

Special Educational Needs and Disabilities

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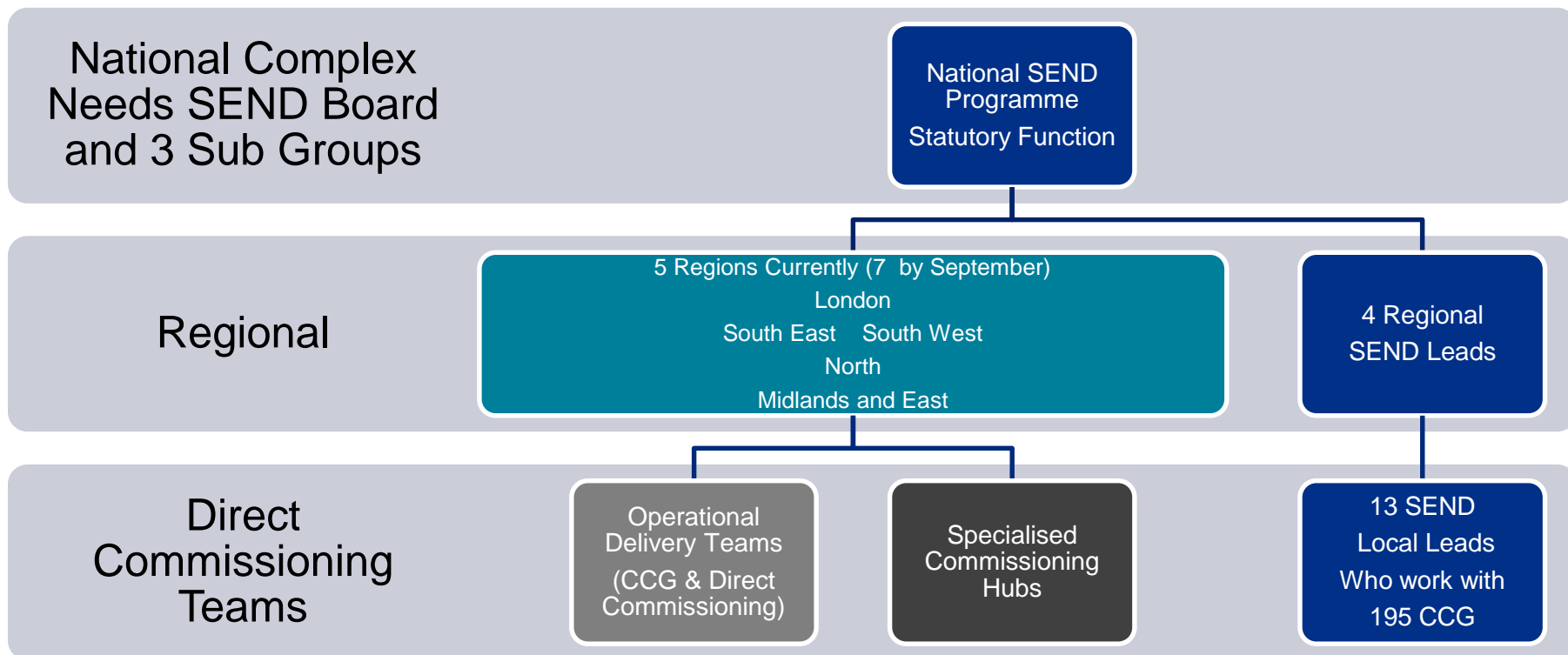
Learning Objectives

- To give an **overview of SEND Programme 18/19**
- To understand **current SEND practice and issues** for Nurses and Health Visitors



