Universal Public Health Services for 0-19 Year Olds Consultation Analysis Report

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1. Introduction

The contract for the School Nurses, Family Nurses, Health Visitors and the Breast Feeding support service ceases in September 2016. After this date the services will be commissioned by the First for Wellbeing Community Interest Company, on a three year contract with an option to extend for a further two years via a service level agreement.

The vision for an integrated 0-19 year old Children and Young People Public Health Service proposes four strands. Commissioners outlined these in the consultation documentation as:

- Universal Health Services – this will include screening, assessment, development reviews and support to reduce the onset of risky behaviours. It will identify if a child/young person and their family require more support.
- Universal Plus Services – this will offer more targeted support for children, young people and families which are in addition to the universal services. This strand offers specific interventions including emotional health and wellbeing support, weight management, breastfeeding support, infant feeding, and interventions around risk taking behaviour.
- Universal Partnership Plus – this will offer more intensive support e.g. helping families to access support from other agencies. This part of the service will also focus on intensive support for teenagers who are pregnant for the first time.
- Community – here Public Health nurses and their teams will be leading work with children’s centre services, early years settings and schools to help them to create, and/or sustain healthy settings, and build community capacity to enable the provider to use the most appropriate practitioner instead of being restricted to age bands.

In this consultation the Council wanted the view from all interested parties to help influence the design and development of the revised service specification. Also, the Council sought opinions about priorities of the services which are not mandatory as stipulated by the Healthy Child Programme. The Council also wished to inform the audience of the proposed new way of delivering the services, although the Council’s Commissioners envisage that there would be negligible change in service to the end user.

This report is an analysis of the information and data gathered.

2. Background

Universal public health services for children and young people are mainly delivered through a national programme, called the Healthy Child Programme. In April 2013, Northamptonshire County Council (NCC) became responsible for providing and commissioning the Healthy Child Programme (through school nursing services) to all 5-19 year olds in Northamptonshire. In October 2015, this extended to include responsibility for
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providing the Healthy Child Programme (through health visiting services) to all 0-5 year olds in Northamptonshire.

NCC currently commission Northamptonshire Healthcare Foundation Trust (NHFT) to undertake this through four key services:

- Specialist breastfeeding support service
- Health visiting service
- Children and Young People’s nursing service – school nurse
- Family Nurse Partnership (FNP). FNP works intensively with under 18 year old girls who are pregnant for the first time.

NCC wants to develop a more joined-up model for all children's and young people’s health services in Northamptonshire. The aim being to develop an integrated children and young people’s universal public health service for 0-19 year olds in the county which brings together existing services. NCC feel that moving to a more integrated model will offer improvement to the way services are delivered, for example, a better experience for children, young people and their families and in turn improving health and wellbeing outcomes.

The proposed revised delivery of the Healthy Child Programme will be supported by a team of qualified Public Health Nurses with a mix of skills and competencies. Teams will be expected to focus their efforts on a number of important milestones in a child’s life – including birth, development reviews, starting school, moving to secondary school and leaving school. In order to improve health outcomes the new public health delivery model will, for 0-19 year old:

- Bring together universal services – meaning the creation of one service for children of all ages.
- Set out clear outcomes that need to be achieved for the proposed universal services.

The delivery model will focus on improving wellbeing for children, young people, and their families by:

- Identifying the key milestones along the 0-19 years pathway, where Public Health Nursing Teams (made up of lactation consultants, health visitors, school nurses and family nurses) will assess the needs of the family.
- Deliver help, support and/or identify children and families who are at risk and need early help from another service.
- Promote Public Health Nurses as key professionals in supporting children, young people and families to access a range of early help, targeted and specialist services.
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- Encourage Public Health Nursing teams to share their knowledge, expertise and skills across the whole 0-19 years pathway so that care is seamless.
- Work closely with those services providing more specialist help and support for children and young people with long term conditions (e.g. asthma), mental health and wellbeing issues, special educational needs and disabilities.
- Focus on improving wellbeing for children, young people and their families.

Due to the potential changes to the services and the way in which these services could be provided there was a requirement to consult and engage with key existing users of the service, potential future customers, service providers, partner organisations, employees, and other key stakeholders.

The consultation was conducted by the Engagement, Participation and Involvement Team within Northamptonshire County Council, who carried out the consultation in compliance with NCC’s Consultation and Engagement Policy and Standard of Required Practice.

The consultation was also supported and the methodology agreed by NHFT.

In early 2014 NCC carried out a consultation on the public health nursing for school aged children and young people, which sought feedback on respondent's preferences about the service prior to the development of a service specification due for implementation in July 2014. Commissioners will use the results from this previous consultation in conjunction with the findings of this consultation report in the development of the current service.

3. Consultation Methodology

The following outlines the consultation methods and events used to generate the material/data for analysis.

A stakeholder analysis was completed. It identified stakeholders which included: users of the service, interested members of the public, staff providing the service, stakeholder organisations, plus others.

Due to the breadth of potential stakeholders a base questionnaire was devised. The questionnaire was designed to:

- Inform the audience of what services are stipulated by mandate and are not open to consultation
- Gain an understanding of priorities and to influence the design of the revised service specification
- Ascertain key gaps with the service provision
A stakeholder mapping exercise was conducted and NCC and NHFT actively promoted the consultation to the identified audience.

The online questionnaire was set up in a way which identified respondents who were residents of Northamptonshire and professionals i.e. staff/ service providers. Respondents were then directed to the questionnaire relevant to them. This meant that the questionnaire was filtered so that the relevant audience group would receive the questionnaire that were pertinent to them.

A copy of the questionnaire (Appendix 4) and details of the consultation, including a supporting explanatory document with further information and frequently asked questions (Appendix 3) was made available on a dedicated internet web page on NCC’s consultation register, www.northamptonshire.gov.uk/consultationregister, which is where all of the Council’s consultations are published.

A number of qualitative and quantitative questions were asked to gain an understanding of respondents. This included questions on:

- Priorities of a Universal Public Health Service for 0-19 year olds and its health outcomes.
- Perceptions of impact of the proposed service changes along with their rationale behind these perceptions.
- Requirements in how best to access services along with experiences of barriers and proposed solutions.
- Experience of the services currently provided and suggestions for service improvement.

An offer was made to translate the questionnaire into other formats, including easy read, however no requests were made for any translated versions.

The consultation and online questionnaire was also promoted to a number of key stakeholders, including:

- Users of the service (including children, young people, parents, guardians & carers)
- Providers of the service including NHFT staff
- Health and Wellbeing Board Members and locality chairs
- Members of Northamptonshire County Council’s Consultation Register
- Members of the county’s Residents’ Panel
- Clinical Commissioning Groups (CCG)
- Healthwatch Northamptonshire
- Children’s centre services
- Early years settings
- Schools
- County Councillors
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- Other interested parties

Key organisations, identified through the stakeholder analysis were also asked to help promote the consultation amongst their members and other distribution channels.

As well as being promoted via our partners’ communication channels, this consultation was also posted and publicised via the Council’s Facebook, Twitter and other social media accounts. Respondents were given the opportunity to participate through these social media sites, although no responses were received via this method.

With the support of Northamptonshire’s Young People Shadow Board a modified version of the publicly facing questionnaire was designed specifically for young people. However, it was later decided not to engage with young people in this manner. The commissioners will attend a series of existing young people groups across the county to ensure ongoing dialogue with young people. As this engagement with young people is still ongoing their feedback has not been included within this analysis report.

In addition to the above, a provider event was offered to enable a face-to-face dialogue between service providers and commissioners of the service.

The consultation began on 27th April 2016 and ended on 12th June 2016.

4. Summary of Feedback

This is an extensive summary of the feedback received and it is recommended that it is read in conjunction with the full results which can be found in appendices 1-2.

A wealth of feedback was received to this consultation and included some 1,294 comments from the different groups of respondents – service users, interested members of the public and professionals.

A copy of the questionnaire can be found in appendix 4.

4a Questionnaire feedback

A total of 554 questionnaire responses were received. From the 554 questionnaires, 335 responses were from the public (195 of which were from service users and 140 from interested members of the public); and 219 responses were from professionals, employees, or stakeholder organisations.
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Professional respondents were asked to identify their job role. The responses received are outlined in the following table:

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioner</td>
<td>4.8%</td>
<td>10</td>
</tr>
<tr>
<td>Voluntary sector employee</td>
<td>1.4%</td>
<td>3</td>
</tr>
<tr>
<td>Midwife</td>
<td>0.5%</td>
<td>1</td>
</tr>
<tr>
<td>Health visitor/ School Nurse/ Family Nurse / Breast feeding specialist</td>
<td>30.4%</td>
<td>63</td>
</tr>
<tr>
<td>Support staff (i.e. Health visiting assistants/ Healthcare assistants/ Nursery nurses)</td>
<td>7.7%</td>
<td>16</td>
</tr>
<tr>
<td>Work in a school (i.e. Head teacher, Teacher, etc)</td>
<td>15.0%</td>
<td>31</td>
</tr>
<tr>
<td>Work in a early years setting (i.e. nursery, children's centre, etc)</td>
<td>4.3%</td>
<td>9</td>
</tr>
<tr>
<td>Work in a early help service</td>
<td>1.9%</td>
<td>4</td>
</tr>
<tr>
<td>Work in a disabled children’s service</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Social worker/ Care Manager</td>
<td>1.0%</td>
<td>2</td>
</tr>
<tr>
<td>Member of staff at Northamptonshire Healthcare NHS foundation Trust</td>
<td>8.2%</td>
<td>17</td>
</tr>
<tr>
<td>Member of staff at Northamptonshire County Council</td>
<td>6.3%</td>
<td>13</td>
</tr>
<tr>
<td>Member of staff at First for Wellbeing</td>
<td>2.9%</td>
<td>6</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>15.5%</td>
<td>32</td>
</tr>
<tr>
<td><strong>answered question</strong></td>
<td></td>
<td><strong>207</strong></td>
</tr>
</tbody>
</table>

**Priorities of a Universal Public Health Service for 0-19 year olds**

Public respondents were presented with a list of statements about services that could be provided by the integrated service, and were asked to allocate a score against each statement on a scale of 1 to 5, with 5 being the most importance. The following table shows those highlighted as the most important. As evidenced by the closeness of the scoring, nearly all respondents felt all of the below should be a priority of the service. 285 respondents answered this question.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Total number of respondents scoring 4 or 5 out of 5 for importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessing good health advice and information which is easy to understand</td>
<td>279</td>
</tr>
<tr>
<td>Being seen by competent professionals who can communicate well</td>
<td>277</td>
</tr>
<tr>
<td>Having the right help provided quickly once problems are identified to support me to deal with the issues</td>
<td>276</td>
</tr>
<tr>
<td>Having health and developmental problems identified early</td>
<td>275</td>
</tr>
<tr>
<td>Knowing where to go for help and advice</td>
<td>274</td>
</tr>
<tr>
<td>Having confidence that all parts of the health system will work</td>
<td>268</td>
</tr>
</tbody>
</table>

Engagement, Participation and Involvement Team

v1.0
## Professional respondents' priorities

Professional respondents were presented with a similar list of statements and were asked to consider them in relation to the services that could be delivered. The following table shows those highlighted as the most important by professionals. Again as evidenced by the closeness of the scoring, nearly all respondents felt all of the below should be a priority of the service. 179 respondents answered this question.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Total Number of Respondents Scoring 4 or 5 out of 5 for Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being able to access services in the right place and at the right time</td>
<td>266</td>
</tr>
<tr>
<td>Feeling supported to make informed choices about health behaviours (drugs, alcohol, smoking, healthy eating and sexual health)</td>
<td>250</td>
</tr>
<tr>
<td>Knowing how my child is developing and how to support their development</td>
<td>250</td>
</tr>
<tr>
<td>For my child’s early years provider (i.e. nursery, pre-school, childminder, children’s centre) to meet their health needs and promote good health</td>
<td>238</td>
</tr>
<tr>
<td>For my child’s school or college to meet their health needs and promote good health</td>
<td>237</td>
</tr>
<tr>
<td>Knowing how to keep me and my child healthy</td>
<td>233</td>
</tr>
<tr>
<td>Having regular health checks and reviews</td>
<td>232</td>
</tr>
<tr>
<td>Support with breastfeeding</td>
<td>231</td>
</tr>
<tr>
<td>Being able to identify health and developmental problems early</td>
<td>174</td>
</tr>
<tr>
<td>Being able to provide the right help quickly once problems are identified to support people to deal with their issues</td>
<td>174</td>
</tr>
<tr>
<td>Families are able to access services in the right place and at the right time</td>
<td>174</td>
</tr>
<tr>
<td>Families are seen by competent professionals who can communicate well</td>
<td>174</td>
</tr>
<tr>
<td>Providing good health advice and information which is easy to understand</td>
<td>174</td>
</tr>
<tr>
<td>Clear for people to know where to go for help and advice</td>
<td>173</td>
</tr>
<tr>
<td>Feeling supported to develop the skills needed to deliver the service</td>
<td>171</td>
</tr>
<tr>
<td>Having confidence that all parts of the health system will work well together</td>
<td>170</td>
</tr>
</tbody>
</table>
Health Outcomes

Both public and professional respondents were presented with a list of health outcomes relating to the service, and were asked to allocate a score against each statement on a scale of 1 to 5, with 5 having the most importance. The following table shows those highlighted as the most important based on the combined responses from both public and professionals. As evidenced by the closeness of the scoring, nearly all respondents felt all of the below outcomes are important. 441 respondents answered this question.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Total number of respondents scoring 4 or 5 out of 5 for importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying vulnerable children and young people early</td>
<td>426</td>
</tr>
<tr>
<td>Early identification of children who require additional help</td>
<td>425</td>
</tr>
<tr>
<td>Maternal wellbeing and mental health</td>
<td>423</td>
</tr>
<tr>
<td>Support from domestic abuse</td>
<td>420</td>
</tr>
<tr>
<td>Working with schools to support children with long term conditions</td>
<td>411</td>
</tr>
<tr>
<td>Promotion of emotional health and wellbeing and building resilience and managing behaviour</td>
<td>409</td>
</tr>
<tr>
<td>Work with vulnerable young people to improve their health outcomes</td>
<td>409</td>
</tr>
<tr>
<td>Promotion of healthy weight, nutrition and physical activity</td>
<td>393</td>
</tr>
<tr>
<td>Addressing risky behaviours (e.g. smoking and substance misuse and unprotected sex)</td>
<td>392</td>
</tr>
<tr>
<td>Advice on immunisations and vaccinations</td>
<td>383</td>
</tr>
</tbody>
</table>

Supporting people to make informed choices about their health behaviours (drugs, alcohol, smoking, healthy eating and sexual health) 169

Early years providers (i.e. nursery, pre-school, childminder, children’s centre) to meet children’s health needs and promote good health 168

Providing support to inform people on how their child is developing and how they can support their child’s development 167

Schools or colleges to meet children’s health needs and promote good health 167

Providing regular health checks and reviews 165

Providing support to inform people how to keep themselves and their child healthy 164

Support with breastfeeding 147
Promotion of oral health | 382
Building support within communities | 381
Promoting healthy lifestyles | 377
Reducing hospital admissions due to unintentional injuries | 375
Improving school readiness | 338
Reducing school absence | 329

When looking at just the public and professional responses, the top three public responses were:

- Identifying vulnerable children and young people early
- Early identification of children who require additional help
- Maternal wellbeing and mental health

The top three professional responses were:

- Early identification of children who require additional help
- Identifying vulnerable children and young people early
- Promotion of emotional health and wellbeing and building resilience and managing behaviour

Respondents were then asked if they felt anything was missing from these outcomes. 416 respondents answered this question. The majority felt that there was not anything missing. The below chart demonstrates that responses from the public and professionals were very similar.

Although approximately half of respondents said there were no missing outcomes, a total of 87 respondents gave comments on what outcomes they felt was missing. The main themes to emerge on missing outcomes were breastfeeding support, parenting support and young people’s mental health. These came from all three groups of respondents – from professionals, service users and interested members of the public.

The comments around breastfeeding were similar from all respondents. The type of support offered was mentioned, saying that if there was more training for health visitors or more
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dedicated support with breastfeeding this would lead to other healthy outcomes for children in later life. Comments were made about the need to “normalise” breastfeeding and to give accurate advice and information on not just the benefits but how to actually do it. Attachment and wellbeing were highlighted as benefits when the right breastfeeding support is in place. One to one visits and support, information for both mothers and fathers and breastfeeding education included in school/college curriculum were also commented on.

Several respondents mentioned the requirement for mental health support and understanding of experiences that lead to mental health issues, for example bullying. Comments included the need for a solid mental health so good life choices can be made and the importance of secondary school children having access to mental health services. Support and advice for young people, with skills in mindfulness and schools being equipped to deal with mental health needs, were commented on by both professionals and the public.

The importance of safeguarding was commented on by some respondents with the need for an awareness of E-safety and professionals being aware of child sex exploitation. Other comments highlighted how the digital era can affect the teenage brain and the issues around young people making harmful lifestyle choices through digital intervention.

Multi-agency working and a cohesive approach to support/intervention was highlighted, with several comments around the need to boost parental confidence when dealing with professionals particularly those parents that have multiple appointments and interactions due to their children’s disabilities/long term illnesses. Responses from professionals also highlighted concerns over having the resources and suitable staff to manage any new provision.

Comments received from only professionals were around parenting support emphasising a need for accessible advice and support that is not stigmatised. Comments were made on training that is available for the family unit as a whole.

Comments received from only the public focused on behaviour support, reassurance and parental confidence building along with parenting programmes to enable better outcomes for children.

**Perceptions of impact of the proposed service change**

On the whole, both the public and professional respondents felt the proposed changes would have a positive impact on the services being delivered.
When asked why, the responses to this question from service users, interested members of the public and professionals had many recurring themes.

Positive comments were received from all groups highlighting that the opportunity for more joined up working would benefit the families accessing the service. Service users commented that a more joined up way of working would reduce the risk of issues falling between the gaps, and consistency of staff and the importance of relevant up to date information being shared would help support parenting issues. Service users also felt that with joined up working an improvement in communication would save time and resource, and in the end give the best outcome for families. Professionals highlighted that with a more joined up approach the overall care for families would be of a higher standard. Also that families would be able to transit between services/support in a more seamless and supportive way.

Communication was also a common theme highlighted and interwoven with other key themes as a positive impact by all three responding groups. Service users commented that only having to tell your story once would be refreshing as well as having access to a wider professional base i.e. there would be more information available to find the correct intervention/support. Interested members of the public highlighted that information would flow better, and professionals commented that having good communication channels eased the sharing of good practice and this would mean better outcomes for families. There was also one comment about the importance of clear communication to avoid safeguarding concerns.

Consistency and coordination of and within services also featured in many comments from all three groups as a positive. Service users felt consistency was important for those cases that needed continuing care and information given would need to be consistent and up-to-
Interested members of the public felt the proposal gave a seamless service, and professionals commented on the importance of a consistent approach so children, particularly those who are vulnerable, do not fall into the gaps. Many comments highlighted the positive point that having a joined seamless and coordinated service would give a pool of knowledge that could be shared to further support families.

The main theme to emerge from those responses that scored a neutral response focused on the loss of specialist support. They felt that there would be a dilution of specialisms. Professional responses also commented on the concern that there may be workload management issues and as a result casework may increase.

The comments about the proposed changed that were negative were of a similar theme to the neutral comments, with respondents from all three groups feeling there would be a loss of specialism creating a general support service whereas the specialist support was felt to be needed. This included many comments about specialist breastfeeding support and more complex family concerns. Again, some comments also mentioned concern over services being diluted.

The comments by all three groups that did not know if the proposed change would have a negative or a positive impact, focused on a lack of information provided within the consultation in order to make a judgement. Some comments from service users felt the impact would be down to professionals and there were concerns from professionals around the quality of services and possible job restructure or losses.

When asked what level of impact the proposals would have on the way the services are delivered the vast majority of respondents felt the impact would be significant.
The responses from the three groups who commented on this question had some recurring themes. All answered the question in terms of both a big impact positively and negatively.

The positive big impact comments from all three groups highlighted that communication would improve; that support for those families most vulnerable would be easier to identify and be carried out more promptly. There would be better accesses for all, and the service would be more consistent. The comments that highlighted a negative big impact from the three groups focused on the loss of specialist services with practitioners becoming more generalists; the reduction in the services offered and the impact on quality. Some comments felt vulnerable families would be missed out by a workforce already working at maximum capacity and overstretched.

The neutral comments made by the three groups were similar and identified the feeling of “why change?”. They questioned what the evidence was to suggest things needed to be different. The proposed change will only work, they commented, if it is managed well and communicated effectively to service users and the community.

Those respondents across the three groups that thought the proposals would have little or no impact had differing comments; one service user suggested there would be no change to the actual service provision, one comment given by an interested member of the public highlighted the issue that some damage had already been done with a previous service restructure and careful thought was needed to include all families in this proposal. Professional’s comments identified that some services are already working collaboratively and access for families would be the same.

The overarching theme of the comments from all three groups in the ‘Don’t know’ section was that there was not enough information given on the proposed service to know how much of an impact would be made.

Comments that were unique to service users mentioned the positive impact of a new service would be more relevant to staff than families. Also that increase in specialist provision around some areas e.g. breastfeeding would be welcomed. The public identified that within the new service, issues could be dealt with more efficiently and all service information would be in one place making the impact positive for families. Professionals commented that having one key person working with a family would ensure better outcomes and deliver an effective response to need.

Negative comments that were unique to service users mentioned that it will take time for services to change and become embedded. Also that during this period some issues may slip through the net. They said that there was a possibility that the new service would mean professionals would have less time with families. The public identified workforce issues in
that there may not be the right number of staff with the right qualifications and/or experience. Whilst professionals commented on the logistics of a more joined up approach needing to be considered carefully as there is already a struggle to meet targets now.

**Accessing services**

Public respondents were asked what are the best ways for the service to communicate with children and young people who are aged between 11 to 19 years. Respondents were asked to allocate a score against each statement on a scale of 1 to 5, with 5 being the most effective. The following table lists the options given in order of their effectiveness in communication. 231 respondents answered this question.

<table>
<thead>
<tr>
<th>Communication Method</th>
<th>Total Number of Respondents Scoring 4 or 5 Out of 5 for Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to face</td>
<td>176</td>
</tr>
<tr>
<td>Text messages</td>
<td>159</td>
</tr>
<tr>
<td>Social media (Facebook, Twitter, etc)</td>
<td>151</td>
</tr>
<tr>
<td>With groups of young people together</td>
<td>138</td>
</tr>
<tr>
<td>Information on a website</td>
<td>105</td>
</tr>
<tr>
<td>Email</td>
<td>97</td>
</tr>
<tr>
<td>Phone call</td>
<td>76</td>
</tr>
<tr>
<td>Letters sent home with child/young person from, school or college</td>
<td>53</td>
</tr>
<tr>
<td>Letters through the post</td>
<td>46</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
</tbody>
</table>

Face to face, text messages and social media were deemed the most effective methods of communication with children and young people.

Public respondents provided additional comments. Some felt the communication needed to be tailored to the individual, and in so doing so a variety of communication methods would be required. They expanded the comments in giving explanations as to what this could be. Whilst there was some repetition of the above options they also said they wanted contact through a familiar face and/or via a group of professionals, plus traditional methods such as posters. Respondents said that communication methods need to ensure that young people are not judged, that the interactions are safe. Respondents commented on the need to have specific accessible resources for those who have a disability.

Public respondents were asked what are the best ways for the service to communicate with parents and guardians about their children’s health. Respondents were asked to allocate a score against each statement on a scale of 1 to 5, with 5 being the most effective. The
following table lists the options given in order of their effectiveness. 224 respondents answered this question.

<table>
<thead>
<tr>
<th>Method</th>
<th>Total number of respondents scoring 4 or 5 out of 5 for effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to face</td>
<td>189</td>
</tr>
<tr>
<td>Phone call</td>
<td>155</td>
</tr>
<tr>
<td>Text messages</td>
<td>151</td>
</tr>
<tr>
<td>Email</td>
<td>148</td>
</tr>
<tr>
<td>Letters through the post</td>
<td>139</td>
</tr>
<tr>
<td>Information on a website</td>
<td>127</td>
</tr>
<tr>
<td>Social media (Facebook, Twitter, etc)</td>
<td>97</td>
</tr>
<tr>
<td>Letters sent home with child/young person from, school or college</td>
<td>84</td>
</tr>
<tr>
<td>With groups of young people together</td>
<td>80</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
</tbody>
</table>

Face to face, phone calls, and text messages were deemed the most effective methods of communication with parents and guardians.

Public respondents commented that group work is not always the best way to communicate, but where it is used could aid peer support work. They said that the issue and individual needs to be considered. One respondent expressed concerns about using children to deliver messages/letters i.e. correspondence given to child for parent. Respondents suggested the best and quickest routes needed to use technology such as like phone texting. Respondents commented on the capacity of the parents to understand the communications and therefore a personalised approach may be required to get the most effective outcome.

When asked what would be the best time of day for the service to be available the majority of respondents appeared to want a service from 8:00am to 6:00pm, however 36.3% of respondents to this question gave additional details as to alternative times of available, the summary of which is outlined below.

![Diagram showing the best time of day for children's universal health services to be available]

When is the best time of day for children’s universal health services to be available?

- 6:00am – 12:00 midday: 66.4%
- 12:30 midday – 4:30pm: 30.1%
- 4:30pm – 6:00pm: 73.5%
- Other times, please specify when you would like to access services: 36.3%
Public respondents commented again on the services matching the needs to the customers. Respondents highlighted that universal service needs to be available 24/7; that service and support could be provided indirectly through information on the webpage, via a telephone or directly through one to one contact in a variety of settings. Comments were received on services being available outside of “normal” weekday working hours/day, and at the weekend. Comments received highlighted the difference in what respondents defined the working hours/day to be. Some stated that the working day started at 6am, whereas others said 9am, but overall respondents leaned towards 8am. Likewise, respondents were unsure when the working day ended. Some defined this as 5pm or 8pm or 9pm. Overall people generally stated 6pm. Respondents felt it was a matter of balancing the needs of the service and the customer. Some respondents made reference to needing a service first thing in the morning or at bedtime. Overall, there were requests for a greater deal of flexibility required within the service, especially for vulnerable groups of people.

The majority of respondents feel children, young people and/or their families experience barriers in access services. There were 220 public responses and 148 professional responses to this question.

When asked what these barriers are and how access can be improved, interested members of the public and service users highlighted the main difficulties as knowing who to contact, parents being at work during normal working hours, communication issues, knowing what is available, and the lack of information on available services.

The responses about not knowing who to contact focused on difficulties around who was actually responsible for the service provision e.g. school nurse/ health visitors. There were comments around not having a relationship with professionals so not knowing who to direct concerns too. The diversity of provision was mentioned as a difficulty with service users not knowing which service was relevant to their need, with busy telephone lines or incorrect contact details hampering access. Earlier/ later opening times were requested along with flexible appointment schedules, with example of drop in sessions being held at inconvenient times, particularly in rural areas, given as examples of frustration. Communication
difficulties were mentioned by many respondents with issues ranging from messages left for health visitors not being returned; Black and Minority Ethnic (BME) communities having difficulties in using the service if English not was their first language; and appointments not being followed up. Many responses expressed how services are not available at times to suit working parents/ carers. Other themes consistently commented upon were that people were unsure of exactly what services/ support/ interventions were available. The lack of promotion of services and up-to-date readily available information was cited as an issue. Staff availability and enough resources to provide what was needed was also mentioned by some along with the way professionals sometimes interact being cited as being a barrier.

