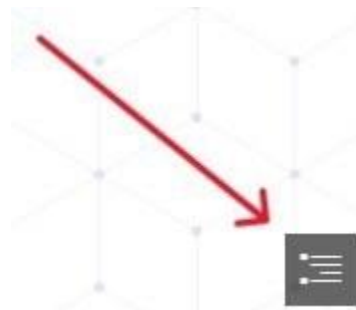




(29) CYP 0-19 Public Health Service 15th September 2026

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Welcome



Welcome back! A very warm welcome to colleagues returning after the school holidays, it is lovely to have you back with us.

I hope everyone has had an opportunity to take a well-earned break, recharge and enjoy some of the wonderful weather we have had this summer.

As we begin the new academic year, I am pleased to share that our annual report for commissioners has been completed and is ready for submission. It brings together summaries, examples and case studies showcasing the breadth of work delivered by the CYP 0–19 workforce, with support from our Locality Team Leaders (LTLs) and Specialist Lead Practitioners (SLPs). The report highlights activity across the Healthy Child Programme (HCP), the High Impact Areas (HIAs) and our specialist areas. Thank you all for your valuable contributions, commitment and continued hard work there is so much to be proud of.

Alongside this, Optimisation planning is progressing following last year's consultation. We are delighted that two staff representatives Naomi Hart, School Health Nurse, and Natalie Boseman, Health Visitor have joined the Optimisation Board. They have been impressed by the scale of the work taking place, often behind the scenes, to support the delivery of our service, as well as the welfare of our staff. Look out for an update from Naomi and Natalie next month, when they will share news and insights from the Board meetings. We do need a third person to come forward as a staff representative, from CPHNs or CPHAs, if you are interested please speak to your LTL.

Margaret Fallon, Operational Manager, on behalf of the Leadership Team

New Starters



Abingdon LTL Appointment

Congratulations to **Ellie Cross** who has become the new LTL in Abingdon, Ellie has worked in HV across the county for many years and we are delighted to welcome Ellie into this leadership role.

North Rural LTL Appointment

Rachel Dehnel - *I'm delighted to be joining Oxford Health as part of the North Rural team. Some of you may know me from the Banbury HV team a few years ago. I've been a health visitor for over 10 years and worked in a variety of settings from rural to inner city. There's never been a dull day yet, so I'm looking forward to getting started. I hope to meet as many of you as I can soon.*

City North Appointments

We are delighted to welcome several new colleagues to the City North locality.

Joining our **School Health Nursing Team** are **Kayleigh Hughes (SHN)**, **Charlotte Allin (SHN)** and **Nicola Cato (SHN CPHN)**. We also extend a warm welcome to **Nil Ningleku (Health Visitor)**, who joins our Health Visitors, and to **Louise Cull, Hannah Kelly and Jemimah Waddington**, who have joined as **Community Public Health Assistants (CPHA)**. We are thrilled to have them on board and look forward to the skills, experience and enthusiasm they will bring to supporting children, young people and families.

South East Appointments

We are delighted to welcome back Jo Novell (HV) to the service after three years away. Also welcome to Dominique McCann who has joined us as a School health care assistant. Welcome and we are looking forward to working with you both.

Goodbyes

South east would like to wish Cheryl Allen all the best with her next adventure, thank you for all your hard work and dedication. The team and the clients will miss you greatly.

Gemma Footman LTL

Good luck on the course

Wishing our lovely colleagues Debbie, Fin and Kylie the very best of luck as they begin their SHN SCPHN course at Buckinghamshire New University next week. We hope you enjoy the course and wish you every success on this exciting new journey! 😊



Bunkfest

It was such a lovely opportunity for the South East Health Visiting team to be invited to volunteer for the Bunk Festival in Wallingford. The Wigod Way Family centre did such a great job setting up a feeding space at the festival inviting parents of young children to come and use the space at their leisure. Being part of the community was greatly appreciated and we received a wonderful accolade from the family centre: *'A huge thank you to the Health Visiting Team for being such a wonderful part of the feeding tent over the weekend. It was honestly so lovely having you all there. Your kindness, knowledge and genuine care for the families really shone through and you are always so warm and approachable with everyone. We really appreciated you giving up your time and getting involved. It made such a difference having you alongside us, and we couldn't have asked for a lovelier team to be part of it. Thank you so much for helping us make the space feel safe, welcoming and a little bit magical for families.'*

Penny Neate - CPHA







CQC Focus: Well Led Inspection Readiness



CQC WELL-LED INSPECTION READINESS

REMEMBER

Inspectors want to understand how leadership, culture, governance and partnership working make a difference to children, young people and families.

TOP 5 QUESTIONS: 1. Service priorities? 2. Escalate safeguarding? 3. Report risk? 4. Learning that changed practice? 5. What are you most proud of?

SHARED DIRECTION & CULTURE - Service priorities - Improve outcomes - Families influence services - Reduce inequalities	LEADERSHIP & STAFF SUPPORT - Manager support - Visible leaders - Wellbeing - Feedback
FREEDOM TO SPEAK UP - Raise concerns - Report incidents - Change from feedback	GOVERNANCE & QUALITY - Quality care - Risks escalated - Audits & QI - Caseloads
LEARNING & IMPROVEMENT - Learning - Improvement - Shared learning	SAFEGUARDING - Recognise concerns - Escalate risk - Supervision - Curiosity
PARTNERSHIP WORKING - Schools GPs Family Hubs - Social Care Voluntary Sector	WORKFORCE DEVELOPMENT - Supervision - Appraisal - Training & CPD - Safe Staffing

♥ Tell your story. Inspectors want to hear how you improve outcomes for children, young people and families.

