child Programme in the new service model. Responses to this question were divided with 56% agreeing that there was a role for the voluntary sector and 43% stating that there was not. Respondents made additional comments in support of their choice of answer. We found that some respondents urged a little caution before delivering services via the voluntary sector and should only be considered if staff have the appropriate training, support and supervision in order for them to adhere to guidelines and understand how best to support the children and families. Some stakeholders expressed the following reservations:

"I would worry that this may mean essential skills, key role elements being farmed out to services because they are cheaper but not of a similar standard."

"To support and complement - not to be used instead of funding long term changes though"

However many respondents acknowledged and supported the possibility of the voluntary sector working in partnership with health services to deliver elements of the HCP and suggested that potential benefits would include:

- The reach and ability to engage with some communities that mainstream public sectors struggle to engage with
- Providing non-statutory point of connection with health services - more accessible and approachable.
- Voluntary sector can provide community based services that are targeted at particular at risk groups and can adapt to meet needs more easily than statutory services or schools.
- Delivering non-clinical programmes of support for e.g. parenting
- Other respondents highlighted other areas of good practice including breast feeding peer support, healthy lifestyles, relateen etc.
- Providing buddying support alongside families along lines of Home Start.
- Building on community assets and encouraging communities to become more self-reliant.
- Providing accessible and acceptable venues at a neighbourhood level.
- Providing a whole family holistic approach.
- An example was given of HeadStart driving the development of a mental wellbeing consortium of quality assured VCOs.
- It was suggested that the voluntary sector could support delivery of parenting programmes, breastfeeding support and support national child measurement programme.

14. Future service model options

Prior to commencing the formal engagement process commissioning options were discussed and developed by the Healthy Child Programme Commissioning and Governance Steering Group. Two possible future commissioning options were identified and we asked our stakeholders for their views on these during the engagement process:

Option 1 - delivering the Healthy Child Programme via three distinct services; health visiting, school nursing and the family nurse partnership

OR

Option 2 - delivering the Healthy Child Programme via an integrated 0-19 Healthy Child Programme service.

Overall the feedback we obtained from our stakeholders suggests that a single integrated 0-19 Healthy Child Programme service model would be the most preferable option with the best potential locally for improving children's outcomes.

We undertook a market survey to obtain the views of our potential bidders. Several potential future service providers with experience of delivering Healthy Child Programme responded to our survey. We found that the majority of potential bidders would prefer to bid for a 0-19 Healthy Child Programme in its entirety as opposed to bidding separately for health visiting, family nurse partnership and school nursing services. It was suggested that this model has potential to be the most cost effective solution especially given current financial pressures and that the model had potential to offer a better quality service via a seamless pathway for children and young people.

We had more mixed views from the professionals who completed the on-line survey. We found that a third of respondents supported delivery via an integrated 0-19 model and a third supported continuing to deliver the Healthy Child Programme via three distinct services; health visiting, school nursing and the family nurse partnership. The remainder of on-line respondents felt either model would be acceptable or had no preference at all.

We specifically ran a workshop to explore this further in our professionals engagement workshop attended by 75 professionals.

We found that there was support from participants attending for a 0-19 model. Participants thought that a 0-19 model best represented the child's journey. Participants identified a wide range of potential benefits from delivering services in this way which included:

- Potential for better communication and clearer service offer to families and professionals.
- Having a holistic view of families across the age range.
- Better dialogue on families if school nurses and health visitors based together.
- Potential for improved data sharing supported by a single 0-19 information system as opposed to separate IT systems.
- Potential for stopping children slip through the net e.g. health visitors could continue to support a child and their family at school entry or school nurses could offer support prior to children prior to school entry.
- Could offer seamless transition at key life stages e.g. school entry.
- Opportunity to have better links and communication by having a named link health visitor or school nurse from the 0-19 service for GPs and social workers.

However some participants also highlighted a number of concerns and issues that would require consideration in delivery of a 0-19 model:

- It's important to have the right support and infrastructure in place to support delivery of a 0-19 model i.e. data systems.
- Need to have clearly defined roles and the skill mix to deliver.
- Budgets were raised as a potential issue i.e. who gets the biggest slice of the pie. Need to ensure that all key elements of the 0-19 service are adequately resourced.
- Staff working within the current services were concerned that a move to a 0-19 service might mean a move to being a 0-19 worker and felt that there were particular skills and strengths that health visitors and school nurses had that should not be lost. A plea was made to note lose the specialisms of health visitor or school nurse.
- The 0-19 programme provides an opportunity to consider a different approach to delivery in schools for example breaking down service delivery into 5-12 years banding/stage and 12-19 years acknowledging the different skills and expertise required to address the needs of children and teenagers.

15. Young People's feedback

76 young people have to date provided their views via group discussion or on-line survey. We also held a number of discussion groups with young people from the youth council, care levers and looked after children's forum, The Way and the Orchard school. Further views were obtained by including specific questions about school nurses in the Behaviour school survey of around 1000 pupils.

The characteristics of the young people completing our survey were as follows:

Only 40 young people completed the equality questions on the survey. The majority were aged between 12 and 18. One young person under the age of 12 completed the survey. 5% were aged 12, 2.5% were 13 years old, 17.5% were aged 14, 47% were aged 15 years, 5% were 16 years old, 12.5% were aged 17 and 7.5% were aged 18.

The young people were from 13 different schools and pupil referral units including one college student.

