North Yorkshire County Council

NHS
Harrogate and District
NHS Foundation Trust

The Healthy Child Programme in North Yorkshire

Public consultation on the proposed changes to health visiting, school nursing and related services

26 October 2020 to 4 January 2021

Public consultation on proposed changes to the Healthy Child Programme 0-19 service (health visiting, school nursing and related services)

North Yorkshire County Council, in partnership with Harrogate and District NHS Foundation Trust, is proposing a new model for the Healthy Child Programme (which currently comprises Health Visiting and School Nursing Services) in the county.

We want to hear your views about these proposals and how they can be implemented.

The Healthy Child Programme, which supports children and young people aged 0-19 and their families, is one service among many. It offers both universal services for all children, young people and families and targeted help for those most in need.

Please complete and return this survey before 9am on 4 January, 2021.

A copy of our Privacy Notices can be found at
https://www.northyorks.gov.uk/privacy-notices

Please tell us which district you live in:

- [ ] Selby
- [ ] Richmondshire
- [ ] Hambleton
- [ ] Scarborough
- [ ] Ryedale
- [ ] Harrogate
- [ ] Craven

What is your gender?

- [ ] Male
- [ ] Female
- [ ] I describe myself in another way
- [ ] Prefer not to say

What is your ethnicity?

- [ ] White
- [ ] Mixed/Multiple ethnic groups
- [ ] Asian/Asian British
- [ ] Black/African/Caribbean/Black British
- [ ] Other ethnic group
- [ ] Prefer not to say

Which age category are you in?

- [ ] Under 16
- [ ] 16-19
- [ ] 20-29
- [ ] 30-39
- [ ] 40-49
- [ ] 50-64
- [ ] 65-74
- [ ] 75-84
- [ ] 85 +
- [ ] Prefer not to say

Do you consider yourself to be a disabled person or to have a long-term, limiting condition?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

In what role are you completing this survey? (Please tick all that apply)

- [x] I am responding on behalf of an organisation/in my professional role
- [ ] I am a member of the public who lives in North Yorkshire
- [ ] I am a healthy child service user
- [ ] I am a member of staff affected by the change to the service

NHS NORTH YORKSHIRE CCG / NHS VALE OF YORK CCG
OPENING STATEMENT

This is a collaborative/collective North Yorkshire and Vale of York Clinical Commissioning Group response to the Public Consultation on the proposed changes to the Healthy Child Programme 0-19 service (health visiting, school nursing and related services).

The collaborate/collective view of North Yorkshire and Vale of York Clinical Commissioning Group is that the proposed changes are likely to have a detrimental impact on children and young people and in particularly those from disadvantaged backgrounds. There is also a significant concern regarding the impact this will have on Primary and Secondary Care services, which are not commissioned or it is not within their remit to provide initial advice and support which would prevent the need for more intensive interventions caused by delays and /or further deterioration. Other than the initial briefing North Yorkshire and Vale of York Clinical Commissioning Groups have not been consulted in regards to joint working as stated and this is therefore inaccurate.

In addition, we also have concerns in the way the narrative in the consultation document has been written and how some questions are asked and whether the public will clearly understand the impact of the proposed changes.

In response to each question, feedback received from individual staff and teams across both organisations has been collated and summarised into key themes. In order to provide some further context to these key themes, the detailed commentary received from CCG staff has also been included.

Finally we would like to bring to your attention the letter dated 27th November 2018 from Janet Probert on behalf of the four North Yorkshire CCGs addressed to North Yorkshire County Council, which summarised the CCGs' views and expectations on how the Health Child Programme should continue post-2020. See Appendix 1 attached.

In the context of a reduction in North Yorkshire's Public Health Grant of up to £4 million in the next few years, do you support the proposals to prioritise children under 5, and their families, so that they have the best start in life?