NICE Guidance

NG 217 Epilepsies in Children, Young People and Adults. Updated August 2026

This topic is indirectly relevant to our service as it primarily relates to decisions regarding the treatment and management of epilepsy. However, it is important that practitioners understand how epilepsy services support children, young people, their families and carers.

- Specialist epilepsy nurses provide support for children and young people diagnosed with epilepsy, as well as those being investigated following a seizure.
- Staff should be aware that any child or young person with epilepsy, or who has experienced a non-febrile seizure, has an increased risk of further seizures, particularly within the first year.
- Epilepsy is commonly associated with learning disabilities, mental health difficulties, and neurodevelopmental conditions. Support should be holistic and may involve partnership working with other services.
- Anti-epileptic medication is the main treatment. Some children and young people may also be prescribed a ketogenic diet.
- Some epilepsy medications taken by both males and females, can affect a developing foetus and may reduce the effectiveness of hormonal contraception. Young people should be encouraged to access appropriate sexual health and contraception advice.
- Pregnancies in people with epilepsy require specialist monitoring. Breastfeeding is usually encouraged, but medication should be reviewed by clinicians to ensure safety.
- Transition planning for young people with epilepsy should be undertaken in line with NICE Guideline NG43, *Transition from Children's to Adults' Services for Young People Using Health or Social Care Services*. Transition discussions and planning should begin by the age of 13 to 14 years (School Year 9) to ensure a coordinated and effective move into adult services.

Sandy D'Amon, Health Visitor/CEL

School Health Nurse Study Day 3rd Sept - feedback

We were grateful to welcome a range of excellent speakers from across our service, who shared key updates and changes introduced over the summer. MSI also delivered an informative session about its Oxfordshire service, while our college nurses provided a valuable refresher session on all things sexual health in a workshop format which was very well received.

It was wonderful to see our school nursing colleagues together again, looking refreshed and relaxed. We were also delighted that so many LTLs, CELs and operational managers were able to

join us for the day. A special thank you goes to Janette Dixon for providing such a tempting selection of cakes and cookies, which were sold in support of an orphanage in Nepal.

Overall Feedback

Feedback received so far shows that staff found the day helpful and informative, with an overall rating of **4.3 out of 5 stars**.

- “The best study day I have attended. It was really well organised.”
- “A really good day. All topics were very relevant.”
- “I always enjoy the study days, but I found the content of this one particularly useful.”

Sexual Health workshop

The college nurses received an excellent rating of **4.7 out of 5 stars**, alongside very positive feedback:

- “It was really useful to refresh something we do regularly and to ensure that we continue to work to the highest standards.”
- “I really enjoyed this session. The college nurses were knowledgeable, friendly and approachable, and I learnt a great deal.”
- “The practical group sessions provided a valuable refresher. Being able to practise, rather than only discuss clinical procedures, was particularly helpful.”

Share Your Feedback

We greatly value your feedback. If you have not yet completed the evaluation, please use the [School Health Nurse Study Day 03/09/2026 feedback form](#).

We review all responses and use them to inform planning for future study days. Knowing which topics are most relevant and interesting helps us ensure that each event is informative, practical and beneficial for everyone.

Bethan Llewellyn, Clinical Education Lead

Head Teacher meetings in the Autumn Term

The start of the academic year is an ideal time to meet headteachers or their deputies and agree priorities for the year ahead. Building on our established meetings with secondary schools, we will now meet primary school leaders face to face. These discussions will help schools understand the support available from the school nursing service, identify vulnerable

children and plan work such as PSHE. This renewed focus supports early intervention and ensures primary schools especially, know who we are, what we offer and how we can help.

[Primary Head meetings SOP](#)

Margaret Fallon, South Operational Manager/Professional Lead SHN



[Updated DBS letter for schools](#)

Please use the updated version of the DBS letter for schools from Mark Chambers, Head of Service.

[DBS Letter to Schools - September 2026.pdf](#)

[Safeguarding Newsletter AUGUST 2026](#)



[Go to this Sway](#)

Learning from Incidents/complaints



We recorded 10 incidents in August:

- 3 – Communication/confidentiality
- 2 - Admission/discharge/referrals affected
- 1 – Patient fall
- 2 – Standards of care/delay in care
- 1 - Health
- 1 – Property related – lift out of order

Escalation of social care incidents - now on Risk Register

The 'CYP 0-19 safeguarding concerns escalation log ' and will now be the record for all incidents related to Social Care rather than just communication. The log should be completed by LTLs following relevant incidents, including the documentation of action taken at the time and most importantly the outcomes.

If you encounter a Social Care incident, whether communication-related or requiring escalation, complete an incident form and consult with your LTL to determine next steps. Provide detailed information and record all actions in client records.

Many incidents can be resolved locally by staff and logged as closed. If issues persist or need higher-level attention, your LTL, Ops Manager, or Senior Clinical Lead will coordinate with Social Care managers. Feedback will be delivered via your manager, and resolution notes added to the incident form by the LTL.

By following this process we will be adhering to to OSCP escalation document <https://www.oscp.org.uk/documents/oxfordshire-resolving-professional-concerns-and-disagreements-policy-resolve/>

Rising number of children ingesting adult medications

Safety for Medicines, Chemicals and Poisons

Medicines are the most common cause of hospital admissions for poisoning in under fives. Common painkillers like paracetamol and ibuprofen are the main culprits. Child resistant lids slow children down, but they are not childproof.