56% described themselves as female, 37% as male. 2 young people described themselves as gender neutral. The remainder preferred not to say

92% had the same gender identity as assigned at birth. 2 young people did not have the same gender identity as assigned at birth and the remainder preferred not to say.

75% of young people identified as heterosexual, 11% were unsure of their sexuality, 2% identifying as a gay man, 7% identifying as bisexual and the remainder preferring not to say.

14% of young people identified themselves as being young person who is looked after by the local authority (in care or looked after by a foster carer).

60% described themselves as White British, 9% White and Black Caribbean, 7 % Asian British Indian, 7% Black British Caribbean, 5% Other White European, 2% Chinese, 2% White and Asian, 2% Black British African and the remainder other or preferred not to say.

49% described themselves as having no religion, 34% Christian, 2% Hindu, 2% Sikh, and 7 % other religion and the remainder preferred not to say.

21% of young people stated that they had a disability.

16. What do young people think school nurses are doing well?

We asked young people their views on current services provided by their school nurse. Young people overwhelmingly mentioned how approachable, friendly and kind their school nurse was.

The majority of young people responding to the on-line survey said they know how to access their school nurse and rate the service as good and would recommend the service to their friends. This was contrary to the findings of the larger Health Related Behaviour Survey 2016 as detailed below.

Young people value the confidentiality offered by the school nurse making the school nurse very approachable**.**

Some of the individual responses received to the question about what young people like about the support and services provided by school nurses in their school are detailed below.

"That she is always there to help"

"Easy to find her and know she is here every week at drop in to talk to"

"I could tell my nurse everything and she would listen to everything"

"Non-judgmental, confidential, trustworthy, supportive"

"We are like a family here – we are all different – but she treats us equally" - Orchard School pupil.

"Understands me – doesn't speak down to me – doesn't speak

like we are children"

17. What needs to be considered in the new service model?

Increase access to the school nurse within the school setting

The majority of young people said that access to the school nurse and drop-ins should be increased in their school. On the whole young people would like to be able to see the school nurse during the school day or immediately before and after the school day. Some young people would also like to be able to access the school nurse during the holidays. Most preferred to be able to meet the school nurse within their school as opposed to another venue. Young people would like choices on how they access the nurse including being able to book an appointment, attend a drop-in without appointment and to be able to access advice from the nurse via telephone, confidential email and Skype.

Improve communication

Improving communication was a key theme. Young people would like to be able to contact the school nurse in a variety of different ways including phone, text, email and Skype.

Young people have a number of suggestions as to how school nurses could promote themselves more and improve communication including:

- having specific school nursing notice boards with a photograph of the nurse in schools and classrooms detailing how to access the nurse and providing health information
- promoting the service in school assemblies
- school nurse to provide an annual reminder to pupils about the service and introduce herself to new pupils
- Some suggested that the school nurse could attend school council meetings to discuss issues

18. Services young people would like in their school in future

The majority of young people valued the services provided by school nurses and wanted more provided in their school. A large number of young people felt that school nurses could provide more support to young people in relation to mental health including providing advice and support and helping to reduce the stigma attached by talking about mental health issues more and advising for e.g. on exam stress. Other areas highlighted as important were continuing the drop-in's especially in relation to provision of sexual health and pregnancy advice. Young people suggested that school nurses could do more in relation to personal, social and health

education (PSHE) by teaching more lessons particularly relating to mental health, sexual health, sexuality, teenage pregnancy, drugs and smoking.

Young people in the groups highlighted that they liked the C card free condoms scheme and this should be provided by the new service.

Other areas highlighted were body image, sex education for LGBT young people, advice for transgender and non-binary people, gaming advice, blood checks and treatment of minor injuries.

One of the group discussions also highlighted a potential role in advising and encouraging young people who wished to pursue a career in health including access to modern apprenticeships and jobs in health settings.

19. Most important issues for young people in Wolverhampton today

The top four issues facing young people today raised by the majority of young people were obesity (including diet, exercise and not eating), sexual health, mental health and alcohol. Other issues raised by smaller numbers of young people were smoking, drugs and keeping young people safe.

20. Findings from the Health Related Behaviour Survey

Wolverhampton schools have been using the Health Related Behaviour Survey every two years since 2006 as a way of collecting robust information about young people. We included specific questions about school nursing in the 2016 survey. 2283 year 8, 9 and 10 pupils responded to specific questions about school nurses as detailed below. The data demonstrates a need to promote the school nurse services to young people and how they can access as many young people did not know how to access the school nurse. Only 42% of children sampled knew who their school nurse was. Only 38% knew when the school nurse was available in school. Very few pupils knew how to access the school nurse when not in school.

21. Views of Parents and carers

136 parents completed our on-line survey. In addition we spoke to 9 parents at a meeting of the Voice for Parents Forum where they gave us their views on services and advised on the development of the parents' survey.

The characteristics of the 136 parents who completed our on-line survey were as follows:

- 7% were aged between 16 and 24 years of age, 38% were aged 25-34 years, 36% were aged 35-44 years of age with 19% over the age of 44.
- 15% told us that they had a child with a disability.