☐ Yes

☒ No

Please give reasons for your answer:
(Please don't include any personal or sensitive information in these answers)

KEY THEMES:

PLEASE NOTE: Key themes regarding Safeguarding concerns are not detailed in this response as the CCG Designated Nurses and Named Nurse for Primary Care Team will be submitting their comments separately.

There is recognition from Professor Marmot and the Chief Medical Officer of the importance of building on the support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through universal provision and targeted support. There will be challenges within a child's or a young person's life and times when they need additional support. This is referenced in the **Best Start in Life and Beyond: Improving public health outcomes for children, young people and families; Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing Services (Public Health England 2018).** The **Best Start in Life report** also provides that good health, wellbeing and resilience are vital for all our children now and for the future of society. There is firm evidence about what is important to achieve this through robust children and young people's public health. This is brought together in the national Healthy Child Programme.

The **Healthy Child Programme: Pregnancy and first 5 years of life (2009)** for early life stages focuses on universal service providing families with screening, immunisation, health and development reviews supplemented with advice for health wellbeing and parenting.

The updated report on **Overview of the 6 early years and school aged years high impact areas; Health Visitors and School Nurses leading the Healthy Child Programme (Public Health England)** was introduced to provide a continuum of ages 0-19 enabling seamless support to the 0-19 life course. The purpose of the identification of the high impact areas was to illustrate the contribution of Health Visitors and School Nurses and describe areas where they could have significant impact on health and wellbeing of children and young people and families.

Skill mixed team: We note in the Consultation proposal that contact with the family with a child over 1 year old will be delivered by a skill mixed team and not necessarily a qualified Health Visitor. What are the governance arrangements relating to the quality and safety of this proposal? Speech language and communication in 0-5s has been highlighted as a key area for health visiting as referenced in the report **Best Start in Speech Language and Communication (Public Health England – 2020)**.

Antenatal visit: There is a concern that with no antenatal visit there will be no health needs assessment taking place that would include physical, mental and emotional health. The visit provides the opportunity to discuss transition to parenthood, how to enhance parent/child bonding experience and how parents can help their baby's early development.

Accident prevention: We note in the Consultation proposal that there is no mention of accident prevention. The parent / health visitor relationship promotes trust and understanding and where opportunities can arise to discuss home safety.

Partnership working: The CCGs note that the Consultation proposal states that the Local Authority is working closely with local partners to ensure children and families are supported to access alternative services for the aspects of the current service that will no longer be delivered under the new proposals. This is not the experience of the CCGs to date. Despite having strong working relationships with North Yorkshire County Council, unfortunately the CCGs have had minimal communication or opportunity to contribute to the proposals. There is potential significant impact on Primary Care with these proposals.

Vulnerable groups (including 0-5s with SEND): The CCGs are concerned that with reduced contact with parents/carers of 0-5s then vulnerable groups maybe at a disadvantage. We know that there is less engagement and pro-active seeking of health support from families in more deprived areas and North Yorkshire has some of the most deprived in the top 20% in the UK (i.e. Scarborough wards). This would have an impact on early identification and support.

……..DETAILED COMMENTARY BELOW…….

COMMENT 1:

No. There are issues with the wording of this question. Of course we understand the early start work is vital for impact on longer term outcomes as children grow older, but what tangible evidence supports that needs are reduced in later life from a local perspective? Also we need more detail about the priority offer. We are not sure we fully understand what this looks like (for example, are there any criteria?). Has any retrospective research/analysis been done to support this? For example, what local data exists to evidence young people who present with SEMH

- did or did not benefit from early support .
- or as a young child did not present with any particular concerns but then went on develop problems later

Also what about existing older cohorts, how will this affect them? Will there be any longitudinal studies on this to evidence the resource investment in early years? What if it doesn't have the impact – what contingency plans are in place?

Please understand the national evidence around this.

