

REPORT OF DIRECTOR OF PUBLIC HEALTH

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

Purpose of the Report

1. To brief members on the national Healthy Child Programme (HCP), focusing on the roles of Public Health (PH) nurses for children, young people and families.
2. To inform colleagues of the responsibilities placed on Nottinghamshire County Council (NCC) and NHS England Area Teams for commissioning the HCP and PH nursing services for children and young people.
3. To discuss opportunities to future commissioning and delivery of PH nursing services, linking with children's centres.

Information and Advice

The Healthy Child Programme

4. The HCP¹ was published in November 2009² and sets out the recommended framework of services for children and young people aged 0 -19 (including during pregnancy) to promote optimal health and wellbeing, to prevent ill health and to provide early intervention when required.
5. The HCP delivers universal services to all children and families, including routine screening and developmental checks. Through the programme, families in need of additional support and children who are at risk of poor outcomes can be identified and the appropriate support provided; a key aim of the HCP is to reduce health inequalities.
6. Effective implementation of the HCP contributes to a range of health and wellbeing outcomes such as strong parent-child attachment and positive parenting; care that helps to keep children healthy and safe (e.g. healthy eating, prevention of certain serious communicable diseases, increased rates of breastfeeding); readiness for school and improved learning.

¹ The HCP comprises three guidance documents: HCP - pregnancy and the first 5 years of life; HCP - the 2 year review; HCP – from 5-19 years. The documents include a programme schedule of age appropriate health and development reviews.

² The HCP is currently undergoing a national review and an update version is anticipated to be published during the first half of 2014. This will include a refresh of current evidence based interventions.

Public health nursing for children and young people

7. The main groups of PH nurses who provide services to children and young people and their families are health visitors, school nurses and family nurses (this final group delivering the Family Nurse Partnership Programme). An overview of the roles of each professional group is given below.
8. There is overwhelming evidence that the first few years of life play a significant and formative role in shaping children's future health, social and educational outcomes. Health visitors have a valuable part to play during this period of a child's life; as the universal provider of health and wellbeing services for under five year olds, they carry out routine health and development checks for all children (as part of the HCP), assessing if they are healthy and progressing well. As experts in PH, they complete holistic assessments of families, recognising the wider determinants of health and supporting parents and families as well as children. Supporting parents can include providing advice about parenting, relationship issues, bonding, isolation or postnatal depression. As qualified, registered nurses, they are able to help identify physical and mental health issues and other problems that require further investigation or care, e.g. sight, language or hearing problems, or they can intervene early to address any issues before they become serious.
9. School nurses are acknowledged as leaders in delivering PH services to children and young people between school entry age and 19; their position within schools and local communities gives them the opportunity to work with children, families, education and wider community services to deliver a broad range of health and wellbeing interventions as part of the HCP. As experienced registered nurses and experts in PH, they deliver universal health reviews, advice, information and support in relation to staying healthy, emotional health and wellbeing, substance misuse and sexual health as appropriate. In addition to providing early help for children and young people with additional needs, they support children with established health conditions to manage them in school.
10. The **Family Nurse Partnership** (FNP) is an evidence-based, intensive, preventive home visiting programme for vulnerable, first-time teenage parents. The programme begins in early pregnancy and ends when the child reaches two years of age. Family nurses tend to have a background in health visiting, school nursing or midwifery and are experienced, highly trained professionals, delivering the programme to strict fidelity criteria, in line with the evidence base. The FNP has three aims:
 - i. to improve pregnancy outcomes
 - ii. to improve child health and development
 - iii. to improve parents' economic self-sufficiency.

National Policy Drivers

11. There have been recent national developments in relation to all three professional groups and the services they provide.

12. **The Health Visitor Implementation Plan 2011-15³** details the universal provision led by health visitors as part of the HCP and outlines a tiered approach, whereby health visitors offer additional targeted support to those most in need, as shown below:

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.