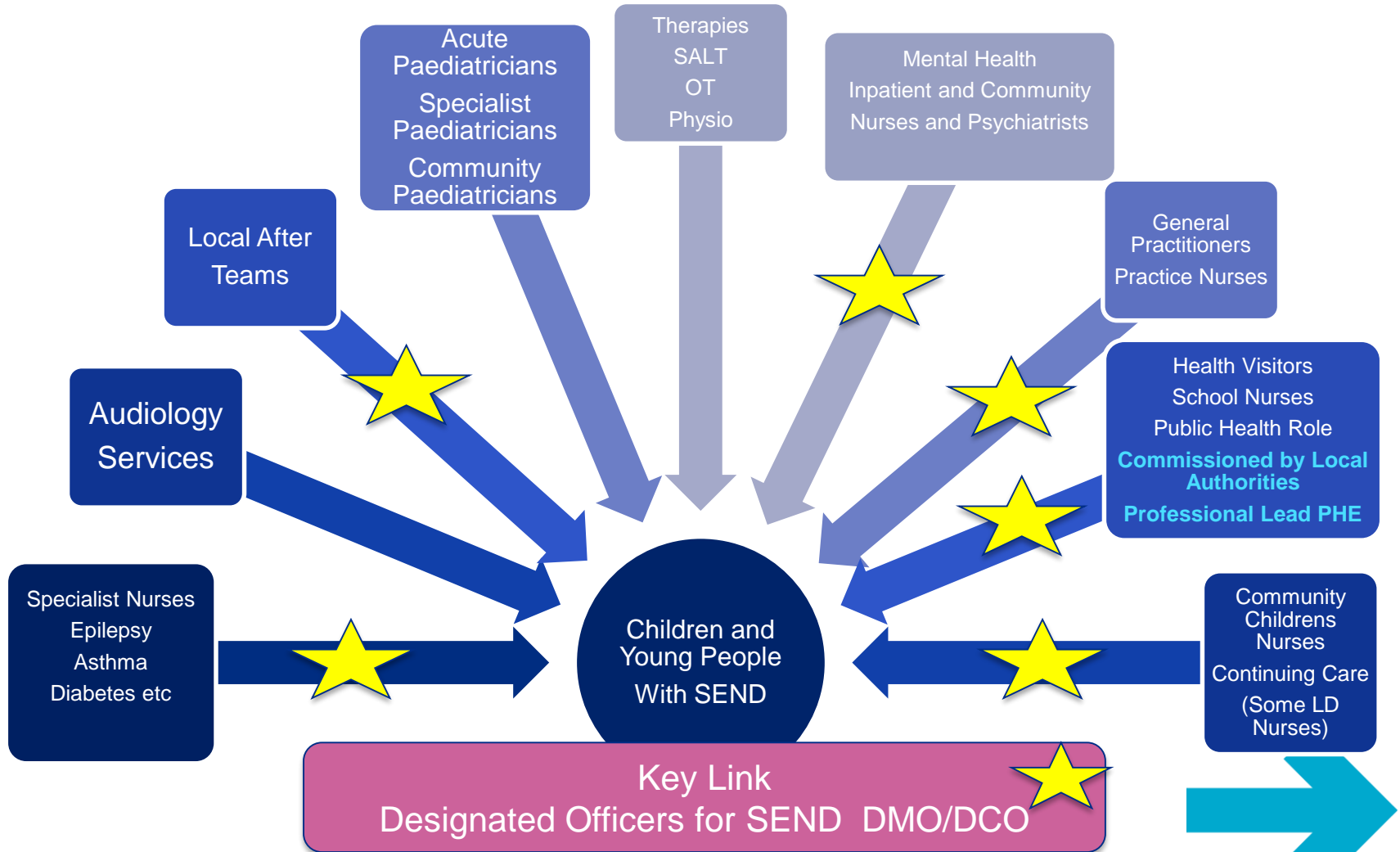
For Info

NHS England - SEND Programme Delivery





Nursing Professions are across many areas of - SEND



Commissioning Models and Specifications are Locally Led

Communications

Partnership Communications
Strategy

(Nationally Led)


Website Page

(Nationally Led)

Improvement


EHCP monitoring
(Locally Led)
Regional Oversight


Who Pays Refresh Guidance
(Nationally Led)


SEND Inspections 
(Locally Led)
Regional and National Oversight

SEND Score Card
(Regionally/Locally Led)
National Oversight

Co- Production

Working with Children and Young
People 
(Locally Led)
Regional Oversight


Working with
Parent Carers 
(Locally Led)
Regional Oversight)

Increasing
Co Production and Participation
(Locally Led)
Regional Oversight) 

SEND Programme 2018/19


Refreshed Plan -High-level Delivery

SEND Programme Main Deliverable


Establish 
Local to Regional Networks to support National Designated Clinical and Medical Officers work (Local and Regionally Led)

Commission Research 
Designated Roles (Nationally Led)

Shared Programme Deliverables


Recommendations Lenehan Reviews (National Cross Government) 

Local Offer Review (National with Transforming Care) 

SEND Networks (Regionally Led) National Oversight with Dfe 


SEND Leadership Programmes National Oversight with Dfe 

Ongoing 17/18 Deliverables

Community Services Data Set Locally Led (NHS Digital) 

Peer Review (inc Health Input) (National Oversight Dfe and LGA) 

2 Year Tribunal Trial (Nationally Led by Dfe) 

Expert reference workforce group (National Led by HEE) 

Childrens Commissioner Online Forum (Local Sign up) National Oversight CDC

CQC/Ofsted SEND Inspections Overview

Commission by Dfe Minister
152 to be completed
by 2021
(CCG/LA- NHS England &
PHE Notified)

65 completed
61 published
23 Written Statements
(4/6/18 position)

SEND Inspection Framework
1 week Inspection
Focus Groups
Visit to Providers

NHS England Leads and Dfe
Advisors work together to
support local areas
On Improvement on Written
Statement of Actions

8 Local Areas have had Peer
Review with LGA
Some areas have peer
review via regional
coordinators

<https://www.gov.uk/government/publications/local-area-send-inspection-outcome-letters>

<https://reports.ofsted.gov.uk/resources/local-authority-school-improvement-arrangements-inspections-and-focused-school-inspections>

Overview of themes from CQC/Ofsted SEND Inspections

Strengths-Nursing and therapies examples of multiagency provider working, specialist offer/provision.