COMMENT 2:

Whilst we support the focus on under 5's in principal we do not support this proposal if it places children aged 5-19 at greater risk of receiving the support they need. For example, who will fund and deliver the vision and hearing screening? Who will fund and provide the support for daytime and night time bed wetting? These services are essential for many different reasons:

- When a child embarks upon his or her education it is important to screen for any hearing or visual impairment that may inhibit their educational, social and emotional development.
- There is evidence that a proper screening programme will find more subtle vision problems and refer for treatment. Without such a programme, they may go unnoticed and untreated which will likely have a long term impact.
- Studies have indicated that effective screening and subsequent referral of children with visual impairment leads to stronger academic attainment as well as improving the pupils' quality of life.
- Similarly, screening programmes for hearing enable timely intervention which gives these children a chance at achieving their full potential.

- In regards to daytime and night time bedwetting, without timely support and advice it can be a very distressing experience and can have a considerable impact on the child or young person. It can also be very stressful for their family.

- Early advice and support on daytime and night time bedwetting also provides healthcare professionals with the opportunity to assess whether the child or young person has other problems that may cause or be related to bedwetting, in particular constipation and/or soiling; developmental, attention or learning difficulties; diabetes; behavioural or emotional problems; and family problems. Without this service, these may go unnoticed

COMMENT 3:

No, we do not believe children under 5 should be prioritised at the expense of providing services to over 5's. We believe yes they should have the best start in life with the right services being delivered at the right time in the right place by the right person. There is a plethora of evidence regarding early intervention and the impact of ACES may not present until a child is of school age. 5-19 and up to 25 with SEND require Public Health messages and support to thrive and live a healthy lifestyle. North Yorkshire has some areas of marked deprivation in the 20% most deprived in England.

COMMENT 4:

We would like to raise a concern about the removal of services below as there is likely to be a commissioning gap created with no equivalent service available.

- Perinatal mental health listening visits (support for women who may experience anxiety and depression during pregnancy and after childbirth).

COMMENT 5:

No, we have concerns with the transparency of the information provided on both the Public Consultation website and the way in which these three questions have been written. From the information provided members of the public will not be able to fully understand the impact of these proposals. For example, the cuts to services for 5-19 year olds, what does this really mean and how can they respond accordingly?

COMMENT 6:

Focus on 0-5 service: We acknowledge and support the need to focus on the 0-5 year age group and the plan to continue with the 5 mandated contacts. From a safeguarding perspective, the 0-5 age group are particular vulnerable. However, it is disappointing that the proposal to focus resources on the 0-5 age group will to be at the expense of children aged 5-19. Given the increasing body of evidence in terms of the specific vulnerabilities of older children, such as risk associated with exploitation, we feel there will be some lost opportunities to identify and respond to safeguarding concerns for older children.

COMMENT 7:

Withdrawal of healthy child/well baby clinics: It is important to acknowledge that well baby clinics provide a number of different functions and how the withdrawal of this service may impact on families:

- A way in which parents can have their child's growth assessed, face to face, in order to be assured they are growing appropriately for their age. Importantly, well baby clinics also provide a key opportunity for health professionals to identify organic and non-organic failure to thrive. Clearly this is very relevant to early identification of safeguarding concerns.

- They also provide an opportunity for parents/carers to discuss different aspects of meeting the needs of their child. This includes any queries/difficulties regarding feeding, managing sleep routines and crying and to explore any areas of concern relating to their child's development. These aspects of support for parents are closely linked to early identification of vulnerabilities and supporting engagement with *'Early Help'.*

- Well baby clinics are also a very important mechanism by which Health Visitors can identify early indicators that parents/carers are experiencing difficulties with their own health which may impact on their ability to parent their child effectively (e.g. early signs of postnatal depression)

- The proposed service model suggests a key focus for under 5s will be to '*prioritise infant feeding and family diet and nutrition'.* We would suggest well baby clinics provide an important role in meeting this aim.