- 12% identified that they themselves had a disability.
- 88% of people who completed the survey were mothers with the remainder being fathers, grandparents or guardians.
- The majority of parents and carers were female (93%) with 6 males and 1 person who preferred not to say their gender completing the survey.
- 92% of parents described themselves as heterosexual with the remainder describing themselves as lesbian, bisexual or preferring not to say.
- The ethnicity of parents was:
    - 78% classified themselves as White British.
    - 10 % were Asian British Indian.
    - 3% were Black British Caribbean.
    - The survey was also completed by 1 Chinese parent, 1 White and Black Caribbean, 1 Black African and 2 White Other Europeans.
- 49% of parents described themselves as Christian, 32% were of no religion, 8% were Sikh, 2% Hindu, 2% Muslim and the remainder stating other religion or preferring not to say.
- 48% of parents had a child aged 0-4 years of age.
- 50% of parents had a child aged 5-11 years.
- 28% of parents had a child aged 12-19 years.

22. Contact with the health visitor and health reviews

We asked parents to consider the contact they had with their health visitor. 40% of parents felt that the number of visits they received from their health visitor was enough. Only 5% of parents felt they had too much contact. However 24% of parents felt they would have liked more support from their health visitor. They told us that they would have liked:

- Being able to have the same health visitor so that they get to know their children and can also develop a relationship with the parents.
- Being able to have the health visitor visit the home to carry out checks and provide support.
- Being able to access extra support from the health visiting service when experiencing postnatal depression, when a single parent, or as parents of twins/triplets.
- Parents whose children have additional needs being able to access extra help and support for example those with life limiting illnesses or long term conditions.
- Extra advice and support at key development stages e.g. weaning.

Some of the individual comments we received from parents about contact with their health visitor included:

"I would like to have seen the same one so the health visitor knew my children"

"As a first time parent who was also single I felt I was just left with no information or help"

"I had lots of support but I always went to them."

"As a new mom the service was fine I had good support from allocated health visitor"

Some parents compared the health visiting support they had received for an earlier child and felt that they had not received the same level of support with a later child and that it was difficult to access health visitors for support. Some other parents told us that they had received their health checks late and some believed that they hadn't received all the relevant checks.

A number of parents felt that it was important for the health visitors to provide more support in the first year and suggested that the health visitor could telephone the parents more often in the first year to check that they were ok. Some suggested:

"For first year the health visitor should come to your home to check on you more often and that you're not just left to it."

"6 months checks by phone to make sure mum or dad or both are OK with their child's development at school"

23. Schools nursing health development reviews

We received mixed responses from parents when we asked if they remembered their child receiving a health review from the school nurse at school entry or transition from primary to secondary school and how useful it was for them and their child.

Of the 117 who responded only 50% of parents remembered receiving a review at school entry. 25% found the review useful but equally 25% did not find useful.

Even smaller numbers of parents remembering their child having a review at transition to secondary school with around 10% remembering this and finding this review helpful and 10% remembered but did not find this review helpful.

24. Additional comments about health development reviews

We asked parents if they had ever been offered a review and declined this and reasons for this. Only 12 parents told us that they had been offered and declined a visit/review from the health visitor or school nurse. A variety of reasons were given

from thinking that they didn't need the service to a minority reporting that they didn't like how the health visitors interacted with them feeling judged.

We asked parents if there any other times or stages in their child's life that would be helpful to be offered a health review/visit from the health visitor or school nurse and found that the majority of parents were happy with the current development checks on offer.

28% of parents suggested the following as additional times when checks may be useful:

- Before and when starting school.
- More frequently during primary – rather than just offered at school entry and transition to secondary school. Some parents commented on puberty being a key time and reflected that this is occurring earlier and information available for parents was limited.
- More frequently during secondary school and when leaving school at Year 11.
- Some parents felt more support was required on an individual basis e.g. when a child becomes diagnosed with a long term condition or has other additional needs identified e.g. mental health.
- A small number of parents felt the need for even more contact suggesting six monthly or annual reviews.

25. What parents like about the support and services that they or their child received from the health visitor, family nurse or school nurse

Only half of respondents answered this question and the responses were mixed with a small minority of parents stating that they had received very little support from the services and therefore had nothing to recommend them. It would appear that there is inconsistency in the services currently provided to parents. Some parents praised the level of support they received but some said they only received a basic service and faced difficulties in accessing staff for help.

"I don't even know who our school nurse is and my 14 year old son has a long term medical condition. I have never met the school nurse and as far as I know, neither has he."

However it's clear that those parents who recalled having received services clearly do value the support and advice they received. They described staff in the services as being helpful, kind, accessible and friendly. This is a sample of some of the individual comments that we received from parents regarding their positive experience of the services.

"School nurse is helpful as they pick up any underlying issues your child might have, especially if you don't need to visit the doctor

because your child isn't ill often"

"Our school nurse became our keyworker for CAF meetings that I self-referred for. She was our rock, and became a huge part of our lives. She was our support when school wasn't listening."

"The service from the health visitor is good but it is really hard to get in touch with them and appointments at clinic fill up really fast."

"I felt the visits for my newborn baby and 6-8 week checks were positive. The health visitor was clearly experienced and I felt reassured when my questions were answered."

"The School Nursing support is great, hope with disabled young people they and their families can have similar support post 19 years."

"The school including nurse become a second family for our children with complex and additional needs."

"My child's school nurses are excellent, supportive with a great can do attitude!"

