



**REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE DIRECTOR OF
COMMISSIONING, DERBYSHIRE AND NOTTINGHAMSHIRE AREA TEAM,
NHS ENGLAND**

**HEALTHY CHILD PROGRAMME AND PUBLIC HEALTH NURSING FOR
CHILDREN AND YOUNG PEOPLE**

Purpose of the Report

1. To brief Board members on the national Healthy Child Programme guidance, focusing on public health nursing for children, young people and families.
2. To inform Board members of the responsibilities placed on Nottinghamshire County Council and NHS England Area Teams for commissioning the Healthy Child Programme and Public Health Nursing services for children and young people.
3. To seek the views and support of the Board for the proposed commissioning plans for the delivery of the Healthy Child Programme in Nottinghamshire.

Information and Advice

The Healthy Child Programme

4. Published in November 2009, the Healthy Child Programme^{1 2} (HCP) sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing.
5. The HCP provides good practice guidance for all organisations responsible for commissioning services for pregnancy and 0–19 year olds' health and wellbeing, as well as frontline professionals delivering those services. The HCP recognises the key role of a variety of professionals in promoting children and young people's wellbeing and is aimed at the full range of practitioners in children's services, with a particular focus on health visiting from pregnancy to five years, and school nursing for 5-19 year olds.
6. The HCP aims to provide an opportunity to identify families in need of additional support and children who are at risk of poor outcomes; a key aim is to reduce health inequalities.

¹ Department of Health (2009) 'Healthy Child Programme – from 5-9 years'

² Department of Health (2009) 'Healthy Child Programme – from birth and five'

7. The HCP consists of three guidance documents:
 - Healthy Child Programme - pregnancy and the first 5 years of life
 - Healthy Child Programme - the 2 year review
 - Healthy Child Programme – from 5-9 years
8. All documents include a programme schedule defined by age and a description of an age specific 'Healthy Child Team' to deliver the programme. The team includes health practitioners such as school nurses, health visitors and family nurses.
9. Effective implementation of the HCP should lead to:
 - Strong parent-child attachment and positive parenting, resulting in better social and emotional wellbeing among children
 - Care that helps to keep children healthy and safe
 - Healthy eating and increased activity, contributing to a reduction in obesity
 - Prevention of some serious and communicable diseases
 - Increased rates of initiation and continuation of breastfeeding
 - Readiness for school and improved learning
 - Early recognition of growth disorders and risk factors for obesity
 - Early detection of - and action to address - developmental delay, abnormalities and ill health, and concerns about safety
 - Identification of factors that could influence health and wellbeing in families
 - Better short and long-term outcomes for children who are at risk of social exclusion.

Public Health Nursing

10. Children's public health nursing services (from pregnancy to age 19 years) comprise those services which deliver the HCP within that age range - health visiting services, school nursing and Family Nurse Partnerships.
11. It is recognised that all nurses have a public health role:

"Public health is the business of every nurse. ... Fundamentally it is essential that we take every opportunity to make every contact count so that we not only give the care we specialise in but also help people, families and communities maximise their wellbeing, improve health outcomes and reduce inequalities³."
12. As a society, we face significant challenges in tackling the health and wellbeing of children, young people and families. Every nurse and health visitor has a public health nursing role by using their knowledge and skills to make a personal and professional impact, from ensuring a healthy start right

³ Public Health England (2013) 'Nursing and Midwifery Contribution to Public Health – improving health and wellbeing' (page 3)

through to the end of life, and making sure 'every contact counts' for improved health and wellbeing.

National Drivers

13. **The Health Visitor Implementation Plan 2011-15⁴** details the universal provision led by health visitors but also focuses on a new tiered approach, whereby health visitors offer additional targeted support to those most in need as follows:

The Plan will put in place across the country a new health visiting service that all families can expect to access.

The new health visiting service: what it means for families

Your community has a range of services including some Sure Start services and the services families and communities provide for themselves. Health visitors work to develop these and make sure you know about them.

Universal services from your health visitor and team provide the Healthy Child Programme to ensure a healthy start for your children and family (for example immunisations, health and development checks), support for parents and access to a range of community services/resources.

Universal plus gives you a rapid response from your HV team when you need specific expert help, for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.

Universal partnership plus provides ongoing support from your HV team plus a range of local services working together and with you, to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the Family Nurse Partnership.