- Keep all medicines locked away or high up out of reach and sight.
- Take extra care when visiting relatives houses as they may have medicines and other dangerous products within reach.
- Try to take your medicine when your child is not watching, as children like to copy what you do.



The safeguarding named nurse from OUH has raised an emerging concern from the Paediatric Emergency department. Over the past month, they have seen an increase in presentations involving children who have ingested medication prescribed to the adults within the home.

Whilst medication safety is routinely discussed with families, given the potential risks associated with these incidents, please ensure that this topic is reinforced during mandated reviews, Early Days "Safety Week" and in Marvellous Me sessions.

I am currently exploring additional resources and wider communication opportunities. In the meantime, please refer to the NHS guidance and Healthier Together resource below:

[Safety for Medicines, Chemicals and Poisons :: West Yorkshire Healthier Together](#)

Josie Edwards, LTL City South, SLP Minor Injuries & Accidents

Think Family Update



Good Practice Spotlight: Strengths and Needs Assessment

A recent quality review of a Strengths and Needs (S&N) assessment highlighted an excellent example of person-centred, strengths-based practice with a family experiencing complex health, developmental and educational needs across multiple children. The assessment has been anonymised and shared within the Teams channel as a learning resource to support reflective practice and shared learning across the service.

[Exemplary S&N](#)

Visual Pathway Through Teams

Specialist Areas



Early Help & Neglect



Early Help Assessment

What stood out most was the clinician's commitment to gaining a truly holistic understanding of the family's circumstances. Rather than relying solely on information gathered during health contacts, the clinician actively engaged with the child's school to seek their perspective and understand the child's experience within the educational setting. This collaborative approach ensured that the assessment reflected the views of those who knew the child best across different aspects of their life and demonstrated a genuine commitment to child-centred practice. By bringing together the voices of the family, school and health professionals, the assessment created a richer and more meaningful picture of the child's strengths, challenges and support needs.

The assessment placed equal emphasis on strengths, relationships and protective factors alongside identified needs. It recognised the parents' commitment to their children, their engagement with professionals and the stable, nurturing environment they had created despite significant challenges. The resulting assessment provided a comprehensive understanding of family life and the impact of multiple health and developmental needs on daily functioning.

A strong multi-agency approach was evident throughout. Information from education, health and specialist services was thoughtfully brought together, ensuring that support planning reflected the whole family context. A Team Around the Family (TAF) approach was identified to coordinate support, promote shared responsibility across agencies and keep the children at the centre of decision-making.

Particularly notable examples of good practice included the use of Goal-Based Outcomes to support toileting, identification of maternal mental health and wellbeing needs, and effective partnership working across agencies. The assessment demonstrated how breaking complex goals into smaller, measurable steps can help families recognise progress, build confidence and achieve sustainable change over time.

One key learning point from the review was the importance of capturing children's voices and experiences wherever possible. Even where children are pre-verbal or non-verbal, their strengths, needs and lived experiences can be understood through careful observation of their behaviours, sleep patterns, diet, communication, interactions and responses to those around them. Including these observations helps ensure that assessments remain child-focused and that intervention planning is informed by the child's experience, not solely the perspectives of adults.

Thank you to the practitioner involved for demonstrating professional curiosity, compassionate practice and a commitment to collaborative working. By taking the time to engage with the family, school and wider professional network, they developed a truly holistic assessment that exemplifies the values of strengths-based, child-centred practice. Sharing examples such as this helps us learn from one another, celebrate excellent work and continue to improve outcomes for children, young people and families across our service.

Karen Bisp LTL City North, SLP Think Family & Anita Pitcher, LTL Didcot, SLP Think Family

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You Said, We Did: Helping Families understand our roles & who we are



Back in May, we shared feedback from families across Oxfordshire who told us that they were often unsure which member of staff they had seen or what their role was within the service.

Following this feedback, we explored ways to help families better understand the different roles within our 0-19 Service and asked for your views through discussions with your LTLs. Thank you to everyone who took the time to share their feedback and ideas.

It was great to hear that many colleagues supported the idea of displaying job titles on lanyards to help children, young people and families better understand who they are meeting and how they can help. We know families often come into contact with a range of professionals, so making roles clearer can help build confidence, trust and reassurance.

As a result, we will be ordering job title lanyards for clinical colleagues, as well as developing posters for clinic settings and updating our website with information about the different roles within the service. Together, these changes will make it easier for families to understand who is supporting them.

Whilst we are confident that colleagues introduce themselves when meeting families, this feedback has been a helpful reminder of the value of briefly explaining our role and how we can support them. Even a simple explanation can make a real difference, particularly for families who are new to the service.

Thank you to everyone who shared their views and ideas. This is a great example of how feedback from families and staff can lead to positive improvements. I really appreciate your openness, support and continued commitment to providing such a compassionate and supportive service for children, young people and families across Oxfordshire.

Lucy Richens-Rudra, Operational Manager Central Area and SPA and Professional Lead HV

OSCP Strategic Leaders & Senior Managers Summit 2026



[OSCP Annual Report 2025-26](#)

OSCP Strategic Leaders & Senior Managers Summit 2026

Karen Bisp and Anita Pitcher attended the Oxfordshire Safeguarding Children Partnership (OSCP) Strategic Leaders & Senior Managers Summit on 27 August 2026. The event brought together safeguarding leaders from across Oxfordshire to explore how agencies can strengthen partnership working, better understand vulnerability, and improve responses to children and young people at risk of harm.