"I suffered from post natal depression and if it wasn't for my health visitor I'm not sure I would have got through those early years"

"My Family nurse knows more about me than any other professional. She is always there for me. I hope this service is around to help other young people like me"

"I like that my family nurse has been there consistently throughout my pregnancy and now that my baby is born"

"Love my Family nurse she has helped me so much to be a much better mom"

"I think the FNP service has been excellent and I wouldn't have managed without their support"

26. Parents views on how services can be improved in future

We asked parents their views on how services provided by health visitors, family nurses and school nurses could be improved in future.

Lack of continuity of staff was a major theme identified by parents. Ideally parents would like to have contact with the same member of staff so that they can develop a relationship with them and that staff know their children. Failing this some suggested limiting to two named health visitors for the family. Some of the individual comments we received from parents regarding this include:

"Continuity of care. I don't even know who my health visitor is. The few times I have taken my daughter, I see a different person each time. When I was struggling they failed to signpost me to the services I needed"

"Being able to build a relationship with someone you trust is very important when you have young children or have just given birth, continuity of care therefore is very important."

"When the health visitor comes out antenatally, ensure it's the same lady that comes out at all other key contact visits."

Inconsistency of service delivery appears to be another major theme. The majority of parents asked for a more consistent approach from the services. The parents we spoke to and surveyed had mixed experiences of the services. Some spoke highly of the staff and services that they received whilst others were less than complimentary due to their experiences of health visiting and school nursing services. Comments included:

"Go back to a named health visitor rather than the team. You end up spending most of your time explaining what the other health visitors have said previously"

"Timing – every development review was late."

"Communication has to be improved. I shouldn't have to call 3 or 4 times to get an appointment with the health visitor. I know people who've given up trying to get through and taken baby to the gp instead which is not their job and clogging up our gp surgery"

"The removal of drop in clinics was a detriment to the service. The change of geographic areas has also had an impact. The service also needs to reflect that many parents work and so having appointments between 9 and 3 are no longer suitable and the times should be more in keeping with GP hours with access to the service outside of working hours."

"Feels as if after the 2 year review you don't see them or have any contact. No presence. Baby clinics need improving too busy not enough health visitors. Don't even know who to approach for concerns or help. Need more communication from them."

Parents also highlighted how difficult they felt it was to get appointments when they needed help. Some parents also asked for more flexible opening times that take into account the needs of working parents.

Communication was also identified as an area that needs improving in the new service model. Parents would like to be able to email staff. Parents would like to see

better use of technology and for sharing information with parents. Some parents commented:

"Being able to email your own health visitor for advice would also be great instead of having to phone a generic office phone number and having to wait for someone to call back if the duty health visitor isn't available at that time."

"Contact feels old school - I'd like emails, apps etc."

"Weight and measure in schools is a waste of time. No follow up if your child is overweight. What is the point of upsetting a child by letting them know they are overweight and then doing nothing about it"

"It would be good if the school nurse introduced herself to families at the very least at transition stages so that you knew who she was and could have a point of contact if needed. I have asked school several times over the last few years who the school nurse is. My son is going into Y 10 in September and I still have no idea who the school nurse is"

We asked parents how they would like to be able to contact their health visitor, family nurse or school nurse in future. Parents would like choice in how they contact the services. The most popular way parents want to contact the service is to be able to telephone and speak directly with a member of staff. 75% of parents requested this. However almost as important is the ability to be able to text, email, book an appointment and drop-in to see staff without an appointment. Skype or face time was a less popular method of communication with only 8% of parents advocating this as an option.

We asked parents what the most important health and wellbeing issues are for families, children and young people in Wolverhampton today. These can be grouped into six main issues which are obesity, mental health and wellbeing, poverty, health promotion and healthy lifestyles for whole family, child safety and support for children with additional needs and access to information and support.

The top issue mentioned by parents was around obesity. Parents described this in various ways including weight, healthy eating, diet, nutrition. Parents highlighted the need for a family approach to exercise. It was not just the need for better education about healthy eating but helping families to support this for example by providing free breakfast for children, advising on maintaining a healthy family diet with continuing rising costs of food and guidance on how to budget for nutritious meals rather than convenience foods. Advice too on helping children to stay fit in the age of video games was also mentioned.

The next most mentioned issue was around mental health and wellbeing including promoting healthy minds, addressing poor self and body image in children and addressing the wellbeing of the whole family.

Poverty was cited as the next key issue and parents referred to lack of family income, isolation of families, housing issues, lack of access to social activities outside of school that don't costs a fortune and lack of community spaces for children and play provision for under 5's.

Health promotion and healthy lifestyles was mentioned and parents specifically highlighted mental health, sexual health, smoking and drugs and dental hygiene.

Child safety and safeguarding were also highlighted as important issues with reference to sexual exploitation, gangs, domestic abuse and one parent mentioned and increase in racism 'post-brexit' as of concern.

Parents would like advice about growth and child development and knowing when their child should meet development milestones.

Many parents highlighted difficulty in accessing information, support and services and said that more information and support should be available for parents. Parents highlighted that being able to access help when it's needed as important and that this should be non-judgemental. One parent described this as:

"Catching problems early".

Another parent asked for:

"Just for someone to listen and not to judge".

A wide range of issues were identified by parents that they felt were important for staff to address with either their children or to provide additional support to parents on. These included:

- Obesity, diet, exercise and healthy eating
- Underweight children
- Long term conditions
- Puberty
- Contraception and sexual health
- Head lice
- Mental health
- Vaccinations
- Smoking
- Childhood illnesses
- Migraine

27. Views of parents from the Voice for Parents Forum

We spoke to 9 parents whose children had a long term condition or disability via the Parents Forum. The parents described similar issues and concerns as highlighted by the parents via the on-line survey.