14. The Health Visitor Implementation Plan aims to increase the number of health visitors in each locality. Trajectories were achieved for 2013 and are on course for April 2014:
 - Nottinghamshire (excluding Bassetlaw) aims to increase numbers from 69 whole time equivalent (wte) health visitors in May 2010 to 136 wte by April 2015.
 - Bassetlaw aims to increase numbers from 13.62 wte health visitors in 2010 to 22.4 by April 2015.
15. A growing body of evidence indicates that the first few years of life play a significant and formative role in shaping people's health, wealth and future

⁴ Department of Health (2011) Health Visiting Implementation Plan – A call to action'

happiness. Health visitors have a valuable part to play during this period. They are experts in public health and are responsible for ensuring that children get routine health and development checks to make sure they are well and progressing properly. They identify physical problems that a child may have that require further investigation or care, e.g. sight, language or hearing problems, and can intervene early to address any issues before they become serious. Health visitors also deal with the needs of parents, for example providing advice about parenting skills, relationship issues, breastfeeding, bonding, isolation or postnatal depression etc.

16. In 2012, the Department of Health published a **vision and call to action for school nursing**⁵ services. It set out a vision and model for school nursing services based on a framework for local services, to meet both current and future needs.
17. The national service model for school nursing is described with a similar tiered approach as health visiting: *'School nursing is a Universal Service, which also intensifies its delivery offer for children and young people who have more complex and longer term needs (Universal Plus). For children and young people with multiple needs, school nurse teams are instrumental in co-ordinating services (Universal Partnership Plus).'*
18. The **Family Nurse Partnership** (FNP) is an evidence-based, intensive preventive home visiting programme for vulnerable, first-time young parents that begins in early pregnancy and ends when the child reaches age two years. FNP has three aims:
 - i. to improve pregnancy outcomes
 - ii. to improve child health and development
 - iii. to improve parents' economic self-sufficiency.
19. The Government made a commitment in October 2010 to increase the number of places on FNP to 16,000 nationally by 2015. The FNP in Nottinghamshire was launched in February 2013.
20. The **Public Health Outcomes Framework**⁶ sets out a vision for public health, desired outcomes and the indicators that will help local areas to understand how well public health is being improved and protected, a key focus being the reduction of inequalities in health. Outcomes that can be achieved through school nursing, health visiting and FNP include a number from the Public Health Outcomes Framework; these are detailed in **Appendix 1**.

Commissioning Arrangements

School Nursing

⁵ Department of Health (2012) 'Getting in Right for Children, Young People and Families – Maximising the contribution of the school nursing team: vision and call to action'

⁶ DH (2012) Public Health Outcomes Framework <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

21. The responsibility for commissioning school nursing transferred from Primary Care Trusts (PCTs) to Public Health in the Local Authority in April 2013, following the Health and Social Care Act 2012. Nottinghamshire County Council is responsible for commissioning the service to cover all of Nottinghamshire including Bassetlaw.
22. School nursing services in Nottinghamshire are also commissioned to lead on a statutory duty for the Local Authority to deliver the National Child Measurement Programme (NCMP).
23. Currently Nottingham North East Clinical Commissioning Group (CCG) leads on the commissioning of services provided by the health provider, Health Partnerships, including school nursing; and Bassetlaw CCG is leading on the commissioning of the service in Bassetlaw delivered by Bassetlaw Health Partnerships. Public Health is an associate commissioner to the NHS contracts with the current providers.
24. The Department of Health has recently confirmed that a national service specification for school nursing will be made available in the New Year. Local commissioners will be able to amend the specification to include local priorities.

Health Visiting and Family Nurse Partnership

25. Currently the responsibility for commissioning health visiting and FNP services is delegated to NHS England by the Secretary of State for Health via a Section 7a Agreement. The Government has now stated an expectation for these responsibilities to transfer to local authorities from October 2015. However, there is national debate as to whether the transfer date for health visiting may be postponed further. In addition, there is a lack of clarity regarding the budget transferring to local authorities.
26. Nottinghamshire is covered by two NHS England Area Teams (ATs): the Nottinghamshire and Derbyshire AT and the South Yorkshire and Bassetlaw AT. The ATs commission health visiting services in Nottinghamshire County (area previously covered by Nottinghamshire County PCT) and Bassetlaw respectively. The Nottinghamshire and Derbyshire AT leads on the commissioning of FNP on behalf of both Area Teams.
27. Public Health representatives are active members of the Nottinghamshire FNP Advisory Board and Health Visitor Implementation Stakeholder Group. There are established working links with both NHS England ATs which are also represented at the Nottinghamshire Children's Trust Board and the new Children's Commissioners' Forum for Nottinghamshire.
28. Once commissioning responsibility has transferred from NHS England to Nottinghamshire County Council, health visiting and the FNP will be commissioned by the Children's Integrated Commissioning Hub (ICH) which works across the six Nottinghamshire Clinical Commissioning Groups, and the Public Health and Children, Families and Cultural Services Departments of

Nottinghamshire County Council. Until such time as the transfer, NHS England will work closely with the ICH to ensure integration of early help services across agencies.