COMMENT 8:

Loss of Primary Care / 0-19 Liaison meetings: This is of particular concern from a safeguarding perspective. The liaison meetings are a critical opportunity for information sharing regarding vulnerable families and subsequent shared understanding or risk, roles and responsibilities. Local and national case reviews consistently identify early information sharing as critical in effectively responding to safeguarding issues. Appropriately, during multi-agency and single agency inspections CQC will seek assurance that such liaison is in place.

COMMENT 9:

Perinatal mental health refers to the maternal mental wellbeing during pregnancy and in the first year after giving birth. Up to 1 in 5 women can be affected by a range of mental health problems including anxiety disorders, depression and postnatal psychotic disorders while suicide remains the leading cause of death in women during the first postnatal year. Poor maternal mental health in pregnancy can lead to poor obstetric outcomes e.g. low birth weight, require more medical intervention during labour. In the postnatal period poor maternal health can lead to a delay in intellectual, emotional, social and psychological development which can have an impact across the child's lifetime. Specialist perinatal mental health teams work with women who have severe and complex mental health problems but early identification and intervention is imperative to improve the outcomes for all children.

Please continue on a separate sheet if necessary.

In the context of a reduction in North Yorkshire's Public Health Grant of up to £4 million in the next few years, do you support the proposals for 5-19 year olds, which are focussed on:

- **supporting vulnerable young people**
- **developing a service to help young people improve their emotional resilience and wellbeing**

☐ Yes

☒ No

Please give reasons for your answer:
(Please don't include any personal or sensitive information in these answers)

KEY THEMES:

PLEASE NOTE: Key themes regarding Safeguarding concerns are not detailed in this response as the CCG Designated Nurses and Named Nurse for Primary Care Team will be submitting their comments separately.

The 5-19 element of the HCP is led by School Nurses. They work within a locally determined skill mix team. School nursing teams have specialist public health expertise and clinical skills and to assess needs and provide and/or secure appropriate early intervention. The universal reach of the Healthy Child Programme provides an invaluable continued opportunity in the school years to identify children and families that are in need of additional support and children who are at risk of poor outcomes.

In the report **Overview of the 6 early years and school aged years high impact areas; Health Visitors and School Nurses leading the Healthy Child Programme (Public Health England)** there is a requirement to deliver all elements of the HCP, Community, universal, universal plus and universal partnership plus. The universal reviews of the school age population provide an opportunity to improve individual, community and population health. Health professionals are held in high regard with the public and have relationships and reach. This provides opportunities and responsibilities to have impact on outcomes by intervention at individual, community and population levels. Collectively health and care professionals can be a force for change in building a culture for health. Preventing avoidable disease, protecting health and promoting wellbeing and resilience and utilising a place based approach. There are a number of core principles that are common in each area; 1) universal services are essential for primary prevention, 2) early identification of need and early intervention, 3) universal services lead to early support and harm reduction. There should be a focus on improving health outcomes and reducing inequalities at individual family and community levels. Engagement of the whole family is an important component of the HCP.

Children and young people should be supported to thrive in their school years gaining maximum benefit from education. School Nursing services should be accessible and available to all as a universal service.

Commissioning arrangements should be developed to clarify local commissioning arrangements between health, social care and education to ensure children with additional or complex needs are school ready and supported within education settings. **Best start in Life and Beyond; improving public health outcomes for children young people and families; Guidance to support the Commissioning of the Healthy Child Programme 0-19; Heath Visiting and School Nursing Services (Public Health England 2018)** provides an overview local areas may wish to consider. This is underpinned by the **Healthy Child Programme 0-19 (Healthy Child Programme 0-5 and Healthy Child Programme 5-19)** and **SEND Code of Practice 0-25 Years.**

Local commissioning arrangements should focus on the needs of children and young people and ensuring children are ready for school within:

- mainstream education for those with additional health needs, for example mobility issues, asthma or continence (bladder or bowel) problems
- special schools for those with complex health needs, for example a child with respiratory support needs or complex learning disabilities

Public Health services including school nursing provides universal support and due to their unique close relationships with families and community settings including education School Nurses are key in supporting the Local Authorities early help service.