The majority of responses from professionals gave examples of perceived barriers rather than suggestions to how these can be overcome. Professionals felt that there was a lack of relevant information for families around service provision. Professionals found difficulty in signposting families to appropriate services as they themselves were not sure of what was available. Professionals expressed concern around the impact of the closure of children’s centres and its contribution to the limitation of the provision of universal services. Many said and highlighted that this provision was of key support for many families. The withdrawal of services from these venues means many families who were coping with support from universal services may now have to access more involved support. Professional responses highlighted that their workload capacity was an issue for families getting support – some felt that greater caseloads meant only those families at the high end of intervention were being seen. The timings of service provision, along with waiting time were also mentioned. Solutions offered for this resource deficit included finding ways of individual services jointly working/ sharing resources if they were supporting the same family.

Experience of the services
Public respondents were asked which of the following services they have used. The following table lists the responses given in order of frequency. Although 195 respondents initially identified themselves as a service user 215 respondents answered this question. This additional up-take could be due to either respondents not being aware that the services listed in the question fall under the remit of the 0-19 public health services; or that possibly a small percentage of respondents answered this question incorrectly. This is however an observation/ speculation and accordingly, there is no decisive data to clarify this issue. Hence, it is recommended the figures on the following table should be considered with a small margin of error.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinations</td>
<td>82.30%</td>
<td>177</td>
</tr>
<tr>
<td>Health and development reviews e.g. 12 month review and a health questionnaire on school entry</td>
<td>70.20%</td>
<td>151</td>
</tr>
<tr>
<td>Screening and physical examinations</td>
<td>54.90%</td>
<td>118</td>
</tr>
<tr>
<td>Support with breastfeeding</td>
<td>47.90%</td>
<td>103</td>
</tr>
</tbody>
</table>
Universal Public Health Services for 0-19 Year Olds Consultation Analysis Report

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental health</td>
<td>40.00%</td>
<td>86</td>
</tr>
<tr>
<td>Promoting a healthy diet e.g. weaning and a balanced diet</td>
<td>27.00%</td>
<td>58</td>
</tr>
<tr>
<td>Onward referral to other health, social care or voluntary agencies</td>
<td>22.30%</td>
<td>48</td>
</tr>
<tr>
<td>Supporting parental mental health</td>
<td>20.90%</td>
<td>45</td>
</tr>
<tr>
<td>Accident prevention e.g. safe sleep, sun safety, car and travel safety</td>
<td>16.30%</td>
<td>35</td>
</tr>
<tr>
<td>Parenting e.g. managing children’s behaviour and/or support with teenagers, and Family Nurse Partnership</td>
<td>14.90%</td>
<td>32</td>
</tr>
<tr>
<td>Not applicable - I have never used the 0-19 years Public Health Nursing Service</td>
<td>9.30%</td>
<td>20</td>
</tr>
<tr>
<td>Physical activity</td>
<td>7.90%</td>
<td>17</td>
</tr>
<tr>
<td>Sexual health services</td>
<td>6.50%</td>
<td>14</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6.00%</td>
<td>13</td>
</tr>
<tr>
<td>Support with promoting physical activity</td>
<td>5.60%</td>
<td>12</td>
</tr>
<tr>
<td>Risk management strategies with teenagers</td>
<td>5.60%</td>
<td>12</td>
</tr>
<tr>
<td>Supporting parents with smoking cessation/ stop smoking</td>
<td>5.10%</td>
<td>11</td>
</tr>
<tr>
<td>Not applicable - I have never used the services</td>
<td>9.30%</td>
<td>20</td>
</tr>
<tr>
<td>Enuresis (bedwetting)</td>
<td>7.90%</td>
<td>17</td>
</tr>
<tr>
<td>Sexual health services</td>
<td>6.50%</td>
<td>14</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6.00%</td>
<td>13</td>
</tr>
<tr>
<td>Support with promoting physical activity</td>
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</tr>
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<td>11</td>
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<td>11</td>
</tr>
<tr>
<td>Not applicable - I have never used the services</td>
<td>9.30%</td>
<td>20</td>
</tr>
</tbody>
</table>

Of the 215 respondents to the following question most respondents (76.7%) said that they have used the services within the last 5 years, with just over half of respondents (53.0%) had accessed them within the last 12 months.

The majority of respondents are satisfied with the services currently being provided, with the services scoring an average of 3.64 out of 5.
On asking professionals how the services could be improved, 81 comments were received.

The key themes from these interlinking comments from professionals to emerge were:

- **The service**
  - Respondents felt that services in general could work together better.
  - Services needed to be invested in so that they could be modernised, developed or redeveloped.
  - That locating services within communities would help with access.
  - Services could overall improve.

- **The workforce**
  - The workforce needed investing in.
  - Staff needed consistent investment in personal development and leadership.
  - Staffing numbers need to match current and future service requirements/improvements.
  - Staff could share work space/co-location and work with different technologies.
  - Workforce had to be appreciated and that relationships could be built or enhanced between different staff that provided specialist or universal services.
  - Having key points of contact for customers and staff.

- **Organisational Operations**
  - Caseload management is integral.
  - Information systems and information sharing could assist.
  - Services would benefit from local data/local knowledge.
  - Service needed to be holistic and that there needed to be integrated health records with key access points for the data.
  - The “opening hours" of the service needed to be extended and be available over the weekend and in different venues that are accessible to customer requirements not service requirements.
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- **Service enhancements**
  - Need good professional conduct.
  - Cross partner working, looking at delivery of services around mental health.
  - Need for change management, using key officers, understanding customer interaction and co-production of services.
  - Using new digital technology would assist service enhancement.

- **Communication**
  - Telling customers about services was important.
  - Promotion would assist with health promotion and customer interaction.
  - The service being located in appropriate places in the community would aid access.
  - Sharing information systems; whether that be customer information and/or partner information would result in improved communication.

- **Working Together**
  - Services would benefit from closer working relationships.
  - Co-location would assist.
  - Working together by having one point of contact i.e. key worker.
  - Need to share professional knowledge; training and resource systems.
  - Closer working relationship could translate into central referral mechanisms.
  - Crossing of professional working boundaries could help manage caseloads; and save scare resources.
  - Joint meetings and staff development days; reviewing how to work with people who are in transition between services; and using physical infrastructure were considered as being useful.

The below graphic helps to illustrate the key words used by professionals regarding how services can be improved.
Further questions

When asking public respondents how many children they have, the vast majority of respondents (125 out of 185) had one to two children. With others having more, and only 7 respondents stating they had none.

212 respondents provided the age of their child/children, with the most frequent age being between 3 to 11 years old.

Any other comments

A total of 120 service users and interested members of the public took the opportunity to provide additional comments. The main themes to emerge were the need for more intensive readily available support for breastfeeding; access and communication issues; Health Visitor concerns; and the quality of services being delivered.

The comments about breastfeeding highlighted the lack of specialist support and advice, particularly if a baby/mother has issues or disabilities. The comments were in favour of the support given by the “baby cafe”, which has ceased to be funded. A large proportion of respondents felt the advice from professionals was sometimes not appropriate and outdated. The need for information before a baby is born and the importance of support at birth to prevent issues later was also commented on. Some comments did praise the service they had received.

Access, signposting and communication were common themes running through many comments with some solutions given, for example a text question service to aid better communication and advice giving. Others discussed access and that the referral system was poor. They highlighted that there is a growing need for services for the 12-19 age range and the lack of information for both parents and professionals about the role and responsibilities of the School Nurse service needs to be addressed. Communication with professionals/
services in the early years/ preschool was commented on as being more established than with school aged children and the issues surrounding children and young people with SEND was also commented on as needing intervention.

The majority of comments made about Health Visiting services were about the capacity of individual Health Visitors. Many comments identified calls not being returned and having to wait a long time for routine developmental checks. Some felt advice given was conflicting especially if you didn’t have one Health Visitor assigned to you. There were also comments complimenting the support of Health Visitors with the importance of this service highlighted by one comment whose child had an illness that was identified and treated before it became critical.

There were many comments requesting the current services to be “left alone” and a call for a need of service improvement. The closure of children’s centres was commented on with concern leading to a fear of some respondents that the current services will be reduced or stopped. Comments were also raised about the importance of continued professional development for staff, the need for services to work collaboratively for families, and the need for schools/ colleges to be a point of contact/ support for both parent and children.

A total of 28 professionals took the opportunity to provide additional comments. The comments made differed from those of service users and the interested members of the public. Professional comments highlighted the cutbacks and dilution of service provision the proposed changes may cause. Some comments featured concerns over the lack of appropriately trained staff and the increase in online information sites rather than direct intervention, particularly for the growing need for interventions surrounding the mental health of young people. The general feel from these comments was that although change and service development is needed there was concern about what the quality of service will be after what is perceived to be budget reduction cutbacks.

Some comments were around the level of qualified staff delivering the appropriate services and the importance of this to allow families to receive the best support. It was felt by some that more recognition is needed of the high level of qualification required to deliver some roles, with some respondents highlighting that along with change comes uncertainty and the fear that some staff may leave thus losing expertise. Open honest communication was commented on as needed to help alleviate staff concerns.

Concerns were raised over the increased caseloads of staff, with diverse needs of an extended cohort of professionals being required. Although there was a suggestion that a seamless service and a more joined up approach with GP’s and other health initiatives would be a positive improvement.
4b Written Responses

In addition to respondents completing the questionnaire, 2 respondents chose to write to us directly with their comments via email.

The first response was from NHS Nene CCG and NHS Corby CCG. The CCGs are supportive and welcoming of this proposal. They are offering to work with NCC in developing what they describe as “important service area”. The CCGs would be prepared to work/ develop this work together with NCC, in particularly they reference areas such as safeguarding, looked after children, referral pathways, and training on long term conditions and emotional wellbeing. They comment that some areas of primary care may need explicit explanation of the 0-19 services. They highlight the opportunity this proposal provides for whole family working, whereby operational lines are “softened” between service areas. This would enable service to be joined up, timely and supportive of the needs to the children, young people, and in particular those with complex needs. They felt the proposal provides opportunities to strengthen the interfaces of the 0-19 service and other specialist services. They comment that it enables improving access, allowing geographical targeting and support improvements stated within the remits of the Children’s improvement Board and local Sustainability and Transformation Plan.

The second written response came from Healthwatch Northamptonshire (HWN), who are “theoretically” supportive of a universal service but commented that there was not enough adequate information presented to understand the proposal in full. This led them to comment that the proposal led to more questions being asked rather than answered. HWN commented that the word “universal” may not be the correct terminology if the service is to become more of a targeted service. They also commented on ensuring workload is balanced for staff; on making sure that the voice of children and young people is heard within this consultation/ service design; and, that the area of children and young people’s mental health and wellbeing is addressed. HWN also felt that universal services should be accessible to parents who may be working during the school day.

A full copy of the written responses is available in Appendix 2.

4c Provider Engagement Event

Only two stakeholders registered an interest in attending a provider engagement event, as such the meeting was cancelled and NCC Public Health and Wellbeing Officers engaged with these individuals privately. Both providers have expressed and interest in being involved with the proposed new service and have requested to be kept up-to-date of service developments.
5. Conclusion

A great deal feedback was received to this consultation from a range of service users, interested members of the public, and professional respondents, with a total of 554 questionnaires being completed along with 2 written responses. Respondents made additional comments and gave suggestions and solutions. Overall responses from all respondent groups were relatively similar.

Respondents, whether service users, interested members of the public, or professionals, highlighted the following as priorities for the proposed integrated service:

- Having easy access to the service
- Having good information
- Getting the right help at the right time
- Having confidence in the service and its operating systems
- Feeling supported and having choices along with transparent and relevant services

When asked about health outcomes, both public and professionals said that early identification of vulnerable young people and children was important as was identifying children who needed additional help. Public respondents also felt that maternal wellbeing and mental health were important, whereas professionals cited the promotion of emotional health and wellbeing being along with building resilience and managing behaviour as important. When asked what was missing on the health outcomes, the majority of respondents who answered this question said that there was nothing missing. Those that did feel something was missing mostly focused on the need for breastfeeding support, parenting support and improvement in provision for young people’s mental health.

Most respondents felt that the proposed changes would have a positive impact on the services being delivered. Recurring themes included the opportunity for joined up working, improved access to services, consistency of staff, improved communication and information sharing. Service users also liked the idea of only having to tell the story once, and many professionals thought being focused on family outcomes would result in higher standards of services. Some concerns were made regarding the potential dilution of specialist services and professionals being more generalists.

The vast majority of respondents thought the impact would be significant. Positive impacts were mainly considered to be improved communication and access; support for the most vulnerable families would be identified easier with prompter interventions; and a more consistent service. The negative impacts were the loss of specialisms; reduction in the services offered; and a reduction in the quality of services provided.
When asking the public what were the most effective ways for the service to communicate with children and young people, most people said face to face communication was best, with the use of modern technology (text messages and social media) also being strongly effective. Face to face was also regarded as the most effective way to communicate with parents and guardians, followed by telephone calls and text messages.

The majority of public respondents want a service open from 8.00am to 6.00pm. Although some requests were called for access to: a 24/7 universal service; out of hours services during weekday evenings and weekends; and flexibility in appointment times/opening times.

The vast majority of both public and professional respondents feel service users experience barriers in accessing services. With the main public difficulties being: knowing who to contact; the opening times of the service which is particularly difficult for parents who work during normal working hours; communication issues including lack of staff availability; not knowing what is available; and lack of readily available information. The majority of the professional responses were what they perceived to be the barriers to the public experience, which closely mirrored those mentioned above. There were also some concerns from some professionals regarding the reduction of services delivered through children’s centres, and the impact this may cause on families. Professionals also felt there was a lack of work capacity with caseloads being too high. Some felt by joining up services/sharing resources may assist if they were supporting the same family, and would help remove some of the barriers.

Over 75% of public respondents had used the service within the last 5 years which over 50% accessing the service within the last 12 months. The top five services accessed were: vaccinations, health and development reviews, screening and physical examinations, support with breast feeding, and dental health. The vast majority had 1 to 2 children, and the more frequent ages were between 3 to 11 years old. The majority of respondents were satisfied with the service currently being provided.

Professionals offered over 80 responses detailing how services could be improved. The key themes were on the:
- Service
- Workforce
- Organisational operations
- Service enhancements
- Communications
- Need to work together

Those members of the public who made additional comments gave mainly negative remarks, with the lack of support for breast feeding highlighted. The lack of/and or poor information,
the need for clarity on the roles and responsibilities of school nurses, along with concerns over children centre closures and the services being “left alone” were also commented on.

Additional comments from professionals differed from those of the public and focused on the dilution of service provision and the lack of appropriately trained staff. Concerns were raised over the use of online information rather than direct support and some comments felt staff would leave the profession, creating an increase on already large caseloads for those remaining and contribute to loss of expertise. The positive additional comments highlighted that a more joined up approach to supporting families would be an improvement.

The two written responses were overall supportive. CCG’s highlighted whole family working enabling services to soften operational boundaries as important, thus providing a more joined up, timely provision with children and families benefiting more. An emphasis on supporting those with complex needs was also mentioned, as well as a desire for closer working between the CCGs and NCC. Healthwatch Northamptonshire although supportive felt information was sparse and certain terminology would not be beneficial to families. The voice of the child and young person was commented on as being important along with mental health and wellbeing of children and young people being a priority.

In summary the service in its current state is highly regarded, with most respondents wanting future services to remain and be improved, with better coordination to reach those that needed it. It was felt staff need to be equipped with the right skills and knowledge and the service needs to be accessible and flexible both in location and outside of normal working hours. Collaborative working is welcomed. Along with the need to make sure that customers are engaged during any service development. Although at times professionals commented on direct service provision or workforce issues and public on their experience, they both agreed that the service was valuable, needed and could be improved and modernised.

6. Equalities Statistics Summary

Equalities monitoring questions were asked of each questionnaire respondent who completed the publicly facing questionnaire. Although most individuals answered these questions not all respondents chose to complete this section of the questionnaire.

From the available completed responses, nearly all individual responses were female (90.6%), with 12.9% of respondents either currently pregnant or had a baby within 6 months of responding. Most of the respondents were aged between 30 to 49 years (67.8%).

10.4% of respondents identified themselves as disabled, with mental health being highlighted as the most frequent disability. The most common religion identified was
Christian at 54.9% with 34.0% of participants choosing ‘None’. Predominantly respondents identified themselves as White British 86.3%, with 7.9% from Black and Minority Ethnic groups. The majority of respondents were heterosexual (84.6%).

There were a reasonably balanced number of respondents from residents living across the county, with unsurprisingly the highest number of respondents living in Northampton (29.0%)

Full statistics of the responses can be found in Appendix 1.
Appendix 1: Questionnaire Results

The following question was asked on the online questionnaire. Respondents who identified themselves as being either a service user or an interested member of the public were directed the questions designed for members of the public (questions 2 – 16 and the equality monitoring questions). Respondents who identified themselves as a professional, employee, or a stakeholder organisation were directed to the questions designed for professionals (questions 17 - 25).

1) Please tell us in what respect are you answering this questionnaire?

![Diagram showing responses to question 1]

There were 554 responses to this question. 35.2% said I am/my child is a user of one of the services, 25.3% said I am an interested member of the public, and 39.5% said I am a professional/employee or am responding on behalf of a stakeholder organisation.

Public questionnaire responses

2) On a scale of 1 to 5, where 1 is ‘Not very important’ and 5 is ‘Very important’, when thinking about services provided from the below four services, in your opinion, how important are the following statements?

- Health visiting service
- School nursing service
- Specialist breastfeeding support service
- Family Nurse Partnership

There were 285 responses to this question.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Not very important</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very important</th>
<th>Don't know</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowing where to go for help and advice</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>21</td>
<td>253</td>
<td>0</td>
<td>281</td>
</tr>
<tr>
<td>Accessing good health advice and information which</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>31</td>
<td>248</td>
<td>0</td>
<td>285</td>
</tr>
<tr>
<td>is easy to understand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having health and developmental problems identified</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>22</td>
<td>253</td>
<td>1</td>
<td>283</td>
</tr>
<tr>
<td>early</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 1: Engagement, Participation and Involvement Team

<table>
<thead>
<tr>
<th>Having the right help provided quickly once problems are identified to support me to deal with the issues</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>21</th>
<th>255</th>
<th>1</th>
<th>283</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling supported to make informed choices about health behaviours (drugs, alcohol, smoking, healthy eating and sexual health)</td>
<td>1</td>
<td>4</td>
<td>27</td>
<td>49</td>
<td>201</td>
<td>2</td>
<td>284</td>
</tr>
<tr>
<td>Having regular health checks and reviews</td>
<td>4</td>
<td>5</td>
<td>43</td>
<td>70</td>
<td>162</td>
<td>0</td>
<td>284</td>
</tr>
<tr>
<td>Support with breastfeeding</td>
<td>7</td>
<td>8</td>
<td>31</td>
<td>43</td>
<td>188</td>
<td>5</td>
<td>282</td>
</tr>
<tr>
<td>Knowing how to keep me and my child healthy</td>
<td>3</td>
<td>10</td>
<td>35</td>
<td>60</td>
<td>173</td>
<td>0</td>
<td>281</td>
</tr>
<tr>
<td>Knowing how my child is developing and how to support their development</td>
<td>1</td>
<td>5</td>
<td>27</td>
<td>60</td>
<td>190</td>
<td>0</td>
<td>283</td>
</tr>
<tr>
<td>For my child’s early years provider (i.e. nursery, preschool, childminder, children’s centre) to meet their health needs and promote good health</td>
<td>4</td>
<td>8</td>
<td>28</td>
<td>50</td>
<td>188</td>
<td>5</td>
<td>283</td>
</tr>
<tr>
<td>For my child’s school or college to meet their health needs and promote good health</td>
<td>2</td>
<td>10</td>
<td>28</td>
<td>66</td>
<td>171</td>
<td>4</td>
<td>281</td>
</tr>
<tr>
<td>Having confidence that all parts of the health system will work well together</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>43</td>
<td>225</td>
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<td>Being able to access services in the right place and at the right time</td>
<td>2</td>
<td>3</td>
<td>11</td>
<td>43</td>
<td>223</td>
<td>1</td>
<td>283</td>
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<td>Being seen by competent professionals who can communicate well</td>
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<td>1</td>
<td>3</td>
<td>25</td>
<td>252</td>
<td>0</td>
<td>283</td>
</tr>
</tbody>
</table>

3) The following health outcomes are known to improve health and wellbeing. On a scale of 1 to 5, where 1 is ‘Not very important’ and 5 is ‘Very important’, in your opinion, how important is it for the four services listed below to provide support in each of these areas?

- Health visiting service
- School nursing service
- Specialist breastfeeding support service
- Family Nurse Partnership

There were 271 responses to this question.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Not very important</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very important</th>
<th>Don't know</th>
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<tr>
<td>Maternal wellbeing and mental health</td>
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<td>6</td>
<td>32</td>
<td>224</td>
<td>2</td>
<td>268</td>
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<tr>
<td>Early identification of children who require additional help</td>
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<td>5</td>
<td>6</td>
<td>35</td>
<td>222</td>
<td>1</td>
<td>269</td>
</tr>
<tr>
<td>Identifying vulnerable children and young people early</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>25</td>
<td>233</td>
<td>2</td>
<td>269</td>
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### 4) Do you feel there is anything missing with these outcomes?

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Advice on immunisations and vaccinations</td>
<td>2</td>
<td>4</td>
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<td>Improving school readiness</td>
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<td>Reducing school absence</td>
<td>10</td>
<td>19</td>
<td>60</td>
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<tr>
<td>Working with schools to support children with long term conditions</td>
<td>4</td>
<td>3</td>
<td>13</td>
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<tr>
<td>Promotion of emotional health and wellbeing and building resilience and managing behaviour</td>
<td>3</td>
<td>6</td>
<td>17</td>
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<tr>
<td>Promotion of healthy weight, nutrition and physical activity</td>
<td>3</td>
<td>4</td>
<td>32</td>
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<tr>
<td>Promotion of oral health</td>
<td>3</td>
<td>8</td>
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<tr>
<td>Promoting healthy lifestyles</td>
<td>3</td>
<td>7</td>
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<tr>
<td>Work with vulnerable young people to improve their health outcomes</td>
<td>2</td>
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<tr>
<td>Addressing risky behaviours (e.g. smoking and substance misuse and unprotected sex)</td>
<td>7</td>
<td>5</td>
<td>21</td>
</tr>
<tr>
<td>Reducing hospital admissions due to unintentional injuries</td>
<td>6</td>
<td>6</td>
<td>36</td>
</tr>
<tr>
<td>Support from domestic abuse</td>
<td>4</td>
<td>1</td>
<td>11</td>
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<tr>
<td>Building support within communities</td>
<td>3</td>
<td>6</td>
<td>38</td>
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<td></td>
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</tbody>
</table>

| Total responders | 259 |

There were 259 responses to this question. 20.8% said Yes, 49.0% said No, and 30.1% said Don’t know.

**If ‘Yes’, please tell us what is missing:**

**Service user/ child is a service user**

- Ensuring there if enough parental support to make educational and in particular social care professionals understand medical needs.
- Formulating a healthy breastfeeding relationship and helping to normalise breastfeeding for its many health benefits for mother and child.
- All of these things are so important! I am a breastfeeding mother, I've benefitted from having a good midwife during pregnancy and post birth support and my health
visitor is really helpful and nice, I have also had a visit from the local breastfeeding support who was great but I usually use my local LLL group for this.

- Multi agency working, specifically gaining other support to work alongside health, for example working with a children's centre when working with issues regarding child development, parent-child attachment etc, instead of leaving it to health professionals who have a background in health and not behaviour/child development.

- Not all of all of topics should sit with health care providers as parents and carers should also take responsibility for their own actions and outcomes.

- Even more support available for new mums as far as breastfeeding is concerned, the 1:1 support and home visits I received were absolutely invaluable, without them I would not have been able to carry on. Some sessions during pregnancy for info and for mums and dads on breastfeeding and PND. This should appear on the curriculum in schools and colleges too to promote and inform.

- Mental health services for secondary school aged children.

- Easy, accessible support for breastfeeding parents.

- Promoting all breastfeeding choices.

- Supporting normalising breastfeeding.

- Supporting full term breastfeeding.

- The breastfeeding support locally is essential. To cut funding is atrocious.

- This survey is really poorly worded. Every one of these points are important, they may not be relevant to me but they are important to someone else.

- Not enough breastfeeding support in the early days. (2)

- Breastfeeding support.

- Proper tongue-tie referral pathway.

- Peer support - e.g. postnatal mental illness, Homestart, breastfeeding.

- Promoting good bonding and attachment between parents and children.

- Involving fathers.

- Pre and postnatal care, support with mother choices and health care professionals working with current data and facts.

- Family support, help with my child's behaviour. Advice on what to do when I can't cope with my child's behaviour anymore.

- Family support, helping to give support with my children behaviour.

- Knowing that there is someone I can call for support and help when I don't know what to do with my child and I feel I can't cope with their behaviour any more.

- A 24 hour mental health for under 18's within the hospitals and on the phone for crisis points.

- Support and pay for all the professionals that try so hard to do such a vital job....

- Too much to detail!! The current system lacks so much from basic support and care up to medical support. My one gripe is trying to explain my child's condition to a medical professional with only basic understanding of the English language and when they expect my child to answer who has significant learning difficulties how can he answer if I am struggling to understand them!! Don't get me started on liaison between the services!!

- There needs to be an increased emphasis on supporting young people with emotional well-being involving strategies to support and advice with issues including anxiety/healthy sleep patterns/internet & social media use/on-line & e-safety. It is vitally important that young people are supported & listened to!
- Often feel we are not all working to the same goal - which should be for the best interests of the child.
- The distinction between the activities seems to be being glossed over - breastfeeding support is a very technical thing, in addition to being holistic, very concerned the specific support may be lost. Quite surprised at this ineffective underlying assumption in the survey which will not elicit full responses.
- Possibly agencies and departments working together more, not having to start from scratch when seeing someone new.
- Support for kinship carers. Normally older people with young children.
- Protected parental rights for families with a child with special needs until - and not unless - they are fully independent.
- Breastfeeding support is only mentioned once throughout the questionnaire. I feel this support is extremely important in promoting health and wellbeing and continuing that support after the birth of the child.
- Every appointment is a different health visitor so they don't know my child.
- I am thinking as a father of a 3 year old and this seems to be a very wide group to put together, worried this will lose some of the specialised care for the preschool age group. HVs are great and their knowledge shouldn't be undermined.
- Child Mental Health.