13. A key element of the Health Visitor Implementation Plan (HVIP) is the increase in the number of health visitors in each area across England. Locally, the target number of health visitors to be in post April 2015 is shown below:
- In Nottinghamshire (excluding Bassetlaw) there will be 136 whole time equivalent (wte) health visitors, from a baseline of 69 in May 2010
 - In Bassetlaw there will be 22.4 wte health visitors, increased from 13.62 in May 2010.
14. NHS England published a National Health Visiting Service Specification in March 2014⁴ and it is anticipated that local areas will be required to commission services using this specification, although they will be able to add additional elements.
15. **Getting it Right for Children, Young People and Families – Maximising the contribution of school nursing⁵** was published in 2012 by the Department of Health. The document sets out a vision and model for school nursing services to meet both current and future needs of children and young people. There are no targets or benchmarks set for

³ Department of Health (2011) Health Visiting Implementation Plan – A call to action'

⁴ <http://www.england.nhs.uk/wp-content/uploads/2014/03/hv-serv-spec.pdf>

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

numbers of school nurses nationally or locally. The proposed service model for school nursing is described with the same 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)'⁴.

16. In April 2014, the Department of Health and Public Health England published **Maximising the school nursing team contribution to the public health of school aged children: Guidance to support the commissioning of public health provision for school aged children 5-19**⁶. This document provides guidance for local commissioners and providers, setting out the core school nurse offer and innovative ways that school nursing services can be commissioned and developed to meet local needs. It includes a structured service specification that can be used by commissioners locally.
17. In relation to the **Family Nurse Partnership (FNP)** programme, the Government made a commitment in October 2010 to increase the number of places on the programme to 16,000 nationally by 2015. It is unlikely that there will be further expansion of the Nottinghamshire programme.
18. The **Public Health Outcomes Framework**⁷ sets out the desired outcomes for PH and how they will be measured, enabling local areas to understand how well PH is being improved and protected. A key focus is the reduction of health inequalities. Improvements in a range of the PH outcomes can be achieved or influenced through delivery of high quality health visiting, school nursing and FNP services. These outcomes are detailed in **Appendix 1**.

Current commissioning arrangements and activity in Nottinghamshire

Health Visiting and FNP

19. Currently the responsibility for commissioning health visiting and FNP services is delegated to NHS England. This responsibility will transfer to local authorities by October 2015. Two NHS England Area Teams (ATs) cover Nottinghamshire: the Nottinghamshire and Derbyshire AT and the South Yorkshire and Bassetlaw AT. These ATs commission health visiting and FNP services in Nottinghamshire County (area previously covered by Nottinghamshire County PCT) and Bassetlaw respectively.
20. Health visiting services and the FNP are currently provided across the whole of Nottinghamshire by Health Partnerships, part of the Nottinghamshire Healthcare NHS Trust.

School Nursing

21. The responsibility for commissioning of school nursing services transferred from PCTs to PH in the Local Authority in April 2013, following implementation of the Health and Social

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf

⁷ DH (2012) Public Health Outcomes Framework <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

Care Act 2012. Nottinghamshire County Council (NCC) commissions the service for all of Nottinghamshire including Bassetlaw.

22. As for health visiting and the FNP in Nottinghamshire, Health Partnerships provide school nursing services.
23. The PH team has completed a review of the Nottinghamshire school nursing service to inform future commissioning intentions. The final review report will be published in the next two months but initial findings indicate capacity and demand challenges, inequity in provision across the county and gaps in services for those not in formal educational settings. While recognising that the service needs to deliver to key public health priorities, (e.g. improving emotional health and wellbeing, reducing alcohol and drug misuse), this is not always possible with the current demands on the service.

Proposed future commissioning arrangements

24. Once commissioning responsibility has transferred to NCC, health visiting services and the FNP will be commissioned by the Children's Integrated Commissioning Hub (ICH), which currently leads commissioning of school nursing. By bringing commissioning of all three PH nursing services together, it will be possible to integrate these services more effectively and also align them with the operating model for CFCS. It is envisaged that this will lead to improved working across children's services in local areas, providing better value, improved service quality and better outcomes for children, young people and families.
25. The current contract with Health Partnerships for health visiting and school nursing services expires in March 2016, requiring NCC to undertake a procurement exercise (alongside NHS England AT colleagues) in order to award a new contract during 2015-16. Timescales for this provide an opportunity to align the commissioning of health visiting and school nursing, with the aim of having an integrated 0 - 19 HCP service in place from April 2016.