There are many different examples of strengths but not across the whole system

Improvements-health input into EHCP and clarity of outcomes, exclusions, working in co production, Local offer , social care, working with schools, education and training

Significant Concerns- DCO Function and role, Joint commissioning and EHCP processes Leadership/Governance/strategy, Information and Data, Consistency of provision and practice

Wider Issues- Increase in CCG Financial Directions and Provider Quality Issues, Changes in community contracts and high needs funding in schools

Other programmes- Lenehan Reviews, Transforming Care , CYP mental health and Integrated personalised commissioning

1 Year on report First 30 Inspections

<https://www.gov.uk/government/publications/local-area-send-inspections-one-year-on>



Designated Clinical Officer SEND

DCO in Post

March 2018
180/195 CCG
Designated Officer in post
Small No of Nurses

Working with
Designated Medical
Officers

Nursing Roles

Community
Childrens Nurses

Commissioners
CHC Leads
Chief Nurses
(Ex Adult and HV)

Leadership

Operational
EHCP
Funding Panels

Strategic
SEND Strategy
CCG Board Assurance

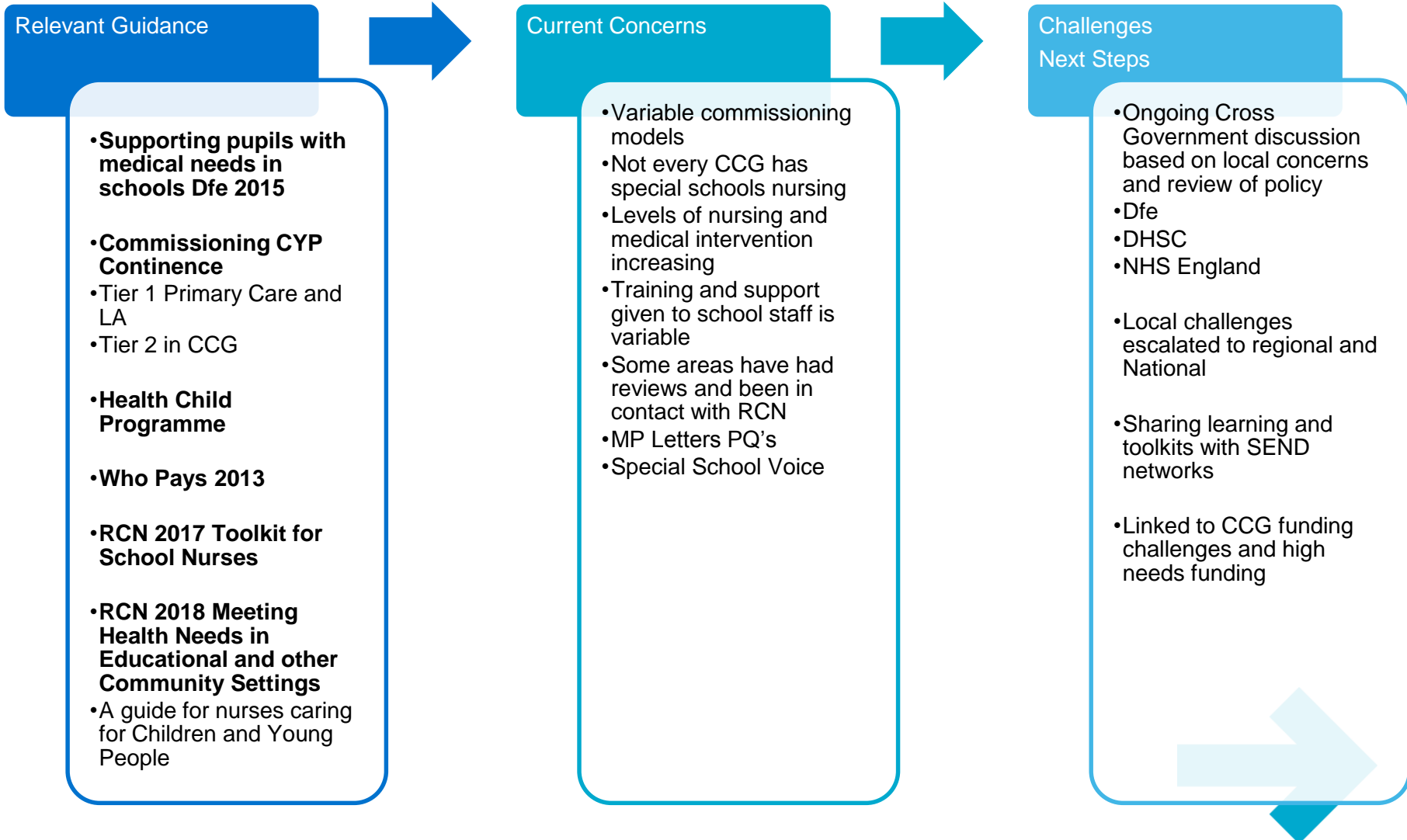
[Advice on meeting 6 weeks EHCP target](https://councilfordisabledchildren.org.uk/help-resources/resources/requirements-provide-health-advice-within-six-weeks)