A key message throughout the day was the need to move beyond information sharing and develop a shared understanding of a child's lived experience, circumstances, and needs. Delegates were encouraged to ask:

"What are we beginning to understand about this child that none of us could have understood alone?"

The summit highlighted four key themes:

- Understanding cumulative harm rather than isolated incidents.
- Viewing children through the lens of identity as well as vulnerability.
- Moving from information sharing to collective sense-making.
- Recognising that prevention begins with understanding.

The concept of intersectionality featured strongly, emphasising that every child's experiences are shaped by a unique combination of strengths, vulnerabilities, and life circumstances.

Key Reflections for the 0-19 Service

The themes are strongly aligned with the CYP 0-19 Think Family approach, particularly:

- Early identification and prevention.
- Understanding children's lived experiences.
- Professional curiosity.
- Multi-agency collaboration.
- Listening to the voice of the child.
- Recognising cumulative harm and emerging vulnerability.

Anita Pitcher, LTL Didcot, SLP Think Family

Crisis Mental Health ChatHealth

Over the summer period a new Chat health line was launched by Oxford Health. It is a Crisis Mental Health Chat health service, manned 24/7 by the Crisis/Home treatment team.

They are happy for us to signpost our clients to them but please do stress that this is a Crisis line only and so please make sure this is understood by those you signpost to them.

How the service works

- Text **07312 263 127** to start a conversation
- A confirmation message is sent immediately
- The team aims to respond within one hour
- The service operates 24 hours a day, including weekends and bank holidays

Bethan Llewellyn, Clinical Education Lead



New ChatHealth Resources Arriving Soon!

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We are delighted to share that our new ChatHealth resources have arrived! Following the refreshed ChatHealth branding, we now have updated materials for all three of our messaging services:

- 0-4 Parentline
- 5-11 Parentline
- 11-19 ChatHealth Line

The new resources have a fresh, modern design and help to clearly promote the support available through our confidential text messaging services.

We are currently in the process of ordering flyers, posters, stickers, and business cards for all three lines. These will be distributed to localities over the coming months, so please keep an eye out for them.

In the meantime, if you require digital copies of any of the new ChatHealth resources, please contact Lynn Charles (ChatHealth Administrator), Sandra Wollner (SPA Lead), or Lucy Richens-Rudra (Operational Manager, Central Area).

Working on ChatHealth

ChatHealth licence holders needed

I have been supporting ChatHealth (CH) since starting my new CEL role in January. In all honesty, I had never been inclined to explore CH and actually wasn't too sure about it when I changed role! However, I have really enjoyed my time on CH and would definitely encourage others to give it a go 😊

Before you start CH, you will be invited to access online training, which has to be completed before your licence can be activated. Existing CH colleagues are also available to show you how it works 'in the real world' so that you can link the theoretical training to daily use of the system. If you have held back from doing CH because you're worried about learning something new or think that you're not 'techy' enough, please rest assured that there's plenty of support available to help you get started.

There is a daily Teams chat, just for those rostered on that day, which is a supportive space to share tricky cases or ask questions, meaning that you never feel isolated when on a CH day. There are also numerous resources available to help you answer common questions. I also tend to have multiple webpages open on my laptop which I find helpful for finding information and sharing links with families.

CH shifts are rostered approximately 3 months in advance and there is a spreadsheet where you can enter your A/L to help with planning. There is a mix of CPHAs, CPHNs and HVs who hold licences, however, **we are really short of HVs and would love to recruit a couple more**. If you think that you might be willing to give CH a try, please feel free to contact me with any questions, or speak to CH colleagues in your localities for more information.

If you are interested please let your LTL know.

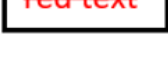
Anna Schumann, CEL

SPA update

Sandra, Liz and the Senior Admin Team would like to share a breakdown of SPA contacts based on templates completed for Quarter 1:

Communication from:	April	May	June	Total Number of SPA Contacts
Parent	1034	862	1000	2896
Health Care professional	679	822	689	2190
Social Care/MASH	526	710	899	2135
Midwife	582	680	633	1895
Child care setting/School	150	151	192	493
Other	24	96	140	260
Unknown	14	23	32	69
GP	14	25	21	60
Mental Health teams	10	3	10	23
Young person		1		1
Total	3033	3373	3616	10022

