



## **HERTFORDSHIRE CHILDREN'S COMMUNITY NURSING SERVICE OFFER**

### **1. BACKGROUND**

The Children's Specialist Community Nursing service are based at Peace Children's Centre in Watford. The service is made up of the following:

- Children's Community Nursing team (West Herts only)
- Special School Nursing team (West Herts only)
- Children's Sickle Cell Specialist team (Hertfordshire wide)
- Young People's Health Transition team (Hertfordshire wide)
- Administrative team

### **2. SERVICE VISION**

To deliver innovative, high quality care to children and families in conjunction with other health professionals, providing specialist support within the home, nursery, school and community setting.

### **3. CHILDREN'S COMMUNITY NURSING TEAM**

#### **About the team**

The Children's Community Nurses are a team of nurses who are trained to care for sick children. The team provides both acute and chronic care to children age 0 to 18 (0 to 19 if still at Learning Disability School). The Nurses work across all of West Hertfordshire mostly seeing children in their home but where appropriate children can be seen in a school, nursery or community setting. The team works closely with the Paediatric Team at Watford General Hospital as well as tertiary hospitals.

The Nurses can support children with long term conditions such as childhood cancer, they will also see children who require short term care for example following surgery. The Nurses are skilled in managing a wide range of complex conditions, which allows the child to spend as much time as possible at home with their family.

The service operates from 8.00am – 6.00pm seven days a week, including Bank Holidays and the service can be extended to provide 24 hour care to support a child at the end of life.

#### **Aim**

Our aim is to reduce the impact of childhood illness and reduce the need for hospital admissions. When hospital admission is needed, we work to reduce the length of stay whenever possible.

#### **Where are we based**

The Childrens Community Nursing team are based at Peace Children's centre in Watford but cover the whole of West Hertfordshire. Clinics are held in St Albans, Hemel Hempstead and Watford.

#### **Making a referral**

Referrals are accepted from healthcare professionals and the team are happy to discuss referrals to ensure suitability to our service. All referrals are clinically assessed on the same day as they are received.

Referrals for the Urgent Care Pathways for Bronchiolitis (0-2 years), Febrile Child (0-5 years), Asthma (2-16 years) and Gastroenteritis are accepted for children and young people within a Green or Amber scoring. We aim to follow up with a telephone call/face to face visit on the day of the referral or within 24 hours depending on the requirement from the referring clinician.

#### **[Referral form](#)**

#### **4. SPECIAL SCHOOL NURSING TEAM**

##### **About the team**

The Special School Nursing Team provides skilled nursing care to meet the health needs of children with severe learning difficulties and/or physical and neurological impairment who attend Special Schools. The Special School Nursing team works closely with education staff providing appropriate training and support to ensure the child's educational potential is reached and not hampered by unmet health needs.

##### **Where are we based**

There are four Special Schools in West Hertfordshire with a Special School Nurse on each site during school hours term-time only

- Breakespeare School, Abbots Langley
- Meadow Wood School Bushey
- Watling View School, St Albans
- Woodfield, Hemel Hempstead

Approximately 300 children attend these schools and can be supported by the Special School Nursing team.

##### **Service aim**

The aim of the Special School Nursing team is to work in partnership with parents, school staff and other members of the multidisciplinary team to provide a comprehensive, efficient and accessible service which will support children with complex health needs and those requiring medication during school hours

##### **Making a referral**

Any child accepted onto the school education register is automatically admitted into the service.

#### **5. CHILDREN'S SICKLE CELL SPECIALIST TEAM**

##### **About the service**

The team consists of a Specialist Nurse and a Psychologist.

The main role of the service is to provide a culturally sensitive service that promotes quality of life and optimal health of all children with Sickle Cell Disease and Thalassaemia. This is delivered through education, compassion and support. The nurse specialist will work to ensure children have their own individualised care plan that covers both home and school life to improve and maintain their health. The service will act as an information and educational resource to other healthcare professionals within the community, acute hospital services and the voluntary sector.

##### **Where are we based**

The team are based in Peace Children's Centre in Watford but cover the whole of Hertfordshire. Care is provided via visits to homes, schools and nurseries as well as clinics held in community and hospital venues.

By providing specialist local care and support families do not have to travel into London to access Specialist services.

## **Service aim**

The team aim to:

- deliver the new born blood spot results and diagnosis to families who have a baby with a Sickle Cell Disorder
- engage and empower families through compassion, education and support to promote the health and quality of life of the child and young person with Sickle Cell and Thalassaemia Disorders in the community
- assess the health needs of the child and young person with an emphasis on health promotion and self-care in order to prevent admission to hospital wherever possible
- Ensure that all children have a health care plan at school that promotes their health and care needs
- work with young persons to develop an individual plan of care to optimise successful transition to adult services
- work using clinical psychology to share an understanding of emotional, behavioral and cognitive difficulties' associated with sickle cell presentations, to inform treatment and provide a range appropriate psychological intervention for these young people and their families.

## **Making a referral**

The service accepts referrals from and works closely with other services such as: acute Consultant and hospital staff, GPs, community doctors, Health Visitors and School Nurses, nursery workers, social services, education, children's professionals, voluntary sector, parent and/or carer and the blood spot screening programme.

Once a referral is received a home visit will be arranged to carry out an assessment of the child or young person's health needs with an emphasis on health promotion and self-care to promote quality of life.