The parents were unclear on what services were on offer to them or how to access their health visitor or school nurse. None of the parents recalled having received a letter or other publicity from the services.

The parents identified a gap in service in relation to emotional wellbeing and links to pastoral support in school and would like the services to have more focus on this. Other gaps identified were that some parents did not know who to contact if a child attends a school out of borough. It was suggested that it would be good if the school nurse could be a link for parents and continue to provide advice to parents and coordinate and communicate on behalf of the family with other services i.e. paediatrician. Some parents expressed a number of frustrations with current services:

- Lack of feedback from services when their child has been referred.
- Lack of communication between GP and paediatricians and services.
- Problems with access to equipment that their child needs.

To note that some of the issues raised by parents relate to wider children's and primary care services.

The parents also expressed frustration about having to tell their child's story every time they go to a different service or GP. The parents suggested how lovely it would be for them to have a school nurse that was consistent throughout their child's life and that parents would know that the school nurse would be meeting with the school pastoral staff and had an understanding of their child.

Some parents provided positive feedback about the annual health assessments conducted with their child on an annual basis and were very appreciative of these.

There appeared to be some confusion amongst the parents as to the different roles of the school nurses and special school nurses.

28. Views from the Foster Carers Forum

We facilitated a workshop with 24 foster carers. Generally feedback was very positive about the services they received. Foster carers said that the annual health checks for looked after children were working well.

Foster carers suggested that the services could be improved by better feedback and sharing of information between the health visitors/schools nurses and foster carers especially in relation to sharing about child's previous illnesses.

Foster carers highlighted that sometimes health policy can be different between local authority areas and gave an example of different breastfeeding policies which caused them some confusion.

A suggestion was made that any new or changes in policy which may impact on foster carers could be bought to the forum by the service provider so that foster carers could seek advice and raise any concerns.

Foster carers think that communication and sharing of information could be improved. They said that very often the 'red books' took months to arrive leaving foster carers without vital information about the child. In addition they identified that whilst the annual reviews went well, they did not receive any feedback from the health staff as regards these reviews which would be helpful.

Similar to the parents' feedback, foster carers highlighted how important it is to have a consistent health visitor and to be able to develop a relationship with them.

The foster carers praised some of the health visitors and school nurses for the support that had been given and were keen to share good practice.

"She (health visitor) was fantastic with filling me in on observations whilst visiting (child's name) who has alcohol fetal syndrome. She was an excellent support to me during those first few weeks of coping with this three year old who had severe, complex problems. She attended his LAC and school PEP meetings."

"The school nurse deals very well with his condition and keeps me up to date with any episodes that happen at school. I have not got any suggestions for improvement in my personal experience."

Attendance at future Foster Carer meetings by service managers would be welcomed by the members of the Forum and would provide an opportunity for foster carers to share any concerns or issues and to highlight to the service the impact of proposed changes in practice in relation to looked after children and foster care.

29. Views from schools

Some school staff and head teachers completed our professionals' on-line survey. However given that they are a key stakeholder especially in relation to school nursing we conducted a separate Head teacher's on-line survey, held discussions with the Personal Social Health Education (PSHE) Forum and attended the Head teacher's forum to brief and obtain their views.

30. Findings from the Head teacher's survey

36 school staff responded to our Head teachers' on-line survey in December 2015. We received responses from staff working across primary, secondary and special schools and pupil referral units.

90% of those who responded rated their school's access to a School Nurse as good or excellent which appears to conflict with the subsequent stakeholder survey which identified a need to improve access to and capacity of school nurses.

We asked for views as regards the contact time between the school and the School Nursing Service and 60% of respondents said that the contact time with the School Nursing service was about right.

75% of respondents said that the School Nursing service did communicate a clear service offer to school. Again this conflicts the findings from the later survey.

90% of respondents said that staff in their school felt supported by the School Nurse Service.

90% said that staff needed more support from the School Nurse Service on health issues that impact on pupil wellbeing.

The most important issues identified by school staff that they would like additional support to address are:

- mental health/emotional wellbeing
- physical health
- healthy lifestyles

31. Views from the Personal and Social Health Education leads meeting

A group discussion was facilitated with 12 teachers with lead responsibility for Personal and Social Health Education (PSHE) in schools.

32. What support schools would like to receive from school nurses

Schools would like school nurses to support consistent delivery of sex and relationships (SRE) in schools. Currently there is an inconsistent offer and the quality varies. School nurses don't appear to have the capacity to provide a consistent delivery of SRE to all schools. Schools would like timely and consistent offer of support to deliver SRE. It was acknowledged that the delivery of SRE by individual school nurses is of good quality but the issue is an inconsistent offer to schools and the quantity and consistency of delivery across all schools. Acknowledge that some targeted delivery of SRE to 'at risk' pupils is delivered which is good however does

not appear to be part of a standard offer to all schools across the City. The drop-in's provided are valued by schools.

Schools value delivery of the National Child Measurement Programme (NCMP) however it was highlighted that there is a considerable amount of time between reception and year 6 and suggest further intervention before year 6 would be beneficial. Staff saw a wider role for school nurses to support families who are overweight.

Schools would like training provided by school nurses on asthma and epi pen to continue as well as support to teachers and families on this issue.