Current Commissioning Activity

School Nursing

29. Public Health began a review of the school nursing service across Nottinghamshire in September 2012, with the aim of collating evidence which would shape the service specification for the school nursing service in order to improve outcomes for children and young people aged 5-19 years across Nottinghamshire.
30. A steering group was established, involving Public Health leads and senior managers from the provider organisation. The steering group was instrumental in guiding the review and ensuring ownership amongst current providers of school nursing services. Workshops were held to gain the views of a range of stakeholders, as well as employees working for school nursing services across Nottinghamshire. A specific workshop was held with young people at County Hall in April 2013. Questionnaires were designed and circulated to all schools, chairs of governing bodies, wider stakeholders, school nursing staff and young people. Findings were analysed and used in workshops to inform further investigation and discussion.
31. The findings from the review indicate that current service provision could be strengthened to ensure that children and young people aged 5-19 years receive an equitable service wherever they live, whichever school they attend and whether they are in formal education or not. Findings also suggest that the term 'school nurse' should no longer be used, in order to encourage nurses to work in a range of settings for children and young people, for example Further Education colleges.
32. It is anticipated that current performance management arrangements will be strengthened when commissioning is led by the Nottinghamshire Children's Integrated Commissioning Hub (ICH) and the school nursing service is required to evidence its activity outputs and how these contribute to the outcomes listed in **Appendix 1**.
33. Commissioners in the Children's ICH are seeking support from the Health and Wellbeing Board to serve notice on the current school nursing contract. The ICH plans to implement a procurement exercise during 2014/15 with the aim of having a new service specification and contract in place from 1 April 2015.
34. The Children's ICH will ensure that CCGs, Nottinghamshire County Council and key stakeholders, such as schools, will be kept informed and engaged in commissioning plans.

Health Visiting

35. Transformation funding has been allocated to each NHS England Area Team (AT) to aid the local delivery of the Health Visiting Implementation Plan. The Nottinghamshire and Derbyshire AT will lead on this work for Nottinghamshire including Bassetlaw and has submitted a bid for additional workforce development for health visitors, including the development of local plans to improve health outcomes of 0-5 year olds. Proposals were supported by the Corporate Director of Children, Families and Cultural Services and the Director of Public Health and the bid has been approved.
36. NHS England ATs will transfer the commissioning of health visiting services to the Children's ICH and plans will be developed for this transfer once timescales have been agreed nationally. The East Midlands Health Visiting Transformation Group is in place and includes commissioners from local authorities, NHS England and Public Health England.
37. Nottinghamshire County Council will be required to establish a new contract for health visiting and it is envisaged that the commissioning of health visiting will be aligned with school nursing in due course.

Family Nurse Partnership (FNP)

38. The FNP was commissioned in Nottinghamshire (including Bassetlaw) by Nottinghamshire County Council and both PCTs in 2012. The current service provider (Health Partnerships) was identified through a procurement exercise and the service has been recruiting clients since February 2013. Health Partnerships also provides health visiting and school nursing, which has enabled easier integrated working for public health nursing locally.
39. The Nottinghamshire FNP Advisory Board is provided with performance information from the programme and there are strong links with the Children's Trust Board and Teenage Pregnancy Integrated Commissioning Group, which both receive regular updates. Since the launch of the programme, all performance requirements are being achieved.
40. There are no plans to serve notice on the FNP contract as commissioners want to see the service offer continuous stable support to vulnerable young parents and their children. However, if a different provider is identified for health visiting and school nursing, commissioners may reconsider this position.
41. NHS England ATs will be transferring the commissioning of this service to the Children's ICH from October 2015 and transition plans will be developed for this transfer. Guidance from NHS Central Team is awaited and may be published in January 2014.

Future Commissioning Plans and Implications

42. CCGs will be invited to engage in plans to commission the HCP, as public health nursing services have a substantial co-dependent relationship with

CCG priorities and services. The new Children's Commissioners' Forum will be used as a key communication route.