Public health nursing and children's centres

26. It is recognised that there is an overlap between elements of PH nursing services and children's centres, with both services targeting and supporting many of the same children and families in relation to the same presenting problems. There are close working arrangements in place between the PH nursing services and children's centres in many areas of Nottinghamshire but planning, commissioning and delivery is not currently aligned.
27. In future, it may be appropriate to consider joint planning, commissioning and provision of the services provided by PH nurses and children's centres to families requiring additional support and early help. This will reduce duplication and improve delivery of efficient, coordinated services. However, as part of this process, it will be important to recognise that PH nurses provide services to all children, young people and their families through the HCP and their clinical and PH training is essential to their role. Early help (*Universal Plus*, *Universal Partnership Plus* on tiered service model) is just one element of the work of PH nurses.

Other Options Considered

28. The timeframe for transfer of commissioning of health visiting and the FNP to the local authority is set nationally. The option of re-procuring the school nursing service before transfer of other commissioning responsibilities has been considered. However, in order to facilitate integration of PH nursing services across Nottinghamshire, it is recommended that this option is not pursued.
29. PH nursing and children's centres could continue to be commissioned separately with clearly defined responsibilities for CFCS and PH/ICH commissioners. However, in order to explore a whole system approach to planning and commissioning, it is recommended that options for aligning and integrating processes are considered.

Reasons for Recommendations

30. There is a substantial body of evidence available on how to improve health outcomes for children and young people. The transfer of the commissioning of key PH services to the Local Authority and joint working between commissioners provides an excellent opportunity for services to deliver interventions that are evidence-based and integrated across partners. It also provides the opportunity to ensure that service provision is equitable and targets groups and localities with poorer health outcomes in order to reduce health inequalities.

Statutory and Policy Implications

31. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, the NHS constitution (together with any statutory guidance issued by the Secretary of State) and 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.

RECOMMENDATION/S

That members of the Public Health Committee:

- 1) Note the content of this report.
- 2) Support the proposal to align the commissioning of school nursing and health visiting services, to ensure an integrated 0 -19 HCP for Nottinghamshire.
- 3) Support the recommendation to consider options for aligning and integrating planning and commissioning processes in relation to public health nursing and children's centres.

DR CHRIS KENNY
DIRECTOR OF PUBLIC HEALTH

Dr Kate Allen
Children's Commissioning and Consultant in Public Health

For any enquiries about this report please contact:

Gary Eves

Senior Public Health and Commissioning Manager, T: 0115 977 4130

Constitutional Comments (SG 25/6/2014)

The Committee has responsibility for public health by virtue of its terms of reference and the proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 11/06/14)

32. There are no financial implications contained within the report.

Background Papers

'Nottinghamshire School Nursing Review' Nottinghamshire Children's Trust Committee – 5 September 2013

<http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustCommittee/>

'Healthy Child Programme and Public Health Nursing for Children and Young People' Nottinghamshire Health and Wellbeing Board – 8 January 2014

http://www.nottinghamshire.gov.uk/dms/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/505/Default.aspx

APPENDIX 1

National Public Health Outcomes influenced by Health Visitors, School Nurses and the Family Nurse Partnership Programme

DOMAIN 1: Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities

Reduced numbers of children in poverty
Improved readiness for school
Reduced school absences
Reduced numbers in fuel poverty
Reduced incidence of domestic abuse

DOMAIN 2: Health improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

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 teenage conception rates (repeat pregnancies)
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
Improved emotional wellbeing of looked after children
Reduced alcohol and drug misuse
Reduced excess weight in 4-5 year olds and 10-11 year olds

DOMAIN 3: Health protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

Population vaccination coverage
Reduced Chlamydia prevalence in 15-24 year olds

DOMAIN 4: Healthcare public health and preventing premature mortality

Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Reduced tooth decay in children aged 5