[Referral form](#)

## **6. YOUNG PEOPLE'S HEALTH TRANSITIONAL TEAM**

### **About the team**

The Young People's Health Transitional team consists of two Transition Nurse Coordinators to facilitate and coordinate the transition process from children's to adult services for young people with complex physical health or life-limiting conditions in Hertfordshire aged 14 to 21 years. These young people often require jointly commissioned services by health, education and social care. The service aims to meet the young person's needs and values the importance of each young person being given the opportunity to meet their full potential.

Every young person will have a named Transition Nurse Coordinator to ensure continuity of care. They will facilitate and coordinate a holistic, person centred approach to ensure transition planning is undertaken including; healthcare, social care, education, community living, employment and leisure activities with the aim of developing a multi-disciplinary plan. They will support young people on the caseload providing continuity until the young person is established in adult services. Identifying and addressing the training needs of the receiving adult services to enable the health needs of the young person to be met appropriately. Parallel planning for those young people with unstable health needs are recognised and undertaken. The process will include identifying and highlighting 'gaps' in services to commissioners.

Young people who have been in residential schools outside of Hertfordshire, can have their transition process supported by the Transition Nurse Coordinators, enabling them to return back into county and have their complex needs met locally.

The Young People's Health Transitional Service will offer visits and support in a variety of settings including:

- home
- school
- short breaks

The team will also act as a resource on health care matters to young people, families and multidisciplinary teams.

### **Where are we based**

The team are based in Peace Children's Centre in Watford but cover the whole of Hertfordshire.

### **Service aim**

The Transition Nurse Coordinators will work collaboratively with the young people, their family and multi-agency professionals to ensure a smooth, planned transition process.

Transition is recognised as a process and not a single event. Working across multiagency boundaries is challenging with the various expectations, eligibility criteria's, budgetary constraints, professional language and differing ages of service cessation. The Transition Nurse Coordinators have developed knowledge of the roles and constraints of the separate agencies involved with the transition process, working collaboratively to manage expectations of all parties involved to develop robust transition plans.

### **Making a referral**

Young people can be referred by any professional currently working with them. On receipt of a completed referral form the Team Administrator will send a letter to the young person to inform them that a referral has been made to the Transition Service and that a Transitional Nurse Coordinator will be contacting them to arrange a visit and undertake a nursing assessment to establish the young person's health needs and if referral criteria is met. In this letter, we will be requesting permission to seek and share information with the wider Multidisciplinary teams to support the transition process.

[Referral Form](#)

## **7. DISCHARGE CRITERIA**

Discharge from the Children's Specialist Nursing services will be made if a child meets any one or more of these criteria:

- When the care is complete and there is no longer an additional nursing requirement (this may be when the family have become entirely independent)
- The child no longer requires the intervention of the service
- Failure to attend appointments:
  - The services will contact the family to offer a second appointment and will continue to do their best to ensure the child is seen and receives the care required
  - The child fails to be brought into an appointment and the service follows the HCT's Not Brought in Policy
- The child is no longer registered with a GP within the area (unless attending one of the Special Schools in Hertfordshire supported by HCT)

- The child reaches their 18<sup>th</sup> birthday. If the child attends a Special School (Severe Learning Difficulty) he/she will be discharged on reaching his/her 19<sup>th</sup> birthday. If there are ongoing needs the young person will be transferred to Adult Services.
- The young person has become an adult and is receiving adult community nursing

## **8. CHILDRENS SAFEGUARDING**

Hertfordshire Community NHS Trust (HCT) is dedicated to safeguarding the welfare of all children. Children have the right to be kept safe from harm and protecting children is everyone's responsibility.

HCT is also committed to checking the suitability of all staff in contact with children, including checks with the Disclosure and Barring Service (DBS) and to providing staff training, support and supervision. All Children's Physiotherapist will have undergone DBS checks.

The Children's Specialist Nursing Team members will have all completed Adult and Children's safeguarding training as part of their mandatory training.

We have access to a Safeguarding Nurse at all times for support and advice, inclusive of outside normal working hours.

We adhere to the organisations Not Brought In and Safeguarding Policies.

We also follow the Lone Working Policies to protect our staff.

## **9. MDT WORKING**

The Children's Specialist Nursing teams will work with and aim to communicate as required with multiple services that may be involved in a child's health, social and education needs, i.e. general practice, community health services, tertiary specialist, safeguarding teams, local authority services and children's centres. We aim to support effective and efficient communication between professionals to meet the needs of children we look after.

## **10. PARTNER ORGANISATIONS**

The teams work with many partner agencies both for the delivery of services and for delivering and receiving training.

These organisations include

- Watford Sickle Cell Support group
- NHS England Blood Spot programme

## **11. FEEDBACK OR COMPLAINTS**

Feedback from people who use the Children's Specialist Nursing service is always welcomed. This is particularly useful when we are reviewing or developing services. If you wish to participate please let us know. If, for any reason, you need advice or have a concern relating to any part of the service, we would ask you to contact the service administrator in the first instance.

We value the engagement of our patients and their families to support improvements to our service and invite them to complete Friends and Families Tests (FFT), these are made available at each of our sites and we utilise feedback to guide our You Said, We Did developments.

Additionally, If you would like to share your story, please contact the Patient Experience team on 01707 388036 or email [pals.hchs@nhs.net](mailto:pals.hchs@nhs.net).

We would also love to hear about your experience on our service, please complete a survey by clicking [here](#).