<https://councilfordisabledchildren.org.uk/help-resources/resources/requirements-provide-health-advice-within-six-weeks>

www.england.nhs.uk



Supporting Pupils in Schools with Medical/Nursing Needs



Next Steps Discussion

1. What does this group need a further update on ?
2. What networks would help locally?
3. Who should local and regional SEND leads engage with? and how?
4. How can we support Nurses in roles of Designated officers?



For info Directly from Reports Bexley and Brighton and Hove

- **Bexley-** Community nurses for adults support those with complex healthcare needs well, and joint appointments with the community children's nursing service and district nurses facilitate a smooth transition. Parents confirm that this support is highly effective.
- **Bexley-** Children and young people under 18 who need nursing care at home in Bexley are effectively cared for by the children's community nursing team. They work as part of a larger team that includes the continuing healthcare team, specialist community paediatric nurses and specialist school nurses. This allows continuity of care to be provided to children and young people who may access all of these services.
- **Brighton-** Leaders jointly commission services effectively to make sure that needs are met. An example of effective practice is the support offered by the specialist schools nursing service, which means that the needs of children or young people with complex health conditions can be safely met in school settings.



Summary from Reports

- Access to 5 Day services
- Age ranges of services and transition
- Poor EHCP input
- Understanding of roles and responsibilities
- Commissioning variable
- Lack of joint commissioning across areas
- Early Identification
- Multiprofessional working
- Focus on community services provision



- Access to specialist equipment and training for families and school staff that support children with complex health needs is timely. This service helps promote the safety and inclusion of children at home and in school. The CAMHS learning disability nursing team contributes to the joint review of management plans to promote effective engagement and participation of children with complex learning and behavioural needs.
- Although health professionals are usually notified when an EHC plan is being considered and produced, the inspection found that the community nursing team, who work with children and young people with complex health needs and life-limiting conditions, were not always asked to contribute advice and information. Consequently, some EHC plans lack important input from health professionals. Many parents stated that they are unclear about what to expect in relation to the involvement of health professionals. They do not know who to approach to ensure that the plan is effective in meeting the health needs of their child and that it is kept up to date.
- Children's community nursing provision is currently available on weekdays. Consultation with families identifies the need to strengthen access out of hours. The children's services review of paediatric services in the area recognises the need to build local capacity to reduce their reliance on hospital-based care. However, currently 33 children and young people (out of 59) are receiving a personal health budget which supports increased choice and control in meeting their needs.
- The learning disability nursing team, known locally as Swifts, responds to referrals within four weeks. This prompt action represents a significant improvement in the quality and responsiveness of the service. Decommissioning of a specialist residential service, with the transfer of resources to enhance community provision, has enabled a stronger focus on early intervention and prevention of crisis. The inspectors observed effective examples of targeted support and effective multi-agency work within a local children's home. As a result, young people with complex needs and behaviours have been able to experience a stable home environment that has prevented their admission to in-patient care.

Enfield, Gloucestershire and Herefordshire

- **Enfield** - Children and young people and their parents do not have access to a school nursing service that is operational all year round. School nurses are only employed during term times and this limits how families get support during holiday periods.
- **Enfield**- Too few school-age children are benefiting from the effective delivery of the universal five to 19 healthy child programme. Managers and commissioners are relying too much on additional health needs being identified at the two-to two-and-a-half year check carried out by health visitors. Not all children attend this check and in some areas, fewer than half are being screened. The school nursing service is not routinely searching for additional health needs because it is not commissioned to do this. There is a lack of evaluative information to demonstrate the impact of the healthy child programme in identifying any additional needs that children may have.
- **Gloucestershire** - Children who have life-limiting conditions benefit from short breaks organised by the complex care children's nursing teams. In addition, children and young people who receive healthcare from the children's community nursing team can access a seven-day-a-week service. The nursing team's contribution to the graduated pathway for these children is timely and comprehensive.