A key message was that the school nursing service needs to develop a standard service offer for all schools that is communicated well to all staff and gives clear information on how schools can contact a school nurse. The view is that the schools 'offer' depends on the relationship with the individual school nurse. Another theme was that whilst the quality of what some school nurses are delivering is good, not enough time is given to enable consistent delivery. School nurses could also have a role in capacity building in schools for example working with mentors.

Priorities that PSHE leads would like school nurses to support in school:	
• Obesity (includes diet, weight management)	• Sex and relationships education, sexual health promotion (secondary school)
• National Child Measurement Programme	• Emotional health and wellbeing including body image
• Education Health Care Plans	• Support for children with medical needs i.e. asthma, diabetes
• Early Help	• Safeguarding
• Substance misuse	• Drop-in's for young people in secondary schools and parents in primary schools
• Smoking	• Provision of general health advice including hygiene

33. PSHE leads views on what works well and what could be improved

The key theme was that many felt that individual school nurses offered a quality service but that this was far from a standard service offer. PSHE leads would like to see a standard menu or service offer for all schools. It was highlighted that the delivery of the NCMP programme was very good but that this could also benefit by being delivered across wider school years than reception and year 6.

Key themes identified by PSHE leads.	How services can be improved
Improve the delivery of sex and relationships education (SRE) in secondary schools and pupil referral units (age appropriate).	• Provide a clear and consistent service offer for all schools/PRUs. • Expand current delivery from year 11 to include earlier school years as appropriate. • Provide regular contact with those that are identified as 'at risk' in terms of sexual health/sexually active. • Consider whether school nurses are best placed to deliver SRE or could alternative service providers be identified to support delivery.
Expand the national child measurement programme.	• Consider expanding delivery to additional school years as too long between reception and year 6 and misses opportunities for early intervention.
Inclusion support/ English as an Additional Language (EAL).	• To clarify what extra support is provided to these pupils and their families as part of the core service offer to schools.
Communication.	• Communication with schools, children and parents needs to be improved. • A clear service offer/menu needs to be developed and communicated with schools.
Improve accessibility.	• School nurses to spend more time in each school. • A 'compulsory' visit for all pupils could de-stigmatise use of drop-in/access to the nurse. • All pupils to have a 'health check' with the school nurse – beneficial to all and would also help to de-stigmatise.
Extend support offered to families.	• School nurse drop-ins in primary schools for parents would be beneficial.
Supporting healthy lifestyles and PSHE.	• Ideally school nurses could deliver health promotion and education to every school year.
Promoting emotional wellbeing and supporting mental health.	• More support to be provided to children in schools and support

	schools to address.
Capacity building in schools.	• More pastoral team/mentors could be trained in C-card. • Opportunity for school nurses to supervise and oversee what school staff could delivery in relation to health and wellbeing.

34. Engagement workshops

We held two half day engagement workshops and invited professionals, partner agencies and potential service providers to attend. The overall aim of the workshops was to identify how the future service model can support children, young people and families to achieve good outcomes and to enable a wide range of stakeholders to express their views. It also provided an opportunity to consider the emerging themes from the engagement with stakeholders and to explore some key issues that had been identified. 75 stakeholders attended the workshops from a wide range of backgrounds including health, social care, primary care, voluntary sector and potential service providers/bidders.

The first workshop enabled participants to explore the child's journey from pregnancy, birth through to 19 years and to identify key issues and gaps. A considerable amount of information was generated via this workshop; some of the key issues identified by stakeholders is summarised in the table below.

The Child's Journey Workshop	Priorities and issues identified
Antenatal.	Expand antenatal classes from 'labour preparation' to include more on parenting and attachment. Address language barriers and consider cultural perspective in delivery of antenatal classes i.e. reflect 34 languages spoken. Better communication between midwives, GPs and health visitors and information sharing e.g. children born outside country. Be proactive re flu immunisation. Improve communication & information for parents. Need to address parental substance misuse and domestic abuse during pregnancy. Review antenatal pathway and clarify roles and responsibilities. Gaps: not enough work pre-conception, with fathers, with mothers not attending antenatally. Lack of support for maternal mental health. Explore voluntary sector role.
Birth to one year.	Difficulty keeping track of mobile families. Parents don't see health visitors (HV) as an important contact. HV's have skills in maternal mental health but don't have opportunity to use. Eliminate duplication of services. Diverse population but not enough capacity in the services to be able to address. Need targeted services for new communities. Need seamless

	communication between GPs and HVs. Need to clarify roles and responsibilities. Need clear service offer. Importance of parents as first educators.
Two to five years.	Need for better information sharing between GPs, HVs, early years, housing, hospitals. Develop parenting programmes/peer support. Special needs/medical needs are not identified before starting school. Children not ready for school – poor toileting, poor communication skills. Overall development delays – lack of stimulation, low parental expectations. Speech and language Need an assessment review around 3 years of age. Address dental decay.
School age.	Children not ready for school. Professionals and parents need better understanding of school readiness. Behaviour issues due to lack of bonding and attachment at infancy. Children commencing school with Speech and Language delays. Need for more services/interventions for teenagers re mental health, wellbeing, low level anxiety, coping with stress, self-harming. Need consistent health education delivery. Consider impact of domestic abuse on children. Support children of parents in substance misuse services. Other issues to address: bullying, child sexual exploitation & grooming. Excessive time spent by children on screens. Address obesity, increase in sedentary behaviour. Consider educating parents on cooking and budgeting. More consideration of transition from children's to adult services.
0-19 years.	Not enough school nurses and health visitors to deliver the core HCP. Universal workforce is an asset; accepted by families, non-stigmatising. Safeguarding requirements across both services limits prevention work with current amount of staff, need to increase capacity. Language barrier issues – need for more interpreting services. Need clear service offers. Need for better integrated working with adult services i.e. mental health and substance misuse. More on emotional health and wellbeing for parents and children.

