

**UK wide CCN forum and SAPHNA SPECIAL INTEREST GROUP**

**Nurses working with SEND children and young people**

Meeting (virtual) held 22nd March 2022 2pm-3pm

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| **Attendees:**  |

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| (DO) Dave Owen - Clinical Team Coordinator Special School Nursing |
| (HT) Hazel Thomas (Langside School)  |
| (RJ) Rita Jenner (Suffolk NHS) |
| (RD) Rebecca Daniels (EAST LONDON NHS FOUNDATION TRUST) |
| (LS) Louise Stringer (ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST) |
| (SJ) Sarah Jeyes (CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST) |
| (ED) Elaine Davies (RTF) NHCT |
| (JR) Jane Ryall (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST) |
| (AFu) Angie Fudge (Sussex Community NHS Foundation Trust) |
| (AFa) Ann Fagg (KENT COMMUNITY HEALTH NHS FOUNDATION TRUST) |
| (BP) Bianca Postelmans (WEST LONDON NHS TRUST) |
| (ME) Marie Eyre (ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST) |
| (BG) Bianca Gardiner (EAST LONDON NHS FOUNDATION TRUST) |
| (HG) Heather Gray (OXLEAS NHS FOUNDATION TRUST) |
| (AHP) Anna Howard-Price (WHITTINGTON HEALTH NHS TRUST) |
| (ST) Sian Thorne |
| (RM) Rebekah Murch  |
| (LK) Liz Kelly CCN  |
| (GC) Gemma Clark |
| (CW) Claire Wade |
| (LF) Louise Fisher (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST) |
| (JW) Jo Webster (BARTS HEALTH NHS TRUST) |
| (ND) Nicola Davies (BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST) |

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| **Apologies:** |  |

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| **Item** | **Discussion** | **Action** | **Deadline** |
| **Welcome and Introductions** | The group introduced themselves and shared their current job role and schools within their remit. Variety of school offers across the UK. Our first joint meeting with SAPHNA and UK wide CCN forum |  |  |
| **Transition pathways for CYP with complex needs in education settings** | ED – shared pathway for YP with complex health transitioning from Children’s to Adult services. Big Challenge with GP and District nurses (DN) coming on board – especially with equipment needs. Pathway starts 14yr – meeting with SSN and Paediatrician to identify cohort YP that require the pathway – ie YP with tracheostomy, gastrostomy or other medical device.Transition health care plan (THCP) – developed by the SS Nursing team with family. Reviewed by paediatricianTHCP reviewed yearly and copied to GPFinal meeting to handover care to adults – GP, paediatrician, CCN or SSN. Standard operating procedures for tracheostomy and gastrostomy care embedded within the pathway.RD – asked how engaged GP are within the process? ED – GPs are reminded regards the requirement for Annual health review (disability). Write to families to remind them of disability annual health check with the GP. RM – works closely with community paediatrician. Uses Ready, Steady Go programme (Lambeth) with all 14yrs at complex needs school. At year 13 physical transition medical alongside a transition MDT with all HCP, GPs and social care. Look at health needs and what support is required for the last academic year to devise plan. Last year: Transfer medical – Paediatrician, SSN and parents looking at the plan to check progress. Equipment – mainly via HEND adult for enteral feeding/gastro support. Continuing care – hand direct over to adult Continuing care.Different community team specialities all have different processes at the moment as teams only just being brought together since COVID19.  BP – No DCO in place which is challenging. Started a project in Ealing bringing together Children’s services. New transition team in place. No current pathway to adults, difficult with push back from district nurses.Different services with commissioning are transitioning at different times due to age within services.DO – CCN background and ACP. Do we need to take a different approach to transition and take this from adult services – what is available and how can we fit the YP into the adult provision? With our current ways of working, are we setting them up to fail?RD – Benefit for shadowing adult services and understanding the provision so as Children’s services we can start to pull back in the later years to empower families ready for adult services rather than holding onto them and providing care that is not mirrored in adult services. ND – no transition policy – but provide transition loosely similar process to others, started at 14yrs. Agrees with pulling back on services in Children’s as part of transition.Only commissioned to provide support in special school and not in the mild learning disability school which leaves a gap.RD – discussed about how do we bring that back into the education settings and how are we joining up with other AHP, and for those YP in post 16yrs provision.AFu – have developed a transition pack that goes out to year 9’s (age 14yrs). Working with Designated social care officer (DSCO) – trialling this alongside the EHCP transition annual reviews. Trialling within special school initially - first version focused on LD and will be develop another version with CCN for the non LD. Pack includes list of equipment – who looks after it now and who will take over this when they move to adults. We need to be good at sitting with those who require a bespoke pack. Reminder letter to update their form and bring this to their annual review. LF – discussion about how much we do for our families/parents. We need to spend transition years empowering families. RD asked how much of the family and YP voice has been involved with the pathway developments. AFu – mainly professionally let, audits sent out to families. Engagement from YP is tricky. BP – Managing expectations of parents and other adult services. In special schools nurse on site and in colleges there is not the same provision. Reluctance in education settings to take on health care tasks.RD – over the years seeing more pull back from schools around health needs being managed by on site school staff. RJ – Suffolk model is different – team with two nurses who train health care assistants employed by education to undertake health needs.AGP their role within the council meant it worked well with the risk assessments compared to a nurse on site in a school working in isolation. HCAs employed by education are more engaged with the education side of EHCP and supports empowerment with families. However complications with PPE noted in variety across the two models. ­­­­­­­­­­­­­­­­­­­­­­­DO – importance of language used in transition. Health need and nursing need can be the same but different. Clearly defined “Why are we there?” in the school. Discussed the benefit of being on site to support training and ability to sign off competencies. Need to capture hybrid approach of education, continuing care and social care as well as the health side. BP – Agree with positives around nurse not being on site due to dependency schools have. Want to move to this type of model but getting a lot of pushback. Question – universal school nurses – public health isn’t commissioned into the special school. Discrepancy across the school offers – this will be put onto the next month’s agenda – how is this established and offered to CYP?  | RD to embed and share ED’s transition pathway with consentRD to email and request for AFu to share Transition pack.  |  |
| **AGP**  |  No update regards guidance at time of meeting although RD linking with CNO infection control team. | Please note the guidance for AGP and PPE in education settings has been withdrawn from 4.4.2022. <https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/the-use-of-personal-protective-equipment-ppe-in-education-childcare-and-childrens-social-care-settings-including-for-aerosol-generating-procedure#:~:text=Staff%20performing%20AGPs%20in%20education,a%20FFP2%2F3%20respirator>This has been replaced by<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>CYP with AGP should be cared for by staff wearing Standard PPE at all times. Enhanced PPE including FFP3 masks, should be worn if suspected of being infectious with respiratory agent (RSV or COVID19) (Cpt 2 Infection control)We have a forum AGP meeting set for Friday 22nd April - please email Rebecca.daniels@qni-org.uk to request an invite |  |
| **Terms of reference** | To be emailed abound for agreement | RD to email to the group for review and feedback/agreement at the next meeting.  |  |
| **Requests for agenda items** | Public health offer and how is this delivered for your CYP with complex needsAgreement Terms of Reference | All to share models in local areas. All to feedback and agree ToR |  |
| **Next meeting** | Wednesday 18th May 2022 1400-1500hrs (every 8 weeks) | RD to send invites to all on recurrence. |  |