

9th August 2021

Dear Councillor Mans,

I write on behalf of the National Network of Designated Healthcare Professionals for Children (NNDHP). The network membership is all Designated Professionals (Doctors and Nurses) who work in the areas of Child Safeguarding, Looked After Children (LAC) and Child Death Overview Panels (CDOP). Designated professionals are clinical experts and strategic leaders for child safeguarding and Looked After Children and as such are a vital source of advice and support to health commissioners in CCGs, local authorities and NHS England, other health professionals in provider organizations, quality surveillance groups (QSG), regulators, Local Safeguarding Partnership Arrangements and Health and Wellbeing Boards. The NNDHP exists to give a national voice to Designated Professionals. It provides clinical advice and strategic support to national and regional entities.

We are aware of the letter sent to you by the Institute of Health Visiting and the School and Public Health Association expressing their joint concerns about the proposed reductions in Hampshire's Health Visiting and School Nurse services. We support the arguments that they make without qualification, and particularly Grounds 1 and 2 in which they describe the risk to the Council's safeguarding responsibilities and the undermining of the healthy child programme.

We would also seek to emphasise the direct impact on babies, children and young people.

Babies whose parents find it difficult to provide all the love, attention and appropriate care that they need do not have a voice to describe when things are not going well for them. Health visitors provide that independent voice. This is a valuable in two ways because they not only provide help and support to the family in a direct fashion, but they also flag up the need for other services to help that otherwise would not get to know. If this function is reduced, or lost, then the likelihood is that the family will then present later in the child's life in crisis or worse, and will cost the system a lot more to try and put matters right, after the damage has become embedded as adverse child events.

With regards to the loss of face to face access to secondary school nurses, children prefer to see the world through the real-life relationships that are closest to them viz family, friends, and trusted adults. If a trusted adult (a nurse) can only be accessed by virtual means, the relationship will not be so meaningful and, as importantly, a nurse will not be able to see a child in the round, as they can in a real life consultation. This deprives the nurse of the ability to detect if a child smells uncared for, or if the child is in a household where the odour of drink or drugs is prevalent. It will also deprive the nurse of the opportunity to ensure that controlling or abusive adults are not in the room, influencing the conversation

with the nurse. Virtual consultations also lose the nuances of body language as well as the ability to check a child properly for non-accidental injuries.

We are sympathetic with the need for your council to manage its budget effectively, but we are clear that cuts to the Health Visitor and School Nurse services that are being considered would present a risk to child welfare that would be harmful to the most needy children of your county, and impossible or expensive to fix. That cannot be right.

Kind regards

Peter Green

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Chairman, NNDHP