**Interested member of the public**
- Support for siblings who have brothers and sisters with life limiting or life long conditions such as cancer. I run a children's cancer charity supporting families in Northamptonshire but there are huge gaps that need addressing. We would be happy to advice and support.
- More breastfeeding support, successful breastfeeding would help with many other outcomes. Healthy eating, good weight and more.
- Support and advice on breastfeeding (not just why it is good but how to).
- Proper up to date training for HV on better, gentler sleep help for babies and toddlers NOT cry it out or controlled crying.
- Better training for HV or more dedicated breastfeeding support that is realistic about the fact it may not always be easy and does NOT advocate formula top ups unless baby is in medical need to avoid the top up trap.
- To bring health and education services together for under 5's.
- In school eyesight tests.
- Children that are home schooled may miss out on these interventions.
- Children that are absent intentionally for long periods may also miss out and these may be the most vulnerable.
- Mental Health Well being in children and young adults.
- With Family Centres closing Early Help will be adversely affected.
- Training for the relevant health professionals.
- Promoting parents' confidence to bring their children up well, deal with minor illnesses & problems promptly & efficiently, and in more difficult situations, have the knowledge & confidence to work in partnership with professionals.
- Promoting the fact that parents should be responsible for most of the above and not expect others to deal with their children. Unfortunately more parenting information is required.
- Identifying young people at risk of exploitation.
- Safeguarding children and young people at risk of abuse.
- Encouraging assertiveness—not aggressiveness—when consulting professional staff e.g. never to say I am sorry to bother you doctor but...
- Mental health issues especially as a result of bullying.
- Peer support.
- Parent confidence.
- Just clarification that children and young people with long term or pervasive disabilities, mental health conditions or disorders should receive support in identifying appropriate strategies to manage their conditions and it’s implications.
- More of a clarification that children/young people with long-term/pervasive mental health conditions, disabilities and disorders are given support in developing strategies to manage their conditions according to their needs.
- Reassuring parents.
- I feel that mental health is becoming more of an issue for children aged 10 upwards, particularly teenage girls.
- Supporting parenting programmes to help ensure that parents, as the prime carers, are confident, informed and appropriately skilled to give the child the best health outcomes.
- Is it really necessary to ask them of the public? More like a prioritising list for budget setters!
- Using the voluntary sector like Home-Start, to support families.
- There are no activities run throughout the county for children. Like ball rental at parks, games to checkout, assistant at each park to help organize games during the summer or after school.
- The owner of the McDonalds in Kettering town centre tends to let young people congregate in and around the store...many of these children are sharing pornography on their phones, nude photos of the teens that hang out there, young women being thrown to the ground and abuse of drugs. No one seems to be concerned about this. I have lived here for 7 years and this problem at the McDonalds seems to get seedier. Some kind of activity directed by a responsible person may help guide these teens out the harmful lifestyle they seem to be in.
- Should be more emphasis on mental health!
- Emphasis is on physical wellbeing BUT without effective strategies for learning about emotions, the function of them and emotional regulation skills we increase risks in all areas of peoples lives.
- Mental health IS EVERYONE'S BUSINESS, is central to and essential in making safer choices and physical health...
- Inclusion of fathers.
- Birth to pre-school follow up very sketchy. From one relative's experience when moving into area, very little contact or support while settling in into new and unknown area.
- Support for children who are carers.
5) On a scale of 1 to 5, where 1 is ‘Negative’ and 5 is ‘Positive’, do you perceive this proposed change to have a negative or positive impact?

<table>
<thead>
<tr>
<th></th>
<th>Negative</th>
<th>Positive</th>
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</tr>
<tr>
<td>1</td>
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<td>5</td>
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</table>

There were 239 responses to this question. The average rating was 3.5.

Please tell us why?

**Service user / child is a service user**

Reasons given as to why gave Positive score:

- A joined up service would reduce the risk of issues falling into the gaps.
- Continuity of care is valuable for those in need of longer term support.
- Patients more involved with their care.
- That sounds positive, as long as families are supported and helped this should be great.
- It will help as all services are under one roof and thus cutting out red tape and ensuring communication between departments is facilitated.
- Shared information passed through each service as a child develops can only be a good thing.
- Perhaps then doctors and nurses would have breastfeeding training or access to a qualified breastfeeding specialist so that they give out good advice.
- A health visitor who knows the difficult background for a mother or child can have input on difficulties down the line when the child is a teenager, and is engaging in risky behaviour.
- Hopefully all advise will be up to date and all the above 4 services will have the same advice rather than contradicting advice.
- I would hope all "old school" advice would disperse and all parents are made to feel like they are good parents, I’ve heard so many stories of bad "old school" advice given to parents which has made them feel like they are bad parents or that they have made the wrong choices in THEIR children and parenting!
- With the above in action figures of PND would hopefully dwindle as parents would feel more supported.
All staff in the 4 services will have good up to date breastfeeding knowledge, hopefully parents won’t feel pressured to give up on their wish to breastfeed and instead feel supported in their choice.

Services working together can aid access for service users.

I would hope it increases the number of different workers able to provide decent (Ill or IBCLC standard breastfeeding support).

All services need to share information and get the child/parent the correct help when and where required.

Hoping this will provide more support to all parents and more professional that can advise and assist on all matter of child development.

If this move protects the service delivery and budget then it is extremely positive. If the change provides too much flexibility between budgets then it could be negative.

Having all the services working together as one, supporting each can only help the families & children they are providing the support to. Then everyone is working from the same sheet, no missed information etc...

Sounds like a more joined up approach, so each area is aware of contact/issues/support within every other area.

Smother transition between services.

One organisation providing consistency to children and families though it's important that the team is made up of specialists in each area.

Having a joined up system sounds beneficial providing it is implemented properly and it is not an exercise to purely cut money from essential services.

All departments liaising with each other and a follow on of care.

Sharing of skills and information to support the child and family. More joined up working throughout the child's life.

With all areas working together children with identified problems, children at risk, parents/carers needing support /advice won't slip through the net. People will know there is a network available to support them at every stage from birth all the way through their child growing up. Issues can be shared quickly and the help needed offered swiftly, thus reducing waiting times, referrals and hopefully stopping people feeling alone.

I think a "one stop shop" service that caters for the health needs of children and families is a good thing.

Positive, but will need to be handled carefully so vulnerable families aren't left out.

I hope that it will make services more accessible and communication will improve, but hope there will not be a criteria in place that will cause barriers for service users.

Extremely important for these services to work together.

A lot of services are already available, such as breastfeeding support BUT not every healthcare professional is aware or communicates this to mums. A more universal service could combat this, bringing together those trained to help and those needing help.

All services can all be permanently linked so all histories are readily available in one place.

In theory it should be good because hopefully these services will work together to provide what families need rather than pass from puller to post!!

Everyone/all information/help in the same place.

There are definitely gaps in the current service provision, however inevitably in redesign, you have a change in staffing and where a once specialist professional was
there, it is now a generic worker with "an interest" in the area, this can lead to poor support for the persons and their needs not being met.

- Hopefully communication between the four services will be first class which will benefit users & service providers. Joined up communication will also enable the flow of up to date, relevant and accurate information, will reduce unnecessary time and action wastage and provide a smoother, more streamlined and reliable service.
- All through service where they will get to know families and children better and continuously.
- Joined up working.
- Raising a child is not textbook, each has different issues, to choose when to hand over care is better when the time is right not when textbook says so.
- Being able to communicate with 1 organisation would be much better as at the moment it’s difficult to assess who you should speak to about certain issues and then you feel like your being pushed from pillar to post to find the right person. Therefore once a child is born they will have one specific team in which a parent or guardian or school can speak to in which to discuss a child if there is any need for support and guidance.
- Maintaining relationships with patients throughout the pathway and not being 'passed to the next person' once a certain age is reached.
- Continuity for child and parents.

Reasons given as to why gave Neutral score

- If used correctly this could be a positive change, but I worry that some professionals will push to handover to another agency to ease their caseload rather than for the best outcome for the child / family.
- Providing there are specialists in each area within this universal service it should be fine. If everybody is doing a bit of each then the advice is diluted and not effective. E.g. breastfeeding support.
- Breastfeeding figure are already low and there have been several occasions I have heard of where HV’s have misadvised and where people have been wrongly diagnosed re tongue tie etc. To take this specialist help away will reduce breastfeeding figures further.
- I think it will make it more difficult to access these services. Particularly ones which aren’t promoted, such as the breastfeeding support service (I was not informed of its existence when I had my son who attempted to breastfeed but failed to)
- Depends if you would still have staff who specialised in the 4 different areas. Would be concerned that breastfeeding support would be squeezed out as it’s already not good enough no.
- If it works, brilliant. But if it is a cost cutting exercise with job losses then no they shouldn’t be joined. We’ve already lost children centres.
- Having professionals all working together is positive, professionals that have worked alongside families for a long period maybe negative as no longer professional and support can be one sided - handover of professionals brings fresh ideas and more motivated professionals. Also each of the 4 professionals have training for specific ages and areas so hand over is needed.
- Health visitors work load will increase as they are the children from birth hand over at school gives a better professional over view of support needed.
- There would be obvious benefits to having these services 'under one roof' however, I am concerned that this will reduce the amount of funding received and the amount
of professionals available to assist. If it is funded well and there are enough professionals/specialists in each area then yes it could work.

- I don't feel that the service can provide everything and my concern is this will be another barrier to getting children the help they need.
- Having had contact with such a variety of staff.... Most pretty useless and ineffective... I am not convinced that specialist support lumped together will work.
- Sometimes a more specialist service is needed i.e. for younger children. The system should allow some children to be followed for longer by HV i.e. if they are vulnerable.
- Although there will be continuity of support I feel with a merger expertise and therefore trust in the advice will be lost.
- I think it will improve communication across the services however I feel it could create problems for families in knowing who to go to for specific problems. I think families could encounter difficulties accessing the correct help.
- Concerned it may be a cost cutting measure.
- Undecided, I agree the system should be streamlined but at the same time it's good that these roles are qualified within their area/age group so you know you're getting specialist advice.

Reasons given as to why gave Negative score

- Without the support of the specialist breastfeeding service I wouldn't still be feeding my 10 month old and his tongue tie, lip tie and dairy allergy would have most likely remained undiagnosed. The specific specialist knowledge from this service has improved outcomes for both my child and myself. Several other health professionals missed these problems - they were identified because the specialist works with them - a general service may lose this key skill.
- Less support overall.
- Breastfeeding support is very specialist and needs to be a service in its own right.
- I believe that each of the four services need to be specialised within their own field. There are overlaps in that a Health Visitor needs to understand breastfeeding but their specialism is infant health, not teenage health & well being needs.
- Breastfeeding support is vital and it's already a minority amongst mothers.
- I am concerned that when only the HCPs decide when you need to be with a particular part of the team that you may need help from another part but not get the help. For instance, breastfeeding is not just an issue in the first few months and indeed for some may continue for years and some HCP will give bad advice instead of referring to people with actual knowledge.
- I feel one combined role for each of these individual services will mean the quality of care and availability for care or issues will decrease making people feel rushed or of less importance.
- Services should remain the same, funding has already cut many essential children's centres - the health visiting team has the expertise to care for under 5's and the school nursing team over 5's - combining the teams will be detrimental to children’s health.
- Worried it is about cost cutting-have heard the budgets are being cut massively and is this a way of saving money?
- Cost cutting always means service cuts.
- Delivery of breastfeeding service should be stand alone as it is different in nature to the other 3 services.
- 1 person cannot be a specialist in all areas. This is not a good way to save money.
I believe specific areas of public health are better managed by separate bodies of qualified professionals working in their own fields. They must however be able to communicate effectively with each other to provide a seamless service.

Because there will be less people employed. The people employed won't be able to offer specialist knowledge on all subjects so will only have part knowledge. Breastfeeding especially is already suffering and this has been shown in countless studies to help child health massively. There isn't enough breastfeeding support now. And what is woefully inadequate and misinformed.

I feel that it's good to work with different people at different times to give my situation a different view. It gives me a chance to work with someone who knows about my child age and has knowledge in that age.

I think that it will more than likely end up like the social services are at the moment lots of paperwork but nobody reads it and so families go over the same things time and time again still not being supported, therefore people will loose faith

It wasn't broken 5yrs old when I had my first child and the health visitor was very accessible, also received valuable information from sure start. Now after having 2nd child 3 months ago feel the care is very limited. Think I would feel very unsure and scared if this was my first child with current care provided. Ultimately this looks like more a cost cutting exercise and unfortunately it is the children who will suffer. Shocking this is allowed to happen. Really it is acceptable to assess a new born baby at 6 weeks and tell the mother that there is an issue with his health and someone will get back to her to explain what happens next, 2months later and still no news???? This is the situation that I am in with my 14 week old son... I am convinced that my new born son will need an operation. Is this the NHS in 2016??? More like who cares, if you don’t pay for private care it is scary.

Inevitably it will mean a reduction in resources for each individual service. This is a cost cutting exercise that has been rebranded.

Everything always looks better on paper but when it comes down to making all these changes it just seems to get even more messed up!!

In my experience the numerous HV at the largest practice in Corby failed to notice (as did the doctors) that my daughter had serious birth defect - for 5 months - despite being seen every week by both a HV and doctor.

The HV are already stretched and have very patchy knowledge. Extending their role to include everything will spell disaster.

If you want to save money, please think about recruiting and training volunteer breastfeeding support workers across the county and also peer to peer SEND parents support workers.

They are being asked to work like robots not like humans and mistakes will be made and the fingers will be pointed but in the wrong direction as normal...

I currently have no idea who my children's school nurse is, so I am not sure how it will help.

One place to go for help but maybe not as specialised help so may dilute advice or not be sure.

Each service sits within its own specialism with staff who are trained & skilled in their specific disciplines i.e. the specialist community public health professionals are either trained as health visitors OR school nurses. It is unclear how the new service will look, for example, it would not be in the best interests of the children & their families to
be looked after by a professional who does not have the relevant professional qualifications!

- As I think the roles may become too burred and gives the potential to cut services by amalgamating them.
- It will inevitably make people generalists rather than specialists. We need expert advice from the breastfeeding support workers, without whom I know I would not have been able to breastfeed. Their knowledge exceeded that of the health visitor whose time is already over-stretched.
- Specific features of the services are the point of their existence. They are not the same job. For example breastfeeding support is among other things the teaching of a skill. Health of small babies is substantially different to that of teenagers. Also only effective to give choice if resourced.
- The current system makes sense to me - health visitor would not need to be involved with most children after the 2 year check and the school would be best placed to know their needs as they see them much more frequently. I'm not sure this proposal has been thought through for the majority and may only suit those who have higher needs.
- Keep them separate, let health professional concentrate on their own specialist areas. The quality of service offered will declined due to these ludicrous proposal as they health professionals will be having to deal with too much and too wide a spectrum.
- You will have more generic practitioners and less specialist support and expertise.
- Because it is a way of reducing costs for services under the guise of 'making it more effective', with no evidence that it will. This questionnaire is heavily loaded and misleading.
- Worried about the loss of specialist knowledge in particular areas and that this will just lead to less staff trying to manage an increasing workload. Also the name would need changing as this is misleading and insulting - not all the staff in these services are nurses however they are specialists in their areas and should be respected as such (e.g. HVs and breastfeeding advisors).
- Poor communication and confusion.
- It is better to have specialist teams. It's important that parents know where to go for help and the teams to work well together but not everyone needs all these services.

Reasons given as to why said Don't know

- It will depend on how these professional individually work, if they are each willing to take responsibility it will be an improvement, unfortunately 'joined up working' sometimes just allows professionals to 'pass the buck' leaving children go round in circles and receiving no provision at all.
- By amalgamating will certain issues or areas be missed or categorised as lower priority, so support is reduced?
- I like the idea of the health visitors and school nurses working more closely together but don't know how much difference that will make to me if they are still handing over care. I have a baby and a child at school and it would make more sense to me to have the same person working with both of them.
- It could be positive if well staffed and well funded with qualified staff at all times in there specified field during contact.
- It could have more strain on the health staff meaning they could miss some details on some children.
No idea whether the changes proposed will happen as planned, or whether the services involved have bought into and contributed to the changes or just had them foisted on them. Without a cultural acceptance of these things, there is little hope the change will be a good one!

Not enough information is provided relating to what this change will actually mean for families? Presumably it's a cost cutting exercise so will access to services be the same? Will the health visitor / school nurse etc have the relevant information? If you're going to have more joined up care then I don't understand how you will "still" have a health visitor AND a school nurse?

Continuity of service would be good but ? If number of staff lower as already little back up for new mums.

Interested member of the public
Reasons given as to why gave Positive score

- Hopefully better communication and transition between milestones.
- Removal of artificial age barriers - reservation that different professional will needs skilling up.
- With good management this should promote joined up thinking, and elements can't fall between services.
- Providing objectives, management and information channels are integrated so that the core functions across the service are aware of issues and how to react to them then there is more opportunity for improved performance.
- Can one individual really have adequate knowledge in all areas?
- Breast feeding is ok for some but not for all. Please take this in to account.
- If all teams work together it is much easier for families to be supported without having to explain issues over and over to different people and they will be confident in the services.
- It has the potential to have a big impact, IF professionals communicate with one another.
- It sounds as though members of the public will only have one contact instead of several for different issues.
- It’s good on paper but can services meet all of the demands. I know most HV spend more time on EHAS or safeguarding than with families in the community.
- A one stop shop would be far more beneficial as it would become familiar.
- Could be positive if service is less fragmented.
- Any positive changes to health support will definitely have a positive effect.
- As long as the change is implemented correctly it will be positive!
- Continuation of services where a disruption even for a short time, can lead to bigger problems.
- Bringing the services together should provide better coordination and information flow. This would provide a more efficient service.
- Children and young people can fall through the 'gaps' because the support services are separate and not joined up.
- I'd be hoping that the administrative resource would be simpler to manage and therefore a cost reduction. This saving should be released into the direct support network.
- To have all health professionals communicating and to have continuity can only improve the services.
Universal Public Health Services for 0-19 Year Olds Consultation Analysis Report

- Seamless care, better use of resource: School age children have potential to more input (current model likely to be health visitor top heavy compared to school nurses).
- Having one universal service would be a very good thing. If organised sensibly it should also save money and avoid duplication or the creation of gaps.

Reasons given as to why gave Neutral score
- Could provide more joined up care but real danger that specialist knowledge would be lost.
- I fear that people will 'get lost in transition' whilst these services merge.
- Is this an exercise to reduce staffing? Plans like this are normally put in place to cut costs but are hidden from the public and promoted as a good idea.
- There are issues around losing the Specialist element of the different Services. Also is this just a cost saving exercise?
- Over stretching staff? Like doctors who has specialities will this stretch the staff to work beyond there knowledge? Or will it help direct the help that is needed to more specialised services within the 0-19 sector?
- You have staff with completely different levels of training and competency in different areas.
- Although I am all for improving communication and I am concerned that this change risks losing knowledge and skills gained over time. I believe that it would be very very difficult for one person to develop the knowledge and skills both to deal with a baby failing to thrive and an adolescent with emotional problems. Adolescents are ill served by the health service and there needs to be a greater specialist approach to their needs.
- Very difficult to know unless we have more information as to how it is going to be set up, I suppose this is to save money?

Reasons given as to why gave Negative score
- I believe this would lead to too little in terms of staff and resources in each area and the training not being in depth or specific enough. We already need more training for health visitors about spotting and referring for tongue tie in breastfeeding babies, they just don't have enough training in this area.
- I agree with the need to review and improve services but what evidence is there that current services do not meet the needs of children and families? In my experience where the HV or SHN is involved the difficulties/delays are from lack of resources in specialist areas i.e. CAMHS, maternal mental health, family support - areas that are not traditional SHN or HV. Overall I am fairly convinced changes are not likely to provide direct improvements for families.
- Devolution of services to lesser qualified staff.
- Each area has staff with specific expertise in their chosen area of work.
- Because it is creating a system where the professionals will be Jack of all trades and master of none. Their levels of expertise risk being diluted and the pressure the workers will be under to cover that spectrum of need will make the service unsustainable.
- They all have different skills.
- I think this is asking professionals to become Jack of all trades and master of none. The expertise required at each stage would become so diluted and the pressure on each individual so intense that it would render the system ineffectual. There are very different skills needed to support a new breastfeeding mum than those required to
support a family of a teenager with suicidal thoughts and to think these can all be combined is undermining the professionalism of the current teams.

- Diluted skills.
- There are very different needs in the various groups currently served. Though some economies of scale and management may be possible, great care needs to be taken not to dilute key and specialist services, in particular to teenagers, who need a very specific approach, and not to use as a cost cutting exercise.
- My belief is that these proposals are based on reducing costs of services rather than improving access or quality of interventions offered. What hard evidence do you have that these changes will have the "desired outcomes"? Has, for example, the "Integrated Specialist Community Services for Children" been effective? What has been learnt from this? What is the cost to us as a community if children and their families are not given the specialist assessment and support needed? My experience working with and part of support groups for parent carers is an emphatic NO!
- In my experience - 30+ years as a nurse, 25 + in Child and Adolescent Mental Health, the emphasis will become physical health, appropriately trained and experienced mental health nurses will not be heard and emotional wellbeing and mental health will inevitably be sidelined.
- Highly specialist, experienced, trained and qualified staff have been driven out of services and replaced by unqualified staff. (CAMH's is currently running on 48% staffing YES 48%!)
- Library staff are being instructed on how to ask questions and assess/monitor children who appear to be sexualised/sexual abused!!!
- This is dangerous.
- NCC have withdrawn funding for Specialist Sitting Service for parents of disabled children which has had a catastrophic impact on families.
- Waiting times for Autism Outreach is 26 weeks.....imagine what you might be dealing with day to day, 24 hours a day and waiting and waiting and what this might do to your mental health, how this might impact on your other children AND how ingrained a behaviour might become over the 6 months you and your child are waiting for an appointment.......and how difficult it will be to change the behaviour then?
- Family Nurse Partnerships is a specialist evidence based intervention that CANNOT (and shouldn't) be allowed to become diluted - otherwise you are not offering EVIDENCE BASED interventions - this would NOT be countenanced for physical health conditions.
- CAMH's is a highly specialist provision and MUST not be diluted.
- Whilst Mental Health is everyone's business this does not mean that "anyone" can provide evidence based treatments.
- Shifting responsibility.
- This is a monetary exercise due to Public Health cuts and will dilute the expertise and will not have the right person at the right time but another whom does not have the same level of expertise. Not conducive to public health outcomes.
- Specialists will still be required within the team, so children will need to see different clinicians for different needs. However, teams should take a multi-disciplinary approach.
- Reduced services and support to general public.

Reasons given as to why said Don’t know
• Depending on if cuts are made because of becoming a universal service and if demand can be met makes me unsure.
• I’ve never seen one or the outcome.
• It depends how the change is managed and the willingness of all involved to ensure that it works well. I hope that it is positive.
• It is difficult to tell from the proposals whether this will be a positive or negative change.
• Good idea to have the same person working with a family from 0-19, but is this actually how it is going to work?

6) On a scale of 1 to 5, where 1 is ‘No impact’ and 5 is ‘Big impact’, how big of an impact do you think this will be?

![Impact Scale]

There were 238 responses to this question. The average rating was 4.08.

<table>
<thead>
<tr>
<th>No impact</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>Don’t Know</th>
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<tbody>
<tr>
<td>Big impact</td>
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<td>44</td>
<td>64</td>
<td>81</td>
<td></td>
<td>39</td>
</tr>
</tbody>
</table>

Please tell us why?
Service user/ child is a service user
Reasons given as to why scored Big impact
• Same as above - a generalised service could mean missed difficulties.
• You will underestimate how many people need the support and you won’t be able to tell until it’s too late.
• It shall take some time to settle and for users and staff to get to grips with change. But as long as all are for the change then it must be viewed as being positive.
• Reduction or merging of any service will hugely impact families.
• Strong support early on van build trust and encourage support to be sought throughout a child’s development.
• I imagine the change will be disruptive for care staff and could be met with opposition from those with old school practises. However, done right, getting the big picture about a family to provide the right support is invaluable, especially given the higher rates of teen mental illness we are seeing.
• I would hope it will have a big impact on how supported parents feel.
• All parents and children needing addition help will be picked up quickly and the support for them will be given just as quick.
• Potentially it could have huge implications for breastfeeding mothers wellness and feeding as the current system is very poor.
• Implementing and change over takes time.
• There will be a settling in period where some may feel upheaval/lack of service due to changes to what they are used to.
• Specialist breastfeeding service available/accessible to all would be a great.
• Breastfeeding support needs experts not people who have had a short amount of training. The needs of infants & their mothers is so different to a school aged child & teenager. We need specialists in these individual roles not one team that has a basic understanding of all of it.
• Support is support. To receive it is love changing.
• Reduced time with a patient, child or mum leading to poor quality care and unanswered problems. A domino effect leading to people struggling.
• Why change something that works!!!!!!
• It will have a big impact if the dots are joined up, but I am not sure that is always the case - need the systems and the ability/experience sometimes to join the dots up and that is sometimes the bit that is missed.
• People will slip through. the service as is works its just more expensive than you would like.
• As mentioned above will provide consistent approach and aid in positive communication.
• Similar to above, a joined up system will be beneficial to users of the service.
• We have already seen the baby cafe and breastfeeding support reduce over the last 15 months. This will take a further cut as you will give priority to school nursing.
• Far too much pressure on existing services and it will fail families.
• Shouldn’t be pushed from pillar to post with that’s not my department and ideally one person would be able to sign post to wherever the family needs to go.
• People are very slow to pick up on change and I foresee a period of confusion while services are properly signposted and health professionals get used to the changes themselves.
• Make links with people and know where to go for help and support.
• Babies and mothers will suffer and more children will be at risk and this will help no one.
• I feel that families could get over looked and missed. I feel families should have more contacts with people when they need the support from people who know how to give the support.
• The reduction in budgets for the individual will have the obvious impacts of putting these vulnerable groups at even greater risk.
• Health visitors case load increased - professionals becoming demotivated if working with families for long periods causing stress and illness of families are needing intense support.
• Services such as HV clinics have already reduced due to staffing issues. I feel these changes could impact this further. There needs to be more breastfeeding peer support training and peer supporters available also in the community. Particularly in the north of the county.
• A more efficient service, parents feeling as though their needs have been met and a more productive workforce.
• Hopefully it should be a big positive impact IF it works!! But it will need the correct funding and management to ensure it does!
• As it may cause problems as above.
• It will inevitably make people generalists rather than specialists. We need expert advice from the breastfeeding support workers, without whom I know I would not have been able to breastfeed. Their knowledge exceeded that of the health visitor whose time is already over-stretched.
• Disruption of working relationships.
• I think the impact will be significant in a positive way for staff & service users so long as communication procedures between the different departments are streamlined and prepared ahead of the services combining.
• Less chance of children dropping off radar.
• Less likely to seek professional support.
• Not having to talk through issues over again to new people.
• Hopefully the right help/resource will be available at the right time not rushed at the last moment, which might impact on the most needed resource being overwhelmed.
• It means a big overhaul, staff having to retrain, take on new responsibilities and this will all add to a reduced quality of service.
• Inevitability lead to people leaving as they don't want to go through change and worried what this will mean for child protection while the changes are made.
• I believe it would be a big impact on a positive way there for in terms of safeguarding a child form abuse would be happy highlighted from the off set. Also if a parent or guardian needed help and advise they would then therefore know which team they would need to speak to about anything.
• Services will be disrupted during the changes.
• I think it will impact as people will have to get used to the new ways of working but I do see it as a positive move.

Reasons given as to why scored Neutral
• I think for the average user they may not see too much of a difference, but for those who need extra support it would have more of an impact.
• I think there are bigger problems with engagement with these services by those who need them most.
• Depends if it is used by all staff of it the option is there and things still change as they do already.
• Small impact but those who really need it will be affected the most.
• I am not sure it is possible to predict how it will work in practice.
• As much as I think that the merging of services is a good thing, I'm not sure your average user will notice much difference. Hopefully it'll have a beneficial impact on those with specific health needs that use the service the most.
• If managed well I think the impact on service users should be minimal in terms of internal restructuring, access criteria etc, hopefully the only impact on service users will be a better service.
• Again, will depend on the competency of the staff and whether information is actually shared and acted upon effectively!
• As before my child hasn't seen HV since she was 2 (2 years ago) so I'm not sure the point of this change.
I think any change to this service will have a huge impact to families and children and their future. I just hope it is going to be a positive one and not just another way for the council to save money. Cuts in children centres are disgraceful and will cause a huge impact that I believe will be negative on children and families in the town. Children centres are a vital part of a family’s development and structure taking that service away and targeting it to only specific needs will alienate people and could potentially cause an increase in post natal depression and further problems and come as a result of lack of support. Collaborating the services that are mentioned will help developed skills and knowledge across all the disciplines like I’ve mentioned I just feel it could create confusion and deter people from approaching the services.