Screening: The British and Irish Orthoptics Society website notes the following.

School age vision screening allows the detection of reduced vision in one or both eyes at an age when treatment has the potential to improve vision.

The target condition is Amblyopia, where the vision in one or both eyes doesn't develop properly. It is estimated that 1 in 50 children will develop this condition but often younger children are unaware there is anything wrong with their vision, as they have grown up with and become used to it.

Amblyopia can be treated successfully in younger children but if undetected can result in permanent lifelong reduced vision.

Amblyopia can be treated successfully in younger children but these treatments have been shown to be less successful beyond approximately eight years of age.

While screening can be done with younger children, there is no strong evidence to suggest any significant advantage to this. In contrast, at 4-5 years of age children are able to manage the test more successfully. Further, in England, the majority of children will be expected to attend school at this age, increasing uptake. This reduces the chances of children being missed, particularly those who are vulnerable or 'at risk'.

Also, carrying out vision screening in schools reduces the anxiety for young children, particularly those with learning difficulties, as it is done in familiar surroundings that they are comfortable with.

There is a concern that the most vulnerable children will not be taken to the Optician by their families. A school aged screening programme offers the opportunity for all children to access this service regardless of family circumstances.

Health Needs Assessment age 4-5 and 10-11: There is a concern that health assessments were undertaken at key transition stages of a child's life. These assessments were universal and provided the opportunity for parent/carers and children to highlight any concerns that may have impacted on a seamless transition to either Primary School or Secondary School. They also provided the opportunity to ensure that immunisations were up to date, identify a young carer or any unmet health needs.

Vulnerable groups (including 5-19s with SEND): The CCGs are concerned that with reduced contact with parents/carers, vulnerable groups maybe at a disadvantage. We know that there is less engagement and pro-active seeking of health support from families in more deprived areas and North Yorkshire has some of the most deprived in the top 20% in the UK (i.e. Scarborough wards). This would have an impact on early identification and support. In the absence of a generic 5-19 School Nursing Service could you clarify who would be supporting children and young people in mainstream provision (as Special School Nurses are commissioned only for Special Schools)? There is also a risk for home educated children being "invisible" to services. Children from military families may also be at risk with a less visible and universal service.

Level 1 Continence service: The **Paediatric Continence Forum Commissioning Guidance (2019)** states that Bladder and Bowel problems can have a negative impact on emotional health and welling and psychological development. Children should be identified and treated at an early stage to prevent attendance at A&E, hospital admissions and unnecessary referral to Secondary Care. Failure to identify and treat Continence problems early can lead to chronic changes in the bladder or bowel. Continence problems can influence health, wellbeing and emotional development. Universal services provided by Health Visitors and School Nurses play an important role in the early identification of problems. Their knowledge of child development enables them to provide general advice on toilet training, bladder and bowel health, fluid intake, dietary advice and the important of regular toileting. The HCP aims for children to be ready to learn at age 2 and ready for school at age 5. This includes universal access and early identification of additional needs and providing support with toilet training.

Public Health messaging: Good public health delivery can transform the lives of families and children and protect them from harm. There is no mention in the Consultation proposal for the 5-19 service of public health messaging. The CCGs are aware there was an annual public health event for much of the North Yorkshire County Council Year 6 child population that included the Police, Fire & Rescue, 5-19 service and many others. Will this event continue or are there alternative plans?

High Impact areas: We note that there are 6 high impact areas for the 5-19 population as noted in the update report **Overview of the 6 early years and school aged high impact areas report (Public Health England - 2018).** Three of these impact areas are not mentioned in the Consultation proposal namely; maximizing learning and achievement, supporting complex and additional health and wellbeing needs and transition. The 0-19 service aims to be a seamless service across the life course of childhood and into early adulthood. How does the new proposal address a seamless transition between 0-5 and 5-19 when there appears to be a considerable difference in resources and priority areas? Speech language and communication has been identified as a key area this would include entry to school review and transfer from health visiting to school nursing.