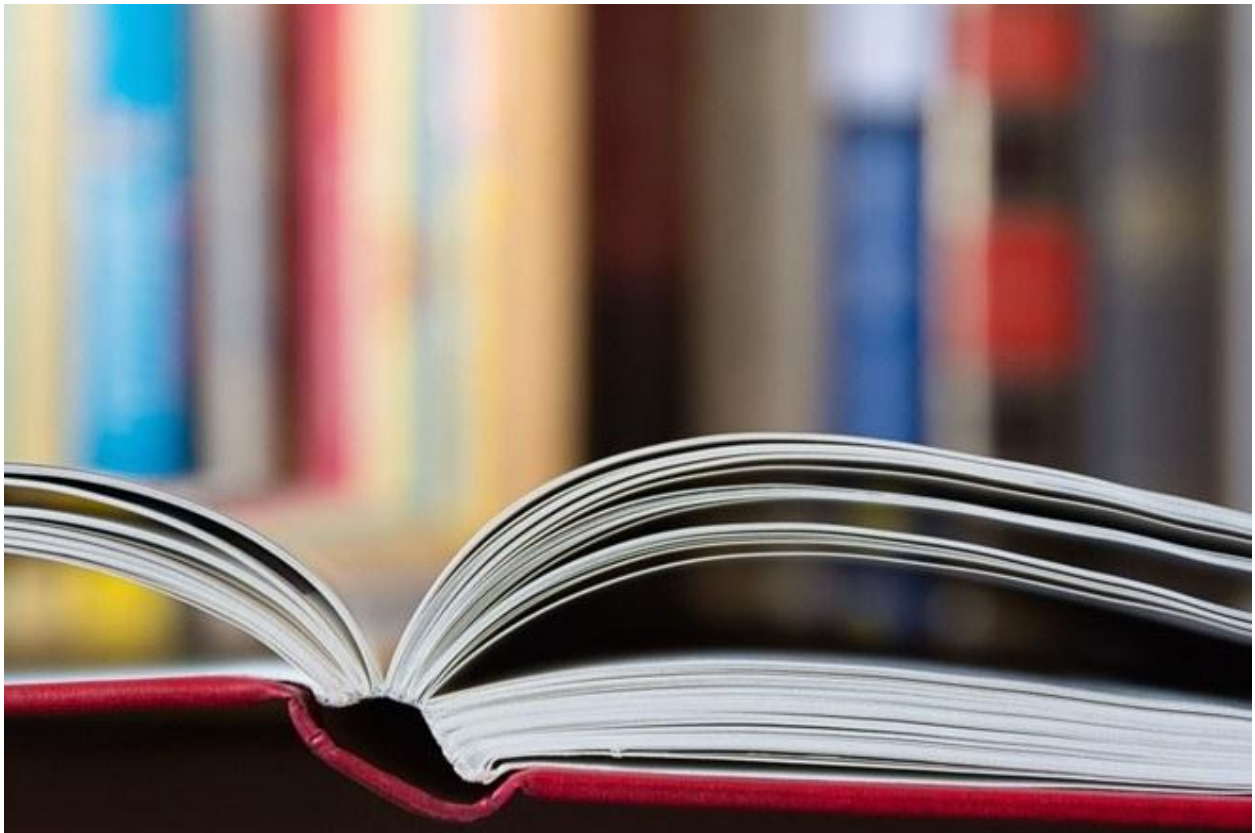
We would also like to take this opportunity to remind everyone of the importance of keeping the allocation spreadsheets up to date with the following colours.

	Completed
	Admin to book appointment
	For locality to allocate at next meeting
	Appointment booked
	Missing KPI
	FNP
	YPP
	Miscarriage

And finally in other news we said goodbye to Karen Bird who after 20+ years working as an admin for the Health Service decided to take early retirement. We also said goodbye to Liz Archer after 9 years 11 months and 2 weeks in the service who will be joining the Childrens Integrated Therapies Team. We wish them the very best.



Study days and training events



Of these contacts 7771 were via email and 2195 were via phone calls.

25% of these contacts were received on Tuesdays followed by 22% on Thursdays

We would like to thank all the SPA Admin Team for their continued commitment and hard work in supporting clients, clinicians and other professionals that contact the service.

We are currently piloting a geographical change to the way the work in SPA is allocated. We changed the delivery of the SPA service by dividing the county and administrators into area groups, Central/North/South to complete the core contacts. All other SPA tasks continue to be managed as a countywide allocation.

The vision for this change was to improve communication and liaison with Localities, clearer geographical knowledge, better relationships with Locality Team Leaders and is proving to be a more efficient way of working, leading to maintained improvement in the service KPI's which has been achieved

The Earlybird rota is a new process introduced for the first hour of the day ensuring we are ready for the day ahead.

This enables the team to pick up some work that may not have been completed on the previous day. These include our main inboxes such as Safeguarding/ED notifications/Meeting minutes that need uploading.

This has made a significant improvement to the functionality of SPA and contemporaneous record keeping.

Snapshot of CYP0-19 Service Data

2025-2026

- SPA template completed for over 45,000 contacts
- 35,000 email contacts
- 10,000 telephone calls

Who contacts SPA ?

- 14,000 parents
- 11,000 health care professionals
- 9,000 social care professionals

- 8,500 midwives
- 3,000 others

Destination of Contacts

- 50% forwarded to Localities
- 20% to SHN service
- 12% appointment change
- 28% other

Type of contact processed 2025-2026

- Antenatal: 6,800 -1500 Targeted
- New Births: 6,500
- 6-8 week review: 6387
- 9-12 month review: 6405
- 2 year review: 7400
- 4yr review: 7330 notes review -3500 seen face to face

Educational & Training Sessions



Educational update sessions:

All sessions will be recorded and made available on Teams. Please only attend the education sessions that are relevant to your role.

15th September 9-10am- Episodes of care/ Goal Based Outcomes (School health nursing)

30th September 9-10am- Cranstoun service update

6th October 9-10am- Infant relationship questions

7th October 9-10am- Nicotine dependency pathway

21st October 10-11am- Court reports- updated guidance

27th October 9-10am- Oral health babies

24th November 9-10am- Oral health 0-8 years

26th January 9-10am- Oral health 8 years-teenagers

If there is a topic or service you feel would be beneficial for staff to know more about, please contact the CEL's.

20 January 2027 - Sexual Health Annual Update Day at Horspath Village Hall from 09:00–15:00hrs. Please ensure you can attend for the full day and arrange childcare if required.