Not much impact for those with older children but a bigger impact for those with babies. But a positive impact.

Reasons given as to why scored No impact

- I don’t think it will hugely change the services offered.

Reasons given as to why said Don’t know

- It’s hard for me to judge that.
- As above, it doesn’t sound like it will make much difference to me really. It may have a bigger impact on children with special needs.
- I have had no reason to access any of these services of late, so have no idea how well they work currently.
- No idea whether the changes proposed will happen as planned, or whether the services involved have bought into and contributed to the changes or just had them foisted on them. Without a cultural acceptance of these things, there is little hope the change will be a good one! Doubtless this is being done as a cost saving exercise and whilst streamlining may be good economically it will only deliver results if the processes, procedures and deliverers (staff) are sufficiently resourced to allow it to happen.
- It is unclear how the integrated service will look?
- Depends on resourcing.
- Because you have not provided any evidence...it is all speculation. There may well be a big impact, but not in the positive direction you are trying to sell.
- Not enough information has been provided for me to answer, although I would guess at least there will be some impact.
- It could be a very positive move if it is actioned well and without funding cuts. Only time will tell
- Both my children are under 5 so I have no experience of using other services.
- Depends on finer details of how the service will merge and evolve. Not enough info given to make decision.

Interested member of the public

Reasons given as to why scored Big impact

- Again staff would be spread too thinly and not have enough specific training. Attention would end up being given to the area in which government target came with the most pressure or financial reward. Those different areas would need to be accessed in very different ways and a one size fits all simply wouldn't work.
- Better communication.
- Multi skilled professionals - families who have good relationships with member of service would not loose contact because of age of child.
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- Will help identify children/families who may "fall off" the radar
- The people that get 'lost in the merge' will lose out on these services.
- If costs are cut it will have an impact on those requiring these services.
- Communication flow across the integrated disciplines should prevent issues falling through the gaps and impacting with improved performance.
- There could be confusion for the Service Users once it becomes one Service. It could also be a big success, a lot will depend on how the 0-19 Service is delivered.
- Consistent care from 0-19 should enable better health outcomes due to better communication between all of the services involved in their care.
- Unhappy staff. Reduction in staff numbers - more work load put on staff, already over worked, under resourced services.
- Families will not get the level of service they deserve.
- The right level and intensity of support would not be available to those who need it.
- I assume that the different problems will be dealt with more quickly as there won’t be so many different agencies involved.
- Easier to use, so more accessible.
- Impact may be negative with loss of focus and specialist skills.
- It will be easier for the public to find what service they need if it's all in one place and hopefully each department will have the patient info in one place.
- It all sounds wonderful but I'm sure not all will be implemented. However, if successful, any change to health support MUST be positive.
- Continue care and support is essential to those children young people and their families. Currently it’s disconnected.
- For school nurses needing to work with 0-5 age range.
- To the detriment of current service provision and dilution of frontline services undertaken by less qualified and knowledgeable practitioners.
- It ought to have an impact but this could only be measured by annual audit and then a quinquennial audit from the start date.

Reasons given as to why scored Neutral

- You already have a service which works well, why change it.
- If the staff are well trained and in high enough numbers to meet demands.
- I am not sure that families will know who their key health worker is at any one time.
- Difficult to say, but the same services will operate; just they should be more coordinated.
- There will be some people that will never change no matter what services you give to them.

Reasons given as to why scored No impact

- The potential for universal services to parents was done great damage by the focus on 'targeted families'; unless services are broadened out to genuinely include ALL parents and children then many families will be turned off.
- These are all services which should already be in place!

Reasons given as to why said Don’t know

- I've never seen one or the outcome.
- Relative to personal needs.
7) On a scale of 1 to 5, where 1 is ‘Not effective’ and 5 is ‘Very effective’, in your opinion, how effective are the following methods for children's universal health services to communicate with children and young people who are aged between 11 years to 19 years? There were 231 responses to this question.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Not effective</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very effective</th>
<th>Don't know</th>
<th>Response Count</th>
</tr>
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<tbody>
<tr>
<td>Text messages</td>
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<td>27</td>
<td>59</td>
<td>100</td>
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<td>58</td>
<td>44</td>
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<td>Email</td>
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<td>58</td>
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<tr>
<td>Social media (Facebook, Twitter, etc)</td>
<td>7</td>
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<td>24</td>
<td>49</td>
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<td>35</td>
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<td>Information on a website</td>
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<td>65</td>
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<tr>
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<td>Letters sent home with child/young person from, school or college</td>
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<td>6</td>
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<td>With groups of young people together</td>
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</tbody>
</table>

**Answered question:** 231

**Other responses:**

**Service user/ child is a service user**

- They need to feel they can safely and easily access support, without anyone else knowing if needs be. As long as the information is available that should help.
- Do the proper research. How would an average person be able to tell you this.
- I have a 20 month old child so this isn't applicable to my experience.
- Getting to know them and then communicating in their preferred method, teenagers are individuals, they can't be categorised in one group.
- I don't have experience of this age group.
- I have no child in that age bracket so cannot identify with what works and doesn't.
- Local radio announcements.
- Groups of professionals with young person and family.
- Much will depend on the young person concerned a well educated child in a main stream school will find it easier to access than a child with a disability.
- Consideration must be made to those with learning difficulties and disabilities to ensure their active engagement. There may be individuals who don't use a phone, won't open letters, and can't access all areas due to anxiety. How will you make contact with these YP whose needs are also most likely to be the greatest??
- In order to communicate effectively with young people it is vital that professionals keep up to date with technology & social media, for example, Snapchat/Instagram etc.
- By someone they know, from childhood, difficult for a child to engage with strangers, far better for them to engage with a familiar face.

**Interested member of the public**

- Answers to the above vary depending on the issues being mentioned. It is key to ascertain from the young person their preferred method and to provide more than one way to share the information.
Universal Public Health Services for 0-19 Year Olds Consultation Analysis Report

- Snapchat.
- Drop in sessions.
- Coffee shop meetings.
- At venues where young people hang out.
- Blogs? Poster advertising at school.
- It depends on what you mean by effective? Transmitting information – yes, Effecting behavioural change - NO!
- Online forum/network but where teenagers can be anonymous and they can ask questions, say how they feel without being judged. They cannot do this on facebook/twitter.
- I am retired so not in a position to judge but I would expect that all the modern media are useful means of communication with young people.

8) On a scale of 1 to 5, where 1 is ‘Not effective’ and 5 is ‘Very effective’, in your opinion, how effective are the following methods for children's universal health services to communicate with parents/guardians about their children's health?

There were 224 responses to this question.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Not effective1</th>
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<th>3</th>
<th>4</th>
<th>Very effective5</th>
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<th>Response Count</th>
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<td>Information on a website</td>
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<td>Letters through the post</td>
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</table>

**Answered question** 224

Other responses:

**Service user/ child is a service user**

- Meet up then confirm in writing by post, do not give letters to young people to hand to parents.
- Most of my communication is via text, phone, email or face to face. Web is useful for finding out some information.
- Groups of professionals with young person and family together.
- Again much depends on the cognitive ability of the parent concerned.
- Imagine that the means of communication the parent/guardian requests will be most likely to be effective. Making contact through a website/soc med may be easiest and quickest for the practitioner but it may not reach the desired audience...
Parents want to be kept informed & up to date via the quickest and easiest route therefore using text messaging/e-mail would be the most effective. Additionally it may be an option to link up with schools ParentMail system?

- Depends on what is being communicated.
- Newsletter.
- With someone that knows the family background so that the parents feel comfortable talking to them.

**Interested member of the public**

- Parenting workshops/courses/activity days with small groups of other parents in a similar situation to aid growth of peer support networks and without the young people in attendance, during the day/school time.
- As previously depends on the reason for the communication - arranging appointments OK to be done by text/email but providing support or advice which could be done face to face or via Skype for example.
- Posters.
- Most effective is having a named, trusted person that young people / parents / carers know: then the actual method of communication is less relevant (or more accurately, the family & nurse choose the best method for them).
- With groups of young people together? Don’t you mean with other parents or guardians, in this context?
- At Children's Centres when they attracted all comers.
- Groups of parents/guardians together.
- Again depends on your definition of "effective".
- Not always productive to group people together.
- This will vary for adults according to their choice of communication.

**9) When is the best time of day for children's universal health services to be available?**

There were 233 responses to this question. 66.4% said 8:00am – 12:00 midday, 60.1% said 12:00 midday – 4:30pm, 73.5% said 4:30pm – 6:00pm, and 36.3% said Other times, please specify when you would like to access services:

**Other responses:**

Service user/ child is a service user
• Weekends (4)
  Any time that would cover some school hours and some after working hours to allow for all different family dynamics.
  I would benefit from daytime but parents of children at school might prefer after school. Saturday's might be helpful.
  Evening.
  Having a service that operates 24 hours a day is preferable. This could be the same as midwives whom work on a rota basis but can and will pick up texts and calls and the pass on to a health provider on shift.
  A wider variety 8am-6pm would allow greater access especially for working parents.
  Websites are 24/7 and cost effective to maintain, require no staff overnight, and are a good source of information for an anxious parent in the middle of the night.
  Breastfeeding support needs to be 24x7 including access to tongue tie assessment and snip by qualified staff.
  Access after the working day and at weekends.
  For support and advice, particularly for newborns, there should be 24 hour availability.
  All the time 24/7.
  8am - 6pm.
  All of the time.
  Until around 8pm.
  08.00-17.00.
  6 -7pm for working parents.
  A variety of times above to support all ages and needs.
  At least one evening a week. If I were working full time, the above times would be no good for me.
  All day 8am to 6pm.
  Outside of working hours if poss.
  I feel that you should have service available across the day and into the evening and especially on a Friday evening.
  Shocking question.
  A late slot for parents who work full time.
  Evening times can be useful for those who work during the day also is easier for childcare for older siblings.
  Weekends as well.
  24 hours for certain services especially those involving disabled children and those with ongoing mental health issues.
  The problem is that a lot of mums are now having to work which makes appointments through the day a difficult to sort out but then again I wouldn't want to see the professionals and staff work longer than 6 anyway as they are parents to...
  8am-8pm.
  For parents wanting to access much will depend on whether they work or not and children / young people will need to access outside of school hours so a greater degree of flexibility in the service is needed.
  Whenever CYP say they are needed!
  Weekend & evening clinics / contact.
Some out of hours support for parents struggling with behaviour or working during the daytime to allow better access for all groups.

Should be available all day and especially after school so kids do not have to be taken out of lessons.

An occasional evening might be beneficial.

Later than 6 to support working parents.

Evening services 6pm til 9pm.

Weekend support by phone.

Some evenings and weekends for working parents and older teenagers to access, e.g. one or two late clinics per week, up to 8:00pm and Saturday mornings.

Important to offer range of times to suit everyone.

Advice needs to be available 24/7.

Some evening provision would help working parents.

Should be available in the evenings and at the weekend. Particularly important for new mums for support and those with children who have additional needs.

24 hours a day.

**Interested member of the public**

- Weekends (4)
- 24 hours.
- Saturdays also.
- From 9.00-5.00.
- All day and perhaps a late night once a week to help working parents.
- Within school hours.
- 8am - 8pm.
- Evenings till 8pm.
- 8:00 to 18:00.
- Saturday mornings.
- Must need access for those who work shifts.
- 7 days a week 0900 – 2100.
- All day.

Mainly preventive services can be administered, and up to a point, delivered during the working day, and especially the school day. But there does need to be flexibility built in, especially when delivering to vulnerable & excluded groups. The need of parents / carers / children are very different at different ages.

Up til 8pm when sleep issues, behaviour, tired parents.

Evenings and weekends for working parents, and after school.

24 hours depending on the method you are trying to access.

Weekends when children are not at school.

Some older young people (14-18) often like to communicate later in the evening 6-8pm.

Saturdays.

Depends entirely what service it is.

Different groups will need different times. You will need different specialists available at appropriate venues accordingly. Please don’t say you are not going to have specialists within these teams!!! Teenagers, for example, may need evening access.

All day!
There may be times when help is needed to get children ready for school, or at bedtime.
After 6pm.
Afterschool when parents can be involved.
8:00 to 18:00 BUT access to sexual health/drug and alcohol services need to be more widely available.
24/7.
8:00 - 6:00
No breaks during the day. People would be put off accessing services if closed for lunch. Outmoded model
8am -6pm.
0800 - 1800 x7 days a week.

10) Do you think people experience difficulties in accessing services?

There were 220 responses to this question. 68.6% said Yes, 7.3% said No, and 24.1% said Don’t know.

If you said ‘Yes’, please tell us what these are and how you think access can be improved:

Service user/ child is a service user
• Knowing which professional to contact and what support is available is a minefield and then it's a gamble as to whether the person is good at their job or not.
• Sometimes it can be difficult to get through to the doctors on the phone etc.
• Limited access for those who do not drive when the services are provided at certain locations at specific times.
• The Specialist Breastfeeding team seems overstretched and often cannot see mothers with urgent problems swiftly. Breastfeeding problems have a very short timescale to access help and support before a mother has no choice but to move away from breastfeeding.
• Should be improved with greater links between services and more information on what they do. Maybe casual meetings first as meeting HCPs can be daunting for some.
• Lack of awareness.
• Outside of working hours.
• Both knowing who does what and how to ask for help.
• Not enough professionals to meet demand.
• Fitting in times with working full-time.
• It could be more clear what you can see a nurse about or a health visitor about, to reduce pressure on doctors. If health visitors built a relationship with families, a parent could call them first, and then see if they needed a doctor.
• Huge problems with breastfeeding services in the county - we desperately need the baby cafe back. Unfortunately, your people are nowhere near as skilled or competent.
• They don't know where to go.
• More opening hours/drop ins. Somebody available when needed rather than a call back, future appointment.
• Hard to get hold of professionals, particularly the lead practitioner, to get consistent advice and support.
• They don't know where to go to get help! They are usually during working hours. Weigh in clinics in Daventry is only once a week and in the early afternoon (usually when baby's have naps once in a routine and again during working hours.
• Some people are unaware of what services are available.
• Breastfeeding, more help & support needs to be freely offered. From groups to one on one support in your own home & continued support.
• With breastfeeding there is no longer a directory available to parents in a hard copy to know where to access support.
• It's often difficult to get hold of a health visitor and when you do there is no consistency.
• I can never get through to the health visitor when I call I always have to leave a message and wait days for a call back.
• Limited bus services, reliance on parents to take them.
• More staff so that the nurses and health visitors are not so busy.
• Awareness, accessibility (travel) but most importantly working hours - need some out of core working hours availability, especially for the older age ranges.
• Parents work and can't access them at times when they aren't working, children have school which they would miss if they needed to be taken out of school. Some clinics for health visitors are in difficult to access places and aren't promoted so people don't know when they on. Reviews for child development are often late due to demand, as are some of the routine immunisations for a child.
• I've had experience of health visitor only working part time, school hours only. Difficult to access as a working parent. Very often same for school nurse.
• Often people are unaware of services and not signposted correctly.
• Access to breastfeeding support is not made clear enough. Hospital and health visitors don't know enough to know when to refer. Too many doctors' surgeries have a ridiculous appointment making system which makes it neat impossible for working parents to access appointments for their children.
• Breastfeeding support is nowhere near as easily available now the Baby Café has had to close.
• Times of day, lack of availability at weekends.
• There is no indication on what to do if you have a concern. When you do contact someone they are too busy to deal with you that day. There is now no support for breastfeeding now the baby cafe has closed.
• Getting through to doctors, improving resources.
Offering times outside of normal office or school hours.
By having a dedicated web service with something like a Skype type of service.
I would like to see my health visitor more.
There not being enough staff to cover all the families. Work phone being turned off at 3pm on a Friday afternoon when you really need some advice. Talking to answer phones when you need to talk to someone and not having people getting back to you once you have left a message. Not even knowing if that voice message has been listened too. Just needing someone to pick up the phone when you are desperate for some advice and guidance and you have no one else's to turn too.
Departments continue to fail families especially parents with vulnerable special needs children. Not enough practical support within services just passed on to another department again start from scratch again and then same thing etc.
More frequent availability to access service.
Speaking from recent experience, my young son failed his hearing test at school, we were told to have his ears checked at the doctors for infection etc & he would be retested by the school nurse the following term yet here we are, another school holiday & no test or communication from the school nursing team. I must stress that as a responsible parent, I don't feel that my son has hearing problems. I'm frustrated by the lack of communication.
Health visiting all families familiar with and given contact numbers and easy to find - school nursing, breast feeding support and family nurse partnership is not well know and most families will have no idea of service or how to contact, schools don't even give the right contact numbers for school nursing and don't get the service involved unless it's for safeguarding - clearly needed for more than this.
Lack of knowledge of services available. Lack of promotion of services available.
People often perceive there are barriers especially when they think their child has SEND.
Making services available for extended periods (at Corby 8-8 for example) and weekends would mean families could access services on their own terms and not at the professionals. PLUS the 8-8 is often over-run with families who are seeking support for their children and use the excuse of illness or injury. By having the services there together these families could be seen and supported appropriately.
Not always able to speak to the right person when they call and don't receive a call back.
Time are not flexible for working parents so if I need to attend an appointment with my child I always have to take holidays from work using up holidays to attend appointment and we miss out on spending time together as a family.
Having staff available during a crisis instead of an hospital admission or the possibility of travelling to another county during the crisis to meet and speak to the correct team of specialist that do offer after 4.30pm.
Who to contact? Who is first point of call? Too long a wait.
You have to keep on asking and then start shouting then 2 years later you might start the process.
Numbers are often busy or it's unclear which service should be accessed.
Don't always know who to contact and can be hard finding out at present.
Long waiting lists and specific criteria's to be accepted by the service.
Ensuring you person has access, is able to get to the location. Transport may be an issue.
• A lack of confidence to ask for help, or not knowing what to expect.
• Times locations.
• By improving the flexibility of times within the service and to have a central number and person overseeing the service maybe a key worker for each enquirer who one would go back to if things are not moving along.
• My health visitor does not work from my surgery so I don't actually know how to contact her other than leave a message at the surgery which it then takes a week or two for her to get back to me.
• It would be helpful if there were clear, detailed pathways to provision/services. Having to 'know the system' to be able to access services is not helpful.
• Due to parents work commitments & lack of time. Services need to be in sync with the way we live our lives today.
• Parents being able to self refer to services.
• Sometimes not knowing who they need to speak to.
• If you have a good health care team in place they will open the doors for you to access the additional services...but if your healthcare centre itself is poor then you're on your own, swimming against the tide.
• Times and availability.
• More publicity about what services exist, what each service can offer and how they can be accessed. The information should be given in leaflet form to every new parent by their health visitor and to every school age child.
• Health professionals not always available - not enough of them!
• Can be difficult to get appointments.
• Because NCC has slashed bus services. Because even as an educated parent I don't know how to access my children's school nurse or family services; when they were young I was the one providing myself with breast-feeding support and the health visiting service dropped off within weeks of having a baby, despite my HV being aware that I had post natal depression and a toddler with complex special needs so had little to no chance of accessing external services.
• When trying to access health visitors on every occasion I have phoned for both my children there is never anyone around to talk to and I've waited up to 3 days for a phone call back.
• Children centres have cut groups meaning woman may find it difficult to find somewhere safe to talk about issues they may be experiencing. Breast feeding support groups are not ran by trained lactation consultants.
• Health visitors not turning up for appointments, long wait for 9 month check, health visitors not at baby weighing at stated times, unable to get through on phone, waiting too long for call backs - as a new mum the health citing service has been dreadful.
• Sometimes services are not promoted enough and families are unaware of how to access them or what can be provided by them.
• Not enough school nurses Services not publicised.
• People work long hours and it's not always possible to take time out of work. Also usually falls to mum's who already face discrimination in the work place when they have young children.
• Never had an issue - problem is people not turning up and using them.
As a new mum, all services withdrew after three weeks and was left to me to initiate contact. Not always sure who to ask/when or where to find them. I have relied heavily on family and friends.

Parents living in rural areas have long distances and also less range of services.

Professionals working in these roles don't have time, aren't easily accessible and are too busy doing paperwork than helping and supporting people.

Not always given the correct information, can't always speak to the right person, wait too long for a response or for someone to intervene.

Interested member of the public

- Times and type of people providing services and environments.
- Health visitor clinics and useful talks/workshops often on at popular nap times!
- The HV team only provide cover out in the village I am in (Wollaston) on sporadic Tuesdays when the moon is in Aries and the pigs fly. Whilst I can drive to access other clinics I have also had to take other mums and babies who have been unable to get in to see them locally.
- The appointment system was a disaster, so glad it has reverted to turn up and see them. However squatting on the floor in the corner of a cold room at the back of a freezing dusty hall to get baby undressed and weighed is unpleasant. There is also no privacy if you want to talk about something more personal as it is a buggy park and corridor to the toilets used constantly by others at the baby and toddler group held at the time.
- Working parents may find it difficult to access services in the week so early mornings and later in the day would be useful.
- Mental health issues - parental, lack of understanding of importance of appts.
- CAMHS.
- Can't get through. Messages taken and not auctioned.
- Transport is difficult for non drivers accessing out of town services and other siblings having to be collected from education establishments.
- Work commitments.
- Problems are Schools not allowing children to attend clinic appointments. Parents can't attend clinic appointments or are unavailable to speak to due to being at work during the Services working week.
- I think working parents struggle to gain access to these services.
- Often there is a programme or pathway to help however the information is not held together collaboratively so often people will fall through the gaps.
- Easier access.
- By not devolving children to lesser qualified staff. Right person at the right time.
- The majority of parents work and have child care, need to be hours that are convenient for the work force.
- Timing & flexibility. However, My experience is that if, during the "new baby period" or early schooldays, a rapport has been established between the HV / nurse and parent / carer (or later, young person) then they are much more ready to phone, email, text, than if they don't know who they are likely to get.
- They don't know what the services do and often where to find out contact numbers.
- Disabled, English not as a first language, BME. They won't respond to bossy people from the council.
It is often difficult to find out who the school nurse is and then get any response from them. Similarly with health visitors.

Reminding professionals to listen and assume nothing.

Breast feeding services are not readily available as mothers do not stay long enough in hospital to establish breast feeding & some need a lot of support in the first few days or they give up. With the closing of Children's centres, there is less hands on support for families who are struggling & those with children who have disabilities. Waiting lists for counselling are too long especially for eating disorders.

I think people feel awkward about some reasons for accessing services. Neutral venues such as libraries and children's centre were neutral venues.

Fear of professionals. Lack of knowledge of services available and point of access.

Rural areas will need more access & availability.

Fear of professionals. Lack of knowledge of services or points of access.

School nurses not visible.

Lack of areas for people to access. The area I work in has very few services for children and access to services is complicated along with resources too thinly spread.

They are unaware of where/ when/ who to call - difficulty getting through.

More joining up with others universal services - libraries, children's centres, schools, GP surgeries, early year's providers, to ensure that there is no stigma and that specialists can easily converse with other professionals to get a proper rounded view of needs, not a clinicised one. And so that services are accessed where pants/carers are going anyway.

Lack of staff and back up like receptionists makes contact hard.

I am not sure people know who to contact for these services.

They don't know who to contact and what is available. Plus, don't think people know everything! You work in this department and you should know everything there is to know. The public don't work in this sector so, with respect, can't ask for something they know nothing about.

I think the general public is confused, with the services on offer, there is no particular worker that has a relationship with a parent , and therefore does not know who to contact if they have a problem therefore A/E are picking up more than they should.

Some people don't know where to begin. Info should be made available in libraries and doctor's surgeries.

I find a lot of services are left to charities, these services need to be paid positions with experienced professionals.

Many people are not proficient or confident with modern technology.

Delay caused by services being overwhelmed, not enough staff, inaccessible due to venue and availability of interpreters - i.e. for Deaf children/young people/adults.

More resources needed.

Too difficult to get appointments.

If people are working you need a service that covers out of hours.

One phone number, one email address and one website would be far more effective.

Access to counselling/mental health assessments.

Working parents.

Better communication about what services are available.

Working parents, fathers not available Mon to Fri 0900 - 5.00 when most services operate.
Universal Public Health Services for 0-19 Year Olds Consultation Analysis Report

- Not knowing where how and who to contact: more info in GP surgeries and Schools/Colleges.
- Fear of stigma or judgement: anonymous number or 'letter boxes' access points at GP surgeries and Schools/Colleges.
- I think the diversity of services confuses parents. There are also difficulties for those adults with sensory impairments and for those whose first language is not English.

11) Please tell us which of the below services you have used?
There were 215 responses to this question.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and development reviews e.g. 12 month review and a health questionnaire on school entry</td>
<td>70.2%</td>
<td>151</td>
</tr>
<tr>
<td>Screening and physical examinations</td>
<td>54.9%</td>
<td>118</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>82.3%</td>
<td>177</td>
</tr>
<tr>
<td>Promoting a healthy diet e.g. weaning and a balanced diet</td>
<td>27.0%</td>
<td>58</td>
</tr>
<tr>
<td>Support with breastfeeding</td>
<td>47.9%</td>
<td>103</td>
</tr>
<tr>
<td>Accident prevention e.g. safe sleep, sun safety, car and travel safety</td>
<td>16.3%</td>
<td>35</td>
</tr>
<tr>
<td>Dental health</td>
<td>40.0%</td>
<td>86</td>
</tr>
<tr>
<td>Enuresis (bedwetting)</td>
<td>7.9%</td>
<td>17</td>
</tr>
<tr>
<td>Support with promoting physical activity</td>
<td>5.6%</td>
<td>12</td>
</tr>
<tr>
<td>Risk management strategies with teenagers</td>
<td>5.6%</td>
<td>12</td>
</tr>
<tr>
<td>Supporting parents with smoking cessation/stop smoking</td>
<td>5.1%</td>
<td>11</td>
</tr>
<tr>
<td>Supporting parental mental health</td>
<td>20.9%</td>
<td>45</td>
</tr>
<tr>
<td>Parenting e.g. managing children’s behaviour and/or support with teenagers, and Family Nurse Partnership</td>
<td>14.9%</td>
<td>32</td>
</tr>
<tr>
<td>Onward referral to other health, social care or voluntary agencies</td>
<td>22.3%</td>
<td>48</td>
</tr>
<tr>
<td>Sexual health services</td>
<td>6.5%</td>
<td>14</td>
</tr>
<tr>
<td>Not applicable – I have never used the 0-19 years Public Health Nursing Service</td>
<td>9.3%</td>
<td>20</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6.0%</td>
<td>13</td>
</tr>
</tbody>
</table>

answered question 215

Other responses:

**Service user/ child is a service user**
- Behaviour management support from health visitor.
- Accessed Breastfeeding support NOT funding by public health but was the most important and valuable support I have received as a parent.
- School nurse hearing test.
- Sleep support for the community nursery nurse.
- Used dental health as our own dentist had upset our SEND child so much!!
- Health visitor (lots), practice nurse, GP, LAC children’s services.
- What are these services and how do I access them on behalf of myself and my family? They sound amazing.
- How can you put 'Not applicable – I have never used the 0-19 years Public Health Nursing Service' it hasn't been created yet!
Universal Public Health Services for 0-19 Year Olds Consultation Analysis Report

Interested member of the public

- I am a grandparent so this question is probably not relevant.
- These are as a practitioner. I run a community nursery in Wellingborough and parents are crying out for access to these services but it is not clear on how to access them or where as most services are closing.
- Used where? E.g. Dental health......at the dentist? Not a very clear question.
- Sexual health service - I organised this for my class of 16 to 19 year olds at college.
- I have been a professional working in these services, I do think there is some training to do, if you are going to alter the services that are offered now.
- I am a grandparent so am aware of some of the services.