Partnership working: The CCGs note that the Consultation proposal states that the Local Authority is working closely with local partners to ensure children and families are supported to access alternative services for the aspects of the current service that will no longer be delivered under the new proposals. This is not the experience of the CCGs to date. Despite having strong working relationships with North Yorkshire County Council, unfortunately the CCGs have had minimal communication or opportunity to contribute to the proposals. There is potential significant impact on Primary Care with these proposals.

……DETAILED COMMENTARY BELOW……

COMMENT 1:

No. Not entirely – this will need expanding for example bladder and bowel health. If Tier 1 advice is not going to be provided who will do this? Secondary care cannot pick this up and yet we know untreated bladder and bowel problems can have a significant negative impact on emotional resilience and wellbeing, affect school attendance, social friendships and also lead to more entrenched health problems requiring greater involvement at a Secondary Tier and possible preventable hospital admissions. We already know delayed help in the beginning can impact on the length of time to resolve, and sometimes this is only partial. The cost to the health economy over the longer term could be significant. Also what assurances are there that withdrawing from active health promotion activity will not then lead to increases in vulnerability and negatively impact resilience and wellbeing? Would this be likely?

COMMENT 2:

We do support these areas of focus, although it is essential that any review of services ensures they are aligned with other provision that is available to ensure they work harmoniously rather than duplicating. However my previous point remains: who will fund and deliver the vision and hearing screening? Who will fund and provide the support for daytime and night time bed wetting?

COMMENT 3:

No, the Healthy Child Programme is a Universal Programme for all children which includes those who are vulnerable. Which definition of *'vulnerable'* will be used? There is recognition there needs to be building on and sustaining the support across the life course. "Best start" and then what happens? 5-19 work in partnership with education and other providers to support children and young people to thrive and gain the maximum benefit from their education. There is a well evidenced link between health outcomes and educational outcomes. Universal screening and in particular Year 1 vision screening identified a significant number of children every year who required further support – who will be messaging the parents about the Optician? Who will be supporting our most vulnerable children to be taken to the Optician?

Transition is key both at school entry and from Primary to Secondary, and without school entry and Year 6 assessments who will the Health Visitor be handing over to? Who will provide and support Year 6 with their health needs?

NYCC SEND Strategic Plan…..prevents problems beginning or escalating and becoming a crisis situation. Early intervention whilst promoting collaboration and integration benefits children, young people and their families. Early intervention prevents issues requiring more costly targeted specialist services and promotes a wise expenditure of public money. Supporting children to grow and develop into healthy young people with healthy behaviours and health conditions managed is key.

Level 1 continence support – providing basic bladder and bowel advice and support promotes a child's attendance at school and thrive. The effect of continence issues are well documented for children and young people. National evidence includes Health Visitors and School Nurses and the vital work they do in the evidence based pathways for continence. Who will be doing this work?

Public Health England describes 6 high impact areas (currently under review) for Health Visitors and School Nurses, but why is this model not being implemented / followed in North Yorkshire?

Developing emotional resilience and wellbeing is very important and there are many commissioned services and third sector support for children and young people that need clearly defined roles and prevent duplication at the expense of supporting another health need. School Nurses are able to support on a variety of other issues that may accompany emotional health and wellbeing issues – a *'one stop shop'* at universal level rather than referring to another service and a child, young person or family having numerous appointments and professionals in their life and having to retell their story.

COMMENT 4:

We would like to raise a concern about the removal of services below as there is likely to be a commissioning gap created with no equivalent service available.