Perinatal mental Health training dates 2026

October 2 days PNMH iHV training: Day 1 -Monday 5th October and Day 2 - Monday 12th October @ Unipart

The number of places available has increased, and a waiting list has been added, so there are now 28 places for every course. **Please book via L+D**

Bethan Llewellyn, Clinical Education Lead

Study leave - new form required for all training outside mandatory and compulsory requirements



In order to monitor staff undertaking courses and training, over and above our mandatory/statutory and compulsory training, we have instigated a form that all staff are required to complete PRIOR to applying for study leave. This is to ensure that opportunities for further training are relevant to roles and opportunities are shared across the service.

Training & Study Leave – Quick Guide

✓ Before Applying

- **Request Study Leave Request Form from your LTL and complete**

Requirements

- Training must **align with PDR goals**.
- **Equity applies: No** extra training for **2 years after year-long courses** (e.g., SCPHN).

Funding

- **LBR limit:** £1,000 per person over 3 years (includes SCPHN)
- **Travel and accommodation:** please state if funding is needed for travel or overnight stays, as this will come from locality budgets.

Approval

- All requests go to the **Education Group**.

Tip: Submit forms early to allow time for review.

Margaret Fallon, South Operational Manager/Professional Lead SHN

Specialist Lead Practitioner (SLP) updates

BFI accreditation



Back in July I'm sure you all remember that we had our UNICEF BFI Reassessment visit!

Thank you again to everyone for their hard work and participation. The UNICEF Team were really impressed with service we offer and families provided some lovely feedback about their interactions with you all:

"I was really struggling with the breastfeeding until the health visitor came, I don't think I would have managed without her support and the groups, I feel quite emotional about how they turned it around for me"

"As a first time mum the level of support given has been fantastic, I have learnt so much from Health Visiting team, its been amazing."

Overall care from health visiting service	% of mothers
Very happy with care – no complaints or comments	86%
Fairly happy or neutral	14%
Unhappy with care overall	

There were a few areas where we need to make some improvements. Some are around clinical skills, so myself and my team of Specialist Support Practitioners will be visiting your Locality meetings over the next couple months to do an update.

We need to continue to embed the process for Early Feeding calls, and improve the number of calls we are making, as the cut-off required by UNICEF will increase to 80%.

Our biggest area of work is around increasing awareness of an offer for all parents to have an antenatal conversation about feeding their baby in addition to their midwifery appointments.

There are a number of initiatives in process to increase this, including an ante-natal group pilot, joint working with Family Hubs on their ante-natal programme, and review of communications around our service offer and website.

You can support by ensuring you are familiar with this page on our website [Infant feeding - Health Visiting Service](#) and signposting any pregnant women you see to it.

This poster should also be displayed in all clinics and locations in your locality where pregnant women might gather [AN IF information.pptx](#)

BFI will be require a re-audit of staff and clients within 12 months, showing improvements to our figures to then be able to reissue our Accreditation. After which they recommend we go for Gold Accreditation status.

So there is lots of work to be done, but I am confident that together we can do.

Thank you as always for all your support.

Naomi Douglas - Specialist Lead Practitioner for Infant Feeding and Healthy Weight, Healthy Nutrition

Expressing hacks for non-Ardo flanges

Some clients already have the correct sized flanges for them when we offer the loan of a breast pump. Rather than giving them a new pack of our flanges, it's more cost effective for us to suggest they continue to use the ones they already have. It's very likely these will not be Ardo accessories so this hack will be needed:



In this case, a Medela flange has been pushed into the standard 26mm Ardo flange

ERIC training



We have worked with Oxfordshire County Council to get access to some up to date training on bladder and bowel health and how to promote readiness in young children and those with additional needs. Education staff, working with preschoolers were also offered this training but there has been varied uptake across the County.

Access emails are now set up for each locality so you will hear more about this from your LTL's in the next couple of weeks, if not already. The training is on line and there are 4 modules to complete, with a short quiz after each module - 0-5 staff should do all 4 modules. These can be done individually, or as a group i.e. at a team or locality meeting. Early days and Marvellous Me (MM) slides will need to be amended to reflect these new messages, as well as EOC for toileting and I will work with Tracy and those in the task and finish groups to ensure the slides reflect this new information.

Bethan Llewellyn has reviewed the training and agreed that 5-19 team members just need to do module 4 - the SEND one as this covers all the basic principles in less depth but also has a more of a focus on school aged children. Whilst the training is aimed at staff working in nurseries, the messaging is focused on information which can be shared with parents and acts as an update on public health info to be shared at 1,2 and 4 year reviews, as well as during EOC.

Julie Cross - LTL North - School readiness

Toileting and Intimate Care Guidance for Schools and Early Years Settings in Oxfordshire.



This guidance sets out procedures for dealing with toileting and personal care tasks with professionalism, dignity and respect for the child and the maintenance of the highest health and safety standards possible. The aim of the guidance is to safeguard children, parents/carers, staff and the educational setting by providing a consistent approach within a framework which recognises the rights and responsibilities of everyone involved.

[Toilet and Intimate Care Guidance for Schools and Early Years Settings](#)

Marvellous Me - Quality Improvement project (QI)



I have taken over lead for the school readiness workstream from Kylie and will be leading the Quality Improvement project exploring Marvellous Me. I have started the data gathering phase

and will need your help in a couple of different ways. I would love you to give some feedback about these groups, which are currently offered to parents of babies 6 and 18 months old and 3 year olds. It would be really helpful to understand what issues you feel need to be covered in these sessions which are aimed at increasing parental confidence, sharing public health messages and providing early intervention for some of the school readiness issues we are seeing in growing numbers. I will also be looking for people to support with the QI project going forward and be part of the group that reviews the information we are currently collecting, working with other agencies to explore how we might deliver these in the future and what the content and method delivery might look like in future. Please discuss with your LTL and let me know if you would like to be involved.