12) Approximately when was the last time you used any of the services mentioned above?

![Bar chart showing responses to question 12]

There were 215 responses to this question. 53.0% said Within the last twelve months, 13.0% said Within the last 1 to 2 years, 10.7% said Within the last 3 to 5 years, 13.0% said 6 or more years ago, 3.3% said Don't know, and 7.7% said Not applicable – I have never used the services.

13) On a scale of 1 to 5, where 1 is ‘Very dissatisfied’ and 5 is ‘Very satisfied’, overall how dissatisfied or satisfied are you with the services mentioned above?

![Bar chart showing responses to question 13]

There were 214 responses to this question. The average rating was 3.64.
14) Please tell us how many children do you have?
- None (7)
- 1 (53)
- 2 (72)
- 3 (29)
- 4 (15)
- 5 (3)
- Currently pregnant (3)
- 1 foster child (2)
- Family of 4 with all children over the age of 25

15) Please tell us the age(s) of your children?

There were 212 responses to this question. 10.8% said 0 – 6 months old, 9.0% said 7 – 12 months old, 18.4% said 1 – 2 years old, 35.8% said 3 – 5 years old, 34.9% said 6 – 11 years old, 24.5% said 12 – 19 years old, 18.9% said 20 -25 years old, and 9.9% said Not applicable – I do not have any children.

16) Do you have any other comments you would like to make:

Service user/ child is a service user
- They need more funding.
- There is a massive gap in support for young children’s mental health when they are going through a family crisis due to sibling’s health. There is lots of support for specific areas e.g. domestic violence etc. but nothing with a broad spectrum support e.g. when a sibling has cancer or severe long term needs.
- I can not stress the value of the breastfeeding support service enough.
- My child is almost 12 months old and has not yet been seen by a health visitor for his 8 month review. He was last seen at 4 months despite me informing them it is likely
he had allergies except for when I have taken him to be weighed at a children's centre - however in my opinion this service is not very helpful and only focuses on the weighing - not the questions I had about weaning, nappy rash etc.

- I feel maintaining a specialist breastfeeding team is vital, as is promoting better breastfeeding knowledge (and knowledge of their own breastfeeding team) among all Health Visitors. Using terms such as weaning, rather than introducing solids, in this survey needs to be addressed.

- The Breastfeeding Support team is so important and could help more women if they were frequently available on hospital wards as they had better advice and more time than midwives and HCPS. It also would reduce the barrier of having to ask for help and would move towards the assumption that breastfeeding is the normal first choice and provides more opportunity for success.

- There isn't much awareness of breastfeeding, at my sons vaccinations it was presumed I bottle fed and I wasn't asked. It's no wonder so little mums continue to breastfeed when no one talks about it.

- I also teach 16-19yrs and have experienced a surge in mental health concerns his academic year. Northampton College made their entire mental health tram redundant last summer and this has had a detrimental effect on some students' ability to remain at college. NCC needs to work closely with schools and colleges to ensure that regular 1:1 sessions with trained mental health professionals are available for all.

- Please consider funding for breastfeeding support and staff training as an urgent and necessary part of health care. I have had terrible support and advice from midwives and doctors, but luckily I spoke to other mums who knew more, and I learnt that midwives and doctors don't have to have any training on breastfeeding at all. Thank goodness someone was able to help me continue breastfeeding, because if the doctors and midwives had their way my children would have been formula fed, what a waste of money and health benefits!

- Please put back decent breastfeeding support by funding the baby cafe, nhft breastfeeding advice is not a viable alternative.

- We need more high quality breastfeeding support in Northamptonshire.

- No.

- Specialist breastfeeding support is an essential service for new Mothers and as a source of support for other professionals.

- More help & support needs to be offered to new mothers/parents.

- I feel really let down by breastfeeding services in Northampton. The baby cafe was a fantastic resource, so sad it had to close as no funding.

- I really valued the support the community midwives and health visitors gave me. I was lucky that I had a Children’s Centre to access. That has now been closed and I am worried about what services will be left for families and how those with problems will be picked up.

- Direction to service users is terrible in Northampton. The out reach to different groups of the community is not good it's the same groups of people you see at all these things. For service to be improved for everyone they need to be used and experience by all and son people need to know when and where the can access them. It's no good groups staring and then stopping a month later-lots of breastfeeding support I have come in to contact with is inconsistent and run by
people who have outdated information. Then when people get the courage to go for help the group had stopped.

- No.
- It's shocking how little breastfeeding support there is in the county and how little health professionals actually knows the baby cafe in Northampton ran by volunteers and breastfeeding experts was a godsend to me and I'm so sad nothing could be done to save it.
- Breastfeeding support is not good enough in Northampton. Those doing it are excellent but doctors and health visitors need more training in when to help mothers access this support.
- I found the breastfeeding support excellent and without it is wouldn't have continued breastfeeding until 12 months+. Whilst every health visitor I have seen has been friendly, I have found their advice sometimes unhelpful and/or old fashioned.
- Breastfeeding should be given a priority when it comes to parental support. In the early days of having a baby it is vital and would reduce the need for medical care due to the benefits it provides to a baby and mother. This support is now severely lacking. I had great support from the baby cafe when my daughter was 3 days old and we are still feeding 16 months on due to the help I have had. We have been to the doctor once but did not need medication as we were told to feed through the problem.
- Services have already been greatly reduced at children's centres, will this also be affected? Most of the time it feels as though there is nowhere to turn to.
- People need to be properly trained to offer educated advice. Instead mothers are having to rely on charities such as the La leche league, or other mothers.
- I had a much better service from the health visitors with my first 2 children. This time although she is lovely I hardly ever see her and feel that I am left to it on my own. I don't know how I would feel if this was my first baby. My friend has been able to go to groups like baby massage and I haven't had anything like this. It doesn't seem fair to me.
- I feel that there needs to be more staff in all of these areas. So families would be able to access support that they need when they need it not a braking point.
- More practical support less box ticking.
- Stop cutting everything. Who are you kidding you don’t care.
- I called the Health Visitor for advice, she visited 2 weeks after my call then said she would ring back in 2 weeks to check progress that was more than 10 weeks ago and I’m still waiting to hear from her...
- Services for 12-19 year olds needs to improve dramatically, with professionals trained in relevant area and with specific ages, parents need to be made aware of the service school nurses provide (should provide). The professional themselves need more support to deliver the service. Health visitors also need more support so that all the relevant checks can be carried out with staff trained in child development and how to recognise symptoms of behaviours. I also think paediatric services need to be linked as this is often where it all falls apart when a referral is made.
- Very hard to be taken seriously. Many departments want referrals from doctors and schools together yet this can be stressful to organise.
- The role of the school nurse needs to be highlighted and promoted as extremely important. The majority of parents & even other professionals are unaware of all aspects of the role. School nurses are perfectly placed to access large numbers of young people & I think the work that they do is undervalued. School nurses are able
to engage with children of all ages and there is a lot of opportunistic health promotion work that is delivered via drop-ins/clinics and face to face vaccinations as per the childhood schedule.

- I feel that the services should stretch to up to 25 to be inline with other services.
- Without the breastfeeding support service I would not only have given up feeding, but felt a failure, no doubt triggering a bout of anxiety.
- Without my health visitor home visit, my baby would not have received the treatment she needed so promptly for bronchiolitis at 12 days old.
- Be more user friendly, communication & flexibility.
- The services as they are, are specific to the children's developmental needs, and carry specific training, particularly in the areas of breastfeeding, and child protection at different stages, which are serious responsibilities. A school nurse cannot do the job of an experienced health visitor.
- Health visitor is brilliant and very supportive with new baby. Breastfeeding information and support prior to baby being born very poor as many issues not highlighted to prepare new mum's i.e. cluster feeding, what happens when milk comes in (baby struggles to latch), endless nights completely awake no sleep whilst milk comes in, the pain (it is not painless which is the info new mum's are given) etc. I was badly prepared and gave up on day 5 due to pain, bleeding and no sleep.
- Hopefully the service will also support vulnerable and Looked after children with more information being available for carers.
- My child has had loads of appointments for his physical needs, currently has a hip condition. Despite asking several workers we have been unable to access mental health support for him. I am finding it hard to support his anger around his condition and his frustration with not being able to run or take part in sports except swimming.
- Do not make these changes please. I have had excellent service and if it isn't broke, don't fix it.
- This questionnaire has so many flaws...it is clearly a tool to 'justify' merging of services for purposes of cost cutting. This would be fine if it was honest, but it purports to be offering a better service.
- The services listed at the end are staggering. I have not heard of most of them but would have accessed most had I been aware they been available.
- My son with complex special needs is now 15 and I am filled with fear at the transition process that I know nothing of other than it removes parental rights to information and even shared-decision-making for a child who has no long-term interest to care for has own health and well-being. How will your current or 'streamlined' services help us with that?
- My health visitor has been amazing. I just hope these changes don't mean cuts to services or confusion in where to refer onwards or delays in access to services. I am currently awaiting help for post natal depression and it's taken a month just to get a wellbeing clinic appointment. That's quite quick really but doesn't feel quick when you are having a tough day.
- The health visiting service needs a serious review as the service is appalling. As a new mum with no family in the area I have received no support. For example, no one turned up for my appointment after discharge from midwife. My 9 month review lasted 10 minutes and the health visitor obviously had somewhere better to be. And you can never get through on the phone and when you do it takes over a week for someone to phone you back.
Breastfeeding support was poor. Given by someone whose only experience of breastfeeding was from a text book.

Likewise when my son had his 12 month review the push was to stop breastfeeding, no help with regards to extended breastfeeding which was what we did.

Think carefully before you rush into this.

More back up needed for first time mums who are seen to be 'managing'. If no obvious health need 1:1 services very limited, all group activities that I must initiate access of.

I feel that the nurse partnership and the health visitor have a lot more affective communication when a baby is born then when it then changes to a school nurse communication is less affective and communication is sometimes not there at all. I'm sure due to the number of children the school nurse has a large work load. If the team becomes whole then the workload could be shared by the difference professionals who are able to meet the needs of the children. Also parents are sometimes able to contact with health visitors and family nurses due to the convection they have right from when a child is first born as they are there first point of call. However when a child start school you're nearest point of call is the school nurse which you sometimes have no contact with even when you're child first starts school.

Interested member of the public

No.

It is very frustrating to find different HV have such differing and often conflicting advice on topics such as breastfeeding, weaning, sleep and toddler behaviour management. Not only that but the condescending and patronising attitude to mothers that this advice is often imparted with leaves a great deal to be desired. I have spent many an hour with other mum friends trying to rebuild their confidence after a 'run in' with a HV. Just one look on fb forums for breastfeeding, baby wearing and weaning parents will illustrate how low a regard people now have for the very staff who we should be able to turn to with confidence as a first port of call.

HV need more breastfeeding and tongue tie training urgently as too many breastfeeding relationships are failing at the first hurdle because ties are being missed or referrals for snips are not being made.

And it is not ok to suggest an artificial milk top up 'just for a break' at least without fully explaining the 'top up trap' and as a very last resort.

Please allow parents the opportunity to provide free text answers about what they want from services. It is widely known local authorities have to save money - don't extensively cut services designed to help prevent and reduce inter generational problems - it is short sighted and in the long term ends up being more costly - more crime, more mental health problems, lack of self esteem and poor resilience - all of which have an impact upon society.

Excellent care given by skill mix team.

No.

Great experience utilising breastfeeding support.

Awful experience with school nurses who failed to answer any contact when requesting advice on enuresis.

Safeguarding & mental health will increase due to the closure of family centres and integrated teams.
• Leave the service alone, we can all see the changes to the children's centres and they don't work, so why are you messing with other services, leave them alone.
• I understand why the consultation covers a wide remit. Whilst a "seamless service" sounds good, please beware of diluting the experience & expertise of staff, who over the years, will have developed a range of strategies for efficient communication.
• Think very carefully before re-organising. It can be expensive and damaging. Get the function clear before changing the form.
• Services should work together, but each speciality needs to be kept & improved. This should not be a cost cutting exercise.
• Lack of access for Deaf parents.
• I am completing this survey from the viewpoint of a Mother (including a son with a diagnosis on the autistic spectrum), a new Grandmother and a former Family Support worker of 15 years. I have huge concerns about this proposal and the impact it will have on vulnerable families, but also on the professionals who are trying to maintain services. I am sure it is being driven by a political agenda, rather than changes driven by the best interest of children, young people and their families.
• It's fab that changes are being made but it's making sure they are maintainable by staff without them being overloaded and ensuring they are in the heart of the community with easy access and advertising. I'd love to support groups from my setting.
• Health professionals need to link not only across health services, but worth other services relating to children if they are to be effective. How this new service will mesh with schools, children's social care, early years providers, children's centres etc etc needs to be carefully thought through, articulated, and implemented, not just asserted. There are currently insufficient resources in this area, so this must be a way of maximising effectiveness, not implementing cuts.
• Service users need professional consistency and case accountability along with appropriate knowledge and skills in for instance autism or other specific needs.
• This was a very poorly put together questionnaire. It needed to be more detailed to understand are you asking about before or after. Also, you are asking how important changes are. A ridiculous question as anything relating to health is obviously VERY important!
• Judging by the way the children's centres have been set up, and the universal services in libraries, I am not at all hopeful that this will be a better service, one would like to see an action plan with a consultation document.
• The county should hire professionals who have been educated, trained and worked in public health including public housing. I have seen too many people with no background in public services get a job with the county because they are a friend of someone or a husband of someone who is already working at the council. This is why things are not working and children and families are suffering.
• None.
• I am appalled at the proposed changes and cannot see that they will improve matters. We should be campaigning for improvement and not change!
• One stop shop approach for all support and health issues for parent’s careers and teenagers to access. Parents with a disabled child have great difficulties accessing the services.
• I am concerned that this is about cutting public services, and therefore I am not prepared to answer the questions in this survey as the answers may be used to justify budget cuts.
• Commission mental health nurses to be based in secondary schools. This is where it would be better placed and better accessed and be more effective. School nurses are not expected to have a mental health qualification. It is an overwhelming part of the role for which many feel ill equipped.
• There needs to be more focus on school readiness with a health and developmental review at 3 to 3.5 years to ensure enough time for intervention should a problem only become apparent after the 2 year developmental review i.e. speech and language.
• No.

Professional/stakeholder questionnaire responses

17) Please could you tell us your job role?
There were 207 responses to this question.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioner</td>
<td>4.8%</td>
<td>10</td>
</tr>
<tr>
<td>Voluntary sector employee</td>
<td>1.4%</td>
<td>3</td>
</tr>
<tr>
<td>Midwife</td>
<td>0.5%</td>
<td>1</td>
</tr>
<tr>
<td>Health visitor/ School Nurse/ Family Nurse / Breast feeding specialist</td>
<td>30.4%</td>
<td>63</td>
</tr>
<tr>
<td>Support staff (i.e. Health visiting assistants/Healthcare assistants/ Nursery nurses)</td>
<td>7.7%</td>
<td>16</td>
</tr>
<tr>
<td>Work in a school (i.e. Head teacher, Teacher, etc)</td>
<td>15.0%</td>
<td>31</td>
</tr>
<tr>
<td>Work in a early years setting (i.e. nursery, children’s centre, etc)</td>
<td>4.3%</td>
<td>9</td>
</tr>
<tr>
<td>Work in a early help service</td>
<td>1.9%</td>
<td>4</td>
</tr>
<tr>
<td>Work in a disabled children’s service</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Social worker/ Care Manager</td>
<td>1.0%</td>
<td>2</td>
</tr>
<tr>
<td>Member of staff at Northamptonshire Healthcare NHS foundation Trust</td>
<td>8.2%</td>
<td>17</td>
</tr>
<tr>
<td>Member of staff at Northamptonshire County Council</td>
<td>6.3%</td>
<td>13</td>
</tr>
<tr>
<td>Member of staff at First for Wellbeing</td>
<td>2.9%</td>
<td>6</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>15.5%</td>
<td>32</td>
</tr>
</tbody>
</table>

answered question 207

Other responses:
• CCG
• CCG member of staff
• Children’s Nursing academic
• Commissioner
• Counsellor - private practice and family therapist
• Dual qualified work also as midwife
• Environmental Health
• Healthy lifestyles manager at local Council
• Housing Officer
18) On a scale of 1 to 5, where 1 is ‘Not very important’ and 5 is ‘Very important’, in your professional opinion, how important are the following statements when delivering Universal Public Health Services for 0-19 year olds?

There were 179 responses to this question.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Not very important</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very important</th>
<th>Don't know</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear for people to know where to go for help and advice</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>167</td>
<td>1</td>
<td>175</td>
</tr>
<tr>
<td>Providing good health advice and information which is easy to understand</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>13</td>
<td>161</td>
<td>1</td>
<td>176</td>
</tr>
<tr>
<td>Being able to identify health and developmental problems early</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>165</td>
<td>1</td>
<td>176</td>
</tr>
<tr>
<td>Being able to provide the right help quickly once problems are identified to support people to deal with their issues</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>167</td>
<td>1</td>
<td>177</td>
</tr>
<tr>
<td>Supporting people to make informed choices about their health behaviours (drugs, alcohol, smoking, healthy eating and sexual health)</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>30</td>
<td>139</td>
<td>1</td>
<td>175</td>
</tr>
<tr>
<td>Providing regular health checks and reviews</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>46</td>
<td>119</td>
<td>1</td>
<td>176</td>
</tr>
<tr>
<td>Support with breastfeeding</td>
<td>1</td>
<td>3</td>
<td>18</td>
<td>30</td>
<td>117</td>
<td>6</td>
<td>175</td>
</tr>
<tr>
<td>Providing support to inform people how to keep themselves and their child</td>
<td>0</td>
<td>1</td>
<td>10</td>
<td>35</td>
<td>129</td>
<td>1</td>
<td>176</td>
</tr>
</tbody>
</table>
**Universal Public Health Services for 0-19 Year Olds Consultation Analysis Report**

<table>
<thead>
<tr>
<th>Providing support to inform people on how their child is developing and how they can support their child’s development</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early years providers (i.e. nursery, pre-school, childminder, children’s centre) to meet children’s health needs and promote good health</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Schools or colleges to meet children’s health needs and promote good health</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having confidence that all parts of the health system will work well together</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families are able to access services in the right place and at the right time</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families are seen by competent professionals who can communicate well</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feeling supported to develop the skills needed to deliver the service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

**Answered question: 179**

19) The following health outcomes are known to improve health and wellbeing. On a scale of 1 to 5, where 1 is ‘Not very important’ and 5 is ‘Very important’, in your professional opinion, how important is it to provide support in each of these areas?

There were 170 responses to this question.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Not very important1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very important5</th>
<th>Don’t know</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal wellbeing and mental health</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>15</td>
<td>152</td>
<td>0</td>
<td>168</td>
</tr>
<tr>
<td>Early identification of children who require additional help identifying vulnerable children and young people early</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>12</td>
<td>156</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td>Advice on immunisations and vaccinations</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>163</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td>Improving school readiness</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>43</td>
<td>116</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td>Reducing school absence</td>
<td>2</td>
<td>3</td>
<td>13</td>
<td>36</td>
<td>113</td>
<td>1</td>
<td>168</td>
</tr>
<tr>
<td>Working with schools to support children with long term conditions</td>
<td>2</td>
<td>0</td>
<td>16</td>
<td>40</td>
<td>111</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td>Promotion of emotional health and wellbeing and building resilience and managing behaviour</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>30</td>
<td>133</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td>Promotion of healthy weight, nutrition and physical activity</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>34</td>
<td>130</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td>Promotion of oral health</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>43</td>
<td>116</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td>Promoting healthy lifestyles</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>41</td>
<td>119</td>
<td>0</td>
<td>166</td>
</tr>
<tr>
<td>Work with vulnerable young people to improve their health</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>24</td>
<td>143</td>
<td>0</td>
<td>168</td>
</tr>
</tbody>
</table>
20) Do you feel there is anything missing with these outcomes?

There were 157 responses to this question. 21.0% said Yes, 56.1% said No, 22.9% said Don’t know.

If ‘Yes’, please tell us what is missing:

- Information and support to assess and manage minor illness at home and information on when to seek medical help.
- Support and promote breastfeeding.
- Tongue-tie assessment and division service.
- Services for new mums to promote bonding and attachment.
- Appropriately trained staff and Resources and fiancé to provide these services.
- Promotion and education for young people in healthy trusting respectful relationships AND Education and support for young people who are caught up in domestic violence situations. AND Support and education with anxiety/sleep issues. AND I would especially like to see the promotion of mindfulness as a strategy for children and young people to help them cope with modern life. AND Raising awareness and education around e-safety/technology/social media and the effects of all of this on the developing brains of teenagers.
- Specialist services closer to home.
- Access to specialist care services close to home.
- Supporting breastfeeding.
- Transition between schools.
- There are not enough School Nurses Band 5 Nurses and Support staff to carry out all of the services we want to provide.
- Mental well being for the whole family unit.

<table>
<thead>
<tr>
<th>outcomes</th>
<th>0</th>
<th>2</th>
<th>5</th>
<th>24</th>
<th>138</th>
<th>0</th>
<th>169</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressing risky behaviours (e.g. smoking and substance misuse and unprotected sex)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td>Reducing hospital admissions due to unintentional injuries</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>42</td>
<td>117</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td>Support from domestic abuse</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>21</td>
<td>146</td>
<td>0</td>
<td>168</td>
</tr>
<tr>
<td>Building support within communities</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>43</td>
<td>120</td>
<td>0</td>
<td>170</td>
</tr>
</tbody>
</table>

answered question 170
• Improving links with Social Care and having consistent care.
• Time for clinical supervision and supporting our own staff from burn out and promoting team work.
• Promotion of visual health.
• Child sex exploitation.
• Support within communities.
• I think the statement on schools providing mental health services is a little unclear. Schools should be able to sign post mental health services, and have support in dealing with such issues.
• Highlighting the importance of coordinated working across settings, sharing values and targets for support, and practically following these through.
• Most behaviour when at school or children centres is managed from a policy & manual (triple P/ 223 magic?) Children are individual & should not be manualised to suit the commissioning service. E.g.: trauma/abuse high vulnerability with No access to appropriate services or highly trained professionals in this area (play/art/drama therapists).
• Attachment based schooling/ early years/ ante natal experts in this area would identify earlier attachment disorders/ behaviours.
• Children centres employ staff who are not highly trained enough to identify the issues & just smooth the surface of the problem, if that! The salary attract the wrong people.
• Being able to support children who are home schooled as well as those in school.
• Support for young people with disabilities transferring from paeds to adult care.
• Working with schools to support children with long term conditions should also include early years providers as these conditions don't start at 5!
• Working with others should include the provision of training where required e.g. Epi pen training in pre schools.
• Promoting sexual health.
• Promoting good mental health for all.
• Professionals helpline to enable other professionals i.e. those in school to clarify or inquire about medical needs and its impact or advice.
• Ensuring that professionals are equipped, confident with resources, funding and the required skills/education in order to deliver these outcomes.
• Ensure consistency across the disciplines in knowledge and approach. Also to ensure there is a very clear and managed step up/down into specialist services. Parity of esteem for physical and an emotional needs. Also the needs of complex children should be met in universal settings as often as possible.
• Only expanding on the key headlines above e.g. Attachment and Therapeutic play for those who have experienced loss or trauma.
• Working in a systemic way to identifying/addressing/supporting/promoting wellbeing. Carers/ young carers/ siblings.
• Will these services be centralised or spread out through the county?? Or work as localities similar to the CCG's?
• Training families and partner professionals to manage ongoing conditions.
• Supporting life goals with education training and employment. Engaging and building therapeutic relationships with clients and their families so they build trust and are able to access support as advice.
• Ensuring that information, support and advice is available and accessible for the most vulnerable children and families within their local community and which are not stigmatised or labelled as 'targeted'. Universal open door provision is the best form of early help and prevention.
• Promotion of good bonding and attachment to allow a child to feel loved and cared for.
• Reducing unnecessary paperwork between partner agencies by using a shared computer system. Encouraging a dialog with schools and other educational establishments. Undertaking and coordinating routine immunisation for all children resident in Northamptonshire should be part of core public health nursing work since children going to school in other counties can be easily missed.

21) On a scale of 1 to 5, where 1 is ‘Negative’ and 5 is ‘Positive’, do you perceive this proposed change to have a negative or positive impact to the service you provide?

![Bar Chart]

There were 155 responses to this question. The average rating was 4.22.

<table>
<thead>
<tr>
<th>Negative</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>10</th>
<th>20</th>
<th>42</th>
<th>62</th>
<th>Don't Know</th>
<th>15</th>
</tr>
</thead>
</table>

Please tell us why?
Reasons given as to why gave Positive score
• Integration of services has been a goal for some time but never achieved. Significant problems and serious cases have occurred as a result of failure to share information between professionals. What will matter here is how this integration takes place whilst ensuring that the professionals who support any individual family have the skills to do so. Parents need to be able to form relationships with the professionals in their local services if we are to address the current fragmentation of services - this means ensuring continuity of professional for an individual family.
• Everyone working together as one service means that overall the care for the family is of a higher standard and needs can be met efficiently and quickly once identified.
• The families will be monitored and supported seamlessly from when pregnant up to the point when the young person attends school.
• For the families and children it is better that all service work together and that families do not have to start 'at the beginning' every time they meet someone new or are referred on!
• Joined up communication and better outcomes for families who are not passed from service to service.
• Ease of communication and transfer of vulnerable children and families from one service to another will be eased if everyone is in the same service.
• We can signpost services beyond the child starting school - i.e. health visitors
• At present my service may identify a child with additional needs who is shortly to start school. Often we find that in this situation there has been no recent support from the health visiting service and we are unable to engage them with the family due to the child being transferred to school nurses. I would hope that this approach would facilitate this support being provided.
• My only concern is that mental health and wellbeing will take over the agenda from the other important aspects of family life due to the increased demands in this area which will have a negative impact on children with other long term conditions.
• I think if it is set up properly and staff are aware of their role it could work really well. Staff are currently clueless to how this will take place or how it will work.
• If all services have efficient communication, share good practice-plus there is the ability to share important information particularly about safeguarding in order to keep children safe I think it is a very good idea. It makes sense that in order to have a streamlined service that provides a wide range of services for families, whatever their needs, services need to work together and communicate rather than complete tasks individually.
• Parents will know from an early age that support is available from birth to 19 and more likely to access other services apart from health visiting.
• Positive - for communication and a more holistic picture of the young person.
• Needs to be smooth transition so that it does not affect the young people provided with the support.
• Greater joined up working will in theory provide better outcomes for children however unless the team that are providing these service increases in size there is no possible way that this can be achieved, constant change and uncertainty is causing caring hardworking team members to leave adding pressure to the ones that are left.
• Parents will be able to access services in a more consistent and family centred way which addresses the family's needs without arbitrary age barriers.
• The teams that I manage can mange the caseloads in a more fluid and responsive way which should improve quality.
• There will be an increased expectation on staff to be knowledgeable and skilled in relation to issues affecting children and families across the 0-19 age range and this may feel threatening and unsettling to skilled staff members who have historically worked in an age specific service.
• Improved continuity of service.
• Closer working with other professionals. Will allow families with complex needs to have their care delivered by one professional; continuity and relationship building. Some reservations about skills required by practitioners but I would welcome developing new skills.
• But only if properly funded and staffed and not as a means to cut staffing and services.
There should be good links between these services to ensure seamless delivery of service. This is already happening in a lot of areas but needs to be more consistent countywide.