We considered the feedback received from all our stakeholders and identified 7 key issues which were considered in small groups. These were:

1. 0-19 integrated service model versus three distinct services; health visiting, family nurse partnership and school nursing services.
2. The potential role of the voluntary sector in supporting delivery of the Healthy Child Programme.
3. The Family Nurse Partnership Programme and how to support vulnerable families in future.
4. How communication can be improved in the new service model.
5. How technology can support delivery of the Healthy Child Programme.

6. Evidencing quality and outcomes.
7. Safeguarding versus prevention.

Main findings from workshops to address key issues arising from the engagement	Sample of key findings and recommendations
Workshop 1 0-19 integrated service model versus three distinct services; health visiting, FNP and school nursing services.	Support for 0-19 but requires clarity of health visitor (HV) and school nurse (SN) roles – not to lose specialisms. Provides flexibility, Better transition/seamless pathways e.g. into school. One service could enable HVs to continue support to child if required i.e. extra 6 months or SNs to pick up families earlier e.g. age 3 if to do so supports school readiness and early help. Don't support if 0-19 worker to replace HV and SNs. Need to keep specialism and skills in early years/adolescents. Also consider developing primary age skills (aged 5-12). Could mean holistic care for families. Whole view of family. Better use workforce e.g. links a HV or SN to GPs/social care to represent HCP. Provides opportunity to have multi-disciplinary public health teams consisting of HVs and SNs. Easier record keeping 0-19. Support for co-location of HVs and SNs as were in 1990s and communication was better. Be great to have midwives co-located too. Need to ensure infrastructure in place to support 0-19 i.e. IT, management, skill mix, location. Current IT systems don't talk to each other. Potential for confusing service users by having a 0-19 service as opposed to clearly defined HV or SN services.
Workshop 2 The potential role of the voluntary sector in supporting delivery of the Healthy Child Programme.	Support for voluntary (Vol) sector to complement services in delivery of HCP. Could support parenting, low level emotional wellbeing, school readiness, befriending, obesity prevention, peer support, health education, formalise role models/peer support e.g. supporting the Travelling community. Questions of morality of using volunteers in statutory services. Volunteers not to be used as cheaper option. To be integrated not just an add on. Good practice examples e.g. Home start where volunteers properly trained supervised and supported. Clarify what is statutory and what voluntary sector could deliver. Voluntary sector bring wealth or expertise and experience working with communities. Could bring additional funds. Further engage with Vol sector to explore. Require clear contracts, not short term funded.

	Clear roles and responsibilities. One central referral point for all services.
Workshop 3 The Family Nurse Partnership Programme and how to support vulnerable families in future.	Acknowledge quality of FNP. Not enough capacity in FNP to meet demand. Concern re support for those who meet criteria but can't be offered the service (100 young parents). Clarify what good practice/tools from FNP can be replicated in HV without licence. Need to change criteria of FNP to widen access i.e. Need more investment in HV targeted work with vulnerable families - Specialist HVs have case loads of 350 versus FNP 25 cases. Potential gap when graduate from FNP to HV service – no mandate for HV to go into home – perhaps role for specialist HVs. Future FNP could have HV staff rotating so shared learning and all can deliver. Plus build capacity so all HVs can have the time and tools to support vulnerable families i.e. weekly visits. Concern that FNP is not equitable service and future model should offer support to all vulnerable families. Could Voluntary sector support FNP. Need to do more re DV education in schools. Address poor uptake of antenatal services and review antenatal pathway. Primary care/GPs and midwives need to be part of the locality/hubs to improve communication/support vulnerable families. Develop universal parenting programmes.
Workshop 4 How communication can be improved in the new service model.	Need to improve communication between HVs, SNs, GPs and social care. Staff based in children centres to improve communication. Develop information centre to signpost. One IT system. Better use of texts and electronic referrals. Shared training events for health, social care and education staff. Co-location of staff in strengthening families' hubs. Standard data/consent forms for whole HCP. Handovers for children moving in/cross borders. Staff access to I pads/smart phones so can access info when needed. Standard service offer to all service users that is understood by all. Interpretation/translation services to make services more accessible.