43. The Children's ICH is currently working with Nottingham City Public Health Commissioners to explore the potential to commission school nursing and in due course health visiting services across both the city and county. This is likely to reduce overall costs, will aid cross border working and establish greater levels of shared service provision. In addition, this would enable potential providers to tender for city and county services.
44. As previously noted, the ICH plans to serve notice to the current school nursing services and a procurement exercise will take place in 2014/15 with a view that one service is in place from 1 April 2015 covering all of Nottinghamshire.
45. The school nursing service will be expected to work with young people aged 5 – 19 years and be proactive in engaging 16-19 year olds in sixth form units and FE colleges and providing additional targeted input for those in need.
46. The review of school nursing has identified the need for the service to deliver to key public health priorities, including emotional health and wellbeing, smoking prevention and improved sexual health. This may result in some elements of work ceasing, such as hearing and sight tests in primary school settings.
47. Regular communication with schools, existing service providers, wider stakeholders and young people will continue whilst new service specifications are being drafted.
48. Working with both NHS England ATs, the commissioning of the health visiting service will be transferred to the Children's ICH in due course. It would be beneficial to align commissioning of health visiting with school nursing, enabling potential providers to tender for both services; this would result in greater integration, aiding the implementation of the HCP. Discussions in relation to this are at an early stage, as a result of the recent change to the timetable of transfer of commissioning.
49. Furthermore there is scope across Nottinghamshire, Nottingham City, Derbyshire and Derby City to work together to procure and commission both school nursing and health visiting. A group of Public Health consultants across these localities meet on a regular basis to consider and progress this option.
50. The commissioning of school nursing, health visiting and the FNP by Nottinghamshire County Council will aid the integration of services for children, young people and families; this is in line with the new operating model for Children, Families and Cultural Services.

Other Options Considered

51. Commissioners have considered retaining the current service providers and existing contracts. However, to date Public Health and CCGs have faced challenges in accessing service performance information (in particular for school nursing), so it is envisaged that a procurement process, leading to implementation of a robust service specification and contract will lead to greater accountability, transparency and challenge if required.

Reason/s for Recommendation/s

52. Guidance and evidence to improve health outcomes for children and young people is vast and varied. The transfer of the commissioning of key services to the Local Authority and joint working between commissioners provides an excellent opportunity for services to deliver interventions that are evidence based; but also provides assurance that service provision is equitable and targets groups and localities with poorer health outcomes.

Statutory and Policy Implications

53. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

54. Service users have been engaged in the review of school nursing and will also be involved in planning for commissioning of the health visiting service. This engagement will help commissioners to ensure that service delivery is in line with needs identified by the target population. Each new service contract will also require regular engagement of service users to evaluate service provision, but also to ensure that services adapt to meet emerging needs.

Financial Implications

55. It is important to note that there is unlikely to be an increase in the budget for these key public health services. Commissioners will work with providers to ensure best value and prioritisation of activities and interventions.

Public Sector Equality Duty Implications

56. Health visiting and school nursing services are required to offer a universal service and additional interventions for key target groups including looked after children. Budget constraints and rising need may see a reduction in universal provision for school nursing with a greater focus on target groups and localities. Whilst positively working to reduce health inequalities, this may prevent access to services for those who need them but do not live in a targeted high risk area.

Safeguarding of Children and Vulnerable Adults Implications

57. All services included in this report play a substantial role in relation to safeguarding children. The school nursing review identified that involvement in case conferences should only be considered when a health need has been identified. The regular involvement of school nurses in child protection conferences is taking them away from their public health duties and making them less visible to children and young people.

RECOMMENDATION/S

That the Board:

- 1) notes the content of this report.
- 2) supports the proposal to align the commissioning of school nursing and health visiting to enable an integrated service to be in place from 1 April 2015.
- 3) comments on early plans to explore joint commissioning of school nursing and health visiting with Nottingham City Public Health or a wider group of neighbouring local authorities.

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Constitutional Comments (LM 12/12/13)

58. The Health and Wellbeing Board has delegated authority to approve the recommendations in the report.

Financial Comments (ZM 11/12/13)

59. The financial implications are outlined in paragraph 55.

Background Papers and Published Documents

'Nottinghamshire School Nursing Review' Nottinghamshire Children's Trust Board -
5/9/13 <http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustboard/>

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All.

C0337

APPENDIX 1

The key public health outcomes that can be achieved through school nursing, health visiting and Family Nurse Partnership services will include the following outcomes from the Public Health Outcomes Framework:

	Health Visiting	School Nursing	Family Nurse Partnership
Reduced numbers of children in poverty			
Reduced prevalence of low birth weight of term babies			
Reduced prevalence of smoking status at time of delivery			
Reduced smoking prevalence in adults			
Reduced smoking prevalence in 15 year olds			
Reduced school absences			
Reduced teenage conception rates (repeat pregnancies)			
Reduced Chlamydia prevalence in 15-24 year olds			
Improved child development at 2 – 2½ years			
Reduced hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years			
Reduced numbers in fuel poverty			
Reduced incidence of domestic abuse			
Improved readiness for school			
Improved emotional wellbeing of looked after children			
Reduced tooth decay in children aged 5			
Reduced alcohol and drug misuse			
Reduced excess weight in 4-5 year olds and 10-11 year olds			
Reduced hospital admissions due to unintentional or deliberate injuries			