It seems a sensible progression in the long term as there is much duplication in work but these teams will need to be managed well and initially it will need much working out. These professionals could work positively well together and compliment one another.

If managed appropriately and staff given time to learn roles and procedures. Funding is provided to ensure a streamlined service then yes however if this is not implemented properly, rushed through as has been done in the past then it will fail both staff and service users. It should not be about cost cutting but improving overall service and best outcomes for children and families.

With a cohesive working allows for a reduction in duplication and provides best outcome for children and families.

I believe the proposed changes will benefit families using the service (if communicated to them effectively) however it is sometimes difficult to imagine what our job roles will be moving forward. Some people have trained specifically to work with certain age groups and it could potentially have an impact on one's wellbeing if they were now having to do a job they didn't really sign up to do in the first place.

I feel that a combined service would improve communication between professionals and result in a more 'joined up' and consistent approach for families. I am however concerned about the logistics of managing this as currently services specialise in a particular area / age group and it could prove difficult to ensure a balanced case load with the current number of staff.

Should bring agencies even closer together with a better knowledge of each other team's processes & support.

I think a 0-19 service is a good idea that will provide continuity on the condition that is well thought through and there are good avenues of communication between the individual elements of the service.

For instance if health visitor been working with the family, providing support and advice and then the child starts school, if they can continue their work rather than transferred to school nurses, especially if not reached 5 then continuity is better. Obviously there may come a time when the HV does need to handover care but that relationship they have may be extremely important.

It will enable a smoother transition of care at a time which is most appropriate for families. Professionals will work more closely which will allow for more timely sharing of information.

If it means a more 'joined up' way of working it will be positive. If it means people doing jobs/providing support in areas they are not trained in or qualified to do then it will be negative. Essential that professionals are utilised correctly and efficiently e.g. health visitors looking after under 5s and school nurses looking after school-aged children.

At present handover from health visitors to school nursing is very rare and therefore by integrating the services should improve collaborative working.

More joined up services talking and communicating to one another.

If it results in more integrated working, with young people and families able to access services easily, then it will be a good thing.
I believe that it would make sense to have all four services in one place so that professionals and service users know exactly where to go and it would make it a more simplified system.

- Providing consistency across all services has got to be a good thing.
- Less passing about of children from one service to another just because of age. Combining knowledge from different professionals.
- Positive due to continuity for families and having a contact in school as currently school nurses are difficult to get hold of for Daventry area. However, I wonder if specialism will decrease as practitioners will have to be a 'jack of all trades' rather than have very specialist knowledge in younger/older age range.
- Currently there is no consistency in service provision for children between 16-18. 0-19 services would ensure everyone is clear about what is available and how to access.
- More integrated pathways of support - and opportunity for families and professionals to build positive relationships.
- May lead to more joined up services.
- Integration and the potential to share intelligence in this way is a positive step, and should enable efficiencies.
- More child/family centred with options for continuity.
- More in line with other legislation e.g. SEND Code of Practice.
- Best use of resources as more ability to flex resources to meet demand.
- I agree that all services should work together however health visitors have large case and workloads and cannot keep on working with families indefinitely. Also health visitors have not been trained to deal with issues concerning older children. School nurses have a very different role to health visitors.
- It should improve communication and ease of access.
- Communication will be improved and sharing of information will be easier.
- I think it will lead to more joined up working as at times as a nursery and infants school we sometimes get stuck between the health visitor and school nurse and whose job issues such be taken on by.
- As a professional who sometimes requires advice it would be useful to have one point of contact.
- Better communication. Hopefully a streamlining of referral processes.
- We welcome the blurring of lines and the ability to think family. This can lead to continuity of care. If following the 0-19 PHE guidelines, this should ensure specialism’s are deployed where needed most with a core competency to raise awareness of issues (e.g. asthma taking 2 lives a day because of the treatment and care).
- Continuity of service for a family; sharing of information across teams; this should enable better continuity of care for families and facilitate communication with general practice and other services.
- Connected services are more effective.
- If everyone is working "as one" surely the communication is improved and we in general practice are not chasing round to see who will take responsibility for those patients are require not the normal referral route in! And our time is not wasted chasing for these patients as someone will hopefully take responsibility instead of us passing from one to the other.
- Hopefully help with communication between services.
• Could be really positive if works well and not cutting staff no.s etc. May not work so well if lots of upheaval and staff cuts. Generally a good idea.
• Continuity for families, no children should be lost in the system.
• It should support the families it a more complete and sustained way.
• Agree in principal - however will need assurance that services will not be cut and specific roles and responsibilities changed.
• Positive if staffing levels are maintained to ensure all areas can be responded to effectively.
• Quick response, triage perhaps and central consultation.
• With defined outcomes, NCC and other partners will be able to work together to ensure that there are interventions and support which is easily accessible to all families to ensure the best outcomes.
• Whatever is being promoted, has to be backed up with a tangible resource to meet these needs.
• By promotion Early Help, we can help to "build stronger more resilient children" rather than trying to fix "broken adults".
• I think it's a positive for Public Health as it allows for a more fluid transition between each individual service and will overall ensure better care and support for families.
• Consistent approach.
• Children are transferred into School Nursing at a very vulnerable time (starting school). I believe this is a crucial time for consistency and continuation of care to be delivered rather than a 'handover period of care'.
• It will improve communication and hopefully the family will know who their 'named' health link is, provided on better quality of services for children and young people and their families.
• I believe it will benefit the teams to work closer together and having a wider range of knowledge within one team and the continuation and follow-on care for the clients will be of benefit to them.
• Will allow continuation of care across the services and the possibility of using staff skills to maximise benefit to the children and young people.

Reasons given as to why gave Neutral score
• Often merged services look good on paper but are so huge that they are difficult to manage efficiently. On the ground, the same staff will be doing the same job as that is what they are qualified to do. Alternatively redundancies are made and a smaller number of staff have to manage the same caseload.
• There are so many changes within our services which happen frequently that the public become very confused. Resources are continually cut leading the public to believe that there is nothing out there to help them.
• Positive - Better for continuity when supporting families
  o Flexible working office / home.
Negative - Work space accessing computers will be difficult as the trust is cutting building space and Dell pros not always reliable.
• Whilst I think that the proposal for one health professional to support a family rather than pass on to another service is a good idea, the commitment and relationship we have with our school nurse, who knows our school and families incredibly well, will be a significant loss.
• I assume the HV service will continue to deliver all of the 0-school service, then may continue to be responsible for the family once all the children are at school as they 'know' the family. This may add further stress to an already stretched service.

• School nurse used regularly, great source of support for students, good to combine these services. However, will it take time away from just being a school nurse?

• In principle I think this could be very beneficial for families to have continued support. However I am concerned how this would work in practice. Currently I feel health visitors are working to full capacity and above working outside working hours, if this care continues above the age of 5 then this would increase the strain on current resources. There needs to be greater investment in early help resources to refer these families into to meet their needs.

• May have an negative impact as caseload numbers will increase.

• It would hopefully increase the communication to provide the seamless transition which does not currently happen consistently.

• I feel that this will aid in continuity of service, however I am unsure as to whether this will improve professional's ability to provide a quality service.

• Support will be diluted, staff really worried about jobs.

• Think it will offer consistency. However some family's needs are more than others. Think both service is target driven with school nurses offering very little face to face contact with families- all immunisations & development checks. CP meeting I attend SN don't offer anything to the meeting & at times never met the family before attending? Waste of time! Parents don't know who there nurse is, schools don't think they have one?

• Defining roles would be helpful.

• How will this work for Children with EHCP's? Will the Children who go into Special Education have the same opportunities to access the above teams? Will the integrated team above collaborate with Special School Nursing?

• The concept is positive; however the challenges lie in the rollout of the service and ensuring that appropriate professionals whilst working collaboratively are carrying out the role that they have trained for. Personal experiences of partnership working with 'skilled generalists' has not been positive.

• The structure of the service is less important than its function. This should not be seen as an opportunity to reduce services available to the public, and the function of these services should be maintained or enhanced. Is this actually a consultation on this service redesign since it seems to have already been decided according to the covering note.

• It might dilute the expertise within each area. It might spread the expertise more widely.

Reasons given as to why gave Negative score

• The underlying reason is to save money which is never a good base for service transformation.

• Over stretched staff covering jobs they are not equipped or trained to do as well as all the others service that they already provide or safeguarding.

• As a concept bringing all these services together would in theory be of great benefit to families, but in practice it will put a lot of stress and pressure on individual services which are already over stretched.

• More changes for an overstretched work force.
As a school nurse for nearly 10 years we have worked hard to gain families/schools understanding regards our role, they are clear about what services the HV team can offer and I feel some families will be reluctant to move through to different specialists. It is ambiguous that HV have the choice of which families they will pass on, how unclear will that be for us a new team. Additionally over half the work force in school nursing is term time only how will this work fairly across the county.

Lastly management of complex cases/child protection issue need to be discussed further as I feel each new 0-19 team should have designated safeguarding leads attached and with regards health promotion I feel a great deal of time, school nursing take to deliver the immunization schedules could be handled by a separate imms team.

I feel our relationship with GPs and our midwives will be compromised if we are moved out of surgeries. We will be trying to have working relationships with many different surgeries. This will impact on safeguarding and children will fall through the gaps. I feel Health visitors are going to be expected to pick up so much more diluting the positive work we can do with families. We will be expected to be doing referrals, write reports, attend conferences etc on school age children we know nothing about as we may be the key person for all the children. Stress levels on H/V’s will increase!!! School Nurses and Health Visitors have very different skills and we should not be expected to merge and become generalists when we are specialists in our own age groups. What will we all be called? Will we still be Health Visitor title and School Nurse title? We are registered nurses and specialists and that needs to be recognised as we do not wear uniform as in hospitals. How will the public have more confidence in us if they are struggling to understand different specialisms. These outcomes and benefits are what the current service is already based around. I agree with closer working but feel we could work closer by having joint devt days, joint monthly meetings without moving into different bases with all the cost implication and loss of trust of our GP’s and public that will cause. I also feel we mainly overlap with midwives so that is where H/V and midwives need to join up.

Each individual service has very specific expertise in their area and combining all the roles together will dilute the ability of the professional to offer the support to families at the time that they need it. e.g. I am a health visitor working with the whole family at home. If I have to get involved with school children as well I will need to try to adapt my specialist skills to a very different setting were their are already specialist available. The early years are shown to be the most influential in a child’s life and by not offering a specialist you are at risk of not offering the support needed to change the health outcomes for the child and the family. As shown by recent reports prevention is better than cure.

I would imagine the real reason behind this proposed change to be financially driven - to save money by extending job descriptions’/ cutting staff etc.

Concerned to how the service will integrate and how the model will work on the ground. Even if geographical concerns raised where siblings attend schools around the county and which team would take the work on. If school nurses, BF team and FNP integrate into HV teams they will lack the opportunity to have supervision with peers of their own fields. Concerned to how HV/ SN integrate workload and what training would be provided in order to manage the service efficiently.
• Danger of removing the focus of the service away from general practice teams. At present there is a close and highly valued relationship between GPs and Health Visitors.

• We are short of health visitors - i would be concerned that we would be trying to deliver a service with an ever decreasing workforce. This is a very important service and requires expertise in all areas good communication with education social and medical services. It is not one size fits all!

• Diluting the specialist role and knowledge. Undoubtedly would result in increased caseloads and reduced numbers of staff. Some staff have a better rapport with under 5s or with teenagers, not everyone would be comfortable discussing teenage issues therefore dissuading them from a role they may excel in with younger children.

• Because all these individuals are specialists in their own roles and to bring them together may in fact cause further harm to the families instead as the professional may not have the expertise required in that area. Health visitors and school nurses train either 0-5 or 5-19 so all those professionals would require training to be provided in order to get the dual trained qualification and for the NMC to recognise it. Under the NMC health visitors and school nurses are only registered in their one role.

• Each team is trained to provide support for the children and families within their age brackets, the cut-offs are clear - birth to school and school aged children so the families know who to contact depending on the age of their children. Skill mix, i.e. nursery nurses have specialist knowledge for early years so to merge the ages would dilute the expertise and knowledge that they can offer. I feel NHFT already offers a 0-19 service as there are Health Visitors and School Nurses with clearly defined parameters so the impact of this change would be negative as it will be confusing and will blur lines so families will not know who they need to access.

• If the current new programme means more successful, skilled and larger team then it would seem wise. However, I suspect this means drawing together these services to create an overall reduction, in which case it will be another disaster.

Reasons given as to why said Don’t know

• Specialist Breast feeding service may be lost.

• It depends whether the bringing together of these services in fact is a cut in resources overall. The more connected services are the better but not if it is an excuse to cut jobs or lower quality.

• In principle a good plan with potential for streamlined service and cost savings. Concerned that this has not worked well in other areas undertaken. Potential for increased workload and therefore reduced quality in service e.g. HVs continuing work with families of school age children when they are already struggling to cope with current caseloads.

• I need to discover more about how the proposal will affect the health visiting role and the families we work with.

• We already fulfil the healthy child programmed requirements and I believe we do this well. Cannot comment on the other disciplines. We liaise between us when necessary and are all employed by the same trust. I do not yet understand what this is about. The health visiting service would be hard pressed to take on the supervision of other disciplines without extra funding.

• I am concerned that moving these services away from Health may provide positive results, that could potentially be outweighed by this change. I am also concerned
about the cost that this will involve. Why not develop the integration of these services within the Health system. I would worry that the County Council lack the background knowledge and infra structure to support these professional groups appropriately.

- I need further information how this will effect my role as a health visitor and the service I deliver.
- The current health Visiting and School Nursing services require different training. Qualifications and expertise and are focussed on different elements of the population. These specialist approaches will still be required. They are currently provided by a single organisation and all use the same IT system (systm1) It is not clear from this proposal what will be different. The proposal does not present any ideas for improving communication between the services listed or between those services and midwifery and early help or social care.
- FNP is also a very specialist intensive service, also using the same IT system and provided by NHFT but there is no indication here of what will be different in the new arrangement
- Does it mean job cuts therefore less support than what there currently is - which is very little!

22) On a scale of 1 to 5, where 1 is ‘No impact’ and 5 is ‘Big impact’, how big of an impact do you think this will be?

There were 154 responses to this question. The average rating was 4.35.

No impact  Big impact  Don’t Know

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<tr>
<td>No impact</td>
<td>28</td>
<td>54</td>
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<tr>
<td>Big impact</td>
<td>3</td>
<td>2</td>
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Health visitors already struggle to meet their targets and a 0-19 service, which will include immunisations in schools, will only increase their work load. There will also be added work load to their admin staff.

Issues are identified and supported early.

Very big impact on staffing, working areas and families.

Support for families such as children’s centres are going and it is likely that the Health Visiting service will have an increased work load.

Change is always difficult to manage and unsettles people

Office space building shortage, del pros not always being reliable

Change is always difficult to manage, concern over rooms and space plus access to computers/docking stations.

It will be a good impact - so not one child is 'missed' or 'lost' in the system due their age.

A movement away from single service teams will need good change management and team building skills. I would anticipate that for some staff their base of work would change and therefore logistical issues may need to be addressed. However I also feel that the ability for Health Visitors to remain involved with a family beyond the age of 4 years will be valuable.

Massive because it's difficult working in hot desk environments now, if you then start putting more people in one office so they can communicate effectively I see the quality of record keeping going down, the use of desk top computers will be in demand because the Dell Pro's are just now healthy to work on long term, the noise levels in the office also will affect the quality of service service users will get, I often have to ask staff in the office now to hush a bit whilst on the phone and theirs only 4-5 of us in at any one time.

Merging of role H.V/ School nursing will reduce job satisfaction and may reduce employee numbers putting more pressure on HV to deliver the school nursing role and vice versa!

The changes will have an impact and hopefully it will be a positive one.

H/V and S/N will feel more stress and confusion and a loss of value in their roles and specialism’s. This will have a negative impact on morale impacting the public. Work to families will be diluted and generalised too much and vulnerable children will fall through the gap. There are not big enough venues for us all to be and mobile working does not work in a role where we need face to face communication and support from colleagues.

Minimisation of boundaries and barriers when working with professionals.

For staff – enormous.

I think there will be a significant loss with the removal of the school nursing service.

Any change to how services are provided will have a big impact, whether positive or negative.

Currently children have a specialist professional to support and represent them. If we expect all these services to work across the board then as mentioned we dilute the expertise and do not support children and families adequately.

The management of such a large team will affect the service offered, I believe it will not offer enough support to professionals to ensure that they can offer support to families and feel valued.

Where will we be based? What will the management structure be like?
- But only if properly funded and staffed and not as a means to cut staffing and services.
- Logistically not sure how this will be enabled for all to be housed in one place, as space is already tight and buildings are being sold off.
- Big impact as our service will cover a large age group with different needs and become more complex to manage.
- There are going to be change from how health visitors work such as moving from being GP attached and working geographically but also where we will be working from. The people we work with closely will change and teams will be larger.
- Any change in service provision will impact on existing staff.
- Likely to involve a change of base and mix of teams.
- Staff moral, locations of working, stress and confusion over roles e.g. HV/ SN. Although we are both SCHPN we trained very differently in order to support the appropriate age group.
- Would need some time to evaluate some of the changes.
- Not sure exactly how it will impact on us all, but its a change and most changes have some impact whether its positive or negative. Time will tell and how its introduced and what support there may be for the transition.
- Helping families access services.
- If it allows better access to services, and integrated working, it will have a big impact.
- I would like to say 5, as coordinating services has to be a very positive move; however, I suspect that this may confuse the public more than it will clarify the situation.
- This may well make the situation for an already vulnerable group worse.
- Big impact on practitioners work load as health visitors will be keeping children on for longer.
- Very different to how it works now - will be very challenging for staff potentially.
- Save lots of time being 'passed around' and thereby making everyone more efficient.
- To the organisations within the above 4 tiers, to the schools and orgs referring/supporting it, to families who will be worried about what it means to them and whether or not it will mean easier access to the services when they need them.
- If we can provide the consistence of approach with families, this can enable families to receive better services without the need to worry too much about pathways.
- It will have a bigger impact if the services could also be co-located or have regular clinics in a place that children and families go to e.g. schools, nurseries or children's centres.
- Need to integrate very different systems and ways of working between organizations.
- There's no word on staffing seems like it's an excuse to make redundancies and offer less services.
- It depends where the professionals are situated and the management must ensure that they are evenly distributed within the county and bordering boundaries are taken into account.
- Dilution of all specialist roles, allow staff to specialise and do the best for their clients instead of the main focus being financial.
- As above really depends on what your trying to achieve and if its achievable and beneficial and not counterproductive.
• It will be confusing and families will not receive such specific advice as it will be
tailored to all aged children, which clearly is not helpful - what is effective for one age
will not work for another.
• If services become even more remote from practices it will be difficult to continue to
run the effective MDT meetings that we currently have in practices. This is a
particular risk if caseloads are too large for each practitioner and staff have multiple
practice meetings to attend. However, organisational changes that promote links
with General practices could very much enhance care.
• A decision like this often removes talent that once gone can become irreplaceable -
see behaviour Support Services in Northampton as an example. If carried out in a
manner that does not ensure quality remains it will ensure Northamptonshire
continues to remain as a less successful authority.
• I would hope that given time the service would be able to offer a complete package.
But no change or restructure can replace the need that families have for time and
people.
• Uncertainty to professionals; these roles have been established for many years so will
bring anxiety to families that they serve.
• Could have a big impact if appropriate numbers of staff brought together to respond
effectively to the needs of children rather than the current climate where there
appears a lack of consistency in the response to needs.
• If it is done correctly, family gaining access to the right services as soon as problems
arise, will ultimately ensure better outcomes.
• I feel we need to invest more for the future and step away from the mindset of
looking for short term savings but not always seeing the long term cost.
• Early Help, no matter who is delivering it; be it social or emotional, does have a cost
implication but we do need to invest to save - and give things time to work.
• I think there will be a big impact. It could potentially be very confusing for families
about who will be doing what and even for partner agencies. It is key that marketing
and promotion of the new 0-19 service is effective and easy for service users to
understand.
• The impact will be on the improvement as stated above - in quality of care. there
needs to be thoughtful consideration about pathways and timescales of moving to a
new way of working.
• If the process is dealt with in a fluid and efficient way and the goals for the
programme are clear, the staff will realise the benefit of the programme.

Reasons given as to why scored Neutral
• The impact could be huge but having worked across these professional boundaries I
know it will take a significant shift in culture to remove the impact of ‘turf wars’ as
each professional group seeks to protect its domain. Similar attempts in the past
have not succeeded, largely because investment has not been sustained to support
cultural change.
• It will take a while for services to embed and there will be issues to overcome along
the way.
• It will take time for outcomes to be realised and there will be some issues to
overcome on the journey.
• Standard messages from the onset should improve the outcomes for people using
the services.
• It would need to start before anything can be measured - it will require a large amount of training and change in the way people currently work and support families.
• The impact may see an increase in access to other services with the increase in profile.
• Expectations are high about the pace and scale of change and this will mean there is a significant impact on the individuals and teams affected - it should also mean there is a big impact on the service offered and the accessibility and consistency of that service.
• Depends if it is used.
• Again I do not see this changing how the services are provided just will be functioning under less management and different name.
• Currently all services are working towards delivering outcomes for individual contracts. Working in a 0-19 services with common goals will be more cost effective and bring services together with the same goals.
• As long as it's shows consistency & the family are aware of what's happening. Being present & contactable should ease the transition.
• It will only have impact if there is the funding.... do NCC have the funding?
• Combined services are sometimes too vague to be able to provide specialist care to those who need it.
• The impact will be as measured as the way in which the development and application of the process is handled. Previous experiences highlight that the success of these initiatives is largely due to the detail/planning of delivery. Have any similar models within other authorities been visited or studied?
• There may be limited impact if funding is cut at the same time and more services are expected to be delivered with less money.

Reasons given as to why scored No impact
• Service users will still have access to the same services. Nothing is being cut or reduced.
• I don't think there will be much impact as the 4 services work collaboratively already and everyone is trained to fulfil their specific roles.

Reasons given as to why said Don’t know
• It could be great with staff being trained in different areas and a slicker referral system in place or it could mean one big waiting list instead of four.
• At this stage it's difficult to determine!
• I really don't know what sort of impact it will be as I haven't seen an example of a trust that has already done this project elsewhere in the country. I think it all depends on a huge variety of things and if you can't get some of them right then it could have a negative impact on families, staff and service delivery.
• I am not sure of the impact. If it is done well there should be a positive impact, however one makes the assumption that the services are already delivering effectively. This proposal should just provide a more seamless transition for service users.
• Not received enough information regarding the changes to practice that I will be expected to make
• You have not made it clear how the service will work.
• It may take a while for new practice to be embedded.
Universal Public Health Services for 0-19 Year Olds Consultation Analysis Report

- Impossible to tell without clearer explanation of what the current issues are and what and how this will change.
- It depends how it is managed; it might lead to staff leaving; it might attract staff.

23) Do you think children, young people, and/or their families experience any barriers in accessing services?

There were 148 responses to this question. 77.0% said Yes, 7.4% said No, 15.5% said Don’t know.

If you said, ‘Yes’, please tell us what these are. We would also welcome any suggestions you may have on how they can be overcome:

- Parents tell me that they are unable to see the same professional twice - this lack of continuity erodes their trust in the services. They also report difficulties in contacting services when they need them, no or much delayed (several days) response to messages left.
- Very long waiting times into specialist services.
- Very high thresholds for those specialist services so very difficult to be assessed and get the right support e.g. cahms, community paeds, tongue-tie division, social services, family support, domestic abuse, counselling, FNP.
- Lack of resources, staffing, and availability of services needed in appropriate easy to access way. By not combining all the services by increasing the number and remit of the fnp, and increasing the number of both specialist community health visitors and school nurses. By investing more into the existing service's to be specialists community public health nurses either health visiting or school nursing and not diluting the services any further
- Stigma, lack of resources and a lack of appropriately trained people. Services run by more support staff than the highly qualified professionals.
- Appointments and waiting times to meet with service providers can not always be convenient due to work load and staffing levels so can mean care is not given and needs are not met.
- Not enough resources to support families which results in high thresholds. It would be good to go back to those days when a mum with a new baby saw the health visitor regularly.
- Ignorance.
- Staff or parents not knowing where to refer to or what services are available.
- Age culture and background
- Continuous change and cuts in resources.
- The capacity of services is limited especially for mental health referrals and a lack of specialist services in our locality.
- Not always clear who and at what point in there child's development which services are involved.
- Children centre closures additional support from professionals not now readily available families miss these services.
- I think it is important to continue with Health visit clinic "drop in" services to give parents access. Important to ensure that schools are fully aware of school nurse role, with school nurses being visible available to deliver low level support in school and signpost if necessary.
- Information/misinformation, signposting, if they don't access their GP surgery or a 'group' then not a lot of information is being given. My grandson hasn't been seen by his health visitor since he was about a month old, he is now 3!!
- I find that frequent changes in the health visiting personnel combined with the use of corporate teams mean that families can have no idea of the name of any health visitor connected to their GP practice. I feel that it is important for families to be made aware of changes in teams - this does not need to be a personal communication but use could be made of posters in surgeries, nearby Children's Centres, schools and nurseries.
- Mental Health.
- Availably of services, length of time to be seen.
- Yes I feel the council have made it difficult recently where they have been insisting on a CAF/EHA for any other services to be involved i.e. like Homestart previously. EHA’s are voluntary and if the family do not agree or engage then a one off service cannot be accessed. Communication between teams needs to be improved with all services on same systems and face to face and verbal quality communications need to be encouraged. School nursing needs to be all year around so there can be services throughout. Are H/V's going to be picking their work up when they are away??
- Transparency of referral criteria's, currently criteria’s appear to change dependant on the demands on the service rather that the needs of children and their families.
- Not being aware of what exists and how to get in contact with the service or what we offer.
- With the changes from universal to targeted services with Children's centres many families feel lost about where they can go to get information and advice-on matters such as breastfeeding for example. The Health Visitor is not always to provide sufficient enough information.
- Knowledge of the service should improve, hopefully with improved information we are able to give to parents.
- Home schooled children.
- Yes, quite often at the initial ask for help, they are rebuffed by health professionals (often referred back to us as a school) and then they lose confidence to re-approach.
- Staff shortages do not enable us to promote services efficiently, some schools, GP surgeries, etc could make better use of advertising services available.
- They do unfortunately, as the dedicated team that are here to provide services just do not have the capacity to be available to everyone that needs them.
• I work in a very rural area and families who don't have access to cars have difficulties accessing services that are mainly based in Northampton or even further north.
• Due to children’s centre closing I am having difficulties offering services within the local community. At the moment I have services available for 1 month but will need to re negotiate.
• If health could access other services buildings without having to pay for it we could work closer to our community for them to access services.
• The time it is available - working parents should be able to take their children to see a health professional one evening a week - different evenings across the county to improve access to services.
• Services should modernise and improve their social media presence and access through online chat and skype assessments - this should also be available later.
• Language barriers, transport issues and cost.
• Closure of children centres
• Lack of information and direct access to services. If a child needs support (e.g. mental health) they need to be able to access it rapidly - not be told it is a 3 to 6 month wait.
• Time - we only have a school nurse for 45 mins a week and I don’t think this is long enough.
• Due to workloads sometimes clients do not always get seamless transition, and due to meeting targets where previously we might have been able to continue help, this has been hampered by increased workloads.
• The more vulnerable families are disadvantaged and these families need more direct and consistent family support. Services such as Home start should be used more.
• Services are widespread across county so sometimes families struggle to attend if they need a particular service. Each service runs differently. Children’s centres closing therefore access to services being cut again. Professionals struggle to find venues to complete development reviews etc meaning children miss out.
• Not from health visiting.
• Depends on the knowledge and helpfulness of the staff being approached.
• Availability of staff members.
• Lack of signposting of services in prime places i.e. gp surgeries, local papers etc.
• Need adequate staffing levels and appropriately trained staff.
• Promotion of all the services and how to contact them at the GP.
• Caseloads are so high - families barely see a professional and don’t even know they have a HV or SN for example- except for those with identified child protection issues.
• School nursing service I feel is still greatly under represented in health and more needs to be down in schools to promote and support the service in reaching its full potential.
• Hard to reach families, no transport, language barriers.
• Families are often not ware of the services available to them.
• Yes, lack of updated information within some services.
• Families do experience barriers to accessing services however, in my view; these are more often across agencies / organisations and not necessarily within single agencies / organisations.
• GP do not always signpost raise concerns and contact other professionals and do not always signpost to other professionals correctly.
We are school nurses and I’m afraid to say a lot of schools don’t know our role and parents even less. We are not easily accessible as in and out of the office, messages left etc.