Herefordshire-

- At times, information needed for EHC plans about health and care needs is not received and occasionally it is not used. For example, universal family nurse services and the community children's nursing team are not routinely asked to contribute to the education, health and care planning process.
- Children and young people with life-threatening or complex medical care requirements receive a good service from the community nursing teams. Their needs are assessed and met effectively.
- Overall, the proportion of young people in employment, education or training is improving and compares favourably to national figures. The community children's nursing team plan flexible arrangements for transitions for children and young people who have complex health care needs in conjunction with young people and their families. This is leading to positive outcomes for these young people.



Hillingdon, Leeds Middlesbrough, Plymouth, Rochdale

- **Hillingdon** - Processes to identify additional needs in those who are home educated or out of school are variable. Key services such as the school nursing service often do not know who these children and young people are. This is a concern because some children and young people who are out of education are recognised as being vulnerable.
- **Leeds**- The school nursing service is not commissioned to complete health checks at key points of transition for young people. This commissioning decision limits the opportunity to identify the needs of young people at these crucially important times.
- **Middlesbrough**- The needs of vulnerable children and young people who have special educational needs and/or disabilities are identified well because services are well coordinated and effective. For example, health visiting services, ante-natal services and physiotherapy are provided jointly at a community hub for refugees in Middlesbrough. Similarly, children and young people who have recently arrived in the United Kingdom and may have complex needs are quickly placed in special schools so their needs can be identified and fully assessed. Also, children and young people who are electively home-educated are referred to the school nursing team and are always offered a service.
- **North Yorkshire** - The school nursing service operates flexibly and is able to offer a bespoke service to meet specific local challenges. Examples include supporting the Traveller community or a large army garrison to identify and meet the needs of children and young people who have special educational needs and/or disabilities.
- **Plymouth**- Children and young people are not benefiting from a cohesive package of support from the school nursing service. The universal offer is not well established. School nurse 'drop-in visits' are offered to schools, although the take-up is low. The offer to children and families is compromised by the current practice of rostering school nurses for six weeks on the child protection rota. This practice can impair the continuity of practitioners working with the family progressing into child protection processes. This is not in the interest of children, young people and their families. This practice ceased during the course of the inspection. Over time, children and young people coming into care have not received timely initial health assessments. The current capacity at senior leadership level of the health team for children looked after is under-resourced, and this has had a negative impact on developing the services. Commissioners provided assurance that additional resources had been identified and have agreed to increase the capacity within the nursing children looked after service around December 2016.
- School nurses support children and young people by offering effective short-term interventions with clearly defined expected outcomes. During 2014/2015, 852 children were referred to school nursing for help, with only 16.5% of these referrals needing further specialist intervention or assessment.
- **Rochdale**- Early identification and referral arrangements in the early years are strong. The community nursing team effectively screen for a diverse range of risks to the health and well-being of young children.
- The quality of work undertaken by the children's community nursing team has been effective in reducing unplanned admissions



Sandwell and Sefton

- **Sandwell-** Children and young people's views and experiences are effectively taken into account across health services and used to shape the services. For example, the Sandwell School Nurse Ambassador Project (SSNAP) trains, facilitates and supports children and young people to become ambassadors for school nursing and public health within schools. During one meeting with young people, a health ambassador explained how she had been involved in promoting the health agenda within the school. This inclusive process is empowering young people to influence the school nursing service and is giving vulnerable young people a voice.
- **Sandwell-** The specialist local area school nursing team works well with children and young people who are not in mainstream school settings. If an active intervention is required, systems are in place to provide these children and young people with detailed health assessments and care plans. This service has increased the timeliness of the identification of needs of children and young people who, for example, are new to the country, are not in employment, education or training or are known to the youth offending team.
- **Sefton-** Children and young people living in north Sefton who have complex health needs benefit from a commissioned continuing healthcare (CHC) nursing team. They also act as key workers to provide continuity of support for families. This is recognised as best practice in the SEND code.
- **Sefton** – Records within children's community health nursing, health visiting and school nursing are not always outcome-focused and instead there is an over-reliance on recording activity. This does not help practitioners or families in identifying or measuring success.
- **Sefton-** There is a well-established process in place for detecting hearing impairment and visual impairment in new-born babies and there are further opportunities for the identification of needs when children enter school through the school nursing service. The support offered by the hearing and visual impairment teams is well regarded by parents.



