

0-19 Public Health Nursing

Summary of the views and perspectives of service users, stakeholders and public health nursing staff

Introduction

- A range of consultation and engagement activities were conducted to inform development of the service specification for the 0-19 public health nursing service.
- Feedback was obtained from a range of sources:
 - Survey for service users (n=114 respondents)
 - Survey for stakeholders (n=22 respondents, representing schools, further education, mental health services, North Somerset Council, BNSSG Clinical Commissioning Group, Youth Offending Service and others)
 - Workshop and survey for those currently providing the service
 - Consultation activities within North Somerset Council
 - Consultation of local authorities in the South West region
- This presentation provides a summary of key points and themes raised

Feedback from service users

1. Health Visiting

Health visiting: Service user feedback

- Most survey respondents (81%) had accessed the HV service in the last two years
- Most survey respondents (68%) stated they knew how to access the service
- The most preferred methods of accessing help and support were face-to-face at home or at a medical centre/children's centre. Half of respondents said they would be happy to access the service by telephone or video call. Just over one third preferred a combination of methods
- In relation to the Health Visiting service received, respondents noted the following:
 - Most parents reported that they had received the support and services they needed
 - Several respondents praised the service's knowledgeable, responsive, helpful and friendly staff, noting certain staff that were particularly supportive
 - Many respondents noted that services and support had been negatively affected by the COVID-19 pandemic and referenced missed 1 and 2-2½ year checks. This was related to redeployment during the early stages of the pandemic, which is no longer relevant.

Health Visiting services accessed

- Services most frequently accessed included the mandated reviews, with 25% accessing well baby clinics or drop in clinics, and 20% accessing specialist breastfeeding service.
- 4% reported accessing the parental mental health service
- Most respondents reported needing help, advice or support with:
 - Their baby or child's health and development (56%)
 - Breastfeeding/ infant feeding (53%)
 - Mental health and wellbeing (26%)
 - Diet and nutrition (22%)
 - Sleep (18%)
 - Fewer had needed support with their/their partner's health and wellbeing (11%, 6%, respectively)

Strengths of the service

Respondents noted that strengths of the service included:

- Helpful, knowledgeable, responsive and friendly staff
- Health visiting staff being particularly supportive and helpful
- Obtaining reassurance and responses to their questions
- Face-to-face contact
- Breastfeeding support
- Local access/accessibility

Suggested ways of improving support available

- Prompt reviews at 1 and 2-2.5 years
- Antenatal support
- Greater online support (e.g. online clinics, online antenatal support) and online resources, but respondents also mentioned drop-in groups and face-to-face community support
- Greater communication (via text message, email, telephone)
- More time available when services were accessed
- Ongoing support after 2-2.5-year review and information regarding available support for older children
- Support for weaning
- Support for paternal mental health

2. School Nursing

School Nursing: service user feedback

- Most survey respondents (61%) stated they had not accessed the School Nursing service in the last two years
- Most respondents (69%) stated they knew how to access the service
- Most respondents (54%) stated they had not needed any support
- Telephone/video call or a combination of calls/face-to-face/online/text were preferred as method of access to the SN service by most respondents
- Respondents noted that staff are a helpful, informative and an excellent and valued resource and source of support, advice and referral. However, it was frequently reported by respondents that they were unaware of the service or were unaware of the breadth of support available from the School Nursing Service

School Nursing Services Accessed

- Respondents reported most frequently accessing:
 - School-based immunisations (32%)
 - National Child Measurement Programme (27%)
 - School Entry Health Review (22%)
 - One-to-one appointment with a School Nurse (7%)
- Respondents reported needing help, advice and support with:
 - Mental health and wellbeing (19%)
 - Physical health and wellbeing (15%)
 - Diet and nutrition (14%)
 - Continence (10%)
 - Sleep (8%)
 - Immunisations (6%)

Suggested ways of improving support available

- Greater awareness of how to access the service and the services offered
- Support with behavioural issues
- Navigating adolescence
- Mental health support for children and associated signposting
- Identification and coordination of additional needs and SEND

Feedback from stakeholders and those providing the service

Priorities

- Respondents considered that priorities included:
 - Mental health:
 - Mental and emotional health and wellbeing, social interaction, managing anxieties, security, safety and good attachment
 - Access to services:
 - Access to services, integration of services
 - Prevention and early intervention
 - Prevention of priority health challenges
 - Early identification and intervention for children and families with additional needs, support or care needs, or disability
 - Meeting health and wellbeing needs:
 - Healthy diet, exercise, healthy development, stable and safe home environments, reducing poverty

Preferred method for accessing services

- Most respondents considered that children, young people and families would prefer accessing services face-to-face (home / community) or via a combination of face-to-face access and online/telephone/text message.
- Opportunities to hold virtual meetings with families were thought to have improved accessibility, engagement and flexibility of delivery during the Covid-19 pandemic and had been well received by families.
 - In addition, initial contact via digital methods may improve engagement at a subsequent face-to-face visit

Barriers to access of the public health nursing service

- Barriers to children, young people and families accessing the service were perceived to include:

Accessibility

- Covid-19-related restrictions
- Location, physical access and inadequate transport links
- Internet access
- Poor mental health or stigma limiting access of service

Knowledge

- Lack of awareness of available services
- Perceptions of negative experiences of health services among peers

Resource

- Available resources affecting provision

Opportunities to improve service delivery and the support available

- Stakeholders considered that optimisation could be achieved by:
 - A greater focus on early intervention
 - Topic-specific support e.g. relating to mental health, mental health support in schools, perinatal mental health
 - Improved accessibility of the service, maintaining local community access and flexibility in delivery
 - Partnership working and integrated services, including links with primary care
 - Improved visibility and awareness of the services available
 - Sharing of best practice
 - Improved information and data sharing