- Level 1 continence support (advice and support about daytime and night time wetting) for school age children
- Sign off of school health care plans

COMMENT 5:

No, how can this proposal support vulnerable young people and emotional resilience and wellbeing if the intention is to cut bladder and bowel health level 1 services? In the absence of level 1 support can you provide details of the plan to provide this service? We know that untreated bladder and bowel problems can have a significant negative impact on emotional resilience and wellbeing, particular at school and within friendship groups. Delays in support can also lead to bigger health problems that require greater involvement from already stretched Primary Care and Secondary Care services and possible preventable costly unplanned and planned hospital admissions. It is absolutely essential that bladder and bowel is embedding into the emotional resilience and wellbeing pillar as one of the key areas for support.

COMMENT 6:

Withdrawal of vision and hearing screening: We would suggest the withdrawal of these services is likely to have the greatest impact on the most vulnerable children. It is our experience that for some children their parents are either unable or unwilling to identify and respond to issues such as vision or hearing difficulties. Should these issues not receive appropriate care and treatment at the earliest opportunity this is likely to have an impact on many areas of their lives, most importantly academic attainment.

COMMENT 7:

Withdrawal of nocturnal enuresis service: The impact of nocturnal enuresis on children and families can be significant in terms of the child's emotional and psychological development and in some cases can negatively impact on the parent/ child relationship. It can also be symptomatic of wider concerns within the family, some of which may have safeguarding implications. It is likely that withdrawal of such a service will reduce opportunities for early identification of vulnerabilities and subsequently early intervention

COMMENT 8:

Loss of Primary Care / 0-19 Liaison meetings: This is of particular concern from a safeguarding perspective. The liaison meetings are a critical opportunity for information sharing regarding vulnerable families and subsequent shared understanding or risk, roles and responsibilities. Local and national case reviews consistently identify early information sharing as critical in effectively responding to safeguarding issues. Appropriately, during multi-agency and single agency inspections CQC will seek assurance that such liaison is in place.

COMMENT 9:

Withdrawal of *'school drop in'* and sexual health services delivered by 5-19 service: School *'drop in'* services are an important means by which young people can seek confidential support regarding many aspects of their health and wellbeing. Along with the withdrawal of sexual health advice this will significantly limit opportunities for young people to make informed choices regarding their health/ sexual health needs. Particularly for those living in isolated/ rural locations. Critically this also reduces the opportunity for identification of emerging safeguarding concerns such as sexual abuse or exploitation.

Please continue on a separate sheet if necessary.

We have learned from how we had to adapt during the Covid-19 pandemic, and in future, we want to deliver some of the Healthy Child programme online and via the telephone. How do you think digital and telephone services could help support families in North Yorkshire?

(Please don't include any personal or sensitive information in these answers)

KEY THEMES:

Access to digital technologies: The use of digital technology is welcomed by the CCGs as an option, but not the default. However, there needs to be an acknowledgement that not all families will have the devices to engage with services this way. Our experiences of increased digital use have been during unprecedented times (i.e. pandemic) and where families had little or no choice in their method of communication with health professionals. A family may have preferred a face to face appointment with a health professional, but the option was a digital contact or postponement. There are marked socio-economic differences across North Yorkshire and this has to be considered.

A report from **Public Health Wales: Digital technology and health inequalities: a scoping review (2020)** notes patterns in the underlying components of digital exclusion. · There is good evidence to believe that many groups who are already subject to disadvantage and worse health outcomes are also subject to digital exclusion, but the relationship is complex. · Some national-level evidence involving narrow measures of access and use of digital technologies suggests that gaps in measures of digital technology use between disadvantaged groups and the rest of the population have been narrowing in recent years. However, important differences in access and use persist:

- People living in rural areas have less access to, and slower, internet infrastructure. Recent data is lacking but deprived areas also seemed to be more likely to lack access.
- Where differences between ethnic groups persist in internet access this is explained by the age and income profile of these groups. The report found few other studies of differences between ethnic groups.
- People with lower income are less likely to have access to smartphones in their household and be on pay monthly contracts and data plans.
- There is an absence of evidence about differences in the way different social groups engage with digital technologies – for health and other purposes - but there are concepts of digital literacy and health literacy, as well as trust and privacy concerns, that are likely to be important in the success of digital health initiatives. Simple measures of use and access cannot account for these.