Southampton, Stoke on Trent

- **Southampton** - School leaders rightly report that the school nursing service is excellent. For example, school nurses deliver relevant and appropriate assemblies and provide useful help to schools around sleep, hygiene, continence and healthy eating. Specialist practitioners are providing better support for children's emotional health and well-being. School leaders report an improvement in behaviour and attendance for some pupils as a result of these services. Their view is supported by the recent improvements in attendance and exclusions for pupils who have special educational needs and/or disabilities across the city.
- **Southampton** - The children's community nursing service works closely and effectively with children with highly complex health needs. However, the service has a very low profile in education, health and care planning processes. The service has not been proactive to ensure that it is fully engaged when education, health and care plans that are being developed for children with whom the service is working.
- **Stoke on Trent** - Children and young people up to the age of 19 who have life-threatening and complex medical conditions and ongoing nursing needs receive good provision from the palliative and complex care nurses. There is a clear pathway to follow which includes the 'hospital at home' service. For the children and young people involved, this prevents the need for unnecessary admission to hospital.
- **Stoke on Trent**- The provision of the school nursing service across Stoke-on-Trent is a strength of the area's work. There are good local arrangements from the two services commissioned. Robust procedures are in place to transfer children with known health concerns between health providers, and questionnaires are used regularly to help identify emerging health needs. The local school nursing targeted intervention service is responsive to referrals from parents, children, young people and other professionals. The service creates clear, outcome-focused health plans to ensure that identified need is met.



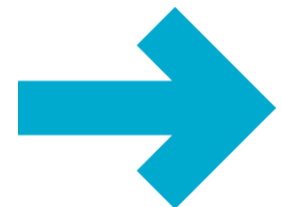
Suffolk and Trafford

- **Suffolk** - Some staff in universal, early years, school nursing and complex health needs services, and most staff in child and adolescent mental health services (CAMHS), have a limited understanding or experience of using EHC plans to help drive improved outcomes for children. Most child health records do not contain any copies of the plans. This is unacceptable given the time period since the implementation of the SEND reforms.
- **Suffolk** - The role and contribution of the children's community nursing team, alongside others, are helping to ensure that most children with high and complex needs, including life-limiting conditions, are supported and safely cared for. This is both within the family home and in nursery settings and schools, when they are well enough to attend.
- **Trafford**- A small team of children's community nurses provides effective support to children who require nursing care in the community, including children who have complex health or palliative care needs. There is close collaboration with the local authority. The team responsible for children who have complex and additional needs is integral to the successful identification of any emerging safeguarding concerns within vulnerable families. Joint visits from these two teams are routinely offered. This ensures a coordinated approach to care and minimises the potential stress on families who would otherwise have to deal with numerous professionals.
- **Trafford**- Joint commissioning between healthcare services and the local authority is well established. This has a positive impact on the provision of services in Trafford, such as the provision of health visiting and school nursing.
- **Trafford** has a well-established history of joint commissioning between healthcare services and the local authority, including the use of shared budgets. This has a positive impact on the range of services offered, for example through an expanded offer of health visiting and school nursing. Recent commissioning decisions demonstrate close collaborative working between education, health and social care services to improve the lives of families living in the borough. SEND is an integral part of the five key priorities of the health and well-being board. Governance around commissioning and the delivery of services is monitored through appropriate structures.



Waltham Forest Telford & Wrekin

- **Waltham Forest-** Children and young people attending special schools are supported effectively by the special school nursing service. Nurses provide direct care for pupils as well as supporting staff with health care plans and training. Some schools have employed their own staff to liaise with nurses, disseminate training and support the daily health needs of pupils. This allows schools to tailor support to match the needs of their pupils, staff and settings more closely.
- **Waltham Forest** - Special school nursing, child development nursing and community children's nursing services provide an integrated children's nursing service. They work together closely to provide high-quality care to children and young people who have more complex needs.
- **Telford and Wrekin-** The universal school nursing service provides drop-in services in primary and secondary schools and almost all of the special schools. This provides children, young people, parents, carers and school staff with access to a public health nurse who can provide advice, guidance and support.
- **Telford and Wrekin-** The school nursing service has a dedicated practitioner providing universal support to children in special schools, pupil referral units, children that are home-educated and to potentially vulnerable groups such as Gypsy, Roma, Traveller children. As a result, these children and young people have access to a public health practitioner.



Bury

- The appointment of a parenting support practitioner within the school nursing team is a positive one in supporting children and families where additional support is identified. Working closely with schools and special educational needs coordinators, tailored programmes of support are put in place to help both children and families work together to resolve issues that can lead to developmental and relationship problems.
- Transition from paediatric health services to adult equivalent services is inconsistent. Within children's community nursing and occupational therapies there are no transition pathways in place. Transition to an equivalent adult service in some particularly complex cases is often difficult. Consequently, the needs of young people are not being considered or met consistently as they move into adulthood.



Cornwall

- Nursing assessments and care plans are comprehensive and provide a clear picture of children's needs and support requirements. Health professionals actively support the expertise and development of a range of schools, social care and other agencies to enable a shared approach to meeting the specific health care and support needs of children. Health visitors and school nurses are effectively engaged in supporting the delivery of the complex needs pathway, ensuring appropriate referral for children and young people who would benefit from early help, specialist assessment and review.
- Gaps remain in the availability of children's community nursing provision out of hours to support children and young people with high and complex health needs. Although the local area has developed a range of policies and procedures to promote personal health budgets, take-up rates in the area remain relatively low.