- Information sharing / duplication of services.
- Services are not always available at times that may suit families and also people work or attend nurseries in an area different to where they live.
- Delay’s in accessing help and services, including the referral process. Health visitors and school nurses have huge caseloads especially in deprived areas making it impossible to adequately meet needs in a timely manner. This has a detrimental effect on children and families, ultimately affecting outcomes.
- Universal services have been cut and are harder for families to access. Therefore many families that would stay at universal with support from services are now struggling which means they require additional support at a universal plus level.
- Responding in a timely manner to need. This can only be overcome by increasing staff numbers especially in mental health services as the call to action is still ongoing for HV and SN.
- Yes not knowing what is available and for professionals too to understand each others role and what is available.
- Closure of children’s centres - they created a place where families could go to gain access to universal services.
- Service very limited, particularly with the reduction of children’s centres and family support workers.
- Lack of access to health visitors.
- Time scales. Often it is weeks before you can get an appointment with a healthcare professional. Waiting lists for CAMHs are long, and thresholds are often too high. Due to the geographical nature of the services, they are often hard to access, and not communicated well.
- I think barriers are enormous....largely around the challenges of sizes of caseload, current bureaucratic strategy, shifting priorities. Changes in role for these professional groups.
- Enormous barriers to access through referrals, availability, increasing lack of 'Open clinic' access. I think more of the traditional, needs to be embedded into the new ways of working. I worry that lack of staff and time to perform these roles adequately will continue to cause difficulties with access.
- Most of the families that I work with or support do not know where to go to receive help so they usually need to be signposted by myself or another professional.
- It is difficult to access the correct person at the correct time.
- A central hub for calls and advice for parents and children could provide instant advice or a referral to the correct person first time - ensuring a timely response.
- The services are not flexible or local enough.
- I work within a school & they do not know that can contact a school nurse? I worked within a team of SN so I do encourage this. So if the school don't no how do parents?
- No info around school.
- Lots of feedback 'not commissioned to do this' so loose confidence in the service.
- Cultural/Behavioural, Lack of Peer support, Education.
- Location of services, language used to describe services.
- Funding. The LA is a barrier in itself.
- Complicated processes, bureaucracy, paperwork, language barriers.
• Offer more drop in services.
• Children who are home schooled are not covered by school nursing service.
  Increased resources required.
• Transport difficulties - outreach services.
• Services have long waiting times.
• Additional support for maternal mental health-professional and peer.
• Parenting classes with midwife/health visitors.
• Accessing mental health support outside of a place of education is really difficult and
  it’s very difficult to find that information, no signposting.
• E.g. - children who are under 18 but not in full time education cannot access CAMHS.
• Young people 16-18years cannot have own tenancy with council and no supported
  housing is available for young parents 16-18yrs.
• Often unclear what is available and how to access services.
• Access may be an issue, this is related to the strain on current services and
  consequent capacity issues.
• Stigma, inconsistency of quality and accessibility across services.
• Lack of training in some areas in early years which prevents children accessing
  services.
• Integrated 2 year review does not currently seem to be working for all families and
  reliance on parents as the conduit for info may mean that those who are not
  engaging are not well support and early identification and support opportunities are
  missed.
• Services have been changed and reduced and this hasn't been communicated by
  commissioners to the public. Often strict criteria has to be met to be eligible for
  services. Many referrals still have to be from the GP and not the health visitor which
  also delays access to services.
• Long waiting lists, unclear pathways.
• Cuts made to youth services and not enough domestic violence support for younger
  years.
• Need to increase work fork to support all initiatives, and be realistic about this.
• Assuming this questions refers only to the services listed: Capacity cannot always
  meet demand, Language and communication difficulties, lack of understanding of
  what services can offer and or how to access them, lack of availability of school
  nursing services outside of term time and / or schools, no similar service for home
  educated children, "office hour" nature of existing services.
• Apathy, too many professionals involved in some families leads to families
  withdrawing.
• Knowing where to access services locally - schools with Children's centres were hubs
  for communities now they are not used in this way families are unsure how to get the
  support needed.
• Knowing where to go for advice i.e. 1 contact number and then able to be put
  through to the relevant professional.
• People from the LGBTQ community experience barriers in accessing health services
  particularly if they are a) not out to their families and b) if they are trans and identify
  as a different name and gender to one assigned at birth. This could be addressed by
  more awareness, training, acceptance and understanding amongst staff surrounding
  this issue so that young people feel they won't be judged and will be supported in a
  way which doesn't devalue their human rights or sense of self.
• Lack of understanding as to what is available.
• Lack of information about where to find services.
• If we adopt a lead practitioner approach to stop children slipping through gaps, that would be a huge improvement. Children can slip through the gap when various "Tiers" believe it is not for them. We need to work together to overcome this situation.
• Timings e.g. most appointments are between 9.30 and 3.30 which for many parents is not possible. Many schools, nurseries and children's centres are open 8-6.00pm giving possibilities to meet family commitments at a more flexible time.
• People that need them most are not aware that they are there or are not made to access the ok.
• It takes a long time for any service to respond to requests.
• Lack of education unaware of problems and help available.
• Poor self esteem due to poor parenting and negative experiences.
• Lack of knowledge and sign posting.
• Whilst there is contact with Health visitors, parents can be sign posted but when children go to school some parents don't know where to access help. Regular well advertised surgeries by school nurses in schools would help many parents who have a problem lurking in their minds but don't want to 'trouble' the Doctor's.
• Professionals taking responsibility and working together rather than "Its not my job".
• Common expectations and sharing of information between agencies (including schools).
• Feel judged, some professionals are directive and authoritarian causing barriers to clients and families having trust and respect.
• Lack of knowledge, education regarding resources and lack of resources.
• Location of services; access to transport; realistic appointment times for families with school aged/ early years children; families' abilities to attend appointments are often complex. Currently non-attendance is seen by many professionals as chosen non-engagement when this is often not the case.
• Re-introduction of key assessment stages, i.e. 4 month check at which point valuable information for weaning and healthy diet information can be shared. There are a large proportion of new parents who need support and advice at this time, so many conflicting information given out through commercial avenues, that can potentially have a direct influence on early childhood obesity.
• Utilisation of existing NCC purpose built resources i.e. Children’s Centres to house a range of services located in communities (some of the most needy). Extension of HV services within Children’s Centres, both existing and imminent closures. Base HV/FNP's in these buildings.
• Currently the referral time is slow and there is not always an allocated worker attached to a school which hampers building a relationship with a person - rather than accessing a team.
• Difficult to get an appointment and the waiting lists are too long especially in respect of Mental Health.
• Lack of funding.
• Resources.
• Feeling judged, unaware schools nurses still exist.
• The services for school aged children who are home educated are very limited, as are those for all school aged children during the school holidays. Excluded and absent
children are also not receiving universal services. Children who are educated out of county have breaks in communication and we need to have better cross border communication. Currently health visitors are not always aware of children who have started to go through child protection enquiries and when they are removed from this system.

- Availability and turnover seem to be the common response we receive from parents - especially in regard to Child Mental Health services which are not functioning appropriately.
- Often there is a significant time wait / or complex remit for accepting cases. Again time and people are needed.
- Unsure where and how to access, stigma involved in accessing some services, cuts to services alienate communities.
- Capacity of staff.
- Access thresholds are in place as a means of reducing the legitimacy of demand, so that referrals can be re-directed from scarce resources, without feeling as though we're rejecting people who really do need our help.
- As a parent, it is often just knowing where to start. More publicity to empower parents to ask for Early Help would be beneficial - radio advertising perhaps?
- Parents would also need to have information regarding how to deal with these blockages; such as agencies refusing to undertake and Early Help Assessment, particularly as this is key to some of the Early Help Offer to families within Northants.
- Language and understanding can be a barrier, pre-conceived ideas around the roles of different professionals and lack of knowledge on where to access the support needed at an early stage.
- Use of publicity and social media can address some of these issues.
- Deaf parents would not have immediate access to information or support services as they may need communication support.
- Information must be direct and full description of the services and why do they need it.

24) Do you have any suggestions on how the service can be improved in the future?

- Locality teams working across professional groups, key workers for each family, working with them from birth to 19. Also need to integrate community children's nursing into this service to help to reduce the number of professionals each family has to work with.
- Commissioning education to develop future workforce - children, young people and their families do not need to have to work with health visitors, school nurses and others. They need one child health nurse who is equipped educationally and clinically to support their child’s growth and development from birth to 19, in health and illness, with or without identified disabilities or additional needs.
- There is also a need to invest in technology so that parents can use digital communication systems to contact their health professionals, and so that health professionals record their interactions with families on one record shared by all professionals and the child's family - NCC funded the development of a universal family assessment tool which now needs investment to develop as a digital tool. The latter has the support of an MP and fits with the national and local NCC’s 1001 critical days manifesto.
• We need a dedicated tongue-tie assessment service in Northants - this would raise the breastfeeding rates quickly.
• We need more not less staff. I love my job but I consistently work more than my contracted hours and feel very worried about the future.
• It is very hard to prove that public health work does positively affect outcomes...until it is too late.
• Other services such as children's centres, social services etc also need proper investment. It's very hard to find services to refer families into.
• I would also like to see a public health midwife role developed as women are more receptive to public health messages during their pregnancy.
• Investment in perinatal, ante-natal and post-natal care. Rethinking the closing of children's centres which acted as very effective hubs for child health.
• Better communication between professionals and agencies, promoting school nurse service as there are still agencies, GP’s, parents, schools, children and young people who are not fully aware of what advice, support is offered, the role of the school nurse and the healthy child programme.
• Health visitors have not been trained to deal with 5-19 year olds and would need extra training for them to be able to add any real value. In my opinion the 0-19 service needs more fully trained school nurses who would be better equipped at dealing with older children and health visitors could increase their service age range to cover 0-8 years old.
• Engage service users in surveys before making any changes.
• Treat everyone fairly and same guidelines.
• STOP changes and hope that the government increase funding may be one day if we are lucky.
• A scheduled contact at around 4 mths to promote healthy weaning.
• Yes please see the priorities set out in our Blueprint for Health and Wellbeing which has been drawn up and agreed by local partners. Link below http://www.southnorthants.gov.uk/SNBlueprintforHealthandWellbeing.pdf
• Use the children centres they are in prime locations for families easy to access and sitting empty.
• Communication would be improved if a wider spread of people in same base offering continuity in our service delivery.
• Strong leadership within teams and management of staffing issues which is currently lacking in areas and it is understood that management roles may be reduced further.
• This service will work as long as there is communication and the professionals are able to access each others' knowledge for any help needed.
• Yes - I would suggest that in all instances where the service becomes aware of developmental concerns identified by other services an member of the Public Health Team should contact the family and identify what support may be needed. This does not always happen at present.
• More support for mental health such as counselling so that other health support can be accessed.
• Yes- Stay in GP surgeries with a registered population but ensure GP’s are mindful of where they take people from.
• Have joint meetings with our midwives and school nurses, FNP and B/F colleagues. Joint devt days and cluster meetings.
• All have same systems including GP’s.
• H/V's to be able to keep children beyond school age if already working with them. To have regular contact with SN working with that family negotiating who takes the lead at conferences etc.
• For specialism’s to be recognised and valued.
• Being more in place in schools.
• Joined up working should offer an improved service.
• Take good care of the staff you have, give permanent contracts not employee them for 2 years, get them up to speed and then get rid of them, it demoralising for all members of teams and does not give a good work ethic.
• Nurture the current teams and support them with the changes, this is always an afterthought and it really should be at the heart of any change.
• The service needs a period of consolidation with consistent management and adequate staffing throughout all the services to be able to offer the healthy child programme especially in the areas of high need.
• Working parents should be able to take their children to see a health professional one evening a week - different evenings across the county to improve access to services.
• Services should modernise and improve their social media presence and access through online chat and skype assessments - this should also be available later.
• Free parking, visits at home/school, translators.
• More drop-ins and local centres on estates where health advice can be accessed.
• Better communication between services is crucial.
• Funding; organisation and improved information systems.
• More time in schools.
• More even distribution of caseload and workloads.
• Services need to work closer together and resources pooled so that work with families is not duplicated, however specialist skills need to be retained and used appropriately. Improved investment in early help resources to refer families onto would have a greater impact. It is vital families in difficulty are identified early but there has to be adequate support to refer the family onto and this is seriously lacking at present.
• Putting the wellbeing of staff as a priority and having managers that are understanding and supportive and listen and ensuring that all members of the team are working equally as well as promote team work. This will mean clients get a good service from staff.
• Don't close the children's centres. Stop just focussing on hard to reach families and vulnerable families. It should be about early intervention and having good access to services for all.
• Injection of funding to recognise the importance of a child fulfilling his/her potential.
• More health promotion ideas.
• Involvement of young people/users to design their own services.
• Aligning mental health services working with our services and young people.
• Improving staff morale/ lower workloads/ better staff retention levels/ more robust clinical and safeguarding supervision/ allowing drop in clinics and groups so HV/SN's can be more visible.
• I would like to start a clinic in the library where the universal groups are now being run for instance.
• Allowing professionals to run groups where they can utilise skills such as perinatal mental health support groups for parents.
• Currently around 60/70% of work completed by school nurses is in relation to safeguarding, may that be attending core groups, conferences, CIN’s etc. This puts large demands on the time efficacy of the service. Should there be a way in which a dedicated safeguarding team who would manage the level 4 case load young people, this would free up a considerable amount of time for School nurses to focus on improving universal services and health promotion.
• I would suggest a HV/ SN goodbye/ hello event prior to starting school whereby all would be invited. Catch up imms, oral health, short term interventions could be addressed. This would integrate the two disciplines inform parents of how to get in touch with SN and ensure school readiness.
• Better shared information between agencies and some structured meetings.
• Single IT systems would be a good start.
• Not really.
• More use of technology. Texts and use of our mobile phones. Email.
• Reduce duplication through improved information sharing and wider holistic approach to health and wellbeing for all ages.
• Provision of services until a later time of the day / Saturdays. Perhaps allowing families to access the service at a venue which is convenient to them but may be outside of the immediate area they live e.g. a family living in Kettering may find it easier to attend for a development review in Northampton around work commitments.
• Ensure caseloads are worked according to the need i.e. in areas of high poverty/ child protection/ domestic abuse you MUST have more professionals.
• More emphasis on providing an equitable service across the county. Also providing additional services dependant of need identified by community profiling.
• Re - open children’s centres.
• More support workers particularly in rural areas. Leaders who have experience in the field. Health visitors to be involved in running there teams.
• More integrated working with schools, social services and other core agencies - communicating what is available and processes. Support offered to schools in dealing with some of the key issues. Satellite services/drop in centres to allow families to access locally.
• It needs to be made clear for all families about where this support is and how they can easily access it.
• Preserve and enhance the services to children with MH needs.
• Maybe go back to school based drop in services, a health professional being present in schools.
• Highly trained Mental health in schools/nurseries/children centres.
• Working on attachment based play/ building foundations of families learning about attachment & interaction. Which will identify the vulnerable before they start displaying the behaviours in schools. Usually almost too late at that stage when considering early brain development.
• Yes, help rather than hinder YP.
• More funding! Better admin support and greater skill mix.
• Improving communication between professionals.
• Inter professional training/study days.
• Extending the working day for example 8-6 to allow access for working parents/fathers.
• Thorough transition process insuring people know where to inquire for information regarding their care in the future. Health professionals don't know where to direct patients to.
• Clear pathways of support.
• Closer links and face to face contact with primary care. The services need to be embedded in local communities and know the families and individual patients/clients as well as have good working relationships with the GP teams.
• Analysis of training needs in relation to health issues of staff in early education and schools may facilitate a more planned approach to increase awareness and skills in the wider universal workforce in the longer term.
• Re-consideration of processes for 2year integrated review.
• Development of lead roles/responsibilities within the new services to ensure effective professional relationships and awareness between specialist (health, education and social care) and universal services e.g. SEND, ASD, EAL.
• Good communication to staff and service users. Referral processes should be simplified.
• Single assessment from birth to school age, transferred from midwives to Health visitors/ FNP and then to school nurses, upload onto GP record thus providing a continuous record through the child’s life for all health services to access.
• Joint training for social care/ early help and health staff to better understand roles and responsibilities.
• Address the list of barriers above.
• Have CC services in the community and use CC buildings as hubs for joint services so health visitors and school nurses working together in the same space.
• More info for schools to share with families. This was a regular feature a couple of years ago but this info service has stopped.
• We like 0-19 service in thinking about the family in its approach to work with the blurring of the lines. Given distinct commissions, there is a need to formally knit Universal services in with our specialist services through the contracts and monitoring.
• We need to work together to see how we can liaise with care of complex children and young people with a managed step up/step down. At present there is room for improvement in this area.
• There were no queries about safeguarding in this consultation and we need to make the safeguarding requirements very clear.
• There is a need to integrate the 0-19 service with Continuing Care, Children’s Community Nursing and allied health interfaces such as Paediatrics, CAMHS etc. and embed these ways of working into the local – Sustainability and Transformation Plans (STP) Nottingham model does this.
• Within the Commissioning Guidance Notes - there are errors on the Figure 11 – support commissioning of healthy child 0-19, it is excluding elements of specialist services that are key.
• We need to work on joint workforce development around core competencies around Long Term Conditions e.g. asthma takes 2 lives a day in the UK. Some needs that can be managed by 0-19 provision are being escalated. Or there may be cases that could
benefit from specialist support, but staff may have a low confidence threshold/lack of knowledge of pathways and services.

- Better communication between school nurses, family nurse partnership and general practice.
- More staffing and publicity to services offered.
- There should be a target time for responding to requests.
- Ensure an adequate work force with good links with the other providers.
- Having central hubs with all four areas working in one base together where the communication and support from each other can be shared and is easily accessible for us in primary care.
- Don't dilute services, value existing experienced staff, listen to staff, increase moral, provide adequate resources.
- Co-location of services, based in local communities offering appointments/services in family friendly times/ offering alternatives, e.g. weekends for working parents.
- More trained and qualified staff.
- I feel the Health Visiting Teams and School Nurses Team could work a bit closer together, handovers could be more thorough as children leave one service and start with another. School Nurses are wide spread and they have massive caseloads so they aren't as readily available as Health Visitors. I feel the service that Health Visiting Teams offer has been pared back so much that families aren't as aware of us anymore because we aren't as visible - only 4 contacts in 5 years if universal.
- Please consider giving each GP surgery (or a group of nearby surgeries) a primary link worker within this new service. Please ensure that there is someone a GP can talk to during our standard office hours of 8-6:30 Monday to Friday. Please inform GP surgeries when a s47 enquiry leads to no action required.
- Look at successful teams in other counties and mirror practice.
- More people, more time.
- Not under this government.
- Skills sharing with professionals - more opportunities for agencies to shadow each other to learn some of these skills to ensure a more knowledgeable and empowered workforce.
- For staff to have defined roles and clear targets, realising staff have different specialism’s to bring to the team and being able to work to the same result.
- Continued development of integrated health records and mobile working.

25) Do you have any other comments you would like to make?

- Health visitors, school nurse have fought hard and long for qualification and are committed to the families they serve please give them the recognition they deserve.
- I am saddened to see the dilution of all services across the board. I know there is huge pressure on what limited resources there are available and there is great need. The cutting back of infant services in the longer term makes no sense. Many changes are good but many are a front for cut backs in services and money management. I will be interested to see what this is and whether it’s a genuine attempt to improve and rationalise services or an attempt to cut budgets and provide a cheaper, looks good but lacks substance service.
- No (3)
• It would be helpful to understand how First for Wellbeing and the new Public Health Services will cross over.
• I think that careful attention will need to be paid to the size of active caseloads to avoid members of the team becoming overloaded.
• I feel the trust will lose well experienced staff if the outcome of this consultation is not communicated effectively to the members of team it'll most affect. I am aware of 4 members of staff whom are looking to leave the service and it seems a crying shame that the money we have invested in training specialists may seem in vain.
• I do wish to offer the best quality service for children and young people and look forwards to the outcome of this consultation.
• Is this change for change sake? Is this going to be more cost effective with all the changes that need to happen?
• We are Registered Nurses who have completed a further degree, this needs to be recognised and valued!!
• With the 15% increase in 0-15 population expected (health and wellbeing board report) I wonder what shift in expectation of the universal services there will be?
• I hope that Health visitors and school nurses can move towards a seamless service that continues to support families throughout childhood. However I hope that this is not a cost cutting exercise that will have an opposite effect and stretch services too thinly meaning that families are left vulnerable.
• Worried about larger caseload numbers and having to deal with a range of complex health needs for such a large age group.
• I do hope this is not an effort to disguise funding cuts.
• It is vital for this to be seen as a positive for staff..... Sharing a clear vision and offering support for staff is key for success.
• Services in rural areas very limited, also staff very worried about there jobs and roles.
• One frustration which we have is dealing with attendance. We have a government target of 96% attendance, and have to monitor young people who fall below this. We often ask for medical evidence when the attendance gets below a certain level - however families report that this is often not possible. We need a better way of working together to tackle such cases.
• We are getting a high level of students who are self harming, showing signs of anxiety and school refusing. When we refer to CAMHS, often we do not hear anything, and families report that waiting lists are around 15 weeks. We feel that there is a real gap here, with families not able to access mental health services, and parents feeling helpless.
• I am hoping this is a positive way forward. It is very frustrating to see & hear about the lack of resources & commissioning for children who are so at risk. Therapist in schools needed to support the youngest emotionally. NHS do not provide highly trained mental health staff in schools/children centres Online info sites or someone turning up for one off sessions is not being genuine & supportive of that child's life & troubles.
• School age pregnant/ mothers attending [Name of school] school have to pay for transport to school. Often this involves 2 buses or more, travelling across the county. This places additional strain on already struggling families.
• Make sure you engage with general practice on this issue.
• Clearer link between these services and the acute services may ne beneficial.
• This service is entitles universal public health services for 0-19 year olds. FNP is not a universal service; it is an evidence based intensive targeted service. I am not aware of any evidence that it would be effective as a universal service.

• Overall we look forward to the opportunities and are happy to support.

• Suitable local venues need to be considered to reduce impact on GP surgeries. If you want people to be able to help themselves and be proactive the services need to be more visible in places that families will go to e.g. schools.

• For instance on one occasion a request was made for a school nurse to discuss with a family treatment for head lice. The school, with permission of parents, had treated the child, and the response from school nursing service was that as we knew parent we were better to deal with it and in any case the individual spoken to finished work at 4pm so if parents were working she would not be in a position to speak to them. I find this very unprofessional.

• Currently we have the health visitors based in the practice, will this change??

• Use the Voluntary sector to support vulnerable families via well trained and supported Peer Mentors such as Home-Start.

• I feel there are some minor changes to be made to the services already in place that would benefit the families but such a big change would be detrimental to both Health Visiting and School Nursing and of no benefit to families as it would be more confusing and less tailored to their needs.

• I believe this is great opportunity to work together.
Demographic Questions

1) Which borough or district of Northamptonshire do you live in?

There were 214 responses to this question. 12.1% answered Corby, 9.8% answered Daventry, 14.0% answered East Northamptonshire, 10.7% answered Kettering, 29.3% answered Northampton, 13.6% answered South Northamptonshire, 8.9% answered Wellingborough, and 1.9% answered Other.

Other responses:
- Higham Ferrers
- Live in Kettering but work in Wellingborough
- Long Buckby
- Raunds

2) What gender are you?

There were 212 responses to this question. 6.6% answered Male, 90.6% answered Female, and 2.8% answered Prefer not to say.
3) Are you currently Pregnant or have you had a baby in the last 6 months?

There were 210 responses to this question. 12.9% answered Yes, 83.3% answered No, and 3.8% answered Prefer not to say.

4) How old are you?

There were 211 responses to this question. 0.0% answered 0 to 9, 1.9% answered 10 to 19, 9.5% answered 20 to 29, 67.8% answered 30 to 49, 10.4% answered 50 to 64, 4.7% answered 65 to 74, 0.9% answered 75+, and 4.7% answered Prefer not to say.

5) Do you have a disability?

There were 211 responses to this question. 10.4% answered Yes, 83.9% answered No, and 5.7% answered Prefer not to say.
5a) If Yes, please tick the appropriate box(es) which best describes your disability?

There were 27 responses to this question. 16 answered Mental Health, 6 answered Physical Disability, 2 answered Hearing Impairment, 4 answered Learning Disability, 2 answered Sight Impairment, and 4 answered Other.

6) What is your religion or belief?

There were 206 responses to this question. 34.0% answered None, 54.9% answered Christian, 0.5% answered Hindu, 0.5% answered Jewish, 1.0% answered Muslim, 0.0% answered Sikh, 0.0% answered Buddhist, and 9.2% answered Prefer not to say.

Other responses:
- Quaker

7) How would you describe your ethnic origin?
There were 203 responses to this question. 82.3% answered English, 2.0% answered Scottish, 1.5% answered Irish, 0.5% answered Welsh, 0.5% answered Northern Irish, 0.0% answered Gypsy or Traveller, 4.4% answered Other White Background, 1.0% answered Indian, 0.5% answered Bangladeshi, 0.0% answered Pakistani, 0.0% answered Chinese, 0.0% answered Other Asian Background, 0.0% answered White & Black Caribbean, 0.5% answered White & Asian, 0.0% answered White & Black African, 0.5% answered Other mixed/multiple background, 1.0% answered Caribbean, 0.0% answered African, 0.0% answered Other Black Background, and 5.4% answered Prefer not to say.

Other responses:
- British (3)
- European
- White British

8) If you are 16 or over which of the following options best describes how you think of yourself?

There were 201 responses to this question. 3.0% answered Bisexual, 0.5% answered Gay Man, 0.5% answered Gay Woman / Lesbian, 84.6% answered Heterosexual, and 11.4% answered Prefer not to say.

9) Is your gender identity the same as the gender you were assigned at birth?

There were 203 responses to this question. 92.6% answered Yes, 1.5% answered No, and 5.9% answered Prefer not to say.
10) What would you describe your marital status as?

There were 206 responses to this question. 71.8% answered Married, 10.7% answered Single, 0.5% answered Civil Partnership, 10.2% answered Other, and 6.8% answered Prefer not to say.
Appendix 2 – Written Responses

Response from NHS Nene CCG and NHS Corby CCG

I write on behalf of NHS Nene CCG and NHS Corby CCG and refer to the Northamptonshire County Council consultation on 0-19 year services for commissioning a public health nursing service. We understand that this includes services that are currently school nursing, health visiting, specialist breastfeeding and the family nursing partnership. We welcome the potential for whole family working with the softening of the demarcation between areas.