Safe spaces: There may be circumstances where vulnerable families are unable to engage by digital means as they may not have a private or safe space to have an open and honest conversation.

Safeguarding issues: There is evidence during the pandemic when there has been reduced face to face contact with professionals of significant rises in safeguarding referrals and the numbers of domestic abuse incidents. This is a concern as if there was a dependency on digital technologies these cases may not be identified and may continue to rise.

……. ***DETAILED COMMENTARY BELOW……***

COMMENT 1:

This will work for some, but not all. Some families do not have access to devices supporting digital solutions and we would be concerned that some safeguarding concerns would not be picked up in this way, especially for families who have not been known to services before. We know for example domestic violence is an increased risk factor in child abuse. What are the mechanisms for resolving this? Also some families become hidden and disengaged and this could negatively affect the hard to reach groups. Are assessment tools being adapted to reflect non face to face reviews? (i.e. environmental, social and family risk factors).

COMMENT 2:

Whilst we agree that online and telephone support can be an important and valuable tool, we think it is essential that it is provided as part of a full offer of support which includes regular face to face support. Since the start of the pandemic there is growing evidence that online and telephone support has some limitations which need considering:

- Equality of access – not all children , young people and families have access to digital technology including limited funds to buy data packages which allows lengthy use of the internet.
- Safe spaces – not all children , young people and families have a private safe space where they can undertake digital and telephone conversations
- Safeguarding - digital and telephone conversations can easily miss the subtleties of a face to face conversation and make it harder to 'read' the conversation. For example cues from body language, eye contact, change in mood etc. This may lead to missing safeguarding concerns that may have been more apparent in a face to face conversation.
- Not everyone likes it - not all children, young people and families like accessing support advice and information via digital and telephone services. It's important that they have a choice.
- A useful report that challenges assumptions about young people and their use of digital support:

https://charitydigital.org.uk/topics/report-challenges-assumptions-about-youth-and-digital1

- Locally the providers of CAMHS service TEWV have also done some initial work looking into the benefits and challenges of using digital tools for support, and it may be helpful to look at this work before planning digital interventions.

COMMENT 3:

Digital and telephone should not be a default and there needs to be clear pathways especially in 0-5's. What is the evidence? We agree the Healthy Child Programme should include digital and telephone especially to reach people geographically, but not professionally reach out. School Nursing services should be visible and accessible – with up to date websites, texting services, e-clinics, but always with the option for face to face. There have to be clear Safeguarding criteria and thresholds where a face to face visit takes place. We know from education during the pandemic that not all families have access to be online, and these are the most vulnerable in our society and often with the greatest need and health inequalities.

COMMENT 4:

Not all families have access to devices and my concern is that some safeguarding concerns would go undetected. We know that during COVID whilst face to face contact has been limited, safeguarding issues have increased. This may work for some, but not all.

COMMENT 5:

Increased use of virtual contacts: Additionally, we have some reservations regarding the proposal that, after the initial Health Visitor face to face visit (10-14 days) contacts may be virtual, dependent on the level of need and identified risk. From a safeguarding children perspective risk is rarely static and there may be some significant missed opportunities to identify vulnerabilities that can only be assessed via a face to face and/or home visit.

COMMENT 6:

Increased use of virtual contacts: The service descriptor also refers to service based on assessment. We would question how assessment can always be reliable when there are such infrequent contacts and not all of them will be face to face.

Please continue on a separate sheet if necessary.

THANK YOU FOR COMPLETING THIS SURVEY.

Please return your completed survey to:

Healthy Child 0-19 consultation
Central Admin Team
North Yorkshire County Council
County Hall
Northallerton
North Yorkshire
DL7 8AE

Or you can return it to your local library, or scan/photograph it and email to **healthychild@northyorks.gov.uk**