Julie Cross - LTL North - School readiness

Communication pathway



I am aware that there are still lots of questions around this pathway, which is not unusual given the variety of children we see, the multiple steps and the differing issues identified in practice. Broadly the TIPS programme is for children aged roughly 2-3 years and includes an episode of care offer from us for three months before referrals to Speech and Language Team (SALT) will be accepted. The pre assessment questionnaire will help you determine which booklet is most appropriate. I have asked for this to be discussed at locality meetings so I can gauge if there are standard questions or something more unique. Please also remember to send the Accurx message and attachment – Parent questionnaire following TIPS and complete the final Goal Based Outcome (GBO) score. The initial GBO detail can be copied into the final GBO template so you only need to add the final score. These templates are really important as they show both the volume of work offered and the impact of that work, so it is really important that they are completed consistently.

The SALT team will offer an update at the CPHA away day in October and I will arrange another SALT drop in with them on Teams this month so this will give you an opportunity to ask questions. I am reviewing the current pathway to try and get a one page flow chart to make it easier to know what to do when, and please remember the SALT team (or me) are happy to answer any questions about individual children and the right thing to do. Please remember the

SALT team are learning too and they also need time to build confidence in the pathway so there may be some errors where you feel you have followed the agreed pathway but referrals are not being accepted. I will continue to monitor this.

We are jointly developing a leaflet for parents , and early years settings and GP's, about the TIPS programme, what parents need to do and why, and give reassurance that this new pathway is the best and most appropriate way to access more specialist support, to build parental confidence and ensure consistency across the County.

Julie Cross - LTL North - School readiness

Sexual Health - Revised SOP & new PGDs



Please be aware that updated sexual health documents and information are now available.

The updated SOP includes new information on:

- EHC for under 13s
- Disclosures of rape/sexual assault in young people
- Guidance on templates

The PGDs for POP, COC, CHC, DMPA and Implants have also been updated to include the increased meningioma risk. Please ensure you have read and understood the PGDs you are trained to use, and then have them countersigned by your LTL.

The Sexual Health Update Day will take place on 20 January 2027 at Horspath Village Hall from 09:00–15:00. Please ensure you can attend for the full day and arrange childcare if required.

Janette Dixon, LTL East, SLP Sexual Health

SEND reform

Embed://<iframe src="https://ohft365.sharepoint.com/sites/0-19CYPPublicHealthService2/_layouts/15/Doc.aspx?sourcedoc={c8664dd6-f6b4-434b-b3ec-b429db11bb7d}&action=embedview" width="476px" height="288px" frameborder="0" title="PowerPoint Viewer">This is an embedded Microsoft Office document, powered by Office.</iframe>

Supervision



Professional Nurse Advocate (PNA) Role

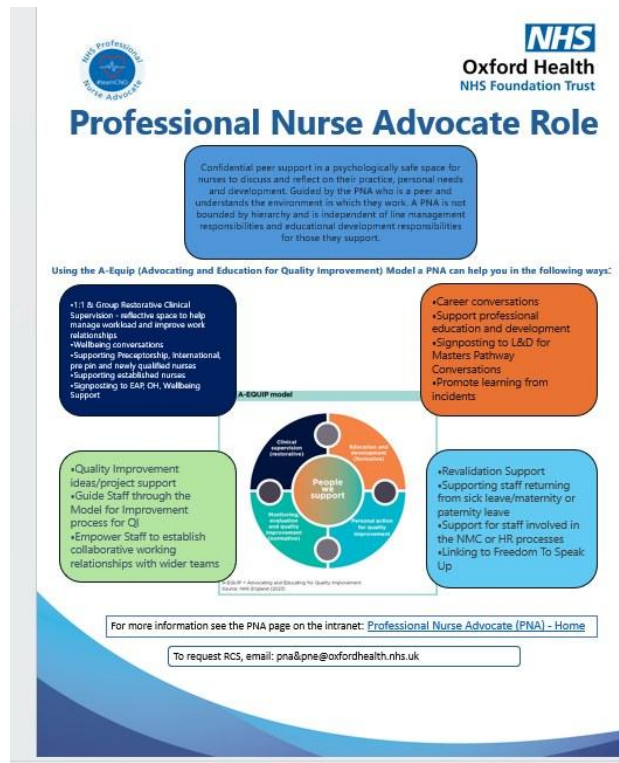
Confidential peer support in a psychologically safe space for nurses to discuss and reflect on their practice, personal needs and development. Guided by the PNA who is a peer and understands the environment in which they work. A PNA is not bounded by hierarchy and is independent of line management responsibilities and educational development responsibilities for those they support.

I have now completed the PNA course, and join Karen Bisp in being qualified to deliver restorative clinical supervision (RCS). RCS can be delivered by Karen or myself, or from a trained practitioner from other services across the Trust.

Please do not hesitate to contact myself or Karen if you need any further information.

For more information see the PNA page on the intranet: [Professional Nurse Advocate \(PNA\) - Home](#)

Anna Schumann, CEL, SLP Supervision



Updates and Resources 0-5yrs

MenB vaccine and paracetamol - request from GPs



GP practices have reported that they are finding numerous parents coming for first immunisations at 8 weeks who have already administered Calpol to their babies before their vaccinations are given.