Windsor and Maidenhead

- Comprehensive accurate data to inform healthcare service provision is currently unavailable within the local area. Until the new dataset now being developed by the health visitor and school nursing services is made available, leaders are not able to monitor the effectiveness of the Healthy Child Programme and consider the impact of gaps in delivery of the mandated visits.
- Due to the health visitor and school nursing services now being commissioned by the local authority, healthcare providers across the local area use different record-keeping systems. Consequently, health visitors and school nurses are not able to view BHFT practitioners' care plans, and BHFT cannot view health visitors' and school nurses' records.
- There are plans in place to develop a 'Connected Care' IT system which will allow 'read-only' access to certain elements of the health records, but this improvement is not yet in place. As a result, children and young people who have special educational needs and/or disabilities continue to have to re-tell their story to practitioners because information sharing remains limited across some services.



Rutland and Oxfordshire

- The Diana Community Children's Nursing Service provides a comprehensive programme of training for practitioners in a range of settings. This enables them to meet the needs of children and young people who have complex health needs more effectively.
- The '0 to 19 digital offer' provides a range of alternative methods of supporting young people and their families to meet different health needs. For example, the use of online clinics facilitates access to the school nursing service for young people who may otherwise experience difficulties in accessing this service. The 'chat health' and 'teen health' services also provide help and advice for young people in a welcoming and friendly way. These initiatives are evidence of the effective joint commissioning between the local authority and health services following extensive consultation with children and young people.
- **Oxfordshire-** Children and young people with complex nursing needs are well supported by a comprehensive children's community nursing (CCN) service. The acute CCN team includes a discharge coordinator who reduces hospital stays by facilitating the coordination of support for children with complex needs transitioning from acute to community settings.



Greenwich

- Leaders have ensured that arrangements for joint commissioning are effective. Leaders from health, education and social care services work together efficiently when planning and budgeting for services. The co-production of services, advice and guidance (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) is well understood by local area partners, young people, parents and carers. Inspectors learned of a range of services and support which was working better because a range of views had been considered. For example, young commissioners have designed the questionnaire for interviews held when a young person returns home after going missing. The parent carer forum, Greenwich Parent Voice, was involved in the relocation and redesign of the integrated therapies service and the 0 to 19 public health nursing service. Greenwich Parent Voice representatives describe recently improved relationships with all partners, which have led to better planning, monitoring and evaluation of co-production.
- Identification of needs by the 0 to 19 years public health nursing service is limited. Only 60% of children have had a one-year review and a similar proportion of two-and-a-half-year-olds receive an integrated developmental review. This means that some children's needs are not identified at the earliest opportunity. Leaders in the local area recognise this and are monitoring the early impact of changes they have made to services.
- There are examples of innovative commissioning to meet the needs of young people in Greenwich. For example, Oxleas Foundation Trust have subcontracted to Charlton Athletic Community Trust (CACT) to deliver some school nursing work (Year 11 and Year 12). This means that children and young people have opportunities to engage with professionals that they may already know. It also gives boys more opportunity to work with male role models, which has been identified as a priority by leaders.



Lewisham

- The hospital at home nursing team provides care that would traditionally have required an inpatient stay. As well as reducing bed pressures, this has a positive impact on children and families by keeping them together during treatment.
- The special needs nursing team offers a strong service for children with complex needs in special schools and for those who attend mainstream schools and have an EHCP. As a result, these children receive well-coordinated support for their health needs.



South Gloucestershire

- Epilepsy training for school staff, and learning from related serious case reviews through the school nursing team is supporting the potential reduction of the number of pupils being sent to hospital or being at risk of serious harm/death. Although hard to quantify, the impact has the potential to reduce unnecessary hospital admissions, and increases the chances of adults being better able to help children and young people in emergency situations.
- Pupils identified with lower levels of continence issues are not supported by the School Health Nursing Service. This group of pupils does not meet the threshold for the specialist continence service. Consequently, there is no specialist provision to support them in school and to ensure their emotional well-being. However, this service will continue to support pupils with continence issues at tier 1, to comply with the latest service specification agreement.
- Health practitioners are not sufficiently or consistently well engaged with the EHC plans development and review processes. The exceptions to this are the community children's nursing service (Lifetime) and the school nurses linked to the special schools.
- The CCHP is incrementally developing a new service model to incorporate community children's nursing (Lifetime), the specialist continence service, the lead nurse for disability and six nurses from the University Hospitals Bristol Foundation Trust. This new service is being developed to meet the needs of children with complex needs in the community. It is intended to reduce the need for these children to be admitted into acute hospital care, which can significantly disrupt their access to education. However, at this time, it is too early to see the impact of this work.