We are keen that the proposed commission to integrate further universal services with our specialist services, to provide joined up services that are timely and supportive of the needs of children, young people and their families. This includes, but is not limited to, how the Referral Management Centre (RMC) for community health services for children and young people and the 0-19 service work together. We would want these services to continue to be an integral part of the referral management centre. We would also hope that these changes would improve access, allow targeted geographical cover, and support key strategic known improvements as set out by The Children’s Improvement Board.

It is important that the services are set out in a way that supports professionals in working more closely together to improve outcomes for children and young people with complex needs. Both Nene CCG and Corby CCG welcome the opportunity to work jointly to develop the specification. We see this can improve how we step children up & down levels of care.

There is an opportunity to strengthen the interfaces the 0-19 services and more specialist services including Continuing Care, Children’s Community Nursing, Community Paediatrics, Mental Health, and children’s therapies. Our local Sustainability and Transformation Plan offers the framework to support integrated service delivery. There may be lessons to be learned from colleagues in Nottinghamshire where they are developing this model.

There are a number of areas that we should work together to promote across the whole workforce. These include safeguarding, looked after children, referral pathways, and training in areas such as Long Term Conditions and emotional wellbeing issues. There would be benefit in liaising with our children and young people groups; the Early Help Board, Enhancing Early Years group; the Young Healthy Minds Partnership Board; Children in Care Forum and the Disabled Children and Young People’s Delivery Group to develop these core areas together.

As a part of our feedback on the proposed 0-19 service, we have consulted Public Health England’s Commissioning Guidance notes –


Our view is that the Commissioning Guidance Note 1 - support commissioning of healthy child 0-19 Figure 1, is not helpful and does not represent the current or desired model of care in the county. The framework is attached for ease of reference. We are willing to work with you to set out a joint vision on how services and organisations should work together.
Universal Public Health Services for 0-19 Year Olds Consultation Analysis Report

The relationship between these universal 0-19 services and primary care needs to be explicitly laid out particularly with the emergence of GP Federations.

We will be happy to work with you in developing this important service area.

Response from Northamptonshire Healthwatch
I am writing to you on behalf of Healthwatch Northamptonshire (HWN) and our response to the Universal Public Health Services for 0-19 year olds consultation.

HWN has consulted with its working group members and volunteers and, overall, feels that there is not enough detail in the consultation document to give an informed response. Accordingly, we are concerned that this may appear to be not a truly meaningful consultation and engagement exercise.

Theoretically HWN supports the proposal of a universal public health service for 0-19 year olds but with some reservations, however the consultation document and its lack of information has led to more questions than answers.

For example, will the universal services be provided on a geographical model or targeted to specific areas? Will some areas have more workloads than others? HWN feels that the term ‘universal’ is misleading if it going to become a more targeted service.

HWN is keen to ensure that staff workloads are balanced. For example, school nurses currently work term time and health visitors all year round. How will it affect the health visitor workload if in the future they are also picking up work that would otherwise have gone to school nurses? (Particularly when there is already a shortage of school nurses?)

Health visitors are currently trained to deal with 0-5 year olds, not teenagers. So, how will their training needs be addressed? How will they be trained to swap roles? Do they want to swap roles?

Very importantly, there is little in the consultation about children’s mental health and wellbeing. There is a huge amount of depression and self-harm within the school population and the focus in the consultation appears to be on physical health for children. For example, question 3 refers to maternal wellbeing and mental health and question 11 supporting parental mental health - but there isn’t anything specific about the mental health of children and young people themselves.

As a general point, with the majority of the questions it is unclear whether it is referring to the child or the parents or both, e.g. knowing where to go for help and advice, which are two completely different audiences/service users. What has been the input from children and young people in putting together either the strategy or the questionnaire? Where is the questionnaire for children and young people to input into a service that directly affects them?

With regard to the best times for universal services and availability this coincides with the school day and does not take into account where both parents may be working.
In summary, whilst HWN is supportive of a universal service in principle, HWN’s children, young people’s and families working group would like to invite you to attend one of their meetings to give an update on the results of the consultation, what happens next and how the consultation has influenced the decision-making process once the consultation ends to ensure openness and transparency.
Appendix 3 – Further Information Document

Further information about universal children’s nursing services

1. What is this consultation about and why are we doing it?

This consultation focuses on universal public health services in Northamptonshire – i.e. those traditionally provided by health visitors, family nurses, specialist breastfeeding support staff and school nurses for all children and young people, from pregnancy and birth, through to 19 years of age. This guide aims to give you all the information you need to help you understand the services provided now and why we want to improve them.

Northamptonshire County Council are seeking your views to help shape the future design of public health services for children and young people (CYP) in Northamptonshire. We want to make sure that these services deliver what is needed in the future.

Services for children and young people in Northamptonshire are provided by many different organisations. This includes the:

- **NHS**
  - hospitals
  - GP surgeries and health centres
  - health visitors
- **Northamptonshire County Council**
  - schools
  - social care
  - youth services
  - children's centres
- **Voluntary sector**
  - child care
  - support groups for children and parents

All of these services need to work well together so that children, young people and their families get the right service at the right time, to keep them healthy.

2. What are Universal Public Health Services for 0-19 year olds?

Universal public health services for children and young people are mainly delivered through a national programme, called the Healthy Child Programme. In April 2013 Northamptonshire County Council became responsible for providing the Healthy Child Programme (through school nursing services) to all 5-19 year olds. From October 2015, the Council also became responsible for providing the Healthy Child Programme (through health visiting services) to all 0-5 year olds in Northamptonshire.

The 0-5 years Healthy Child Programme is a universal public health service available to all families and it aims to:

- help parents develop a strong bond with children
encourage care that keeps children healthy and safe
- protect children from serious diseases, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- encourage mothers to breastfeed
- identify problems in children’s health and development (for example learning difficulties) and safety (for example parental neglect), so that they can get help with their problems as early as possible
- make sure children are prepared for school
- identify and help children with problems that might affect their chances later in life

The 5-19 years Healthy Child Programme is a public health service and involves school nurses working in partnership with others to:
- promote health and to reduce the risk of accidents happening
- carry out health development reviews e.g. upon school entry
- carry out the National Child Measurement Programme (NCMP) for measuring children’s height and weight
- provide targeted support for children and young people who are vulnerable and at risk
- provide support for a range of health issues including sexual health and contraception, drugs, alcohol and smoking, emotional health and wellbeing
- safeguard children
- provide hearing and vision screening as well as reviewing and providing immunisations

3. How are universal services provided now?

In Northamptonshire, universal services, through the Healthy Child Programme, are currently commissioned by Northamptonshire County Council and provided by Northamptonshire Healthcare Foundation Trust through four key services:

1. Specialist breastfeeding support service
2. Health Visiting service
3. Children and Young People’s nursing service – school nurse
4. Family Nurse Partnership (FNP). FNP works intensively with under 18 year old girls who are pregnant for the first time.

4. Why are children’s health services changing?

We would like to develop a more joined-up model for all children’s health services in Northamptonshire. We think that moving to a more integrated model will offer benefits over the way services are delivered now. For example, through improved health and wellbeing outcomes and a better experience for children, young people and their families.
5. What will an integrated universal service for 0-19 year olds do?

As part of the overall service review we aim to develop an integrated children and young people’s universal public health service for 0-19 year olds in Northamptonshire, bringing together existing services.

The Healthy Child Programme will be delivered by a team of qualified and skilled Public Health Nurses with a mix of skills and competencies. Teams will be expected to focus their efforts around a number of important milestones in a child’s life – including birth, development reviews, starting school, moving to secondary school and leaving school, in order to improve health outcomes.

The new delivery model will:

- Bring together universal services for 0-19 year olds – meaning one service for children of all ages.
- Set out clearly the outcomes that need to be achieved for 0-19 years universal services.
- Identify the key milestones along the 0-19 years pathway, where Public Health Nursing Teams (made up of lactation consultants, health visitors, school nurses and family nurses) will assess the needs of the family, deliver help and support or identify children and families who are at risk and need early help from another service. These milestones will be:
  - During pregnancy (around 28 weeks)
  - Birth
  - 10-14 days after birth
  - 6-8 weeks old
  - One year old
  - Two year review
  - Starting school/Reception Year
  - Starting secondary school (Year 6/7)
  - Moving into the workplace/higher education

- Promote Public Health Nurses as key professionals in supporting children, young people and families to access a range of early help, targeted and specialist services.
- Encourage Public Health Nursing teams to share their skills across the whole 0-19 years pathway so that care is seamless and Public Health Nurses can share knowledge, expertise and skills.
- Focus on improving wellbeing for children, young people and their families.
- Work closely with those services providing more specialist help and support for children and young people with long term conditions (e.g. asthma), mental health and wellbeing issues, special educational needs and disabilities.
6. What health outcomes are we trying to achieve?

We want the delivery of an integrated universal public health service for children and young people to:

- Promote maternal wellbeing and mental health
- Early identification of children and young people who require additional help
- Early identification of vulnerable children and young people
- Provide support and advice regarding immunisations and vaccinations
- Improve readiness for starting school
- Reduce school absence
- Work with schools to support children and young people with long term conditions
- Promote emotional health and wellbeing in children, young people and families
- Promote health weight, nutrition and physical activity
- Promote good oral health
- Promote a healthy lifestyle
- Work with vulnerable young people to improve their health outcomes
- Support young people to address risky behaviours such as smoking and substance misuse
- Reduce hospital admissions due to unintentional injuries
- Support from domestic abuse
- Build support within communities

We think we need to do this by providing services which meet the needs of children and young people and their families, so that they can:

- feel good about themselves and know how to stay healthy
- access good advice and information which is communicated in a way that they can understand
- be supported to make informed choices about health-related behaviours
- have problems identified early and acted upon quickly
- be treated with dignity and respect
- access services delivered by competent professionals who can communicate well and help them to solve their problems
- access services in the right place and at the right time
- have confidence that the system (health, education, social care) will work together to meet their needs.

7. Frequently Asked Questions

Why re-design services?

Northamptonshire County Council wants every child and young person to have the best start in life. We therefore want to ensure that services reflect the needs of families, children and young people. We feel that by bringing the four services together (specialist breastfeeding support service, health visiting, family nurse and school nursing) we will have a service which best meets their needs.
Will I still have a named health visitor following the proposed service re-design?
Yes. Your health visitor will continue to be the specialist who supports families with young children. They may be supporting you with a range of issues regarding your children before they start school. Under the new service model the health visitor will have the flexibility to decide when your support should be transferred to the school nurse. The new model will allow nurses to make this decision in consultation with families.

Will I still have a named school nurse working with my school?
Yes. School Nurses have specialist skills working with children and young people. They work well with both families and schools to ensure that the health and emotional needs of this age group are met. Further information and contact details can be obtained by visiting the Northamptonshire Healthcare NHS Foundation Trust website: http://www.nht.nhs.uk/main.cfm?type=CHILDANDYOUNGPERSO

What steps will be taken to enable participation from seldom heard groups and from people who are not using services?
We are aware this is a challenge and will be reliant upon the support of our partners and providers, service user groups and community networks. Some personal discussion forums will be held with community groups who may benefit from face-to-face meetings.

If you have any queries regarding the above please contact the Engagement, Participation and Involvement Team:

Email address: EPIT@northamptonshire.gov.uk
Telephone: 01604 367611
Appendix 4 – Copy of the Online Questionnaire

The following is a copy of the text used for the online questionnaire.

What is this about?

Northamptonshire County Council would like to know your views about future changes we want to make to the health services we commission (buy) for children and young people aged between 0 to 19 years old and their families. Currently we commission the following services from healthcare provider Northamptonshire Healthcare NHS foundation Trust (NHFT):

- **Health visiting service** who care for families antenatally and up until children start at school
- **School nursing service** which offers support to children and young people up to 19 years (25 years to those with a disability and in education)
- **Specialist breastfeeding support service** which provides intensive support to mothers experiencing breastfeeding difficulties
- **Family Nurse Partnership** licensed programme which provides support to younger first time mothers up to the age of 19 years

We want every child to have the best start in life and every young person to achieve their full potential through supporting them to make healthier life choices and we would like to ask your opinions about how best to do this. To help make this happen we want to bring the above four services together so we have one universal Public Health Nursing Service supporting children, young people and families of Northamptonshire. We believe this will give families a service which best meets their needs both now, and in the future.

How will this affect me?

Health professionals working in any of these services currently have to handover responsibility to other practitioners when a child reaches a certain age or when specific issues arise. We want to change this so, wherever practical, the health professional together with the children and young person’s family decide when is the right time to handover responsibility to another professional. We believe that by working together the most appropriate professional will be supporting families.

Further information about the current service and how it may change is available [here](#) (link inserted to Appendix 3)

How can I help?

Please could you take about **10-15 minutes** to tell us your views by completing this questionnaire. Your feedback will be used to help us gain a better understanding of our customers’ opinions and will help us shape the future of these services. Your feedback will
be part of a report with many other people’s feedback, so you will not be personally identified.

You do not have to answer all of the questions. If you don’t want to answer a question, or don’t know the answer, then move on to the next question.

If you have any queries, comments or would like a copy of this survey in another format (including Easy Read or large print) you can contact us by email, post or phone. Our contact details are as follows:

Email address: EPIT@northamptonshire.gov.uk
Telephone: 01604 367611
Postal address:
Engagement, Participation and Involvement Team
Northamptonshire County Council
County Hall
Northampton
NN1 1BR

We would be grateful if you could complete this survey by 12th June 2016.

Thank you for helping us by completing this questionnaire.

Respondents who identified themselves as being either a service user or an interested member of the public were directed the questions designed for members of the public (questions 2 – 16 and the equality monitoring questions). Respondents who identified themselves as a professional, employee, or a stakeholder organisations were directed to the questions designed for professionals (questions 17 - 25).

Q1. Please tell us in what respect are answering this questionnaire?
   I am /my child is a user of one of the services
   I am an interested member of the public
   I am a professional/employee or am responding on behalf of a stakeholder organisation
Public questionnaire

Q2. On a scale of 1 to 5, where 1 is ‘Not very important’ and 5 is ‘Very important’, when thinking about services provided from the below four services, in your opinion, how important are the following statements?

- Health visiting service
- School nursing service
- Specialist breastfeeding support service
- Family Nurse Partnership

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<th>Not very important</th>
<th>2</th>
<th>3</th>
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<th>Very important</th>
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<th>Don’t know</th>
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<td>Knowing where to go for help and advice</td>
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<td>Accessing good health advice and information which is easy to understand</td>
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<td>Having health and developmental problems identified early</td>
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<td>Having the right help provided quickly once problems are identified to support me to deal with the issues</td>
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<td>Feeling supported to make informed choices about health behaviours (drugs, alcohol, smoking, healthy eating and sexual health)</td>
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<td>Having regular health checks and reviews</td>
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<td>Support with breastfeeding</td>
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<td>Knowing how to keep me and my child healthy</td>
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<td>Knowing how my child is developing and how to support their development</td>
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<td>For my child’s early years provider (i.e. nursery, preschool, childminder, children’s</td>
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<td>Universal Public Health Services for 0-19 Year Olds Consultation Analysis Report</td>
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<th>Centre) to meet their health needs and promote good health</th>
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<td>For my child’s school or college to meet their health needs and promote good health</td>
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<td>Having confidence that all parts of the health system will work well together</td>
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<td>Being able to access services in the right place and at the right time</td>
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<td>Being seen by competent professionals who can communicate well</td>
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Q3. The following health outcomes are known to improve health and wellbeing. On a scale of 1 to 5, where 1 is ‘Not very important’ and 5 is ‘Very important’, in your opinion, how important is it for the four services listed below to provide support in each of these areas?

- Health visiting service
- School nursing service
- Specialist breastfeeding support service
- Family Nurse Partnership

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<th>Maternal wellbeing and mental health</th>
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<td>Early identification of children who require additional help</td>
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<td>Identifying vulnerable children and young people early</td>
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<td>Advice on immunisations and vaccinations</td>
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<td>Improving school readiness</td>
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<td>Reducing school absence</td>
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### Consultation Analysis Report

#### Working with schools to support children with long term conditions

#### Promotion of emotional health and wellbeing and building resilience and managing behaviour

#### Promotion of healthy weight, nutrition and physical activity

#### Promotion of oral health

#### Promoting healthy lifestyles

#### Work with vulnerable young people to improve their health outcomes

#### Addressing risky behaviours (e.g. smoking and substance misuse and unprotected sex)

#### Reducing hospital admissions due to unintentional injuries

#### Support from domestic abuse

#### Building support within communities

### Q4. Do you feel there is anything missing with these outcomes?

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<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
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If ‘Yes’, please tell us what is missing:

As a reminder, we want to bring the below four services together so we have one universal Public Health Nursing Service supporting children, young people and families of Northamptonshire.

- Health visiting service
- School nursing service
- Specialist breastfeeding support service
- Family Nurse Partnership

Further information about the current service and how it may change is available [here](link inserted to Appendix 3)
Q5. On a scale of 1 to 5, where 1 is ‘Negative’ and 5 is ‘Positive’, do you perceive this proposed change to the have a negative or positive impact?

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<th>Negative</th>
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<th>5</th>
<th>Don’t know</th>
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Please tell us why?

Q6. On a scale of 1 to 5, where 1 is ‘No impact’ and 5 is ‘Big impact’, how big of an impact do you think this will be?

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<tr>
<th>No impact</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

Please tell us why?

Children’s universal health services are offered to every child, young person and family in the county, with additional services for those with specific needs and risks. For example universal health services include: support with breastfeeding, health and development reviews, promotion of health and wellbeing and the national child measurement programme (NCMP).

Q7. On a scale of 1 to 5, where 1 is ‘Not effective’ and 5 is ‘Very effective’, in your opinion, how effective are the following methods for children’s universal health services to communicate with children and young people who are aged between 11 years to 19 years?

<table>
<thead>
<tr>
<th>Method</th>
<th>Not effective 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very effective 5</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text messages</td>
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<td>Phone call</td>
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<td>Email</td>
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</tbody>
</table>
### Q8. On a scale of 1 to 5, where 1 is ‘Not effective’ and 5 is ‘Very effective’, in your opinion, how effective are the following methods for children’s universal health services to communicate with parents/guardians about their children’s health?

<table>
<thead>
<tr>
<th>Method</th>
<th>Not effective</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very effective</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text messages</td>
<td></td>
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<td></td>
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<tr>
<td>Phone call</td>
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<td>Email</td>
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<tr>
<td>Social media (Facebook, Twitter, etc)</td>
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<tr>
<td>Information on a website</td>
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<tr>
<td>Letters through the post</td>
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<tr>
<td>Letters sent home with child/young person from, school or college</td>
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<tr>
<td>Face to face</td>
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<tr>
<td>With groups of young people together</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Other (please specify):
**Q9. When is the best time of day for children's universal health services to be available?**
Please tick all that apply:

<table>
<thead>
<tr>
<th>Time Range</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am – 12:00 midday</td>
<td></td>
</tr>
<tr>
<td>12:00 midday – 4:30pm</td>
<td></td>
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<tr>
<td>4:30pm – 6:00pm</td>
<td></td>
</tr>
</tbody>
</table>

Other times, please specify when you would like to access services:

**Q10. Do you think people experience difficulties in accessing services?**

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

If you said 'Yes', please tell us what these are and how you think access can be improved:

**Q. Please tell us which of the below services you have used?**

Health and development reviews e.g. 12 month review and a health questionnaire

- on school entry

Screening and physical examinations

Vaccinations

Promoting a healthy diet e.g. weaning and a balanced diet

Support with breastfeeding

Accident prevention e.g. safe sleep, sun safety, car and travel safety

Dental health

Enuresis (bedwetting)

Support with promoting physical activity

Risk management strategies with teenagers

Supporting parents with smoking cessation/ stop smoking

Supporting parental mental health

Parenting e.g. managing children’s behaviour and/or support with teenagers, and

Family Nurse Partnership

Onward referral to other health, social care or voluntary agencies

Sexual health services

Not applicable – I have never used the 0-19 years Public Health Nursing Service

Other (please specify):
Q12. Approximately when was the last time you used any of the services mentioned above?

- Within the last twelve months
- Within the last 1 to 2 years
- Within the last 3 to 5 years
- 6 or more years ago
- Don’t know
- Not applicable – I have never used the services

Q13. On a scale of 1 to 5, where 1 is ‘Very dissatisfied’ and 5 is ‘Very satisfied’, overall how dissatisfied or satisfied are you with the services mentioned above?

1 = Very dissatisfied, 5 = Very satisfied + Don’t know / Not applicable

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very satisfied</th>
<th>5</th>
<th>Don’t know/Not applicable</th>
</tr>
</thead>
</table>

Q14. Please tell us how many children do you have?


Q15. Please tell us the age(s) of your children?

- 0 – 6 months old
- 7 – 12 months old
- 1 – 2 years old
- 3 – 5 years old
- 6 – 11 years old
- 12 – 19 years old
- 20 – 25 years old
- Not applicable – I do not have any children

Q16. Do you have any other comments you would like to make:


Equality monitoring questions

What district/borough of Northamptonshire do you live in?

- Corby
- Daventry
- East Northamptonshire
- Kettering
- Northampton
- South Northamptonshire
- Wellingborough
- Other (please state)

What gender are you?

- Male
- Female
- Prefer not to say

Are you currently Pregnant or have you had a baby in the last 6 months?

- Yes
- No
- Prefer not to say

How old are you?

- 0 to 9
- 50 to 64
- 10 to 19
- 65 to 74
- 20 to 29
- 75+
- 30 to 49
- Prefer not to say

Do you have a disability?

- Yes
- No
- Prefer not to say

If Yes, please tick the appropriate box(es) which best describes your disability?

- Mental Health
- Physical Disability
- Hearing Impairment
- Learning Disability
- Sight Impairment
- Other

What is your religion? (Please tick the appropriate box)

- None
- Muslim
- Christian
- Sikh
- Hindu
- Buddhist
- Jewish
- Prefer not to say

Any other religion (please write in)

How would you describe your ethnic origin?

Tick one category within the option which best describes your background

White

- English
- Scottish
- Irish
- Other White Background

Asian or Asian British

- Indian
- Bangladeshi
- Other Asian Background

Other

- Northern Irish
- Gypsy or Traveller
- Other White Background

How would you describe your ethnic origin? (please write in)
Mixed / Multiple ethnic Background

- White & Black Caribbean
- White & Black African
- Other mixed / multiple background
- Other Ethnic group (please state)
- Prefer not to say

Black or Black British

- Caribbean
- African
- Other Black Background

If you are 16 or over which of the following options best describes how you think of yourself?

- Bisexual
- Gay Man
- Prefer not to say
- Heterosexual

Is your gender identity the same as the gender you were assigned at birth?

- Yes
- No
- Prefer not to say

What would you describe your marital status as?

- Married
- Single
- Civil Partnership
- Other
- Prefer not to say
**Professional/ stakeholder questionnaire**

**Q17. Please could you tell us your job role?**

- General Practitioner
- Voluntary sector employee
- Midwife
- Health visitor/ School Nurse/ Family Nurse / Breast feeding specialist
- Support staff (i.e. Health visiting assistants/ Healthcare assistants/ Nursery nurses)
- Work in a school (i.e. Head teacher, Teacher, etc)
- Work in an early years setting (i.e. nursery, children’s centre, etc)
- Work in an early help service
- Work in a disabled children’s service
- Social worker/ Care Manager
- Member of staff at Northamptonshire Healthcare NHS foundation Trust
- Member of staff at Northamptonshire County Council
- Member of staff at First for Wellbeing
- Other (please specify)

**Q18. On a scale of 1 to 5, where 1 is ‘Not very important’ and 5 is ‘Very important’, in your professional opinion, how important are the following statements when delivering Universal Public Health Services for 0-19 year olds?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not very important</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very important</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear for people to know where to go for help and advice</td>
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<tr>
<td>Providing good health advice and information which is easy to understand</td>
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<tr>
<td>Being able to identify health and developmental problems early</td>
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<tr>
<td>Being able to provide the right help quickly once problems are identified to support people to deal with their issues</td>
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<tr>
<td>Support activities</td>
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<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>Supporting people to make informed choices about their health behaviours (drugs, alcohol, smoking, healthy eating and sexual health)</td>
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<tr>
<td>Providing regular health checks and reviews</td>
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<tr>
<td>Support with breastfeeding</td>
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<tr>
<td>Providing support to inform people how to keep themselves and their child healthy</td>
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<tr>
<td>Providing support to inform people on how their child is developing and how they can support their child’s development</td>
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<tr>
<td>Early years providers (i.e. nursery, pre-school, childminder, children’s centre) to meet children’s health needs and promote good health</td>
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<tr>
<td>Schools or colleges to meet children’s health needs and promote good health</td>
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<tr>
<td>Having confidence that all parts of the health system will work well together</td>
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<tr>
<td>Families are able to access services in the right place and at the right time</td>
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<tr>
<td>Families are seen by competent professionals who can communicate well</td>
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<tr>
<td>Feeling supported to develop the skills needed to deliver the service</td>
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</tbody>
</table>
Q19. The following health outcomes are known to improve health and wellbeing. On a scale of 1 to 5, where 1 is ‘Not very important’ and 5 is ‘Very important’, in your professional opinion, how important is it to provide support in each of these areas?

<table>
<thead>
<tr>
<th>Not very important</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very important</th>
<th>5</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal wellbeing and mental health</td>
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<tr>
<td>Early identification of children who require additional help</td>
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<tr>
<td>Identifying vulnerable children and young people early</td>
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<tr>
<td>Advice on immunisations and vaccinations</td>
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<tr>
<td>Improving school readiness</td>
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<tr>
<td>Reducing school absence</td>
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<tr>
<td>Working with schools to support children with long term conditions</td>
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<tr>
<td>Promotion of emotional health and wellbeing and building resilience and managing behaviour</td>
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<tr>
<td>Promotion of healthy weight, nutrition and physical activity</td>
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<tr>
<td>Promotion of oral health</td>
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<tr>
<td>Promoting healthy lifestyles</td>
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<tr>
<td>Work with vulnerable young people to improve their health outcomes</td>
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<tr>
<td>Addressing risky behaviours (e.g. smoking and substance misuse and unprotected sex)</td>
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<tr>
<td>Reducing hospital admissions due to unintentional injuries</td>
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<td>Support from domestic abuse</td>
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<tr>
<td>Building support within communities</td>
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</table>
Q20. Do you feel there is anything missing with these outcomes?

Yes
No
Don’t know

If ‘Yes’, please tell us what is missing:

As a reminder, we want to bring the below four services together so we have one universal Public Health Nursing Service supporting children, young people and families of Northamptonshire.

- Health visiting service
- School nursing service
- Specialist breastfeeding support service
- Family Nurse Partnership

Further information about the current service and how it may change is available here (link inserted to Appendix 3)

Q21. On a scale of 1 to 5, where 1 is ‘Negative’ and 5 is ‘Positive’, do you perceive this proposed change to have a negative or positive impact to the service you provide?

<table>
<thead>
<tr>
<th>Negative</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

Please tell us why?

Q22. On a scale of 1 to 5, where 1 is ‘No impact’ and 5 is ‘Big impact’, how big of an impact do you think this will be?

<table>
<thead>
<tr>
<th>No impact</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

Please tell us why?
Q23. Do you think children, young people, and/or their families experience any barriers in accessing services?

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<tbody>
<tr>
<td>Yes</td>
<td></td>
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<tr>
<td>No</td>
<td></td>
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<tr>
<td>Don’t know</td>
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</tbody>
</table>

If you said, ‘Yes’, please tell us what these are. We would also welcome any suggestions you may have on how they can be overcome:

Q24. Do you have any suggestions on how the service can be improved in the future?

Q25. Do you have any other comments you would like to make?