As per guidelines, Paracetamol (Calpol) should be administered within an hour **after** the Men b vaccine, as the child may have a raised temp in the 16 hours following vaccination. By administering the Calpol early, there is no benefit to the child and means reduced benefit from doses of Calpol after the vaccine has been given .

[Using paracetamol to prevent and treat fever after MenB vaccination](#)

Anita Pitcher - LTL

Baby Checker app

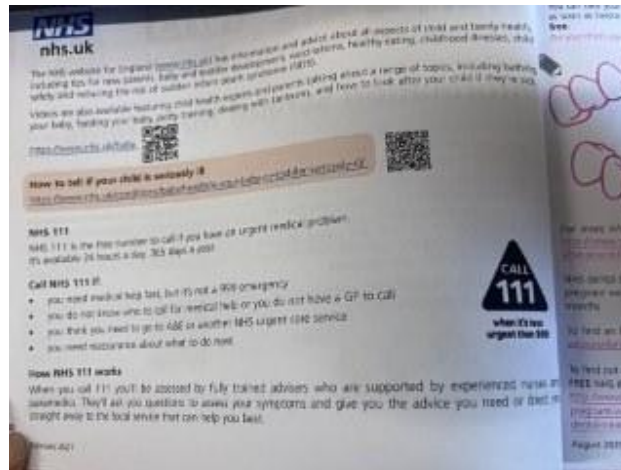
Are you aware that the Lullaby trust have developed a 'Baby checker app' for families – this supports families to access the most appropriate healthcare services when a child is unwell.

[Baby Check app | The Lullaby Trust](#)

There are also two important pages in the PCHR (red book) which supports families to know when their baby is unwell and again what to do, it is great practice to sign post all families to these pages and resources.

Gemma Footman - LTL South east - Transition to parenthood





Updates and Resources 5-19yrs

Young women and girls: support services

Source: Centre for Young Lives and Agenda Alliance

Date published: 11 August 2026

The Centre for Young Lives and Agenda Alliance have published a briefing looking at how the government's Young Futures Hubs can support young women and girls in England. Drawing on evidence from workshops and wider research, the briefing sets out how the Young Futures Hubs can better support young women and girls by tackling violence against women and girls (VAWG), improving mental health outcomes, and widening access to opportunity. It looks at how girls experience risks differently and sets out principles and themes for the implementation of the Young Futures programme. Suggestions include: Hubs should make a particular effort to hear from girls and young women; Hubs should offer strong partnerships with specialist girls' and VAWG services; and the needs and experiences of girls and young women should be considered throughout planning and delivery. The paper also includes three core recommendations around preventing and responding to harm and creating safe spaces.

Read the briefing: [Centre for Young Lives and Agenda Alliance publish new briefing on making Young Futures Hubs work for young women and girls](#)

Family lives now Coram - [Coram- Family Lives newsletter Sept 2026](#)

Excellent articles for parents/carers on

- **Supporting your child's confidence for the new school year**

- **Helping your child feel settled between two homes**
- **Best Start in Life**
- **Supporting your child starting secondary school**

Child sexual abuse and exploitation- The Hydrant Programme

Source: Child Sexual Exploitation Taskforce

Date published: 19 August 2026

The Child Sexual Exploitation Taskforce has developed a toolkit to help organisations communicate consistently, accurately and compassionately about child sexual abuse and exploitation. The toolkit is built around four core principles: belief, language, collaboration and justice. The toolkit outlines messaging considerations, survivor-centred narratives and communications messages and statistics for different topics.

Access the toolkit: [New CPAI Toolkit launched to strengthen survivor-centred communications across child protection](#)

See also on NSPCC Learning [Protecting children from sexual abuse](#)

School Aged Immunisation Service (SAIS)



For any immunisation queries please contact the SAIS team on:

Mobile: 07920 254 400 Immunisation Team (RNU) Oxford Health
ImmunisationTeam@oxfordhealth.nhs.uk

Please use this revised form for referrals [SAIS referral form](#)

Wellbeing Matters



Wellbeing Matters- Newsletter & links to previous newsletters in the link below:

[November Wellbeing Newsletter](#)



1 - Blue Light Card

[Blue Card- reap the rewards!](#)

Health and Wellbeing Bulletin Blue Light Card, International Relaxation Day and August newsletter

International Relaxation Day is a reminder to pause, recharge and make time for what helps you unwind.

Relaxation can be simple, from taking a walk or reading to spending time with people you enjoy.

Oxford Health colleagues can also use Blue Light Card discounts to make leisure and everyday treats more affordable.

Check the website or app before you buy, with savings available across dining, travel, days out, fitness, shopping and more for eligible members.

Book & Pudding Clubs



September can feel like a new start for many, and people can be looking for new hobbies. If you love books and puddings, this one might be for you. Across the UK there are 66 Book & Pudding Clubs, and we are lucky enough to have 5 in Oxfordshire. They are held monthly in Banbury, Bicester, Didcot, Wallingford and Witney.

For more information and to enquire about a club please visit [The Book Taster | Book Clubs and Events](#)

If you use Instagram you can follow @the_book_taster and @bookandpuddingclubsuks for more information. Or you can speak to your friendly Didcot host, Naomi.

Naomi Hart | School Nurse (SCPHN) | Abingdon Locality

Thank you for reading



Any comments or suggestions for future updates please email:

margaret.fallon@oxfordhealth.nhs.uk

gemma.footman@oxfordhealth.nhs.uk