Lancashire, Durham, Sutton

- **Lancashire-** Specialist nursing services are inequitable, with significant gaps in provision in some areas. For example, one area had only one complex needs nurse, no special school nurse, no paediatric outreach and no community children's nurse due to its commissioning arrangements. This poses not only a significant risk to children, but is also a clinical governance concern and is unsustainable for the nurses providing the care.
- **Durham-** The community children's nursing team provides timely, accurate and effective support to children and young people who have long-term and life-limiting conditions or disabilities, as well as to their parents, carers or advocates. This includes effective training for carers and schools to enable support to be provided to individual children and young people in their homes and settings.
- **Sutton-** The recent investment in the children's home care nursing service has resulted in an expansion of the number of nurses and has increased capacity. This is enabling the needs of more children and young people, particularly those with complex health needs, to be better met.



St Helens

- The local area has responded swiftly to the recommendations from the recent children looked after and safeguarding inspection. For example, leaders have swiftly addressed the shortfalls in the school nursing service. School leaders and pupils who spoke to inspectors were generous in their praise for this change. Pupils told inspectors about how much they value the service offered by their school nurse.
- Community children's nursing teams ensure that young people who have SEN and/or disabilities are well supported as they transition from children's to adult services. These teams continue to support young people until appropriate and equivalent adult services are known to be in place for those young people at transition. This provides both young people and their parents with continuity at an anxious time.
- Recent capacity issues in the school nursing services and child and adolescent mental health service have had a negative impact on the timeliness and quality of the mandatory health reviews for children looked after.



Bedford and Wiltshire

- **Bedford** - Children and young people who have additional and complex nursing needs are supported thoroughly by a well-established children's community nursing service. The service works closely alongside Bedford General Hospital's paediatric staff to support planning for discharge at the earliest opportunity, thus reducing the time children are away from their home environment.
- **Wiltshire-** Children and young people who are home educated do not have their health needs consistently identified, assessed and met. The school nursing service is not commissioned to offer a universal service to this group of young people. This limits the opportunity for early identification and assessment of need.



West Sussex

The new Integrated Prevention and Earliest Help Service (IPEH) is highly effective and delivering improved outcomes for many children and young people who have SEND.

The implementation of IPEH has brought together separate services previously provided through the Early Childhood Service. This includes the Healthy Child Programme, delivered by the health visiting and school nursing services.

This model of working is successfully promoting a single point of access for families and joined-up working across partner agencies with a streamlined approach to identification of need, assessment and referral pathways. Several front-line professionals describe the service as highly effective and improving the timeliness of support for families and vulnerable children and young people. Many families who have used the service share this view.



West Sussex

The children's community nursing service is highly effective. Nursing assessments and care plans are comprehensive, clear and useful. Nurses support schools to manage the needs of children in settings effectively by supporting them to complete targeted medical plans. Plans seen were sharp and holistic and captured the individual needs of children very well. Consequently, children's access to education had been improved and their outcomes improved. This work has been recognised nationally in a document produced by the Royal College of Nursing.



West Sussex

- School staff receive useful training delivered by the nursing service which focuses on the delegation of clinical tasks. This means that school staff are clear about and understand what provision is needed for relevant children and young people.
- Furthermore, the end of life and palliative care services provided by the children's community nursing team is targeted, flexible and well received. Both children and young people using these services and their parents reported that the service meets their specific needs and wishes well.
- The local offer initially appears intuitive, comprehensive and easy to use. However, many parents do not believe that it actually provides them with the information and support that they need. For example, the local offer does not contain up-to-date information about the provision of the school nursing service and where staff are based. Similarly, the local offer does not signpost to mainstream post-16 providers, only to specialist provision



East Cheshire

- The school nursing service do not have an oversight of children and young people with SEN and/or disabilities and are not routinely contacted to contribute to EHC assessments and reviews. This prevents critical information being used to inform EHCP
- The school nursing service reported they are not part of transition planning meetings for children and young people with EHC plans. Inspectors did not see any evidence of EHC plans in school nurse records.



Worcestershire

- Children, young people and families benefit from the support given by the ‘starting well’ public health nursing service. Support includes drop-in sessions at school, contact with health visitors for mandatory child development checks and assistance through the telephone advisory service.
- If nurses have concerns about a child, they can make direct referrals into therapy services or the child development team. As a result, nurses can identify additional needs and seek specialist support quickly.



Havering

- The children's community nursing service is commissioned to support children with continuing and complex health needs from zero to 19 years. However, young people with acute health conditions move to adult services once they reach 16. Over this age, some of their needs are not met because young people do not meet the thresholds for adult community services.
- All children who attend schools in Havering are offered an auditory and sight test by the school nursing service. These tests help to ensure the early identification of visual and auditory conditions. Opticians across Havering report an increase in the number of children and young people who have attended follow-up ophthalmic appointments and of those being prescribed glasses.