	Address poor communication between HVs and GPs.
Workshop 5 How technology can support delivery of HCP.	Technology needs to be used much more effectively. All staff to be supplied with appropriate devices, agile working, access to records during visits, remote working between visits. Make use of Apps, Skype, and social media to provide support and information to young people and parents Urgent need to move towards integrated e-record system which brings together different record systems currently used. E-referral's. Alert systems for missed appointments. Use Skype for contact with families that may not require physical visit.
Workshop 6 Evidencing quality and outcomes.	Establish electronic data systems to enable more efficient data collection and analysis and the ability to report on outcomes for individual families as well as localities. Integrate the services and share information systems. Integrate community profiling and show services are needs led –requires staff training. Need to track interventions – consider Outcome Star to show journey of family travelled and impact of service on the journey. Develop collective partnership targets and collective reward for improved outcomes. Need to have clear idea of outcome measures but acknowledge challenges i.e. in attributing impact directly to the service, in demonstrating improvements in health and education inequalities. Need quantitative and qualitative targets and exception reporting with reasons why targets not met. Evidence quality through audit. If two year old child assessment results are poor what intervention/referrals are then made across the city/workforce.
Workshop 6 Safeguarding versus prevention.	Need for refocus on prevention as workloads have been too focussed onto the latter end of safeguarding as opposed to prevention and 'early help'. HV and SN capacity impacts on ability to deliver more preventative work. Could attendance at safeguarding meetings be case by case basis i.e. initial meeting attended but if no health issues further if information fed in by email or phone to free staff up. However meeting is non- quorate if health does not attend. Health visitor focus on safeguarding is very beneficial for social services as they are only profession that go into homes. Need better technology to free up HV and SNs so can undertake mobile working, electronic data entry and have instant

	access to information e.g. apps to educate parents. Need better links between GPs and HVs e.g. HV link to meet with primary care every 6 weeks to enable timely flagging of concerns. Transition between services often an issue e.g. HV don't receive timely new birth notification especially when out of area – cross border working and issues. School nurses could do more preventative work re mental health. Consider skill mix i.e. nursery nurses can undertake assessments to support the school nursing/health visiting service if overseen/quality assurance by health visitor/school nurse.

35. Next steps

The new service model framework has been produced. Wherever possible the views from our stakeholders during this engagement period have been considered and taken into account. We are undertaking a formal 6 week consultation on the new service model framework. Feedback that we receive during the consultation will inform the final service model that will be submitted for final approval in November.

The young people's and parents' surveys will remain open over summer 2016 to enable as many people as possible to respond. The views will be considered in the development of the final service model and service specification. Further focus discussion groups may be undertaken to take a 'deeper dive' into particular issues or concerns expressed via the on-line surveys.

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Further background information is available on our Healthy Child Programme website here: City of Wolverhampton Council - Further information

36. Acknowledgements

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Ravi Seehra - Public Health Commissioning Officer.

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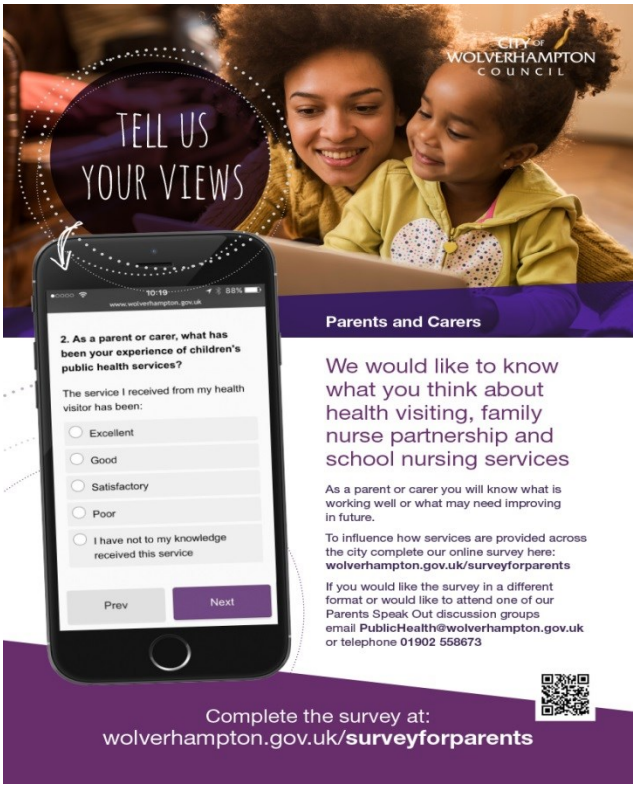
Members of Health Scrutiny and Scrutiny Board who advised on engagement process.

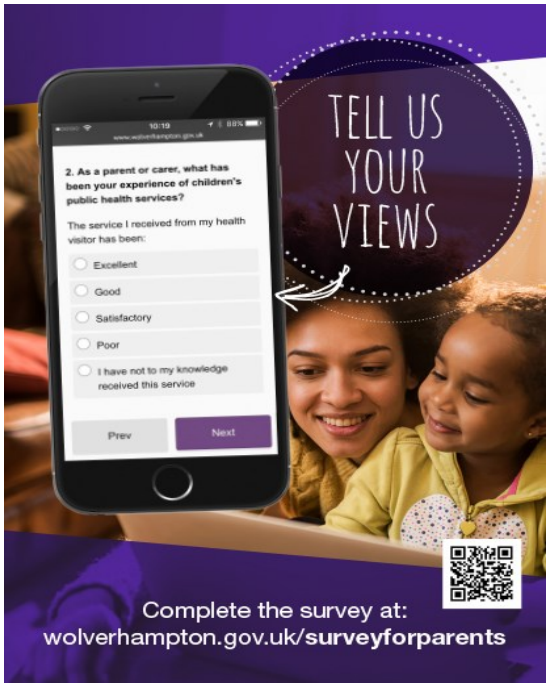
37. Appendix One

Publicity materials used to promote public engagement with parents, carers and young people.

Parents Engagement Poster.



Parent's publicity postcard.



Young person's publicity poster.

Young people's publicity postcards.